



Canadian Health Libraries Association
Association des bibliothèques de la santé du Canada

The Hon. Adrian Dix, MLA
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The Hon. Shirley Bond, MLA
Shadow Minister for Health, Seniors Services and Long-term Care
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Dr. Patrick Rowe,
Registrar and CEO, College of Physicians and Surgeons of British Columbia
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March 8, 2024

RE: Impending closure of CPSBC library threatens patient care in British Columbia

Dear Minister Dix, Ms Bond, and Dr. Rowe,

I am writing to you today regarding the recently announced closure of the library at the College of Physicians and Surgeons of British Columbia (CPSBC) slated for March 15, 2024. As Vice-President of the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada, I can tell you that I and my colleagues, in British Columbia and across Canada, are dismayed with both the loss that this closure represents to 14,723 professionally active CPSBC registrants¹, and how patient care will suffer as a result.

CPSBC library has been offering access to over 6,000 medical journals and several point-of-care tools, including ClinicalKey, DynaMed, CPS, AccessMedicine, and BMJ Best Practice. With CPSBC's library closure, registrants who are not affiliated with an academic institution or a hospital library will be left to either purchase their own subscriptions or rely on free information from the internet. Yearly subscription fees for just the five evidence-based information

¹ 2022-23 Annual Report. College of Physicians and Surgeons of British Columbia.
<https://www.cpsbc.ca/files/pdf/2022-23-Annual-Report.pdf>. Last accessed March 6, 2024.

resources named above amount to over \$2700 USD² for a single registrant. Meanwhile, resources that are available for free do not meet every information need and may be at risk of disappearing as well. For example, just last year the Canadian Medical Association discontinued its library service for physicians and no longer provides access to the free resource CPGInfobase - a popular source of clinical practice guidelines.

The closure of CPSBC's library will also remove access to the services of 4 librarians and 4 library technicians that specialize in assisting CPSBC registrants and navigating library resources on registrants' behalf to find what's needed, skillfully and efficiently. Physicians in our country are facing significant workload pressures; is it realistic or desirable to expect them to spend their valuable time hunting for information on their own when they should be caring for patients? We don't think so.

Various studies, dating back to 1992, have demonstrated that health libraries have a positive impact on patient outcomes by informing clinical and operational decisions, resulting in reduced adverse events (see the appendix). From an economic perspective, an independent economic analysis of the United Kingdom's National Health Service library services in 2020 demonstrated that their health library services were "potentially already generating an overall economic benefit of £132m per annum for the NHS, delivering a net economic benefit of £77m per annum"³. In other words, the benefits of health libraries outweigh the costs of operating them.

We need medical libraries and health information professionals now more than ever to ensure that our health workforce are making decisions based on credible and trustworthy evidence. I encourage you to investigate the closure of the CPSBC library, and put a stop to this move that will make it more difficult for physicians to provide BC's citizen's with the quality of care that they deserve.

Sincerely,



Amanda Ross-White, MLIS, AHIP

² The yearly subscription for individuals to access ClinicalKey (cost of \$300 USD), DynaMed (\$399 USD), CPS (\$769 USD), AccessMedicine (\$995 USD), and BMJ Best Practice (£209) is over \$2700USD on March 6, 2024.

³ Value Proposition: The gift of time. A report to Health Education England by EconomicsByDesign. November 2020. Last accessed March 6, 2024

<https://www.hee.nhs.uk/sites/default/files/HEE%20-%20Library%20and%20Knowledge%20Services%20Value%20Proposition%20The%20Gift%20of%20Time%20FINAL%20Nov2020>

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Appendix: Some Evidence on the Value of Health Library Services

Abelsson T, Morténus H, Karlsson AK, Bergman S, Baigi A. Evidence-based practice in primary healthcare from the managerial point of view—a national survey. BMC Health Services Research. 2021 Dec;21(1):1-0.

Results

A majority (97 %) of managers stated that guidelines and policy documents impacted primary healthcare; 84 % of managers observed a direct effect on daily practices. Most of the managers (70 %) stated that some adaptation was needed when new evidence was introduced. The managers emphasized the importance of keeping themselves updated and open to new information about work routines (96 %).

Conclusions

The study illustrates a nearly unanimous response about the influence of clinical evidence on daily practice. The emphasis on the importance of all staff members keeping their professional knowledge up to date is viewed as a direct result of this effect on daily practice. An information-dense organization such as a primary healthcare organization would have much to gain from increased cooperation with regional information resources such as clinical libraries.

Value Proposition: The gift of time. A report to Health Education England by EconomicsByDesign. November 2020. Available online at:

https://www.hee.nhs.uk/sites/default/files/HEE%20-%20Library%20and%20Knowledge%20Services%20Value%20Proposition%20The%20Gift%20of%20Time%20FINAL%20Nov2020_0.pdf

Key Messages

- 1. The NHS Library and Knowledge Services operate across a diverse and complex customer base.*
- 2. The services provided take the 'heavy lifting' out of getting evidence into practice and give the 'gift of time' to healthcare professionals.*
- 3. Informed decisions improve outcomes, quality of care, patient experience, resource utilisation and operational efficiencies. This is best achieved when healthcare professionals are supported by the right knowledge services, with the right resources and with the right teams and roles.*

4. *When supported by high-performing Library and Knowledge Services, NHS provider organisations are able to demonstrate how they are meeting their statutory obligations to use evidence to inform practice and hence improve their CQC ratings.*
5. *The core value proposition is simple: The service provides healthcare professional staff with time-saving accelerated access to better quality evidence. This enables the NHS to meet its statutory obligations to utilise evidence from research. It enables healthcare professionals to use their time more effectively to drive improvements against the NHS quadruple aim*
6. *Case studies of high performing NHS Library and Knowledge Services demonstrate two key enablers for benefits realisation: that the service has a clear strategic leadership role in knowledge management and mobilisation, and is integrated with service delivery.*
7. *There is a growing and consistent body of robust international evidence to support this Value Proposition.*
8. *Recently published research from the NHS suggests similar benefits do exist for the NHS.*
9. *Assuming findings from the international literature are applicable to the NHS, the service is potentially already generating an overall economic benefit of £132m per annum for the NHS, delivering a net economic benefit of £77m per annum. This could increase to £106m per annum were target staff ratios for librarians achieved.*
10. *Further high-quality NHS based research will help to quantify the 'gift of time' for healthcare professionals and the associated quality improvement benefits for patients, provided by NHS Library and Knowledge Services staff.*

Marshall JG, Sollenberger J, Easterby-Gannett S, Morgan LK, Klem ML, Cavanaugh SK, Oliver KB, Thompson CA, Romanosky N, Hunter S. The value of library and information services in patient care: results of a multisite study. *J Med Libr Assoc.* 2013 Jan;101(1):38-46. doi: 10.3163/1536-5050.101.1.007.

Of the 16,122 survey respondents, 3/4 said that they had definitely or probably handled aspects of the patient care situation differently as a result of the information. Among the reported changes were advice given to the patient (48%), diagnosis (25%), and choice of drugs (33%), other treatment (31%), and tests (23%). Almost all of the respondents (95%) said the information resulted in a better informed clinical decision. Respondents reported that the information allowed them to avoid the following adverse events: patient misunderstanding of the disease (23%), additional tests (19%), misdiagnosis (13%), adverse drug reactions (13%), medication errors (12%), and patient mortality (6%).

Aitken, Elizabeth M. MLS; Powelson, Susan E. MLS; Reaume, Renée D. MLS; Ghali, William A. MD, MPH. Involving Clinical Librarians at the Point of Care: Results of a Controlled Intervention. *Academic Medicine* 86(12):p 1508-1512, December 2011. | DOI: 10.1097/ACM.0b013e31823595cd

The clinical librarian intervention had a significant positive effect on medical trainees' self-reported ability to independently locate and evaluate evidence resources to support patient care decisions. Notably, 30 of 34 (88%) reported having changed a treatment plan based on skills taught by the clinical librarian, and 27 of 34 (79%) changed a treatment plan based on the librarian's mediated search support. [note: mediated searches are database searches conducted by a librarian at the request of a clinician]

Marshall JG. The impact of the hospital library on clinical decision making: the Rochester study. *Bull Med Libr Assoc.* 1992 Apr;80(2):169-78.

As a result of the information provided by the library, 80% of the 208 physicians who returned their questionnaires said that they probably or definitely handled some aspect of patient care differently than they would have handled it otherwise. Changes in the following specific aspects of care were reported by the physicians: diagnosis (29%), choice of tests (51%), choice of drugs (45%), reduced length of hospital stay (19%), and advice given to the patient (72%). Physicians also said that the information provided by the library contributed to their ability to avoid the following: hospital admission (12%), patient mortality (19%), hospital-acquired infection (8%), surgery (21%), and additional tests or procedures (49%). The physicians rated the information provided by the library more highly than that provided by other information sources such as diagnostic imaging, lab tests, and discussions with colleagues.