

HLA NEWS

NATIONAL NEWS BULLETIN OF **HEALTH LIBRARIES AUSTRALIA**

The national health group of the AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

ACCREDITATION What does it mean to the Health Library?

Queensland based health librarian Jane Orbell-Smith provides some practical advice to approaching hospital or health service Accreditation including describing the important role the library has to play in the process.



Accreditation can be a daunting process. Anyone who has been involved with a hospital accreditation

knows it is a mammoth process requiring months of pre-planning, evidence collecting and ongoing compliance from all sections of the hospital or health service under review.

One way for the health library to approach Accreditation is view it as a time for reflection on your service and to find answers as to where the Library fits within the employing organisation and in turn, how it affects compliance. Accreditation is a unique opportunity to provide a snapshot of the health service at that point of time. For the Library service, it is an opportunity to re-align with the wider organisation, promote services, and, best of all, it is a “time to shine”.

The Library has an important role to play as its influence and evidence support at least six of the fifteen EquIPNational Standards

including “Governance for Safety and Quality in the Health Service”, “Partnering with Consumers”, “Service Delivery”, “Workforce Planning and Management”, “Information Management”, and “Corporate Systems and Safety”.

Australian Council on Healthcare Standards Accreditors recently evaluated Redcliffe and Caboolture Hospitals (Qld) under EquIPNational. In the summation report, the Libraries received special meritorious comment; this article shares how.

Safety and Quality Health Service Standards utilising the five key elements (ACHS, 2016):

1. Governance or stewardship function,
2. A standards-setting process,
3. A process of external evaluation of compliance against those standards,
4. A remediation or improvement process following the review, and,
5. Promotion of continuous quality improvement.

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BACKGROUND

What is accreditation?

Accreditation overseen by the Australian Council on Healthcare Standards (ACHS) is “based on standards and processes developed by health care professionals for health services to guide the performance of organisations to deliver safe, high quality health care” (ACHS, 2016).

The Accreditation Process

Contracted certified accreditors from across Australia evaluate how a hospital or health service performs against the EquIPNational 15 National

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THE HOSPITALS

Redcliffe Hospital is a 250 bed facility employing 1300 FTE staff (Qld Health, 2010, Redcliffe Hospital, 2017) and Caboolture Hospital has 233 beds (Qld Health, 2017), both provide services in obstetrics and gynaecology, general surgery, general medicine, day surgery, critical care including coronary care, emergency medicine, gastroenterology, paediatrics, and mental health. In addition, they also provide a range of allied health services including physiotherapy, dietetics, speech pathology, social work, and, occupational therapy.

Kilcoy Hospital is a 21 bed facility approximately 100kms from Brisbane CBD providing accident and emergency services (24 hours), day infusion services, inpatient and outpatient telehealth services, and, outpatient oral health services (Qld Health, 2017.)

These Hospitals have fastest service and staff growth rates in the parent Metro North Hospital and Health Service at an average of 8 % per annum (MNHHS, 2016). In addition, Redcliffe Hospital's capacity is scheduled to grow to 531 beds by 2020 (Metro North HHS, 2017).

THE LIBRARY ... OR THE LIBRARIAN?

Redcliffe and Caboolture Hospitals employ a sole practitioner health librarian who serves both sites plus Kilcoy Hospital and health staff based at the Woodford Correctional Centre. Redcliffe and Caboolture Hospitals each have a library in their Education Centre. The Librarian splits her work week between the two main facilities with bi-monthly visits to the other sites.

RIGHT – EQUiPNational table (ACHS, 2017), sourced: http://www.achs.org.au/media/38984/table_equipnational_standards.pdf

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EQUiPNational Table		National Safety and Quality Health Service (NSQHS) Standards		EQUiP Content	
<p>1. Governance for Safety and Quality in Health Services</p> <p>1. There are integrated systems of governance to actively manage patient safety and quality risks.</p> <p>2. Care provided by the clinical workforce is guided by current best practice.</p> <p>3. Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.</p> <p>4. Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.</p> <p>5. Patient rights are respected and their engagement in their care is supported.</p>		<p>A. Clinical Handover</p> <p>1. Health service organisations implement effective clinical handover systems.</p> <p>2. Health service organisations have documented and structured clinical handover processes in place.</p> <p>3. Health service organisations establish mechanisms to include patients and carers in clinical handover processes.</p>		<p>11. Service Delivery</p> <p>1. The community has information on health services appropriate to its needs.</p> <p>2. Access and admission / entry to the system of care are prioritised according to healthcare needs.</p> <p>3. Consumers / patients are informed of the consent process, and they understand and provide consent for their health care.</p> <p>4. Health care and services are evaluated to ensure that they are appropriate and effective.</p>	
<p>2. Partnering with Consumers</p> <p>1. Governance structures are in place to form partnerships with consumers and/or carers.</p> <p>2. Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.</p> <p>3. Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.</p>		<p>B. Blood and Blood Products</p> <p>1. Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.</p> <p>2. The clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products.</p> <p>3. Health service organisations have systems to receive, store, transport and monitor wastage of blood and blood products.</p> <p>4. Patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a plan for treatment is developed.</p>		<p>12. Provision of Care</p> <p>1. Assessment and care planning ensure that current and ongoing needs of the consumer / patient are identified.</p> <p>2. The organisation ensures that the nutritional needs of consumers / patients are met.</p> <p>3. Systems for ongoing care and discharge / transfer are coordinated and effective and meet the needs of the consumer / patient.</p> <p>4. The care of dying and deceased consumers / patients is managed with dignity and comfort and family and carers are supported.</p>	
<p>3. Preventing and Controlling Healthcare Associated Infections</p> <p>1. Effective governance and management systems for healthcare associated infections are implemented and maintained.</p> <p>2. Strategies for the prevention and control of healthcare associated infection are developed and implemented.</p> <p>3. Patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive necessary management and treatment.</p> <p>4. Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.</p> <p>5. Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.</p> <p>6. Information on healthcare associated infection is provided to patient, carers, consumer and service providers.</p>		<p>C. Preventing and Managing Pressure Injuries</p> <p>1. Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.</p> <p>2. Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.</p> <p>3. Patients who have pressure injuries are managed according to best practice guidelines.</p> <p>4. Patients and carers are informed about the risks, prevention strategies and management of pressure injuries.</p>		<p>13. Workforce Planning and Management</p> <p>1. Workforce planning supports the organisation's current and future ability to address needs.</p> <p>2. The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and mix of volunteers, meets the needs of the organisation.</p> <p>3. The continuing employment and development system ensures the competence of staff and volunteers.</p> <p>4. Employee support systems and workplace relations assist the organisation to achieve its goals.</p>	
<p>4. Medication Safety</p> <p>1. Health service organisations have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.</p> <p>2. The clinical workforce accurately records a patient's medication history and this history is available throughout the episode of care.</p> <p>3. The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.</p> <p>4. The clinician provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.</p> <p>5. The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.</p>		<p>D. Recognising and Responding to Clinical Deterioration</p> <p>1. Organisations with systems consistent with the National Consensus Statement are used to support and promote recognition of, and response to, patients whose condition deteriorates in an acute health care facility.</p> <p>2. Patients whose condition is deteriorating are recognised and appropriate action is taken to escalate care.</p> <p>3. Appropriate and timely care is provided to patients whose condition is deteriorating.</p> <p>4. Patients, families and carers are informed of recognition and response systems and can contribute to the process of escalating care.</p>		<p>14. Information Management</p> <p>1. Health records management systems support the collection of information and meet the consumer / patient and organisation's needs.</p> <p>2. Corporate records management systems support the collection of information and meet the organisation's needs.</p> <p>3. Data and information are collected, stored and used for strategic, operational and service improvement purposes.</p> <p>4. The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).</p>	
<p>5. Patient Identification and Traceability</p> <p>1. At least three approved patient identifiers are used when providing care, therapy or services.</p> <p>2. A patient's identity is confirmed using three approved patient identifiers when transferring responsibility of care.</p> <p>3. Health service organisations have explicit processes to correctly match patients with their intended care.</p>		<p>E. Preventing Falls and Hurts from Falls</p> <p>1. Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.</p> <p>2. Patients on presentation, during admission, and when clinically indicated, are screened for risk of a fall and the potential to be harmed from falls.</p> <p>3. Prevention strategies are in place for patients at risk of falling.</p> <p>4. Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.</p>		<p>15. Corporate Systems and Safety</p> <p>1. The organisation provides quality, safe health care and services through strategic and operational planning and development.</p> <p>2. Governance is assured by formal structures and delegation practices within the organisation.</p> <p>3. External service providers are managed to ensure quality, safe health care and service delivery.</p> <p>4. The organisation's research program develops the basis of knowledge, protects staff and consumers / patients and has processes to appropriately manage the organisational risk.</p> <p>5. Safety management systems ensure the safety and wellbeing of consumers / patients, staff, visitors and contractors.</p> <p>6. Buildings, signage, plant, medical devices, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively.</p> <p>7. Emergency and disaster management supports safe practice and a safe environment.</p> <p>8. Security management supports safe practice and a safe environment.</p> <p>9. Waste and environmental management supports safe practice and a safe and sustainable environment.</p>	
<p>Standards: NSQHS = 10 EQUiP = 5</p> <p>Criteria: NSQHS = 41 EQUiP = 27</p> <p>Actions: (209 Core) NSQHS = 256 (24 Mandatory) EQUiP = 111</p>		 		<p>The Australian Council on Healthcare Standards (ACHS) 5 Macarthur Street Ultimo NSW 2007 Australia T: 61 2 9281 9955 F: 61 2 9211 9633 E: achs@achs.org.au W: www.achs.org.au</p>	

The library space at both Hospitals offer Hospital staff access to internet linked computers (with full access to online databases, ebooks, ejournals), wireless connection for bring your own devices, study space, and, a small reference and loan print collection. The Library is not open to members of the public but does support a range of students from institutions associated with the Metro North Hospital and Health Service.

The Library is available 24/7 to staff via swipe card access. Students and affiliates have access during daytime Monday to Friday. In addition to the physical libraries, all staff have 24/7 access to the Libraries' website: <http://redcab.libguides.com/RedCabLibrary>, Queensland Health Libraries website (<https://www.health.qld.gov.au/libraries>) and the Ebsco hosted Queensland Health portal, CKN (<https://www.ckn.org.au/>).

The ongoing growth in Hospital usage and staffing makes provision of effective library services a real challenge as library staffing has not changed in nearly 20 years and budget levels have not changed in over five years. The development and growth of the website is a calculated attempt at a "one stop shop" to ensure easy and equitable information service access, regardless of locale for all the libraries' clients.

LIBRARIES' EVIDENCE

The Safety and Quality Unit (aka Quality Improvement Unit) oversee the gathering of hospital wide evidence. Months of work goes into securing this evidence and ensuring that all sections are at a minimum compliant with the Standards.

Library services have a role in the provision of best practice, evidence, consumer health, staff training and information management under six of the EQUIPNational Standards. The Libraries utilised a webpage based on the Libraries' website to identify and describe Standards to which the Libraries contributed (see below). Having commenced the role of Library Manager for the two Libraries in October 2016 many changes were initiated within the Libraries; the changes were documented and submitted as evidence.

Evidence submitted included a mix of usage statistics, service improvements, and client feedback...

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BELOW – Accreditation Webpage (<http://redcab.libguides.com/RedCabLibrary/accreditation>)

Metro North Hospital and Health Service

Redcliffe and Caboolture Hospitals | LibGuides | Redcliffe and Caboolture Hospital Libraries | Accreditation

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EQUIP

The Library Service has a role to play in the provision of best practice, evidence, consumer health, staff training and information management under the following EQUIPNational Standards:

Standard 1 Governance for Safety and Quality in the Health Service

- 2. Care provided by the clinical workforce is guided by current best practice.
- 3. Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care

Standard 2 Partnering with Consumers

Standard 11 Service Delivery

- 6. Better health and wellbeing are promoted by the organisation for consumers/patients, staff, carers and the wider community.

Standard 13 Workforce Planning and Management

- 3. The continuing employment and development system ensures the competence of staff and volunteers.

Standard 14 Information Management

- 4. The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).

Standard 15 Corporate Systems and Safety

- 4. The organisation's research program develops the body of knowledge, protects staff and consumers/patients and has processes to appropriately manage the organisational risk.

RIGHT – Table of evidence submitted in support of Library Services. In future, evidence shall be hyperlinked from the Libraries' webpage, enabling accreditors to print if required.

EqUPNational Standard	Evidence Submitted
Standard 1 – Governance for Safety and Quality in the Health Service	
2. Care provided by the clinical workforce is guided by current best practice.	<ul style="list-style-type: none"> • Policy • Evidence based practice training provided by health librarian. • Availability of literature and professional information searching by health librarian. • Statistics of usage. • Client feedback on value to patient care.
3. Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.	<ul style="list-style-type: none"> • Orientation and Nursing Training Slides. • One:one or group training available on request for information searching, information literacy. • Training Schedule. • Attendee Feedback.
Standard 2 – Partnering with Consumers	
	<ul style="list-style-type: none"> • Posters promoting information literacy. • Posters promoting quality websites (HON code) • Promotion to all staff of quality information sites for clients (HON code, Behind the Headlines, etc.) • Brochures available in the Library for clients. • Promotion of healthy lifestyle websites. • Promotion of patient information handouts from available websites.
Standard 11 – Service Delivery	
6. Better health and wellbeing are promoted by the organisation for consumers/patients, staff, carers and the wider community.	<ul style="list-style-type: none"> • Posters designed and shared with colleagues. • Library collections reflect healthy lifestyles. • Brochures available in the Library for clients. • Promotion of healthy lifestyle websites. • Library hosts displays (e.g. handwashing, diabetes control, etc.) • Library offers a haven to study, relax and work in a comfortable environment.
Standard 13 – Workforce Planning and Management	
3. The continuing employment and development system ensures the competence of staff and volunteers.	<ul style="list-style-type: none"> • Volunteer development – Work practice guidelines. • Library Procedures Manual (online).
Standard 14 – Information Management	
4. The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).	<ul style="list-style-type: none"> • Librarian sits on ICT Committees for both Redcliffe and Caboolture Hospitals.
Standard 15 – Corporate Systems and Safety	
4. The organisation's research program develops the body of knowledge, protects staff and consumers/patients and has processes to appropriately manage the organisational risk.	<ul style="list-style-type: none"> • Attendance at Research Days. • Promotion of Library Services. • Development of LibGuides promoting best practice in research, EBM. • Brochures available in the Library for clients. • Statistics of usage. • Feedback on impact of library supplied information on patient care and/or change of practice.

Evidence from the Library presented to the Accreditors was hard copy; future evidence shall be hyperlinked from the Libraries' webpage enabling Accreditors to print to hardcopy if required.

Every month, clients who requested literature searches or extended reference queries receive a short survey via "Survey Monkey". The survey provides clients the opportunity to comment on "the suitability of the information provided, the timeliness of delivery, and, of most significance

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... Accreditation is valuable when viewed as a service improvement process for the health library ...

(it) allows you to demonstrate how the library “stacks up” in making a difference to patient care...



to Accreditation, whether the information directly influenced patient care or changed clinical practice”. Clients also have the option to make suggestions or comment on any aspect of the Libraries’ service. Client anonymity encourages frank responses.

ACCREDITOR INTERVIEW

The Safety and Quality Unit grouped Library services under Standard 14 for the Accreditor interview. Evidence required for minimum compliance of the Standard specifically dealt with record keeping and patient information. It was not the best fit for the Libraries’ services; inclusion in the Standard 15 covering Corporate Systems and Safety is appropriate especially under section 4 relating to research is of greater relevance.

Interestingly, the Libraries were only included at all in the interview process after lobbying from the Librarian. This demonstrates the need to “be visible” to not only our primary clientele (clinicians), but also to those within administration who oversee such processes.

As it turned out, other sections spoke up for the Libraries. In addition, the Librarian grabbed the opportunity to speak with accreditors when they passed by. (We were very lucky to have accreditors who had a genuine interest in how our hospitals ran and encouraged every staff member to make contact – Hospital Executives’ endorsed this too.)

One piece of practical advice is taking the opportunity to speak with the Accreditor about the Library’s service and the impact on patient care. Of course, your regular users will extoll your virtues but it does not hurt to give your professional insight too. This is a time when your “lift conversation” may well be of use – you know, that two-minute talk you have prepared that you use to engage with Executive, Administrators and/or non-library users when they ask what you do.

SUMMARY

The independent assessment process of Accreditation is valuable when viewed as a service improvement process for the health library. To perform well, keep in mind that patient care is the focus of review. Gather relevant evidence that reflects your library’s performance and how you make a difference to patient outcomes.

Most importantly, accreditation allows you to demonstrate how the library “stacks up” in making a difference to patient care. Use Accreditation as your library’s “time to shine”.

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CONVENOR'S FOCUS

Reflections of HLA publishing • Call for expressions of interest in editing HLA News



Ann Ritchie
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HLA News was first published in June 2003 when Health Libraries Australia was established as ALIA's national health group. It was originally a free, members-only, quarterly, electronic publication, (with some print copies mailed to members), and had the following goals:

- To improve communication with and between the HLA membership
- To promote evidence based practice
- To advance HLA's vision of 'knowledge to improve health'.

The goals remain consistent with HLA's direction today, and HLA News continues to be the premier communication tool, historical record and showcase of the achievements of health librarianship and health libraries in Australia.

As is the direction in publishing more generally, however, the print service has been discontinued. And in 2013, in order to reach a wider audience and support the achievement of the goals outlined above, the decision was taken to become open access. All issues, including the current one, are now accessible from the HLA website, and members who subscribe receive the new issue directly to their inboxes, with an email giving an overview of the issue's contents.

In 2003, Patrick O'Connor was the journal's first editor, followed by Melanie Kammermann, and then Jane Orbell-Smith, who took on the role in 2012. In 2013 Jane set up a new Editorial Advisory Board, comprising members of the Executive and others drawn from the wider HLA community. The Board oversaw a review of HLA News, which aimed to explore options to:

- improve the quality of the content;
- increase the journal's capacity to record and showcase health librarianship in Australia while still maintaining a timely news alerting function; and
- foster interaction, collaboration and professional development for members.



... We are now inviting Expressions of Interest for the role of Editor of HLA News. Please get in touch with me if you'd like to discuss this opportunity ...



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The main outcome of the review was the creation of a second publication, and in 2014, Jane established HLA Alerts. It was intended that the monthly publication would facilitate more timely communications and provide an updating service that would add value for our members. The analytics we receive show consistently high numbers, including statistics from international readers. (Another outcome of the review was the establishment of an online journal club, which has particularly supported professional development and evidence-based practice for all in our health community. This has now morphed into bi-monthly, topical twitter chat sessions, as we continue to develop our methods of fostering interactive learning opportunities.)

Under Jane's leadership of HLA News, new features have been trialled, advertising and content management procedures have been streamlined, and the indexing reach has expanded. Jojo Fuller has been the production editor of HLA News since its inception, working in the background to provide professional layout and design, with ongoing continuity and perspective. With assistance from Helen Giltrap our indefatigable proof-reader, the team has ensured a high-quality, sustainable publication.

Following this issue, Jane will be stepping down as editor (but continuing as editor of HLA Alerts and co-leader of HLA Executive's publications and communications portfolio). I'd like to thank Jane, for her unflagging service for the past five years, during which time we've seen growth in our readership and many important developments in HLA's suite of publications.

We are now inviting Expressions of Interest for the role of Editor of HLA News. Please get in touch with me if you'd like to discuss this opportunity or would like to receive the Position Description (this can also be downloaded from the [ALIA website](#)).

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Revealing your value through **MEANINGFUL MESSAGES***

Our role, as librarians and information specialists, must be viewed as relevant and important to stakeholders. Yet key services traditionally associated with libraries now appear to be easily available elsewhere and people often underestimate what we do. We can help redefine these perceptions by changing the way we communicate. Value propositions are simple, yet compelling, messages that summarise the benefits stakeholders will obtain by using our services and resources. These statements are written for a specific audience, based on what they value and what we offer that is special and unique. This article provides the tools to create your own value proposition statements; so that you may articulate your true value in a way that matters, to those that matter. Written by Mary Dunne from the Health Research Board in Dublin, Ireland, the article was first published in in the Journal of EAHIL, Volume 11 (4) and is reproduced here with their kind permission.



ABOVE – Author Mary Dunne, Health Research Board, Grattan House, 67-72 Lower Mount Street, Dublin 2, Ireland. mdunne@hrb.ie

INTRODUCTION

Health librarians and information specialists are doing important, innovative work, and our role is evolving to meet changing needs. But is this evident to our stakeholders? That is, are we effectively communicating our value to our funders, patrons and others who increasingly believe that their information needs can be met elsewhere, and underestimate what we can offer them? ⁽¹⁻³⁾ Competition for scarce resources means we must be persuasive that our role is essential. We can do this by taking control of the messages we convey, because “through words that work, we have the power to transform our image and to command our full value” ^(4, p. 32).

DEVELOPING MESSAGES

The idea of using short targeted messages in libraries is not new ^(5, 6). Social media, particularly twitter, has taught us about the value of brief, eye-catching communication. These types of messages are most often produced spontaneously in response to a current event and demonstrate our responsiveness and expertise. Other types of messages, however, require more consideration and the collaborative input of the library team. They are designed to help shape conversations about us and our services by simply and clearly summing up the benefits of our services for specific audiences. It is worth investing time in their creation because these are the messages you want your stakeholders to remember. Even the process of creating your messages is itself useful. The act of reflection required to craft them, if done well, ensures that you clarify your purpose and consider how well you are achieving it. Although many librarians and information specialists don't think of what we do in business terms, we should perhaps think like a business, while acting like a librarian⁽⁷⁾. Resources and services do not simply appear, nor are they produced by the “library”. They are created, organised and provided by staff who have chosen or crafted them specifically for the needs of their communities. For too long we have been content to be the invisible provider, assured in the knowledge that people think libraries are good things, and so will always exist. Yet, now more than ever, people can choose from a large number of information providers. When considering using a service they assess benefit versus cost (time and effort as well as price), and compare with alternatives. How we communicate about ourselves influences this assessment.

Value propositions are used by those in business as a promise to their stakeholders of value to be delivered^(8, 9); and may be used as part of our communication strategy⁽¹⁰⁾. They are statements that explain how we can

Continues on p10...

NOTE: This article was originally published in the [Journal of the European Association for Health Information and Libraries](#), Volume 11, issue 4 (2015) – an issue focussing on marketing and impact of libraries.



... A value proposition is better thought of as the result of a more rigorous process that is based on the point of view of key stakeholders and aligns your value explicitly to their needs ...



solve our stakeholders' problems or improve their situation, and why they need us rather than the competition. So each statement informs a specific audience about the unique benefits that we can offer them.

Their use has been recommended by numerous librarians and information specialists⁽¹¹⁻¹⁶⁾. For some, a value proposition simply describes the particular value of a service. However it is hard to distinguish these messages from other librarian-created slogans. A value proposition is better thought of as the result of a more rigorous process that is based on the point of view of key stakeholders and aligns your value explicitly to their needs⁽¹⁷⁾. This process ensures that you make a reflective and meaningful examination of what you do, and perhaps more importantly, why you do it. There are three steps, during which you consider:

- Your stakeholders – what do they value?
- Yourself – what is your personal and professional added value?
- Your competitors – who are they? What are your strengths compared to them?

When you understand these aspects you should be in a better position to communicate clear, appropriate messages that immediately articulate your value in a way that matters, to those who matter.

DEVELOPING VALUE PROPOSITIONS

Our stakeholders

Marketing literature consistently advocates that communication is centred on the voice of the stakeholder⁽³⁾. Your library has many stakeholders, and each will value different aspects of your work. For example, managers in your funding organisation will value how you contribute to the organisation's mission, goals or key indicators^(2, 18, 19). Start by reviewing these aspects of strategy for your organisation and governing bodies, and explicitly map your contribution to their achievement. Then note any keywords that you can incorporate into your value proposition statements to funders.

Communicating well with your patrons is another priority. Trying to be all things to all people is not a good business or marketing strategy, so be selective when choosing your audience⁽²⁰⁾. You can segment patrons by their profession, education level, or by their familiarity with resources from novice to expert⁽²¹⁾. Then establish what each group values. Some information about value can be ascertained using software and analytics programmes that analyse patron queries and their use of your online resources. But a patron-centred approach means that you need to gather more in-depth views. When planning surveys, focus groups or interviews consider: why patrons use your services; how they benefit; and what they value most. Particularly rich information can be found by mapping the conversations of your community⁽²²⁾. What are people talking about? Where, and how, can you join the conversation? All of these approaches mean that you can speak to stakeholders in terms they find relevant; giving your communication better impact.

Ourselves

For the business community, the second aspect in a value proposition is the product. Our "product" usually refers to the library and its physical resources. But much of the value comes from the library staff – we find and organise collections, design interfaces, choose and create resources, instruct on their use, lead literacy and other campaigns and so on. Yet this is often unreported. When we speak about ourselves we generally speak in terms of what we do. We catalogue resources, perform searches, teach and so on. But these are simply the mechanisms we use to achieve our purpose. It is more powerful when we add why we do what we do. In my own library's value and impact study we found evidence that using our library services brought about positive affective, knowledge-based, behavioural and competence-based change for our patrons⁽²³⁾. That is

Continues on p11...

why we do what we do and these are the types of benefits we need to communicate. So, messages that report what you do should also include why. This is often associated with positive change for stakeholders and helping them achieve their goals.

For example, stakeholders may value or want to achieve some of the following:

- Students – success, to learn, create knowledge, attain chosen career...
- Faculty – teach (fulfil curriculum), successful students, status, respect...
- Researchers – reputation, originality, intellectual safety and honesty...
- Health practitioners – safe, effective practice and continuing professional development...
- Funders – credibility, fulfil their mandate, return on investment ...

How do you connect, empower, enable, encourage, facilitate, guide, help, inspire, or motivate your stakeholders to achieve their goals?

An important element is the move from highlighting only extrinsic value (we can give you access to what you need) to highlighting potential intrinsic values (we can help you achieve success)⁽²⁰⁾. With so many information providers, this shift may be vital to how we are perceived and valued. In essence this means that you should know how you add value and why it's important. Then be prepared to talk about it.

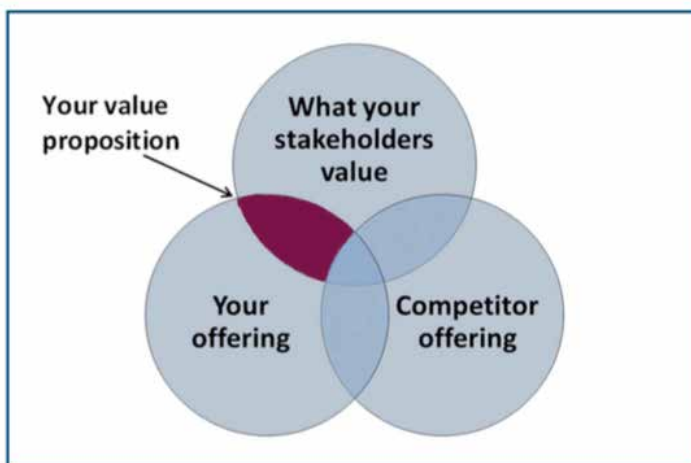
Our competitors

The final aspect concerns our competitors. These are anyone our stakeholders perceive can meet their knowledge and information needs⁽²⁴⁾. So, if students, practitioners, or funders believe that they don't need a library because everything is on the internet, then unfortunately they are viewing the internet and probably search engines as an alternative. Of course, we can't (and shouldn't) compete with search engines in terms of size of collection, or providing answers to simple reference queries, so we need to focus on what we do that is different or better. The internet has not diminished the need for librarians. In fact, there is now a greater need to help people organise and understand the enormous quantity of available information⁽³⁾. It is important to have examples of how you are facilitating this process.

Search engines aren't our only perceived competitors. Some organisations selectively pick publications and make them available through "libraries" on their websites. They may seem a cheaper alternative to a discrete librarian-run service. And administrators, volunteers and self-service technology are being used in some sectors instead of library professionals and paraprofessionals.

But these competitors (and others) can't actually do what we do. They are our competition only until our stakeholders truly appreciate and understand our role. Then they are revealed as potential partners and mechanisms of support rather than our replacements. That is why we must clearly and frequently articulate what we do that is different or better than others. If we can articulate what makes us special it will make advocacy work much easier.

BELOW – Figure 1:
Focusing your value proposition.



Creating messages

Our three value propositions aspects are brought together in *Figure 1* (see left); illustrating that you are primarily interested in the overlap of what your stakeholders value and what you uniquely offer; shown here as the shaded areas. This is where you focus your message.

For example, for health practitioners:

– *We will help you connect with the people and resources you need for best practice.*

or

Continues on p12...

- [YL] librarians provide credible resources in one place so you can make credible decisions in practice.

And for funders (referencing keywords from the organisation's mission about improving health):

- We improve peoples health and wellbeing by facilitating effective, evidence-informed practice.

Effective messages are brief and simple, usually delivering a single idea⁽⁸⁾. They need to speak directly to people, in their own words. Ensure they are credible yet aspirational. Highlight the values you want to represent, and to which health practitioners identify, such as learning, creativity, initiative, competence, and success⁽²⁰⁾. Value propositions are designed to engage and to open a conversation. You will be able to elaborate in an informed way because you understand what your audience values, and what you offer that is special and unique. Remember this is a promise, so you are saying: if you use our services, or if you fund us this is what we will deliver, this is how you will benefit. You can use value propositions for your website, promotional material, corporate literature, and obviously in-person. So when you meet your manager in the lift, or practitioners in committees, or anytime you introduce yourself you can take the opportunity to remind them that you are a skilled professional with an indispensable purpose.

CONCLUSION

The idea of using value propositions to articulate the value of a library is not new; but we must ensure that they are written in a way that emphasises the important role of the librarian and information specialist. These messages should resonate with stakeholders but are also the means to take control of your brand, that is, your personal and professional reputation. People are used to finding resources at the click of a button but, beyond library logos, we often don't reveal authorship or ownership of our creations. Placing a value proposition at the top of a resource informs its users of the role of librarians, and that our specialist knowledge and skills brings personal understanding of their needs.

We spend a great deal of time helping people find particular resources. We also need to help them discover what we do. There are things you can do to facilitate this:

- communicate about things your stakeholders value;
- know how you add value and be prepared to talk about it;
- clearly and frequently articulate what you do that is different or better than others.

Value propositions incorporate these elements. They enable you to communicate your worth through a series of short messages that when combined reveal your worth. Unless we take every opportunity to convey our story, librarians will remain the ultimate hidden resource!

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Announcing the HLA MedicalDirector Digital Health Innovation Award Winner

HLA and MedicalDirector are pleased to announce that the 2017 winner of the prestigious HLA Medical Director Digital Health Innovation Award is Helen Skoglund and Cecily Gilbert for their project, *An Information Prescription program at Barwon Health: A digital health literacy initiative for patients in Intensive Care Unit (ICU)*. The award will be presented at the HLA PD Day in Perth.



MedicalDirector®

ABOUT THE AWARD

The HLA/MedicalDirector Digital Health Innovation Award is funded by MedicalDirector and maintained by the ALIA Health Libraries Australia group.

The Award is presented annually. The recipient/s is presented with a certificate and \$3,000 to either implement their innovation, or further their (or their team's) professional development in the area of the innovation.

The Award focuses on innovation projects in health care information delivery with practical outcomes.

PROJECT SNAPSHOT

“ This pilot program focusses on Barwon Health’s ICU patients’ information needs. Physicians are keen to increase patients’ knowledge about their illness, and involvement in decisions about their care. A natural partner, the Library aims to develop consumer information services and digital/ehealth literacy, and support evidence-based decision-making.

Modelled on US Information Prescription initiatives, the Pilot will be initiated by physician order and delivered online. A prescription for good-quality information tailored for the patient’s condition, information need, learning style and reading level, will be generated and tracked using the Library’s RefTracker system. Librarians compile authoritative material to ‘fill’ the prescription.”

You can read the winning abstract in full on the ALIA website at <https://www.alia.org.au/about-alia/awards-and-grants/357/hlamedicaldirector-digital-health-innovation-award>

Congratulations Helen and Cecily!



HEALTH LIBRARY CLOSURES

Sadly we are losing three Australian health libraries due to closure.

In New South Wales, **Blackmores Library** (NBMO) is closing.

In Victoria, **Family Planning Victoria** (VFPV) is closing their library and disposing of the contents. Jenny Jones has been the librarian there for ten years.

And also in Victoria, the **Epilepsy Foundation Library** (VEP) is also closing, with librarian Pauline Brockett currently disposing of the print journal and book collections.

Closures like this can be difficult for all, both librarians and the staff they serve. As colleagues in other libraries, we can offer our support and sympathies to affected library staff.



LIBRARIES STATE OF PLAY ...

In this issue we hear what's happening in Western Australia.

WHAT'S NEW?

In the public health system a new Health Services Act came into force in July 2016. This established the role of the Department of Health as the system manager. Five health service provider boards were created along with the Health Support Services (technology, supply, workforce and financial services). Child and Adolescent Health Service (CAHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), East Metropolitan Health Service (EMHS) and WA Country Health Service (WACHS) are the health service providers.

WA is unusual when compared to other states with all major tertiary teaching hospitals located in the metropolitan area – a large state with a capital city where services are concentrated.

CAHS includes the Princess Margaret Hospital (PMH), Child and Adolescent Community Health, Child and Adolescent Mental Health Service and the new Perth Children's Hospital (PCH) which will replace PMH once it opens in 2017.

The EMHS and SMHS both have a tertiary level hospital, a general hospital, a specialist hospital, and a very small local hospital on the outskirts of the city. Each manages a privately managed hospital contract that delivers public services (Midland Hospital and the Peel Health Campus).

The NMHS has a tertiary level hospital, a general hospital, two specialist hospitals (King Edward Memorial Hospital for Women (KEMH), Graylands Psychiatric Hospital), and the state-wide PathWest service. NMHS also manages a contract with Joondalup Hospital to provide public services.

WACHS covers the rest of the state with six regional health campuses, 15 district health campuses, 49 small hospitals, 38 remote area nursing posts and 13 gazetted nursing posts.

There are health libraries in CAHS, EMHS/SMHS (1 library service with 2 campuses at Fiona Stanley Hospital and Royal Perth Hospital), NMHS (Sir Charles Gairdner Hospital / Osborne Park Hospital, KEMH, Psychiatric Services at Graylands, and PathWest), and the system manager library (also provides services to WACHS).

In the private sector, hospitals such as Joondalup, Hollywood and St John of God provides services and resources to clinical staff.

In the academic sector, there are medical schools at the University of Western Australia (UWA), Notre Dame and from 2018 at Curtin University. Nursing courses are offered at Curtin University, Murdoch University, Notre Dame and Edith Cowan University (ECU). Allied health courses are offered from Curtin, Notre Dame, UWA, ECU and Murdoch.

WHO'S WHERE?

Not a lot of movement on the staffing side of WA Health libraries apart from some voluntary severances that have hollowed out a couple of libraries in particular. In the public system the Office of Chief Health Professions Officer carried out a workforce study of WA Health librarians under a program of work called 'Small but Critical Professions' – these "are defined as those which contribute critical and essential elements of a comprehensive health service and which experience current and future threats to meeting system needs." In short, the workforce is older and grayer (whoops – more experienced!) – 50% aged 55-64 years and none under 35 years. This is not yet publicly available.

WHAT'S THE VIBE?

Lots of focus on the state budget (lack of, post the mining boom) with many reviews into sustainability / futures and a hunt for efficiencies.

WHAT'S DIFFERENT ABOUT WA?

WA is big, tertiary level services are very concentrated in the metropolitan area, there are costs and pressures in delivering health care in a state like WA with a lot of disadvantaged rural and remote populations (especially the most disadvantaged, the Aboriginal communities). On the plus side, health librarians are all in one city! We all know each other. We are growing old together! We worry about skills transfer when we have static budgets and limited capacity to restructure the profile of our workforce. We collaborate pretty well in many ways but we are all busier as our workforce has contracted.



HLA PD Days 2017 REGISTER NOW

Never been to Perth? Well now is your chance!



Health Libraries Australia (HLA) are holding their Professional Development Days for 2017 at Curtin University, Perth, WA, on Thursday 13 July (presentations) and Friday 14 July (workshops) 2017.

Health librarians are called upon to employ a range of skills when participating in systematic (and other) review projects. Increasingly, our professional skills are stretched beyond traditional searching of the bibliographic databases. These Professional Development Days will focus on the theme **Reviews: Systematic and More**.

On the Thursday we will hear from various librarians on topics relating to our theme Reviews: Systematic and More. There will also be a trade area to learn about the latest developments in the health library arena – and you will be on hand to witness (and celebrate) the presentation of Ann Ritchie's Fellowship (see announcement at right). Lunch is included this day.

On the Friday we will have a variety of different hands-on workshops to choose from. Participants will be required to purchase their own meals and refreshments on the day; there are a range of eating places on campus.

WHEN: Thursday 13 July (presentations) and Friday 14 July (workshops)

WHERE: Curtin University, Perth, WA

COST (both days): ALIA Member: \$130
Non-ALIA: \$190
ALIA Member – Student Rate: \$100
Non-ALIA Student Rate: \$115
Speaker Rate: \$100

REGISTRATION: <https://www.regonline.com.au/registration/Checkin.aspx?EventID=1972495>

ALIA Fellowship awarded to ANN RITCHIE

The Australian Library and Information Association (ALIA) Board of Directors has conferred the distinction of Fellow on Ann Ritchie, with special consideration for her work in the field of health librarianship. A Fellowship is one of the highest honours the Association can award.

Her citation states that Ann Ritchie is an exceptional Australian health librarian who has had a profound impact on the profession and her colleagues. "She has an enviable track record of exemplary high achievement and dynamic visionary leadership. She has been a credit to the profession from her earliest days in librarianship."

ALIA President Patricia Genat said, "Ann has made important contributions to the profession and to the Association throughout her career. She has worked in a variety of libraries, and in several states, and I know that her past and present colleagues will be delighted by this news."

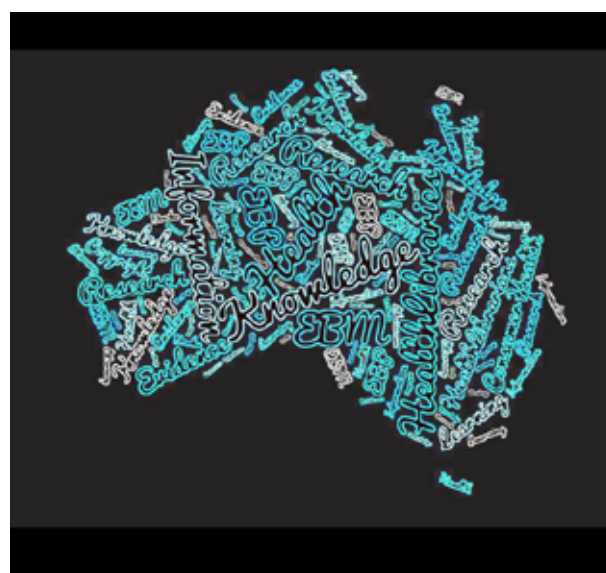
Patricia Genat will present the Fellowship to Ann Ritchie at the ALIA Health Libraries Australia Professional Development Day in Perth on 13 July.

How did you celebrate Library and Information Week?

We hope you took the opportunity to celebrate 2017 Library and Information Week in May and made good use of the new HLA posters.

The posters are of course suitable for year-round use – they are available online for downloading at: <https://www.alia.org.au/groups/HLA/hla-demonstrating-value> (scroll down to the heading “Marketing and Promotion”).

We would love to hear your suggestions for next year’s poster theme or, if you are creative, why not set to and design? Contact the HLA Publisher.



Health Librarians



Your guide to SHARING and COMMUNICATING with your HLA community...

HLA have three direct communication channels and two publications for you to keep up to date with our news and future events. We encourage you to sign up with these information sources.



- **HLA Communities** – this is where you can interact with other members for discussion and information sharing – you must be an ALIA member to join.
- **ALIAHealth elist** – this is open to anyone with an interest in health librarianship and is an immediate way to communicate with the wider health library network in Australia and New Zealand.
- **HLA LinkedIn** – this is a networking resource, great if you are job hunting and/or want to build your professional profile.

HLA also produce two publications: our quarterly journal HLA News, and our monthly email HLA Alerts. We also conduct a bi-monthly Twitter chat.

Information on all these resources and HLA membership is on our website: <https://www.alia.org.au/groups/HLA>.



Health
Libraries Inc

HLI CONFERENCE 2017

CALL FOR ABSTRACTS

Friday 20th October 2017 | State Library of Victoria,
Melbourne

Through the looking glass – reflections and refractions in health libraries.

*“Now, here, you see, it takes all
the running you can do, to keep in
the same place. If you want to get
somewhere else, you must run at
least twice as fast as that!”*

Lewis Carroll

(https://www.goodreads.com/author/show/8164.Lewis_Carroll),
Alice Through the Looking Glass

(<https://www.goodreads.com/work/quotes/17240250>)

The 2016 HLI Conference focused on library in(visibility) with innovative libraries presenting how they have made their services more visible while providing a seamless and invisible experience.

In 2017, we want to peer through the looking glass and reflect over the past year.

Mirrors can shed light, be reflective, provide an altered image, and they can shatter. We want to reflect on success in weathering change, or how we have overcome moments of disconnection and distortion. We want to learn more about how we as knowledge management professionals, as subject specialists, as information literacy educators, as people in the health library space view ourselves.

As a profession we regularly move through our organisations and our vendors re-structures and endure significant change. What have we learnt while doing this? What do we see that mirrors success for our profession's future?

WANT TO SHARE YOUR REFLECTIONS WITH YOUR COLLEAGUES?

Submit an abstract for a presentation, lightning talk, or poster. Please download the Abstract submission guidelines and apply using the Abstract submission form:

Abstract submission guidelines

(https://www.hiinc.org.au/images/zoo/Events/14th_HLIinc_Conference_2017/14th_HLIinc_Conference_Abstract_submission_guidelines.docx)

Abstract submission form

(https://docs.google.com/forms/d/e/1FAIpQLScCLKc77iA4iYRU-0yQ7DgojNIGk4DdrjmoTZWUTRMSH2u1g/viewform?usp=sf_link)

Submissions close Friday 14 July.

To discuss your interest or to ask any questions please email both program co-ordinators: angela.morais@svha.org.au and jessica.ware@austin.org.au

Conference registrations will open shortly.

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2017	CILIP: Including Health Libraries SIG	Manchester, UK	5-6 July
	HLA PD Day – Registrations open!	Perth, WA	13-14 July
	IFLA World Library and Information Conference (Including Health and Biosciences Libraries Section)	Wroclaw, Poland	19-25 Aug
	National Library and Information Technicians Symposium 2017	Sydney	27-29 September
	14 th HLinc Conference – Theme: Through the looking glass	State Library of Victoria, Melbourne, Victoria	20 October
	OA Week 2017 – Theme: Open in order to...		23-29 October



ALIA National Library and
Information Technicians'
SYMPOSIUM 2017



Registrations now open

Wednesday 27 – Friday 29 September 2017

Australian Catholic University (ACU), North Sydney

www.alia.org.au/LibTech
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ALIA HLA

HLA NEWS
DETAILS

Published by

Health Libraries Australia – The national health group of the
Australian Library and Information Association,
PO Box E441, Kingston ACT 2604

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Please send by email to the editor
(details above).

See the news bulletin online at
www.alia.org.au/enewsletters/alia-health-libraries-australia-news




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