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Health Libraries Section

Australian Library and Information Association

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# National Newsletter National Newsletter National Newsletter

## Why quality is the key to success

**W**e live in a time of both continuous and discontinuous change, according to Alison Crook, past State Librarian of NSW and now CEO of the NSW Office of Economic Development. Speaking at the AP Morton Trust Lecture at Greenslopes Hospital (QLD) in October last year, Ms Crook described why quality customer service was the only way public institutions could maintain funding and, thereby, an ability to continue to provide services to clients.

The pressure of continuous change comes from demands for increased productivity and expenditure reduction. This is compounded by increased job complexity with the added pressure of rapid technological change. Discontinuous change, which paradoxically is occurring at

the same time, refers to the fact that in many organisations their past has not prepared them for the future.

This lack of preparation for the future is most obvious in the public sector where organisations are facing privatisation, a process that involves a dramatic change in organisational culture, work practices and, importantly, the building of a quality, client focused service ethic.

Ms Crook went on to say that in a fragmented market, where consumers have the choice of many competing services, price was not always the factor that influenced a purchase. The key to a purchase was where a greater level of service is offered by a particular company. Libraries are now just one of a number of competing information

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## Why quality is essential for success *from page 1*

providers and to compete in the market place must provide good products and high quality customer service.

The problem in libraries has been that for too long they have had a monopoly on the provision of information. Professional librarians may have assumed that they knew best what the customer needed, but did not take into account what the customer wants in terms of speed, delivery, and product range. Face to face (and phone to phone) customer service skills were not always the librarian's best qualities.

Ms Crook said that "where choice is available, quality is vital."

Savings from quality customer service are:

1. If you get it right first time you only have to do it once, and there will be fewer claims for damages,

2. Analysing processes from a client point of view can eliminate unnecessary procedures and overheads,

3. Good service is self reinforcing and leads to happy customers - hosing down an angry client damages productivity and wastes time,

4. It is easier and cheaper to keep a client than to find a new one (a rule of thumb is that the marketing cost of gaining one new client is 3 to 5 times greater than the cost of keeping an existing client),

5. Satisfied clients are loyal clients, and loyal clients buy rather than being sold.

Improved profitability flows from these points in savings on marketing costs (through increased word of mouth advertising) and, importantly, better service leads to better client perception, better support from government as well as greater support from bequests and volunteers. Also, once a good system is in place it is easy to keep in place, easing the pressure on management.

A quality focused organisation cannot be built overnight. In an organisation as large and as old as the State Library of NSW change is difficult, but not impossible. The SLNSW has taken a multi-faceted approach to quality cus-

tomers service because there is no one way for any organisation. Local conditions and pressures dictate certain boundaries but, in summary, the path to building a quality customer service driven organisation is:

1. Empower staff - because it is often the least paid members of an organisation who have the most client contact those people must be given the power to solve problems themselves,

2. Make frontline supervisors enablers of problem solving by lower level staff, not just checkers of procedures,

3. Change middle managers role from problem solvers to builders of shared vision in the organisation, and to solve interdepartmental or procedural barriers to customer service,

4. Change senior management from being all powerful policy makers to being gatherers of the resources that will make it possible for frontline staff to succeed,

5. and, ensure that all staff are trained adequately for the tasks you ask them to perform.

If an organisation is to be successful it needs to totally rethink and reposition itself. In order to provide a quality client service an organisation needs a strong customer focus, a marketing approach, quality information technology, it must recognise the strategic importance of information, and it must be embedded in the community.

While the State Library of NSW has some distance to travel on its path to a becoming a customer driven it has changed its operational environment to accept that change.

**"Where choice is available, quality is vital."**

*Grahame Manns*

*A video of the full speech given by Alison Crook is held by Greenslopes Private Hospital Library.*

*The editor would like to thank Judy Pike and Susan Nelles, the current and past librarians of Greenslopes Hospital, for making this video available to HLS Newsletter.*

# Staying alive: health science library practice in the 90's

## *Part 2: Techniques to Encourage Self Service*

**T**he flavour of the month with hospital administrators is Total Quality Management and customer-driven service. These concepts have the potential to increase hospital libraries' workload in an environment where fewer resources are available to satisfy the ever burgeoning customer information requirements.

However, the idea of empowering the customer can work for the library in these difficult times. Several basic library services can be made to operate on a self service basis leaving the library staff free to develop quality library service and write the endless administrative reports that seem to be an essential feature of professional survival for hospital librarians in Victoria these days!

Let's look briefly at a few ideas for developing the self-help mentality among our users. Remember, this is your column and you are encouraged to write to the editor who would like to hear of any other ideas along these lines you may have developed in your library.

### **Attitude**

Perhaps the most important asset one can have in today's economic environment is an innovative and flexible approach to the basic tasks of operating our libraries. Instead of perpetuating professional rituals which are often very time consuming and labour intensive, why not look at basic tasks anew with the concept of throwing the onus of repetitive tasks back onto the users. This policy is pursued by some of today's most successful businesses like the large supermarket and clothing retailers.

Some examples from everyday library practice serve to make this point. Instead of struggling to endlessly repeat basic instructions and advice for the operation of CDROM literature searching, why not provide a self-tutorial/handout by which users can teach themselves.

Monash Medical Centre has such an instruction sheet for the DIALOG version of MEDLINE on CDROM which is freely available upon request to hospital librarians in Victoria and no doubt there are

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## Postcard from the West

### **Notes on Staying Alive part 1**

by Cheryl Hamill, Librarian, Fremantle Hospital

Being alive is not merely a state of non-death but a choice between different states of being. Do we live on structurally unreformed with the broader bureaucracy nibbling away and eroding the edges? Do we organisationally evolve into a lean tough commercial organism? Or are we that institutionally challenged Mr and Ms In-Between in a state of incremental change with the ebb and flow of dogma pulling us this way and that?

Here in the West the winds of contestability and contracting are beginning to blow harder than the Fremantle Doctor (the local sea breeze and fast becoming the nickname of the Federal Minister for Human Services and Health whose seat is Fremantle).

A philosophy of competitive tendering and contracting (CTC) to form contestable markets for an ever widening range of government services is in vogue. The policy is being pursued with varying degrees of enthusiasm by different CEO's. The CEO at Fremantle Hospital has taken the Premier's instructions seriously and we (along with many other allied health departments) are consequently at the stage of reviewing and evaluating

the existing services, developing a statement of requirement, and presenting an interim report to the Hospital Executive. At that point the Executive will decide whether to retain all or some parts of the service in-house or to call for commercial tenders for all or some parts of the service. I would be interested to hear from others who may have, or expect to have, similar experiences.

The Commonwealth government body the Industry Commission is currently conducting an inquiry into "Contracting out by Public Sector Agencies" and has published an issues paper in January of this year with that title. The paper is very useful in identifying that may result from contracting services. Initial submissions may be made to the Inquiry by 15 March, 1995, and initial public hearings will begin in March or April. A draft report will be released at the end of August, 1995, and submissions will be accepted for the draft until October. The final report to the Federal government will be in December, 1995. If you are interested in receiving a copy of the issues paper and/or making a submission to the Inquiry you can fax the Industry Commission on (03) 653 2305, or phone Dallas Handcock on (03) 653 2229.

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## Staying Alive

from page 3

simple tutorials which other libraries have produced for a variety of CDROM products. [The tutorial program from some CDROM products can be copied onto diskette for use as an off-line training tool that can be given or sold at cost recovery to library users. Your CDROM vendor will be able to advise you on how to extract these files from your CDROM products. *ed.*]

Instead of repeating the same answers to common questions why not produce a FAQ (Frequently Asked Questions) guide complete with library map to satisfy the majority of questions at the reference desk.

Whilst finding information for a customer one should always adopt the attitude of explaining the means to the end rather than just delivering the product. This may mean simply explaining the basics of using the catalogue to avoid the same inquiries on the users' next visit. This opens the cast subject of reader education in the hospital library setting. Rather than comment in detail upon every aspect of this important area, we invite practical suggestions from readers on how they handle the thousand and one shades of this subject.

### Organisation and Administration

Self-help is fundamental to the open access philosophy that we take for granted in Australian libraries but which is by no means the norm for many of our overseas users. We simply need to make a few logical improvements to this basically sound approach.

Centralisation of library services in the hospital library with a clearly defined relationship between the library and departmental collections is essential. Such a policy leaves the library staff free to develop the best services for the whole hospital community instead of trying to operate departmental collections servicing the specialised needs of the few which can be best administered by the department concerned. Proper signposting of the collection and alphabetic organisation of the journal collection by title can save a lot of headaches for users (remember how difficult it was as a student finding your way around the average uni library!).

Likewise logical arrangements of reference tools so that customers can service their own needs can save library staff a lot of work. For example, providing NUCOS and VICGRATIS microfiche in each reach of the inquiries desk can steer customers to fulfilling their own needs for information in other libraries and save the library a few ILL requests. One should always be constantly aware of the library's primary purpose and clientele as hospital libraries attract information requests constantly which should rightfully be referred to other libraries.

For example, most health professionals are involved in further education and often seek to use the hospital library for information requests they should rightfully fulfil themselves from their uni libraries or they simply don't know about the availability of self help services such as CAVAL borrowing, placing reservations on books or the user of ILL services at their uni library.

### Automation

The concept of the "distributed library" based on information dissemination by computers to work stations around the hospital is the ultimate extension of the self-help philosophy. Many of the larger hospital libraries in Victoria either have or are in the process of developing networked information services of different types.

The MMC currently networks MEDLINE to hospital and university departments from a fileserver in the library. This service is tremendously appreciated by our customers who in turn are encouraged to support the library with donations in other ways when the library is hard pressed! Fairfield Hospital has developed a wider range of CDROMs on various subjects, the library catalogue, and other current awareness services which are available to other libraries on-line.

Other libraries are investigating self-charging automated loans systems which largely save librarian's time from repetitive loans work and provide loans on a 24 hour basis to night staff for the first time. The increasing availability of access to the Internet also points the way to the future where automated self service access to information services by our users with assistance and education from the library will be the norm.

These ideas are well and good you might say, but where am I to find the time and energy to proceed maps and FAQ sheets when I can hardly keep the basics of library services running smoothly? Also, there are definite security risks with users being involved in some self-help systems, eg. after hours loans, and misunderstandings which can easily arise if such systems are not well planned.

Problems aside, we suggest that these techniques are worth investigating as then can save time and money while providing a better and more customer based services. What more can the TQM entranced administrator ask of a hospital librarian today?

*Andrew Rooke and Adam Clarke  
Monash Medical Centre Libraries*

**In the June issue of HLS Newsletter  
Staying Alive Part 3 - Business planning,  
benchmarking and contracting.**

# MLA 1994 Conference Report

**Rolf Schafer, deputy librarian at St Vincents Hospital (Sydney) once again attended the MLA meeting, this time in San Antonio, Texas.**

*Emerging Roles, Enduring Values* was the theme of the 94th Annual MLA Meeting. Professional development has never been more important than in today's challenging environment, especially so for members of a profession that is undergoing transformation and change.

To quote the MLA President June H Fulton, "I can think of no better way to prepare for the unprecedented changes taking place in the healthcare system and the information field than to participate in the full range of educational and networking opportunities available at MLA 94."

The 94th Annual Meeting attracted 2349 MLA members from around the world. Several members, including myself, travelled vast distances in order to participate.

Each full day of the Meeting begins with a plenary session. The plenary sessions provide an opportunity to hear respected professionals from all corners of our interdisciplinary field - health care, librarianship, information technology and leadership in a changing world.

Section programming with poster sessions are held concurrently throughout the Meeting with business sessions scheduled in the afternoons.

The schedule is uniform from one day to the next and includes a regular midday break. An integral part of the Meeting is a comprehensive trade exhibition featuring the latest

health sciences books and journals, database services, library equipment and supplies, and state of the art computer soft and hardware.

## Featured Speakers

There were four speakers featured in the plenary sessions; June E Osborn MD, Professor of Epidemiology, School of Public Health, University of Michigan; Nina W Matheson, Professor of Medical Information, School of Medicine, Johns Hopkins University; Ed Krol, Assistant Director, Computing Communication Services Office, University of Illinois; and, Sarah Weddington, an attorney from Austin.

June Osborn provided an update on the epidemiology of HIV/AIDS in the US and presented a global perspective on the epidemic, health policy, vaccine development, new drug therapies and prevention strategies. Interestingly, on the subject of prevention strategies Dr Osborn remarked that in this field Australia leads the world.

As the Janet Doe Lecturer (traditionally a history or philosophy lecture), Nina Matheson, pre-

sented her idea of the library in the 21st century based on the notion of transforming information into structured knowledge. She believes that many small libraries may close if they lack the technology to access new, digital resources, and that only special libraries with unique collections would survive. Matheson pointed out that Mosaic has already transformed libraries but merely indicates that the transformation has begun.

Ed Krol's paper focused on the history of the internet and the emergence of the National Information Infrastructure (NII). The NII or the Information Superhighway is the conjunction of internet technology and telecommunications and cables bringing the internet into the home. Krol discussed the dilemma confronting the NII of universal access versus comprehensive coverage. Is the NII an online library or is the public library where the poor will bet the NII? He concluded that the future profit centre will not be the computers or bandwidth but will be the information itself.

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## NLM Classification Implementation Plan for 5th edition

The National Library of Medicine Classification 5th edition, 1994, is now available.

NLM cataloguers will start using the 5th edition on 2 December, 1994, with the beginning of the 1995 production year.

From 30 November, 1994, the following materials will be available on the NLM gopher:

1. Introduction,
2. NLM Classification Practices,
3. Table G,
4. Numbers Added or Deleted.

The name of the relevant gopher file will be crossed and posted on medlib and autocat.

The 5th edition can be ordered from:

Ms Julie Heard  
Info-Line, Overseas Document Service  
Australian Financial Review  
GPO Box 506  
Sydney NSW 2001  
Fax: (02) 282 1640  
Phone (02) 282 1614  
or 008 221 685.

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## Problem based learning: librarians and educating health professionals

The 1990's are an exciting time for the education of health professionals in Australia. Three Australian medical schools, Flinders, Uni of Queensland, and Sydney Uni, are adopting the US model and converting to graduate rather than undergraduate programs.

Together with many other Australasian medical schools they will develop an integrated, problem based curriculum in place of the more traditional approach to teaching medicine. The problem based approach is also being adopted in the education of other health professionals such as nurses and physiotherapists throughout Australasia.

What does the adoption of a problem-based curriculum mean for the librarians who are responsible for providing resource support and reader education?

The implications are profound. The problem based approach to education involves a fundamental shift in philosophy. The emphasis is on learning rather than teaching. In a problem-based curriculum there are very few didactic lectures. Instead, students take responsibility for their own learning in a self-directed learning environment.

Health librarians responsible for providing library support will find that the problem-based course relies very heavily on information skills and information resources. The range of material provided, the depth of reader education, the involvement of the library in the acquisition by students of lifelong information skills, intimate knowledge by library staff

of the problem-based curriculum are all factors in a self-directed learning environment.

The undergraduate medical program at Newcastle accepted its first students in 1978 and from the beginning has had a problem-based, integrated curriculum. It is recognised internationally as an innovator and leader in the field and in conjunction with the Biomedical library and teaching hospital libraries it has developed a successful information and resource management program that meets the needs of students.

In late May, 1995, the Faculty of Medicine and Health Sciences at the University of Newcastle will hold a conference that will address many of the questions that both educators and librarians ask about problem-based learning.

The conference is called *Imperatives in Medical Education: beyond problem-based learning* and will be held from 28 to 31 May, 1995. The focus will be on the practical aspects of implementation and maintenance of the integrated curriculum and the information needs of students and the demands made on libraries will be a particular focus of the conference.

Any librarian involved or soon to be involved in a problem-based curriculum for health professionals will benefit from attending the conference.

**Enquires: Kathy Byrne, Faculty of Medicine and Health Sciences, University of Newcastle.**  
**Phone: (049) 215 682 Fax: (049) 217 165**  
**Email: uekb@medicine.newcastle.edu.au**

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## GRATISNET ONDISK IN BETA TEST

The GRATISNET electronic union list is now being beta tested at selected sites and is close to being released to the membership. Ian Stubbin of the GRATIS technical committee reported that after reports from the beta sites and suggestions for improvements to the software are sorted out and considered the re-programming will begin.

It is expected that the beta testing will be completed by the end of March or April and, I assume, there will be a mid-year release. The diskette version will be in IBM format only but the fiche version will continue to be produced for the foreseeable future.

The editor has had a quick look at GRATIS ONDISK 1.0 and found that even though it does

not look as "pretty" as Windows based applications the program is very simple to operate and logical in its layout. There are a number of data problems, duplicate title entries for instance, but with a good editor these problems should be able to be overcome.

The only source of funds for the programming has been from the NSW GRATIS bank book and it should be noted that a very good deal has been done with the programmers to get a highly discounted rate for their services.

The University Co-Op Bookshop should be congratulated for their continued support of the GRATIS network since 1984. Without the support of the Co-Op GRATIS would not have been possible.

# Products, Services and New Publications

## **Outpost Medicine: Australian studies on the history of medicine**

*Dr SF Atkins 471 Sandy Bay Rd Sandy Bay TAS 7005 \$23.50 incl p&p*

Proceedings of the Conference of the Australian Society of the History of Medicine held in Hobart in February, 1993. Includes papers from 40 contributors from Australia, NZ, the USA and UK. Topics included are; breast feeding, Port Arthur medicine, ancient herbal lore, Greek mythology, the wonderful paw-paw, physiological effects of the guillotine, botanical memorials of the pioneers of medicine, and Sister Kenny's work on poliomyelitis.

## **History of medicine in Canberra and Queanbeyan and their hospitals**

*Proust AJ ed. Brolga Press 260pp \$25.00 (\$20.00 concessions) plus \$4.00 p&p Tony Proust 35 Tasmania Circle Forrest ACT 2603 (06) 295 7800*

Medical practitioners were in the vanguard of the exploration and settlement of the Limestone Plains and Queanbeyan, and later Canberra. One hundred and sixty years later it is timely to record the achievements of these pioneering doctors and nurses, of those who followed and the development of the hospitals in which they worked. Community, social and personal stories are chronicled to make an enthralling narrative.

## **Malaria: the Australian experience 1843 - 1991**

*Margaret Spencer. ACTM Publications, Anton Breinl Centre, James Cook University, QLD 4811 \$25.00 plus \$4.00 p&p*

Margaret Spencer carried out basic field research into the biology of the anopheline vectors of malaria eradication campaign in Papua New Guinea. Her book describes the Australian experience of malaria in Australia itself, in the theatres of war, and in post war PNG. It also describes the research stimulated by the Australia's responsibilities towards PNG and by the proximity of countries in which malaria is endemic. This book's wide scope and many listed references will make it valuable to historians, scientists and all in the health field.

## **Outback medicine**

*John Pearn ed. Amphion Press, Royal Children's Hospital, Brisbane QLD 4029 366pp \$24.95*

A series of 18 different accounts of outback medicine in pre- and post-federation Australia. Includes accounts of naval, garrison and military medicine and health.

## **Some milestones of Australian medicine**

*John Pearn ed. Amphion Press 320pp \$24.95*

Documents 16 significant milestones in the history of medicine and health in Australia including first person accounts of the discovery of Ross River viraemia, tick typhus, and the foundation of the RFDS.

## **Medicinal herbs and woundworts**

*John Pearn ed. Amphion Press 24pp \$6.00*

An account of some contemporary medicinal herbs and the origins of their use. The story of the development of modern herbal medicine, including sections on the medicinal herbs of Europe and the Middle East, the role of the medical Crusader Hospitallers, the monastic Officinas, the Doctrine of Signatures, and the Doctrine of Planets.

## **HLS National Executive 1994.**

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**Submissions to the Newsletter should be sent to the editor on diskette in any IBM format.**

## Conference Report

from page 4

Sarah Weddington spoke on making an impact through leadership and her unique style, interspersed with vivid anecdotes, captivated the audience.

### Code of Ethics

A Code of Ethics was adopted by the MLA membership at its business session on 15 May and the MLA board believes that health sciences librarians face ethical issues unique to their discipline and that such a code was necessary.

### Major Sessions

These sessions provided an opportunity to learn about new developments and innovations in health sciences librarianship, particularly in the use of the internet as a way of providing library and information resources. I attended sessions on the NLM update, collecting and organising materials on the internet, and the impact of the internet on public services.

Some of the more interesting papers included applying traditional skills to building and maintaining a library gopher, the health sciences librarian as internet navigator and interpreter, approaches to finding answers on the internet, and the impact of instruction on subsequent use of the internet.

The Annual Meeting of the MLA is an invaluable professional development opportunity to network with

colleagues, acquire knowledge and strengthen one's skills. In particular, I found the most rewarding aspect being able to meet people with whom I have exchanged electronic mail.

In closing, I found the following extremely important for the advancement of health sciences librarianship.

President Jane Fulton's Top Eight Aims for the MLA's Centenary in 1998,

1. Poll shows parents worry that their children may not get into library school,
2. Librarians resolve long-standing debate over name change,
3. Postage stamp to honour library profession,
4. Rash of reopenings as schools scramble to meet demand for library education,
5. Librarians ride high as road warriors on the information superhighway,
6. Multi-million dollar research grant awarded to study impact of library services on healthcare,
7. US President to address members at MLA Centennial,
8. Starting salaries of librarians on par with MBA's, Nina Matheson added;
9. Nobel Prize in Knowledge Sciences will be created (and by 2010 it will be awarded to a librarian).

*Rolf Schafer  
Librarian, St Vincents Hospital  
Sydney*

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