Guidelines for Australian Health Libraries
4th Edition

Table of Contents

Page intentionally blank

Acknowledgements

Guidelines Revision Working Party Members

Library and Information Practice Guideline, and for putting me in touch with Peter Sidorko

- Peter Sidorko, Deputy Librarian, Hong Kong University (HKU), for access to HKU's collection
- Robert McEntyre of Robert McEntyre & Associates Pty Limited for providing material relevant to the development of the Strategic Planning Guideline
- Heather Todd, Executive Manager, Engineering and Sciences Library Service, University of Queensland Library, and current HLA Convenor, for her assistance during the development of staffing levels for education libraries
- Louisa D'Arrietta, Manager of the Gold Coast Health Services Library, and Anne McLean, Manager of the Austin Health Library Service for providing much needed reprints in record time
- Elizabeth Bush & Rosa Porteous, Royal North Shore Hospital, for their advice on the monitoring and evaluation section of the Strategic Plan Guideline
- Helen Giltrap for her meticulous proofreading
- Jo-anne Fuller for her assistance formatting the document
- Members of the ALIA Health Libraries Executive Committee from 2005 – 2008 and in particular Cheryl Hamill, former HLA Convenor, and Heather Todd, current HLA Convenor
- Robyn Ellard, Assistant Director for Member Services at ALIA National Office, and her predecessor, Georgina Dale, for the support role they have played throughout the development of the Guidelines
- Sue Hutley, ALIA Executive Director, and Jennefer Nicholson, former ALIA Executive Director, for supporting this project

Particular acknowledgement is given to the Medical Library Association (USA) and the Canadian Health Libraries Association for granting permission to draw upon their standards. The revised Guidelines also owe much to the UK's *Accreditation of Library and Information Services in the Health Sector: a Checklist to Support Assessment*, second edition and the *Standards for Irish Healthcare Library and Information Services*, second edition.

I am distinctly indebted to Lindsay Harris who, as editor of the third edition of the *Guidelines for Australian Health Libraries* and Working Party member, provided invaluable support, insight, counsel, feedback and time during the development of the fourth edition. In addition, Lindsay did much of the initial number crunching for the development of minimum staffing levels for which I am grateful.

Melanie Kammermann
Project Officer and Convenor of the Guidelines Revision Working Party
June 2008

Introduction/Acknowledgements to *Standards for Australian Health Libraries* (3rd edition)

The third edition of the Standards for Australian Health Libraries (previously entitled National Minimum Standards for Hospital Libraries), owes a heavy debt to the second edition of the *Standards for Library and Information Services in Canadian Healthcare Facilities* produced by the Canadian Health Libraries Association. The ALIA Health Libraries Section expresses its gratitude to the Canadian Health Libraries Association for granting permission to use their standards as the basis for the Australian document.

The decision to modify the Canadian standards was a pragmatic one. Faced with the huge task of updating the Australian standards in a limited timeframe and relying upon volunteers working in their spare time the availability of a current set of health library standards, that would save much effort and reinvention of concepts, was very enticing. The ALIA Health Libraries Section was aware of the enormous energy and planning invested in their document by the Canadians and saw no advantage in replicating such work.

The numerous similarities between the Australian and Canadian health systems also proved persuasive. Essentially these lay in state/provincial administered health services supported with heavy federal funding, a core universal health insurance scheme, a mix of private and public institutions, a British influenced system of medical education at the undergraduate and postgraduate levels, various programs of cost rationalisation for health care and largely identical accreditation processes. There are also the resemblances in the wide disparities in population, wealth and geographical size between the various regions of each nation. These factors led to the decision to modify the Canadian document to local conditions. The end result is very much a product of the Australian health environment.

The first edition of the National Standards for Hospital Libraries appeared in 1988 and represented the culmination of six years of work by various working parties. It was significant as the first set of Australian hospital library standards to achieve acceptance by all health librarians in this country, at that time no small achievement. The second edition appeared in 1995 and reflected the growing impact of automation upon hospital libraries in the preceding years. This, the third edition, was drafted during the course of 1998 and 1999 and attempts to reconcile the demands between qualitative and quantitative standards for both the practitioner and the lay administrator. Time shall tell how successful this attempt proves.

Acknowledgments must be paid to the following individuals of the Standards Working Party representing the state and territorial groups of the ALIA Health Libraries Section who contributed so much to the preparation of these standards and without whose commitment this project would never have eventuated:
Saroj Bhatia (Chair, Standards Working Party) (ACT), Stephen Due (Vic), Cecily Gilbert (WA), Lindsay Harris (SA), Helen Millar (Tas) and Kay Vincent (NSW)

Introduction to the *Guidelines for Australian Health Libraries* (4th edition)

It is eight years since the release of the third edition of the *ALIA Guidelines for Australian Health Libraries*[1]. In that time two of the more significant issues to impact on health libraries have been advances in information technology and the advent of evidence-based librarianship. Both have brought about important changes in the approach professionals take to managing and delivering library and information services and, as such, need to be addressed in any new edition of the *Guidelines*.

The decision was made early on in the review process to maintain qualitative, prescriptive guidelines even though both the Medical Library Association[2,3] and the Canadian Health Libraries Association[4] have produced outcomes based standards in recent years. One reason for this is that in 2002 the Australian Council on Health Care Standards (ACHS) accorded recognition to the third edition of the *Guidelines*, a recognition hospital librarians had been seeking since 1987. At the time ACHS's Evaluation and Quality Improvement Program (EQuIP) Guidelines stated:

> *Libraries are one source that organisations can use to increase and manage knowledge resources for staff. There are bodies and legislation that have set direction for libraries and these include:*
> *The Australian Library and Information Association sets standards and guidelines for types of libraries and services. Their useful website is www.alia.org.au with the guidelines being found at www.alia.org.au/sections/health/guidelines/...."*[5]

Subsequent editions of EQuIP continue to reference the *Guidelines* and emphasise the crucial importance of access to, and utilisation of, information resources in supporting evidence based practice and improving the quality of health care. Given this significant achievement it seemed prudent to update the *Guidelines* to reflect changes in practice while not modifying the existing blueprint too significantly. While some may argue that outcomes based standards allow the individual library greater latitude on how best to meet the required results based on individual circumstances, prescriptive standards encourage a base level of output across all health libraries.

The fourth edition of the *Guidelines* undoubtedly builds upon the third edition's solid foundation. The structure of the document remains largely the same, with the *Guidelines* broken down into four key areas.

---

[1] Australian Library and Information Association (ALIA). Guidelines for Australian Health Libraries. Canberra: ALIA, 2000. www.alia.org.au/policies/health.libraries.html (accessed 11 April 2008).
[2] Medical Library Association. Hospital Libraries Section Standards Committee. Standards for hospital libraries 2002: with 2004 revisions. Natl Netw 2005;29(3): 11-7. www.hls.mlanet.org/otherresources/standards2004.pdf (accessed 1 April 2008).
[3] Medical Library Association. Hospital Libraries Section Standards Committee. Standards for Hospital Libraries 2007. J Med Libr Assoc 2008;96: 162–9. www.pubmedcentral.nih.gov/picrender.fcgi?artid=2268237&blobtype=pdf (accessed 2 May 2008).
[4] Canadian Health Libraries Association (CHLA). Standards for library and information services in Canadian healthcare facilities 2006. Toronto: CHLA, 2006. www.chla-absc.ca/documents/Standards_2006.pdf (accessed 1 April 2008).
[5] Australian Council on Healthcare Standards (ACHS). Function 4: Information Management, Standard 4.1, Criterion 4.1.5. In: The ACHS EQuIP Guide, June 2002. 3rd ed. Ultimo, NSW:ACHS, 2002.

In the fourth edition significant emphasis is placed on the Library and Information Service (LIS) producing and operating within a strategic planning framework. As a tool strategic planning allows the LIS to align its services with that of its parent organisation and the needs of stakeholders. Executed effectively, strategic planning will assist the LIS in demonstrating how it contributes to the success of the parent organisation. Therefore Guideline Area 1, previously named Planning and Development, is now titled Planning and Strategy. Elements found in the third edition, such as mission, goals and objectives, remain but are presented entirely within a strategic planning framework.

Guideline Area 2 has been renamed Organisation and Philosophy (previously Organisation and Administration). Major differences include the addition of a guideline covering evidence-based library and information practice and a guideline which asks the LIS to recognise the contribution it makes to their organisation's wider information management and technology agenda. Marketing requirements are also specified in this section of the *Guidelines*.

Guideline Area 3 remains Resources Management. The most significant difference between the third and fourth editions, in this section, is the revision and expansion of the information technology guideline.

Guideline Area 4 remains Information Service Provision. A separate guideline has been added to this section which addresses access to library and information services.

Appendix 3, Minimum Staffing Levels for Australian Health Libraries, presents staffing levels, which are, for the first time, derived from benchmarking data. Data was collected as part of a census survey in 2003[6] and further refined during a benchmarking exercise in 2004/05[7]. Staffing levels now encompass all types of health libraries, and not just hospitals. In another first, hospital library staffing levels have been recast in accordance with the Public Hospital Peer Group Classification[8].

In a bid to assist librarians, as well as non-library senior management and accreditation surveyors, a basic *Guidelines* checklist has been developed as a separate document. This checklist is designed to provide a quick self assessment as to the degree of achievement against each of the guidelines as well as provide notes on the types and location of supporting evidence.

Finally, a wiki (http://www.aliahlaguidelines4.pbwiki.com) will be set up to assist health librarians work toward compliance with the *Guidelines*. The wiki will offer links to resources such as templates, examples of working documents, accreditation systems (e.g. ACHS's EQuIP), suggested key performance indicators, references to the literature and alerts to professional development opportunities. It will also allow health librarians to share their

---

[6] Health Libraries Australia Snapshot. HLA News 2003 Jun: 7-8. www.alia.org.au/groups/healthnat/hla/hla.news-june.2003.pdf (accessed 2 May 2008).
[7] Results of a private follow up study involving teaching hospitals from SA, NSW and WA. Findings of this exercise supported the evidence on staffing levels produced in the health library census. Private communication from The Queen Elizabeth Hospital Library Manager, November 2007.
[8] Australian Institute of Health and Welfare (AIHW). Appendix 4: Hospitals contributing to this report and public hospitals peer group. In Australia's Hospitals 2004. Canberra : AIHW (Health Services Series no. 23), 2005; 315-6. www.aihw.gov.au/publications/hse/ahs03-04/ahs03-04-x04.pdf (accessed 20 June 2008).

knowledge and experience meeting the *Guidelines.* In this way, the *Guidelines* will continue as a living document well into the future.

The types of organisations operating under the broad heading 'health' are diverse: hospitals, research institutes, pharmaceutical companies, government departments, regional health services, professional colleges, universities, not-for-profit and community organisations, non-governmental organisations and even parts of public library services. Organisations operate in different environments, serve different customer groups and have different needs and demands. Library and Information Services must deliver to the unique needs of their organisation.

The challenge, particularly with a prescriptive document such as this, is to produce guidelines which are broad enough to encompass all health libraries but which detail an acceptable and achievable level of practice across those same libraries. To this end the *Guidelines* need to be flexible, adaptable and applicable irrespective of the size and makeup of any individual library service. It is hoped the fourth edition of the *Guidelines for Australian Health Libraries* achieves this desired outcome.

Melanie Kammermann
Project Officer and Convenor of the HLA Guidelines Revision Working Party
June 2008

Guideline Area 1: Planning and Strategy

1.1 Strategic plan

Planning and development of the Library and Information Service (LIS) is undertaken within a strategic planning framework. Strategic planning is a systematic and proactive process of assessing the LIS's internal and external environment, analysing the implications of relevant trends and identifying effective strategies for achieving a desired future state. The LIS may have its own strategic plan or it may be included in a wider information strategy. Regardless, the strategic plan focuses the efforts of the LIS and prioritises its use of available human, financial, technical and physical resources to achieve the best possible service for users. Used effectively the strategic plan demonstrates how the LIS contributes toward the parent organisation achieving its mission.

No.	Criteria	Intention / explanatory notes
1.1.1	The LIS has a strategic plan to implement its vision.	There are many strategic planning models and the LIS should be guided by the approach of its parent organisation. Key steps recommended are: • Identification of stakeholders • Strategic analysis to identify issues critical to the Library and Information Service's success • Development of vision and mission statements • Development of goals and objectives • Development of an action plan • Monitoring and evaluation
1.1.1.1	The strategic plan has a specified time frame, typically 3-5 years.	A strategic plan is a "living document" and while the typical life of a strategic plan is 3-5 years, in the event of significant change, e.g. a merger or redevelopment either at the LIS or organisational level, it may be necessary to retire the current plan earlier than intended and develop a new one.
1.1.1.2	Strategic planning is undertaken in consultation with LIS staff, users and stakeholders.	Consultative processes may include: one-on-one meetings, focus groups and surveys. The LIS should keep records of those involved, minutes of meetings, results of focus groups/surveys, etc.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

1

| 1.1.1.3 | There is a comprehensive stakeholder list used to identify stakeholders to be included in the strategic planning process. | *Any group or individual who can influence or who is influenced by the achievement of the LIS's objectives is identified as a stakeholder.*
An optimal stakeholder list:
• *is category-specific (e.g. user groups, senior management, other libraries, vendors, etc)*
• *includes the names of individual stakeholders who have known and vested interests in the LIS, and outlines their interests*
• *includes stakeholders recruited for their specific knowledge or expertise (e.g. ability to act as an advocate or champion for the LIS)*
• *includes a relationship model which describes how various stakeholders are associated with the LIS*
Development of a stakeholder list takes the following factors into consideration:
• *organisational mission, goals and objectives*
• *organisational structure*
  affiliations of the parent organisation with external bodies
• *existing and potential users, usage patterns and service demands and participation in networks, consortia and other co-operative agreements*
• *vendors* |
| 1.1.1.4 | The LIS carries out a strategic analysis to identify and analyse its internal strengths and weaknesses against user requirements and external trends and developments. | *The following assessments are typically undertaken to describe the various aspects of the LIS and its parent organisation:*
• *Stakeholder analysis: key LIS users; relationships with various stakeholders; service expectations; emerging needs*
• *External assessment: external changes, trends and areas of constraint or pressure facing both the LIS and its parent organisation; these can include political, economic, socio-demographic, technological and competitive factors.*
• *Internal assessment: examination of products and services provided; service functions and processes, and how they relate to each other; resource constraints; use of technology; budget; staff; structure and management; facilities; etc.*
• *Assumptions: assumptions about the environment in which the LIS will operate for the next 3-5 years*
The key tools used in undertaking a strategic analysis of the LIS may include:
• *the PEST (Political, Economic, Social/demographic, Technological) analysis;*
• *the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis;*
• *the facilities audit*
The information collected is analysed to determine and prioritise a set of key strategic, or critical, issues that must be addressed in order for the LIS to succeed. |

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

2

1.1.1.5	The LIS has vision and/or mission statements.	*The LIS's vision statement should be a short, succinct and inspiring statement of what the LIS aims to look like in ideal terms in the future. It provides a focus for the development of future services and programs in relation to the identified changes in needs and environment.*
		The mission is a pragmatic statement that defines the purpose and philosophy of the LIS.
		The mission and vision statements should be consistent with those of the parent organisation and be developed or revised based on careful assessment and consideration of current and anticipated organisational needs as revealed in the analysis process.
1.1.1.6	The LIS has key goals and measurable objectives for the 3-5 year period based on the results of the strategic analysis.	*Goals are broad, enduring, qualitative and measurable statements that describe what the LIS hopes to achieve in the next 3-5 years. The goals expand upon the vision, specifying the accomplishments to be achieved if the vision is to become real. The number of goals that can be achieved will typically be limited by resources and therefore should be realistic in number (i.e. 2-6 goals).*
		Objectives are specific and measurable statements indicating how the LIS will achieve its goals and resolve the critical issues identified during the strategic analysis phase; they are statements of major approach or method. The objectives are realistic, relate directly to their respective goal, typically start with the word "to", are as quantitative as possible and include a specific single result to be accomplished.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

3

1.1.1.7	The LIS has an action plan which details its priority goals and objectives for the coming financial year. Objectives are supported by one or more actions or tasks. The plan is developed annually and linked to the LIS's budget.	*An action plan may also be known as an implementation plan, business plan, operational plan or annual plan.* *The action plan should specify:* • *who is responsible for the overall implementation of the plan* • *who is responsible for achieving each goal and objective* • *who is responsible for monitoring the implementation of the plan and for making decisions based on the results* • *how implementation and evaluation will be reported and to whom (e.g. twice yearly progress reports to the library advisory committee)* *Each objective should be supported by one or more actions or tasks that must be completed in order to realise the objective they support. The action plan describes each action, or task, and states:* • *Who will be responsible for carrying out the task* • *The timeframe within which the task is to be achieved* • *Any resources required to achieve completion of the task* • *Key Performance Indicators (KPIs) that used on their own or in combination with other KPIs show the LIS's progress toward and/or performance against its objectives* *The LIS should develop its action plan annually.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

4

1.1.1.8	A process of systematic monitoring and evaluation is used to assess the progress and success of the strategic plan and corrective actions taken accordingly.	*Completion of the tasks specified in the action plan should be regularly monitored (e.g. monthly). Monitoring involves assessing, and adjusting if necessary, timeframes, indicators and the allocation of tasks. With incorporation of appropriate monitoring and evaluation elements, the action plan becomes the* **Library and Information Service's Quality Improvement Plan** *as it follows the continuous improvement cycle of Plan-Do-Study-Act (PDSA).* *Once all the stated objectives supporting a particular goal have been met through the completion of the assigned tasks, the goal should be reviewed to ensure it has actually been met. If not, additional objectives should be developed or the goal itself reviewed.* *Relevant changes in the LIS's internal and external environment need to be examined annually. Significant changes in the environment will be reflected in changes in priorities and, as such, new goals and objectives will need to be formulated accordingly.* *When significant adjustments are made to the strategic and/or action plan, planning documents are updated to reflect these changes. Version control should be practised and all versions of the plan retained.*
1.1.1.9	The format of the strategic plan is written and presented so as to fit the preferred style of the parent organisation.	*The LIS may find it practical to format the plan in such a manner that the body of the plan can be sent to all major stakeholders. This would include the executive summary, authorisation, description of the LIS, vision and mission, goals and objectives. By contrast the appendices are for internal use. These comprise the action plan, planning cycle, description of strategic planning process used, strategic analysis data and financial planning together with the evaluation plan and communication of the plan. The appendices contain the more confidential and detail-oriented documents that tend to change more frequently (refer to Appendix 1).*
1.1.1.10	The strategic plan and its progress are communicated to stakeholders.	*The LIS should consider reporting progress using a variety of methods. For example, the strategic plan, or relevant parts, can be made available on the LIS's website; progress of the strategic plan can be a standing item on the Library Advisory Committee agenda; the LIS might produce an annual report which is circulated within the organisation, etc. Consideration should be given to methods which reach all stakeholders.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

5

Guideline Area 2: Organisation and Philosophy

2.1 Organisational structure

The Library and Information Service's (LIS) ability to respond efficiently and effectively to the knowledge and evidence-based information requirements of its users is enhanced if it is a service or department in its own right, reporting directly to senior management of the parent organisation. Clearly delineated relationships and responsibilities within the LIS, as well as between the LIS and its parent organisation, promote effectiveness and efficiency.

No.	Criteria	Intention / explanatory notes
2.1.1	The LIS is designated a separate service/department.	*To enable the development of systems, resources, and services to meet the organisation's knowledge and evidence-based information requirements, the needs, concerns, and contribution of the LIS must be communicated to decision makers at the highest levels in the organisation. Departmental status facilitates this process as does reporting to a senior manager whose responsibilities reflect the services or functions supported by the LIS, typically clinical, education and/or research.*
2.1.2	The LIS reports directly to a member of the organisation's senior management team.	
		Within the organisational structure the LIS should be located where it is best able to achieve its mission. Such a position should allow for continuous interaction between the library manager, other departmental managers and senior management to foster a deeper understanding of the information needs of users and the organisation in general.
2.1.3	There is a current organisational plan, or chart, that reflects the lines of communication and the relationships, including responsibilities and accountabilities, necessary for the effective and efficient operation of the LIS.	*The plan, or chart, should detail* • *the line management structures within LIS* • *the LIS's position within the organisation and its reporting lines* • *the LIS's relationship with external agencies*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

6

2.2 Organisational collaboration

As key knowledge-based information professionals in the organisation, the staff of the Library and Information Service (LIS) are involved in the planning and development of systems to meet the knowledge and evidence-based needs of its users and of the organisation in general. In addition, LIS staff bring their unique skills and knowledge to engage in the organisation's wider information management and technology agenda.

No.	Criteria	Intention / explanatory notes
2.2.1	The LIS is directly involved in the planning, decision-making and problem-solving of coordinated systems appropriate to meet the knowledge and evidence-based needs of the organisation.	*Examples of co-coordinated systems might include:* • *ensuring sufficient hardware/software is available within the organisation to support knowledge and evidence-based decision making* • *planning and development of knowledge management strategies for the organisation*
2.2.2	The LIS contributes to the organisation's wider information management and technology agenda through active membership on relevant committees/teams	*For example, staff of the LIS might be members of the organisation's Information Management & Technology Committee or be part of project teams developing knowledge management initiatives or web services, etc.*

2.3 Policies and procedures

Policies and procedures clarify to staff and users the scope and limits of the resources and services provided and ensure effective operation of the Library and Information Service (LIS).

No.	Criteria	Intention / explanatory notes
2.3.1	The LIS has a complete set of policies and procedures which document all facets of LIS operations.	*All policies and procedures should be written in a standardised format. Policies should clearly convey intent while procedures should be sufficiently detailed to enable any staff member to follow and complete the documented task. The LIS's policies and procedures manual should include those developed at the organisational level (such as Human Resources, Evacuation Procedures, etc.) which are relevant to the whole of the parent organisation.*
2.3.2	Policies and procedures are based on best available evidence and designed to reflect best practice in the delivery of services and resources within budgetary limits.	*Evidence may be from the published literature or practise-based research. Refer also to 2.5.4.*
2.3.3	As appropriate, policies and procedures are developed in consultation with LIS users, staff and senior management.	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

7

2.3.4	Policies and procedures are communicated to LIS staff and users, as well as other relevant stakeholders, and are readily available for consultation.	*The LIS manager may choose to maintain a complete hardcopy set of all policies and procedures for easy access. In addition policies and procedures may be found on a shared drive on the organisation's computer network and on the LIS website. The pertinent parts of relevant policies and procedures may be communicated to users via information sheets and brochures.*
2.3.5	Policies and procedures have been written and reviewed within the last 3 years, or more frequently if there have been changes in library practice, library and information service research, user needs, and/or organisation policies or programs.	

2.4 Legal and professional responsibilities
The work practices and conduct of Library and Information Service (LIS) staff are determined and/or affected by various legislation, codes of practice, professional guidelines and organisational policies and standards. As such the LIS complies with, and staff are aware of, their legal and professional responsibilities.

No.	*Criteria*	*Intention / explanatory notes*
2.4.1	LIS staff abide by ALIA's Statement on Professional Conduct and its Core Values Statement.	*http://www.alia.org.au/policies/professional.conduct.html* *http://www.alia.org.au/policies/core.values.html*
2.4.2	All LIS staff are aware of and receive appropriate training in relevant legislation, professional guidelines and organisational policies and standards.	*As a minimum, LIS staff need to have an understanding of professional conduct, health and safety, confidentiality and privacy, data protection and copyright. More senior library staff may require an awareness of equal opportunity and disability discrimination. Cultural awareness and knowledge of ethical considerations in the provision of consumer health information will be a requirement for applicable services. Requirements* **should be included in job descriptions and incorporated into yearly performance and development plans as appropriate.**
2.4.3	The LIS supports access to information in keeping with organisational goals and works toward the review and revision of organisational policies which limit the LIS's ability to meet the legitimate information needs of its users.	*A commitment to the principles of intellectual freedom and the free flow of ideas and information is a core value of library and information services. The LIS should provide users with access to information from a wide variety of sources in formats suitable to their needs. Restrictions should not be imposed to the extent that they inhibit access to information relevant to the organisation's goals and objectives or limit library service improvement. For example, the LIS Manager may work with the organisation's senior management and information technology department to ensure that access to internet resources is balanced with network security needs and firewall policies. See also 3.5.4 and 3.5.5.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

8

2.5 Evidence-based library and information practice

Library and Information Service (LIS) staff and management base their practice on the best available evidence, together with "insights derived from working experience, moderated by user needs and preferences….User-reported, practitioner-observed and research-derived evidence" is integrated and used as the basis for practice and decision-making.* LIS management actively promotes and supports an evidence-based practice culture within the LIS.

Definition based on: Booth A. Counting what counts: performance measurement and evidence-based practice. Perform Meas Metr 2006;7(2): 63-74.

No.	Criteria	Intention / explanatory notes
2.5.1	It is recommended that competency in evidence based library and information practice, and/or development of, be included in the position descriptions of all professional LIS staff.	*The inclusion of such a statement is not mandatory but highly recommended.*
2.5.2	Appropriate professional development opportunities are made available to LIS staff in order to develop the knowledge and skills required to practice evidence-based library and information practise.	*Also refer to 3.1.5.*
2.5.3	LIS staff can access the professional literature to allow them to locate the best available evidence to support decision-making.	
2.5.4	Policy, practice and management decisions are based on the best available evidence.	*Evidence may be from the published literature or practise-based research.*
2.5.5	The Evidence Based Library and Information Practice (EBLIP) process (formulate the question; identify and appraise the evidence; apply the evidence to practice; evaluate performance) is incorporated into decision making and project management.	
2.5.6	The results of practise-based research are reported both within the organisation and to the wider library community.	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

9

2.6 Marketing strategy

Marketing is crucial to the success of the Library and Information Service (LIS) and is an essential component of service delivery. Marketing is about meeting the needs of users by identifying what those needs are and finding ways to provide and promote the products and services to match those needs. Focused marketing should raise awareness of the LIS amongst stakeholders and increase use of the Service.

No.	Criteria	Intention / explanatory notes
2.6.1	The LIS develops and follows a marketing plan which is regularly reviewed and updated as required.	*Components of a marketing plan should include:* • *Mission statement* • *A list and description of target or niche user groups (markets)* • *A description of the LIS's resources and services* • *A description of intended marketing and promotional strategies matched to user group needs and circumstances* • *Identification and understanding of competitors* • *Quantifiable marketing goals* • *Results monitoring*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

10

Guidelines Area 3: Resource Management

3.1 Human resources

In delivering library and information services careful consideration must be given to the qualifications and skills of the staff and the mix thereof. The staffing structure is developed and implemented based on user needs and in keeping with the Library and Information Service's (LIS's) mission and available resources. The staffing structure is reviewed and revised whenever there is a significant change in any of these factors. Strategies for establishing and reviewing staffing levels, educational and training requirements, performance standards and continuing education needs are documented and described.

No.	Criteria	Intention / explanatory notes
3.1.1	The LIS is managed by a qualified librarian, recognised as such by the Australian Library and Information Association.	*http://www.alia.org.au/education/qualifications/librarian.html*
3.1.2	There are adequate numbers of librarians, library technicians and library assistants, with the necessary qualifications and skills, to meet the needs of users and the stated goals and objectives of the service. All librarians and library technicians possess ALIA-recognised library and information qualifications.	*See http://www.alia.org.au/education/qualifications/ for information regarding qualifications.* *An understaffed library cannot fully serve the knowledge and evidence-based information needs of the organisation. Workload is driven by the size and complexity of the organisation served.*
3.1.3	There are written position descriptions for each staff member. Position descriptions are reviewed annually.	*Position descriptions include:* • *position summary* • *nature and scope of the position* • *duties and responsibilities* • *general and specific accountabilities* • *performance expectations* • *required qualifications, skills and experience* *Version control should be practised and all versions of position descriptions retained.*
3.1.4	Formal, documented performance evaluations are undertaken annually for all library staff, according to the policies and procedures of the parent organisation, where they exist.	*Performance evaluations relate to agreed objectives, criteria and standards. These are clearly communicated to and understood by employees. Performance management processes are conducted in a positive way, applied fairly to all staff and with appropriate regard to confidentiality. They:* • *Communicate the values and behaviours staff are expected to uphold in meeting their job requirements* • *Convey the way staff work and communicate with others* • *Communicate positive feedback* • *Recognise accomplishments and reward outstanding performance* • *Identify learning and development needs* • *Document performance issues* • *Correct deficiencies and improve performance*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

11

		• *Clearly communicate expectations* • *Help achieve the LIS's goals and mission* • *Develop and motivate employees*
3.1.5	Each staff member has a documented professional development plan, revised annually, which is linked to their performance evaluation. Access to suitable professional development opportunities is made available to each staff member to enable full realisation of individual plans.	*A professional development plan should identify:* • *primary development goals and any barriers or constraints to achieving goals* • *the skills needed in order to achieve goals and overcome barriers to success* • *the desired level of skills to be achieved and the priority of these as short, medium or long term objectives* • *the types of professional development (PD) activities available to achieve goals* *A professional development plan should integrate an individual's goals with the strategic objectives of the LIS; professional development is a shared responsibility. Circumstances can change; professional development plans should be 'living' documents that allow for flexibility and changes over time.* *Having staff with the required skills and knowledge is critical to the LIS meeting its goals and objectives. It enables staff and the organisation to:* • *operate at full capacity* • *fill knowledge gaps* • *grow and adapt to change* *Professional development should encompass both workplace learning and suitable opportunities outside the workplace.* *See http://www.alia.org.au/policies/information.centres.html, ALIA's statement on Employer roles and responsibilities in education and professional development.* *Also refer to 2.5.3 and 3.5.12.*
3.1.6	There is adequate cover in times of absence so that users continue to have appropriate access to professional LIS staff.	*This guideline primarily affects small and one-person libraries and means that during medium term and extended periods of absence, i.e. scheduled annual leave and attendance at professional development for more than two days, there should be access to a professionally qualified person. It is preferable that access be provided by an onsite locum. At a minimum, reciprocal arrangements could be established with another LIS for the provision of urgent professional reference services.*
3.1.7	Where the size of an organisation or service warrants the services of a librarian on a contractual or part-time basis only, a qualified library technician, or an employee with specific training in library duties, performs routine library operations under broad professional supervision to ensure the control and	

	maintenance of library resources and collections.	
3.1.8	Where the nature of an organisation or service provides sufficient reason for the employment of less than a 0.4 FTE librarian, a dedicated professional library service can be provided via a service level agreement with the LIS. Such an agreement sets out the services to be provided by the LIS to the organisation in question and at what cost.	*Refer to Appendix 2. Service level agreements.*
3.1.9	The LIS is staffed according to recommended minimum staffing levels for health services libraries.	*Refer to Appendix 3. Recommended minimum staffing levels for health services libraries. An understaffed library cannot fully serve the knowledge and evidence-based information needs of the organisation. Workload is driven by the size and complexity of the organisation served.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

13

3.2 Financial plan

Financial planning for the Library and Information Service (LIS) considers the ongoing provision and maintenance of services and resources as well as the long-term financial needs of LIS to support its mission. The financial plan considers current and anticipated user needs, available funding, sources of revenue, costs and anticipated changes in the budgetary environment or programs of the parent organisation. The budget is more short-term, typically one financial year. It is developed in consultation and collaboration with senior management and appropriate library staff. Accounting and reporting methods are developed which allow careful monitoring and evaluation of expenditures, in accordance with organisational practices, policies and procedures.

No.	Criteria	Intention / explanatory notes
3.2.1	The LIS develops its own financial plan and has its own dedicated budget.	*The financial plan and budget is developed and managed directly by the LIS manager.*
3.2.2	The budget is actively and responsibly managed by the LIS.	*Active and responsible management refers to the library manager (or budget holder)* • *having received financial training* • *making day-to-day decisions* • *having a level of delegated authority sufficient to ensure they can discharge their responsibilities* • *regularly reviewing the budget and establishing variations in income or expenditure so that early action can be taken to resolve problems and take advantage of opportunities* • *reviewing and amending the budget and financial plan whenever there is a significant change in the programs and/or services provided by the LIS and the parent organisation* • *making bids for additional funding* • *actively seeking ways to extend purchasing capabilities through resource sharing, consortium arrangements, etc.*
3.2.3	The budget is developed and reviewed on an annual basis.	
3.2.4	The budget is linked to, and supports, achievement of the LIS's strategic plan.	*The budget is tied to the LIS's strategic plan via the action plan. Refer to 1.1.1.7.*
3.2.5	There are provisions made to ensure the availability of adequate funding for capital expenses and special projects or programs.	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

14

3.3 Accommodation and Equipment

The Library and Information Service's (LIS) physical facilities, space and equipment relate to the current and forecasted role and demands of the parent organisation and are functional, secure and safe. The space, equipment and supplies comply with relevant occupation, health and safety legislation and regulations. There are safety systems for fire, flood and hazardous materials and measures are in place to ensure the security of equipment, resources, staff and users.

No.	Criteria	Intention / explanatory notes
3.3.1	The LIS's physical facilities are sufficient and appropriate to meet both current and planned user requirements.	*Health libraries can vary in terms of purpose, services and resources provided and number of users served. As such the LIS must determine the design, layout and the amount of space required to facilitate optimal service provision and to meet its users' needs.* *The physical elements to be considered in the design of the LIS include:* • *collections* • *browsing* • *general seating* • *quiet study areas* • *group meeting and study areas* • *display areas* • *service areas* • *equipment such as computers and printers/photocopiers/multifunction devices* • *staff areas* • *training and education facilities* *Other factors to consider include:* • *a layout that enhances navigation around the LIS and effective supervision by staff* • *compact shelving and other storage facilities* • *floor loading* • *wiring for proper placement of power and technology points* • *lighting, ventilation and temperature controls* • *floor coverings and fittings* • *acoustics* • *disability access (refer to 4.1.6)* • *toilets* • *adequate security measures* • *fire and safety exits* • *signage*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

15

			• *structural considerations, e.g. in earthquake prone areas* • *Also refer to Appendix 4. Space requirements for health library and information services* *User needs can be assessed through a variety of methods: assessment of usage patterns and statistics, focus groups, surveys, feedback, compliance with standards, etc.* *The LIS should be maintained in line with modern library facilities.*
3.3.2	There is sufficient flexibility in layout, allocated floor space and technical infrastructure to allow the LIS to adapt reasonably to rapid change.	*For example, the LIS is capable of developing in line with the change of resource delivery from paper-based to electronic.*
3.3.3	There is sufficient space to accommodate LIS resources and materials as well as allow for five to seven years of future growth.	*As a guide to determining the minimum space requirements for health libraries refer to: Appendix 4: Minimum space requirements for health libraries.*
3.3.4	The LIS manager has a designated separate office.	*A separate office provides a private space to deal with confidential staffing matters and conduct sensitive reference interviews. In larger libraries it is appropriate for senior library staff to have separate offices as well.*
3.3.5	There is a work room / office space for LIS staff providing the service.	
3.3.6	There is appropriate equipment, stock and supplies to support the activities of the LIS.	
3.3.7	Equipment is kept in good order and maintained in accordance with organisational policies.	*Consider: a capital asset register, disposal policy and procedure, inventory systems*
3.3.8	The LIS's physical facility and equipment comply with Occupational, Health and Safety regulations.	
3.3.9	There is a written LIS disaster plan for fire and flood damage control.	
3.3.10	There are security arrangements in place for LIS staff, users, library stock and equipment.	*This may include barcode security systems and security gates, after-hours swipe card access, surveillance equipment, emergency procedures, etc.*
3.3.11	LIS staff participate in planning for changes to the physical facility or in designing any new space for the LIS. The LIS manager is consulted on any proposed alterations to library premises from the inception of such planning and involved in all relevant decision-making.	

3.4 Information resources

Information resources are provided by the Library and Information Service (LIS) to support achievement of the organisation's mission. On-site resources reflect the organisation's primary needs and may include print, electronic and non-print formats. Resources are organised in a manner that facilitates easy identification, access and retrieval of materials. When resources are not available on-site arrangements are made to provide ready access to this information from other libraries, departments or services. The LIS plays a role in harnessing organisational knowledge.

No.	Criteria	Intention / explanatory notes
3.4.1	The LIS has a current collection management policy.	The LIS's Collection Management Policy sets out the principles which guide: • the selection, acquisition, or purchase of subscriptions to e-resources, books, journals and other library materials • the provision of access to e-resources, books, journals and other library materials • the withdrawal of books and other materials, and the cancellation of subscriptions. The policy describes the purpose, content, format and scope of information resources to be collected and provided by the LIS in order to meet user needs and the stated goals and objectives of the LIS. Information resources are selected in accordance with the policy to ensure a current, authoritative, balanced and appropriately delivered collection.
3.4.2	The LIS expands the scope of its information resources through co-operative collection development and resource-sharing agreements with other libraries/services.	These might take the form of but are not limited to: • shared online public access catalogues and reciprocal borrowing arrangements among partner libraries; • membership of resource sharing networks such as GRATIS and Libraries Australia • shared purchasing arrangements for electronic resources
3.4.3	Information resources are regularly evaluated to ensure they meet user needs.	Methods for evaluation may include but are not limited to: • analysis of usage statistics (e.g. online resources; circulation statistics; in-house usage) • evaluation of interlibrary loan transactions • user surveys
3.4.4	The LIS develops and co-ordinates cost-effective methods for the acquisition and distribution of information for the parent organisation.	These may include but are not limited to: • locating the principal information resources in a central, accessible library • restricting departmental collections to information resources necessary to the daily functioning of the department • facilitating access to all resources acquired by the organisation

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

17

3.4.5	Effective cataloguing, classification and indexing systems are used to ensure resources of the LIS and the wider organisation can be easily identified and located by users.	
3.4.6	Print or computerised catalogues allow resources to be efficiently located.	*Also refer to 3.5.7.*
3.4.7	The LIS contributes to the production, management and dissemination of organisational knowledge.	*This may range from housing organisational reports to the development of an organisational wide knowledge management system.*

3.5 Technological resources

Technology is accepted as an integral feature of the Library and Information Service (LIS) and is used to support optimum service delivery. The LIS makes appropriate use of computer hardware and software, online technologies, networks, telecommunications and technical support to provide users with ready access to knowledge and evidence-based information resources and services. A Library Management System (LMS) is in place to support the management and operation of library procedures and functions. In addition, the LIS participates in the planning of facility-wide information systems, services and networks. Given the pace of technological change, emerging technologies are judged on their merits and suitability.

No.	*Criteria*	*Intention / explanatory notes*
3.5.1	Users have ready access to networked knowledge and evidence-based information resources required to enable the parent organisation to achieve its mission.	*Access to resources should be readily available to users through easily identifiable links, normally from the organisational intranet (refer to 3.5.2). The intended principle is that most users should have ready access to resources at their workplace however it is acknowledged that remote access may be affected by budgetary and licensing considerations.*
3.5.2	The LIS has easily navigable web pages which enable users to find out about the full range of services available. These facilitate two-way communication between the LIS and user and provide links to appropriate resources and tools.	
3.5.3	Services and resources, including web pages, are internet based if they are provided to remote users or across several organisations with no access to the organisation's intranet, i.e. internal network.	*In some organisations an alternative means of access to services and resources may be via the organisation's extranet.*
3.5.4	The internet is a standard medium for accessing information traditionally available in other formats. As such, the LIS provides internet access to both staff and users.	*Also refer to 2.4.3.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

18

3.5.5	The LIS maximises the use of available networks and telecommunications to enhance service delivery.	*The LIS Manager works with the organisation's information technology department to ensure that users' needs for access to resources are balanced with network security needs and firewall policies. Internet connections must have sufficient speed, performance and bandwidth to access high-bandwidth communication technologies (e.g. video streaming and web casting) appropriate to library services and the organisation's educational programs.*
3.5.6	There are linkages or integration with other information systems and services, both within and outside the organisation, which facilitate, enhance and improve access to information for LIS staff and users.	*For example, many hospital libraries have access to State health department provided knowledge and evidence-based resources which they provide links to from their web sites. In addition, while hospital libraries may not manage these resources directly, they have the ability to customise and brand these resources for the benefit of their users, e.g. activate Ask-A-Librarian type features, add local holdings statements, add link outs to locally subscribed electronic full text journals, etc.*
3.5.7	Within the physical LIS, workstations and access points are available in numbers, locations and configurations to effectively meet user needs.	
3.5.8	The LIS has user policies and/or guidelines, which clearly detail issues such as workstation usage, training offered, charges and user responsibilities.	*Examples include: 'Acceptable Use Policy' and 'Internet Use Policy'.*
3.5.9	There are suitable information technology facilities available for LIS staff to train users in information handling and retrieval skills.	*Such facilities can either be located in the library or elsewhere within the organisation. However, the principles to be applied are:* • *access to workstations for users should not be compromised when formal teaching sessions take place within the library* • *quiet study areas should not be disturbed* • *separate, offsite training facilities, if available, should be readily accessible when needed and not compromise the staffing of the library.*
3.5.10	All workstations located in the LIS conform to the occupational health and safety, disabled access, security and data management/recovery policies of the parent organisation.	
3.5.11	There is at least one staff workstation for every full time LIS staff equivalent. Workstations are located, configured and supplied with all the software required to enable staff to carry out their duties effectively and efficiently.	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

19

3.5.12	All LIS staff receive appropriate training on any new hardware and software introduced into the LIS.	*Appropriate training is critical. It should enable staff to do their jobs better and help realise full benefits from technology investments. While there are direct costs associated with obtaining suitable training, insufficient training can lead to overall decreases in return on technology investment as a result of:*
		• higher operating costs associated with reduced efficiency, for example, increased reliance on organisational information technology support staff and vendors to solve problems, lost productivity, etc.
		• system repair and maintenance costs associated with equipment casualties and inadequate preventive maintenance
		• increased staff dissatisfaction which can lead to higher staff turnover
		• lost opportunities. While more difficult to quantify these nevertheless represent real costs. For example, an inadequate knowledge and understanding of a system's potential can reduce opportunities to redesign information services and products that might better support the organisation's mission.
3.5.13	LIS management, house keeping and service operations are optimised through the efficient and appropriate use of information technology.	*Typically the LIS would use an integrated LMS to manage stock and provide services.*
3.5.14	The LIS keeps abreast of new information technologies and assesses their application to library management and services in keeping with user needs, cost constraints, cost-benefit analyses and the LIS's mission.	
3.5.15	There is provision for appropriate support of technological resources, including maintenance, repair, trouble-shooting and upgrading.	*The LIS should have a system of basic, internal maintenance and upkeep within the library as well as a service level agreement for technology support with the parent organisation's Information Technology Department and/or with third party providers and/or with vendors, as appropriate.*
	Also refer to 2.2.1	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

20

Guidelines Area 4: Information Service Provision

4.1 Access
The Library and Information Service (LIS) is readily accessible to users via multiple entry points – physical, online, by telephone, email, fax, etc. Opening hours are adequate to meet user needs and appropriate systems are available for staff to access information outside of the LIS's opening hours. Users have ready access to networked knowledge and evidence-based resources.

No.	Criteria	Intention / explanatory notes
4.1.1	The LIS has a policy document which clearly outlines the types and levels of access available to users. This policy is communicated to users.	An access policy can take the form of a matrix and specifies for each category of user: • the services and resources they can access • entry points • conditions of access Access policies may be communicated to users via user charters, guides and brochures and in hardcopy or electronically via the LIS website.
4.1.2	Within the parent organisation the physical location of the LIS is accessible to users and well signposted.	
4.1.3	LIS opening hours and staffing levels are adequate to meet user needs.	There does not have to be 24/7 access to the physical LIS resources provided that opening hours are adequate to meet user needs and that users have ready access to networked electronic resources.
4.1.4	Where sufficient demand exists, after-hours access to the LIS is made available subject to appropriate security measures being in place to safeguard both LIS resources and users. There are documented procedures in place for the provision of after-hours access.	This guideline acknowledges that after-hours access is greatly affected by local conditions. Where there is a genuine requirement for after-hours access and the LIS is able to implement security measures which effectively safeguard resources from theft or vandalism and provide users with appropriate personal security, then the LIS would be expected to make this service available.
4.1.5	Signage, layout and directional information within the LIS facilitates access to resources and services.	
4.1.6	Adequate provision is made to ensure that information resources are physically accessible to users with disabilities.	
	Additional applicable criteria include 3.5.1, 3.5.2 and 3.5.3	These criteria relate to users having ready access to networked knowledge and evidence-based resources.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

21

4.2 Information retrieval and dissemination
The retrieval and dissemination of knowledge and evidence-based information is crucial to achieving the organisation's mission. The Library and Information Service (LIS) ensures users can access information as easily as possible. Information retrieval and dissemination is provided on an on-demand basis as well as in anticipation of user requirements.

No.	Criteria	Intention / explanatory notes
4.2.1	The LIS provides a range of services that promote information retrieval and dissemination.	*Services that promote information retrieval and dissemination to core users may include but are not limited to:* • *Access to evaluated electronic resources* • *Mediated searching services* • *Document delivery services* • *Reference and inquiry services* • *Current awareness services* • *Stock lending, reservation and renewal* • *Ongoing end user training programs* • *Identification and promotion across the parent organisation of suitable information resources and services including evidence-based practice resources* • *Development and management of multi-format collections* • *Promotion of knowledge management strategies across the parent organisation*
4.2.2	Information retrieval and dissemination services are provided on an on-demand basis as well as in anticipation of user requirements.	*The guiding principle is that the LIS demonstrates a proactive service philosophy. Through the establishment of close relationships with users the LIS is able to identify and deliver knowledge and evidence-based information that anticipates users' needs.*
4.2.3	The LIS establishes and adheres to standards for the provision of information retrieval and dissemination services which are appropriate to user requirements. Service standards are communicated to users.	*A service standard is a clear statement outlining what users should expect from the LIS in a particular area of activity (e.g. reference services, interlibrary loans). A service standard may specify but is not limited to:* • *type of service* • *level, or extent, of service* • *quality of service* • *service entry points* • *response and turnaround times* • *modes and formats of delivery* • *charges, where applicable* • *feedback mechanisms* • *standards of professionalism and behaviour to be expected of staff (for example, as well as making reference to the provision of courteous and*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

22

			efficient service, relevant service standards may make reference to guidelines such as The American Library Association's Reference and User Services Association's Guidelines for Behavioral Performance of Reference and Information Service Providers http://www.ala.org/ala/rusa/protools/referenceguide/guidelinesbehavioral.cfm Consumer health services may refer to the National Network of Libraries of Medicine's The Consumer Health Reference Interview and Ethical Issues http://nnlm.gov/outreach/consumer/ethics.html). *Service standards should be communicated to users via user charters, guides, brochures and/or policy documents and in hardcopy or electronically via the LIS website.* *In some cases it may be more appropriate to implement Service Level Agreements (SLA), particularly with affiliated organisations. Also refer to Appendix 2 – Service Level Agreements.*
	4.2.4	Information retrieval and dissemination services are regularly monitored and evaluated to ensure they meet user and organisational needs. Services are modified and/or new services introduced, as appropriate, in response to user requirements.	*Monitoring and evaluation assesses services for relevance, accuracy, efficiency and appropriateness of design.*
	4.2.5	New and emerging methods for delivering and providing information services are investigated and assessed for their suitability.	*For example, Web 2.0 technologies, online reference software, etc.*
	4.2.6	The LIS participates in consortia and networks to obtain access to information and services that it cannot provide on its own.	*Examples include:* *Australian Inter Lending Resource Sharing Directory http://www.nla.gov.au/ilrs/,* *Australian Libraries Gateway http://www.nla.gov.au/libraries/* *GRATISNET http://www.gratisnet.org.au/* *Electronic Resources Australia http://era.nla.gov.au/*
	4.2.7	If the provision of consumer health information is a core service of the LIS, the LIS promotes activities associated with health information literacy such as the provision of easy to read material, material in appropriate formats and evaluated health information sources, especially web based.	

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

23

4.3 Induction and user education

The Library and Information Service (LIS) makes available education and training programs designed to provide users with the necessary skills to access, manage and evaluate the information they require.

No.	Criteria	Intention / explanatory notes
4.3.1	Induction sessions held by the parent organisation for new staff include information about the LIS.	*Ideally induction sessions would include a presentation by library staff. At a minimum, the LIS should arrange for library promotional material to be included in organisational induction handouts/packs.*
4.3.2	LIS specific induction sessions are available to newly registered users, including remote users. Refresher sessions for existing users are available on request.	*Induction sessions may be one-on-one, group sessions or, for remote users, by telephone.*
4.3.3	The LIS develops and promotes information literacy in users through the delivery of a permanently timetabled library and information handling skills training program. If onsite training is not possible (due to the category of LIS or users located in remote locations), the LIS endeavours to promote information literacy by providing access to external training sources such as selected web based tutorials.	*The Australian Information Literacy Standards (http://www.caul.edu.au/info-literacy/InfoLiteracyFramework.pdf) describes information literacy as "an intellectual framework for recognising the need for, understanding, finding, evaluating, and using information. These are activities which may be supported in part by fluency with information technology, in part by sound investigative methods, but most importantly through critical discernment and reasoning. Information literacy initiates, sustains, and extends lifelong learning through abilities that may use technologies but are ultimately independent of them." (p.4)* *If the provision of consumer health information is a core service of the LIS, the LIS promotes health information literacy. The Medical Library Association (http://www.mlanet.org/resources/healthlit/) defines health information literacy as the set of abilities needed to:* • *recognise a health information need;* • *identify likely information sources and use them to retrieve relevant information;* • *assess the quality of the information and its applicability to a specific situation;* • *analyse, understand, and use the information to make good health decisions.*
4.3.4	The LIS works with other trainers/educators within the organisation to ensure course participants have sufficient opportunities to learn library and information handling skills relevant to their training.	*The LIS should develop good working relationships with others within the organisation(s) that have education and training roles to ensure that course participants/students have adequate opportunities to learn library and information handling skills relevant to their training. Ideally consultation with LIS staff should be integrated into the planning processes for new courses to help identify resource implications such as reading list materials.*
4.3.5	User education and training programs are evaluated for effectiveness.	*Education and training programs are modified, as necessary, in response to evaluation and feedback.*

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

24

Appendix 1. Strategic plan format

The following is a suggested format for presenting the Library and Information Service's strategic plan. As per Guideline 1.1.1.9, *"The format of the strategic plan should be written and presented so as to fit the preferred style of the parent organisation. The Library and Information Service may find it practical to format the plan in such a manner that the body of the plan can be sent to all major stakeholders. This would include the executive summary, authorisation, description of the Library and Information Service, vision and mission, goals and objectives. By contrast the appendices are for internal use. These comprise the action plan, planning cycle, description of strategic planning process used, strategic analysis data and financial planning together with the evaluation plan and communication of the plan. The appendices contain the more confidential and detail-orientated documents that tend to change more frequently."*

Main body
- Executive summary
  - written so that an "outsider" reading it can grasp the Library and Information Service's mission, the major issues it faces and its goals and objectives.
- Authorisation
  - a statement about when the plan was approved and by whom.
- Description of the Library and Information Service
  - describes the position of the Library and Information Service within the parent organisation, whom it serves, its collections and services, key milestones in its development, etc.
- Vision and mission
- Goals and objectives

Appendices
- Action plan
  - specifies the objectives and respective actions with responsibilities, timelines and indicators for each.
- Planning cycle
  - a table, chart or diagram of the strategic planning cycle and schedule on which the strategic planning process operates.
- Description of the strategic planning process used
  - describes the process used to develop the plan, lists the stakeholders involved, the number and types of meetings, the planning sequence, any major lessons learned to improve planning the next time around, etc.
- Strategic analysis data
  - sets out the information generated during the external and internal analyses and the key strategic issues identified.
- Financial planning
  - links the annual budget to the resources and funding needed to achieve the strategic goals. Where possible, forward projections showing income required for each year of the plan are to be included.
- Monitoring and evaluation of the plan
  - states the criteria for monitoring and evaluating the plan, and the responsibilities and frequencies of monitoring the implementation of the plan.
- Communication of plan
  - describes how the plan and/or portions of it will communicated and to whom.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

25

Appendix 2. Service level agreements

Guideline 3.1.8

Where the nature of an organisation or service provides good reason for the employment of less than a 0.4 FTE librarian, a dedicated professional library service can be provided via a service level agreement with an available health services library. Such an agreement sets out the services to be provided by the contracting library to the organisation in question and at what cost.

For small health care related organisations or services, service level agreements with professionally staffed health libraries can offer a cost effective information service and strengthen compliance with accreditation processes. It also encourages health libraries to maximise the efficacy of their information services by providing access to vital health care information to personnel in small or isolated health care services and to assist in meeting the information and educational needs of such staff.

Criteria to be included as a minimum in any health library service level agreement are:

- Definition of the organisation and relevant user groups to be covered by the agreement.
- The nature and extent of the services to be provided to the contracting organisation by the supplying library, including any specific timelines for service delivery, and under what conditions these timelines are to be observed.
- The agreed costs and means of payment for the contracted services.
- The formal means of communication between the parties to the service level agreement on issues, developments and compliance with the agreement. This should include designated officers from all contracting parties who are responsible for the compliance of their respective organisations to the agreement.
- A clearly documented dispute mechanism to overcome any difference in interpretation or compliance with the service level agreement.
- A specified timeframe for the life of the agreement and a specified prior revision date to enable all parties to review the efficacy of the agreement before its expiry date is reached.
- Basic performance indicators to enable assessment of the effectiveness of the agreement for all parties and to identify and correct problems or misunderstandings.

Reference:
Harris L, Rockliff S. Implementing library service agreements: the experience of Australian health libraries. Paper presented at the 10th Asia Pacific Special, Health and Law Librarians' Conference, Adelaide Convention Centre, 24-27 August, 2003. conferences.alia.org.au/shllc2003/papers/004.pdf (accessed 1 April 2008).

Appendix 3. Minimum staffing levels for health library and information services

The staffing levels for Health Library and Information Services presented in this appendix are intended to provide a guide to minimum levels of staffing for various categories of health libraries. These staffing levels are based on benchmarking data collected by ALIA Health Libraries Australia in 2003[1] and further refined in a national benchmarking exercise conducted during 2004 and 2005[2]. These staffing levels assume the individual library meets the following criteria:

1. provides the following basic services:
    -   access to electronic resources
    -   document delivery
    -   mediated searching services
    -   stock lending/renewal
    -   general reference and enquiry services
    -   user education
2. performs the fundamental management functions outlined in these *Guidelines*, i.e. strategic planning, marketing, financial planning/budgeting, staff management.
3. maintains regular weekly opening hours (8 hours per day, 5 days per week).

Staffing numbers may be adjusted appropriately:
-   should the required services, functions and/or opening hours of the library be less than those set out in criteria 1-3 of this appendix. Any reduction in services, function and/or opening hours should not impede the library's ability to meet the information needs of its users and the level of practice put forward in these *Guidelines*.
-   wherever a library operates as part of a networked library service in which some operations (for example, strategic planning, financial management, cataloguing, document delivery, etc) are either centralised or shared between member libraries.

More specifically, the staffing numbers set out in this appendix are to be increased appropriately wherever:

a) specialised services outside traditional areas are provided (for example, clinical librarian services in the case of hospital libraries), and/or
b) the library has expanded responsibilities, or provides services that would typically be expected to be provided by another department (for example, managing room bookings, delivering organisation wide knowledge-management services, management of the organisation's web services, etc.), and/or
c) the library has responsibility for managing the delivery of knowledge-based resources statewide, nationally or internationally, and/or
d) the library has extended opening hours beyond the typical 8 hour day, and/or
e) the library provides information services to external organisations on a contractual or fee for service basis, and/or
f) a library provides a combination of services as per the categories of libraries defined in this appendix.

---

[1] Australian Library and Information Association (ALIA). Guidelines for Australian special libraries. Canberra: ALIA, 1999. www.alia.org.au/policies/special.libraries.html (accessed 23 May 2008).

[2] Results of a private follow up study involving teaching hospitals from SA, NSW and WA. Findings of this exercise supported the evidence on staffing levels produced in the health library census. Private communication from The Queen Elizabeth Hospital Library Manager, November 2007.

HOSPITAL HEALTH LIBRARY AND INFORMATION SERVICES - *CATEGORIES*

Public hospital library staffing levels are presented according to the Public Hospital Peer Group Classification[3], which is a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. It was developed by the Australian Institute of Health and Welfare (AIHW) and the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC). The aim is to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. Classification assigned to any one hospital can be found in the internet version of the AIHW's annual series *Australian Hospital Statistics[4]*. The public hospital library staffing data used to develop these staffing guidelines was collected in 2003. Therefore, the Public Hospital Peer Group Classification assigned to each library was taken from the *Australian Hospital Statistics 2003-04*, specifically Table A4.3[5]. It should be noted that the three levels presented under Principal Referral Hospitals have been developed purposely for these staffing guidelines. These levels account for differences that exist between principle referral hospitals, which significantly impact on library services.

---

[3] Australian Institute of Health and Welfare (AIHW). Australian hospital statistics 2003-04. Canberra: AIHW (Health Services Series no. 23), 2005; 315-6. www.aihw.gov.au/publications/hse/ahs03-04/ahs03-04-x04.pdf (accessed 20 June 2008).
[4] Available from the Australian Institute of Health and Welfare website, www.aihw.gov.au/publications/index.cfm/series/41.
[5] Australian Institute of Health and Welfare (AIHW). Table A4.3: Public hospitals included in the National Public Hospital Establishment Database (NPHED), National Hospital Morbidity Database (NHMD), National Elective Surgery Waiting Times Collection (NESWT) and the National Non-admitted Patient Emergency Department Care Database (NAPED), 2003–04. In Australian hospital statistics 2003-04. Canberra: AIHW (Health Services Series no. 23), 2005. www.aihw.gov.au/publications/hse/ahs03-04/Appendix_4.xls (accessed 20 June 2008).

Principal Referral Hospitals

Definition: The Parent organisation must be classified as Principal Referral according to the Public Hospital Peer Group Classification for a library to be included in this grouping. In this category are major city hospitals with >20,000 acute casemix-adjusted separations and regional hospitals with >16,000 acute casemix-adjusted separations per annum. The library complies with the services, functions and/or opening hours set out in criteria 1-3 of this appendix.

*A **Level One principal referral hospital** must meet all of the following criteria*

(a) provides complex tertiary, quaternary and supra-regional health services

(b) is accredited for internships, residencies and post-basic training and is typically the main rotational hospital for post-basic training

(c) acts as a referring regional acute care centre

(d) has formal affiliations with tertiary education institutions

(e) supports recognised research programs in the health sciences

5 Full Time Equivalent (FTE) librarians and 1 FTE library technician
OR
4 FTE librarians and 1 FTE library technician and 1 FTE library assistants

*A **Level Two principal referral hospital** must meet all of the following criteria*

(a) provides complex tertiary health services

(b) is accredited for internships, residencies and post-basic training

(c) acts as a referring regional acute care centre

(d) has formal affiliations with tertiary education institutions

OR

(a) the parent organisation is classified as Specialist Women's and Children's (principal referral sub-group) according to the Hospital Peer Group Classification

3 Full Time Equivalent (FTE) librarians and 1 FTE library technician
OR
3 FTE librarians and 1 FTE library assistant (or 0.5 library technician and 0.5 library assistant)

*A **Level Three principal referral hospital** must meet criteria (a)-(d)*

(a) provides a comprehensive range of core health services to residents, including Emergency Medicine, General Medicine, General Surgery, Orthopaedics, Intensive Care, Obstetrics, Psychiatry, Paediatrics, Community Health and Child Protection services; may offer some complex tertiary services either locally or through formal networking arrangements with other hospitals

(b) is accredited for internships, residencies and post-basic training

(c) acts as a referring regional acute care centre

(d) has formal affiliations with tertiary education institutions

(e) may support recognised research programs in the health sciences

2 Full Time Equivalent (FTE) librarians and 0.5 FTE library technician
OR
1.5 FTE librarians and 1 FTE library assistant (or 0.5 library technician and 0.5 library assistant)

Large Hospitals

Definition: The Parent organisation must be classified as a Large Hospital according to the Public Hospital Peer Group Classification for a library to be included in this grouping. In this category are major city acute hospitals, regional acute hospitals and remote hospitals treating, respectively, >10000, >8000 and >5000 acute casemix-adjusted separations per annum. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix. In addition, the library supports formal affiliations the parent organisation has with tertiary education institutions and/or recognised research programs in the health sciences.

1.0 Full Time Equivalent (FTE) librarian and 0.8 FTE library technician

Medium Hospitals

Definition: The parent organisation must be classified as a Medium Hospital according to the Public Hospital Peer Group Classification for a library to be included in this grouping. Medium acute hospitals are located in regional and major city areas. Library staffing levels make no difference between Group 1 (treating between 5000 and 10000 acute casemix-adjusted separations per annum) and Group 2 (treating between 2000 and 5000 acute casemix-adjusted separations per annum, and acute hospitals treating <2000 casemix-adjusted separations but >2000 separations per annum). These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix. In addition, the library supports formal affiliations the parent organisation has with tertiary education institutions and/or recognised research programs in the health sciences. It must be noted that a significant number of medium hospital libraries are located in regional areas that lack the access to supporting networked services found in major city areas. Consequently the minimum staffing levels for the medium hospital category reflects the need for such libraries to be often more self sufficient in their operations. This situation accords with the benchmarking evidence for this category.

1.0 Full Time Equivalent (FTE) librarian and 0.8 FTE library technician

Small Acute, Sub-Acute and Non-Acute Hospitals

Definition: The Parent organisation must be classified as Small Acute, Sub-Acute and Non-Acute according to the Public Hospital Peer Group Classification for a library to be included in this grouping. This grouping captures Rehabilitation and Extended Care Hospitals. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

1.0 Full Time Equivalent (FTE) librarian
OR
0.8 FTE librarian and 0.2 FTE library technician

Psychiatric Hospitals

Definition: The Parent organisation must be classified as Psychiatric according to the Public Hospital Peer Group Classification for a library to be included in this grouping and have >200 beds. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

2.0 Full Time Equivalent (FTE) librarians and 1.0 FTE library technician
OR
1.5 FTE librarians and 1.0 FTE library technician and 0.5 FTE library assistant

Private Hospitals

Definition: Privately owned and operated hospitals, catering for patients who are treated by a doctor of their own choice. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

1.5 Full Time Equivalent (FTE) librarians and 0.5 FTE library technician
OR
1.0 FTE librarian and 1 FTE library technician (or 0.5 FTE library technician and 0.5 FTE library assistant)

NON-HOSPITAL LIBRARY AND INFORMATION SERVICES - *CATEGORIES*

Consumer/Not-for-profit organisations

Definition: Libraries operating in non-profit organisations that provide services to health consumers (patients, families, carers) and health care professionals. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

1.5 Full Time Equivalent (FTE) librarians
OR
1.0 FTE librarian + 0.5 FTE library technician

Education

Group 1:

Definition: Large university libraries supporting the teaching, learning and research needs of staff and students across several health sciences faculties or one large health science faculty. Support is provided at the under and postgraduate levels. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

6.0 Full Time Equivalent (FTE) librarians + 4.0 FTE library technicians + 4.0 FTE library assistants

Group 2:

Definition: Small to medium university and university-affiliated libraries supporting the teaching, learning and research needs of staff and students of a small to medium health science faculty at the under and postgraduate level. These staffing levels assume that many technical services and management functions are centralised and not performed by these libraries.

2.0 Full Time Equivalent (FTE) librarians + 0.5 FTE library technicians

Group 3:

Definition: Non-university libraries in non-clinical settings supporting educational programs in the health sciences. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

1.0 Full Time Equivalent (FTE) librarians
OR
0.8 FTE librarians and 0.2 FTE Library Technicians

Professional

Definition: Libraries supporting learned or professional societies in the health sciences. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

2.0 Full Time Equivalent (FTE) librarians
OR
1 FTE librarians + 1.0 FTE library technician

Research

Definition: Libraries supporting organisations undertaking recognised advanced research in the clinical, biomedical, pharmaceutical or health sciences fields. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

2.0 Full Time Equivalent (FTE) librarians
OR
1 FTE librarians + 1.0 FTE library technician

State Health Departments

Definition: Libraries serving departments or authorities with the primary responsibility of administering or funding public health services and hospitals. These staffing levels assume libraries in this category provide the services, functions and opening hours set out in criteria 1-3 of this appendix.

3.0 Full Time Equivalent (FTE) librarians + 2.0 FTE library technicians
OR
3.0 FTE librarians + 1.0 FTE library technician + 1.0 FTE library assistant

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

33

Appendix 4. Space requirements for health library and information services

Health libraries can vary in terms of purpose, services and resources provided and number of users served. As such each Library and Information Service must determine the design, layout and the amount of space required to facilitate optimal service provision and meet user needs.

A library that cannot comfortably accommodate staff, users, equipment and the collection is likely to be underutilised.

As a guide to planning, the following minimum space requirements are offered for the key aspects of a health library and information service facility. Each specification per item must be multiplied by the anticipated quantity/number of required items in a given library.

For a comprehensive discussion of library space planning see:
Labree R. Space planning. In: Holst R, ed. The Medical Library Association guide to managing health care libraries. Chicago: Medical Library Association, 2000; 135-175.

FORMULA FOR DETERMINING NUMBER OF SEATS
Seat 10% of all primary users and 1% of secondary users

FORMULA FOR GENERAL ESTIMATE OF LIBRARY SPACE
Total square metres for all library activities = number of seats x 9.3-11.1 m^2
Configuration loss due to building idiosyncrasies = 6% of estimated space requirements

SPACE ALLOCATION RATIO[1]
Suggested space allocation for special libraries is in the ratio of
1   :   3.6   :   2.5
staff space : shelving & storage : service area

---

[1]Australian Library and Information Association (ALIA). Guidelines for Australian special libraries. Canberra: ALIA, 1999. www.alia.org.au/policies/special.libraries.html (accessed 23 May 2008).

COLLECTION AREAS

ITEM		SPACE IN M^2
Shelving	For every 100 titles to be housed on regular shelving (e.g. 2000 volumes ÷ 100 = 20 m^2 shelving)	1.0
	For every 100 titles to be housed in a compactus (e.g. 2000 volumes ÷ 250 = 8 m^2 shelving)	0.4
Multimedia shelving	Per 100 recordings	1.0

SEATING AREAS

ITEM		SPACE IN M^2
Individual reader workspace/carrels		3.0
Individual IT workspace		4.0
Lounge/easy chairs (2 chairs)	For casual reading areas	4.0
Multimedia carrels		4.0
Seminar/meeting room	2 sq m / person (15 m^2 minimum)	25.0
Study tables	Including group seating for four chairs	6.0

CORE AREAS

ITEM		SPACE IN M^2
Public access catalogue		3.5
Foyer entrance	Reference/inquiry point, OPAC, staff phones, notice board, returns chute	13.0
Current book display	New books on display stand	2.0
Current journal display	New journals display and browsing area	8.0
Library Service Area	Assuming one staff member per service point - circulation (15m^2) and reference (10m^2)	25.0
	Additional Inter Library Loan service point	10.0
Multimedia	For 2 carrels with TV/DVD-VCR & headphones, 2 desk chairs and 2 media storage cabinets	8.0-10.0
Photocopier	With appropriate provision for ventilation; includes storage counter and space for book trolley & bins	6.0
Toilet	Including disabled access	12.0
Trolley holding bay	To park shelving trolleys	1.25

STAFF AREAS

ITEM		SPACE IN M²
Library manager's office		15.0
Librarian's office		12.0
Library Staff Work Area	To contain technical services and one staff member	15.0
	For each additional staff member in Library Staff Work Area add	5.0
Library Staff Room		10
Stationery storage		12.0

Guidelines for Australian Health Libraries, 4ᵗʰ edition
Australian Library & Information Association Health Libraries Australia

36

Appendix 5. Australian Standards and Codes

The following list of Australian Standards and Codes, while generally not specific to Library and Information Services, represent the most common standards and codes libraries may have need to consult. While up to date at the time of publication, standards and codes change over time. Searching http://www.saiglobal.com should yield information as to the currency of any the listed standards.

AS 1170: Structural design actions (formerly SAA Loading Code)

AS 1428: Design for access and mobility

AS 1470: Health and safety at work: principles and practices

AS 1680: Interior lighting

AS1735: Lifts, escalators and moving walks

AS2107: Acoustics- recommended design sound levels and reverberation times for building interiors

AS 2342: Development, testing and implementation of information and safety symbols and symbolic signs

AS 2834: Computer accommodation

AS 3260: Approval and test specification - safety of information technology equipment including electrical business equipment

AS 3590: Screen based workstations

AS 3671: Acoustics: Road traffic noise intrusion - Building and construction

AS 3757: Acoustics; Declared noise emission values of computers and business equipment

AS 4196: Information and documentation: Open systems interconnection - Interlibrary loan application service definition

AS 4197: Information and documentation: Open systems interconnection - Interlibrary loan application protocol specification

AS 4279: (Int) Information and documentation: Information retrieval services protocol

AS 4390: Records management

AS 4449: Information and documentation - Electronic manuscript preparation and markup

AS 4789: Information and documentation - International library statistics

AS 5037: Knowledge management - a guide

AS 5044: AGLS Metadata element set - Reference description

AS 9001: Quality management systems

AS 15489: Records management - General

AS 15836: Information and documentation - The Dublin Core metadata element set

AS 23950: Information and documentation - Information retrieval (Z30.50) - Application service definition and protocol specification

AS 60950: Information technology equipment - Safety - General requirements

HB 59: Ergonomics - The human factor - A practical approach to work systems design

HB 80: Benchmarking Explained - A Guide for Undertaking and Implementing Benchmarking

HB 256: Metadata usage in Australian and New Zealand education and training

ISO 7001: Graphical symbols - Public information symbols

ISO 7010: Graphical symbols - Safety colours and safety signs - Safety signs used in workplaces and public areas

Building Code of Australia

Bibliography

Standards

Australian Library and Information Association (ALIA). Guidelines for Australian health libraries. Canberra: ALIA, 2000. www.alia.org.au/policies/health.libraries.html (accessed 1 April 2008).

Australian Library and Information Association (ALIA). Guidelines for Australian special libraries. Canberra: ALIA, 1999. www.alia.org.au/policies/special.libraries.html (accessed 23 May 2008).

Canadian Health Libraries Association (CHLA). Standards for library and information services in Canadian healthcare facilities 2006. Toronto: CHLA, 2006. www.chla-absc.ca/documents/Standards_2006.pdf (accessed 1 April 2008).

Cologne P, Baumann F, Boeckh D, Klein D, Riethmüller P, Rohde I. Standards for hospital libraries in Germany. Würzburg: German Medical Libraries Association, 2004. www.agmb.de/mbi/libraries_standards.pdf (accessed 1 April 2008).

Fowler C, Trinder V. Accreditation of library and information services in the health sector: a checklist to support assessment. London: Health Libraries and Information Confederation (HeLICon) Working Group, 2002. www.lkdn.nhs.uk/accreditation.htm (accessed 1 April 2008).

Lucey N. Standards for Irish healthcare library and information services. Dublin: Library Association of Ireland, 2005. hrb.tinderbox.ie/archives/Standards_cover.pdf (accessed 1 April 2008).

Medical Library Association. Hospital Libraries Section Standards Committee. Standards for hospital libraries 2002: with 2004 revisions. Natl Netw 2005;29(3): 11-7. www.hls.mlanet.org/otherresources/standards2004.pdf (accessed 1 April 2008).

Medical Library Association. Hospital Libraries Section Standards Committee. Standards for Hospital Libraries 2007. J Med Libr Assoc 2008;96: 162–9. www.pubmedcentral.nih.gov/picrender.fcgi?artid=2268237&blobtype=pdf (accessed 2 May 2008).

National service framework of quality improvement for NHS funded library services in England: version 1.1. London: National Health Service Institute for Innovation and Improvement, 2008. www.library.nhs.uk/nlhdocs/nsf_for_quality_improvement_2008_v1.1.pdf (accessed 1 April 2008).

St. Clair G. Solo power: how one-person librarians maximize their influence - includes related article on the OPL Manifesto. Inf Outlook 1997 Dec. findarticles.com/p/articles/mi_m0FWE/is_n12_v1/ai_20152147 (accessed 23 June 2008).

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

38

Strategic planning

Aguado T. Using the Balanced Scorecard in a health library: a case study. Paper presented at the IES Conference Performance Measures for Libraries and Information Services, Sydney, 18-19 May 2004. www.gardinerlibrary.com/Default.aspx?id=112 (accessed 5 March 2008).

Brown K. Strategic planning – the destination and a journey. Berkeley: Western Museums Association, n.d. www.westmuse.org/resources_strategic_planning.htm (accessed 5 March 2008).

Colbert J. The strategic planning manual. Canberra: Museums Australia Inc., 1998. www.collectionsaustralia.net/includes/get_file.inc.php?id=248 (accessed 5 March 2008).

Koontz C. Public library stakeholders vested interests/potential conflicts: a case study. Paper presented at the World Library and Information Congress: 69th IFLA General Conference and Council, Berlin, 1-9 August, 2003. www.ifla.org/IV/ifla69/papers/117e-Koontz.pdf#search=%22identifying%20stakeholders%20%22public%20libraries%22%22 (accessed 5 March 2008).

London Health Libraries (LHL) Quality and Standards Group. Guidance for producing a library strategy, implementation plan and annual report. London: LHL, 2006. www.londonlinks.ac.uk/key_documents/guidance_for_producing_library_strategy.pdf (accessed 5 March 2008).

Martinelli F. Q&A with faculty: strategic planning. Madison, WI: The University of Wisconsin-Extension, n.d. www.uwex.edu/ces/cced/nonprofits/management/q-a1.cfm (accessed 5 March 2008).

Martinelli F. Strategic planning: charting your course to success. Canton, MI: The Learning Institute for Non-profit Organizations, 2004. www.nonprofitcourses.org/li/samples/guide.pdf (accessed 5 March 2008).

McNamara C. Strategic planning (in nonprofit or for-profit organizations). Free Management Library, 1997-2008. www.managementhelp.org/plan_dec/str_plan/str_plan.htm#anchor449464 (accessed 5 March 2008).

Siess JA. Strategic planning for hospital libraries. J Hosp Librarianship 2005;5(4):37-49.

Sitkin CP. Integrated business planning toolkit. Association for Progressive Communications, 1998. old.apc.org/english/ngos/business/busplan/intbus.htm (accessed 26 June 2008).

Legal and Professional Responsibilities

Australian Library and Information Association (ALIA). Statement on professional conduct. Canberra: ALIA, 2007. www.alia.org.au/policies/professional.conduct.html (accessed 1 April 2008).

Australian Library and Information Association (ALIA). ALIA core values statement. Canberra: ALIA, 2002. www.alia.org.au/policies/core.values.html (accessed 22 June 2008).

Evidence-Based Library and Information Practice

Booth A. Counting what counts: performance measurement and evidence-based practice. Perform Meas Metr 2006;7(2): 63-74.

Booth A, Brice A. Evidence-Based Practice for Information Professionals: A Handbook. London: Facet, 2004.

Marketing

Booth A. Marketing a service. In: Booth A, Walton G, eds. Managing knowledge in health services. London: Library Association, 2000. www.shef.ac.uk/scharr/mkhs/chapters/chap12.rtf (accessed 31 March 2008).

Booth A. Promoting and Marketing Library and Information Services (ProMISe): Briefing #1 June 2006. nlhcms.library.nhs.uk/nlhdocs/FOLIO_what_is_marketing.doc (accessed 31 January 2007).

Introduction to marketing the library. Columbus, OH: Ohio Library Council, 2003. www.olc.org/marketing/index.html (accessed 31 March 2008).

Kassel A. How to write a marketing plan. Mark Libr Serv 1999;13(5). www.infotoday.com/mls/jun99/how-to.htm (accessed 31 March 2008).

Marketing library resources: an annotated bibliography. LibraryConnect 1995;(8). libraryconnect.elsevier.com/lcp/0801/LCP0801.pdf (accessed 31 March 2008).

National Library for Health. Promoting and Marketing Library and Information Services (ProMISe). FOLIO: Facilitated Online Learning as an Interactive Opportunity. promise.pbwiki.com (accessed 31 March 2008).

Human resources

Australian Library and Information Association (ALIA). Employer roles and responsibilities in education and professional development. Canberra: ALIA, 2006. www.alia.org.au/policies/information.centres.html (accessed 25 June 2008).

Australian Library and Information Association (ALIA). Librarian. Canberra: ALIA, 2006. www.alia.org.au/education/qualifications/librarian.html (accessed 26 June 2008).

Australian Library and Information Association (ALIA). Library assistant. Canberra: ALIA, 2006. www.alia.org.au/education/qualifications/library.assistant.html (accessed 26 June 2008).

Australian Library and Information Association (ALIA). Library technician. Canberra: ALIA, 2006. www.alia.org.au/education/qualifications/library.technician.html (accessed 26 June 2008).

Cohn J, Kelsey A. Staffing the modern library. New York: Neal Schuman Publishers, Inc. 2005.

Financial resources

Dossett JC. Budgets and financial management in special libraries. www.libsci.sc.edu/BOB/class/clis724/SpecialLibrariesHandbook/Budgets%20and%20Financial%20Management.htm (accessed 31 March 2008).

FOLIO Financial management: an overview (from Management for the More Experienced (Ex-Files)). exfiles.pbwiki.com/f/Financial%20Management%20briefing.doc (accessed 9 April 2007).

Accommodation and Equipment

Jenson ML. Library space planning guide. Hartford: Connecticut State Library, 2002. data.webjunction.org/wj/documents/6181.pdf (accessed 20 June 2008).

Labree R. Space planning. In: Holst, R , ed. The Medical Library Association guide to managing health care libraries. Chicago: Medical Library Association, 2000; 135-175.

Ludwig L, Starr S. Library as space: results of a Delphi study. J Med Libr Assoc 2005;93: 315-326. www.pubmedcentral.nih.gov/picrender.fcgi?artid=1175798&blobtype=pdf (accessed 31 March 2008).

People places: a guide for public library buildings in New South Wales. 2nd ed. Sydney: Library Council of New South Wales, 2005. www.sl.nsw.gov.au/services/public_libraries/library_buildings/people_places.html (accessed 1 April 2008).

State Library of Queensland (SLQ). Queensland public library standards and guidelines. 4. Library building standards. Brisbane: SLQ, 2004. www.slq.qld.gov.au/info/publib/policy/guidelines/four#stand (accessed 1 April 2008).

Technology

American Library Association (ALA). Reference and User Services Association. Management Committee of the Machine-Assisted Reference Section. Guidelines for the introduction of electronic information resources to users. Chicago: ALA, 2006. www.ala.org/Template.cfm?Section=reference&template=/ContentManagement/ContentDisplay.cfm&ContentID=132255 (accessed 1 April 2008).

State Library of Queensland (SLQ). Queensland public library standards and guidelines. 11. Technology standards. Brisbane: SLQ, 2004. www.slq.qld.gov.au/info/publib/policy/guidelines/eleven (accessed 1 April 2008).

Information retrieval and dissemination

American Library Association (ALA). Reference and User Services Association. Reference Services Section Management of Reference Committee. Guidelines for behavioral performance of reference and information service providers. Chicago: ALA, 2004. www.ala.org/ala/rusa/protools/referenceguide/guidelinesbehavioral.cfm (accessed 22 May 2008).

American Library Association (ALA). Reference and User Services Association. Standards and Guidelines Committee. Guidelines for information services. Chicago: ALA, 2000. www.ala.org/ala/rusa/protools/referenceguide/guidelinesinformation.cfm (accessed 1 April 2008).

Canadian Health Library Association (CHLA). Librarians, knowledge, and clinical practice – select bibliography. Toronto: CHLA, n.d. www.chla-absc.ca/news/clinicalpractice.html (accessed 31 March 2008).

National Network of Libraries of Medicine (NNLM). The consumer health reference interview and ethical issues. Bethesda, MA: NNLM, 2007. nnlm.gov/outreach/consumer/ethics.html (accessed 1 April 2008).

Induction and user education

Bundy A, ed. Australian and New Zealand Information Literacy Framework: principles standards and practice. 2nd ed. Adelaide: Australian and New Zealand Institute for Information Literacy, 2004. www.anziil.org/resources/Info%20lit%202nd%20edition.pdf (accessed 26 June 2008).

Medical Library Association (MLA). Health information literacy. Chicago: MLA, 2008. www.mlanet.org/resources/healthlit/ (accessed 26 June2008).

Service level agreements

Harris L, Rockliff S. Implementing library service agreements: the experience of Australian health libraries. Paper presented at the 10th Asia Pacific Special, Health and Law Librarians' Conference, Adelaide Convention Centre, 24-27 August, 2003. conferences.alia.org.au/shllc2003/papers/004.pdf (accessed 1 April 2008).

University College London (UCL) Library Services. Biomedicine & health - service level agreement. London: UCL, 2008. www.ucl.ac.uk/Library/biomedsla.shtml (accessed 1 April 2008).

Glossary

Accreditation
The evaluation of a healthcare organisation by a recognised external body. The body evaluates the organisation's degree of compliance with a set of devised standards.

Action Plan
Sets out the library's priorities in terms of those strategic goals and objectives it wants to achieve in the coming financial year. It should be evidence-based, with priorities determined by what has been proven to be successful plus imperatives determined by the local environment. It also provides an essential link between the strategic plan and the library's annual budget.

Benchmarking
A Total Quality Tool that enables comparison of inputs, processes or ouputs between libraries or within a single library over time, usually with a view to establishing good practice, diagnosing problems in performance and identifying areas of strength.

Budget
A budget is usually developed to match revenues against planned expenditures for a defined period of time, typically twelve months.

Business Plan
See *Action Plan*

Collection Management Policy
A policy which sets out the principles guiding the selection, deselection and provision of library materials. The policy describes the purpose, content, format and scope of information resources to be collected and provided by the library in order to meet user needs and the stated goals and objectives of the library.

Consortium
A cooperative arrangement among groups or organisations. A basic premise is that by working through consortial arrangements members can achieve more than could be achieved individually.

Consumer Health Information
Any information a member of the general public needs to make informed decisions about their health. Access to this information allows participation and choice in health care decision making.

Current Awareness Service
A service designed to inform library users of new developments and materials published in their field of interest.

Document Delivery
A service that provides material (books, journal articles, etc) from external libraries (interlibrary loans) or from the library's collections.

Electronic Resources
Resources and materials in electronic form that require computer access to operate. This category includes software applications, electronic texts, bibliographic databases, organisational repositories, Web sites, e-books, collections of e-journals, etc.

Extranet
An extension of an organisation's intranet that that has been selectively opened to authorised outside users. Access to an extranet requires data encryption and/or valid username and password.

Financial Plan
Provides long term financial stewardship.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

43

Goals
Broad, enduring, qualitative and immeasurable statements that describe what the library hopes to achieve in the next 3-5 years. Goals expand upon the vision, specifying the accomplishments to be achieved if the vision is to become real.

Information Handling Skills
A range of skills in using and retrieving information including planning, searching and evaluation.

Information Literacy
An understanding and set of abilities enabling individuals to recognise when information is needed and have the capacity to locate, evaluate, and use effectively the needed information. (ANZ Information Literacy Framework, p.3)

Interlibrary Loans
A service by which library resources not owned by the library are requested and obtained from other libraries.

Internet
A worldwide system of interconnected computer networks.

Intranet
A private network inside an organisation that conforms to the same standards as the internet but that is only for use inside the organization.

Key Performance Indicators (KPIs)
Significant measures that are used on their own or in combination with other KPIs to show the library's progress toward, and/or performance against, its objectives.

Knowledge Management (KM)
The capabilities by which communities within an organisation capture the knowledge that is critical to them, constantly improve it and make it available in the most effective manner to those people who need it, so that they can exploit it creatively to add value as a normal part of their work. (Royal Dutch/Shell as reported in BSI, PAS 2001)

Library Management System (LMS)
A computerised system for the administration of a library's technical functions and services to its users. This ranges from tracking the assets held by the library, managing lending, through to supporting the daily administrative activities of the library.

Mission
A pragmatic statement that defines the purpose and philosophy of the library.

Objectives
Statements indicating how the library will achieve its goals and resolve the critical issues identified during the strategic analysis phase; they are statements of major approach or method. As such they are specific and measurable.

Online Public Access Catalogue (OPAC)
An electronic catalogue of a library's holdings, usually searchable by author, title, subject and keyword.

Quality Improvement
The sum of all activities that create desired change in quality. Quality improvement involves a feedback loop that identifies patterns of service, the analysis of those patterns to identify opportunities for improvement and actions to improve quality in services.

Remote Access
Direct access to library catalogues, databases, resources and services from a point external to the library.

Stakeholders
Any group or individual who can affect or who is affected by achievement of the library's objectives.

Strategic Analysis
The broad-based identification and analysis of those critical issues that affect the library. It is a critical step in developing a strategic plan as the library uses the information collected to evaluate the importance of its internal strengths and weakness against user requirements and external trends and developments, and develop appropriate and focused objectives and action plans.

Strategic Plan
A systematic and proactive process of assessing the library's internal and external environment, analysing the implications of relevant trends, and identifying effective strategies for achieving a desired future state.

Vision
The vision is a short, succinct, and inspiring statement of what the library aims to look like in ideal terms in the future and provides a focus for the development of future services and programs in relation to the identified changes in needs and environment.

Guidelines for Australian Health Libraries, 4th edition
Australian Library & Information Association Health Libraries Australia

45