

**TECHNOLOGY IMPROVEMENT AWARDS  
FINAL REPORT OUTLINE**

**COVER SHEET**

1.	Title of the Project	Mobile Clinical Librarian Program Satellite Librarian Program
2.	Period of Performance (project start and end dates)	January 1, 2009 – December 1, 2009
3.	Library Name (if applicable)	William T. Wood Medical Library
4.	Name of Organization	Kootenai Medical Center
5.	Organization Address	2003 Kootenai Health Way Coeur d'Alene, Idaho 83814
6.	Name, Mailing and E-Mail Addresses, Voice and Fax Numbers, of Person Submitting Report	Beth Hill, MLS, AHIP Library Manager William T. Wood Medical Library Kootenai Medical Center 2003 Kootenai Health Way Coeur d'Alene, Idaho 83814 <a href="mailto:ehill@kmc.org">ehill@kmc.org</a> 208-666-2483 Fax 208-666-2854
7.	Date Submitted	November 11, 2009

## NARRATIVE DESCRIPTION

1. Executive Summary (200-500 words):

- Provide a summary about how funding from this award was used. Include an overview of the new or improved health information service or program that was implemented. Identify the hardware and/or software purchased to support this project.

In the original Statement of Work for this award, the purpose was stated as two-fold:

*The Satellite Librarian Program will address the information needs of the medical staff at Kootenai Medical Center by providing research, reference and instructional services in the physicians' lounge area via a mobile technology unit with a laptop computer, printer, projector and cart.*

*The Mobile Clinical Librarian Program will be a partnership with KMC's Intensivist and Hospitalist teams. Librarians will use the mobile technology unit to answer questions at the point of care while participating in rounds with the physicians.*

Our goals, as stated in the Statement of Work, were *to improve the ability of library staff to provide information service at the point of care, and to reduce the number of clinical questions that go unanswered by medical professionals for lack of time and a lack of technological skill.*

We researched the availability, and then purchased the equipment we needed, for our mobile cart. We decided on an Anthro Zido Laptop Cart, a standard KMC laptop computer, a Sharpe XR32S graphics projector, and a Cannon iP100 printer. The intended use for the cart was to provide point of care clinical literature for the ICU Intensivist team, and our new Hospitalist team. We also wanted to start a new program in the Physicians' Lounge, where we would have a daily physical presence in the lounge, in order to provide research, reference and instructional services upon request. Our IS department did arrange wireless access for us in the Physicians' Lounge, so that we could access the literature for the physicians at the point of need.

Besides the equipment we purchased for the mobile cart, we used the remaining award funds to purchase print textbooks to be kept in the dictation room of the Physicians' Lounge. The reason we decided to purchase print materials and house them in the lounge was because we knew that the medical library was being moved to another building on campus- the Health Resource Center- in mid to late December 2009. We anticipated that the physicians would still desire to have some print reference books available when dictating or charting, but would be reluctant to trudge over to an entirely different building to access them. Decisions for purchase of the books were based on suggestions made by the physicians themselves, and on Doody's Core Review List. We purchased those titles, as well as submitted another list of titles to our Foundation for funding, which ended up being approved. We were able to purchase about \$5,000.00 worth of books in addition to the ones we acquired with the award funds.

2. Information needs:

- Identify the main audience(s) that were intended to benefit from the proposed technology improvements. Did this project help to meet their information needs?

The main audiences that we intended to impact were the KMC ICU Intensivists, through our Clinical Librarians who are members of the ICU Care Team twice a week, the Hospitalists, by attending morning rounds with them daily, and any and all active staff who frequented the Physicians' Lounge in the hospital, while eating, relaxing, dictating, or charting, by having a physical presence in the lounge each weekday.

Please see question number 3 for the evaluation of the program, and whether or not our user groups' information needs were met.

3. Problems or Barriers Encountered and Evaluation:

- Provide details on problems encountered. If you were to start all over again, what, if anything, would you change about the project?
- Describe whether and how the new or enhanced service accomplished the desired outcomes originally proposed. Or, if the originally proposed outcomes were not observed, what happened, instead? Include specific data that supports the evaluation results described, and how the data was collected.

Originally, in our award application we stated that:

*A successful "Mobile Clinical Librarian" Program would be defined as one in which we are able to make significant contributions to excellent patient care through the provision of point of care clinical information. Successful outcomes are envisioned as clinical teams using our services during and after patient rounds for searching the literature. Another successful outcome would be their perception of us as valued members of the healthcare team.*

*A successful "Satellite Librarian" program would see us being utilized by the physicians in the lounge for answering queries about current patient cases, and for instruction on searching the clinical databases. A perception of our value and contribution to patient care and evidence-based practice would be another outcome of success.*

As you know from our six-month report, we basically had to let go of our plans to conduct the Mobile Librarian Program during ICU rounds, and with the Hospitalists. Dr. Gottlieb, Director of the Hospitalists, decided to re-engineer the Hospitalist Program, and she stopped the daily morning interdisciplinary rounds. We know that they are still meeting as a group, and we know that they are interested in having the library as a member of their team again, but we haven't figured out a way to make it work yet. The process for ICU Rounds changed at the beginning of 2009, also. The ICU rounds traditionally were held in a small break room in the ICU. It had always been a crowded situation, and we wondered how we would get a laptop cart in there when we started our Mobile Librarian Program. The ICU Rounds model now consists of the entire interdisciplinary team rounding at the entrance into the individual patient rooms, which requires standing. Family members are invited to be part of these

rounds as well. This format does not lend itself to our bringing the laptop cart with us, or for the team to ask us questions at the point of care. We were disappointed by these barriers and limits to our involvement and efficacy.

Our presence in the Physicians' Lounge, or the Satellite Librarian Program, has had the greatest success. Starting in late April 2009, we took up residence with our mobile cart in the physicians' lounge, staffing the lounge Mondays, Wednesdays and Fridays from 12-1 pm, and Tuesdays and Thursdays from 8-9 am. We placed a flyer about our program in each physician's mailbox also, so that they would know what we were up to. Each weekday, we pushed our cart into the lounge and sat right next to the entrance to the computer area where the physicians chart, dictate, and use the computers. We kept a log of the activity in the lounge, and any interactions we had with the physicians. One of the physicians suggested to us that we change our hours of operation to mornings only, because he felt that the physicians wanted their lunch hour to be a relaxing time, and that they didn't want to think about patient care issues during that time. So, we decided to take his advice and we switched to each weekday morning from 8-9 am.

I do think that this was a good move, and that we have been able to gain the physicians' trust and acceptance because of it. In the beginning, we received lots of "looks" and questions about what we were doing there. Our answer was always that we are there to meet their information needs, but also to tell them about the selection of print books we had purchased for them. We did place another follow-up flyer in their mailboxes, to remind them about our services. Steadily over the last two months, our search requests have doubled from the numbers we were seeing in the beginning. And we have had numerous comments from the physicians about how they are glad to see us in the lounge, and how they appreciate having the reference books available. As far as providing information at the point of care, I did do one search for a physician last month, while we were seated in the lounge, who wanted "one good review article." I found an appropriate article for him within three minutes through a PubMed search, which I believe impressed him.

We did not keep track of every interaction with the physicians that talked with us informally in the lounge, but we did keep a daily journal of the relative activity in the lounge during the time we were there, and any particularly interesting conversations we had.

Since the start of the program, we have had one or two search requests from physicians each month that we could identify as being a direct result of the program. Then, in October, we had five searches. This month, November, we have had three already. So, we are steadily seeing increasing numbers of search requests coming to us because of our presence in the Physicians' Lounge. We consider this to be a success! We definitely plan to continue our Satellite Librarian Program beyond the award period, especially in light of the fact that the staff library will be relocated to a building that is separate from the main hospital building in mid to late December 2009. We want to survey the physicians that frequent the Physicians' Lounge to find out about their perceptions of the value of the Satellite Librarian Program, but since the program is really just now taking off, we are going to wait at least six months, if not a year, before doing so.

#### 4. Impact:

- Include information on the perceived and actual impact of the project on the library or organization. This can include the effect of the project on the library's image,

increased utilization of the library, etc.

I believe that our Satellite Librarian (and library) Program has had an impact on the organization's perceptions of us as valued members of the healthcare team- valuable allies for the provision of evidence-based patient care. Our administration recently granted us the ability to have wireless internet access in our new location. A year ago, if we had asked for that access, we would have been turned down. A new Kootenai Health Cancer Center location opened in a neighboring town last month. The directors of that new center came to us for suggestions of books to bring in for their reading room. I believe this is a direct result of our outreach work. The anesthesiologist physician group asked us for a specific set of books that they could keep for reference up near the operating rooms, which we purchased and placed there with some of the Foundation funds. In fact, I believe that being able to get those additional funds from our Foundation for the purchase of more books in the first place implies an increased trust in our expertise for meeting the information needs of our users.