

Benchmarking: how do Canadian hospital libraries compare?

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Introduction: the rationale

In her remarks at the CHLA Conference in May 2007, Susan Powelson, the Chair of the Standards for Library and Information Services in Canadian Healthcare Facilities 2006 Taskforce, noted that standards need to be backed up with benchmarking data.

Heeding this expert advice, the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC) Board contacted the Medical Library Association (MLA) to see whether Canadian health libraries could take part in the third MLA Benchmarking Survey. The MLA had conducted comprehensive surveys of health libraries in the United States in 2001 and 2004, and was generous in embracing the idea of including Canadian libraries in the survey. The mission of the MLA Benchmarking Task Force was “to define, develop, and evaluate a coordinated and comprehensive Web-based medical library benchmarking tool that will enable members to establish best practices, compare important operations, and define appropriate statistics for negotiating with administrators” [1]. The benchmarking data from the 2001 and 2004 surveys have been used by libraries “to successfully address issues with their administrations” [1].

Description: the survey

There were discussions at the outset about whether or not to change the questions to reflect the Canadian health care system. Susan Powelson and Penny Logan spent some time considering the questions, and they found some obvious differences between US and Canadian health libraries. For instance, the notion of “magnet” hospitals does not apply to the Canadian environment. After some consultation, however, it was agreed that this first Canadian survey would use the same set of questions as the US survey. Any questions that Canadian libraries interpreted differently from US libraries could be changed in future surveys. The author was appointed by the CHLA / ABSC Board as the Canadian Liaison to the Benchmarking Networking Editorial Board and also acted as editor for the Canadian data.

The survey was made active and available for data input on 12 October 2007. The original intent was to close the survey on 31 December, but that date was extended to 31 Janu-

ary 2008. Efforts to recruit Canadian libraries were made using Canmedlib and the CHLA / ABSC newsletter and Web site. The major incentive was that all libraries that submitted their data to the MLA Benchmarking Survey could eventually access the data and manipulate it in the online environment at no charge.

Individualized usernames and passwords were created for Canadian libraries based on the membership list from CHLA / ABSC. Kate Corcoran, MLA Director, Research and Information Services, ensured that the usernames and passwords were e-mailed to all CHLA / ABSC members.

Editing responses required considerable time and consultation. The editors could see the data from each survey respondent and could compare numbers. When a discrepancy was identified, the library was contacted to ensure uniform data was used. The editing process took several months, and there were several delays due to technical and staffing issues. The survey data was made available to the editing committee for testing in May 2009.

The survey results were made available on 29 May 2009 to all libraries that had entered data.

There were five sections to the survey covering the areas of finance, staffing, public services, technical services, and specialty services. Specifics about the survey are available at the MLA Web site (<http://www.mlanet.org/resources/benchmark07/>).

All types of health libraries were invited to submit data: hospital, association, research institutions, and university and academic health libraries.

Of the total 350 responses, 31 came from Canadian libraries. Of those, 25 Canadian libraries submitted complete and (or) usable data: 20 libraries identified themselves as hospital libraries; 17 of the hospital libraries identified themselves as teaching hospitals; and one identified itself as a university library. Libraries from Alberta, Manitoba, British Columbia, Saskatchewan, Ontario, New Brunswick, and Nova Scotia entered data. Not all libraries answered all the questions.

Outcomes: the data

In the online environment it is possible to compare just “system hospitals” or just “single library” profiles. Users can select either the US or Canada, or they can select libraries by

Table 1. Selected Canadian hospital library data.

	Mean	Median	Third quartile	Max.
Total library FTEs	5.07	4.00	8.54	10.70
Professional staff (% of all staff)	51.39	47.73	58.57	100.00
Library expenditures for all serials (CAN\$)	128 225.45	79 250.00	218 654.50	362 733.00
Hours per 7 day week open for service	38.15	40.00	42.50	65.00
ILL borrows	3 194.15	3 115.50	4 222.00	9 900.00
ILL lends	1 820.80	1 372.00	2 431.50	5 783.00

Note: FTEs, full-time equivalents; ILL, interlibrary loan.

Table 2. Selected data from Canadian and US hospital libraries.

	Canada		US	
	Yes	No	Yes	No
Member of DOCLINE	20	0	253	2
Loansome Doc provider	10	10	154	108
Library has support for podcasts	0	21	10	172
Library has support for instant messaging	0	21	10	172
Library has WiFi	8	12	134	127
Institution has a library committee	3	17	137	129
Hospital participates in IHI 100,000 Lives Campaign	2	17	165	78

(i) number of physicians, (ii) number of hospital full-time equivalents (FTEs), (iii) number of outpatient visits, (iv) number of beds, (v) number of patient admissions, (vi) number of library FTEs, and (vii) total library expenditures.

There are links on every results page back to the survey questions, so the reader can see the exact wording of the questions.

Table 1 shows selected results from the data submitted by Canadian hospital libraries. For the 20 Canadian hospital libraries, about 50% of staff are professional librarians. Open hours range from 38 to 65 hours per week, and generally, these hospital libraries lend more interlibrary loan materials than they borrow.

Table 2 shows selected comparative data between Canadian and US hospital libraries. Although most of the numbers are similar, there are two areas with notable differences. Library committees are in existence in more than 50% of US hospital libraries but are in only about 16% of Canadian hospitals. Close to half of the US hospitals are involved with the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign, but only about 10% of Canadian hospitals were involved at the time of the survey.

Hospital libraries in both countries have very limited support for podcasts and instant messaging. In both Canada and the US more than half of the hospital libraries have WiFi.

Discussion: future benchmarking efforts

The MLA has moved to a new Association Management System (AMS). Much of the information collected using the benchmarking survey will be available as part of the member profile in the AMS. It is expected that MLA members will be able to capture real-time data from the AMS, so there will be no need for a special benchmarking survey. As a result, the decision was made to disband the Benchmarking Network Editorial Board. If there is a need for a group to review MLA decisions about benchmarking in the future, a limited task force may be created.

The information gathered from the recent survey is helpful in benchmarking hospital libraries across Canada. Other library groups in Canada have survey tools that may be adapted to the national health library context [2].

The print version of the MLA benchmarking data is available for purchase at <http://www.mlanet.org/resources/bench07/index.html>.

References

1. Dudden RF. The Medical Library Association Benchmarking Network: development and implementation. *J Med Libr Assoc.* 2006 Apr;94(2):109, 114.
2. Survey of Hospital Libraries in Ontario. *Newsline: Ontario Health Libraries Association.* 2009 Spring;24(1):15 [cited 2009 October 6]. Available from: http://www.accessola.com/ohla/httpdocs/newsline_24_1_09.PDF.