



REPORT FROM THE
STAKEHOLDERS MEETING FOR A
NATIONAL NETWORK OF LIBRARIES FOR
HEALTH (NNLH)/
RÉSEAU NATIONAL DES BIBLIOTHÈQUES
POUR LA SANTÉ (RNBS)
June 17, 2005

Bernard Dumouchel, Director General of the Canada Institute for Scientific and Technical Information (CISTI) welcomed the attendees and outlined the important work that CISTI has been doing to support health information sharing in Canada.

Wayne Glover, President of Associations First and the meeting facilitator, had each of the participants introduce themselves, briefly describe the needs of their constituents and give their view of the value of a National Network of Libraries for Health/ Réseau national des bibliothèques pour la santé (NNLH/RNBS) Many described projects underway at their organizations, but also the need for their members to:

- have access to evidence-based resources
- share their resources with others
- foster knowledge translation among health care practitioners

The lack of organization of resources and the wasteful duplication and overlap across the country were major concerns, as was sustainability of a national network.

Task Force member Liz Bayley gave an overview of the Task Force and its work to date [see <http://chla-absc.ca/nnlh/Intro-TaskForce.ppt> for slides].

Patrick Ellis, Task Force Co-Chair, then spoke of the Canadian Health Network as a model to work from, particularly in addressing the consumer knowledge needs of practitioners, planners and research.

John Cole, Health Sciences Library, University of Calgary described the Alberta Health Knowledge Network, pointing out that it is not getting to all health care practitioners, especially those in rural communities and that it is not providing a full range of resources or support. A provincial needs assessment is needed to provide coordination and eliminate duplication. The Alberta Minister of Health feels that this should be a national initiative, that the timing might be right to go back to Health Infoway, and that we should not leave out consumer health information.

John Cole then described SHIRP - Saskatchewan Health Information Resources Partnership. SHIRP provides digital resources and support to all Saskatchewan residents. Phase 4, scheduled for April 2006, will add unaffiliated practitioner authentication.

Patrick Ellis described the Atlantic Health Knowledge Partnership, which coordinates cooperative licensing of resources and could act as a proof of concept for national licensing.

[See <http://chla-absc.ca/nnlh/prov.html> for more details on provincial initiatives].

Task Force member Jim Henderson provided overviews of the UK National Library for Health:

[<http://chla-absc.ca/nnlh/UKModels.ppt>]

and the US National Network of Libraries of Medicine:

[<http://chla-absc.ca/nnlh/USModels.ppt>]

Participants were then divided into four focus groups, and asked to identify what elements could be taken from the Canadian, UK and US models, what elements wouldn't work in the Canadian environment, and what could be put in place instead.

The following elements were identified as important for a Canadian national network:

- Common agreement on vision (saves lives, reduces costs, better decisions, patient safety)
- Consistency; eliminates disparities and provide a wider variety of resources for all involved; delivers evidence more efficiently
- A co-coordinator of the activity (physical presence?) with authority to move the project forward, to identify what exists, what needs to be included; everything under one umbrella
- Joint federal/provincial responsibility
- A cross sectoral approach to libraries/information services
- Making access to health information an integral part of health infrastructure; knowledge management is top priority in health information
- Equity in access; adaptation of services; portable across provinces and territories; universal and seamless access
- Access to full text; local delivery
- Inclusion of library support service component; the service element is needed for efficiency and effectiveness; IT support is also needed
- Identification of the basic necessities for health care professionals across Canada.
- Collaboration: how do all participate – large/small, have/have-nots, etc.?
- Cost effective solutions and cost savings– no duplication; better use of current expenditures
- Determination of the role of decision makers (stakeholders) and outside bodies – Federal/provincial Council of Ministers of Health, publishers, pharmaceuticals, press, health charities; need for broad partnership

- Buy-in from all parties, internal and external, to the mandate; may need to do some political lobbying; need to educate on the impact of health information on the health care system and the state of knowledge management systems
- Move to wellness and health promotion instead of acute care crisis management
- Services to special populations and cultural minorities
- Promotion of a knowledge network to prioritize research funding
- Bilingualism – interface, service provided, assistance
- What is needed to provide authority and accountability in Canada
- What is the infrastructure; can existing resources be used? Regional access to the network? Provincial portals?
- E-commerce strategy
- Existing library contributions; trainers of knowledge managers; knowledge brokers
- Geographic barriers: create an info-highway
- Possible sources of assistance: CIHI (Glenda Yates), Health Council, CIHR, CISTI, Library and Archives Canada, Council of Deputy Ministers, Canadian Healthcare Association, National Science Advisory, AFMC and AUCC; HRSDC
- Good communication plan

Several concerns were raised:

- Negotiation of costs, contributions in cash or kind (no free ride)
- Sustainability
- Vulnerability of stakeholder groups if not contributing to costs
- Access – commonality of technology and training support
- Integration of existing provincial models into a national model

The following considerations/actions are needed to move to a national network:

- Define who will be the audience for such a network: policy makers, industry, practitioners, people
- Define the health care system for the purposes of this project.
- Define the scope of the project: users, types of information provided, implicit knowledge, grey literature, guidelines.
- Define core services needed by each stakeholder organization.
- Enable the Network to facilitate collaboration
- Make links to existing legislation (e.g. CIHR)
- Identify needs of practitioners, researchers and public health professionals.
- Identify the core body of literature for the NNLH, and determine if it *is similar or the same* for each organization
- Identify how specialty literature collections would be handled outside of the core services
- Establish standards/quality measures of the literature.
- Establish standard terminology/ metadata for a national effort.
- Undertake political lobbying activities

- Build on successes: Investigate if current libraries could be expanded to other jurisdictions: develop subject/professional services already in existence; build capacity in controlled way; use the experience of CNSLP/CRKN where the universities came together with funding from CFI for joint licensing.
- Determine how license negotiation would be done: By large organizations? By central authority using all parties to the network? Would the network wholesale products/services for use by stakeholder groups?
- Explore all avenues for seed money. Tie into existing programs for seed money.
- Stakeholder participation may be the sharing of digital content in exchange for library support services (user instruction, support materials, etc.)
- Consider the mixing of academic and non-academic users – what are the license implications with the publishers?
- Access for the target audience – what controls are needed? What will publishers require?
- Consider access to “gray literature”: how will it be captured? How is the material outside the domain of Library and Archives Canada tracked and made available? How much gray literature is being captured by the stakeholders, such as the CNA database on Canadian information on patient safety?
- Develop the selling points: articulate this as a “public good”; Educate stakeholders that evidence based research improves outcomes
- The public needs to know that trained health professionals require continuing access to reliable and current health information

Following the reports from the focus groups, Jessie McGowan, Task Force Co-Chair, asked who would be willing to move the National Network forward. All participants expressed their willingness to continue in the planning and if possible contribute funding and/or in-kind resources. The following steps were outlined:

- RFP for a business plan
- Development of a model or models
- Building consensus among stakeholders
- Finding hooks for funders (federal/provincial/territorial funders)

The following tentative list of activities and timelines were suggested:

June 27, 2005	Letter requesting commitment of funding to each stakeholder
July 15, 2005	Commitment from stakeholder organizations
July 15, 2005	Request For Proposal distributed
August 15, 2005	Proposals Received
September 1, 2005	Decision of winning proposal by Task Force; Work begins
December 1, 2005	Draft business plan and draft Canadian model proposal
January 2006	Stakeholder meeting to review business plan and draft model and decide on next steps

Wayne Glover thanked all of the participants for their enthusiasm, support and ideas.