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Abstract

Introduction
This paper reports the finding of the ELiQSR, European Health Library Quality Standards Project. The project was funded by an EAhl 25th Anniversary award in 2012.

Aims
To develop a Model for European Health Library Quality Standards.

Methods
A mixed methods approach was used; a questionnaire to gather quantitative data and interviews/meetings with key stakeholders to gather qualitative data.

Discussion
The existing worldwide Library Quality Standards are all similar in design. The majority of these are found in English speaking countries eg: America, Australia, England and Ireland. A single European Health Library Quality Standards Model does not exist. The requirement for the development of this is confirmed by the ELiQSR research.

Conclusions
The stakeholders predominately want the Model for European Health Library Quality Standards to be easy to use and not merely be a checklist. Also, it is important to be able to evidence the impact of their services in the wider healthcare environment.

Key Words
Health Library; Library Standards; Quality Standards

Background
The project was funded as an EAHL 25th Anniversary grant winner; one of the two grants awarded in 2012. The award was announced at the 13th EAhl Conference in Brussels in 2012.

The impetus for the research project was a result of collaboration between Dr. Janet Harrison and Dr. Marta de la Mano. Harrison has strong expertise in the health information environment, which has been developed over the past twenty years. The most relevant, in the context of this research, is in Health Libraries and Librarianship.
Her recent work, Irish Health Libraries: New Directions, Report on the Status of Health Librarianship & Libraries in Ireland (SHELLI), Harrison, Creaser, Greenwood 2011 (1) and 2013 (2), demonstrates her excellent capabilities in this field. The rigour and depth of the research is clear as it provides a unique study of the community of practice of Health Librarianship in Ireland and also provides a framework and pathways for immediate, medium and long term development. The pathways for development have been adopted by the Library Association of Ireland. The use of the research in practice shows the impact and relevance of the research.

De la Mano is equally expert in the field of Measurement and Metrics. Her research deals with performance measurement in libraries, and more specifically, with the assessment of library services impact. She is the Spanish expert in the ISO international working group on "Methods and procedures for assessing the impact of libraries" (Ref. TC46/SC8/WG10). This work is informing the International Standard ISO 16439, "Information and Documentation”.

The joint expertise of Harrison and de La Mano in Health Libraries, Librarianship, Library Standards and Metrics brought together a unique blend of expertise to develop and facilitate the ELiQSR project.

**Context**

For the last fifteen years, there has been increasing worldwide interest in the quality of health systems and their accreditation, as reflected in the report Quality and Accreditation in Health Care Services: a global review, commissioned by the World Health Organization in 2000, with the aim of providing an overview of the elements and tools that characterise quality assurance and accreditation in health care all over the world. This project was linked to the 21st century strategy adopted by the World Health Assembly in 1998, which promoted information systems to help national governments monitor the quality of the healthcare sector, “including the implementation of international norms, standards and regulations” (3). Since the publication of this first international study, a series of surveys of accreditation programmes in Europe were conducted in 2002, 2004, 2007 and 2009. In the last one, eighteen national accreditation organizations were identified as active in Europe, revealing the continuous growth of this type of organization over the last few years, (4).

It is in this general context of increasing and rapidly-changing demands for health system accreditation around the world that the most recent initiatives for developing national standards for health libraries should be placed. These have been considered a necessary tool for measuring the quality of health library programmes and services and reviewed editions of these standards have been published in different countries since the early 2000’s; supported by National Library Associations. These predominately originate from English speaking countries: in Ireland the second edition of The Standards for Irish Healthcare Library and Information Services was published by the Library Association of Ireland in 2005, (5); in Canada, Standards for Health Libraries were published in 2006, (6); in the USA, the Medical Library Association published Standards for Hospital Libraries, (7); one year later, the Australian Library and Information Association published the 4th edition of Guidelines for Australian Health Libraries, (8). The most recent initiative in this field has been the appearance in England of the NHS Library Quality Assurance Framework (LQAF) in 2008 (9) and NHS SHALL, 2012 (10).
The analysis of these National Library Frameworks and Standards shows that the majority of them are closely related to each other, and are similar in content, as can be seen in the cross-references included in them. They could be likened to a set of Russian Dolls; all have the same qualities but of different sizes and all nested within each other. However, crucially, this analysis of the literature revealed that there is not an established, acknowledged and recognised Standards Framework operating as a model for Health Library quality accreditation across Europe.

The Health Libraries Standards Historical Development Table (Appendix 1) denotes over 60 years of International Library Standards, giving the year of introduction of the Library Standard, the country and author of origin and also outlining the major issues of the Library Standard. It is against this background that this research has been initiated.

Research Framework

Research Questions
The following research questions were used to frame the project:

- Are Health Library Standards important?
- What do Health Library Standards contain?
- Who uses Health Library Standards?
- What should Health Library Standards reflect?

Aims and Objectives
The following aims and objectives were used to frame the project:

Aims of Project
- To adhere to the objectives of Eahil by the promotion, sharing and implementation of good practice in health libraries;
- To develop a framework of a Model to inform Health Library Quality Standards in Europe.

Objectives of Project
- To undertake a critical literature review of Health Library Standards worldwide;
- To scope the existing Health Library Standards worldwide;
- To gain views and opinions of Health Librarians in Europe re: Health Library Quality Standards;
- To develop a set of standards for European Health libraries quality assessment;
- To review Health Library accreditation processes across Europe.

Methodology

Research Philosophy
The philosophy that underpins this research is that of participatory. It was important to the ELiQSR researchers that the ELiQSR project reflects the views of the key stakeholders of the research ie: the European Health Librarians. The participatory approach allows for stakeholder inclusion in design and implementation. The
practitioners’ view is therefore essential for the design and development of the ELiQSR Model. It is anticipated that practitioner contribution will enhance the level of impact of the research.

Use of Expert Practitioners
To date throughout the period of the ELiQSR research scoping of the Health Library field with Practitioners and other academics has been an essential part of the research process. A major aim of the scoping activity was to identify experts in the field and invite them to join a panel of “Critical Friends”. It is anticipated that the “Critical Friends” will act as a sounding board for the project team and reflect the views of health library practitioners across Europe. These scoping activities will continue during the final phase of the research in 2014 to inform the ELiQSR Model.

Preliminary Actions
The beginnings of the EQLIS project began when de la Mano was hosted by Harrison as an Academic Visitor in the Department of Information Science, Loughborough University from September to December 2011. During this period the collaboration was established and joint interest in the subject of Health Libraries, Librarianship and Library Standards was developed. In 2012, an academic journal paper was published by de la Mano and Harrison (11) as an outcome of this collaboration. More importantly, the resulting discussions between Harrison and de la Mano led to a project proposal, ELiQSR, for the Eahil 25th Anniversary Grant competition.

One of the first steps in developing the approach to the project to ensure the viability and rigour was to invite opinion from the profession at a senior level, including the then President of Eahil, Peter Morgan, Medical Librarian, University of Cambridge. The chosen professionals had experience of Library Standards from both sides of the fence, those of the “inspector” and “inspected” or “reviewer” and “reviewed”.

The Eahil 25th Anniversary Grant was awarded at the Eahil Conference in Brussels in 2012. Research commenced on the ELiQSR research project in September 2012. From 10th - 14th September 2012, Harrison and de la Mano collaborated at the University to Salamanca to prepare a full Project Management Report. This report was required to be submitted to the Eahil Grant Awarding Committee. The requirement for the submission of this report was announced subsequently to the awarding of the grant and was therefore unexpected by the researchers. The collaboration visit was however anticipated and indicated in the initial project proposal and therefore funded by the project.

The collaboration between the researchers in September 2012 focussed on the necessity to revise the project plan from two years to one year. This was successfully done. The resulting project is detailed in this paper.

Research Methods
The ELiQSR project uses a mixed methods approach, which is commonly used in Library and Information Science research, allowing the researchers to use both quantitative and qualitative methods. The major benefit of using mixed methods is the opportunity to gather rich seams of data and triangulate these data. Resulting findings are therefore guaranteed to be of a robust quality and empirically sound. (12)
**Literature review**
A critical review of the literature with the principle aim of identifying Health Library Standards worldwide has been conducted. Worldwide Health Library Standards have been compared and similarities and differences identified. The results are included in this paper in The Health Libraries Standards Historical Development Table, Appendix1 and will inform the final ELiQSR model.

**Instruments of measurement**
To gather the views and opinions of the major stakeholders of Health Library Standards, a survey instrument was developed resulting in the production of an electronic questionnaire.

**Questionnaire Development**
The questionnaire design was informed by the literature and the views of members of Healer in May 2013, (https://www.jiscmail.ac.uk). This group of professionals included health librarians, information analysts, strategic planners and healthcare managers. The basic principles and elements to be investigated by the questionnaire were confirmed as relevant by this group of library and information practitioners. This activity and advice from the practitioners provided the researchers with a sound evidence to fully develop the questionnaire.

The ELiQSR questionnaire included both closed and open questions and essentially some questions allowed a free text response designed to capture the individual views and opinions of the respondents. Therefore both quantitative and qualitative data was gathered from the respondents via the questionnaire. The questions in the ELiQSR questionnaire were developed using existing standards based on those in the American, Australian, English and Irish national standards.

Questions were designed to ascertain the existence of library standards; the awareness of library staff of library standards; the use of library standards and the opinion of library staff to scope ideal library standards. The software used for hosting the ELiQSR questionnaire was Bristol On-Line Survey. A copy of the ELiQSR questionnaire can be found in Appendix 2.

**Distribution of the Survey**
Whilst it is acknowledged that the return rate for electronic questionnaires is recognised as statistically low, it was considered by the researchers that the most optimum method of distribution of the ELiQSR would be electronically via email or the world wide web. The rationale is self-evident, that being, the focus of the research is an international sample population and a wide international response was desired. This sample population could only reasonably be reached satisfactorily via the world wide web.

The ELiQSR survey was launched in September 2013 and was held open for one month. September was judged to be an optimum month for the launch of the survey and data capture as it is immediately after the summer period when main bulk of European holidays are taken and staff have returned to work refreshed. Therefore, it was thought by the researchers that individuals’ interest in their work might be renewed and this may lead to greater participation in the ELiQSR research.
The distribution of the electronic questionnaire was principally via the Eahil membership list.


To encourage optimum response from European Health Librarians the questionnaire was made available in English, French, German and Spanish.

The researchers are also grateful to several other leading practitioners who were asked to distribute the questionnaire via their own organisations, both in the UK and in the rest of Europe and who did so willingly.

A third an invaluable strand of the distribution strategy for the ELiQSR questionnaire was the support the researchers received from the President of Eahil, Marshall Dozier. Marshall endorsed the survey directly by participation via linkedin.

http://www.linkedin.com/groupAnswers?viewQuestionAndAnswers=&discussionID=270285896&gid=129357&trk=eml-anet_dig-b_nd-pst_ttile-cn&fromEmail=&ut=0LPIXISJCjSc1

The approach employed to distribute the ELiQSR questionnaire was successful and achieved a good response rate.

Limitations of the survey results
A degree of bias could be levelled at the research as the distribution of the electronic questionnaire was to Librarians and Information Specialists who as members of Eahil are presumed to be professionally active. However, this population was judged by the researchers to be the ideal sample population and reflective of the wider views of the community of practice of Health Librarians.

Results
Analysis Strategy
The EQLIS survey received a total of 102 responses. One response has been removed from the analysis as the respondent was from Beirut; geographically outside of Europe. Therefore, the analysis is based on 101 respondents. This is judged to be a good result; however, there was not enough discrete data to analyse the results country by country. Therefore strategy for the analysis was subsequently revised to analyse the data as two groups; group one, UK respondents and group two, respondents from the rest of Europe. The statistical analysis was conducted using PASW.

Who are the ELiQSR Respondents?
Respondents numbered 30 from the UK and 22 from Spain; these figures constituted the highest percentage of respondents from individual countries. This is an unsurprising result as these nationalities reflect the nationality of the researchers, Dr. Janet Harrison, Loughborough, UK and Dr. Marta de la Mano, Salamanca, Spain.
The other 70% of the respondents were gathered from a wide range of Health Librarians in many European countries: Belgium, Cyprus, Estonia, Finland, France, Greece, Germany, Ireland, Lithuania, Poland, Portugal, Romania, Slovenia, Sweden, Switzerland, The Netherlands and Turkey. This list of countries reaches across Europe from North to South and East to West. It constitutes a great source of the views of the community of practice of European Health Librarians.

**Fig 1. The ELiQSR Respondents**

It also demonstrates the interest in European Health Library Quality standards across the community of practice and affirmation that this type of regulation and standards are important to Health Librarians.

**ELiQSR Respondents Working Environment**

Table 1 shows responses to Question 3, identifying the working environment of Health Librarians.

Table 1: “Please select the most appropriate category to describe your library”

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>24</td>
<td>23.8</td>
</tr>
<tr>
<td>Hospital</td>
<td>52</td>
<td>51.5</td>
</tr>
<tr>
<td>Other healthcare institution</td>
<td>8</td>
<td>7.9</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>16.8</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>
This shows that 60 of the respondents work in a Healthcare environment and that the majority of these are working in a hospital setting. The remainder of the respondents are split between Academic Libraries and Other. The Other category included the pharmaceutical industry, state and local government libraries.

**Use of Library Quality Standards**

To understand and gain knowledge of the base line of use of Library Standards in European Health Libraries, the ELIQSR questionnaire contained these questions:

**Question 4:** Does your library currently evaluate its service in a systematic way?

**Question 5:** If yes to Q4, do you use any Health Library Quality Standards to evaluate your library?

**Table 2:** “Does your library currently evaluate its services in a systematic way?”

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>56</td>
<td>56.0</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>26.0</td>
</tr>
<tr>
<td>No, but we plan to in the future</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>Don't know</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

56 out of 100 respondents currently evaluate their services in a systematic way.

Only 30 of the 56 respondents using Library Quality Standards in European Health Libraries were able to identify the standards in use. The majority of the responses, 21, stated LQAF. The other Library Standards identified in use are:
• 2 - QAF for Scotland,
• 2 - Standards for Irish HealthCare and Information Services,
• 2 - MLA,
• 1 - ISO 9001:2008
• 1 - EFQM
• 1 - Estandards para Bibliotecas de hospital de Espana.

These results reflect the Health Library Quality Standards that are currently in use across Europe. It also confirms the absence of a European Health Library Standard, as has been identified in the literature.

*Strategic and Operational Variables for the ELiQSR model*

Questions 8 and 9 in the questionnaire addressed the strategic and operational aspects for the ELiQSR Model:

Question 8: Which strategic aspects of Health Libraries Management do you think the European Health Libraries Quality Standard should address?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency of operation</td>
<td>61</td>
</tr>
<tr>
<td>Value for money</td>
<td>62</td>
</tr>
<tr>
<td>Effectiveness of services</td>
<td>84</td>
</tr>
<tr>
<td>Impact of services</td>
<td>79</td>
</tr>
<tr>
<td>Support for health research</td>
<td>85</td>
</tr>
<tr>
<td>Support for health education</td>
<td>72</td>
</tr>
<tr>
<td>Support for patient information needs</td>
<td>54</td>
</tr>
<tr>
<td>Service planning</td>
<td>64</td>
</tr>
<tr>
<td>Service evaluation</td>
<td>77</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
</tr>
</tbody>
</table>

Question 9. Which of the following operational aspects do you think the European Health Libraries Quality Standard should address?
Table 4: Operational Aspects

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing levels (e.g. professional to para-professional ratio)</td>
<td>78</td>
</tr>
<tr>
<td>Service availability (e.g. opening hours; electronic access)</td>
<td>73</td>
</tr>
<tr>
<td>Information services available (e.g. information retrieval; searching skills, analysis &amp; synthesis of data; critical appraisal of literature, document delivery)</td>
<td>82</td>
</tr>
<tr>
<td>Customer focus (e.g. different services for doctors, nurses, students, community, management etc)</td>
<td>78</td>
</tr>
<tr>
<td>Core collection (e.g. minimum standards for health care collection)</td>
<td>65</td>
</tr>
<tr>
<td>Operational service policies (e.g. policy for ILL provision; guaranteed service response times; customer charter)</td>
<td>70</td>
</tr>
<tr>
<td>Physical spaces (e.g. pc provision; work spaces)</td>
<td>66</td>
</tr>
<tr>
<td>Other</td>
<td>67</td>
</tr>
</tbody>
</table>
The results from questions 8 and 9 demonstrate that the majority of variables are valued at similar levels of importance in both strategic and operational terms. The variables for Library Quality Standards of the most importance to respondents are Effectiveness of Service and Impact of Services. These two variables cumulate in satisfying both strategic and operational aspects.
Qualitative results

Comments received from the ELiQSR survey respondents about strategic and operational aspects of standards were copious and insightful. The researchers were pleased to see a great amount of comment on these issues. This paper reports a brief summary of these comments. It is evident that this community of practice is highly literate and able to communicate ideas very easily. The collective responses certainly have a good deal of ambition for the proposed new European Library Standards.

At international level

- “Alignment to EU policy in health, knowledge economy and other relevant policies.”
- “This would show how we are standing against other European libraries and give a broader perspective than just the national one.”

At national level

- “This would allow us to rate our services against national standards across the whole health sector rather than just the NHS as is possible at the moment”
- “compare and be more visual in the library and hospital world”

Predominately, the ELiQRS research indicates that European Health Librarians want new European Health Library Standards to:

- Be easy to use as tools for running services, not a merely a checklist;
- Reflect the different levels of the services; including a mandatory or minimum level of service;
- Evidence the inclusiveness, integration and breadth of service in the wider healthcare environment;
- Evidence the impact of their services in the wider healthcare environment.

Development of the European Health Library Quality Standards ELiQSR Model

The European Health Library Quality Standards, ELiQSR Model is dependent upon two strands of evidence for successful formulation.

The first strand will include the findings from the literature review. eg: Appropriate existing Health Library Quality Standards

The second strand will include Variables from the results of the ELiQSR questionnaire.

The proposed ELiQSR Model will be developed using the first two strands of the research findings.
Key stakeholders, i.e.: the European Health Librarians will be asked to review the proposed ELiQSR Model. This part of the research process will involve Health Librarians from all over Europe. The researchers are confident of practitioners’ involvement and participation in this stage of the research; over 80 respondents to the ELiQSR questionnaire indicated that they would be happy to be consulted and give their views of the ELiQSR Model. This demonstrates the high level of interest in Health Library Quality Standards amongst practitioners in Europe.

The researchers are delighted by this significant level of interest from practitioners in the ELiQSR research and look forward to speaking with many of the European Health Librarians in the future to inform the ELiQSR Model.

Finally….

As one of the ELiQSR respondents commented: “As I work in XXX Expert Group for Evaluation and Quality I know how difficult this is. You want to include everything but it is not possible. Good Luck”.

The European Health Library Quality Standards, ELiQSR Model design will reflect the entirety of the research process.

References


Appendix 1

Health Libraries Standards Historical Development

<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
</table>
| USA     | Joint Committee on Standards for Hospital Libraries. | 1953 | Hospital libraries: objectives and standards | • First American Hospital libraries standard  
• Reprinted in 1962 |
|         | Joint Commission on Accreditation of Hospitals (JCAH) | 1953 | Standards for hospital accreditation | • First mention of the medical library in the standards for hospital accreditation  
• The medical library was considered a desirable but not an essential prerequisite. This was modified in the 1956 revision where it became an essential service.  
• Revised again in 1957: no substantial changes |

1960’s

<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
</table>
### 1960s

<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Joint Commission on Accreditation of Hospitals (JCAH)</td>
<td>1960, 1964 and 1965</td>
<td>Revisions of the Standards for hospital accreditation</td>
<td>No important changes</td>
</tr>
</tbody>
</table>
| United Kingdom| Library Association                                                    | 1965 | Hospital libraries: recommended standards for libraries in hospitals            | • Influenced by the 1953 American hospital libraries standards  
• Considered and essential tool when published. 
• Great influence in the later development of the hospital libraries in the United Kingdom |
| International | International Federation of Library Associations (IFLA)               | 1969 | IFLA Standards for Libraries in Hospitals                                        | • Based in the information and data provided by 21 countries.  
• Primary emphasis on service to patients.  
• Included in the IFLA Standards for public libraries, 1973 |

### 1970’s

<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Association of Hospital and Institution Libraries (AHIL)). Hospital Library Standards Committee</td>
<td>1970</td>
<td>Standards for Library Service in Health Care Institutions</td>
<td>• Replacement of the traditional quantitative measures by the qualitative principles</td>
</tr>
<tr>
<td>Joint</td>
<td>Commission on Accreditation of Hospitals (JCAH)</td>
<td>1971</td>
<td>Accreditation manual for Hospitals</td>
<td>• The standards for library services only could be considered guidelines or suggestions</td>
</tr>
<tr>
<td>Joint</td>
<td></td>
<td>1978</td>
<td>Accreditation</td>
<td>• New section for</td>
</tr>
<tr>
<td>Region</td>
<td>Body/Association</td>
<td>Year(s)</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| United Kingdom                | Library Association                                    | 1972    | *Hospital libraries: recommended standards for libraries in hospitals.*  
|                               |                                                        |         | • Revised edition: minor changes                                                                                                          |
| Library Association           |                                                        | 1978    | *Guidelines for library provision in the health services.*  
|                               |                                                        |         | • Just a consultative document  
|                               |                                                        |         | • More diffuse than earlier standards                                                                                                    |
| Canada                        | Canadian Medical Association                            | 1975    | *Canadian standards for hospital libraries*  
|                               |                                                        | 1977    | Revision  
|                               |                                                        |         | • First set of standards generally accepted.  
|                               |                                                        |         | • Based in previous works and standards: English 1972 *Recommended Standards*; the American 1970 *Standards for Library Services.*  
|                               |                                                        |         | • Appendixes detailing minimum quantitative standards                                                                                     |
| Canadian Council on Hospital  |                                                        | 1977    | *Guide to Hospital Accreditation*  
| Accreditation                 |                                                        |         | • The section on “Staff Library Services appeared revised in accordance with the 1975 *Canadian standards.*  
|                               |                                                        |         | • For the first time the library was considered a separated department                                                                   |
| New Zealand                   | Council of the New Zealand Library Association          | 1978    | *Standards for Library Services in Health Authorities*  
|                               |                                                        |         | • First edition of the standards  
<p>|                               |                                                        |         | • Including libraries both for patients and for staff                                                                                  |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year(s)</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
</table>
| USA             | Medical Library Association                 | 1984    | Minimum standards for Health Science libraries in hospitals                     | • Prepared by the Hospital Library Standards and Practices Committee of the MLA.  
• Intended to assist both hospital librarians and administrator in defining and enhancing library and information services.                                                                                       |
| USA             |                                              |         |                                                                                 |                                                                                               |
| Canada          | Canadian Medical Association                | 1983    | Revisions of the Canadian standards for hospital libraries                      | • No important changes                                                                                                                                                                                    |
|                 |                                             | 1985    |                                                                                 |                                                                                               |
|                 |                                             | 1986    |                                                                                 |                                                                                               |
| Australia       | Library Association of Australia            | 1988    | National minimum standards for hospital libraries                               | • First set of Australian hospital library standards to achieve acceptance by all health librarians in that country                                                                                             |
| Australia       |                                              |         |                                                                                 |                                                                                               |
• Mainly based on the 1988 Australian National minimum standards, although with changes relevant                                                                                                           |
<table>
<thead>
<tr>
<th>Health Information Association of New Zealand</th>
<th>1995</th>
<th>Second revised edition of National minimum standards for Health Library Services in New Zealand</th>
</tr>
</thead>
</table>
| • To be applied in conjunction with the 1990 Department of Health’s guide. 
• The main reasons for the new edition were the significant advances in information technologies and the new developments in management. 
• Need of not just quantitative assessment but also qualitative assurance. |
| Ireland | Library Association of Ireland | 1993 | Standards for Irish Health Care Libraries |
| • First documented. Elaborated in the absence of any previous formal national guidelines. 
• Cemented by the subsequent publication of MacDougal’s report in 1995. 
• In force until the end of the 1990s. |
| • Result of a major revision in the evaluation process for hospitals initiated by the JCAHO in 1987. 
• Shift from standards for individual department to standards for hospital-wide functions (from the “Professional Library Services” chapter to the “Management of Information” section). 
• No mandate for the existence of a hospital library nor librarian. |
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Year</th>
<th>Document Title</th>
<th>Highlights</th>
</tr>
</thead>
</table>
| Medical Library       | MLA                                               | 1994 | *Standards for Hospital Libraries*                                            | • Revised to reflect the changes included in the new JCAHO 1994 *Accreditation Manual*.  
• It lacked quantitative measures.  
• The revisions reflected the impact of the computer and other technologies in the handling of the information. |
| Australia             | Australian Library and Information Association    | 1995 | *National guidelines for hospital libraries*                                  | • They reflected the growing impact of automation upon hospital libraries in the preceding years.                                        |
| Canada                | Canadian Health Libraries Association              | 1995 | *Standards for Library and Information Services in Canadian Health Care Facilities.* | • Based upon careful assessment of client needs, and processes for ongoing evaluation and improvements.  
• Goal: to have satisfied clients able to quickly and effectively obtain the resources and services they require. |
| United Kingdom        | LINC Health Panel                                 | 1998 | *Accreditation of Library and Information Services in the Health Sector: a checklist to support assessment.* | • First national accreditation scheme.  
• Result of a three years project.  
• They reflected the emergence of the Evidence Based Medicine and the culture of quality assurance.  
• Complemented by a toolkit. |

**21st CENTURY (first decade)**

**From 2000 to 2005**
<table>
<thead>
<tr>
<th>Country</th>
<th>Author</th>
<th>Year</th>
<th>Standard title</th>
<th>Main issues</th>
</tr>
</thead>
</table>
| Australia    | Australia Library and Information Association    | 2000 | Third edition of Guidelines for Australian Health Libraries                     | • Attempt to reconcile the demands between qualitative and quantitative standards.  
<p>|              |                                                  |      |                                                                                | • They were basically a modification of the Canadian 1995 standards to local conditions. |
| United Kingdom | Health Libraries and Information Confederation (HELICON) | 2002 | New edition of Accreditation of library and information services in the Health sector: a checklist to support assessment | • Important changes: more holistic approach by assessing areas of activity as a whole; emphasis on the integration of the library into the life of the organizations it is serving; and modification of the previous award scheme. |
|              | Health Libraries and Information Confederation (HELICON) | 2005 | Revision of Accreditation of library and information services in the Health sector: a checklist to support assessment | • The main goal: to update the guidance material, but maintaining the wording of the criteria unchanged. |
|              |                                                  |      |                                                                                | • To be used in facing the challenges derived from the increasing use of the Internet and new information technologies. |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Year</th>
<th>Document Title</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>German Medical Libraries Association (AGMB)</td>
<td>2004</td>
<td>Standards for hospital libraries in Germany</td>
<td>Intended to define the minimum resources needed to meet the requirements of an efficient hospital library and its service offerings.</td>
</tr>
<tr>
<td>From 2006-2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>Canadian Health Libraries Association</td>
<td>2006</td>
<td>New edition of the Standards for Library and Information Services in Canadian Health Care Facilities</td>
<td>They used as a model the 2004 MLA Standards. Influenced also by the 2000 Australian Guidelines. Developed to face the important changes</td>
</tr>
</tbody>
</table>

Several factors (growing complexity of the IM, consideration of the patients’ safety and significance of the Evidence Based Medicine) reinforced the importance of the medical library and librarian.

- Focused on the functions the library provided to the hospital.
- Again, no provision that the hospital should have a library or a librarian.
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Year</th>
<th>Document Title</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Medical Library Association (MLA)</td>
<td>2007</td>
<td>New edition of the Standards for Hospital Libraries</td>
<td>A new technology standard was added “to support the library’s mission of providing Knowledge Based Information (KBI) resources” (Standard 11). Outcomes based standards.</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>National Library for Health (NLH)</td>
<td>2008</td>
<td>The National Service Framework for Quality Improvement of NHS Funded Library Services in England</td>
<td>Aimed to put knowledge to work and to modernize the library services and staff roles for facing 21st century challenges. Endorsed by the simultaneous publication of Peter Hill’s report. Focused on three key aspects.</td>
</tr>
<tr>
<td>NHS Strategic Health Authority Library Leads (SHALL)</td>
<td>2010</td>
<td>NHS Library Quality Assurance Framework (LQAF) England</td>
<td></td>
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</tr>
<tr>
<td>-----------------------------------------------------</td>
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<tr>
<td></td>
<td></td>
<td>• Revolving around the delivery and provision of knowledge as the health library services’ core function.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intended to be implemented in any type of knowledge service, not only libraries.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Most Recent

<table>
<thead>
<tr>
<th>NHS Strategic Health Authority Library Leads (SHALL)</th>
<th>2012</th>
<th>New version of NHS Library Quality Assurance Framework (LQAF) England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• It provides a quality assurance tool for library/knowledge services serving all NHS staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To be used to audit the quality of the service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Two new knowledge management criteria has been included in this version.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Actually in use</td>
</tr>
</tbody>
</table>
Appendix 2

ELiQSR Questionnaire

Introduction
Janet Harrison (Loughborough University, UK) and Marta de la Mano (University of Salamanca, Spain) have been funded by EAHIL to develop the framework of a model to inform Health Library Quality Standards in Europe. This questionnaire has been developed as part of this project, to gain the views and opinions of health librarians across Europe about Health Library standards in Europe, both in use and desired. We would be grateful if you could spare 10 minutes to complete the questionnaire. All responses will be confidential, and no individual libraries or librarians will be identified in the analysis and reporting of results. The closing date is 30th September 2013.

If you require any further information, please contact Janet Harrison (j.harrison@lboro.ac.uk) or Marta de la Mano (lamano@usal.es).

EAHIL, Loughborough University, University of Salamanca

Section 1: Your library

1. Please give the name of your library and its parent organisation

2. Country

3. Please select the most appropriate category to describe your library
   Academic
   Hospital
   Other healthcare institution
   Voluntary
   Other (please specify):

4. Does your library currently evaluate its services in a systematic way?
   Yes
   No
   No, but we plan to in the future
   Don't know

5. If yes to Q4, do you use any Health Library Quality Standards to evaluate your library services?
Yes
No
Don't know

a. If yes, how helpful do you think these Health Library Quality Standards are in evaluating your library services?
   Very helpful
   Quite helpful
   Not helpful
   Don't know

i. Please give the name of this set of Health Library Quality Standards

ii. Are these standards based on a National or International set of quality standards?
   Yes
   No
   Don't know

iii. If yes, please give the name of this set of National/International quality standards

b. If you are not using any Health Library Quality Standards, can you say why not?
   (select all that apply)
   Don't know of suitable quality standards
   Lack of time to apply quality standards
   No requirement from management
   Other (please specify):

6. Please add any comments about the use of Health Library Quality Standards in your library

Section 2: Future health library quality standards

7. What benefits do you think could be derived from a European Quality Standard for health libraries?
   Benefits
   a. At an individual library level
   b. At national level
   c. At international level

8. Which strategic aspects of Health Libraries Management do you think the European Health Library Quality Standard should address?
   (select all that apply)
   Efficiency of operation
   Value for money
   Effectiveness of services
   Impact of services
   Support for health research
   Support for health education
   Support for patient information needs
   Service planning
   Service evaluation
   Other (please specify):

9. Which of the following operational aspects do you think the European Health Library Quality Standard should assess?
   (select all that apply)
   Staffing levels (e.g. professional to para-professional ratio)
   Service availability (e.g opening hours; electronic access)
   Information services available (e.g. information retrieval; searching skills, analysis & synthesis of data; critical appraisal of literature, document delivery)
   Customer focus (e.g. different services for doctors, nurses, students, community, management etc.)
   Core collection (e.g minimum standards for health care collection)
   Operational service policies (e.g. policy for ILL provision; guaranteed service response times; customer charter)
   Physical spaces (e.g. pc provision; work spaces)
Other (please specify):

10. At what level do you think new European Health Library Quality Standards should be set?
   General, so that countries can interpret them according to local circumstances
   Detailed, so that aspects of service quality can be compared between countries, but with flexibility to accommodate local circumstances
   Specific, so that there is little scope for variation according to local circumstances

11. Please add any comments about future Health Library Quality Standards

Section 3: Contact details
12. If you are happy to be contacted again or would like a copy of the final report, please indicate below:
   (select all that apply)
   I am happy to be contacted again for follow-up questions
   I would like to receive a copy of the final report of the project
   If you have ticked either of the boxes above, please provide your email address

Thank you for participating in this research
Note that once you have clicked on the CONTINUE button your answers are submitted and you cannot return to review or amend this page. However by clicking the FINISH LATER button your answers are not submitted but simply stored until you continue.

Thank you for taking the time to complete this questionnaire.
For questions relating to this survey or the use of BOS at Loughborough University, please contact: Sharon Fletcher (lisu@lboro.ac.uk)

View and print your responses
Please note that you will only be able to follow this link within 15 minutes of completing the survey. After this time you will not be able to access your responses.
Alternatively you can view your responses with a list of all the possible responses for a question:

View and print your responses
View and print your responses (including all possible responses)