

# Report on the 2013 Network Member Questionnaire

## National Network of Libraries of Medicine, MidContinental Region

by

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# Table of Contents

List of Tables .....	iii
List of Figures .....	vi
Executive Summary .....	1
Background .....	1
Key Findings .....	2
Technical Report.....	8
Methodology .....	8
Distribution and Response Rate.....	8
Response Rate .....	10
Analysis and Discussion of Questionnaire Results.....	12
Library Staffing .....	12
Library Management and Budget .....	17
Technology .....	28
Collection Management .....	34
Education and Outreach .....	42
Members and the NN/LM .....	56
Conclusions .....	73
Action Plan .....	74
Appendix – Network Membership Questionnaire Form .....	76

# List of Tables

Table 1: Comparison of State Breakdowns of the MCR Total Library Membership and NN/LM MCR Hospital Library Membership.....	9
Table 2: Percentage of Sample representing Hospital or Academic and Other Libraries - 2002, 2005, 2008, 2013.....	11
Table 3: Percentage of Sample from States - 2002, 2005, 2008, 2013.....	11
Table 4: MLS and Non-MLS FTEs in Hospital and Academic/Other Libraries, 2005, 2008, 2013.....	13
Table 5: Educational Level of Library Director or Manager.....	13
Table 6: Libraries with Succession Plans.....	14
Table 7: Position Library Reports to Within the Organization - Hospital Libraries, 2008, 2013.....	17
Table 8: Position Library Reports to Within the Organization - Academic and Other Libraries, 2008, 2013.....	17
Table 9: Change in Library Budget In Past 5 Years - All Libraries, 2008, 2013.....	18
Table 10: Libraries' Data Collection to Demonstrate Value – All Libraries, 2013.....	19
Table 11: Percentage of Libraries Collecting Specific Types of Data – Hospital Libraries, 2013.....	21
Table 12: Percentage of Libraries Collecting Specific Types of Data - Academic and Other Libraries, 2013.....	22
Table 13: Methods of Sharing Library Information - Hospital Libraries, 2013.....	23
Table 14: Methods of Sharing Library Information - Academic and Other Libraries, 2013.....	23
Table 15: Audiences for Reports - All Libraries, 2013.....	24
Table 16: New Roles Taken On by Respondents - All Libraries, 2013.....	25
Table 17: Libraries Involvement in EHRs, 2013.....	27
Table 18: Percentage of Libraries with Emergency Response Plans - All Libraries, 2008, 2013.....	28

Table 19: Library Staff Members' Involvement in Technology Planning & Decision Making for Their Libraries and/or Their Institution - All Libraries, 2005, 2008, 2013 .....	29
Table 20: Amount of Library Control over Technology Used in Library Applications - All Libraries, 2013 .....	29
Table 21: Library Staff Involvement in Technology Outside the Library - All Libraries, 2008, 2013 .....	30
Table 22: Institutional Policies against Use of Technology Tools and Services - Hospital Libraries, 2008, 2013 .....	31
Table 23: Institutional Policies against Use of Technology Tools and Services - Academic and Other Libraries, 2008, 2013 .....	32
Table 24: Access to Electronic Resources - All Libraries, 2013 .....	34
Table 25: Average electronic collection size .....	35
Table 26: Hospital Library Book Collections - 2008, 2013 .....	36
Table 27: Hospital Library Journal Collections – 2008, 2013.....	37
Table 28: Academic and Other Libraries Journal Collections, 2008, 2013 ....	39
Table 29: Negotiation for Library Electronic Resource Licenses 2008, 2013 .	40
Table 30: Number of Libraries Purchasing through Consortia - All Libraries, 2008, 2013.....	41
Table 31: Percentage of Libraries with Staff Members Participating in CE Courses - All Libraries, 2002, 2005, 2008, 2013 .....	42
Table 32: Percentage of Libraries with Staff Members Participating in CE Courses - All Libraries, 2008, 2013 .....	43
Table 33: Continuing Education Class Sponsors - All Libraries, 2008, 2013 .	44
Table 34: Topics Taught by Library Staff - All Libraries, 2002, 2005, 2008, 2013 .....	47
Table 35: Audience for Training Programs - All Libraries, 2002, 2005, 2008, 2013 .....	48
Table 36: Delivery Format for Library Training - All Libraries, 2002, 2005, 2008, 2013 .....	50
Table 37: Library Training Spaces - All Libraries, 2008, 2013 .....	51

Table 38: Libraries Providing Services to Unaffiliated Individuals - All Libraries, 2002, 2005, 2008, 2013.....	52
Table 39: Services to Individuals not Affiliated with the Institution - All Libraries, 2008 and 2013.....	53
Table 40: Libraries Offering Formal Outreach Programs - All Libraries, 2002, 2005, 2008, 2013.....	54
Table 41: Outreach Target Communities - All Libraries 2002, 2005, 2008, 2013 .....	55
Table 42: Ratings of RML Programs and Services - Hospital Libraries, 2013 .....	57
Table 43: Ratings of RML Programs and Services - Academic and Other Libraries, 2013 .....	58
Table 44: Communications - Hospital Libraries, 2013.....	60
Table 45: Communications - Academic and Other Libraries, 2013.....	61
Table 46: MCRML Communications - Hospital Libraries, 2002, 2005, 2008, 2013 .....	63
Table 47: Communications - Academic and Other Libraries, 2002, 2005, 2008, 2013 .....	64
Table 48: Ratings of NLM Products and Services - Hospital Libraries, 2013.....	66
Table 49: Ratings of NLM Products and Services - Academic and Other Libraries, 2013 .....	67
Table 50: Rating of NLM Products and Services - Hospital Libraries, 2008, 2013 .....	69
Table 51: Rating of NLM Products and Services - Academic and Other Libraries, 2008, 2013 .....	70

# List of Figures

Figure 1: MLS and Non-MLS FTEs, Hospital Libraries, 2013 .....	2
Figure 2: Percentage of Libraries Using Evaluation to Demonstrate Value ....	3
Figure 3: Library Control Over Technology Used for Library Applications.....	4
Figure 4: Percentage of Libraries with Larger Electronic Collections.....	5
Figure 5: Library Staff Participation in Continuing Education .....	6
Figure 6: Response Rates 2002, 2005, 2008, 2013 .....	10
Figure 7: Description of Library Succession Plans, All Libraries, 2013 .....	16
Figure 8: Technology Tools and Services Used by Libraries - All Libraries, 2008, 2013.....	33
Figure 9: Academic and Other Libraries Book Collections, 2008, 2013 .....	38

# Executive Summary

## Background

The National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR) aims to “develop, promote and improve access to electronic health information resources by Network member libraries, health professionals, and organizations providing health information to the public.” This goal forms part of the core mission in the Regional Services Plan for the NN/LM MCR, as proposed to the National Library of Medicine (NLM). The NN/LM MCR program uses evaluation to identify emerging services being provided by libraries in the Network and trends that can inform the provision of regional services and programs.

To stay informed about their Network membership’s activities and needs, the NN/LM MCR staff developed a questionnaire that is administered on a recurring basis to elicit information from regional member libraries about their staffing, continuing education access, technology planning and implementation, resources and services, activities to show their value, and use of Network communications, and of NN/LM and NLM programs and services. The RML administered this questionnaire, referred to as the Network Member Questionnaire (NMQ), for the first time in fall 2002. The NMQ (formerly called the National Data Inventory or NDI) was administered again in 2005, 2008, and 2013. Each version of the NMQ included some of the original questions, but it was modified to gather information on new developments in technology and service delivery. Member libraries of all types (hospital, academic, and other) that support health professionals or academic health programs were invited to participate in each of the questionnaires.

The following report summarizes findings from the 2013 administration of the NMQ. Questionnaires were returned by 118 respondents representing 67 hospital libraries, 39 academic libraries, and 12 other libraries,<sup>1</sup> yielding a 54% response rate. When available, results from other administrations of the NMQ are included to identify changes in regional library characteristics and to assess the impact of RML programs and services over contract periods.

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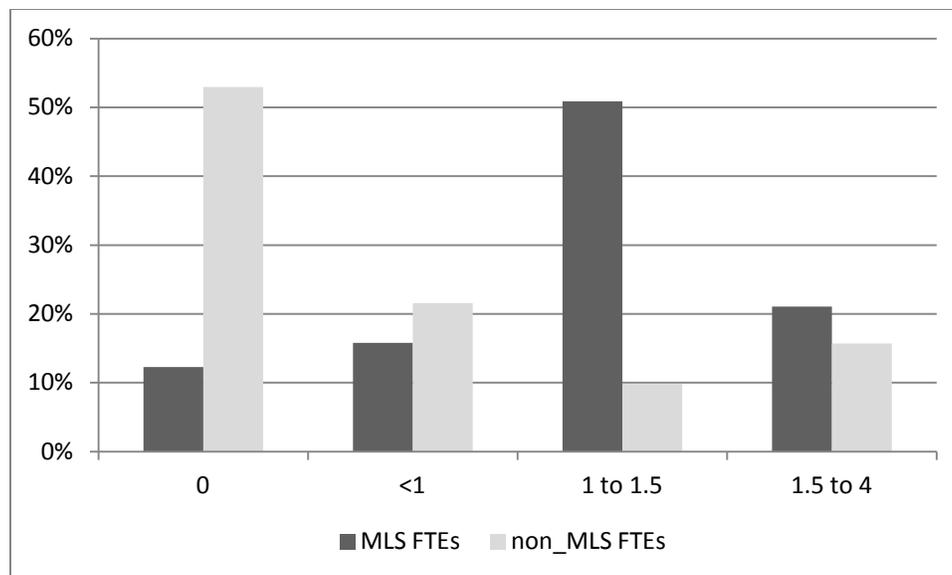
<sup>1</sup> For this report, responses are presented separately for hospital libraries and other types of libraries. Academic libraries and other types of libraries are combined into one group because the number of “other” libraries that participated was small and they shared more characteristics with academic than with hospital libraries.

# Key Findings

## Library Staffing

- The majority of library directors or managers in all types of libraries have master's degrees in library science.
- The majority of hospital libraries (51%) are staffed by a solo librarian (1 professional FTE) and no para-professionals (non-MLS FTE) (see Figure 1).
- The highest number of professional FTEs reported in hospital libraries reported was four.

**Figure 1: MLS and Non-MLS FTEs, Hospital Libraries, 2013**

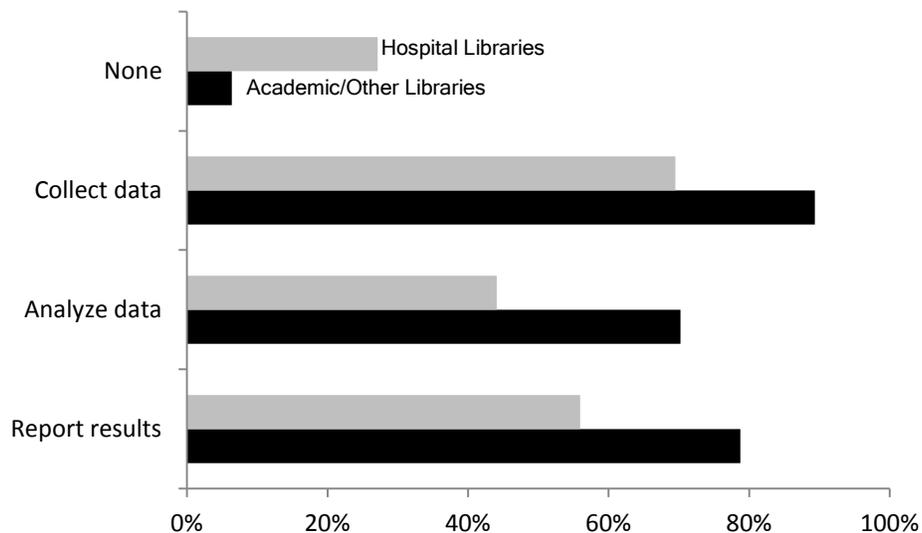


- Over the years, the median number of academic health sciences and other libraries' professional staff has fluctuated between two and three FTEs. The 2013 cohort reported the lowest median number of professional FTEs of the three administrations of the questionnaire. The majority of academic and other libraries (62%) had one to five professional FTEs. The two libraries at the high end of the range had 47 and 70 professional FTEs. These were not health sciences libraries, but were university libraries that supported health professional programs. At the other end of the range, four libraries had none. These were online educational institutions with very small electronic collections.
- The median number of para-professionals for academic and other libraries was also at its lowest in 2013, dropping steadily from 3.8 to 2.0 FTEs since 2005. The majority (60%) reported between one and 25 para-professionals. Thirty-three percent had less than one FTE.
- Very few (18%) libraries had a succession plan for resignation or retirement of the director.

## Library Management and Budget

- Sixty-four percent of hospital libraries and 49% of academic and other libraries said their budgets stayed the same or decreased in the past five years. This finding is in contrast to the 2008 report, where the majority of hospital libraries (54%) and academic and other libraries (62%) reported budget increases. 2008 was the beginning of the Great Recession and budgets reflect that economic impact.
- Most libraries collect data to demonstrate library value (see Figure 2). Academic and other libraries are much more likely to present their assessment information compared with hospital libraries.

**Figure 2: Percentage of Libraries Using Evaluation to Demonstrate Value**



- Hospital libraries most often collect statistics on mediated searches. Academic libraries collect data most frequently on interlibrary loans filled or requested.
- Through training, presentations, and consultations, the RML staff has been encouraging Network members to collect feedback from their users and stakeholders. About a third of hospital members and half of academic and other members are formally collecting feedback from their users.
- The majority of hospital libraries (62%) reported staff taking on new roles, most frequently in continuing education. A lower percentage of academic and other librarians reported taking on new roles (33%).
- Few Network member libraries are involved in electronic health records (EHRs). Respondents from 16 hospital libraries and eight academic and other libraries reported involvement. (A number of libraries in the academic and other category are not affiliated with medical centers.) It is premature to draw many conclusions from such a small amount of data. However, respondents that reported library involvement most

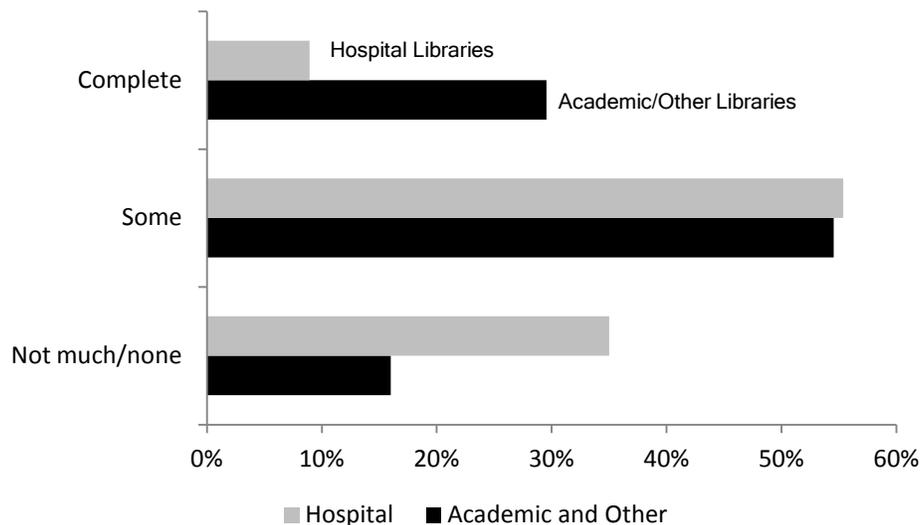
frequently reported training users to access information through the EHR and selecting evidence-based information to be linked from the EHR.

- Compared with 2008, a higher percentage of respondents reported that their libraries have completed emergency response plans while a lower percentage reported that their emergency preparedness plans were in progress. The percentage of libraries that do not have plans has not changed substantially. The academic and other libraries seem to have made more progress in writing emergency plans than hospital libraries.

## Technology

- The percentage of libraries involved in technology planning and decision-making for their libraries has increased, with a greater increase found for academic and other libraries. More academic and other libraries (30%) reported having complete control over technologies affecting their libraries than did hospital libraries (9%). Conversely, 35% of hospital libraries said they had not much or no control, while 16% of academic and other libraries reported little or no control.

**Figure 3: Library Control over Technology Used for Library Applications**

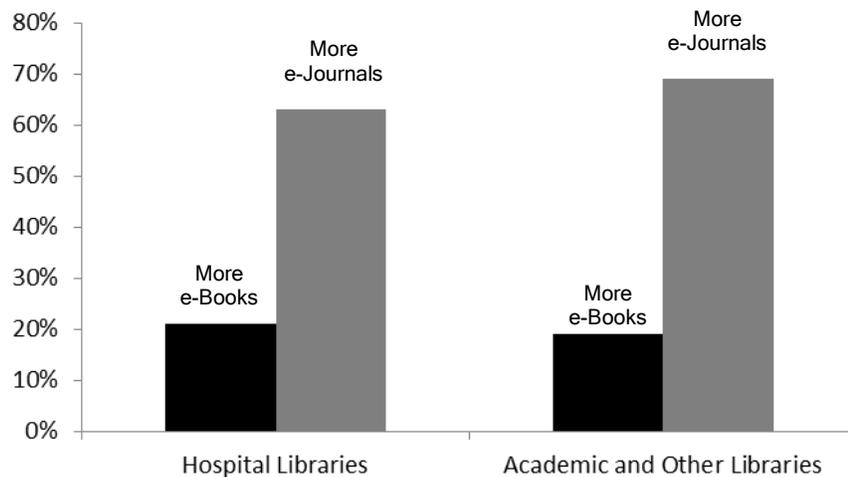


- More hospital libraries face institutional policies preventing them from using various Internet tools compared with academic and other libraries. This was particularly noticeable for social media tools.
- Social media tools are the technology tools used most-frequently in academic and other libraries, while hospital library staff rely most on videoconferencing.

## Collections Management

- The NN/LM MCR has noticed a shift among Network member libraries toward smaller print collections and larger electronic books and journal collections. Figure 4 shows the percentage of 2013 respondents that reported having larger electronic than print collections.

**Figure 4: Percentage of Libraries with Larger Electronic Collections**

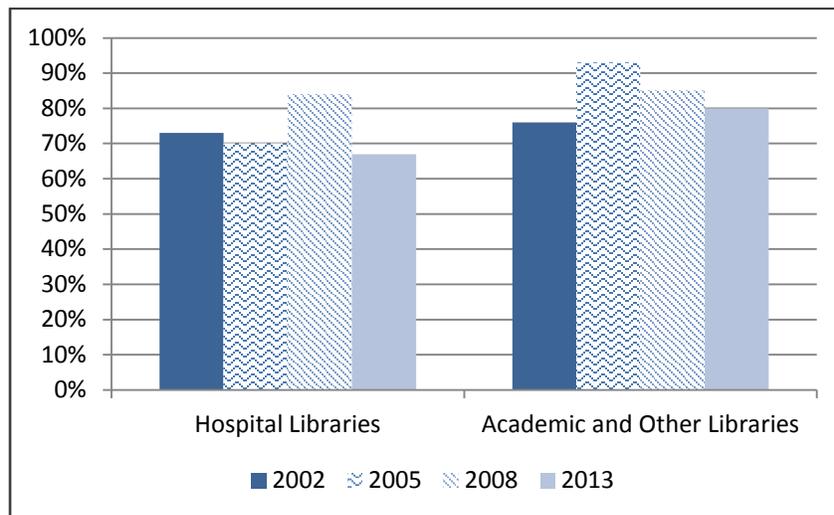


- The majority of libraries provide off-site access to their electronic resources.
- A majority of respondents are involved in negotiating e-resource licensing agreements. The percentage involved in negotiations has increased among academic and other libraries since 2008. The percentage involved in negotiations has decreased for hospital libraries. An increased percentage reported that a hospital department other than the library is negotiating licenses.
- Participation in licensing consortia, for both types of libraries, has declined since 2008.

## Education and Outreach

- There has been a decrease in library staff participation in continuing education activities over time. For hospital libraries, the decline occurred between 2008 and 2013, for academic and other libraries, the decline started in 2005. This trend may be a challenge to NN/LM MCR's efforts to encourage librarians to take on new roles.

**Figure 5: Library Staff Participation in Continuing Education**



- It appeared that library staff members are getting their continuing education through venues that were low cost. Staff for both types of libraries attend CE hosted by their institutions. Academic and other library staff indicated a trend toward lower travel expenditures: A lower percentage of academic and other library staff attend MLA hosted CE and more were attending CE offered at the MLA chapter meeting.
- The most popular CE for hospital library staff was on health information resources. The most popular CE for academic and other library staffs was on technology. Library skills training was the second most popular topic for both categories of libraries.
- The majority (75%) of respondents provide training and using the library is the topic most taught. There has been an increase over the past decade in the percentage of hospital libraries teaching PubMed, MedlinePlus, and other NLM databases and resources, but the percentage teaching other MEDLINE software has declined (-16%) since 2008.
- The percentage of academic and other libraries teaching PubMed, other MEDLINE software, and MedlinePlus has decreased slightly since 2008, but there has been a slight increase in the percentage teaching other NLM databases.
- The biggest changes in offerings were found among academic and other libraries, with declining percentages for Web 2.0 training (-18%) and for Microsoft and commercial software training (-13%).
- Libraries most frequently teach upon request and do so in a one-to-one setting, illustrating the trend away from scheduled classes. The majority of libraries provide services to unaffiliated users, although the percentage has declined since 2008. (From 85% to 75% for hospital libraries; from 78% to 63% for academic and other libraries.)

- There was a decline since 2008 among all libraries in providing training to unaffiliated users on use of the Internet and online information resources.
- There has been a decline since 2008 in the number of libraries engaged in formal outreach: 22% in 2008, 14% in 2013.

## Members and the NN/LM

- The majority of libraries strongly rated all NN/LM MCR services and programs as useful or very useful.<sup>2</sup>
- Advocacy resources were the highest rated NN/LM MCR service for hospital library respondents. The top rated service for academic and other libraries was funding for professional development.
- The most-used forms of communication were the RML web site, Plains to Peaks Post newsletter, the RML weekly news, and Breezing Along with the RML webinar.
- Hospital library respondents showed preference for Breezing Along with the RML, while academic and other library respondents gave the highest number of very useful ratings to personal calls and visits from the RML.
- There was a decline (-20%) since 2002 in the percentage of respondents from both types of libraries that rated personal visits and calls from RML staff as very useful.
- A higher percentage of respondents from academic and other libraries (43%) reported using the RML's Facebook page compared with hospital library respondents (30%), more of whom are prevented from using Facebook by hospital policy.
- The RML's Twitter feed was used least by respondents from both types of libraries and received the highest percentage of not useful ratings. A higher percentage of academic and other respondents (60%) rated the Twitter feed as not useful compared with hospital libraries (43%).
- Among NLM resources, PubMed, MedlinePlus, PubMed Central, and DOCLINE were rated most often as very useful. PubMed was rated very useful by 100% of hospital library respondents, while 93% of academic and other respondents rated MedlinePlus, more than any other NLM resource, as very useful.
- The percentage of academic and other respondents using MyNCBI has decreased from 68% in 2008 to 51% in 2013. Use of this resource has remained static among hospital libraries.

The technical report that follows provides a comprehensive summary of the NMQ data, including detailed statistical tables and respondents' written comments.

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<sup>2</sup> Usefulness ratings represent respondents who reported actually using a service or resource.

# Technical Report

## Methodology

### Distribution and Response Rate

In January 2013, the Network Member Questionnaire (NMQ) was administered online to 221 potential respondents representing Network member libraries. A link to the questionnaire was sent to the highest level contact person listed in the DOCLINE institutional record for all full and affiliate NN/LM Network member health sciences organizations whose library was open. Public libraries were not included in the distribution list. Each response to the web-based inventory was tracked using the library's NN/LM LIBID (library identifier) to ensure only one response per member library. Three invitations to complete the questionnaire were undeliverable, so response rates were calculated using the number of invitation emails that were delivered (218).

Table 1 on page 9 shows the percent breakdown of the total NN/LM MCR membership by state compared with the demographic breakdown of the region's population. The US Census population estimate is provided to demonstrate the degree to which the membership breakdown is comparable to the region's population breakdown.

The NN/LM MCR Network member population is fairly comparable to the US population percentagewise for most states (within about 10 percentage points). For example, the 2013 census data estimate that 31% of the region's population resides in Missouri. Comparably, 33% of Network member library responses come from respondents located in Missouri.

**Table 1: Comparison of State Breakdowns of the MCR Total Library Membership and NN/LM MCR Hospital Library Membership**

State	2005 Network Membership						2008 Network Membership						2013 Network Membership					
	All MCR Libraries n=186		MCR Hospital Libraries n=131		Estimated Population N=17.8*		All MCR Libraries n=203		MCR Hospital Libraries n=128		Estimated Population N=18.6*		All MCR Libraries n=218		MCR Hospital Libraries n=139		Estimated Population N=19.5*	
Colorado	22%	40	24%	31	26%	4.7	23%	46	26%	33	26%	4.9	19%	42	25%	31	27%	5.2
Kansas	11%	21	12%	16	15%	2.7	13%	27	15%	19	15%	2.8	10%	28	13%	16	15%	2.9
Missouri	34%	64	30%	39	33%	5.8	33%	68	34%	44	32%	5.9	33%	71	32%	39	31%	6
Nebraska	13%	24	11%	15	10%	1.7	17%	34	13%	16	10%	1.8	18%	40	12%	15	10%	1.9
Utah	8%	15	8%	11	13%	2.4	8%	16	7%	9	15%	2.7	13%	21	9%	11	15%	2.9
Wyoming	12%	22	15%	19	3%	0.5	6%	12	5%	7	3%	0.5	7%	16	8%	10	3%	0.6

\* State population in millions as estimated by the US Census (2012 data are available at <http://www.census.gov/popest/data/state/totals/2012/>)

## Response Rate

Of the 218 questionnaires distributed, 118 were fully or partially completed and returned, yielding a response rate of 54%. This was the lowest response rate reported in the four years that the questionnaire was administered. It is, nonetheless, an acceptable response rate and the comparison on various demographic indicators supports a representativeness of responses.

Figure 6 compares the response rates of respondents from hospital libraries with response rates from academic and other libraries. Response rates for both groups were comparable, meaning that neither hospital librarians nor other types of librarians were more motivated to participate.

**Figure 6: Response Rates 2002, 2005, 2008, 2013**

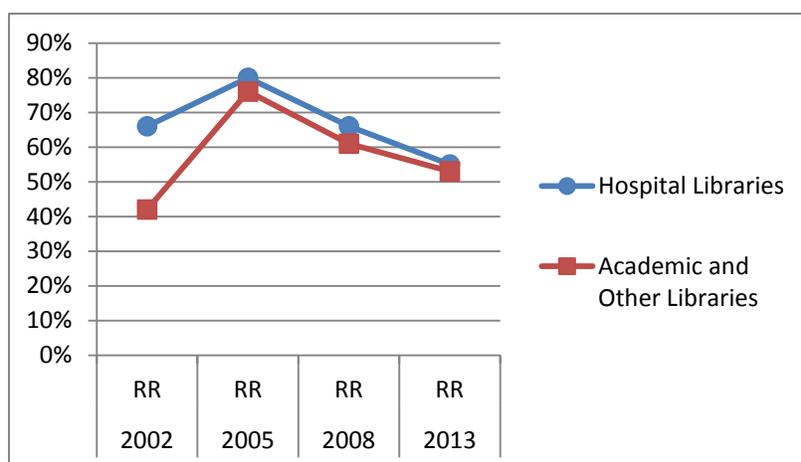


Table 2 compares the percent breakdown of respondents from hospital libraries versus other types of libraries. In 2002, the percent of hospital library respondents clearly surpassed those from academic and other libraries. For the next three administrations, however, percentage breakdowns among respondents did not vary more than two percentage points from sample breakdowns.

**Table 2: Percentage of Sample representing Hospital or Academic and Other Libraries - 2002, 2005, 2008, 2013**

	2002		2005		2008		2013	
	S* N=216	R** n=122	S N=186	R n=147	S N=203	R n=130	S N=218	R n=118
Hospital Libraries	130 (60%)	86 (70%)	131 (70%)	105 (71%)	128 (63%)	84 (65%)	122 (56%)	67 (57%)
Academic and Other Libraries	86 (40%)	36 (30%)	55 (30%)	42 (29%)	75 (37%)	46 (35%)	96 (44%)	51 (43%)

\* number sent

\*\* number returned

Table 3 shows the respondent breakdown by state for the four administrations of the questionnaire. The state distribution has stayed fairly consistent over time. For the 2013 sample, however, there were no responses from academic or other library respondents from Wyoming.

**Table 3: Percentage of Sample from States - 2002, 2005, 2008, 2013**

	All Libraries			Academic and Other Libraries			Hospital Libraries		
	2005 n=147	2008 n=128	2013 n=118	2005 n=42	2008 n=46	2013 n=51	2005 n=105	2008 n=81	2013 n=67
Colorado	25 (17%)	27 (21%)	18 (15%)	3 (7%)	6 (13%)	4 (8%)	22 (21%)	20 (25%)	14 (21%)
Kansas	19 (13%)	15 (12%)	13 (11%)	5 (12%)	4 (9%)	7 (14%)	14 (13%)	11 (14%)	6 (9%)
Missouri	53 (36%)	46 (36%)	38 (32%)	20 (48%)	15 (32%)	17 (33%)	33 (32%)	31 (38%)	21 (31%)
Nebraska	22 (15%)	24 (19%)	27 (23%)	9 (21%)	13 (28%)	16 (31%)	13 (13%)	11 (14%)	11 (16%)
Utah	13 (9%)	10 (8%)	15 (13%)	2 (5%)	4 (9%)	7 (14%)	11 (10%)	6 (7%)	8 (12%)
Wyoming	15 (10%)	6 (4%)	7 (6%)	3 (7%)	4 (9%)	0 (0%)	12 (11%)	2 (2%)	7 (10%)

# Analysis and Discussion of Questionnaire Results<sup>3</sup>

## Library Staffing

### Library Staffing

Respondents were asked a series of questions that provided information about library staffing. Table 4 shows FTE allocation as reported from the past three administrations of the NMQ. The majority of responding hospital libraries are staffed by solo librarians with no additional support staff. Hospital libraries have an average of 1 and a median of 1 MLS FTE. The number has risen slightly from .96 in 2005 to 1.11 in 2013. Of the 57 respondents who reported MLS FTEs, the majority (66%) had .5 to 1 professional FTEs. Twelve percent had no professional FTEs and 21% had more than one. The highest number of professional FTEs reported among hospital library respondents was four.

The median number of paraprofessionals (non-MLS FTE's) for hospital libraries was zero, with the majority of the 51 respondents reporting having no paraprofessional FTEs (53%). Of the eight (16%) libraries with more than one paraprofessional, the highest number reported was four.

For academic and other libraries, the median number of professional staff has fluctuated between two and three FTEs. Of the 45 responses to this question, the largest percentage (62%) had one to five professional FTEs. Four libraries had no professional FTEs. While several academic libraries had more than 25 FTEs the academic medical library with the highest number had 24.5 professionals. The 2013 cohort had a median of two professional FTEs. This is a drop after rising from the 2002 base of two in both 2005 (median 3) and 2008 (median 4).

The median number of paraprofessionals for academic and other libraries was 2.0. The majority (60%) of the 46 respondents who answered this question reported that their libraries had one to 25 paraprofessionals. Thirty-three percent had less than one FTE. The academic library with the highest number had 32 non-professionals.

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<sup>3</sup> Percentages in some tables do not add to 100%. This is due either to rounding or to a question format that permitted respondents to choose more than one response, such as "check all that apply" questions. Also, in "check all that apply" questions, Survey Monkey defines a responder as anyone who checks at least one item. If a responder enters a written comment but does not check any options, SM considers that person a "non-responder" for purposes of calculating valid percentages. For this report, a responder is someone who checks a reply or enters a written comment; and that person is counted in percentage calculations. So percentages in this report may vary slightly from what can be found in the Survey Monkey NMQ analysis.

**Table 4: MLS and Non-MLS FTEs in Hospital and Academic/Other Libraries, 2005, 2008, 2013**

	Hospital Libraries		Academic and Other Libraries	
	MLS FTE	Non-MLS FTE	MLS FTE	Non-MLS FTE
	Median	Median	Median	Median
<b>2002</b>	1.0 (Range: 0-4)	1.0 (Range: 0-4)	2.0 (Range: 0-19)	3.0 (Range: 0-68)
<b>2005</b>	1.0 (Range: 0-3)	0 (Range: 0-4)	2.5 (Range: 0-47)	3.8 (Range: 0-106)
<b>2008</b>	1.0 (Range: 0-6)	0 (Range: 0-3)	3.0 (Range: 0-54)	3.4 (Range: 0-154)
<b>2013</b>	1.0 (Range: 0-4)	0 (Range: 0-4)	2.0 (Range: 0-70)	2.0 (Range: 0-144)

As Table 5 shows, the majority of library directors or managers in all types of libraries have master's degrees in library sciences. A higher percentage of directors in academic and other libraries have doctoral degrees.

**Table 5: Educational Level of Library Director or Manager**

Highest Level of Education Obtained by the Library Director or Manager:	Hospital Libraries n=60		Academic and Other Libraries n=49	
	%	Ct	%	Ct
No degree	5%	3	6%	3
Bachelor's degree	12%	7	6%	3
Master's degree from a library school	70%	42	59%	29
Other Master's degree (do not select if this person also has a library school Master's degree)	10%	6	10%	5
Doctoral degree	2%	1	18%	9
Other degree	2%	1	0%	0

*Comments - Hospital libraries<sup>4</sup>*

- Also another master's degree
- Also have MS in biology
- Also have second master's degree
- Also MSM (Master of Science in Management)
- And MBA
- I'm guessing for this survey, a Bachelor's degree is considered non-professional
- MA and MLIA
- Master's Degree in Nursing, specialization in Education
- The manager is the supervisor of the department, who has his PhD in speech-language pathology.
- We both have 2 masters

<sup>4</sup> All comments in this report are from 2013 respondents.

*Table 5 Continued-*

- Within the year we plan to transfer librarian duties to a sister facility where the librarian does not have dual job responsibilities.

*Comments - Academic and other libraries*

- 2 Master's degrees: MLS and MBA
- Additional work towards a second masters is required. The Dental Librarian has 24 hours towards a second masters.
- Both library masters and other masters
- Have the master's library degree plus 2nd masters
- Holds double master's degrees
- Library Coordinator will have Master's level library degree in May 2013.
- Plus other Master's degree
- Working on library endorsement

## Succession Planning

The health sciences librarian workforce is primarily made up of baby boomers, many of whom are expected to retire in the next five years. It is important for continuity of service that current managers of libraries work with their administrations to assure that their positions will be retained and filled as they plan their retirement. The NN/LM MCR wanted to know how prevalent succession planning was in the region. Respondents were asked about succession plans in the event of a library manager or director's resignation or retirement. As Table 6 shows, the majority of libraries do not have a succession plan. Of the few that exist, not all have been approved by upper administration. For hospital libraries, six of the nine succession plans were known by respondents to be approved by upper administration. For academic and other libraries, four of ten were known to be approved.

**Table 6: Libraries with Succession Plans**

	<b>Hospital Libraries (n=60)</b>		<b>Academic and Other Libraries (n=47)</b>	
	%	Ct	%	Ct
Yes	15%	9	21%	10
No	68%	41	66%	31
Don't Know	17%	10	13%	6
<b>Of those with succession plans.</b>				
<i>Approved by administration</i>		6		4
<i>Not approved</i>		2		3
<i>Unknown if approved</i>		2		4

*Table 6 Continued-*

*Comments – Hospital libraries*

- As a OPL, there is not succession process - either institution will hire or not.
- Have discussed with my VP [Human Resources]
- Hire for position
- I have discussed this with administration and they seem indifferent
- Just started
- Librarian at sister facility will take over.
- Plan: my staff carries on while my supervisor hires a replacement
- Service would be referred to another Army medical library until another librarian was hired.
- We are not a library
- We have a job description. HR would advertise for the position based on job description. I do not know if administration would cut the department if I resigned.

*Comments - Academic and other libraries*

- Most likely the Deputy Director would be asked to serve as interim leader and a search would be launched; this would be at the discretion of the Office of the Provost
- Not a formal, written plan although we are discussing succession.
- Not a formally established plan. The director position will be filled, hopefully, by one of the other librarians currently working in the library.
- Such succession is processed by administrative appointment.
- We will hire a new Dental Librarian, this is a permanent position.
- Working on it
- Working on it through leadership training

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Figure 7 presents written descriptions of succession plans provided by respondents. For hospital libraries, most respondents said that other staff could carry on responsibilities until a new director was appointed. For academic or other libraries, most said a higher level administrator (e.g., an assistant or associate dean) would serve as interim director until a permanent one was appointed.

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**Figure 7: Description of Library Succession Plans, All Libraries, 2013**

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**Briefly describe the plan.**

*Hospital libraries:*

- Both the non-professional staff members are near retirement and as they leave, I would like to replace them with a librarian. The intent being that I would work with this new person a year or two and they could step into my position upon retirement. If something would happen prior to this plan it might be messy.
- My staff has resources/trng/access to passwords, etc. to carry on day-to-day duties; my supervisor can hire a replacement (internally or externally).
- Not very detailed. Outline of basic functions and responsibilities
- Right now I'm running a banner on the hospital's computers that highlights using the librarian to support continuing education.
- Simply hire for the vacant position.
- The [Institution Name] Division of [Institution Name] will be transitioning to a model with one librarian serving the Division.
- We have a nonprofessional staff member who is dedicated to the library that would fill in the gap until a replacement could be found.

*Academic and other libraries:*

- Any such decision would be at the discretion of the Office of the Provost; he would not make an a priori commitment, but it would be entirely likely that he would ask the Deputy to serve on an interim basis while he considered next steps.
  - I recently hired a new professional librarian with an eye to identifying an individual with the education, experience, maturity, and temperament to take on the directorship when I retire. I suppose one might be able to say that over the next couple of years, I will be grooming her for this leadership role. My administration fully supports this plan.
  - If the Dental Librarian leaves with short notice, the Director of the Health Sciences Library will manage the Dental Library until a new Dental Librarian is hired.
  - One of the associate deans would take over.
  - The Assistant Director/Serials Manager would become the Director.
  - We have an Assistant Dean of Libraries who would take over for Dean while a replacement was found.
-

# Library Management and Budget

## Reporting and Budget

Respondents were asked about reporting structures within their organizations. The question was open ended in 2008 and the responses informed the choices offered in 2013. The largest percentage of respondents in both years said the hospital library reported to the education department (see Table 7). However, hospital libraries reported changes in reporting lines from 2008 to 2013. Six percent more libraries report to someone managing education and 2% more to other ancillary or administrative departments while 7% fewer libraries report to top level administrators. The percentage of libraries reporting to IT and nursing declined 2% from 2008 to 2013.

**Table 7: Position Library Reports to Within the Organization - Hospital Libraries, 2008, 2013**

Reporting line	2008	2013
Education Director	30%	36%
Top-Level Administrator	22%	15%
Ancillary	18%	20%
Medical Director	14%	14%
Information Technology Director	7%	5%
Nursing Director, Dean	5%	3%

In both 2008 and 2013 academic and other libraries predominantly reported to top administrators including presidents, chancellors, provosts and deans, however the percentages changed significantly from 2008 to 2013 with fewer libraries reporting to top administration and more reporting to deans, IT or other administrative officers. (see Table 8)

**Table 8: Position Library Reports to Within the Organization - Academic and Other Libraries, 2008, 2013**

Reporting line	2008	2013
Top administration (Chancellor, Provost, President, Vice President)	52%	29%
Dean (Assistant or higher)	23%	33%
Library Director	11%	8%
Information Technology Administrator	5%	10%
Other Administrative Officer	9%	10%

Respondents reported on changes to their annual budgets. The recession affected a greater percentage of hospital libraries than academic libraries. Most hospital libraries and 49% of academic and other libraries said their budgets have stayed the same or decreased over the past five years, a marked contrast to what was reported in 2008 when the majority of libraries in both categories reported an increase (see Table 9).

**Table 9: Change in Library Budget in Past 5 Years - All Libraries, 2008, 2013**

Change in library's budget from 5 years ago	Hospital Libraries				Academic and Other Libraries			
	2008 (n=79)		2013 (n=60)		2008 (n=45)		2013 (n=47)	
	%	Ct	%	Ct	%	Ct	%	Ct
Higher	54%	43	30%	18	62%	28	38%	18
Lower	19%	15	37%	22	24%	11	32%	15
Unchanged	18%	14	27%	16	9%	4	17%	8
Don't know	9%	7	7%	4	5%	2	13%	6

*Comments – Hospital libraries:*

- Higher due to cost of electronic access. Corporate is adding services at a national level, which reduces facility cost, but actually is an increase in services. Medline Complete, CINAHL full text were just added. Facility has Ovid nursing package as well. Corporate also provides NEJM and UpToDate.
- Not actually lower as all the online material was moved IT this year, but is now out of my budget. They pay it out of theirs. Actually made approval of my requests go a little better. We were able to add UpToDate (no CME version).
- Excluding salary and benefits
- It has been unpredictably up and down over the past five years, due to economy, due to change in reporting structure, due to institutional changes in how accounting is done.
- I only handle the operating expenses not my salary/personnel expenses.
- Dollar level has stayed the same, which buys less. Travel money was totally removed about 4 years ago.

*Comments – Academic and other libraries*

- Since we are part of a university library system, not sure how to answer. At that level, I think the budget is larger.
- Costs continue to rise but our state allocation has not increased. We rely on other funding sources to supplement the library budget.
- Budget for this year has not been determined.
- Although this is a very tough question to answer...if you are talking state base budget that is one thing and it has decreased whereas endowment revenue has increased.
- We cannot give out budget information.
- The book budget has been "frozen" for 2 1/2 years.

Some respondents provided comments about their budgets. One respondent from a hospital library wrote that the higher budget is due to the cost of electronic access and that corporate management added services at a national level, which reduced facility cost but actually increased services. Two respondents said that, with the unchanged budget, the library had to eliminate its travel budget to pay the higher operating costs. One commented that the budget has been up and down due to the economy.

From academic and other libraries, two respondents said that the state budget has decreased so they have worked toward getting revenue through other sources (such as endowments). Another wrote that the book budget has been frozen for more than two years. One respondent wrote that the library does not receive budget information, and another said the budget had not been announced.

### Showing Value

During the 2006-2011 contract, the NN/LM MCR redirected its efforts and designated Library Advocacy as a project area and assigned staff to coordinate activities to support members in promoting their value. Respondents were asked questions about their efforts to demonstrate library value to their stakeholders. Table 10 shows the percentage of libraries engaging in evaluation activities to demonstrate their value to their organizations. Although the majority of all libraries collects and reports data, a higher percentage of academic and other libraries carried out all of the activities listed in the table. Of the three activities, the least practiced is the analysis of data.

**Table 10: Libraries' Data Collection to Demonstrate Value – All Libraries, 2013**

	Hospital Libraries (n=59)		Academic and Other Libraries (n=47)	
	%	Ct	%	Ct
Collect data	69%	41	89%	42
Analyze data	44%	26	70%	33
Report results	56%	33	79%	37
None	27%	16	6%	3

#### *Comments - Hospital libraries*

- Have not done a good job of reporting.
- I wanted to check "Other," but that was not a choice...I have never had to demonstrate the library's impact or value...when discussions have turned this direction, the physicians have carried the day. We have always added services based on physician demand. HCA corporate is also very "evidenced based" and is adding national level contracts for library service annually.

*Table 10 Continued-*

- N/A
- This is something that could be improved
- User feedback
- Very limited staff resources to support library
- We do an annual report, and a "whisper campaign."

*Comments - Academic and other libraries*

- Beginning to report more consistently and in targeted ways
  - Done at my own initiative
  - I do annual surveys
  - I do not understand the question
  - We rely heavily on the impact that qualitative reports make on our administration. Our faculty are very supportive of the library and they are not shy about informing administration about the great services and resources we provide.
  - We use the Lib Qual assessment product.
- 

Respondents offered examples of their evaluation activities. A respondent from an academic or other library said their library used the Association of Research Libraries LibQUAL assessment to gather data. A hospital librarian said, as a reporting example, that they compile an annual report and engage in a "whisper campaign."

Two librarians said they are promoted by strong user advocates. One respondent indicated that the hospital library has not had to demonstrate value because physicians are strong advocates for library services: "I have never had to demonstrate the library's impact or value. When discussions have turned this direction, the physicians have carried the day. We have always added services based on physician demand." An academic library respondent said, "Our faculty are very supportive of the library and they are not shy about informing administration about the great services and resources we provide."

Tables 11 and 12 show the type of evaluation data being collected. Through training, presentations, and consultations, the RML staff has been encouraging Network members to collect feedback from their users and stakeholders. Fifty-seven percent of academic and other libraries and 37% of hospital libraries collect feedback from users. Over half of the libraries were collecting stories, kudos and anecdotes.

The most frequently collected data among all types of libraries is for traditional services. Hospital libraries collected a median number of four types of data, although some collected up to eight types. Respondents said hospital libraries still most frequently collect data on searches for users (83%) and interlibrary loans (76%). Responses also indicate that hospital librarians are starting to look at other data. In addition to anecdotal

information, 28% are gathering data on contacts with other departments and organizations, one has conducted focus groups, and another has conducted time studies.

**Table 11: Percentage of Libraries Collecting Specific Types of Data – Hospital Libraries, 2013**

	Hospital Libraries (n=54)	
	%	Ct
Searches for users	83%	45
Interlibrary loans filled and/or requested	76%	41
Use of the collection	65%	35
Reference questions	54%	29
Stories, kudos and anecdotes from users	54%	29
Number of sessions/kinds of instruction provided	52%	28
Formal feedback from users about the value of the library and/or the librarian	37%	20
Number of users who enter the library	28%	15
Library initiated contacts with other departments or organizations	28%	15
Median number of types of data		4
Maximum number of types of data		8

*Other – Hospital libraries*

- Community participation (health fairs, free public lectures and presentations), virtual assistance (Ask Me online feature)
- Database usage, new borrowers, books added and/or withdrawn, independent computer users, volunteer hours
- Due to my working from home 90% of the time, not keeping stats of activities. I do not create any formal reports. Occasionally I print off EFTS data for my boss.
- I do keep track of Serhold stats for personal use within our local Consortium (HSLNKC.)
- Focus Groups
- I feel that any tutorial session's success is measured in the number of articles obtained out of that session.
- N/A
- None of the above yet
- Number of tests proctored. Librarian is chief proctor for 3rd year osteopathic clerkship students.
- Our "collection" is totally electronic.
- Quick reference statistics, "Ask a Librarian" application (limited to undergraduate/graduate students); faculty orientation and assistance with research. Institutional Effectiveness Committee.
- The amount of time per search and time per Ref Q. Also tracking general category of patron requesting searches/Ref Q -- Dr, RN, Manager, Admin, staff, public

Academic and other libraries collected a median number of six types of data, with some collecting up to nine different types of data. Interlibrary loan data was the most frequently collected information, followed by use of the collection, the number of instructional sessions, and reference questions. One academic library is monitoring the intended use of the mediated search results that librarians perform.

**Table 12: Percentage of Libraries Collecting Specific Types of Data - Academic and Other Libraries, 2013**

<b>Answer Options:</b>	<b>Academic and Other Libraries (n=48)</b>	
	<b>%</b>	<b>Ct</b>
Interlibrary loans filled and/or requested	81%	39
Use of the collection	73%	35
Number of sessions/kind of instruction provided	71%	34
Reference questions	71%	34
Searches for users	63%	30
Number of users who enter the library	63%	30
Formal feedback from users about the value of the library and/or the librarian	58%	28
Stories, kudos and anecdotes from users	52%	25
Library initiated contacts with other departments or organizations	42%	20
Median number of types of data		6
Maximum number of types of data		9

*Other – Academic and other libraries*

- All of the AAHSL ones plus surveys
- Anything and everything we do gets documented. As we are involved in just about everything that goes on, the report is large!
- Investigating assessment techniques to show the value of librarians related to research, education, clinical experiences other than count
- One of the best ways to demonstrate our value is in the way we respond to requests from individual members of admin. I just completed a report detailing resources and services the library can provide to support a major new program offering and our v-p for academic affairs was extremely surprised and impressed by what we offer. We are going to gain a lot of mileage from the impression we made on him.
- Providing ILL request service
- Purpose of reference questions, e.g. education, patient care, research, grant application, etc.
- Varies from year to year.
- We use LibQual and report that information deans/administration deans/administration

Respondents were asked how they shared the results once data is collected. Libraries most frequently present information in discussions with decision-makers (see Tables 13 and 14). Written reports are the second most frequently used method of reporting. Academic and other libraries used the reporting methods more frequently than hospital libraries, but the difference is most pronounced for presentations where there is a 31% difference. Those who indicated that they were planning or hoping to use a report-back method can be viewed as being aware they should do this, but have not yet taken this step.

**Table 13: Methods of Sharing Library Information - Hospital Libraries, 2013**  
(n=59)

	Yes		No		Planning/Hoping to		Total
	%	Ct	%	Ct	%	Ct	
Discussions with decision-makers	79%	46	3%	2	17%	10	58
Written report(s)	61%	31	31%	16	8%	4	51
Presentation(s)	41%	20	45%	22	14%	7	50
Web page or dashboard	31%	14	41%	18	27%	12	45

**Table 14: Methods of Sharing Library Information - Academic and Other Libraries, 2013**  
(n=47)

	Yes		No		Planning/Hoping to		Total
	%	Ct	%	Ct	%	Ct	
Discussions with decision-makers	87%	40	7%	3	7%	3	46
Written report(s)	81%	34	12%	5	7%	3	42
Presentation(s)	72%	31	19%	8	9%	4	43
Web page or dashboard	48%	19	43%	17	10%	4	40

As Table 15 shows, hospital libraries most frequently share collected information with direct supervisors or managers. Academic and other libraries also report most frequently to their direct supervisors and to administrators. As with carrying out data collection activities, academic and other libraries report to administrators, library users, and library advisory committees more often compared with hospital libraries. Among all of the library's stakeholders, library users are the least likely group to receive reports from libraries.

In written comments, respondents from hospital libraries said they also send reports to donors, a grant foundation, and a continuing medical education director or committee. Examples of other audiences from academic and other libraries included a local consortium, a library advisory group and library-faculty advisory group, and boards of trustees or directors.

**Table 15: Audiences for Reports - All Libraries, 2013**

	Hospital Libraries (n=62)		Academic and Other Libraries (n=47)	
	%	Ct	%	Ct
Direct supervisor/manager	90%	56	83%	39
Administrators	56%	35	83%	39
Library advisory committee	18%	11	43%	20
Library users	18%	11	28%	13

*Comments – Hospital libraries:*

- Direct supervisor reports up to CNO. I usually give a brief summary to CME Committee which serves as Library Committee as well - although I think HFAP just removed that Standard.
- Donors
- Grant foundation
- Library committee often recommends I send a copy of the annual report to administration. Some of those lean years, I was not eager to send the annual report to administration and they didn't recommend it those years.
- Physician director of continuing medical educations

*Comments – Academic and other libraries:*

- Academic Committee; Administrative Committee
- Board of Directors
- Library Advisory Committee has been temporarily suspended.
- The Board of Trustees of the association
- We are soon going to form a library-faculty advisory committee that I think will be mutually beneficial.
- We report statistics to a local consortium

## New Roles

A new initiative in the 2011-2016 contract is the support of new roles for health sciences librarians. The NN/LM MCR wanted to collect baseline data on the new roles members were adopting. The majority of respondents from hospital libraries (62%) reported taking on at least one new role<sup>5</sup>, while comparatively fewer respondents from academic and other libraries (33%) reported expanding to new roles (see Table 16). An explanation may be that in the academic setting, new staff is hired to assume the new role, while in the hospital setting the existing staff must take on the new role. While new roles may be incorporate in the academic health sciences library, the responses may not reflect new employees hired to take on new roles. In hospital libraries, the most frequently added role was related to continuing education, although almost an equal percentage reported taking on new roles in evidence-based medicine and health information literacy. The evidence-based medicine movement began in 1990 with Gordon Guyatt at McMaster University and from the beginning included librarians. It is interesting that respondents still consider this to be a new role. Health information literacy was the most frequently reported new role in academic and other libraries.

**Table 16: New Roles Taken On by Respondents - All Libraries, 2013**

	Hospital Libraries (n=60)		Academic and other libraries (n=48)	
	%	Ct	%	Ct
Continuing education (medical, nursing, etc.)	25%	15	8%	4
Electronic health records	17%	10	8%	4
Emergency preparedness	7%	4	10%	5
Evidence-based medicine	22%	13	14%	7
Health information literacy	23%	14	20%	10
Patient safety	18%	11	4%	2
Patient satisfaction	12%	7	6%	3
Quality assurance	15%	9	6%	3
Readmission issues	10%	6	0%	0
Other (please specify)	7%	4	4%	4
None	38%	23	63%	32
Taken on at least one new role in the past year	62%	40	33%	15

### *Other roles – Hospital libraries*

- Already responsible for Graduate Medical Education. Assist at times with all of the above archives and history of the hospital
- Became certified in regulatory compliance issues about 6 years ago...duties include monitoring for regulatory compliance and survey prep.
- Community outreach

<sup>5</sup> New roles are self-defined by respondents. What some consider to be "new roles" may actually be new responsibilities.

*Table 16 Continued-*

- Continued work with [name of institution] IT Department (I am Dean of Information Services)
- Grant Coordinator
- Hospital archives
- I assist staff who are working on evidence-based nursing policies, patient safety, quality assurance, but I am not responsible for those roles
- Learning Management System, Hospital Intranet
- Maintain physician's standing and routine orders
- Nursing research
- Role on our Research Council for Evidence Based Nursing/Evidence Based Practice
- This would include committee assignments. Also grant writing.
- We participate in several of these and others, but none of that is new
- Web master responsibilities

*Other roles – Academic and other libraries*

- Archives
  - IACUC committee
  - IPE, LEAN, Deep Dive
  - May assist with hospital nursing procedures
- 

## **E-Health Records**

With the advent of the Affordable Care Act, meaningful use criteria, and the development of MedlinePlus Connect, the RML saw a role for member involvement in connecting the electronic health record (EHR) to knowledge based information. Respondents were asked about their involvement in electronic health records. Respondents from 29% of hospital libraries and 18% of academic or other libraries are involved with their organizations' EHRs. (The percentage reported for academic and other libraries is due, in part, to the fact that some are not affiliated with medical centers.) Table 17 shows how these libraries are supporting their institutions with EHRs. Most frequently, EHR users are referred to libraries for help.

**Table 17: Libraries Involvement in EHRs, 2013**

	<b>Hospital Libraries</b> n=16 (29% of sample)	<b>Academic or Other Libraries</b> n=8 (18% of sample)
	Ct	Ct
EHR users are referred to the library for health information	6	3
The library is involved in selecting links from the EHR to health information for consumers	6	1
The library is involved in selecting links from the EHR to evidence-based information for health professionals	9	2
The library teaches users how to access information through the EHR	9	2

*Other – Hospital libraries*

- Library resources link directly to EHR
- My HealthVet point of contact
- On committee planning the patient information access through EHR. Currently, we use Krames for patient education flyers, but will likely transition to electronic health information when the current subscription expires.
- Options one, two and four are in the works - we are currently doing option three
- We ran a pilot and are working toward being more involved
- Will be working on teaching users where to find EHR information

*Other – Academic and other libraries*

- We are working with those who are implementing EPIC at our affiliated hospital
- We refer students to the National Library of Medicine.

## Emergency Preparedness

During the 2006-2011 contract, the NN/LM focused on a national program to encourage members to develop plans for emergency response and continuity of service. Respondents were asked whether their libraries had an emergency response plan. When compared with 2008, a higher percentage of respondents reported that their libraries have completed library response plans while fewer reported that their emergency preparedness plans were in progress (see Table 18). About the same percentage of libraries do not have plans. Academic and other libraries seemed to have made more progress since 2008 when compared with hospital libraries.

**Table 18: Percentage of Libraries with Emergency Response Plans - All Libraries, 2008, 2013**

	Yes		Working on It		No	
<b>Hospital Libraries</b>						
	%	Ct	%	Ct	%	Ct
<b>2008</b> (n=78)	17%	13	29%	23	54%	42
<b>2013</b> (n=54)	28%	15	17%	9	56%	30
<b>Academic and Other Libraries</b>						
	%	Ct	%	Ct	%	Ct
<b>2008</b> (n=43)	25%	11	40%	17	35%	15
<b>2013</b> (n=43)	51%	22	19%	8	30%	13

*Comments - Hospital libraries*

- We have no on-site location...all library services are electronic.
- We have a fire/disaster recovery plan for the library collection.
- The entire facility has an emergency response plan; it is not specific to the library.
- It may never be truly finished
- The library is included in the Medical Center's emergency response plan.

*Comments – Academic and other libraries*

- One librarian is taking the disaster planning classes; we're also building a disaster bookshelf
- We have one for our school. Our library is too small to have its own.
- We have the plan of the flag university
- The institution has one, but not the library alone
- The University has an emergency plan - therefore as a department, the library has one to ensure faculty and students remain in touch with resources 24/7.
- There is an institutional plan

## Technology

Technology is integral to health sciences library operations. Members were asked about their involvement in planning and decision making regarding technology for their libraries and their institutions (see Table 19). In 2013, the majority of respondents from both types of libraries said their libraries are involved. However the percentage responding that they are involved for either the library or the library and the institution decreased from 2005 to 2013 for academic libraries, increased slightly from 2005 to 2008 and decreased again sharply from 2008 to 2013 for hospital libraries.

**Table 19: Library Staff Members' Involvement in Technology Planning & Decision Making for Their Libraries and/or Their Institution - All Libraries, 2005, 2008, 2013**

	Hospital Libraries		Academic and Other Libraries	
<b>2005</b>	n=102	85%	n=41	93%
<b>2008</b>	n=79	87%	n=43	89%
<b>2013</b>	n=56	61%	n=44	86%

As Table 20 shows, the majority of respondents had at least some control over the technology used in library applications. More academic and other libraries (30%) than hospital libraries (9%) reported having complete control. Conversely, 35% of hospital libraries said they had *not much* or *no* control and 16% of academic and other libraries reported little or no control. This may reflect the difference in the organizational structure of the two environments. Academic and other libraries are more likely to have their own systems department, while hospitals have a single IT department that serves the whole institution, including the hospital library.

**Table 20: Amount of Library Control over Technology Used in Library Applications - All Libraries, 2013**

	Hospital Libraries n=56		Academic and Other Libraries n=44	
	%	Ct	%	Ct
<b>Complete</b>	9%	5	30%	13
<b>Some</b>	55%	31	55%	24
<b>Not much</b>	30%	17	14%	6
<b>None</b>	5%	3	2%	1

*Comments - Hospital libraries*

- Corporate decisions are based on input from the field.
- Except in the case of software used exclusively by the library
- In a minor way
- No planning, but can ask for new browser for Gmail users, firewall changes for students, etc.
- Set on web committee and leadership committee.
- Yes involved with planning and decision-making regarding technology hardware & software. No regarding social media. The hospital administration limits social media to one department and that is Marketing.

*Comments – Academic and other libraries*

- Very limited again due to the nature of AHEC's in this area

The 2013 respondents were again asked whether library staff was involved with technology outside the library, including planning, selection, implementation and/or training. Academic and other libraries tend to be more involved (70%) than hospital libraries (61%). For both types of libraries, respondents most frequently reported that library staff attended meetings concerning technology issues as needed or by request (see Table 21). For all types of involvement, the academic and other libraries' had a higher participation rate than hospital libraries. This pattern was most pronounced for committee membership and direct working relationships with IT staff.

**Table 21: Library Staff Involvement in Technology Outside the Library - All Libraries, 2008, 2013**

	Hospital Libraries			Academic and Other Libraries		
	2008 n=57	2013 n=57		2008 n=33	2013 n=44	
		%	Ct		%	Ct
Attend meetings concerning technology issues as needed/requested	15	39%	22	16	68%	30
Not involved		39%	22		30%	13
Budget/vendor selection	15	26%	15	5	39%	17
Work directly with IT staff	16	25%	14	9	50%	22
Product evaluation	15	23%	13	4	39%	17
Committee member	12	12%	7	12	43%	19

*Comments – Hospital libraries*

- Currently working with nursing group looking at Patient Ed packages
- Informal help with programs
- We try to get people to run proposed purchases of knowledge-based information resources by us to avoid duplication of efforts and so we can link the trials to our Virtual Library. They don't talk to us about EHR, Learning mgmt systems, etc. until AFTER they buy and implement.
- Work on facility website updates

*Comments – Academic and other libraries*

- We have our own internal library IT personnel who work closely with vendors and librarians.

Respondents were asked about institutional policies related to technology use. Tables 22 and 23 show the extent to which library staff are prevented from using various technology tools and services. Hospital libraries have more restrictions against technology use compared with academic and other libraries. Policies are slowly becoming more open as they apply to social media. In comparison, very few academic and other libraries had policies preventing use of the listed technology tools in either 2008 or 2013.

**Table 22: Institutional Policies against Use of Technology Tools and Services - Hospital Libraries, 2008, 2013**

Tools/Services:	2008 n=77		2013 n=55		Change*
	%	Ct	%	Ct	%
Social networking sites	53%	41	53%	29	0%
Wikis	18%	14	16%	9	-2%
Blogs	23%	18	15%	8	-9%
RSS feeds	9%	7	4%	2	-5%
Chat and instant messaging	36%	28	22%	12	-15%
Videoconferencing	6%	5	0%	0	-6%
Broadcasts, podcasts and streaming video	35%	27	25%	14	-10%

\* A negative number indicates less restrictive policies against use from 2008 to 2013

*Comments:*

- I'm answering this for the hospital, none of this is blocked for the University
- Access to sound is biggest problem. If audio is available via phone it is easier, otherwise I have to move to a patron/public computer. We don't have sound on our Citrix platform computers.
- Video conferencing access varies / Can use LinkedIn but not FB or Twitter
- LinkedIn is used
- The Libraries have access to applications that others in the organization don't due to our relationship to [Name of College]
- We get the Red Box warning/we are watching your screen sometimes but we are seldom blocked.
- Education can authorize use of selected YouTube videos deemed appropriate. Blogs are used for communication throughout clinical areas of hospital using the inTRANet only. As a rule, most external blogs are blocked.
- Some are blocked
- LinkedIn is ok; streaming video is limited outside the library.
- The Army blocks many feeds.
- Twitter is accessible, not FB, LI, Myspace, etc. Web sites not on port 80 or 443 are blocked.

**Table 23: Institutional Policies against Use of Technology Tools and Services - Academic and Other Libraries, 2008, 2013**

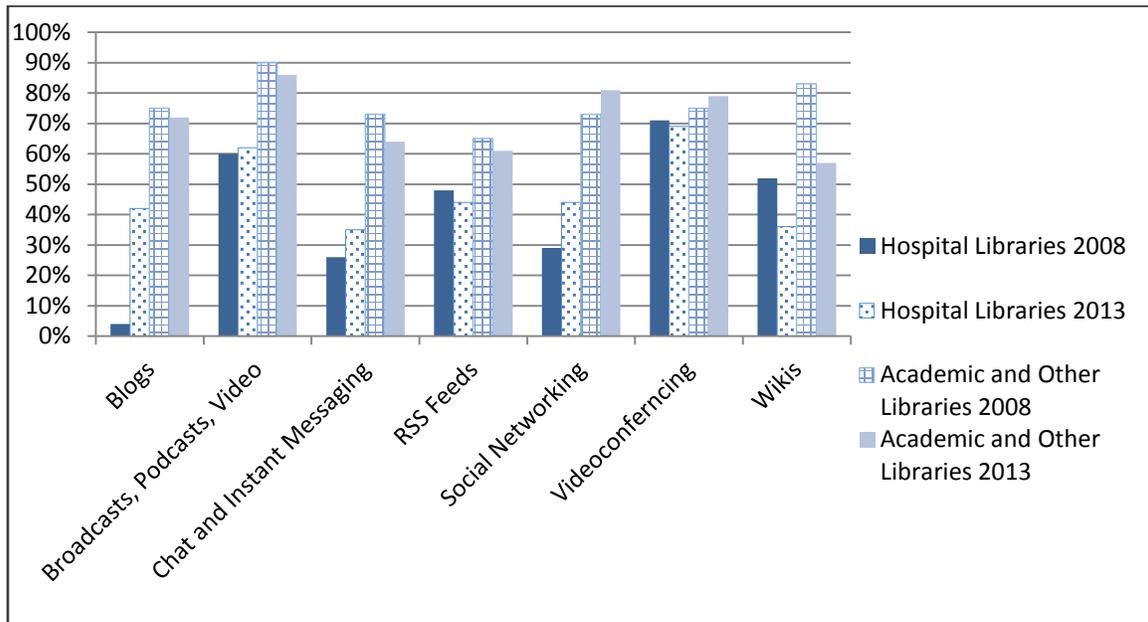
Tools/Services:	2008			2013			Change*
	%Yes	#Yes	n	%Yes	#Yes	n	
Social networking sites	12%	5	41	5%	2	40	-7%
Wikis	2%	1	41	5%	2	38	3%
Blogs	2%	1	41	8%	3	36	6%
RSS feeds	5%	2	41	3%	1	37	-2%
Chat and instant messaging	7%	3	41	0%	0	37	-7%
Videoconferencing	2%	1	41	3%	1	40	0%
Broadcasts, podcasts and streaming video	12%	5	41	3%	1	39	-10%

\* A negative number indicates less restrictive policies against use from 2008 to 2013

Note: no respondents from academic or other libraries commented on this question.

Figure 8 shows the extent to which libraries are using various technology communication tools. In both 2008 and 2013, academic and other libraries were more frequent users of all the technology tools identified in the questionnaire. Videoconferencing and broadcasts were the only tools used by the majority of hospital libraries, while social networking was used by the highest percentage of staffs from academic and other libraries. With a few exceptions the percentage of libraries that were using the tools in Figure 8 did not vary more than ten points from 2008 to 2013. More hospital libraries are using blogs (up 38 percentage points from 2008) and social networking sites (up 15 percentage points). Use of wikis has declined notably for both categories of library.

**Figure 8: Technology Tools and Services Used by Libraries - All Libraries, 2008, 2013**



*Comments – Hospital libraries*

- Used them from my personal computer
- N/A
- Learning management systems (MOODLE) --loading lib educ there

*Comments – Academic and other libraries*

- iPad-based classes are taught.

# Collection Management

## Collections

Respondents were asked a series of questions about collection management. First, they were asked about the level of access they provide for their users (see Table 24). The majority of libraries in both categories support access outside of their libraries, although provision of off-site access is more prevalent among academic and other libraries. Frequently offsite access requires either IP authentication or login with a username and password. Subsets of resources may be available offsite, and subsets of locations within an institution may have access while other areas do not. Access to electronic resources is growing but the complexity of managing that access is as complex, if not more, complex than it was five years ago. Tools such as IP authentication, proxy servers, proxy settings in browsers, VPN and user accounts are neither universally understood by users nor available and can quickly complicate the best intentions of providing broad access.

**Table 24: Access to Electronic Resources - All Libraries, 2013**

Access from:	Hospital		Academic and Other	
	2008 n=77	2013 n=58	2008 n=39	2013 n=45
Anywhere	48%	50%	90%	73%
In the institution (including the library)	23%	19%		
In the institution (library not specified)	12%	17%	3%	7%
Library and offsite	3%	2%	0%	2%
Library only	10%	3%	3%	7%
Offsite only	1%	3%	5%	9%
Only library staff has access				2%
No electronic resources	3%	3%		

### Comments – Hospital libraries

- Access depends if the user is University affiliated or hospital employee
- EBSCOhost databases are IP activated as are various ejournals from SpringerLink, Sage, AMA, MDConsult, ScienceDirect, etc. Librarian creates UserIDs and passwords for Ovid database & full text access for use inhouse & offsite for both Medical & hospital staff. Authorized users can sign up with MDConsult, SpringerLink, & ScienceDirect to access our paid subscriptions offsite.
- IP authentication is problematic since our large health system uses one external IP address and resources are not purchased for the entire system.
- MD Consult permits offsite access by creating account at the hospital.
- MDConsult has generous remote access

*Table 24 Continued-*

- No physical library
- Only patient-targeted database is available off-site
- Resources linked from the library's webpage are freely available to all users (MedlinePlus, UtahhealthNet, Staywell/Krames Diseases and Conditions Collection)
- UpToDate not available off site.

*Comments – Academic and other libraries*

- Off site they have to provide their name and ID number
- The library has access to one electronic database. Given the cost to provide access to membership, only the library staff has access to the database. The contract allows us to send full-text articles to members who request the articles. The library does not have a collection of electronic books.
- Via secure Ezproxy
- We have wi-fi campus-wide and access to 129 databases for our study abroad students via the net.
- We offer remote use, however, we constantly struggle with IP authentication issues at our parent corp.

NN/LM MCR has a strong interest in tracking the transition from print to electronic composition of library collections. Electronic resources eases access to information beyond the library's walls and generally increases the availability of the resource to more than one user at a time.

Table 25 summarizes the change in the average electronic book and electronic journal holdings in hospital and academic/other libraries. Hospital libraries report purchasing or subscribing to nearly four times as many electronic books while academic/other libraries have increased their electronic book collections nearly one third since 2008. All respondents to the questions report subscribing to 26% to 50% more electronic journals in 2013 compared to 2008.

**Table 25: Average electronic collection size**

	<b>Hospital Library Respondents</b>			<b>Academic/Other Respondents</b>		
	2008	2013	change	2008	2013	change
Electronic books	280	1016	363%	29564	37937	128%
Electronic journal subscriptions	1197	1812	151%	11999	15141	126%

**Table 26: Hospital Library Book Collections - 2008, 2013**

Number of Print Book Titles	Hospital Library Respondents				Number of Electronic Book Titles	Hospital Library Respondents			
	2008 (n=76)		2013 (n=54)			2008 (n=73)		2013 (n=55)	
	%	Ct	%	Ct		%	Ct	%	Ct
0	1%	1	7%	4	0	44%	32	29%	16
1 – 250	11%	8	13%	7	1 – 50	14%	10	18%	10
251 – 500	18%	14	11%	6	51 – 100	19%	14	7%	4
501 – 1,000	16%	12	11%	6	101 – 200	15%	11	4%	2
1,001 – 2,000	24%	18	26%	14	201 – 1,000	5%	4	27%	15
2,001 – 5,000	18%	14	17%	9	> 1,000	3%	2	15%	8
5,001 – 10,000	11%	8	11%	6					
>10,000	1%	1	4%	2					

Table 26 presents descriptive information about hospital library print and electronic book collections. We asked about the size of print book collections but it is difficult to draw conclusions from the responses because there are numerous factors that can affect collection size, including weeding practices, reduced physical space, and access to new editions in electronic formats eliminating the need to purchase new editions in print. The data do, however, demonstrate that more hospital libraries are providing access to e-books and that the number of e-books being made available is increasing. In 2008, 56% of respondents had electronic books in their collections; 71% report having them in 2013. Hospital libraries that have electronic book collections most frequently cited having 201-1,000 titles; in 2008 libraries most frequently cited having 51-100 titles.

With the focus on easy access to resources, not surprisingly, there is a shift downward in the size of hospital libraries' print journal collections (see Table 27). The percentage of hospital libraries with more than 50 print journal subscriptions has decreased considerably. In 2008, 57% subscribed to more than 50 print journals; in 2013, 33% reported collections of this size.

Following the electronic book collection trend, there are also larger electronic journal collections among hospital libraries. For libraries with more than 50 electronic journals, the largest percentage reported having 501-1,000 titles. In 2008, the most frequently reported range was 101-500. The number of hospital libraries with no electronic journal titles decreased from 29% to 19% from 2008 to 2013, and the percentage with collections of 1-50 electronic titles increased 21 percentage points. We are not able to compare year over year data for the same respondents and so these data represent trends among hospital libraries.

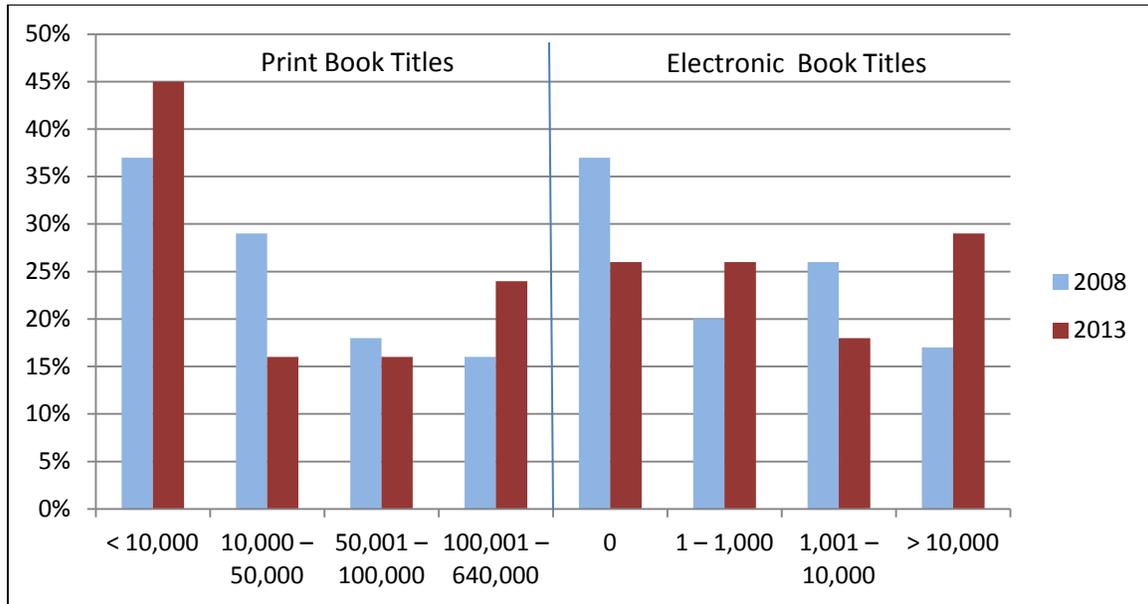
**Table 27: Hospital Library Journal Collections – 2008, 2013**

Print Journal Titles	Hospital Library Respondents				Electronic Journal Titles	Hospital Library Respondents			
	2008 (n=77)		2013 (n=56)			2008 (n=73)		2013 (n=56)	
	%	Ct	%	Ct		%	Ct	%	Ct
0	4%	3	18%	10	0	29%	21	19%	10
1 – 50	39%	30	50%	28	1 – 50	15%	11	36%	19
51 – 100	21%	16	13%	7	51 – 100	8%	6	11%	6
101 – 500	35%	27	16%	9	101 – 500	23%	17	8%	4
> 500	1%	1	4%	2	501 – 1,000	10%	7	19%	10
					1,001 – 5,000	10%	7	4%	2
					5,000 – 10,000	5%	4	4%	2

Figure 9 describes print and electronic book collections for academic and other libraries. More academic and other libraries provide access to e-books and they appear to be increasing the size of their e-book collections. The most frequently reported size range for e-book collections in 2013 was >10,000 titles. In 2008, this was the least-reported range.

More academic and other libraries provide access to e-books and they appear to be increasing the size of their e-book collections. The most frequently reported size range for e-book collections in 2013 was >10,000 titles. In 2008, this was the least-reported range. The decrease in the number of print titles and the concomitant increase in the purchase of electronic books suggest that academic libraries are weeding their print and replacing with electronic formats.

**Figure 9: Academic and Other Libraries Book Collections, 2008, 2013**



There is a similar trend toward fewer subscriptions to print journals and more subscriptions to electronic journal titles (see Table 28). In 2008, 58% of academic and other libraries subscribed to more than 100 print journals; in 2013 that percentage dropped to 44%. Conversely, in 2008, 63% of academic and other libraries subscribed to more than 100 electronic journal titles, while in 2013, 68% of libraries subscribed to or licensed 100+ titles.

This study did not investigate whether libraries were keeping or weeding existing print journal collections and this cannot be discerned from the information about subscriptions. It will be interesting in the future to look into whether space used for print book and journal collections is being repurposed as print access becomes redundant for many titles.

**Table 28: Academic and Other Libraries Journal Collections, 2008, 2013**

Number of Print Journal Titles	Academic and Other Library Respondents				Number of Electronic Journal Titles	Academic and Other Library Respondents			
	2008 (n=40)		2013 (n=40)			2008 (n=35)		2013 (n=37)	
	%	Ct	%	Ct		%	Ct	%	Ct
<b>0</b>	5%	2	8%	3	<b>0</b>	14%	5	16%	6
<b>1 – 100</b>	38%	15	50%	20	<b>1 – 100</b>	23%	8	16%	6
<b>101 – 500</b>	30%	12	28%	11	<b>101 – 1,000</b>	23%	8	41%	15
<b>501 – 1,000</b>	23%	9	8%	3	<b>10,001 – 25,000</b>	20%	7	8%	3
<b>&gt; 1,000</b>	5%	2	8%	3	<b>25,001 – 39,000</b>	20%	7	19%	7

## Licensing

Many libraries have used consortia to get better rates than as a single institution when negotiating resource licenses. However, in 2013, most respondents said their libraries negotiated their own electronic resource licenses (see Table 29). The most dramatic change related to e-licensing agreement was the decline in use of consortia by academic and other libraries. In 2008, 70% were involved with consortia, while in 2013, 36% were engaged in consortia. Participation in consortia declined for hospital libraries as well, but the decline was greater was not as significant. For hospital libraries, there was a trend toward more institutional involvement in negotiation of licenses. We can speculate that decreasing academic involvement in consortia is related to the cost of membership. As budgets tighten membership fees may not be offset sufficiently by reduced subscription costs to maintain participation. We have also seen some evidence of fewer consortia available to hospital libraries, but neither of these circumstances can be validated by the data provided by respondents.

**Table 29: Negotiation for Library Electronic Resource Licenses  
2008, 2013**

Negotiator for Library Electronic Resources:	Hospital Libraries				Academic and Other Libraries			
	2008 n=68		2013 n=52		2008 n=40		2013 n=42	
	%	Ct	%	Ct	%	Ct	%	Ct
The library	81%	55	77%	40	85%	34	95%	40
Institutional department other than the library	19%	13	29%	16	18%	7	10%	4
One or more consortia	44%	30	37%	17	70%	28	38%	16
Other (please specify)*	21%	14	21%	11*	13%	5	10%	4*

*Note: Respondents could choose more than one option*

*\* These numbers represent the number of people who wrote comments for "other" in the written comments.*

*Other – Hospital Libraries*

- A few departments negotiate additional resources, which I list on my intranet page with credit to the sponsor
- Both depending on the user
- Denver Consortia negotiates for Ovid Medline and LWW Total Access
- Education Department, Human Resources, Administration (especially Nursing)
- It comes under the AMEDD account at Ft. Sam Houston, TX.
- IT was involved in UTD negotiations as they were looking at Proventions which is a related product.
- Member of VALNET
- The library initiates contracts, but others get involved, notably the Legal dept and the CIO.
- VISN 19 AND NATIONAL LIBRARIAN

*Other – Academic and other libraries*

- Library Director of Acquisitions for the four library system of [Institution Name] Libraries
- Our corporate office
- Outside affiliated University
- We have a Technology Librarian who negotiates electronic licenses.

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Participants were asked to identify consortia used by their libraries. Table 30 summarizes responses, but due to a problem with questionnaire skip logic (defined in table notes), it would be unwise to draw conclusions about the 2013 data.

**Table 30: Number of Libraries Purchasing through Consortia -  
All Libraries, 2008, 2013**

Group Name:	Hospital Libraries		Academic and Other Libraries	
	2008 n=30	2013 n=5	2008 n=26	2013 n=9
Health Sciences Library Network Kansas City (HSLNKC)	14	2	1	0
MOBIUS	14	2	1	0
Greater Western Library Alliance (GWLA)	2	0	10	0
Bibliographic Center for Research (BCR)‡	1	0	10	0
Colorado Consortium of Medical Libraries (CCML)	17	*	11	*
Colorado Alliance of Research Libraries (CARL)	7	0	0	0
Kan-Ed‡	0	0	3	0
Denver Medical Librarians Ovid Consortium	5	*	2	*
Merlin Consortium Regional Buying Group	12	0	0	0
Intermountain Health Care Hospital Library Council	2	0	4	0
MCR Regional Licensing Consortium‡	3	0	0	0
Other (please specify)	4	*	6	*

*Note: The consortia listed in the grayed rows were not included on the 2013 questionnaire.*

*\* The low number of responses for 2013 is due to a problem with the instrument's skip logic. Participants who selected more than one option, even if one option was "One or More consortia," were skipped past this question. Only those who checked only "One or more consortia" or those who skipped the question about negotiation of electronic resources actually saw this question.*

*‡ These organizations were no longer in existence in 2013.*

*Other – Hospital libraries*

- Intermountain Healthcare
- We are unable to license electronic resources due to budgetary constraints. We use the electronic resources available through Teton County Public Library when possible.

*Other – Academic and other libraries*

- Our corporate offices that buy databases for all schools [with listed brand names]

## Education and Outreach

### Library Staff Continuing Education

Respondents answered questions about continuing education (CE) activity among their library staff members. Although the majority of libraries had staff who participated in CE over the past year, as Table 31 shows, there has been a decline in CE participation for all types of libraries. For hospital libraries, the decline was from 2008 to 2013, while the percentage of staff from academic and other libraries taking CE courses started to drop in 2005. This is puzzling since more CE is available for free as webinars from the NN/LM, NLM, and other health and library organizations.

**Table 31: Percentage of Libraries with Staff Members Participating in CE Courses - All Libraries, 2002, 2005, 2008, 2013**

	Hospital Libraries			Academic and Other Libraries		
	%	Ct	n	%	Ct	n
<b>2002</b>	73%	79	108	76%	22	29
<b>2005</b>	70%	70	100	93%	37	40
<b>2008</b>	84%	65	77	85%	35	41
<b>2013</b>	67%	37	55	80%	35	44

Table 32 shows the CE topics taken by library staff. In hospital libraries, the most popular topics were on health information resources and library skills, while training on technology was the most popular topic for staff in academic and other libraries. For many of the topics, the percentage of staff taking continuing education in specific topics did not change more than ten points from 2008 to 2013, indicating that interest in those topics remained relatively stable. The biggest change for hospital libraries was a drop in staff taking management CE classes. For academic and other libraries, the biggest decline was reported for participation in CE classes related to general software training, with the second biggest decline reported for training on health information resources.

The new CE topic for the 2013 NMQ, library skills, proved to be popular with all types of library staff. It was the most frequently reported topic for hospital libraries and the second most popular topic for academic and other library staff.

**Table 32: Percentage of Libraries with Staff Members Participating in CE Courses - All Libraries, 2008, 2013**

Topics:	Hospital Libraries				Academic and Other Libraries			
	2008 n=63		2013 n=37		2008 n=35		2013 n=35	
	%	Ct	%	Ct	%	Ct	%	Ct
Health information resources	59%	37	59%	22	51%	18	40%	14
Library skills	*	*	57%	21	*	*	71%	25
General software (e.g., MS Word, Photoshop, etc.)	25%	16	27%	10	57%	20	34%	12
Technology (includes Web 2.0 - RSS, Social Bookmarking, Google Gadgets, etc.)	49%	31	51%	19	86%	30	80%	28
Management (includes supervision, library advocacy and/or evaluation, etc)	54%	34	46%	17	57%	20	54%	19
Other (please specify)	25%	16	22%	8	26%	9	17%	6

\* Not asked in 2008 questionnaire

*Other – Hospital libraries*

- Advanced Searching on Google
- CMEs offered in hospital
- Continuing education of health care professionals - not library focused education
- EO training
- E-research
- Health literacy; plain language
- Non-verbal communication
- Professional presentations; research methodologies

*Other – Academic and other libraries*

- Copyright
- Copyright; Systematic Reviews
- Document Control Mgmt.
- I am the only librarian who specializes in health information.
- Instructional Design for Distance Education
- Staff take a variety of courses on campus some related and some not related to their library positions

Respondents also were asked about the sponsors of the CE courses they took (see Table 33). There appears to be a trend toward less-expensive continuing education venues or, perhaps, those that incur less travel cost. In 2013, institution-sponsored CE was the most used by both categories of librarian. In addition, for hospital library staff, RML sponsored CE were also popular showing an increase over 2008. For academic and other libraries, staff also attended CE offered by other organizations such as their state library association.

**Table 33: Continuing Education Class Sponsors - All Libraries, 2008, 2013**

Answer Options:	Hospital Libraries				Academic and Other Libraries			
	2008 n=62		2013 n=37		2008 n=35		2013 n=35	
	%	Ct	%	Ct	%	Ct	%	Ct
MLA	37%	23	35%	13	31%	11	26%	9
MCMLA	42%	26	46%	17	26%	9	34%	12
NN/LM*	37%	23	51%	19	34%	12	37%	13
Own institution	40%	25	54%	20	60%	21	54%	19
Other (please specify; do not use abbreviations)	48%	30	38%	14	63%	22	63%	22

\* This item read "RML" in 2008

*Other CE sponsors – Hospital libraries*

- Non-library healthcare and university groups
- Fred Pryor Seminars
- Alliance & other providers
- UHSLC
- OCLC and EOS
- Colorado Council of Medical Librarians
- Google
- Public library
- Creative Healthcare Management; McKesson Paragon
- AMEDD
- Health Literacy MO
- ALA, IHA,
- American Library Association
- CCML

*Other CE sponsors – Academic and other libraries*

- Vendors, other library & health organizations
- AAMC
- Cache Valley Library Association, Utah Library Association
- Nebraska Library Commission
- American Library Association, Association College Research Libraries

*Table 33 Continued-*

- Academic Impressions; University of Pittsburgh
  - Robert Gordon University, Scotland
  - Nebraska Library Commission, Library Journal, Copyright Clearance Center, American Library Association, SIRSI/Dynix
  - NISO, ACRL, vendors
  - This was at Internet Librarian conf.
  - ACRL, state & local library associations, vendors
  - KCMIN
  - University of Nebraska at Kearney
  - Missouri Library Network Corporation/Amigos, University of Missouri, MOBIUS
  - MOBIUS
  - Nebraska Library Commission, ALA, LITA
  - KCMLIN
  - Nebraska Library Commission, American Library Association, National Library of Medicine
  - Consortia & various vendors
  - Chadron State College, Nebraska Library Commission,
  - AMIGOS, Mid-America Library Alliance, Kansas Library Association
  - MidAmerican Library Alliance
- 

## Education and Training

Seventy-six percent of hospital libraries and 75% of academic and other libraries represented in the sample provided some form of training. Both types of libraries primarily offer training upon request, as opposed to scheduled training sessions. Libraries are experiencing diminishing attendance for scheduled classes and have adopted just-in-time, one-on-one training sessions to meet training needs. As libraries offer fewer scheduled trainings there is concern that people may be missing opportunities for education they don't realize they could benefit from. They ask for what they know they need, but what about what they don't know they need? Fewer scheduled classes diminish that opportunity.

Respondents were asked to identify the training topics offered by professional staff at their libraries. As Table 34 shows, the most frequently taught topics by hospital libraries were PubMed, MedlinePlus, and using the library, with classes on these topics offered in 88% or more libraries. For academic and other libraries, the most popular topics were using the library (92%), and Internet search skills (89%). PubMed was taught by 79% of academic and other libraries, making it the third most-taught topic for this type of library.

The percentage of libraries in both categories teaching PubMed has remained over 78% since 2002. There has been an increase over the past decade in the percentage of hospital libraries teaching PubMed, MedlinePlus and other NLM databases and resources, but the percentage teaching other software

for searching MEDLINE has declined since 2008. With the reduction in funding, fewer hospital libraries may be purchasing commercial MEDLINE products and are teaching PubMed instead. The percentage of hospital libraries teaching non-NLM health information resources has remained fairly stable since 2008, with slightly more than three-quarters of hospital libraries providing this training.

The percentage of academic and other libraries teaching PubMed, other MEDLINE software, and MedlinePlus has decreased slightly since 2008, but there has been a slight increase in the percentage teaching other NLM databases. The percentage teaching non-NLM health information resources has also declined for this group, indicating that non-NLM resources are not being taught in lieu of NLM resources.

The least-taught topics for hospital libraries were Web 2.0 tools, mobile devices, and management topics. However, the percentage of hospital libraries that are providing training on mobile devices has increased 10 percentage points since 2008. For academic and other libraries, the two least-taught topics were Web 2.0 training and Microsoft or other commercial software, and the percentage of libraries offering training on these topics has decreased 18 and 13 points, respectively.

**Table 34: Topics Taught by Library Staff - All Libraries, 2002, 2005, 2008, 2013**

Topics:	Hospital Libraries								Academic and Other Libraries							
	2002 n=70		2005 n=76		2008 n=62		2013 n=51		2002 n=20		2005 n=36		2008 n=32		2013 n=38	
	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct
Internet search skills	86%	60	78%	59	79%	49	85%	44	75%	15	67%	24	88%	28	89%	34
Management topics	n/a	n/a	n/a	n/a	n/a	n/a	23%	12					n/a	n/a	21%	8
MedlinePlus	57%	40	68%	52	85%	53	88%	46	50%	10	47%	17	69%	22	66%	25
Microsoft or other commercial software	17%	12	16%	12	37%	23	31%	16	5%	1	33%	12	50%	16	37%	14
Mobile devices**	1%	1	9%	7	11%	7	21%	11	10%	2	22%	8	38%	12	39%	15
Non-NLM health information resources	n/a	n/a	n/a	n/a	76%	47	77%	40					78%	25	68%	26
Other MEDLINE software*	39%	27	63%	48	79%	49	63%	33	45%	9	58%	21	72%	23	66%	25
Other NLM databases and resources	n/a	n/a	n/a	n/a	55%	34	73%	38					53%	17	61%	23
PubMed	87%	61	82%	62	90%	56	90%	47	80%	16	69%	25	88%	28	79%	30
Using the library	79%	55	87%	66	92%	57	92%	48	80%	16	94%	34	97%	31	92%	35
Web 2.0 tools	n/a	n/a	n/a	n/a	18%	11	15%	8					47%	15	29%	11

\* In 2008 and 2013, this item suggested other vendors such as Ovid, EBSCOHOST etc.  
In 2002 and 2005 it suggested Ovid and Silverplatter.

\*\* Prior to 2013, this item read "PDA"

Respondents were asked about the audiences they reach through training (see Table 35). All hospital libraries and almost all academic and other libraries train their institutions' health professionals and staff (their primary users). The percentage of hospital libraries that train each of the other listed audiences has changed little since 2008.

The percentages of academic and other libraries providing training to groups other than their primary users has declined more than 10 points per group. The biggest decline was reported for the general public: in 2008, 44% of academic and other libraries provided training to this user group. In 2013, that percentage fell to 22%.

**Table 35: Audience for Training Programs -  
All Libraries, 2002, 2005, 2008, 2013**

Year	Libraries Responding	Affiliated health professionals / staff (library's primary users)	Patients and/or patient family members	Unaffiliated health professionals	General public
<b>Hospital Libraries</b>					
2002	72	72 (100%)	n/a	n/a	n/a
2005	77	77 (100%)	n/a	n/a	n/a
2008	62	62 (100%)	31 (50%)	13 (21%)	18 (29%)
2013	52	52 (100%)	25 (48%)	11 (21%)	12 (23%)
<b>Academic and Other Libraries</b>					
2002	29	29 (100%)	n/a	n/a	n/a
2005	32	32 (100%)	n/a	n/a	n/a
2008	27	24 (89%)	5 (19%)	7 (26%)	12 (44%)
2013	36	34 (94%)	2 (6%)	3 (8%)	8 (22%)

*Other – Hospital libraries*

[No written comments provided]

*Other – Academic and other libraries:*

- Faculty & students
- Faculty and students
- Our library primary client group is our students, faculty, and staff, and then all others who need to use our resources.

*Table 35 Continued-*

- Patrons at public library
  - Students and staff and faculty
  - The main audience is students (nursing and Allied Health) and faculty of the university
- 

As Table 36 shows, one-on-one training continues as the most popular delivery format for library training for both types of libraries. It may be that participants do not want to spend time in classes where they are learning “everything” about a topic. Rather, they want just in time learning where the training addresses a specific need. The percentage of both types of libraries providing one-on-one training has increased since 2002. Academic and other libraries provide more classroom, web-based and online training than hospital libraries, with the most pronounced difference reported for the latter two teaching formats. The percentage of both types of libraries offering classroom training has declined since 2008. The percentage of hospital libraries providing web-based and online instructions has decreased by 12 percentage points since 2008. For academic and other libraries, recorded instruction is growing in popularity. This may be part of the effort to provide 24-7, just-in-time services, and new technology that makes it easy to produce short training videos.

**Table 36: Delivery Format for Library Training -  
All Libraries, 2002, 2005, 2008, 2013**

	<b>Libraries responding</b>	<b>One-on-One</b>	<b>Classroom</b>	<b>Online instruction</b>	<b>Recorded</b>	<b>Other</b>
<b>Hospital Libraries</b>						
2002	86	67 (78%)	48 (56%)	7 (8%)	6 (7%)	n/a
2005	76	74 (97%)	42 (55%)	3 (4%)	2 (3%)	9 (12%)
2008	62	59 (95%)	47 (76%)	15 (24%)	5 (8%)	5 (8%)
2013	51	49 (96%)	35 (69%)	6 (12%)	7 (14%)	3 (6%)
<b>Academic and Other Libraries</b>						
2002	36	26 (72%)	23 (64%)	8 (22%)	2 (6%)	n/a
2005	33	33 (100%)	27 (82%)	14 (42%)	3 (9%)	5 (15%)
2008	34	32 (94%)	33 (97%)	21 (62%)	14 (41%)	5 (15%)
2013	38	36 (95%)	32 (84%)	23 (61%)	22 (58%)	2 (5%)

*Note: An individual library could select more than one delivery format.*

*Other delivery formats – Hospital libraries*

- Created print resources for HealthStream users
- Phone with computer at each end
- Small groups <15 in team meetings

*Other delivery formats – Academic and other libraries*

- iTV, online courses as embedded librarian
- Via conference calling system (ReadyTalk)

Table 37 shows the type of training spaces available to library staff. For hospital libraries, access to public workstations and computer classrooms increased since 2008. For academic and other types of libraries, there was an increase in availability of classrooms with no computers. Most of the training offered is best taught hands-on, so the availability of classrooms with no computers may ultimately not benefit library instruction. The availability of other types of spaces has remained fairly stable since 2008. Instruction in a staff member's or user's office ranks third in the list of training spaces. While this allows for very targeted instruction it may not afford the student hands on experience and, given the usual size of librarians' offices, is probably a bit uncomfortable. These negatives could make the training experience less than optimal.

**Table 37: Library Training Spaces - All Libraries, 2008, 2013**

	Hospital Libraries				Academic and Other Libraries			
	2008 n=62		2013 n=51		2008 n=34		2013 n=38	
	%	Ct	%	Ct	%	Ct	%	Ct
In a staff member's or user's office	63%	39	69%	35	79%	27	82%	31
At a public workstation	68%	42	80%	41	65%	22	58%	22
Computer classroom	66%	41	75%	38	85%	29	76%	29
Classroom with no computers	32%	20	39%	20	32%	11	58%	22
Other (specify)	3%	2	2%	1	6%	2	5%	2

*Other - Hospital libraries*

- Huddled around department computer

*Other - Academic and other libraries*

- Computer and non-computer classroom space is not dedicated to library--use depends on availability
- We also have conference and meeting rooms and a learning commons.

## Outreach Programs

Network members that provide services to unaffiliated individuals support the NN/LM MCR's mission of outreach. Respondents answered questions about their outreach activities. As Table 38 shows, the majority of Network member libraries provide services to the unaffiliated and have done so since 2002. Hospital libraries increasingly reported providing services to unaffiliated from 2002 to 2008 then reports reflected a decrease in 2013. Academic and other libraries report decreasing services to unaffiliated from 2002 to 2005, a small increase in 2008 and a significant (15%) decrease in services in 2013.

**Table 38: Libraries Providing Services to Unaffiliated Individuals - All Libraries, 2002, 2005, 2008, 2013**

	Hospital Libraries			Academic and Other libraries		
	%	Ct	n	%	Ct	n
<b>2002</b>	67%	58	86	81%	29	36
<b>2005</b>	74%	78	105	71%	30	42
<b>2008</b>	85%	69	81	78%	36	46
<b>2013</b>	75%	50	67	63%	32	51

Respondents who provide services to those not affiliated with their institutions were asked about the services they provide to specific groups of unaffiliated individuals (see Table 39). Generally these services declined between 2008 and 2013 for all types of libraries. That said, a higher percentage of hospital libraries are providing services to patients and their families, in particular training them on using the Internet and on using online resources.

The percentages of academic and other libraries that offer services to unaffiliated health professionals and patients and their families have decreased considerably more overall compared with hospital libraries. On the other hand compared with 2008, higher percentages of academic and other libraries are offering services to the general public including reference, mediated searches and training.

**Table 39: Services to Individuals not Affiliated with the Institution - All Libraries, 2008 and 2013**

<b>Hospital Libraries</b>											
<b>Services:</b>	<b>Unaffiliated health professionals</b>			<b>Patients and their families</b>			<b>General public</b>			<b>Responses</b>	
	<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>
	%	%	Ct	%	%	Ct	%	%	Ct	n	n
Access to library collection	91%	87%	40	85%	87%	40	76%	70%	32	67	46
Mediated searching	80%	69%	27	85%	79%	31	61%	46%	18	59	39
Reference services	90%	76%	32	93%	83%	35	75%	64%	27	60	42
Training on using the Internet	79%	64%	18	79%	89%	25	59%	54%	15	39	28
Training on using online information resources	89%	70%	23	77%	88%	29	61%	58%	19	44	33
<b>Academic and Other Libraries</b>											
	<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>		<b>2008</b>	<b>2013</b>
	%	%	Ct	%	%	Ct	%	%	Ct	n	n
Access to library collection	83%	59%	19	63%	38%	12	86%	84%	27	35	32
Mediated searching	87%	57%	12	57%	33%	7	57%	76%	16	23	21
Reference services	84%	56%	15	59%	41%	11	88%	89%	24	32	27
Training on using the Internet	73%	45%	5	60%	45%	5	67%	91%	10	15	11
Training on using online information resources	86%	56%	10	52%	44%	8	62%	78%	14	21	18

From the first assessment of members, results have shown that a minority of member libraries have focused on outreach. The number of libraries in both categories that conduct formal outreach programs has declined since 2008 after remaining fairly consistent from 2002 to 2008 (see Table 40). The percentage of hospitals offering formal outreach dropped seven percentage points since 2008, but the percentage of academic and other libraries dropped 12 points. The percentage of academic and other libraries conducting outreach was larger than the percentage of hospital libraries; but in 2013, the difference was only four percentage points, the smallest

difference since NN/LM MCR started tracking formal outreach activities in its region. Funding for outreach projects ceased in 2011 due to reduced funding for the NN/LM program.

The decrease in outreach by our Network members between 2008 and 2013 may indicate that they were depending on NN/LM funding for this type of activity and that institutional budgets are not sufficient to expand library services to unaffiliated populations. NIH began funding the Clinical and Translational Science Awards (CTSA) to academic institutions in 2006. A component of CTSA is outreach to the community through the Community Engagement Core. Library staff may be involved in their CTSA community engagement activities through direct outreach to the community through health fairs or other events not listed in our questionnaire. Our Network members may be conducting outreach that is not be captured through our tool.

**Table 40: Libraries Offering Formal Outreach Programs - All Libraries, 2002, 2005, 2008, 2013**

	Hospital Libraries			Academic and Other Libraries		
	%	Ct	n*	%	Ct	n*
<b>2002</b>	21%	18	86	33%	12	36
<b>2005</b>	23%	24	105	29%	12	42
<b>2008</b>	19%	15	81	28%	13	46
<b>2013</b>	12%	8	67	16%	8	51

*\* Total number of respondents (some may not have answered questionnaire)*

The top three groups targeted for outreach by either category of libraries are community groups and organizations, the general public, and public libraries (see Table 41). Very few Network libraries are targeting unaffiliated health care providers. This finding is consistent with the declining percentages of libraries offering training to unaffiliated individuals.

**Table 41: Outreach Target Communities -  
All Libraries 2002, 2005, 2008, 2013**

Communities:	Hospital Libraries				Academic and Other Libraries			
	2002 n=18	2005 n=24	2008 n=15	2013 n=8	2002 n=12	2005 n=12	2008 n=13	2013 n=8
General Public	14	21	11	4	7	8	7	7
Unaffiliated health care Providers	9	12	8	1	6	9	10	4
Public health depts., agencies	6	6	2	3	5	4	7	4
Public libraries	9	12	7	4	6	5	9	5
Public or private schools (K-12)	n/a	n/a	n/a	2	n/a	n/a	n/a	3
Colleges or universities	n/a	n/a	n/a	2	n/a	n/a	n/a	3
Community colleges	n/a	n/a	n/a	1	n/a	n/a	n/a	2
Community groups or organizations	n/a	n/a	n/a	5	n/a	n/a	n/a	5
Other (please specify)	11 <sup>a</sup>	6 <sup>b</sup>	4 <sup>c</sup>	1 <sup>d</sup>	5 <sup>e</sup>	3 <sup>f</sup>	6 <sup>g</sup>	0

*Note: Percentages were not calculated because of the small number of respondents*

- a) Immigrants, Spanish language speakers, veterans, primary language not English
- b) Nursing students, schools
- c) School nurses, case managers and legal aid, etc. who assist chronically ill children, professional groups, senior groups, affiliated community clinicians
- d) School nurses
- e) Veterinarians, dental health professionals, community-based practitioners
- f) Dental health professionals, alumni, high school students
- g) Community/neighborhood health clinics, high school students; dental health professionals; veterinarians

## Members and the NN/LM

### Network Membership

To guide NN/LM MCR's planning, Network members were asked to provide feedback about the RML's and NLM's effectiveness. Tables 42 and 43 show the percentages of 2013 respondents who used RML resources and services (*Users*). Ratings reflect only the responses of users of the different resources. Table 42 summarizes responses of hospital library respondents, and Table 43 summarizes responses of academic and other library respondents.

The majority of hospital library respondents had used almost all of the programs and services with the exception of funding for professional development (used by 46% of respondents). All programs and services were rated as useful or very useful by 90% or more of the hospital library program users, with four services were rated positively by 100% of the users. Library advocacy materials received the highest percentage of very useful ratings (60%). A very small percentage of hospital library respondents designated five services as not useful.

Half or more of the academic and other library respondents had used the listed RML programs and services with the exception of funding for professional development and opportunity to provide input on NN/LM programming. All programs and services were rated positively by 85% or more of academic and other users. This group gave the highest percentage of very useful ratings to funding for professional development (58%). The majority of applicants for the professional development funds have come from academic institutions. As with hospital libraries, academic and other users gave the highest percentage of not useful ratings to opportunities to provide input on NN/LM programming and free promotional materials.

**Table 42: Ratings of RML Programs and Services -  
Hospital Libraries, 2013**

	Total	Used		Ratings of users						Haven't used	
				Very useful		Useful		Not useful			
	n	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct
Information updates about NLM products	54	83%	45	44%	20	56%	25	0%	0	17%	9
Funding for professional development	52	46%	24	54%	13	42%	10	4%	1	54%	28
Online classes	54	70%	38	47%	18	53%	20	0%	0	30%	16
In-person classes	52	63%	33	36%	12	61%	20	3%	1	37%	19
Access to e-books collection	53	57%	30	47%	14	53%	16	0%	0	43%	23
Introduction to and assistance with using new technologies	53	66%	35	54%	19	43%	15	3%	1	34%	18
Opportunity to provide input on NN/LM programming	52	65%	34	26%	9	68%	23	6%	2	35%	18
Free promotional materials (pens, posters, bookmarks)	53	72%	38	45%	17	45%	17	11%	4	28%	15
Resources for advocating for your library	51	69%	35	60%	21	40%	14	0%	0	31%	16

**Table 43: Ratings of RML Programs and Services -  
Academic and Other Libraries, 2013**

	Total	Used		Ratings of users						Haven't used	
				Very useful		Useful		Not Useful			
	n	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct
Information updates about NLM products	43	86%	37	16%	6	84%	31	0%	0	14%	6
Funding for professional development	42	45%	19	58%	11	42%	8	0%	0	55%	23
Online classes	42	76%	32	38%	12	63%	20	0%	0	24%	10
In-person classes	42	62%	26	35%	9	62%	16	4%	1	38%	16
Access to e-books collection	42	57%	24	42%	10	58%	14	0%	0	43%	18
Introduction to and assistance with using new technologies	42	64%	27	41%	11	59%	16	0%	0	36%	15
Opportunity to provide input on NN/LM programming	42	45%	19	26%	5	63%	12	11%	2	55%	23
Free promotional materials (pens, posters, bookmarks)	42	64%	27	22%	6	63%	17	15%	4	36%	15
Resources for advocating for your library	43	60%	26	23%	6	73%	19	4%	1	40%	17

Respondents were asked to describe other services or benefits that the RML should provide that are not currently available. Six respondents from hospital libraries provided the following responses:

- Services awareness program
- Advocate with state/regional accreditation agencies to include librarians as important to earning accreditation.
- Survey hospitals to see how many DON'T have librarians or libraries, and what they do instead, if anything, to provide info resources to their staff.
- I appreciate having slides that I can use/modify for presentations here. There are some available now, but I would like more from the Breezing sessions, not only the recording.

- More continuing classes on searching PubMed and becoming a more proficient database searcher.
- We're presently at a loss because we no longer have a budget for health information resources. The Administration and Medical Staff decided to subscribe to Up-To-Date as an evidence-based medical resource, but this does not provide access to full-text articles or even abstracts (only reference info). Krames is similar in its provision of patient health information. Our Community Health Information Center utilizes other databases that consolidate information, but do not provide direct information. It's my understanding that we don't have access to DOCLINE, and I don't understand exactly how to use Lonesome Doc. It's very difficult to access full-text information!

Three respondents from academic and other libraries provided the following comments:

- Benefits and services are sufficient and appropriate.
- Great to have updates on health issues that are useful to users!  
Thanks!
- It would be nice to have access to NLM lectures and webcasts. Most of these sound very interesting.

Respondents were asked to rate the usefulness of the methods that NN/LM MCR uses to communicate to its Network members. Tables 44 and 45 show the percentages of respondents that have used the communication methods and the ratings they gave to those methods. For both types of libraries, the most frequently used communication methods are the RML web site, the *Plains to Peaks Post* newsletter, the *RML News* (a weekly news compilation), and "Breezing Along with the RML" webinar. The least used method was Twitter.

Shortly before the Network Member Questionnaire was administered the NN/LM MCR revised its communication plan for social media. Until September 2012, the RML Blog, Facebook, and Twitter all repeated the same content. Members could follow their social media of choice without missing any of our announcements. Starting in September 2012, the NN/M MCR offered three different streams of messages unique to each social media. Even though there was a change in the way we were using our social media it does not seem to have impacted the use of social media by our Network members. For professional information they prefer not to use social media as their communication tool.

A higher percentage of respondents from hospital libraries were users of all of the methods with the exception of Facebook: 30% of hospital library respondents monitored the RML Facebook page while 43% of respondents from academic and other libraries used it.

Five communication methods were rated 100% useful or very useful by hospital users: the web site, the newsletter, the news compilation, Breezing Along with the RML, BHIC Blog. Academic and other libraries, rated only the RML web site 100% useful or very useful. Hospital libraries were also more likely to rate most communication methods as very useful. Hospital ratings were higher for six of the nine communication methods compared with academic and other libraries, although the difference often was less than 10 percentage points. The difference was most pronounced for the *Bringing Health Information to the Community (BHIC)* blog (27% of hospital libraries rated this as very useful compared with 9% of academic or other libraries). This low ranking is not surprising since the audience for this blog is community based organizations and those who work with community based organizations. What is surprising is that 73% of hospital libraries indicated that the blog is at least useful. Respondents from neither group found Facebook to be particularly useful. Academic and other library users also did not rate Twitter as very useful, but three out of ten hospital library respondents who followed Twitter rated it as very useful.

**Table 44: Communications - Hospital Libraries, 2013**

Answer Options:	Total	Used		Ratings of Users						Haven't used	
				Very useful		Useful		Not useful			
	n	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct
RML web site	54	72%	39	26%	10	74%	29	0%	0	28%	15
Plains to Peaks Post, the RML Newsletter	54	72%	39	36%	14	64%	25	0%	0	28%	15
RML weekly news	54	72%	39	23%	9	77%	30	0%	0	28%	15
Breezing along with the RML	53	62%	33	48%	16	52%	17	0%	0	38%	20
Personal calls/visits from RML coordinator	54	59%	32	25%	8	69%	22	6%	2	41%	22
RML session at MCMLA	54	50%	27	33%	9	63%	17	4%	1	50%	27
Bringing Health Information to the Community (BHIC) blog	54	28%	15	27%	4	73%	11	0%	0	72%	39
Twitter	53	19%	10	30%	3	10%	1	60%	6	81%	43
Facebook	54	30%	16	6%	1	56%	9	38%	6	70%	38

**Table 45: Communications - Academic and Other Libraries, 2013**

Answer Options:	Total	Used		Ratings of Users						Haven't used	
				Very useful		Useful		Not useful			
	n	%	Ct	%	Ct	%	Ct	%	Ct	%	Ct
RML web site	42	67%	28	18%	5	82%	23	0%	0	33%	14
Plains to Peaks Post, the RML Newsletter	43	63%	27	22%	6	63%	17	15%	4	37%	16
RML weekly news	43	60%	26	27%	7	62%	16	12%	3	40%	17
Breezing along with the RML	44	57%	25	32%	8	64%	16	4%	1	43%	19
Personal calls/visits from RML coordinator	44	45%	20	30%	6	55%	11	15%	3	55%	24
RML session at MCMLA	44	36%	16	25%	4	69%	11	6%	1	64%	28
Bringing Health Information to the Community (BHIC) blog	44	25%	11	9%	1	55%	6	36%	4	75%	33
Twitter	43	16%	7	14%	1	43%	3	43%	3	84%	36
Facebook	44	43%	19	16%	3	58%	11	26%	5	57%	25

Tables 46 and 47 show changes over time in the percentage of users' ratings for communication methods over the past four administrations of the questionnaire. Among respondents from hospital libraries, the most variability of use was found for the *Plains to Peak Post* newsletter. The delivery method for *Plains to Peak Post* has changed over time. In April 2009 we stopped distributing a paper version and began distributing a pdf version. In January 2012, we stopped distributing a pdf version and began publishing through WordPress. The number of clicks on articles since the transition to WordPress is increasing which seems to contradict the feedback from this questionnaire about the usefulness of the newsletter. Although the percentage of hospital library users increased from 77% to 91% between 2002 and 2005, users declined in 2008 and again in 2013. For academic and other libraries, the most variability in use was found for the RML annual update at MCMLA. Since 2005, the number rating this event has decreased from 61% to 36% of respondents. Usefulness of the event remained high even though it appears that attendance has decreased. In 2005 and 2013 93% and 94% rated the update useful or very useful. This decline in use may reflect decreased funding for academic librarians to attend the annual chapter meeting where the NN/LM MCR holds its session.

The percentage of hospital librarians rating the weekly email updates as useful or very useful increased every year except 2008. In 2013, 100% of hospital libraries rated it as useful or very useful, the highest rating since the questionnaires have been administered.

While personal calls and visits from the RML remain popular, the percentage of hospital library respondents rating them declined in 2013 after rising each year from 2002 to 2008. They continue to be rated highly, rising from 81% useful or very useful in 2002, to 91% in 2005, 100% in 2008 and then falling to 94% in 2013.

For academic and other libraries, the most useful form of communication from 2002 to 2008 was personal calls and visits from the RML, with useful/very useful ratings of 73%, 86%, and 91% respectively. However, the percentage of academic and other libraries rating these positively dropped to 85% in 2013. For other communication methods (except the annual update at MCMLA and the BHIC blog<sup>6</sup>), the percentage of useful or very useful ratings by this group increased steadily from 2002 to 2013.

It should be noted that visits and calls to Network members were a high priority for RML Coordinators during the first five year contract (the 2002 and 2005 questionnaires). The RML staff was new and focused on learning about its constituents. During the second contract (2008 questionnaire), as technologies improved and provided more opportunities to connect with members through synchronous means, calls and visits by coordinators have declined. It would be interesting to pursue this question to see whether Network members have become more comfortable with interacting with the RML in ways other than face-to-face visits and thus over time rate the visits somewhat less useful.

"Breezing Along with the RML" is a monthly event that provides a forum for the RML staff to share information with Network members and to offer opportunities for their participation and feedback in regional programming. The 2008 and 2013 questionnaires asked about participation in "Breezing Along with the RML" and, for those who have done so, the usefulness of the forum to the Network member. In the last two iterations of the questionnaire, the percentage of members who responded that "Breezing Along the RML" is useful or very useful has remained high. Twenty-nine (76%) of 38 academic and other librarians responding in 2008 had attended "Breezing Along with the RML" and 18 (62%) of those reported the sessions useful or very useful. In 2013, 25 (57%) of 44 respondents had participated and 24 (95%) reported that the sessions were useful or very useful. Fifty-six (78%) hospital librarians responding in 2008 had attended "Breezing along with the RML" and 39 (70%) of those reported the sessions useful or very useful. In 2013, 33 of 53 respondents (62%) had participated and all 33 reported that the sessions were useful or very useful.

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<sup>6</sup> There was an error in the 2008 report regarding the RML Update at MCMLA and the BHIC blog that the current evaluator could not reconcile, so those items were not included in the chart for 2008.

**Table 46: MCRML Communications - Hospital Libraries, 2002, 2005, 2008, 2013**

<b>Communications Methods</b>	<b>Year</b>	<b>Libraries that used and rated method</b>	<b>Rated as useful or very useful</b>	<b>Haven't Used</b>	<b>Total n</b>
MCR Web site	2002*	67%	64%	33%	79
	2005	76%	90%	24%	89
	2008	75%	92%	25%	71
	2013	72%	100%	28%	54
Plains to Peaks Post, the MCR newsletter	2002*	77%	53%	23%	81
	2005	91%	85%	9%	88
	2008	87%	92%	13%	71
	2013	72%	100%	28%	54
MCR Weekly News via email	2002*	72%	74%	28%	81
	2005	69%	90%	31%	88
	2008	73%	87%	27%	71
	2013	72%	100%	28%	54
Personal calls/visits from MCR coordinator	2002*	62%	81%	38%	78
	2005	63%	91%	37%	87
	2008	67%	100%	33%	70
	2013	59%	94%	41%	54
RML Annual Update at MCMLA	2005	57%	92%	43%	88
	2008	56%	73%	44%	71
	2013	50%	96%	50%	54
Bringing Health Information to the Community (BHIC) blog	2005	18%	75%	82%	87
	2008	59%	37%	41%	70
	2013	28%	100%	72%	54
Breezing along with the RML	2008	78%	70%	22%	72
	2013	62%	100%	38%	53

\* Rating scale in 2002 was Essential (value=1) to haven't used (value = 6). Ratings 1 and 2 included as Useful or Very useful.

**Table 47: Communications - Academic and Other Libraries, 2002, 2005, 2008, 2013**

Communication Methods	Year	Libraries that used and rated method	Rated as useful or very useful	Haven't Used	Total n
MCR Web site	2002*	64%	67%	36%	33
	2005	70%	74%	30%	44
	2008	66%	84%	34%	38
	2013	67%	100%	33%	42
Plains to Peaks Post, the MCR newsletter	2002*	71%	63%	29%	34
	2005	70%	67%	30%	43
	2008	76%	72%	24%	38
	2013	63%	85%	37%	43
MCR Weekly News via email	2002*	66%	83%	34%	35
	2005	64%	82%	36%	44
	2008	63%	79%	37%	38
	2013	60%	88%	40%	43
Personal calls/visits from MCR coordinator	2002*	45%	73%	55%	33
	2005	49%	86%	51%	43
	2008	61%	91%	39%	36
	2013	45%	85%	55%	44
RML Annual Update at MCMLA	2005	61%	93%	39%	44
	2008	51%	74%	49%	37
	2013	36%	94%	64%	44
Bringing Health Information to the Community (BHIC) blog	2005	23%	90%	77%	44
	2008	59%	45%	41%	37
	2013	25%	64%	75%	44
Breezing along with the RML	2008	76%	62%	24%	38
	2013	57%	96%	43%	44

\* Rating scale in 2002 was Essential (value=1) to haven't used (value = 6). Ratings 1 and 2 included as Useful or Very useful.

## NLM Products and Services

Respondents were asked to indicate whether they had used a selection of NLM products and services. Only users were asked to rate the products (see Tables 48 and 49).

Of the 25 resources listed, only eight were used by a majority of the respondents. These include the more general resources such as PubMed, MedlinePlus, PubMed Central and PubMed Health. The specialized resources, many developed for the lay public, (Genetics Home Reference, Tox Town, NIH Senior Health) were used by less than half of the respondents. There was a quick adoption of PubMed Health. This resource was released in 2011 and by the time of this questionnaire, in 2012, was used by a majority of libraries of both categories. ToxNet was inadvertently not included in this questionnaire.

The majority of members who completed the questionnaire do not subscribe to NLM's weekly updates on its resources. There may be an expectation that the RML will keep them informed.

For hospital libraries, the most frequently used NLM resources were PubMed, MedlinePlus, PubMed Central, and DOCLINE, all used by 90% or more of respondents. These four NLM resources also received the highest percentage of very useful ratings from hospital library respondents. The least used resources were PHPartners and WISER, both public health resources.

For academic and other libraries, the resources used by the most respondents (90% or more) were MedlinePlus and PubMed (ranked in that order). DOCLINE and PubMed Central came in third and fourth, although these resources were used by less than 80% of academic and other libraries. WISER and DIRLINE were used by the lowest percentages of academic and other library respondents. PubMed, PubMed Central, DOCLINE, and MyNCBI were rated as very useful by the highest percentage of academic and other library users. American Indian Health portal and DIRLINE received the lowest percentages of very useful ratings.

**Table 48: Ratings of NLM Products and Services - Hospital Libraries, 2013**

	Total n	Used		Ratings of users						Haven't used	
				Very useful		Useful		Not useful			
AIDSInfo	53	32%	17	12%	2	88%	15	0%	0	68%	36
American Indian Health portal	53	25%	13	8%	1	92%	12	0%	0	75%	40
Asian American Health portal	53	23%	12	8%	1	92%	11	0%	0	77%	41
ClinicalTrials.gov	52	79%	41	51%	21	49%	20	0%	0	21%	11
DailyMed	53	30%	16	19%	3	75%	12	6%	1	70%	37
DIRLINE	52	29%	15	27%	4	47%	7	27%	4	71%	37
DOCLINE	54	91%	49	88%	43	12%	6	0%	0	9%	5
DrugPortal	52	38%	20	30%	6	65%	13	5%	1	62%	32
Emergency Preparedness and Response Toolkit	53	40%	21	14%	3	86%	18	0%	0	60%	32
Genetics Home Reference	53	38%	20	30%	6	70%	14	0%	0	62%	33
HazMap	52	29%	15	7%	1	93%	14	0%	0	71%	37
Household Products Database	53	47%	25	16%	4	84%	21	0%	0	53%	28
LactMed	52	37%	19	47%	9	53%	10	0%	0	63%	33
MedlinePlus	54	98%	53	87%	46	11%	6	2%	1	2%	1
MyNCBI	54	69%	37	62%	23	38%	14	0%	0	31%	17
NCBI databases	52	65%	34	53%	18	47%	16	0%	0	35%	18
NIH Senior Health	53	49%	26	27%	7	73%	19	0%	0	51%	27
PHPartners (Public Health)	52	10%	5	20%	1	80%	4	0%	0	90%	47
PubMed	54	100%	54	89%	48	9%	5	2%	1	0%	0
PubMed Central	54	94%	51	86%	44	12%	6	2%	1	6%	3
PubMed Health	53	57%	30	47%	14	50%	15	3%	1	43%	23
ToxMap	52	44%	23	17%	4	83%	19	0%	0	56%	29
ToxTown	53	47%	25	12%	3	88%	22	0%	0	53%	28
Weekly update subscriptions to NLM services	52	44%	23	22%	5	74%	17	4%	1	56%	29
WISER	53	17%	9	33%	3	56%	5	11%	1	83%	44

**Table 49: Ratings of NLM Products and Services - Academic and Other Libraries, 2013**

	Total n	Used		Ratings of users						Haven't used	
				Very useful		Useful		Not useful			
AIDSInfo	40	30%	12	17%	2	67%	8	17%	2	70%	28
American Indian Health portal	40	25%	10	10%	1	80%	8	10%	1	75%	30
Asian American Health portal	39	21%	8	13%	1	75%	6	13%	1	79%	31
ClinicalTrials.gov	40	53%	21	57%	12	43%	9	0%	0	48%	19
DailyMed	40	20%	8	25%	2	50%	4	25%	2	80%	32
DIRLINE	40	18%	7	0%	0	71%	5	29%	2	83%	33
DOCLINE	43	77%	33	70%	23	27%	9	3%	1	23%	10
DrugPortal	38	39%	15	20%	3	73%	11	7%	1	61%	23
Emergency Preparedness and Response Toolkit	40	38%	15	13%	2	80%	12	7%	1	63%	25
Genetics Home Reference	40	20%	8	25%	2	63%	5	13%	1	80%	32
HazMap	40	28%	11	36%	4	55%	6	9%	1	73%	29
Household Products Database	40	40%	16	25%	4	69%	11	6%	1	60%	24
LactMed	40	23%	9	22%	2	56%	5	22%	2	78%	31
MedlinePlus	42	93%	39	64%	25	36%	14	0%	0	7%	3
MyNCBI	41	51%	21	67%	14	33%	7	0%	0	49%	20
NCBI databases	40	55%	22	55%	12	36%	8	9%	2	45%	18
NIHSenior Health	39	38%	15	20%	3	73%	11	7%	1	62%	24
PHPartners (Public Health)	36	42%	15	13%	2	80%	12	7%	1	58%	21
PubMed	42	90%	38	82%	31	18%	7	0%	0	10%	4
PubMed Central	40	78%	31	81%	25	19%	6	0%	0	23%	9
PubMed Health	40	68%	27	56%	15	44%	12	0%	0	33%	13
ToxMap	38	26%	10	40%	4	50%	5	10%	1	74%	28
ToxTown	39	23%	9	44%	4	44%	4	11%	1	77%	30
Weekly update subscriptions to NLM services	38	39%	15	33%	5	67%	10	0%	0	61%	23
WISER	37	19%	7	29%	2	57%	4	14%	1	81%	30

Tables 50 and 51 compare 2008 and 2013 respondents' use and ratings of NLM's products or services. For hospital libraries, the percentage of respondents who had used any given product<sup>7</sup> did not change more than ten percentage points from 2008 to 2013, with the exception of three resources: DIRLINE (decline of 13 percentage points), ToxTown (increase 15 percentage points), and ToxMap (increase of 14 percentage points).

Six of the 22 resources showed changes in very useful ratings of more than ten percentage points among hospital libraries. The largest change was found for DailyMed, with a 28 percentage point decrease in very useful ratings. The second largest change was an increase in ratings for LactMed (+23 percentage points). There was a decline in very useful ratings for NIH Senior Health (-16 percentage points) and an increase for Clinical Trials (+13 percentage points). It should be noted that, although use of DIRLINE has decreased, those who are using it are more likely to rate it as very useful (+14 percentage points).

There was comparatively more change in usage among respondents from academic and other libraries. Usage dropped by more than 10 percentage points for eight of 22 resources: MyNCBI (-17 percentage points), DIRLINE (-15 percentage points), AIDSInfo (-13 percentage points), Asian American Health portal (-12 percentage points), American Indian Health portal (-12 percentage points), Clinical Trials (-12 percentage points), Daily Med (-12 percentage points) and ToxTown (-11 percentage points). Three resources showed an increase in use of more than ten percentage points: DrugPortal (+12 percentage points), PHPartners (+15 percentage points) and the weekly update subscriptions to NLM services (+17 percentage points).

There were shifts in the very useful ratings for seven of the resources by academic and other library respondents. Five resources showed increases in very useful ratings: ToxTown (+29 percentage points); ToxMap (+25 percentage points); Genetics Home Reference (+25 percentage points); Clinical Trials (+25 percentage points); and HazMap (+18 percentage points). The percentage of users rating PHPartners as very useful decreased 37 percentage points and the weekly updates from NLM decreased by 29 percentage points. It is interesting that subscriptions to the weekly updates increased while user ratings decreased.

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<sup>7</sup> In 2008, respondents could also say "don't know what that is." For this report, they were included in the calculation of the non-users along with the "haven't used" responses.

**Table 50: Rating of NLM Products and Services -  
Hospital Libraries, 2008, 2013**

NLM Products and Services:	Users				Very useful				Total		Change in use	
	2008		2013		2008		2013		2008	2013	Use	“Very Useful”
	%	Ct	%	Ct	%	Ct	%	Ct	n	n	Change*	
AIDSInfo	31%	22	32%	17	9%	2	12%	2	72	53	2%	3%
American Indian Health portal	16%	12	25%	13	0%	0	8%	1	74	53	8%	8%
Asian American Health portal	17%	12	23%	12	0%	0	8%	1	72	53	6%	8%
Clinical Trials	75%	55	79%	41	38%	21	51%	21	73	52	4%	13%
Daily Med	20%	15	30%	16	47%	7	19%	3	74	53	10%	-28%
DIRLINE*	42%	31	29%	15	13%	4	27%	4	74	52	-13%	14%
DOCLINE	96%	71	91%	49	94%	67	88%	43	74	54	-5%	-7%
DrugPortal	28%	21	38%	20	43%	9	30%	6	74	52	10%	-13%
Genetics Home Reference	38%	28	38%	20	39%	11	30%	6	74	53	0%	-9%
HazMap	30%	22	29%	15	14%	3	7%	1	74	52	-1%	-7%
Household Products Database	47%	35	47%	25	20%	7	16%	4	74	53	0%	-4%
LactMed	34%	25	37%	19	24%	6	47%	9	74	52	3%	23%
MedlinePlus	96%	71	98%	53	89%	63	87%	46	74	54	2%	-2%
MyNCBI	69%	51	69%	37	65%	33	62%	23	74	54	0%	-3%
NIHSenior Health	48%	35	49%	26	43%	15	27%	7	73	53	1%	-16%
PHPartners (Public Health)	19%	13	10%	5	15%	2	20%	1	70	52	-9%	5%
PubMed	97%	72	100%	54	93%	67	89%	48	74	54	3%	-4%
PubMed Central	92%	67	94%	51	90%	60	86%	44	73	54	3%	-3%
ToxMap	30%	22	44%	23	23%	5	17%	4	73	52	14%	-5%
ToxTown	32%	24	47%	25	17%	4	12%	3	74	53	14%	-5%
WISER	11%	8	17%	9	25%	2	33%	3	72	53	15%	-5%
Weekly update subscriptions to NLM services	44%	30	44%	23	27%	8	22%	5	68	52	6%	8%

\* A negative number indicates a decline from 2008 to 2013

**Table 51: Rating of NLM Products and Services - Academic and Other Libraries, 2008, 2013**

NLM Products and Services:	Used				Very useful				Total		Change in use	
	2008		2013		2008		2013		2008	2013	Use	"Very Useful"
	%	Ct	%	Ct	%	Ct	%	Ct	n	n	Change*	
AIDSInfo	43%	16	30%	12	25%	4	17%	2	37	40	-13%	-8%
American Indian Health portal	37%	14	25%	10	7%	1	10%	1	38	40	-12%	3%
Asian American Health portal	32%	12	21%	8	8%	1	13%	1	37	39	-12%	4%
Clinical Trials	64%	25	53%	21	32%	8	57%	12	39	40	-12%	25%
Daily Med	32%	12	20%	8	17%	2	25%	2	38	40	-12%	8%
DIRLINE	32%	12	18%	7	8%	1	0%	0	37	40	-15%	-8%
DOCLINE	81%	35	77%	33	63%	22	70%	23	43	43	-5%	7%
DrugPortal	27%	10	39%	15	30%	3	20%	3	37	38	12%	-10%
Genetics Home Reference	24%	9	20%	8	0%	0	25%	2	37	40	-4%	25%
HazMap	30%	11	28%	11	18%	2	36%	4	37	40	-2%	18%
Household Products Database	42%	16	40%	16	31%	5	25%	4	38	40	-2%	-6%
LactMed	20%	7	23%	9	29%	2	22%	2	35	40	3%	-6%
MedlinePlus	90%	36	93%	39	72%	26	64%	25	40	42	3%	-8%
MyNCBI	68%	26	51%	21	58%	15	67%	14	38	41	-17%	9%
NIHSenior Health	32%	12	38%	15	25%	3	20%	3	38	39	7%	-5%
PHPartners (Public Health)	27%	10	42%	15	50%	5	13%	2	37	36	15%	-37%
PubMed	93%	37	90%	38	81%	30	82%	31	40	42	-2%	0%
PubMed Central	85%	33	78%	31	70%	23	81%	25	39	40	-7%	11%
ToxMap	34%	13	26%	10	15%	2	40%	4	38	38	-8%	25%
ToxTown	34%	13	23%	9	15%	2	44%	4	38	39	-11%	29%
WISER	11%	4	19%	7	25%	1	29%	2	38	37	8%	4%
Weekly update subscriptions to NLM services	22%	8	39%	15	63%	5	33%	5	36	38	17%	-29%

\* A negative number indicates a decline from 2008 to 2013

## Network Members' Final Comments

Twenty-seven of the 118 participants provided additional comments about RML programs and services in space provided at the end of the questionnaire. The comments are listed below and are identified as coming from a hospital library respondent or an academic or other respondent.

Thirteen comments were generally positive comments about the RML or about specific services or resources offered by the RML.

- All of the services are very valuable, particularly to people in rural communities with limited access!! (Academic or other library)
- As a former medical librarian at teaching hospitals, residency program, and medical centers, presently working in a residential four-year academic campus library, I see this campus, with its college of nursing branch moving to a greater focus in the area of biomed study, especially as many of our students are pre-med and really need a structured link to health care resources on their career paths. This will be a benefit to our community, spurring on institutional outreach, collaboration and partnership formation efforts, as well as strengthen our information resource base for our campus. (Academic or other library)
- Hope you know how valuable your services are to our library and staff. Your ideas also push me to accomplish more. Just seeing all the resources will help me put them out on our web site. (Hospital library)
- I appreciate the services and resources the RML provides. I wish we could find an effective way to increase their visibility to our users. Thanks for this opportunity. (Academic or other library)
- I appreciate the support RML provides to us -- advocacy, pushing us to learn technology. The Sandbox sessions are helpful -- I don't think they were on the survey. (Hospital library)
- I enjoy, get a lot out of the Adobe connect classes. (Hospital library)
- I like the continuing education sessions, notices of what is going on in medical library field, and announcements of resources because this helps me as I work with students and faculty members in different health fields. (Academic or other library)
- I think the Breezing with the RML is very useful and the topics are timely. I have also taken courses, mostly technology oriented, and has learned about resources that I now use in my work life. The News NN/LM MCR email from the RML I read it every week and there is usually at least one item that I need to know about. Excellent and efficient way to communicate with us in the region. (Academic or other library)
- I wish I had the time to take advantage of the blogs and so forth. I try to attend a Breezing or Spotlight session when I can. (Hospital library)
- Keep up the excellent work! Keep increasing help with mobile resources and technology. (Hospital library)

- There is a wealth of information and expertise at our RML--more that I can take advantage of! I appreciate the funding opportunities. We are lucky to have such talented and dedicated RML staff in our region. (Hospital library)
- I answered no in 44 because my state coordinator has already been in touch this month. Thank you for all that you do. (Hospital library)
- RML makes it happen...love NLM, DOCLINE, PUBMED!!!! (Hospital library)
- Thank you for the opportunity. (Academic or other library)

For at least two respondents, the questionnaire raised their awareness of RML services that they did not know were available:

- It appears there are many services of which I am unaware (Hospital library)
- Well, one thing I noticed is that are a lot of things I didn't know about! (Hospital library)

Several respondents commented about challenges they are facing:

- I really need some help trying to figure out how to access current scientific/medical literature for our Medical Staff. I cannot spend \$12-\$50 per e-mailed pdf link for the articles they request. We have many [name of institution] nursing or medical students rotating through our facility. Many of our Medical Staff members serve as adjunct faculty at [name of institution]. Furthermore, we have more than 25 visiting specialists from [name of institution] rotating through regular clinics at our facility. It seems to me that there should be some way that we could tap into one of these libraries' reference system for a relatively nominal fee. (Hospital library)
- Our library is very small; it's just a part of our entire education department. About the only library function we provide is article ordering. Due to budget restraints and a lack of requests, we have significantly cut back on the number of journals we receive. (Hospital library)
- Probably need to do more with advocacy (Hospital library)
- We also struggle with PubMed Linkout. I would love to attend a training session on that. (Academic or other library)
- We are very limited in resources to support our library. It's difficult for me to even have the time to answer this survey. (Hospital library)

One person provided a negative comment about the RML but offered no context for the issue:

- Disappointed in RML assistance.

Five people made comments about the questionnaire. Three explained why they could not complete the questionnaire:

- After looking at the survey, this really does not apply to [Institution name]. We have no formal medical library. Our providers have their own resources but I have forwarded the web site of the Library for their use. Thank you for your time and effort.
- [Institution name] won't be able to participate in the survey this year. [Name] our Health Sciences liaison, is on sabbatical and we do not have anyone to adequately stand in for her for these purposes. We are very short staffed because of unforeseen resignations and have had to move to a triage system for this semester. We certainly will endeavor to participate in the future. Since I am retiring soon perhaps you could replace me as the official liaison with... [contact information]?
- Due to reduction in staff, we only offer minimal library services. So I don't think this would apply to us. We only use a couple sources to obtain free articles when there is a request. Per email 1/25 from [Name]

## Conclusions

The 2013 NN/LM MCR Network Member Questionnaire provides a comprehensive look at the environments, trends, assets, and needs of the region's membership and how these characteristics have changed over time.

*The resources and services of the NN/LM MCR are fulfilling member needs.*

The majority of the respondents use the majority of the services that the NN/LM MCR offers. They indicated that these services were either useful or very useful telling us that they benefited from our efforts and that we are addressing their needs.

*The status of health sciences members in the region is declining.*

Although staffing is stable, the majority of hospital and about half of academic/other libraries had a reduced or a flat budget. The reporting structure within member institutions has changed so that fewer members have regular access to top level administration. A decreasing number of members have involvement in the decision making process that affects the technology in their libraries and their institutions. These three factors -- funding, placement in the organizational structure, and decision making responsibilities -- together show the declining status among health sciences libraries.

*Librarians are assuming new roles.*

Librarians are taking on new roles in all environments. Librarians need to assume new roles within their institutions to remain relevant in the changing environment. Librarians may be assuming new roles because

they have created opportunities for themselves (e.g., evidence based medicine, health information literacy, or patient safety efforts). More hospital librarians have assumed a new role than academic/other librarians. This may be caused by budget cuts resulting in reduced staffing. Hospital administration may be assigning roles to librarians that were once the responsibility of others (e.g., more hospital librarians are doing CME coordination as CME staff is released).

*The NN/LM MCR needs to continue to track and support professional development in the region.*

The RML should continue to track professional development among members. Although not yet critical, there appears to be a downward trend in participating in professional development. This is especially true among hospital library staff. Health systems are more complex. For library staff to continue to provide excellent support for information access there should be an increase in professional development, not a decrease. The NN/LM MCR has a responsibility for continuing education for hospital library staffs. The RML is second only to their institutions in providing training for this category of membership.

## **Action Plan**

The NN/LM MCR staff reflected on the findings, determined the implications for regional programming, and decided to implement the following short term activities to respond to the findings presented in this report. Long term strategies will be developed as we develop the proposal for the 2016-2021 NN/LM Request for Proposals.

*Professional development needs assessment.*

Use formal and informal methods to assess the professional development needs of the different librarian audiences we serve: health sciences, public, school, community college.

*Focus activities for each library type.*

Be more cognizant of the different audiences when developing programs. Personalize the promotion of programs for each audience. Clearly spell out the value of the program for the audience.

*Promote NLM resources and programs.*

Inform members about updates to NLM resources. For resources that are infrequently used, identify why the different librarian audiences or those they serve would find them valuable. Share links to NLM online or recorded programs.

*Share training resources.*

Provide resources for members who teach what RML coordinators teach. Make available PowerPoints and handouts.

*Continue advocacy focus.*

Provide training and support for mid-level management skills. These include succession planning, reporting, statistics and marketing.

# Appendix – Network Membership Questionnaire Form

Welcome to the MidContinental Regional Medical Library Network member questionnaire. Your participation will assist the RML in planning programs to support Network members.

Answers to some questions may not be readily at hand. For your convenience in gathering this information we have provided a [PDF](#) of the entire questionnaire for your review.

Please complete only one questionnaire per LIBID. Your institution's DOCLINE Library ID was provided in the email invitation to complete the questionnaire. If more than one person received the email please select one to complete the questionnaire.

Navigation tips:

- You do not have to complete the questionnaire in one sitting. Select the "Finish later" link located in the upper right hand corner. Return to the questionnaire using the URL in your email invitation.
- Select the "Next" button to record your responses.
- You may change any of the answers that were previously submitted by selecting the "Previous" button.
- You cannot return to the questionnaire after you click the "Questionnaire complete" button on the last page.

To begin, please select the "Next" button located below.

This section asks for basic information about you (as the person completing this questionnaire) and your library. It addresses staffing and budget (including changes from 5 years ago), collections, and evaluation of library services.

**\*1. DOCLINE LIBID (required): For example, UTUUTA or MOUWSL. The library's LIBID is in the email containing the link to this questionnaire or contact Jim Honour, Member Services Coordinator, [jhonour@uwyo.edu](mailto:jhonour@uwyo.edu) for assistance.**

**2. First name of person completing questionnaire:**

**3. Last name of person completing questionnaire:**

**4. Title of person completing questionnaire:**

**5. Institution (not library name). For example, University of Utah (not Eccles Health Sciences Library), St. John's Mercy (not Van K Smith Consumer Health Library).**

**6. If your library has a web site please provide the URL:**

We want to understand library staffing in the region. These questions differentiate between positions that are considered professional or managerial and those that are support.

**7. How many FTE (full time equivalent) professional librarians and non-professional staff are employed in the library ? Do not count volunteers. Please use only numbers and no commas.**

Number of professional staff FTEs

Number of non-professional staff FTEs

**8. What is the highest level of education obtained by the Library Director or Manager? This refers to the person who has operational responsibility for the library.**

- No degree
- Bachelor's degree
- Master's level library degree
- Other Master's degree
- PhD or other doctoral level degree
- Other degree

Comments:

**9. Have you taken on or do you anticipate taking on any new roles in the following areas during the coming year? Select all that apply or move on to Question 11.**

- Continuing education (medical, nursing, etc)
- Electronic health records
- Emergency preparedness
- Evidence based medicine
- Health information literacy
- Patient safety
- Patient satisfaction
- Quality assurance
- Readmission issues
- None

Other (please specify)

**10. Does the library have a succession plan that addresses library staffing in the event of the library manager/director's resignation or retirement?**

- Yes
- No
- Don't know

Comments:

**11. Has the plan been approved by the administration?**

- Yes
- No
- Don't know

**12. Please briefly describe the plan.**

**13. To what position or department in the organization does the library report?**

- Ancillary/Administrative/Guest Services
- Dean (Assistant or higher)
- Education
- Information Technology
- Medical Records/Health Information
- Nursing
- Medical Director
- University Librarian

Other (please specify)

**14. Is the library's total budget this year higher, lower or unchanged from 5 years ago?**

- Higher
- Lower
- Unchanged
- Don't know

Comments:

**15. Which, if any, of the following is done regarding demonstrating the library's impact on or value to the institution? Check all that apply.**

- Collect data
- Analyze data
- Report results
- None

Comments:

**16. What data does the library collect to use for demonstrating the library's impact on or value to the institution? Check all that apply.**

- Reference questions
- Use of the collection
- Number of sessions/kind of instruction provided
- Searches for users
- Interlibrary loans filled and/or requested
- Formal feedback from users about the value of the library and/or the librarian
- Stories, kudos and anecdotes from users
- Number of users who enter the library
- Library initiated contacts with other departments or organizations

Other

**17. Which of the following is/are used to share information about the library's value?**

	Yes	No	Planning/hoping to
Discussions with decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentation(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web page or dashboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written report(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other or comments

**18. Who is the audience for reports about the library? Please check all that apply.**

- Direct supervisor/manager
- Administrators
- Library users
- Library advisory committee

Other (please specify)

We would like to know about the library's collection - whether it is shifting from print to electronic and how licensing e-resources is managed.

**19. Users have access to library electronic resources... (Check all that apply)**

- In the library
- From anywhere in the institution
- From off site

Other or comments

**20. How many print book titles (not volumes) are in the library's collection? Please use numbers not text; do not use commas. i.e., 1500 not 1,500**

**21. How many electronic book titles (either purchased or subscribed) are in the library's collection? Please use numbers not text; do not use commas. i.e., 1500 not 1,500**

**22. How many print journal titles does the library currently subscribe to? Please use numbers not text; do not use commas. i.e., 1500 not 1,500**

**23. How many electronic journal titles does the library license?**

**Do not include databases. Include the total number of titles available through aggregate subscriptions such as EbscoHost, ScienceDirect, etc. Please use numbers not text; do not use commas. i.e., 1500 not 1,500**

**24. Who negotiates electronic licenses for library resources? Check all that apply.**

- The library
- Institutional department other than the library
- One or more consortia

Other (please specify)

**25. Through what consortium or group buying plan, if any, does the library license electronic resources (for example: GWLA, Colorado Ovid, Mobius, etc)? Check all that apply. Do not include EbscoHost, ScienceDirect, or other vendors who aggregate products.**

- Colorado Alliance of Research Libraries (CARL)
- Colorado Consortium of Medical Libraries (CCML)
- Denver Medical Librarians Ovid Consortium
- Greater Western Library Alliance (GWLA)
- Health Sciences Library Network Kansas City (HSLNKC)
- Merlin Consortium Regional Buying Group
- MOBIUS

Other (please specify)

The RML and the NLM are interested in the level of emergency preparedness in the United States. This section addresses emergency planning for your library.

**26. Does the library have an emergency response plan?**

- Yes
- We're working on it
- No
- Don't know

Comments:

This section addresses technology issues from institutional-level planning, to barriers, to library staff use of different technologies, including iPads or other portable devices and various social media such as Facebook, Twitter, and LinkedIn. This information helps the RML understand how technology impacts library services, access to health information and how the RML can communicate with you.

**27. Are any library staff members involved in the planning and/or decision-making process for the library regarding technology, including hardware, software, social media, etc?**

- Yes
- No
- Don't know

Comments:

**28. How much control does the library have over technology used in library applications?**

- Complete
- Some
- Not much
- None

Comments:

**29. Please indicate how library staff members are involved in technology issues outside the library, including planning, selection, implementation and/or training. If no staff are involved, please select "Not involved." Otherwise, check all that apply.**

- Attend meetings concerning technology issues as needed/requested
- Budget/vendor selection
- Committee member
- Product evaluation
- Work directly with IT staff
- Not involved

Other (please specify)

**30. Is the library involved in efforts to make health information available to either patients or health care providers through the institution's electronic health record (EHR)?**

- Yes
- No
- Don't know

### 31. How is the library involved?

- EHR users are referred to the library for health information
- The library is involved in selecting links from the EHR to health information for consumers
- The library is involved in selecting links from the EHR to evidence-based information for health professionals
- The library teaches users how to access information through the EHR

Other (please specify)

### 32. Are any library staff PREVENTED from using any of the following web-based tools or services due to institutional policies?

	Yes	No	Haven't tried
Social networking sites (e.g., Facebook, Twitter, LinkedIn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wikis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RSS feeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chat and instant messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videoconferencing such as Adobe Connect (Breezing Along with the RML)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broadcasts, podcasts and streaming video (including YouTube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

### 33. Have any library staff USED any of the following in the past year for work-related reasons?

	Yes	No	Don't know
Social networking sites (e.g., Facebook, Twitter, LinkedIn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wikis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RSS feeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chat and instant messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videoconferencing such as Adobe Connect (Breezing Along with the RML)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broadcasts, podcasts and streaming video (MLA programs, YouTube, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

This section addresses education and training - both that taken by library staff members for their professional development and that provided by library staff for the benefit of users.

**34. During the last 12 months, have any library staff taken continuing education classes or sessions?**

- Yes
- No
- Don't know

Comments:

**35. What topics did the classes or sessions cover? Check all that apply.**

- Health information resources
- Library Skills
- Management (includes supervision, library advocacy and/or evaluation, etc)
- Technology (includes Web 2.0, Mobile devices, etc.)
- General software (i.e., MS Word, Photoshop, etc.)
- Other (please specify)

**36. Who sponsored the classes that were taken? Check all that apply.**

- MLA
- MCMLA
- NN/LM
- Own institution
- Other (please specify; do not use abbreviations)

**37. Does the library professional staff provide training for users?**

- Yes
- No

**38. On what topics does the library provide training and how frequently is it offered?**

	As requested	On a schedule	Not offered
Microsoft Office or other commercial software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PubMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-NLM health information resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDLINE from vendors such as Ovid, EBSCOHOST etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web 2.0 tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet search skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDLINEplus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NLM databases and resources other than PubMed or MedlinePlus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other or comments:

**39. Who is the library's audience for training? Check all that apply.**

- Affiliated health professionals/staff/students
- Patients and/or patient family members
- Unaffiliated health professionals
- General public

Other or comments:

**40. What kinds of training space(s) are available to library staff? Check all that apply.**

- In a library staff member's or user's office
- At a public workstation
- Computer classroom
- Classroom or meeting space with no computers

Other or comments:

**41. What means of delivery are used for training? Check all that apply.**

- One-on-one
- Classroom instruction
- Online instruction
- Recorded (video, etc.)
- Other (please specify)

This section addresses outreach services directed toward the general public and/or health professionals not affiliated with your institution. Outreach generally refers to efforts to raise awareness of health information resources among consumers and health care practitioners.

**42. Please tell us what library services, if any, are available to individuals *not* affiliated with your institution. Check all that apply.**

	Unaffiliated health professionals	Patients and their families	General public
Access to library collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediated searching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training on using online information resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training on using the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**43. Does the library have formal outreach programs or partnerships that target individuals not affiliated with your institution? Outreach generally refers to efforts to raise awareness of health information resources among consumers and health care practitioners.**

- Yes
- No
- Don't know

**44. What communities are targeted by library outreach efforts? Check all that apply.**

- General public
- Health care providers unaffiliated with your institution
- Public health departments and agencies
- Public libraries
- Public or private schools (K-12)
- Colleges or universities
- Community colleges
- Community groups or organizations
- Other (please specify)

This section addresses Network membership and the benefits that member libraries derive from being part of the Network. We want to understand what is useful to members professionally, and useful in providing services for users, how we can best communicate with members.

**45. The RML and the NLM provide a variety of programs and services for Network member libraries. Please indicate the usefulness to the library of the following in providing services to library users or supporting library staff professional development.**

	Very useful	Useful	Not useful	Haven't used
Information updates about NLM products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free promotional materials (pens, posters, bookmarks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding for professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to and assistance with using new technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to provide input on NN/LM programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources for advocating for your library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOCLINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to e-books collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**46. Please use this space to tell us about any benefits or services that the RML should provide that are not currently available.**

▲

▼

**47. The RML uses a number of ways to communicate with its Network members. Please indicate their usefulness to any of the library staff. It does not have to be useful to all staff to be considered useful.**

	Very useful	Useful	Not useful	Haven't used
RML weekly news	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plains to Peaks Post, the RML Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bringing Health Information to the Community (BHIC) blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breezing along with the RML	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RML session at MCMLA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal calls/visits from RML coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RML website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The RML provides feedback to NLM about products and services. The following questions will give us information that we can share with NLM.

**48. Below is a list of NLM products and/or services. Please indicate their usefulness to you, your staff, or your library users. Because the list is long it's been broken into two questions. See <http://www.nlm.nih.gov/databases> for links to these resources.**

	Very useful	Useful	Not useful	Haven't used
AIDSInfo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian Health portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian American Health portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ClinicalTrials.gov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DailyMed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIRLINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOCLINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DrugPortal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness and Response Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics Home Reference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HazMap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household Products Database	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LactMed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**49. These are more products and services provided by the National Library of Medicine. As in the previous question, please indicate their usefulness to you, your staff or your library users. See <http://www.nlm.nih.gov/databases> for links to these resources.**

	Very useful	Useful	Not useful	Haven't used
MEDLINEplus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MyNCBI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCBI databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIHSenior Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHPartners (Public Health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PubMed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PubMed Central	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PubMed Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ToxMap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ToxTown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly update subscriptions to NLM services such as ToxEnviroHealth List, MEDLINEplus Health News	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This is the last page!

**50. Please use this space to provide any additional comments about programs and services of the RML. We value member input!**

**51. Would you like your state coordinator to contact you concerning this questionnaire?**

- Yes
- No

**52. Please provide your email address so your coordinator can contact you.**

Thank you for taking the time to complete this questionnaire!

The information you provide will be used by the NN/LM MidContinental Region to plan and provide programs and services to support you and your work and to evaluate our work. Information gathered here will be shared with the National Library of Medicine.

Please call your coordinator at 1-800-338-7657 with any questions about this questionnaire or about the RML's programs and services.

If you are unfamiliar with or curious about some of the sites mentioned in this questionnaire please check the [NLM databases](#) site.