

May 28, 2003

Patricia A. Gabow, M. D.
Chief Executive Officer and Medical Director
Denver Health Medical Center
777 Bannock St.
Denver, CO 80204-4507

Dear Dr. Gabow,

The Executive Committee of the Colorado Council of Medical Librarians, Inc. (CCML), a statewide organization of individuals involved in information management in the health sciences, is writing to express our concern about the proposed closure of the Denver Health Medical Center Medical Library. Several issues concern us:

Reciprocity and Community Benefit

Through various activities, CCML promotes cooperative arrangements with the hospital libraries where our members are employed. Reciprocal interlibrary loan is based on the premise that all participants have a library collection and library staff, and therefore no charges are levied for borrowing. In addition, because the DHMC Library participates in the UCHSC Impulse Online Catalog, the staff and residents of DHMC have enjoyed the privilege of being able to borrow directly from other participant libraries. Again, this is based on the fact that the DHMC has a collection to share and a staff to enforce the rules of reciprocal borrowing.

The closing of this library, with the elimination of a collection and staff, will have the immediate effect of cutting off the DHMC medical staff, house staff, nurses, pharmacists, and other allied health personnel from these privileges. While some of the DHMC staff have access privileges at UCHSC Denison Memorial Library, most of the other health care professionals do not.

Patients and community members who have used this library for accurate health information will also be affected. Voters who responded positively to DHMC's recent appeal for community support for the \$140 million dollar bond issue are dismayed to hear of the loss of this resource for health care professionals and the community.

Patient Safety

Some hospitals that lack convenient, well-organized access to information for clinical decision making may experience unnecessary medical tests, increases in medical errors or malpractice costs. Errors have resulted even when well-meaning physicians have conducted their own literature searches. The lack of knowledge of the adverse effects of a medication given to a research volunteer at Johns Hopkins was a major cause of her death. While the supervising physician made a good-faith effort to research the drug's effects, his search focused on a limited number of resources and failed to uncover citations warning of lung damage associated with hexamethonium. The external review committee recommended in their final report the safeguard of "requiring investigators to collaborate with a librarian and a pharmacist to strengthen literature searches regarding previous studies for any substances for which the FDA does not require an IND." (<http://www.hopkinsmedicine.org/press/2001/AUGUST/actionplan.htm>) An onsite library makes collaboration with a medical librarian much more likely because it is convenient.

Cost-Effectiveness of an Onsite Library

The DHMC Medical Library staff provides access to information in an efficient and centralized manner. The need for information will continue after the closure, but will be addressed in a much less efficient manner. Following a library closure costs for document delivery and information retrieval increase. Hidden costs include lost time as health care professionals struggle to identify and retrieve information that was previously located quickly via the onsite library.

On the attached charts, some features of the DHMC Medical Library are compared to national benchmarks of library budgets and services provided by the Medical Library Association Benchmarking network (<http://www.mlanet.org/members/benchmark/index.html> - Members Only). The charts show that the DHMC Medical Library is supported financially at a much lower level than the national median. At the same time due to the efficiency of the staff and the cooperative climate in Colorado, all the service levels shown are higher than the national median. These efficiencies will be lost if the library closes, and all costs for information will be higher.

JCAHO

The DHMC Medical Library closure also calls into question compliance with the new JCAHO Element of Performance: “*There is a plan to provide for access to information during times when electronic systems are unavailable.*” The elimination of a centralized collection of print resources and professional staff to manage them will make compliance difficult. Print resources need to be managed to ensure that they are current, authoritative, complete, and available to all who need them, not scattered throughout the organization. The new JCAHO Periodic Performance Review requires a hospital to respond to its compliance with all standards, including those addressing knowledge-based information.

While we recognize the financial constraints facing all hospitals, our experience has taught us that reliance on electronic resources to replace professional library services results in inefficiency in information retrieval. Publishers are notorious for changing the content of their products with little notice. In addition, electronic resources, such as UpToDate, often produce an increase in requests for additional information not available electronically.

We urge you to reconsider the decision to close the DHMC Medical Library.

Sincerely,

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