

A Self-supporting Library Service in a Rural Region: A New Look at Hospital Consortia*

BY PHYLLIS GILLIKIN, *Regional Librarian*

LANE PRICE, *Former Regional Librarian*

*UNIFOUR Consortium
Hickory, North Carolina*

SOO LEE, *Associate Director*

MICHAEL D. SPRINKLE, *Director of Libraries*

JAMES C. LEIST, ED.D., *Director of Northwest Area Health Education Center*

*Bowman Gray School of Medicine
Wake Forest University
Winston-Salem, North Carolina*

ABSTRACT

To meet the informational needs of health care practitioners and trainees in a four-county rural area of northwestern North Carolina, the eleven-member UNIFOUR Consortium was founded as a two-year experimental project from 1978 to 1980.

The consortium has several unique features: (1) it is an organization of institutions, not libraries; (2) it employs its own professional librarian who manages a central library, coordinates consortium programs, and makes regular circuit visits to all affiliated institutions; (3) the central library, where the circuit is based, is a developing community hospital library, not an established academic medical center library; and (4) it is ultimately tied to the Northwest Area Health Education Center and that organization's emerging learning resources network, which includes the Bowman Gray School of Medicine Library, two other subregional libraries, and the libraries of all member institutions.

At the end of the experimental period in 1980, member institutions voted unanimously to continue the program and assume their share of the costs.

PROVIDING medical information services as efficiently and inexpensively as possible is a problem facing all community hospitals, especially those in rural areas [1]. This paper describes a two-year pilot program conducted from 1978 to 1980 by the Bowman Gray School of Medicine (BGSMD), through its library and its Area Health

Education Center (AHEC) office, to meet the information needs of a four-county rural area of northwestern North Carolina. The program combines, in a unique way, the features of a resource-sharing consortium and a circuit librarian program, both of which have been developed successfully, but separately, elsewhere [2-5]. In addition, the program maintains close ties to AHEC continuing education programs and the Northwest AHEC's seventeen-county cooperative information network organized around three Northwest AHEC community hospital libraries.

The idea of combining a consortium with a circuit librarian program and linking the resulting organization to an emerging subregional library network grew out of a specific need to solve problems confronting the Northwest AHEC center located in Hickory, North Carolina. This center contains a library, classrooms, and office space and is charged with supporting educational and training programs for a four-county subregion of the seventeen-county Northwest AHEC. The area has eight community hospitals ranging in size from 35 to 230 beds and two large state institutions—a psychiatric hospital serving the western half of the state and the state institution for the learning disabled. All are within a thirty-mile radius of the Northwest AHEC library attached to Catawba Memorial Hospital in Hickory (Fig. 1).

The survey of available library resources in the area conducted in 1977 by BGSMD's extension

*Based on a paper presented June 1, 1981, at the Eighty-first Annual Meeting of the Medical Library Association, Montreal, Canada.

SELF-SUPPORTING LIBRARY SERVICE IN A RURAL REGION

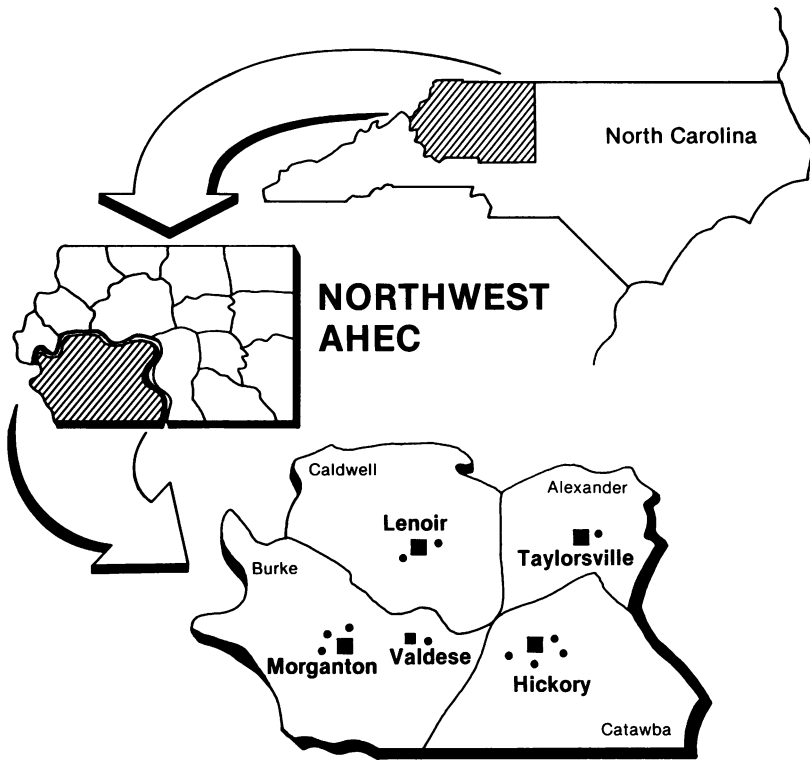


FIG. 1—UNIFOUR Consortium.

librarian was discouraging (Appendix 1). Some institutions had no library at all, and the collections of those that did were mostly incomplete and outdated. Only the state institutions had library managers with any training—one a full-time librarian with a bachelors degree, the other a half-time library technical assistant. At the community hospitals, only one contact person had time designated for library management. The Hickory AHEC library was staffed by untrained personnel who received ongoing training from BGSM's extension librarian. Local administrators were reluctant to invest in materials they believed no one would use, nor did administrators feel they had the money to buy all of the needed core materials or to hire a professional librarian to improve services.

At about this same time, however, a number of factors combined to give real impetus to library development in the region as a whole, and these, in turn, led to the specific consortium/circuit proposal for the Hickory area. The first stimulus was the AHEC program itself. Bowman Gray School of Medicine began participation in the North Carolina AHEC program in 1974 to promote regional education and training and to make the area more attractive to health care professionals who might

otherwise be concerned about the relative isolation and lack of continuing education opportunities in a rural area. The AHEC program had increased general awareness of health workers of the need for improved information service in the region. Secondly, the library at BGSM responded to this perceived need and actively offered a number of well-received outreach programs, which included traditional services—interlibrary loan, reference, MEDLINE searching—and hospital library management assistance provided by an extension librarian whose position was funded by AHEC. The third stimulus was that the Joint Commission on Accreditation of Hospitals (JCAH) was making some important changes in standards for hospital libraries [6-7] and the fourth, and perhaps most important factor, was that the AHEC program stimulated a certain interest in library services among the area's hospital administrators.

At the Hickory AHEC center, three immediate needs were identified: (1) a need to demonstrate that a viable information network could support and stimulate participation in continuing education programs and also improve patient care in health care institutions; (2) a need to reduce the existing isolation of these rural medical communities from

one another; and (3) a need to tie together existing institutions and resources so that, given rising costs and more stringent standards, information resources could be shared in a rational, cost-effective way. Collection growth at the AHEC library was steady but slow from 1975 through 1977; by June 1978 the collection included seventy-five journal titles and 300 book volumes.

PLANNING

In January 1978, a proposal was developed at BGSM to form a hospital consortium for the four-county area covered by the AHEC library at Hickory [8]. The stated objectives of the consortium were to: (1) greatly increase access to information and service in the area at minimum cost; (2) help create a wide base of financial support so that area information services already being provided could be continued; (3) help community hospitals in the area meet new JCAH standards for hospital libraries; (4) maximize response to local needs by establishing a system of centralized and decentralized services; (5) reinforce the goals of AHEC by integrating library services with continuing education programs; and (6) lay the necessary groundwork for the region to participate fully in the national Biomedical Communications Network. To accomplish all of these objectives, the consortium program would combine several unique features: (1) it would have to be an organization of institutions, not libraries; (2) it would be based not at the resource library in Winston-Salem but at a newly developing community hospital library, the Hickory AHEC library; (3) it would employ its own librarian who would manage the central library, coordinate all consortium programs, and make regular circuit visits to member institutions; and (4) it would tie ultimately to the Northwest AHEC, becoming part of the organization's emerging cooperative information network.

After the program concept was fully developed, it was up to the community hospitals within the proposed area of coverage to accept or reject participation. In the spring of 1978, the directors of the BGSM library and of the Northwest AHEC met with administrators of the ten health care institutions in the area. The consortium proposal was presented as a two-year test program to be funded by the Northwest AHEC. At the end of the test period, members would decide whether or not to become permanent participants and assume the responsibilities and costs of operating the program independently. This test period provided both a powerful incentive for change in the form of two

years of free service and the necessary time to convince administrators of both the need and practicality of a shared information network based on their own first-hand experience.

All of the administrators agreed to the proposal and signed a Memorandum of Understanding (Appendix 2) outlining the responsibilities of the BGSM library, the Northwest AHEC, and participating institutions. Each community hospital administrator agreed to provide a contact person to assist the AHEC librarian, clerical support for library and consortium projects, funds for development of their own collections according to the minimum standards of the consortium and JCAH, and to participate fully in the work of the policy and working committees. It was agreed that this organization would be called the UNIFOUR Consortium.

ORGANIZATIONAL FEATURES IN MORE DETAIL

As actually implemented, the UNIFOUR Consortium has four outstanding organizational features.

1. *It is an organization of institutions, not libraries.* A consortium of institutions provides a mechanism for sharing not only information resources and services, but other kinds of programs as well. From the beginning, emphasis was placed on full participation by member institutions in policy decisions and in program evaluation. The organizational structure of the consortium consists of a policy-making body and a working body. The policy-making body includes the administrators of member institutions and the directors of the BGSM library and the Northwest AHEC. The working body consists of contact persons from member institutions. The AHEC librarian provides staff support to both policy-making and working bodies. In the latter case, the librarian provides a leadership role.
2. *It is based at a developing hospital library, not at an established medical center.* The idea of providing a circuit librarian service based at a local area hospital has several advantages. The main advantage is that it is closer to, and more intimately involved with, the communities it serves. This allows consortium members to maintain closer control of policy directions of the system's central provider; inevitably, members identify much more closely with the activities and goals of the consortium. The arrangement also

encourages closer ties between the AHEC librarian and member hospitals. All of these advantages help meet one of the most important objectives of the program: creating an effective local response to local needs.

3. *Its AHEC librarian assumes the triple role of AHEC library manager, coordinator of consortium programs, and circuit librarian.* This combination of responsibilities in one position was designed to insure thorough integration of all aspects of the consortium. However, after the first few months of operation, it became apparent that one person could not do all of the work and a second professional librarian was hired to assist the AHEC librarian.
4. *It is tied to the organization and goals of the Northwest AHEC.* The UNIFOUR Consortium maintains ties with the Northwest AHEC organization in at least two ways: it maintains a formal association with the education and training programs of the AHEC; it is integrated with what will eventually be a seventeen-county network. In fact, the UNIFOUR Consortium has become the model for further development at the two AHEC libraries in other sections of the Northwest AHEC region.

PROGRAM AND SERVICES

After two months of weeding collections, general organization, and documentation, the AHEC librarian began making regular half-day circuit visits to all member hospitals on a monthly, weekly, or semiweekly basis, depending on hospital size and need. These circuit visits dealt with hospital library collection development and management, training for contact persons, and presentations to hospital staffs. Most important of all, the AHEC librarian functioned as a facilitator linking all the institutions in the consortium.

In order to streamline operations, both centralized and decentralized services were offered as appropriate. Program goals were drawn up every six months and every effort was made to implement them. Hospital administrators were briefed on all consortium projects at regular meetings. Some of the services actually implemented during the test period are described below.

Collection Development

Although major resources were available at the AHEC library, each institution agreed to develop a

core collection of materials. A core list was drawn up on which the hospitals based collection building. Existing collections were weeded and the remainder cataloged through a centralized cataloging service offered to members. Inventories of journal holdings were made and gaps filled through the journal clearinghouses established at the AHEC library, the BGSM library, and through the Mid-Atlantic Regional Medical Library clearinghouse project. A union list of serial holdings was prepared, and plans for coordination of purchases and sharing of materials were implemented. The consortium also had access to the centralized audiovisual collection at the BGSM library, a project begun in 1975 as a service for the entire Northwest AHEC region [9]. By the end of the test period the AHEC library book collection contained over 600 current titles and 120 active journal titles. The consortium's journal union list contained approximately 300 unique titles.

Centralized Technical Services

In order to free the AHEC librarian from time-consuming technical service functions, the BGSM library, with the cooperation of the Northwest AHEC, began a centralized cataloging service in 1978 for twenty-nine hospitals in the Northwest AHEC region. UNIFOUR Consortium members were the first to benefit from this service.

Table of Contents Service

One problem facing the AHEC library was how to provide access to new journal issues. Because routing them to ten institutions would have been a logistical nightmare, a table of contents (TOC) service was implemented. Physicians—and eventually area dentists and department heads—selected titles from which they received copies of contents pages on a biweekly basis. From these they requested specific articles, copies of which were obtained for them by the contact persons at their institutions. This service proved very popular. One hospital, with a fairly extensive journal collection, offered its own TOC service to staff physicians, thus easing the burden on the AHEC library. Hospital libraries with unique nursing titles in their collections also photocopied contents pages of these titles to distribute to other consortium members.

MEDLINE Service

Prior to formation of the consortium, MEDLINE service was provided in the area by BGSM library staff. It was decided that MEDLINE at the

AHEC library would not only be a powerful information tool but a powerful promoter of consortium services, as well. Provided on a fee-for-service basis, it was well received by users and almost instantly increased awareness of available services.

Other Projects

Institutional profiles and user directories were prepared. A union list of in-service and other continuing education programs at individual hospitals was also compiled and circulated.

Communication, Public Relations, and Continuing Education of Contact Persons

Pamphlets, brochures, posters, bulletin boards, pathfinders, newsletters, and displays were prepared to promote services. In addition, hospital tours, informal meetings with hospital personnel, presentations, and MEDLINE demonstrations were important promotional activities.

The AHEC librarian and contact persons worked together to publicize services. Because contact persons were more readily accessible to the users of their respective hospitals, their continued efforts at informal promotion within their hospitals were extremely important to the consortium's success. Training of contact persons by the AHEC librarian was an ongoing process done on an individual basis as well as in groups.

DISCUSSION

The UNIFOUR Consortium program has been successfully implemented beyond its trial period. At the end of the two-year test period, administrators of member institutions voted with enthusiasm to continue the program and assume their share of the costs. At that time, one four-year college joined with the ten original health care institutions to form the consortium. Basing the organization in a community hospital and allowing members themselves to administer it has created unity and financial stability.

Since the administrative structure tentatively adopted during the trial period worked well, it was incorporated into the consortium's formal bylaws. The Policy Committee became the Board of Directors, comprised of the chief executive officers of each participating institution with continuing representation from the Northwest AHEC and the BGSM library. The board meets at least twice a year to review and act on consortium business. The Contact Person Committee meets more frequently but still has two meetings scheduled at the same time as the regular board meetings each year.

TABLE 1
UNIFOUR CONSORTIUM
TWO-YEAR PROJECT BUDGETS

Budget Items	1978/79	1979/80
Personnel	\$22,500.00	\$33,994.00
Fringe benefits	3,000.00	5,000.00
Books and journals	6,200.00	7,500.00
Printing and binding	650.00	1,000.00
Supplies	500.00	500.00
Centralized cataloging service	690.69	3,000.00
MEDLINE terminal	1,200.00	—
Travel	1,500.00	3,500.00
Total	\$36,240.69	\$54,494.00

Each member's share of funding was fixed initially according to the following formula: (1) a membership fee of \$1,000 per year; (2) circuit service fee at \$40 per visit (half-day); and (3) fee for service for on-line searching. The formula was based on members supporting 50% and AHEC supporting 50% of the total costs (Table 1). AHEC's share is in support of rotating residents and students from BGSM and of its continuing education staff.

Plans for future programs include: (1) further integration of the cooperative information network with continuing education programs (One possibility is to follow the lead of the South Carolina AHEC which employs a minicomputer to keep track of all continuing education programs and at the same time create a bibliography to accompany each program.); (2) more sharing, via the learning resources network, of locally produced educational programs; (3) expansion of the consortium to include community colleges and public libraries; and (4) development of more highly specialized information retrieval systems. BGSM, for example, has one clinical medical librarian working exclusively in radiology and one clinical research librarian attached to its Oncology Research Center. These staff members are building expertise and highly specialized data files and developing a new kind of service for the medical staff. It is hoped that the products of this service can be made available to all through the regional information network.

The success of the UNIFOUR Consortium program has led directly to the formation of two other consortia in the Northwest AHEC, one in the Salisbury area and one in the Boone area. Because of the resources already available to the entire network, each of the new consortia is being devel-

SELF-SUPPORTING LIBRARY SERVICE IN A RURAL REGION

oped with a slightly different emphasis. These differences in emphasis allow not only maximum flexibility in responding to local needs, but also complementary strengths that give the network as a whole greater breadth.

REFERENCES

1. Mundt JL. Hospital libraries' consortium blunts impact of budget costs. *Hospitals* 1978 June;52:75-8.
2. Moulton B, Fink WR. Components for consideration by emerging consortia. *Bull Med Libr Assoc* 1975 Jan;63:23-8.
3. Bolef D, Fisher JS. A health sciences libraries consortium in a rural setting. *Bull Med Libr Assoc* 1978 Apr;66:185-9.
4. Feuer S. The circuit rider librarian. *Bull Med Libr Assoc* 1977 Jul;65:349-53.
5. Bailey AS, Tibbetts P. The twin cities biomedical consortium. *Bull Med Libr Assoc* 1975 Jul;63:252-8.
6. Foster EC. Library development and the Joint Commission on Accreditation of Hospital Standards. *Bull Med Libr Assoc* 1979 Apr;67:226-31.
7. Joint Commission on Accreditation of Hospitals. Accreditation manual for hospitals. Feb 1978 ed. Chicago, 1978.
8. Gillikin P. Providing information services in community hospitals: CATAWBA AHEC consortium/circuit librarian. Grant proposal. Jan 1978. (Available upon request from Bowman Gray School of Medicine Library, Winston-Salem, NC.)
9. Gillikin P, Parker CF, Lee S. Planning and management of a regional learning resource network: the library can do it. *J Biocomm* 1978 Nov;5:9-16.

Received July 23, 1981; revision accepted November 30, 1981.

APPENDIX 1
RESOURCES IN NORTHWEST AHEC HOSPITALS 1977

Institution	Active Medical Staff		RNs	LPNs	Aides	Designated Library Area*	Separate Library Material Budget*	Library Committee*	Library Staff (FTE)	Acquisitions: Est. for FY 1978/79	Number of Books Held in the Library\$	Bound Journal Volumes (Most Are Outdated)	Journals Regularly Received	No. of Index Subscriptions	Volumes in Departmental Collections as Significant Information Sources
	Beds	Staff													
Broughton Hospital Morganton	1,100	25	98	150	300	Y	Y	Y	1**	200	3,000 (200)	1,000	30	0	0
Western Carolina Center Morganton	550	9	40	0	400	Y	N	Y	.6†	50	3,000 (500)	21	70	1	0
Catawba Memorial Hospital Hickory	231	85	64	59	66	Y	Y	Y	.5†	100	216 (216)	218	80	3	75
Glenn R. Frye Memorial Hospital	220	73	102	46	94	Y	Y	Y	0‡	40	550 (100)	0	12	1	20
Valdese General Hospital Valdese	172	14	40	10	73	N	N	N	0	40	0	0	0	0	50
Grace Hospital Morganton	162	45	98	12	24	Y	Y	Y	0‡	40	240	70	20	0	20
Caldwell Memorial Hospital Lenoir	131	30	40	38	54	Y	N	N	0	40	20	0	5	0	50
Hickory Memorial Hospital Hickory	85	25	9	9	7	Y	Y	N	0	25	100 (50)	50	0	1	20
Alexander County Hospital Taylorsville	63	8	13	17	19	Y	N	N	0	25	35 (10)	0	0	0	20
Blackwelder Hospital Lenoir	31	15	8	7	12	Y	N	N	0	25	20	0	0	0	20

*Y = yes; N = no.

†Prior library training acquired.

‡A hospital staff member is assigned to the library, without specific time allocation.

\$Numbers in parentheses indicate current volumes worth keeping.

APPENDIX 2

MEMORANDUM OF UNDERSTANDING

In developing the circuit librarian/hospital consortium program in Alexander, Burke, Caldwell, and Catawba counties, the following responsibilities are accepted by each hospital, Northwest Area Health Education Center, and the Bowman Gray School of Medicine Library:

- A. Bowman Gray Library Responsibilities
 - 1. Provide training and technical support for the regional librarian and library contact person.
 - 2. Coordinate the planning and development of the two-year pilot consortium project.
 - 3. Provide back-up library and learning resource services to consortium participants.
 - 4. Participate, through the BGSM librarian/associate librarian, on the policy committee.
- B. Northwest Area Health Education Center Responsibilities
 - 1. Provide direct financial support through June 1980 for
 - a. regional librarian
 - b. travel for regional activities.
 - 2. Provide financial support through June 1980 for circuit librarian/hospital consortium projects.
 - 3. Through the Hickory AHEC Learning Resource Center, provide a regional library and services to support the consortium program.
 - 4. Through the regional librarian, staff the policy committee.

- C. Hospital Responsibilities
 - 1. Identify a librarian or library contact person who will assist the regional librarian in providing library and learning resource services to hospital and medical staff.
 - 2. Provide secretarial support for the library contact person and the circuit librarian in developing services and projects within the hospital.
 - 3. Provide financial support for collection development to meet minimum local needs.
 - 4. Participate in policy committee and working committee activities.

BGSM Librarian	AHEC Director
Date	Date
Hospital Administrator	
Date	