

## Standards for hospital libraries 2007

### Hospital Libraries Section Standards Committee

Margaret Bandy, AHIP  
bandym@exempla.org  
Chair

Jacqueline Donaldson Doyle, AHIP, FMLA  
jddoyle@email.arizona.edu

Anne Fladger, AHIP  
afladger@partners.org

Katherine Stemmer Frumento, AHIP  
katherinef@greenhosp.org

Linné Girouard, AHIP  
lgirouard@tmh.tmc.edu

Sheila Hayes, AHIP  
sheila.hayes@hcahealthcare.com

Diane Rourke, AHIP  
dianer@baptisthealth.net

### BACKGROUND

The Medical Library Association's (MLA's) "Standards for Hospital Libraries" were developed in 2002 as a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet their needs for knowledge-based information (KBI) [1]. A revised version was published in 2005 [2]. In approving the original and revised versions of the standards, the MLA Board of Directors recommended that the Standards Committee of the Hospital Libraries Section (HLS) continually evaluate the standards and revise them as necessary to reflect changes in the health care environment and MLA priorities.

In March of 2005, the National Network of Libraries of Medicine (NN/LM) Hospital Internet Access Task Force issued a final report and made several recommendations, one of which was to work with the HLS Standards Committee to add a "technology standard" to the "Standards for Hospital Libraries" [3]. This new standard would define the minimum levels of technology needed for hospital libraries to function in their role as providers of KBI resources.

The HLS Information Technology Committee drafted a technology standard and forwarded it to the HLS Standards Committee and the NN/LM Hospital Internet Access Task Force chair for review and comment. In addition to reviewing the draft standard, the HLS Standards Committee wrote a statement of intent to accompany the standard. In May 2007, **standard 11: IT resources are available to support the library's mission of providing KBI resources and services** was approved by the MLA Board at its annual meeting. Other changes include the following:

- clarified "clinical staff" to include nurses and allied health personnel in standard 7,
- updated the bibliography,

- added references to the new MLA educational policy statement, *Competencies for Lifelong Learning and Professional Success*, and

- removed references to the Brandon/Hill list and added references to Doody's Core Titles.

The MLA Board also recommended that the revised standards should be called "Standards for Hospital Libraries 2007" and that the publication history be indicated.

The complete "Standards for Hospital Libraries 2007" are also available on the Hospital Libraries Section website <<http://www.hls.mlanet.org>> as well as PubMed Central.

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### SYNOPSIS OF STANDARDS

MLA's "Standards for Hospital Libraries 2007" have been developed as a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet the hospital's KBI needs.

Specific KBI requirements include that the library be a separate department with its own budget. KBI in the library should be directed by a qualified librarian who functions as a department head and is a member of the Academy of Health Information Professionals. The standards define the role of the medical librarian and the links between KBI and other functions such as patient care, patient education, performance improvement, and education. In addition, the standards address the development and implementation of the KBI needs assessment and plan, the promotion and publicity of KBI services, and the physical space and staffing requirements. The role, qualifications, and functions of a hospital library consultant are outlined.

The health sciences library is positioned to play a key role in the hospital. The increasing use of the Internet, new information technologies, and communication by medical, nursing, and allied health staffs, patients, and the community require new strategies, strategic planning, allocation of adequate resources, and selection and evaluation of appropriate information resources and technologies. The HLS Standards Committee has developed this document as a guideline to be used in facing these challenges together.

**STANDARD 1:** The library serves as the primary department responsible for developing systems and services to meet the knowledge-based information (KBI) needs of the organization. The library shall have its own budget, and the director, as a department head, shall report to the senior management of the organization.

**STANDARD 2:** KBI systems and services are directed by a qualified librarian. Academy of Health Information Professionals membership is preferred.

**STANDARD 3:** Library staffing formula

**STANDARD 4:** The librarian, as the key KBI professional in the organization, is an active member of the information management teams.

**STANDARD 5:** Evidence demonstrates effective connections between KBI and patient care, patient education, performance improvement and patient safety functions, educational functions for hospital and medical staff, and other appropriate functions.

**STANDARD 6:** The librarian provides evidence of an ongoing assessment of the KBI needs of the organization and the development and implementation of a plan to provide appropriate resources and services to meet those identified needs.

**STANDARD 7:** The library actively promotes KBI services and resources to all user groups and provides documented evidence thereof.

**STANDARD 8:** All KBI functions are performed in compliance with applicable federal, state, and local laws and regulations.

**STANDARD 9:** KBI resources are available to clinical staff twenty-four hours a day, seven days a week.

**STANDARD 10:** The physical library will be large enough to accommodate the library staff, the in-house collection, an appropriate amount and selection of personal computers and other information technology (IT) hardware, and seating for an appropriate number of users. A separate office will be provided for at least the professional library staff.

**STANDARD 11:** IT resources are available to support the library's mission of providing KBI resources and services.

**APPENDIX A:** Library systems

**APPENDIX B:** Hospital library consultants

**APPENDIX C:** Glossary

**APPENDIX D:** Bibliography

## INTRODUCTION

MLA's "Standards for Hospital Libraries 2007" have been developed as a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet their KBI needs. KBI refers to current expert information, produced externally to the organization, including:

- journals, texts, documents, and databases in print or electronic format;
- benchmarks, best practices, guidelines, and consensus development statements;
- research studies; and
- quality-filtered Internet resources.

KBI is vital to the hospital, in that it supports:

- patient care,
- managerial and strategic decision making,
- performance improvement and patient safety,
- lifelong learning and professional competence of hospital and medical staff,
- patient and family education, and
- research initiatives.

The medical librarian, as a specialized information professional, is uniquely prepared to provide the oversight and management of KBI resources and services to the hospital or health system. The medical librarian brings specialized competencies to the institution, for the selection, organization, dissemination, and integration of KBI resources into the day-to-day operations of the institution.

## STANDARD 1

**The library serves as the primary department responsible for developing systems and services to meet the knowledge-based information (KBI) needs of the organization. The library has its own budget, and the director, as a department head, reports to the senior management of the organization.**

**Intent.** As reflected in the Joint Commission process and documentation, access to KBI is one of the four primary components of the information management requirements for a hospital or health system. To enable the development of systems, resources, and services to meet this functional requirement, the needs, concerns, and contribution of the library must be communicated to decision makers at the highest levels in the organization. Departmental status helps facilitate this process. The continuous interaction of the librarian with other departmental managers and with administrators fosters a deeper understanding of the information needs of the organization. This interaction can also provide access to institutional resources and data necessary for providing information to satisfy the needs of customers.

The term "senior management" refers to the administrative level. In a large teaching hospital, the director of medical education may be considered senior management.

## STANDARD 2

**KBI systems and services are directed by a qualified librarian. Academy of Health Information Professionals membership is preferred.**

**Intent.** A qualified librarian is a person who has earned a master's degree from a program accredited by the American Library Association or its successor accrediting organization or from a master's level program in library and information studies accredited or recognized by the appropriate national body of another country.

Membership in MLA's Academy of Health Infor-

**Figure 1**  
Library staffing formula

**Total institution full-time equivalents (FTE)\* / 700 = minimum library FTE†**

\* In addition to employees in all entities that the library serves, "total institution FTEs" includes all active medical staff, as well as personnel under service contracts, regardless of whether these individuals are technically considered institutional employees. See Appendix A, "Library Systems."

† "Minimum library FTE" reflects staff necessary for provision of basic library services, as outlined in standards 2 through 7. It may be rounded to nearest 0.25 FTE. Additional staffing is necessary if the library provides enhanced services or services usually performed by other departments (such as, but not limited to, those listed below):

- clinical library services
- consumer health services
- primary responsibility for audiovisual equipment and other information technology
- substantial responsibility for hospital-wide intranet or Internet site
- coordination of, or clerical support for, continuing medical education program

**If "minimum library FTE" is:      Staff mix needed is:**

Less than or equal to 1.0 FTE	Qualified medical librarian, percentage of FTE at least equal to "minimum library FTE" or 0.5 FTE qualified medical librarian and 0.5 FTE technical employee or Technical employee, percentage of FTE at least equal to "minimum library FTE," plus qualified library consultant or circuit librarian, in accordance with MLA "Library Consultants" document
Greater than 1.0 to 3.0 FTE	1 FTE qualified librarian + support staff, which together equal "minimum library FTE"
Greater than 3.0 FTE	At least 33% of "minimum library FTE" must be professional-level positions; director of library must be qualified librarian; other professional staff may be qualified librarians or other professional staff (i.e., RN, information technology professionals, etc.) as appropriate

mation Professionals is one indication of a knowledgeable, capable medical librarian. The educational policy statement of the Medical Library Association, *Competencies for Lifelong Learning and Professional Success*, outlines the competencies and skills expected of health sciences librarians.

The unique competencies of the hospital librarian include in-depth knowledge of print and electronic information resources in the health sciences and related fields and of the design and management of information services that meet the strategic information needs of the individual or group being served. To support this mission, the role of the medical librarian includes:

- coordinating the function of the library with the primary mission of the institution,
- strategic planning for library operations,
- budgeting for library operations,
- providing effective leadership in KBI,
- recommending appropriate professional and support staffing for the library,
- recommending appropriate space for the library,
- developing and implementing KBI-related policies and procedures,
- developing a performance improvement program for the KBI function,
- hiring and evaluating the performance of the library staff,
- providing training and educational opportunities for the library staff,
- selecting and evaluating information resources in any format for incorporation into the physical or virtual collection,
- evaluating new information technologies and assessing their application to library management and services,
- negotiating license agreements with vendors of publications and databases,

- responding in a timely manner to all requests for information related to patient care or patient safety,
- performing mediated searches of Internet and KBI resources,
- training users in searching and evaluation of information resources,
- providing tailored information to groups or individuals in the institution, and
- other activities as appropriate.

Reliance on a commercial electronic resource for clinical information cannot substitute for a qualified medical librarian.

### STANDARD 3

#### Library staffing formula.

**Intent.** An understaffed library cannot fully serve the KBI needs of the hospital and medical staff. Workload is driven by the size and complexity of the institution served (Figure 1).

### STANDARD 4

**The librarian, as the key KBI professional in the organization, is an active member of the information management teams.**

**Intent.** The medical librarian is involved in planning for internal computer networks and external linkages to help ensure adequacy, coordination, and accessibility of all KBI resources in the organization.

### STANDARD 5

**Evidence demonstrates effective connections between KBI and patient care, patient education, performance improvement and patient safety**

### functions, educational functions for hospital and medical staff, and other appropriate functions.

**Intent.** The library serves all user groups in the hospital. The functions listed in standard 2 are among the most KBI dependent. Examples of connections and evidence include:

■ **Patient care:** Frequent provision of information on which patient care decisions are based, integration of KBI resources into point-of-care systems, provision of clinical library services or attendance at morning report or rounds, and provision of case-specific literature to support rounds and related activities.

■ **Performance improvement and patient safety:** Active membership of the librarian on performance improvement and patient safety teams, as reflected in minutes or other documentation (preferred); frequent provision of information on which performance improvement and patient safety decisions are based; documentation of regular routing to appropriate individuals of current literature relevant to the hospital's quality indicators, top diagnoses, performance improvement projects, patient safety, and/or identified problem areas.

■ **Patient education:** Active membership of the librarian on patient education teams, as reflected in minutes or other documentation (preferred); consultation with team concerning selection, creation, and quality filtering of sources for patient education materials; provision of (or facilitation of access to) patient education materials for clinical staff; provision and marketing of library services directly to patients and families; and teaching of search skills for patient education electronic resources.

■ **Education of hospital and medical staff:** Active membership of the librarian on the teams directing educational functions, as reflected in minutes or other documentation; regular provision of material to support planning and preparation of educational activities; education of hospital and medical staff in information management and use of information technology; identification of print and/or electronic resources for further individualized learning on topics presented in educational sessions; existence of a joint library/continuing medical education (CME) committee; inclusion of librarian on CME/graduate medical education (GME) committees; provision of case-specific literature to support grand rounds and related activities; and provision of access to quality alternatives to traditional CME, such as web-based CME resources, teleconferencing, and other technology.

### STANDARD 6

**The librarian provides evidence of an ongoing assessment of the KBI needs of the organization and the development and implementation of a plan to provide appropriate resources, services, and technology to meet those identified needs.**

**Intent.** The librarian uses a variety of tools and techniques, both formal and informal, to assess the KBI

needs of the hospital and medical staff. The needs assessment should address the timeliness of information services and document delivery. In response, resources and services are made available to meet those identified needs. Techniques may include, but are not limited to, focus groups, surveys, analysis of usage patterns, budget and strategic planning, inventory of collections, and one-on-one conversations with health care leaders regarding clinical and organizational information needs.

Tools to be used include recognized guidelines, standards, lists of recommended resources, and benchmarking resources appropriate to the size and scope of the organization. Examples include MLA's Benchmarking Survey, Doody's Core Titles, a commercial product developed with subject specialists and health sciences librarians, and other recognized resource guides for health sciences specialties. Resources, technology, and services that must be provided include:

- convenient access to expert searching;
- a current and authoritative collection of print, electronic, and multimedia resources for the timely provision of KBI and a plan to provide access to knowledge-based information during times when electronic systems are unavailable;
- appropriate technology to enable the use of these information resources;
- a catalog or database and taxonomy to efficiently locate materials; and
- resource-sharing agreements and membership in library and information consortia to enable efficient provision of materials not directly accessible.

### STANDARD 7

**The library actively promotes KBI services and resources to all user groups and provides evidence thereof.**

**Intent.** Promotion increases the users' awareness and efficient use of the services and resources available. The library serves not only clinical staff, but other groups in the hospital, including:

- administrative and managerial staff,
- research staff,
- staff in off-site locations,
- students in affiliated programs,
- patients and their families, and
- other groups as applicable.

Promotion of services may take the form of:

- announcements to hospital and/or medical staff of new services, resources, or offerings;
- inclusion of library services and resources in orientation of interns and residents (if applicable) and new medical and hospital staff members;
- activities in observance of national library week or National Medical Librarians Month;
- bibliographies on special topics;
- participation in information fairs or authors' day celebrations;
- promotion of existing current awareness services or proactive provision of these services;

- plan for reaching library nonusers;
- participation in new employee orientation; and
- presentations to groups on what the library can offer them.

#### STANDARD 8

**All KBI functions are performed in compliance with applicable federal, state, and local laws and regulations.**

#### STANDARD 9

**KBI resources are available to clinical staff twenty-four hours a day, seven days a week.**

**Intent.** Because clinical decisions are often made outside normal working hours, access to KBI must be continuously available. This may take multiple forms, depending on the size and complexity of the institution:

A broad selection of resources may be made available on the hospital's intranet or through other electronic means, *if* connectivity is reliable and users are educated in the effective use of those resources—and/or—a physical library may be made accessible to clinical staff during off hours by means of keys, entry by badge readers, request for entry by security staff, or similar arrangements.

#### STANDARD 10

**The physical library will be large enough to accommodate the library staff, the in-house collection, an appropriate amount and selection of personal computers and/or other information technology (IT) hardware, and seating for an appropriate number of users. A separate office will be provided for at least the professional library staff.**

**Intent.** A library that cannot comfortably accommodate staff, users, equipment, and collection is likely to be underutilized. Separate areas for staff enable privacy of communication among library staff and with persons requesting information.

#### STANDARD 11

**IT resources are available to support the library's mission of providing KBI resources and services.**

**Intent.** Adequate information technology (IT) resources are essential in the provision of up-to-date KBI resources and services. The library must have hardware and library-specific software applications to perform basic functions related to acquiring, organizing, retrieving, and delivering KBI resources to support the institution's mission. The library also must have Internet connections with sufficient speed, performance, and bandwidth to access the many web-based resources now available to support the hospital's educational mission. Hospitals have specific security and privacy

issues. Therefore, the library director should work in concert with the institution's IT department to assure that users' needs to access essential web-based KBI resources from the point of need are balanced with the network security needs and firewall policies of the institution. Examples of essential information technology resources include:

1. access to the Internet sufficient to use email, DOC-LINE, OCLC, PubMed, and any commercial databases and full-text resources to which the library may subscribe;
2. said access should be convenient for all users in the library's institutions twenty-four hours, seven days a week; remote access should be available as licenses permit;
3. specialized library software that can describe and track library resources and their use (e.g., catalog, circulation, serials control, and/or an integrated library system), appropriate to the library's collection and services; this software can be mounted locally or hosted remotely; and
4. access to high-bandwidth communication technologies (e.g., full-motion video, video streaming, and webcasting) appropriate to the library's services and its institution's educational programs.

### APPENDIX A

#### Library systems

A hospital system can provide knowledge-based information (KBI) services and resources for its affiliates in several ways:

- Each affiliate hospital may maintain a separate library.
- Services and resources may be provided from a central location.
- Support staff may be present at each location, with professional services provided centrally.
- Support staff may be present at each location, with a circuit librarian arrangement.
- There may be a hybrid system, in which arrangements differ among affiliates.
- There may be coordinated resource sharing among the libraries.
- There may be a substantial network of electronic resources available to all affiliates.

These standards do not attempt to dictate a single manner in which services must be provided throughout a system. Rather, they provide a standard for the amount and nature of services and staffing that must be available for the system as a whole.

Depending on a host of factors, including physical proximity of the affiliates and the extent of electronic access to resources, the librarian and health system administration will collaborate in making decisions about centralization or decentralization of library resources and services and extent of staffing in the libraries. The committee strongly recommends that each location at least have support staffing, so that users may obtain assistance in finding needed information and the smooth flow of operations can be ensured. The amount of staffing—both professional and support

level—throughout the system must be at least at the level specified in the library staffing formula, taking all components of the health care system into account. Whether each hospital is treated separately in determining staffing levels or the system is taken as a whole is left to the judgment of the librarian and administrators. The important point is that staffing is sufficient to serve the number of users.

If a decision is made to maintain and staff libraries at multiple locations, a level of staffing above that specified in the library staffing formula will be necessary to the extent that

- tasks will be duplicated and
- the time of the staff will be used to travel among institutions.

Each separate library location should have convenient, reliable access to a quality core collection of KBI resources, tailored to the needs of the institution. Whether this is provided as an in-house print collection or a reliable electronic collection is a decision that may be made locally. An arrangement whereby core materials are physically housed in a central location and transmitted to other locations on demand (by fax or other means) is not an option, as this would preclude access to information needed for patient care during hours when the library is not staffed. This may, however, be a viable option for materials over and above the core collection.

## APPENDIX B

### Hospital library consultants

**Role statement for hospital library consultants.** The hospital library consultant serves as advisor to the hospital administration, medical staff, library staff, and/or library committee in defining and designing hospital library services and/or facilities to meet the informational, educational, research, and patient care-related needs of the entire hospital community including, where appropriate, the instructional needs of patients.

Consultation is provided on a contractual basis.

Hiring a hospital library consultant is not a substitute for the employment of permanent library personnel.

**Qualifications for hospital library consultants.** A hospital library consultant must have a master's degree in library or information science from a program that is accredited by the American Library Association or its successor accrediting organization or a master's level program in library and information studies accredited or recognized by the appropriate national body of another country. The consultant should be a member of the Medical Library Association and its Academy of Health Information Professionals. Membership in local, state, regional, and/or other national professional library associations is desirable. The consultant should have at least three years of administrative hospital library experience.

If consultants do not have all of the above qualifications, they should have an equivalent combination of

training and experience, such as eight years of progressively responsible health sciences library experience including at least five years of hospital library management, administration of a medical center library, or work with hospital libraries in a consultative capacity.

The consultant should have supervisory and administrative experience with ability to provide assistance on personnel and fiscal issues. The hospital library consultant must show evidence of regular participation in continuing education courses in consulting, management, health sciences, and/or hospital librarianship such as those sponsored by the Medical Library Association or other professional associations.

The consultant must be familiar with existing national, state, and local library networks and have a working knowledge of the functions of the National Network of Libraries of Medicine. The consultant should also have a thorough working knowledge of the Joint Commissions' information management standards and other hospital library-related standards.

*Note:* Hospital library consultants for certain types of facilities such as federal or psychiatric hospitals may require additional qualifications.

### Functions and process for hospital library consultants.

A. Identify objectives with the hospital administrator, library staff and/or library committee, and other appropriate hospital personnel.

B. Negotiate a contractual agreement with the hospital administrator that would include:

- consultant and client responsibilities,
- purpose of consultation,
- period of contract,
- number and frequency of visits or amount of time to be spent by consultant during the contractual period,
- verbal and written reporting mechanisms
- fee for service, and
- terms of termination by either party.

C. Conduct a needs assessment for library services profiling all disciplines in the total hospital environment; functional elements identified might include:

- placement of library staff in the hospital organizational structure;
- job descriptions for library staff;
- library staff recruitment, training, and development;
- budget;
- facility planning and/or space allocation;
- policies and procedures;
- availability of current materials for each discipline at the hospital;
- acquisition, cataloging, arrangement, organization, and evaluation of library materials in any format;
- negotiation of licensing agreements with vendors of electronic resources;
- answering of reference questions, performance of searches of KBI resources, and provision of other information;
- circulation or control of materials;

- notification of hospital staff of new information in their area of interest;
- audiovisual services;
- provision of patient education materials;
- promotion of library services; and
- cooperation with other libraries.

D. Provide specific written recommendations for administrator, library manager, and/or library committee.

E. Develop a methodology for implementing recommendations by hospital employees assigned to the library.

F. Evaluate and assess progress regularly during the contractual period.

**Recommendations for the documentation of consultative visits.** The hospital library consultant shall document each visit. At minimum, such documentation should include:

- a record of the date and length of each visit,
- an account of the consultant's activities during each visit,
- recommendations for action based on the needs assessment,
- progress reports, and
- suggestions for follow-up.

A record of documented visits shall be maintained on file for reviews by the appropriate reviewing or surveying agencies and for continued reference by the administration, library staff, and/or library committee. Meetings with the administrator, library manager, and library committee to discuss recommendations, questions, or concerns should be held as needed and followed by a formal written report.

## APPENDIX C

### Glossary

**AHIP:** The Academy of Health Information Professional; the Medical Library Association's peer-reviewed professional development and career recognition program.

**Circuit librarian:** A librarian who is employed by two or more institutions and splits time among different physical locations according to a predetermined schedule.

**Clinical librarian:** A librarian who attends rounds with a health care team and provides case-specific information to assist with patient care.

**CME:** Continuing medical education; educational opportunities designed to enable physicians to remain up-to-date with the knowledge and skills they need to provide their patients with optimum care. CME programs are accredited by the Accreditation Council for Continuing Medical Education (ACCME), intrastate sponsors that are in turn accredited by the ACCME, or the Council on Continuing Medical Education (CCME) of the American Osteopathic Association.

**Consumer health services:** An umbrella term encompassing the continuum extending from the specific in-

formation needs of patients to the broader provision of health information for the layperson.

**Core collection:** Those comprehensive, authoritative print or electronic works to which users refer most often. The core collection should be tailored to the needs of a particular institution and can be expected to contain information pertinent to the majority of reference queries. It may be supplemented by other resources.

**Current awareness services:** Services designed to keep users up-to-date on new developments and resources in their field of interest.

**Health care system:** Formal affiliation of two or more health care institutions under unified management.

**Information management team:** The staff directing the information management functions of the hospital or health care system.

**Intranet:** An Internet site intended for the internal use of an institution. It is usually protected from outside access by a firewall or other security means. It is distinguished from Internet sites intended for the use of vendors, customers, or others outside the institution.

**KBI:** Knowledge-based information; consists of systems, resources, and services to help health professionals acquire the knowledge and skills needed to maintain and improve competence; support clinical, managerial, and business decision making; support performance improvement and activities to reduce risk to patients; provide needed information and education to patients and families; and satisfy research-related needs.

**Library:** A comprehensive selection of services and resources that are tailored to meet the information needs of a specific user group, organized for ease of access and under the direction of a qualified librarian.

**Library consultant:** A hospital library consultant serves as advisor to the hospital administration, medical staff, library staff, and/or library committee in defining and designing hospital library services and/or facilities to meet the informational, educational, research, and patient care-related needs of the entire hospital community.

**Library systems:** One or more libraries that together provide coordinated services and resources for a health care system, or two or more libraries that together provide coordinated services for a single hospital.

**License agreement:** A written contract setting forth the terms under which a licensor grants a license to a licensee. The licensee, often a library or educational or research organization, generally pays the licensor a fee for permission to use digital information.

**Mediated searches:** Searches of the literature performed by a librarian on behalf of a library user.

**MLA:** Medical Library Association.

**MLS:** Master's degree in library science; in some institutions, the degree awarded may actually be master

of science in library science, master of arts in library science, master of library and information science, etc.; these are equivalent.

**Needs assessment:** A systematic process designed to determine the need for specific services or types of information by the library's user group. This may take the form of surveys, focus groups, interviews of groups or individuals, or other methods.

**Patient education:** The provision of information to help inpatients or outpatients, or their family members, understand and cope with the condition for which they are receiving medical care. This education assists patients and/or their families in taking an active role in health care decision making.

**Performance improvement:** The continuous study and adaptation of a health care organization's functions and processes to increase the probability of achieving desired outcomes and to better meet the needs of individuals and other users of services.

**Qualified librarian:** A person who has earned a master's degree from a program accredited by the American Library Association or its successors or a master's level program in library and information studies accredited or recognized by the appropriate national body of another country.

**Quality filtering:** The determination of the appropriateness of specific information for a given purpose, taking into account factors such as research methodology, level of writing, intended audience, qualifications and affiliations of author, currency, etc.

**Technical employees:** The hospital employees as-

signed to the library, who perform the day-to-day library-related work, under the guidance of a hospital library consultant.

## APPENDIX D

### Bibliography

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