

## **The Library & Information Support for Clinical Effectiveness (LISCE) project – an account of outcomes achieved to date**

Lesley Glassington - Clinical Effectiveness Librarian, University College London Hospitals NHS Trust

### **Introduction**

The Library & Information Support for Clinical Effectiveness (LISCE) project has been running in UCLH since July 2000. Against the backdrop of recent Government initiatives, in particular the *NHS Plan* and *Information for Health*, the original remit was to investigate ways in which a clinical librarian can support the roll-out of Clinical Governance, within the Trust, and thus establish a unique collaborative partnership within the multi-disciplinary setting.

A close partnership with the clinical team in each department was considered essential for the success of the project. The clinical team was to define their own objectives of what they wanted to achieve from the project. A key lead in each department would provide access to the clinical team through team meetings, ward rounds etc, and the team effort would ensure that momentum would not be lost in this process.

Working within the clinical environment, as a member of the multi-disciplinary team, it was anticipated that the Clinical Effectiveness Librarian would be seen as an effective resource in providing support necessary to achieve the original outcomes defined by each department. However, the cultural change necessary for the success of working outside the traditional library environment, has been challenging for both the clinical librarian and departments working with the project.

This paper gives an account of how the project has developed within the original remit, and describes the outcomes achieved thus far. However, It will also examine the barriers, which have prevented the project continuing within the original remit and looks at how the original specifications have developed within this context. It is expected that the project will be extended to provide a Trust wide service, any additional findings will be added to the final paper.

### **University College London Hospitals NHS Trust (UCLH)**

UCLH NHS Trust is one of the largest providers of healthcare services in the UK. There are eight hospitals within the Trust, which provide acute and surgical services for the local community as well as highly specialised services to patients referred from all over the country, they include:

- Eastman Dental Hospital
- Elizabeth Garrett Anderson and Obstetric Hospital
- The Heart Hospital
- Hospital for Tropical Diseases
- The Middlesex Hospital

- The National Hospital for Neurology & Neurosurgery
- Royal London Homoeopathic Hospital
- University College Hospital

There are also 4 libraries, based at different sites, within the Trust providing services to all staff within the Trust. The Bloomsbury Healthcare Library, which is where the LISCE project is based, is the main nursing library for the Trust.

### **Library & Information Support for Clinical Effectiveness (LISCE) project**

The LISCE project started in July 2000 and originally was due to end in March 2001. The aim of the project was to establish a clinical librarian service within several departments. By September 2000, through a formal process selection, there were three departments participating in the project. They were the Neonatal Unit, Teenage Cancer Trust Unit and the TB Service. Each department had defined their objectives of what they wanted to achieve.

During this preparation period a steering committee was also formed to formally oversee and manage the project. Membership included a representative from each department (to become the main link in the department), the clinical librarian, the library manager and a representative from the R&D department and Clinical Governance department.

During discussion with the steering group, it became clear that the group wanted to explore a different way of delivering a clinical librarian service and perhaps move away from the traditional service of attending ward rounds and providing expert literature searches. The steering group were keen that the departments themselves should take the lead in what they wanted to achieve from a clinical librarian working with them, so it was important, early on in this process, to establish a good working relationship with the key leads in each department. It was felt that they would not only provide a key role in co-ordinating the clinical librarian and clinical team, but that they would also help to champion the service.

Over a period of several months the clinical librarian spent a large amount of time forming links with the clinical teams and providing support in the preparation of the guideline meetings. Against the backdrop of lack of time within the clinical team, often a lack of focus or agreement, and general apathy amongst some within each department, it took time and considerable patience and perseverance to continue the weekly meetings. Nevertheless thanks to a general commitment from the key leads within each department the team were eventually able to establish a momentum.

### **Neonatal Unit – Elizabeth Garrett Anderson Hospital**

The Neonatal Unit (NNU) is situated in the Obstetric Hospital and provides specialised emergency care for preterm babies. It is one of the largest neonatal units in the UK. The NNU offers a wide range of support services

including physiotherapists, speech and language therapists and bereavement officers. The working culture in NNU is one of equal professional practice.

Each member of staff on NNU has access to electronic resources. In the medical classroom there are two PCs, with full Internet access, available to all unit staff. Each Consultant has desktop computer access, along with the senior nursing staff. There is also a department Intranet and a shared drive accessible for all staff.

The NNU was already in the process of evaluating the department practices and procedures handbook and developing evidence-based guidelines to support this when the clinical librarian started working in the unit. Through regular meetings with the clinical team the clinical librarian was able to support this process by providing expert literature searching and guidance on the critical appraisal process. Over a period of several months a collaborative relationship developed between the clinical librarian and the team focusing on a specific topic. This has so far resulted in the completion of several guidelines, including Neonatal Jaundice. During this process the electronic shared drive was used as the means of disseminating the results from the literature searches and thus enabling all staff to have an input in reviewing the literature. Fairly early on in this process it became clear that there was a training need, within the department, on the use of the electronic resources available to staff. This enabled the clinical librarian to set up a number of training sessions within the department, which has since developed into a weekly drop-in session. During these sessions the clinical librarian is available for training sessions or literature searching as requested.

### **Teenage Cancer Trust Unit**

The Teenage Cancer Trust Unit (TCTU) is a 10-bedded unit, which offers care for teenagers with a wide range of oncology conditions. It was the first unit in the UK that offers specialised care to teenagers, established in 1992. A Charge Nurse and 12 nurses ranging from F to D grade nurses manage the ward. There is a wide multidisciplinary care offered on the ward, which include specialised nurses, a Macmillan education and clinical support nurse, a teacher, social workers and so on. The unit's philosophy is one of informality, so that the clinical staff do not wear uniforms, for example, and patients are not woken up early in the morning.

Electronic resource support in the Unit consists of 1 PC (with Internet connection) located in the charge nurse office, and provides access to all nursing staff. 1 PC with Internet connection located in the nurses staff room. 1 PC at the nurses/doctors station (with Internet connection)

The TCTU wanted to develop a care pathway for a bone marrow patient's first admission, the basis of which would be evidence-based guidelines. From November 2000 the clinical librarian was introduced to the team and started to attend weekly team meetings. A topic for the first guideline had already been chosen and a core team was already formed to produce the guideline. The core team consisted of the dietician, clinical nurse specialist, and consultant,

progress on the guideline was fed back to the wider team at the weekly meetings. Unlike NNU the IT resources in the department were not networked, so material found from the literature searches were disseminated through the weekly meetings. Again during this process a training need became apparent and several sessions were arranged. However, unlike the NNU, who had the IT facilities available in the department, TCTU did not, so training sessions were based in the library. As in NNU the key link within TCTU played an important role by providing access to the clinical team, and establishing a momentum of the project. After several months the team complete a guideline on Nutrition for the Neutropenic Patient, which has also been used as the bases for a patient information sheet on this topic.

### **TB Service**

The TB service had a slightly different role than the other two departments. The department came in at a much later stage than the previous two departments. The clinical librarian started attending weekly clinics in the department, which gave her access to the rest of the team. However, it did become clear fairly early on in the project, that the full team were not committed to the aims of the project and therefore didn't have a clear focus on what they wanted to achieve. This was reinforced by the lack of support from the medical staff and it became very difficult to continue working within this environment. Despite this lack of interest amongst members the team, the clinical librarian was able to provide a training session for the nurse team, and completed several literature searches.

### **Conclusion**

In March 2001 the project was extended for another year. However, though there have been tangible results from the project, it has been a slow process and doesn't truly reflect the effort put in by everyone involved.

Since September 2001 the TB Service have withdrawn from the project. External influences within the Oncology Department had effected the continuation of guideline development within TCTU, and so further guideline development is on 'hold' until the situation is clarified. These issues provided the opportunity to reassess the original remit of the project, and redefine the way forward. This resulted in opening out the service across the Trust, at the end of last year, providing a specialised support service for individuals and departments. It was also agree during this process that it was necessary to arrange for a formal evaluation of the project, which is currently in progress and hopes to be completed shortly.

The clinical librarian service is still available in NNU and the librarian has a regular weekly slot when she can be accessed in the department. She has established a good working relationship with the clinical team, whose general attitude to the project continues to be supportive. Reflecting why the project has been successful within NNU raises several issues. The key link between the clinical team and clinical librarian had a clear vision of the importance of the clinical librarian working within the clinical environment. This has provided

a unique atmosphere within the team, who have all been committed to the project, seeing the clinical librarian as providing a vital role in the delivery of health care. Another factor in this process has been the excellent IT resources within the department, enabling equal access to all, and finally there is already a governance framework established within the department, providing an established forum to deliver the clinical librarian service, for example in governance meetings.

Since the clinical librarian service has been made available Trust wide there has been a steady rise in the uptake of the service. Links have also been established with the clinical governance department, and the clinical librarian now looks to play a key role in the formation of the new Clinical Protocol and Guideline Development Committee in the Trust. This will provide the clinical librarian the opportunity to work within a governance framework at a corporate level, which will increase validation of the clinical librarian service, and thus embed the service within a Trust wide remit.

In the questionnaire of the evaluation of the project it is clear that the departments who have been involved in the project all think that the clinical librarian is fundamentally an innovative concept and fully support it. However, barriers cited for not using the service is the lack of time available to staff and staffing arrangements, but working within the clinical environment has helped to elevate this. The future of the service is still to embed it within Trust culture, firmly embedded within a library foundation, but working within the governance remit will help to support this service Trust wide, and possible develop new working relationships between Governance and the Library.