

## Chapter 9

# Transitioning from Print to Online–Only Resources: The Experience of a Medium–Sized Healthcare Organization Library

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### **ABSTRACT**

*The Pacific Health Organization's Medical Library transitioned from its holdings being entirely in print to entirely online in an extremely short time span—the bulk of the process happened in less than six months. Leadership interests and support drove this transition, as did cost concerns and the interest in providing equal access to a geographically dispersed staff. Flexible staff that was able to adapt to new roles and a robust interlibrary loan system made the change possible. There were initial costs, but on the whole, there were mostly benefits to the change, financial and otherwise. Patron reception was more negative among those with less comfort in the digital environment, but most adjusted well. Ongoing challenges include marketing and maintaining patron awareness without a physical space, meeting user expectations for quick and easy access and information, and keeping up to date with emerging technologies, such as applications for mobile devices.*

### **ORGANIZATION BACKGROUND**

Pacific Health Organization (not its real name, and henceforth referred to as PHO) is a large west coast health cooperative. A health cooperative is similar to a health maintenance organization, but is consumer-governed and in some cases, consumer-owned. Members purchase insurance plans from PHO that cover all of their medical needs within the one system; in this model, prevention of illness and chronic

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conditions is a major focus of care. PHO has more than 500,000 members, approximately 3,000 health care providers and 7,000 additional staff, and provides services in upwards of 50 clinics located across a wide geographic area. It was an early adopter of moving from paper to solely electronic patient medical records, and has a robust research institute as well, which informs the health care practice of providers.

PHO has had a medical library since its inception, soon after World War II. Its mission is to serve the clinical delivery system (basically, patient care); this mission informs collection development and library policies. The library serves the entire organization staff of 10,000, but focuses on the 3,000 staff members who are health care providers and have questions relating to patient care. The Medical Library does not provide patient or consumer information, and with some minor exceptions, it does not support the information needs of the research institute.

The Medical Library is part of the PHO Clinical Improvement department, and there are four steps between the medical librarian and the organization's CEO. The PHO Medical Library, with three staff members serving 10,000 total staff of which 3,000 are health care providers, can be considered a medium-sized health care library. There are few medical libraries similar to the size of PHO; usually, hospitals and health care organizations either support small libraries with a solo librarian, or large academically affiliated libraries with many staff members. Many processes, in particular publisher and vendor negotiation, are very different for smaller, free-standing organization-based special libraries than they are for larger academic libraries, which can draw on economies of scale and pricing, as well as a wider range of staff competencies (Tucker & Holley, 2004).

## **SETTING THE STAGE**

At the time of the decision to make the transition from print to digital, in 2005, the Medical Library had three staff members, with a manager overseeing them and the library. Staff members included a librarian (who was not in favor of moving to online resources), Web developer who also had collection development responsibilities, and library technician who did document delivery and clerical work.

At this time, the Medical Library held approximately 4,000 print books and 620 print journal subscriptions, with eight databases provided. Researchers were starting to demand electronic resources, but there was not a huge demand yet from health care providers. Print textbooks were expected to be updated yearly.

Providers' access to a computer varied by provider type, and use of the computer depended on position and personal proclivity and comfort. Patient records were still created and maintained in paper format. The library operated from a small space on the PHO Central Campus. Library materials (mostly books and photocopies of journal articles) were used either by visiting the library, or having them interoffice mailed. This meant that those providers in more remote locations had far less access—it could take 10 days for a book to arrive, so that sometimes a provider in a distant clinic would call the library or another staff member to read the text to them over the phone. A satellite library had been closed in 1997.

There was substantial use of photocopying. Information was also accessed by fiche, which mainly served the purpose of archiving. The fiche collection was substantial, but not well used; during a three month period when the fiche machine was out of order, only 36 items were requested. No fiche had been bought in two years, and the cost of repairing the fiche reader was substantial—\$1,500 for each repair visit, and \$8,600 for a new machine. CD-ROM searching was another avenue for information delivery (this was done mostly by the librarian).

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