

MEDIATED LITERATURE SEARCHES: THE IMPACT ON PATIENT CARE

Michigan Health Sciences Libraries Association
Research Committee Report
1992

MHSLA RESEARCH COMMITTEE
1992

Mary I. Griswold, Bronson Methodist Hospital, Kalamazoo, MI.
Lois Huisman, Blodgett Memorial Medical Center, Grand Rapids, MI.
Yvonne L. Mathis, St. Mary's Hospital Library, Grand Rapids, MI.
Beth Navalta, Bon Secours Hospital, Grosse Pointe, MI.
Sandy Swanson, Butterworth Hospital, Grand Rapids, MI.
Maureen Watson, College of Optometry Reading Room,
Ferris State University, Big Rapids, MI.

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PARTICIPATING LIBRARIES

Battle Creek Health System Professional Library, Battle Creek.
Bay Medical Center Library, Bay City.
Bi-County Community Hospital Library, Warren.
Blodgett Memorial Medical Center, Richard Root Smith Medical Library, Grand Rapids.
Bon Secours Hospital Health Sciences Library, Grosse Pointe.
Botsford General Hospital Library and Media Center, Farmington Hills.
Bronson Methodist Hospital Health Sciences Library, Kalamazoo.
Burns Clinic/Northern Michigan Hospital, D. C. Burns Health Sciences Library, Petosky.
Butterworth Hospital, Julius and David Amberg Health Sciences Library, Grand Rapids.
Ferris State University, College of Optometry Reading Room, Big Rapids.
Flint Osteopathic Hospital, Herzog Memorial Medical Library, Flint.
Grace Hospital Medical Library/Audiovisual Services, Detroit.
Henry Ford Hospital, Sladen Library, Detroit.
Holland Community Hospital Medical Library, Holland.
Hotel Dieu Hospital of Saint Joseph Medical Library, Windsor, Ontario.
Hurley Medical Center, Hamady Health Sciences Library, Flint.
Marquette General Hospital, Inc., Kevin F. O'Brien Health Sciences Library, Marquette.
McLaren General Hospital Medical Library, Flint.
Mercy Hospital Information Resource Center, Port Huron.
Michigan State University Clinical Center Library, East Lansing.
Munson Medical Center Health Sciences Library/Medical Education, Traverse City.
North Oakland Medical Center, Pontiac General Hospital Division Library, Pontiac.
Saginaw Cooperative Hospitals, Inc., Saginaw Health Sciences Library, Saginaw.
Saint John Hospital Medical Library, Detroit.
Saint Joseph Hospital Health Sciences Library, Flint.
Saint Joseph's Mercy Hospitals Medical Library, Mount Clemens.
Saint Lawrence Hospital Medical Library, Lansing.
Saint Mary's Hospital Library, Grand Rapids.
William Beaumont Hospital Medical Library, Troy.
Wyandotte Hospital and Medical Center Library, Wyandotte.
Veteran's Administration Medical Center Medical Library, Allen Park.

EXECUTIVE SUMMARY

The purpose of the Michigan Health Sciences Libraries Association (MHSLA) Study was to assist in documenting the value of the hospital library and librarian to its parent organization. The MHSLA Research Committee developed a survey tool with five questions relating to changes made in patient care. Positive responses to each question are listed in the chart below.

The study was conducted in 31 MHSLA libraries. Libraries distributed surveys to 331 library patrons who requested a literature search for a "current patient case". Patrons returned 284 surveys, of which 248 were usable. Physicians and residents provided 68% (n=169) of the responses. Fifty-nine percent of the respondents indicated that they handled the case differently. Advice to patients was changed in 78 cases (31%). Additional tests and procedures were avoided in 44 situations (18%). The drugs prescribed were changed in 31 cases (13%). Although the responses are highly subjective, they have important ramifications on the quality and cost of patient care.

The MHSLA Study adds to the body of evidence that "The librarian and library services have an impact on patient care". Librarians are a vital part of the health care team striving to increase quality of patient care and to minimize health care costs.

VALUE OF LITERATURE SEARCHES TO HEALTH PROFESSIONALS *

	Physicians / Residents (n=169)	Nurses / Allied Health (n=79)	All Health Professions Percent %
Timeliness	166	79	99
Value for patient care	144	66	85
Handle case different	97	50	59
Changed diagnosis	8	3	4
Changed tests	16	3	8
Changed drugs	25	6	13
Changed patient advice	55	23	31
Other Changes	30	20	20
Avoided:			
Additional inpatient days (LOS)	12	13	10
Hospital admission	4	3	3
Patient mortality	6	2	3
Hospital acquired infection	1	2	1
Additional tests/procedures	35	9	18

*These figures represent checked responses. All "no", "uncertain" or missing values were not included.

MHSLA 1992 Survey

Final Report

Presented October 12, 1992
At Plymouth, Michigan

INTRODUCTION

The purpose of the MHSLA study was to assist in documenting the value of the health sciences library and librarian to its parent organization. The emphasis on cost containment, the review of library requirements by JCAHO, and the embracement of quality management opens up opportunities for librarians to investigate a basic hypothesis of the profession -- that "libraries contribute to quality patient care." Like the David King Study and the Rochester (New York) Study, the Michigan Health Sciences Libraries Association (MHSLA) Study takes a closer look at the value of library services to patient care and reports the results of the research in a manner that is meaningful to our administrators and organizations. The data provided by this study is a step towards documenting a positive relationship between library services and patient care and towards positioning the library as an integral and viable part of health care.

In 1989, the MHSLA Research Committee was established. The MHSLA membership perceived that the trends in health care made it imperative to conduct research that reflected the value of the library and its staff to its parent institution. The MHSLA Research Committee decided to focus on the impact of mediated literature searches on patient care.

METHOD

A one page survey instrument developed by the Research Committee was used to assess the impact of mediated literature searches on patient care and case management. The first three questions asked whether the search was timely, was of value in the delivery of patient care, and led to handling the clinical situation differently. The fourth provided a check list for patrons to indicate any changes they made or problems they avoided as a result of the information received in the literature search. The last question indicated the status of the patron. The questionnaire was based on questions asked in both the King and Rochester studies. The instrument also reflected suggestions by Fred Swartz, Director of Assessment Services and Enrollment Research, Ferris State University and Anne Eward, Director Clinical Practice Studies, Butterworth Hospital.

The 78 MHSLA member libraries were contacted to identify libraries which were willing to participate in the survey. Each library was sent a cover letter explaining the project and a form to be returned by November 1, 1991, if the library was willing to join the study.

Each member of the Research Committee served as a resource person for five libraries. Prior to the survey period, the Committee contacted participating librarians to field questions. During the first and third weeks of the survey period, participating libraries were contacted to insure the project was running smoothly.

A survey packet was sent by the Research Committee to each of the participating libraries two weeks prior to the survey period, January 20, 1992 to February 14, 1992. Each packet contained a one-page survey to distribute to participating health care professionals, a log sheet to track the surveys, a reminder flyer, a project timetable, and a form letter to send to participants who had not returned their surveys by the requested date. Included were directions on how to manage the project and the name of a Research Committee member who would act as a resource person.

During the survey period, the library staff asked each patron if his or her search request was for direct patient care. If the patron answered "yes," the staff member explained that MHSLA was conducting a research project and asked if the patron would be willing to complete a short survey regarding the search after the requested materials were received. If the patron agreed, the staff recorded the patron's name and a code number onto an envelope and a log sheet.

One week after the literature search was requested, the patron was sent a survey and the coded envelope that was return-addressed to the library. The completed surveys were returned to the library in sealed envelopes. The patron's name and envelope code were checked off the log sheet.

Two weeks after the survey period, reminder notices were sent to health professionals who had not returned surveys. The log sheet and all sealed envelopes were returned by the librarians to the Research Committee unopened at the end of the survey period.

The Research Committee coded the responses to questions for data analysis using the SPSS software. Analysis included comparisons by respondent categories, institution bed size, regions, teaching hospitals versus non-teaching hospitals or academic settings with clinics, and number of mediated searches performed per month.

RESPONSE

Participating health sciences libraries issued a total of 331 surveys. Respondents returned 284 surveys (86%) of which 248 (75% of surveys distributed) were usable. Surveys were not used if the respondent noted on the "comments" line that the search was for some use other than patient care.

The form requesting participation in the study and demographic data was completed by 43 libraries (55% of MHSLA's institutional membership). One quirk of the demographic data compiled is worth noting: in order to clarify whether a hospital was "teaching" or "non-

teaching," the Research Committee specified that a "teaching hospital" was "one with residents." As a result, the two clinical libraries located at universities, while serving medical students and faculty who are practicing clinicians, were classified as "non-teaching hospitals." That distinction is noted where applicable.

Of the 43 libraries initially willing to participate in the study, 31 (72%) returned surveys from their patrons. Some reasons given by libraries for dropping out included a lack of searches that met the criteria during the survey period, administrative changes in the library during the survey period, and lack of time.

The response by area (Fig. 1) is included for informational purposes. There was no statistical significance since the survey did not attempt to sample a proportionate size. The highest numbers of surveys were returned from the Detroit area followed closely by the Western Michigan area. These are the areas where the two largest cities and the largest number of hospitals are located.

CHARACTERISTICS OF PARTICIPATING INSTITUTIONS

	Number of Beds	Medical Staff	Residents	Total Searches (Estimated per Month)	Journal Titles Owned	Professional Librarians.	Para-Professional Staff
Range	0-500+	0-700	0-500	10-500+	100-1100	.5-4	0-7.5
Median	300-499	367	94	99	345	1.5	1.6
Mean	352	70	80	80	335	1.0	1.0

(Table 1)

The characteristics of the participating institutions within all six regions are shown in Table 1. Twenty of the thirty-one participating libraries were in teaching hospitals. Two were clinical libraries in academic institutions. Respondents from teaching hospitals accounted for 77% of responses. Hospitals with 300 or more beds returned 86% of the surveys.

All of the libraries that participated in the study had a professional librarian on staff. Thirteen had more than one professional librarian, fifteen had one librarian, and three institutions had a part-time librarian. Mediated searches were conducted by a professional librarian in all cases. In one participating hospital library, paraprofessionals also conduct searches.

The five main respondent categories that participated in the study are shown in Fig. 2. Since physicians and residents have the ultimate responsibility for the patient, the largest percentages of changes in patient care were in the responses of this group.

Medical staff physicians and residents made up 68% (n=169) of respondents. Medical students were 6.5% (n=16); nurses were 6% (n=14); pharmacists were 3.6% (n=9). While one-quarter of the respondents falling into the "other" category were therapists, many other professions were also represented. (see Appendix A). The "Unidentified" category was made up of people who filled out the survey but failed to identify their status. Rather than discount their responses, "unidentified respondents" were used as a separate category.

RESULTS

Only the positive or checked responses were shown or stated in this report. For easier reporting, in Table 2 the medical staff and residents were combined into one category, while nurses, pharmacists, medical students, "unidentified" and "other" were combined to make another category. The data was also given the Chi-square test, which revealed that the "reduced length of hospital stay" response was statistically significant (P=.05). Although the responses were highly subjective, they have important ramifications on the quality and cost of patient care.

VALUE OF LITERATURE SEARCHES TO HEALTH PROFESSIONALS *

	Physicians & Residents (n=169)	Nurses / Allied Health (n=79)	All Health Professions (n=248)		χ^2	df	p
			%	Freq.			
In time to be useful	166	79	98.8	245	1.41	1	.23
Of value for patient care	144	66	84.7	210	1.67	1	.43
Handlee case different	97	50	58.3	147	.77	1	.37
Changed diagnosis	8	3	4.4	11	.11	1	.73
Changed tests	16	3	7.7	19	2.44	1	.11
Changed drugs	25	6	12.5	31	2.65	1	.11
Changed patient advice	55	23	31.5	78	.29	1	.59
Other Changes	30	20	20.2	50	1.81	1	.17
Avoided:							
Additional inpatient days ("Reduced length of stay")	12	13	10.1	25	5.19	1	.02+
Hospital admission	4	3	2.8	7	.40	1.40	.53
Patient mortality	6	2	3.2	8	.18	1	.67
Hospital acquired infection	1	2	1.2	3	1.69	1	.19
Additional tests/procedures	35	9	17.7	4	3.20	1	.07

(Table 2)

*The figures in Table 2 represent checked responses only. All "no," "uncertain," or missing values were excluded. See related Figures 3 and 4.

+Results statistically significant at the 0.05 level or better.

Did You Receive The Information In Time To Be Useful?

Ninety-nine percent of the respondents indicated that they received the requested information in time to be useful. Only three people -- medical staff or resident staff members from large hospitals -- indicated that the information did not reach them in time. One of these respondents indicated that his patient was transferred to another hospital.

Was The Search of Value for Patient Care?

Eighty-three percent (n=210) indicated that the search was of value to patient care. Ten responses indicated that the search was of no value to patient care. Respondents totaling 28 were uncertain of the value of the search. Analyzed by size of reporting institutions, the data showed that 85 percent of the respondents reporting from hospitals with 300-499 beds answered positively, as did 89% from hospitals with 500+ beds, 100% in academic settings (less than 100 beds), and 71% from the 100-299 bed hospitals. The Detroit and Western Regions responded with 87% and 90% positives, respectively. Eighty-seven percent of the responding teaching hospitals and 77% of non-teaching hospitals and academic libraries indicated that the searches were of value to patient care.

Did You Handle The Clinical Situation Differently?

Fifty-nine percent (n=147) of responding health care professionals indicated that they handled the case differently in some manner as a result of information obtained through their mediated literature search. Physicians or residents handled the case differently 70% of the time as a result of the search. In the "Other" and Nursing categories, 71% responded in the positive.

How Did You Handle The Clinical Situation Differently?

Changed Diagnosis

- Eleven surveys (4.4%) indicated that a change in diagnosis was made.
- Changes were spread evenly by region. Seven of the changes (63%) were in hospitals with bed size 300-499.

Changed Tests

- A total of 19 (8%) surveys indicated that tests were changed.
- Both physicians and residents indicated a change in tests in 9% of their responses.
- Five of the changes (26%) were in the Northern Lower Peninsula /Upper Peninsula region and six (31%) in the Western region. Only five (26%) changes were made in non-teaching hospitals or academic clinical libraries.

Changed Drugs

- Both the physician and resident categories responded with 14% changes in the choice of drugs. Pharmacists indicated 11% of the searches resulted in a change in drugs. Twenty-one percent of respondents in non-teaching/academic settings had changed drugs, compared with only 10% in teaching hospitals.

Reduced Length of Stay

- Twenty-five surveys indicated that the length of stay was reduced. Using the Chi-square test, this result was found to be statistically significant. ($p=.05$) Of the 114 physicians answering this question, 6% indicated that the length of stay was reduced, as had 9% of 55 residents. Nurses reported that the patient stay was reduced in 3 (21%) of their 14 reported cases. Mid-Michigan and Flint area libraries led the reduction of stay with 16.7% and 15.8% respectively. In non-teaching hospitals, and academic clinical libraries, patient stays were reduced 14% of the time. (Note: in figures and tables, this information is noted as "Avoided additional length of stay.")

Changed Advice to Patient

- The change most frequently recorded was in the advice given to patients (31.5%). The surveys indicated that 50% of all Nursing respondents changed the advice given to the patient. The survey did not request specific information on how the advice was changed.

Avoided Hospital Admission

- A total of seven (3%) hospital admissions were avoided.

Avoided Patient Mortality

- Patient mortality was avoided in 3% (8) of the cases. What is not known is how many life-threatening cases were represented in this survey or how many cases ended in death.

Avoided Hospital-acquired Infections

- Three surveys (1%) indicated that hospital-acquired infections were avoided. We don't know whether this is due to prophylactic medication and procedures, avoidance of hospital admission, or other reasons.

Avoided Additional Tests/Procedures

- Forty-four (18%) of the surveys indicated that additional tests or procedures were avoided. Staff physicians avoided additional tests or procedures in 20% of their cases; residents in 22% of their cases.

Other Changes

- Twenty percent of our respondents indicated that changes not included in our checklist had been made. A list of responses marked "Other Changes" is included in Appendix B..

DISCUSSION

This study supports the value of the mediated literature search -- and the librarian who performs it -- to patient care as reported by health professionals. Not only were clinical situations reportedly being handled differently, but quality of care and cost were also affected. However, especially in comparing these results to the King and Rochester studies some differences and limitations become apparent.

The MHSLA study involved a larger number of libraries than did the King or Rochester studies. The MHSLA survey included all health professionals who contacted the library requesting a literature search, while the Rochester study limited participation to physicians. There was no attempt in the MHSLA Study to sample the pool of potential users. The Committee decided that only health professionals who independently felt a need for and initiated a request for a literature search related to direct patient care would be included in the study. The Committee agreed that this method would be more typical of our users and their requests. Both the King and Rochester studies, on the other hand, defined a pool of potential patrons, selected a sample population, then asked the selected participants to request information from the library related to a clinical case and to complete the survey.

Because our surveys were returned to the library performing the search in the MHSLA study, the risk of loss of confidentiality was higher than in the above mentioned studies. The Committee decided to address the confidentiality question in two ways. First, the Committee stressed to librarians that returned surveys were to remain sealed in envelopes which had been numbered for follow-up on unreturned surveys. Secondly, the Committee employed hospital code numbers to identify regions and bed size for statistical analysis, thus protecting the confidentiality of both the patron and the institution.

Another difference that might affect the results of the MHSLA study was the involvement of participating librarians in selecting the searches to be included in the survey. Librarians were aware that the study was in progress and which patrons were involved. The Research Committee considered this when the method was being discussed. It was the consensus of the Committee that the libraries involved normally give "patient care" searches high priority, so the awareness that a particular search would be included in the study would have minimal effect on the handling of the search.

A survey period of only four weeks may also have had an impact on our study results, as perhaps this short time period may not have resulted in as typical a sampling as a longer study period. Librarians reported that the survey period was unusually slow and uncharacteristic of the number of clinically related searches that are normally performed.

Also, the MHSLA study focused on a single service -- the mediated literature search -- while other studies have examined the broader idea, "information provided by the library."

In Tables 3 and 4, results from the three studies are compared by similar categories of respondents to similar questions. Figures 5 and 6 show a comparison between physicians and residents in the MHSLA study and the Rochester Study. Figure 7 compares results for all health professionals in the MHSLA and King studies, along with Rochester Study findings which included only medical and resident staff members. Please note that, in Figure 7, only the King responses indicating that a case was "definitely" handled differently were charted.

COMPARISON TO ROCHESTER STUDY (Medical Staff and Resident Staff)		
	MHSLA % (n = 169)	Rochester Study % (n =)
Value for patient care	85 (144)	96.9 (188)
Handle case differently	57 (97)	80.4 (164)
Changed advice to patient	32.5 (55)	72 (149)
Diagnosis	4.7 (8)	29.3 (61)
Changed Tests	9.4 (16)	51 (105)
Changed Drugs	14.7 (25)	45 (49)
Length of stay (reduced)	7.1 (12)	19 (40)
Avoided Hospital admission	2.3 (4)	11.5 (24)
Avoided patient mortality	3.5 (6)	19.5 (40)
Avoided hospital acquired infection	.9 (1)	8.2 (17)
Avoided additional tests or procedures	20.7 (35)	49 (102)

(Table 3)

COMPARISONS TO KING STUDY (All Health Professionals)		
	MHSLA	King
Professional Librarians (avg.)	1.0	1.3
Paraprofessionals (avg.)	1.0	1.4
Journal subscriptions (avg.)	335	295
Timeliness	98.8 % (n=245)	84 % (Satisfied)
		14 % (Neutral)
Of value for patient care	84.7 % (n=210)	98 % (n=155)
Handled case differently	59.3 % (n=147)	22 % (n=16) (Definitely)
		52 % (n=41) (Probably)

(Table 4)

SUMMARY

Utilizing the library and its staff is a cost effective method for linking the patient care provider to vital patient care information. Every health sciences librarian has a story about the impact their work and the information they provided has had on patient care. This study assists in documenting this value. Changes such as avoiding hospital acquired infections or a change in tests or drugs based on the current literature impact the quality of patient care. Many of the changes such as "reduced length of stay" and "avoided hospital admission" reduce health care costs. "Avoiding additional tests and procedures" is particularly significant in minimizing costs. Further studies should focus on specifics such as, What tests or procedures were changed or avoided? By how many days was the length of stay shortened? How was the advice to patients changed? Where applicable, what cost savings does this entail?

Health sciences librarians are a valuable asset to their institutions, providing the most current information available in a cost-effective and timely manner. Nowhere is this more important than in areas where their services impact on direct patient care. The positive outcome of the MHSLA Study adds to the body of evidence that "the librarian and library services have an impact on patient care." Librarians are a vital part of the health care team actively contributing to the increase quality of patient care and to minimizing health care costs.

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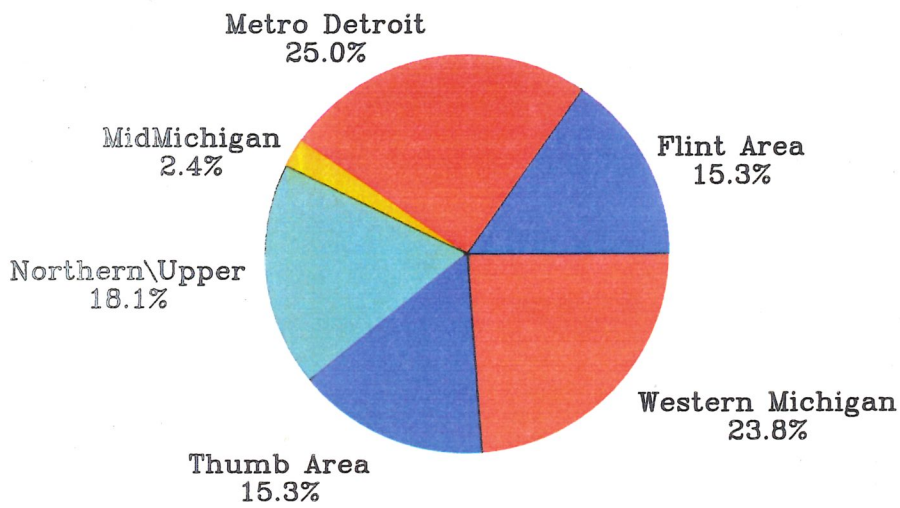
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Regional Distribution of Respondents MHSLA Survey, 1992



n=248

Figure 1

Category of Respondent MHSLA Survey, 1992

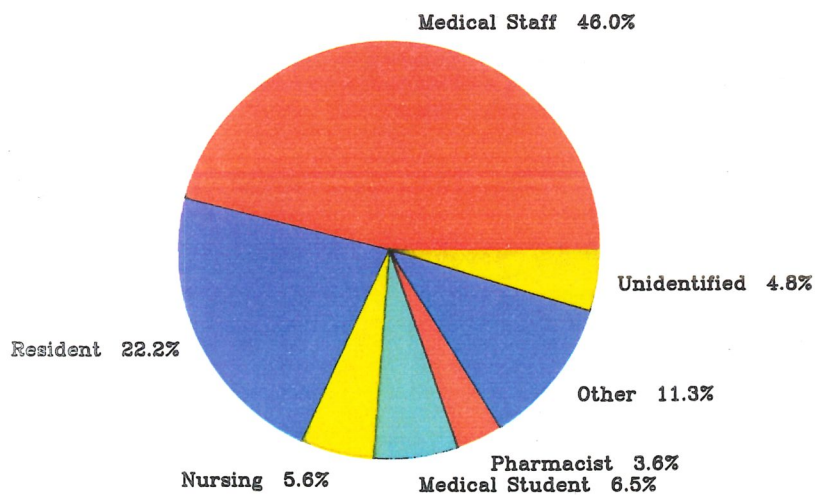


Figure 2

Reported Changes in Patient Care Percentage of Respondents Reporting

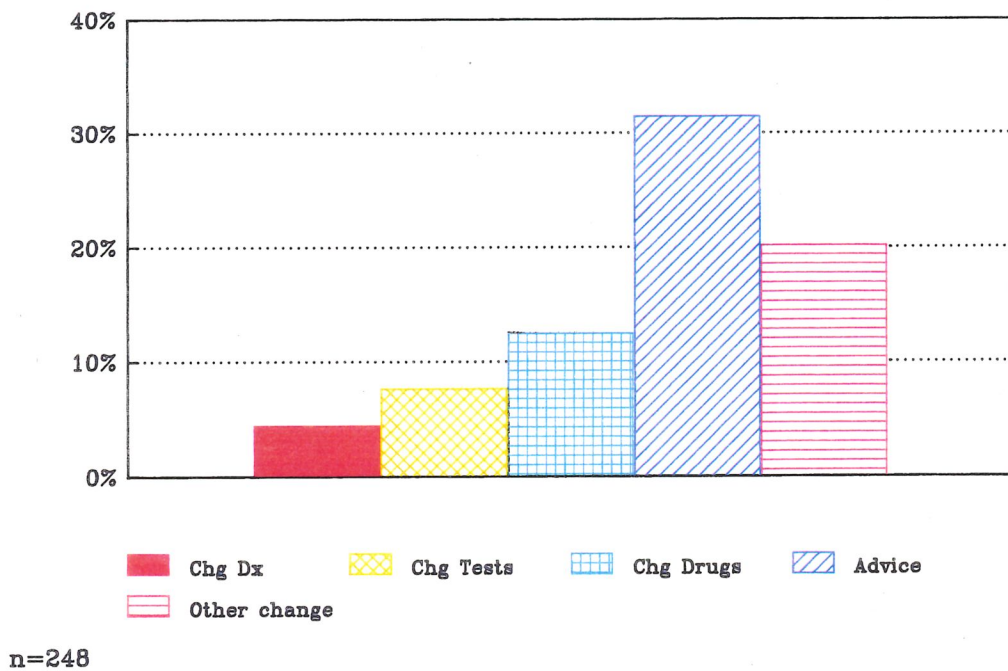


Figure 3

Complications or Services Avoided Percentage of Respondents Reporting

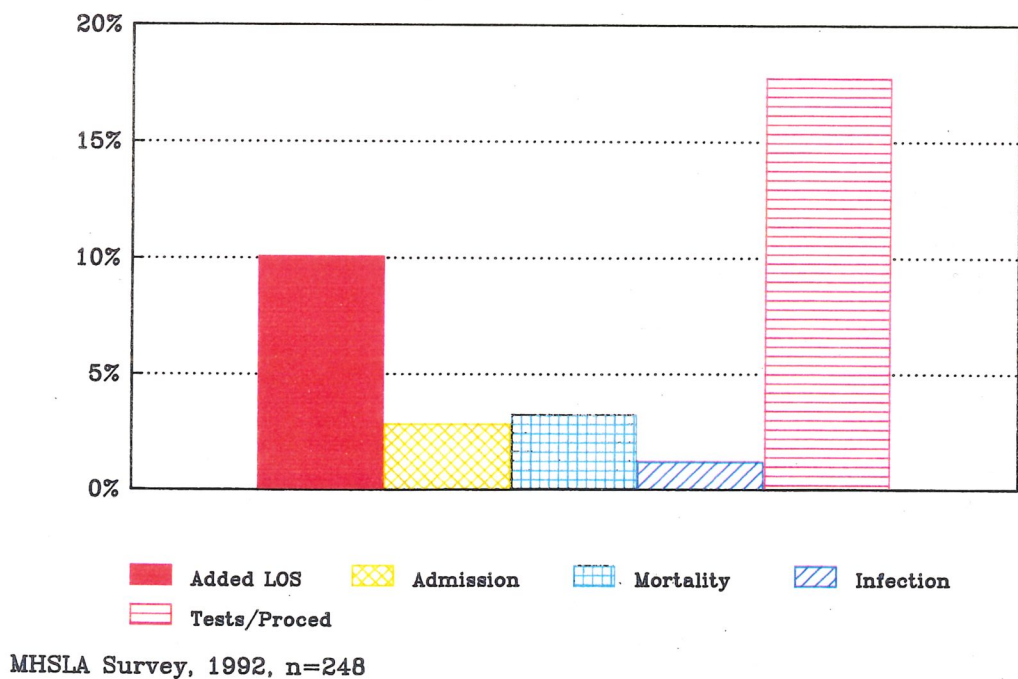
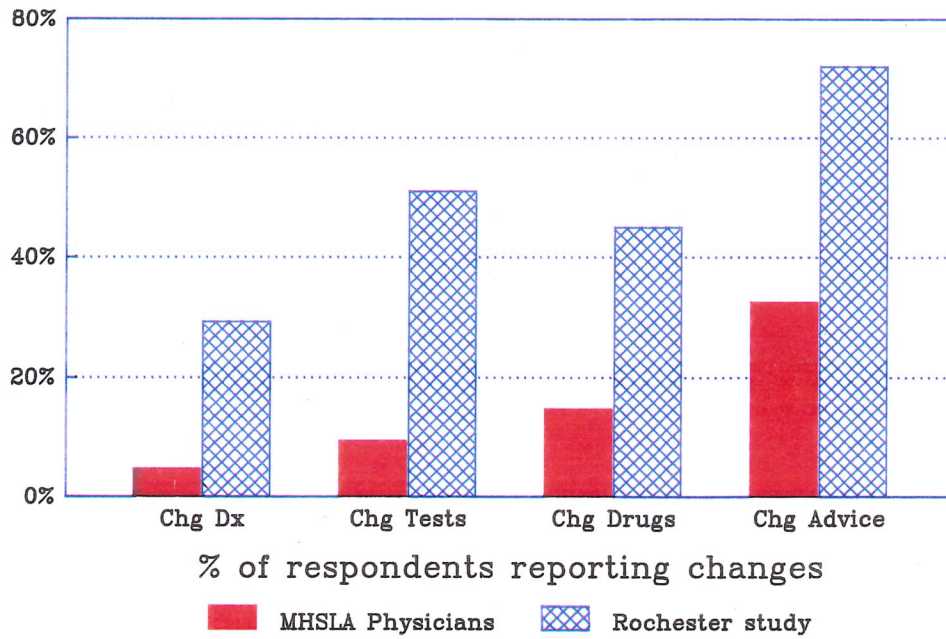


Figure 4

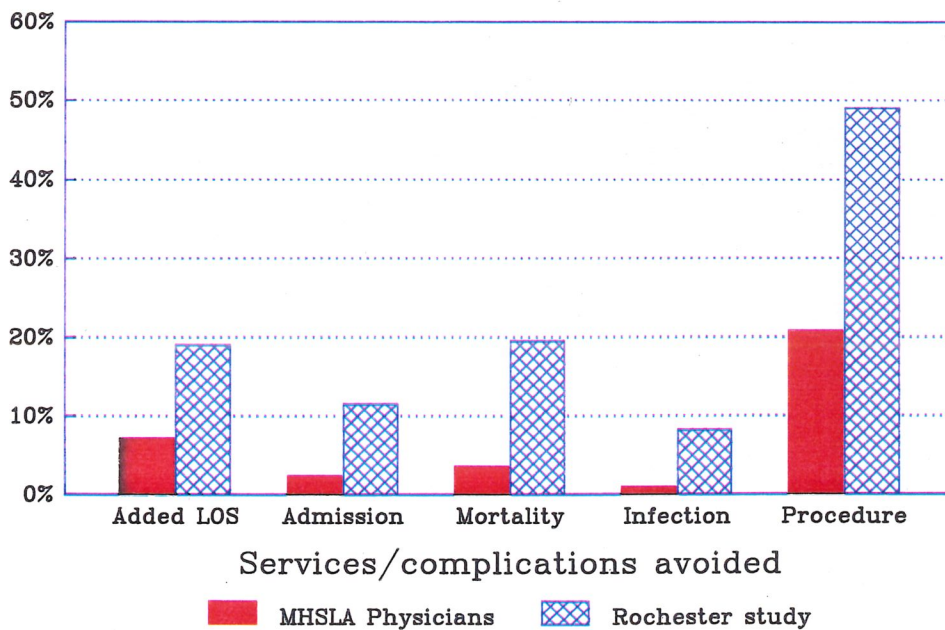
Comparison to Rochester Study MHSLSA Survey, 1992



Physicians = Medical & House Staff n=169

Figure 5

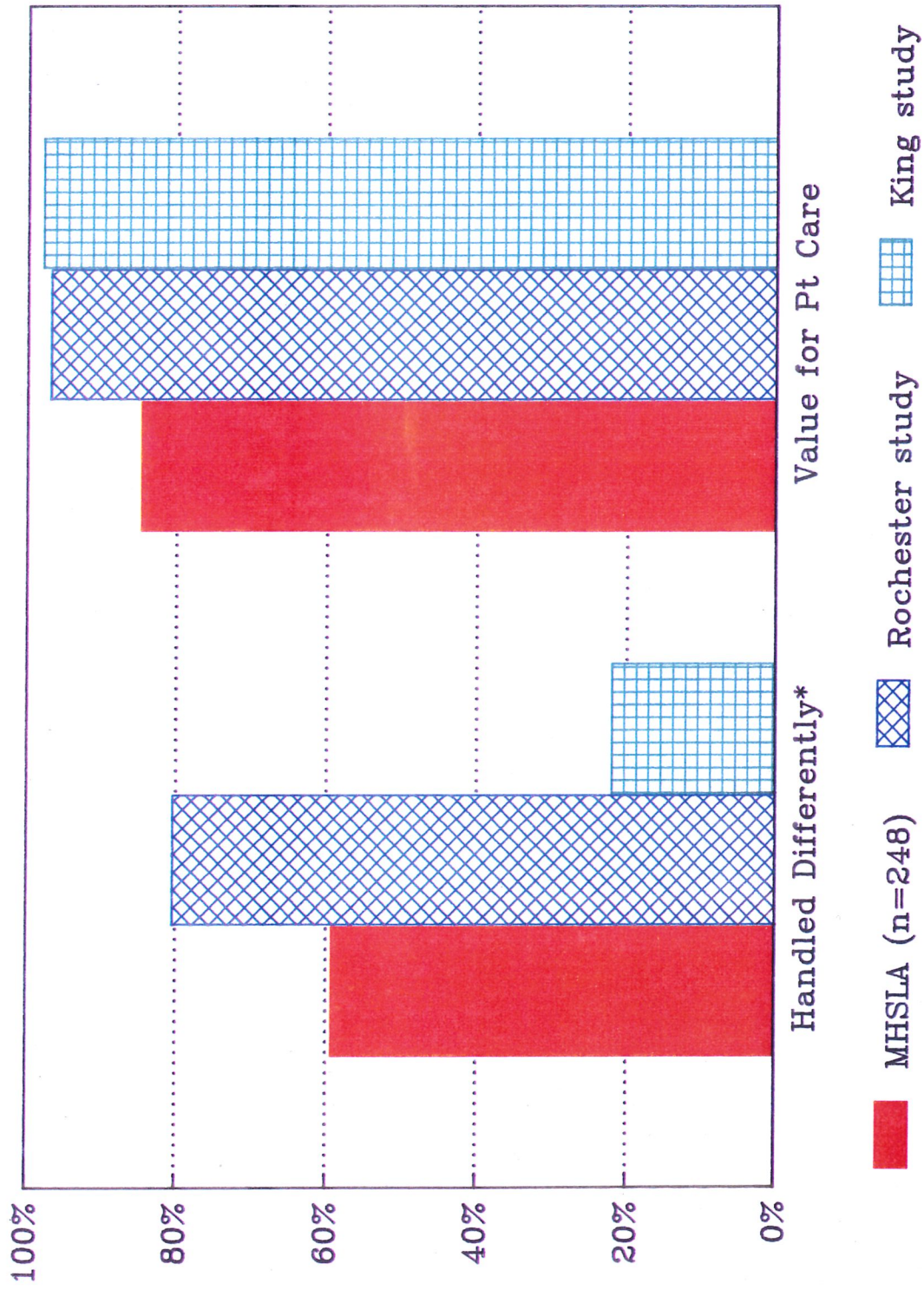
Comparison to Rochester Study MHSLSA Survey, 1992



Medical & House Staff n=169

Figure 6

Comparison to Rochester & King Studies



* King: Definitely = 22%, probably = 52%

Figure 7

Appendices

Survey Responses: Other/Unidentified Status

Addictions therapist
Clinical Faculty, College of Optometry
Dietitian
Dr. VanVliet
Fellow
Fellow
Fellow
Infection control
Intern
Intern
Intern
Invaluable service
L & D clinician
Med. staff AND pharmacist
Medical case manager
Mgr TBI program
Neuropsychologist
Nursing educator
Optometrist
Optometrist - Professor
Optometrist, Asst. Professor
Physical therapist
Physical therapist
Physical therapist
Physical therapist asst
Physical therapy
Physical therapy attendant
Physician assistant
Psychologist
Psychologist
Senior clinical lab. scientist, pathology
Social worker, psychiatric
Speech pathologist
Surgical coordinator
Therapist
Therapist
[Status not marked] (11 responses)

Survey Responses : "Other" changes

Able to discuss alternatives for therapy wanted by pt with family
Altered technique of procedure
Altered treatment given
Avoid patient morbidity
Avoid patient morbidity
Avoided medication waste
Avoided patient morbidity
Avoided steroid use
Aware of possible change [of drugs]
Better advice
Change in care plans & teaching guidelines.
Change in nursing practice
Changed management
Changed policy
Clarifies protection of patients' rights and [see comments]
Clinical study
Confirmed diagnosis
Expanded current information base of topic
For reading information
Found drugs needed for treatment
Gathered data for organization of patient units & for research
Grand rounds presentation, care to follow
Guided management plans
Helped better understand the disease process
Helped in the educational aspect of the patient treatment
Helped referring physician be aware of options & further therapy
Helpful to determine length of treatment & choice of antibiotics
I did not use a drug that I was considering using
I had to modify my planned technique or approach after reading...
Improved total quality of care. (Changed dx in future, perhaps)
Increase family knowledge & confidence with subject
Increased Nursing Assessment sheets
It will be useful if similar case develops.
Larger base of information & places to look for more in-depth inf
Learning new information = use of ceftin in otitis media
Managed patient more efficiently
May change in the future if current drugs do not control problem
Obtained recent treatment programs (updates) for rehab. of pts.
Optimized therapeutic options for this individual patient, working in conjunction with
infectious disease consultant
Patient education
Provided larger base of knowledge

Survey Responses : "Other" changes (continued)

Reassurance of current treatment approaches
Reassured patient regarding this uncommon problem
Recommended other treatment option
Reinforced decision to reexplore patient
Sent pt to Ann Arbor for 3rd opinion
Surg tx is less radical than initially planned ...
Was able to confirm dx to insurance company
Will help avoid long term morbidity to patients.
[Checked]
[Handled situation] with more insight & knowledge

Dear MHSLA Member:

Members of MHSLA are being encouraged to take part in a research project which has been designed by the MHSLA Research Committee. We will be conducting a state-wide study of the perceived value of MEDLINE searches by patient care providers.

Those who agree to be involved will be asked to survey their patrons who request MEDLINE searches which relate to a specific patient. The time period for the survey will be 1/20/92 to 2/14/92. Requesters will be asked to indicate whether the information they obtained through the literature search affected how they treated their patient, whether they learned something new, if they received the search in time for it to have an effect, etc. Many of the questions are taken directly from the David King Survey.

In order to analyze the results of this survey, we are asking participating librarians to provide demographics for their library and hospital. Each survey will be coded to identify the library which provided the search.

Please complete the attached form if you plan on taking part in this survey and return it by 11-1-91.

If you have any questions regarding this survey, please contact one of the members of the Research Committee. Their names and phone numbers are listed below.

Thank you very much.

Sincerely,

The MHSLA Research Committee

Yvonne Mathis, Chair	616/774-6243
Lois Huisman	616/774-7624
Sandra Swanson	616/774-1655
Mary Griswold	616/341-6318

Dear Librarian:

Please fill out this survey of regarding your library and return it in the envelope provided by 11/1/91. We will code this information and the code will be placed on the surveys which you hand out to your patrons.

HOSPITAL NAME: _____

Bed Size: 0-99 100-299 300-499 500+

Teaching or Non-teaching Institution (please circle one)

Number of medical staff: _____

Number of residents: _____

Average number of searches run each month: _____

Estimated number of patient care searches run each month: _____

Number of journal titles in your collection: _____

Is fax service available to your clients for patient care interlibrary loans: Yes ___ No ___

Number of paid FTE's in the Library:

Professional ___ Paraprofessional ___

Searches are performed mainly by:

Professional Librarian _____ Paraprofessional _____

MHSLA RESEARCH PROJECT

PURPOSE

To determine the impact of mediated database searches on direct patient care.

WHO MAY PARTICIPATE

All MHSLA member libraries are encouraged to participate.

WHO WILL BE SURVEYED

Health care personnel requesting database searches for a specific patient currently in the patron's care.

METHOD

Instrument - survey

Time - Jan 20, 1992 to Feb. 14, 1992

Responsibilities of participating libraries:

Prior to survey period

- Complete the hospital and library profile. This will permit reporting findings according to the size of hospital and library.
- Return pre-survey to the Research Committee
- Participating libraries will be sent surveys and return envelopes.

During the survey period

- When the health professional requests a search, inquire if the search is for direct patient care. (Not a talk, paper, etc.)
- If the answer is YES, ask if he/she would be willing to complete a brief survey for the MHSLA Research Project.
- If the answer is YES, list the name and requested information on the log sheet.
- The COMPLETED SURVEY IS CONFIDENTIAL. The code on the envelope will be used to 1) determine if the survey has been returned, and 2) match information to hospital size and library size.

- One week after the search has been requested, send the patron the cover letter, the survey and an envelope. The patron may return the survey to the library or send it to the committee.
- If the survey is returned to the library, send the sealed envelope to the Research Committee.
- Contact patrons who have not returned the survey by the deadline.

End of survey period

- Send any remaining surveys to the Committee. Please do not open.
- Complete bottom portion of log sheet and send to the Research Committee.

Patron's Responsibility

- Complete the survey
- Place the completed survey in the envelope
- Return the sealed envelope to the library or mail it directly to the Research Committee.

The Research Committee will analyze the information and provide a preliminary report Summer 1992. The final report is due October, 1992.

MHSLA RESEARCH COMMITTEE SURVEY

Thank you for agreeing to participate in this research project. The purpose of the project is to determine the impact of mediated database searches on direct patient care.

Enclosed for your use in this project are:

One copy of the survey with your code and cover sheet (please make as many copies as you need and please copy back-to-back)

A log sheet

A reminder poster and project timetable

A form letter to send to participants who have not returned their survey

The survey will run from 1/20/92 through 2/14/92. We have tried to keep the process as simple as possible, but please ask questions if anything is not clear.

During the survey period, ask all database search requestors if their request is for the care of a specific patient. If it is, ask if the patron will be willing to answer a short survey regarding the search.

Enter the patron's name on the log sheet which will serve as a reminder of when to send out the survey (one week later).

On the appropriate day

**** send surveys and cover sheets out to search requestors**

**** attach one of your institutional envelopes with your address printed on it**

**** number the envelope to correspond with the number on the log sheet, so that you can check off when it is returned**

Patrons who have not returned their survey within two weeks of receiving it should be sent a reminder.

Each participating library will be assigned a Research Committee member who will act as a resource person to answer questions and lend support.

Your resource person is:

Collect sealed returned surveys and send them in to Yvonne Mathis at St. Mary's in Grand Rapids at the end of the survey period. Fill in the summary sheet at the end of the log sheet and send it to Yvonne Mathis.

SURVEY LOG SHEET

DATE	PATRON	SEARCH TOPIC	+ 1 WK	ENV #	RET	FOLLOW-UP
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
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				26		
				27		
				28		
				29		
				30		
				31		
				32		

DATE	PATRON	SEARCH TOPIC	+1 WK	ENV #	RET	FOLLOW-UP

WHEN YOU THINK ALL SURVEYS HAVE BEEN RETURNED, PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN THIS HALF OF THE PAGE TO THE ADDRESS BELOW.

HOSPITAL NAME _____

OF SURVEYS DISTRIBUTED _____

OF SURVEYS RETURNED _____

Yvonne Mathis
MHSLA Research Committee Chair
St. Mary's Hospital Library
200 Jefferson SE
Grand Rapids MI 49503

MHSLA SURVEY

JANUARY 20, 1992 - FEBRUARY 14, 1991

IMPORTANT DATES TO REMEMBER:

February 21, 1992 - last survey sent to patrons

March 6, 1992 - surveys should all be returned to the library

March 9-20, 1992 - send follow up letter to any patrons who have not returned survey

April 17, 1992 - last surveys accepted by the Research Committee

July 1992 - committee's preliminary report due

October 1992 - final report due

Affiliated Groups

- Flint Area Health Sciences Library Network
- Metropolitan Detroit Medical Library Group
- Mid-Michigan Health Sciences Libraries
- Northern Michigan Health Sciences Libraries Group
- Thumb Area Medical Information Consortium
- Upper Peninsula Health Science Libraries Consortium
- Valley Regional Health Science Librarians
- Western Michigan Health Sciences Libraries Association

We recently sent you a survey to complete regarding a database search our staff did for you.

Have you returned it? If not, please do so right away.

Your input is important to us and will contribute to the research project in which we are involved. If you did not receive a survey or if you have any questions, please contact us at your earliest convenience.

Thank you for your attention.

Your library staff



Michigan Health Sciences Libraries Association

DATE:

TO:

RE: MEDLINE SEARCH DATE _____

SUBJECT OF SEARCH _____

- Affiliated Groups**
- Flint Area Health Sciences Library Network
 - Metropolitan Detroit Medical Library Group
 - Mid-Michigan Health Sciences Libraries
 - Northern Michigan Health Sciences Libraries Group
 - Thumb Area Medical Information Consortium
 - Upper Peninsula Health Science Libraries Consortium
 - Valley Regional Health Science Librarians
 - Western Michigan Health Sciences Libraries Association

WE WOULD APPRECIATE YOUR ANSWERING A FEW QUESTIONS ABOUT THE SEARCH YOUR LIBRARY STAFF PERFORMED FOR YOU RECENTLY.

THANK YOU FOR TAKING A FEW MOMENTS TO RESPOND TO THIS SURVEY.

PLEASE SEAL YOUR COMPLETED SURVEY FORM IN THE ATTACHED ENVELOPE AND RETURN IT TO YOUR HOSPITAL LIBRARY.

MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

DATABASE SEARCHES AND PATIENT CARE: A SURVEY

1. Did the information you requested reach you in time to be useful to you?

Yes No

2. Was this search of value to you in terms of patient care delivery.

Yes No Uncertain

3. As a result of this search, did you handle this clinical situation differently?

Yes No

4. If yes, please check any of the following actions which were taken as a result of the information retrieved through the literature search. (CHECK ALL THAT APPLY)

1. Changed diagnosis

2. Changed tests

3. Changed drugs

4. Reduced length of stay

5. Changed advice to patient

6. Avoided hospital admissions

7. Avoided patient mortality

8. Avoided hospital-acquired infection

9. Avoided additional tests and/or procedures

10. Other

(OVER)

5. Please indicate your status:

_____ 1. Medical Staff

_____ 2. Resident/House officer

_____ 3. Nursing Staff

_____ 4. Medical Student

_____ 5. Pharmacist

_____ 6. Other (please specify): _____

6. Comments: _____

THIS SURVEY IS SPONSORED BY
THE MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION.
PLEASE RETURN IT TO YOUR LIBRARY SEALED IN THE ATTACHED
ENVELOPE.
THANK YOU AGAIN FOR YOUR TIME.