



Wisconsin Health Science Library Association Newsletter

March 1982

Supplement No. 1

SURVEY OF WISCONSIN HEALTH SCIENCES LIBRARIES A Summary Report March 1982

Health sciences libraries in Wisconsin come in many shapes and sizes. They range from the large academic libraries to a library in a 900 bed hospital; from the organizational library of Planned Parenthood to information centers in a biomedical engineering business; from the small rural hospital library to a nursing home collection. Each library is unique as it strives to meet the primary goals of each host organization.

There has been much growth in the field since the last complete survey was conducted 14 years ago. (1) Since that time the Medical Library Assistance Act was passed. This legislation provided funding through National Library of Medicine (NLM) grants and contracts which enhanced health science libraries in many ways. Partly through direct grants and partly through the Regional Medical Library program in Region 7 monies were used for consortium building incentives and the funding of state coordinators to encourage, consult, and oversee the establishment of libraries. Resource Improvement Grants from the National Library of Medicine continue to provide seed money to hospital libraries and developing consortia.

In the midwest Wisconsin was unique in consortium formation as it chose to use already established Health Systems Areas to divide the state. Anyone in those specific areas by adhering to the guidelines established by that area, had a "home" within a consortium. Standards mandated by the Joint Commission on Accreditation for Hospitals (JCAH) in 1978 (2) added more incentive for the formal organization of the professional library within a hospital setting, creating further interest in libraries in JCAH accredited hospitals. New businesses in the biomedical field began looking at the importance of information management. Long term care facilities with clientele often larger than that of their local hospitals began reaching out to the hospital library for support or started organizing their own materials and seeking out shared library services.

In 1980 the present State Coordinator with the concurrence of the members of the Wisconsin Health Sciences Library Network Council felt the importance of looking at the field again through a survey. The survey was to measure compliance with JCAH Standards for the professional library in JCAH accredited hospitals in the state. It was also to be a tool for the State

Council to use in its efforts to determine the status of health sciences libraries and librarians, and look at the need for consultants, membership in consortia, and membership in professional organizations. It was to also provide a means for comparing the resources, staffing, budgets and salaries among institutions of comparable size. Finally, it would be an attempt to identify organizations, businesses, and technical schools that had the potential for broadening the pool of health sciences information resources in the state.

The list for participants in the survey included hospitals in the AHA Guide to the Health Care Field, Wisconsin consortium membership, technical colleges or institutes that had health care related curricula, hospital school of nursing libraries, and businesses/organizations that participated in the Network particularly in the area of interlibrary loan.

Two hundred fifty three surveys were sent in January 1981. Responses were returned by April 1. Six were declared invalid because of duplication or defunct organizations. One hundred fifty seven were completed with a return rate of 63%. The breakdown of the returns is as recorded in Table 1.

Table 1
Rate of Return

I Hospitals/Long Term Care		
198 sent	130 returned	65.6%
Mailed directly to identified manager, librarian or library		
147 sent	109 returned	74%
Mailed directly to administration		
51 sent	21 returned	41%
II Organizations/Businesses		
34 sent	14 returned	41%
III Technical College/Institutes		
15 sent	13 returned	86%
Total	247 sent	157 returned
		63%

A high return was not expected from the business group. It was included in order to identify where there were developed collections within that segment.

Over 24,000 pieces of data were collected. This would have been almost impossible to manage without the assistance of a special project person Mary Boyle who inputted the data into an APPLE II+ microcomputer using the Visicalc program.

The data were divided into various segments, and computer files were created to accommodate compatible groupings of libraries. The bed size breakdown for the hospitals was arbitrary, but necessary to equalized the data for the computer. There is a question as to whether bed size is the best way to create comparative data since bed size does not reflect programmatic differences within size categories, but comparable programs were difficult to ascertain therefore the decision to use bed size. In a few tables bed size is further broken down to allow for comparison with a similiar survey conducted in Massachusetts.(3)

Several things to remember when reading the tables are: first, not every respondent answered every question therefore the number of responses vary on many of the tables; secondly, some of the tables make use of the statistical terms range, median and mean. The range is obviously the low and high figures on either end of the spectrum. The mean is synonymous with the average, and median is the midpoint in a list of all of the answers arranged in numerical order. To further assist you in interpreting the tables in the light of your own situation, information in Table 2 indicates the files established and the rate of return within those categories.

Table 2
Computer Data Files

File Name	# in Wisconsin	# returned	Per cent returned
300+ Beds	30	30	100%
			(includes 3 VA Hospitals)
180-299 Beds	23	21	91%
100-179 Beds	40	33	82.5%
25-99 beds	61	30	49.1%
Special		9	
(This category includes special hospitals, and special academic settings)			
Business/organizations		17	
Technical Institutes/Colleges		12	
Total number of returns in computer files		152	(Some surveys were returned unanswered)

It became apparent while drafting this summary report that some segments of the survey population would not fit the pattern of the rest of the data, because the structure, primary service clientele, and meaningful statistics were so different. It was then the decision to draft a second summary for the technical colleges. The libraries in the categories of "special libraries and businesses" and "institutions/hospitals" all fall into the general category of being special libraries. They share many goals, staffing patterns, and other characteristics. The need to analyze the data relating to JCAH Standards and the concentration of health sciences libraries in hospitals give a strong emphasis in this summary to that segment. The category "special" was the most difficult to analyze for each library is unique and therefore provided little comparable data. They were

included in tables when the data seemed to be comparable. Simultaneously showing the diversity and similiarity between groups of libraries without falsely categorizing respondents is difficult. However this summary report to the health sciences librarians in the state is an attempt to do so.

GENERAL LIBRARY INFORMATION FROM THE HOSPITAL AND SPECIAL SECTOR

Presence of Libraries

All responding hospitals in the 300+ bed category have organized libraries. This is also true in the 180-299 bed category for all but one; in the 100-179 for all but three; and in the 25-99 bed setting for all but five. Keep in mind the number of non-responses to the survey as indicated in each category in Table 2. A "non response" does not necessarily indicate the lack of a library, although in many situations that is the case. From this point on all data will apply to only the respondents not to all Wisconsin health science libraries in that category.

Hospital Organization Structure

The largest number of hospitals find themselves under the direction of an associate or assistant vice president. For libraries in the large hospitals this is most often the case. The next largest number are under the education department with all categories evenly represented. The medical records department supervises the next grouping with only one 300+ hospital in that supervisory area. A higher percent of libraries in the 25-99 bed group find themselves within the MR department than any other grouping. Nursing follows as the next largest supervising unit. Other departments mentioned in one or two instances were the outreach or community service department, laboratory science, personnel, and patient care.

Policies and Procedures

One of the two major JCAH standards states that "the provision of professional library services shall be guided by written policies and procedures". (4) Table 3 tabulates the libraries that responded to the policies and procedures question.

Table 3
Policies and Procedures

Category	#Reporting	Yes	%	No	%
300+ beds	29	29	100	0	0
180-299	19	14	73.6	5	26.4
100-179	28	25	89	3	11
25-99	26	22	85	4	15
Special	9	8	89	1	11
Total	111	98	88.3	13	11.7

The number of reporting Wisconsin libraries who have policies and procedures, 98 or 88.3% was higher than the 78% reported in the Massachusetts survey.(5)

Library Committees

JCAH Standards state "When a library committee exists...", (6) leaving the decision of whether to create such a committee as an option. Library committees are important to provide support, communication and creative ideas, however it is the contention of some librarians that when none of those things happen or if there is enough power in the unit itself and sufficient support among staff members then a library committee can be cumbersome and can impede progress. Wisconsin statistics in Table 4 show library committees to be the rule rather than the exception.

Table 4
Library Committees

Category	# reporting	Yes	%	No	%
300+ beds	28	23	82	5	18
180-299	20	17	85	3	15
100-179	31	26	84	5	16
25-99	27	22	81	5	19
Special	9	5	56	4	44
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Total	115	93	80.8	22	19.2

Of the libraries that reported on the composition of their library committees, ten committees were composed of medical staff only. Forty nine were multidisciplinary. JCAH Standards does state that if there is a library committee it should be representative of all staff members.(7) That is the most imperative of the library committee statements in the Standards. Most library committees are appointed, while 10 committees were composed of volunteers.

LIBRARY PERSONNEL

The Library Staff

Staffing patterns vary greatly. The most valid opportunity to compare was within the hospital setting, where categories of bed size correlated well with staff size. Table 5 gives the number of FTE employees. Since this data were gathered in February 1981 some changes have already taken place. Currently hospital libraries are finding the personnel area the most vulnerable in terms of budget cuts. Several 400+ bed hospitals have lost support staff. The ancient idea and outdated of a library being a repository of books again raises its ugly head in this age of incredible advances in information flow. On the positive side some settings are adding new staff as they discover the importance of good library services in providing the best in patient care, educational resources, and research support. One of the large hospitals has just hired its first librarian in a number of years.

Table 5

Category	#Rept	No Libn	.25-.49	.5-.9	1-1.9	2-2.9	3-3.9	4-4.9	4.9+
25-99 beds	31	5	21	5					
100-179	33	2	17	12		2			
180-299	21	1	7	6	4	2	1		
300-399	13		1	1	8	2	1		
400+	17		1		7	4	1	3	1
Sub total	115	8	47	24	19	10	3	3	1
Special	9				5	2			1
Businesses/ Organiz.	17	6	3	2	2	1			1
Total	141	14	50	26	26	13	3	3	3

Education Background

In examining the educational background of the state health sciences librarians and library managers, there is one thread that links all levels of staff in the hospital, business, and special libraries. That thread is the importance of UW-Extension, Communication's course A51 Basic Management for Health Sciences Librarians offered on the Educational Telephone Network (ETN). Fifty-five people, with educational backgrounds ranging from an MLS degree to no library training, reported in the survey that they participated in that course. Examination of other facets of educational experience reveals that persons with an MLS degree quite expectedly found themselves in the larger libraries.

Table 6
MLS Degrees

Category	# Personnel Repting	#MLS Degrees
25-99	30	1
100-179	33	8
180-299	21	8
300+	30	29
Special	9	6
Business	17	11
	140	63

Some of the libraries have more than one staff person with an MLS degree. The librarians at MCW and Middleton are not included in these figures.

Professional Organizations

Table 7 indicates the organizational affiliations of the responding health science librarians and library managers.

Table 7
Professional Organizations

Category	Personnel Reporting	None	WHSLA	MC/MLA	MLA	WLA	ALA	SLA
25-99	25	18(32%)	8(32%)	4(16%)	3(12%)	1(4%)	0	0
100-179	32	14(32%)	18(56%)	9(28%)	4(12%)	4(12%)	1(3%)	0
180-299	21	8(30%)	12(57%)	6(28%)	6(28%)	0	0	2(9%)
300+	29	0	27(93%)	25(86%)	21(72%)	14(48%)	3(10%)	4(13%)
Special	9	0	7(77%)	5(55%)	4(44%)	4(44%)	2(22%)	2(22%)
Business	16	7(44%)	4(25%)	1(6%)	2(12%)	5(31%)	1(6%)	2(12%)
Total (%)	132	47(36)	76(57)	50(37)	40(30)	28(21)	7(5)	10(13)

Continuing Education Activities

Results of the survey are consistent with the general notion that continuing education activities are as varied as the courses offered, but most continuing education activities within the past five years as surveyed, stay within the framework of health sciences oriented programming, namely ETN Seminars; MLA - CE's at WHSLA meetings, MC/MLA, MLA annual meeting and ETN's; WHSLA half day courses; and consortium organized educational activities. The survey showed that fewer librarians go to the Medical Library Association (MLA) annual meeting for MLA-CE's than enroll in MLA courses offered either at WHSLA meetings, ETN's or Midwest Chapter Meeting of MLA. In the larger hospital settings in-house management courses have become more important in recent years.

Librarian's Committee Activity within Institutions

Many of the librarians in the larger setting hold committee responsibilities within the institution. These librarians serve on education, video, in-service curriculum, patient education, and medical education committees. In the smaller setting many librarian/library managers hold dual work related responsibilities. Their committee work outside those responsibilities are limited.

LIBRARY SERVICES

JCAH Standards in its primary statement indicate that library services should "meet the needs of medical and hospital staffs"(8). Of the one hundred and fourteen reporting hospital units, one reported that the library was for M. D.'s only, one listed physicians and nurses, and one indicated the library was for nurses, physicians, and the administration. This clearly shows that libraries within hospitals in Wisconsin are not closed units.

Because of our need in the future to look for mutual support both within the health sciences library field and the public library field, the survey attempted to show how many library services were open to people other than those in their institution, organization or business. The results are not entirely clear since some responses interpreted "other than the institution" to include patients. Table 8 illustrates this response.

Table 8
Libraries Open to People Outside their Institution

Category	# Reporting	No response	%	Yes	%	No	%
25-99 beds	30	4	13.3	12	40	14	46.6
100-179	33	2	6	19	57.5	12	36.7
180-299	21	0	-	16	76.2	5	43.8
300+	30	1	3.3	21	70	8	26.6
Special	9	0	-	9	100		
Business	17	6	35.2	7	41	4	23.5
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Total (%)	140	13	(9.29)	84	(60)	43	(30.7)

Library Hours

Table 9 illustrates the total hours per week the libraries are staffed. Here again is a strong correlation between hours open and size of hospital.

Table 9
Hours Library is Staffed Per Week

# of Beds	# Reporting	Not Staffed	1-19	20-39	40-45	45-50	69-85
25-99	22	8	7	4	3		
100-179	26	5	7	7	7		
180-299	19	2	2	6	8		1
300-399	17			1	9	7	
400+	16			1	6	4	5
<hr/>							
Total	100	15	16	19	33	11	6

Computer Searching

According to the January 1, 1982 figures from the MHSLN Management office there are 35 MEDLINE centers in Wisconsin. Eight are in academic settings, twenty four are in hospitals, three are in corporations. Most of the state is covered by either consortium agreements, individual agreements, or the resource libraries. In one consortium two centers conduct free MEDLINE searching for all the small hospitals within that consortium. Both Todd Wehr Library and Middleton Health Sciences Library do computer data base searching for units in data bases not covered by consortium or local back-up agreements.

At the time of this survey, January 1981, only one MEDLINE center in a hospital setting charged its own staff for searches. The cost at that time to non-staff averaged \$3.89 and ranged from 0.00 to \$7.00. In some libraries the exact on-line charges were assessed non-staff users. Only one hospital library uses the Lockheed data base and one has BRS, with the Resource libraries having BRS, Lockheed, and MEDLARS.

LIBRARY MATERIALS

"The hospital should be able to provide information concerning library resources located within departments"(9)--so reads the JCAH standards. Table 10 indicates the response to the query of whether the library has a record of library materials in various departments throughout the hospital.

Table 10
Centralized Record of Holdings

# beds	# reporting	Yes	%	No	%
25-99	28	21	75	7	25
100-179	30	17	57	13	43
168-299	20	14	70	6	30
300+	29	21	72	8	28
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Total (%)	97	63	(64.9)	34	(53.1)

It appears that the libraries in the smallest hospital by virtue of the smaller collections of resources have more centralized materials location while libraries in the large institutions may use more sophisticated organizational methods. The mid range libraries need to work on this aspect of library management.

Book and Serials Holdings

Tables 11 and 13 show the holdings of the libraries in terms of books and currently owned journal titles as of January 1, 1981. Comparable tables from the Massachusetts survey are included to provide additional means of comparison. Wisconsin shows larger serial holdings with Massachusetts showing larger monograph collections. The bed size in these comparisons is not quite consistent, due to the original organization of the data.

Table 11
Journal Titles Currently Received -- Wisconsin

# Beds	# Reporting	Range	Median	Mean
25-99	23	0-75	21	25
100-179	30	6-187	43	54
180-299	18	25-306	97	102
300-399	11	41-403	210	219
400+	18	65-877	230	276

Table 12 (10)
Number of Journal Titles --Massachusetts

# Beds	# of replies	Range	Median	Mean
0-99	3	20-34	25	26
100-199	13	5-150	42	53
200-299	14	2-274	85	89
300-399	15	31-306	150	166
400-499	4	150-250	182	186

Table 13

Book Collection -- Wisconsin				
# Beds	# Reporting	Range	Median	Mean
25-99	23	0-459	153	183
100-179	30	20-3000	275	554
180-299	18	300-2668	651	854
300-399	11	250-5250	1717	1990
400+	18	340-1891	2500	4064

Table 14 (11)

Number of Books -- Massachusetts				
# Beds	# of replies	Range	Median	Mean
0-99	16	30-6966	255	782
100-179	29	91-4316	465	745
180-299	19	104-3730	600	959
300-399	17	160-7000	1600	2191
400+	4	2350-7000	3200	3937

Literature Indexes

It is interesting to compare the indexes acquired in the smaller library collections with those held by libraries in the larger settings. The category of 25-99 beds finds Abridged Index Medicus and Hospital Literature Index most needed. The next category, 100-199 adds Cumulated Index to the Nursing and Allied Health Literature with a few libraries receiving Cumulated Index Medicus. In the 180-299 grouping more add Index Medicus and Current Catalog, many less use Abridged Index Medicus. In the largest category-300+, almost all receive Cumulated Index Medicus. Many also hold monthly Index Medicus and the standard nursing and Hospital Literature indexes. Other indexes added in the 180-299 and 300+ categories include Business Periodicals Index, Dental Literature Index, Abstracts of Health Care Management, MEDOC, and NLM Audiovisual Catalog. One library receives Science Citation Index.

Audiovisual Materials

Table 15 and Table 16 give statistics on AV materials. They are not compatible since some respondents indicated the AV holdings which were not housed within the library.

Table 15

Number of Libraries Housing Audiovisuals					
Category	# reporting	AV Software Only	AV Hardware Only	Both	Neither
25-99	26	4	2	2	18
100-179	30	7	1	5	17
180-299	16	1	1	4	10
300+	29	4	1	6	18
Total (%)	101	16 (15.8)	5 (4.9)	17 (16.8)	63 (62.3)

Table 16
Audiovisual Holdings

Category	# Hospitals Rept AV Holdings	Range	Median	Mean
25-99	5	8-200	13	73
100-179	11	5-400	43	115
180-299	9	8-1458	61	329
300+	18	2-2658	300	420

Although it appears that our small libraries are barely represented, the survey does not show that some small libraries are linked by shared services AV consortia, particularly around Luther Hospital-Eau Claire and Bellin Memorial Hospital-Green Bay. There is little consistency as to whether AV's are loaned either outside the AV consortium or the local setting. At a future time a list of libraries willing to lend AV's will be included in the Newsletter.

LIBRARY SPACE

Library space is a precious commodity. It must compete with all space requirements within an institution. If additions are planned the library must be involved in the planning process from the beginning to insure that sufficient space appropriate for library use will be there for the library. Table 17 shows contiguous square feet for Wisconsin libraries, while Table 18 provides information from the Massachusetts survey. The Massachusetts survey did not indicate whether its information was for total square footage or only contiguous area.

Table 17
Contiguous Square Footage

Category	#Rept	50-249	250-499	500-999	1000-1499	1500-2499	2500-4999	5000+
25-99	18	9	7	1	1			
100-180	25	8	12	4	2			
180-299	15	3	4	3	2	2	1	
300-399	10			2	5		3	
400+	14			1	3	4	5	1
Special	6		2	1		1		2
Business	12	4	3	2	1	2		

Table 18(12)
Square Footage Massachusetts Libraries

Category	#Rept	50-249	250-499	500-999	1000-1499	1500:2499	2500:4999	5000+
0-99	9	3	4	1		1		
100-199	18	1	5	8	1	3		
200-299	18	1	5	8	1	3		
300-399	18	2	2	4	2	5	2	1
400-499	4				2	1	1	

BUDGETS

Several budget sections will be summarized in this report. Book and serials will be combined because a number of libraries presented combined figures. Table 20 will show librarian/library managers education and travel budget. Finally a table indicating comparative complete budgets will be included. This section does not include personnel figures.

Not all libraries have budgets. In the 300+ category, only one library reported no budget; 10 of 29 reporting were supported entirely by budgeted funds. In the 180-299 category, 7 of the 19 had no library budget while six others operated solely on budgetary funds. The 100-180 group had 12 of the 30 reporting the lack of a library budget. In the 25-99 range, of the 25 reporting nine had no budget. Libraries in all categories that need additional funds rely for the most part on medical staff dues. Other funding sources were endowments, trust funds, and gifts.

Table 19
Book and Serials Budget

# Beds	# Reporting	Range	Median	Mean
25-99	19	\$12-4166	\$645	\$955
100-179	19	\$285-8500	\$1050	\$1726
180-299	10	\$1231-19200	\$2742	\$5663
300-399	9	\$475-32500	\$9000	\$10144
400+	14	\$1493-58400	\$9400	\$16749

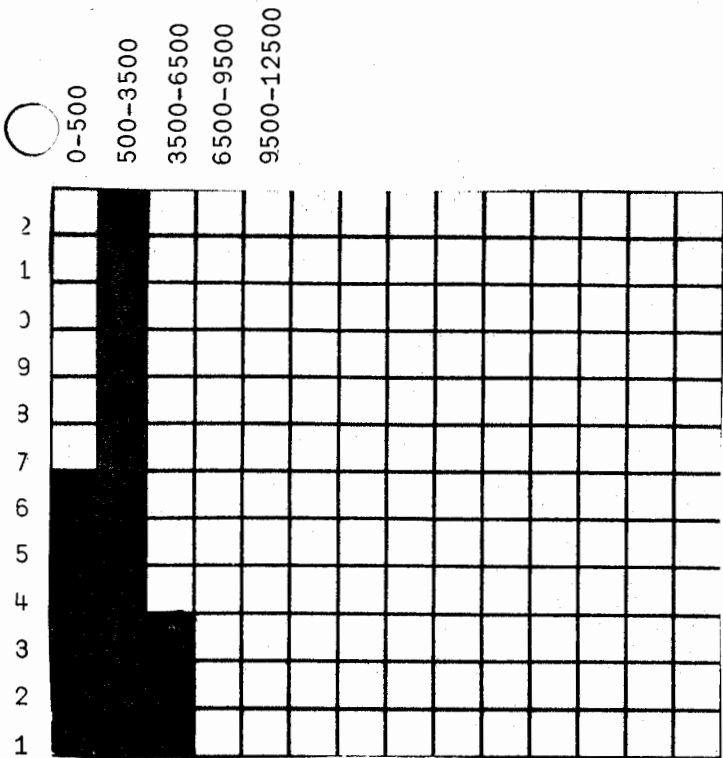
Table 20
Staff Travel and Education

# Beds	# Reporting	Range	Median	Mean
25-99	11	\$40-280	\$70	\$104
100-179	7	\$95-1607	\$290	\$418
180-299	8	\$75-1100	\$250	\$382
300-399	7	\$150-1259	\$500	\$543
400+	11	\$75-1300	\$494	\$520

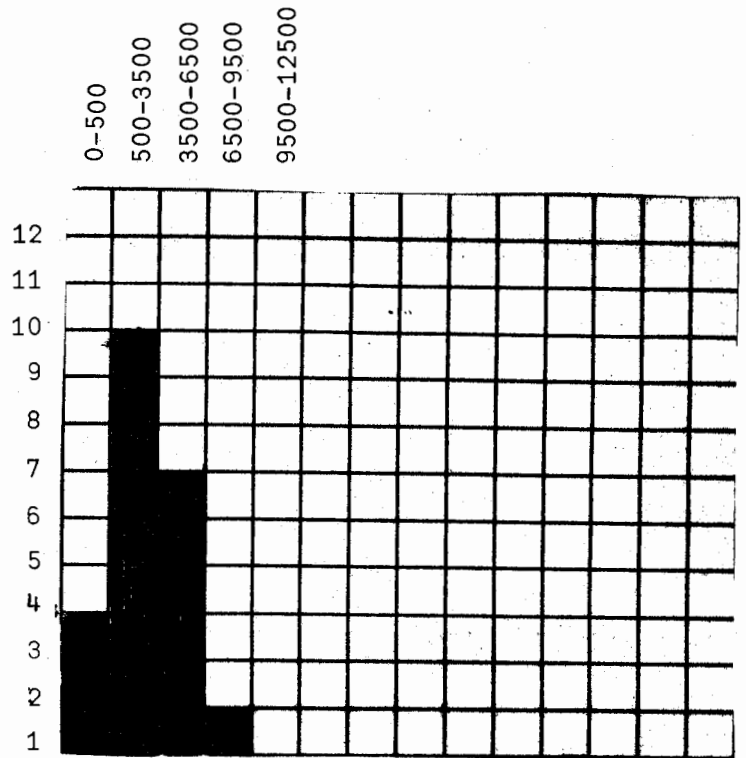
Table 21
Total Budget (Excluding Salaries)

# Beds	# Reporting	Range	Median	Mean
25-99	12	\$12-5567	\$889	\$1527
100-179	20	\$297-13186	\$2657	\$3431
180-299	10	\$2575-30100	\$4072	\$9115
300-399	9	\$836-38650	\$10567	\$14094
400+	14	\$3412-71600	\$12361	\$39404

The wide ranges in the budgetary figures are the result of a number of factors. Among them are variations in an institutions commitment to information services and management, the management style of the librarian, the dual role of the library in some institutions as audiovisual centers and libraries, and special marketing projects of the library.

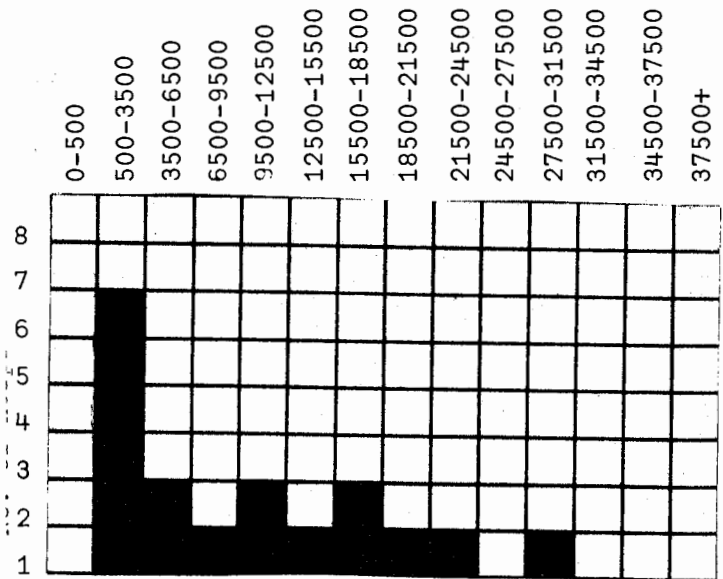


25-99 Bed Hospitals

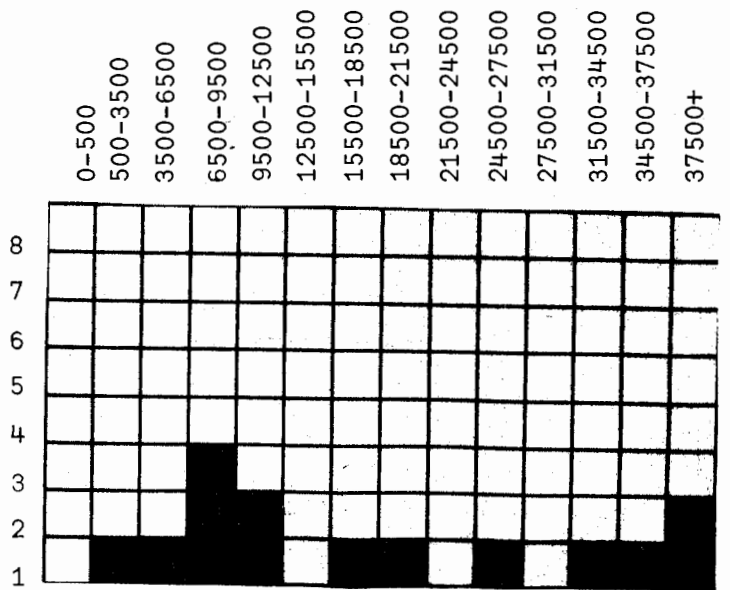


100-179 Bed Hospitals

No. of dollars



180 - 399 Bed Hospitals



400+ Bed Hospitals

Figure 1

TOTAL BUDGET EXPENDITURES FOR HOSPITAL LIBRARIES

SALARIES - HEALTH SCIENCES LIBRARIANS

In the smaller setting people are most often salaried for another position, thereby making it difficult to isolate librarian's salaries. The small amount of salary data received for the 25-99 bed and 100- 179 bed hospitals make it necessary to place those two usual categories into one category in Table 22. Some units did not respond to this segment of the questionnaire due to confidentiality of institution records. One of the variables not included in Table 22 is the experience factor. These are generally 1979-80 figures with some 1980-81 salaries.

Table 22
Wisconsin Health Sciences Librarian Salaries

Category	# Rept.	Full Time		# Rept.	Part Time	
		Range	Mean		Range	Mean
25-179	6	\$11564-16800	\$14584	10	\$936-9572	\$5784
180-299	7	\$11419-20800	\$16196	3	\$5562-7170	\$6478
300+	18	\$13000-30000	\$19113	3	\$8000-9880	\$9126

Full Time Distribution

Category	#Rept	\$11000-13999	\$14000-16999	\$17000-19999	\$20000-22999	\$23000+
25-179	6	3		3		
180-299	7	3		3	1	
300+	18	1	5	4	5	3

Part Time Distribution

Category	#Rept	\$500-999	\$1000-4999	\$5000-7999	\$8000-9999
25-179	10	1	3	2	4
180-299	3			3	
300+	3				3

These figures represent the salaries of the head person in the library. Contact the Coordinator for information concerning multiple staff salaries. The data are not voluminous but may be helpful.

INTERLIBRARY ACTIVITIES

Most interlibrary activities are directed at sharing resources ranging from material resources to personal expertise. One of the major activities of interlibrary cooperation is the interlibrary loan program. This program includes a large volume of material sharing within consortia and growing traffic between consortia in the state. This survey did not attempt to measure that activity for statistics are gathered through the regional network.

Much of the interlibrary loan work is carried on within the consortia which are the focal points for interlibrary activities within the state. As indicated earlier in the survey Wisconsin designed its consortia early in the 70's according to the six HSA's. Each library within those geographical regions had the potential for being a member of its local consortium if it complied with the guidelines or by-laws of that particular area. The structure and requirements for membership vary among the present six consortia in the state.

Table 23
Consortium Membership

Category	# Reporting	Yes	%	No	%
25-99	27	22	81	5	19
100-179	32	25	78	7	22
180-299	21	16	76	5	24
300+	33	30	91	3	9
Special	9	6	66	3	33
Business	12	5	42	7	58
Technical Schools	12	8	66	4	33

	146	112	76.7	34	23.3

There was no place on the survey that gave respondents an opportunity to state reasons for non-participation in a consortium. That might have been helpful for future planning. Most surveyed libraries are Midwest Health Sciences Library Network members. Many belong to multi-type organizations and the larger or unique libraries are active within public library systems.

CONSULTANTS PROGRAMS AND GRANTS

Since 1969 health sciences libraries in Wisconsin have received support and assistance through consultants from both resource libraries and the consortia. The survey covered the use of consultants, who served as consultants, and whether there was any future need for consulting.

Table 24
Consultants

Category	Consultant used					#Rept	Who served		Future need Yes
	#Rept	Yes	%	No	%		State	Coord	
25-99	27	20	74	7	26	16	4	12	11
100-179	32	25	78	7	22	10	10	3	7
180-299	21	16	76	5	24	11	10	1	1
300+	29	9	31	20	69	8	7	1	1
Special	9	2	22	7	77	0			

	118	72	61	46	39	45	31	27	20

Several of Wisconsin's Health Science Libraries have received grants. The special library category ranked the highest among the categories of libraries receiving grants. The granting agencies varied from LSCA grants to private foundations.

In the institution setting, LSCA, VA and NLM Resource Improvement Grants were most prevalent. The most recent NLM Resource Improvement Grant went to Eagle River Memorial Hospital in 1981. Luther Hospital Eau Claire received an LSCA grant in 1980 for consumer health information. In the particular categories, among the 300+ grouping six applied for NLM grants, six were awarded and two VA grants were awarded. In the 180-299 category three applied for NLM grants and two were awarded; one library applied for an LSCA grant and one was awarded. In the 100-179 group five applied for NLM grants and four were awarded, in the 25-99 category five NLM grants were written and three were awarded. In several of the cases, libraries had NLM grants approved but they were not awarded due to a low priority rating.

COPYRIGHT LAW

The survey asked the librarians to comment on the impact the copyright law had on their library. There were approximately 29 responses to this question. These responses came from all levels of libraries with the two largest categories and the special group providing the highest percent of responses. By the very nature of the interlibrary loan traffic the largest libraries felt the impact most keenly.

Several person listed positive effects of the law. Some of those responses were that it helped justify the addition of new titles to the collection as well as make the librarian more aware of the varied needs of their particular staff. It also allowed people to have a more stable evaluative tool for collection development.

The added time needed for staff to keep records was the negative impact most consistently reported. When budgets are tight people feel that it was a disadvantage to have to add titles under the CONTU guidelines, which indicate that libraries should not borrow more than five articles from one title within a years time for journal issues newer than five years. Librarians must also contend with the irritations of the hospital staff when they must fill out forms for in-house copying by the library staff. The libraries that have reserve collections for students find it time consuming to receive permission for multiple copying for those collections.

JCAH VISITATION AND COMPLIANCE

Wisconsin has 18 hospitals which do not comply with JCAH Standards. Of the 18, nine responded to the survey. Five have libraries and four do not. The State Code H24.11 indicates that Wisconsin hospitals should have library materials. That code does not mandate services.

As indicated earlier JCAH standards assist in moving library services into those JCAH accredited institutions. MLA News, No. 127, September 1980 indicated that guidelines were now being given to JCAH surveyors to help them adequately evaluate library services. Our survey asked the respondents to indicate whether the surveyors visited their library during the last JCAH accreditation visit. Table 25 indicates this response.

Table 25

Category	JCAH Visitation of the Hospital				
	# Reporting	Yes	%	No	%
25-99	22	14	68	8	32
100-179	26	20	76	6	23
180-299	16	15	94	1	6
300+	28	20	71	8	28

Total	92	69	75	23	25

SUMMARY

Although much of the state's concern about library development has focused on the smaller units, this survey makes it quite clear that there are large variances within each category, large or small. That variance falls heavy on the two mid range groupings. The survey shows that staffing and budget resources need to be evaluated. Also important for cost efficiency is the need for those units who do not have a centralized listing of departmental materials to work on this standard. That is somewhat of a dichotomy for it does take additional staff time to accomplish that task but in the long view it will serve the institution well.

Survey response indicates further need for consultation to the hospitals. Other indicators show that long term care facilities would also benefit from a consultancy program. Finally these same persons may need to be potentially available to assist medically oriented businesses to do information organization within its walls as it attempts to make use of the biomedical network for the sharing of information.

In spite of the current economic times, the growth of information resources and the speed at which changes are made in the field of medicine will not slow down. Health care professionals and the general public need the support of good library services wherever they are in the state.

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-Barbara A. Schmiechen
Coordinator for Health Sciences Libraries in Wisconsin
Middleton Health Sciences Library
University of Wisconsin-Madison