



Australian health libraries' contributions to hospital accreditation: results of a national research project

Project team

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Outline

1. What is the **HeLiNS** research project?
2. Progress to date
3. Preliminary results
4. Next steps



HeLiNS

Health Libraries for the National Standards

ALIA research grant 2016 awarded to:

- Health Libraries Australia
- Health Libraries Inc.

Purpose: to explore and record the contribution that health libraries make to the achievement of hospital accreditation.



HeLiNS Project Team

- Project Coordinators: Ann Ritchie & Michele Gaca
- Study 1 Leader: Gemma Siemensma
- Study 2 Leader: Jeremy Taylor
- Project Officer: Cecily Gilbert

National Reference Group

- 13 members representing all states & territories



Objectives

1. **Explore** ways in which health libraries assist their organisations in achieving accreditation
2. **Design** expert searches that will assist organisations in keeping current with the latest research-based literature (evidence) pertinent to the NSQHS Standards
3. **Assess** the availability of resource materials referenced in NSQHS Standards documentation



Australian health library landscape 2016

1322 hospitals Australia-wide¹

- 698 public / 624 private
- 6 states / 2 territories

328 health libraries (95 in hospitals)²

- Metropolitan – regional – rural breakdown
- Size matters: L, M, S

1250 health library workforce²

1. AIHW 2015
2. ALIA HLA Census 2014



Standard 1:
Governance for
Safety and Quality in
Health Service Organisations



Standard 2:
Partnering with Consumers



Standard 3:
Preventing and Controlling
Healthcare Associated Infections



Standard 4:
Medication Safety



Standard 5:
Patient Identification and
Procedure Matching



National Safety & Quality Health Services



Standard 6:
Clinical Handover



Standard 7:
Blood and Blood Products



Standard 8:
Preventing and Managing
Pressure Injuries



Standard 9:
Recognising and Responding to
Clinical Deterioration in
Acute Health Care



Standard 10:
Preventing Falls and
Harm from Falls



Methods

Two component studies:

Study 1

Survey of hospital libraries asking how they contribute to their hospitals' accreditation

Study 2

Assessment of availability of resource materials referenced in NSQHS Standards documentation



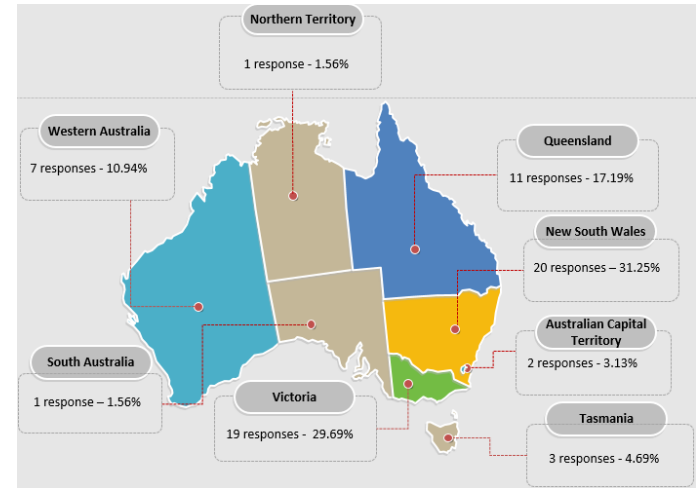
Progress to date

- ✓ Established National Reference Group
 - ✓ Conducted monthly teleconferences on strategy & methodology
- ✓ Completed Study 1, part 1 – survey
- ✓ Completed Study 2, part 1 – data analysis
- ✓ Provided initial quarterly report to ALIA (funding body)

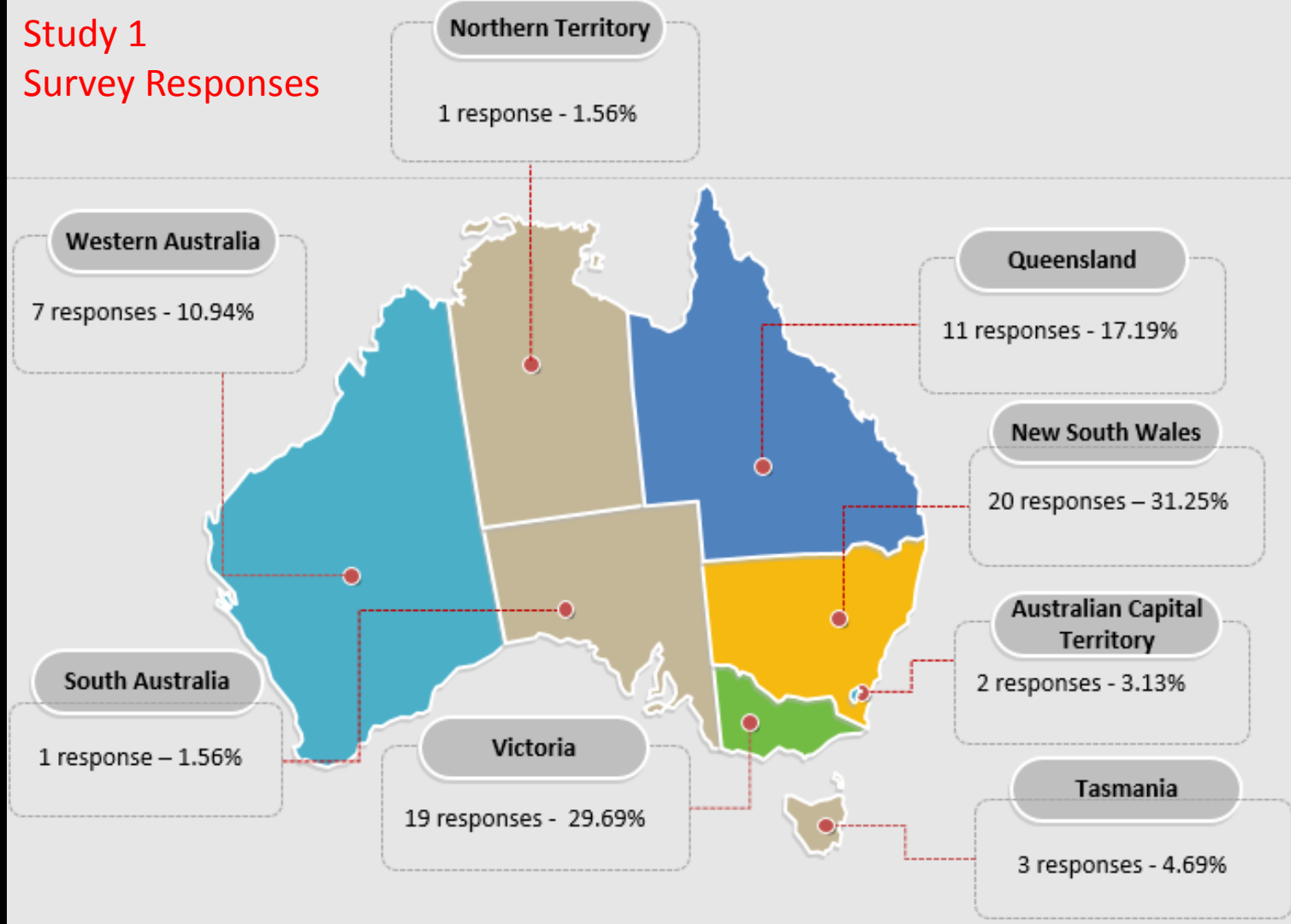


Study 1: preliminary results

- 67.37% response rate (64 of a possible 95¹)
- All states represented
- Metropolitan (63%), regional (32%), rural (5%)



Study 1 Survey Responses





Activities supporting Standards

Traditional library services

- Lit searches (n=25)
- Collection management (n=20)
- Training (n=19)
- Doc Del (n=19)
- Alerts (n=16)

Multiple mentions

- Research support
- Reference
- LibGuides
- Dedicated subject guides for each standard
- Evidence summaries



Governance for Safety and Quality in Health Service Organisations

Standard 1

Notable activities

- *A range of library services - eg Guidelines, policies, procedures relating to governance documentation
- *Digital Repository for reporting of research.



Partnering with Consumers

Standard 2

Notable activities

- *Consumer Engagement Program sits under the Library & Literacy Department – includes WISE program (Written Information Simply Explained)
- *Health Literacy Champions Program (6 modules)
- *Patient information delivered via Patient Portal
- *Words for Wellbeing Program (public library partnership)



Preventing and Controlling Healthcare Associated Infections

Standard 3

Notable activities

*Dedicated Hand Hygiene search filters in JBI and CINHAL



Medication Safety

Standard 4

Notable activities

- *Hospital wide survey on use of medication resources
- *Host the state wide antimicrobial tool in library's Digital Repository



Patient Identification and Procedure Matching

Standard 5

Notable activities

*Working on animated tool with Quality Department –
will be launched in May



Clinical Handover

Standard 6

Notable activities

*Helped create eLearning package on Clinical Handover for the organisation's LMS



Blood and Blood Products

Standard 7



Preventing and Managing Pressure Injuries

Standard 8

Notable activities

*Dedicated Pressure Injuries and search filter in JBI & CINAHL



Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 9

Notable activities

*Working with Advanced Care Planning Team on information literacy project



Preventing Falls and Harm from Falls

Standard 10

Notable activities:

- *Falls prevention display during Falls Week
- *Dedicated Falls Injuries search filters in JBI & CINAHL



Study 2: Methodology

Asked respondents to assess the availability of resource materials in NSQHS Standards documentation (306 references).

Population = 95 hospital libraries in Australia¹

Sample stratified proportionately within 8 states/territories by size (S,M,L) and location (metro/rural/regional):

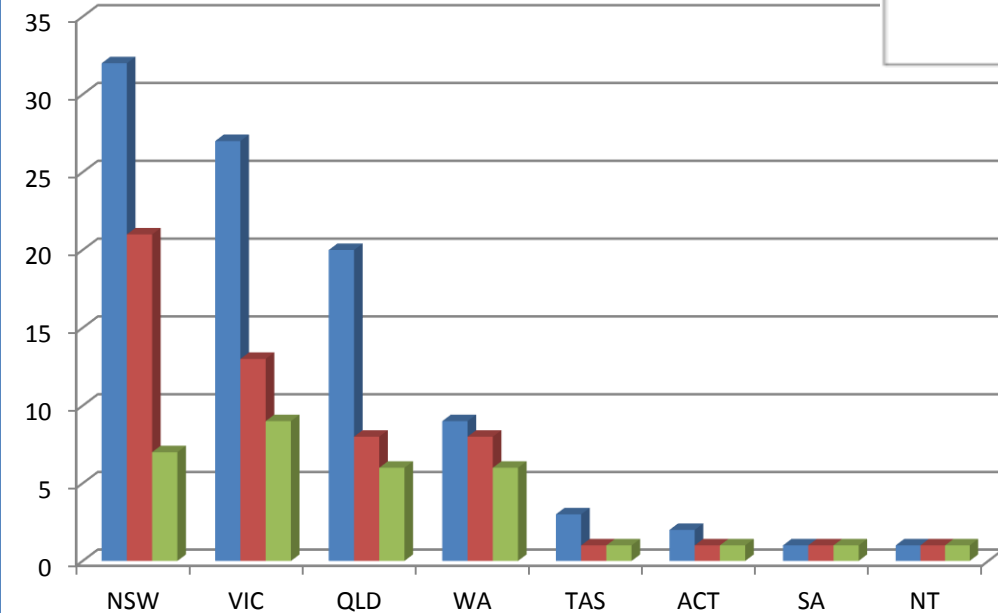
→ 54 libraries invited to participate

→ 32 responded, approx = 60% RR

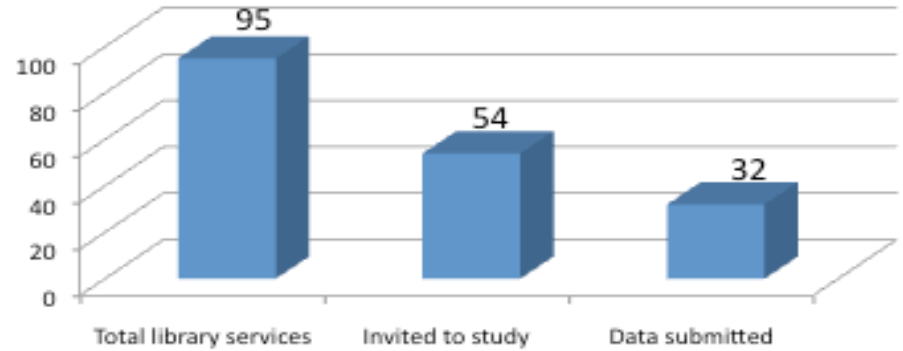
¹ HLA Census 2014

Study 2 sample:

Libraries stratified by state

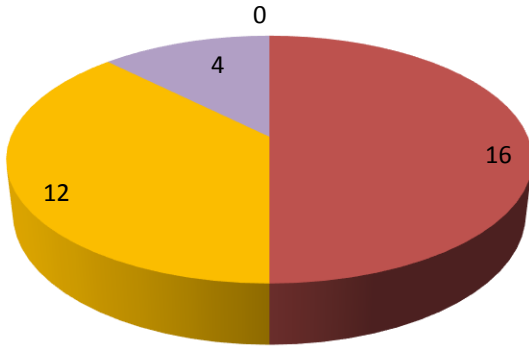


Library services and data submitted



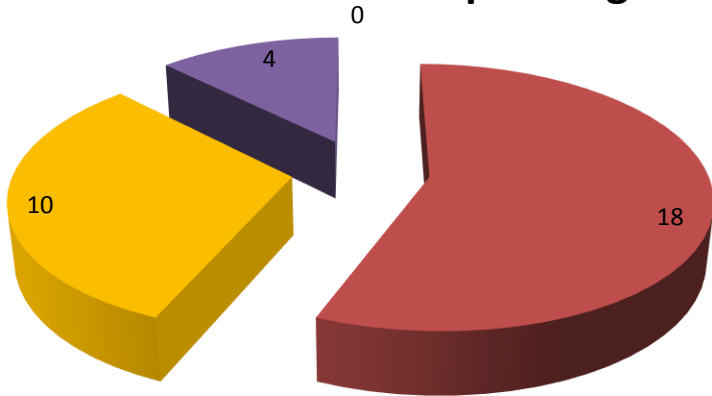
- Total no. library services
- Invited to study
- Data submitted

Size of Responding Libraries



■ Large ■ Medium ■ Small

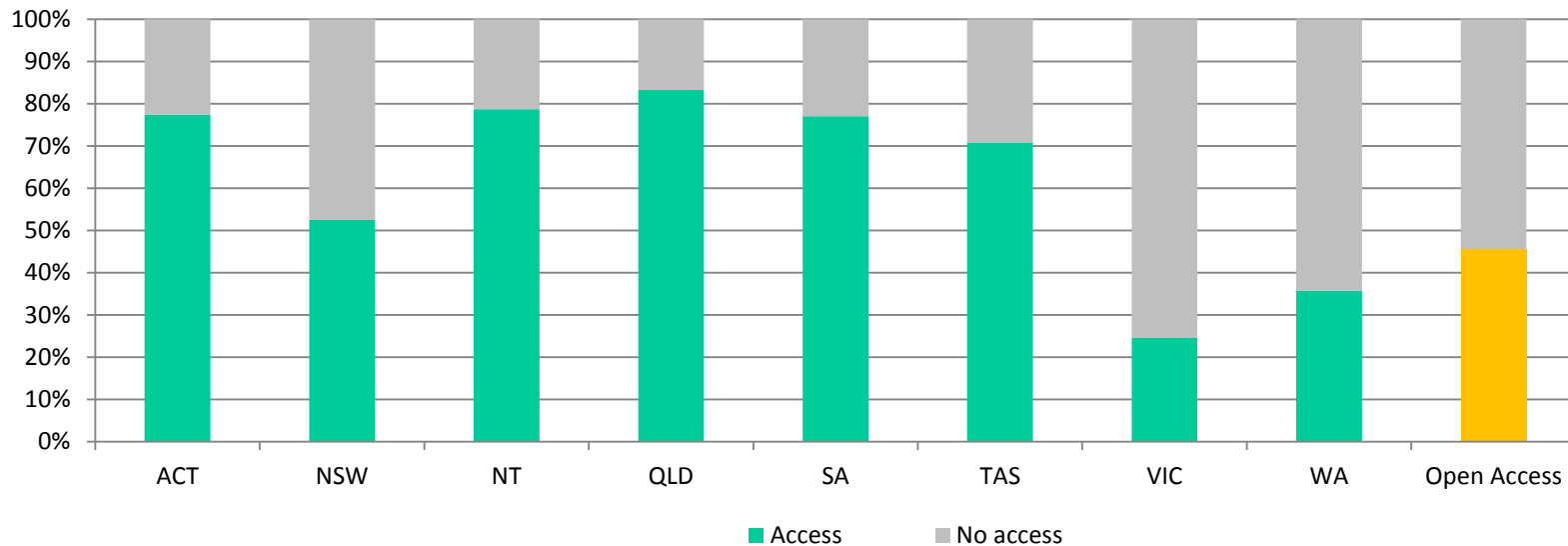
Location of Responding Libraries



■ Metro ■ Regional/Rural



Study 2: Preliminary results

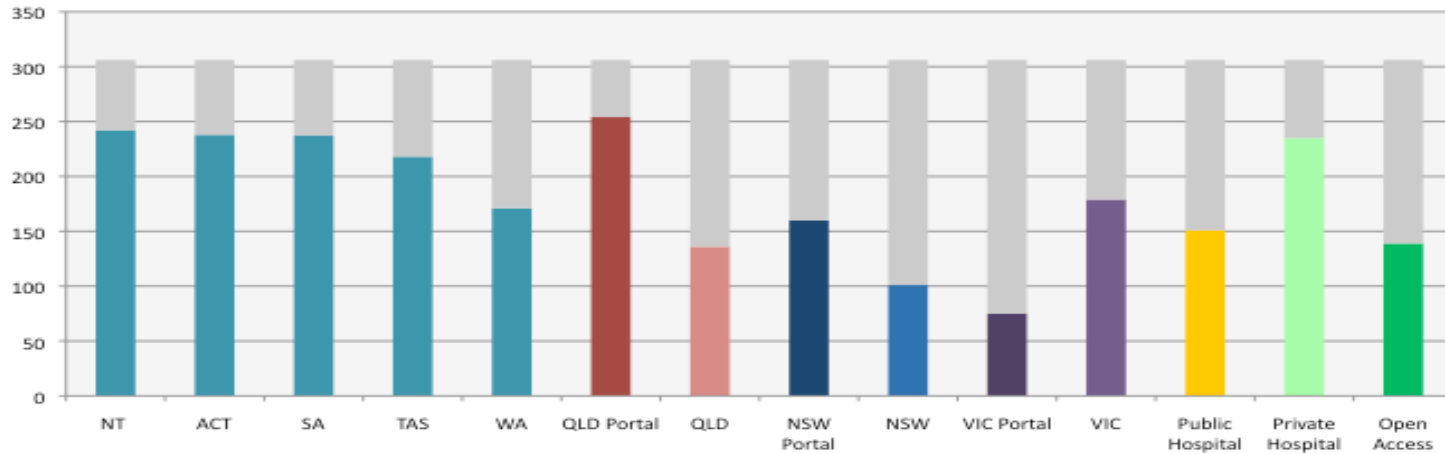


State-wide portals provide between 25% and 80% of references



Comparison of models: national and state

Number of citations available
from libraries (average) and state portals (total)





Next steps

Study 1 (part 2)

- In-depth case studies (interviews) to explore some of the notable examples

Study 2 (part 2)

- Expert search strategies

Implications for hospital libraries

- We can't guarantee uniform access to NSQHS resources across Australia – this is a barrier to maintaining and improving the quality of care.