



CHRONICLE

CINCINNATI AREA HEALTH SCIENCES LIBRARY ASSOCIATION

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President's Page

Greetings to one and all as we enter this season of peace and joy! I can scarcely believe that we are into December, and 2008 is just around the corner! I hope that you find time to relax and enjoy the holidays with your family and friends - that somewhere in the midst of all the "hustle and bustle" of the holidays, you find a quiet place to enjoy the beauty of the season. How fortunate for us that there is just such a place and time set aside for us to mingle with our CAHSLA Colleagues! I hope many of you will be joining us on December 11 from 5:30 to 7:30. Mary Piper has graciously offered us the use of her home for our annual holiday get-together. Please remember to bring your book donations for the Hamilton County Head Start ELI Program.

This is the time of year when we begin to take stock of what we have accomplished over the course of the past year and look forward to beginning anew in the next. While we are still relatively early in our association year, we got off to a great start at our annual membership meeting. Val Purvis and her Program Committee planned a wonderful meeting at the American Sign Museum. We had a thoroughly "enlightening" tour given by Tod Swormstedt, the founder and curator of the museum. I was glad to see so many of our members in attendance. A CAHSLA membership is a real value, providing each of us with networking, educational programming, and fellowship opportunities. If you haven't renewed your membership, it's not too late! Our Treasurer,

Cathy Constance would be happy to add you to the list of current members. Cathy is in the process of updating the CAHSLA email list, and I would like to distribute a new Membership Directory once we have all the data.

On a personal note, I would like to thank all of you for the many cards, prayers, donations and expressions of sympathy on the recent death of my father. I really appreciate the gift of the lovely wind chimes from CAHSLA in lieu of flowers. My Dad always liked them, and it will be a nice reminder of him when I hear them tinkling on the breeze! It has been a difficult year for my family, but it has truly been heart-warming to receive the support of so many CAHSLA friends. I am grateful to be a part of an organization with such warm, caring members!

Many blessings to you this holiday season!

Regina Hartman



CAHSLA Meeting Minutes June 6, 2007

The meeting was called to order 5:30pm on Wednesday June 6, 2007 at French Park.

Attendees were: Cathy Constance, Regina Hartman, Barbarie Hill, Amy Koshoffer, Sandy Mason, Lisa McCormick, Mary Piper, Val Purvis, Emily and Cecil Rahe, Don Smith, Edith Starbuck, Jane Thompson, and Meredith Travis.

Election results were announced for the new officers, while the old officers were graciously thanked for their hard work. New officers are: Regina Hartman, President; Val Purvis, VP/Programs; Cathy Constance, Treasurer; and Meredith Travis, Secretary.

Barbarie Hill and Lisa McCormick agreed to continue as co-editors of *The Chronicle*.

Fun was had by all as we enjoyed food, games and merriment at our "End of the Association Year Picnic."

Submitted by *Meredith Travis*

CAHSLA Meeting Minutes October 4, 2007

The annual membership meeting was called to order 5:30pm on Thursday October 4, 2007 at the American Sign Museum.

Attendees were: Sharon Bressert-Purtee, Cathy Constance, Mike Douglas, Peggy Frondorf, Regina Hartman, Emily Kean, Alison Kissling, Amy Koshoffer, Margee Lewis, Lisa McCormick, Meredith Orlowski, Shelley Paden, Akram Pari, Val Purvis, Cecil Rahe, Emily Rahe, Barbara Slavinski, Don Smith, Edith Starbuck, Bette Sydelko, Jane Thompson, and Nancy Wolpert (Lisa McCormick's guest).

The meeting began with a thorough and interesting tour of the American Sign Museum. We learned the history of signs in America. The tour was lead by Tod Swormstedt, the founder of the museum.

After the tour, we got down to business. Food was catered by the Spicy Pickle. Everyone seemed to enjoy the salads quite a bit.

If anyone has ideas for the December book drive, please contact Regina.

Bette Sydelko made an announcement. She talked about joining the Midwest MLA chapter and brought membership brochures. In 2009 the Midwest MLA chapter will have its meeting in Columbus and Bette would like people to volunteer to help.

Cathy Constance gave a budget report. There is \$3,700 available. Last year we had 42 members and we hope to increase this number this year.

Shelley Paden presented Sharon Bressert-Purtee with a gift for Sharon's service last year as president of CAHSLA.

Door prizes (fall decor centerpieces/baskets) were won by Sharon Bressert-Purtee and Alison Kissling.

Adjourned: 7:30pm

Submitted by *Meredith Travis Orlowski*

"Books Aren't Dead. (They're Just Going Digital)"

The future of reading is the cover story for the November 26, 2007 issue of Newsweek. Columnist Steven Levy describes Jeff Bezos' (the founder of Amazon.com) introduction of the "Kindle," an electronic e-book reader that Amazon has been working on since 2004. The \$399 Kindle ("named to evoke the crackling ignition of knowledge") appears to go well beyond previous technology for

electronic books. (Note: I checked the Amazon website and they are out of stock of the Kindle You can go to Amazon.com to view a 6-minute demo of the Kindle). Levy's article is an interesting short chronicle of the attempts to rid the world of the book-form as we have known it for the past 550+ years. He addresses the social, psychological, and cultural evolution of books, reading and authorship as it is being challenged by this latest technology development. The Kindle is attempting to bypass previous limitations of e-book reading devices that limited their acceptance by the reading public. "There's 550 years of technological development in the book, and it's all designed to work with the four to five inches from the front of the eye..." (p. 60) The Kindle has addressed such issues as appearance of the device (more like a paperback), adjustable font sizes, ability to be read outdoors in natural light, and very significantly, wireless connectivity via Whispernet.

Levy states that the Kindle and the change it represents for books could reignite the love of reading. Recent surveys by such groups as the National Education Association have reported that fewer and fewer adults read books. One interesting aspect of the Kindle is that the antipiracy software will prevent the lending out or reselling Kindle's e-books. "Though the Kindle is at heart a reading machine ... it is also something more: a perpetually connected Internet device." (p. 61) Be sure to read of this interesting development in the ever evolving future of the book.

Lisa McCormick

Decision-Making Support Program Proposal

Barbara Slavinski, BS(Ed), MLS

I am searching for people and places to run a pilot project designed to present information tailored to the individual so that each patient and their family can understand and act upon it. Medical librarians already have the information, the interest in promoting literacy and the interdisciplinary contacts within our institutions. This program also

makes us look good as we act in our strengths of organization and collaboration and reach out to add value to the institution. I am passionately interested in this program and believe it would benefit patients, clinicians, and institutions as well as promote the value of medical libraries (and librarians).

As background, low health literacy has a large impact on people's ability to use the health care system effectively and advocate for them. 25% of the general population comprehends at a level of 3rd grade or less. Another 25% are able to comprehend at a 7th grade level or less. Unless the providers of medical information make a specific effort, most brochures and instructions are written at an 11th grade or higher level. The underserved, poor, elderly and Medicaid population have lower rates of literacy than the general population. The problem is that those with lower comprehension have less ability and motivation to participate in their own medical care. They tend to rely on the emergency room for their primary services, do not seek care until ailments have progressed to severe, have difficulty understanding and following their care instructions, and have difficulty comprehending their treatment plan choices in order to provide informed consent. The result is greatly reduced level of general health for the individual, higher levels of severe chronic ailments, and much higher expenditures for health care.

The program consists of a patient advisor (librarian?) to meet with patients and families to evaluate what they already know, what they wish to know, their level of comprehension and preferred learning style. The patient advisor then provides information and decision aids tailored to the individual. This empowers them to become more involved in their own care. The intent is to help the person and their families clarify their own values and choices in order to be prepared to meet with their treatment care team. More personalized care results in better quality of life for the patients, cost savings for the institution and increased satisfaction for the clinicians.

The decision-making support program is scalable. I am searching for people and places to run a pilot project. This begins as a single person who specializes in knowing all the consumer information sources and decision aids available, and individualizing materials for each patient. Over time, this could expand as it becomes apparent what works well and what does not. We could start by working with a particular clinician or department or as part of the general admitting process for all patients. This has the possibility to make a big difference in the quality of patient care. Please contact me with comments or questions.
Barbara Slavinski BS(Ed), MLS,
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Editor's note: Ms. Slavinski is a recent library school graduate. You may contact Barbara for a copy of her PowerPoint presentation on her proposal.

My Experience with Healthcare in Ireland

In August of this year, my husband was found unconscious on the floor of his bedroom while attending an international conference in suburban Dublin, Ireland. He was taken to the local National Health Service hospital where they determined that he had a stroke. The next day, he was taken by ambulance to a nearby private hospital for an MRI because the NHS hospital didn't have that equipment. I arrived about 24 hours later to find him sitting up in a chair for the first time since he had been admitted. That was a Saturday morning, and nothing more than maintenance care was provided that weekend. On Monday we saw the Consultant (attending physician) for the first time. He didn't have the results of the MRI yet. That was five days in the hospital.

We had already determined that we wouldn't be able to make our scheduled flight home on Wednesday, but the Consultant seemed to indicate

that he would reassess the situation "at the end of the week" which we took to mean we might be able to fly home the following weekend. We didn't see him again until late on Friday afternoon. In the meantime, we had heard from one of the doctors in training (resident) that they wouldn't want us to leave for "several weeks." We were despondent and kept pushing to see the Consultant again.

In the meantime, Tom was getting physical therapy for about an hour every day and intermittently he would be visited by an occupational therapist, a diabetologist, and the person in charge of the rehabilitation facility to which they expected him to move for an indeterminate time. We kept explaining that we had all these services at home in the U.S. where, by the way, our healthcare insurance would pay for them. We had no assurance from Humana that we would be reimbursed for the cost of care in a foreign country. In fact, a representative had told me by telephone that our claim would be denied initially, and we would have to appeal, so we were very concerned about documenting every item and every service performed. We arranged to talk with a business manager about costs and documentation, and the whole subject seemed like something they had never encountered previously. I finally was able to get them to tell me exactly how much a non-EU citizen was charged per day in a NHS hospital, but that was a flat fee with no itemization of physician services, meds, therapies or other incidentals.

When we finally saw the Consultant again late on Friday, he was very patient and knowledgeable, explained thoroughly what the tests indicated and what the current procedure was in taking care of stroke victims. He also told us that he was waiting to confer with the stroke specialist when she returned from holiday the following Monday. This was the first we heard that he was just following protocol until someone else could make a judgment call. This was nine days in the hospital.

Tom spent another long weekend in a ward with five other men, boring food, no television, no phone in the room and only maintenance nursing

activities. I was staying in a local hotel and had a cell phone loaned to me by an Irish Friend, but I couldn't communicate with Tom when I wasn't at the hospital, because he didn't have a phone. Our only entertainment was walking the halls and grounds of the hospital and visiting the tiny coffee shop. Visiting hours were 2:00 - 4:00 p.m. and 6:00 - 8:00 p.m. but I usually arrived around 11:00 a.m. and stayed until 8:00 p.m. Several times I had to be very assertive in explaining to nursing staff that I had come from America just to be with my husband in the hospital, and I was going to spend as much time there as possible.

On Monday afternoon, we finally saw the neurologist who again was very thorough, knowledgeable, and caring. She listened carefully to our concerns about returning to the States and explained, as had the Consultant the week before, that there were strong indications that air travel was a risk factor for further strokes and that they would prefer we not fly for 6 weeks to 3 months after the initial event. However, she was willing to work with us in our special circumstances and allow us to leave the hospital earlier, but she encouraged us to stay "another week or so." This was twelve days of hospitalization.

By the end of that week, with Tom getting stronger every day and the possibility of flying home becoming manageable without having to arrange for a special medical evacuation flight, we requested that he at least be released for the weekend. The neurologist agreed, but Friday came and the hours dragged on without the proper paperwork being prepared. Finally, about 6:00 p.m. a harried resident came to our room, hastily scribbled the names of medications we needed, and gave us a release form that clearly stated that we were leaving against medical advice. We were told to come back on Monday for our invoice and other official documentation. This was sixteen days in the hospital.

After a weekend staying in my hotel and being able to visit with local Friends, we returned to the hospital on Monday. Our "invoice" was a one-line

"itemization" of hospital care indicating a lump sum due. The MRI was the only procedure billed separately since it was done at another hospital. We also wanted a copy of the MRI, but after tracking down a resident who could respond to that request, we found that they had only the written report and not a copy of the MRI results. The resident called the other hospital to see if we could pick up a copy, and they said they would not release it to us, only to our physician. Since we had made arrangements for a flight home on Tuesday, we had to leave without the MRI. In all of our dealings with the hospital, there was no hint of any computerization. There was a computer sitting at the nurses' station on our hospital floor, but I saw no evidence that it was used for any records, much less transferring an MRI image from one hospital to another.

Another interesting thing I encountered was the local pharmacy. There was no pharmacy in the hospital, so I had to walk to the nearby business area where there was a small pharmacy. I had not taken along enough of my own prescription medication since I didn't expect to be staying as long as I did. I thought I would have to contact my doctor and have her fax prescriptions to the pharmacy, so I stopped in to make these arrangements. When I presented the problem to the pharmacist, he asked me what medications I needed and when I told him, he said, "No problem, I can give you those" and he filled the order without the formality of a doctor's prescription. Imagine CVS doing that!

We flew home 20 days post-stroke following all of the doctor's orders about wearing anti-embolism stockings, exercising the legs regularly during the flight and taking additional anti-clotting medication.. We saw no ill effects from the flight. Tom has recovered well and is now back to work, Humana reimbursed us for the hospital expenses, and all is well, but we have some interesting memories and have not planned any more foreign travel – at least for now.

Barbarie Hill

CAHSLA COLLEAGUES

Congratulations

Meredith Travis (UC AIT&L) married Robert Orlowski on June 23 in Centerport, NY. It was a lovely ceremony with about 45 guests. The couple met while they were students at Wake Forest University, and Bob's now in his second year of medical school at UC.

Misc.

Jane Thompson (UC AIT&L) just returned from the East Coast, doing house restoration in Richmond, and visiting Nonnie Klein at her "cottage" at Southern Shores, N.C. Nonnie's house is beautiful, right on the beach. Although Noah was doing his best to blow everyone over, it was an invigorating stay, and many plans were made for returns.

And from Nonnie Klein, we received this newsy update:

I've been very busy since retiring from UC. The first 6 months were spent finishing the house in NC, and then the next 3 were spent flying back and forth to Boston to see, Christen, and then babysit my darling grandson Lincoln Duffey Bell. The Klein family inaugurated the beach house with a vacation in September- all the kids but Diane (who is serving in Iraq) made it with some friends for extra fun.

An unrented week in late October gave me another opportunity to work on the beach house. Jane

Thompson and another librarian came down for a weekend visit.

In April, I became president of the Ohio Academy for the History of Medicine for 2007-2009. You are invited to our spring 2008 meeting in Cleveland at the Dittrick Museum which has received a donation of a large collection of contraceptive devices. Please let me know if you are interested. A group from Cincinnati usually drives up together and will stay the night in Cleveland.

Happy Holidays if I don't see you. Thanks, Nonnie

In the Literature and On the Web

Next Generation in On-line Medical Information
The Cleveland Public Library Offers Live Interactive Health Info
By Steven Goodman

...A generation ago, about the only source for medical information was your doctor ... Today much has changed. Access to information in all forms of media, have empowered patients to take a

far more active roll in managing their health. According to Dr. Peter Weist of Cleveland's MetroHealth Medical Center. "Today patients have a lot more access to medical information from the web, television, magazines, direct consumer advertising by the drug companies. Patients are taking a much more active role in their health care. They're investigating their medical problems; they're asking their physicians about new

information about new techniques, and about how this affects their healthcare.”

Despite the wealth of medical information available, when it comes to a complex medical problem people may not know where to turn. This can be especially true of young adults, who may not be comfortable discussing health matters or who may obtain information from less than reliable sources. The Cleveland Public Library in conjunction with The MetroHealth Medical Center, has developed a website where patients can discuss medical matters. The user can interact live with a nurse, 24-7, while remaining totally anonymous.

The site is called Know It Now (<http://www.knowitnow.org/>). Tracy Strobel Web Applications Supervisor for the Cleveland Public Library explains. “The basic concept of the knowitnow site is to connect those seeking medical information with true medical professionals rather than librarians.” The site has been designed for users to get an immediate general response to their medical concerns, from a credible and reliable source. If questions become too complex, or personal, nurses who staff the line will ask the user to call in to MetroHealth or refer them to a physician in their area... Dr. Weist applauds the service, because MetroHealth’s involvement insures the consumer is getting good information. “It’s difficult to determine what is a reliable source of information ... Metrohealth has developed a collaboration with the Cleveland Public Library in which the on-line information can be screened so it’s good reliable information for the consumer.”

Andrew Venable, Director of the Cleveland Public Library feels the system is just another way the library connects to and serves its community. And Dr. Weist adds, “The advantages to being an educated patient is that the individual understands their disease and is more willing to actively participate in their health care” ...

More resources: <http://www.knowitnow.org/>

Chronicle of Higher Education

August 8, 2007

A List Without Libraries

by Brock Read

The Centre for Learning & Performance Technologies’ list of Top 100 Tools for Learning — culled from top-10 charts created by e-learning experts — names a wide array of tech tools that professors have come to love. Among the items that made the cut are Web browsers, e-mail clients, RSS feeders, blogging programs, and, of course, Microsoft’s evergreen PowerPoint presentation software.

But online library resources, which would seem like a good fit for e-learners, are notably absent from the master list. What gives? “It’s not as if the responding experts ignored information-retrieval tools,” writes Steven Bell at ACRLog. “Both Google and Google Scholar are on the top-100 list. And it’s not as if these experts wouldn’t know something about library databases.”

Mr. Bell, the associate university librarian for research and instructional services at Temple University, argues that librarians just haven’t done a good job of advertising their online databases and e-journal collections as instructional tools.

But Stephen Downes, the author of OLDaily, says the lack of library services on the list could be evidence of bad tools, not a lack of publicity. Mr. Downes, a senior researcher for Canada’s National Research Council, says he has access to a major online library portal, but that he has used the services only twice in six years. “The reason,” he writes, “is that it is not convenient, not even remotely, especially with the layers of security involved in protecting publisher’s intellectual property.”

If digital library resources should, in fact, be thought of as instructional technologies, are they actually meeting the needs of e-learners and other scholars?

CALENDAR

- Dec. 11 CAHSLA Christmas festivities at the home of Mary Piper, 1000 Avondale Avenue. 5:30 p.m.
- Dec. 24-25 Christmas holiday. Most CAHSLA libraries will be closed.
- April 4, 2008 OHSLA spring meeting on health literacy at Prior Health Sciences Library, The Ohio State University.
- May 16-21 Medical Library Association annual meeting in Chicago.

The *CAHSLA Chronicle* is published four times a year in September, December, March, and June. The editors are Lisa McCormick, Jewish Hospital Health Sciences Library, and Barbarie Hill, Cincinnati Children's Hospital Pratt Library.

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