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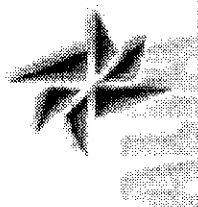
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Inside this issue:

Riding the Wave : the Directory of Electronic Health Sciences Journals

Adam Clark, Southern Health Library Service

In 1995 an electronic version of the Journal of Biological Chemistry was released on the World Wide Web, it included all text and images, and best of all – was totally free. This event created a ripple through the scientific publishing world, which has now become a wave of change in the way scientific journals are now published, accessed and purchased.

This wave has implications not only for the way information is accessed by health professionals and students, but questions who is best placed to manage and control the use of such resources within organisations.

Managing the journals collection in libraries has traditionally meant being aware of important titles, and purchasing them – end of story. Librarians were insulated from the diverse journal publishing industry by using subscription agents, who handled most of the contact with publishers. In managing electronic journals, librarians now need to be aware of a number of new considerations. These include the prices of print and online versions, publishers' licence restrictions for accessing online content, inter-library loans policies, access to online archive issues, and future plans by publishers for specific titles. Librarians need to be aware of the options for accessing online content via full-text aggregators such as Ovid, ProQuest, Gale Group, BioMedNet, OCLC, Ingenta, Catchword, etc. They should also know what services their subscription agent can provide in managing electronic journals.

In March 2000, the Directory of Electronic Health Sciences Journals (http://www.med.monash.edu.au/shcnlib/dehsj/) was launched as an online resource for librarians seeking information on electronic journals in the health sciences. The site uses an UNIX Apache webserver to host the frontend web pages, and a NT MS-SQL server to host the database. Currently the Directory provides information for over 1,000 peer-reviewed journal titles, with 80% of these being indexed in MEDLINE, and 21% being available freely or on a free trial basis. It is estimated that the final count of titles will be somewhere between 1,500 to 2,000. The Directory has been listed in a number of web guides including Scout Report, LookSmart, Yahoo, Medical Matrix, Northern Light, Google, AltaVista, Academic Info, and British Library Internet Resources. Usage of the Directory is currently averaging 4,000 visits a week, predominately by overseas users. There is good potential for further development of the Directory in a number of directions, however this will probably be dependent on future funding.

The Directory's underlying philosophy is that librarians should be in control of managing both library and institutional access to electronic journals. By

Editorial Gabby Fennessy

I have just got back into the swing of things after a quick trip to ICML Well done to those HLS members who made the trip to London, and especially those who presented papers in front of all of those people. There were some excellent papers, one that discussed issues of the day; the extended role of the health librarian; to an overview of the state of health information and librarianship in Africa. This made me realise how very lucky we are in Australia, we don't need to worry whether famine and civil war will have an impact on the future of our libraries, or that our Internet connectivity has to shared with the rest of the local population. One of my favourite papers was that by Andrew Booth, 'Librarian Heal Yourself' , we spend a lot of time on evidence based practice, but rarely think about how evidence based our own library practice is. I would encourage you all to have a look at the papers presented on the Web at http://www.icml.org/

This was a great way to share ideas and network with like minded people in areas of interest to us. The event was topped off by a Thames River Cruise, complete with Tower Bridge being raised and a riverside view of the Millennium Dome.

I hope you enjoy the new Health Libraries Publication, outlined below are some of our Editorial Policies:

SCOPE and FREQUENCY: The purpose of HLA is to provide a vehicle for Australian health science librarians to publish their research and current awareness articles of interest to health sciences librarians around Australia. The newsletter will contain articles and news items of interest to health sciences librarians Australia-wide. Local news items and articles for each state may be published in HLA, or may be included in local newsletters such as Health Access in NSW, or Health Inform in Victoria. Authors of substantial articles may be paid $50 per article at the discretion of the editor. Members of the editorial staff of HLA will not receive any payments for contributions to the newsletter. The newsletter will be published twice per year in March and September.

EDITORIAL COMMITTEE : An editorial committee member from each state will be appointed to co-ordinate local contributions to HLA. Editorship shall be the responsibility of the National HLS Executive for the period of their incumbency (2 years). The immediate past-Editor, shall remain as deputy editor for one year after the editorship passes to the new National Executive to ensure a continuity of editorial experience.

INDEXING AND FORMATS : major articles shall be indexed in Australian Library and Information Abstracts (ALISA) and the newsletter will be published in print and on the Internet at the ALIA site.

Health Libraries Australia is a biennial newsletter issued by ALIA Ltd. (ACN – 090 953 236) Health Libraries Section. Major articles are indexed in Australian Library and Information Abstracts (ALISA). This issue was edited by, Gabby Fennesy (Editor-in-Chief) and Andrew Rooke

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                       A4 insert $250

building on existing print subscriptions, and mastering some simple web technologies, librarians can successfully provide users with access to these new electronic resources, often without the need for extra library spending. However, a real possibility exists that if librarians are moving too slowly, they could unfortunately lose the management of electronic journals to IT departments, or others. If you don't want to miss the wave, or wipe-out altogether, better start paddling now.

Sorry I lost the book

Ian Stubbins Prince of Wales Hospital Library

It's a bit like CIAP for hospitals: you pay more money and you get less service. There is a huge monastery called Pomposa in the delta of the Po river south of Venice. It is surrounded by marshes and swamps, which both protected it from pirate raids, and gave the waterborne raiders channels to approach. This Benedictine monaster made a lot of money in the middle ages selling salt which they dried from the protective waters in the surrounding marshes.

Much of this salt was exported to landlocked Italian principalities, Italy being only a new state started in 1861, younger than Canada. As a rule, the salt was heavily taxed by the local rulers, hence the large city gates where these tolls were levied or extracted. Nominally, the great abbey was directly responsible to the Pope, but it lies within the territories (or waters) of the ambitious Dukes of Ferrara. At one stage the Duke, needing money to pay his painters, imposed a salt tax on his subjects, something not normally done in a state with a sea coast. Being in command of the surrounding waters and the access road, he also imposed this on the abbey, as he did on every other monastery in his dominions. I don't suppose he had thought of GST which is what today they call VAT in Australia.

This was not a bright idea, considering that Pomposa manufactured most of the salt in question. There were not really many ways a secular ruler could tax the Church to get his hands on its great wealth, and this seemed a useful exception. Regular nobles and magnates die, leaving there money to another person who can be taxed, but the church had no heirs and no sons to whom this could apply. One Henry VII of England was aware also of this untaxable state within a state.

The Abbott was naturally outraged and protested wherever he could, but since all access was controlled by the Duke, he had to pay up. Salt was used in the large pottery manufactory run by the Abbey as well as other industrial processes in that large establishment. Indeed, much of the glazed wall decoration of the abbey is still there: to our eyes it looks a bit like colourful dinner plates all over the walls.

So the monks paid what was in effect an export tax. It is plain that the Duke's grasp of economic theory was not comprehensive, because the Venetians, just up the canal, with their severe sumptuary laws, taxed luxury imports, not exports. They said it was to minimise extravagant conspicuous consumption, but nobody believed that. You would as convincingly use a Medicare levy to finance a military expedition.

Over time, with global warming after the little ice age, which incidentally cut off the Viking access to North America, the malaria (Mal Aria = foul air) spread north from Africa and infected the marshes around Pomposa and eventually depopulated the monastery.

What has this to do with overdue books? Read on.

Saracen pirates used to sail up the many channels and devastate the countryside and farms around the abbey. This is why it was fortified. Once, no doubt by accident, the monks sank a small Saracen galley and took some of the crew prisoner. Most of them they ransomed, to the great improvement of the abbey exchequer, but the then abbot kept a particularly attractive female for his concubine. Some years later, another party of Saracens raided the abbey and took the girl hostage. The distraught abbot negotiated with the pirate chief, and promised him in exchange any single thing he could carry away, no doubt imagining he would take a jewelled chalice from the treasury or a golden crucifix from the altar. The name of the lady Vittima, has come down to us, though not that of the Abbott or the pirate captain. The Saracen chief must have been able to read some Latin, for he went straight to
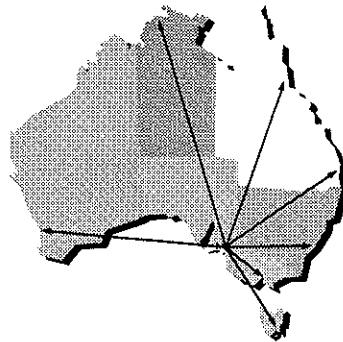
Free Databases Available Through AusDoctors.net

A new free Internet service for doctors and medical libraries was announced in June at : www.ausdoctors.net A user name and password is available on request to all health sciences libraries in Australia for librarians' use. Resources currently available for free include : MEDLINE, Full Cochrane library (provided for libraries to use as a training tool), Harrison's online, Oxford textbook of clinical nephrology, Kumar and Clark's Clinical Medicine, Marshall's Clinical Biochemistry. A growing collection of Australian and International Clinical practice Guidelines is available targeted, to the medical specialities. A daily medical news bulletin is provided with both national and international news items. Doctors are offered additional services, such as free email services, discussion forums, job advertisements, an online bookshop, and many other services are in the pipeline.

Contact Sheelagh Noonan by email on :

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or ring her on

(02) 9966 9797

Is there a future for the Health Libraries Section in the new ALIA?

Sue Grimes Wentworth Area Health Service Library

I was pleased to be able to attend the inaugural ALIA National Policy Congress in Canberra on May 26 and 27 as the ALIA Health NSW representative. Over 60 members of our profession met to consider the future direction of our professional association.

The July Incite provides an overview of the meeting. Apart from myself, the Health Libraries Section was represented by Brigitte Glockner (W.A.), Philip Keane (S.A.) and Jane Shelling (A.C.T). At the end of the Congress we were able to meet, over lunch, and consider what the outcomes of the Congress might mean for the Health Libraries Section.

The Congress concentrated on three issues, the divisional structure of ALIA, the future of divisional conferences and accreditation of libraries. The Divisional requirements of ALIA was accorded most of the deliberation time during the Congress resulting in the identification of 18 issues which needed to be addressed. Delegates to the Congress were asked to rank the 18 issues identified in order of priority and the 9 issues which were ranked highest were considered further. These issues were:

Structure based on self-nominating groups around areas of interest
Provision of effective, well defined local presence
Funding formulae should take into account factors such as per capita, programs and location
Renewed emphasis on members service
Groups be approved by the Board of Directors against a set of transparent criteria with reciprocal responsibilities
Issues based for a for professional needs / purposes
Flatter organisational structure
Funding for specific projects and/or ongoing programs, and
Partnerships and alliances with local and international organisations

The desire, expressed by the majority of the delegates, was for a flexible and dynamic organisation which could readily respond to the changes in our profession. One of the issues which has bothered many groups within ALIA over preceding years has been the difficulty in winding up or merging sections which have ceased to be viable or relevant The first of the nine issues for consideration reflected this concern. It is hoped that if groups of members identify a common need not being met by an existing group within ALIA then they will be able to self nominate as a group, if the proposed group meets criteria specified by ALIA. This will help the Association to be more dynamic and reflect the current needs and interests of members. It is up to the membership of the Health Libraries Section to define their place in the new organisation. The challenge is ours to accept or reject. I would encourage members of the Section to contact your State executives if you have ideas about how we should move forward.

From the literature....

Stephen Due Geelong Hospital Library

To us, the world of medical information seems exciting. How wonderful it must be, we think, for health professionals, to have access to so many information sources. But practitioners often find the mass of medical publications dreary and irrelevant, with little impact on their daily work. John Shaw Billings, visionary founder of *Index Medicus*, wrote that most of the medical literature was effete and worthless. There are several splendid quotes from his writings on this subject, but my favourite is his statement that the indexers "have to handle much rubbish, for the proportion of what is both new and true is not much greater in medicine than it is in theology" [1]. In the Internet era, the truth of this proposition is even more evident than it was a hundred years ago: electronic publication, a matter of great excitement to the uninitiated, hardly compensates for lack of useful content.

Certainly today the literature of the health sciences is vast, repetitive, often trivial, frequently use-less, and nearly always written in the bland, homogenised style the mass media. As a recent *BMJ* editorial pointed out, the medical literature primarily provides a vehicle for an information product which reflects the motivation and expertise of authors and publishers rather than the information needs of the health profesional [2]. A recent *Lancet* editorial made the point that, although the editors receive 6,000 manuscripts each year, few of them address the real information needs of clinicians [3].

To turn then, from the high-powered world of medical information, with all its deficiencies, to the low-powered world of the medical information provider - in particular the literature of health sci-ences librarianship and information work - is unexciting, to put it mildly. The main problem facing this reviewer, in his regular search for material, is not the time it takes to review a book or article, but the time it takes to find anything worth reviewing. Very little of the literature in the field says anything new, or addresses the practical problems of life at the information coalface.

There has been, in current journals, some talk about "knowledge management" and "informationists", most of it inconsequential. An article in *Annals of Internal Medicine*, for example, proposes a new category of professional which blends an understanding of clinical work with infor-mation science skills [4]. The idea is that, although clinicians have had direct access to Medline for many years, they still rarely bother to look up their patients' problems, because it is too time-consuming. There is a lot of dubious reasoning in this article, the unravelling of which is beyond the scope of this review.

Another article in the *Annals* considers the permanence of print [5] The author gives the usual library-school-essay reasons in favour of print, but fails to fairly appraise its disadvantages (this reviewer looks out of his office at row upon row of serials stacks). The article does not state, but readers can verify for themselves, that nearly all new health sciences publications are in print format (computing has revolutionised printing processes). The article does point out that early electronic health sciences publications are already in the dustbin of history. It does not mention, however, that Edward J. Huth, distinguished editor of the *Annals*, himself left the journal to start up the *Online Journal of Clinical Trials*, a vehicle which has, over the years, published little of any significance.

The *Bulletin of the Medical Library Association*, which is the premier journal in our field, carries some interesting material in the current issue. There is an article on a potential role for librarians on local evidence-based practice committees [6]. There is a rather superficial article on the use of forms for reference requests, which falsely claims to be about the more interesting topic of structuring the pre-search interview [7]. The latter is a subject of great importance to us, and needs to be properly writ-ten about by someone who knows something about it. There is a new edition of the useful Brandon

(Continued from page 6)

Hill list for allied health[8].

Two recent Australian publications are worth noting. The first is good professional reading: an article by Ann Ritchie and Beth Sowter on the availability of evidence-based information resources[9]. The second is peripheral, but will provide a good antidote to the millennial tone of this review, and that is *Liblaf Three*, by Alan Bundy[10]. I liked the cartoon of a lady reading a book over lunch. The title of the book? *How to Eat While Reading* – surely a useful acquisition for any library these days!

1.From *Transactions of the Association of American Physicians* 1891;6:251. Quoted in Strauss MB. *Familiar Medical Quotations*. Boston : Little Brown, 1968:273

2.Answers descend, questions ascend. *BMJ*. 2000 Aug 12;321(7258):

3.Horton R. The refiguration of medical thought. *Lancet*. 2000 Jul 1;356(9223):2-4.

4.Davidoff F. The informationist: a new health profession? *Ann Intern Med*. 2000;132(12):996-8.

5.Davidoff F. Suppose there were no printers. *Ann Intern Med*. 2000 Jul 4;133(1):57-8

6.Rader T, Gagnon AJ. Expediting the transfer of evidence into practice: building clinical partnerships. *Bull Med Libr Assoc* 2000 Jul;88(3):247-50

7.Booth A, O'Rourke AJ, Ford NJ. Structuring the pre-search reference interview: a useful technique for handling clinical questions. *Bull Med Libr Assoc* 2000 Jul;88(3):239-46

8.Hill DR. Brandon/Hill selected list of print books and journals in allied health. *Bull Med Libr Assoc* 2000 Jul;88(3):218-33

9.Ritchie A, Sowter B. Availability and accessibility of evidence-based information resources provided by medical libraries in Australia. *Aust Health Rev*. 2000;23(1):77-89.

10.Bundy A. *Liblaf three : cartoons for libraries*. Adelaide : University of South Australia Library, 2000.

(Continued from page 3)

the library. There is a theory that he was an intelligence gatherer from the Turkish sultan, but this seems unlikely.

This Latin-reading pirate found a copy of the ancient text De Rerum Salis, the only known copy of which was held in the library. From this technological treatise written by an anonymous ancient Roman artificer, the whole of the Pomposa salt industry took its techniques and methods. The pirate sailed away with the book, and soon after, the improvement in Turkish glass, ceramics and chemical manufactures began.

In fact it was not until the late Renaissance that western Europe was able to catch up with the east, because the use of modern salt-based chemicals had to be rediscovered by trial and much error and over much time. All because of the loss/exchange of this important classical work. The actual volume was subsequently lost, probably sold for scrap, and the only knowledge we now have of its contents is based on quotations in other works. Vittima was certainly a valuable person.

One wonders if she could read Latin. Or anything else.

Research Output from Paediatric Hospitals, 1993-1996 assessed by Medline Publication Capture

Poh Chua Librarian Royal Children's Hospital WCH Library Service

Introduction and scope

This project started with the Library being approached by one of the directors at the Royal Children's Hospital (RCH) where I work in. This director, upon reading Favaloro's (1998) paper which assessed the medical research output in New South Wales, was hoping that perhaps a similar study could be carried out to examine the medical research output by staff at RCH. No such data were available. The idea was to generate such data for use in benchmarking studies. This director approached the Library because the Library staff would be the most skilled at using Medline. At this stage, there were no parameters as to how large or wide the coverage should be i.e.. which paediatric hospitals, national or international and which years to cover.

After a few consultations, it was decided that the Library would carry out the study in three stages. Firstly, data would be extracted from Medline to examine the total research publication output by staff at the Royal Children's Hospital including its affiliated bodies. To enable this data to be comparable with those by Favaloro (1998), the years of coverage would be from 1993-1996.

The second stage of this study would compare the data obtained in Stage One with those for the New Children's Hospital, Westmead, NSW and its affiliated bodies. Data from this NSW hospital was obtained with kind permission of Dr. Favaloro.

The final stage of data extraction would be for five non-Australian paediatric hospitals (and their affiliated bodies) identified to be leading paediatric hospitals in the world, and more or less comparable to the Royal Children's Hospital in terms of prestige and size. These five are the Great Ormond St Hospital for Children NHS Trust, London; and the Children's Hospitals in Boston, Cincinnati, Philadelphia and Toronto. Again the years of Medline coverage would be from 1993-1996.

Data to be extracted from Medline 1993-1996 was the total number of research publication outputs and this involved searching the Institution (.in.) field of Medline. This raw data was then transferred into an Excel file to allow for the journal impact factor (IF) and immediacy index (II), and country of publication to be computed. For a comprehensive listing of methods, please see the Methods section.

At this stage, the main aim of the study was to manipulate Medline in order to obtain for the chosen hospitals, the total research publication outputs, journal impact factor, immediacy index and country of publication (this last only applies to the Australian hospitals) for the years 1993-96. Since this study would be used for the purposes of gaining credits from RMIT, it was suggested that it be expanded to include an explanation for the differences in the total number of research publication output between the Royal Children's Hospital, Melbourne and the New Children's Hospital, Westmead, NSW using comparison points e.g. number of beds, rate of bed occupancy, mean length of stay, total operating budget and staff size, with the possibility of developing some sort of non-mathematical or statistical model. This raised the question if the above comparison points were appropriate ones to use.

Perhaps then, the above model developed could be applied to the other non-Australian paediatric hospitals in the study. For scope of this study, it was deemed sufficient to present the total research publication outputs, impact factor and immediacy index values for the overseas paediatric hospitals

without needing to explain the differences.

At the initial planning stages of this project, everyone was aware of the limitations of the journal impact factor and immediacy index but the decision was made to include these journal citation indices in our study to allow for comparisons to be made to the results obtained by Favaloro (1998). In summary, the method of data capture and analysis had to closely follow Favaloro (1998), with the appropriate modifications to allow for the different versions of Medline used; Favaloro (1998) used the Silverplatter version of Medline while in this study, the Ovid version of Medline was used.

Hospitals included in the study:
Australian:
Royal Children's Hospital (RCH) including its affiliated bodies - Murdoch Institute, Victorian Clinical Genetic Services (VCGS), Research Foundation, and Department of Paediatrics, University of Melbourne.
New Children's Hospital (NCH), Westmead, NSW (formerly Royal Alexandra Hospital for Children, closed in 1995) and its affiliated Children's Medical Research Institute. The results were obtained with kind permission from Favaloro (1998).

Summary of design:
Analysis of publication information from the Medline indexing database (via OvidWeb), 1993-1996 inclusive. The search strategies developed have been saved in the database and can be re-run for future updates.

The step-by-step approach:
- Developed the search strategy (searching by institution .in. field) and run in Medline 1993-1996. In running the search strategy it was useful to first check the homepages, annual reports and research reports of the hospitals in the study to get an idea of their affiliated research institutes, research centers and universities. Developing the search strategies were very time consuming because it was crucial to be as thorough as possible to obtain comprehensive results.
- After the total number of research publication output for each of the hospital examined 1993-1996 became available (Step one), the results were then sorted in A-Z order by country of publication and source (name of journal). The sort feature was a bonus of using the Ovid version of Medline.
- A composite file was then created in Excel for each hospital examined 1993-1996.
- In Excel, the Impact Factor (IF) and Immediacy Index (II) from Science Citation Index: Journal Citation Reports (JCR) 1993-1996 [see Appendix C for definition of IF and II and summary of 1998 IF and II values] were then entered. Entering data in the composite file was the most time consuming aspect of the study which required patient and concentration.
- Calculations were then carried out in Excel for the average Impact Factor and Immediacy Index values.
- Calculations were also carried out in order to determine the percentage of overseas versus local publications (for RCH and NCH only).

Limitations of the study:
- While every attempt has been made to be comprehensive and to include all affiliates at the hospitals in the study, considering both full spellings and abbreviations e.g. hms/Harvard School of Medicine, paediatric/paediatric and other possible variations e.g. University of Pennsylvania/ Pennsylvania University etc. as well as the constant refinements made to the search strategies including cross-referencing, the possibility still exists that some affiliated sites may have been missed altogether.

- The searches carried out only captured research publications in journals indexed by Medline. While Medline is a premier source of bibliographic and abstract coverage of biomedical literature, it does not index every biomedical journal.
- Medline does not index non standard publications such as book chapters. While some letters and comments are indexed in Medline, the research methodology i.e. using the Institution field (.in.) as the only search criterion meant that letters and comments were excluded from the study since no institution field is recorded for these publication types.
- Searching by the institution field would only pick up the first author affiliation. If the first author is not from the hospitals in our study but the subsequent authors are, then the publication would not be captured.
- There are limitations of using the Impact Factor (IF) and Immediacy Index (II). Some of the limitations that became very obvious were - they were only available for journals indexed in Science Citation Index: Journal Citation Reports (JCR) for the relevant years of analyses and thus not every journal had an IF and II. In looking for the IF and II, it was important to take into account the journal title changes.

Summary of criteria for inclusion and non inclusion in study
Criteria for inclusion:
- A standard publication type and published in journals indexed by Medline
- The first author is from the hospitals in our study or its affiliated bodies as captured in the search strategy
- The affiliated bodies e.g. 'Research Foundation' or 'Research Institution' or 'Department of Paediatrics' etc. in the institution ('.in.') field would have to be clearly affiliated with the hospitals in the study (e.g. contains the name of the hospital in full or in part or equivalent) in the '.in.' field for it to be included in the analysis or otherwise very popularly recognised to be affiliated with the hospitals

Criteria for non inclusion:
- Non standard publication type e.g. book chapters, letters, comments
- The first author is not from the hospitals in our study or its affiliated bodies
- Spelling errors in the institution ('.in.') field would result in the publication not being captured in the analysis

Results
Table 1: Research publication output from the Royal Children's Hospital (RCH), Victoria showing the total publication outputs, location of Medline-identified publications, and journal citation indices

Year of Analysis	Total Output	% Aus Journal Publications	% Overseas Journal Publications	Average Impact Factor	Average Immediacy Index
1993	71	35.2	64.8	1.270	0.424
1994	73	28.8	71.2	2.077	0.376
1995	74	27.0	73.0	1.714	0.306
1996	63	41.3	58.7	1.486	0.324
1993-96	Total=281	Av=32.7	Av=67.3	Av=1.660	Av=0.359

Table 2: Summary of findings for the New Children's Hospital (NCH), Westmead, NSW
*[Source: kind permission of Favaloro (1998)]*

Year of Analysis	Total Output	% Aus Journal Publications	% Overseas Journal Publications	Average Impact Factor	Average Immediacy Index
1993	157	23.6	76.4	2.044	0.459
1994	119	18.5	81.5	2.043	0.460
1995	167	22.2	77.8	2.051	0.349
1996	125	27.2	72.8	1.869	0.306
1993-96	**Total=568**	**Av=22.9**	**Av=77.1**	**Av=2.002**	**Av=0.394**

The results in Table 1 and 2 showed that the total number of research output arising from the Royal Children's Hospital (RCH), Victoria for 1993-96 were higher (568) than for the New Children's Hospital (NCH), NSW (281). The percentage of overseas journal publications for RCH were also higher at 77.1%, compared to 67.3% for NCH. It was thus not surprising that RCH also showed a higher average impact factor for 1993-96 (2.002) and average immediacy index (0.394), compared to NCH's 1.660 and 0.359 for impact factor and immediacy index respectively.

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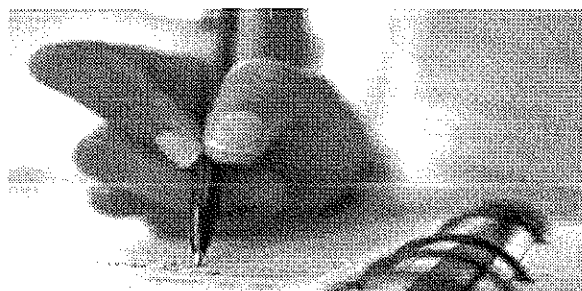
Library Service to the Community Based Health Professionals at Southern Health, Melbourne

Andrew Rooke   Southern Health Library Service – Melbourne

The creation of hospital networks around Australia has forced many changes upon hospital libraries -- some more welcome than others! One concept promoted by hospital network administrators is the idea of integrated or co-ordinated care between acute health services available at hospitals, and community-based, lifestyle care provided at community health centres and community psychiatric teams. Hospital librarians have been called upon to serve the needs of these new user groups when neither their collections, nor traditional library services are geared to deal adequately with their needs.

 The five hospital libraries of the Southern Health Library Service in Melbourne have faced this challenge since community-based health services were integrated into our large metropolitan healthcare network in 1997. We inherited six major community health services*, their numerous splinter organisations, and fourteen community-based psychiatric teams. The information needs were similar to hospital-based staff in that they required information for their practice, for staff development projects, and research. They differed in that they use the library more for self-education, they required more complete current awareness services not having immediate access to a library, and they have an emphasis on allied-health and lifestyle material not often found in hospital libraries. Many of the health professionals at these community centres, had not been well served by the public and academic libraries that had been their primary library resources before the creation of the hospital networks. They warmly welcomed the provision of library services as one of the benefits the new network structure. The library staff at Southern Health set out to gather ideas on library service to community-based health professionals but found very few guideposts existed. Our experience may be of value to others who face similar challenges.

What's happening internationally? : Together with Monash University's MONINFO service, Southern Health staff surveyed the world library journal literature in July 2000 on Library and Information Services Abstracts (LISA), Australian Library and Information Services Abstracts (ALISA), MEDLINE, and on the WWW to see if any international experience could be applied to our existing service plan which had been operating since 1997. We found very little relevant information in the journal literature and on the WWW. Most references referred to the provision of consumer health information to the public which has become quite a common practice for the larger hospital libraries in the USA. We could only discover three projects which approximated our problem, these being – the Iowa Health Information Outreach, the Columbus Neighbourhood Health Centres Biomedical Information Project, and the Chicago AIDS Outreach Project. Again these were primarily aimed at the public or specific patient groups through community health centres. The Columbus project was the closest to our situation, but only promoted access to GRATEFULMED and document delivery through LOANSOMEDOC, rather than the complete service plan to community-based users we had in mind. Probably there are many hospital libraries dealing informally with this challenge, but we could discover few who had put pen to paper describing their experiences.

Southern Health's service plan for community-based users :
At Southern Health Library Service in Melbourne, we have developed a service plan since 1997 starting with our own perceptions of what library service community-based users would require. In December 1999, we amended and amplified our own notions with the results of a comprehensive customer satisfaction survey of approx. 600 community-based library users.* Major features of this plan include :

- Electronic current awareness : most of our community users are hungry for current information in their specialities. One of our most popular services is regular email current awareness subject bibliographies and journal contents updates. One complaint from the user survey is that the journals on database systems that we access, such as MEDLINE and PSYCINFO, are not the most suitable to community-based users needs being based on traditional "acute" health environment requirements.
- Document delivery : book loans and photocopies of articles are provided upon request by fax, email or phone, from within Southern Health libraries or obtained by inter-library loan. Articles are faxed or delivered by courier. Our 1999 survey shows this is an extremely popular service, adding significantly at times to our workload in the hospital libraries.
- Electronic journals : Southern Health libraries provide access to approx. 200 journals on-line available to community health centres in a simple title listing via the WWW. Most of these journals are aimed at the acute sector of our users, being derived from our hospital subscriptions and whatever "freebies" are available at the time.
- After-hours access to the hospital libraries : community-based users often have difficulty in accessing libraries during working hours. Bearing this in mind, 24 hour access via electronic key cards on network identity cards was made available at three libraries in the system including the major library at Clayton.
- Web access to library services from Southern Health libraries : a wide range of library services are available through the Southern Health homepage including journals lists, email inter-library loan, and information on services.
- Database searching : currently community-based users ring, fax or email the hospital libraries in our network for literature searches. Soon, the Clinicians' Health Channel, a suite of databases and services similar to the CIAP project in NSW, will be available in Victoria for health professionals working in the public health sector. Unfortunately, once again, the services and journals available in the pilot versions of the Clinicians' Health Channel, are adapted to hospital-based users though this may change in the future.
- Victorian Mental Health Library Service : this service is based at the Royal Melbourne Hospital and provides extensive services to our community-based psychiatry teams.
- Drug information : by arrangement with our network Pharmacy, community-based users can contact our Monash Medical Centre Clayton Drug Information Service directly for any drug queries.
- Information technology education : regular weekly tutorials are available to library users at the major libraries of Southern Health for basic Internet skills, MEDLINE and CINAHL training. These are popular with community health centre staff who have attended in groups. Orientation sessions have also been conducted at staff meetings in all the major centres.
- Bookshop services : up until July 2000, the library operated a full bookshop service available to all Southern health staff. From July, the library has facilitated an arrangement whereby Southern Health staff can buy books at discounts direct from two medical bookstores.
- Local collections : most community health centres have their own small libraries usually staffed with volunteers. Southern Health library provides advice on the organisation of such libraries.

Future trends : the 1999 customer satisfaction survey of our community-based users and our experience of three years service to community-based users from our network of hospital libraries revealed the following future challenges to providing better services :

- Education : community users need intensive education to make them aware of existing library and information services, and to train them in the use of information technology. Personal visits by library staff are really appreciated by professionals working in the community who often feel ignored by hospital-based departments such as the library.
- Suitable library materials : many of the library materials available through hospital libraries are

Western Australian union list of journals to go on the Web

Cheryl Hamill – Freemantle Hospital, WA

For many years now the WA health libraries have maintained a printed catalogue of the journal holdings of 13 libraries. In 2000 this catalogue is moving to become an internet based database.

The catalogue is 231 pages in its print form and though the libraries contribute holdings to Kinetica, document delivery librarians find the printed form much more convenient. It will be possible to produce printed
catalogues for members from the internet based database. The advantage of having it in a database is that updating will be done by each library via forms entry on the internet which is password protected. The other advantage is that it will be available for all health librarians to search on the internet and we will no longer need to charge to recoup our production and distribution costs. This is after all what the internet is
supposed to be about - avoiding those costs of production and distribution and making more information available to more people. The costs for creation of the database are being met by a grant from the now dissolved Medical Librarians Group Trust of WA - a parting gift from a fund that has been of great benefit to health librarians in WA for many years now.

The project to convert the word processing document to a database has begun. Cold Fusion software is being used to produce and deliver the database on the internet.

Once completed, the internet address will be announced in Health Inform Australia.

The libraries which contribute holdings information are as follows. The holdings of the University of WA Medical Library are not included.

ADA   Next Step Specialist Drug & Alcohol Services
CGH   Sir Charles Gairdner Hospital
CW   Family & Children's Services
ECU   Edith Cowan University Library - Health titles only
FH   Fremantle Hospital & Health Service
FP   Family Planning Association of WA
HD   Health Department of WA
HH   Hollywood Private Hospital
HL   PathCentre
KE   King Edward Memorial Hospital for Women
PMH   Princess Margaret Hospital for Children
PS   Psychiatric Services
RP   Royal Perth Hospital & Royal Perth Rehabilitation (Shenton Park) Campus

The catalogue can be found at
http://www.health.wa.gov.au/jointserials/

Rivers of Knowledge Call for Papers Out Now

The 9th Special, Health & Law Libraries Conference: "Rivers of Knowledge", will be held 26-29 August 2001, at the Melbourne Exhibition Centre.

The conference theme, "Rivers of Knowledge", is set to look at the multifaceted information sources that we deal with, and to look at the technology changes that enable information storage, retrieval and delivery.

The Organising Committee is currently seeking papers; workshop sessions; panel sessions; poster papers; or focus sessions addressing this concept or any of the more specific conference themes.

Visit the conference web site for a full outline of program themes at http://www.alia.org.au/conferences/shllc/2001

Forward enquiries to: 9th Special, Health & Law Libraries Conference c/o The Meeting Planners at enquiries@meetingplanners.com.au

Information that can save lives: HIV/AIDS information resources
Tim Dolby – RMIT Publishing, Victoria

RMIT Publishing has just released a new health resource entitled the HIV/AIDS Database. It is designed to provide valuable information support for doctors, health-care workers and allied professionals, students and researchers and people living with HIV/AIDS.

Dating back to 1980, the HIV/AIDS Database is a bibliographic resource database of journal articles, books and audio-visual titles listed in the catalogues of the NSW HIV/AIDS Library Network. The NSW HIV/AIDS Library Network consists of:

- Albion Street Centre Library
- CEIDA: Centre for Education and Information on Drugs and Alcohol
- ACON: AIDS Council of NSW Inc.
- FPA Health
- Department of Corrective Services

The database deals extensively with clinical, nutritional, medical and psychological aspects of HIV/AIDS as well as the relationship between alcohol and other drugs to HIV/AIDS. Through the collection, organisation and dissemination of HIV/AIDS information from around the world, and enabling access to this information through an electronic format the network aims to:

- Provide optimal information about the comprehensive treatment, education and prevention services for persons affected by HIV/AIDS;

Preparing for an Evidence Based Practice Seminar

Karen Andrews Director, Library Services St George Hospital

Although I have a special interest in information sources in evidence-based practice (EBP), I am in no way an expert. This is my personal experience in preparing a presentation on EBP for a group of health professionals.

Twelve months ago, the staff of the Medical Library at St George Hospital were invited to participate in a series of Breakfast Seminars for allied health professionals in the South East Sydney Area Health Service. The focus of the seminars was the use of information technology to support evidence-based practice. Also participating in the seminars were the Area Consultant in Medical Informatics and a Senior Lecturer in Physiotherapy at the University of Sydney.

The seminars were 1 hour in length, in a 3-part format. The Area Consultant in Medical Informatics spoke to the group about CIAP (Clinical Information Access Program) and the evidence-based information sources to which it provides access.

The Senior Lecturer in Physiotherapy spoke about the evaluation of the evidence and how to apply valid and reliable evidence in clinical decision making and caring for the patient.
Our role was to
1. list the basic steps in obtaining the evidence to support a clinical decision,
2. provide some strategies for searching the information sources, and
3. give an overview of the overwhelming range of electronic evidence-based resources available.

To cover these topics we were given all of 20 minutes!

So, what are the basic steps in obtaining the evidence?
- The process starts with a clinical problem - clinical problems generally arise following patient encounters.
- The clinician must define the key clinical question that needs to be answered - an answerable question needs to be formulated, taking into account the patient (or problem), the intervention and the outcome.
- The most relevant information resource is selected - it might be a database such as MEDLINE or the Cochrane Database of Systematic Reviews, other resources such as Harrison's Online or Up-ToDate, or an internet-based resource such as the Clinical Practice Guidelines Infobase.
- An appropriate search strategy is designed - the complexity of the search strategy depends on the resource being used.
- The evidence obtained needs to be summarised and critically appraised - the evidence is evaluated for reliability and validity.
- The evidence is applied to clinical practice - will the evidence help in caring for the patient.

How do you search the information sources?
The search strategy required depends on the information source used. If searching a relatively small and select database such as the Cochrane Database of Systematic Reviews, a simple search strategy will often do.

However for a larger database such as MEDLINE, which contains millions of references, a complex search strategy may be required in order to retrieve the best evidence whilst minimising the number

of irrelevant citations.

- Appropriate search terms need to be identified: controlled vocabulary or thesaurus terms (for example, MeSH) and textwords or natural language (with appropriate truncation).
- Limiters can be useful in refining a search, particularly publication type but also gender and age group.
- Search terms need to be combined using Boolean operators (and, or, not).

The combination of search terms and limiters using Boolean operators in "methodological filters" results in an effective search strategy which will retrieve high quality evidence.

There are internet sites that provide methodological filters that can be downloaded to assist in searching; for example, CASPfew Filters at http://wwwlib.jr2.ox.ac.uk/caspfew/filters/

The search strategies can assist in identifying sound clinical studies looking at diagnosis, prognosis, therapy, aetiology, treatment outcomes, and healthcare methods.

What electronic evidence-based information resources are available?
The internet can provide access to a wealth of resources that explain the concepts related to evidence-based practice. The three sites I consider to be among the most valuable and useful places to start are:
Netting the Evidence: A ScHARR Introduction to Evidence Based Practice on the Internet
http://www.shef.ac.uk/~scharr/ir/netting/
This resource list is produced by Andrew Booth who is the Librarian from the School of Health and Related Research (ScHARR) at the University of Sheffield. This is an excellent site to begin your exploration of evidence-based materials available via the Internet, as well as a helpful guide to resources which describe and discuss the process of evidence-based practice.

NHS Research and Development Centre for Evidence-Based Medicine http://cebm.jr2.ox.ac.uk/ The UK National Health Service Research and Development Centre for Evidence-Based Medicine site has a much wider appeal than just medicine. Its aim is to promote evidence-based practice and provide resources, including a tool kit of analytical tools for evidence-based practice, as well as links to other relevant sites.

Centre for Clinical Effectiveness http://www.med.monash.edu.au/publichealth/cce/
The Centre for Clinical Effectiveness site based at Monash University aims to enhance patient outcomes through the clinical application of the best available evidence. This site provides clinicians with the opportunity to submit a request for evidence in support of
health care interventions.

Critical Appraisal Tools
There are numerous tools available to assist clinicians in the process of critical appraisal but arguably the best known is the "Users' Guides to the Medical Literature" series. This series created by the Evidence based Medicine Working Group based at McMaster University and originally published in JAMA, was created to assist clinicians to keep up to date in their discipline and to determine the best way to manage a particular clinical problem.

The complete list is available at http://medicine.ucsf.edu/resources/guidelines/users.html

The online versions of the guides are available from the Centres for Health Evidence website at http://www.cche.net/principles/content_all.asp. They provide worksheets for critically appraising articles and a guide to devising an appropriate literature search strategy.

(Continued from page 15)

- Be responsive to the information needs of the general community and the changing focus of the epidemic.

The NSW HIV/AIDS Library Network is designed to provide access to a wide range of resources for both internal and external users, as well as minimising the duplication of information through effective resource sharing. The network's achievements include:

- Creation of the combined HIV/AIDS Database. It contains references to journal articles, conference papers, research reports and unpublished materials covering a wide range of subjects concerning HIV/AIDS;
- Professional collaboration and networking. Members meet monthly and have a co-operative agreement for the exchange of information between member libraries;
- Development of a thesaurus.

The HIV/AIDS Database strengths lie in the following areas, and largely reflect the services offered by the NSW HIV/AIDS Library Network:
- Medical – treatments and care;
- Psychological – counselling;
- Nutritional;
- Prevention – education.

It is hoped that this database will strengthen an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviate its impact.

If you would like more information about the HIV/AIDS Database or would like to trial it in your library please contact Tim Dolby on (03) 9341 3271, email: timd@rmitpublishing.com.au or visit our web site at www.rmitpublishing.com

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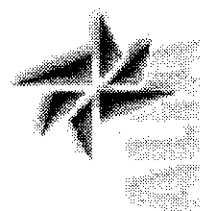**Treasurer:** Veronica Delafosse, Health Sciences Library Caulfield General Medical Centre Phone 03 9276 6832
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