Submission from
the Australian Library and Information Association
and Health Libraries Australia
to the
National Health and Hospitals Reform Commission

Health Libraries Australia, a group of the Australian Library and Information Association, welcomes this opportunity to make a submission to the National Health and Hospitals Reform Commission and to comment on the Commission's Report *Beyond the blame game.*

Background information on Health Libraries in Australia

The Australian Library and Information Association (ALIA) is the professional organisation for the Australian library and information services sector. It seeks to empower the profession in the development, promotion and delivery of quality library and information services to the nation, through leadership, advocacy and mutual support. ALIA represents 6000 members and over 12 million members of the public.

The Health Libraries Australia (HLA) group of ALIA is the peak body representing library and information staff and services in the health and biomedical sector; it has over 400 members, approximately 80% personal and 20% institutional.

Health is a diverse sector covering hospitals and other clinical facilities, research institutes, pharmaceutical and biotechnology companies, government departments, regional health services, professional colleges, universities, cooperative research centres, not-for-profit and community organisations, and parts of public library services. According to the latest figures from the National Library of Australia, there are approximately 450 self-described health/medical libraries in Australia today.[1]

Currently, there is no coordinated, national policy direction for purchasing and providing access to electronic health information and knowledge resources and services on a scale that crosses jurisdictional boundaries, though most states now have networks providing access to health knowledge resources for health professionals and other employees in the public health sector. There are also some licence or cooperative agreements in other sectors, and some which cross sectoral boundaries.

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[1] The National Library of Australia's website, the Australian Libraries Gateway: http://www.nla.gov.au/apps/libraries. Accessed 28th July 2008

Design and governance principles

We believe that this submission from Health Libraries Australia, and the comments we offer is consistent with the Report's proposed design and governance principles to shape our future health system. In particular, we emphasise two of the design principles and one of the governance principles, as being central to our proposal:

- number 6: Value for money, specifically with regard to the statement that 'information relating to the best available health evidence should be easily available to professionals and patients';
- number 7: Providing for future generations, and specifically the need to support the 'education and training of health professionals across the education continuum';
- number 10: Safety and quality, specifically with regard to having 'effective organisational systems that promote safety and quality', and the need to support effective clinical governance with the information resources for evidence-based decision-making.

We also believe that the suggestions offered will help to drive improvements that would partially address at least five of the critical challenges facing our health and health care system. These are discussed below in the section on 'The twelve critical challenges'.

General comments

In the introductory paragraphs of Section 2 of the Report, What do we want from our healthcare system?, it is stated (page 9):

'the health care system exists in a dynamic environment. This means it has an important role in ***incorporating new learning and knowledge into current practice*** *[emphasis mine]*. To keep Australia at the cutting edge of health service delivery, the health system must absorb, implement and create new knowledge through clinical, public health and health services research, and evaluate and apply knowledge developed elsewhere through health services research. Leading scientists and clinicians also create new knowledge and technologies through research that must, when proven and appropriate, be incorporated into practice for the health benefit of Australians, while also contributing to our position in a growing global knowledge economy.'

ALIA/HLA comments:
In order to incorporate 'new learning and knowledge into current practice' in an ongoing, sustainable and systematic way, we need to have the information infrastructure for putting evidence into practice built into the health care system. There already exists a loosely constituted 'network' of health/medical libraries, and collectively, they manage the nation's health information and knowledge resources and services i.e. the health system's 'knowledge/evidence base'. The building blocks of the information infrastructure are already in place in the form of information and knowledge management functions that health libraries perform. These functions comprise a range of activities all aimed at collecting (procuring), indexing, preserving and storing, and

making accessible for delivery at point-of-need, all formats of print and electronic resources.

There is the potential within this loosely structured 'network' for a much more cooperative, systematic and sustainable approach to managing the nation's 'knowledge/evidence base' and for putting research-based evidence into practice. A coordinating role for a 'national library for health' exists, but this needs a policy framework, cross-jurisdictional and cross-sectoral cooperation and resourcing.

In the introductory paragraphs of Section 2, it is also stated:

> 'Another dynamic nature of the health care system is that it needs to ensure that there is an adequate supply of health professionals for the future. The whole health care system has an important role in clinical training, education of undergraduate students and training and research opportunities for post-graduate students embarking on professional specialisations.'

ALIA/HLA comments:
Libraries maintain the knowledge base that underpins teaching and learning, education and research – the need for the education system to supply the workforce for the future, and the requirement for health professionals to continuously update and maintain knowledge and skills, mean that health libraries must also be dynamic, maintaining the currency of their collections, as well as providing permanent access to the research literature and archival repositories.

A strongly networked and cooperative national system would provide opportunities for increased equity of access to information resources, regardless of geographical, sectoral or jurisdictional boundaries. There are opportunities for stronger ties between the health, education, and research sectors, through the already existing library networks. Health libraries in the hospital system who primarily serve the information needs of clinicians, also support clinical training, and in some cases, research. They could be more closely linked with the libraries in academic and research institutions, as well as those run by the professional colleges. This would be consistent with the Commission's precept of 'concerted action by Commonwealth and state governments, involving the public and private sectors, hospital and community services, and crossing traditional funding boundaries.' (page 18).

The twelve critical challenges

There are twelve critical challenges outlined in the Report (pages 12-17), and of these, there are at least five challenges in which the health information and knowledge resources infrastructure provided by libraries, is required.

No. 4 Redesigning care for those with chronic and complex conditions
In the description of this challenge, the Report states:

'There is the opportunity to implement and share successful working models where excellence in the care of people with chronic and complex conditions has been demonstrated, moving beyond trials to introduce best practice and knowledge more broadly.'

ALIA/HLA comments:
Libraries can facilitate the 'knowledge transfer' process for bringing research-based evidence derived from evaluations of successful models of care into practice

No. 5   Recognising the health needs of the whole person
It is stated:
 'Patterns of illness have changed and new approaches to care and treatment have developed, involving a broader range of health professionals often working together in multidisciplinary teams to provide care across different settings that meet the ongoing health needs of individuals'.

ALIA/HLA comments:
There is a role in the multidisciplinary team for an 'informationist' or evidence-researcher-librarian to manage the information/knowledge resource base of the multidisciplinary team of health professionals.

In the US and UK the trend towards multidisciplinary teams and the inclusion of librarians in these teams is evidenced in the increasing importance of the roles of 'informationists' (see, for example, the health research context of the US National Institutes for Health, Whitmore, 2008[2]) and clinical librarians (see, for example, a recent NHS study[3] which pointed to the need for clinical librarians in the UK possibly reaching up to 800, and recommended the role of the 'Team Knowledge Officer' to be responsible for the 'input of evidence to enable the team to function properly', p36-37). These librarians have a dual function i.e. as health information specialists, the roles are defined by the requirements of the health services teams, and at the same time, they take responsibility for traditional librarian functions. The emphasis on evidence-based information for patient care decision-making, and public health policy and program development, is likely to increase the demand for these 'dual purpose' librarians.

There is a role for the health libraries network in the provision of authoritative consumer health information resources.

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[2] Whitmore, S. C., Grefsheim, S.F. & Rankin, J.A. (2008). Informationist programme in support of biomedical research: a programme description and preliminary findings of an evaluation. *Health Information and Libraries Journal*, **25**, 135-141.
[3] Hill, Peter. (2008). *Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century*. Available from: http://www.library.nhs.uk/aboutnlh/review (accessed 28th July 2008.)

No. 8 Promoting improved safety and quality of health care

It is stated:

'Improvements need to tackle systemic, communication and information management issues including better patient identification, handover and decision support.'

ALIA/HLA comments:

Clinical decision-support systems and tools ideally would be integrated dynamically (i.e. in real-time) with patient-care information management systems so that evidence-based decision-making is supported at point-of-care. These tools are still being developed. The basic building blocks are the high quality, evidence-based information/knowledge resources to which health libraries already subscribe (see Haynes[4], 2006 for a description and examples of the categories of evidence-based information resources). Universal access (including training and customisation for all client groups) and integration of these library-based subscriptions and services with patient care systems at point-of-care are needed to improve safety and quality in health care.

No. 11 Improving and connecting information to support high quality care

It is stated:

'The way health knowledge and information are created, stored, shared and accessed across health services significantly impacts not just on the efficiency of the health system, but also on the quality and safety of patient care. 'Connected health' allows health knowledge and patient information to move with the patient across the different parts of the health care system, improving patient care, helping people navigate their way through the system, supporting doctors in their decision-making, and improving productivity and efficiency.

To achieve this, information about a person's health and how to optimise it needs to be readily available from **reputable and respected sources** [emphasis mine] in multiple and accessible formats, while appropriately managing privacy, security and confidentiality.'

ALIA/HLA comments:

Health libraries are in the business of managing 'health knowledge and information', providing access to authoritative information from 'reputable and respected sources'. 'Connected health' needs to encompass information for decision-making which is not simply information about the patient, but also subject-based information from 'reputable and respected sources' about the 'condition' which will support the health professionals' decision-making process.

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[4] Haynes, RB. (2006). Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based health care decisions. *ACP Journal Club.* Vol 145(3), November/December, p A8

No. 12   Ensuring enough, well-trained health professionals and promoting research

It is stated:

'Research, education and training are sometimes seen as an afterthought by health services which are focused on services delivery.'

ALIA/HLA comments:

Research, education and training require an information and knowledge resources infrastructure for resource-based teaching and learning, professional development and continuous quality improvement, and any type of research or program evaluation, to occur. Health libraries provide these services, albeit often as an underfunded 'afterthought' to research, education and training programs which are based in service facilities. Cooperation between health libraries in hospitals, and those in academic, research institutions, and professional colleges could provide greater equity of access to information resources. It should be noted, however, that cooperation and collaboration come with a cost, and must be resourced adequately for benefits to accrue. The required level of national cooperation is only realisable in the context of a nationally funded, cross-sectoral infrastructure, which would be implemented through the proposed 'national library for health'.

The accountability framework

To address the five challenges outlined above, and in keeping with the design and governance principles for the future health care system, there must be progress made to support and improve the ability of the 'network' of health libraries to fulfil their roles and functions and to provide the infrastructure for the nation's health information and knowledge resources and services. The solution offered is that of a cooperative, systematic and sustainable health library network which is coordinated by a 'national library for health'. The suggestions for improvements outlined above need to be reflected in the accountability framework so that progress can be tracked. The specific mechanisms for monitoring progress need to be built into the performance indicators and benchmarks addressing the particular challenges.

In the current proposed performance benchmarks (outlined in Appendix C), there is no mention of strategies to address the challenges which would involve information and knowledge resources for bringing evidence into practice, nor of the central role that is played by health libraries in managing the nation's knowledge/evidence base. It is suggested in this submission that there is no way of directly or indirectly measuring progress towards the higher level outcome, of '*incorporating new learning and knowledge into current practice in a dynamic health environment'.*

Recommendations

The following recommendations are made on the basis of the comments outlined in this submission.

1. In order to incorporate new learning and knowledge into current practice and to support the education and training of health professionals in a dynamic health environment, a system-wide, sustainable, national framework for cross-jurisdictional and cross-sectoral cooperation for health libraries should be developed.

2. The current information/knowledge resources and services infrastructure operated by the loosely constituted network of health libraries should be strengthened through the coordinating role of a National Library for Health, whose responsibility it would be to develop and implement the framework of policies and corresponding structures, including a national information and knowledge resources and services collecting and access strategy.

3. These initiatives outlined in the first two recommendations should be incorporated into the accountability framework, with specific emphasis on the five challenges (as noted above) so that performance indicators and benchmarks are designed to address these challenges.

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In consultation with the Health Libraries Australia Executive
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