

Beaumont[®]

William Beaumont Hospital
Royal Oak

March 19, 1992

Kul Gauri
Associate Dean of Library and Information Services
Macomb Community College
14500 Twelve Mile Road
Warren Mi. 48093

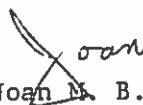
Dear Kul:

After the November 8, 1991 Board meeting, the Directors of the four hospitals participating in DALNET felt that we should present the Board with an outline of our position on resource sharing. We want to emphasize that hospital libraries long ago embraced the principle of resource sharing and are involved in the process but that our special circumstances must determine how we share our resources with the community beyond the walls of our own institutions.

I hope the accompanying position paper which expresses the views of the Library Directors of Botsford Hospital, Children's Hospital of Michigan, Harper Hospital and William Beaumont Hospital clarifies our position for the other members of the DALNET Board. I request that a review of the paper be made an Agenda item at the next board meeting.

I have also sent a copy of the position paper to Jim Flaherty.

Sincerely,



Joan M. B. Smith
Director, Medical Library

cc J. Flaherty
D. Adams
M. Klein
S. Martin

HOSPITAL LIBRARIES AND RECIPROCAL BORROWING
POSITION PAPER

Reciprocal borrowing among DALNET libraries would enable anyone with borrowing privileges at a DALNET LIBRARY to borrow directly (ie without the intervention of interlibrary loan) from any other DALNET institution. This is seen as an enhanced form of resource sharing. While resource sharing is generally acknowledged among libraries to be a good thing, the form it takes in a specific library must be determined by the purpose, service philosophy, nature of the collection and size of the library.

The four hospital libraries in DALNET share a similar attitude toward resource sharing because all are special libraries. Special libraries are created by their parent institutions to provide information service to a specific group of people with a special interest, in the present case, the delivery of health care. Personalized service is emphasized and the collection is developed to reflect the hospital's interest. Primary users of a special library are people who have a direct connection with the parent institution. Special libraries serve other users through interlibrary loan.

The comparative dependence on interlibrary loan of hospital libraries and smaller academic libraries is demonstrated in TABLES I and II. Data concerning hospital libraries was reported to Joan Smith by the respective directors. Interlibrary loan statistics for academic libraries were derived from the Library of Michigan's 1991 Directory of Michigan's Library Statistics.

TABLE I

1990 INTERLIBRARY LOAN DATA - HOSPITALS

	Borrowed	Lent
Botsford Hospital	4159	1537
Children's Hospital	5814	2430
Harper Hospital	3576	4085 <i>- net lender</i>
William Beaumont Hospital	8619	4884

1990 INTERLIBRARY LOAN DATA - ACADEMIC LIBRARIES

	Borrowed	Lent.
Macomb Community College	111	95
Mercy College	305	547 <i>net lender</i>
Oakland Community College	Did not Report	
Oakland University	6581	3059
University of Detroit	3193	4571 <i>net lender</i>
Wayne County Community College	20	3
Wayne State University	4977	43288 <i>net lender</i>

It is apparent that interlibrary loan is the preferred method of resource sharing for hospital libraries and it has an importance for them that it does not have for the smaller academic libraries. Hospital libraries are heavy borrowers but they repay the community by lending heavily, relative to the size of their collections, and by LENDING WITHOUT CHARGE. They also pay for items they borrow from academic libraries.

Interlibrary loan is a satisfactory and efficient method of resource sharing for hospital libraries. It ensures that the libraries' patrons do not make unfair demands on other institutions. It is also an extension of the personalized service their users demand. Busy clinicians, researchers, and administrators do not care to wander from library to library to track down items from a bibliography.

Interlibrary lending is also the preferred method of lending for hospital libraries. These libraries are small in area and every seat may be taken during peak periods. An announced policy of open lending could well result in more patrons than chairs. Hospital library staffs are also small. They find it easier to cope with a large number of interlibrary loan requests received by mail or online which can be batched, than to deal with the same number of outside patrons stomping about at the circulation desk.

In addition, hospital libraries serve the community by providing library service to students in academic health care programs who are assigned to hospitals on clinical rotations. Hospital libraries cannot, however, manage the level of duplication in their collections necessary to serve entire undergraduate classes throughout their academic careers. Nor can they, lacking the support of tax dollars, act as mini public libraries for members of the general public in hot pursuit of medical information. The high price of medical texts and journals

compared with humanities publications makes any potential increase in lost or overdue material an especially serious concern for hospital libraries.

To contribute their resources effectively to the broad user community without jeopardizing service to their primary clientele, hospital libraries must select with care the resource sharing paths they will follow. Under present economic conditions those choices must be interlibrary loan and library service to students during clinical rotations at hospitals.