A Modified Clinical Medical Librarian Program for the Community Hospital*

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IT IS well recognized that the scope and magnitude of medical knowledge is now so vast that the quality of health care often depends upon rapid access to current, relevant information. Thus, it is a primary mission of the hospital library to provide pertinent information to the health care team to assist with patient care. Toward this objective two innovative programs, *L*iterature *A*ttached *to Ch*arts (LATCH) and the clinical medical librarian (CML), have been developed to extend traditional reference services to include the retrieval and *delivery* of "packaged" information to health care providers. LATCH delivers literature to the patient's chart, where it is accessible to everyone caring for the patient [1]. The CML acts as a member of a clinical team and retrieves information for the team as a group or individuals within it [2].

According to the literature, these programs, particularly the CML programs, have been implemented primarily by librarians at university medical centers, often with the support of grant funds [1–7]. At the smaller teaching hospital with only one professional librarian, providing CML services to one department is difficult to justify because of the disproportionate time committed to the information needs of a small select group. At Framingham Union Hospital, a 309-bed community hospital affiliated with Boston University, a modified approach combining the CML concept with LATCH provides problem-oriented information to a much wider potential user group than do the customary CML delivery methods. This is a preliminary report of the program.

LATCH was introduced and tentatively accepted at Framingham Union Hospital six months prior to the initiation of the CML program, at the request of the chief medical resident in May 1978. At present, CML services are provided only to the medical service. I attend morning report, which requires about one hour daily, but do not accompany the clinical team on bedside rounds. At morning report the cases of newly admitted patients are presented by the eight residents and their diagnosis and management reviewed with the attending chief of service. Information needs are identified from the discussions, and where the information directly concerns a presented case, the LATCH service is designated. Sometimes the question is more general, more academic, or less problem oriented, and in these instances the pertinent information is brought to the group at the next morning report.

Like all clinical librarians, after rounds I return to the library with the day's questions and search the literature either manually or using MEDLINE. (When the CML/LATCH program was initiated, MEDLINE was not available at Framingham Union Hospital, so all searches were done manually.) This task can be performed by the chief technical assistant, who also does reference work, including MEDLINE searches. Once citations to appropriate articles available in our collection have been obtained (only rarely do we have to go outside of our collection of approximately 300 journal titles for needed materials), we review the articles for content—asking whether they really answer the specific questions raised. Sometimes the scope of the question is rather broad, but at other times it is extremely narrow; sometimes the question concerns an area of controversy and requires a representation of various points of view. If we experience any difficulty discerning the appropriate information, we contact the requester or the chief resident for assistance. LATCH searches always have priority and are done immediately, in recognition of the fact that time, particularly in an acute care hospital, is a critical factor in patient care. The information retrieved is packaged and delivered to the patient's chart. (This delivery system works especially well for persons on the night shifts because their access to information services is extremely limited.) The time required for this portion of the program varies so greatly that the average figure of 1.8 hours per day is virtually meaningless. We have spent from twenty minutes to over 3 hours locating pertinent information. Flexibility is essential.

When the patient is discharged the LATCH is returned to the library, where it is filed for reuse, reference, or circulation. In addition to this LATCH collection, we have found it worthwhile to maintain a file of bibliographies compiled during the program. To avoid duplication of work the MEDLINE search is stapled to a five-by-eight-inch index card listing the references that comprise

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each LATCH and the date it was compiled. These cards are filed together by subject headings.

In our experience about 50% of the inquiries generated at morning report can be answered by the LATCH service. When the information is delivered to the residents via the patient's chart, it is shared with interns, students, attending physicians, nurses, therapists, social workers, and any one else concerned with the patient. Evaluations document that LATCHs have been useful to all these groups and even to the patients' families—thus confirming that the clinical medical librarian is providing a hospital-wide service.

In addition to the searches identified at morning report (an average of twenty-four per month), the visibility of the CML service has generated a significant increase in requests for information by those outside the service, thus indirectly extending the impact of the program. There seems to be a momentum to dynamic library services which once started is easily maintained. The program raises the expectation levels of the clinical team regarding library service, and the librarian becomes recognized as an active participant in the clinical setting, an expanded role that is professionally rewarding.

It is my philosophy that "the library is what the librarian does," that the effectiveness of the hospital library must ultimately be measured by the manner and extent to which it meets the information needs of the entire hospital community. These information delivery programs innovated at the university medical center can be adapted to the community hospital, where the information needs are even greater [8]. It is our experience that a modified CML program is a valid approach to facilitate the information transfer essential to the provision of quality medical care.

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