Taming that Beast of Library Statistics

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Today’s Topics

- About CAMH
- The CAMH Library
- Our history of collecting reference statistics
- The changeover process
- Challenges of demonstrating value
- Future plans
Introducing CAMH

- Canada's largest mental health and addiction academic health science centre
- Fully affiliated with the University of Toronto
- A Pan American Health Organization and a World Health Organization Collaborating Centre
- Serves over 31,000 patients per year
- 500,000 outpatient visits per year
- Over 8,000 Emergency Dept. visits per year
- Average length of stay 43 days
Primary diagnosis of inpatients on admission

- Substance abuse disorders: 31%
- Schizophrenia & psychotic disorders: 30%
- Mood disorders: 28%
- Anxiety disorders: 3%
- Personality disorders: 3%
- Disorders of childhood adolescence: 2%
- Cognitive disorders: 1%
- Other disorders: 2%

56% had more than one diagnosis at admission
Transforming Lives…

- CAMH is unique from most teaching hospitals in that it has a fourth pillar – Build
  - Literally reflected in our redevelopment
  - Broadly about fighting the stigma associated with mental illness and addiction.
  - Reflected in the work we do to support policy development and system change
The CAMH Library

- The services and resources of the CAMH Library support and enhance CAMH's multidisciplinary research and clinical programs, its educational mandate and its health promotion initiatives.
- As an important contributor to CAMH's provincial role, the Library provides services to professional communities and the public of Ontario.
- Builds upon the collection of:
  - The Addiction Research Foundation (ARF) Library
  - The Farrar Library of the Clarke Institute of Psychiatry
  - The Queen Street Mental Health Centre, Health Sciences Library.
Queen St. Site
+ College St. Site
Russell St. Site

camh
Our Library Collection

- The collection includes books, journals, reprints, research reports, government documents in both print and digital format, as well as videos.
  - Only a 20% overlap with UofT collection

- Scope is international and historical in core areas

- Ontario and other Canadian materials including laws and government and NGO reports are also collected

- Special and Historical collections include a historical Temperance Collection
Our Library Users

- CAMH staff members
  - Clinical
  - Research
  - Education
  - Administration
- Students
- Patients
- Professionals from other organizations
- Members of the public

(yes, we’re a medical library, a patient library and a public library)
History of Reference Statistics Collection

- ARF / CAMH Library has a long history of collecting in-depth statistics
- The focus was who was requesting the info
  - Emphasis on capturing questions from non-staff
- Data (from Info Centre & Library) was used for:
  - Developing PIMs (brochures)
  - Balanced Scorecard in the ‘Services to the Community’ section
Quick Timeline

• **1990s**, Q&A software was used
  • Selected because of its flexible and searchable text fields
• **2000**. Library moved to MS Access as Q&A was not Y2K compatible
• **2000-2012**. Library continues to use MS Access
• **2012** Hospital reorganization; Library moves out of research and reports to Education
  • The limitations of the fields and field values was becoming evident ….
2013 – Library Value Taskforce

- Health Sciences Information Consortium of Toronto

- It became apparent from literature reviews, etc. and the work of the taskforce that the Library was capturing
  - The Who
  - The Subject Area
  - The Type of Service provided
  - But not the Why
The Decision to Transition

- Need to revise the data collection parameters
- Limited ability to customize Access
- Dislike of Access
- Data demands from senior management - more, more, more!
- Desire for a real-time dashboard of activity
- Experience with LibAnalytics
About LibInsight

• One of a suite of products by Springshare (others include LibGuides, LibSurveys, LibCal, LibAnswers…)

• Marketed as an upgrade to the basic LibAnalytics product

• Boasts of:
  • Opportunity to keep all library data in one place and hosted remotely
  • Highly customizable templates
  • Great support, training, and a community of users
  • Integration with other Springshare products
LibInsight vs MS Access

- **MS Access**
  - No additional cost beyond software
  - Hosted on network
  - Customization can be done locally
    - ...if you know how to do it
  - Running reports can be a challenge

- **LibInsight**
  - Subscription-based
  - Hosted remotely by vendor
  - Multiple datasets in single interface
  - Customizable templates geared to libraries
  - Easy to build and edit fields and values
  - Analysis/reports easier to generate and format
  - Dashboard feature (ostensibly) available for as-needed analysis and reporting
  - Datasets can (ostensibly) speak to each other for further analysis
Changeover process from MS Access to LibInsight

1. Export legacy data from Access
2. Import legacy data to LibInsight with all original fields and values for analysis and reports
3. Build and test new dataset
4. Record (and backdate) data from changeover period
MS Access Interface
Looking at Our Database Fields in MS Access

Main Fields

- Date
- Staff
- Contract made by
- Language
- Department/Focus
- Total time spent
- Caller type
- Service provided
- Subject 1
- Subject 2
- Caller question
- Response information
- Internal referral
- External referral
- Material Request
Some Subcategories of the Main Fields

- **Caller Type**
  - Included over 11 selections for caller type
  - Some caller types selections had subcategories
  - Example Caller Type **Public Sector**
    - Subcategories of Public Sector
      - Criminal Justice
      - Education
      - Health
      - Library
      - Social Services
What We Were Working With

- Over 70 subjects captured
- 26 Department/Purposes options
- Over 30 caller types
- Much overlapping concepts in all of the fields
- Collecting data on subjects of requests was not repurposed
- Not used for collection development
- Not often used to develop library projects
- Collected very detailed information about each transaction
How We Captured the *Who* of the Request

- Current MS Access caller types
  - Addiction mental health professional
  - CAMH internal
  - Client/family
  - General public
  - Government
  - Librarian
  - Other
  - Private consultant
  - Public sector
  - Student
  - Unknown
How We Captured the *Why* of the Request?

- Aboriginal Programs
- Client Advocacy/Support
- Clinical Program Area
- Cooperate-CEO’s office
- Cooperate-Other
- Cooperate-Public Affairs
- Education
- Education Course Development
- Education Product / Content Dev
- Education Research
- Foundation
- Health Equity
- Health Promotion
- Information Centre
- International Health
- Nursing Education
- Pharmacy
- Provincial Services (PSSP)
- Research Area
- Research Office
- Resident – Other
- Resident – Psychiatry
How We Captured the *Service Provided*

- CAMH Library Orientation
- CAMH Library Presentation
- Lecture / Workshop
- Help - Directory Info
- Help - Clients / Public
- Instruction - Group
- Instruction - Individual
- Reference
- Research Support Searching
- Research Support Coaching
- Research Support Consulting
- Special Project
How We Captured *What* Our Caller Wanted to Know

- Captured the main two subjects of the caller’s question
- Also had a free text field for entering the caller’s question
Subject of the Question

- Aboriginal
- Abuse - Sexual / Physical
- Adolescents/Youth
- AIDS/HIV/STD
- Alcohol Drinking
- Anxiety
- CAMH
- CAMH Historical
- CAMH Library
- Cannabis
- Children
- Cocaine
- Concurrent Disorders
- Crime
- Developmental Disorders
- Disabled
- Drug Testing
- Drugs of Abuse
- DWI
- Eating Disorders
- Economics
- Education
- Education, Professional
- Elderly
- Ethnicity/Culture
- Evidence-Based / Best Practices
- Family
- Fetal Effects
- Gambling
- Hallucinogens
- Harm Reduction
- Homeless
- Inhalants
Subject of the Question

- Law & Mental Health
- Mental Disorder Other
- Mental Disorders
- Mental Health
- Mental Health Topic (Suicide, Stress,)
- Methadone
- Mood Disorders
- Opioids / Heroin
- Personality Disorders
- Policy/Legislation
- Prevention/Health Promotion
- Professional Practice
- Program Planning
- Psychotherapy
- Schizophrenia
- Special Populations
- Statistics
- Stimulants
- Tests / Instruments
- Therapy - Drugs
- Therapy – Other
- Tobacco
- Trauma/PTSD
- Treatment
- Violence
- Women
- Workplace
Our Process for Transitioning

- If we could not define the scope of the field we did not use it
  - Knowledge exchange
  - Search coaching
  - Search consulting

- Did not combine different categories into a single field (i.e. time and question type,) since we could not analyze separately in the final dataset

- We looked for overlapping concepts
  - Alcoholism
  - Alcohol Drinking
  - DWI (driving while intoxicated)
Paring Down The Fields

- **CAMH Staff Department**
  - From 26 categories to 15
- **Added Purpose of Request**
  - Separated purpose of request field from department
- **Service Provided**
  - From 12 to 8
- **Subject Area**
  - From 70 to 42!
A Closer Look at Behavioral Health Topics

• Used **Drugs of Abuse** for more than one topic
  • Cocaine
  • Hallucinogens
  • Inhalants
  • Stimulants

• Used **Therapy—Pharmacological** for more than one topic:
  • Methadone
  • Treatment
Example Discarded Fields/Added Fields

- Discarded Fields
  - Internal Referral
  - External Referral
  - Subcategories of caller type

- Added Fields
  - U of T Affiliated
  - Feedback
  - Follow Up
  - Annual Report Fodder
Example Discarded Subjects/Added Subjects

- **Discarded Subjects**
  - Abuse - Sexual / Physical
  - AIDS/HIV/STD
  - Crime
  - Drug Testing
  - Women
  - Eating Disorders
  - Economics
  - Mental Health Topic (Suicide, Stress,)

- **Added Subjects**
  - Advocacy
  - Health System
  - Gender
  - Self Care/Self Help
  - Treatment Programming/System
The Fields for LibInsight

- Start Date
- Library Staff Member
- CAMH Staff Member
- U of T Affiliated
- Non CAMH Staff
- Contact Location
- Purpose of Request
- Service Provided
- Subject(s)/Subject Area(s)
- Reference/Research Question (Free text)
- Response Information (Free text)
- Total Time Spent
- Feedback (if any)
- Annual Report Fodder
- Contact’s name, email address, organization, additional info
The Fields for LibInsight
Notable Challenges With the Transition

- Finding a balance between collecting information that:
  - Is relevant and measurable
  - Is able to be entered in less than 1 minute
  - Captures the complexity of the services provided
- Complexity of requirements
  - Time spent vs. duration
  - Building consensus on taxonomies
  - Ongoing research (project vs. problem)
  - Custom templates break cross data set integration
- Dashboards are very limited (require time axis)
- Data still needs to be entered!
Evaluation of LibInsight (So Far)

- Easy for frontline staff to use
- Can have more than one data set
- Reports can be run quickly
- Automatically generates graphs
- Real date time entry
- Can import from other data sources
- Customization options
- Web based
- Cost
- Limited data visualization potential
- Yearly renewal required
- Time investment required to transition
The Challenges of Demonstrating Value

There’s still a gap between:

- what we do & knowing the impact
- effort & complexity
- instruction & outcomes
- time spent & time saved
- data & data visualization
Future Plans

- Reference statistics are only a part of a broader picture of library service trends
- Designing and implementing any new system for tracking statistics requires thoughtful planning
- Deciding how much data to collect is a challenge
- Exploring options for using LibInsight for all library statistics
  - Interlibrary loan
  - Document delivery
  - Circulation
  - E-resource usage
  - Adding Archives to Reference dataset
- And keep asking - what are we trying to accomplish?
Questions and Comments
Contact Info and Thank You

- **Contact Info**

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- **Thank You**

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