

of newsletters were centralized in four libraries (8%). The data show that public and technical services were more likely to be centralized than office services.

Cooperation in Collection Policies

Very few libraries reported new cooperative policies concerning their collections. Only ten libraries (19%) reported cooperative disposal of journal backfiles, and seven (13%) eliminated duplicate journal subscriptions. Journal binding was discontinued in five libraries (9%). An interesting aspect of the information received involved the currency of the library collection. Weeding of the book collection was done in only twelve libraries (23%) that responded to the survey.

Library Consortia and Sharing of Services

The importance of hospital interlibrary loan consortia also was reflected in the survey responses. Thirty-seven libraries (70%) were members of interlibrary loan consortia. Institutional affiliation caused eleven libraries (21%) to change their consortia agreements.

Data on library use indicated that institutional employees and staff could use affiliated libraries in thirty-three institutions (62%). Although thirty institutions (57%) provided all services to the affiliated users, only twenty-seven (51%) offered free access to those services. Apparently, affiliating libraries should be prepared to market library services and to establish a revenue line in the library budget. Certainly some thought should be given to a fee-for-service policy that could be readily inserted into a library's policy and procedure manual. As was to be expected, this portion of the survey showed that corporate administrative staff fared much better than other library users of the affiliating institutions: thirty-nine libraries provided services to corporate administrative staff, and only two libraries charged the corporate administrative staff for library services.

CONCLUSIONS

Hospital librarians should find the results of this survey reassuring. It shows that most librarians did not lose either autonomy or responsibility for their individual libraries. Affiliation, mergers, and restructuring are necessary for hospitals to survive in this new health care environment. These data should help hospital librarians cope constructively with change.

REFERENCES

1. American Hospital Association. Directory of multi-hospital systems. 4th ed. Chicago: American Hospital Association, 1984.
2. Crawford S. Health sciences libraries in the United States: III. Hospital health sciences libraries, 1969-1979. *Bull Med Libr Assoc* 1983 Jan;71(3):30-6.

Received May 1986; accepted July 1986.

Telefacsimile Service in a Hospital Consortium*

BY LEILA M. HOVER, *Director*

*Medical Library
Holy Name Hospital
718 Teaneck Road
Teaneck, New Jersey 07666*

IN 1983, the executive director of the Bergen-Passaic Hospital and Physicians Council, acting on the advice of medical education directors of member hospitals of the Bergen-Passaic Health Sciences Library Consortium, initiated discussions about enhancing continuing medical education. The idea of introducing telefacsimile (FAX) links between hospital libraries emerged as an innovative and appealing possibility, but one for which it was essential to achieve a "critical mass" of the larger libraries. (FAX is defined as a means of sending an image of printed or graphic materials over telephone lines from one location to another, at less than one minute per page.) An informative article with an extensive bibliography provided the basis for investigating available equipment, as well as supplying benchmarks for later judgments [1].

A proposal was presented to the council, which is composed of the chief executive officers of the twelve member hospitals of the consortium. Applications highlighted as most suitable for FAX were: interlibrary loans (ILLs), medical records, laboratory results, consultations (EKG and EEG), and communications between administrators. The council felt that, with the exception of administrative communications, all were conducive to continuing medical education.

*Based on a paper presented March 20, 1986, at the Health Sciences Librarians Statewide Meeting, Philadelphia, Pennsylvania.

BRIEF COMMUNICATIONS

CHOOSING A SYSTEM

To test several FAX systems, various types of printed pieces were selected from materials routinely sent by interlibrary loan: items with small print (e.g., *British Medical Journal*); articles that included charts and graphs, photographs, X-rays, and line drawings; and high-quality photocopies. These were sent to suppliers' representatives whose equipment was then brought to the library for on-site demonstrations. The companies' offices could then FAX to the library, on their own machines, printed matter that was quite different from business transactions (correspondence). The machines were then compared for quality of output and transmission time. (It should be noted that claims for twenty-second transmission times do not hold for library materials, which have far less blank space than do business materials.)

The Xerox 295 was selected. It is small, produces quality copy, and has an inexpensive option that allows communication with all FAX machines. Its service reputation is good, its service center is close, and it gives hospitals GSA rates. Additionally, the decision was made to lease the hardware, because of rapidly changing technology.*

PUBLICITY

Publicizing the new service was a priority; its impressive technology could have a beneficial effect on the way staff members perceived the library. Articles were written for house organs, and meetings of department heads were used as forums for further publicity. In December 1984, an unexpected incident supplied another opportunity for publicity. After receiving an urgently needed article from another state within one hour of request, the hospital's public relations staff wrote press releases that were used by three newspapers. More important, the local cable channel did an interview in the library. This resulted in publicity for the library that could not have been bought.

During this period, staff members became more enthusiastic with the results, particularly as they became more accustomed to the equipment. As a result, FAX equipment was acquired by eight additional libraries—including the state area library, the New Jersey Hospital Association, and a university library—all within six months.

Because the FAX consortium is run informally,

*The Xerox 295 has since been replaced by the more advanced Omnifax 95.

no service policy agreements have been drawn up. Discussion of procedure and fulfillment goals have sufficed, as have telephone calls when difficulties surfaced. The total number of ILL requests has not increased, but turnaround time has decreased dramatically, varying from two hours to twenty minutes when items are urgently needed.

OPERATION

FAX is used for many reasons. Speed heads the list, not only for fast delivery to patrons, but also for quick closeouts of loans and rapid access to multiple sources. Second, it justifies its cost by permitting journal rationalization—there is no need for a library to have "everything" when materials are minutes away. One FAX member, constrained to reduce subscriptions, used the holdings lists of other members as an aid in making cancellation decisions. Indeed, perhaps FAX's greatest value is to the library with a small collection or budget or little shelf space. Third, the per-page cost of FAX becomes cheaper the more it is used, because the overhead remains the same. A comparison of telephone connect charges (even with leasing costs) with costs of traditional mailed ILLs (postage, envelopes, mailroom personnel) shows that FAX is still the less expensive mode of delivery. It is used to send duplicate lists because it costs less than a postage stamp! The average cost of a transmission to FAX members is eleven cents per article. But even outside the consortium, it is still inexpensive because the hospital has both intrastate and interstate WATS lines.

It is anticipated that new technology, such as increased transmission speed and laser printing on plain paper, will reduce costs even further. FAX may be compared with photocopying: at one time a copier was an expensive novelty that required extensive justification, but today it is a cheap necessity. The same outcome may be foreseen for telefacsimile equipment.

Users of FAX have found efficiency in ILL deliveries and a decline in costs. While the technology has not yet had widespread impact in New Jersey, in this hospital consortium it has been effective and easy to implement.

REFERENCES

1. McQueen J, Boss RW. High-speed telefacsimile in libraries. *Libr Tech Rep* 1983 Jan-Feb;19:7-111.

Received April 1986; accepted June 1986.