The Circuit Rider Librarian

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ABSTRACT

Many hospitals are unable to maintain a full- or even half-time professional librarian to support the professional and nonprofessional hospital staff, and to assist with the development of educational programs. To answer this need, the Cleveland Health Sciences Library has developed the "circuit rider librarian" concept. A designated librarian from the staff visits a group of hospitals and, for a fee, provides library service which the hospital could not or would not readily supply for itself. The only limitations on the expansion of such a program are the interest of the hospitals, their geographic proximity to each other and to the resource library, and the ability of the latter to handle the increased demand.

WITH the increasing pressure on the health care practitioner to provide more and better health care services, the growth of malpractice problems, the stress on accountability by the Professional Standards Review Organizations, and the trend toward recertification of all health personnel, continuing education for the medical profession has become a "must" and a national byword. The Joint Commission on Accreditation of Hospitals was initially instrumental in forcing hospitals to accept the fact that they are responsible for training and educating their staffs. In the larger teaching hospital, the medical library has become an accepted part of the organization and, to a great degree, is supporting its educational programs and clinical needs. However, as one physician said in a letter to the editor of the *New England Journal of Medicine:* "Smaller hospitals have many demands on their funds. Rarely have they endowments or special grants for library support.... Interested and active contact with larger, more fully staffed and stocked libraries is important for any library" [1].

With the limited availability of funds for the hospital budget, there is always the question of priorities. Is it more important to have a new inhalation therapy department, or to upgrade, through education, the quality of service offered in the hospital? Should the hospital consider purchasing a computerized axial tomography machine, or make available to its staff study materials and the services of a librarian? The choice is a difficult one. As government and the public are becoming increasingly concerned with the rising cost of health care delivery, each institution is working hard to allocate its funds to the areas that would insure the greatest returns.

To help provide for the educational and informational needs of the smaller hospitals in its region, the Cleveland Health Sciences Library (CHSL) has developed the "circuit rider librarian" concept [2]. The notion of a circuit rider bringing services to a community that could not provide them for itself is not new. When medicine was in its infancy, the physician circuit rider was very much in evidence, as was the circuit-riding preacher and law official. The circuit-riding librarians of CHSL travel both rural and city roads bringing medical information to physicians, hospital health care workers, and administrators.

CHSL is the major health resource library for fifteen counties in northeastern Ohio and is a participating member of the Kentucky, Ohio, Michigan Regional Medical Library network—one of eleven such networks set up by the National Library of Medicine. When the idea of a circuit-riding librarian was formulated, the extramural coordinator at CHSL was responsible for library services to well over 100 hospitals and health care centers in the counties of this district. While visiting some of the smaller hospitals in the area, the coordinator was often told, "We do not need library services as we are not a teaching hospital." Yet, to give good patient care, the staff, irrespective of the size of the institution or of teaching commitments, must keep abreast of all new health care developments, including changes in legislation.

The physician working in a large urban hospital has many more resources available to him than does a doctor practicing in a rural community. However, they both are treating patients who may

have the same illness and require similar care. If the illness is uncommon, the question then arises as to what would be the best way to make available the necessary information for correct diagnosis and treatment. One resource could be the knowledgeable librarian, who, with proper indexes and interlibrary loan capabilities, can furnish the necessary support even though the library collection of the hospital involved may not be adequate. Although professionalism in medical librarianship is essential, it is difficult to justify either a full- or half-time librarian in a fifty-bed hospital. It is possible, though, that such a hospital might welcome a librarian who would visit only one day a week. Thus the idea of a professional medical librarian riding a circuit was born. Many hospitals assign the job of "librarian" to a medical records technician or staff secretary, but library work suffers if a choice of duties has to be made and priorities established. For many years hospitals have been utilizing shared services, whether by buying together as a unit, contracting for services with an independent group such as radiologists, or sharing the time of a certified medical records administrator. Why not do likewise with a professional medical librarian? There was some precedent in that a somewhat similar project had been started in 1961 in Jacksonville, Florida, coordinating six medical libraries [3].

Cleveland Health Sciences Library

The Cleveland Health Sciences Library, which is maintained by the Cleveland Medical Library Association and Case Western Reserve University, consists of two units: the Allen Memorial Medical Library, whose collection emphasizes clinical and historical medicine, and the Health Center Library, whose collection supports the educational programs of Case Western Reserve University's schools of dentistry, medicine, and nursing, and the departments of biology and nutrition. Together their holdings number in excess of 270,000 volumes and include journal subscriptions to 2,700 unique titles. At present the staff totals forty-seven, both professional and supporting. All resources are available to the practicing physician, institutional members (130, including commercial firms, lawyers, and universities, as well as hospitals), and the faculty, staff, and students of CWRU. With these facilities, personnel, and collections, it is possible to extend our services beyond our basic user group [4].

Circuit Requirements

When the circuit proposal was made to the director* of the Cleveland Health Sciences Library in 1973, he approved it as a pilot project. From the outset we decided that this was a legitimate hospital expense for education and staff development, and therefore the total financial support for a visiting librarian should be borne by the hospital contracting for the service. The question of a grant was not even considered, for had such funds been obtained to implement the program, the problem of switching over to a fee-for-service plan after the grant had expired would still have to be met and solved. We felt that circuit participation could result in considerable savings to the small hospital.

A librarian flexible enough to work with a group of hospitals and many different people was an essential link in the services to be offered. This librarian would be a member of the CHSL library staff, backed by the prestige and support of Case Western Reserve University. Further, the librarian would have the expertise of the entire staff available and would have peer contact with the entire university complex. Traditionally the hospital librarian feels isolated as there is seldom another hospital staff member who can fully understand his or her problems and frustrations. This would be ameliorated by belonging to CHSL. In order to perform efficiently, this person would have to live in fairly close proximity to the group of hospitals serviced, and the institutions must be within a reasonable travelling distance of each other. A working calendar of four days in the field and one day at the resource library to research and to pick up materials requested by the hospital personnel was devised. Quarterly meetings with the hospital administrators, the librarian, the director of the CHSL, and the circuit supervisor were scheduled in order to evaluate the program and discuss changes or implementations.

Budget

The basic budget, which is presented at the initial meeting with hospital administrators, includes the librarian's salary, CWRU fringe benefits of 16% of salary, travel expenses incurred by the librarian's visits to the hospitals and to CHSL, supervision and clerical support charges, and a fifty-dollar membership fee into the Cleveland

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Medical Library Association, parent organization of the Allen Library. These fixed expenses are divided among the hospitals involved, with those obtaining a full day's service paying one-fourth of the total and those receiving a half-day's service paying one-eighth. Each institution is billed quarterly for these fixed charges plus the actual services it has received during that quarter. Charges are $2.00 for each interlibrary loan, including photocopy and audiovisuals, and $7.50 for a MEDLINE search. In return for these fees the librarian gives complete reference service to the entire hospital staff and is responsible for developing the hospital library—collection and technical processing—according to staff needs. In a single day's service it is impossible to be a total librarian to each hospital, but once the librarian is accepted as a contributing member of the staff, the increased utilization of library resources and the interest thus generated is rewarding.

Results of First Circuit

In our first circuit only one of the five hospitals involved already had a functioning library [5]. This was under the care of the medical records department. Two hospitals, approximately five miles apart, had under fifty beds each, and so decided they would like to share the same day, whereas the remaining three hospitals each opted for a full day's service. Concern over accreditation and continuing education led the administrators to view the concept of a circuit librarian attached to a large resource center as a possible solution to their problem. In the first year of the first circuit, a total of 716 requests were handled, of which 406 were for bibliographic searches. The two smallest institutions had 104 and 125 requests respectively. During this first year questions from physicians, nurses, administration, the respiratory therapy department, the laboratory, the dietary department, housekeeping, central services, social workers, laundry, anesthetists, public relations, pharmacy, physical therapy, and X ray were answered. Prior to the formation of this circuit, a total of 154 interlibrary loans were filled for these five hospitals by our library. By the end of the first year, 899 items had been processed for these same institutions. At the first quarterly meeting, the administrators were satisfied that they had made a good investment. However, at the year's end, one hospital using the half-day service had to drop out for financial reasons, but this time was picked up by another member hospital.

Circuit Expansion

The success of this first circuit encouraged expansion of the program, and on July 1, 1974, two more circuits were started. One circuit consists of six hospitals in the southern part of our KOM region—a typical Ohio small town section with open country and small farms. The total bed count on this circuit is 870, but four of the hospitals composing this circuit are very small and need the services of a librarian only one half-day per week. Two are in the same town and the other two are not more than twenty minutes' driving time apart, so it seemed feasible to divide the two days. Following this experience, however, we have decided to require at least one full day of participation as pressures become too great in servicing so many institutions weekly. The third circuit was organized in metropolitan Cleveland, as there are some small city hospitals with the same needs and limitations as the rural hospitals. In this group are three hospitals ranging in size from 98 beds to 180 beds, plus a health center office building housing fifty physicians and medical personnel. The health center is university-affiliated and is used to orient third-year medical students in office practices and procedures. As this is one of several options offered these students, the physicians recognized the need to support a library for the students' sake as well as their own.

This facility has developed an interesting sideline. When the Ohio Amended Substitute HB 682, the Omnibus Malpractice Bill, was passed in 1975, it carried a continuing medical education clause to become effective January 1, 1977. This clause requires "each physician licensed by the State of Ohio (M.D. or D.O.) to have at least 150 hours of continuing medical education each three years for triennial re-registration" [6]. Some of the physicians at this health center decided to organize their own continuing education by utilizing audiovisual materials from the Health Sciences Communication Center at Case Western Reserve University School of Medicine, to be shown at the lunch hour. The HSCC had filmed grand rounds and therapeutic conferences at University Hospital. The grand rounds are twenty-minute discussions of particular patients and their medical problems, and the therapeutic conferences are one-hour tapes on the treatment of a specific disease. These audiovisual materials are available to the CHSL library, so the circuit librarian servicing this facility connected to the medical school was able to make the necessary ar-

TABLE 1
INTERLIBRARY LOAN REQUESTS FOR CIRCUIT INSTITUTIONS

Hospital	July 1973–June 1974	July 1974–June 1975	July 1975–June 1976	July 1976–Dec. 1976
1	203	161	414	435
2	198	309	314	306
3	106	33	92	81
4	105	(dropped)	—	—
5 (two divisions)	287	272	450	613
6	—	384	639	317
7	—	70	210	59
8	—	164	374	78
9	—	160	426	145
10	—	89	238	74
11	—	718	1,127	565
12	—	146	260	93
13	—	189	246	312
14	—	96	701	422
15	—	223	462	160
16	—	—	606	219
17	—	—	962	1,102
18	—	—	544	618
19	—	—	—	505
20	—	—	—	172
21	—	—	—	973
22	—	—	—	227
23	—	—	—	Started Jan. 1977

rangements to supply them bimonthly. After the viewing the physicians would discuss what they had seen. These physicians have also initiated semimonthly update programs, during which individual doctors choose and present a topic. The circuit librarian prepares the bibliographies for each session. In addition, the librarian has developed an SDI (Selective Dissemination of Information) system for interested physicians. The interlibrary loan usage for this facility grew from 96 items the first year to 701 for 1975/76. The three other institutions in this circuit also showed a corresponding growth, so that the total number of loans for 1975/76 was 1,669 as compared to 654 for 1974/75. In 1975 there were twenty-eight MEDLINE searches run for this group. (See Table 1.)

By the fall of 1975 we were asked to begin another circuit. This was a totally new situation in that the new Northeastern Ohio Universities College of Medicine, presently located in Kent, Ohio, then just being organized, would be included. Although the faculty was still quite small and the main campus of the school would not be operational until 1977, research was ongoing and plans for developing and building the library collection were proceeding. In addition to the school, two hospitals were included in the circuit, one of which was to be affiliated with the school. This circuit has also shown a phenomenal growth in its first seven months of existence and by June 1976, 2,112 ILLs were processed.

The total ILLs for the four circuits for 1975/76 rose to 8,065 from the previous year's 3,014. The number of pages of photocopy increased from 12,441 to 35,238. Increases in statistics by themselves do not mean much until one considers that what are being counted are information requests and knowledge dissemination. The result cannot help but be an increase in a professional health practitioner's knowledge and skill through added information and thus a raising of the level of the patient care delivered.

We now have six circuits covering twenty-three institutions, the last two having begun in July 1976. Most of these hospitals would not have had access to a professional librarian's services offered with a resource library backup except through this program. When this program began, we decided that when a hospital's usage was sufficient to warrant hiring its own full-time librarian, the administration would be encouraged to do so. Through institutional membership [4] in CHSL it would still have access to all CHSL resources and whatever

staff consultation it might need. One hospital has arrived at this point, but the administrator felt that he would rather stay with the circuit librarian if the two branches of his hospital could be considered one circuit. After discussing the difference in cost, the administrator still wished to continue his affiliation with the university. To date there has been only one dropout from the program and this was owing to the hospital's need for capital for its expansion program.

Future Plans

How far can we go with this concept? Although there seems to be a great deal of interest on the part of small hospitals and health care agencies, and although the ties to a large resource library such as ours and to a major university like Case Western Reserve all are important to these hospitals, we are reluctant to expand too rapidly. This past year, the six circuits have been responsible for 23% of our interlibrary loan work load. We have had to hire additional clerical personnel to support the circuit librarians by doing their photocopying, assisting in retrieving journals, and collecting cataloging information to be used in hospital catalogs, so that the librarian would be free to spend more time on reference and research. Following a review of requests to our ILL department, the circuit librarians are now evaluating the necessity of expanding their in-house collections to make their individual circuits somewhat more self-sustaining. As usage has expanded, we have found that the predetermined annual fee with which we began did not fully support the activity of the circuit, so it became necessary to assess a basic fee and charge for all transactions. Consequently the actual fees paid generally rise each year as a result, but, again, the fees paid are directly proportional to the services rendered. The question then arises as to who institutes requests for service, the librarian or the hospital staff, and what is the point at which the service outprices itself? We have found that even though it might be economically more feasible for a hospital to hire its own librarian and thus control these two factors, administrators of circuit institutions have been reluctant to sever affiliations with the university or drop out of the circuits.

Although circuits have been in operation since July 1973, CHSL is still considering the program as an experimental project. What we have accomplished besides fulfilling the informational needs of the smaller health care delivery facility is the development of a model that other areas might wish to follow.

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