# History of the Rochester Study Chat Discussion

Anonymized chat of 82 participants on January 12, 2023

## Change in Federal Requirements

Hate to get political, but it seems this requirement was dropped during the Reagan era. They would... :-)

LOL

RE: gov't requirements: I thought the NYS DOH still had a library requirement as late as 2009?

## Discuss First Article: Differences to Today

There has been tremendous consolidation of hospitals in more recent history which has decreased numbers of libraries.

should we be seeing your screen?

Biggest changes since Marshall 1992: decline in library requirements (laws, Joint Commission recommendations, etc.), closures of [many] hospital libraries, and growth of electronic point of care tools (UTD, DynaMed, etc.).

there has not been good data kept on how many libraries have closed

Electronic access to materials, no longer need to go through a librarian to get materials

Increased uptake and use of EHRs

A lot more electronic access to information

All-librarian mediated - so different from today!

Patients also have more access to medical information via their electronic portals and online medical information.

The growth of electronic resources, I'd say - the biggest change.

library closures and health system consolidations

Hospital closures, rise of "health systems" (feels like the Oklahoma land rush at times.)

We would never consider \*Just\* physician perspectives...

From analog, to digital, really.

Less visibility about what is provided by the library versus 'online access' that isn't as clear it comes from the library.

Access to internet, patients/physicians have more access to reliable online resources

Today these hospitals would probably all be merged or closed.

Healthcare delivery: telemedicine, Library services: online journals, discovery services

rise of electronic resources and access

We do not do much copying of articles or lending of physical materials. A lot of what we do is manage and facilitate access to electronic materials

Pressure to "evaluate" hasn't changed but not sure autonomous resources like PubMed or UTD were used like they are today.

Less reliance on librarians to conduct searches as e-resources readily available

hospital mergers into large systems; e-resources; huge increase in the amount of information being produced

link of library resources to EHR

more e-resources and remote access to resources

Less stress on library as place and more emphasis on ease and speed of access

1990s: Doctors relied more on librarians to do their searches (rather than end-user searching). Print resources were the norm. The early 2000s brought electronic journals and end-user searching. Students, residents, doctors were beginning to do their own searching and thinking they didn't need librarians as much.

A lot of providers are doing their own information searches

Hospitals and health systems see libraries as an "extra," often a line on a budget that's easy to strike through.

California still has a "law" as part of Title 22, but it is rarely enforced or can be "flexed".

Consolidation of hospitals

our scope of practice has expanded

the mainstay of library requirement was for the CME accreditation .. where a librarian is required on the institutional CME committee

acgme only requires access to information

Google - everyone thinks you can do a simple search to get good information

IOM Goal that by 2020 90% of healthcare decisions be evidence-based might replace the legislation

Is UpToDate considered a library resource, for instance? Sometimes provided by library, sometimes paid for by IST

The main hospital library is now expected to serve the entire system

Beginning (possibly) to the "dumbing down" ...

Was there a requirement from the Joint Commission for hospitals to have a library accessible to staff 24/7?

or good data on how many hospital libraries still exist

not a lot of data on the staffing of the libraries that still exist in a hospital either

Many hospitals and hospital systems purchase access to online resources on their own, even if they are associated with libraries at universities.

misinformation!!!!

most users don't understand how access happens - and that librarians are the ones that make this happen. plus how many really have time to do appraisal

new roles for medical librarians with data and quality

I also wonder if physicians have less leeway in how they treat patients post-EBM movement and managed care and value-based purchasing.

My main selling point is saving time over doing it yourself.

I was not working back then, but now I frequently run into surprise about how much library resources cost

@Jerry Carlson +1 we are on-demand assistance in clinical decision making

## Discuss First Article: Aspects of Care

Need to add prevention of adverse events

Reduced length of stay is one of our biggest issues right now.

I get more questions from Quality than I do from physicians these days.

I think it's still relevant, but we are also doing a lot more than this, such as supporting updated guidelines, improving employee satisfaction, and supporting continuing education/professional development

I know it's hard to measure but cost of care? Provider's time?

yes, add prevention of adverse events. agree with Monique

Impact of those changes on patient care outcomes

reduced ER visits

These are still valid - and probably more so. Although, the "advice to patients" - more handouts now instead of face-to-face interaction.

reduced risk, improved quality

Saving time...

Yes, still relevant, but could add more! For example reduced return, no unnecessary tests, cost

actually doing working with purchasing to

"saving time" is one of the keywords we hear related to library value

Our scope of service has expanded: administration (cost saving), research, education, equity/diversity/inclusion, etc

Hospital leadership care more about patient safety, error reduction and quality improvement (which are related to these aspects of care), but those are the focus

I also get a fair number of requests from Quality.

impact on cost, but you can only get to this via UZB data.. so link the study to the actual medical record

saving time, saving costs, saving lives

hospital libraries provide more nuanced services than just the critical impact on clinical decision making

Comes back to the lack of visibility. It's more difficult now to draw a direct line between information provided and patient outcomes. With fewer libraries and less librarian involvement, healthcare providers don't have a sense of how much they've been helped by us.

I think those are still relevant, but I wonder if there is a way to show library provides ROI - cost, and time

agree about working a lot with Quality. More institution-wide queries than individ pts.

correction UB data not UZB (fat thumbs)

overall, I think cost savings will be favored by administration

My job security comes from requiring new grad nurses and nurses bucking for promotion to do EBP projects.

link results to Hospital Compare data on overall hospital ratings.. are hospitals with library better quality ratings than hospitals without libraries

Quality also means research when something goes wrong or needs to be corrected.

I support research that a variety of folks do (I am new to it). But involves meds, treatment, work stress & retention,

and more

In our NCAL libraries for Kaiser we actually report to the Vice President of Quality and Safety - which means we get a lot of questions in that arena

yes, same here.

We also work a lot with quality and with the nurse educators. I also get a lot of requests from PT, OT & SLPs

if I had time- i would love to study this

I also report to QI

I have also been curious about comparing libraries vs no libraries at hospitals

In the Rochester-based survey I send out with every search and set of articles, I include such outcomes as "Prevent never events."

## Discuss Second Article: Updated Study

Also the inclusion of "different" health care providers - NPs and PAs.

While I get a few questions from patients, my library's mission is specifically to serve healthcare professionals

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AHPs and Affils--more types of healthcare staff use our services

Sorry: Speech Language Pathologists\*

speech language pathology

They didn't interview patients, but I remember one of the articles commented on the value of libraries as a space for patients in hospitals. I think it's important that qualitative factors like this are assessed too

Speech and language pathologists?

all health care professionals and providers

importance of providing health information to consumers would be another study

innyc \*patient portals exist but with mergers etc. patient libraries -physical - closed

Updated study less focused but more comprehensive

Dieticians, OTs, PTs, Administrators, Educators, IT professionals, fundraisers... there isn't anyone that I won't serve

Margot, will the chat be preserved for our use.? There are GREAT ideas here!!

new study retrospective, not prospective

how true! :-)

it's all toward a stronger health network

+1 to comment about saving the chat transcript.

It's been long since docs were my most frequent flyers. Was actually allied health for a time, until the nurse EBP requirements I mentioned. Also get lots of article requests from pharmacists, though they and nurse researchers seem to be the most competent self searchers.

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It's been long since docs were my most frequent flyers. Was actually allied health for a time, until the nurse EBP requirements I mentioned. Also get lots of article requests from pharmacists, though they and nurse researchers seem to be the most competent self searchers.

new category of nursing clinical nurse managers or leaders on unit - yields opportunity to work with nurses who are clinical rather than nurses who are in school.

yes!

The physical library as an important space took a big hit the last couple of years., unfortunately. So hard to hang on to physical space in hospitals.

I refer to most of my work as being for future patients - through teaching, research, and policy/procedure development - than current patients.

## Discuss Third Article: Aspects of Care

She provided sun rise yoga at MLA in Chicago. It was awesome. :)

I thought it was interesting that some doc was quoted as saying that the Library/librarians helped "refresh" their memory of details/facts.

It seems like the use of patient education materials printed out from EPIC has reduced that type of information request.

In the more detailed results, it was interesting to see the difference in responses between physicians, residents, and nurses

I am on the Patient/Family Education Council, but now much of the patient education comes from what is available in EPIC

I'd be interested to see changes in most frequently used resources Marshall et all (2013) to now (post 2020-)

Table 8 shows where the requestor was physically located when making requests. Presumably "Other" is the leading edge of online request systems?

I totally virtualized a little over 10 years ago. This freed me to visit many of our nursing units on a regular basis. Few do live consults, but it keeps my name out there.

I would like to know how many hospitals have gone partly or wholly virtual in the post-pandemic year

I think it's interesting to look at reporting structure of libraries at hospitals today

Impact of residency programs is significant as residents become our primary users

virtual service changes how services are delivered and makes outreach even more critical

Once staff discover the library they come back. Without a physical library it is more difficult for staff to discover the library.

+1 reporting structure is important especially if librarians wish to advance career within same hospital

perhaps my first divergence from Rochester was changing "Change" to "Change/Validate" dx, tx, etc.

I'd be curious to know what you mean by outreach. We are working on capturing our work in that area.

in the updated study, I like how they inquired about the clinician's own use of electronic resources and how that impacted patient care (in addition to how librarian assisted searches impacted patient care)

awareness of service, user training, promotion, relationship building

our nurses, &c look to our library not only for scholarly use, but to de-stress. Our census has been super busy lately, and lots of healthcare folks have come in just to calm down.

YEs, what sources do they use?

I thought the one comment where the physician says they are asking for "all" patients versus one patient. We find this to be true as we help with work to roll out care bundles, new guidelines, etc.

 +1, creating clinical standard work/standards of care

great point

## Future Directions

the shift towards librarians helping hospital staff track, organize, archive, and curate their own publications - essentially scholarly services

hospital education, research, scholarly publishing, institutional repository, data management, contracts and negotiation

Frances Chu and I did some work on a proposed research project. (Frances are you here?) My personal opinion is that the next study needs to target the C-suite. These are the people who have the most control over funding of the library and (generally speaking) the least understanding of the value of what we do.

I work with purchasing ordering most of the books journals and databases for our small hospital network –

Librarians are always consultants. = what they consult on changes with what changes in the landscape

Interesting. The vendors often want to work with the decision makers, but that's not to say that librarians who have experience working with vendors can't be at the table too or at least advise on strategic negotiations.

We are often asked to sit on a panel that might be purchasing a new resource to help evaluate from a library perspective like UX, evidence review, etc. Example Nursing adding new nursing skills resource to integrate with HealthStream/Epic.

C-suite least understanding (and how!)

All the evidence in the world that direct care providers value us is not going to help if the budget committee doesn't agree.

I'm working with IT to get REDCap here to provide one resource for data management in the hospital. We are not an academic medical center, but we have and create a LOT of data.

Yes - we're doing that with Ovid Synthesis

yes!

Since we closed the physical library, most if not all of my hospitals have added relaxation rooms - via numerous new grad/promotion EBP studies on the topic. &8-{)

I wonder how much the "UpToDate factor" has affected library/librarian use.

Ovid Synthesis seems to be the big sell to Magnet hospitals

adoption of the tool would be super interesting to investigate at ANCC

since the onset of covid we have been the calm place for many different people.

I manage our hospitals institutional repository - we use digital commons to compile scholarly output

We offer puzzles, and tea, and chocolate :-)

I love the idea of a labyrinth in the library! Our chapel has one.

great point re: consultants

A couple of our top execs rely on my updates on what our people have published for their own newsletters.

I handed these articles to our previous CEO and got the impression they were going right into the trash after our meeting.

we've been looking into that too - helping to track/organize as you say

We also work with the wellness team. I put up poetry on a whiteboard wall to remind them that we are all humans

How do they use the information you provide?

it is a beast of a job, especially when you have a health system, not one hospital

agree. I was well-respected at prior institution (1999-2020) but reduction in # of leadership staff swept me out of a job at end of 2020.

Communication within the .org is really important and appreciated

absolutely - a huge undertaking!

I suggest: 2. Medical Library Story Core Project: The impact of stories is inestimable. They could go farther to influence policy, budget and legislation to support. And qualitatively support any quantitative studies. Use the NPR story core idea but modify it for healthcare to preserve patient privacy. Capture stories, get a web site, get some $$ grant dollars to do it. I guarantee you there’s a private foundation that will fund this.

I'm so sorry to hear that!

we're having a meeting on OVID Synthesis next week. I was impressed.

would love to connect offline if interested

Fascinating idea!

I think when working in a large health care organization (not a single hospital), it can be hard to determine what our services are when competing with others who may think they are best to offer them.

I got many requests from the pharmacists, clinical educators, social workers, and specialists, but also support Patient Experience by providing books, music, etc. for inpatients

agree!!

if you are going to cultivate a c-suite person best person is chief financial officer

I compile a list of clinical topics of searches and articles supplied each year so leadership can visualize the practical ways library resources make a difference.

Patient Experience is very highly valued by the C-suite ...

great idea! may include that in an annual report/dashboard

If you're talking about publications, they select a few good-looking citations and list them.

I would love to see an example of that.

another idea for a study: 1. Longitudinal Rochester study: short standard questionnaire that pops up that replicates the basic questions about whether the info has impacted clinical decision making and how: Dx, Rx, Tx, Los, AE avoidance..... something that could be used nationally, and run over years. That librarians can turn on and off to sample, and aggregate. Maybe something that could be created in cooperation with a key publishers and vendors, definitely privacy preserving. Measures outcomes, long-term.

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I am here listening. We did propose a qualitative study to interview the C-suites. I just sat in a rapid qualitative research presentation that could be useful.

We're also partnering with some public libraries in the region - sharing healthcare information.

Another idea: 4. Link Rochester like study- to medical record data for that physician-reported survey. PROVE it with the real data. In NJ, a few years after the Rochester study my HSLANJ colleagues and I wanted replicate Rochester and link to medical record. At time too difficult to logisticate. 15 years ago a colleague and I had called U.S. AHRQ to see if they would fund it and they would! We just needed to write up a proposal, hire someone, and plan how to do it technically. We never got farther because we both left our positions shortly thereafter. ;(

I think one big change since the 1990s is shown in our chat today. We used to focus more on what users (clinicians) valued /needed. Now we have to focus more on the C-suite since they control the purse strings.

OK Last idea. Just filling out the earlier statement: 3. Rochester & Quality Ratings Study: Study whether the quality ratings of hospitals is better or worse at hospitals 1) with and without hospitals with library resources, and 2) with or without hospitals with medical librarians. That needs an entirely different research methodology created to do. It has been an idea rolling around for years. Get funding,

correlated data of hospital rankings and access to librarian services would be interesting

Wonder if we can have a more interdisciplinary research team than just librarians or information professionals.

We now offer our services free to the behavioral health professionals in our communities. We are building a clientele there.

We’re constantly having to prove our worth to administrators so a study would give us the evidence to fight their urge to cut our budget

In order to claim CME credit from UpToDate, you have to answer what amounts to a short version of the Rochester study questions. Curious whether anyone has been able to get a copy of that data (even deidentified) from UTD??

I always wondered about Magnet status and libraries.

I've gotten data from UTD. I'd have to look for it, but it is available.

I agree.

good to know - thanks!

I can ask. I work for Wolters Kluwer, but UTD is my sister org. I am in Ovid