In This Issue:

- Mission I’mPossible: A Game for Network Members
- National Library of Medicine Exhibition Program
- EFTS Award: Apply Now
- Site Visit Report
- Whooo Says...
- Veteran’s Health Information Resources
- Calculating the Value of Libraries
- Overcoming Barriers

Mission I’mPossible: A Game for Network members

Good morning Mr. or Ms. Net Workmember,

The National Network of Libraries of Medicine, MidContinental Region is inviting you to engage in a game where the mission, should you choose to accept it, is to accomplish as many tasks as possible to accumulate points that will, depending on your performance as a librarian, earn you a spot on the leaderboard and potentially lead you to winning the game.
Many of the tasks you will be completing will challenge and increase your skills and knowledge as a librarian. You will be asked to advocate for yourself and your library program, participate in professional development activities, increase you skills in the use of technology that can enhance your library’s reach and enrich your library’s program.

As challenging as this might be, we are confident that you will be able to take on anything thrown at you.

As always, should you or anyone on your IM Force Team be caught or killed, the secretary will disavow any knowledge of your actions.

This description of the game theme will self-destruct in five seconds.

Good Luck!

We here at the RML hope that the above introduction to the MCR Game we are calling “Mission I’mPossible” has stirred some interest within you – enough that you are considering play the game.

The Mission I’mPossible theme is just one of the games we plan on introducing over the next few years (this theme ends April 30, 2014). Proposed future themes we are looking at are, “Pirates of the i’Caraboutbeing a Librarian” and “Raiders of the Lost Arn’tcha’gonnaRaiseMyBudget”

For those who need more convincing, the concept of “gaming” in the workplace is not a new one but has gotten more and more traction over the last few years. Simply type “gaming in the workplace” into Google and you will see what I mean. The RML’s venture into gaming is to offer another way to for Network members to engage in RML activities to benefit themselves – with the added element of good old healthy competition. We are also attracted to game play as a motivational way for members to share what they’re doing while at the same time trying to beat the pants off the competition.

If you really boil this game down, it is an online place for you to record the things you do everyday but earn points for doing them. When you earn points, you have a chance of winning the game.

A full description of the game and how to register is here http://nnlm.gov/mcr/services/game/ THE GAME IS READY TO PLAY NOW!!!

At the time this article was written, there were approximately 80 points available to redeem. Each month adds more game tasks. For instance, players can earn points by attending the live or archived sessions of Breezing Along with the RML and Spotlight on NLM Resources. There are Advocacy, Health Information Literacy, and Technology tasks coming very soon. But don’t put off registering to play the game. Some game tasks expire after a certain number of days.

The winner of the "Mission I’mPossible" game is the player with the most accumulated points across the play areas (Advocacy, Education, Health Information Literacy, and Technology) by the last day of April 2014. The winning player must have earned at least 110 points in each play area. The only way to win is to play!

We hope you will accept this mission. Good Luck!

For any questions, please contact John Bramble john.bramble@utah.edu

-John Bramble, Utah/Technology Coordinator

National Library of Medicine Exhibition Program

Ever thought of participating in the Traveling Exhibits from the National Library of Medicine?
Take a look at institutions in our region that have had exhibits and those that are scheduled:

**Past Traveling Exhibits since May 2013**

- Life and Limb: The Toll of the American Civil War, July 22- Aug. 31, 2013, Health Sciences Library – University of Colorado
- And There’s the Humor of It: Shakespeare and the Four Humors – July 22- Aug. 31, 2013, University of Kansas School of Medicine
- Harry Potter’s World: Renaissance Science, Magic, and Medicine, July 29-Sept. 7, 2013, Pueblo City-County Library District – Colorado

**Current and Upcoming Exhibits for 2013/2014**

- And There’s the Humor of It: Shakespeare and the Four Humors – Sept 16- Oct. 26, 2013, Health Sciences Library – Creighton University – Nebraska
- Harry Potter’s World: Renaissance Science, Magic, and Medicine, March 10-April 19, 2014, University of Kansas School of Medicine
- Life and Limb: The Toll of the American Civil War, April 14- May 24, 2014, University of Nebraska – Lincoln

Did this bring up some questions? We have answers. Take a look at the FAQ’s for "Book a Traveling Exhibition:” http://www.nlm.nih.gov/hmd/about/exhibition/booktraveling-faqs.html

Then move right on to the "Book a Traveling Exhibition" page for a description and availability of exhibits: http://www.nlm.nih.gov/hmd/about/exhibition/booktraveling.html

This is a great low-cost way to bring some attention to your library!

-Marty Magee, Nebraska/Education Coordinator

---

**EFTS Award – Apply Now!**
The Electronic Funds Transfer System (EFTS) is a partnership between the U.S. National Library of Medicine, the NN/LM and the University of Connecticut Health Center/ Lyman Maynard Stowe Library. The system is used by health sciences libraries to process interlibrary loan transactions and is currently used by almost 1,400 libraries.

Why should you use EFTS?

- It reduces costs
- It reduces paperwork and human error
- It’s efficient
- It’s a flexible system
- It provides management reports

Learn more about the system: https://efts.uchc.edu/public/AboutEFTS.aspx

What’s the EFTS Award?

The NN/LM MidContinental Region (MCR) is offering $150.00 in startup funding to each Network Member library enrolling in the EFTS program.

Eligibility:

- You must be a MCR DOCLINE library and not currently participating in the EFTS program.
- Apply for funding by October 31, 2013. Applications will be accepted and reviewed until funds are no longer available, or until the deadline.

To learn more about the award, requirements and how to apply online: http://nnlm.gov/mcr/funding/#A3

If you think you would like to take advantage of this funding offer, don’t hesitate to apply! The deadline is quickly approaching!

For any questions, contact Jim Honour: jhonour@uwyo.edu or at 800-338-7657 opts. 1, 2, 8.

Site Visit Report:

Innovation, Creativity, Enthusiasm

The MCR staff received the report for the site visit conducted in July. We loved the first sentence, "The National Network of Libraries of Medicine (NN/LM) MidContinental Region (MCR) is characterized by innovation, creativity and enthusiasm." All our anxiety drained out; and we breathed a sigh of relief.

Strengths of the Region

In addition to the compliments for the staff, the team highlighted accomplishments. These included an increase in membership among public libraries, an increase in readers of the Bringing Health Information to the Community blog and a new publication system incorporating postings contributed from four other RMLs. They acknowledged our strengths: the commitment of the Resource Library Directors to the distributed model and that MCR is one of the few regions that has an advocacy coordinator.

Site Visit Team Recommendations

Each member of the team synthesized all they learned about the NN/LM MCR and submitted a report back to NLM. These reports included a compilation of recommendations. The recommendations for the MCR concern our advocacy programming, the role of members in developing programming, and internal actions. Some of the recommendations confirm areas where we intended to focus our efforts.
**Advocacy Programming**

1. There should be better alignment of advocacy work being done with state hospital associations. There seems to be a conflict between what the state is doing and what the MCR is doing.
2. More emphasis should be placed on developing tools and services for hospital libraries that allow them to leverage existing resources in order to demonstrate their direct impact on patient outcomes.
3. The MCR should keep Network members abreast of library advocacy activities.
4. Additional resources are needed to support hospital libraries and assist in redefining the role of hospital libraries.

In addition to these recommendations for the NN/LM MCR, the team also wrote recommendations for NLM.

- Engage hospital administrators in dialogue regarding hospital librarians as a joint venture with the Medical Library Association. Or independently promote the value of hospital libraries and their role in the delivery of healthcare at the national level, not in conjunction with MLA.
- Develop clear and concise metrics related to hospital libraries that demonstrate value added services that impact patient outcomes.

**Member Role**

1. The MCR should reach out to inactive and/or new members to build relationships and get more people involved in regional programs and activities.

**Consortia Licensing**

1. Facilitate more consortia buying.

**Internal Actions**

1. The MCR should identify the relationship between the Healthy People goals and RML activities.
2. The distributed model works for the MCR. It would be good to demonstrate formally the success of this regional model in some way.

**Getting Ready**

Just to recap, the National Library of Medicine (NLM) conducts a site visit for each Regional Medical Library and each NN/LM Center once during a five-year contract. An outsider’s view can help NN/LM and NLM staff gain a fresh perspective on our programs, how we’re carrying them out, the outcomes we want from them. NLM recruits a health professional, a hospital librarian, an academic health sciences librarian, plus a team leader for the site visit team.

To gain insights into the NN/LM MCR program the site visit team did extensive reading that included the MCR’s 5-year contract proposal, and quarterly and annual reports submitted to NLM. They also bounced in and out of our postings in — the RML News blog, Plains to Peaks Post, Facebook and Twitter.

Team members attended a discussion session where selected librarians from the region answered a series of questions on what MCR programming was of value and identified needs that could use more attention from the NN/LM and NLM. Additional Network members answered the same questions in a SurveyMonkey form. By the time site team members gather for the staff presentation summarizing our first 2 years of the contract, they have a pretty good idea on what’s been happening in the region.

They were taken on a virtual tour of the RML and the MCR’s Resource Libraries, interacted with us as we covered 2 years of accomplishments (a summary of the presentation was the focus of the August Breezing Along of the RML) and had a "worthwhile discussion" with Resource Library Directors.


-Claire Hamasu, Associate Director

---

**Whoooo Says**
Dear Whooo,

I’m an academic librarian who has also recently worked in a hospital library. I follow your column with interest, and have also taken the Measuring Your Impact class to learn how to value and promote my library services and collection. I’m not quite sure what is happening in our institutional environment, but the approach of demonstrating the librarian’s value to the institution is not working well. Managers and administrators keep talking about Lean principles and Six Sigma but I’m not sure how this translates to demonstrating the worth of my library.

Puzzled

Dear Puzzled,

I’m glad to hear that you are interested in the evaluation portion of your job as well as the more traditional roles of searching, education, and reference. You raise a very good question. I suspect there are others in our region who are confused about the same issue.

Measuring Your Impact is based on the logic model, a tool created by Martin Quigley and most often used to evaluate the effectiveness of a program. The logic model works on the relationship between the elements of your program by determining if we use available resources and implement our program successfully, then we can expect certain outputs and outcomes. Logic models are great tools for program planning and evaluation.

Lean and Six Sigma are different. Both of these are very complex, and will require some extra reading for you to be proficient in their application. I’ll try to give you a nutshell view of both here.

"Lean" is a production practice that focuses on the use of resources to create value for the end customer. Any other use is considered wasteful and a target for elimination. Lean was derived from the Toyota Production System (TPS) and focuses both on tools that identify and eliminate waste and improving the workflow to eliminate unevenness throughout the system.

"Six Sigma” is also a manufacturing application. It was developed by Motorola in 1981 and is a set of strategies, techniques, and tools for process improvement. The reason for using Six Sigma is to improve the quality of process outputs by identifying and removing errors and by standardizing manufacturing and business processes.

Generally, each of these philosophies is implemented separately, although recently some companies (Verizon, GE, IBM and Sandia National Laboratories) have combined the Six Sigma ideas with lean manufacturing to create “Lean Six Sigma.”

With the economic pressures facing health care, many organizations are adopting one or both of these philosophies. Three articles you may want to read for further insight are:


The important thing for you, Puzzled, is to identify which philosophies are important in your environment, and structure your planning and evaluation within those frameworks. For instance, if the important focus is to increase efficiency, then you can look at how your services increase the efficiency and success of your users. Or, if the focus is to eliminate waste, you can focus on eliminating any excess from your processes. The key is to align your efforts with what is important in your institution, and to use the language of the institution to define your contribution. It will then be much easier to demonstrate the contribution of your services to the organization as a whole. Please note that you can adapt the logic model process that you are using to plan in the Lean or Six Sigma philosophy. Also, if your organization is implementing either of these philosophies and is offering training on how to use them, be sure to take advantage of that training.

Your question has really opened up a large discussion, Puzzled. I hope you will search out resources to help
you within your institution as well as doing some extra reading on your own. Change in management philosophy often requires a major adjustment in your thinking; making that change will keep you in alignment with your administration and able to be agile in your planning and evaluation.

Sincerely,

Who00

---

**Veteran’s Health Information Resources**

Veterans and their family members need reliable health information resources sensitive and pertinent to their needs. They are unique community members with unique life events and experiences. Many of the skills and coping mechanisms veterans developed during service may prove counterproductive or be misunderstood in civilian life. This, in addition to physical injuries and mental health issues, can make readjustment challenging for the individual, family members, and health providers.

**Military Health Issues**

Our nation’s nearly 24 million veterans have greater rates of obesity and diabetes, and over one-third suffer from arthritis. Suicide rates among veterans are 7-8 times higher than the general population – 1 nearly every 65 minutes. Military personnel who served in Iraq and Afghanistan survived wounds in numbers far greater than in previous wars – some 48,000 – due to advances in body armor, combat medicine, and improved evacuation procedures. However, the injuries sustained – traumatic brain injury, amputation, blindness, spinal cord injuries, and burns – require sophisticated, comprehensive, and often lifetime care. Mental health issues, like post-traumatic stress syndrome (PTSD), are being reported in high numbers of returning service members. Veterans injured in these two wars were more than twice as likely as those uninjured to have difficulty readjusting to civilian life, and nearly half stated strains in family relationships and frequent outbursts of anger. By the end of 2010, 2.15 million service members had been deployed, and of those returning:

- 23% suffered from mild traumatic brain injury (TBI)
- 20% from post-traumatic stress disorder (PTSD)
- 37% from depression
- 39% reported problems with alcohol

**Access to Care**

Access to healthcare after deployment can be an additional challenge. Veterans are not automatically eligible for Veterans Affairs (VA) health care. Eligibility is based on veteran status, service-related disabilities, income level, and other factors. Even if an individual is eligible, barriers such as proximity to a VA facility and cost-sharing requirements may affect seeking care in the VA system.

Rural veterans face additional health care challenges for a variety of reasons, including unequal access to higher quality services, shortages in qualified health professionals, lower incomes, and limited transportation options. On average, rural Veterans travel between 30-90 minutes for primary care, and 60-120 minutes for inpatient care. Forty percent of the nation’s veterans live in rural areas; three-fourths of rural veterans are over the age of 55.

**Homelessness**

Nearly 1 in 7 homeless adults are veterans, with another 1.5 million at risk of homelessness. PTSD, depression, TBI, substance abuse, low income, unemployment, and difficulty reintegrating into society after long and repeated tours of duty contribute to this surge in homelessness. The [Open Doors](http://www.usich.gov/opening_doors/) program, initiated to end homelessness by 2015, reported a 17% reduction in 2012. This program, a collaboration of 19 United States Interagency Council on Homelessness (USICH) member agencies, works to increase stable and affordable housing, provide opportunities for employment and improve access to healthcare.
## Resources

There are many government sponsored and non-profit organizations serving the needs of veterans and their families. The [Veterans Health Resource Guide](http://ow.ly/nrm5V) provides a wealth of information for veterans, family members, care givers, and health providers. This guide has information on military health and exposures, clinical care information, insurance and benefits, recommended reading, and policy information. A few of the resources are highlighted below:

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>URL</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputee Coalition</td>
<td><a href="http://www.amputee-coalition.org/">http://www.amputee-coalition.org/</a></td>
<td>The nation’s leading organization on limb loss, offering education, support and advocacy. Provides information on what amputees might experience the first 12 months after limb loss, prosthetics, skin and tissue care, and physical therapy.</td>
</tr>
<tr>
<td>Military Families Resource Center</td>
<td><a href="http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Military_Families_Resource_Center/Home.aspx">http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Military_Families_Resource_Center/Home.aspx</a></td>
<td>From the American Academy of Child and Adolescent Psychiatry. This site’s focus is the mental health of the veteran, spouse, partner, children and caregivers. Information on how to talk with children about deployment and reintegration, how to deal with media coverage of conflicts, and the needs of returning service members.</td>
</tr>
<tr>
<td>Women Veterans Health Care</td>
<td><a href="http://www.womenshealth.va.gov/">http://www.womenshealth.va.gov/</a></td>
<td>Women are the fastest growing group within the veteran population. The Department of Veterans Affairs has several initiatives to improve services for women veterans. This site provides information on health care services for women including reproductive care, rehabilitation, mental health, and treatment for military sexual trauma.</td>
</tr>
</tbody>
</table>
service, and family issues.

-Dana Abbey, Colorado/Health Information Literacy Coordinator

-Terri Ottosen, Consumer Health Coordinator, NN/LM Southeastern/Atlantic Region


2 Operation Enduring Freedom (OEF) is the name for the war in Afghanistan. Operation Iraqi Freedom (OIF) is the name of the conflict in Iraq that began on March 20, 2003, and ended on December 15, 2011. On September 1, 2010, Operation New Dawn (OND) became the new name of OIF (Secretary of Defense Memorandum, February 17, 2010).


Calculating the Value of Libraries

In 2008, Barb Jones and Betsy Kelly, the Library Advocacy and Assessment and Evaluation Coordinators respectively, developed a calculator (http://nnlm.gov/mcr/evaluation/calculator.html) for demonstrating the economic value of library services. The concept had been used by state and public libraries to show the benefit, in tax dollars, the user received during a visit to the library. Our calculator turned that idea on its side to allow librarians to use data they were likely already collecting to illustrate the value they return to their institutions. We thought it would be interesting to try to get a picture of the value of services provided by health sciences libraries nationwide so we decided to invite librarians to enter their data in the online form and submit the results to us. Over the past five years we have received usable data from 213 libraries across the U.S., in Canada, and a few other countries.

The calculator returns the simple cost/benefit ratio (CBA), which is often also referred to as the return on investment (ROI). We realized from the outset that the results were dependent upon whatever data the librarian entered in the calculator form. Self reported data might be suspect but the aggregated results have been consistent across time, library type, and size and we are confident that they are a reasonable reflection of the value libraries provide for the dollars allocated for their budgets.

Submissions were received from every institution type and NN/LM region. Libraries in the NN/LM account for 85% of all submissions regardless of institution type. The MidContental region contributed 44, or 25% of the regional submissions.
We have five years of data and the average CBA for all U.S. libraries reporting is 9:1 and 8:1 for academic, hospital and corporate libraries in the NN/LM. That is, for every dollar budgeted for the library, users realize a benefit of between $8 and $9. Fifty seven percent (121) of submissions were from hospital libraries and 16% (34) were from academic libraries. For hospitals the average CBA is 6.6:1 and 21:1 for academic libraries reporting.

By institution type academic libraries show the largest benefit per dollar budgeted, followed by large Plains to Peaks Post http://nnlm.gov/mcr/p2pp/
It is clear from these data that the value of libraries can be calculated. These data are direct – that is a specific service or resource is used and the service or resource can be assigned a monetary value based on the cost to obtain that service or resource elsewhere. These calculations do not include time savings for the user, resource savings due to library purchases as opposed to duplicate purchases for the same resource across an institution, the value of research income, patient outcomes or cost savings from having accurate information available when needed. Anecdotes shared with us illustrate the impact these calculations have had when shared by librarians with their administrators. We encourage you to consider looking at your CBA and discussing the results with your administrator. Barb Jones and Betsy Kelly are available for help and questions.

-Betsy Kelly, Assessment & Evaluation Coordinator

### Overcoming Barriers:

**Strategies for Increasing Internet Access to Restricted Resources**

Social media has become an important part of health care for both clinicians and patients. Over half of the smartphone owners in the United States have gathered health information on their phones. According to a study in the *Journal of Medical Internet Research*, one in four U.S. physicians now use social media at least daily in clinical practice and 33% found devoting time to social media was an essential use of time, more beneficial than risky, and with high quality information returns. Medical libraries are using Web 2.0 technologies (blogs, wikis, Facebook, Twitter) to promote their libraries, teach and engage students, and support the research and informational needs of clinical professionals. These activities enhance the library's visibility and enable them to reach a greater number of users. But there are many health care organizations that limit or completely restrict access to these technologies and hospital and specialized medical libraries are those most affected.

The MCR Working Group on Barriers to Internet Access has created a new resource on our web site, [Strategies for Increasing Internet Access to Restricted Resources](http://nnlm.gov/mcr/p2pp), to provide support for these libraries. The site includes some suggestions for working with your institution, an outline for developing a social media plan, and additional resources and articles that provide guidance for the implementation and use of social media.

The first step is to understand why your organization has policies that limit access. Restrictions are often imposed due to privacy issues, security concerns, and the need to operate within a closed intranet. Posting to an organization’s own social media sites may be restricted to specific departments to maintain a cohesive public message.
Understanding the organizational concerns and needs will enable you to determine who to approach and how to make a case for the use of social media.

It is essential to build a good working relationship with your IT department. With a greater understanding of how your organization makes use of technology, you will be able to see how you can work within your technological structure or if you need alternative access options. You may be able to make a case for an exception for the library. This resource also lists some additional technological options you can explore.

Develop a detailed social media plan before approaching your administration. There are some excellent guides for developing social media plans on our resource, including policies and best practices from the CDC and the Agency for Healthcare Research & Quality (AHRQ). It can be overwhelming to attempt to implement several social media tools at the same time and you may want to begin by focusing on one tool, such as a blog or Twitter. Outline how you will use the tool, define your intended audience, create sample posts for illustration, and list your goals and projected outcomes.

You may want to use other successful libraries as examples and we’ve included information from the University of Maryland Medical System and the Mayo Clinic. “Going Social to Get Local: Engaging Your Community via Social Media,” is an excellent presentation (archival recording and slides) of how a public library explored social media, devised a plan, and successfully implemented it. Their experience can be adapted to any type of library and illustrates how even smaller libraries can incorporate social media. Ideas can also be gleaned from other hospital library’s Twitter feeds or Facebook sites, some of which are mentioned in The Krafty Librarian post. Subscribe and follow other libraries to see what your colleagues are doing.

We also offer individual consultations to address your specific issues. We can assist you in developing a social media plan and/or evaluating your use of social media. You can contact either of our technology coordinators: John Bramble, john.bramble@utah.edu or Rachel Vukas, rvukas@kumc.edu. We hope these resources will provide ideas and techniques to make social media a viable tool in your library. If you have additional suggestions or resources to add to this site, please contact us.

-Rachel Vukas, Kansas/Technology Coordinator
