BASIC STANDARDS

FOR

HEALTH SCIENCES LIBRARIES

IN HOSPITALS

Recommended by

The Medical Library Association

919 North Michigan Avenue

Chicago, Illinois 60611

Telephone #

(Date of Fourth Draft - 5/18/82 - sent to 135 people)
(Date of Third Draft - 12/15/81 - sent to 125 people)
(Date of Second Draft - 11/4/81 - sent to 30 people)
(Date of First Draft - 6/23/81 - sent to the Committee)
REVIEWER OF DRAFT # 4.

FROM: ROSALIND F. DUDEN, CHAIRPERSON, HOSPITAL LIBRARY STANDARDS AND PRACTICES COMMITTEE; Library and Media Resources Department, Mercy Medical Center, 1610 Milwaukee St., Denver, CO 80205

DATE: MAY 18, 1982

RE: REVIEW OF DRAFT # 4 OF PROPOSED MLA BASIC STANDARDS FOR HEALTH SCIENCES LIBRARIES IN HOSPITALS

Please take some time and give our committee your candid opinion about the form and content of our draft standards. Remember, these are minimum standards to be used at a national level. I recommend you read some of the articles in the bibliography (attached or supplied previously) to familiarize yourself with some of the issues in writing standards. We would appreciate your input by July 10, 1982.

If you are interested in receiving future drafts for review, you must send a stamped, self-addressed envelope or include it with your comments. Multiple envelopes may result in your getting two copies and waste money. Non-U.S.A. reviewers need not send stamps, but envelopes, if possible, are appreciated.

Chairperson's Comments:
(Repeat from Draft 3 comments): Questions have been asked about the New York Standards. There are two N.Y. Standards, the one published in the July, 1981 BMLA, which our committee did not see in that form before we wrote our first draft, and the quantified standards presented to the State Legislature in Nov., 1981. (I have a copy of them, so don't send me a copy). These last ones were influenced by our first draft, since their committee received a copy of it. This influence is especially noticeable in the categories. I am not particularly worried about this cross fertilization since standards are hard enough to write and we need all the help we can get. We just have to watch out not to quote each other for statistical sources.

(III)

Purpose of these standards as viewed by the committee: I wrote what I considered to be our view of why we are writing these standards for inclusion in the Hospital Library Section Newsletter. Since it was published in a severely edited form, I am enclosing a copy here. It is still a good explanation of what we are trying to do in this work.

Draft schedule and delays: There were 54 comments returned on the third draft. They were almost impossible to digest mentally so myself and friends in Denver "collated" them on the word processor into a 21 page document. Because of this problem, I ask you to follow the comment outline below. If your comments come in in a different form, I cannot promise I will be able to take the time to look at them.
Committee Meetings in Anaheim: The Committee will be meeting twice in Anaheim (see convention schedule). There might be time at the end of the first committee meeting for questions from the floor, if the committee wants to do that. The committee will be discussing this 4th draft. Any comments I receive before June 1st might also be brought up. All comments will be collated in July for draft #5. I will accept written comments at the convention but, please don’t expect me to remember verbal ones. (Also, as much as I love to talk on the phone, the sheer volume of this project makes phone conversations about the standard difficult for me. I operate a two person library and won’t be able to do this at all if I didn’t have a word processor at home. So please write down your comments and mail them...thanks)

Draft Comment Outline

I. If you have suggestions about particular words or phrases, it is easier if you write them on the actual document. This includes your opinion about the quantities listed.

A. You can send selected pages only.
B. Use colored ink...do not send photocopies of your comments because it is very hard to read "black ink" comments.
C. Small comments in the margins are encouraging but impossible to collate. A "good" here or there (or a "bad"!) shows me that you have read them with interest but do not expect them to be part of an effort to collate comments.

II. For the following questions, please check your response but make no comments on the questionnaire. Put your preferred wording or numbers on the actual document. These are "yes or no" questions? Issues are addressed in III.

Questions:
A. The title has been changed in Draft 4. Do you like it?
   Yes [ ] No [ ] no opinion [ ]

B. Do you like the wording of the Principle?
   Yes [ ] No [ ] no opinion [ ]

C. I have added a larger hospital at the top. (a super hospital as one reviewer said). Do you like this?
   Yes [ ] No [ ] no opinion [ ]

D. We have eliminated the budget (and Salary) figures from the hospital categories. (We previously had a budget outlined with actual budget amounts for each category. Comments ran against this since it would have to be updated.) Do you like this deletion?
   Yes [ ] No [ ] no opinion [ ]
III. Issues in the Standards:

These issues have been brought up. Please comment briefly here. These are complicated issues, so don't feel bad if you have no opinion. Just comment on those items you feel strongly about. On a separate sheet suitable for cutting and pasting, please list other issues as you see them.

A. We are still to heavily into administration. We don't want to eliminate it but put more emphasis on library skills and collection organization. This could go in to Standard IV. Any ideas on phrasing?

B. Is there any subject that needs its own standard in the qualitative part? If so, please suggest the subject and write a standard for consideration and attach on a separate sheet suitable for cutting and pasting.

C. The order of qualitative standards is a consideration and has been changed in every draft. Using the present numbers, suggest a different order and give a brief justification.

The following people commented on Draft # 3, issued 12/15/81:

Nancy Lorenzi, Cincinnati, OH; Mickey Cook, Washington, DC; Patricia McGrath, Boston, MA; Ruth Wender, Oklahoma City, OK; Susan Alameir, Stoughton, MA; June Rayburn, Lubbock, TX; Kay Harwood, Columbia, SC; Carol Matulka, Wichita, KS; Joseph Jensen, Baltimore, MD; Lynne Morris, Chicago, IL; Louise Lin, London, Ontario; Harriet Williamson, Urbana, IL; Cheryl Newman, Red Bank, NJ; Sharon Phillips, Dearborn, MI; Rosemary Mattox, Wichita, KS; Ginney Kerstetter, Norfolk, VA; Elizabeth Bolden, Tacoma, WA; Beth Stenberg, San Antonio, TX; Patricia Greenfield, New Orleans, LA; Bonnie Mack, Rapid City, SD; Lynn Sutton, Detroit, MI; Jana Bradley, Indianapolis, IN; Sandra Lawson, Winston-Salem, NC; Ann Hutchinson, Buffalo, NY; Phyllis Lanning, Oklahoma City, OK; Jack Dolcourt, Salt Lake City, UT; Mary Grinch, Altoona, PA; Joyce Sims, Birmingham, AL; Linda Butson, Asheville, NC; Betty Wood, Wichita, KS; Doris F. Mahoney, Ann Arbor, MI; Susan Farid, Ft. Wayne, IN; Katherine Lindner, Englewood, NJ; Linda Fenton, Hamilton, Ontario; Larry Lewis, London, Ontario; Carol Attar, Grosse Point Farms, MI; Dorotha Shultes, Syracuse, NY; Pat Davis, Falmouth, MA; Pam Elwell, Columbus, CH; Judy Inglis, Winnipeg, Manitoba; Vincent Juchimek, Syracuse, NY; Helene Shrier, Syracuse, NY; Nancy Frazier, Boston, MA; Jackie Bastille, Boston, MA; Jean Bonner, Indianapolis, IN; Raisa Cherniv, Port Wayne, IN; Carolyn Olson, Portland, OR;

THANKS TO ALL (EVEN IF YOU ARE NOT ON THE LIST!)
Minimum Standards Being Developed By
MLA Hospital Library Standards and Practices Committee
by Rosalind F. Dudden

The MLA standing committee, the Hospital Library Standards and Practices Committee (established in 1978, revised in 1980) (see p. 22 of the MLA Directory for charges) is presently writing quantitative, minimum standards for hospital libraries, as directed by the MLA Board. The purpose of these standards is to provide consultants and practicing librarians with a standard for levels of service and collection size that would be considered minimum. These standards would be considered a recommendation by MLA for minimal practice of librarianship in a hospital library. The standards for a mature level of service will be reflected in the new book on hospital library management to be published by MLA this year. In that book, the current practice of a quality library program is presented in detail on all aspects of hospital librarianship. In the minimum standards being developed by our committee, seven to ten of the most important aspects are concisely presented describing what is minimally desirable. Following these descriptions, quantities of service and collection based on hospital size and program categories are listed.

These minimum standards would be used by consultants and librarians when asked to assess hospital library services. They could be used as a quick reference tool during an initial assessment and shown to hospital administrators to demonstrate what their present library situation is lacking. To upgrade a service or do an indepth assessment, the new hospital library management book would be used as an example of a quality operation.

It is hoped that these minimum standards in development will be useful within the context of their purpose as explained briefly here. Anyone wishing to review drafts of the standards may send a stamped, self-addressed envelop to Rosalind F. Dudden, Library and Media Resources Center, Mercy Medical Center, 1619 Milwaukee St., Denver, CO 80206. The third draft was mailed to 125 interested librarians in December. The 4th draft is expected to be mailed around February 1, 1982. Requestors will receive the working draft upon receipt of their envelop.

cc: Sharon Phillips, Patricia McGrath, Jana Bradley, Hospital Library Standards and Practices Committee.
INTRODUCTION

These recommended basic standards for health sciences libraries in hospitals, approved by the Medical Library Association, fulfill two needs. They offer quantifiable criteria as a measure of existing library services in hospitals and they provide a basis for the development of new hospital libraries.

Hospital library resources and services vary according to such factors as hospital type, bed size, occupancy rate, educational programs, special services, and geographic proximity to other institutions having health science libraries. The determination of the comparative levels of resources and services that exist is important to all hospitals which seek to achieve or to maintain accreditation. The standard of the Joint Commission on Accreditation of Hospitals (JCAH) for professional library services requires all hospitals to provide library services and illustrates the JCAH's recognition that the professional's access to information is essential to the well-being of patients.

In the following standards, library operations are discussed in broad terms. These are followed by tables of quantitative data that outline the minimum application of these standards in various sizes and types of hospitals, matching the levels of library services with levels of hospital programs. This document is not intended to restrict or inhibit the growth of an existing library operation.

Hospital administrators should strive for library services that meet the informational needs of their individual hospitals, utilizing these basic standards as a baseline measure. The professional librarian's judgement should be used in interpreting these standards.

These standards reflect the philosophy of the JCAH and take into consideration the programs of the National Library of Medicine for nationwide dissemination of health science information. To assist in the interpretation of these standards, a glossary of terms and a bibliography on hospital libraries are included.

PRINCIPLE:

Hospitals shall provide a health science library with a collection and services to meet the informational, clinical, educational, and research needs of their employees and staffs to affect optimum patient care.
SECTION I: STANDARDS

Standard I: Administration of a Hospital Library

The library shall be a separate department with a separate budget and shall be managed according to acceptable management philosophy. The interrelationship between the library and other hospital units shall be reflected in the overall hospital organizational chart.

Interpretation: The professional librarian or the library manager should have basic management skills and be encouraged to keep these skills current through continuing education. In addition to the library science skills needed for cataloging, reference, collection development, and other operations of a library, management skills are an essential part of the background of any library manager.

Every library should have a sound management program. The degree of skill required by the library manager and the intensity of the management program will vary with the size of the library operation. Some general categories of a library management programs needed are long range planning, marketing of the library services, reporting and record keeping, financial management, staff supervision, systems analysis, communication, and a knowledge of general management theory. Considerable skill in marketing and promoting the library services and collection is essential to allow maximum utilization of library resources. Management programs shall include the development of a policy and procedure manual for documentation of programs and for staff training and a program for the periodic and systematic evaluation of services. All of these management programs shall be present to some degree in every type of hospital library.

An advisory library committee should be appointed to serve as a liaison with users, to assist in formulating library policies, and to review and evaluate programs. Members should represent a cross section of all library users. The librarian should be included as a permanent member.

Standard II: Library Staff

All library services shall be directed by a qualified medical librarian.

Interpretation: The person designated as librarian must be accountable for the success of the library. The professional librarian or the library consultant shall have the qualifications of a "Qualified Medical Librarian" as described in the JCAH Standards. The library staff shall be employees of the hospital. If volunteers are used, they should be in addition to the employed staff. Continuing education opportunities shall be available to the library staff. Support staff should also have appropriate library skills and training. When a professional librarian is not employed, the hospital shall contract with a consultant. The recommended roles and responsibilities of the hospital library consultant are appended here. Salaries for the library staff vary regionally. They should be competitive with
similar positions in other health libraries in the region. Salary
survey results are available from various national library
associations. Staffing specifications are listed below:

Hospital category.

Standard III: Space Requirements

The library shall be in a central location in the hospital,
accessible to all hospital staff. The physical facilities shall
be pleasant, functional, and reserved for library use only.

Interpretation: The physical facility of the library significantly
influences both library use and service. Inconvenience and
inadequate space result in user and library staff inefficiency.
Adequate space shall be provided for shelving and displaying of
books, journals, and audiovisual materials; for an
Information/Circulation desk area; for index tables, card
catalogs, photocopier machine, computer terminals, and audiovisual
equipment; and for comfortable seating at carrels and tables.
Functional work space for staff is of primary importance. The
librarian shall have an office separate from the public area and
staff work spaces. Locked storage should also be available to
secure supplies and equipment. When a library renovation or
addition is planned, a qualified medical librarian shall be
consulted at the early stages of planning to ensure the plans are
adequate to meet the library’s needs. The following formulas can
be used for space planning:

Total Library Space:

Number of seats:

Specific items:

<table>
<thead>
<tr>
<th>Formula</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Library Space</td>
<td>Number of seats x 100 sq ft</td>
</tr>
<tr>
<td>Number of seats</td>
<td>Seat 20% of in-house students</td>
</tr>
<tr>
<td></td>
<td>Seat 10% of primary users</td>
</tr>
<tr>
<td></td>
<td>Seat 1% of secondary users</td>
</tr>
<tr>
<td></td>
<td>5 books per linear foot</td>
</tr>
<tr>
<td></td>
<td>8.5 volumes per sq ft of floor space</td>
</tr>
<tr>
<td></td>
<td>1 linear ft of display shelf per journal title</td>
</tr>
<tr>
<td></td>
<td>25-30 sq ft per study carrel</td>
</tr>
<tr>
<td></td>
<td>150 sq ft per library employee</td>
</tr>
</tbody>
</table>

Standard IV: Library Collection

The library collection shall be current and authoritative. Its
scope shall be based on the needs and services.

Interpretation: The scope of the library collection is related to
the needs of the hospital. There shall be a written selection
policy, describing the content and format of the materials to be
collected. Selection shall be based on the currency,
comprehensiveness, and authority of the materials. Certain
resources are essential. These include dictionaries, medical and
standard directories, major indices in medicine, nursing, allied
health and administration, and union lists or locator books for
access to outside resources. A core collection of journals with
appropriate backfiles is also essential. There shall be a core
collection of books based on current standard lists. This core
shall be updated regularly. There shall be some major texts in
every subject area with more comprehensive coverage in areas of
program specialty.
Standard V: Library Services

The hospital library shall provide professional library services to meet the needs of its users. Specific services recommended are listed under the hospital categories.

Interpretation: Delivering relevant information when it is needed and when it is needed is the purpose of a library operation. Services directed toward the library's purpose must be supported by adequate financial, technical, managerial and organizational resources. The success of a library operation is judged by the effectiveness of its total system. Orientation of the users to services, and training in the use of indexes, facilitates effective use of services. In the hospital categories outlined, specific services are listed.

Standard VI: Library Budget

The library operation shall have a separate and adequate operating budget to be adjusted annually to reflect the increased cost of materials. Capital funds should also be available. The librarian shall have control over the spending of budgeted funds.

Interpretation: Internal line items for the operating budget shall cover the following: salaries, continuing education for the library staff including travel, books, journal subscriptions, audiovisual materials, online searching, interlibrary loan, binding, and library supplies. Capital expenditure funds shall be allocated for audiovisual or computer equipment and library furniture. The budget for the library shall be adjusted annually to reflect the increased cost of materials, the inflation rate of which is higher than most supply items. The Brandon Core List published every other April details this inflation rate and gives average costs for books and journals. To figure an adequate budget for starting a library, these cost figures can be multiplied by the quantities recommended below. New hospital programs that generate an increased need for library service shall be reflected in the library budget.

Standard VII: Library Cooperative Arrangements

The library shall develop cooperative agreements with other libraries.

Interpretation: Cooperative activities can be offered by library consortia. Examples of activities which may benefit members are: sharing of resources, books, journals, and audiovisuals; continuing education for members; equitably distributed interlibrary lending; document delivery services; locator lists of library materials; shared online reference searching; and shared cataloging and/or technical processing. Interlibrary loan through the Regional Medical Library programs is another type of cooperative agreement available. In some areas cooperative arrangements with different types of libraries can benefit the hospital library. The librarian's knowledge of available resources and cooperative arrangements outside the hospital is essential since no library can store all the materials needed.
SECTION 2: HOSPITAL SIZE AND PROGRAM CATEGORIES:

Category A Hospital

This hospital has at least four of the characteristics listed below:
1) The hospital has affiliation with a medical school for the training of medical students.
2) It is accredited for residency programs in 2 or more specialties.
3) It has affiliated schools or resident schools in the nursing and allied health professions.
4) It maintains research projects and has 10 or more full time investigators.
5) It is approved by the American Medical Association for Category I CME programs.
6) It has personnel numbering more than 2500.
7) It has an active medical staff of at least 400.

Category B Hospital

1) This hospital has at least three of the categories listed in Category A.
2) It has personnel numbering more than 1500.
3) It has an active medical staff of at least 200.

Category C Hospital

1) A Category C Hospital has at least two of the characteristics listed in Category A.
2) It has personnel numbering more than 1000.
3) It has an active medical staff of at least 100.

Category D Hospital

1) A Category D Hospital does not qualify for Category A, B, or C, but has over 300 beds.
2) It has an active medical staff of at least 50.

Category E Hospital

1) A Category E Hospital does not qualify for Categories A through D but has from 100 to 299 beds.
2) It has an active medical staff of at least 25.

Category F Hospital

1) A Category F Hospital does not qualify for any of the preceding Categories.
Category A Hospital

This hospital has at least four of the characteristics listed below:
1. It has affiliation with a medical school for the training of medical students.
2. It is accredited for residency programs in 2 or more specialties.
3. It has affiliated schools or resident schools in the nursing and allied health professions.
4. It maintains research projects and has 10 or more full-time investigators.
5. It is approved by the American Medical Association for Category I CME programs.
6. It has personnel numbering more than 2500.
7. It has an active medical staff of at least 400.

Reference Services

Ready Reference
Online Searching Available in house on multiple Systems
Verification of References
Interlibrary Loan
Other Cooperative Agreements
Orientating of Users
Current Awareness Services
Coordinating of all Library and/or AV related Resources in Hospital
Photocopy Facilities
Acquisition Lists Published
Newsletter Published
Special Services (Optional):
Preparation of limited or exhaustive subject bibliographies
Clinical Medical Librarian Program
Training for library students
Patient/Consumer Health Information
Exhibits in Library
Translation Services

Collection Size

Books
Annual Purchases 600+
Entire Collection 4,000+
Journals
Current Subscriptions 400+
Journal Backfiles 20 Years +
Indices
Index Medicus; Cumulated Index Medicus; International Nursing Index; Cumulated Index to Nursing and Allied Health Literature; Hospital Literature Index; Excerpta Medica (selected sections); and Science Citation Index (optional).
Audiovisuals
Sufficient amount to support affiliated and in-house schools and hospital in-service/continuing education

Space requirement

3000 sq ft

Recommended Staffing Pattern
3 Qualified Medical Librarians
5 Full-time Support Staff
Category B Hospital

1) This hospital has at least three of the categories listed in Category A.
2) It has personnel numbering more than 1500.
3) It has an active medical staff of at least 200

Reference Services

Ready Reference
Online Searching Available in house on multiple Systems
Verification of References
Interlibrary Loan
Other Cooperative Agreements
Orientation of Users
Current Awareness Services
Coordination of all Library and/or AV related Resources in Hospital
Photocopy Facilities
Acquisition Lists Published
Newsletter Published
Special Services (Optional):
Preparation of limited or exhaustive subject bibliographies
Clinical Medical Librarian Program
Training for Library students
Patient/Consumer Health Information

Collection Size

Books
Annual Purchases 500+
Entire Collection 2500+

Journals
Current Subscriptions 300+
Journal Backfiles 15 years +

Indices
Index Medicus; Cumulated Index Medicus; International Nursing Index; Cumulated Index to Nursing and Allied Health Literature; Hospital Literature Index; Excerpta Medica in special collections

Audiovisuals Sufficient amount to support affiliated and in-house schools and hospital in-service/continuing education

Space requirement 2500 sq ft

Recommended Staffing Pattern

2 Qualified Medical Librarians
3 Full-time Support Staff
Category C Hospital

1) A Category C Hospital has at least two of the characteristics listed under Category A.
2) It has personnel numbering more than 1000.
3) It has an active medical staff of at least 100.

Reference Services

Ready Reference
Online Searching Available in House
Verification of References
Interlibrary Loan
Other Cooperative Agreements
Orientation of Users
Current Awareness Services
Coordination of all Library and/or AV related Resources in Hospital
Photocopy Facilities
Acquisition Lists Published

Special Services (Optional):
Preparation of limited or exhaustive subject bibliographies
Clinical Medical Librarian Program
Patient/Consumer Health Information

Collection Size

Books
Annual Purchases 400+
Entire Collection 1500+
Journals
Current Subscriptions 150+
Journal Backfiles 10 years +
Indices
Index Medicus; Cumulated Index Medicus;
International Nursing Index; Cumulated Index to Nursing and Allied Health Literature; Hospital Literature Index;
Audiovisuals
Sufficient amount to support affiliated and in-house schools and hospital in-service and continuing education

Space requirements
2000 sq ft

Recommended Staffing Pattern

1 Qualified Medical Librarian
2 Full-time Support Staff
Category D Hospital

1) A Category D Hospital does not qualify for Category A, B, or C, but has over 300 beds.
2) It has an active medical staff of at least 50.

Reference Services

Ready Reference
Online Searching Available in house
Verification of References
Interlibrary Loan
Other Cooperative Agreements
Orientation of Users
Coordination of all Library and/or AV related Resources in Hospital
Photocopy Facilities
Audiovisual Services

Collection Size

Books
Annual Purchases 300
Entire Collection 1000+

Journals
Current Subscriptions 125+
Journal Backfiles 10 years +

Indices
Index Medicus; Cumulated Index Medicus;
Cumulated Index to Nursing and Allied Health Literature; Hospital Literature Index

Audiovisuals Enough to support hospital in-service and continuing education

Space Requirement: 1500 sq ft

Recommended Staffing Pattern

1 Qualified Medical Librarian
1 Full-time Support Staff
Category E Hospital

1) A Category E Hospital does not qualify for Categories A through D but has from 100 to 299 beds.
2) It has an active medical staff of at least 25.

Reference Services

Ready Reference
Online Searching Available from outside sources
Interlibrary Loan
Other Cooperative Agreements
Orientation of Users
Photocopy Facilities
Audiovisual Services

Collection Size

Books
- Annual Purchases: 150
- Entire Collection: 500+
Journals
- Current Subscriptions: 100+
- Journal Backfiles: 10 years +
Indices
- Abridged Index Medicus
- Cumulative Abridged Index Medicus
- Cumulative Index to Nursing & Allied Health Literature
- Hospital Literature Index
Audiovisuals
- Sufficient Amount for hospital in-service and continuing education

Space Requirements

800 sq ft

Recommended Staffing Pattern

1 Full-time Technical Employee and 1 Library Consultant who is a Qualified Medical Librarian
OR 1/2 FTE Qualified Medical Librarian

Category F Hospital

1) A Category F Hospital does not qualify for any of the preceding Categories.

Reference Services

Ready Reference
Online Searching Available from outside sources
Interlibrary Loan
Other Cooperative Agreements
Photocopy Facilities

Collection Size

Books
- Annual Purchases: 30
- Entire Collection: 150+
Journals
- Current Subscriptions: 25+
- Journal Backfiles: 5 years +
Indices
- Abridged Index Medicus
- Cumulative Abridged Index Medicus
- Cumulated Index to Nursing and Allied Health Literature
Audiovisuals
- Sufficient to support hospital in-service and continuing education

Space Requirements

600 sq ft

Recommended Staffing Pattern

1 Part-time Library Employee
1 Consultant who is a Qualified Medical Librarian
SECTION 4: GLOSSARY

SECTION 5: RESOURCES LIST

Resources List

1. New hospital library management book
2. new handbook of medical librarianship
3. most recent Brandon list
4. 1 or 2 regional medical library handbooks
5. JCAH Standard
5a. Consortium Book
6. others????

SECTION 6: APPENDICES

A. ROLES AND RESPONSIBILITIES OF A MEDICAL LIBRARY CONSULTANT
developed by the Ad Hoc Committee and already widely available.