Tips and tricks for clinical librarians: success in an embedded role

Tom Roper & Igor Brbre, Clinical Librarians
Brighton and Sussex NHS Library and Knowledge Service
EAHIL 2019 - Learn/Share/Act/Bridge Borders
17 June 2019
9:30 Introductions
9:35 Background to clinical librarianship
9:45 Evidence for clinical librarian services
9:50 From evidence to business case
9:55 First group work task: identify drivers for a clinical librarian service
10:15 Who to work with
10:20 Second group work task: identify teams in your organisation
10:45 Refreshment break
11:00 Expert searching for the clinical librarian
11:10 App swap: mobile technology and the clinical librarian
11:20 Career pathways, skills and attributes
11:25 Third group work task: job description, person specification and advertisement for a clinical librarian post
11:35 Emotional resilience
11:40 Service evaluation
12:00 The future of clinical librarianship
12:10 Fourth group work task: future planning
12:25: Conclusions, next steps
12:30 Close
Clinical librarianship: the background

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What is a clinical librarian?
κλινικός, η, όν.

A. of or for a bed: as Subst., κλινικός, ὁ, physician who visits his patients in their beds, Gal.12.829, AP11.113 (Nicarch.); title of work by Damocrates, Gal.13.349; ἡ ἕκτη (sc. τεχνη) his art or method, Plin.HN29.4.


Lamb 1976
Sackett 1998
Brettle 2016
Lamb 1976
Three key articles


Gertrude Lamb, 1918–2015, AHIP, FMLA
First inconclusive British experiments

The drivers of the 1990s

Evidence based-medicine
Technological innovation
New roles in Britain: perm any 2 words from column 1 and column 2

Primary Care
Mental Health
Commissioning
Public Health
Patient Information
Improvement/Innovation

Librarian
Evidence Specialist
Knowledge Specialist
Evidence for Clinical Librarian services

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The Rochester study (1992)

- Hospital librarians in Rochester, New York
- 448 physicians in the Rochester area between September 1990 and March 1991 asked to request information related to a current clinical case and evaluate its impact on the care of their patients
- 80% of the 208 physicians:
  - changed an aspect of patient care: diagnosis (29%), choice of tests (51%), choice of drugs (45%), reduced length of hospital stay (19%), and advice given to the patient (72%)
  - avoid the following: hospital admission (12%), patient mortality (19%), hospital-acquired infection (8%), surgery (21%), and additional tests or procedures (49%)

“The physicians rated the information provided by the library more highly than that provided by other information sources such as diagnostic imaging, lab tests, and discussions with colleagues.”
The "Evidence Cart" (1998)

- Feasibility study of use of evidence during 1 month (April 1997) and anonymous questionnaire (May 1997)

- Seventy-one (90%) of 79 searches regarding patient management were successful: 37 (52%) confirmed current or tentative diagnostic or treatment plans, 18 (25%) led to a new diagnostic skill, an additional test, or a new management decision, and 16 (23%) corrected a previous clinical skill, diagnostic test, or treatment

- When the cart was removed the need for evidence rose, but sought for only 12% of the time (5 searches performed out of the 41 times evidence was needed)

“Making evidence quickly available to clinicians on a busy medical inpatient service using an evidence cart increased the extent to which evidence was sought and incorporated into patient care decisions.”
The impact of clinical librarian services in NHS (2016)

- Project began in 2009, when author returned from the EBLIP4 conference
- In 2011 together with the clinical librarians group carried out a systematic review on evaluating clinical librarian services that updated the evidence on effectiveness and highlighted the gaps in evidence to demonstrate the impact of clinical librarian services
- So the largest clinical librarian study in the UK to date was started, and all clinical librarians across the region were invited to participate, with the aim to understand the impacts of CL services within National Health Service (NHS) organisations
- Results show direct contributions to choice of intervention (36%) diagnosis (26%) quality of life (25%), increased patient involvement in decision making (26%) and cost savings and risk management including avoiding tests, referrals, readmissions and reducing length of stay (28%)
- “We were able to show that clinical librarians improve quality and help save money as well as affecting patient care directly”
References


From evidence to business case: first workshop task

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What persuades organisations to introduce clinical librarian services?

- External evidence
- Local drivers:
  - Problems
  - Opportunities
- Previous experience in other organisations
- Enthusiasm for libraries, librarians and evidence
CHF/£/€?
Workshop task

In your organisation what could a clinical librarian contribute? What problems could the clinical librarian solve for the organisation? What will convince your chief executive officer or equivalent? How would you justify the funding?
Who to work with

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Brighton and Sussex University Hospitals NHS Trust

Two acute hospitals in Brighton and mid-Sussex in southern England. Also includes

- Royal Alexandra Children’s Hospital
- Sussex Eye Hospital
- Regional Major Trauma Centre
Brighton and Sussex University Hospitals NHS Trust

8,903 staff (2017-18)
2016: found inadequate by Care Quality commission
Placed in quality special measures and financial special measures
Removed from financial special measures in July 2018 (but still planned deficit of £55m =70m CHF)
And patient flow....
Brighton and Sussex NHS Library and Knowledge Service

Three libraries in Brighton and Hove and mid-Sussex
We serve:
• Brighton and Sussex University Hospitals NHS Trust
• Brighton and Sussex Medical School
• Sussex Partnership NHS Foundation Trust
• Sussex Community NHS Trust
• CCGs: NHS Brighton and Hove, NHS High Weald, NHS Lewes and Havens, NHS Horsham and Mid Sussex [about to change]
• Patients and the public
31 staff including 13 professional librarians
The Clinical Librarian service

Established as a pilot in 2003
Five post holders 2003-2013
Changes in departments served, e.g.
  Substance abuse team
  Sussex Cancer Centre
2015: second CL recruited
2018: third CL recruited as a Specialist Healthcare Librarian with an emphasis on improvement work
Central clinical services

Children’s and Women’s

Breast Care / Clinical Admin Support (CAS) / Haematology / Imaging & nuclear medicine / Medical Physics / Nutrition & dietetics / Occupational therapy / Oncology / Outpatient services / Palliative care / Pathology (Frontier) / Pharmacy / Physiotherapy / Radiotherapy / Speech & language therapy

Gynaecology / Maternity / Neonatal / Obstetrics / Paediatrics

Red text = served by a Clinical Librarian
BSUH clinical divisions and departments (2)

Surgery
- Abdominal surgery & digestive diseases
- Audiology
- Bowel screening
- ENT
- Head & neck
- Medical photography
- Musculoskeletal
- Ophthalmology
- Oral maxillofacial
- Perioperative & theatres

Medicine
- Acute medicine
- Dermatology
- Elderly care
- Emergency departments
- Endocrine & diabetes
- GU & HIV medicine
- Infectious diseases
- Respiratory medicine

Red text = served by a Clinical Librarian
BSUH clinical divisions and departments (3)

Specialist Services

Critical care / Cardiovascular and renal services / Neurosciences & stroke services/

Red text = served by a Clinical Librarian
The clinical librarian in his natural habitat
What do we do?

- Provide evaluated evidence at point of need
- Work with teams in rounds, reviews, audit meetings, clinical governance, morbidity and mortality meetings
- Searches, searches, searches
- Current awareness (KnowledgeShare)
- Teach to support evidence-based health care
How did we decide who to serve?

History
Accident
Who wants us?
Who needs us?
Some techniques

Start small
Persist
Clinical librarian showcase
Who’s using the search service a lot
Regular monitoring of levels of use and activity
Collect feedback and impact examples
Tips (with thanks to clinical librarians the world over)

Eat well beforehand
Dress appropriately: observe clinical dress codes, prefer comfort to style
Have paper/mobile device
Add value (Ranganathan’s Fourth Law)
You will be asked…

Who are you and why are you here?
Have an answer ready
Which teams to work with? Second group exercise

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Which teams to work with?

For each of your organisations, identify the clinical team to which you would most like to offer a clinical librarian service. Take a minute to think about this, then share your reasons with the group.
Expert searching in clinical context

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Bedside searching (at arm’s length)

- Concept arising from the evidence based medicine movement that calls for integration of clinical expertise, best available external evidence and patients’ values
- The legendary “evidence cart” to heavy too be driven along on ward rounds so it was kept in “rounds room” (Sackett interview)
- Lack of time (and space) to search and evaluate information on the side of busy clinicians (for a detailed list see Del Fiol et al 2014, p.714)
- Clinical librarians present at ward rounds, clinical, quality improvement and management meetings to answer or take away clinicians’ questions
What - The types of questions

Table 3. Clinical Questions Classified According to the Taxonomy of Ely et al*

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the drug of choice for condition X?</td>
<td>2.1.2.1</td>
<td>13</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>What is the cause of symptom X?</td>
<td>1.1.1.1</td>
<td>3</td>
<td>10</td>
<td>20</td>
<td>3</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>How should I treat condition X (not limited to drug treatment)?</td>
<td>2.2.1.1</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>What is the cause of physical finding Y?</td>
<td>1.1.2.1</td>
<td>2</td>
<td>6</td>
<td>15</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>What test is indicated in situation X?</td>
<td>1.3.1.1</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>What is the dose of drug X?</td>
<td>2.1.1.2</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>13</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Can drug X cause (adverse) finding Y?</td>
<td>2.1.3.1</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>What is the cause of test finding X?</td>
<td>1.1.3.1</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Could this patient have condition X?</td>
<td>1.1.4.1</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>How should I manage condition X (not specifying diagnostic or therapeutic)?</td>
<td>3.1.1.1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>0.4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>What is the prognosis of condition X?</td>
<td>4.3.1.1</td>
<td>NA</td>
<td>NA</td>
<td>0.2</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>What are the manifestations of condition X?</td>
<td>1.2.1.1</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>What conditions or risk factors are associated with condition Y?</td>
<td>4.2.1.1</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Abbreviation: NA. Not available.

* Data include the 13 most frequent question types across studies, accounting for 80% of the questions asked and classified according to the taxonomy of Ely et al.56

Having the evidence readily available confirms current or tentative diagnosis or therapy, initiates/leads to new skills, additional test, new management decisions, corrects clinical skills, diagnostic test selection, treatment decision (Sackett 1998)

Table 3 from Del Fiol et al 2014
Example questions from our service

Paediatric Grand Round: “Managing salbutamol induced metabolic acidosis in children” - In children with acute wheeze can salbutamol cause acidosis? And how to manage? In the meeting -> PubMed: salbutamol acidosis -> answer yes; followed by a quickly turned around search in UpToDate, BMJ Best Practice, ClinicalKey, Medline and Embase.

Acute Medicine Hot Cases meeting - Scenario: neurosarcoidosis
Patient presented as a diagnostic conundrum
High level resources searched during meeting, results contributed to the discussion
Subsequent in-depth search provided to presenters; further material requested on dermatomyositis
Case presented at Grand Round
Possible publication
How - An approach to clinical searching

Based on the hierarchy of evidence … (also see Alper, Haynes 2016)
Where - The inverted evidence pyramid approach

- **Guidelines, pathways and summaries**
- **Synopses and Syntheses**
  - Systematic reviews
  - Meta-analyses
- **Randomised Controlled Trials (RCTs)**
- **Observational studies (e.g. case reports or series, cohort studies)**

**TRIP Database**
**NICE Evidence**

**UpToDate, DynaMed, BMJ Best Practice, Cochrane Library, Campbell Collaboration**

**PubMed Clinical Queries, Medline, Embase, Emcare, BMJ Case Reports … [primary research databases available]**
Bibliography


Mobile technology and the Clinical Librarian: App swap

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Neuromyelitis optica spectrum disorders

INTRODUCTION

Neuromyelitis optica (NMO, previously known as Devic disease) and neuromyelitis optica spectrum disorders (NMOSD) are inflammatory disorders of the central nervous system characterized by severe, immune-mediated demyelination and axonal damage predominantly targeting optic nerves and spinal cord. Traditionally considered a variant of multiple sclerosis, NMO is now recognized as a distinct clinical entity based on unique immunologic features. The discovery of a disease-specific serum NMO-immunoglobulin G (IgG) antibody that selectively binds aquaporin-4 (AQP4) has led to increased understanding of a diverse spectrum of disorders.

The epidemiology, pathogenesis, clinical manifestations, diagnosis, treatment, and prognosis of NMO and NMOSD will be reviewed here.

BACKGROUND

The first clinical descriptions of NMO emerged over a century ago when Devic and Gault [1,2] documented a series of patients with a monophasic course of bilateral (or rapidly sequential) optic neuritis and myelitis. Disability following these attacks was often severe. Over time, however, significant variation in the presenting features, clinical course, and the degree of accumulated disability in patients with presumed NMO made its distinction from multiple sclerosis less clear [3-8]. It was previously believed that NMO and multiple sclerosis represented one disease entity, with variable phenotypes and expression. However, mounting evidence suggests that NMO is distinct from classic relapsing-remitting multiple sclerosis with respect to pathogenesis, imaging features, biomarkers, neuropathology, and response to treatment.

PATHOGENESIS

The cause of NMO and NMOSD is unknown. As in multiple sclerosis, an autoimmune inflammatory cascade leads to demyelination and axonal injury through diverse pathways [9]. (See "Pathogenesis and epidemiology of multiple sclerosis", section on 'Pathogenesis'.)

In NMO, florid demyelination and inflammation involve multiple spinal cord segments and the optic nerves with associated axonal loss, perivascular lymphocytic infiltration, and vascular proliferation [9]. Unlike multiple sclerosis, necrosis and cavitation typically involve both gray and white matter [7]. The neuropathologic features of NMO at autopsy are those of a much more severe necrotic lesion of the cord rather than incomplete demyelination.
An idiopathic inflammatory myopathy characterised by the presence of hallmark cutaneous lesions (e.g., heliotrope rash, Gottron's papules).

Skin lesions are frequently the initial presenting complaint, with muscle involvement developing later.

Some patients have cutaneous involvement alone.

May be associated with interstitial lung disease, cardiac involvement, oesophageal involvement, and underlying malignancy.

Initial treatment of muscle disease is with high-dose oral corticosteroids (prednisone), followed by the addition of immunosuppressants and intravenous immunoglobulin in refractory cases.

Skin manifestations are treated with topical antipruritics and topical corticosteroids. Antimalarials, topical tacrolimus, immunosuppressants, and intravenous immunoglobulin are generally used for resistant or severe skin disease. Photoprotection is advised in all patients.

**Definition**

Dermatomyositis (DM) is an idiopathic inflammatory myopathy characterised by skin manifestations. Diagnosis is based on the presence of a symmetrical proximal myopathy, raised muscle enzymes, myopathic changes on electromyography, a characteristic muscle biopsy, and a typical skin rash (e.g., peri-orbital dusky violaceous erythema, or macular violaceous erythema such as in V, shawl, and Gottron's sign). [REF 1] Some patients present with typical cutaneous manifestations but have delayed-onset, subclinical, or absent muscle disease. [REF 2] DM occurs in both adult and juvenile forms and can overlap with other connective tissue disorders (scleroderma, systemic lupus erythematosus, mixed connective tissue disease, and, less often, rheumatoid arthritis and Sjögren's syndrome). [REF 3] It may be associated with interstitial lung disease, cardiac involvement, oesophageal involvement, and underlying malignancy. Adult-onset DM is significantly associated with occult malignancy. [REF 4]

**History and exam**

**Key diagnostic factors**

- presence of risk factors
- Gottron's papules
- heliotrope rash with or without peri-orbital oedema
- macular violaceous erythema
- peri-ungual erythema, nail-fold capillary dilation, cuticular over-growth
- 'mechanic's' hands
- proximal muscle weakness

**Other diagnostic factors**

- photosensitivity
- poikiloderma vasculare atrophicans
- pruritus
Lung cancer death trust is an outlier on surgery

Health Service Journal - News / 3h

The trust at the centre of a lung cancer deaths scandal has been identified as an outlier for providing surgery on fewer early stage patients than is normal.
## Bear Behavior and Attacks

**Luanne Freer**  
_Auerbach's Wilderness Medicine_, Chapter 32, 674-686.e1

Bears are widely distributed throughout the world; at least one of the eight bear species currently exists in Asia, Europe, North and South America, and the Arctic (Table 32-1). Bears became extinct in Africa several million years ago. Australia and Antarctica are the only continents where bears have never existed. The koala bear of Australia is a marsupial and not a true bear.

### Table 32-1

**Distribution of Bear Species**

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Scientific Name</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panda bear</td>
<td><em>Ailuropoda melanoleuca</em></td>
<td>Eastern rim of China’s Tibetan Plateau</td>
</tr>
<tr>
<td>Spectacled bear</td>
<td><em>Tremarctos ornatus</em></td>
<td>Andes Mountains in South America</td>
</tr>
<tr>
<td>Sloth bear</td>
<td><em>Melursus ursinus</em></td>
<td>Nepal, Bangladesh, Bhutan, northern India, Sri Lanka</td>
</tr>
<tr>
<td>Asiatic black bear</td>
<td><em>Ursus thibetanus</em></td>
<td>Southern Asia from Pakistan across northern India and into China and southeast Asia; separate populations in eastern Russia, Korea, Taiwan, and Japan</td>
</tr>
<tr>
<td>Sun bear</td>
<td><em>Helaerctos malayanus</em></td>
<td>Borneo, Burma, Java, Malaysia, Sumatra, Thailand</td>
</tr>
<tr>
<td>American black bear</td>
<td><em>Ursus americanus</em></td>
<td>Alaska, Canada, most of continental United States</td>
</tr>
<tr>
<td>Brown bear</td>
<td><em>Ursus arctos</em></td>
<td>Eurasia, Alaska, Canada, northern Rocky Mountain states (including Wyoming,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montana, and parts of the western United States)</td>
</tr>
</tbody>
</table>
Clinical teams

- Read ABC books in specialities
- Identify gaps not covered by ABC books, find substitutes
- Journal impact factors for departments
- Med Hums JIFs for Jan
- Which presentations at T&O research prize day were based on my or other LKS searches?
- Directorate quarterly reports
  *Due 14 Aug 2019*
- Check CW’s acute medicine page
- Send menu of clinical librarian activities to nurse educators
  *Due 20 Jun 2019*
- TR to write email follow-up to those nurse educators from the team’s we support to ask them if there are any
Career pathways, skills, attributes: third workshop task

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Initial training
- Undergraduate course in librarianship
- Undergraduate degree in another subject and postgraduate librarianship course

Further training
- Professional membership, e.g. MCLIP
- Revalidation

Clinical librarianship training
- “On the job” “pick it up as you go along”
- Shadowing, mentoring
What does the new clinical librarian need?

- Basic sciences
- Medical terminology
- Critical appraisal skills
- Teaching skills
- Advanced search skills
- Knowledge of health systems and services
Workshop tasks

Write the outline of a job advertisement for a clinical librarian
Example jds are in Google Drive

How would you educate and train future clinical librarians?
What should they learn, and how?
Emotional resilience

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Much discussed for clinical staff

For clinical librarians?
Schwartz round at the 9th International Clinical Librarians Conference

Somewhere to share stories of difficult or uplifting experiences in a safe setting
Situations

1. You are in a clinical meeting. The case under discussion, you realise, is a friend or neighbour. What do you do?
2. You go on a ward round. You are exposed to very unpleasant sights and smells. How do you react?
3. You enter a meeting. Everyone is unusually quiet. You discover that a young patient, who had been in the hospital for many weeks, died in the night. What are your feelings?

Where would you go for support?
Service evaluation

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How to measure a clinical librarian

- Count....
- Meetings
- Searches
- Teaching
- Reports and other outputs
- Fit with organisational strategies and priorities

**Tools:**
- KnowledgeShare
- Quarterly reports
Over-distension of the Bladder

Michael Pantileides approached library professionals for assistance when called as an expert witness in a litigation case. The case involved over-distension of a lady’s bladder during her post-natal period resulting in long term bladder dysfunction.

The Clinical Librarian undertook an in depth evidence search identifying relevant literature, including guidelines on how to avoid bladder over distension following epidural anaesthesia in labour.

In addition to informing the litigation case this work was used to create local guidelines to prevent the condition in the future.

“I was enabled to complete my expert witness report confidently. I discussed this topic with the Consultant Gynaecologist who is also interested in the prevention of this condition.”

Mr Pantileides, Consultant Urologist, working with the library team at Bolton NHS Foundation Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions. Underpinning innovation; enabling knowledge transfer and collaborative working.
Elder Abuse

Consultants at Portsmouth Hospitals NHS Trust approached library specialists for help when trying to locate evidence around patterns of signs or injuries in vulnerable adults that have good predictive value of abuse.

Rebecca Howes, Clinical Librarian, undertook an evidence search which identified a number of tools and papers. The search results illustrated gaps in the evidence highlighting the need for future work in this area.

"The Library search revealed that there is active work being done in this area ... results showed that there is a need for a more robust protocol for identifying abuse in vulnerable adults through signs of injury."

Simon Birch, Consultant Paediatrician, Working with Rebecca Howes, Clinical Librarian, Portsmouth Hospitals NHS Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions. Underpinning innovation; enabling knowledge transfer and collaborative working.
Rehabilitation following distal radius fracture

The Clinical Support Librarian at King’s College Hospital worked with the Physiotherapy team and provided an evidence search to support the development of a protocol for hand therapy and rehabilitation.

As a result of the evidence retrieved... a Distal Radius class for patients has been reinstated and developed to improve patient education resulting in fewer individual appointments, increased patient ‘throughput’ and reduced costs

“This will lead to an improved patient journey and with less appointments for the patient.”

Nikki Grainger, Physiotherapist, working with the Clinical Support Librarian at King’s College Hospital NHS Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions
Reducing the attrition rate for newly qualified midwives

The Clinical Librarian was asked to find qualitative material on the experiences of NQMs, and any evidence to answer the question: what constitutes excellent practice in the support of newly qualified midwives in their preceptorship period?

“The literature search provided me with a “helicopter view” of what other Trusts were doing, and the way the results are displayed makes it easy to extract the evidence I need...it’s such a time saver!. As a result of the new preceptorship package the NQMs attrition rate reduced to zero”

Julie Shaw, Clinical Midwifery Educator/Education Lead
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions
Embedded Clinical Librarian in Emergency Department

Working with the A&E team, the clinical librarian noted that the "HEART Score" recommended in staff training was not easily accessible to staff.

Researching the correct version of the score, the librarian created an easy to read poster version which was displayed prominently in the department and adjacent to PCs used for accessing patient records.

“Management of patients with chest pain can be difficult and we needed a clear tested tool to help distinguish between patients with serious cardiac chest pain and non-cardiac chest pain. This will be useful for all our junior doctors and sometimes more senior staff.”

Dr Dariusz Lutek, A&E Consultant, working with library staff at the Isle of Wight NHS Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions
303 hours of a Senior Midwife’s time is released by using the expertise of a Clinical Librarian.

A clinical librarian ensured comprehensive and efficient evidence provision for the large number of maternity guidelines. The collaborative work between maternity staff, governance staff, and the librarian resulted in 55 updates to midwifery policies and guidelines which resulted in saving 302.5 hours of the midwife’s time - a saving of £12,397.

“\nThe library service has saved me time ... they are able to find evidence where I think there is none to be found.\n”

Gaynor Armstrong, Governance Lead Midwife, working with library staff at George Eliot Hospital NHS Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions

#AMillionDecisions
www.hee.nhs.uk/lbs
Librarian input essential to achieve £1.9 million of savings

As a member of the Product Selection Committee the clinical librarian provides evidence to support decisions about purchasing clinical products. The evidence ensures that quality, safety and patient experience are considered as well as identifying time and cost efficiencies. These evidenced-informed decisions have led to cost savings of £1.9 million between 2015 and 2016.

="The clinical librarian is an essential part of this. I would recommend that all change management committees consider including a member of staff from the Library and Knowledge Service in their meetings."

Deb Bolton, Clinical Procurement Manager working with Igor Brbre, Clinical Librarian, Brighton and Sussex University Hospitals NHS Trust

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions
All examples from
National Clinical Librarian Impact Study (NHS, England only)
Questionnaire survey of users of CL Services to understand impact of CL on:
1. Decision-making and evidence-based practice
2. Quality of care and service development
3. Continuing professional development
4. Efficiency, accountability and safety
5. Patient-centred care and health outcomes
6. Supporting research

Followed by 25 interviews with clinical staff
Major themes:
1. Improved patient experience
2. Improved clinical collaboration
3. Supporting innovative practice
4. Leadership and supervision

Shows complexity of CL role, that CLs save time for clinicians, and make a difference in evidence-based decision making

Reported at Health Libraries Group Conference 2018, Keele University.
Publication forthcoming
How else could we measure our impact?
Future developments

Tips and tricks for clinical librarians: success in an embedded role

Tom Roper & Igor Brbre, Clinical Librarians
Brighton and Sussex NHS Library and Knowledge Service
EAHIL 2019 - Learn/Share/Act/Bridge Borders
17 June 2019
Equity of service
Funding
Impact
Technology:
Artificial intelligence
Machine learning
Digital medicine
Genomic medicine
Robotics

The Topol review: preparing the healthcare workforce to deliver the digital future: an independent report on behalf of the Secretary of State for Health and Social Care. [London]: Health Education England 2019
https://topol.hee.nhs.uk/
Pressures on health systems:
Population changes
Environmental changes
Financial stringency
Conclusion

Tips and tricks for clinical librarians: success in an embedded role

Tom Roper & Igor Brbre, Clinical Librarians
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17 June 2019
The eternal question: and why are you here?

William Frederick Yeames And when did you last see your father? - Google Art Project [Public domain], via Wikimedia Commons
ICLC: International Clinical Librarian Conference

Museum of Science and Industry, Manchester, UK
Thursday 3rd and Friday 4th October 2019
http://www.uhl-library.nhs.uk/iclc/
Thank you