

PRESIDENT'S PAGE

Advocacy of hospital information services: the promise of the 1990s



Although the first snow has just fallen in Montreal, I am preparing the last of my "President's Pages" for the April issue of

the *Bulletin*. The preparation of these pages has been one of my greatest pleasures as president, and in selecting topics, I have tried to choose issues that impact upon the members of the Medical Library Association from the larger environment in which we function. Publication deadlines create a four-month gap between the writing and the reading of these pages; in a dynamic environment, many events may occur in that interval. The topic of my final page is the advancement of the hospital library in a changing environment, and by spring 1990, I believe that members of the Medical Library Association will witness further advancement as MLA continues its advocacy of hospital information services and libraries.

There are three areas in which advocacy of the hospital library is occurring: the work of MLA's *Ad Hoc* Committee on the Position of Hospital Libraries, the individual initiatives of hospital librarians in a variety of settings, and the continuing efforts of the headquarters staff and the board to advance the position of hospital libraries. In all three areas, significant progress has taken place, and our efforts will accelerate as a result of this progress, for the more we accomplish, the greater the opportunity for new initiatives.

The *Ad Hoc* Committee on the Position of Hospital Libraries was established by the MLA Board of

Directors in December 1988 for the purpose of developing strategies and tactics in response to major changes in health care that were affecting the hospital library. In 1986 the federal Health Care Financing Administration (HCFA) had eliminated library requirements as a condition for Medicare reimbursement. Effective in January 1989, the New York State Department of Health (DOH) eliminated from its standards the library requirement. In answer to many letters from members of the Upstate New York and Ontario Chapter, and the New York/New Jersey Chapter of the Medical Library Association, the New York State DOH responded that "We determined, as we considered revision of the hospital regulations back in 1987, that a mandate for the provision, in each hospital, of medical library service was not sufficiently related to the provision of patient care and services for us to require provision of medical library resources and services in regulation" [1].

In response to these challenges, the *ad hoc* committee launched a campaign to educate users regarding the role played by the hospital library in health information delivery and health care administration. Its activities have resulted in the appearance of a public services advertisement in the *Annals of Internal Medicine* on August 15, 1989; the preparation of a brochure focusing on the needs of the health professional and how the library can help; a fact sheet on the value of the hospital library; and a marketing kit for hospital librarians. The regional medical libraries have identified liaisons to the *ad hoc* committee for displaying promotional literature at various exhibits. The Medical Library Association is

sending letters to hospital administrators on the value of the hospital library in response to requests from members. The *ad hoc* committee, chaired by Phyllis Gillikin, was recently enlarged, and current projects include an article authored jointly by an administrator and a librarian targeted for a health administration journal. In addition, strengthening the understanding of the professional qualifications and competencies necessary for hospital librarianship has become a major goal of the *ad hoc* committee.

Members of the Medical Library Association have found a welcome partner in addressing the HCFA and DOH decisions. Peter B. Farnsworth, M.D., director of Scientific and Educational Activities of the Medical Society of the State of New York, has referred to the elimination of the requirement for medical libraries in hospitals as "an insidious encroachment without understanding . . ." and "astounding and bizarre." In strong language, Dr. Farnsworth commented, "It has not escaped suspicion that this [the elimination of the requirement for medical libraries] is a perverse experiment to obtain data showing that lack of hospital medical libraries does indeed impact adversely on the quality of patient care" [2]. Since it is accepted by most medical educators that the library is the primary source of continuing medical education for physicians, it seems quite surprising that such a major change in regulations could have slipped by the medical community. However, the medical community appears to be in a reactive position only, and therefore, it seems totally appropriate to call upon its members to react. Defending the hospital med-

ical library is a responsibility of medical staff as well as hospital medical librarians, according to Dr. Farnsworth.

Hospital libraries are developing strong allies for the growth and development of information services within their institutional settings. Hospital librarians are increasingly proactive in developing a strong base of support through their competence as health information professionals. By marketing their services to the hospital administrator, as well as to the health care professional, hospital libraries can attract powerful institutional support for their services. Rya Ben-Shir, MacNeal Hospital librarian, points out that "the hospital library exists to save the requesters' time so that they can perform the duties they were hired to do—solve problems, develop new businesses, or treat patients—not spend their valuable time looking for the information to do their jobs" [3]. Librarians working in hospitals are increasingly involved in publicizing their services and educating users on the value of the library, encouraging them to get a return on the hospital's investment in the library. Arlene Mangino, from Clara Maass Medical Center, reports,

I recently began a newsletter just for administrative staff, designed to update hospital and nursing administrators and all departmental middle managers on important trends, issues, services, management techniques, etc., in the health care field. . . . The newsletter is well received by the administration, including the CEO and other vice-presidents [4].

The understanding of the importance of hospital information services is also being advanced through the continuing dialog of the staff of the Medical Library Association with the Joint Commission on the Accreditation of Healthcare Organizations (JCA-

HO) to focus attention on hospital information services. For the third year, MLA continues its efforts to obtain a slot on the Professional and Technical Advisory Committee of JCAHO. Equal in importance to this formal recognition is the continuing dialog with JCAHO. In November 1988, MLA Executive Director Raymond A. Palmer met with Paul M. Schyve, M.D., director of JCAHO's Department of Standards, to review the issue of compliance in relation to the library requirements for the accreditation of hospitals. During the discussion, Dr. Schyve admitted that "findings related to professional library services have not affected the accreditation decision. . ." but went on to comment that "with the increasing need for sophisticated information management in hospitals, the role of this part of information management is expected to grow in importance" [5]. However, at that point, none of the library standards were among the key standards whereby an unsatisfactory rating results in a "contingency."

This initial dialog between MLA and JCAHO staff opened a door for MLA in working with JCAHO to upgrade standards for information services in hospitals and for strengthening the functions of the library in future standards. Communication channels are firmly in place, and most members are aware by now that the 1990 *Accreditation Manual* from JCAHO lists the first standard for professional library services as a key item [6]. The significance of this change has been welcomed by many MLA members. Of equal importance was the recent invitation from the JCAHO's senior vice-president for Research Standards to MLA to nominate one or two persons for possible membership on an Information Management Task Force. In his letter to MLA, James S. Roberts, M.D., points out that the

current Joint Commission standards do not fully address all of the key functions of the necessary information management system and database(s). Further, the current standards may address some issues that, although not irrelevant, are probably not among the functions of the information systems that are key to patient care quality. This has led the Joint Commission to the decision to establish a Task Force on Information Management that will be charged with reviewing and suggesting improvements in Joint Commission standards in this area [7].

Finally, on a personal note, I believe that MLA needs to recognize national achievement in information delivery in hospitals. With the endorsement of our Hospital Library Section, I am looking forward to sponsoring an "Evening with the President" at the Detroit annual meeting for the purpose of raising funds for an annual Award for Excellence and Achievement in Hospital Librarianship. By recognizing significant achievement, I believe that MLA can advance the understanding of standards in a larger environment, educating health care professionals on the vital role of the hospital librarian. I hope that many of you who took the time to read this page will participate in this event.

1990 may well be a banner year for advancing hospital information services! The advocacy of the hospital library is a 1990 priority for the Medical Library Association and is at the center of our programs. Over 65% of our members work in libraries serving direct patient care programs; our continuing success requires a united effort to meet the needs of clinical information delivery in the 1990s.

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