

Evaluating the Impact of Clinical Librarian Services in the North West: Executive Summary

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Background

Clinical librarians “provide quality assured information to health professionals at the point of need to support clinical decision making” (Hill, 2008), and in the UK tend to follow an outreach model which delivers services such as literature searching and training across hospital Trusts (Brettle et al., 2011). A number of systematic reviews have examined the effectiveness of clinical librarians (Weightman, Urquhart, Spink, & Thomas, 2008; Winning & Beverley, 2003) but have found them lacking. A review conducted by a group of librarians within the North West, examined methods of evaluating clinical librarian services as well as providing an update of the literature on effectiveness (Brettle et al., 2011). This report describes a follow up study to the North West systematic review which seeks to put its recommendations into practice and aims to:

- Undertake a rigorous multi-method evaluation study on the impact of Clinical Librarian (CL) services in the North West health region.

Objectives

- To use a framework that ensures consistent and robust data is collected across all Trusts, providing an increased body of evidence
- To test the use of the MAP (Making Alignment a Priority) Toolkit in ensuring that evaluations meet organisational objectives
- To build research capacity amongst a group of clinical librarians .

Methods

This rigorous evaluation study was based on best available evidence on how to conduct evaluations in this field (Brettle et al., 2011). The services provided by CLs are considered a complex intervention made up of a number of elements and wide ranging potential outcomes which are affected by other factors within the organisation. An experimental design to ascertain their effectiveness and impact is inappropriate and would be compromised by a wide range of confounding variables. This study is therefore based on the premise that CLs contribute to a range of outcomes and organisational objectives. A critical incident technique was therefore used to understand and collect data on these contributions and their impact.

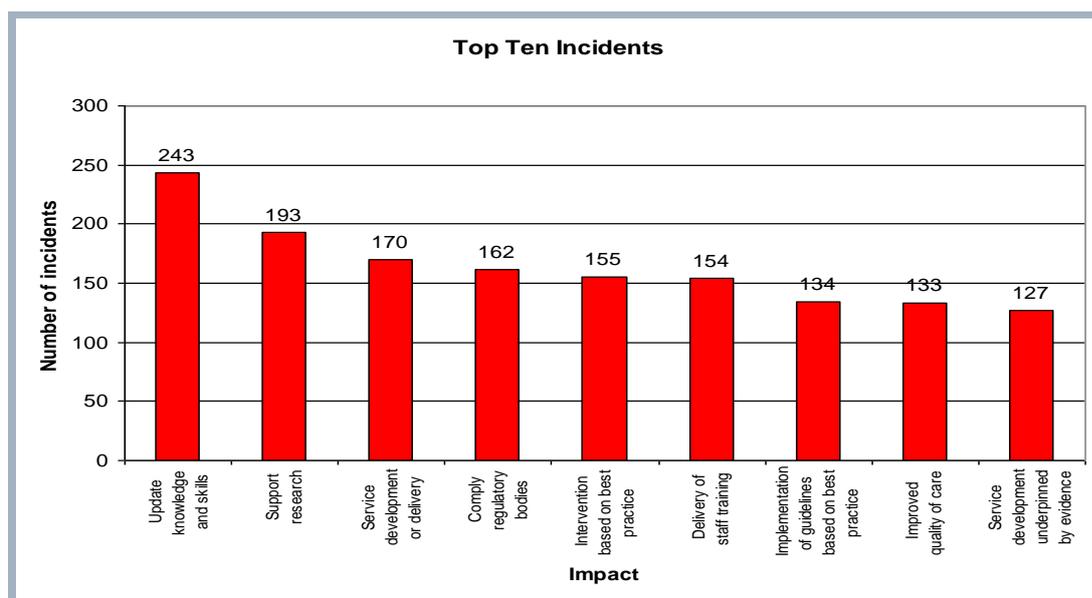
A regionwide survey linked to organisational outcomes was used to collect data on all uses of the CL service over a 6 month period. This was followed by structured interviews with service users from the subsequent 6 month period to triangulate, illustrate, and illuminate the questionnaire findings

Built into the design of the study was a capacity building element to improve research and evaluation skills in a group of clinical librarians. The research was undertaken WITH the librarians who participated in a number of ways eg by questionnaire design, conducting interviews, analysing data, presenting results, receiving training and standardised tools as appropriate throughout.

Results

A total of 10 librarians took part, representing 16 Trusts. They sent out 779 questionnaires over a 6 month period (all users of the service in this time). Then 24 interviews were conducted with a purposive sample which covered a range of trusts and professionals who had used the service in the subsequent 6 month period. Over 340 critical incidents were collected which demonstrated that CLs contribute to a wide range of outcomes. The outcomes were separated into 6 categories which reflected NHS priorities and objectives: decision making and evidence based practice; patient centred care and health outcomes; quality of care; service development; continuing professional development (CPD); efficiency, financial or risk management. Within each of these categories data on more specific outcomes were collected.

The 10 most reported impacts and the number of times they were reported are listed in the chart below



In line with the services traditionally provided by NHS library services the majority of these fall within the Continuing Professional Development and the Decision Making and Evidence Based Practice categories of outcomes. However it is of significant note that based on responses to the question “Did the service provided contribute to...”:

- 1/3 incidents demonstrated that CLs contribute directly to patient outcomes such as diagnosis and choice of intervention or test
- ¼ incidents demonstrated that CLs contribute directly to improvements in quality of life, increased patient involvement in decision making and improved access to patient information
- ¼ incidents demonstrated that CLs contribute to cost savings and risk management and more specifically 20% in avoiding tests, referrals and readmissions and 14% in reducing length of stay.

The questionnaires also provided evidence on what outcomes the CLs “may contribute to in the future”, and the responses to these were even higher, with the interviews suggesting that the reason for this is that much of the information provided will contribute to outcomes over the longer term, eg in guideline development.

The interviews illustrated the complexity of the incidents and the wide range of outcomes to which the CLs contribute from one incident. As well, the interviews illuminated HOW these contributions are made.

The questionnaire proved to be a useful tool for collecting outcome data, but feedback from participants and data from the interviews demonstrated that some refinements needed to be made.

Conclusions

Clinical librarians contribute to a wide range of outcomes including those which affect direct patient care and save money within NHS organisations.

The multi-method approach was successful in aligning CL contributions to organisational outcomes, and providing more detail about the CL contribution than previous studies.

Recommendations for a revised questionnaire and a common data set are made. Future evaluations are urged to use this approach and collect data on the same outcomes which will further add to the evidence base about the effectiveness and impact of clinical librarians.