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The Development of Hospital Library Consortia and the Legacy of the Chicago and South Consortium

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INTRODUCTION

Consortia have a special role in the development of hospital libraries and the development of hospital librarians. Holst and Bensing, and later Lessick discussed the importance of consortia in Interlibrary Loan services in health care libraries in the 1st and 2nd editions of *The Medical Library Association Guide to Managing Health Care Libraries*, but discussions of hospital library consortia have general dropped out of sight in the literature in the past 30 years. [1, 2] Beyond the original mission of sharing resources, hospital library consortia have evolved to fill other needs and goals, influenced by technological advances in health care and the publishing worlds. The Chicago and South Consortium (CSC) is a great example of a successful hospital library consortium that has evolved with the changing times. Founded in 1972, the Consortium is now "a certain age" and still going strong.

BACKGROUND

Prior to the 1960's, few organizational structures existed in the United States for medical or nursing libraries outside national professional organizations such as the Medical Library Association or American Library Association. The need for regional and state library and librariean networks became apparent by the late 1950's. The Hospital and Nursing School Librarians of the Midwest was established in 1960 with the purpose "To help one another so that as librarians we might continuously improve and keep abreast of changes that will provide more

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efficient and meaningful library service to faculty, students, and hospital personnel." [3] The key organizers were William Kona of the Cook County School of Nursing library, and Hedvig VanDyke of Roseland Hospital School of Nursing library, a founding CSC member. VanDyke and Kona agreed on the principle that "how important is the element of communication between those of like mind and work." [3] A close relationship between the statewide professional organization and the local consortia was intrinsic to both groups. The statewide group changed its name to Health Science Librarians of Illinois (HSLI) in 1980.

The history of The Chicago and South Consortium is typical of medical library consortia being organized across the United States in the 1970's due to federal legislation to strengthen the medical information infrastructure.

Supported by funding from the Medical Library Assistance Act of 1965, Regional Medical Library system began in 1967 in the state of New York. In 1968 the Midwest Health Science Library was designated at the University of Chicago's John Crerar Library of the Health Sciences. Regional medical libraries were charged with providing free interlibrary loans to requesting community hospital libraries in the region. [4] Under the Medical Library Assistance Act, 4 levels of relationship were envisioned: Level 1 was the basic community hospital unit, in Level 2 were Resource Libraries, Level 3 was the Regional library, and Level 4 was the NLM. If an article request could not be obtained in the institutional library, the request was forwarded to Level 2 and 3 libraries, and soon the resource and regional medical libraries became overwhelmed. Thus, NLM adopted the strategy to promote resource sharing among Level 1 "basic unit" libraries. [5] Under this plan of relationship to the Midwest Regional Library, the Consortium was organized on March 17, 1972 at Ingalls Hospital, Harvey, Illinois. The minutes

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record a resolution for the group to meet every 6 months, and to compile a list of books for exchange. [6]

In a 1974 *Bulletin of the Medical Library Association* article, Fink put forward the definition of a consortium as "…an association of institutions (i.e., hospitals) working together to achieve similar goals by pooling resources such as materials, services, human expertise, and money." [5] Her article reported on the success of the consortia model for hospital compliance with the 1972 Regional Medical Library Program Policy Statement. This statement revised the original hospital library network configuration of the 1965 Medical Library Assistance Act, which established linkages from local hospital libraries with the NLM. [5]

MEMBERSHIP OF CONSORTIA

The Chicago and South Consortium originally enrolled hospital libraries on Chicago's south side and the south suburban area in its membership roster. Eventually, membership was extended to multi-type libraries, and strict geographical boundaries were not defined. In its banner year of 1981, the Chicago and South Consortium counted 27 institutional members, including 2 state psychiatric hospitals, a pharmaceutical company, several nursing school libraries, multiple community hospital libraries, a community college and private college library, a state university library, and a rehabilitation hospital library. [7]

Resource sharing was a founding principle in the creation of hospital library consortia, a principle that continues today. Membership to consortia is on the institutional level, while membership in HSLI is on the personal level.

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The Chicago and South Consortium developed bylaws in 1978 that spelled out membership requirements and obligations of consortium members. [8] The Consortium Bylaws required that members have resources available to share, and also articulated professional development, networking, and collaboration as key purposes. Multype libraries were welcomed. The Chicago and South Consortium gained members from hospitals outside of the south metro region due to an open membership policy. Membership included hospitals located on the north side of Chicago, expanding southward 50 miles to the rural communities surrounding Kankakee. Other health science library consortia limited membership to hospital or academic medical center libraries with professionally prepared librarians.

The professional credentials of the librarian were sensitive topics in consortia in Illinois, where consortia were free to develop their own membership requirements. Some consortia required the librarian to have a professional librarian degree (Master's) while others such as the CSC did not, a topic that fueled many discussions over the years.

TECHNOLOGICAL INFLUENCES

Technology is a great influence on the development of hospital library consortia. In 1971, MEDLINE became operational, with 22 users and 147,000 citations in the database from 236 journals. [9] The literature search request had to be forwarded from the hospital library to the regional library using the proper form; subsequently the search query was forwarded to NLM, input on computer punch cards, and run on the mainframe computer, according to oral history. After 2 weeks, the literature search would arrive in the mail, and the physician would ask the medical librarian for articles. In the days prior to fax machines, computer networks, and

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photocopy machines, actual bound issues of journals were sometimes sent via postal delivery to the requesting library, a photocopy was made, and the volume was returned to the lending by mail.

Journal and book holdings lists were the focus of the first years of the consortium, and interlibrary loan procedures were discussed. Typed lists of journal holdings were duplicated and shared at consortium meetings. Eventually, journal lists were compiled and maintained as a union list by a consortium member. Later, the State of Illinois Library's OCLC office directly inputted serials holdings provided by Consortium members into OCLC. The Illinois State Library provided the Consortium with one copy of the consortium journal holdings list, printed from OCLC data. Annual dues were assessed and a treasurer elected to handle funds, which were used to duplicate and distribute the union journals list. These lists were invaluable tools for locating articles from journals not held locally. Eventually, informal cooperative collection development and journal retention was done. Exchange lists of missing journals were also shared, helping many libraries complete their holdings for the volume so they could be bound in hardcover.

As computerized literature searching became more prevalent, more resource sharing tools became available. Chicago and South Consortium librarians who were located in close proximity to each other were known to deliver photocopies or bound volumes to their neighboring hospital libraries in person for emergency or patient care purposes. In the city, it is known that some librarians took the city bus and met their colleague from another hospital half way for lunch, made the information exchange, and returned to work.

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Hospital librarians had to be resourceful to implement interlibrary lending and borrowing programs on a shoestring budget. Some hospital librarians received their funds directly from the medical staff, and reported to physician committees who reviewed every purchase and subscription decision. The hospital librarian might also have been employed part time in the library and part time as coordinator of continuing education programs. The National Library of Medicine funded a quota stamp program in that balanced the work load and costs of article delivery of free articles from NLM, which was designated the library of last resort. [4] Consortia could pool their quota stamps and use them as currency with other libraries instead of payment for photocopying. After NLM funding stopped, the Illinois State Library funded the quota stamps for several years until it was phased out in the early 1980's. The implementation of Docline by the National Library of Medicine in 1985 automated this function at no cost to the hospital library. By the late 1990's, serials holdings could be updated directly and viewed via the web in real time.

In the early days of the CSC, article and book delivery was done through postal delivery until multi-type library systems were organized and interlibrary courier services were implemented. Some Consortium members had enough volume to have their own Inter Library Delivery System (ILDS) drop off point, while others had to go to a neighboring ILDS library to pick up their deliveries. By the late 1980's, fax machines became the standard means of sending articles needed immediately for patient care decisions. By 2010, electronic delivery through email became commonplace.

CONTINUING EDUCATION

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The sharing of new technology applications often made Consortium meetings exciting and interesting. At the May 1975 meeting, a demonstration of 7 different types of Audio-Visual equipment was enjoyed. [10] In 1992, a member investigated the availability of a new network called Internet, and brought his own new PS/2 IBM computer with a modem to a meeting, hooked it up to phone line, and demonstrated the feasibility of searching MEDLINE through dial up from an Internet provider in Missouri named CLASS and through a network called LIFENET. [11]

Until recently, one of the quarterly meetings was set aside for all-day Continuing Education programs. The consortium's dues of $40 per month helped pay speaker's fees and travel costs for nationally known experts to present. CE topics over the years include: strategic planning, demonstrating the value of the hospital library to the hospital's bottom line, benchmarking and quality improvement, copyright and fair use, and how to teach adults. Continuing education remains a strong focus of the consortium to the present time. In recent years, several MLA CE programs in Webinar format have been hosted in association with a business meeting and lunch.

CONSORTIAL PURCHASING

The oral history states that the Consortium was one of the first in the country to negotiate group pricing with vendors for PDRs (Physician Desk Reference), with significant savings to each member library. Librarians typically ordered all of the copies for the whole hospital. Although the pricing was negotiated to benefit the group, the vendor sent invoices to each hospital, as the CSC did not serve as a fiscal agent. One hospital librarian coordinated the group purchase and had all of the books delivered to his library, and personally delivered PDRs to Consortium

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member libraries in his station wagon. Later, the Consortium joined with other groups to negotiate some of the first group pricing for electronic journals and databases.

INTANGIBLE BENEFITS

Local hospital library consortia provide an opportunity for professional service and collaboration on the local level, making the ideas and programs of national and state organizations accessible to a wider audience. Before email, Internet, and fax machines, consortium meetings were an important communication network between the NLM, regional medical library, the state library, library systems, HSLI, and consortium members. The cost of membership and meeting attendance is more economical than regional or national meetings, and more affordable to both the hospital librarian and the institution. In other consortia arrangements elsewhere, some hospitals contract with academic medical centers for cataloging and document delivery for a fee, or relied on federal funding, while others such as CSC operated with minimal funding. The CSC dues are $40 per year, unchanged since they were instituted.

At CSC meetings, members share their knowledge and mentor new colleagues on best practices, the testing of new ideas and technology, and consult with each other to improve professional practice. The personal relationships formed locally or through regional meetings have a direct impact on interlibrary loan article delivery, a significant impact supporting health care of patients that librarians working in non-medical settings cannot grasp. Hospital librarians skillfully leverage their professional and consortial networks to obtain emergency “RUSH” journal article requests needed for patient care, and the CSC developed protocols for initiating

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these types of requests. The membership directory with contact information for Interlibrary Loan is a critical resource for CSC members.

Hospitality is an important part of Consortium meetings. For many years, Consortium members rotated meetings among member institutions, and host hospitals arranged for catered luncheons as part of meetings. An administrator of the hospital would often speak briefly to the group. Eventually the free lunch disappeared, but lunch remains a critical component of consortium meetings.

Internet, email, and other digital media have diminished the role of Consortia meetings for communication and information sharing. Listservs, blogs, and wikis are common means of securing assistance for tricky literature search strategies, information on new technology, and reference questions. However, more time is available at meetings to forge relationships, discuss the feasibility of new technological applications, and consult with members on problems of professional practice. Consortium members at one-person hospital libraries still arrange for coverage from their consortia partner libraries if needed when they are going to be away from work.

IMPACT

Membership in the Consortium gave many librarians the opportunity for professional growth through ledership roles of Treasurer, Secretary, and Coordinator. The leadership role of both officers and individual members of consortia is well described by Moulton and Fink in a 1975 *Bulletin of the Medical Library Association* article. [12] The Coordinator was responsible for planning meetings, setting agenda, and coordinating projects. Although not formally linked,

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consortia in Illinois took turns planning and hosting biannual HSLI meetings, an arrangement which worked well until recent years.

Research and assessment is an important CSC legacy. Member libraries were part of the 8 recruited for the King study on the impact of hospital libraries on patient care in the 1980s. [13] Later, a research instrument was adapted for member libraries to survey the impact on mediated literature searching. Other projects included salary surveys, benchmarking of costs per use, retention of journal back files, and grant writing. Member institutions share best practices and quality improvement strategies for planning and managing library services and controlling costs. The Consortium helps member libraries assess new knowledge based products and review programs and services. Tours of the libraries of the meeting hosts have proved very valuable for attendees. Attendees may learn about new reference books, or useful practices that support patient care.

Consortium members often expand beyond the Consortium to become professionally active at state, regional, or national organizations. Among the consortium members who have advanced their careers elsewhere are a former member who became Regional Medical Library director, a member who became a Full Professor on an academic library faculty, another became the director of a national medical society library, and yet another became the director of a medical college library; others became a book author and a clinical psychologist. Several members served as President of HSLI and on MLA committees.

CONCLUSION

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Hospital library consortia are well documented in the literature during the early years of their creation, but little research exists to document the impact of consortia on professional identity formation, leadership development, knowledge transfer, and development of technical skills and more significantly, patient care. These additional benefits greatly increase the significance of the original organizing goals in 1972.

The Chicago and South Consortium continues on despite the closure of hospital libraries over the years. While resource sharing has diminished in importance with online point-of-care information tools and electronic subscriptions, consortium meetings are an important venue for continuing education and training, networking, friendship, and knowledge transfer. Fink's definition of a consortium "working together to achieve similar goals by pooling resources such as materials, services, human expertise, and money" now emphasizes the "working together to achieve similar goals" and "human expertise" aspects of consortium membership. [3]

Unaffiliated hospital libraries wherever they are should consider the potential benefits of affiliation with a consortia and becoming active in its work.

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