

Learning to Talk to IT: Working Towards a Seamless Library Service

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Central Coast Health, where we work, was one of the area health services that make up NSW Health. From 1 January this year Central Coast Health ceased to exist as it merged with Northern Sydney Health to become one large area health service. However for the purposes of this paper we will continue to refer to Central Coast Health as the implications of the merger for the Library Services are not clear at this stage. The merger will be discussed a bit later in the paper.

This paper charts some changes that have taken place for the Central Coast Health Library Services over the last eight or nine years. These changes, particularly the alteration of our client mix and the increasing demands on our library for online resources and services, have meant that, like so many libraries, we have tried to create a seamless service for our clients and, in the process, have learnt to talk to IT. At first we were prompted to talk to IT when something changed – when the goalposts were moved. Now we have learnt to be proactive and to talk to IT as a matter of course. IT have come to understand that our focus as librarians is to enable and increase online access to information. We have come to understand the reasons behind IT's focus on monitoring and restricting online access. These reasons include network security, patient confidentiality and compliance with NSW Health Department policy. Most importantly, both departments have a common goal in supporting clinical activity.

There is nothing particularly new in this – librarians have been talking to their IT counterparts for years. However our situation is unique in that we are dealing with two quite different organisations – Central Coast Health and The University of Newcastle. We are constantly facilitating communication between the IT departments of these organisations, as well as nurturing a partnership which involves library staff from both organisations, clinical staff from Central Coast Health and staff and students from The University's Faculty of Health. As our IT requirements have become more complex, the way we communicate with IT has had to develop too.

In the early days we didn't talk to IT – we thought we didn't need to. As a regional hospital library we maintained our own stand alone CD-ROM network. Our clients were almost entirely clinicians, with a scattering of

medical students. We purchased the specialist databases our clients needed on CD-ROM from Silverplatter. An external IT consultant set up the network and installed the database updates every quarter. The databases could only be accessed from PCs in the library.

Then someone moved the goalposts.

In 1997 the NSW Health Department launched the Clinical Information Access Program, better known as CIAP. Suddenly a huge range of clinical information was available in an online environment. We had to learn how to use CIAP and then teach our clients to use it too.

Access to CIAP didn't require an Internet account, but access to the links from CIAP to the Web did. Internet accounts were issued to staff by the IT department. Staff had to have the approval of their manager to apply for an Internet account and IT charged a fee of \$15.00 per account per month. Some staff members were refused Internet accounts because of the cost to their departments or wards.

The library became an advocate for clients who didn't have or had been refused Internet accounts. We lobbied successfully to have the charge removed from Internet accounts from 1 January 2001. Internet access costs for Central Coast Health have risen every year since then. In August 2001 usage was 3,021 megabytes of information received and 536 megabytes of information sent. The August 2004 figures are 60,705 megabytes of information received and 11,928 megabytes of information sent. Those figures represent an increase of over 2000%. There are now moves to charge Internet access costs back to departments. The library continues to lobby to resist this move, fearing that Internet access (and thus online information access) will revert to senior staff only.

When our clients saw the range of full text journals available via CIAP they asked us why some of our other journal subscriptions weren't available online. Suddenly we were talking to IT again, negotiating IP addresses and firewalls. To date, we have only provided online access to some of our journal subscriptions, and this is via password. IP access was problematic due to the fact that, until quite recently, Central Coast Health did not have its own IP address. Therefore we could not guarantee that IP authenticated access to an online journal would be limited to our clients only.

Password access means that library clients accessing online journals from a PC on the Central Coast Health network have to enter two passwords, their Internet account password and then the journal publisher's password. So much for a seamless service! However password access does have the advantage that our clients can access these online journals from consulting rooms or home, as well as at work.

Lack of an IP address has also influenced our collection development decisions. The library has favoured the purchase of packages of e-journals

rather than individual titles, as one password gains our clients access to a large number of titles in each package.

In 2002 CIAP made available products for PDAs. The medical workforce at Central Coast Health has taken up PDAs with enthusiasm and is demanding support for these products. The Library and IT are currently collaborating on a project to set up PDA 'kiosks' separate from the Central Coast Health network which will allow our mobile medical workforce to download PDA products from CIAP regardless of which kind of device they own.

In the mean time

.... the organisation's Intranet was also being developed.

In 1999 our IT department launched the Central Coast Health Intranet and immediately we saw its potential to reach our clients who worked outside Gosford Hospital – in one of the smaller hospitals or community health centres. The Library was one of the first departments to have an Intranet site and we were talking to IT again, this time about how to make our catalogue available through the Intranet.

We were using Trimagic's DBText library management system at that time. The OPAC module WebPublisher was purchased and installed with the help of IT. This allowed our clients to access the Library's catalogue from any networked PC throughout the health service, and opened up the collection to Central Coast Health staff regardless of their work location. However they could not search our catalogue from consulting rooms or home.

We were excited about DBText and WebPublisher. However in the organisational context, it was yet another small application that IT had to support. IT's priorities were always the clinical, financial and human resource systems that had to be supported and maintained ahead of other smaller applications such as ours.

Over the years the Library has worked on its Intranet site, expanding it to include links to our databases, online journal subscriptions and websites containing quality clinical information. Inter-library loan request forms can be filled in and submitted online.

Our clients were becoming more Internet-savvy so to exploit this we launched a project to evaluate the library's Intranet site. We started a useability study only to discover that IT wanted to reformat the whole Intranet to address problems of navigation, duplication and poor searchability.

We proposed a combination of useability testing and focus group sessions but had great trouble recruiting clinical staff to participate – these people are just too busy. Then came the news that Central Coast Health would be merging with Northern Sydney Health and that one of the first areas to be targeted would be email and Intranet. The navigation, as well as the 'look' and 'feel' of the Intranets are completely different. The plan at this stage is to build

a shared Intranet from scratch, and move existing content over in stages. Therefore we suspended plans to evaluate our Intranet site and are talking to IT about having library representation on the new Intranet committee and using the library Intranet site as a test site for the new Intranet, a move which would benefit both us and them.

But ... someone had moved the goalposts again.

Medical students had been attending Gosford Hospital on 9-week “country term” placements for more than 20 years. In 1994 Gosford Hospital was made a teaching hospital of The University of Newcastle. In 1997, the educational role of Central Coast Health suddenly expanded to include a cohort of undergraduate nursing students undertaking their entire degree on the Gosford Hospital site. The establishment of the Central Coast Teaching and Research Unit in 2001 enabled Years 4 and 5 medical students to spend their entire year at Central Coast Health. The Teaching and Research Unit also supports the development of postgraduate nursing research. As a result of these developments, our client base changed quite dramatically. We were providing library services to fairly equal numbers of health service staff and university students. As well, we now had university staff, conjoint staff, and increased numbers of postgraduate students.

The Central Coast Health Library Services formed a strong partnership with The University of Newcastle Library with the aim of providing a seamless library service to both students and health service staff. We were talking to our IT department and to the University’s IT department, plus encouraging these two IT departments to talk to each other. There were two major issues that had to be resolved before we could even contemplate a seamless service. The first was establishing a reliable network environment to replace campus to campus connectivity via an unstable modem service. The second was to implement a single library management system.

We asked IT to make Internet access to the whole University of Newcastle domain (www.newcastle.edu.au) password free so students could access the University’s library catalogue (Newcat), student email and other online tools such as Blackboard and the Faculty webpages.

We were relying on unstable modem access to use the University’s library management system. Then IT devised a work around to allow the library to connect to Innopac via the Central Coast Health network. Previously this option had been restricted by the secure network setup

However the students were still using modems to connect to the University subscribed databases. As a result, we had three separate groups of PCs in our library for three separate functions - dial-up access to the University network for the students; Intranet and Internet access for staff via the Central Coast Health network; and standalone PCs used only for word processing. A seamless service seemed a long way off.

We wanted to get away from having Central Coast Health owned machines supported by Central Coast Health IT, and University owned machines supported (remotely) by the University IT service. Therefore we negotiated with IT to provide support for the University machines located in Gosford Hospital Library. We took this a step further by negotiating with the University to purchase new machines for Gosford Hospital Library through the Central Coast Health IT department. The standard Central Coast Health desktop would be used, all machines could be networked, and it would be easier for the local IT to provide support. It sounds straightforward but was, in fact, quite difficult to achieve as it involved changing established policy and practice in not one, but two, organisations.

The goalposts moved once again ...

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... but this time to our direct advantage. The University changed the way it authenticated access to its databases, which until then had been via the University proxy server which was not compatible with the Central Coast Health network. The change to enabling authenticated access via the Web Access Manager - an add-on to the University's library management system, Innopac - meant a more seamless service was within reach.

With authentication for database access no longer a problem, we put forward a proposal to allow students based at the Gosford Hospital campus to be granted Central Coast Health Internet accounts. The problematic modems were no longer required. Students could now access the Internet via individual Central Coast Health Internet accounts, and achieve authenticated access to the databases via the University's library management system.

As the number of PCs in the library grew, and our requests for IT support became more complex, we had to formalise the way we communicate with IT. We set up a log of calls to IT which records the date the call was made, who made it, the call number allocated by IT, the problem to be addressed, and progress notes. The log is accessible on all library staff desktops and at the Information Desk, thus ensuring that when IT come to carry out any work requested, all relevant information is available, even if the person who logged the call is absent.

We mapped all the PCs in the library. Each machine is numbered and the map not only records its location, but also information such as its network ID, log on password and ownership – University or Central Coast Health. Networked printers are also mapped and the default printer for each PC is identified. These initiatives greatly improved the quality of communication and consequently the working relationship between the library and IT.

In the meantime

.... we had decided to migrate our holdings onto the University's library management system, joining a regional library network for health which already included Hunter Area Health libraries.

This project was completed at the end of 2004 and has been a major step towards the goal of a seamless library service. Previously we had two catalogues, two classification schemes and two library management systems within one library – what a nightmare! We had two separate runs of books, with multiple copies of the same title often being found in two different locations on the shelves. Now all resources within the Central Coast Health Library Services use the Dewey classification, can be found via NEWCAT, and are managed using Millennium, the newest version of Innopac.

Of course we had to do a lot of talking to IT in order to complete this project. In particular, firewall issues had to be overcome to be able to use Millennium. However a major advantage is that the library's management system is now supported by the University's IT department rather than by Central Coast Health IT. Libraries are a core part of university business and thus receive higher IT priority at a University than in a health service. We have leveraged a high level of IT support from our partnership with the University of Newcastle. A formal partnership agreement is the tool we have used to create this leverage. Issues are negotiated on an ongoing basis and formalised biennially.

We've come to understand that we need IT involvement right from the very early stages of our project planning. They are an important factor in ensuring the success of many of our projects and as such need to be formally involved from the planning stages. For major projects we have requested an IT representative as a single liaison point between our two departments, and during times of great change we have had an IT presence at library staff meetings. This has allowed vital communication to be maintained in situations where logging individual jobs with the regular IT Helpdesk was not practical.

The Central Coast Health Library Services partnership with The University of Newcastle Library is based on a good working relationship and regular communication between key individuals. These factors are also essential to maintaining a good working relationship with IT. A seamless library service cannot be achieved without good IT support and when requesting that support it is important to bear three things in mind:

1. Is your request reasonable – can the work be done within the time frame specified and, if not, can you be flexible?
2. How does IT prioritise allocation of its resources – in other words, where does the library rank in order of IT support in the organisation? and
3. Have you followed up your request if it has not been met? – if you don't follow up IT will assume the problem has fixed itself.

Technical barriers to a seamless service can generally be fixed by IT. However our experience has been that where two separate organisations are in a partnership, overcoming organisational barriers to a seamless service involves changing culture and practice, and this is far more difficult to achieve.

We have not yet achieved a seamless service but were well on our way to doing this when

.... someone moved the goalposts again.

In July 2004 the NSW Minister for Health announced that the 17 Area Health Services in NSW would be merged into eight. Central Coast Health was to merge with Northern Sydney Health. Having made considerable progress towards a seamless library service with the University of Newcastle, would we now be working towards a similar goal with Northern Sydney Health?

We don't know the full implications of the merger at this stage. But we do know that whatever we want to achieve in partnership with the Northern Sydney Health libraries will also involve nurturing our ongoing partnership with IT. We will be doing a lot of talking with IT well into the future.