December 2011

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Recommended Citation
DOI: https://doi.org/10.7771/2380-176X.6038

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Many do not bind journal issues. To ensure access in the NN/LM Southeastern/Atlantic Region for member libraries to older materials, the Print Collection Retention and Access Ad-hoc Committee was formed to coordinate an organized approach as libraries downsize their physical space. Through DOCLINE, NLM’s automated interlibrary loan (ILL) request routing and referral system, members of the NN/LM network have a fast and effective document delivery system. A boon for small libraries is FreeShare, a cross-regional library group for DOCLINE libraries that participate in free, reciprocal lending. Related is an Electronic Transfer of Funds Service (EFTS) from the University of Connecticut Health Center Library for DOCLINE members when charges are incurred for interlibrary loan.

In hospitals, justifying large expenditures for online resources is difficult, and shepherding license agreements through the approval process is challenging. In a recent survey of NN/LM Southeastern/Atlantic Region (SE/A) hospital libraries, 51.6% of the respondents said that they participate in a consortium or group purchasing arrangement to acquire access to electronic resources. Consortia are comprised of local, statewide, or regional health sciences libraries that band together for a group buying discount. Another type of discount purchasing arrangement is available through a hospital’s affiliation with a multi-hospital health care system. Hospital librarians are interested in group purchasing arrangements that save both time and expense.

In most hospitals, online resources are purchased from more than one vendor and a variety of approaches are used. One approach is to subscribe to aggregated databases. The NN/LM SE/A survey of hospital librarians revealed that 94.9% of the respondents subscribed to the Cumulative Index to Nursing and Allied Health Literature, making it the most popular online resource. When possible, subscribers also opt for the version that includes full-text journals. Another type of approach is to purchase a packaged collection of books or journals. The second most popular resource identified in the survey was Wolters Kluwer’s OVID E-journals. OVID offers several packages of online biomedical and nursing journals. Subscribing to a package is convenient to manage, but too often titles that are not needed are included, which is not economical. Smaller libraries often opt for the “a la carte” approach which allows for the flexibility of selecting specific titles but takes more time to manage. Multiple invoices must be paid, and Internet connectivity with several publishers must be maintained.

Members of the hospital and medical staffs frequently submit requests for new books, journals, or other online resources. Most requesters are unaware of the large “institutional” subscription rate that libraries must pay. Library Journal reported the average price for a journal subscription in the Health Sciences to be $1,398 in 2010. Librarians frequently explain the “cost benefit analysis” concept to requesters. A reality is that if a medical subspecialist requests a journal title, it is unlikely that the library will add the subscription if only a handful of staff will use it. On the average, nursing books and journals are much less expensive. Ready access to vendor COUNTER (Count-