

HLA NEWS

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Sharing a Library Management System – Interagency collaboration amongst Western Australian Government Libraries

The Western Australian Department of Health Libraries have recently implemented a new Library Management System in collaboration with the State Library of Western Australia. Kirsten Nekrews outlines the history of this joint project and its successful outcome.



The WA Department of Health (WADoH) libraries provide a clinical information service

to WA Health clinicians through a locally managed Library Management System (LMS), which has for some years been in need of a significant upgrade. The State Library of Western Australia (SLWA) manages the collections of the State Library and public libraries in Western Australia through its LMS.

In 2007, with the support of the WA Office of eGovernment (OeG), agreement was reached between the SLWA and the WADoH to share a joint library management system, rather than procure separately. The State Supply Commission provided formal approval for the joint initiative given that the proposed solution was to build on the State Library's existing system and customise it to meet the needs of the Department of Health.

Governance

The first phase of our collaboration was to establish exactly how the project would be managed in a cross-agency environment. A governance model was drafted, which established a Joint Steering Committee as the overarching approval body for the purposes of both the implementation project itself, and the ongoing management of the collaboration in the long term. The role of the Joint Steering Committee was to share high level accountability and joint decision making with regard to the LMS collaboration.

A Joint Project Group was then established, to ensure that the project progressed in a timely and structured manner, and to act as a central communication hub between the Joint Steering Committee, the vendor and the various SLA and WADoH project groups. This approach ensured that a clear and consistent communication model was established within a joint reporting environment, and also ensured that communication with the vendors was delivered through a single mouthpiece, representative of the project as a whole rather than of one organisation or the other.

Reporting to the Joint Project Team were the individual Project Teams of each Organisation. Both teams were headed by specific individuals, but the membership of the teams changed over time as required, as specific expertise was required throughout different stages of the implementation.

A Memorandum of Understanding (MOU) was developed early in the project, to establish the principles to which we agreed to aspire, and the goals which we would agree to work towards.

A Service Level Agreement (SLA) was also established

Continues on p10...

Inside

- Sharing a Library Management System – Kirsten Nekrews 1
- From your Convenor – Suzanne Lewis 2
- Discovery engines – Cheryl Hamill, Vivien Hewitt and Alex Petrie 3
- ALIA/HLA Workforce & Education Project Update 4
- Open source technology – Michael Huynh 5
- Vale June Rider Jones 6
- Notes from VALA 2010 – Veronica Delafosse 7
- News from your sponsor – Allied Health Information 9
- What is this thing called CHLF? 11
- Introducing your HLA Exec Committee 13
- Awards (call for applications) 15,16,17
- ALIA Access 2010 Conference 18

FROM YOUR

CONVENOR

Welcome • Changes to the HLA Executive • About Me • HLA Education & Workforce Project • Health Stream at the Access 2010 Conference • In this issue • Awards • Ongoing Communication



Welcome to the first issue of HLA News for 2010.

This is my first report as convenor of the ALIA Health

Libraries Australia group and my first job must be to thank the retiring members of the HLA Committee – Heather Todd (Convenor), Lisa Kruesi (Treasurer), Jenny Hall and Sheelagh Noonan for their contributions to the HLA group. Particular thanks must go to Heather and Lisa for their superb effort in organising the International Congress on Medical Librarianship, held in September 2009 in Brisbane. Bronia Renison, Veronica Delafosse, Melanie Kammermann (HLA News editor) and Cheryl Hamill (Secretary) are continuing as members of the Committee. I would also like to welcome new members Laura Foley (Treasurer) and Sharon Karasmanis, and welcome back Ann Ritchie (committee member and liaison person for the Education and Research project and the Chief Health Librarians Forum).

I am a hospital librarian working within Northern Sydney Central Coast Health, based at Gosford on the NSW Central Coast. I have been an ALIA and HLA member for some years now but this is my first year on the HLA Committee. I am delighted to be Convenor of a committee of such motivated and talented colleagues.

The Committee has already 'met' once, in February, at the lovely Australian and New Zealand

College of Anaesthetists building (thanks to Laura Foley for hosting the meeting), following the VALA conference. Those who couldn't be there in person were able to join in via teleconference.

The focus for HLA this year is research to consider where we (health librarians) are going as a profession and what we need to do to get there in tip-top condition. Yes, it's 'determining our destiny' time. What does it mean to be a health librarian, what scopes of practice are emerging, what educational requirements should there be to practise (and keep practising), where do we 'fit' in the broader context of the total health workforce and how do we ensure that projections and plans are in place for health librarianship by bodies such as Health Workforce Australia? You will have all seen and hopefully taken up the invitation to participate in the neXus style survey, which comprised the first phase of the project, and Ann Ritchie provides a progress report on page 4.

If you missed the survey you will be able to have your say on the future direction of our profession at the Health stream of the ALIA Access 2010 conference in Brisbane in September (see page 18). Apart from the Health stream, there will be much to interest health librarians including a Special Libraries stream and a pre-conference 'fringe' event at the University of Queensland which will include an Evidence-Based Practice Master Class for health librarians. These events seek to maintain the momentum created by the success of ICML last year and the HLA professional development satellite at Dreaming

08 in Alice Springs, again providing an opportunity for health library staff from across Australia to come together to learn, network and be inspired.

This issue of HLA News has a technology focus; articles discuss the shared library management system implemented by the State Library of Western Australia and the West Australian Department of Health; the use of Xerxes by Freemantle and Royal Perth Hospital libraries; and Canberra Hospital Library's implementation of open source software. Finally, there is a report from the recent VALA conference. It's of great interest to hear how other libraries are using technology to tackle issues of information access and retrieval that we all face in our workplaces.

If you are doing something innovative in your library, or would like to be able to do a research project on any aspect of health librarianship, please take a look at the two awards on offer – the Anne Harrison Award (see page 15) and the HLA/HCN Innovation Award (see page 16). You'll find details in this issue and on the HLA website (<http://www.alia.org.au/groups/healthnat/>).

Also give some thought to writing up your project or research for publication in HLA News. Or perhaps you have attended a conference or other professional development activity recently and can share that experience with your peers in the form of a conference report? HLA News is only as good as the contributions received and the editor, Melanie Kammermann, is always keen to hear from members.

Finally, it was decided that the Executive should communicate with members via a regular monthly email...so more from us over the months to come. Please feel free to contact me or any of the Committee members with your contributions and suggestions for HLA in 2010 and beyond.

Suzanne Lewis

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Discovery engines:

enabling unified access to e-resources

Within health the implementation of federated search or discovery services, which integrate access to all available resources, is limited. However, that's just what the libraries in the South Metropolitan Area Health Service in Western Australia have done. Cheryl Hamill, Vivien Hewitt and Alex Petrie unravel the mysteries and significance of discovery engines.

Imagine if...

...you were able to provide a discovery service for your clients that in one simple powerful search revealed the most relevant and reliable, highest quality clinical information (because you've brought your skills to bear with subject selection and your understanding of client needs).

...your discovery service was able to search multiple repositories such as databases, websites, records management systems and organisational digital repositories. You could provide in one search, retrieval from databases, evidence summaries such as DynaMed, Clinical Evidence, the Australian Clinical Practice Guidelines Portal ⁽¹⁾ and other such websites.

...your discovery service was a widget integrated into the clinical systems used by clients in their digital workspaces, as well as a library website they may also use.

...your clients had a discovery service that bypassed paywalls (for subscribed content) and firewalls to take them to all available content from publishers, aggregators and websites, whether freely available, purchased locally or from consortium or national purchasing deals AND offered up a populated document delivery form for unsubscribed content.

...the results display from your search discovery engine provided helpful clusters to enable clients to refine the results further, AND showed three styles of bibliographic citation for each item.

...your clients could create their own list of resources to be searched, save references in their personal folder, and export them to bibliographic management software.

that query resources across the internet, federated search tools with a customised interface, and the newer discovery engines which work from massive harvested indexes and are therefore much faster.

Federated services must have the capacity to accept a search query, translate it into the appropriate syntax (connectors) used by multiple resources, retrieve results from those resources, and display them with the option to refine results using clusters. There are problems in creating connectors that work reliably. Not all resources have a standards-based syntax that can accept and / or return results to an external discovery engine. There are three levels of capacity – the resource to be searched can accept a query and return results into the discovery service interface; the resource to be searched can accept a query but the searcher must then link to the native interface to view the results; finally, for some resources, only links to the native interface can be provided (which isn't really federated searching at all but does at least serve to alert clients to the existence of resources they may otherwise not check).

Searches are generally a little slow because of the number of sources being searched simultaneously across the internet.

Some interfaces have been criticised for being too complex.⁽⁴⁾

Some content is excluded from open discovery and is restricted to being found from proprietary interfaces.⁽⁵⁾

Some of the complexity issues can be overcome if a tool such as

Continues on p12..

The state of play in Health Libraries in Australia

Health libraries have websites through which they deliver access to online resources. Some states have state-wide sites which deliver whole-of-system access to some resources. True integration of access to all available sources is rare. The use of federated search or discovery services that integrate access to all available resources (those bought in state-wide deals and those bought locally) is even more limited. We are only aware of such systems in the ACT and in our own health service in WA .

Discovery services themselves are not all alike and there are lively conversations on the directions in which they may develop.⁽²⁾

Why is this important?

As health librarians it is our role to assist clinicians by establishing systems that take them quickly and seamlessly to as many of the 'top of the evidence pyramid' resources as possible.⁽³⁾ We also need to connect them to all available online content in the same seamless and reliable way. Use of OpenURL link resolvers, and customised federated search engines that make use of our subject and resource knowledge is critical to the mission.

What are the issues with federated search / discovery engines?

Discovery engines are of three main types: federated search tools

UPDATE: ALIA HLA'S WORKFORCE & EDUCATION

Research Project 2009-2010

The HLA research project has two main aims: to determine the future skills requirements for the health library workforce in Australia, and to develop a structured, modular education framework (post-graduate qualification and continuing professional development structure) for health librarians to meet these requirements.

The first phase of the HLA research project is well underway; the individual Nexus-style survey has been open during February/March and we've been really encouraged by the responses – around 140 so far. So a big thanks to all of you who have given us your time and ideas – the thoughtfulness of the replies has been inspiring.

The institutional survey has been pilot-tested, and is set to go out in mid-March.

If you are a manager of a health library/information service operating in the health sector, please look out for our 'invitation to respond' on various discussion lists.

As exploratory research, the aim of both surveys is to canvas opinion and solicit the views and perspectives of those in, or interested in the health sector. There are two main target groups: individuals who are currently (or have been, or would like to be) part of the health library workforce; and the managers of health 'library' units. We are deliberately using a very broad definition of the health sector and health 'library' so as to be inclusive of all workplaces and possible roles/responsibilities that may require new or extended health librarianship competencies.

In the institutional survey we are focusing on the library service as the unit of analysis, with the intention of building as comprehensive a picture of the workforce as possible, and using aggregated data for projecting the sector's requirements and planning into the future.

By bringing together the information from both surveys, and supplementing this with some

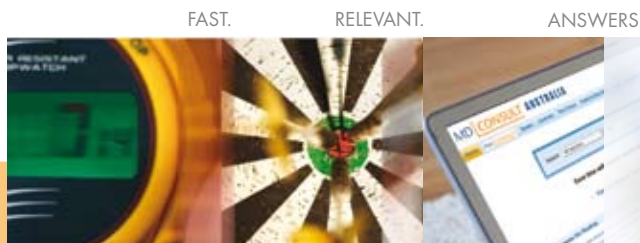
follow-up interviews which may include 'key informants' in the health sector, we hope to have some solid data and wide-ranging views of opportunities and likely future scenarios.

We will be opening up the dialogue with the sector at large by presenting the research findings back to all of you at our session at the 2010 ALIA Access conference to be held in September in Brisbane.

Thanks you for your ongoing support. If you'd like further information about any aspect of the project, please contact Ann Ritchie, Director Health Library, Northern Territory Department of Health and Families, ann.ritchie@nt.gov.au, m. 0401 110 388.

The Project Reference Group

Gill Hallam (Principal Researcher),
Ann Ritchie (Project Leader),
Melanie Kammermann, Patrick O'Connor,
Cheryl Hamill, Suzanne Lewis
and Carol Newton-Smith.



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- Drugs data from *Australian Medicines Handbook* replaces US data
- Clinical calculators remain
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- Two additional Australian eBooks
- Additional ANZ practice guidelines, whilst retaining existing international guidelines
- Links to local news on *Medconnect* (www.medconnect.com.au)

www.mdconsult.com

Open source technology

in special libraries: the ACT Health Library experience

Michael Huynh is a website designer/developer within the ACT Health Library service. He has been responsible for the implementation of an open source Content Management System, setting up user friendly authentication systems and redeveloping the library's document delivery system, all of which have allowed the library service to respond more responsively and with greater flexibility to its users' requirements.



Big decisions about information technology (IT) infrastructure and platform have always been a concern

for organisations. Making the wrong decision can set any organisation back, whether it is the associated steep learning curve or incompatibilities with other applications or platforms. One of the most rapidly growing technologies today is open source technology. Open source means that the software developer grants users access to the source code of that software; it is open, extensible and freely distributable. Such an open environment enables people from around the world to share thoughts, develop ideas and review and test applications. It becomes a collaborative development environment. It also means that there is a very strong team of developers and a great online support community. As such, bug fixes (especially security issues) travel to the community fast. Best of all it is free and you are not locked into any contracts.

At the ACT Health Library, which exclusively serves ACT Health staff and medical students, we made the bold move of introducing open source software. Bold because, as a government organisation, open source software is not used by ACT Health.

At the ACT Health Library we have quite a unique system. Our network infrastructure provides on campus access to various catalogues as well as a host of online resources. In addition, we have the ability to offer users remote off site access. We chose

to build our website (<http://tch.anu.edu.au>) using a content management system (CMS) because of the benefits of the framework. Using a web-based CMS means we do not have to contend with building static web pages, where content is often difficult to update, and where special software is required. It allows for administrative users to access and contribute data based on their roles and level of authority. It also permits the sharing and controlling of stored data as well as overall ease of use.

Of the many CMSs available we chose Joomla! (<http://www.joomla.org/>). So why Joomla!?

Joomla! is an award winning CMS (<http://www.packtpub.com/award>). It is very flexible and scalable. Like most CMSs it is very easy to set up, works well straight out of the box, and is easy to upgrade. It possesses a very robust framework for future development and enhancements, and it's secure. There are also many commercial and free components (applications), modules and plug-ins available that can be installed into Joomla!.

Joomla! provided our administrative staff an intuitive interface with a short learning curve. It is no more complex than using a word application. A quick 60 minute tutorial was all that was needed to train staff to use the CMS. As such, staff could update content, add news to blogs and manage user accounts. Its implementation freed administrator time from having to attend to minor moderating and administrative work.

The way our website is structured is very unique; on campus users only need to log on once to our secure network after which no further authentication is

required to access our electronic resources. This we were able to integrate easily through the Joomla! framework. This allows users quick and ready access to resources, which is important to the majority of our time poor users.

Our library website offers our users many different web applications and services; Ezproxy remote authentication (for remote access), Joomla! login user authentication (users can update their details), SMFs (Simple Machines Community Forums) and the interlibrary loans document delivery supply system. It became apparent that a single sign on was required to simplify the login procedures and eliminate the requirement to log onto all the different web applications to access our services.

During the rebuilding of the website, I also restructured and redeveloped the inter-library loans document delivery system. Originally an Access spreadsheet, it was clunky, confusing and had poor navigation. It offered poor statistics reporting, endless paper trails and a lot of double handling.

It was apparent that this needed to be redeveloped to streamline procedures and what we've come up with is now very efficient. The document delivery system is linked directly to GratisNet/Libraries Australia with our single sign on system and with assistance from Prosentient systems, the author of GratisNet, we developed a process to streamline document delivery. It is an advanced web-based application which offers up-to date integration with GratisNet and Libraries Australia, statistical reports and customisability, and it is very simple to use. It also offers our clients the ability to track their

Continues on p6..

Vale

June Rider Jones

22 June 1933 to 26 February 2010

Librarian, Royal Perth Hospital, 1974 to 1997



In an environment where those entering the workforce expect to pursue multiple careers and move

workplaces readily, it is salutary to pay tribute to June Rider Jones who exemplified the values of an earlier time and dedicated 23 years of her professional life to building up an excellent library collection and service at Royal Perth Hospital (RPH). June was lured West from Sydney to 're'-establish the RPH Library. The Library that existed at RPH was moved in 1974 to the University of Western Australia (UWA) to provide the basic collection for the UWA Medical School. ⁽¹⁾ The RPH Library had to be built again to meet the clinical needs of Hospital staff. At her funeral June's friends noted that she regarded the move west as an opportunity to attain earlier advancement than would have been possible in Sydney where there was more competition for positions.

June never lost touch with her connections in NSW though and maintained very close friendships with many she had known from childhood and student days at Sydney University. This facility for friendship and a deep interest and regard for other people was formed in her Christian (Anglican) faith and manifest in her work with refugees, students from overseas and her love for meeting people through travel and international librarianship. She was an early 'internationalist' and loved attending ICML, MLA and IFLA conferences.

June always brought back and shared ideas she learned about from conferences. She was active in the Medical Librarians Group (later the Health Libraries Section of ALIA). She mentored those new to the profession and was a stickler for recording the details from meetings (whether professional or work based). In the small but touching details of her life several friends and colleagues recalled that June was not a morning person and not much could be done till the morning toast was consumed (frequently transported - carefully wrapped - in her handbag). She subscribed to the 'piles of paper' method of filing and her staff marvelled at her capacity to locate a relevant paper from the 'system'. For a range of library tasks, June engaged a steady stream of volunteers, some of whom have given years of loyal service. June worked long days with a whole hearted commitment to meeting the needs of the clients of the library service.

The last year for June was difficult. Treatments were not able to stop the spread of cancer to various parts of her body but she remained alert and interested always in the activities of her friends and colleagues.

RPH and health librarianship had no greater champion than June. She felt a part of those communities to her last days.

Vale June – 22 June 1933 to 26 February 2010.

REFERENCE

1. Medical Library (history); [March 11, 2010]; Available from: <http://www.library.uwa.edu.au/about/collections/history/medical-library>

Open source technology in special libraries continues from p5 ...

histories and retrieve up to date information about the status of their requests, which previously we could not do. The inter-library loans document delivery system user data is customised to synchronise with Joomla!'s user data and therefore automatically updating any user detail changes in both Joomla! or the interlibrary loans system.

There are many CMSs out there. Many have similar functions and they all have their advantages and disadvantages; there is no better or worse CMS. You need to decide what works best for you, your staff and your users. As you already know the web environment is dynamic and changing all the time. With our CMS we can accurately track our users' responses and monitor their online experiences and react as required dynamically ourselves. The way people consume information changes, as do their expectations. Change is inevitable and information design has moved rapidly into social media and networking (Twitter and Facebook).

For us at ACT Health Library the key to developing a successful website is to evolve, be nimble and respond to changes and advancements in the environment.

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ABOUT THE AUTHOR

Michael Huynh is the ACT Health Library web and multimedia developer based at The Canberra Hospital. Michael is also an award winning freelance designer and passionate devotee of open source development. Since 2007 he has worked for Catalyst Interactive where his job includes e-learning development, graphic design solutions, multimedia development and marketing promotions. He recently co-developed 'NICUCAM', a service that allows parents/families remote viewing of their babies via a secure website – the first in Australia to introduce this was the Centre of Newborn Care at The Canberra Hospital.

Notes from VALA 2010

The theme for this years VALA conference was Connections.Content.Conversations. Veronica Delafosse connects us to some of the varied yet interconnected conversations had during VALA.



The message from the Plenary speaker, Karen Calhoun, Vice President of Worldcat,

OCLC, USA was to encourage us to “look with new eyes”. She quoted from Charles Darwin... “It’s not the strongest of the species that survives; it is the one most responsive to change” which, translated into our time, means we need to keep looking at the new array of sources of information and co-operate with other libraries to outwardly integrate our resources into the Web...because our users look there first. To further make the point, among college students in 2005, 90% started their searches using a search engine compared to 2% who used their library web site. In Karen’s words “we need to push the metadata out to pull the users in”.

To assist co-operation, the Virtual International Authority File (<http://viaf.org/>) lists subject headings from international libraries (the National Library of Australia participates and is at the top of the list). The aim is to lower the cost and increase the utility of library authority files by matching and linking those of national libraries, and then making that information available on the Web.

I attended the papers on Discovery platforms, e.g. VuFind (<http://vufind.org/>), WorldCat (<http://www.worldcat.org/>), Primo (<http://www.exlibrisgroup.com/category/PrimoOverview>) which look at single search access either through commercial or open source software. There are three main types: federated search, discovery layer, and web scale. These help the end users by

making every object of information equal in potential value. Instead of relying only on the OPAC, the contents of the holdings (e.g. chapters within books; articles within journals) can be further categorized into facets/keywords to make this information readily searchable. This will increase the value of the print collection as it will be more accessible and offer better return on investment for our budgets.

The perceived value of the library’s role has changed because most users go straight to the Internet without realising that the library provides databases. Users want searching to be simple. If they go to the library they do not know where to start searching and do not generally know which resources to use. This then makes it difficult to educate them about library resources. Users like search engines because they are simple, easy and fast.

Thomas Tague, Thomson Reuters, says we need to move from cataloguing to knowledge engineering. We need to creatively mine our collections and offer new content mashups to our clients. This could be in the form of integrated relevant social media and real-time web resources. It is very important to be a part of the linked content revolution (see the Linked Data <http://linkeddata.org/> exploding standard for sharing data on the web, i.e. not web pages).

The issue is compounded because libraries are removed in the supply chain of information transfer. Users do not realise that the library is behind the information. Therefore, it is vital that libraries improve branding and marketing to ensure the users understand this role.

A chat session brainstormed viewpoints from the publishing,

serials, academic and museum sectors. The book publishing industry is in turmoil, due both to the exponential rate of the digitization of books (which are being made freely available) and to the concept of publishing on demand. This is a continuation from the way ejournals began. Books can be sold in chapters rather than in their entirety. Now publishers are considering breaking books down into smaller “chunks”, at picture/diagram or object level, and making these available for sale.

Statistics quoted that university students spend 5,000 hours reading, 10,000 hours on the Internet and 20,000 hours watching videos. How do libraries reach audiences? Will there be a single ebook standard? How do you have formats for different types of devices? People want to publish in journals with high impact factors but there are also author pays open source ejournals now. How will these affect scholarly communication? Lectures are captured and streamed but is anyone cataloguing these? Users expect one click from metadata to full text.

Among the Social Networking papers, Majella Pugh, University of Queensland, described how the use of a wiki assists collaboration for the health library staff. This has been established within the context of a broader one for all library staff of which the health library staff comprises 16%. The content includes Circulation, Collection Development, Conferences, Minutes and Accreditation. A recent collaborative achievement, the publication of a combined Health Sciences Library annual report, was made easier through the wiki than when it had been

Continues on p8...

previously prepared by each individual library.

Majella mentioned potential psychological and technological barriers and other types such as searching and navigation difficulties and staleness of content. To overcome these she has included a "Tips and issues" link. This can assist those staff who are either not confident or who use the wiki infrequently and need to look for help occasionally.

A reference group which represents all the areas is critical to the success of the wiki implementation project. At times, subgroups and workshops were needed to speed up the overall project and to give more staff input into the process. Repeated training sessions would be useful as well as giving a regular report at staff meetings. Responsibility for content must be assigned so each staff member knows what he/she is meant to be updating.

Ways to ensure the wiki will continue to be a vibrant part of working life include making the content relevant and current, consulting the staff, keeping up the interest by acting on feedback and encouraging managers to lead. Analysis after the first year shows that staff are finding the wiki more beneficial to their work than the usage statistics show.

I was particularly interested in the development of this wiki because I have established one for our virtual REBLs...with a cause Special Interest Group (<http://reblscause.pbwiki.com>). This provides a central place to record our activities, minutes,

interim/ratified lists, publicity, and collaborative comments. As our members mainly work in isolation this offers the opportunity for involvement and reinforces the synergies of the group.

In addition to wikis I was interested in sessions under the theme 'Online Communities'. The first presentation dealt with privacy issues with social networking sites, mainly Facebook, among students in Malaysian universities. These sites require users to create a profile and invite "friends". There have been occasions where people have looked others up on these sites for undesirable instances, e.g. your manager checking your Facebook page to see why you were not at work. There are various concentric circles of "friends", e.g. an average user has 130 "friends" in his/her immediate circle. The next circle is 130 times 130, i.e. "friends" of "friends"; and third circle is 130 times 130 times 130. The threat to privacy therefore increases exponentially and yet, can be deceptive, such as tagged photos of you at a party which can then trace your name and face.

The privacy settings on these sites are both hard to configure and deliberately confusing. They generally consist of many lines of very small type written in a difficult style of language. Of the students who replied to a question on the use of privacy statements, 48% had never read them and only 21% partially read them. There were others who did not even know what a privacy statement was. Most did not realise their level of vulnerability to online harassment or identity theft.

Librarians from LaTrobe University want to encourage and increase participation with Web 2.0 technologies. Of the 30,000 students 68% use at least one Web 2.0 platform; the international adoption rate is 72%. Library staff regularly update the library blog using informal, friendly language, give timely replies to comments, and make sure the site looks good and is easy to navigate. Their analysis showed that this will encourage higher interactive use.

The State Library of New South Wales Reference and Information Services Group has created several wikis. Each has a different purpose and has been set up either by the library staff or users, e.g. writers/editors, readers advisory, reference excellence. The presentation explored the development of collaboration and community amongst and between the members. All valued their wikis as an enhancement to their group activities. I hope that our REBLs members will benefit from collaborating on our wiki also, especially given that we are a "virtual" group.

Obviously my notes reflect my own professional interests so it is well worth checking out the full program. All papers are readily available from VALA website <http://www.vala.org.au/vala2010/prog2010.htm>.

I am grateful to Adam Clark, Manager of the Alfred Health Library Service, for enabling me to attend these sessions.

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FROM YOUR SPONSOR

ALLIED HEALTH INFORMATION

from Australians for Australians

January 2010 signalled the introduction of a new Medicare initiative for allied health which allows chronically ill people being managed by their GP under an Enhanced Primary Care (EPC) plan to access Medicare rebates for their allied health services. As demand for allied health services continues to rise, so too does the need for research and professional information to support those working in the allied health sector – particularly information set within the Australasian region and health framework.

It is perhaps no surprise, therefore, that RMIT Publishing has received such a positive response to the new Informit Health Collection from libraries, many of whom provided feedback in person at this year's VALA conference. With most Australian universities purchasing subscriptions, students across the allied health disciplines now have complete access to this valuable Collection. In addition, several state-wide agreements now provide access to health professionals working in publicly-funded hospitals.

A quick search of the index and abstracts of the Informit Health Collection uncovers a wide range of titles and articles dedicated to exploring the latest health topics currently being addressed by state and federal government in Australia and New Zealand – including diet and obesity, immunisation, emergency management, cancer care and rural health.

A subject currently permeating many health debates is obesity, a topic well covered by the Informit Health Collection in journals such as Australian Family Physician, Asia Pacific Journal of Clinical Nutrition, The Lamp, Health

Promotion Journal of Australia and Health Sociology Review. Those in nursing, who will be familiar with the challenge of keeping up-to-date with immunisation research (H1N1, HPV or Hepatitis C, to name a few), can look to Australasian Epidemiologist, The Aboriginal Islander Health Worker Journal or again to Australian Family Physician. For a different take on the matter, look to the Australian Journal of Medical Herbalism.

Given the extreme weather phenomenon witnessed by the Australasian region in recent years – from drought to floods, severe storms to bushfires – the medical system is coming to rely increasingly on emergency management expertise. Australian Journal of Emergency Management takes these topics as its central focus while others such as The Australian Journal of Grief and Bereavement, Australian Journal of Music Therapy, Australian Military Medicine and Australian and New Zealand Journal of Family Therapy look closely at the after effects of trauma and various appropriate treatments.

Cancer treatment and palliative care are other areas in which the public and doctors are looking to allied health professionals for support. As such, it is essential that Australasian health professionals working in such

critical roles are able to quickly locate authoritative research which refers to regional health policies, local case-studies and indigenous and cultural contexts to support them in their work. Journals including the Australasian Epidemiologist, Australian Journal of Advanced Nursing, Cancer Forum and Critical Care and Resuscitation provide a wealth of information in this area.

Finally, the question of rural and remote health is prominent within the government's health reform agenda. Just a glance into earlier articles published in titles such as Aboriginal and Islander Health Worker Journal from the 1970s onwards reveals that this is, by no means, a new concern. More recent research can also be found throughout the Collection (e.g. Contemporary Nurse, Health Voices, Australian Health Review). By improving access to allied health information online, we can at least start to close the longstanding gap between rural and metropolitan health services.

RMIT Publishing is keen to hear your feedback on the titles and topics you would like to see represented by the Informit Health Collection. To provide feedback or request a free trial contact support@mitpublishing.com.au or visit www.informit.com.au/health



as part of the implementation project, which was more specific in its contents, serving to outline the responsibilities of all parties with regard to the operational requirements of the shared system.

Funding

Capital funding was made available by the WADoH to establish the licences and purchase the required modules, and to support the project implementation costs. Recurrent costs were managed from within the normal Operational Goods and Services Budget, and were similar to the costs required to support the previous software package. As a consequence it was possible for the WADoH to move to a new hosted LMS with minimal impact on the ongoing operational LMS budget.

The funding model decided upon was built around each agency taking responsibility for the individual purchase and ongoing support for all modules and tools specific to that party, plus a percentage of the cost of shared modules and tools. The percentage of shared costs was based around the number of licences for which each Agency was responsible.

Implementation

The implementation project commenced in January 2009, beginning with the complex process of discussions and negotiations to establish the system configuration required to meet the needs of all parties. We worked closely with a number of specifically assigned Innovative Interfaces staff, including a Software Engineer, Data Profiling Consultant, Training Consultant and Project Manager. The establishment of strong working relationships with each of these individuals greatly enhanced the communication processes, and the level of understanding on both sides. Regular fortnightly meetings were held with our US-based Project Manager, with whom we worked to draft the first iteration

of the Project Task List, which ultimately provided the project structure and timeframe which we used to track progress and manage decision dependencies.

Although from commencement of the process, to our “soft” launch of the core modules (circulation, cataloguing, acquisitions) took only six months, the implementation required a complete rethink of all the existing codes and structures within the LMS, as we wanted not only to accommodate the requirements of the two participating Organisations, but also to create a scalable architecture which could potentially accommodate other partners in the future. Due to the organisational structure of the

Effective delivery of clinical information resources is a key risk mitigation factor for the WADoH, and underpins the business of delivery of health services across WA Health.

WADoH libraries, it was agreed that although both organisations would share a single bibliographic database and patron database, WADoH would require nine separate instances of the acquisitions and serials modules, to accommodate the separate financial and organisational requirements, and this certainly further complicated the process.

Training for staff was provided by a combination of specialist sessions supplied by the Innovative Interfaces Training Consultant, along with a number of local “in-house” sessions provided by our own nominated speciality staff. Formal training was delivered on a module by

module basis, in 5 or 6 day blocks, to 8 to 10 staff at a time. Although extremely intensive, it made best use of the limited training days available, and also of the time of our Trainer, who travelled from Sweden, to deliver our sessions. Nominated WADoH staff then worked in small teams to provide training to other WADoH Librarians. This approach helped us to establish some core expertise in the modules in the WADoH context, and also encouraged participation and problem solving on behalf of a wider group of staff, beyond those who had nominated for the WADoH Project Group. The process of learning and training continues as we clarify issues, agree procedures and share knowledge and expertise.

The project proved an excellent opportunity for WADoH to carefully consider its policies and procedures with regard to delivering client service via the LMS. We discovered a wide range of variations with regard to actual service parameters, which had evolved over time to meet the disparate needs of various libraries and client groups. A comprehensive evaluation of these disparities allowed a number of them to be streamlined to a simpler and more consistent structure, whilst still allowing for the variance required by special circumstances.

Outcome

Effective delivery of clinical information resources is a key risk mitigation factor for the WADoH, and underpins the business of delivery of health services across WA Health. It is critical that evidence-based clinical information resources be integrated into the clinical environment in order to support the delivery of eHealth goals. Although WADoH was in desperate need of an LMS that would support these goals, funding was a major hurdle in progressing the development and implementation of appropriate tools to provide the streamlined information environment which

continues on p11...

What is this THING called CHLF???

The Chief Health Librarians' Forum (CHLF) was formed in 2008 to both represent and provide a national forum for the state/territory and commonwealth health departments' library/information centres and HealthInsite, with representatives from the hospital library sector. The main motivation was to facilitate the work of the jurisdictions' Chief Information Officers in the implementation of the National eHealth Strategy 2008 [1], particularly with regard to the development and provision of content for the National Health Knowledge Portals for consumers and health care providers which are referred to in this Strategy.

The CHLF originated as an extension of our membership of the 2007 working group of the Australian Health Ministers' Advisory Council (AHMAC's) Principal Information subcommittee. The working group had advised on a business case on national procurement of electronic clinical knowledge resources, and HLA had also contributed on behalf of health librarians to the consultation process. Working through our jurisdictional health departments in our capacity as departmental health librarians was seen by the group to be the most direct and effective way of working within the system to have input into national eHealth initiatives and to progress the longer term goal of a National Library for Health.

One of the main aims of the Chief Health Librarians' group, as stated in our Terms of Reference, is to bring evidence into practice in the eHealth context. The group was challenged at the ALIA HLA Dreaming '08 professional development day by one of its guest speakers, Dr David Ashbridge, who advised that we should not sit back and wait to be asked but to push forward our ideas to those with the influence to make them a reality.

The first face-to-face meeting was held prior to the conference in Alice Springs, and initial work of the CHLF has focussed on drafting a National Health eLibrary Procurement (NHeLP) Strategy. This is essentially a statement of principles about equity of access to high quality evidence-based knowledge resources, and cost effectiveness of purchasing models. It sits within the Safety and Quality agenda, and is intended as an aid to selection, procurement and access to knowledge resources through the National Health Knowledge Portals. In 'librarian' terms it would be called a national collection development and access policy. We believed it was important to have a statement of policy before developers began populating the portals with 'content' from different sources.

It is early days and much remains to be done, but a useful beginning has been made in developing the NHeLP Strategy with an accompanying business case to be carried forward by the national Chief Information Officers. Forming a network, making useful contacts, and sharing information about state-wide initiatives have given us

basic information about what we are all doing. We have established ourselves as a point of contact with knowledge of the health libraries' national networks and systems, and can now participate in the national agenda. We have confidence that the ideas presented are beginning to have some impact with decision makers.

The CHLF has membership from across the country: ACT: Saroj Bhatia; DoHA (Commonwealth): Annette Quay; HealthInsite (now National Health Call Centre Network): Jill Buckley Smith and Prue Deacon; NSW: Bronwyn Coop and Gillian Wood; NT: Ann Ritchie; Qld: Garry Hall; SA: Lindsay Harris and Philip Keane; Tasmania: Karen Carson and Arthur Jones; Victoria: Virginia Staggs and Paul Ireland; WA: Kirsten Nekrews and Cheryl Hamill.

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Sharing a library management system continues from p10 ...

clinicians required. The opportunity provided by this collaborative project allowed the WADoH to upgrade to a significantly better LMS than we could otherwise have expected to achieve, and which best utilised the limited resources available. This project has enabled WADoH Libraries to take a big step towards a more user-friendly and integrated information resources environment for WA Health clinical staff.

Kirsten Nekrews

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ABOUT THE AUTHOR

Kirsten Nekrews is the Manager of the Information Resources and Services Unit at the WA Department of Health (WADoH). She is responsible for library services to the corporate and country health sectors of WADoH, procurement and management of statewide licensed information resources, and for corporate records management. She joined WADoH in 2004, after spending 9 years in the tertiary library sector. She spent 3 years as Head of Library Services for the Women's and Children's Health Service, before moving to her current position in 2008.

the MetaLib X-Server (e.g. Xerxes) is used.⁽⁶⁾

The newest generation discovery engines such as Primo from Ex Libris, Encore from Innovative Interfaces, Summon from Serials Solutions⁽⁶⁻¹⁴⁾ and the like are a further development and will likely become the standard discovery tools we work with in the future.

What we have done in the South Metropolitan Area Health Service (SMAHS)?

The two libraries in SMAHS (Fremantle Hospital & Health Service and Royal Perth Hospital) together serve the needs of clinical staff across the Area. The librarians have worked collaboratively to implement the Xerxes customised interface to MetaLib from Ex Libris across our three library websites.⁽¹⁵⁻¹⁷⁾ The Xerxes front end to MetaLib allows for greater client customisation and provides tools for librarians to embed search boxes anywhere on the Library's site (for instance, subject gateways) or elsewhere (clinical systems in the future).

The project received invaluable assistance from Dave Walker, one of the Xerxes developers at California State University in the US⁽¹⁸⁾. The Xerxes developers are very client focussed in their development and generous with support to librarian colleagues.

The SMAHS MetaLib instances are hosted by Ex Libris, but Xerxes runs on a FHHS server and there is considerable flexibility in customising it for local needs.

The use of federated search in the health environment is

different to that in universities as the requirement is to drill down to much more specific categories (i.e. cardiology rather than just health sciences). One of the search categories created is for Evidence Summaries. It is always a source of disappointment when resources that are valuable search targets are not able to be searched by federated search engines. UpToDate for instance (due to the restrictive licensing) and the Joanna Briggs Institute (technical reasons).

What have we learned?

A higher order of skills development is critical. There is a considerable learning curve for staff. Access to co-operative web and / or information technology staff is essential. It is best to concentrate the expertise needed in a few staff to have them work on behalf of a broader network of libraries. The skill level required is such that it is a specialty area of health librarianship practice in its own right.

It is extremely time-consuming to establish and maintain. Web based resources are continuously updated and their search functionality altered, necessitating changes in the connectors. It is worthwhile being part of a large vendor community to leverage from the work done by others in developing and maintaining connectors.

It is worth the effort. The online resources we buy are very expensive. We need to open them up through the most effective discovery tools we can use to get full value. Our clients need faster and easier ways to reach

information to support evidence-based practice. Discovery services provide the way.

Early feedback from clients is very positive. Usage is high.

What's next?

We'll be keeping an eye on developments with discovery tools and clinical systems to see how we might be able to embed access to high quality evidence-based resources into our clients' work environment. We'll be working with our colleagues in the WA Health Libraries Network⁽¹⁹⁾ to see how the project may be expanded. We'll be eagerly awaiting a more terrestrial (rather than stratospheric) level of pricing for the newer discovery engines. Finally, we'll be keen to see more health librarians developing the skills and building a collaborative network within this expanded scope of practice.



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continues on p13...

ABOUT THE AUTHORS

Cheryl Hamill manages the Library and Web Services for Fremantle Hospital and Health Service and for other parts of the South Metropolitan Area Health Service. She has interests in electronic resources management and delivery, and in health workforce issues.

Vivien Hewitt is an Electronic Services Librarian with 25 years experience in all aspects of librarianship and information management. She is currently responsible for the provision of electronic support services and the development and maintenance of library websites for seven Western Australian Health libraries.

Alex Petrie is Electronic resources & Reference Librarian for Royal Perth Hospital Library. She has interests in information retrieval, electronic resources management and wildlife conservation.

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Introducing your 2010 HLA Executive Committee



Suzanne Lewis – Convenor

Suzanne is Training and Learning Librarian at Northern Sydney Central Coast Health, NSW. Her professional interests are information literacy skills training, competency based professional development for specialist health librarians, and evidence based library and information practice. She is an editorial advisor to the journal *Evidence Based Library and Information Practice* and co-developer of the *Libraries Using Evidence* website (www.eblip.net.au).



Laura Foley – Treasurer

Laura Foley manages the library service at the Australian and New Zealand College of Anaesthetists in Melbourne. She first became involved in ALIA through involvement with the Victorian New Graduates Group, later taking on the role as co-convenor. Professionally, she has always worked in health libraries and until recently, was involved in various roles with the Gratisnet National Executive and VicGratis Committees. Laura was previously an active member of the Victorian Libraries Australia User Group and is currently on the Health Libraries Inc Committee, also based in Victoria.



Cheryl Hamill – Secretary

Cheryl Hamill manages the Library and Web Services for Fremantle Hospital and Health Service and for other parts of the South Metropolitan Area Health Service. She is Secretary of the Health Libraries Australia Executive for 2010 and the Western Australian hospitals representative on the Chief Health Librarians Group (national). She has interests in electronic resources management and delivery, and in health workforce issues.



Melanie Kammermann – Newsletter Editor

Melanie Kammermann holds a Masters in Business (Information Management) and worked in a number of health libraries between 1991 and 2004, most notably as Chief Librarian at Royal North Shore Hospital in Sydney. Now residing in Hong Kong, she retains her links to the Australian health library community through membership on the HLA executive committee, participation in HLA projects (as time allows) and as editor of the group's quarterly publication, *HLA News* (<http://www.alia.org.au/groups/healthnat/hla/>).



Ann Ritchie – Committee Member

Ann Ritchie has been involved in health librarianship for the past 20 years, working in hospital libraries, and related health and medical education, and research fields. She is currently in her fourth year as Director Library Services, NT Department of Health and Families. Ann's main areas of professional interest are continuing professional development,

continues on p14...

marketing, mentoring, evidence-based practice, and eHealth. She was a Director of the Australian Library and Information Association for 4 years, and inaugural chair of the CPDWL section of IFLA. Along with her role on the HLA Executive, her current positions include being a Board member of Libraries Australia, and Editorial Board member of the Health Information and Libraries Journal.



Bronia Renison – Committee Member

Since the early 1970's, Bronia has worked in health and other special libraries in Townsville and Melbourne. She now lives in North Queensland and manages the Townsville Health Library, one of the larger libraries in the Queensland Health network. A long-standing member of the Townsville Group, TropicAlia, Bronia is also on the committee of the Information Online Group. She joined the HLA Executive Committee to represent regional and remote health librarians and to support professional development. For the last few years Bronia has been an administrator for the Anne Harrison Award. Bronia's special interest is research. She served on a human ethics research committee for six years and is currently a co-investigator in a funded nursing research project. Another research project is in the pipeline, this time with allied health colleagues.



Veronica Delafosse – Committee Member

Veronica has been on the National Committee of HLA (and its previous incarnations) for 14 years now. She is currently Convenor and wiki coordinator for the REBLs...with a cause Special Interest Group (<http://www.alia.org.au/groups/healthnat/REBLs.with.a.cause.SIG.html>) and only recently handed over the role of Secretary of the Anne Harrison Award. Her professional interests include training hospital staff to use databases and electronic resources, helping clinicians with their reference queries/research/literature searches, and promoting library services.



Sharon Karasmanis – Committee Member

Sharon Karasmanis has worked at La Trobe University Library since 1997, and previously for Agriculture Victoria. For many years, Sharon managed Document Delivery Services, including off campus and off shore activities. Sharon has been a member of the ALIA Interlending Advisory Committee, and been very active in the local and international resource sharing community, with publications on all aspects of this topic. Her current position is team leader for the Health Sciences Team in the Library, with liaison responsibility for Nursing and Midwifery in the university and clinical school setting. Sharon's areas of professional interest are in information literacy and evidence based practice for health sciences, with a special interest in tracking enquiry-research skill development from first year onwards.



Your 2010 HLA Executive Committee

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Applications are invited for the **Anne Harrison Award 2010**

Applications for the biennial Anne Harrison Award are now open to all Australian health library and information professionals.

The Trustees of the Anne Harrison Award provide \$3000 for:

1. a research project that will:
 - increase the understanding of health librarianship in Australia, or
 - explore the potential for the further development of health librarianship in Australia
2. assistance to enrich the knowledge and skills of Australian health librarians, including funding to:
 - help meet expenses of an approved course of study or study tour, or
 - help meet expenses arising from a publication in the field of Australian health librarianship, or
 - arrange continuing education courses, including meeting the



ABOVE: Averill Edwards with Anne Harrison (right)

expenses of overseas speakers

While any application that meets the above criteria will be considered, the Administrators would like to suggest the following contemporary topics: a benchmarking study for hospital libraries, applying the information literacy framework in a health industry setting, and implementing evaluation methodologies for health library services. Applications are assessed

by the Anne Harrison Award Administrators and close May 31st 2010. The announcement of the Award will be made on the aliaHEALTH discussion list.

Visit <http://www.alia.org.au/awards/merit/anne.harrison/> for more information including a history of the Award.

Administrators

Jane Shelling (Secretary)

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Majella Pugh

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Bronia Renison

Bronia_Renison@health.qld.gov.au

Current Administrators and HLA Executive members are ineligible to apply for the Anne Harrison Award.

Have you considered making a donation or a bequest to the Anne Harrison Award? Enquiries and applications can be directed to Jane Shelling Jane.Shelling@adca.org.au

Optimising information retrieval methods for HTA – towards best practice

Announcing a full day pre-conference workshop of the Health Technology Assessment International (HTAi) Information Resources Group on Sunday June 6th 2010, as a part of the annual HTAi meeting in Dublin.

The IRG Workshop 2010 theme is "Optimising information retrieval methods for HTA – towards best practice". The workshop will focus on systematic methods to identify studies for HTAs and other evidence syntheses. The full day workshop is divided into three sessions.

The morning session will involve presentations outlining policy and practice of the Cochrane Collaboration, CADTH and the Norwegian Knowledge Centre for the Health Services, focusing on key issues of information retrieval such as which sources to search, limits to searches, updating searches and reporting the search process and the search strategies. The

afternoon sessions will be devoted to searching trials registers, and key economic resources. Trials registers, results registers and other research registers are developing quickly and provide challenges in terms of identification, efficient searching and record management.

The final session will include a presentation on key economic resources and methods of searching them followed by a structured group discussion of the relative value of the key resources, additional key resources and search approaches adopted by different teams.

The cost is €100 for HTAi members/non-members (includes lunch and morning/afternoon tea)

and the venue will be the Royal Dublin Society.

Details regarding registration are available at <http://www.htai2010.org/registration.html>. Early bird registration ends on April 30th. Pre-conference workshops are open to non-members of HTAi. If you are a non-member and wish to attend this event please email the conference secretariat at htai2010@hiqa.ie

For more information, contact Sari Ormstad, HTAi Information Resources Group (IRG) Chair: sor@nokc.no or Catherine Voutier, Chair Elect: catherine.voutier@med.monash.edu.au

ALIA HEALTH LIBRARIES AUSTRALIA

HLA/HCN HEALTH INFORMATICS

INNOVATION AWARD

ALIA Health Libraries Australia is pleased to announce that applications are now open for the Health Communications Network (HCN) sponsored 'HLA/HCN Health Informatics Innovation Award'. The purpose of this Award is to acknowledge excellence/innovation in performance by an individual information professional or team. It will provide an opportunity for those working in the Australian health and biomedical library sector to showcase innovative projects which, through the use of health informatics or web technologies contribute to or support improved health outcomes.

The Award is presented annually at a relevant ALIA event with a health focus. The recipient/s will be presented with a certificate and \$2,500 to further their professional development. All arrangements are to be undertaken by the awardee/s after approval of the award and funds must be consumed within 12 months of receiving advice of the award. Read on for further guidelines about the award.

Selection Criteria

The Award will focus on the innovation and, if possible, evidence that the innovation has improved access to health information and health care (e.g. practical outcomes). Nominees must address each of the following selection criteria against which applications will be assessed:

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

Outputs

The awardee/s will

- Report on the innovation via an article in HLA News
- Report on the professional

development activity in HLA News and, in addition,

- The winning application will be made available via the HLA website and other applicants will be asked to provide an abstract that will also be made available via the HLA website (<http://www.alia.org.au/groups/healthnat/>).

Eligibility

To be eligible to apply for this award

- All professional and para-professional award nominees must be current personal members of ALIA
- Non-professional nominees must work in a library with ALIA institutional membership
- Current Health Libraries Australia executive members, Award Administrators and employees of HCN are ineligible to apply

How to Apply

Nominations must be submitted to the ALIA HLA using the form available from the ALIA HLA website, describing the nature of the nominee's contribution, together with the endorsement of a seconder.

Deadline

Nominations for the 2010 award must be received by 31 May 2010.

Presentation of the Award

The Award will be presented at a relevant national event. Funding will be provided for the travel costs for the winner (or team leader in

the case of a team application) to attend the presentation of the Award. All other costs must be covered by the individual. The national event for 2010 will be

- 2010 ALIA Access Conference – 1-3 September – Brisbane

Decision Process

Nominees are considered by a Panel, with 2 representatives of the HLA Executive and 1 member of HCN Management. The nominations will be emailed to the Panel, which is chaired by an ALIA HLA Committee member.

- The Panel will vote for their top 3 choices, in order of merit.
- The 3 choices will be weighted (3 points for first choice, 2 points for second choice, one point for the third choice).
- The winner will be by a simple majority – if there is a tie, the casting vote lies with the HLA Committee.
- The ALIA HLA Committee will make a recommendation to the ALIA Membership and Awards Standing Committee to confirm the selected nominee.

Approved by the ALIA Membership and Awards Standing Committee

ALIA Health Libraries Australia HLA/HCN Health Informatics Innovation Award

NOMINATION FORM

Nominations close: 31 May 2010

NOMINATOR DETAILS

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

Current position _____

Working relationship to nominee _____

NOMINEE DETAILS*

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

Current position _____

ALIA membership no. (personal or institutional) _____

** For a team application, Nominee Details must be provided for all team members. Complete the team leader's details in this section and attach an additional sheet listing the details of the other team members).*

SECONDER DETAILS (Endorsement of a seconder is required if self nominated)

Full name: _____

E-mail address: _____

Contact numbers

Business: _____ Home: _____ Fax: _____

Postal address _____

Current position _____

Statement in support of the self nominee [attach – note, statement to be no more than one page]

SUPPORTING DOCUMENTATION

Address all Award Guidelines and Selection Criteria (see page 16) in support of the nomination. The supporting document should be no more than three (3) pages in length.

SELECTION CRITERIA

The Award will focus on the innovation and, if possible, evidence that the innovation has improved access to health information and health care (e.g. practical outcomes). Nominees must also address each of the following criteria against which applications will be assessed:

1. Contribution to, and enhancement of, the information profession/industry
2. Outstanding project work, whether by an individual or as part of a team
3. Collaboratively working within or between organisations
4. Originality/innovation regarding services or solutions
5. Excellence / innovation in terms of best practice

Nomination forms should be emailed to the Secretary: Cheryl Hamill,
Cheryl.Hamill@health.wa.gov.au

MARK THE DATE IN YOUR DIARY NOW...

ALIA Access 2010 Conference

...a Coalition of the Willing – Health Partners with Specials, Acquisitions, the Literate Information Types, for a Conference (and an UnConference) – and all of it with a Fringe...



Set aside the first week in September for a visit to Brisbane for ALIA's Access 2010 conference. Health Libraries Australia (HLA) has been busy preparing a program that is more than the usual conversation we have within the profession. It is a program to influence the direction and development of health librarianship in Australia. Where do you fit in the health workforce, what is your scope of practice in the health care team, how will you make a difference in the health system over the next few decades? Be a part of the Health stream to have your say.

Join in with our coalition partners to mine the richness of their programs. There

Start planning now to be at the ALIA Access 2010 Conference ... a Coalition of the Willing – Health Partners with Specials, Acquisitions, the Literate Information Types, for a Conference (and an UnConference) – and all of it with a Fringe

is considerable commonality of interest with the programs being prepared by the specials, acquisitions, information literacy, unconference streams and more.

The fringe event will be held on Wednesday 1 September and is a partnership between HLA and Queensland University. This will be a more practical skills-sharing (free) event at UQ sites. Suggestions so far include workshops on Advanced PubMed and on evidence-based librarianship. You are invited to propose other topics.

It's great to see the reawakening of our Health / Specials conference relationship – let's make the most of it. Put it in your diaries now, and start writing up those submissions for support.

Cheryl Hamill

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Contributions

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