



Volume 23 Issue 1

# HLABC FORUM

The Newsletter of the Health Libraries  
Association of British Columbia

January 1999

## HLABC GENERAL MEETING

# February 11th, 1999

**B.C. CANCER AGENCY**

**BOARD ROOM**

600 W. 10<sup>th</sup> Ave (+ Heather)

**6.30 pm Socialize**

**7.00 pm General Meeting**

**8.00 pm Regionalization and Community  
Health Committees**

**Speaker: Brenda Reynolds,  
Community Coordinator, Richmond Health Services**

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British Columbia, by co-operation, communication, and mutual assistance."  
(From: HLABC Constitution)

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## PRESIDENT'S MESSAGE

"Now is the winter of our discontent..."

somewhat eased by positive action:

\* The Access to Knowledge-Based Health Information Taskforce (AKHIT) has met several times and work is progressing on identifying gaps in both access to services and non-recipients of services. The intent is to develop an advocacy report and presentation package for both librarians and end users to use in lobbying activities. Concurrently, the Taskforce is developing a model that will improve access to knowledge based health information.

\* In order to facilitate the development of AKHIT's plan, and to expedite participation and input from you, the membership, HLABC is hosting an Advocacy Now! Workshop in March \*. This tailored workshop is designed to help us learn how to be more effective library advocates and to assist the taskforce in defining and implementing its plan. Advocacy skills are helpful to anyone who has ever needed to improve their budget, justify the Library's existence, or defend their profession. These skills are also invaluable tools in helping us redefine our contribution and find new opportunities outside our own libraries and institutions for celebrating and "selling" this contribution. All members from any type of library are strongly urged to attend; but apply early, as space is limited.

\* Before this workshop is the next General Meeting on February 11th . Scheduled to speak is Brenda Reynolds, the Community Coordinator for the Community Health Council (CHC) for Richmond Health Services Society. Brenda's presentation will provide us with background information regarding the regionalization process and the role that the CHCs play in defining the level and range of health care services to the regional health boards. This will provide us with an opportunity to hear about both the CHCs' information needs and those of the consumer. Lively discussion is assured.

\* Another direct, positive action to dispel the winter blahs is to stand for nomination to the HLABC Executive. The Vice-President/President Elect and Secretary positions are vacant. See Pat Boileau's call for nominations later in the Forum. Please respond actively and positively.

\* Further ahead we are looking toward the Annual General Meeting on 21st May, [Please note: there has been a change of date from earlier announcements], and possibly another educational opportunity. These initiatives and opportunities make me optimistic that 1999 will be a great year !

\*The workshop, is scheduled for Friday March 5th in the BCLA Offices. The fee is \$50.00 for an all day session, lunch included, and is partially subsidized by HLABC. Concrete benefits will result; it's well worth the investment. Registration form and more details to follow electronically.

Charlotte Beck  
President  
Health Libraries Association of B.C.



**Minutes of the HLABC General Meeting  
Thursday, December 3, 1998, 7:00 p.m.  
Board Room, B.C. Office of Health Technology Assessment (BCOHTA), U.B.C.**

Minutes as taken by Diana Hall

1. Welcome/Call to order

President Charlotte Beck called the meeting to order at 7:10 p.m. She proposed a toast to absent friends and invited the twenty-some people present to share the good things happening in their libraries while mingling after the meeting and presentation.

2. Approval of the Agenda

Approved as presented.

3. Business/Reports

3.1 President

a. At the general meeting on October 15, Greg Buss of Richmond Public Library spoke on "Advocacy and Libraries" to a meeting of about 13 attendees and extended an invitation to work with the BC Library Association. Such joint initiatives might include consumer health.

b. The executive must consider elections for the coming year and is looking for people to stand.

c. There has been a suggestion to arrange conference calls for executive meetings and also possibly for general meetings to allow remote librarians to participate. It was mentioned that the RNABC may be able to provide information on teleconferencing and that the Special Libraries Association executive uses conference calls. It was noted that costs are involved.

d. Also proposed has been a travel fund to aid remote librarians in attending HLABC meetings, whether annual general, executive or educational. Comments included how to choose who would be funded, holding a raffle, hosting people from out of town. The idea will be brought up at the AGM.

e. A call is issued for ideas for a speaker at the next general meeting. Charlotte suggests someone from a regional health board to help us understand how to negotiate between our world and their needs.

3.2 Treasurer

Diane Helmer reported that the union list account was closed as of September and the funds transferred to chequing/savings in the general account and in so doing the rate of interest received increased a bit. The general account today stands at \$5784.63. The bond fund stands at \$1256.74.

3.3 Membership

Diane Helmer reported that there are 85 members with 64 in good standing, 1 life member, and 20 who have not yet renewed. She will be contacting 3 potential new members. As of last May there were 9 new members and 8 who had left.

3.4 Resource Sharing

Pat Boileau reported that the RSC meeting was cancelled because no clear new direction for the committee has

emerged. Docline is well-established though not all health libraries are yet using it. Remote librarians could be more a part of the RSC, and the increased use of Docline could be encouraged. Resource sharing involves people who are not part of UBC or big institutions. The plea is out for a chair and participants, and Pat will be contacting people. Wendy Hunt is willing to serve as liaison between the RSC and the Task Force. Charlotte reminded us of the issue of a shared catalogue.

### 3.5 Continuing Education

More ideas are sought, especially for a workshop of use to most of the membership. Beth Morrison mentioned computer firewalls. Wendy Hunt suggested sponsoring an instructor for a PubMed workshop. Other ideas included adult learners, marketing techniques, and Greg Buss's advocacy workshop. Charlotte will put out a call on the listserv. Margaret Price said that HLABC might be able to work with Margaret Friesen of UBC SLAIS to entertain larger ideas and to piggyback on CE for working librarians.

### 3.6 Programme

The committee is looking next to the Annual General Meeting in May.

### 3.7 Forum

Charlotte reported that Editor Anne Allgaier is calling for contributions on topics such as electronic journals and regionalization. She is hoping to obtain more library profiles to highlight the variety, the unusual, the traditional, and the new initiatives.

## 4. Task Force/AKHIT

Beth Morrison reported on the Access to Knowledge-Based Health Information Taskforce whose mandate was published in the last Forum. The task force dealt with lots of energy and issues in its first meeting and will meet again next Monday. They have decided to build a needs matrix to portray health care professionals in one dimension and how they meet their information needs. The aim is to learn how people are being served; how they need to be served; where the gaps are; target the gaps and groups; and start lobbying. Charlotte stressed that AKHIT wants input from remote librarians as well as others. An embryonic plan involves a report and a document for librarians to use in advocacy and lobbying activities. A goal is to keep the membership apprised to they can work individually.

## 5. Update on Cancopy

Leslie McGee of the Health Association of B.C. (health authorities) initiated discussion. She participated in a meeting with a Cancopy representative about their concerted effort in 1999 to licence health care facilities over 200 beds following an Ontario model and reports that there seems to be willingness to negotiate. A fee of \$4.50 per FTE was mentioned. Leslie appealed to HLABC to come up with how much photocopying is done in our big institutions, i.e. data. Lengthy discussion ensued touching on issues of fair dealing; for profit and non-profit; multiple copies in education; Bill 32 allowing for more streamlined pursuit of infringement; the potential for draining funds out of health care, the province and the country; present hospital photocopy policies and policing; the current status of the regulations to the Act; whether to negotiate; differing opinions of lawyers. Charlotte mentioned that Lois Wyndham of CHLA had written out the issues. Wendy Hunt suggested contacting the Canadian Association of Law Librarians for updates on the lawsuit against Cancopy.

## 6. 2000 MLA/CHLA

Jim Henderson has been calling to ask people to be on a local assistance committee to provide hospitality for the 2000-3000 people expected at Canada Place, May 4-11, 2000. The National Planning Committee met at the 1998 MLA annual meeting in Philadelphia; next week people from MLA are coming to visit Vancouver; and there will be a booth for 2000 MLA at the MLA conference in May. As to the nature of the joint meeting, Jim does not have information on how the conference programming will be integrated.

## 7. Cochrane Collaboration

At 8:15 after adjournment of the business meeting, Diane Helmer, librarian with the B.C. Office of Health Technology Assessment since 1994, gave a presentation on the Cochrane Collaboration of systematic reviews. She provided a handout of her slides and also discussed her work in locating unpublished material.

8. Coffee and conversation continued until well after 9 p.m.

## Call for Nominations to the Executive of the HLABC for 1999/2000

The executive of the HLABC is calling for nominations for the 1999/2000 board of directors and officers. Nominations are being accepted for the following positions: VICE-PRESIDENT / PRESIDENT ELECT (a two year position) and SECRETARY (one year position). Please submit your nomination as soon as possible to Pat Boileau by e-mail (pboileau@bc rehab.bc.ca) or by phone (604-734-1313).

It is felt that the effectiveness of the association will be improved if members have a full understanding of the responsibilities of the executive positions.

According to the Constitution of the HLABC the PRESIDENT shall preside at all meeting of the society and of the directors. The president is the chief executive office of the society and shall supervise the other officers in the execution of their duties.

*Each president comes to the position with an understanding of the purpose of the society as stated in the HLABC's Constitution and brings with her/him their own interpretation of those stated objectives.*

The VICE-PRESIDENT / PRESIDENT-ELECT shall carry out the duties of the president during his/her absence, serve as chairperson of the nominations committee, and be responsible for administrative functions of the society as required.

*The first year of this two year position allows the vice-president to become familiar with the inner workings of the association and its members. The society is best served if the president and vice-president work in tandem.*

The SECRETARY shall conduct the correspondence of the society, issue notices of the meetings of the society and directors, keep minutes of all meetings, have custody of all records and documents of the society except those required to be kept by the treasurer, and have custody of the common seal of the society.

*As stated this position seems quite daunting and it is in my experience the president, vice-president and treasurer share in the duties of the secretary except it is his/her sole responsibility to take the minutes of the meetings.*

The TREASURER shall keep the financial records, including books of account necessary to comply with the Society Act, render financial statements to the directors, members, and others when required, and maintain the register of members. *This is a pivotal position within the organization and cannot be emphasized enough.*

*(Sentences in italics are Pat's own words)*

Pat Boileau, Vice-President HLABC

## ***PROFILES - HLABC Member Libraries***

### **Prevention Source B.C. - Still Making a difference in Preventing Drug and Alcohol Abuse**

Prevention Source B.C. (PSBC) supports professionals in the prevention field with information, contacts, and program planning across the province. In order to provide professional with timely and concise information, PSBC publishes "The Source", a newsletter focusing on alcohol, other drug and tobacco issues. It is available online at PSBC's web site: <http://www.preventionsource.bc.ca>

Another way that PSBC works in prevention is by coordinating public awareness campaigns, like National Non-Smoking Week 1999 and Drug Awareness Week 1997 and 1998. These campaigns are promoted and celebrated in schools, hospitals, workplaces, and other communities across the province.

Placing PSBC's library on the Prevention Source web site is an upcoming project. The web site currently highlights various resources on prevention programming and research. In the near future, users will be able to view the entire catalogue on the web site at their convenience.

Brenda Wong  
Library Technician

### **British Columbia Ministry of Health Library**

Full services are available to Ministry of Health and Ministry Responsible for Seniors staff; to members of Regional Boards and Councils; and to health units and adult mental health centres operating within regional health authorities. Partial library services are available to other B.C. government staff; to health sciences students, and to health libraries in B.C. Collections strengths are: health planning/health administration, health economics, resource allocation, public health and disease prevention, epidemiology, nutrition, dentistry, environmental health, evidence-based medicine, clinical practice guidelines, and health services standards.

Recent News: In 1998, MOH Library implemented Sirsi's WebCat on its Internet site, and SilverPlatter's Webspirs databases (including Medline, HealthStar and CINAHL) on its Intranet site. Our Internet site ( <http://www.hlth.gov.bc.ca/library/> ) is of course public; while our Intranet databases at <http://admin.moh.hnet.bc.ca/libinfo/> may be accessed (following registration) by clients who are eligible for full services, as outlined above. We look forward to a constructive year of sharing our collection strengths with the BC health libraries community.

Elizabeth Woodworth  
Head Librarian

## **Patient & Family Resource Centre (PFRC) Vancouver Hospital and Health Sciences Centre (VHHSC) (located in the Laurel Pavilion at Vancouver General Hospital)**

The PFRC opened in May of 1997. It is staffed by a nurse coordinator and a librarian. The centre provides consumer oriented information to patients, families and staff. It also supports staff in the development and translation of patient education materials, the development of patient care guidelines and provides literature search services.

The collection consists of consumer reference texts, pamphlets ( produced Vancouver Hospital as well as from outside agencies) and access to the Internet (particularly a subscription to Health Reference Center).

The Centre coordinates a Health Education Series open to anyone. Lectures are given by VHHSC staff on a variety of topics. Examples for the spring are: Mental Health Services (Jan. 20), Women and Heart Disease (Feb. 16), Home Care (Mar. 24), and Osteoporosis (Apr. 20).

Although, the Centre primarily serves clients of VHHSC, calls from anyone in the community will not be refused.

For more details, please contact: Barb Trip, Librarian. Phone: (604) 875-5887, Fax: (604) 875-5890, E-mail: [btrip@vanhosp.bc.ca](mailto:btrip@vanhosp.bc.ca) or [trip@interchange.bc.ca](mailto:trip@interchange.bc.ca).

Barb Trip  
Librarian

## **Riverview Hospital Library & Knowledge Management Services**

Library staff are pleased to invite you to have a look at the Library's web site at [www.bcmhs.bc.ca/library.htm](http://www.bcmhs.bc.ca/library.htm). You will find our "Rating Scale Collection", which has received a tremendous response from the mental health community, and may be a good reference source for health librarians seeking specific scales. Another recent addition to our web site is our Journal Holdings with links to tables of contents and full-text, where available. We are anticipating acquiring a web-based catalogue and hope to have it available on our site some time this year.

Since the Fall of 1997, we have been subscribing to the Ovid Medline database, as well as the full-text biomedical and mental health collections, on the internet. Ovid was launched in conjunction with a series of Informatics training programs consisting of: The Clinical Knowledge Base; Medline II; Mental Health on the Internet and now our latest addition: Consumer Health Information on the Internet. These courses have been well received by staff at Riverview, and we will be offering a revised version to Community Mental Health Centres in 1999.

Our most recent initiative involves the regular attendance of a librarian at the ward rounds/patient consultations. So far, we are attending 2 rounds with plans to extend it on a rotational basis to most wards/programs throughout the hospital. The purpose is to encourage the practice of evidence-based decision making, and the initiative is being supported and coordinated through Medical Administration. So far, the response has been excellent & we have received a warm welcome as well as regular requests for patient specific literature searches, and other information regarding library resources.

Patricia Fortin  
Manager, Library Services

## **Vernon Jubilee Hospital**

Regionalization is very much a "work in progress" in the North Okanagan, particularly as far as the Library is concerned. The Region did not approve in the 1998/99 budget funds to cover an extra day for a librarian to service the region beyond Vernon Jubilee Hospital. As a result, the library and librarian are being funded totally from VJH's allocation of funds from the Region and no one else's. This means that the Librarian, Diana Inselberg, is giving priority to VJH's library and information needs and offering very limited service to others in the Region. This may change in the future, particularly when the VJH Library Catalogue is loaded on to the Region's Intranet and the demand for library service from the Region presumably increases as a result of this.

In 1998 the Library converted its card catalogue to an Inmagic database. All holdings are now on it but some cleanup needs to be done before it is made more accessible. Diana is going to design a Web page for the Library within the next few months.

Diana Inselberg  
Librarian

## **British Columbia Office of Health Technology Assessment**

The British Columbia Office of Health Technology Assessment (BCOHTA) was established in 1990 by a grant to UBC from the provincial government, in order to promote assessment research for policy development. The Office appraises the scientific evidence relevant to research topics which have been proposed by government, hospitals, physicians, professional associations, and members of the public.

BCOHTA bases its appraisals on comprehensive evaluations of the scientific evidence, and accordingly the literature searches for each project can be intense. There are two librarians currently working at BCOHTA, and we are closely involved in developing the methodology for and conducting all literature searches.

The first part of the process involves a detailed search of bibliographic databases such as MEDLINE, EMBASE, and CINAHL. Once this phase of the search is complete, BCOHTA researchers select articles that meet the predefined inclusion and exclusion criteria. Selected articles are then retrieved by the library assistant.

The second part of the search process involves a number of steps to ensure that we have as much information as possible. Subject specific and specialized databases are identified and searched. For example, if we were researching Alzheimer's Disease, we would search the Alzheimer's Disease database which is a sub-file of the Combined Health Information Databases (CHID) <<http://chid.nih.gov/subfile/subfile.htm>>. The Internet is searched by using Meta-Indexes such as OMNI <<http://www.omni.ac.uk>>. The Cochrane Library is an excellent resource for identifying randomized controlled trials and systematic reviews of those trials. We also search other health-related library catalogues to locate books, reports, conference proceedings, and other materials.

Since MEDLINE, EMBASE, and other general databases are known not to index all relevant journals related to a research project, we extend our search to include subject and specialized databases. Furthermore, well documented indexing inconsistencies necessitate hand-searches of a core set of journals on a given topic, so that we may be confident we have identified all the relevant literature.

The search for unpublished literature also involves using directories to identify the names of organizations undertaking topic-specific research. One directory which is particularly useful for identifying organizational research is the HealthCare Standards by ECRI. Other relevant organizations are contacted to see if they have any publications of use to our project. We also endeavour to identify researchers working on similar projects.

This is a very time-consuming process. Many of our assessments take from one to two years from initial request to publication, with information gathering continuing throughout this period. In addition, search strategies must remain flexible and comprehensive to accommodate the range of topics covered in a report.

Finally, we are constantly identifying and adding new information sources, which assist in our role of fulfilling BCOHTA's mandate.

All BCOHTA reports are available for public distribution without charge. Some reports can be downloaded fulltext from <<http://www.chspr.ubc.ca>>

Diane Helmer  
Information Specialist  
BC Office of Health Technology Assessment

Mary-Doug Wright  
Librarian  
BC Office of Health Technology Assessment

# **FAMILY RESOURCE CENTRE: a consumer health initiative in Surrey**

## **INTRODUCTION**

“Family-centered care” is a philosophy that has been recently championed by the Maternal Child programme at Surrey Memorial Hospital. The health sciences databases have an abundance of literature on this philosophy of care.

One of the ways in which family-centered care has been manifested at Surrey Memorial Hospital has been in the development of a “Family Resource Centre” located between the Pediatrics and Family Birthing Units. The Family Resource Centre consists of a core consumer health collection of 100 books, 20 videos and hundreds of pamphlets on child and maternal health topics. The Centre was officially opened in June 1998.

## **BACKGROUND**

In preparation of the development of the Family Resource Centre, a multidisciplinary committee was established by the Manager of Pediatrics consisting of a Pediatric Clinical Resource Nurse, pediatric and public health nurses, the child life specialist, myself as librarian and a volunteer. The chair of the committee and team leader was the Pediatric Clinical Resource Nurse, making the project a pediatric initiated one from the beginning. The mandate of the committee was to develop the vision, policies, funding, scope, services and plan for the Family Resource Centre. The committee chair reported to the Manager of Pediatrics, whose mandate consisted of securing funding and driving the project forward.

## **ROLE OF LIBRARIAN**

My role as the librarian on the committee was as a “consultant”, contributing expertise regarding collection development and acquisitions as well as cataloguing and database development. Identification and acquisitions of key recommended resources was a critical role and task that needed my immediate and ongoing attention. I utilized Login Brothers consumer health catalogue to identify and order appropriate books, as well as catalogues from the Canadian Medical Association and Academy of Pediatrics. All titles were reviewed and approved by the committee before they were ordered. I also had the opportunity to purchase several relevant books while in Portland for PNC/MLA 97 at Powell’s Bookstore in October 1997. Additional resources were acquired from pediatricians, nurses, and social workers. Several of the pamphlets were ordered from Children’s Hospital in Vancouver.

The other major area I became involved with was in the cataloguing and inputting of the books and videos into the Library’s Inmagic database. After materials were catalogued, I was then able to generate a paper catalogue of Family Resource Centre materials.

## **ROLE OF VOLUNTEER**

A very able volunteer was recruited for the Family Resource Centre committee who also happened to be the hospital library volunteer, thereby in a position to contribute a great deal of expertise and energy to the project. The organization and documentation of the pamphlet collection was one of the key tasks of the volunteer. In addition, the volunteer worked with the chair to physically set up the Centre. The Fraser Valley Cancer Centre patient library was the model adopted.

## **ROLE OF CLINICAL RESOURCE NURSE**

The Clinical Resource Nurse as team leader played a key leadership role in driving the project forward from its beginnings to fruition. She consulted with several relevant health professionals to receive feedback on recommended resources. She also liaised with the Manager of Pediatrics, whose key role was securing funding and gaining senior management support for the project. Her role continues as coordinator of the Family Resource Centre.

## ISSUES

Key issues that developed during the life of the Family Resource Centre committee included developing a materials usage policy, determining the languages materials needed to be available in, defining the scope of the collection and identifying the staffing and hours of the Centre.

I strongly recommended that the materials usage policy be limited to "reference in hospital" for books and videos. The rationale for this was that there were not enough resources to provide a lending collection, and that the public library was available as a resource for borrowing. As a backup, I suggested that photocopying could be made available to family members needing information as well as pamphlets on various topics be available in multiple copies for giveaway to families.

It was clear that materials should be available not only in English, but also in Punjabi and perhaps Cantonese/Mandarin and Spanish. These materials were most likely to exist as pamphlets, but could include videos if available. The challenge was to locate appropriate materials in these languages. The Vancouver Health Board, multicultural officer was the best locally available resource for appropriate materials in Punjabi and Cantonese/Mandarin.

The scope of the collection for the Family Resource Centre included topics such as safety, parenting, teens, pediatrics health issues, toileting, child nutrition, special needs children, child development, anatomy, asthma, breastfeeding, neonatal development, sleep, bed wetting, children's medications and pregnancy.

Staffing of the Centre continues to be a challenge, and at present is the project of the Pediatric Clinical Resource Nurse. There are also plans to recruit and train volunteers in partnership with volunteer services.

## OUTCOMES

Immediate outcomes of the project include the existence of a consumer health collection in a patient area, family-centered care comes to life in a visible way, accreditation guidelines are addressed regarding increasing services that have direct patient value, and an increased visibility for the Librarian to demonstrate expertise with hospital staff on their turf.

## DISCUSSION/FUTURE

The Family Resource Centre officially opened June 1998 to coincide with the ground breaking ceremony for the new Children's Health Centre tower at Surrey Memorial Hospital. Tours of the Centre and the pediatrics and family birthing units were offered. Strong support for the Centre was demonstrated by senior management staff, in particular the Director of Maternal Child Services as well as front line staff in the pediatrics unit. A critical success factor was that Pediatrics had full ownership of the project from the beginning.

The Family Resource Centre is really the first attempt to create a consumer health information service at Surrey Memorial Hospital. So far, the response to the Centre has been very positive from families and staff.

Future areas of development may include enhancement of staffing, acquisition of more materials in translation and computer/Internet access to appropriate resources on the web.

In conclusion, I was very pleased to be part of the Family Resource Centre project and felt my expertise as a librarian was critical to the successful outcome.

Linda Howard, Librarian  
South Fraser Health Region  
Surrey Memorial Hospital  
Email: linda.howard@sfvhr.hnet.bc.ca

frustration, irritation or even conflict when we engage with “learners” who fall into a different categories. Whether in individual or group instruction, this “self-centred” approach is inefficient and ineffective for both the teacher and learner, and can be unpleasant for one or both parties.

The remedy Chapman and Courtney prescribe is heightened sensitivity to the learning styles of library patrons, a sensitivity which is “learner centred”, not “self-centred”.

### **Workshop should be repeated**

Over fifty librarians attended the workshop; thirty nine more were put on a waiting list. We hope that these thirty nine will have an opportunity to participate in the “So, You Never Wanted to be a Teacher” program. Ms Chapman and Mr. Courtney raised important issues which were addressed in an enjoyable, informative and entertaining manner. Their approach should produce lasting results for participants because as teachers, Chapman and Courtney, practiced what they preached.

Joan Andrews  
Member, SLA  
Manager, Library Services RNABC