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HLA NEWS

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The LONG march...

National Access to Health Information Online

Health Libraries Australia (HLA) has been advocating for almost a decade for a national approach to equitable provision of health information to support clinicians in Australia. Despite ongoing efforts and the adoption of many strategies to influence decision makers, we're 'not there yet'. It's instructive to pause and look in the rear-view mirror before continuing the journey.

Four years ago Lindsay Harris documented how far we had travelled in the development of a national ehealth 'library' between 2003 and April 2007 [1]. This paper updates the story and examines the changed landscape, the successes and challenges befalling others who have undertaken similar journeys, the distinctions between decision support and other library supplied information, and the next steps in our own voyage.

What's been happening since last the report?

In 2007 the Australian Library and Information Association's (ALIA) group, Health Libraries Australia (HLA), contributed to the research done by the company Valintus on behalf of the National Health Information Management Principal Committee (NHIMPC). Former Director of the Library Services Unit at Queensland Health, Garry Hall, reported on this work:

> "In May 2007…[NHIMPC] received from Valintus Pty Ltd a commissioned inventory of ECKRs [Electronic Clinical Knowledge Resources], as the first phase in the development of a business case for a national approach to the provision of clinical decision support (CDS) tools.
>
> The inventory identified and ranked the ECKRs purchased by the statewide services…with a view to prioritising current and potential resources. Results were analysed to inform the business case for improved procurement opportunities and/or wider access, along the lines of the successful implementation of a national licence for the Cochrane Library." [2]

The year 2008 was a busy year one for HLA with the preparation of two reports. In June a submission was made to the Deloitte consultancy charged with developing a national e-health strategy [3] and, in July, one was put to the National Health and Hospitals Reform Commission [4]. In both, the need for national coordination and provision of clinical information support was stressed.

In 2008 the Chief Health Librarians' Forum (CHLF) was formed to both represent and provide a national forum for the State, Territory and Commonwealth health departments' librarians, HealthInsite and representatives from the hospital library sector. As reported in HLA News in March 2010, the CHLF has been particularly focussed on advocacy for the National Health eLibrary Procurement Strategy and this proposal has been pursued

Continues on p16...

INside

FROM YOUR

CONVENOR

2011 HLA/HCN Innovation Award Winner • HLA Professional Development Day, 28 July • Anne Harrison Award 2012 • A special thanks to Veronica Delafosse • EBLIP6

Welcome to the June 2011 issue of HLA News.

In this issue, our feature article is by Cheryl Hamill, Library and Web Services Manager, Fremantle Hospital and Health Service, and HLA Secretary. Cheryl takes an important look back at efforts to date to develop national access to health information across Australia. Work continues but it is prudent to evaluate where we're at and where to next. Also, in this issue, Ruby Lindberg writes about the Northern Territory Health Library Service's experience providing internet access. This issue also features several reports plus the abstracts of applications for the 2011 HLA/HCN Health Informatics Innovation Award.

I am very pleased to announce that this year's winner of the HLA/HCN Health Informatics Innovation Award is the team at Toowoomba Clinical Library Service – Roger Hawcroft, Daniel McDonald, Patrick O'Connor, Samara Rowling and Jane Ehrlich. Their project was to establish a service providing clinically-oriented audio presentations to clinicians. The library staff identify clinical audio files, arrange them in a database which allows the creation of individual 'playlists', then download the files to the clinician's iPod or MP3 player, or loan pre-loaded iPods. The service model has now been extended to resources for iPads including electronic texts, apps and videos. Thanks to the generous sponsorship of HCN (Health Communications Network) the Toowoomba team wins $3,000 to spend on professional development. Daniel McDonald will represent the team to accept the Award at the HLA professional development day and will also talk about the project as an example of innovative use of new technologies to facilitate access to information for clinicians. In the meantime, you can read an updated account of the project in this issue of HLA News. The HLA/HCN Health Informatics Innovation Award is offered annually and I urge you to consider entering in 2012.

The HLA professional development day in Canberra on 28 July is shaping up to be a great learning and networking opportunity and I hope many of you will be able to attend. The day is being hosted by Canberra Hospital Library and thanks must go to Saroj Bhatia (Manager) and Sandie Johnston (Deputy Manager) for their generosity and hard work in putting this event together. Also working hard are HLA executive members Ann Ritchie, Convenor of the event, and Kathleen Gray who is organising the program with Saroj.

The program is looking very exciting, with keynote presentations from Mr Mike Gill from Cisco, Dr Louise Schaper from HISA (Health Informatics Society of Australia), a representative from the National eHealth Transition Authority (NeHTA) and Ms Heather Grain, Honorary Secretary, Australian Health Informatics Education Council (AHIEC).

The theme of the day is Intersections – Health Librarianship and Informatics in an eHealth World, and the aim of the day is to stimulate conversations between health librarians and the health informatics / ehealth community, with a view to identifying and building on the intersections between these two areas of practice in the health information environment. The program will also highlight new technologies in health information access and showcase innovative use of new technologies. There will be opportunities for health librarians, health informaticians, IT professionals and others to present short papers on innovative projects they have undertaken using new technologies, particularly mobile technologies. For more information, or to register to attend, go to the website at http://tch.anu.edu.au/hlapdday/.

The other award administered by HLA, the Anne Harrison Award, will be offered in 2012. The objective of the Award is to provide financial assistance for research projects that will increase understanding of health librarianship in Australia or explore the potential for the further development of health librarianship in Australia; or projects to enrich the knowledge and skills of Australian health librarians. The HLA executive has received several suggestions for research projects which would fit with the objectives of the Anne Harrison Award. One is a history of health librarianship in Australia, and the other is a national census of health librarians. If you are interested in one of these projects, or have your own project in mind, please consider applying for the Award. Full details are available from the HLA pages on the ALIA website (http://www.alia.org.au/awards/merit/anne.harrison/).

Finally, I would like to farewell Veronica Delafosse, Senior Librarian at the Health Sciences Library, Caulfield Hospital, from the HLA Executive and thank her for all her hard work over the years in various voluntary positions promoting health librarianship in this country. Veronica is recovering from a serious traffic accident earlier this year in which she was injured while riding her bicycle to work. Understandably, she has felt unable to continue in her role as HLA Executive committee member. Veronica has held a large number of voluntary positions in Health Libraries Australia and previously in the ALIA Health Libraries Section,

continues on p14...

SOUND SELECTION:
PODCASTS PROVE POSITIVE

The Toowoomba Clinical Library has introduced and established a service whereby clinically oriented audio presentations are provided to the health professionals throughout the region it serves. This narrative, by Daniel McDonald and Roger Hawcroft, describes its inception and progression.

In many ways, this is a project that is all about mobile information technologies – about MP3 files and podcasting software and iPod shuffles. In some crucial ways, though, the technology is almost the side issue or, at the very least, was not the driver of success that this service seems to have achieved. In his recent manifesto, "You are not a gadget", Jaron Lanier [1] claimed, "The central mistake of recent digital culture is to chop up a network of individuals so finely that you end up with a mush. You then start to care about the abstraction of the network more than the real people who are networked, even though the network by itself is meaningless. Only the people were ever meaningful". It is an obvious statement yet a profound observation, and one the library has tried to remain cognisant of in all its work. The major role of a clinical library service is to be aware of quality content and connect clients – doctors and nurses and allied health workers – with it. It is they who make decisions about patient care, who strive to practice from a sound evidence base, who must provide safe and effective and cost-efficient health interventions. To do so clinicians require information. The eminent UK physician Sir Muir Gray has consistently argued in many forums that, in the 21st Century, knowledge is the key element to improving health. In the same way that people need clean, clear water, they have a right to clean, clear knowledge. He has also claimed that the greatest future advances in healthcare will come not from new inventions and discoveries but from the application of what we already know. To that end it is the work of the library and its information professionals to meet that need – to put the right information in the right context and the right container for the right client. This project is one small contribution towards meeting that need.

Where did we start?

For several years the library had loaned, first, audio cassette and, later, audio CD programs as a regular part of the circulation service. These programs had long been used by clinicians driving between regional centres or from rural locations to the city as a convenient way of using the time productively and keeping up-to-date with developments in their field. With the increasing ubiquity of the MP3 player, either as stand alone or as part of smart-phones and computers, for music and entertainment, we had begun to investigate whether there was a role for that technology in the information arena. A paper published in November of 2007 by Ashok and Priya Roy [2] seemed to reinforce our still nebulous thoughts. They quoted a Pew Internet study that found more that 22 million American adults owned iPods or MP3 players and 29% of them have downloaded podcasts from the web. They explored a number of intersections of training and podcasting in adult education, including a program at Duke University where all incoming first year students were supplied with iPods, but much of their discussion surrounded possibilities rather than extant services. It wasn't until a request from a palliative care doctor, one of Lanier's "people who are meaningful", that our thoughts took a concrete direction. This doctor was travelling once a week between Toowoomba and Brisbane and wanted to redeem the time by listening to material relevant to his field. There was next to nothing available in established collections and not wanting to return to the client empty-handed library staff began browsing the web trying to ascertain what was available for health professionals. Amongst some obscure material were enough quality resources to convince this doctor of its worth so, once a week, two or three audio CDs were created from MP3 files which had been found on the web and downloaded. These were inauspicious but important beginnings. In providing informal feedback the palliative care doctor provided several clues as to why the project became what it is. He said the CDs were easy to listen to as he was highway driving. Some of the presentations were particularly instructive and he would listen to them several times, and would also ask for copies to be shared with colleagues. He did complain about the prevalence of American accents, so a lecture on telomeres was obtained by the Australian researcher Elizabeth Blackburn. Later on she was awarded a Nobel Prize for this work, so to be exposed to her work beforehand was quite rewarding. From the library's perspective this experience proved mutually beneficial. Sourcing the material was low-cost and, through evolving search strategies, an increasing wealth of sources of freely available MP3 files relevant to our professional community was discovered.

What did we do?

In reflecting upon this work in team meetings we realised this individual and very particular occasion of service was eminently scaleable. It seemed clear

Continues on p20..

It's a set up!

WIRELESS INTERNET SERVICE at the NT DEPARTMENT OF HEALTH LIBRARY

The Northern Territory Department of Health Library has successfully set up WiFi in three of its five branches to connect patrons to the internet. Ruby Lindberg explains how it was done...

Since 2008, for the Darwin branch, and 2009, for the Alice Springs and Katherine branches, patrons have been able to make use of the Northern Territory (NT) Department of Health (DoH) Library Wireless Internet (WiFi) service.

How it was done

There was no red tape in setting up the WiFi service for the DoH Library. The stipulation was that the DOH did not want the library "piggy backing" off the hospital's existing system due to security concerns. Once the Information Technology (IT) department did not see the Library's WiFi as a threat to the DOH's network, library management was free to move ahead with setting up the WiFi service.

In the first instance, Telstra installed a land line in the Libraries. The telephone port needed to be near a power source for the modem/router. A modem/router (I will refer to this as the 'router') was purchased. For Darwin and Alice Springs the DLink brand was chosen as per the recommendation of a Departmental WiFi expert. For the Katherine Health Library, NetGear was bought by the IT firm who organised the Katherine router installation.

Once the landline and routers were in place a broadband plan was organised with Telstra. Previously Darwin and Katherine had a limited monthly data allowance of 40G. However, in April 2011 it was found that this was insufficient due to increased usage so an application has been submitted to Telstra to increase the data allowance to 300G. Alice Springs has unlimited monthly data allowance as it was found that usage was going over the 40G each month. WiFi costs, both for equipment and internet bills, are covered by the DoH Library and included in its annual budget.

Once the Darwin Health Library had the broadband plan and the landline in place all that was needed was for the router to be configured. This was done effortlessly by one of the Department's WiFi experts. We later found out that configuring the router was not complicated when I managed to configure Alice Springs' router without any technical assistance. It was a different story for Katherine and it was more viable to get a local IT firm to do the router set up.

Issues to consider

PASSWORD: It is recommended that the WiFi service be made secure by turning on the password option in the router. We change our WiFi password every month in the 3 libraries. Therefore, a library staff member needs to be responsible for this and another staff member is needed as a back up. The responsible staff member would also need to be familiar with the back-end of the router so they are able to 'trouble shoot' and assist clients when they are unable to connect their laptops to the library's WiFi service.

The WiFi login/password is given to clients upon request.

SITE RESTRICTIONS: The majority of clients who use the Library's WiFi service use their own laptops and have no restrictions on the websites they can visit. This also applies to the Library laptops. Related to this, clients are not required to sign an agreement sheet with a set of conditions of usage because they are bound by the NT Government's Code of Conduct.

WIFI RANGE & ROUTER LOCATION: When the WiFi service was set up in Alice Springs we discovered that the range was quite extensive and the monthly usage was going over the 40G data allowance. We suspected that this was also due to staff accommodation being so close to the Library (as well as the password being shared!). Therefore, we limited the range to just outside of the library and also opted for the unlimited data allowance plan with Telstra.

We also discovered in the Darwin Health Library that the WiFi range was limited and not reaching the back of the library. A WiFi extender was purchased but this was not effective. it was then decided to move the router halfway down the library. Since moving the router Darwin's WiFi service has not been problematic.

When the WiFi service was set up in Alice Springs it was decided to place the router in the ceiling

Continues on p19..

ABOUT THE AUTHOR

Ruby Lindberg is currently employed by the NT Department of Health (DoH), Library Services in the Darwin branch as the Resources Management Librarian. She has been in this position since November 2010. Prior to this, Ruby was the Electronic Services Librarian (ESL) of the DoH Library (since early 2008). As part of her ESL role Ruby undertook the project of setting up the Wireless internet service for three of DoH's regional libraries – Darwin, Alice Springs and Katherine.

A REPORT FROM EVIDENCE 2010

TRANSFORMING HEALTHCARE

Evidence 2010 brought together international experts from the areas of education, EBM resource development, implementation, health economics and commissioning with the aim of fostering cost-effective change and transforming healthcare using evidence. Terence Harrison reports..

Evidence 2010 was the first conference of that name and was held at the British Medical Association building in Bloomsbury, London, over two days. The Conference (subtitled "Transforming Healthcare") was jointly organised by BMJ Evidence and the Centre for Evidence Based Medicine (Oxford University). Attendees to the conference included clinicians and information specialists from around the world.

Proceedings included plenaries and seminars. Keynote speakers included Sir Muir Gray (founder of the Centre for Evidence Based Medicine (CEBM), Oxford, and now Chief Knowledge Officer, UK National Health Service (NHS)), Paul Glasziou (currently at Bond University, Australia and formerly Director, CEBM, Oxford), Carl Henegan (current Director of CEBM, Oxford), Sharon Strauss (Department of Medicine, University of Toronto), David Tovey (Editor in Chief, Cochrane Library) and Sir Iain Chalmers (founder of the Cochrane Library and now head of the James Lind Initiative). The conference was chaired by Fiona Godlee (Editor in Chief of the BMJ). Quite a line up!

The conference was advertised as covering:

- Improve evidence-based decision making
- Develop ideas for using evidence in practice
- Foster effective innovation
- Guide efficient commissioning
- Provide education and training to improve evidence-based healthcare

There were several themes covered: improvements in evidence delivery; the role of the 'knowledge broker'; evidence and trials and value for money; and patient values.

Below, I summarise how these themes were expanded upon.

1. Evidence Delivery

Perhaps this theme was best discussed during the session on the future directions of the NHS Evidence service. Recently the service was revamped and further, major improvements due next year were highlighted (watch out for these next Northern spring). It was agreed that in ten years time evidence will be delivered automatically at the point of care, that searching will become redundant, and that literature appraisal will be seen as archaic. In other words, evidence will be embedded in Map of Medicine style interfaces. If you have not accessed NHS Evidence lately you should take a look as it now includes multi-filter facilities (www.evidence.nhs.uk). There is also an 'Accredited source' badge against results that are from highly trusted sources. All in all there is a move towards bringing together the various evidence resources in the UK – NHS Evidence, NICE, Map of Medicine, etc. – under one banner to rationalise and streamline evidence. Interesting times…?

2. Knowledge Brokering

This is a theme that was raised in a number of discussions both within the seminars and in informal discussions among participants over coffee. Many health libraries in the UK are including 'knowledge specialists' or brokers on staff. Some Library Managers are doubling up as their Trust's 'knowledge officer'. The move is in the direction of seeing libraries as playing a pivotal role in organising local knowledge resources as part of a national knowledge repository. Coordination and collaboration is the key here. On a national level, again, it is all about rationalisation and avoiding waste and duplication, with information specialists playing an important role in healthcare.

3. Evidence & value for money

This was another major theme of the conference. Basically the argument went that poor evidence is costly and, therefore, especially in the current financial environment, not cost effective, unproductive and poor value for money for all stakeholders including patients. There was much criticism of how many, many clinical trials are never reported on and go unpublished. This was seen as unethical to those taking part in the trials, a waste of resources, and dishonest. Many examples were given.

4. Patient values

Sir Muir Gray argued for a new language to be developed in the way we relate to patients. He had no immediate suggestions to make but said that he believed the 'us and them' attitude, while long gone, is still apparent in our language, which can be archaic. Other presenters argued that the whole push of evidence should be in the direction of providing up to date, accurate information to patients. One website Muir Gray quoted was http://www.rightcare.nhs.uk/.This site is a blog that will promote this philosophy.

Continues on p6..

Transforming healthcare report continues from p5 ...

Other than that, it was an interesting event to network. One example: I found myself over coffee talking with Andrew Booth (Scharr), Jon Brassey (TRIP Database) and Douglas Badenoch (Director of Minervation, which designed the CEBM websites and similar ones) about future technologies/directions. Another example: a brief conversation I had with Muir Gray in which he extolled the importance of the knowledge network he was promoting. I took the opportunity of mentioning some of the initiatives re patient resources taking place in Australia (e.g. Healthwise). I also took the opportunity to plug the CEBPA project and there was much interest in the approach taken.

So, in summary…in my view, health libraries will need to be constantly reinventing their approach over the next few years. Knowledge generation and dissemination will be key. Roles will consequently change. Delivery systems will be paramount. More importantly, national structures to alleviate these changes will be required. The days of one hospital or health library working in a different way to another will be seen as something of the past. Patients will also be seen as health library customers too.

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NOTE – Highlights from Evidence 2010 can be found at http://www.evidence2011.com/2010/highlights.

Evidence 2011 will be held in London October 24-26. Details available at http://www.evidence2011.com/.

Sharing matters

Count the ways...

Did you know you can earn ALIA CPD scheme points writing for HLA News?

You will earn one point for each hour spent on article preparation, up to a maximum of 10 points per year.

For more information visit http://www.alia.org.au/education/pd/scheme/

WINNER OF THE 2011 HLA/HCN INNOVATION AWARD

iThink iLearn iPod iInnovate

This is the third year the HLA/HCN Health Informatics Innovation Award has been offered and, again, it was pleasing to receive applications of such a high calibre.

ABOVE Daniel McDonald (left) and Roger Hawcroft show off their power-packed iPods.

The judging panel assessed the nominations against the following criteria

1. Contribution to, and enhancement of, the information profession/industry
2. Outstanding project work, whether by an individual or a team
3. Collaboratively working within or between organisations
4. Originality/innovation regarding services or solutions
5. Excellence/innovation in terms of best practice, and
6. Evaluation of the project (actual or intended methods and, where available, results)

It is with great delight that I announce, on behalf of Health Libraries Australia (HLA) and Health Communication Network (HCN), that the winner of the 2011 HLA/HCN Health Informatics Innovation Award is the Toowoomba Clinical Library Service – Roger Hawcroft, Daniel McDonald, Patrick O'Connor, Jane Ehrlich and Samara Rowling – for the project, Dissemination of Clinical Information using iPods.

Details of the Toowoomba Clinical Library Service's winning application follow as do those of all finalists in the Award. HLA will also publish the abstracts on the HLA website. By providing this information we aim to improve communication within the sector and hopefully provide an opportunity for you to think about how you could use some of the ideas in your workplace or even apply for the 2012 award.

Presentation of the Award will be made in Canberra at the HLA Professional Development Day, July 28, 2011.

Suzanne Lewis
HLA Convenor

Australian Library and Information Association

HCN HEALTH COMMUNICATION NETWORK

WINNING ENTRY

Dissemination of Clinical Information using iPods

Toowoomba Clinical Library Service (Roger Hawcroft, Daniel McDonald, Patrick O'Connor, Jane Smith, Jane Ehrlich)
Daniel_McDonald@health.qld.gov.au

One of the contemporary challenges for clinical libraries is to understand and engage with a continuously changing variety of content packaging. The environment is rapidly changing from one where the availability of the content dictated the mode of access, to one in which clients can choose their preferred mode of access and expect that the content they need will be available to fit it.

In an effort to adapt to this change the Toowoomba Clinical Library Service observed the ubiquity of iPods and MP3 players was accompanied by a steady increase in the production and availability of audio presentations suitable for practising clinicians. At the same time, suitable indexing and aggregation of podcasts was rare, meaning much of this potentially highly useful content was difficult to discover and was little used. This issue was addressed by establishing a project whereby podcasts were collected and access provided.

This project identified (through extensive searching) suitable podcasts and pre-loaded them, as topical collections, onto iPods which were made available for loan. In addition, a database was developed to generate descriptive lists of available podcasts and to facilitate the tracking of podcast allocation to individual iPods. Over time, feedback helped us realise the collection, indexing and multimodal distribution of the podcasts was more important than simply the provision of iPods. Subsequent enhancements have been made to encompass these larger goals.

This project has been well worthwhile. Use among local clinicians has steadily grown, while hospital libraries in Brisbane and

Continues on p8...

HLA/HCN Innovation Award winner & finalists continues from p7 ...

Adelaide are now collaborating with the project. Formal and informal evaluation indicates it is clearly meeting a need by extending the provision of high quality and relevant information in a format which is flexible and appropriate for clinicians thinly stretched for time and intellectual energy. Enhancing the project will involve working on better ways to evaluate the outcomes achieved from this service and the impacts on practitioner behaviour and patient outcomes.

You can read about this project in more detail on page 3 of this issue of HLA News and also in the Dec 2009 issue (http://www.alia.org.au/groups/healthnat/hla/HLA.News-Dec09.pdf).

FINALISTS

Health Information Portal, support for GPs in the ACT
http://www.acthealthnet.com.au

Saroj Bhatia, Director, ACT Health Library & Multimedia Services, The Canberra Hospital
sarojb@tch.anu.edu.au

This project supports 'integration of care' between General Practitioners (GPs), the gatekeepers of the health system, and the hospital sector by helping to increase equity of access to evidence based clinical knowledge resources (and ultimately leading to improved patient care).

Managed by the ACT Health Library, ACT Health Net provides desktop access to high quality, reliable health information on a 24-hour basis to support evidence-based practice at the point of care. This Health Information Portal supports all GPs in the ACT and its surrounding NSW, such as Yass and Queanbeyan, who have no access to library services and resources. GPs can obtain a username and password by online registration. At present there are 220 registered users. A single search box allows them access to the latest evidence based research, clinical guidelines, drug information, and other health information. These integrated clinical resources and evidence keeps GPs informed during the treatment process. It assist GPs to improve safety and quality of health care and ultimately to improve patient outcomes, in particular by reducing medication errors and adverse drug events.

The project started in July 2004 with the support of ACT Health. A steering committee was formed including representation from GPs, consumers, ACT Health and the ACT Health Library. Resources are selected by the steering committee. ACT Health finances the purchases of licenses to resources.

This project is a unique example of an integrated approach to health information and knowledge resources across primary and acute care and could be a model for a national health electronic library or knowledge portal.

Info CNnect: online learning support for nursing students
http://cnnect.nursing.edu.au/

Graham Spooner, Helen Robinson and Kate Jonson, Katie Zepps Nursing Library, The College of Nursing
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In 2009 the College of Nursing adopted Moodle as its Learning Management System. Prior to this, the College has had a long history of paper-based post-graduate distance education. Library staff have supported the learning needs of students and have steadily increased the range of databases and online resources available to its onsite and remote clients.

The adoption of Moodle (named CNnect) required a library area where, after an initial login, students could access the resources without further authentication. Creation of this seamless access was the first venture into Moodle for the College librarians.

Acting on a suggestion from the College's Director Education Services, librarians recently moved toward a liaison librarian model with each taking responsibility for a number of courses and their respective educators. As an adjunct to this model, College librarians have been involved in using the Moodle books functions to create specialized access points labelled "Info CNnect" with the subtitle tag "shortcuts from your librarian".

Info CNnect uses hyperlinking to draw together and provide easy access to library resources pertinent to students undertaking the range of graduate certificates offered by the College. Sources for content include e-journals from aggregators, Nursing Consult, Nursing Reference Center and material from NSW Health's information portal, CIAP.

A standardized template of chapters was developed to allow grouping of resources. This format includes chapters as follows:

- Introduction to Info CNnect including the name of the allocated Liaison Librarian and a Meebo chat box.
- Print books, video and CD ROMs with hyperlinks directly to the catalogue record
- E-Books with hyperlinks directly to the product where it is available
- Journal Titles
  - E-Journals – with hyperlinks directly to where the titles are available
  - Print Journals
- Current Awareness – 3-4 e-journals with tables of contents listed and a link to that issue online
- Websites or links of interest

Two generic chapters include content which is applicable to students in any course:

- Referencing & Writing
- Tutorials & Help

Creation of the hyperlinks to items relevant to the subject area takes place offline and they are transferred into the Moodle book once ready. Alerts by email or RSS feed are created for the e-journals selected to facilitate addition of the latest issue into the Current Awareness chapters.

There has been a recent analysis of logs identifying numbers of student accesses. These will inform efforts to promote the availability of Info CNnect to students. Other means of evaluation are also being developed.

Centre for Evidence Based Practice Australasia:
TWELVE MONTHS ON

Terence Harrison was the recipient of the 2010 HLA/HCN Health Informatics Innovation Award for his project to establish and develop the (virtual) Centre for Evidence Based Practice Australasia (CEBPA). Twelve months on and Terry provides an update on CEBPA.

Centre for Evidence Based Practice Australasia (CEBPA) was launched in October 2009 by Associate Professor Sharon Strauss during Melbourne Health's Evidence Week. It was sponsored by a number of high-profile organisations across Australia, as well as individuals – a full listing is on the CEBPA home page, http://cebpa.info.

What makes CEBPA different is that it is a truly collaborative effort that is open to all users and contributors without constraint of funding, is largely 'cloud' based and has no one central 'office' or bureaucracy.

The emphasis of CEBPA is on the provision of Evidence Based Practice (EBP) resources, including Australian and New Zealand EBP resources, to assist in all aspects of the EBP process. CEBPA continues to provide news updates on evidence resources. For example, in recent months there have been updates on:

- Evidence Central, an app for multi-platforms – Android, iPad etc – from Unbound Medicine and published by Wiley (see http://www.unboundmedicine.com/products/evidence_central);
- PubGet, another way of using Pubmed that provides for easy access to papers (see http://pubget.com/paper/)
- TILT, a new resource from TRIP Database that provides for dynamic learning in a collaborative environment with queries mapped against MeSH terms and relevant articles brought up automatically (see http://tilt.tripdatabase.com).

There is an ongoing need to increase involvement for CEBPA primarily from contributors and, secondly, users. With contributors, this is open to anyone who is concerned with EBP: clinicians, health librarians, health academics, health advocates, health informaticians and so on. Contributors can upload resources/tools, etc, as well as updates and news. Users of CEBPA will increase as the resource gets known better: this is down to all existing users to 'spread the word' and promote it.

Resources and tools that have been contributed to CEBPA include:

- Evidence summaries from a number of sources
- A Clinical Questions and Answers facility (allows for the publishing of clinical Q & As at a global level)
- Auditmaker – a tool to assist in clinical audits
- Epiq – a collection of critical appraisal tools from New Zealand

CEBPA has the potential to coordinate knowledge sharing within the EBP community across Australia and New Zealand via:

- an expansion of the Evidence summaries service (ERA)
- a greater use of ANZwers (clinical Q & As) possibly linked to the TILT facility.

Finally, I should mention that there are four administrators for CEBPA – myself, Catherine Voutier, Margaret Purnell and Lars Eriksson. More administrators are welcome (it would be great if there was at least one for each state and territory and also one for New Zealand). Administrators to the site organise content, review the site structure and collaborate on promoting the resource as a whole. If you are interested in helping out, please contact Catherine Voutier on Catherine.Voutier@mh.org.au

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NOTE – You can read additional information about the origins and aims of CEBPA in an article Terry Harrison wrote for HLA News in 2009 at http://membership.alia.org.au/lib/pdf/groups/hla/HLA%20News-Sept09.pdf (pg 11).

Evidence-Based Practice Librarians' Residential Seminar
University of Queensland • 28 November – 2 December, 2011

Please note that all seminar places have now been filled.
Please email l.kruesi@library.uq.edu.au to go on a waiting list in case of cancellations for 2011 AND/OR participation at an EBP seminar in 2012.
http://www.library.uq.edu.au/hsl/ebp/ebp2011.html

FROM YOUR SPONSOR

SUPPORTING HEALTH LIBRARIES in the digital age

Three years ago an article was published in Health Libraries Review titled *'Will technology kill the healthcare library?'* in which Jem Rashbass, Clinical Director of Biomedical Computing at Cambridge University, argued that within five years we could expect to see emerging technologies destroy the need for healthcare libraries. According to Rashbass, as information becomes more easily and widely accessible online, individuals will no longer need to consult specialist librarians whose principle responsibility is to gather, organise and deliver health information on their behalf.

In 2011, events such as the upcoming HLA Professional Development Day, of which the theme is 'Intersections — health librarianship and informatics in an eHealth world' highlight the ways in which health libraries and librarians are not only surviving rapid digital evolutions and developments but evolving their ways of working in order to continue to deliver the information they always have in the most effective ways — using those same technologies that were supposed to 'destroy' them to their advantage. From mobile technologies to working with electronic patient records to elearning for health professionals, health libraries and librarians remain centres of expertise on information, search and retrieval and other skills that will be central to the eventual implementation of a national ehealth system. Health institutions such as libraries continue to play an imperative role in the patient experience of the healthcare system and in empowering healthcare consumers.

Rashbass invited challenges to his argument, reminding readers of how important it is to 'understand where the technology might take us and how one can incorporate the expertise that librarians currently have with this technological revolution.'

A positive example of this has been the ACT Health Library service which implemented an open source Content Management System, set up user-friendly authentication systems and redeveloped its document delivery system, all of which have allowed the library service to respond more effectively to its users' requirements.

Another way that libraries have been taking advantage of digital opportunities is by subscribing to resources such as Informit databases. The 100% full text Informit Health Collection includes Australian, New Zealand and Asia Pacific health journals, reports and case studies of practical support to anyone studying or working in therapeutic, diagnostic, preventative and primary health roles. The new Informit Indigenous Collection, also 100% full text, has been created as a subset of the Health and Humanities & Social Sciences Collections to specifically draw results related to Indigenous health and other issues, enabling researchers with an Indigenous studies focus to quickly find relevant information. RMIT Publishing also offers media databases such as Informit TVNews, in which all Australian free-to-air news and current affairs programs including 7.30 Report, ABC News, Four Corners and National Nine News have been comprehensively indexed and made available for instant download.

RMIT Publishing's vision has always been to support and promote Australasian resources within Australasia and around the world. We work closely with librarians so that we can constantly adapt our products and services to suit their needs, and support increasing digital needs. We understand the importance of Australian-relevant health information that is accessible when and where it is needed.

RMIT Publishing will be at HLA Development Day in Canberra, 28 July 2011. We invite attendees to visit our stand and discuss the products and services we have to offer, and how we might tailor them to suit your library.

To find out more, provide feedback or request a free trial, contact support@rmitpublishing.com.au or call +61 3 9925 8210.

Read more about Informit Collections and Media databases at http://www.informit.com.au/products.

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MLA 2011 ANNUAL MEETING REPORT

MLA rethinks all things HEALTH LIBRARIANSHIP

Rolf Schafer reports on his attendance at the 2011 Medical Library Association Annual Meeting, held 13-18 May 2011 at the Minneapolis Convention Center, Minneapolis, Minnesota, USA.

Minneapolis was the venue for this year's annual Medical Library Association (MLA) meeting and the National Library of Medicine's (NLM's) 175th anniversary celebration. The last time the annual meeting was convened in Minneapolis was 25 years ago, where celebrations for the NLM sesquicentennial were also held.

Registrations for the annual meeting totalled 1886, with 87 of these from outside the United States, Canada and Mexico. I was the only delegate who travelled from Australia to attend the convention. E-Conference registrations were taken up by 101 members who could not travel to the meeting, yet were still able to be part of the meeting community via online access. This online access included video streaming of keynote and other select plenary sessions, and access to audio sessions with electronic presentations and online access to posters before, during, and after the meeting.

A total of 129 contributed and invited papers combined with 176 poster papers were presented over the four days of the conference. Continuing education courses offered during the conference numbered twenty-six and covered a range of professional competency areas [1].

The theme for this year's meeting was designed to help librarians rethink existing and emerging areas in health librarianship: rethink service, rethink technology, rethink space, rethink leadership, rethink engagement, rethink research and rethink outcomes. With so many information channels requiring our attention today we need to allow time to rethink what we need to do in order to remain relevant to our institutional contexts and those we serve.

To enable more meeting attendees to connect and engage MLA has embraced and promoted popular social networking tools through a concept known as "Conference Community." At MLA'11 we were offered Twitter, CrowdVine, CoverItLive, FriendFeed, foursquare, quick response codes and the MLA'11 Blog site. These services are designed to facilitate interaction with attendees and exhibitors at the meeting on a whole new level. The centrepiece of the Conference Community services at MLA'11 was "ReThink Conversations." After each plenary session attendees were asked to discuss a related question via Twitter. Display monitors were strategically placed around the convention centre so that attendees could watch and respond to the live conversations. Tweets could be made using a mobile device, laptop, or computers in the Internet Café [2]. To my knowledge I am not aware of all these networking tools being offered and utilised at a library conference in Australia.

The following is an account of my MLA'11 experience and the sessions I attended.

SATURDAY

The Welcome Reception and opening of the Hall of Exhibits was held on Saturday night. Here a gathering of some 516 companies and vendors displayed their products and wares. The exhibit hall also contained an area for the poster sessions, the Internet Café, Technology Showcase centre, and some electronic displays.

SUNDAY

This was an early morning start as I attended the International Cooperation Section business meeting. Following this the 2011 annual meeting commenced with a welcome session at which President Ruth Holst greeted delegates on behalf of the Association. Welcoming remarks and salutations followed from Clare T. Leibfarth, President of the Midwest Chapter, and from Gabriel R. Rios, co-Chair of the 2011 National Program Committee. Ruth Holst then delivered her Presidential Address which emphasised the themes of rethinking our value and roles. A highlight of her presentation was the shared snapshots of the various MLA Chapter meetings that she attended throughout the year.

After a coffee break delegates reassembled for Plenary Session II – The John P. McGovern Award Lecture. The speaker, Clay Shirky – writer, consultant, and teacher on new technology and social media – shared his thoughts on rethinking social media and how it relates to our profession.

Continues on p12...

LEFT Dr Donald A.B. Lindberg, Director, National Library of Medicine and Rolf Schafer at the 175th Anniversary celebrations for NLM.

MLA 2011 annual meeting report continues from p11 ...

Shirky examined the way network technologies provide new ways for groups to get things done, including collaboration tools, social networks, peer-to-peer sharing, collaborative filtering, and open source development. A very thought provoking lecture and pragmatic view of what is occurring now and what is to come with social media and emerging technologies.

Following lunch, members attended the first MLA business meeting where the treasurer's report and other annual reports of the Association were formally adopted. Recently elected office-bearers were also announced. Contributed Paper sessions, sponsored by different sections of MLA, filled the remainder of the afternoon. I attended a session with the title of *Next Steps: The Future.* The papers covered topics that included the 21st Century Health Information Professional, leveraging social media tools to engage library users and the next generation of auto alerts.

Afterwards I joined other international librarians at the International Visitors Reception hosted by the International Cooperation Section.

MONDAY

The morning began with Plenary Session III – Janet Doe Lecture. T. Scott Plutchak, Director of the Lister Hill Library of the Health Sciences Library at the University of Alabama-Birmingham, delivered this year's lecture. His lecture was titled *Breaking the Barriers of Time and Space: The Dawning of the Great Age of Librarians.*

The second section programming session commenced after the mid-morning break with eight concurrent sessions to choose from. My choice was 'Top Tech Trends' where a panel of six librarians shared the latest offerings in technology, websites and social media tools. Topics included meeting schedules, project management tools and data visualisation.

At the conclusion of this session I attended the MLA Awards Ceremony and Luncheon where MLA members were recognised with various awards, honours and scholarships.

The afternoon was devoted to Section sponsored programs and to Section business meetings. I attended a session sponsored by the Leadership and Management Section on rethinking libraries in hard times.

TUESDAY

At 7am I joined several other colleagues for breakfast at a 'sunrise seminar' hosted by Wiley-Blackwell to hear about the latest concepts in evidence-based healthcare and clinical decision support tools that help clinicians and nurses find quick answers to the latest evidence. By 9am we were ready for the second MLA business meeting comprising the Presidential Inaugural Address and MLA'12 invitation.

The annual NLM update was held after morning coffee and well attended. Dr Donald Lindberg, Director of the NLM and assisted by two associate directors, delivered the update. The highlight of their presentation was an overview of the services, programs and accomplishments that NLM had delivered over the past 175 years. The fourth session of concurrent section programs occupied the remainder of the day.

That evening meeting attendees and Friends of the National Library of Medicine joined together to celebrate NLM's 175th anniversary. The unique birthday cake clearly stole the show at the celebration.

WEDNESDAY

The morning began with the Joseph Leiter NLM/MLA Lecture delivered by Dr Peter J. Hotez. Dr Hotez is distinguished research professor, Walter G. Ross Professor, and chair of the Department of Microbiology, Immunology, and Tropical Medicine, The George Washington University. His research focuses on vaccine development for parasitic diseases, particularly hookworm and schistosomiasis. Hotez also has a strong policy interest to promote the control of neglected tropical diseases (NTDs). The 2011 Leiter Lecture was titled *Open access and control of the Neglected Tropical Diseases, "The NTDs".*

Plenary Session IV followed and featured Geoffrey Bilder, Director of Strategic Initiatives at CrossRef, who has more than sixteen years of experience as a technical leader in scholarly technology. Bilder titled his presentation, 'What color is your paratext?'. His wacky and lively delivery style, complete with 251 PowerPoint slides, helps us to rethink scholarly communication and understand some of the challenges facing researchers with emerging technologies and scholarly publishing.

Next year's annual meeting will be held in Seattle, Washington, 18-23 May, 2012. If you are not able to attend in person consider taking up the e-conference registration where you will have online access to videos of the plenary speakers and all conference presentations with audio recordings.

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Check out the official website for MLA'11 at http://www.mlanet.org/am/am2011/. There you can download abstracts to papers along with other information.

LEFT – That unique birthday cake – a sweet rendition of the NLM building in Bethesda, MD.

The Librarian's Librarian

– A TRIBUTE TO VERONICA DELAFOSSE

After more than 15 years involvement in ALIA health library groups (both State and National, and in all their various guises), Veronica Delafosse recently stepped down from her current post on the national Health Libraries Australia committee. Her good friend and colleague, Glennys Powell, pays tribute to Veronica, a most remarkable librarian and colleague.

> ‘For a part time sole site librarian it’s [working on ALIA health library group committees] really helped me develop professionally and I constantly wish others would take up the mantle and volunteer, even for a short while, so they can benefit from both the tangible and intangible aspects.’
>
> Veronica Delafosse, 7 April 2011.

Veronica Delafosse is currently Senior Librarian, Health Sciences Library, Caulfield Hospital (part of the Alfred Health Library Service, Victoria). She has had a long and distinguished career as a health sciences librarian for over thirty years, most of it in service at Caulfield Hospital under its various names.

Veronica has chosen to excel in the sub-specialty of rehabilitation and aged care librarianship in which she is considered an expert by her peers. She was founder of REBLS…with a cause Special Interest Group (ALIA HLA Special Interest Group for Rehabilitation Evidence Based Librarians) and remains its current co-ordinator. Her expertise is recognized by the post nominals FALIA and CP.

Her professional voluntary roles are numerous but include various executive and committee roles with ALIA Health Libraries Australia (HLA). Veronica has just resigned from the HLA committee after fifteen years of service and we express gratitude for her excellent contribution during this time.

For those of you who are not aware, Veronica and I job shared for approximately nine years in the 1990s at what was Caulfield General Medical Centre. We were the mothers of young children and both renovating houses and trying to keep up our careers in a tight job market. Our job sharing arrangement was not welcomed at first in those days but, in the end, even the Human Resources department came to recognise that they had two part time workers who were keen to put in the extra effort without the benefit of any overlap time to make the arrangement work well for the benefit of the organisation and its clients.

Veronica was always extremely well organized and precise and we had a folder for everything and everything had its place in our shared work environment. I confess that I had to work hard at this aspect of the job share arrangement. My current office could do with Veronica’s eagle eye for sorting and decluttering!

The 1990s was a turbulent and challenging time to be involved in health in Victoria. Case-mix funding was introduced and the Melbourne Metropolitan Health networks were formed. Along with the staff we supported, we learned some strange terminology including WIES which seemed to keep the administrators and accountants in a state of perpetual anxiety and excitement. There had been a paradigm shift in Victorian public hospitals.

Funding became tight for health libraries as we became seen as “non core” and our once reasonable budgets were squeezed which meant cuts to our journal holdings. At one stage our General Manager, at the time, personally went through our journal list and queried why we would need to subscribe to an international journal of

Continues on p14..

The Librarian's Librarian: Veronica Delafosse continues from p13...

rehabilitation. Another chestnut was why bother subscribing to any journals as they were now all free on the Internet? However, we survived and, as the old saying goes, what doesn't kill you makes you stronger! Veronica calmly and methodically took it all in her stride.

The 1990s were also an exciting time as we experienced the development and blossoming of the computer age and internet in libraries. We were right in the mix with the purchase of our first PC and the move to computerization. Veronica was an enthusiastic early adopter of computer technology for libraries and was not fazed by the grey box which sometimes seemed to have a will of its own. The old machine with the "ear muffs" which had been the standard searching tool was mothballed.

Veronica has an enquiring mind and is open to new challenges. This can be seen by her keenness to explore both evidence-based medicine and clinical librarianship. These fields offered opportunities for health librarians to embed the profession into, not only education and research support roles but into the life blood of hospitals which is, clinical practice. Veronica wrote and presented a paper at the 3rd Clinical Librarianship Conference at York in 2007 called *The visible librarian: evidence based practice for occupational therapists in rehabilitation and aged care settings.*

In 2010, Veronica won a Staff Performance Award at Caulfield Hospital to recognise her work over many years for training staff in computer and library skills for evidence based health care. When I advised my current Chief Executive, who had previously worked with Veronica at Caulfield, he quickly offered his congratulations to Veronica on this well deserved award.

I would particularly like to recognize Veronica's expertise in collection development for health libraries, especially in rehabilitation and aged care. Many of you will be familiar with her publications *Recommended list of books journals and reference material for small health sciences libraries* (1987) and *Resources for health sciences: a guide for Australia* (1995). More recently, Veronica has worked on the list of *Resources for ARFM trainees* which is available via the ALIA website at http://www.alia.org.au/groups/healthnat/Resources.for.AFRM.trainees.html. This list was endorsed by the Chairs of the Australian Faculty of Rehabilitation Medicine (AFRM) Special Interest Group in 2009 and ratified by the ARFM Education Committee in the same year.

During the years I worked with Veronica, I learned much about how to develop and maintain a sound collection for the small to medium library and remember her generously sharing her knowledge with a relative newcomer to the field.

This is most certainly not a eulogy but a tribute to a professional very much with us who will be quietly moving on to the next paper, conference presentation or development of an evidence based teaching session. Veronica will continue to develop and hone her skills for the benefit of her customers and her profession. We thank her for her contribution thus far and look forward to future accomplishments.

Glennys Powell
Director of Library Services,
Eastern Health
May 2011

Convenor's report continues from p2...

Victoria. These are Veronica's words to the HLA executive: "It's been wonderful working with the national committee over the past 15 years. For a part time sole site librarian it's really helped me develop professionally and I constantly wish others would take up the mantle and volunteer, even for a short while, so they can benefit from both the tangible and intangible aspects." HLA has certainly benefited from Veronica's expertise, enthusiasm and dedication and we hope to welcome her back to the Executive in the future. In the meantime, the Executive wishes her all the best for a full recovery. You can read more about Veronica's contribution to the profession in a tribute written by Veronica's friend and colleague, Glennys Powell.

By the time this issue of HLA News is published I will be travelling to Britain to attend the 6th International Evidence Based Library and Information Practice conference in Manchester, 27-30 June. I am so excited to finally be attending an EBLIP conference, as evidence based library and information practice has been one of my professional interests for some years now. Australian health librarianship is represented on the conference program by myself and Jane Shelling (Alcohol and Other Drugs Council of Australia and HLA member). I am giving a paper with Dr Gill Hallam on the third phase of the ALIA/HLA Workforce and Education Research Project which involved interviews with health librarian employers. Jane is presenting on the question "Which dissemination methods are most effective in encouraging the uptake of professional information by community based alcohol and other drug workers?" Papers cover a broad range of library practice, with a significant amount of health content. I look forward to reporting back to you on the conference in the September issue of HLA News. I also hope catch up with many of you at the HLA Professional Development Day in Canberra in July – see you there!

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FROM OUR 'UK CORRESPONDENT'

UPDATE ON THE NHS

The British Government is decimating the NHS by cutting budgets and by drastic reorganisation. This will all impact critically on patient care. The general feeling across the country is of anger. The professional bodies representing the clinical professions are opposed to the changes. Below is the first in a series of updates on what is happening to the Health Service in the UK – more to follow.

The NHS has been told it has to save more than £20bn over the next four years. That's 20 BILLION pounds (over AU$30bn)! All Primary Care Trusts (PCTs) are to be abolished, with most of their functions transferred to GP (General Practice) consortia.

Already the cuts have begun to bite. The RCN (Royal College of Nurses) has identified more than 40,000 nurses' jobs to go, or due to go, across the country. In London, it has been announced that 500 jobs are to go from each of St George's Hospital, the Royal Free Hospital and Kingston Hospital. Almost 1000 ambulance jobs have already gone in London alone, with more to follow nationwide.

Meanwhile, a survey of 500 GPs reported that services are being reduced, including fertility services, weight-loss treatments and ophthalmology services. Musculoskeletal and neurological treatments showed around 50% increase in waiting times, with 30% increase in waiting times for cardiology. Other, similar, reductions in services are being seen across the board – mental health, physiotherapy, speech therapy, etc…

The massive reorganisation of the NHS also involves the privatisation of services. Once the Government's new policy has been enacted, GP consortiums will be allowed to buy services from any provider – public or private – with budgetary savings inevitably taking precedence over patient care. Also, by 'localising' care in this way, the already huge differences in health care by postcode will become even more obvious with poorer regions very much at the bottom of the pile.

Not surprisingly, at a recent conference of the RCN, the Health Secretary, Andrew Lansley, received a vote of no confidence by 99% of the delegates. A week earlier, the BMA passed a vote of no confidence in the Government's bill that would enact all these changes. The Prime Minister, David Cameron, responded by offering a 'pause' and to 'listen to concerns', though few believe that this will result in a u-turn. Indeed, even a survey by the Royal College of GPs of its members (who are the only Health sector professionals who will supposedly benefit from the reforms) resulted in as little as 20% showing support for the Government's policy. According to Dr Mark Porter, chairman of the BMA, 'While there's an absolute crisis going on in the NHS…the government denies that this crisis is taking place.'

Yes, the NHS needs reorganising and everyone agrees there is a lot of wastage, especially at backroom levels, but the Government's proposed changes will be deep, extensive and destructive. In short, if the NHS is broken up and its budget slashed, then England – Scotland and Wales NHS are self-governing and subject to their respective parliament policies - will end up with an American-style health service which, as we all know, is geared towards the care of the well-off.

HLA News hopes to receive regular updates from its UK Correspondent.

If you have a contact in another country who might like to also share news of their healthcare system, please feel free to contact the editor of HLA News (see last page for details).

Anne Harrison Award 2012

Commemorating Anne Harrison, the award is a $3000 contribution to a research project in health librarianship, the objectives of which are to provide funds for:

1. **A research project that will:**
   i. increase the understanding of health librarianship in Australia, or
   ii. explore the potential for the further development of health librarianship in Australia
2. **A project to enrich the knowledge and skills of an Australian health librarian, to help support:**
   i. an approved course of study or study tour, or
   ii. a publication in the field of Australian health librarianship

This Award will soon be open and applications available to all Australian health library and information professionals. More information will be obtainable at http://www.alia.org.au/awards/merit/anne.harrison/

The long march: National access to health information online continues from p1 ...

through the reporting line to the National Health Chief Information Officers' Forum [5]. In April 2011 this strategy hit a road block with further consideration by the National e-Health and Information Principal Committee (NEHIPC) deferred for at least six months. The uncertainties are around the funding required and the questions around the role of the Commonwealth in such provision given the existence of the many state-based systems around the country and the mix of public and private provision for health services.

In short, the mixed federal / state responsibilities and the public / private nature of the health system make it unclear to decision makers whether the Commonwealth should assume responsibility for a national system.

This is unfortunate and not consistent with the existing national provision of the Cochrane Library from the National Institute of Clinical Studies (NICS) within the National Health and Medical Research Council (NHMRC) [6]. Informal feedback to the CHLF also indicates that the group needs to make the model more tangible and visible to decision makers. With this in mind, an existing InfoRx for Australian Health Professionals portal has been reworked to model the kinds of resources that are important to clinicians and to indicate where state-based provision exists for clinicians in publicly funded services [7]. It does not, of course, amount to national, equitable provision such as that provided in other countries.

In March 2010 Prue Deacon, the Metadata Manager from the HealthInsite Editorial Team, provided a substantial contribution to the development of an ISO standard on the metadata requirements for clinical knowledge resources [8]. Whilst it was not a HLA initiative that progressed the cause of national equitable provision, it nevertheless demonstrates that HLA members have their finger on the pulse of the infrastructure requirements to support better delivery of clinical information.

What are the issues with national provision?

As we have seen it is difficult to get consensus and approval for national action in our health system with its mix of Commonwealth and state funding responsibilities and with the mix of public and private providers. The dynamic and extensive ehealth agenda also makes it difficult to get the required focus too. Nevertheless, NICS support for the Cochrane Library does demonstrate some support for national provision of clinical information to improve clinical practice.

The National eHealth Transition Authority (NeHTA) through the National e-Health Strategic Plan has a strategic goal to "Adopt a nationally coordinated approach to the development of consumer and care provider health information portals and an electronic prescriptions service" [9]. This makes alignment with the national ehealth agenda the most obvious option to achieve national equitable delivery of clinical information but it may not be the only option. The NICS Cochrane example shows that national provision is possible outside of the ehealth agenda. Over time, provision and delivery may emerge from different parts of the system. Of course it will still take national will and conviction from somewhere. CHLF and HLA will continue to work with any stakeholders to achieve better national coordination and delivery of clinical information.

Exemplars from other systems of national provision

Some countries have invested extensively in the national provision and coordination of information support to clinicians.

- The Norwegian Electronic Health Library, NELH [10,11]
- The Canadian Virtual Health Library [12]
- NHS Evidence [13], part of the NHS Knowledge Service (includes access to the Map of Medicine) [14]
- German National Library of Medicine [15]
- National Library of Medicine [16] and the National Network of Libraries of Medicine (US) [17]

The National Library of Medicine (NLM) is the world's largest medical library. Established in 1836 as the Library of the US Army Surgeon General, it is a significant physical collection as well as a pioneer and leader in electronic information delivery. It has "almost 12 million books, journals, manuscripts, audiovisuals and other forms of medical information on its shelves", whilst it delivers "trillions of bytes of data to millions of users every day" and the online information resources are searched "more than one billion times each year" [18]. It is, of course, the producer of Medline / PubMed with over 20 million journal citations from 1946 to the present. This level of infrastructure and focus is unmatched.

The German National Library of Medicine, formed in 1969 in Cologne, is the largest medical library in Europe but the trend, even there, as in Canada, Norway and the UK over the last decade, has been to focus on the opportunities presented by the internet to deliver resources and services electronically.

The scope and reach of national services vary. Norway, with a population of 4.6 million is able to provide national access to a significant number of online resources, such as ejournals, ebooks, and resources such as Best Practice, UpToDate, and The Cochrane Library. The Canadian Virtual Health Library (CVHL) operates as a 'Network of Subscribers' with national licensing but distributed invoicing back to network members. This was formed after years of work by the Canadian Health Libraries Association. NHS Evidence is

continues on p17...

The long march: National access to health information online continues from p16 ...

evolving and has had many changes in its relatively short life since formation in 2009. The National Institute for Health and Clinical Excellence (NICE) is the agency that delivers NHS Evidence with the vision "To be the trusted health and social care information service providing access to and influencing the greater use of appropriate evidence-based information to deliver high quality care" [19].
In May 2011, NICE announced that the specialist collections within NHS Evidence were being restructured and replaced by "two Evidence Hubs, one internal to NICE in Manchester and one through contract with Bazian (an independent evidence provider)" [20]. NHS Evidence delivers a mix of locally commissioned and created content and national licensing of online resources with access controlled by Athens. NHS clinicians may login at the national level of the site to access resources delivered nationally or at a local library level where they are able to access national and locally licensed resources [21].

What's changed, what's happening and what are the challenges?

The national ehealth agenda is very dynamic. It is difficult to prosecute the case for improved access given all the competing priorities decision makers are faced with and given the mixed nature of our health system. Many questions are raised and some of the issues are further discussed here.

If it benefits patients and the system to have well-informed clinicians delivering evidence-based, cost-effective and safe care where does the responsibility lie in providing access to the sources and services needed?

There are many decision makers in Australia but in the absence of a national library of medicine, there is no clear leader to advance any action. The National Institute of Clinical Studies, the Australian Commission on Safety and Quality in Health Care, professional colleges, societies and associations, NeHTA, funders who pay for services delivered, the libraries that support clinicians in public and private sectors, and clinicians themselves, all play varied roles. We have a patchwork of support such that some clinicians have excellent support and others none. We're a far cry from the "clean, clear knowledge" stream advocated by Sir Muir Gray, or Healthcare Information for All by 2015 [22,23].

If it benefits patients and the system to have well-informed clinicians delivering evidence-based, cost-effective and safe care where does the responsibility lie in providing access to the sources and services needed?

Currently eight State and Territory based networks deliver online access to a variety of clinical resources to clinicians in the public healthcare system: ACT Health; Clinical Information Access Program (CIAP) NSW; Clinicians Health Channel Victoria; Clinicians Knowledge Network (CKN) Queensland; eLibrary NT Department of Health; Electronic Portal for Online Clinical Help (EPOCH) Tasmania; South Australian Health Services Libraries Consortium (SALUS); WA Health Libraries Network (WAHLiN) [24].

There are many commonalities with the resources provided though these have emerged from publishing markets rather than through any local evidence commissioning processes. The question remains – who decides what the 'best' source is to improve practice?

There is no shortage of publishers seeking to promote their product as the 'killer app' for clinical support. Indeed there is some wooliness around the descriptions of resources claimed to be decision support resources when they would more correctly be designated as foundation source literature needed to support the synthesised and summarised guides. In the decision support area, there are the look-up type sources such as drug guides, the more comprehensive sources such as Best Evidence, Clin-eGuide, Clinical Knowledge Summaries, DynaMed, PEMsoft, UpToDate and a whole variety of clinical guideline portals. Products such as the Map of Medicine combine the capacity to tap into the broader evidence base and tailor information to local conditions and needs [14,25,26].

The nature of evidence is that it is a contested environment for very many reasons. Evidence quality and provenance, interface design and usability, ease of accessibility, capacity within the system to practise in line with the evidence, trust, and perceptions of local relevance are all critical knowledge translation factors. From a clinician viewpoint the ultimate aim for a quality source would be built into clinical systems as a true decision support system that integrates with patient specific factors to provide rapid answers to clinical questions raised throughout the episode of care. This level of decision support is very difficult to construct and maintain and if not done perfectly can in fact cause more errors than it prevents [27,28].

Smith,[29] Davidoff and Miglus [30] discuss many of these same issues in recent papers. Davidoff and Miglus highlight the need for

continues on p18...

The long march: National access to health information online continues from p17 ...

information support to resolve "action-related questions" that "fall into 3 categories: simple (although not necessarily easy; for example, 'How do you cook an omelette?'); complicated ('How do you send a rocket to the moon?'); and complex ('How do you raise a child?')." They note that building decision support into clinical systems is expensive, "likely to help only in limited areas of medical information delivery" and that "Good answers to complicated questions can be found more quickly and effectively when clinical librarians are involved in the process." Clinical librarianship though is very labour intensive and unless roles are being restructured away from collection development and maintenance, it is hard to see how additional roles could be funded in systems under budgetary constraint. Perhaps clinical librarians will turn out to be more cost effective than 'big deals' in resource acquisition. A mix of models is likely to be tried to meet local needs.

Should 'the system' commission content much as the NHS did with the Map of Medicine and with the Hubs to support implementation of locally relevant clinical guidelines? If so, what administrative structure or agency should have this responsibility? Is the ehealth program the natural home for such efforts or is that mixing up the medium and the message? More drivers for change may emerge from the drive to delivery of cost-effective quality care that reduces unjustifiable variations in practice [31]. The ehealth program does at least have a strategic goal to deliver a provider health information portal and so it is obviously important to continue working through that channel.

Health librarians are not alone in being challenged by the many opportunities thrown up by ehealth. The technology has almost unlimited potential to bring benefits to the health system but there are difficulties in selecting from the options and finding the best way forward. eHealth may involve clinical communications between healthcare providers such as online referrals, electronic prescribing and sharing of electronic health records. Consumers may be the guardians of their own personally controlled healthcare records. The scope may extend to telehealth, and to information databases, knowledge resources and decision support tools to guide service delivery. As many of the benefits of ehealth can only flow when the system is ubiquitous, built to agreed standards and well connected, the tendency is to seek whole of system solutions that are not always successful due to the scale and ambition of projects [32,33,34].

> "We have much to offer. We know our primary sources, we understand the needs of clinicians and the concerns and sensitivities around evidence, we already deliver resources we know they value and use, we have relationships with vendors and know the market, we understand that even the best decision support resources will never deliver for every clinical question and we know how to hook our clients back into alternative sources of evidence."

Health informatics is throwing up new specialties and educational demands and requiring collaboration from disciplines that would not have worked so closely in the past. HLA has reached out to form alliances with our colleagues though discussions with the Australian Health Informatics Education Council (AHIEC) [35]. AHIEC is attempting to define competencies and scopes of practice and HLA is fortunate to have Dr Kathleen Gray join the Executive. Dr Gray is a librarian by background and a senior research fellow in health informatics at the University of Melbourne. She has a long involvement with AHIEC and a clear understanding of the contribution health librarians can make as part of a broader health informatics discipline.

As pragmatic librarians, the route to the endpoint is probably of less interest than achieving an outcome for our clients that makes the best use of our skills and services. We have much to offer. We know our primary sources, we understand the needs of clinicians and the concerns and sensitivities around evidence, we already deliver resources we know they value and use, we have relationships with vendors and know the market, we understand that even the best decision support resources will never deliver for every clinical question and we know how to hook our clients back into alternative sources of evidence. We've worked for years to set up access paths to information that meet clinical needs. We need only to find a path to deliver this on a national scale for the broader benefit of the health system. We're not there yet but we are in the car – seeking the drivers that will deliver us to a quality destination.

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continues on p19...

The long march: National access to health information online continues from p18...

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It's a set up! continues from p4..

of the library. It was thought that this was quite secure and out of the way. It was soon discovered that this was not a good idea. Alice Springs can get very hot and the router found the temperature in the ceiling far from ideal. The WiFi service kept dropping out and the router had to be rebooted several times a day. As a result it was relocated to a cooler, as well as, more secure location. The router still has a tendency to drop out now and again and, therefore, requires rebooting, i.e., to be turned off then on. In Alice Springs a switch was installed that allows staff and clients (after hours) to 'reboot' the router. The same was done for Katherine. In Darwin the router sits on top of a book shelf and seldom requires rebooting.

SPEED: The Library has not received complaints about the speed of the WiFi service so we presume the speed is adequate.

Conclusion

The WiFi service is well used and clients are happy that they can bring in their own laptops, iPads or smartphones, or make use of the laptops the library purchased specifically for client use, and work in the Library.

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Sound selection: Podcasts prove popular continues from p3...

there was enough quality and relevant content available to be worth our investment in time and resources. It was important for our staff to know what like-practising clinicians throughout the world were saying. By the late 2000s shared and shareable information was no longer the sole domain of the printed word and for some time the spoken word had been recorded and published online. We also speculated that many busy practising clinicians would value listening to scholarly communication either instead of or alongside the written word, as such information presented as conversation or lecture can be easier to digest and taps into modes of learning which differ from the printed or screened word.

We also suspected most of the content was “grey” and not being listened to by those who could most benefit from it. It is all very well for the cloud to be rich in atomised information but unless the cloud condenses into rain and that information is accessible to those who want and need it, an unproductive drought and confusing fog is all that ensues. We did not want to simply post a list of descriptive links on an intranet page somewhere in the hope some industrious soul discovered them and knew what to do. All of our health professionals are good at what they are trained to do but not all are tech savvy. Those who are may still not have the time and intellectual energy to practically acquire and play these presentations. It was our job to give them the information so they could listen and learn and apply.

To this end we set about determining the best way to link our clinicians with this audio information. We realized CDs had their limits so pursued the idea of purchasing iPods and making them borrowable. We understood they could be an easy target for theft but no more so than any mid-range text currently in our collection. Likewise, we hoped acquiring bright and funky technology such as Apple’s sui generis iPods and putting them in the pockets and ears of borrowers would help counter the misnomer libraries were simply mausoleums for unread books. So we bought ten iPods and spent some time doing nothing with them. Again, it was Lanier’s insight of people who are meaningful that gave our ideas and the technology the direction and focus it needed.

We sharpened our attentions onto junior doctors. They rotate through the major clinical areas of the hospital so building a collection of podcasts around their needs would ensure most of the clinical disciplines would be addressed. We imagined residents or interns starting a new rotation coming to borrow an iPod dedicated to orthopaedics, then emergency medicine on their next rotation and so on. The iPods would be preloaded with audio material relevant to each particular discipline. They would simply borrow, listen, learn, return, repeat. We knew not all the material would be directly applicable to their circumstances and abilities, but enough would, and sometimes it is good to be stretched and exposed to exotic instruction, and one press of the skip was always available. We also supposed junior doctors would be most amenable to adopting “new” technology, and many consider the state capital Brisbane home so often have travelling time to redeem and study burdens which are great. In adopting this approach we also knew that having subject-specific iPods would mean consultants or nursing staff who specialise in those areas would find the players just as useful.

We had an audience. We had players – wee things in lime green and brilliant fuschia and electric blue tucked into white boxes with white earbuds (we clean them each return) accessioned and added to the catalogue and available for circulation. What we needed was content. This we built through intensive searching and much browsing, trying a variety of techniques and terms and learning where sites typically post their audio content. In the course of this searching we have assembled a sizeable list of useful sites and are endeavouring to make this targeted collection available to our clients and others through a Delicious page or similar. The vast majority of material collected has been freely available on the web but we do maintain a small number of subscriptions to commercial audio medical education providers that deliver regular material in MP3 format. Typically we download MP3 files, rather than subscribe to podcasts, as this gives us greater flexibility and allows us greater filtering over unwanted material. We are conscious of copyright issues and have sought permission, where possible and appropriate, and have been uniformly delighted with the support received. The collection is not static and we are continually adding to the files as new material is posted or as we come across new troves. The type of material we download varies greatly and includes specialist presentations, summaries from key journals, lectures from conferences and specialist societies, continuing medical education sessions, and interviews with leading researchers. By and large the content is rich in diversity, of good quality and well-presented.

What have we achieved?

Our hunches and our investment paid off. In mid 2008 we launched the availability of the iPods with a viral marketing campaign, which generated substantial interest. We were worried the idea would flare and die away quickly but this has not proven to be the case. At least fifty staff have borrowed one of the ten iPods the library has populated with subject-specific content and made available for loan. One aspect we were slow to grasp initially, but have quickly capitalised on, is the number of staff who have their own MP3 players, particularly with the proliferation of smart phones. Consequently it was the content alone they were interested in. With this access mode in mind we built a database that not only helps track the collection but allows staff to generate their own “playlist”. It is similar to iTunes but much more customisable for our needs. This

continues on p21...

Sound selection: Podcasts prove popular continues from p20...

has proved immensely valuable. Over one hundred additional clients have received content independent of our iPods, either via a library-generated CD (for which there is still demand) or by transfer to their own player. Effectively several thousand audio presentations have been listened to. Feedback received informally and through a structured survey has been uniformly positive, with comments typically highlighting the ease of access and quality and relevance of the material provided. Anecdotal evidence suggests several presentations receive multiple plays or are subsequently given to colleagues. As well, increasingly interactions with this content are not static but iterative. After initial exposure clients are coming back asking for more material in their field, or more material in a different field, or much more heavily filtered material, or material useful for Continuing Professional Development schemes. In addition, specialist collections have been placed in specific department areas to allow staff easy browsing and access. This has proved immensely popular, especially with emergency medicine podcasts in rural facilities; World Health Organisation infectious disease webinars and our local infectious disease unit; and recorded telephone education workshops in cancer care. This extends the scope for librarian-clinician collaboration which can only improve the nature of the service and enhance the involvement of the library in the clinical community.

Opportunities for inter-organisation collaboration have also arisen through engagement with Greenslopes Private Hospital Library (Brisbane) and Queen Elizabeth Hospital Library (Adelaide). These opportunities came about through publication of the project in inCite and HLA News. The audio collection and model of service have been shared, while methods for comparative evaluation are being explored. To have involved other health libraries with many similarities and some key differences not only increases numbers and awareness for this project but opens possibilities for other areas of collaboration. This is tremendously exciting. It is also encouraging to note this project was runner-up in the 2010 ALIA/IOG Excellence award and was the recipient of the 2011 HLA/HCN Health Informatics Innovation prize. Such peer-recognition is flattering but also is well received among the decision makers and budget controllers of the hospital executive, giving them confidence to support future information innovations.

To reiterate, this project was never solely about iPods or podcasts. As a library we have a responsibility to ensure the clinicians we link with information have access to the best available evidence and swiftest translation of bench-to-bedside research. This project is our attempt to honour one part of that responsibility. Through this project clinicians in Toowoomba have had the opportunity to listen to lectures they would never otherwise have heard. This has expanded the knowledge base of the local clinical community which in turn results in better-informed decisions for patient care. Ultimately patient care is where health library best practice should be measured and it is where we believe that this project has made a significant contribution.

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