

# HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**, A GROUP OF THE AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

## TOWARDS E-HEALTH

### National access to Electronic Health Information HLA promotes, informs and influences

Health Libraries Australia has made a sustained effort to advance the development of a national approach to the delivery of electronic health information since holding a national forum back in 2003. Lindsay Harris plots the progress to date.

In August 2003 Health Libraries Australia (HLA) conducted a National Forum on Electronic Health Resources in conjunction with the ALIA Specials, Health and Law Librarians Conference, held in Adelaide. The primary aim of the forum was to bring together interested health librarians to examine the scope of a potential national agenda for the provision of electronic health information resources and how health libraries might develop access to such resources for all of Australia's health care services. The major outcomes of the forum were a commitment to devise and promote a national online health information strategy and to lobby relevant authorities and individuals, including the National Institute of Clinical Studies (NICS) and the Commonwealth Health Department, to support the adoption of evidence based electronic resources in a coordinated manner at the national level.

In early 2004 two HLA discussion papers were drafted for circulation namely, *'Electronic health information for all health professionals in Australia: Towards national collaboration'* and *'Australian Health Libraries Network'*. The discussion papers, edited respectively by Lindsay Harris and Cheryl Hamill, served as the core documents for HLA's subsequent lobbying efforts. They outlined a number of objectives for the implementation of a national electronic health information strategy that included the following:

- Improve collaboration in the provision of electronic information resources across national, state and local levels of health care.
- Identify a minimum range of information sources to which all Australian clinicians should have access.
- Consult widely with clinicians to determine priorities for information services and to avoid a centralised, prescriptive model.



Lindsay Harris

- Ensure regional and state conditions are recognised in any service model so as to ensure local needs are satisfied rather than a one size fits all approach.

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# CONVENOR

Thank you • National e-health information • Peak Bodies Forum

The recent HLA Symposium [<http://www.alia.org.au/groups/healthnat/hla.symposium/>] was a great success with over 70 delegates and more than 10 exhibitors (some of which exhibited at the Online Conference). The program was informative and thanks must go to Cheryl Hamill for her hard work and dedication for presenting such an interesting two days. For the event to be successful a huge amount of work had to be done behind the scenes. The Symposium was Cheryl's last official function as HLA Convenor and it was good that her term finished on a high note. Thanks again, Cheryl, and also thanks to the outgoing executive. The incoming executive are profiled in this edition of HLA News – they will continue to work to ensure that all members are kept abreast of latest developments – internationally, nationally and regionally.

On the national scene work has begun to establish a business case to determine the viability of the national licensing of key Electronic Clinical Knowledge Resources

(ECKR) for health professionals employed in the government sector – Australia wide. The project will also look at the level of potential cost savings from joint procurement as well as provide advice on the most appropriate purchasing and governance model for a national approach. This work is being undertaken by Valintus (<http://www.valintus.com>) on behalf of the Health Information Management Principal Committee (NHIMPC), which is a Principal Committee of the Australian Health Ministers Advisory Council (AHMAC). I have already contacted Valintus advising that HLA plans to make a submission. I understand that the time frame for the business case is quite short with a final report to be submitted mid year. In preparation for the HLA submission I have created a spreadsheet detailing the resources that are currently available via the different state health systems. If you are interested in a copy please let me know.

Also on the national scene is the upcoming meeting of the Peak Bodies Forum at the

National Library on 7 May. For those who are not familiar with this forum, it was established in 2002 by the National Library. The Forum is usually held annually to identify significant issues facing the Australian library sector and to develop a national plan of action to address those issues that participants agree can be successfully managed at a national level. I will be representing HLA at the meeting and will give an update on the ECKR project. Papers from previous meetings are available from <http://www.nla.gov.au/initiatives/meetings/peakbod/pap05.html>. I will also be attending the 4th National Licensing Forum on May 9th – also at the National Library of Australia. Again more information can be found at <http://www.nla.gov.au/initiatives/meetings/sitelicense/3rdnlf.html>. I understand that the successful tenders will be announced at the May meeting. I will keep you posted.

Heather Todd  
HLA Convenor

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Anne Harrison (1923-1992) was librarian-in-charge of the Brownless Medical Library at the University of Melbourne (1949-1983), and founder of the Central Medical Library

Organisation (1953). She helped pioneer the introduction of Medline into Australia, and was a founder of the Australian Medical Librarians' Group in the early 1970s, and later of the LAA Medical Librarians' section (now ALIA HLA). She was made an ALIA Fellow in 1989.

The Anne Harrison Award was established to commemorate her work, and to encourage others to make their own contribution to the development of health librarianship.

## Consider making a donation to the Anne Harrison Award Trust

The Anne Harrison Trust Fund is a living fund that welcomes donations and bequests.

The Trust exists to further understanding of health librarianship and the professional practice of individual health librarians. Personal and corporate donations can be acknowledged or remain anonymous. You may consider including a bequest to the Trust when next updating your will. For more information contact AHA administrator Veronica Delafosse ([v.delafosse@cgmc.org.au](mailto:v.delafosse@cgmc.org.au)). For further information on the award visit <http://www.alia.org.au/awards/merit/anne.harrison/>

# Shifting sands...

Desley Reid-Orr has recently been involved in the development of a systematic review and outlines the problems encountered when searching for the grey literature in health care.



## KEY MESSAGES

Systematic reviews are useful to inform the further development of the Australian health system, and should wherever possible reflect quality Australian evidence from well-constructed research undertaken by primary health teams

It is essential to include attempts to access grey literature in undertaking systematic reviews concerning health services research, which presents unique challenges for researchers on Australian subject matter, as the field is presently scattered and difficult to locate.

The search for studies which will inform a systematic review should include a structured attempt to locate grey literature – that body of evidence to be found in conference proceedings, government sponsored research programs, policy documents, theses, dissertations, and the repositories of peak bodies.<sup>1 2 3 4</sup>

It is important to follow these leads to uncover studies which have not been published, and therefore are not traceable via the established literature databases such as Medline / PubMed, Embase, CINAHL, Informit, and the secondary evidence repositories compiled by The Cochrane Library, ACP Journal Club and others.

### Background information

The difficulties of tracing grey literature in Australia became abundantly clear during my recent work on a systematic review to consider the question: “Does case conferencing improve care planning for palliative patients in the primary care setting?”

This question formed one of seven to be undertaken in a broader systematic review of the effectiveness of integrated, coordinated and/or multidisciplinary care in the primary health environment.

Each of the studies was established using separate protocols, with these common elements:

- 1990 or later
- In English
- Concerned with primary health care / general practice.
- Based on a country with a similar health system, i.e. Australia, New Zealand, United Kingdom, Canada, Denmark, and where appropriate, United States.

- Level of study appropriate to the individual question, as recommended in the NH&MRC Levels of Evidence hierarchy.<sup>5</sup>

The concept of ‘case conferencing’ is essentially Australian, being a Medicare Benefits Schedule item introduced by the Commonwealth Government as part of the Enhancing Primary Care Initiative in 2000. Necessarily then, it was difficult to successfully map the term ‘case conferencing’ to a MESH equivalent, so searching literature databases consisted mainly of textword or phrase searching using the .mp limiting function. While the project team attempted to establish an international equivalent of the Australian concept, it soon became evident that such didn’t really exist.

### Accessing grey literature

In developing the protocol for this review, the team agreed that peak bodies in the fields of general practice, primary care and health services research in Australia would form the bulk of the grey literature repositories particular to the subject matter of the review. A most useful website in this instance was that of the Primary Health Care Research and Information Service (PHCRIS) [<http://www.phcris.org.au>] –developed within the Department of General Practice at Flinders University, Adelaide. An essential facet of this website is the ROAR database, or Roadmap of Australian Primary Health Care Research. This database may be searched using the search filter function available on the site using keyword, multiple keyword, phrase, wildcard or partial word search or

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# Two day WORKSHOP report

On November 23 and 24, 2006 library staff from NSW Health libraries gathered at St Vincent's Hospital in Sydney to hear about, discuss and debate the topic of electronic information in health libraries.

Graham Spooner, College of Nursing (NSW), provides an overview of this two day forum.



This year's forum was the fourth of its kind organised by and for health librarians

working in NSW. Numbers were not as large as last year as it was limited to staff from NSW Health libraries (<http://www.ciap.health.nsw.gov.au/education/librarians/contacts.html>), but it can still be considered a terrific success. As in previous years, it was great to have many of our rural librarian colleagues participating in the sessions and meetings organised. Their input on those issues peculiar to their settings certainly makes many city dwellers realise that their situation is quite good in comparison.

Gillian Wood set up a wiki which served as the website (<http://eihl2006.pbwiki.com>) for the event and this proved to be an effective means of encouraging contributions by the organisers and others, and was very well received.

Rather than merely requiring attendees to sit and listen to presentations, the organisers had the aim of stimulating discussion around the theme of e-journals and

other electronic information. It was hoped that invited vendors would also be able to participate in the debate and dialogue. To a large extent this hope was realised on the day with vendors putting aside their own products and engaging in a good discussion around the pros and cons of e-journals in the NSW Health context. It was also helpful that everyone was talking from the same starting point - having CIAP and the NSW Health infrastructure in common.

The topics of "Knowledge Management and CIAP: Where it's going and what we can add", "Clinical Decision Support: What does this mean for us?" and "eJournals: buying, managing and archiving" certainly provoked interesting discussion in the audience.

The 'wrap-up' small group discussions were lively and provided a great cap to the two days. Some very pertinent recommendations came out of the groups. At this stage details of these discussions are only available to NSW Health staff via the Department's intranet, linked via the wiki.

The comments and evaluations received from participants indicated a desire to keep up the annual

forums, and suggestions for future forums included:

- Greater practical advice (eg barriers and their solutions) and more discussion from actual users of products rather than just the presentations from vendors
- EQUIP [ACHS's Evaluation and Quality Improvement Program] and/or quality activities undertaken by libraries
- Library managers speaking about innovative processes that they have implemented
- Inviting stakeholders to some of the presentations

Vendors generously offered their support through the sponsorship of drinks that followed the meeting and also at the dinner. These more informal gatherings provided great opportunities for networking - to catch up on what's happening in each other's area health service and what each of us is doing in our various libraries.

All in all, the format and choice of subject matter ensured a lively and interactive two day forum, something organisers for future forums will seriously consider trying again.

Graham Spooner

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## REBLs...with a cause: a call for expressions of interest

A group of rehabilitation librarians in Melbourne has recently established a Special Interest Group called REBLs (Rehab Evidence Based Librarians...with a cause) after two Melbourne rehabilitation librarians were each asked to work on the list of resources recommended by the Australasian Faculty of Rehabilitation Medicine (AFRM). REBLs membership is open to library staff working in rehabilitation libraries within Australia. Early goals are to link appropriate libraries to work together to establish core resources for each rehabilitation specialty. Major aims include:

- to increase the awareness of health librarians with AFRM as a Special Interest Group of ALIA HLA;
- to strategically position rehabilitation librarians as part of the multidisciplinary healthcare team within their hospitals;
- to offer to update and maintain the list of resources recommended for rehabilitation on the AFRM website;
- to ensure that all relevant libraries in Australia provide access to the core resources for the Rehabilitation Medicine trainees.

Communication will largely be via an email list set up with ALIA HLA.

**Interested? If so, please email [val.strantzen@austin.org.au](mailto:val.strantzen@austin.org.au) to have your name added to the e-list.**

# Information Rx

Health Libraries Australia Information Rx Symposium: inform, unite, influence and innovate, was held at Sydney Convention Centre, Darling Harbour on Friday 2nd and Saturday 3rd February 2007.

This report by Lisa Kruesi.



Cheryl Hamill did a brilliant job of organising the Information Rx Symposium (<http://www.alia.org.au/groups/healthnat/hla.symposium/>) held following Online 2007. It was the first time Australian health librarians had met together since the 10th Asia Pacific Special, Health & Law Librarians' Conference held 24-27 August 2003 in Adelaide. The atmosphere was electric with the burning desire to inform, unite, influence and innovate.

The first day of the two-day Symposium commenced with an outstanding paper given by Carol Lefebvre – *Search Filters and Systematic Reviews*. Carol spoke about search filters, known in the USA as hedges, which are tried and tested search strategies intended for repeated use. The best compromise with precision and sensitivity was discussed.<sup>1</sup>

For those developing systematic reviews, resource limitations often dictate adequate precision be achieved in the search process. As such, appraisal of search filters is necessary (i.e. will the filter suit the purpose?). Carol explained that the work of the InterTASC Information Specialists' Sub-Group (ISSG), and guest participants, is to identify, collate and critique published search filters. A web site has been created based on the work of the Group: <http://www.york.ac.uk/inst/crd/intertasc/index.htm><sup>2</sup>. The Group was set up to improve the awareness of existing filters and for critical appraisal of filters. The site includes bibliographic references to published filters. Comments on the site and notification of about new filters can be emailed to Julie Glanville (jmg1@york.ac.uk)

at the Centre for Reviews and Dissemination. We were informed not all search filters are effective.

Carol referred to her recent paper in summing up her presentation and explained her success at getting the US National Library of Medicine (NLM) to undertake indexing improvements to MEDLINE, as a result of a paper she presented at the National Institutes of Health in December 1993<sup>3</sup>.

Ruth Sladek followed with her presentation *Improving Search Filter Performance: an analysis of what we didn't find*. Ruth informed the audience that the Anne Harrison Award had provided support for this research. She expanded upon her recent paper on the usefulness of developed and validated palliative care search filters in the general biomedical literature<sup>4</sup>. The study confirmed that literature relevant to palliative care is difficult to identify in general medical journals. While the filter developed in this research represents the best trade-off between sensitivity, specificity, accuracy, and precision, the sensitivity is unacceptably low<sup>5</sup>. Discussion on what makes an article relevant to the palliative care cluster might be related to stage of disease (advanced or active) and the prospect of cure (little or none). Influencing the indexing of records in MEDLINE was viewed as a possible means to improve sensitivity.

Discussion by delegates on *What's Expert About Expert Searching? How do we Define, Measure and Evaluate the Claim?* followed the two morning speakers. Comments on the importance of the peer review of searching, the psychology of searching related to Google and concerns about new graduates' lack of competency at searching

were made. The work of Jessie McGowan et al. was raised – *Can the quality of literature searches be measured and improved? The EHTAS project* ([http://conferences.alia.org.au/eb12005/McGowan\\_2.pdf](http://conferences.alia.org.au/eb12005/McGowan_2.pdf)). Organising MLA/ALIA accredited training programs was recommended as a means to address some of the searching concerns for new graduates. It was suggested HLA should put this on its agenda as an important issue.

Dr Rick McLean, Principal Medical Adviser in Medication & Workforce, gave us *The View from the Capital*. He praised the development of the site *Information Rx for Australian Health Professionals* (<http://www.fhhs.health.wa.gov.au/inforx/default.htm>). Specialists, according to Dr McLean, have not had the same incentives as general practitioners to develop evidence based practice skills. As a result of the constant reorganisation at the Federal level limited progress has been made with negotiations to establish national access to health information. Lindsay Harris and Cheryl Hamill presented an excellent summary on the significant amount of time and effort they have put into national health information provision (see page 1). Lindsay emphasised that HLA strongly argued a national system would not result in any cost savings; the main advantage will be to improve healthcare, in particular patient safety. Extensive ground work undertaken by Lindsay and Cheryl will form the basis for the incoming Convenor, Heather Todd, and team to build upon.

The dinner for the Symposium on the Friday evening was sponsored by Ovid and held at the Convention Centre. It was a chance to have fun and network in a more relaxed atmosphere.

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- All selected information sources to be reviewed for their evidence base, clinical relevance and ease of use.

On July 9th 2004 a meeting was held with senior officers of the National Library of Australia (NLA) to consider strategies to advance the objectives of these discussion papers. It was agreed that HLA and NLA would work together to lobby for the development of electronic health library services as part of an overall development of national access to online resources for the Australian people. It was also agreed that the NLA and HLA would seek membership of the Federal Government's Australian Health Information Council (AHIC) though in the event this proved unsuccessful.

As a result of the July meeting Lindsay Harris, on behalf of HLA, prepared a submission on national site licensing and attended the NLA's National Site Licensing Forum on December 8th in Canberra. Consequently he became the HLA representative on the National Site Licensing reference group established to investigate which products could be accessed via nationally negotiated licences and the feasibility of forming a national consortium to undertake such purchasing. In the role of HLA representative Lindsay edited and co-authored a discussion paper issued in July 2005 by the NLA on behalf the National Licensing Forum entitled *'Making online information for all Australians a reality: A proposal by the National Licensing Reference Group to all Australian libraries.'* Flowing on from the discussion paper Lindsay, as the HLA representative, then drafted the governance framework for the proposed national consortium entitled *'National Licensing Proposal: Governance Framework'* issued in February 2006.

Simultaneously in July 2005 the Federal Department of Health presented to the Electronic

Decision Support Steering Committee of AHIC a business case which showed the potential benefits from the national provision of electronic clinical knowledge resources. In the succeeding weeks Cheryl Hamill and Lindsay Harris liaised with the project officer to present in writing HLA's views on the business case and to comment on areas of perceived weaknesses or omissions. Essentially HLA argued that to be effective and achievable in an Australian jurisdictional context any electronic clinical decision support network had to comprise a careful blend of approved clinical protocols, evidence based practice resources and pharmaceutical databases. The direct cost savings from any national licences for health products was likely to be insignificant and would not in itself justify a case for a national clinical information network. Of far more importance was the provision of information resources that promoted safe, consistent and evidence based practice and which, in turn, would substantially lower patient care error rates and malpractice thereby reducing significantly morbidity, hospital admissions, drug prescribing and misdiagnosis.

In October 2005 a revised draft discussion paper was issued by the AHIC Electronic Decision Support Steering Committee. Entitled *'Electronic Clinical Knowledge resources for Australian health professionals: Strategic advice from the Australian Health Information Council'* it accepted many of the positions advanced by HLA in its response to the original business case. The discussion paper now refrained from ambitious proposals to create a particular type of electronic health library, with all the attendant jurisdictional and product selection issues. Instead it advocated moving towards a broader clinical decision support network that would incorporate a range of guidelines, protocols and e-products and to first undertake a more in-depth examination of users' needs and how best to address them.

The appearance of the draft discussion paper coincided with a NICS sponsored forum in Melbourne on October 22nd on the theme of *'A national library for health – Can we live without one?'* This was in turn followed by a NICS colloquium on October 26th on the potential to create a National Health Library for Australia whose speakers included Sir Muir Gray, UK Director of Clinical Knowledge for IT and a leading advocate for health libraries. The main theme identified by the then HLA Convenor, Cheryl Hamill, was the adage "think big, start small, act now."

In February 2006 the definitive version of the discussion paper on electronic clinical knowledge resources was submitted to AHIC for its consideration. The paper was considered by the NHIG (National Health Information Group), an AHIC sub-committee, at its May meeting. The decision was taken to allocate funding to call for tenders for a business case to determine which electronic clinical resources could be acquired for national level access and the most appropriate form of governance for this national approach.

In parallel with the preparation of the tender for NHIG (renamed National Health Information Management Principal Committee, NHIMPC) Cheryl Hamill began the construction of a website to link clinicians to the freely available quality online resources available. This pilot was partially inspired by the trial portal created by the Canadian Health Libraries Association to promote its campaign to create a national online health library network for Canada. In October 2006 the website, now named InfoRx, was launched on the Fremantle Hospital server. The links provided are to a range of clinical guidelines, databases, online books and journals as well as links to quality consumer health information and other resources freely available on the Internet. One objective was to demonstrate the contribution experienced health librarians can make to the support of quality

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evidence based practice. However, the most significant objective was to assist clinicians who find it difficult to identify a single site that links them to the most useful, freely available, high quality resources. The site has attracted favourable comment from NICS and officers in the Federal Health Department and stimulated interest in how such a resource may be maintained at the national level.

The Australian Commission on Safety and Quality in Health Care has now requested the setting up of a Knowledge Portal and it is envisaged that the InfoRx site will be transferred to the Commission to form the basis for the Knowledge Portal.

Towards the end of 2006 a small working group of the NHIMPC oversaw a tendering process to engage a consultant who would research the business case for the national procurement and supply of a core group of electronic clinical knowledge resources for access by all Australian health professionals. In early 2007 a consultant was engaged to produce a report on the issues to AHMAC (Australian Health Ministers Advisory Council).

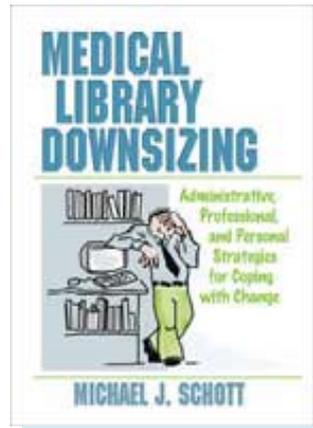
As of early 2007 HLA will seek to have input into the consultancy regarding the issues contained in the business case. Whatever the outcome the very fact the Federal Government's principal health information advisory body is preparing a business case for national access to electronic clinical information indicates that some form of progress has been achieved in this area since HLA had the foresight and vision to convene a national forum almost four years ago in Adelaide. Much work remains to be done by health librarians in partnership with clinicians to improve the access to resources that can positively impact on the quality of clinical practice.

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**NOTE:** This paper was the basis of a presentation delivered by Lindsay Harris and Cheryl Hamill at the 2007 HLA Symposium.

# BOOK REVIEW



Janiece Pope from Lyell McEwin Hospital, in South Australia reviews *Medical Library Downsizing: Administrative, Professional and Personal Strategies for Coping with Change* by Michael J Schott. Published by Haworth Information Press, Binghamton, New York, 2005, 153p.

ISBN 978-0-7890-0420-8

This book must be a rarity, in that it is both written specifically for medical librarians and is very readable and entertaining. It is also, unfortunately, very timely in these days of economic rationalism, and with so many people thinking, "It's all on the web anyway".

Schott delivers his message in a chatty way, sprinkled with pop culture references. Any book that features quotations from Phil Collins, Louis XVI, Shakespeare, and Woody Allen, plus references to comic strips and TV shows like Star Trek and Mission Impossible, is a rarity in the professional literature. Excluding notes, the book is only 134 pages, broken up into 9 chapters, so it is easy to read it bit by bit when you have a spare moment (not that medical librarians ever have those, of course).

However, none of the above means that the book is facile. It offers a highly direct and practical way to deal with the threat and the actuality of medical library downsizing. It deals with both the position of your library, and of you as a librarian. So while it gives practical tips for making your library as visible and indispensable as possible before the axe falls, it also gives more personal advice like how to keep yourself marketable should your job go.

Rarely discussed aspects of the downsizing process for managers, such as survivor guilt, are covered too. A lot of advice in the book, nevertheless, is useful to any library manager, whether downsizing is

imminent or happening, or not. Medical librarians will relate to the mentions of hospital politics, but any librarian will recognise the basic situation discussed.

The author employs a battle analogy for his structure/theme. Starting with the advice to start thinking and be prepared now: don't wait to react, he continues discussing the whole process as a military campaign. Chapters have names such as: "Arming Yourself (Before the Announcement)", "Implementing Your Battle Plans and the Uh-Oh Factor", and "When Hostilities Cease". This lends a sense of gravity to his message, while knitting all his arguments together into a structured whole. Schott speaks frankly, clearly and from personal knowledge and experience, which instils a sense of confidence in the reader.

Some minor irritations for me included the US-centric nature of the book – although the principles are transferable, even if all the details are not; and the occasional spelling error a good editor should have picked up (eg "tempers flair").

This quirky but pertinent book would be useful for any librarian in any field, in these uncertain times. But for the medical librarian it is particularly enjoyable to read something written especially for your profession, and apart from the NLM Medical Subject Headings!

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a NOT function to exclude words from the result.

In February 2006 I used terms 'case conference' and 'palliative care' within the ROAR database in pursuit of research reports matching the inclusion criteria for the systematic review. I was able to identify seven potential research projects which had been funded under the Commonwealth Government sponsored General Practice Evaluation Program (GPEP) in the early to mid 1990s. One of the completed reports was available directly from PHCRIS, but the remainder were endorsed with the disclaimer, "This summary was compiled by the Primary Health Care Research and Information Service. To obtain a full copy of the original report please contact the institution that conducted the project".

From information available on the website of the Australian Divisions of General Practice (ADGP) [<http://www.adgp.com.au>] I was able to email requests for copies of selected research reports using an administrative/generic email address for each of the respective divisions. The results were disappointing. From six Divisions of General Practice contacted in Queensland, Northern Territory, Victoria and Tasmania, I received the following responses:

- One report was not available in digital format, so was scanned and sent as a GIF file. (Importantly, this project report was flagged as an included study for the systematic review).
- One Division was unable to supply the requested final report, but sent a summary of a later project which might be useful. The emailed summary of the later project was sufficient to prove that this study was outside the parameters of

our systematic review, so was not pursued.

- One Division replied that the report was 'probably in the offsite archives, but we don't have the time to "dig it out"'
- One Division reported a fire which had destroyed all records two years previously, and in addition no-one currently working with their Division had any knowledge of the project.
- One Division reported that they had no administrative staff from that time now working with their Division, also the Division had moved offices recently and it was possible that "any written material was disposed of".
- One Division did not reply.

In a separate study to address the question "Does a multidisciplinary team approach improve outcomes for the frail aged in primary care?" similar frustrations arose after locating conference proceedings, abstracts of, and links to, PowerPoint slides from the 2003 Australian Resource Centre for Healthcare Innovations (ARCHI) conference "*The 21st century hospital – innovative care for older people*" held at the Sydney Convention & Exhibition Centre February 2003. The description of the conference, with links to individual program features, was first accessed in February 2006. By May 2006, when we returned to the website to check details, this information had been deleted in the process of updating the website, and could not be traced online. An emailed request for information to the ARCHI operations manager confirmed that older material had been archived, but was no longer a searchable commodity.

### Statistical overview of the studies retrieved for the case conferencing review

Even a cursory examination of the included and excluded

studies (see table below) shows the importance of searching for resources which fall into the category of grey literature. Use of the Internet was of course paramount in this instance, as all of those which were located were done so by examining websites of:

- Primary Health Care Research & Information Service (PHCRIS)
- University of Wollongong
- Australian Institute of Primary Health at La Trobe University, Victoria
- Australian Resource Centre for Healthcare Innovations (ARCHI)

### Conclusion

Australia must learn to value its grey literature and compile repositories before the information is lost. The Caresearch online database (<http://www.caresearch.com.au>) is an excellent role model in this respect, providing guides to the Australian literature around palliative care since 1980 in the forms of theses, conference proceedings, and reports from government and peak bodies. The work undertaken by the Caresearch project team has been long and time-consuming, but now provides essential entry points for researchers in the emerging field of palliative and supportive care.

Using the functionality of cataloguing software it would be helpful to undertake extensive indexing of conference proceedings or abstracts of meetings where these are available as the first phase of an industry-wide contribution to establishing grey literature repositories.

Ten years ago this message was presaged at the Seminar dan Lokakarya Nasional Dokumentasi dan Layanan, Informasi Literatur Kelabu, Jakarta, PDII/LIPI by Amelia MacKenzie, then National Library of Australia Regional Officer for Asia.<sup>6</sup> More recently, South

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	Total number of studies considered for inclusion in the review	Total number of studies included in the review	Percentage of literature type included
Published literature	65	13	20%
Grey literature	11	5	45%
Totals	76	18	24%

Australian Health Librarian Ruth Sladek developed an excellent web-based resource *Exhaustive literature searching in health*<sup>7</sup> to lead searchers to otherwise untapped essential resources.

'Googling' the term 'grey literature' limited to pages from Australia found one useful link, for the Australian National University Eprints directory <http://eprints.anu.edu.au/>. In testing the database, the search term 'primary health' returned 15 hits.

Is it the responsibility of the Nation's health libraries to undertake this task on behalf of the wider health community? Should greater effort be made by academic or other peak bodies? Now is the time to decide that there is a need to retain and facilitate access to the types of information resources which loosely or otherwise fall into the category of 'grey' literature. Internet based resources bring such facilitation within easy reach; existing models for retention of digital resources will act as guideposts to achieving the goal. Now we just have to start.

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#### ENDNOTES

- 1 Cochrane handbook for systematic reviews of interventions 4.2.5 (updated May 2005), p. 69. <http://www3.interscience.wiley.com/homepages/106568753/handbook.pdf> [accessed 9 May 2006]
- 2 Dickersin, K., R. Scherer, et al. (1994). "Systematic Reviews: Identifying relevant studies for systematic reviews." *BMJ* 309(6964): 1286-1291.
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# SNAPSHOT!

New HLA Conveor, Heather Todd, provides a list of the state government health information systems.

One of the sessions at the HLA Symposium was a roundup of what is happening in health libraries around Australia. While many know what is occurring in their own backyards it is always interesting and often useful to learn what is happening elsewhere. The informal nature of the session was perfect for the free flow of information and prompted me to provide links to each of the state government health information systems.

Heather Todd

#### QUEENSLAND

<http://ckn.health.qld.gov.au/>



#### NEW SOUTH WALES

<http://www.ciap.health.nsw.gov.au/>



#### NORTHERN TERRITORY

<http://www.hcn.com.au/croc/login.html>



#### WESTERN AUSTRALIA

<http://www.ciao.health.wa.gov.au/links.cfm>



#### VICTORIA

<http://www.health.vic.gov.au/clinicians/>



#### ACT

[http://tch.anu.edu.au/index.php?option=com\\_content&task=view&id=59&Itemid=79](http://tch.anu.edu.au/index.php?option=com_content&task=view&id=59&Itemid=79)



#### SOUTH AUSTRALIA

<http://www.salus.sa.gov.au/desktopdefault.aspx?tabid=78>



#### TASMANIA

<http://www.hcn.com.au/epoch/login.html>



*WHO Global Health Library Draft Framework* by Prue Deacon and Jill Buckley Smith, was the first presentation that helped to wake us up on the Saturday morning<sup>6</sup>. The objectives of the Global Health Library are: to link to reliable information resources, in which different ministries of health, policy makers, health workers, information providers, patients and their families and the general public can focus on resources that best meet their health information needs; to enable access to information content produced by numerous key providers – be they commercial companies, government institutions, civil society, not-for-profit organisations, and regional or international bodies; and to strive for universality, with a focus on developing countries, and acting as a resource locator for print materials essential to areas that do not have access to electronic content<sup>7</sup>. Prue and Jill were seeking interest in contributing to the Global Health Library. A delegate indicated that the National Library of Australia has no role in Science, Technology and Medicine.

Keeping in the world health theme, Tony McSean, Elsevier Director of Library Relations, gave an overview of the HINARI, Health InterNetwork Access to Research Initiative<sup>8</sup>. The HINARI program, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 3680 journal titles are now available to health institutions in 113 countries. The service is of major benefit to many thousands of health workers and researchers. Tony used artwork slides very effectively to help illustrate the contribution of Elsevier to HINARI and sister programs AGORA (Access to Global Online Research in Agriculture) and OARE (Online Access to Research in the Environment).

Gillian Wood and Graham Spooner dazzled and challenged us to take on new technologies and take a "just try it" approach. Technologies such as Amazon.com, personalised Google, Ask Now, Blogs and Wikipedia were

discussed. Our library services need to meet client expectations of the Web through services such as Blogs, RSS, Wikis, Mashups (new web services) and Widgets (end user technology such as pulling in news). We were advised to look at some innovative services and resources available at:

- Flickr <http://www.hi-beam.net/cgi-bin/flicker.pl>
- Del.icio.us <http://del.icio.us/>
- You tube <http://www.youtube.com/>
- World press to start your own blog <http://wordpress.com/>
- pbwiki to design your wiki <http://pbwiki.com/>

Mary Peterson and Sue Rockcliff gave an impressive talk on their efforts to develop the Chasing the Sun service. The aim of this service is to put medical practitioners in contact with a librarian when urgent help is required to find clinical medical information after hours. They referred to their paper *Chasing the Sun: a virtual reference service between SAHSLC (SA) and SWICE (UK)*<sup>9</sup>. Even though a number of applications for ongoing funding have been made the group are yet to secure continuous funding. Mary and Sue have been successful at attracting sponsorship from some of the major publishers to help with training and promoting the Chasing the Sun service<sup>10</sup>.

Laura Foley from Austin Health, the Victorian Coordinator, gave us an excellent update on issues with GratisNet and recommended that people network through their state coordinators.

This was followed by Vivien Hewitt, Fremantle Hospital, WA who spoke on *Definitions and debates. Seamless e-Resources Integration what is Best Practice?* In Vivien's words, the objective of the presentation was to describe work done at Fremantle Hospital and Health Service to achieve seamless electronic resource integration and to provoke discussion and debate on whether it is possible to describe and define best practice in this area. The work was done in response to the need to provide clinicians with a single entry point (intranet and internet) to all available online resources – those bought locally

as well as those bought in state-wide purchasing arrangements. The integration sought to provide a single library portal to all available resources as well as link-outs from within databases to all available online content. A working definition of best practice was inferred from an examination of the work done in larger university libraries. These libraries have set up systems with elements such as authentication and authorisation systems, OpenURL resolvers, federated search and library portals. Examples were shown of the implementation of these systems and the outcomes achieved as a result. The discussion and debate centred around the need to have staff with the knowledge, skills and resources; collaboration with areas such as IT; the opportunity for collaboration / a consortium approach to share knowledge, skills and resources; the potential to contract with other libraries for this type of infrastructure support; and if there are other ways to do it better. It seems these are common dilemmas in health libraries and some useful debate and discussion was generated<sup>11</sup>.

Before the last presentation, representatives from States and Territories gave a *State of the Nation's Health Libraries* summary (see *Snapshot!*, page 9).

The 10th ICML 2009 launch was the final presentation before the Symposium closed. A three year calendar poster was distributed to delegates. If you wish to record some of the key dates in your diary they include: February 2008 - Call for papers and posters commences; August 2008 - Preliminary program, registration opens and call for exhibitors distributed; September 2008 – Call for papers and posters closes; November 2008 – Notification of papers and posters acceptance; April 2009 – Early bird registration closes; ICML 2009 Conference to be held 31 August to 4 September 2009. If you would like a calendar please email me (details below).

How would you sum up the two days? There are issues confronting the profession that require a unified response from HLA, such as a response to the national approach to health database provision and continuing education pathways for

the profession. Some librarians in Australia are becoming academics by undertaking doctorates, such as Ruth Sladek and Greg Fowler; how do we keep such professionals in librarianship? Technology is being optimised to deliver our services through seamless e-resource integration, cooperation and innovations such as wikis and blogs. There is an opportunity for Australian health information professionals to help developing countries, even if it is just being aware of services such groups can access and to promote these at suitable opportunities. Rural health information services have been strengthened throughout Australia over recent years and we need to consider rural librarian issues when organising professional events. Overall, Australian health librarians have come along way since they had their first national meeting in Canberra thirty-five years ago. Fundamentally there is still a vital need to work together and share what we know to help improve health information services throughout Australia.

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## FROM THE SPONSORS OF HLA NEWS

# EBSCO product updates

### Introducing exciting medical products in 2007!



**Lexi-Comp ONLINE** is an Internet-based application providing real-time access to the most current and accurate point-of-care drug information available.

Updated daily, Lexi-Comp is the official drug reference for the American Pharmacists Association. It is easy to navigate and access, and quick to learn.

Lexi-Comp appeals to medical and nursing staff as well as pharmacists, and is better value than any other online drug reference, and easier to budget for from year to year. The Lexi-Comp PDA and BlackBerry content duplicates the content a clinician will see in the online version.

Lexi-Comp totally integrates with proprietary information systems and hospital-specific formulary, and is a complementary point-of-care database to Dynamed, UpToDate etc.

#### Price indication

US \$6,000 for 299 staffed beds



**STAT!Ref® online** is a cross-searchable, healthcare reference that integrates core titles with evidence-based resources and innovative tools.

STAT!Ref offers the ability to search across all of your subscribed titles and you pick and choose the full-text titles (no content you don't need).

Stedman's Medical Dictionary and MedCalc 3000 medical calculation utility are included with every online subscription.

StatRef! offers remote access (authenticate using IP and/or User Name and Password) and is cost effective (as it is priced using concurrent users, multi-site institutions can easily afford it).

Evidence-based medicine collection integrated with traditional

authoritative references provides the right info at the point of care.

#### Price indication

Merck's manual of diagnosis and therapy, US \$97.50 for one user.

ACS Surgery: Principles & Practice, US \$1,387.00 for one user.



EBSCO is very happy to present SAGE electronic products to libraries in Australia and New Zealand. EBSCO wishes to work with libraries to make full use of SAGE's quality medical collection. This collection covers such subjects as Nursing, Nursing Theory, Nursing Research, Pediatric Nursing, Holistic Nursing, Autism, Child Psychiatry, Transcultural Psychiatry, Clinical Psychology, Health Psychology, Dementia, Gerontological Health/ Gerontology, Aging & Gerontology, Health Evaluation, Social Studies of Health, Public Health, Public Health Education, Health Promotion, Health Services/Administration, Pediatrics, Sociology of the Family, Mental Disorder/Learning Disability, Research Methods & Evaluation, and Qualitative Research.



The JAMA and Archives collection is currently being offered by AMA and EBSCO at standardised pricing. This collection includes: JAMA plus the following Archives: Dermatology; Facial Plastic Surgery; Family Medicine (1998-2000); General Psychiatry; Internal Medicine; Neurology; Ophthalmology; Otolaryngology-Head & Neck Surgery; Pediatrics & Adolescent Medicine; and Surgery

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# Look who's piloting the good ship HLA!



LEFT to RIGHT: Heather Todd, Mary Peterson, Lisa Kruesi, Melanie Kammermann and Veronica Delafosse.

## **HEATHER TODD CONVENOR**

Born in London, England, Heather moved to Australia in her early 20s as "it seemed a good idea at the time". She settled in Canberra and it was there that she began working in libraries. Her first professional position was as the Medical Librarian for the Department of Defence where she remembers having to attend a week's training course at the National Library of Australia before being allowed to use Medline!

Heather has continued to maintain a keen interest in medical librarianship and her present position involves the oversight of the life sciences and medical libraries managed by the University of Queensland Library.

She has been involved in various ALIA committees and is currently a standing member of the IFLA Section on Health and Biosciences Libraries and joint convener of the 10th ICML (International Congress of Medical Librarianship) that will be held in Brisbane in August/September 2009.

Heather is looking forward to working with the rest of the HLA executive in continuing to promote HLA's vision to promote, unite, influence and innovate libraries and information professionals in the health and biomedical sector.

## **MARY PETERSON SECRETARY**

Mary Peterson is Deputy of the Library and Educational Information Services at the Royal Adelaide Hospital/Institute of Medical and

Veterinary Science.

Mary is on the international advisory committees of the Internet Librarian International and Online Information conferences which take place annually in London. She is also the international coordinator of the virtual reference service for health professionals, Chasing the Sun, and is the website manager of the SALUS website of the South Australian Health Services Libraries' Consortium.

Mary's main areas of expertise are website design, website content management and user training/education. She has a particular interest in emerging technologies such as mobile computing and wireless, and their application to the provision of library services.

Mary has served on various ALIA committees, most recently on the Executive of HLA as Secretary. She was on the organising committee of the 2003 Specials, Health and Law Libraries conference in Adelaide and has been a member and office bearer in various capacities of ALIA, the LAA and the MLG (Medical Libraries Group) since qualifying as a librarian (longer ago than she cares to remember).

Hopes for the future of HLA: to encourage health librarians to work together to achieve common goals, whether they be virtual reference projects such as Chasing the Sun, lobbying for national licences for suitable information resources, or holding / collaborating in professional development

activities such as the recent HLA Symposium or the FOLIOZ online courses.

## **LISA KRUESI TREASURER**

Lisa Kruesi is the Manager of the Health Sciences Library Service at the University of Queensland (UQ) Library. Her role is to coordinate the services of the three major teaching hospital branch libraries in Brisbane, the UQ Dentistry Library and the Rural Clinical Division Library Service located in the South and Central Queensland regions. Lisa has worked in health libraries for over twenty years. She holds a Bachelor of Social Science in Librarianship and a Master of Business in Information Technology, both obtained from the RMIT University in Victoria. Prior to her appointment at UQL, Lisa spent ten years working at CSIRO, as a Librarian supporting biomedical research. In addition she has worked as a trainer in the software industry and as a searcher for a Patent and Trademark Attorney. Lisa has published papers related to health library services and has been actively involved in professional development activities throughout her career (such as being a previous Convenor of the ALIA Health Libraries Section in Victoria and starting up the newsletter, Health Inform, along with Suzanne O'Callaghan back in 1992!!).

Lisa would like HLA to help achieve a first class 10th International Congress on Medical Librarianship (ICML) in 2009. In addition, she wishes to work more cooperatively with other Australian

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health librarians to improve services and keep libraries relevant during such rapidly changing times.

### **MELANIE KAMMERMANN NEWSLETTER EDITOR**

In 2004 Melanie followed her husband to live in Hong Kong where her primary job now is tending to the needs of their two year old. Before that she was manager of the library service at Royal North Shore Hospital in Sydney, a city she also relocated to (from Melbourne) on account of her then-to-be husband. Lucky bloke!

Melanie has been involved in ALIA activities almost since the start of her career more than a decade ago. Apart from ALIA health library section committee work in both Victoria and NSW, she was the first convenor of Health Libraries Australia following establishment of the group in 2001. She took on the job as editor of HLA News in 2005, a position she continues to hold, and she also tends the group's blog, HLA Blogs! In addition, Melanie is the project officer for the revision of the Guidelines for Australian Health Libraries.

Melanie's motivation to remain involved in HLA is two-fold. Firstly, it allows her to stay in touch with colleagues and the issues that affect them. Secondly, she believes that for all its shortcomings, ALIA generates many visible and invisible threads that bind us as a vibrant, forward looking profession, and the only way to ensure the Association's relevance is through positive member participation.

### **VERONICA DELAFOSSE COMMITTEE MEMBER**

Veronica is the Librarian for Caulfield General Medical Centre, part of Bayside Health Library Services in Melbourne, and works three days per week. Many people are astounded when she tells them she has been there for 23 years (!) but with the many organisational changes and technology developments she is continually kept on her toes.

Veronica has held the Treasurer's position of various

ALIA health library groups/ sections, including HLA, for the past 11 years and has been an administrator of the Anne Harrison Award. She is now a general committee member for HLA, secretary of the Anne Harrison Award and convenor of a new special interest group called REBLs...with a cause (Rehabilitation Evidence Based Librarians).

According to Veronica, involving herself in professional committees at state and national levels has given her contact with a range of colleagues, which has helped her understand the needs of other library workers. It has also forced her to keep up with issues. "We are a small profession and need a united voice in order to be heard by higher authorities."

Veronica recently won the HLInc Pat Nakouz Award and will be going to York (UK) in June to present on EBP for Occupational Therapists in Rehabilitation and Aged Care Settings at the Clinical Librarianship Conference. During her travels she aims to be an ambassador for the ICML Conference in Brisbane in 2009.

### **JENNY HALL COMMITTEE MEMBER**

A career change from nursing to library work 12 years ago has seen Jenny complete an Associate Diploma of Applied Science (Library Technician Studies), Graduate Diploma of Library and Information Studies and a Graduate Certificate in Education (Higher Education). She is currently enrolled in a Master of Education Studies (Leadership) at the University of Queensland. In her position of Liaison Librarian at the Herston Health Sciences Library, she enjoys the challenges and urgency of helping health professionals find

quality information in a quick and effective manner, with the knowledge that there is often a patient at the other end of the information request.

Jenny has been appointed to the National Committee to represent the recently re-established HLA Regional Committee QLD of which she is Convenor.

In her spare time she loves to travel, bushwalk and has studied and practiced Oki-Do Yoga for the past four years.

### **CHERYL HAMILL COMMITTEE MEMBER**

Cheryl manages the Library and Web Services for Fremantle Hospital and Health Service in the South Metropolitan Area Health Service in WA. She has been in this position since 1984 and has managed the Web Services since late 2001. Her great interest is in improving the access of clinicians to online resources which is largely why she moved into web services for the Hospital and Health Service.

Cheryl has been very active with ALIA for many years and before that, with the now defunct Medical Librarians Group. She has taken on various roles on committees over the years, in the old ALIA sections and then in the HLA group. "I've been convenor and a committee member on HLA since its inception. It is wonderful that we have new drive and energy on the HLA executive with Heather Todd taking on the role of convenor and other members also taking up positions. As an inveterate joiner, I'm also pleased to stay on and work with the new executive as are some other long serving HLA members."

"I don't think of ALIA (or any other association / union / community group) as something

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LEFT to RIGHT: Bronia Renison, Sheelagh Noonan, Cheryl Hamill and Jenny Hall.



aside from me – we, the members, are the Association and it is what we make of it. I know we pay fees to join, but that's no different to joining a tennis club. Someone still has to bring the sandwiches, put up the nets and organise the pennants. HLA will only ever be what we make it and I plan to work on the Executive to keep alive our sense of a health library community across the country."

### **SHEELAGH NOONAN COMMITTEE MEMBER**

Sheelagh has worked for Pfizer Australia for 6 years where she is the Senior Information Associate. In this role she specialises in rigorous literature searching for clinical trials, as evidence support for submissions to Government.

She has worked in health libraries since the early 1970s including: Commonwealth Government; Teaching/Research hospitals (Canberra Hospital Manager; 15 yrs); Academia (Sydney Uni. Med. Faculty); and Private Industry/Consultancy (Doctors.net.uk; Internet Medical). As such she has extensive experience providing hands on reference services and in management, training, consulting and information architecture.

Her professional interests include maintaining the highest standards of information provision in dialogue with clients, connecting people with information, directly and/or through training, and using knowledge management systems. She is also concerned

with integrating evidence based methodology into librarian searching practices and decision making.

Sheelagh's motivation for joining the HLA Executive stems from wanting to help facilitate national collaboration and the exchange of expertise between HLA members in health information practice, training and research.

### **BRONIA RENISON COMMITTEE MEMBER**

Bronia is Director of Library Services at the Townsville Health Library, one of the larger libraries within Queensland Health. During her career she has mostly worked in special libraries, including agriculture, local government and, of course, health. Her first job in a hospital library was at the Monash Medical Centre in Melbourne. Townsville is now her permanent home.

Bronia has been an active member of ALIA since she arrived in Townsville. She has been a consistent committee member on the ALIA Townsville Group and her ongoing participation in the Health and Information Online groups of ALIA has been significant, including organising speakers from the Online Conference to visit Townsville, bringing their expertise to northern colleagues. She was named Queensland Library Achiever of the Year in 2005.

Bronia has joined the HLA Executive Committee to represent regional and remote health librarians and to support professional development, including activities such as ICML 2009.

## Your 2007 HLA Executive



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# from BIOLOGY to MEDICINE – using semantics to generate information



Aimed at providing food for thought, Left Field invites authors from outside the field of library and information science to deliver their views on a range of topics of potential interest to HLA members.



**DAVID HANSEN** is the leader of the Health Data Integration and e-Health Meta-data and Ontologies Research projects at the e-Health Research Centre. These projects aim to improve patient treatment and outcomes by optimising the use of the data which are captured during patient care.

This can be done by intelligently integrating widely distributed and heterogeneous data sets while maintaining patient confidentiality and data security.

<http://www.ict.csiro.au/staff/David.Hansen/>

The amount of scientific data which is available electronically is growing exponentially. In the life sciences, these data include basic biological information, such as whole genomes, mutation databases, protein sequences and structural information<sup>1</sup>, biodiversity data<sup>2</sup> such as world wide occurrences of organisms, and of course the scientific literature<sup>3</sup> which is published online. Within health organisations, large quantities of clinical and medical data are collected for patient care, while in government departments, information is collected for the purpose of research in population health or social sciences. In the case of publicly available information, search engines, such as Google, are good (and getting better) at searching the World Wide Web for documents relating to a particular question. However, not all the information required to answer a particular question will be available online. Furthermore, the relevant information which is online may not be contained in a single document, but may be distributed between disparate data resources.

Increasingly medical and biological information is published through new mechanisms, such as online publishing web sites or single collection points for experimental data, rather than through traditional publishing methods. Libraries will increasingly offer online services, including the knowledge of where online information can be found, and directions on how to access it. This will require expertise with multiple online databases and literature sources for retrieving and processing the information.

This processing of information from multiple sources is a time consuming, and often frustrating, task. In the case of the scientific literature, information is presented in text documents for people to read and process. However, the

papers are published according to a journal's own format and the results are presented in different ways, making comparisons difficult. In the case of clinical trials, meta-analyses, such as those published by the Cochrane Foundation<sup>4</sup>, are the best way of seeing the forest instead of the trees, but these will cover only a small range of topics and may not be up-to-date. For collating research information, expertly written review papers may be useful, but suffer the same limitations as the meta-analyses. In the case of online data, the information is often spread between many different web sites and published according to the local data formats, and there is no way of knowing how data in one database may relate to that in another.

Processing this widely-distributed, disparate information is easier for humans than for a machine. For machines to process data in a sensible way, it requires meta-data to understand how a particular data set is structured. As humans, we will often implicitly understand the structure of the data without the need for explicit meta-data. The white pages telephone directory is a useful example. When we look at the entries in the white pages we implicitly know that the first item on each line is the surname, followed by the initials or first name, then there is the address, followed by the information for which we are looking: the telephone number. There is no need for us to look at the beginning of the white pages for information on how to understand each entry. For machine processing however, the computer will need to be told about the format and how to process each line.

Meta-data forms the basis of semantics. This is the information which is published with data and other information sources and which enables the information to be

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machine-processed. An example of how meta-data is used by computers today is the meta-tag which web masters include in a web page, but which is not displayed by a web browser. The meta-tag allows the publisher of the web page to describe the information content of the page, so that search engines can improve the quality of their search results.

The second basic technology to semantics is the ontology. An ontology describes the relationship between a set of terms or concepts. A computer program can use the ontology to decide if two terms are related, and if so, how. The relationships which are most commonly used are the "is-a" relationship and the "part-of" relationship. These relationships allow reasoning over an ontology, to check that the relationships are consistent (i.e. they "make sense"), and to provide the capacity for intelligent queries of data which is described using those terms. A commonly given example of how ontologies are useful for computer processing data is the concept "mouse". As people, we know that a mouse is "part of" a computer, and we are able to differentiate between this type of mouse which is connected by a cord to the keyboard and the type which prefers to chew through the cord. To make that differentiation, a computer program may need extra clues, for example, that the latter has four legs.

In medicine and science, meta-data and ontologies are used extensively. The key-words which an author uses to describe the contents of their paper, the data dictionary which the pathologist or clinician uses to record findings about a sample or patient, and the format in which scientists deposit sequence information into global DNA databases, are all examples of the use of meta data.

In medicine, the largest ontology is SNOMED CT<sup>5</sup>, a clinical terminology containing 400 000 clinical terms. There are over 1 million relationships described between the terms, and 69 different types of relationships. While a clinician may not know about the concepts and relationships in SNOMED CT, the software which records the clinical findings and treatments should do so using terms from the terminology. This will enable query engines to ask intelligent questions of the data, both for a single patient and across a cohort of patients. An example might arise when selecting a cohort of patients for a new treatment. Since the description of the symptom may have been different for each patient, the use of relationships between terms describing the symptom will help to find patients which meet the criteria (for example a broken leg can be described as a "broken leg" or a "broken femur" – SNOMED CT will enable the query to know that a broken femur "is a" broken leg). Another use for such reasoning may be in the examination of triage notes taken at time of admission in hospital emergency departments. If the notes are being used to detect early signs of a flu-outbreak, then the software will need to know the relationships between all the different terms used to describe flu-like symptoms, to know if there is an abnormal number of people presenting with these symptoms.

Within the biological sciences there are many domain specific ontologies, such as Gene Ontology<sup>6</sup>, which codifies the functions of genes. This may be used together with data from other biological databases to support in-silico genomics experiment, to determine how a mutation in a gene may cause protein pathways to malfunction in, for example, the development of cancer.

Increasingly there are projects to describe an upper ontology, which

would allow querying and reasoning across data sets which conform to the underlying ontologies. The US National Cancer Institute caBIG initiative<sup>7</sup> is one such project where multiple ontologies are being used to link researchers, physicians, and patients throughout the cancer community.

To answer the question of why semantic understanding between datasets is important, we only need to look at the speed at which discoveries are made. Translational medicine is decreasing the distance between basic medical research and the use of its findings for clinical practice. When looking at the mass of data available, it will become more difficult to find the information to support biological hypotheses and the evidence to support clinical treatments. The increased use of meta-data and ontologies to describe and store data and information will greatly enhance our ability to use the information to better support clinicians and medical researchers alike.

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## NOTES

1. These data resources can be accessed at the National Centre for Biotechnology Information (<http://www.ncbi.nlm.nih.gov/>) or the European Bioinformatics Institute (<http://srs.ebi.ac.uk/>)
2. For example, the Global Biodiversity Information Facility (GBIF) <http://www.secretariat.gbif.net/portal/index.jsp>
3. Pubmed is an archive of life science publications <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>
4. <http://www.cochrane.org/>
5. <http://www.snomed.org/>
6. <http://www.geneontology.org/>
7. <https://cabig.nci.nih.gov/>

## HLA Blogs!

HLA Blogs! is the blog for the ALIA Health Libraries Australia group. Subscribe today and keep up-to date with HLA activities, relevant ALIA news, member achievements and professional development opportunities, including conferences, courses and professional readings. We also plan to use the blog to promote discussion and debate about issues affecting our profession.

You'll find HLA Blogs! at <http://hlablogs.blogspot.com/>. We recently moved the feeds to Feedburner and you can either subscribe to receive posts via your preferred reader or by email.

So what are you waiting for? Visit <http://hlablogs.blogspot.com/> now!

## FROM THE HLA ALBUM: PHOTOS FROM INFORMATION ONLINE AND THE HLA SYMPOSIUM

RIGHT: Ruth Sladek accepting the Final Alternate Year Anne Harrison Award Certificate for her palliative care project

BOTTOM RIGHT: Belinda Ward, OVID, and Veronica Delafosse

BOTTOM LEFT: Lindsay Harris, Veronica Delafosse, Cheryl Hamill, Sue Hutley and Heather Todd



## HLA News: Guidelines for contributors

HLA News is the bulletin of the Australian Libraries and Information Association's group, Health Libraries Australia (HLA). It has the simple aim of reporting the practices, policies, research, events and initiatives of Australian health and biomedical libraries, which may influence the practice and thinking of HLA members and other health and biomedical library workers. A by-product of this is a publication that showcases Australian health and biomedical library practice to the rest of the world.

### Categories of articles

Do not be constrained by the word limits below. They provide a rough indication only.

- Full length papers: 1000-3500 words
- Short features and reports: 350-1000 words
- Left Field Column: 700-1400 words

The Left Field column features contributions from invited authors related to but outside the field of library and information science. Contributions must be of relevance to the practice of health and biomedical library & information practice and may be in the form of a research update, an overview of current or anticipated future practices, policy shifts or an opinion piece.

### Preferred referencing style

It is preferred that references be numbered consecutively, in the order in which they are first mentioned in the text, by Arabic numerals in parentheses (e.g., ...as reported in JMLA [1].) in the same font and size as the rest of the text. The titles of journals should be abbreviated according to the

style used in Index Medicus. For examples of how to reference refer to: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

### Formatting considerations

Keep formatting to a minimum. In particular,

- no double spaces between a full stop and the following sentence
- contractions do not need a full stop following as in Dr or vol
- avoid contractions such as don't, haven't, I'd, etc.
- acronyms: spell out the full term the first time it appears followed by the acronym in parentheses, eg ... at the National Library of Australia (NLA) ...
- acronyms are written without full stops, for example NLA, ACT
- do not underline for emphasis – use italics or bold

### Required author information

Authors are required to provide:

- a short professional biography (current role, professional interests)
- email address
- author photo (headshot only)

### Submissions

It is preferred that contributions be submitted as an MS Word document by email to the Editor.

### Deadlines

Copy for HLA News is due by the 10th day of the month prior to the month of publication (10 May for June issue, 10 August for September issue and 10 November for December issue).

APPLICATIONS ARE INVITED FOR THE

# Anne Harrison Award 2007

Applications for the biennial Anne Harrison Award are now open to all Australian health library and information professionals.

## About the Award

The Trustees of the Anne Harrison Award provide \$3000 for:

- 1) a research project that will:
  - a. increase the understanding of health librarianship in Australia, or
  - b. explore the potential for the further development of health librarianship in Australia
- 2) assistance towards enrichment of knowledge and skills of Australian health sciences librarians, including funding to:
  - a. help meet expenses of an approved course of study or study tour, or
  - b. help meet expenses arising from a publication in the field of Australian health librarianship.

While any application that meets the above criteria will be considered,

the Administrators would like to suggest the following contemporary topics: a benchmarking study for hospital libraries, applying the information literacy framework in a health industry setting, and implementing evaluation methodologies for health library services.

Applications are assessed by the Anne Harrison Award Administrators and close on 1 May 2007. The announcement of the Award will be made on our aliaHEALTH e-list on 1 June 2007.

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Current Administrators and HLA Executive members are ineligible to apply for the Anne Harrison Award.

## More information

Visit <http://www.alia.org.au/awards/merit/anne.harrison/> for more information including a history of the Award.

## Have you considered making a donation or a bequest to the Anne Harrison Award?

Enquiries and applications can be made with Veronica Delafosse by email to [v.delafosse@cgmc.org.au](mailto:v.delafosse@cgmc.org.au)



**HLANEWS  
DETAILS**

## Published by

Health Libraries Australia – A group of the Australian Library and Information Association,  
PO Box E441, Kingston ACT 2604

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## Contributions

Contributions to this news bulletin are welcome. Please send by email to the editor (details above).

See the news bulletin online at <http://www.alia.org.au/groups/healthnat/hla>

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