Embedded Librarian in Emergency Department
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Background
- The Health and Social Care Act 2012 states the Secretary of State for Health has a duty to ensure “the use in the health service of evidence obtained from research”
- Clinical/outreach librarians have been employed for some years to work closely with medical departments/individuals outside of the library setting
- A few librarians have been ‘embedded’ in teams - working closely within e.g. MDT/cancer teams or ICU, on hand to undertake searches to support diagnosis and treatment at the point of care
- There is limited evidence in the literature conclusively demonstrating a positive benefit of embedded clinical librarian services

Aim
The aim of this project was to measure the impact of a Clinical librarian being present in the emergency department (ED). What difference, if any, did having immediate access to clinical information services make to staff working practices?

Methods
- to undertake searches of the evidence to support diagnosis/treatment at the point of need and inform practice - either immediately or for later follow up
- to answer any other library/knowledge/information queries to aid staff CPD
- to gather qualitative and quantitative data by recording the type and number of information requests and using a feedback form to gauge staff satisfaction
- some selected case studies to be followed up by individual staff interview

Results
The project in ongoing but initial feedback from clinicians and medical staff was overwhelmingly positive with the majority of information requests scored as either high or very high. The following proposed benefits of the project have been demonstrated in practice:
- saving of clinician time
- supporting evidence-based decision-making
- longer-term procedure and pathway consideration
- supporting clinicians’ continued professional development (CPD)

It should be noted that the physical layout of the department is also likely to be a factor. In this project the Librarian was positioned at a dedicated computer in the central staff hub, sitting immediately next to clinical and medical staff as they accessed patient records. Being positioned in plain sight probably helped prompt staff to ask for assistance. It may be possible to demonstrate this by cross-referencing ED uptake of librarian services with staff who had never used the library before.

Other potential benefits (improved patient outcome, financial savings) have yet to be conclusively demonstrated and further work is needed to develop methods for measuring these.

An additional benefit was a perceived improvement in staff wellbeing. In a busy and often stressful working environment having a dedicated ED librarian (even though only part time) was a source of pride which led to staff feeling supported both as individuals and as a department.

References
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