Mobilizing the Academic Medical Library

*University of Connecticut Health Center*

*LM Stowe Library*

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http://library.uchc.edu
Where Do You Stand?

My library provides mobile resources.
Where Do You Stand?

I feel comfortable teaching about mobile devices and resources.
Where Do You Stand?

Do you have an established relationship with IT to help support mobile resources?
Our experience at UCONN Health - TIMELINE

Champion Program
Faculty & Students

Classes
User Groups
Web Page

PDAs to eager librarians

PDA student mandate

DBs Added (F, L)

Mandatory laptop for incoming students

PDA mandate updated

iTouch to teaching librarians

More mobile content (V); iPad to librarians; replacing laptops?

2001 2002 2003 2004 2005 2006 2007 2009 2010-2013 …
Our Strengths

• Library reports to CIO
  – Good relations with IT
  – Service oriented academic computing support
  – Proven track record with faculty, staff, students
  – Library staff willing to accept new challenges

• Library collaboration - faculty and students
  – Champion program
  – Mandated smartphones for 3rd year Med Students
Our Challenges

• Financial issues
• Getting time to work with students
• Not easy to be bridge between IT and users
  – Different culture and language
• Security issues
  – Encrypting student laptops
  – Recognizing danger of mobile devices
Why encryption?

Stolen laptop compromises patients of California medical group

The California-based Retinal Consultants Medical Group website says it offers patients “uncompromising care,” but a compromise of data is exactly what patients got after a laptop containing sensitive client information was stolen.

How many victims? Unknown.

What type of personal information? Name, date of birth, gender, race and optical coherence tomography images – all unsecured.

What happened? An investigation is ongoing, but the laptop was stolen after the office was closed.

What was the response? The theft was reported to the local police department. A letter dated July 31 was mailed to affected patients alerting them of the breach. The company is increasing the physical security of imaging and other equipment stored at its offices, increasing the interior and exterior security of its offices, and requiring additional information when confirming a patient’s identity on the phone. Additional (though undisclosed) steps are being taken to secure laptop data.

Details: Employees discovered on June 7 that the laptop, a component of a diagnostic imaging machine, was stolen sometime after the offices closed on June 5. An investigation is ongoing.

Quote: “As a result of our investigation we are not aware of any unauthorized use of the PHI fo…”

Hartford hospital: Unencrypted stolen laptop included PHI of 9,500 patients

HIM-HIPAA Insider, August 6, 2012

A third-party subcontractor handling health records of a hospital and home health provider is responsible for a breach involving a stolen unencrypted laptop computer that included PHI of more than 9,500 patients, according to the hospital.

Hartford Hospital and VNA HealthCare of Connecticut, reported on the hospital’s website that they discovered June 26 the laptop stolen from a subcontractor employee’s home.

An employee at Greenlam, a subsidiary of one of the hospital’s vendors, EMC Corp., had been performing data analysis for EMC as part of a quality improvement project related to hospital readmissions.

The data on the Greenlam employee’s unencrypted laptop contained information on 7,461 VNA HealthCare patients and 2,097 Hartford Hospital patients.

Want to receive articles like this one in your inbox? 
Subscribe to HIM-HIPAA Insider.

Click here to read more on the HIPAA Update blog.

Mobile Security
The goal of a Mobile First IT organization is to serve the needs of the business by establishing the best mobile user experience for the employee. Mobile security should be invisible to the user while still protecting corporate data.

MobileIron’s Layered Security Model protects corporate data without compromising the user experience. It provides the basis for a partnership between IT and employees based on productivity, not restriction, without putting enterprise data at risk.

Layered Security for the Enterprise Persona
An enterprise persona is the collection of enterprise data (email, apps, documents, web content) and settings (certificates, policies, configurations) on an employee’s mobile device.
What about smartphone security?

• BYOD (Bring your own device) policy
• New UCONN Health policy in 2012
• Mandates that all smartphones need to have security software installed in order to use UCONN Health email
What are our Outcomes

• Meaningful curriculum impact
• Powerful collaboration and Faculty buy-in
• Helping solve institutional problems
• More opportunities
What are other institutions doing?

• *Mobile services for broke libraries: 10 steps to mobile success*

• *Rethinking our mobility: supporting our patrons where they live*
What are other institutions doing?

• The mobile medical library – is there an app for that?

• Yale Medical School iPad Program
  – http://clc.yale.edu/2012/04/03/yale-medical-school-ipad-program/
What can YOU do?

- Your administrative challenges & strengths
- Your technical challenges & strengths
- Your financial challenges & strengths
What to do Next?

iBookAuthor  SlideShark  go.nmc.org
Evernote  3Dprinting
Upad  Dropbox
WearableTechnology
NewMediaConsortium
Cheddar  BYOD  TagMyDoc
DrawMD
Going Mobile: Two Approaches

Content Centered

Device Centered
Information Literacy: Fixed or Mobile

<table>
<thead>
<tr>
<th>Where?</th>
<th>“Fixed” IL</th>
<th>“Mobile” IL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Largely in “set” places. At a desktop computer (with little variation in software); at a fixed workplace; within a library.</td>
<td>Anywhere; any mobile device (phone, games device, eBook reader – massive variation in device).</td>
</tr>
<tr>
<td>What?</td>
<td>Anything and everything.</td>
<td>Normally quick information, often context or location specific.</td>
</tr>
</tbody>
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Information Literacy: Evaluating Resources

• Scholarly or Popular?
• Author
  – Know who creates the content
  – Know who creates the app
• Is the information objective?
  – Identify the sponsor of the content/app
• Is the information up to date?
  – Identify the update schedule
• Access issues
  – Print, Electronic, App?
Mobile’s Impact on Libraries: Resources

• Install Instructions:
  – [http://library.uchc.edu/departm/cec/hh/hhsoft.html](http://library.uchc.edu/departm/cec/hh/hhsoft.html)

• Licensed Apps
  – DynaMed
  – Lexi-Comp
  – VisualDx
Pharmacologic Category
- Analgesic Combination (Opioid)

Dosing: Adult

Pain management (analgesic): Oral (doses should be titrated to appropriate analgesic effect): Average starting dose in opioid naive patients: Hydrocodone 5-10 mg 4 times/day; the dosage of acetaminophen should be limited to ≤4 g/day (and possibly less in patients with hepatic impairment or ethanol use).

Dosage ranges (based on specific product labeling): Hydrocodone 2.5-10 mg every 4-6 hours (maximum dose of hydrocodone may be limited by the acetaminophen content of specific product)

Dosing: Geriatric

Doses should be titrated to appropriate analgesic effect; 2.5-5 mg of the hydrocodone component every 4-6 hours. Do not exceed 4 g/day of acetaminophen.

Dosing: Pediatric

Pain management (analgesic): Oral (doses should be titrated to appropriate analgesic effect):

Children 2-13 years or <50 kg: Hydrocodone 0.1-0.2 mg/kg/dose every 4-6 hours; do not exceed 6 doses/day or the maximum recommended dose of acetaminophen

Children ≥50 kg: Refer to adult dosing.

Dosing: Hepatic Impairment

Use with caution. Limited, low-dose therapy usually well tolerated in hepatic disease/cirrhosis; however, cases of hepatotoxicity at daily acetaminophen dosages >4 g/day have been reported. Avoid chronic use in hepatic impairment.

Use: Labeled Indications

Relief of moderate-to-severe pain

Contraindications

Hypersensitivity to hydrocodone, acetaminophen, or any component of the formulation; CNS depression; severe respiratory depression

ALERT: U.S. Boxed Warning

The FDA-approved labeling includes a boxed warning. See Warnings/Precautions section for a concise summary of this information. For verbatim wording of the boxed warning, consult the product labeling or www.fda.gov.
Mobile’s Impact on Libraries
Reference Desk Interactions

Do you have this?
Mobile’s Impact on Libraries
Reference Interview, Literature Search, Access to Full Text?

Hi- this Jessica. Working on yr literature search & pulling way too many citations--- anout 200! Can I limit to a particular disease or capsule type, etc?

This is limited to last 5 years?

Yes & to only gastro journals

Limited to only clinical trials reduces the search to 50

Can’t do that

Let’s go with what we have

I will review the abstract and then decide which ones to get full text on

Thanks

Now I can read my papers on my phone :)

Courtesy free wifi on southwest flight

Were r u interviewing?

On my way to mayo Jacksonville today
Mobile Future

• Consumer Health
  – MyFitness Pal, Glucose Buddy, Ovulation Tracker

• Productivity Tools
  – Dropbox, EverNote

• Clinical Research
  – mHealth
  – PTSD research
Card Exchange

• On the front of your index card, write your name and email address

• Take away
  – On the back of your index card, write how you will apply what you learned today

• Network
  – Exchange cards with another participant
  – Send a follow-up email in month to your partner to see how they are using mobile in their library
Questions for us?