

HLA NEWS

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Innovative library driven project improves clinical governance

Trudi Maly reports on the establishment and ongoing work of the Clinical Practice Guidelines Quality Improvement Program, for which she won the inaugural HLA/HCN Health Informatics Innovation Award*. The purpose of the Guidelines Program is to improve clinical governance, and ultimately patient outcomes, by developing evidence-based clinical guidelines, standardised across the five Northern Territory Department of Health and Families hospitals.

Introduction

I received the 2009 HLA/HCN Health Informatics Innovation Award for my work on the Clinical Practice Guidelines Quality Improvement Program for the Northern Territory (NT) Department of Health and Families (DHF). The DHF Health Library has five libraries located in all the public teaching hospitals in the NT. The NT DHF Library has health business as its primary purpose which means we seek to support patient care, public health programs, and ultimately better health outcomes for all Territorians. All library activities and services centre on, and are defined by, this purpose.

With that focus driving the library, I was employed in October 2007 as the Clinical Librarian with the DHF Health Library. The Clinical Librarian's primary objective is to increase the relevance of library services to clinicians and integrate library services into the clinical setting. A key strategy in this refinement of focus has been to engage with clinicians by contributing to their 'business' and this is being achieved through the Clinical

Practice Guidelines Quality Improvement Program, for which 0.5 of my position is dedicated. The fact that the Director, Library Services was able to secure allocation for the Clinical Librarian position in the first place, and to develop the business case for the guidelines project thus putting the Library in a position to 'drive' the project, are fantastic achievements in themselves, and made my job much easier.

About the project

Senior clinicians in the hospitals perceived the need to improve the development of clinical guidelines and this included establishing version control and standardisation of clinical guidelines and ensuring they were evidence based, whenever possible. A business case was developed and the Clinical Practice Guidelines Quality Improvement Program was born. The purpose of the Guidelines Program is to improve clinical governance, and ultimately patient outcomes, by developing evidence-based clinical guidelines standardised across all five DHF hospitals (Darwin, Alice

Springs, Katherine, Tennant Creek and Gove). The Clinical Librarian position was responsible for seeking funding, engaging clinicians and getting the project off the ground.

My first task was to conduct an audit of all Royal Darwin Hospital (RDH) medical guidelines available on the DHF intranet. Out of a sample of 270 guidelines, spread across several areas of the intranet, I found that over 60% were past the review date, 90% were not referenced and over 40% were old versions of existing guidelines or covered the same

Continues on p12...

Inside

- Innovative library driven project – Trudi Maly 1
- From your Convenor – Suzanne Lewis 2
- Victorian shared library services – Virginia Staggs 3
- ALIA/HLA Workforce & Education Project Update 4
- HLA/HCN Innovation Award announcement (winner and finalists) 5
- Do you have what it takes to be a leader – Mary Grimmond 7
- Steele on Wheels – Marion Steele 9
- HLA Exec Committee contact list 10
- News from your sponsor – Health stories made good headlines 11
- ALIA Access 2010 Conference 16

CONVENOR

Award Winner Announced • HLA Education & Workforce Project • Health Stream at the Access 2010 Conference



Welcome to the June issue of HLA News for 2010.

Established in 2009, the HLA/ HCN Health Informatics Innovation Award recognises an innovative project using health informatics or web technologies to achieve improved health outcomes. It is my great pleasure to announce that the 2010 award has been won by Terry Harrison, Clinical Librarian at the Health Sciences Library, Royal Melbourne Hospital, for his project establishing and developing the (virtual) Centre for Evidence Based Practice Australasia (CEBPA). Details of this truly innovative project, plus abstracts of all the applications are contained in this issue.

A requirement of the HLA/ HCN Innovation Award is for the winner to publish an article in HLA News about their project. Twelve months on and this issue of HLA News contains a report from the 2009 award recipient, Trudi Maly, Clinical Librarian (and presently Acting Manager) for the Northern Territory Department of Health and Families Library. Trudi won the Award for her involvement in the Clinical Practice Guidelines Quality Improvement Program. This program supports clinical governance and decision making at the point of care by developing evidence-based clinical guidelines which are standardised across all five hospitals of the NT Department of Health and Families.

As many of you know, this year HLA is engaged in a research

project to develop a specialist, postgraduate curriculum and continuing professional development structure for health librarians in Australia. A progress report on the project is included on page X of this issue. The project is timely as health workforce planning and national registration for all health professionals are issues currently under the microscope in Australia. At the same time, LIS education in Australia is the subject of research currently being funded by the Australian Learning and Teaching Council. The project, entitled Re-conceptualising and Re-positioning Australian Library and Information Science Education for the Twenty-first Century, is being led by Associate Professor Helen Partridge at the Queensland University of Technology, and more details are available on the project website (<http://www.liseducation.org.au/news>).

This is why I was interested and somewhat amused to read a (deliberately) provocative blog posted by The Other Librarian (<http://otherlibrarian.wordpress.com>) on 30 April titled "Ten Reasons Why 'Professional Librarian' is an Oxymoron". The ten reasons are:

1. Librarians have no monopoly on the activities they claim;
2. There are no consequences for failing to adhere to ethical practices;
3. Librarianship is too generalized to claim any expertise;
4. 'Librarian' assumes a place of work, rather than the work itself;
5. Peer review in librarianship does not work because there is no competitive process to go with it;

6. Values are not enough;
7. The primary motivation for professionalization is the monopoly of labour;
8. Accredited library schools do not adequately prepare students for library work;
9. Competing professions are offering different paradigms to achieve the same goals; and
10. Nobody can name a 'great' librarian.

The post has generated an amazing 117 responses to date (29 May), some in support and others vehemently opposed, and the thread makes for very interesting reading. Personally, I thought that some of The Other Librarian's points were somewhat tenuous – for example, if 'librarian' assumes a place of work (library), so does 'doctor' (hospital) or 'pharmacist' (pharmacy) or 'teacher' (school), even if the assumptions themselves are narrow. However I thought points 1 and 9 were highly relevant to HLA's current research project. If we cannot claim a monopoly on at least some of our activities, and if competing professions such as computer scientists are offering different ways of achieving the same goals (and possibly doing it better), then how do we remain relevant and competitive in the health workforce? And in response to points 2 and 8, if professional status implies adequate educational preparation for practice and ongoing skill maintenance (in itself an ethical requirement), then how can we not support compulsory ongoing professional development for library and information practitioners? Finally, my favourite responses to point 10 were: 'Hey, Casanova was a librarian. Does he count...?' and in reply, 'Casanova's renowned skill was not subject classification...'

Planning for the Health stream of the ALIA Access 2010 conference in Brisbane in September is well underway (see page X for a full report from the Health stream organiser Cheryl Hamill). I am delighted

continues on p10...

Shared government library services

– the state of play in Victoria

The Victorian Government's shared services strategy has and will continue to bring about significant changes to the way in which government library services are provided and managed. Virginia Staggs outlines the rationale behind the strategy and charts the developments of the Victorian Government Shared Library Service to date.



ABOUT THE AUTHOR

Virginia Staggs has been manager of the Department of Human Services/Department of Health Library and Information Service for the past ten years. Previous to this appointment, she managed medical libraries. Prior to moving to Melbourne, she held the position of Chief Librarian at Royal North Shore Hospital in Sydney.

The Victorian government has embraced a shared services model for the delivery of a range of services. The genesis of this goes back to 2007/2008, when the Government Services Group within the Department of Treasury and Finance (DTF), spearheaded a shared services strategy and received funding to enable this. The strategy was developed as part of the Efficient Government Policy with corporate services targeted for a number of improvements. The theory is that by making these services more efficient through centralisation, savings can be redirected to frontline services such as Victoria's hospitals and schools.

In order to develop the strategy a massive data collection exercise was undertaken by the Government Services Group in August 2007, examining existing Victorian government corporate processes and the associated costs. Part of the process was a benchmarking exercise to identify areas that would benefit from change. As well, high level stakeholder consultation was conducted with senior executives – Corporate Deputy Secretaries, Human Resources Directors and Chief Financial Officers – to examine opportunities for efficiency improvement in the delivery of corporate services. The results of the data collection were costed and shaped into a submission to the Expenditure Review Committee in March 2008. The basis of the proposal was a range of ancillary services that are provided by each department and

managed independently. Facilities and accommodation management, information technology projects, asset management and car pools were identified as ancillary services, as were government library and information services. The 2008/09 Budget provided funding for the planning and development work and two streams were progressed: facilities accommodation and car pools project and library services project. Ten government departments are affected as well as four outer budget agencies.

Events moved quickly in 2009. In April a 'draft for consultation' document set out the vision of the Victorian Government Shared Library Service proposal. It clearly stated in the preamble that the changes foreshadowed in the proposal do not involve the loss of any existing occupied library positions and no reduction in conditions and terms of employment for incumbents as a result of the changes. There was robust and vigorous discussion of the proposal.

The main points of the submission related to

- Establishment of a new shared Government library service within the DTF by the transfer of existing library staff
- Creation of a Strategic Projects Unit (SPU) to develop the future Whole of Victorian Government Shared Library Service
- Co-location of a number of in-scope libraries.

As part of the consultative process a Libraries Project

Continues on p15..

UPDATE: ALIA HLA'S WORKFORCE & EDUCATION Research Project 2009-2010

As many of you know, HLA is currently engaged in a research project with 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. Since the last update on the project in the March 2010 issue of HLA News, the project has progressed and there have been changes to the Reference Group.

First, thank you to all who responded to the individual survey of health librarians carried out in February/March and the managers of health libraries or information services who responded to the institutional survey carried out more recently. Many of you spent considerable time answering the questions and providing thoughtful and insightful comments and we thank you for your contribution to shaping the future of your profession. The results of the survey of individual health librarians have been incorporated into a paper to be published in the international, peer-reviewed journal *Library Trends* later this year, in a special issue entitled "Workforce Issues in Library and Information Science". The results presented a picture of a stable, mature health library workforce. Forty-eight percent (48%) of respondents to the survey had worked more than 11 years in a health library; and well over half worked in small libraries with five or less staff. Only a quarter of

respondents participated in the ALIA professional development scheme but the majority reported that they had participated in professional development activities over the past year, with nearly half reporting more than 20 hours of cpd. On the issue of whether continuing professional development should be compulsory, about half (51%) agreed, while one third remained neutral. Comments on continuing professional development in both the individual and institutional surveys emphasised the need for relevant, high-quality educational opportunities and that cost was always a factor.

When asked to consider their current and future areas of professional knowledge and responsibility, more than 40% of respondents felt that all current areas would either increase to some extent or increase significantly over the next 3 to 5 years, with management of health information resources and using technology and systems to manage information predicted to increase the most – by 36% and 44% of respondents respectively. Comments on the future education and workforce requirements for health librarianship revealed some ambivalence about the future of the profession, particularly in the public hospital sector. However there were some positive views of the future too, and clear ideas of how health librarianship should evolve by becoming embedded in particular organisational contexts. For example, clinical librarians in the clinical context, elearning

librarians supporting organisational teaching and learning, 'researcher librarians' in research institutes and 'guidelines/policy librarians' supporting clinical governance, quality and safety.

Analysis of results from the institutional survey is being carried out and the results will be presented by Ann Ritchie and Gill Hallam at the IFLA-ALISE-EUCLID satellite event to be held in Borås, Sweden, in August 2010. Results for both surveys will be presented at the Health Librarianship session of the ALIA Access 2010 Conference in Brisbane, 1-3 September.

Carol Newton-Smith, former manager, University of Western Australia Medical and Dental Library, has resigned from the Project Reference Group. We thank Carol for her valuable contribution to the project and welcome Catherine Clark, her replacement on the Reference Group and at the UWA Medical and Dental Library. The Project Leader, Ann Ritchie, has resigned as Director of the Northern Territory Department of Health and Families Library and moved across the continent to Geelong, Victoria. Ann remains Project Leader and if you would like any further information about any aspect of the project, please contact Ann at ann.ritchie@nt.gov.au, m. 0401 110 388.

The Project Reference Group
Gill Hallam (Principal Researcher),
Ann Ritchie (Project Leader),
Catherine Clark, Cheryl Hamill,
Melanie Kammermann, Suzanne Lewis
and Patrick O'Connor.

Renew your ALIA membership and invest in your professional future.

Renewals were sent out in June via email and mail. Multiple payment methods including secure online and direct debit are available. For any assistance contact ALIA National Office direct – membership@alia.org.au or ring **1800 020 071**.

Remember to tick the health box to continue receiving HLA News.

WINNER OF THE 2010 HLA/HCN INNOVATION AWARD

Innovation rains from WEB 2.0 cloud

This is the second year the HLA/HCN Health Informatics Innovation Award has been offered and it was gratifying to receive such high quality applications.



Terence Harrison
– winner of the 2010 HLA/HCN
Innovation Award

Nominations for the award were assessed by the judging panel against the following criteria:

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

It is with great pleasure that I announce on behalf of Health Libraries Australia (HLA) and Health Communication Network (HCN) that the winner of the 2010 HLA/HCN Health Informatics Innovation Award is Terence Harrison, Clinical Librarian at the Health Sciences Library, Royal Melbourne Hospital, for his project establishing and developing the (virtual) Centre for Evidence Based Practice Australasia (CEBPA).

Allison Hart, HCN's General Manager - Knowledge Solutions, said, "CEBPA is an outstanding health innovation, providing virtual access to a range of EBP resources, engaging in an inclusive framework, and designed for dynamic collaboration, CEBPA is useful for all clinicians, information experts, health policy experts and health consumers."

Details of Terry's winning application follow as do those of all finalists in the Award. HLA will also publish the abstracts on the HLA website. By providing this information we aim to improve communication within the sector and hopefully provide an opportunity for you to think about how you could use some of the ideas in your workplace or even apply for the 2011 award.

CEBPA is an outstanding health innovation, providing virtual access to a range of EBP resources, engaging in an inclusive framework, and designed for dynamic collaboration, CEBPA is useful for all clinicians, information experts, health policy experts and health consumers.



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WINNING ENTRY

Centre for Evidence Based Practice Australasia (CEBPA)
Terence Harrison, Clinical Librarian, Health Sciences Library, Royal Melbourne Hospital
Terence.Harrison@mh.org.au

Evidence based practice (EBP) is a core requirement for modern healthcare and it is essential that those involved as practitioners, researchers, teachers, policy-makers, 'health consumers' and information specialists (e.g. librarians) share their knowledge and experience of EBP.

As well as training in EBP, clinicians and librarians also require timely access to evidence based resources. In Australia and New

Zealand, access to such resources is not always equitable or comprehensive; similarly, with EBP collaboration facilities. Resources can vary from state to state and from institution to institution and sometimes are minimal.

The aims of the EBP Australia Initiative are two-fold:

- to seek to provide an additional layer of resources to that already provided by International and Australasian EBP specialist sites;
- to seek to provide a central point for Australasia-wide EBP collaboration, learning and knowledge-sharing

One solution, as proposed by the 'EBP Australia Initiative'

Continues on p6..

via a blog, was for a 'virtual' EBP centre that could address these needs. Centres for EBM and EBP, of course, exist in the UK and Canada. In Australia there was no such centre. Something was needed to fill this gap.

What has been developed is the (virtual) Centre for Evidence Based Practice Australasia (CEBPA). The CEBPA is not a typical website but an evolving 'cloud' (or collection) of EBP resources from across Australia and New Zealand, with particular emphasis on Australasian content. The main focus is (a) knowledge convergence and the provision of communication mechanisms connecting stakeholders within the EBP community; and (b) a workable infrastructure to source, store, share and update clinical knowledge. CEBPA possibly differs from similar centres in that those involved are not based in one location or within one institution: 'ownership' is dispersed, resources are pooled and collaboration is all-inclusive.

The cloud's main features include:

- ERA (Evidence Repository Australasia): a 'warehouse' for evidence summaries generated within Australasia.
- Clinical ANZwers: a tool to convert evidence summaries into clinical questions & answers.
- Evidence Australasia: a dedicated search engine that searches guidelines and similar sites across Australasia..
- Critical appraisal and clinical audit resources (including AuditMaker, CAT check lists and GateLite) and an EBM Toolbox
- EBP news feeds/mashups/alerts
- A Virtual Learning Centre has also been made available (via Moodle open source software).
- Access to a large tagged set of website links, pertinent to EBP

FINALISTS

Health Information Portal, support for GPs in the ACT
<http://www.acthealthnet.com.au>
Saroj Bhatia, Director, ACT Health Library & Multimedia

Services, The Canberra Hospital

sarojb@tch.anu.edu.au

This project supports 'integration of care' between General Practitioners (GPs), the gatekeepers of the health system, and the hospital sector by helping to increase equity of access to evidence based clinical knowledge resources (and ultimately leading to improved patient care).

Managed by the ACT Health Library, ACT Health Net provides desktop access to high quality, reliable health information on a 24-hour basis to support evidence-based practice at the point of care. This Health Information Portal supports all GPs in the ACT and adjacent areas of NSW, such as Yass and Queanbeyan, who have no access to health library services and resources. GPs can obtain a username and password by online registration. At present there are 220 registered users. A single search box allows them access to the latest evidence based research, clinical guidelines, drug information, and other health information. The aim of ACT Health Net is to assist GPs to improve safety and quality of health care and ultimately to improve patient outcomes, in particular by reducing medication errors and adverse drug events.

The project started in July 2004 with the support of ACT Health. A steering committee was formed including representation from GPs, consumers, ACT Health and the ACT Health Library. Resources are selected by the steering committee. ACT Health finances the purchases of licenses to resources.

This project is a unique example of an integrated approach to health information and knowledge resources across primary and acute care and could be a model for a national health electronic library or knowledge portal.

Dissemination of Clinical Information using iPods

Toowoomba Clinical Library Service (Roger Hawcroft, Daniel McDonald, Patrick O'Connor, Jane Smith, Jane Ehrlich)
Roger_Hawcroft@health.qld.gov.au

The Toowoomba Clinical Library Service has introduced and established a service whereby clinically-oriented audio

presentations are provided to clinicians. The model adopted uses many strands of information management, is low-cost, and is easily replicable by libraries of any size. Just as importantly, this service uniquely contributes to the education and awareness of practising clinicians, which in turn has the potential to positively impact on patient care decisions.

Over the last decade there has been a substantial expansion of the publication of audio information of relevance to clinicians across the health spectrum and in a variety of formats, including Compact Disc, podcasts, RSS feeds, and downloadable MP3 files. Specialist presentations, summaries from key journals, lectures from conferences and professional societies, continuing medical education sessions, and interviews with leading researchers are now readily available. The content is rich in variety, of good quality and well presented. However, for maximum impact, clinicians must first realise that it exists and then understand how to identify, access and obtain the content that interests them. In other words, similar management and dissemination issues apply to this medium as to those with which librarians are more familiar, such as electronic journals.

The Toowoomba Clinical Library Service has purchased ten iPod shuffles, assigned each to a clinical discipline and populated them with content. Through extensive searching and browsing a sizeable range of clinical audio files has been identified. Files are arranged into subject-specific disciplines that reflect the local clinical context. Information is organised in a custom built MS Access database which allows the collection to be mapped, publicised and tracked. The database allows the creation of individual 'playlists' much the same as Apple's iTunes. In addition, it allows the allocation of a playlist to a particular iPod or other MP3 player, thus facilitating the pre-loading of iPods for loan, as well as on-demand loading of programs onto client owned pods.

Editor's note: Read more about this project in HLA News Dec 2009 <http://www.alia.org.au/groups/healthnat/hla/HLA.News-Dec09.pdf>

Do you have what it takes to be a leader?

Mary Grimmond was recently asked to speak at a Learning to Lead seminar for the ALIA Hunter Group and provides an insight into the day's discussions.

In November 2009 the ALIA Hunter group ran a one day workshop on Leadership for Library Staff. The location for the workshop was the Avondale College Library at Cooranbong, NSW.

Kevin Dudeney from the NSW Department of Corrective Services Library and Lynette Frazer of the Avondale College Library co-hosted the workshop. Kevin had previously run this workshop in Adelaide for the ALIA National Library and Information Technicians Conference in 2009. However on this occasion the workshop was open to all library staff. The participants comprised library students, library technicians and librarians across a diverse range of institutions from the Central Coast and Hunter regions of NSW.

An objective of the seminar was to present a variety of leadership styles and encourage participants to understand their own leadership potential. Kevin kicked off the day by providing some inspirational leadership quotes, a personal favourite was:

"To lead people, walk beside them ... As for the best leaders, the people do not know their existence ... When the best leaders work is done, the people say, 'we did it ourselves'".

Lao-tsu

Other topics covered in the workshop included:

- Qualities most identified with being a leader
- Key differences between leading and managing
- Leadership myths and power

Kevin suggested that "being visible" was also an essential leadership trait – be available

and seek opportunities to extend your leadership abilities. Kevin's presentation can be found at: <http://leadershipforlts.wikispaces.com/>

The initial guest presenter was Keryl Collard, Library Manager, Maitland City Library. Keryl led the group through an insightful look at her own career and shared her experiences, learned along the way. Speaking about her organization, Keryl shared her 'top tips' for selecting potential leaders and key among these was the need to embrace change. She also stressed the responsibility of a leader/manager to articulate clear direction to staff. The need to develop empowered team(s) was emphasised while such development must also include "a nurturing and encouraging environment".

The second presenter was Bernadette Turner (Zenith Information Management Services). During her presentation, Bernadette covered the broad array of what employers may look for when selecting potential leaders. In her work over many years Bernadette, in meeting with many employers,

has heard loud and clear that "it's not just the qualification(s) that will get you the position". Employers are looking for staff with:

- **Flexibility** – while this may relate to a myriad of initiatives, it is best summarised as seeing the bigger picture, having a "can do" attitude and demonstrating the drive to contribute to the overall goals of the organisation... beyond the limitations of your prescribed role.
- **Good interpersonal skills** – friendly, confident and able to interact effectively at all levels with people from any background.
- **Good communication skills** – having a mastery of written and spoken language.
- **Commitment to ongoing professional development** – actively keeping up with industry developments, ensuring your skills remain relevant and taking the opportunity to take on more responsibility, new tasks or learn additional skills.
- **Being an advocate** – champion your profession – be proud of what you do and who you work for.

Continues on p8...



Do you have what it takes to be a leader?
continues from p7 ...

Over a fantastic lunch participants had the opportunity to network with colleagues from the different libraries. It is always interesting to talk to a variety of library staff from outside the area of health. Before the start of the next session participants were given a tour of the magnificent grounds of Avondale College. All present felt more than a little jealous of college staff who work amidst these wonderful surrounds.

After lunch it was my own turn to speak. I had been given the brief to focus on 'what management saw in me as a leader'. I spoke about my experiences in the library world and more specifically the opportunities I have taken up since working for Northern Sydney Central Coast Health (NSCCH). These have included presenting at conferences, working on various projects and two lengthy secondments into management roles. Working with a team of

motivated, professional library staff at Gosford Hospital has given me the confidence to take up opportunities that I would not otherwise have considered. One thing I have learned from taking on such roles is to be willing to challenge yourself, allowing yourself time to grow while learning from – and with – those around you.

Participants agreed that the 'Learning to Lead' workshop was a success and the importance of the speakers sharing their experiences on leadership was truly valuable. My thanks go to Suzanne Lewis (Training & Learning Librarian, NSCCH) for nominating me to present at this workshop, and Gillian Wood, manager of the NSCCH Library Services, for giving me the opportunity to attend. Thanks also to Lynette Frazer (Avondale Library) for organising a wonderful day.

Mary Grimmond
Library Technician

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ABOUT THE AUTHOR

Mary Grimmond, Library Technician, has worked for the Northern Sydney Central Coast Health Library Service since 2004, after 10 years experience within the public library sector. Mary is currently studying her BA in Library & Information Management with CSU. Her poster "Rehabilitating the Stroke Collection" won the QUT Award for Best Poster at the 3rd International Evidence Based Librarianship (EBLIP) Conference. Mary co-presented a paper on EBLIP at ALIA's New Librarians Symposium.



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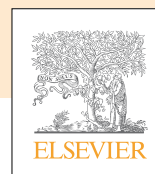
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“Steele on Wheels”

“Steele on Wheels” is the Mobile Reference Library Service at Peninsula Health in Frankston, Victoria. Run by Marion Steele, Rehabilitation & Aged Care Librarian, the service is an outreach programme designed to bring the library to the clinician.

Peninsula Health Library provides resources and services for 21 sites and the library staff, of 1 full-time and 2 part-time personnel, is stretched to beyond what is realistic for a health service of this size. The library staff has become increasingly aware that although most of the library resources are online, a large percentage of all potential library borrowers do not know how to access these resources.

Advances in computer and networking technologies have enabled libraries to offer their users access to resources and services in a totally different way. Access online has encouraged users to access resources themselves; however, this has led to an increased need for instruction in literature searching skills and assistance at their place of work. These changes are occurring at the same time as users' information needs and demand for an evidence base, across all areas of the health professions, has become essential.

Websites, different passwords, changes in format of the Clinicians Health Channel in Victoria.....it was just all too hard in an extremely busy daily ward schedule. Further problems appeared as Frankston Hospital, location of the Medical Library, began major reconstruction works and parking became almost close to impossible for those visiting from other sites. And public transport between sites, in most cases, just does not exist.

The spark of an idea for a new service was conceived at the 10th International Congress on

Medical Librarianship (ICML), held in Brisbane in September 2009, following attendance at a paper by Denise Hersey entitled “Extreme outreach: having a librarian in the operating room areas” (<http://espace.library.uq.edu.au/view/UQ:179804>).

What developed was a trial mobile reference service, available at the Rehabilitation and Aged Care site on the first and third Wednesday of the month for 1.5 hours.

So, how was this done?

I approached the Manager of Rehabilitation Medicine and spoke of my enthusiasm for such a project. She in turn spoke to staff on the site and there was an overwhelmingly positive response to give the idea a try. The Manager agreed to find a slot of time and an available computer in the Physicians Office, stating that there should be a constant day, time and week so that staff would be able to remember when the Librarian was going to be on site. This Manager also felt there

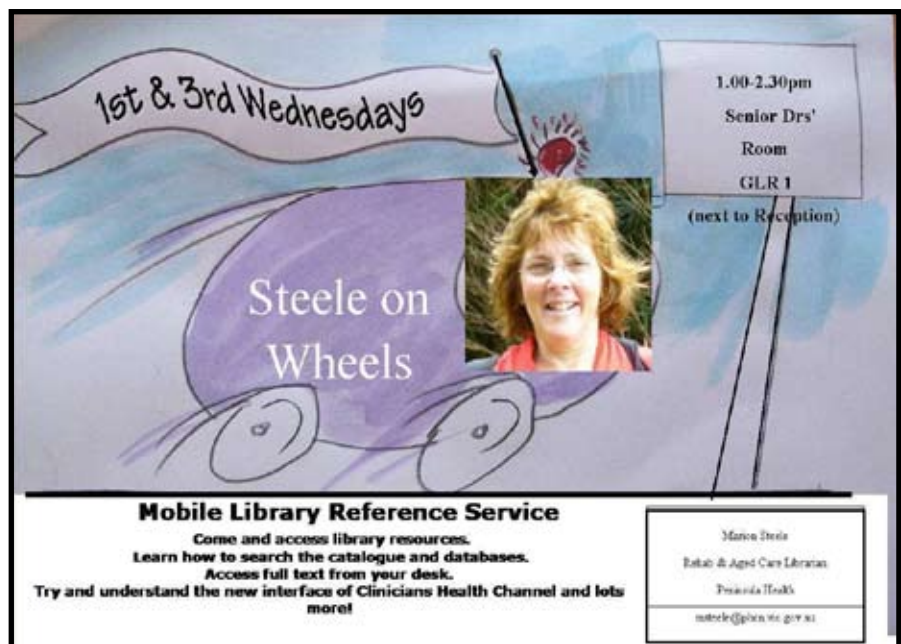
should be a catchy name and poster for such a service, to help centre it in people's minds.

The service commenced in October 2009 with the first session basically being a walk through of the whole Rehabilitation and Aged Care site. I handed out posters and caught up with people I knew but only met in person rarely. I think it helped that I have been a librarian at the hospital for almost 10 years. The first users wandered in and awareness of the service spread by word of mouth.

Six months on

The time and location of the Steele on Wheels service still needs to be promoted; however awareness has increased to the extent that there is a queue at the door for most of the 1.5 hours that the librarian is on site. Most of the enquiries relate to encouraging staff to join the library; teaching searching skills for the library catalogue; providing instruction on how to access the library from home; teaching basic skills in

Continues on p10 ...



RIGHT Flyer used to promote the service

From your convenor continues from p2...

to announce that the keynote speaker for the health stream will be Dr Mukesh Haikerwal who will reflect on the need for an appropriately skilled and educated workforce to support future delivery of healthcare in Australia. Dr Haikerwal is a General Medical Practitioner, the National eHealth Transition Authority's National Clinical Lead, a Professorial Fellow with Flinders University, a former commissioner with the National Health and Hospital Reform Commission (NHHRC) and a past AMA President. Earlybird registration for ALIA Access 2010 closes on 7 July.

This issue of HLA News contains an article by Virginia Staggs (Victorian Department of Health), on the shared government library services

implementation project; a report by Mary Grimmond (Northern Sydney Central Coast Health), on the Learning to Lead seminar for library professionals she attended at Avondale College, NSW; and Marion Steele (Peninsula Health, Victoria) describes a mobile library service she is operating. As usual there is much to enjoy in this issue. I am always inspired by the breadth and depth of projects and activities undertaken by health librarians. If you are involved in a project, launching a new service, or have attended a conference or seminar, please consider sharing the experience by writing an article for HLA News.

Suzanne Lewis
slewis@nscchahs.health.nsw.gov.au

Steele on Wheels continues from p9 ...

database searching and how to access full-text journals online. Advanced training sessions are booked at other mutually convenient times and follow up links made at the main library.

Since its inception statistics are as follows:

- 83 enquiries received
- 71 people have had contact with the Library either through direct questions or being present at a training session.

Staff have expressed an appreciation for the new service but has it really changed their view of the Library and how they can use the resource that we provide?

I think the answer is 'yes', as now staff who work in the rehabilitation and palliative care areas are using our resources independently and know that if there are any difficulties they contact Library staff.

The Library has provided services outside of the Library and in areas where physicians, nurses and allied health staff work, thus developing the concept that Librarians can become part of the medical team.

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FROM YOUR SPONSOR

HEALTH STORIES

make good headlines

The \$1.5 billion allocated to health in this year's budget proposes to improve hospital care and reduce waiting times. In the run-up and reaction to the budget, the topic of health reform has been making television news headlines on a weekly basis, painting a bleak picture of public discontent and frustration from health councils. Just a couple of examples include the recent 'Mental health sector lashes out over funds' feature on ABC's Lateline, ABC (21 April 2010) and 'Health Reform Too Late for Some' on Nine's A Current Affair (4th May).

Whether or not the government delivers on its latest promises remains to be seen. In the meantime, health stories offer powerful headlines for broadcasters. From inspirational reports of medical breakthroughs to foreboding warnings against the effects of obesity, red wine or tobacco, to damning exposés on the state of aged care services, the effect that health news has on the public psyche has been a subject of much interest to sociologists and media critics for decades. Inevitably, coverage of health related issues in the media shapes our perceptions, and therefore our expectations of health care professionals.

A quick search of the Informit TVNews database shows ample evidence of the media's increasing thirst for health information. The number of news items which specifies 'health' or 'healthcare' in the title field has increased by 500% between 2007 and 2009¹. Over 2500 news items relating to health can be found within this database of all free-to-air Australian news and current affairs programs since 2007.

Recent hot topics include obesity, mental health, ageing, and primary care. In 2009 alone,



there were over 700 news items or full length current affairs programs relating to these issues². In addition to news stories, Informit TVNews also indexes current affairs programs from the free-to-air networks. Catalyst (ABC 1) has been quick to feature stories on impending breakthroughs such as the male pill, hook worm therapy for Coeliac's disease, and stem cell ethics. Meanwhile, Four Corners (ABC) has recently dedicated episodes to the topics of disability care ('Breaking Point', 15 February 2010) and terminal illness ('A Good Death', 8 February 2010).

Insight (SBS), which describes itself as Australia's 'leading forum for ideas' has in recent months responded to and fuelled public interest about emergency departments, swine flu and the Rudd Government's proposal on 'fixing hospitals'. Other current affairs programs indexed by Informit TVNews look beyond Australia for precedents and outcomes, such as the treatment of rabies in Bali and the synthetic drug boom in China, both explored by Asia Pacific Focus (SBS). For an alternative perspective, Living Black (SBS) has featured both

concerning and encouraging features on cancer survival rates, renal disease and aged care within Indigenous communities.

The influence of mass media coverage upon health and health care reform has not gone unnoticed by researchers. Recent peer-reviewed journal articles, which you will find in the Informit Health Collection³, include 'The Pig, the Flu and the Modern Mass Media' (Australian Life Scientist, Vol. 6, No. 3, May/June 2009: 3) and 'Using Paid Mass Media to Teach the Warning Signs of Stroke' (Health Promotion Journal of Australia, Vol. 20, No. 1, Apr 2009: 58-64).

While primary reference points for allied health professionals must be with peer-reviewed health research, it appears that the anxieties and expectations of patients and health care professionals are often inextricably linked to media stories, for better or for worse.

For more information about Informit TVNews, or a free trial, please go to www.informit.com.au/trial, or contact sales@rmitpublishing.com.au

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REFERENCES

1. Based on a search of the TVNews database using search query: TI=(health) OR TI=(healthcare)
2. Based on search of the TVNews database using search query SUBJECT=(obesity) OR SUBJECT=(mental health) OR SUBJECT=(aged care) OR SUBJECT=(primary care)
3. Based on a search of the Informit Health Collection using search query: SUBJECT=(media)


topic as other guidelines. Each medical area in RDH published their own guidelines on their own webpages and some guidelines were a straight copy of another located in a different area. In most instances the divisions (e.g. Intensive Care Unit, Orthopaedics, etc.) within the hospital developed their guidelines in isolation of other divisions and quite often developed a guideline covering the same medical topic. The audit I conducted illustrated we had five Deep Vein Thrombosis guidelines that were pretty much the same so there was an incredible duplication of effort just in the one hospital. The information provided by the audit was vital evidence that convinced clinicians, policy developers and executive that the guideline program was essential. However, funding was not immediately available and it took me over 12 months to secure the funding required to appoint a clinical guideline coordinator and to purchase a document management system – never underestimate the power of persistence, nagging and good timing.


The initial tasks that needed to be accomplished included sourcing and implementing a web-based document management system, recruiting a clinical guideline coordinator, forming an implementation committee, gathering together all guidelines in current use in the five DHF hospitals and creating guideline templates that encouraged a consistent structure and included an evidence table. I was able to source a web-based document management system through Victorian Health, prior to the appointment of the Clinical Guideline Coordinator (a clinical pharmacist, Andrew Crowhurst) and, once in place, the Coordinator and I were able to achieve the remaining goals relatively quickly. Andrew was appointed in January 2009 and the NT Acute Care Clinical

Guidelines Committee conducted its first meeting late that month.

Achievements

The NT Acute Care Clinical Guidelines Committee is made up of representatives from all five DHF Hospitals and the membership includes the Chief Health Officer, Hospital General Managers, senior doctors and nurses, quality managers, the Clinical Guideline Coordinator and the Clinical Librarian. The Committee provided the

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 initial direction and goals of the implementation stage of the program; however, their thinking was not always in line with the priorities that the Clinical Guideline Coordinator and I had. The initial brief from the Guidelines Committee was simply to find all guidelines in current use and load them on to the system as they were and to make the system 'live' for use

by July 2009. Andrew and I felt it was necessary to standardise the guidelines as much as possible before the documents were added on to the system; otherwise we risked reproducing the current situation of duplication and lack of uniformity. Andrew tried valiantly to achieve this and was able to succeed to some measure but it became obvious that standardisation of guidelines across the five hospitals would require an enormous amount of time and effort from clinicians and this was simply not possible to achieve in the short term.

The success of the implementation stage of the program would not have been possible if clinicians had not been fully supportive of the program. Although the Clinical Guideline Coordinator and I did most of the legwork of gathering and formatting documents, clinicians were still required to take time out of their busy schedules to pull together their current guidelines, update them on the fly and then answer all the questions we needed answering before we could load the guidelines on to the document management system. In some instances it required many hours of work on their part. Most clinicians working in the five DHF Hospitals realised the importance of and even the necessity for the program and were willing, if not always happy, to work with us to house all current, 'in use' guidelines in a central web-based document management system. By following the Committee's brief we were able to load over 700 NT Acute Care clinical guidelines on to the system within six months. The system was available for use by all DHF staff from 1st July 2009.

The web-based document management system chosen was PROMPT (PROtocol Management and Production Tool). PROMPT has been developed by Barwon Health specifically for managing clinical guidelines. PROMPT has two functions – one as a document management system

continues on p13...


and the other as a publishing tool with a simple search engine for retrieving guidelines for use. The document management feature requires the author to log in and has a check in/check out function that ensures only one person can edit a document at a time, the author can set review dates for documents and the system archives old versions so they can be accessed again when required, for instance, in the case of coronials. The Word version of the document is stored in PROMPT and is converted to PDF for viewing purposes. The search engine feature doesn't require a login and allows staff to conduct simple keyword searches to retrieve the appropriate clinical guideline in PDF form. The system is web-based so DHF staff in all hospitals and community (remote) clinics around the Territory can access the same clinical guidelines. PROMPT also provides access to guidelines in other jurisdictions (including over 30 hospitals and medical centres in Victoria) which enables a sharing of guidelines across the country.


Lessons learnt

Once the clinical documents were available on the system for all to view, the duplication became extremely obvious. Some clinicians also questioned the correctness of certain documents and were concerned about the different structures for endorsing guidelines. In order to assist clinicians to find the correct guideline endorsed for use in their area we created a titling system that identified the hospital and division that the given guideline was to be used in. For example – RDH Anaesthetics: Guideline Title. This titling system will be necessary until the documents can be standardised across the five hospitals.

The second concern regarding the processes of endorsement and loading of documents

required a formal governance structure and clear decision-making authority across the 5 hospitals, as well as within each hospital, as has previously occurred. This requirement for network governance has also been one of the main lessons learnt from the initial implementation stage of the program and it quickly became apparent that a strong governance structure which dictates who has the authority to endorse which

 This project has demonstrated that the implementation of IT systems often facilitates and enables cultural change, and it is essential that projects are underpinned by a statement of purpose, with defined aims and objectives, and that governance is determined from the outset.

 documents and under what circumstances, across the hospital network, was essential. Over the last few months the Acute Care Policy Director has drafted the NT Acute Care Governance Framework with the advice of the Acute Care Clinical Guidelines Committee. This Framework paves the way for greater control over endorsement of documents, standardisation across the hospitals and the development of evidence based guidelines.

Other supporting activities

Library staff in all hospitals have provided training and orientation sessions to familiarise

DHF staff in the use of PROMPT; and for guideline creators, we have also developed a comprehensive workshop that outlines the research and development process for evidence based guidelines. This workshop explains:

- the concept of evidence based practice
- how to structure a clinical question using PICO
- how to structure search statements
- how to identify the most appropriate databases to use
- how to identify the most appropriate study to answer your question
- how to critically appraise the literature found

This type of workshop is particularly important to upskill staff and enable them to develop evidence based guidelines. The workshops have been extremely popular and have been conducted in both the Darwin and Alice Springs libraries and simultaneously transmitted to the Katherine and Gove libraries via SmartBoard and teleconferencing technology.

This project has demonstrated that the implementation of IT systems often facilitates and enables cultural change, and it is essential that projects are underpinned by a statement of purpose, with defined aims and objectives, and that governance is determined from the outset. Change management and training support are also required to facilitate implementation and ongoing use.

Where to from here?

Another 12 months on and the system now houses over 1300 clinical and non-clinical guidelines. Due to the success of the initial project the benefits the guideline program has brought the division of Acute Care have been made obvious. Working through each of the DHF Division's Information Management Group (IMG), the

continues on p14...

organisation-wide program will be managed by the Library and extended across all areas. The Director, Library Services was able to gain funding for three new permanent library positions to implement and maintain the program which will be rolled out from July 2010. The new positions are a Health Policies and Guidelines Manager, a Health Policies and Guidelines Librarian (appointed), and a Document Support Officer. As a member of each IMG, the Library Director will help to coordinate the implementation of the program and the inclusion of documents on to the document management system. Each IMG has been advised to appoint a project officer or team to conduct audits of their guidelines, policies and procedures, update or develop their governance processes, and develop business rules for the use of the system prior to their documents being added to PROMPT.

Advice to other Health Librarians

The last decade or so has been particularly challenging for many organisations and libraries have sometimes also been caught up in these restructures. Two government special libraries have been closed in Darwin in the last 12 months (a law library and a science library) and other special libraries around the country have closed their doors or been amalgamated. I was particularly saddened to learn that the SA Department of Health Library was dissolved, the staff made redundant and the

collection moved to the Royal Adelaide Hospital. Our special libraries have been created by our organisations to ensure the organisation has the right information to progress and carry out their goals and aims. We need to ensure that we are supporting the work of our organisation which requires a change in thinking on our part. We need to realise as a health profession that we are not in the library business but we are in the healthcare business. As librarians we have specific skills in information management that can be utilised by our organisations to achieve their outcomes. It can

“ We need to leave our comfort zones and seek ways to support our organisations and participate in the business of healthcare if we want to stay relevant, survive and thrive ... This is the most important lesson I have learnt ...

be quite scary to step outside our traditional roles and delve into unfamiliar territory (try sitting in a meeting with hospital managers, senior clinicians and quality managers and tell them how they should organise, structure and develop their clinical guidelines!) but it can be one of the most rewarding and satisfying

experiences. We need to leave our comfort zones and seek ways to support our organisations and participate in the business of healthcare if we want to stay relevant, survive and thrive. We need to remind our organisations as to why they keep us around – because they need us!

This has been the most important lesson I have learnt over the last couple of years which I will carry with me to whatever libraries I work in. Librarians must support the business of their organisations or we risk becoming redundant or simply being an easy target when the budget needs cutting. I am very grateful to my Director, Ann Ritchie for ingraining this knowledge in me and ensuring that our library has survived, thrived and is seen as an essential part of the Department of Health and Families.

Conclusion

I was very honoured to receive the HLA/HCN Health Informatics Innovation Award for 2009 and the award now holds pride of place on the wall above my desk. I hope the award will be presented for many years to come and will inspire and encourage all health librarians to step outside of their comfort zone. Thank you to both Health Libraries Australia and Health Communications Network for making this Award possible.

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** An output requirement of the HLA/HCN Health Informatics Innovation Award is that the winner report on their innovation via an article in HLA News*



ABOUT THE AUTHOR

Trudi Maly is a clinical librarian at the Health Library of the Northern Territory (NT) Department of Health and Families. Her role sees her providing clinical information support to the clinical staff at the Royal Darwin Hospital. Trudi also provides support to library staff in other NT hospitals and was a founding member of the Clinical Guidelines Project Implementation Team which is working toward providing evidence-based, standardised clinical guidelines across all 5 NT hospitals. As part of the Implementation Team, Trudi has developed workshops for clinicians on how to research and develop evidence based clinical guidelines. Trudi is currently Acting Director, Library Services.

Reference Group was set up with the view to consult as widely as possible. DTF used its public website to post a series of FAQs to manage the many queries raised. The Community and Public Sector Union (CPSU) represented members in negotiations with DTF.

DTF invited alternative proposals to be submitted. Librarians responded by the dozen. The professional organisation Victorian Government Libraries Association (ViGLA) worked collaboratively with its members to provide a considered response and an alternative proposal. While encouraged by the Government's efforts to enhance access to library services, ViGLA identified the risks in the Government proposal and made recommendations to move forward the development of a shared library service. The crux of ViGLA's argument was not to move librarians out of their home departments until the SPU had done its work and submitted its plan for the future delivery of shared library services. To make the significant changes outlined in the April proposal without a well defined strategy (including among other things an assessment of client needs, a cost benefit analysis of alternatives and a well defined approach to implementation) posed critical risks to policy outcomes and service delivery across the Victorian public sector.

The best example cited by ViGLA, to demonstrate poor outcomes without a clear strategy in place, was the United States (US) Environmental Protection Authority (EPA) library closures in 2006-07. The US EPA began to reorganise its Library network before it had a detailed strategy developed. The goal was to generate cost savings by creating a more coordinated library network and increasing the electronic delivery of services. Due to poor planning the outcome was a massive disruption to services which had a severe negative

KEY DOCUMENTS

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2. Victoria. Department of Treasury and Finance. Ancillary services: Proposal to establish a shared service provider. Victorian Government shared library service proposal. A 'draft for consultation' proposal. 21 April 2009
3. Victoria. Department of Treasury and Finance. Shared Service Provider. Victorian government shared library service plan. 18 September 2009
4. Victorian Government Libraries Association (ViGLA). Proposal to establish a shared service provider: Victorian Government Shared Library Service Proposal response from ViGLA. 14 May 2009

impact on staff, library users and the general public.

DTF acknowledged that several alternative proposals were received; the contributors were thanked for their input. In September 2009 a final document was presented to all affected library staff. On 12 December 2009 the Machinery of Government action took place, transferring 40+ library staff from ten departments and four agencies to the Department of Treasury and Finance. The message from DTF was 'business as usual'; there were to be no drastic changes to the delivery of library services for 12 – 18 months while the SPU worked on a plan for the future shape and form of the Whole of Victorian Government shared library service. The task of the SPU is to design the main building blocks of the service – a common intranet, a single library management system

across all existing government libraries, consolidation of library subscriptions and a framework for service delivery of a single library service. Some library collections and staff are designated for co-location. These are the libraries located at 121 Exhibition Street, the old Southern Cross site. On Level 25, the collections from Corrections and the State Revenue Office will be co-located with the Department of Justice library and on Level 5 the collections from the Department of Innovation, Industry and Regional Development and the Department of Planning and Community Development will be co-located with the Department of Transport.

A Library Operations Manager has been appointed within DTF to whom all the library managers report. This is a permanent role, unlike the SPU which will dissolve once its work is over.

There will be more changes. Once the work of the SPU is completed an implementation phase will commence where options and recommendations will be adopted to form the whole of government library service. Significant changes in the management of libraries, introduction of new technologies, work practices and the physical location of collections are foreshadowed. In the meantime, library staff at all levels are working together collaboratively and with goodwill to ensure that service delivery to our clients continues without disruption.

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Postscript: Since this article was written, the library collections on Levels 5 and 25 at 121 Exhibition Street have been co-located. With continued goodwill and skilful work-arounds, the librarians are working through the challenges of making the service work for clients.

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Make the trip even more worthwhile by participating in the Queensland University Libraries Office of Cooperation (QULOC) allied event that is open to all. Evidence Based Practice in Health for Librarians will be held Wednesday 1 September at the University of Queensland's Library Conference Room, St Lucia. There will be a modest charge for the day of \$50 to \$60. Further information and registration will be available from the QULOC website in the next few weeks <http://www.quloc.org.au/>

This is a 'content-rich' day. A mix of presentations and workshops will engage and educate. Come along to hear from your Australian colleagues, and from presenters such as Carol Lefebvre (UK Cochrane Centre), Professor

“ Make the trip even more worthwhile by participating in the Queensland University Libraries Office of Cooperation (QULOC) allied event that is open to all – Evidence Based Practice in Health for Librarians

Chris Del Mar (Bond University), Dr Satyamurthy Anuradha, Associate Professor Suhail Doi and Dr Tammy Hoffman (UQ), Dr Ann Walsh (QUT), and Ms Connie Schardt, Past President, MLA and the Medical Centre Library, Duke University.

And round the day off with a Health dinner. Please contact me by email if you would like to attend a Health get-together on Wednesday evening (1 September).

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