



LEIDS UNIVERSITAIR MEDISCH CENTRUM

*Cooperation of libraries
Leiden University Medical Center
Teaching and Training Region*

Presentation for the N-EAHIL

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1 Cooperation

2 Knowledge management

- Best practices & lessons learned

3 Positioning

- Return on Investment
- Return on Added Value

4 Quality management / Benchmarking

Aim

To share:

- Cooperation is not rocket science
 - primarily based on the love to work together
 - willingness to share & to learn
 - open communication.
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- (promotion of) cooperation will lead to improvement of the quality:
 - of library services: local, regional, national

The ultimate goal is

- Creating uniform 'state-of-the-art' medical libraries working together
 - Through cooperation:
 - Knowledge management
 - e.g. lessons learned and best practices
 - Quality management
- Improvement of the library services

Internal obstacles:

- In the beginning visiting affiliated hospitals had to do with internal (LUMC) resistance

Arguments:

- Time and organization costs:
 - Money and economizing...

Cooperation: obstacles

External obstacles:

Visiting affiliated hospitals:

People thought they would be taken over or their library would be discontinued (removed).

→ money and economizing

And anxiety

- people felt that they would be evaluated and judged

Concerns

- Maintaining affiliated libraries;
 - Board of Directors i.c. management (of the affiliated hospitals) would give the workload of some of the libraries to the Walaeus Library.
 - (hidden) agenda and economizing
- Walaeus Library can't be responsible for the scientific medical information provisioning:
 - 12 hospitals / institutions
 - covering a region with a population of 1 ½ million inhabitants

Meetings and informing

- Board of Directors LUMC
- Personnel Walaeus Library
- Board of Directors / Deans / Managers of the affiliated Hospitals

Organizing:

The library advisory board - deans & managers of the affiliated hospitals.

Meetings with the library advisory board

Policy:

- Personnel → training
- Collection → money
- Information literacy

Result:

- Each affiliated hospital library will be maintained
- Including budget → personnel and collections
- Information literacy → Train-the-trainer

Meetings

Goal: Coming to a regular structure:

- All personnel of 12 libraries: three monthly
- Information specialists: every two months
 - Train-the-trainer
 - Discussion Board
- The library advisory board - deans & managers:
 - In the beginning three monthly, later twice a year, now once a year

Participants Leiden Regional Library

- Leiden University Medical Center Leiden
- Medisch Centrum Haaglanden The Hague
- Haga Ziekenhuis The Hague
- Bronovo Ziekenhuis The Hague
- Reinier de Graaf Groep Delft
- Rijnland Ziekenhuis Leiderdorp
- Groene Hart Ziekenhuis Gouda
- Diaconessenhuis Leiden
- GGZ instelling Rivierduinen Leiden, The Hague
- Langeland ziekenhuis Zoetermeer
- Rijnlands Revalidatie Centrum Leiden
- Sophia Revalidatiecentrum The Hague

- Regionale Opleidingscommissie Leiden



Knowledge management

- Best practices and Lessons learned
- Pleasure of working together
- & eagerness to learn and share

Best practices

First: Knowing each other. Comparing how you do things.

What is the workflow, the workaround?

Goal: Finding the best way how to proceed the work.

Subjects:

- Website and forms
- Document Delivery
- Licensing
- E-learnings and instructions
- Searching and search-strategies
- Training
- At last but not at least: positioning the library:
 - communication

Lessons learned

Choosing the best way

The subjects:

- website & forms
- document delivery
- positioning and communication

→ Dean, manager, Board of Directors etc..

Courage:

- adopt new ways of doing things
- changing a workstyle or workflow
- follow courses and training in certain subjects or skills

Important subject:

Return on Investment

1. Information specialist earns $\frac{1}{4}$ of the salary of a medical practitioner.
2. Information specialist does the work in average as twice as fast because it's daily routine.
3. For the Information specialist it is a daily and continuous learning proces.

Return on Investment & added Value

1. The Information specialist is cheaper
 - Factor 4
2. The Information specialist is faster.
 - Factor 2

In total factor 8 more efficient for the organization

3. The Information specialist is better.

This is Return on added Value!

Another Return on Investment

- When a medical practitioner is searching for literature it's a loss for patient care.
- And it will cost the organization money for losing income for patient care.

Quality management

Internal

- Document delivery:
 - Acceptance/ delivery rate
 - Completion/ run time
- Collection: Enduser statistics
- Information literacy: Evaluation forms

- Employee satisfaction survey

Quality management

External

- Visitations
 - Societies
 - Accreditation of Education:
 - Medicine
 - Biomedical Science
 - Clinical Technology
- (National) Benchmark of the Dutch Universities (VSNU)
- Biomedical Enduser survey (external office- CAMBIN)

Any questions?