
A job with a view: perspectives from the corporate side of the hospital*

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A change in job responsibilities from library manager to hospital administrator provides this year's Doe lecturer the opportunity to reflect on the values of the library profession from a fresh perspective. Librarians play a unique role and remain vital to the health care enterprise but are frequently misunderstood. Their role can be viewed from three angles: service, technology, and a unique sort of professionalism. Librarians must focus their service priorities on the needs of the institution, while remaining true to their own unique professional values. They must be advocates for the appropriate use of technology in support of those service roles. The passion that many librarians bring to their jobs makes librarianship a vocation as much as a profession. The mission and vision developed by the American Society of Health-System Pharmacists in 2001 provides a useful model for defining a personal professional mission and vision.

I suspect that at least some Doe lecturers before me have agonized endlessly over identifying just the right research, historical, or philosophical topic. Most Doe lecturers before me have listened at annual meetings, read in awe the writings of years past, and wondered how on earth they could ever live up to the honor.

Many, if not most, regular attendees of MLA annual meetings can cite their favorite and perhaps their least favorite lectures. Selection of a favorite is so very subjective and end-user based, don't you think? Those of us with a majority of years in hospital settings may have chosen lectures with that focus as favorites or, simply for the sake of contrast, may recall with pleasure lecturers and lectures from academic librarians. To simply say that I am honored to be included among the Doe lecturers is an understatement. I thank you for the pleasure of being at MLA '02 to reflect on my own personal passion—our work.

Standing before you is not only an honor but also a joy, as well as a privilege. What a distinct delight, to be charged only with thinking, researching, reflecting, writing, and then presenting a talk about anything I want to discuss!

I have many soapboxes, as we all do. Though we may change them a bit from year to year or, in my

case, from decade to decade, I suspect we all stick pretty closely to our core values, those we most likely developed, maybe without even knowing it, during our formative, adolescent years in our chosen profession. For me, those years were my first in a hospital setting and later in an academic library, where, fortunately, I was mentored by the brightest and the best, for which I am ever grateful.

On several occasions in those early years, during regional meetings or visits from our Regional Medical Library (RML), I found myself in hotel or dorm rooms, late at night, debating what was then important to us as health sciences librarians. I learned early on that my mentors would not let me off with an easy answer or solution. They challenged me again and again, and I have benefited from their continued nudging. I was especially fortunate to experience this and to come to know these librarians, because I worked in a one-person library, in an organization where there were no built-in colleagues and collegiality.

Looking back, I now realize that what was core to them then, and has continued to be core to me now, is the concept of service and the many benefits it brings to both the provider and the recipient. I recall one late night conversation, where we moaned and groaned about the low salaries we all received, when I put forth what a friend in another field was earning, a field I thought of less value to the future of the world. My mentor, though I did not know it yet, an only slightly more senior colleague, said, "okay, she's earning more today . . . but is she happy?" For some rea-

*The Janet Doe Lecture on the history or philosophy of medical librarianship, presented at the 102d Annual Meeting, Medical Library Association, Dallas, Texas, on May 20, 2002. 2001 Janet Doe Lecturer Betsy L. Humphreys, AHIP, associate director, Library Operations, National Library of Medicine, Bethesda, MD, gave the introduction.

son, I have never forgotten that evening chat in a small northern Arizona community.

Over the years, I have been grateful to encounter many mentors, colleagues, friends, and coworkers. I have thought and rethought what I was doing in this field and how best to do it. What has never changed since my first professional position in 1972 was my love of the work.

Though there have been days that I have been frustrated with low pay, poor funding, ignorance about us—what we are and what we can be—and inadequate administrative support, I have never once said, “I hate this job!” Talking with new friends and colleagues in other fields, I realize how very rare that is and how very lucky I have been. In other words, yes, I have been happy! And I have been very comfortable, due in great part to all of you.

Late last summer, I had an opportunity to continue my work in health care, while departing that library comfort zone. With much trepidation, fear, and misgiving, I took a leap and crossed what my hospital colleagues and I view as a chasm, the great divide between the library, or any department, and hospital administration.

Sometimes that chasm is geographic, sometimes it is metaphoric. In my case, that chasm is the street that runs between the Good Samaritan Hospital and the Banner Health System corporate building. It is a small city street, only two lanes wide, and there is no traffic signal between the two buildings. I soon learned that these two buildings, divided by a street, were really two worlds. When I accepted the position of manager of clinical innovation and continuing medical education, I did not consider that I was altogether leaving the library and especially the profession. I viewed the new job as one that would simply offer me a new point of view about health care delivery, one that would enable me to be a more effective library manager and designer of library information systems. I figured I could be a good advocate for libraries and librarians in my new role. I was also promised that I could keep some of my “favorite things,” including patient education and our healing environment activities.

What I want to talk about today is just that—my new view, my new perspective, and the lessons learned from my new experiences.

We librarians often examine our work very critically and diligently. We benchmark, we measure, we inquire, and we study. We email, write, telephone, fax, and chat. On occasion, we organize and host focus groups in an attempt to identify information needs and determine levels of customer satisfaction. We form user and advisory groups in an attempt to get to know our users and nonusers. One group we probably do not study enough is the people I now work with every day. They are administrative folks, sometimes leaders, sometimes managers, often not clinical people. If they ever had been clinical people, they have been away from it for a long time. These administrative types are now my colleagues, for better or worse!

Recognizing that the administrative, often corporate,

side of health care is where organizational decisions are made that affect the library and its funding, staffing, and operation, my goal for today is to share some of my observations and learnings from a different point of view, that of the hospital's corporate administrator. Aligning the library and its goals with corporate strategic directions has always been a challenge to library managers but one we must successfully meet. I have formally interviewed several of my new colleagues, attended innumerable meetings and conferences, and carefully observed them in their natural state.

What I have confirmed by working among and talking with my new colleagues is this: Librarians are (still) very special, incredibly unique, and very valuable to health care. Libraries are too, but in different ways. I have also confirmed to myself that we librarians are (still) very misunderstood.

Administrators—whether they manage information systems, finance, human resources, or care management—view what we do in a very different light than we do. Additionally, what we think they understand about us is probably wrong. They sometimes view us, as we all know, from whatever experience they had somewhere in life, perhaps in childhood or, if we are lucky, in college or postgraduate work. Rarely, we will find a physician or administrator who truly understands our work and value. I found sometimes, that when that does occur, the doctor has sometimes married the librarian!

The more we learn about what is important to administrators, what type of information they value, and what challenges they face, the better we can do our jobs. As a result, our libraries are better, stronger, and more strategically positioned. Coincidentally, we also make them better at their jobs. Also coincidentally, we make our positions (read mission in life) more secure and of greater perceived value to our organizations.

I want to look at these three lessons learned from three different angles: (1) service, (2) technology, and (3) a unique sort of professionalism, maybe even a vocation. I have selected these three filters, because they are paramount in the environment I now inhabit and to the passions I have strengthened. Before I begin, let me share a bit about my new workplace.

You have heard my new title, and some of you have inquired about it. I work in a brand new department, called Care Management, conceived last spring by our vice president of medical services and our chief executive officer (CEO), a new leader from Wisconsin, who brings his own lenses and perspectives. What is important to this gentleman is that he knows more about what we (in our hospitals) do as we provide our core product—patient care—so that all staff can be more efficient and effective and that inappropriate variability of medical practice can be eliminated. We are organized into eleven functional areas with teams assigned to carry out these functions.

The new department is small for a 20,000 full-time equivalents (FTE) organization, with only nine FTE. It has been carefully planned to avoid some of the per-

ceptions that people in the field (hospitals) have about people who work at corporate offices. Every creation and activity under the banner of our department is organized and orchestrated not by Care Management staff but by hospital-based leaders in their respective fields, for example, patient safety, performance improvement, population health management, and so on.

My job is twofold, in that I am a project manager for clinical innovation, one of our eleven functional areas, and administrative director for continuing medical education (CME). In the first half of the position, I am to "foment innovation, which may even be disruptive innovation." In the second half, I am to continue, in a very traditional way, the CME accreditation held by my organization. I am told by my new boss, a family physician and informaticist who uses the literature and is an integrative medicine practitioner, that my activities and leadership in innovation convinced him to hire me. I did not view my desire to have the Internet as a tool as innovative at all, but it is possible that some of you experienced the negativity I did in getting your organizations to recognize the value of the Web as an everyday tool. Thanks to my work in the Medical Library Association (MLA) and our chapter and with my Arizona Health Information Network (AZHIN) colleagues, I was able to point out a long time ago that the Web had something to offer our company, and, though it took a number of years for management to agree with me, my early leadership, though not entirely successful at the time, was not forgotten. So, an aside here, one lesson to all of us is that sometimes patience does indeed pay off!

I ask you to note the "motto" for our new department: "Linking Information to the Point of Decision Making." Sounds like a perfect place for a health sciences librarian, doesn't it?

As I examine our work through these three filters—service, technology, and professionalism—I will do so through my librarian lens and from the administrative perspective. I will begin with service, because, for me, service is the focus of my work. It is also my passion.

As a librarian, I continually struggled with my concept of service and definitely with my definition of "patron." When I first started to work in a hospital library, my goal was to make all health information available to *everyone*, regardless of whether they worked for the hospital or not. Over the years, my definition of patron has ebbed and flowed and evolved. For a while, after a lay-off, we hunkered down and limited all service to patients and their families and employees and physicians of our corporation. Rarely did a member of the community darken our door! When we did open our service to a wider audience, we feared publicizing it too much, because we figured we would be inundated with requests and unable to meet the demand. I am pleased to report that Good Samaritan, now under Sally Harvey's leadership, is now open to the public in general, as are all Banner libraries.

Our administrators struggled with this definition and its associated policy. During our downsizing, I

worked to educate them, and they agreed with the difficulty of being all things to all people. They have now been reeducated, thank goodness, and agree that the libraries and learning centers should be open to all. They can be taught!

The other aspects of service we view differently than our administrators include: funding and costs, patron/customer satisfaction, outcomes and return on investment, and alignment.

From the service lens, my experience has shown me that Banner leaders, at least, view our finances differently than we do. If we want to acquire, via lease or purchase, something important to them, cost is no object. Convincing them, therefore, of the value of an expense we see as critical is of paramount importance to us.

In my management work at Banner, I frequently based budget and FTE decisions on the ability of the library to meet or exceed customer expectations and to completely satisfy all customers. My leaders frequently wanted to know "who" the customers were I was talking about and whether or not they had clout. At one point in the life of my library, physician customers had the greatest clout, at another, management users did. Today, primarily the patients and consumers of health care have the ear of administrators, and so we have learned to strategically place those needs at the top of any funding or FTE request.

Outcomes and return-on-investment (ROI) are frequently problematic areas for all librarians, I suspect. I am told on an almost daily basis that every hospital department must have relevant, measurable outcomes of some kind. When I have spoken to colleagues around the country and at MLA '02, I have confirmed my hunch about how difficult those measurable outcomes are to come by and how difficult ROI is to define, measure, analyze, and project.

My interviews with our leaders have led me to conclude that despite the problems of these rather murky and vague viewpoints, we must attempt to continue to clarify and define our perspective for our hospital leaders. Additionally, one administrator encouraged me to continue to stay involved in "extracurricular" activities, outside the library, so that employees and physicians are continually reminded of the value of the library.

Now I want to talk about money. Our new CEO recently said, "we have enough money to do what we want to do." He was referring to a new technology budget. Hearing that, I recalled what Rya Ben-Shir told hospital librarians years ago, "they always have enough money to do what is important to them."

Hence, our goal is to be important to them, while we are still doing what is important to us! Several program topics for us at MLA '02 reflect that reality. We are fortunate if we get to determine where in the library's budgets the cuts are made and are not simply handed them. My experience, combined with what administrators have told me, indicates that what is important is that our service is of a high quality and is deemed as such by our users and our colleagues.

Therefore, I contend that the service we provide should be:

- patron-centered, which may require taking the information to the patron rather than requiring them to come to us; we also must recognize that the definition of patron changes with the changes in health care, and so the task of being patron-centered becomes more challenging
- high-touch, which means we must take advantage of high-tech tools to make our services and resources incredibly personalized (patron-centered) and customized
- innovative, maybe even cutting edge; I will talk a bit more about that later
- flexible, I like to call this attribute improvisational, so that our libraries truly meet the ever-changing needs of our users, and, of course, we must be agile
- provided through a library services function that enables (and requires) us to take on newer and newer roles, which then enables us to demonstrate why librarians and libraries are valuable
- evidence-based, so that services are planned and implemented based on real data and real outcomes and are benchmarked against best practices of libraries around the country; our colleagues in other departments have to do this, so should we.

And of course, we cannot discuss our work without discussing technology.

Recently at our chapter meeting, a younger, newer colleague complained, and rightly so, that we still referred to computers and information technology as "new" and, therefore, unusual. She noted that she has never worked in a library that did not have an online catalog or computer-based operations. We Baby Boomers sometimes forget that what is new to us is routine to some of our colleagues.

However, just because something is not new does not mean we ignore it or take it for granted. A very large percentage of our budgets must be allocated toward technology, or we are in trouble. There are still administrators who believe that everything is on the Internet and that everything is free for the taking. Though my new boss is an informaticist (actually, he is going to National Library of Medicine sponsored "Medical Informatics" course at Woods Hole this year![†]), he continually requires retraining and, in turn, trains his less-technology-inclined colleagues. There is still a difference, however, between how he views technology and how I see it.

We librarians view our technology not only as a highly desirable array of tools, but also as ever changing, full of potential, sometimes frustrating and exciting, and, unfortunately, priced beyond what our meager budgets can tolerate. We also recognize that to take optimal advantage of any technology, especially new technology, we must continually advance our knowledge and skills.

My administrators view technology as a sometimes

unnecessary toy demanded by a few techno-savvy managers and physicians. In their minds, this "toy," when they do agree to acquire it, should reduce the number of FTEs required to do many jobs; diminishes, in some cases, the status of the person operating the technology, which also reduces expense; and is of course costly and continually frustrating. Though they may not admit it, some administrators frequently find technology baffling.

I currently have the pleasure of serving on a steering team for a hospital that will open in 2004, and, when benchmarks are shared with that team to show what percentage of the total budget should be allocated for technology, there is always wry laughter in the room and very little serious thought given to what it takes to launch anything that might be considered cutting edge. Historically, and I am embarrassed to say this, our organization has frequently purposely decided to be on the trailing edge! Consequently, we have sometimes been slow to take on new methods of handling information and data.

Last, I want to give my attention to the *professional* aspects of what we do, which I believe has a "uniqueness" to it.

My proximity to our executive suite has been fascinating. I sit between three key corporate departments: Communication (also known as PR), Managed Care, and Strategic Services, formerly known as Planning and Marketing. Our vice president of the latter, an amazing woman, recently shared with our department her plans for the process of developing a new corporate strategic plan. This process has been interesting, as Banner Health System is the result of a 1999 merger or acquisition (what you call it depends on which side of the "merger" you were on) of two very different companies. Their environmental scan identified two views—a clear one and a murky one.

The clear view has changed and continues to change, but, by comparison, it is often more easily described and defined. It includes such aspects as knowledge of the current health care delivery system, technology, physicians, demographics and health status, payors and economic climates, public policy and its impact, workforce issues, and an accurate analysis of the competition.

The murky side is the more interesting of the two, and, I believe, the area where the library service can be of most value to administration. A section session at MLA '02 is devoted to collecting and making accessible corporate intelligence, two tasks I believe we have neglected over time. We have ways, don't we, of assisting our leaders in their goal of keeping current in areas not always found in the traditional published medical and nursing literatures. Surely we can improve on our history, don't you think?

Banner's strategic planning process has also identified the critical issues to be factored in to the new plan. I suspect that most organizations are dealing pretty much with these same critical issues. They encompass our knowledgebase and ability to excel in differentiation, balance, physician relationships, workforce, tech-

[†] A course overview of the "Medical Informatics" course at Woods Hole may be viewed at <http://courses.mbl.edu/MedicalInformatics/>.

nology, systems, and finance. Again, I believe there is a role we librarians can play as management pursues knowledge and wisdom in these areas and in the way our leaders can apply this knowledge to the planning process.

As many of you know, the Medical Library Group of Southern California and Arizona (MLGSCA) and the Northern California and Nevada Medical Group (NCNMLG), both chapters of MLA, hold their annual meeting jointly in late winter of each year. The 2002 conference was a special treat, because it gave me the opportunity to be a librarian, surrounded by librarians and immersed in the issues and challenges of librarians for a whole week. I felt again how wonderful it is to be doing work that has value!

Our luncheon speaker was a physician medical educator for a Phoenix teaching hospital who began his chat (no PowerPoint, no slides, no overheads, just wonderful musings) by noting that he does not regard librarians as professionals. At first, I was a bit taken aback. He followed quickly with the comment that he viewed us as having a *vocation* rather than a profession. He said that when he questions his librarian, Molly Harrington, about why she does what she does, she always replies, "it's our mission in life to provide the right information at the time and in the format needed by that person, whether or not he or she is a member of the hospital staff." That was why he viewed us as having a vocation rather than a profession.

I determined that I wanted to know what our speaker was really talking about, so I went home and looked up both terms. As I stated earlier, and as I know you all believe, librarians are (still) special, unique, and valuable to health care. Maybe one of the things that makes us unique, special, and valuable lies in the American Heritage Dictionary definition of vocation. It says that a vocation is "1. a regular occupation, especially one for which a person is particularly suited or qualified, and 2. an inclination, as if in response to a summons, to undertake a certain kind of work, especially a religious career; a calling" [1].

Maybe originally, initially, we were inclined toward the profession because of a love of reading, of books, of knowledge, of learning. Maybe we just enjoyed being in libraries. How many of you seek out libraries to visit while on vacation? Maybe we felt summoned to the work by some unknown force or ill-defined mission in life that synched nicely with what librarians are about.

That was an *awakening* for me. I had never thought of myself as having a vocation. But this physician educator made me think . . . and though the difference between the two words is only slight, I found myself pleased with his description of my work.

Comparing the definition of vocation with that of profession is interesting, because the latter, too, refers to having some sort of faith or belief in what one does. The American Heritage Dictionary defines profession as: "1a. An occupation or career . . . b. An occupation, such as law, medicine, or engineering, that requires considerable training and specialized study. c. The body of

qualified persons in an occupation or field: *members of the teaching profession*. 2. An act or instance of professing; a declaration. 3. An avowal of faith or belief. 4. A faith or belief: *believers of various professions*" [2].

These definitions certainly support my concept of what we do. I believe that librarians, as a profession or as part of a vocation, are and should remain unique in our abilities, dedication, and professional perspective; as organizational leaders who can lead across many disciplines, both within and beyond the library itself; as *the* health information professionals "of choice," that is, information professionals with a unique expertise and skill set that can be found in no other profession; and, finally, as exciting and forever-evolving individuals who have very broad viewpoints on the management of organizational information.

Unfortunately, as we have heard for years, our administrators do not always see us that way. I present here words I have recorded in interviewing my administrators and by observing them in their natural habitat. The words are: unrecognized, static, narrow, focused, and detail oriented. No librarian I know has these characteristics, and so I think these administrators have not updated their perceptions! I am convinced that we are making headway toward changing this.

I cannot discuss our profession/vocation without talking about entrepreneurship and "intrapreneurship." As we all know, an entrepreneur is a person who organizes, operates, and assumes the risk for a business venture [3]. An intrapreneur, on the other hand, is someone who works within a large organization who takes direct responsibility for turning an idea into a profitable finished product through assertive risk taking and innovation [4]. I believe we have to be both. MLA members in the room at the time of this lecture have made wonderfully creative businesses out of creating libraries from scratch, from providing contract services to organizations without the need for a full-time professional, and from many other possibilities. Whether we become freelance librarians or stay as employees in large organizations, I am convinced that we must enthusiastically adopt a "pre-preneurship" spirit. The more we behave like our organizational leaders, the more they will identify with us and see value in our objectives.

I hesitated to show you a slide of the well-known Honda ad, because I figured most of you had seen it when it made the rounds of email discussion lists. It is the one for the Honda Accord that is captioned "The automotive equivalent of a really hot librarian." I do love it and even made it into a poster over my desk for all to see!

How refreshing, to be viewed as hot, good-looking, intelligent, fun, sophisticated, and eye-catching. And, if we are "hot" and intelligent and sophisticated, certainly we must be risk takers and innovation oriented! I do believe it is that reputation, combined with the one we all have of being dependable and productive, that helped me get my new position.

I want to share with you a summary of an article from the *Arizona Republic* that I read in February of

this year. The headline reads, "Medical Data Services Become Benefit: More Employers Offering Aid." I am telling you about this article because, the more I read of it, the angrier I become. . . . at myself. It reads:

When Denise Micale was diagnosed with a rare form of cancer, she began a frustrating search. Was it treatable? Where could she find doctors familiar with the condition? Though she is a nurse who helps patients in similar situations, Micale was stumped. A search of the Web didn't help . . .

She turned to an unlikely source, her husband's employer, Honeywell. It offers a new benefit . . .

Several start-up firms are rushing in to fill the information void offering medical literature searches, data about quality of local hospitals and information about treatment options.

Here is the telling sentence:

Though such services cost more at a time when annual health care spending continues to rise, employers say the services will improve medical care, cut expenses and boost worker productivity. This service costs Honeywell \$1.35 per employee per month. They call it an informed decision-making service to help you know everything about a disease, its prognosis, treatment options. [5]

I do not mean to be insensitive, uncaring, and lacking in compassion here, but I am truly angry that our service does all these things, and has for years, on a shoestring (compared to \$1.35 per employee per month). Despite this, Honeywell felt it had to invent something altogether new. I wonder if their librarian had anything to do with it at all.

Banner Health System, a few years ago, launched a customer service/service excellence initiative and recently has begun to use appreciative inquiry techniques. I recommend it to you, as it requires that leadership and employees carefully examine the organization to identify its strengths. Once identified, these strengths are then built upon, enhanced, and furthered, with resources of all types, to make the organization better. There is no looking at deficiencies, no blame placed, and no strengths, weaknesses opportunities, threats (SWOT) analyses. This process will be interesting for our organization, and I think would be valuable to us, as a profession, as librarians, as an organization of professionals.

While conducting a search on medication error-reduction techniques recently, I came across some work the American Society of Hospital Pharmacists (now the American Society of Health-System Pharmacists) did in 2001 regarding its mission and vision. I liked this work very much, because it touched me in an appreciative way and at a moment when I was wondering about the value of my new work.

As you see, their mission is quite simple: to help people make the best use of medications [6]. I took the liberty of personalizing it for me and only me. My goal, as a librarian forever, is to "help people make the best use of information."

I also liked their "vision" and so have appropriated it as well, again for me. Though my current job title does not contain the word "librarian" or "library," I am

still a health information professional and always will be. My new personal professional vision reads this way:

I dedicate myself to achieving a vision for my practice, in which I:

will significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of information by individuals and the overall process of information use

will effectively and humanely manage patient and community health information processes

will be the primary individual responsible for knowledge-based information use and distribution systems

will be recognized as part of the patient care team and sought out by patients to help them achieve the most benefit from their information

will take a leadership role to continuously improve and redesign the information-use process with the goals of achieving significant advances in patient safety, health-related outcomes, prudent use of human resources, and efficiency

will lead evidence-based information-use programs to implement best practices

will have an image among patients, other health professionals, administrators, and public policy makers as a competent, caring, and compassionate health information provider

I believe that as librarians in a variety of settings, we must continue our work in creating better health information systems. Some of us do that by working in patient care settings, others by providing health information-literacy training in health professions training. Wherever our work occurs, we must vigorously endeavor to define our future by continuing the creative, innovative, flexible, and service-oriented work we have always done.

That chasm I cross several times a day will disappear in time, I am sure, especially if I work at it diligently.

E. M. Forrester wrote his novel, *A Room with a View*, to challenge the boring, stifling, silly social mores of his time, by creating characters who challenged Lucy, the central character, to break free and begin to live. Our situation is a bit different in that nothing we do is boring, stifling, or silly. It is now, and always has been, challenging and most satisfying. I am grateful to be a librarian and especially to know and work with all of you toward our common and dynamic goals.

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