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H. Mark Goldstein

*University of Massachusetts Medical School Worcester, mark.goldstein@umassmed.edu*

Margaret H. Coletti

*Beth Israel Deaconess Medical Center, mcoletti@bidmc.harvard.edu*

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# Developing a Strategic Plan for Transitioning to Healthcare Knowledge Services Centers (HKSCs)

MARGARET H. COLETTI, AMLS, AHIP; H. MARK GOLDSTEIN, MA, MSLIS, AHIP

*Facing a negative trend in the form of downsizing, layoffs, and closures, a small committee of hospital librarians in New England was formed in 2004 to provide library advocacy. Between 2008 and 2010, 23 hospital libraries closed in New England. In 2010, the committee shifted its focus from advocacy to a platform for change. This resulted in the creation of the Healthcare Knowledge Services Center (HKSC) Template. The Template is the basis for a 3-phased, 5-year strategic plan to establish several regional pilots, transitioning traditional hospital libraries to healthcare knowledge services centers. This article focuses on Phase One of the strategic plan, Development.*

## KEYWORDS

KM, knowledge management, advocacy, library closures, strategic plan, HKSC, healthcare knowledge services center, template

## INTRODUCTION

Over the last 12 years, hospital libraries and hospital librarians in the United States have faced a growing and persistent threat manifested by downsizings, layoffs and closures. In New England, hospitals have reduced library staff, hours of operation and services, sometimes eliminating the library function altogether. In the decade 2000-2010, twenty-three community and teaching hospital libraries in New England closed.

## THE PROBLEM

There's been a gradual trend to replace traditional hospital library services with popular content aggregators such as *MD Consult* and *UpToDate* (1), as well as the presence and "google-ization" of free content on the Web (2). Over the past decade, The Joint Commission (TJC) and post-graduate credentialing organizations have revised their standards on how physicians should receive medical information and continuing education. These revisions have resulted in the removal of a professional, degreed librarian from the standards. In The Joint Commission 2011 Comprehensive Accreditation Manual for Hospitals (CAMH), the standard for knowledge-based information (KBI) is quite sparse: "knowledge-based information resources are available, current, and authoritative." (3) When defining KBI, TJC states: "In the context of the manual, knowledge-based information is found in the clinical, scientific, and management literature." (3) The standard offers no specifics or guidance *who* should supply KBI, as long as ... "the hospital provides access to knowledge-based information resources 24 hours a day, 7 days a week" and "the hospital makes cooperative or contractual arrangements with another institution(s) to provide knowledge-based information resources that are not available onsite." (3)

The authors of this paper conclude that as long as the domain of hospital librarianship is restricted to providing access to "the clinical, scientific, and

management literature", the current model for hospital librarianship is unsustainable.

### **HOLDING ON: 2004-2010** *LIBRARY ADVOCACY*

In 2004, as part of its Regional Advisory Council (RAC), the National Network of Libraries of Medicine, New England Region (NN/LM NER) formed the Hospital Library Subcommittee, with the charge to promote the value of hospital libraries throughout the region.

As of 2010, Subcommittee participants included:

*Margo Coletti, Beth Israel Deaconess Medical Center, Boston, MA*  
*Deborah Clark, Stephens Memorial Hospital, Norway, ME*  
*Denise Corless, Caritas Norwood Hospital, Norwood, MA*  
*Barbara Davis, Newport Hospital, Newport, RI*  
*Anne Fladger, Brigham & Women's Hospital, Boston, MA*  
*Mark Goldstein, NN/LM NER & UMass Medical School, Worcester, MA*  
*Mimi Guessferd, Parkland Medical Center, Derry, NH*  
*Sheila Hayes, Portsmouth Regional Hospital, Portsmouth, NH*  
*Betsy Merrill, Northeastern Regional Medical Center, St. Johnsbury, VT*

Between 2004 and 2010, the Subcommittee offered a suite of advocacy services:

- **Direct Advocacy Support**
  - Conducted consultations with librarians & hospital administrators
  - Drafted letters of support
  - Sponsored Program: *Measuring your impact: using evaluation for library advocacy*, Shrewsbury, MA [2004]
  
- **Posters:**
  - An Umbrella of Integrated Services for Hospital Librarians [2007] (4)
  - Value of Hospital Libraries [2010] (5)
  - Developing a Strategic Plan for Transitioning to a Healthcare Knowledge Services Center [2011] (6)

- **Studies & Evaluation:**
  - Value of Hospital Libraries Study [2008-09]
- **Theatre**
  - Evidence-based nursing play presentations [2007-08] (7)
- **Toolkits**
  - Hospital Librarian Orientation Toolkit [2005] (8)
  - Hospital Library Promotion Toolkit [2005] (9)

The year 2008 marked a “turning point” for the Subcommittee, as hospital librarians throughout the region participated in a *Value of Hospital Libraries Study*. Over the summer, study participants were asked to interview hospital administrators regarding their perceived value of the hospital library. In October 2008, Dr. Elaine Martin, Director for the University of Massachusetts Medical School’s Lamar Soutter Library and the NN/LM NER, conducted two focus groups with study participants. Analysis of the qualitative data collected from the interviews led to the conclusion that the perceived value of hospital libraries was limited.

At the Massachusetts Health Science Libraries Network’s annual meeting in 2009, Dr. Martin cited as one of several common themes from the focus groups: a “lack of specific examples by administrators regarding library value roles in education and patient care, except for helping nurses with Magnet status.” (10) Too many hospital administrators today view hospital libraries (and hospital librarians) as a luxury, not a necessity. As one of the hospital librarians stated during one of the focus groups: “I just think that hospital administrators don’t realize all the skills that librarians have.” (10)

November of 2008 signaled the impending global economic meltdown. The downturn in the global economy left its impact on all sectors of the U.S. economy, including health care. Within a span of three months, three hospital libraries in New England closed their doors.

**MOVING ON: 2009-2011**  
*DEVELOPING A STRATEGIC PLAN FOR KM*



*Figure 1. The Knowledge Pyramid*

In October, 2009, the Subcommittee changed its posture – from a reactive mode to a proactive stance. Instead of defending the traditional model for hospital librarianship, the Subcommittee focused its attention on developing a new model rooted in knowledge management (KM).

The Subcommittee adopted the following definition for KM: “Knowledge management within a healthcare organization encompasses responsibility for providing the assessment of and accessibility to refined information (i.e.,

knowledge) and serves a widely diverse population, guided by evidence based practice.” (11) The Subcommittee cites several important factors that provide the rationale for a KM model:

- 1. KM provides a positive push forward.** Instead of trying to salvage existing hospital libraries, librarians need to reassess the needs of their stakeholders and to remold their services around stakeholder needs. KM provides the framework for reassessing and redefining services.
- 2. KM provides the “bridge” between Information and Best Practice.** The Knowledge Pyramid (*see figure above*) shows where knowledge fits into the healthcare realm. Knowledge managers acquire, filter, and make knowledge assets accessible to their clients.
- 3. KM provides hospital librarians with an ideal window of opportunity to become critical players.** There are several concurrent healthcare trends in the U.S., in which KM is uniquely suited to address:
  - Firstly, the information explosion (which has been building for decades) has reached a critical mass due to improved information technologies. As John Naisbitt stated in his 1982 bestseller *Megatrends*, “We are drowning in information, but starved for knowledge.” (12)
  - Secondly, the national push for health care reform has spawned a drive to digitize medical records. Hospitals will be striving to achieve a “Meaningful Use” benefit from the expertise of librarians, linking knowledge-based information to the electronic medical record (EMR).
  - Thirdly, with the universal adoption of evidence-based practice (EBP) hospital librarians are positioned to provide much needed services, broadening their customer base.
  - Finally, there is the emerging trend of “self-directed practice,” where patients will be taking greater responsibility for their personal health information in the form of personal health records (PHRs).

Knowledge management techniques provide the tools to address all of these trends.

**4. KM offers healthcare organizations a competitive edge in the marketplace.** KM allows for efficient interaction among patients, clinicians and other staff, by capitalizing on the organization's knowledge assets.

In the summer of 2010, the Subcommittee created a template for a Healthcare Knowledge Services Center (HKSC). The Template (11) is designed to take over the function of a hospital library eliminating some traditional library tasks while establishing service lines that utilize knowledge management skills and techniques.

The Template for an HKSC consists of six core components:

1. Definition
2. Knowledge Pyramid
3. Attributes
4. Competencies
5. Collaborations
6. Comparative Table of Services

The Template's addenda provide samples of: a job description; mission statements; strategic plans; and line items for a budget. The Template can be utilized and adapted by the knowledge manager to fit the unique needs of the institution.

In October 2010, at the Annual Meeting of the North Atlantic Health Sciences Libraries (NAHSL), the Subcommittee conducted an open forum to report on the work accomplished to date and to solicit feedback on the knowledge management concept. Encouraged by favorable feedback gained at the open forum, the authors collaborated on an application for funding from the NN/LM NER. The funding, applied for in November, 2010, and approved in December, 2010, was for a project entitled "*A One-Day KM Introductory Program and A*



*Curriculum Development Plan.*" The project is the first phase of a five-year strategic plan to establish several HKSC's in New England.

The phases of this five-year plan are:

**Preplanning:** October, 2010 – November, 2010

**Phase I, Development:** December, 2010 – April, 2011

**Phase II, Implementation:** May, 2011 – April, 2013

**Phase III, Evaluation:** May, 2013 – April, 2015

### **KM AWARENESS (WEBINARS)**

In February, 2011, the authors hosted a series of one-hour "*Knowledge Management Awareness*" webinars (13), introducing the concept of KM to health science librarians in the New England Region. The purpose of the webinars was to introduce hospital librarians to KM and to solicit interest in attending an all-day event planned for in early March. The HKSC Template was outlined and the rationale for transitioning to an HKSC was presented.

### **KM DAY**

On March 4, 2011 the authors presented a one-day program for hospital librarians in the region called "*KM Day*". The program had four components:

- (a.) a keynote presentation of a KM primer that introduced knowledge management concepts;
- (b.) presentations delivered by hospital librarians who have already used KM techniques in special projects (e.g., building a nursing publications and research website);
- (c.) table discussions on a range of KM-related topics (e.g., evaluating technologies for exchanging and leveraging knowledge); and
- (d.) a presentation of the HKSC Template.

A total of 46 participants attended the program, representing every state in the region. Comments from KM Day attendees reflected the success of the program:

*"Most helpful is that all this information has given me hope that it is possible to transform, and that we can take an active part rather than passively sit by watching the world change around us."*

*"Practical ideas [were shared] on how we can negotiate our part in the future of libraries. This is the first time I have felt hopeful about this."*

## **HKSC PILOTS**

During KM Day, the conveners announced a plan to create several pilot sites in New England. The pilots, with funding from the NN/LM NER, will establish Healthcare Knowledge Services Centers within participating healthcare institutions. Pilot selection, implementation, and evaluation constitute Phases Two and Three of the five-year strategic plan. The authors and pilot site participants will report in depth on the Implementation and Evaluation Phases in the coming months.

## **HKSC FIELD GUIDE**

After analyzing the survey results from KM Day participants, the authors created a Request for Proposal (RFP) for the development of an HKSC Pilot Field Guide to complement the HKSC Template. The Field Guide will serve as a resource for facilitating the transition of hospital libraries (i.e., pilot sites) into Healthcare Knowledge Services Centers. The HKSC Field Guide will detail core requirements as well as the specific elements for a successful, functioning HKSC. The RFP was

sent to prospective knowledge professionals with experience in two or more of the following areas:

- a.) library and information science;
- b.) knowledge management;
- c.) instructional technology and design; and
- d.) hospital management.

## **CONCLUSION**

The authors envision the future role of hospital librarians in the U.S. to be markedly different from the current one, as the work focus shifts away from managing “hard” resources (bound books, stacks, floor space, etc.) towards “soft” resources (e-journals, internal reports, formal publications, etc.) Over the next decade, librarians and knowledge managers will spend fewer hours isolated within their four walls and will expend more time interacting with clinicians and stakeholders, embedding themselves in various ways (e.g., serving on hospital committees and research grants.) Some traditional services will continue to be provided (e.g., document delivery); however, more internal knowledge-centric services will also be introduced (i.e., institutional digital repository, linkages to EMR and PHR systems, increased training in the use of mobile apps, etc.)

Knowledge Management (KM) provides librarians the opportunity to become the navigators, facilitators, collaborators and educators that future hospitals need for survival. The Healthcare Knowledge Services Center (HKSC) provides a framework for the region’s 5-year strategic plan (dubbed “the KM Initiative”).

Greater success in transitioning to an HKSC will be found in those situations where professionals show the willingness to adapt and change. The authors also see future hospital administrators placing greater emphasis on value-generating services, ones that improve the overall quality of patient care as well as the institution's standing in the marketplace and local community.

The librarian as "knowledge professional" of the future will need to be an expert in not only "external knowledge" (e.g., the "know-why" of science or "know-what" of facts) but will also need to deal with "tacit knowledge," that involves skills and learning not easily transcribed or published. Institutional intelligence will achieve high ranking on the hospital administrator's list of priorities.

The authors hope that by 2013 there will be several successful, working pilots of Healthcare Knowledge Services Centers operating in New England. We view these pilots as one key step forward in helping hospital librarians meet the future needs and demands of their healthcare institutions.

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