



## HPC WHITE PAPER SERIES

### *Library Management Service*

March 30, 2017

#### **THE CHALLENGE**

Hospitals in the U.S. today are under increasing pressure to contain operational spending while maintaining quality and patient and employee satisfaction. Recent changes in healthcare have put even more pressure on healthcare executives to stretch every dollar as far as it can go, which has placed a greater emphasis on reviewing spending habits across the entire health system to search for savings opportunities. This has sparked questions about how to sustain the library as a valued resource for the institution while needing to cut costs and reign in spending.

To address these challenges, many hospitals have eliminated librarian staff positions, leaving limited or no staff to manage the finances and daily operations of the library, no one to manage the library's collection of content and no one to provide direction to users for how to find the information they are looking for. Some hospitals have decided to make their libraries "go digital", eliminating the paper books, research articles and other reading materials traditionally stocked in the physical library space so that the area can be repurposed for alternative, more profitable use. Yet these changes alone have frequently been short-sighted decisions made in a silo without full engagement of all the players, stakeholders and decision makers who need and use the library the most.

Decisions to eliminate librarian staff, without aligning those staff changes with updated library procedures and budgetary spending, have not only failed but actually have exacerbated the problem. What is left behind is an uncontrolled environment where there is no accountability, no direction, no professional search expertise and underutilization of the resources the library continues to pay for because materials are difficult, at best, to find. Decisions about how to tackle the library problem have in many cases fallen short of achieving the level of savings needed to sustain the library long-term, and as an alternative to fixing these growing problems, some institutions have simply made the decision to close the library altogether. According to the National Network of Libraries of Medicine (NNLM), between 2011 and March 2015 an average of 115 member libraries closed per year across the nation. They estimate that the vast majority of these library closures were hospital libraries.

Not surprisingly, there are deep-rooted nostalgic feelings around the idea of a library – the traditional library – where visitors, students and staff can search for historical articles, get lost in a book in a corner library nook, or just find a quiet place in the midst of the hustle and bustle of everyday life. But beyond that, there truly is a need for a robust and engaging library program at hospitals, especially at teaching institutions, so that clinicians, staff and students can stay current on the latest evidence-based information available, new surgical and disease discoveries, and changing accreditation and compliance measures for hospitals, to name a few. Yet strong support and justified need doesn't always translate into monetary funds for keeping the library alive when the funding just isn't there. And so we uncover the paradox of the hospital library.

Outsourcing the management of the library to a professional library management company has been shown to be a viable, effective solution.

## THE SOLUTION

HPC executed a 3-year Library Management Service (LMS) contract to a prominent U.S. health system in 2015. Each year this institution, which includes a university medical center, sees about 13,000 patient admissions and employs a medical staff of 1,100 along with 260 residents. The library supports the entire health system and is housed at the university medical center. HPC's service began with a top-to-bottom analysis of their library with a focus on understanding their current spend, the annual budget, the status of pending payments and open invoices to subscription providers and publishers, the state of the physical library space, the collection of content, the utilization of each subscription and staff support currently being used to manage the library.

With HPC's Library Management Service for hospitals, HPC provides managerial oversight to libraries that are looking for a sustainable, long-term cost reduction solution. HPC works with clients to provide both the operational management and the librarian expertise needed to appropriately and effectively manage and stock the library, make library purchasing decisions and content collection recommendations, handle literature search requests and other inquiries from students and hospital staff, track library costs and control budgetary spending.

Ideally, functional medical libraries and professional medical librarian services support:

- **High quality clinical decision making.** Providing evidence-based materials, training and search instruction is necessary for the organization to truly engage in evidence-based practice.
- **Employee development.** Several nurses who were either in school or who had already earned advanced degrees spoke to the significant contribution that the library and past librarian services had made to their education.
- **Successful accreditation, compliance and quality measures.**
- **The patient experience.** The library sees patients and their families as visitors daily.
- **The educational experience of learners.** Students utilize the physical library space, computers, content/resources and technology to meet the demands of their course work and residency.
- **Publication and presentation.** Clinicians who are supported with expert literature searching and materials acquisition are better able to balance the requirements of presenting and publishing medical information with the demands of clinical care.

During the course of HPC's initial analysis of this client's library, HPC uncovered some issues and risks.

1. The full-time librarian left the library three years ago. Since then, a part-time librarian position was added then eliminated due to budget cuts, leaving a vacancy for more than a year before HPC's service began.
2. Library search interfaces constantly change and require at least some level of support and instruction. Furthermore, clinicians, staff and students need expert assistance with literature search and article requests. Yet the library had no staff onsite for visitor orientation, no virtual staff for training and limited support to handle article and search assistance requests.
3. The library's limited online presence was neglected and quickly became derelict with no staff to maintain it. Thus most of the clinicians, staff and students had no idea what content and resources were available to them or how to access them, which led to decreased utilization of the library.
4. The library materials spend, which made up the vast majority of the library's total budget, was maintained despite the librarian position being eliminated. At the time, the content collection included dozens of journals and electronic subscription packages through nearly 20 different subscription providers, in addition to a print collection and e-textbook budget. HPC found accidental overpayments, duplicate purchases for the same journal, low or no utilization of several subscriptions, and many past due invoices that threatened to disrupt user access.
5. HPC uncovered two potential risks for the library related to Joint Commission accreditation reports and Magnet status, because the elimination of the librarian had led to the library's evidence-based resources becoming nearly impossible to find with no expert search assistance or education readily available.

# 18-MONTH RESULTS

HPC initially made a series of recommendations to the health system that would improve the operational management of the library, resolve many issues uncovered during the initial analysis, and ultimately achieve a 31% budget reduction to be realized within two years. HPC began implementing these changes in October 2015 with the institution’s executive approval and we are now releasing the actual results at the 18-month mark.

We surpassed our expected first-year savings projection, originally targeting \$82,000 in savings but actually achieving \$104,000 in savings for the client. We are therefore on track now to ultimately achieve a 34% baseline budget reduction within the first two years of service.

**“We are very satisfied. [HPC’s librarian] has been exceptional and we are looking forward to getting the portal up and running. Thank you!”**

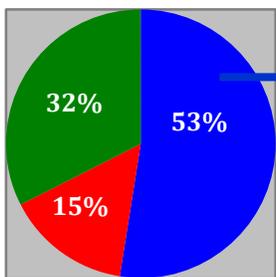
*-- Director of Nursing & Clinical Education*

## 1st Year Savings ACTUAL RESULTS

Baseline Budget (2015): \$324,000  
 Year 1 Reduced Budget (2016): \$217,000  
**Year 1 Savings: \$104,000**

## 2nd Year Savings PROJECTION

Baseline Budget (2016): \$217,000  
 Year 2 Reduced Budget (2017): \$211,000  
**Year 2 Savings: \$5,600**



To renew all of the client’s subscriptions as they were in the baseline year (2015), the total renewal price would have increased from \$296,000 to over \$315,000 in 2016 (Year 1).

After careful review of the library’s subscriptions, **HPC eliminated \$125,000 worth of spend** by terminating some subscriptions and finding alternative journal packages containing only those materials that were highly utilized through different providers at a more cost-effective price.

