

**Internal Paper for AGMB Members**

**Strategies to secure and enhance  
the position of the library in the hospital**



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With the present paper, which is intended **for internal use**, we would like to give you some ideas of how to enhance the value of your library and to secure its position in the hospital with the means available to you. Not all of the following ideas are likely to be practicable in every library, while many might already have been put to practice in some way or other. However, we do hope that one suggestion or another might be new and useful to you. We feel this is appropriate at times when increasing pressure of costs and competition on hospitals demands a proactive approach on the part of hospital libraries.

## **1 Financial negotiations with the administration**

The AGMB Task Force has compiled a service catalogue for hospital libraries ("The hospital library – its value for the hospital as an enterprise") and standards ("Standards for hospital libraries in Germany"), which can be used as an argumentation tool for financial negotiations. In such negotiations it is important to show how the library contributes to optimal patient care, how professionally and efficiently it deals with information procurement and thus ultimately contributes to reduction of costs in the hospital. It must be made clear that maintaining the library costs less than uncoordinated procurement of literature via the administration or even the option of doing without the latest information (see also point 3). At times of stiffer competition among hospitals and increasing pressure on costs, arguments that promise cost savings are certainly the ones with the best chances.

In financial negotiations it must generally be considered that the library's total budget comprises not only literature costs but also staff, operating, material and investment costs.

If you are presently not offering all services listed in the service catalogue, you can also refer to what could be possible if your financial/staff/technical resources were correspondingly extensive.

## **2 Transition from printed literature to electronic media**

Online journals and databases save doctors the time of going to the library; they are convenient and quick to use and thus a promising means of increasing efficiency for the hospital. In addition, duplicate copies may be cancelled in favor of hospital-wide online licenses. For the library, the transition from printed to online literature is a favorable opportunity to gain a new, central role. There should obviously be a central administration of online licenses for the overall institution; negotiations with publishers should also be conducted centrally (by the library). The activation of online accesses and the maintenance and updating of changes (e.g. change of publishers, changes in license conditions) require special expertise with which the library can build an image for itself. The potential for increasing efficiency for the hospital can be well used as a line of argument if a library wants to step up the acquisition of online licenses to strengthen its position (see also point 3).

### 3 Cost/Benefit comparison

A comparison between the costs and benefits of the library is of special interest to the financial manager of the hospital. There is plenty of literature dealing with how to calculate suitable key figures for this. However, to explore this in detail would go beyond the scope of this paper. So just some examples have been picked out to show how the benefit of the library can be directly calculated financially without too great an effort. For example, by switching from printed to online literature – as mentioned above – doctors and scientists can be saved the time of going to the library during their working hours. Calculation example<sup>1</sup>:

Cost for one scientist:	60 €/hour
Time for going to the library (there and back):	15 minutes
50 scientists per day are saved the time of going to the library.	
50 scientists/day x 15 min x 1 €/min	750 €/day
Savings of 750 € /day x 250 days	175,000 €/year

At the Annual Meeting of the AGMB in Mannheim in 2004, speaker Mary Peterson from Australia stated another example of cost-saving potentials through hospital libraries: The use of PDAs and with this the immediate availability of relevant information for doctors leads, for example, to drug cost savings of up to 25%<sup>2</sup>.

In addition, (potential) savings through avoidance of duplicate copies or savings in literature purchases through use of library or consortium discounts can also be calculated.

Usage statistics are valuable tools for demonstrating the own library's value. These can be accessed e.g. in electronic journals of publishers and reflect the intensity of usage of library resources. Such statistics help to estimate whether it is better to subscribe to a journal or to place ad hoc orders. User surveys additionally provide information about usage habits, customer satisfaction and information needs of the institution. Thus usage statistics and surveys are both instruments for tailoring purchases to needs, aligning services with usage and optimizing the cost/benefit ratio. They provide an additional line of argument for maintaining the library. They demonstrate its value as an institution that contributes to optimizing the use of hospital resources and that functions in a customer-oriented way.

The value of the library's work can also be illustrated by a simple "collection of anecdotes", i.e. a list of concrete cases of help given to users.

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<sup>1</sup> From ASpB-Workshop 2004 (Leipzig 23-25 March 2004) "We make the difference – Nutzennachweis von Spezialbibliotheken", lecture by Prof. Dr. Josef Herget.

<sup>2</sup> Lecture by Mary Peterson: Library information resources on PDA, presented at the Annual Meeting of the AGMB, Mannheim, 2004.

## **4 Proactive public relations**

A positive image of the library and its services must be communicated as frequently as possible to the hospital staff. It is important to actively approach hospital colleagues. The following are some possibilities for proactive public relations:

- Issue of a regular newsletter providing news from the library and from the literature and the Internet. This could deal with such topics as new acquisitions of the library, the paper of the month or new, interesting websites. One example is the newsletter of the Branch Library of Medicine in Münster, which can be subscribed to via the Internet. If the institution has an e-mail distributor, a newsletter can easily be mailed to all members of staff; if not, it can be sent by in-house post. In general, every effort should be made to actively supply the newsletter to all potential users.
- Articles in staff magazines
- A homepage on the intranet or Internet advertising the library services. For those not knowing how to create web pages, training offers are available at the AGMB Meeting or at the German Librarians Conference. Adult education centers also offer courses for creating web pages.
- Information sheets distributed e.g. as a standard procedure to all new employees of the hospital or laid out in-house.
- Use of a notice board in a much-frequented spot at the institution, e.g. near the canteen or alongside staff or pre-registration year announcements.

## **5 Training**

There are some surprising gaps in knowledge – even among medical professionals – with regard to database searches, literature acquisitions or even use of the own library. This opens up a further possibility for the library to become active by offering training on various topics (e.g. database search strategies, use of the library, document delivery services, etc.). Experience has shown there to be a very positive response to these if integrated into other training programs, e.g. in-house continuing education events or information events for new employees. If the hospital offers training programs for nursing staff, medical-technical assistants, undergraduates, trainees, physiotherapists, etc. it might be possible to integrate library trainings into these. It is advisable, however, to give single-coaching sessions for senior and head physicians.

## **6 Cooperation with other facilities within the hospital**

The role of the library can also be enhanced through cooperation with other facilities within the hospital. Possible partners might include IT departments, which can take care of the maintenance of the library computer system, or facilities that also handle large volumes of data, such as the hospital pharmacy, laboratory or medical documentation department. Further possible cooperation partners are nursing schools or other medical training institutions. In the extreme case, it might be advisable to merge activities or achieve joint funding under the roof of such institutions.

## **7 Cooperation with facilities outside the hospital**

In university libraries it is a common practice to form purchasing consortiums. These have a better bargaining power with publishers than a single library and often are able to achieve substantial price discounts. Journal packages of large publishers can be acquired more cheaply. It is worth considering whether "purely" hospital libraries might also be able to form a consortium, so that e.g. the libraries of a chain of hospitals or of university teaching hospitals can combine their purchases. Enquiries can be made at the local university or the regional consortia by anyone wishing to profit from the experiences gained by university libraries. It might even be possible to participate in these. The GASCO website (German, Austrian and Swiss Consortia Organization) lists the consortia that already exist in those countries.

(<http://www.hbz-nrw.de/kunden/gast/konsortien/konsortien.html>)

However, for all consortia negotiations it is important to have a permanent contact for the consortium as a whole.

## **8 Reaching new user groups**

Depending on how the medical library is oriented, an effort could be made to reach new user groups that would enhance the role of the library. One possibility might be, for example, to put more focus on information and advice for patients. With competition growing among hospitals, and patients becoming more critical and better informed, hospitals might be well advised to enhance themselves with a good medical library for patients too.

Another possible user group are physicians in private practice, who are increasingly required to participate in continuing medical education (CME). Subject to a charge, the hospital library could make information available to them. The revenues from this service would then contribute to funding the library. However, when making services available also to external user groups it must be kept in mind that the main users are still the hospital staff. Otherwise this might raise new arguments against maintaining the library.

## **9 Own lifelong learning**

To keep up with the latest developments oneself it is necessary to participate in continuing education events, such as the AGMB Meeting, German Librarians Conference or events offered by other organizations. Of course, the possibilities here depend on the hospital's general policies for continuing education of staff.

Librarians working in hospital libraries can involve themselves in current healthcare areas, e.g. diagnosis and procedure classification or CME point system (proof of continuing medical education).

Extensive literature is available, which provides more detailed and scientifically based information on the ideas given here. The members of the AGMB Task Force are also pleased to assist with any questions or problems.