October 11, 1976

TO: SUE KANGIS, CAHSL PRESIDENT

FROM: HELEN CONNELLY, MEMBERSHIP COMMITTEE CHAIRMAN, 1976

RE: ANNUAL REPORT

DATE: OCTOBER 11, 1976

This has been a rather confusing job due to the set-up that we now have. This year I have contacted individuals or been called by them for information concerning the CAHSL organization, however, all checks for membership are sent directly to the Treasurer so that one never knows who has joined recently or the exact number of hospitals, individuals, and associate members we have until the Treasurer is contacted before each CAHSL meeting. There is no application form designed to facilitate this procedure.

I would recommend that such a form be designed, sent by the Treasurer to all hospital libraries in the state not currently members of CAHSL, and returned by interested librarians with a check directly to the Treasurer. This simplifies the procedure and leaves information about CAHSL, either published or by personal contact, under the general direction of a public relations officer.

Additionally, I would recommend that CAHSL reduce the number of meetings that are held each year. Perhaps a quarterly meeting of real substance would be in the best interest of the organization and its individual members.

Sincerely,

Helen Connelly
Membership Committee Chairman
THE MILFORD HOSPITAL
2047 BRIDGEPORT AVENUE
MILFORD, CONNECTICUT 06460
HEALTH SCIENCES LIBRARY

STANDARDS COMMITTEE ANNUAL REPORT

The main accomplishment of the Standards Committee has been the CAHSL Standards for Health Sciences Libraries and Checklist for Administration of Health Sciences Libraries. This document has been published in the October, 1975 issue of the Bulletin of the Medical Library Association. Much discussion has revolved around the need to evaluate this document in terms of its usefulness in determining the strengths and weaknesses of individual libraries. More thought and planning in this area will be needed in the coming year.

Suggested areas of interest also include a study of salary and status levels of Health Sciences Librarians in this state. Research has been ongoing as to these problems in other states as well as on a national level. The New York Regional Group of the Medical Library Association has conducted an interview survey of Health Sciences Libraries which includes these subjects. A CAHSL program and workshop held in September, 1976 emphasized the general membership's feelings that a strong need for continuing examination in this area existed.

The need for guidelines in writing job descriptions has prompted the Standards Committee to begin compiling material to use as a resource in approaching this task. Accumulation of sample job descriptions for library staff, at all position levels, is in progress.

Highly recommended by the Executive Committee and the Standards Committee is the undertaking of a cooperative program with the Connecticut Hospital Association. Discussion has begun as a result of CHA's awareness of the need for health related information as well as the importance of the Health Sciences Librarian as a tool for access to this information. Further investigation into this area will be arranged.

This past year has been a chaotic one in terms of organization, membership and implementation of projects that were recommended to the Committee. As a result of the change of Executive Officers of CAHSL and the chairperson of the Standards Committee, delays in the progress of various projects occurred. The membership of the Committee was very small which, understandably, detracted from the amount of time and energy spent on planning and 'productivity'. The need for more participation and support on the part of the entire membership is very necessary to the success of CAHSL as an organization. The Standards Committee hopes to receive this participation and support and accomplish the goals it has set for the coming year.

Nancy B. Cohen
Chairman
ing awareness of the need to build better bridges between health science libraries located in hospitals and local public libraries in order to meet the needs for patient education, especially persons with chronic conditions. Ties also may be ultimately extended to public school libraries and to individual homes by means of the still embryonic but quickly developing cable television networks (CATV) which are now approved by the FCC. These new channels will offer free public service programs, among which will be those relevant to health care and methods of preventive medicine appropriate to Connecticut citizenry. Many of these programs will be developed by the medical schools, by community hospitals, and by other allied health educational institutions.

The newly completed TV link between the Newington VA Hospital, McCook Hospital, and the University of Connecticut School of Medicine at Farmington by the U. Conn Office of Biomedical Communications will also be able to transmit printed library material, audio-visual programs, and live presentations. The Connecticut Health Library Services program has worked closely with these developments and anticipates continued mutual support toward the overall objective of keeping Connecticut health practitioners abreast of all relevant biomedical information which can be used "to improve the delivery of health care to all citizens in Connecticut."

Volume II, Number 37

December 13, 1971

DR. MARGULIES SUMMARIZES RMFS REVIEW OF CRMP TRIENNIAL GRANT APPLICATION OF AUGUST 1, 1971

The following is the full text of the official "Advice Letter" which CRMP received from Dr. Harold Margulies on December 13, 1971.

I am pleased to inform you that the National Advisory Council has approved triennial funding for the Connecticut Regional Medical Program. I wish also to relate the highlights of the recommendations to the Connecticut RMP which arose during the entire review process. As you know your program was reviewed, in whole or in part, by a site visit team, the Ad Hoc Panel on Kidney Disease, the Review Committee and the National Advisory Council. The issues identified in the following paragraphs represent a composite statement of these reviews.

I am sure you are aware that the program review of the Connecticut Regional Medical Program is never a passive process. The design, set forth by the Connecticut RMP many years ago, was an exciting one because it promised to effect a fundamental change in the health delivery system that was not only accepted, but generated, by the providers on whom the system depends. The reviewers approach a review of this program with an expectation that is unique which centers around the basic questions of -- is it working? What aspects are proceeding most rapidly? Is the program flexible enough to accommodate new pressures and needs? What can we learn from the Connecticut RMP that can be translated elsewhere? What advice or assistance can we provide? It is in this context that recommendations emerge.
The community hospital library development is one of two broad programs being conducted by the Connecticut Health Library Service. The other involves toll-free communication to, and cost-free document delivery and backup library reference service from, the two medical school resource libraries. Under this program, individual health workers can submit to their local hospital librarians requests for journal articles, textbooks, bibliographies, literature searches (both manual and computerized), and quick reference information. They in turn can forward those requests which cannot be filled from the local library's more limited resources to either the University of Connecticut Health Center Library or the Yale Medical Library.

It is well to remember that no library, not even the National Library of Medicine in Washington with over 1,000,000 volumes in its collection, is entirely self-sufficient. All borrow and many lend. About 85 percent of all Connecticut requests can be met from Connecticut resources. The balance is forwarded by teletype (TWX) to the Countway Regional Medical Library in Boston which fills about 90 percent of those; the remaining few are sent to either another Regional Medical Library or to the National Library of Medicine. Needless to say, turn-around time is appreciably less for the vast majority of requests filled in the state.

During 1970 about 15,000 requests were received by the two medical school libraries from local health science libraries in Connecticut. With the heavy requesting months still with us — schools start in the fall and demand always goes up in the last quarter of the year — 1971 requests through September totaled over 14,000. It would seem probable that at year's end the 1971 total will reach 20,000.

Gratifying as this increased usage has been, it poses a potential problem of limiting service because of limited funds. The CRMP Technical Advisory Committee on Library Services is now considering a wide range of possible options for some type of quota system. The Regional Medical Library at Countway has already had to impose quotas within New England and has therefore joined most other RML's in this respect. The Countway quota system will not affect institutions which have made fewer than 50 requests during 1970.

The Connecticut Health Library Services has not been willing to simply let this national phenomenon create undue problems for Connecticut health workers. As soon as it was seen that the demand for document delivery had reached a level where funds might be insufficient to carry the costs, plans were made to develop a union list of serials held in Connecticut health science libraries. The purpose of the union list — the first draft of which was sent to all Connecticut health science librarians in early October — is to provide alternate sources for community hospital libraries to use in filling their local requests.

With journal article requests averaging 10 to every request for a book, the value of a union list for periodicals is apparent. The genesis for the union list was the Carnegie Commission's report on health education in the United States. This 1970 report identified Bridgeport and Waterbury as the next two Connecticut health education centers which should supplement those in Hartford and New Haven. The union list was conceived initially as a Bridgeport project, since its three community hospital libraries had demonstrated a willingness, even an eagerness, to cooperate with one another. But as the document delivery program began to show signs of early strain, the idea quickly passed from this health service area to encompass the entire state.

Steps are also under way to capitalize on emerging communication programs now being undertaken at the University of Connecticut's Office of Biomedical Communications and the Yale-New Haven Regional Drug Information Program. Concurrently, there is increas-
In September, 1971 all community hospital administrators and their respective chiefs of medical staff, directors of medical education, chairmen of library committees, and hospital librarians were informed of their hospital library's relative standing during the second annual audit of health science libraries. These audits are conducted by the CRMP Library Services Director and are based on the "Suggested Minimum Guidelines for Connecticut Health Science Libraries" developed by the CRMP Technical Advisory Committee on Library Services in April, 1970.

In 1970 only six community hospital libraries scored above 90 (on a scale of 100), while in 1971 a total of 10 scored 90 or more. By the same token, 11 hospital libraries scored below 60 in 1970, but only six remained below that figure in 1971. These statistics suggest that some meaningful activity is under way in various hospitals to improve library services for health practitioners.

The annual audit is one aspect of the overall Connecticut Health Library Services Program. It is designed for internal consumption only in each of the community hospitals, since each hospital has been assigned a random number unknown to the others. Further, the 35 general hospitals of Connecticut (33 community hospitals, 2 University Medical Centers) are broken down into four categories: A - less than 200 beds; B - 200 to 400 beds; C - 400 to 600 beds, and D - over 600 beds. A composite chart of all hospitals in each category accompanies the individual annual audit report so that comparisons can be made among similar institutions while confidentiality of each is reasonably assured.

There are 16 hospitals in Category A, 11 in Category B, five in Category C, and three in Category D. With teaching hospitals predominating among the larger hospitals it is not surprising that, as a group, they perform better on their library evaluations than do those without physician teaching programs. No attempt has been made to evaluate diploma school of nursing libraries, except where these libraries have been combined into one health science library, as is the case at Greenwich and New Britain (both of which have scored above 90 in both audits). These separate nursing school libraries are evaluated on national norms established by the National League for Nursing and, with some few exceptions, are generally superior to their medical library counterparts.

As Dr. Vernon W. Lippard, Chairman of the CRMP Technical Advisory Committee on Library Services, noted in the October 5, 1970 issue of this Newsletter, the hospital library is viewed as an important element in the continuing educational programs conducted in community hospitals for all health workers. There is no policy to create libraries de novo simply to meet Joint Commission on Accreditation of Hospitals standards. Each institution may feel that it can function adequately without a library, but since the presence of one is a JCAH requirement for accreditation, the CRMP library program is intended to assist each hospital best meet that standard.

Fortunately, all Connecticut community hospitals are accredited. The variation in health libraries which now exists is similar to that which exists in any other human activity: some excel, most are average, and a few are below par. It is with a view to pulling up all by their own bootstraps that this type of survey--audit is conducted.
Toward Improved Quality and Accessibility of Health Care for 3,000,000 Citizens...

The CRMP Story 1970-1971-1972
- Presidents
  Past and Present Members of the Association

- Five Presidents, First President

  Special Guest

  Conference: 10 Years Old and Still Growing

  Sponsored Meeting

  Exchange Conference (Last CAMP)

  Steering Committee Formed

  Program: BTLA July 1969

  Directors - John Tomorl

  Program - Library Services

  Conference on Medical Education
PRIVILEGES

1. Continuing Education
2. Communication (Newsletter, etc.)
3. Shared services
4. Voting privileges
5. Hold elective office
6. Hold appointive office

$25.00 Institutional Membership Full Privileges
$10.00 Individual " Full Privileges except #3
$ 5.00 Associate " #1, #2, #6
Ex Officio " Full Privileges

RIGHTS & PRIVILEGES

Right to vote, hold office, participate in continuing education, communication, engaging in a system of shared cooperative services

1) Institutional members have full privileges including holding office

2) Active or individual members have all rights except participating or voting on all matters concerning shared services

3) Associate members have all rights except shared services and voting privileges, they cannot hold elective office but can be appointed to a non-elective standing committee

Each member institution shall have one vote to be cast by that individual who is actively engaged in the Health Science Library. In the case of those institutional libraries with multiple personnel, one person shall be designated by the institution as their institutional voter.

All those actively engaged in health science libraries in these institutions will be eligible to hold office.

When an individual member becomes the designated institutional member she or he loses their personal vote.
CONCLUSIONS

Fiscal Year same as Connecticut Hospitals Oct. 1 - Sept. 30

Meetings bimonthly with annual meeting in September. Special meetings may be called at discretion of Chairman of organization.

Standing Committees - Chairman appointed by Chairman of Organization, committee members appointed by chairman of committee.
1) Bylaws
2) Nominating
3) Shared Services
4) Communications
5) Continuing Education

Officers of Organization
Chairman
Vice Chairman
Recording Secretary
Corresponding Secretary
Treasurer

Executive Board
Chairmen of Standing Committees
Officers of Organization

Quorum
40% of voting members

Membership

Open to health science librarians, not necessarily confined to hospitals but related institutions.

1. Institutional: Open to Health Science Libraries in health care institutions in Connecticut
2. Individual: Open to all persons actively employed in these health science libraries
3. Associate: Open to one who is actively engaged or interested in library work in the health science field
4. Ex Officio: Librarian, Yale Medical Library
Librarian, Conn. Health Center Library

Suspension

Annual dues shall be payable at the beginning of the fiscal year. If unpaid 3 months after the beginning of the fiscal year, the dues shall be considered in arrears and active privileges will be suspended until receipt of payment of dues.

Present: John Timour
Maryanne Witters
Liz Elgosin
Carrie Rau
Mary Ann Redor

Nan VanDerwerker
Nancy Gruhn
Mary P. Herman (Secretary, Steering Committee)

Committee selected at Farmington May 17 to form statewide organization of hospital librarians as have been meeting under direction of Mr. John Timour.

Outline of objectives and goals for such an organization was submitted by Maryanne Witters for consideration by the committee. This included objective of providing a means of communication and information services in the health care field in Connecticut and to provide a program of continuing education for staff members in health care libraries and to provide a forum for developing a system of shared services and resources. Bylaws of the New York Regional Group of the MLA were also used as a guideline in structuring the organization.

No specific action taken regarding affiliation with a national organization such as MLA, ALA, etc.

It was suggested that the list of hospitals and librarians as compiled by CRMP be used as the basis for organization.

Other points of discussion will be found listed on pages 2 and 3.

Draft of notes taken is being sent to Mr. John Timour and members and alternates of the Steering Committee.

Copy to: John Timour
Maryanne Witters
Jean Fuller
Charlotte Kirkpatrick
Nancy Gruhn
Mary Ann Fedor
Helene Leighton
Nan VanDerwerker
Liz Elgosin
Carrie Rau

Copy to: Mary P. Herman.