

See <http://www.william-garity.com> ; particularly

- **Work priorities** <http://www.william-garity.com/work-priorities/> --what I report as my current major initiatives—and **C.v.** <http://www.william-garity.com/cv-pdf/> . Transparency and giving people—my staff, leaderships, and others—the opportunity to know what I'm doing, real time, are important to me.
- <http://www.william-garity.com/journal-home/> --**My Journal** (blog) about ICT, libraries, etc. This is information I previously emailed to staff and others as fyi's. The blog is running about 40,000 views/month.

FY08 Accomplishments and FY09 Goals

The Biomedical Libraries' overarching strategy is to be embedded in Dartmouth's health and life sciences communities with a focus on information, education, and communication.

Fiscal.

- **FY08.** I am monitoring expenditures-against-budget and projecting year-end. We project, at this point, that we will close manageably over budget for information resources.
- **FY09.** Due to severe DMS constraints, FY09 will be extremely challenging for the Biomedical Libraries and it will have to be a major focus for me. Notwithstanding our success regarding information resources (see below), there are some major changes to effect in FY09. We will have to
 - **Not fill the Associate Director/Research and Education Services position.** This leadership vacuum has the potential to dramatically diminish the Biomedical Libraries' very successful and highly valued education and outreach program, which is foundational to support of Dartmouth's health and life sciences communities. Without the position, the program could become static and unresponsive to Dartmouth's growing and changing needs. I need to determine how we will cope.
 - **Cut operating expenses**, notably
 - Cut the **office supply** budget from \$12,000 to \$8,000.
 - Cut the **printer toner cartridge** budget from \$25,000 to \$15,000. It is possible that we will have to charge users for computer printing.
 - Cut the **equipment** budget from \$35,200 to \$20,200. The Libraries are responsible for nearly 100 computers, projectors, media editing workstations, and other pieces of technology, as well as other equipment, at multiple sites. The reduction will permit solely emergency replacements or when equipment fails. There will be continued obsolescence in classroom technology.
 - Cut **FO&M chargebacks for library maintenance**.
 - Cut \$12,128 in **staff development**. I will ask staff for their plans and prioritize accordingly.

Information resources.

- Ongoing projects to **weed Dana's monograph and journals** and **make transfers from Dana Special and the Locked Grill**. The work is on as-track as possible given available personnel/process resources within both the Biomedical Libraries and the College Library, and given the lack of College Library storage space. I'm comfortable with the pace of the projects.
- **Continued education of DMS leadership** about the economics of information and adequate levels of support for Dartmouth's health and life sciences communities. We were very successful. For FY09, we earned an eight percent increase to information resources at the same time the Medical School is under very significant fiscal challenges and the Biomedical Libraries are making cuts elsewhere in our subvention.

Education.

- For FY08, we project to have educated approximately **3,000 people in 240 sessions**. (In FY07, we educated 2,742 people in 235 sessions.) The Libraries' education program is very rich, and touches on all aspects on finding and managing information and on evidence-based healthcare; teaching is delivered in a variety of venues, from one-on-one tutorials to formal grand rounds. I am concerned about our maintaining service and quality given fiscal constraints.
- We were to develop a program in FY08 to **assess ICT literacy of Medical students**. This is unlikely to advance much in FY09, given staffing.
- Regardless of staffing considerations, we need to **review our education programming** for Dartmouth's health and life sciences communities.

The liaison and library advisor programs. We reviewed the programs, and were to re-energize them during FY08. That got put on hold for the recruitment of the associate director. Now that that recruitment has ceased, we'll have to address the goal in the context of coping with the position elimination. We continue to focus on excellent client service.

Evidence-based information.

- Clinicians at DHMC and we in the Biomedical Libraries know about the need to better and more seamlessly **integrate information to the point of health practice, to the point of care, and in patient information**. The Biomedical Libraries and DHMC Information Systems collaborated on a project to integrate evidence-based information/clinical decision support tools in the current and likely successor clinical information systems. We reviewed potential solutions and have provisionally identified Zynx Health as the best. A D-H wide "Evidence Based Order Sets" team (EBOS), which includes librarians, is assessing the feasibility of taking this interim step with Zynx, with an initial focus on mapping current DHMC order sets to best-practice orderset templates available from Zynx. The Libraries' specific work is developing nomenclature and taxonomy for new ordersets.
- The Biomedical Libraries are participating in an NIH-funded project, "**the Librarian Information Tailoring Environment (LITE)**," whose co-investigators are James Cimino; Chief, Laboratory for Informatics Development, National Institutes of Health Clinical Center; and Professor, Department of Biomedical Informatics, Columbia University; and Noémie Elhadad, Assistant Professor, Department of Biomedical Informatics, Columbia University. LITE will provide an IT infrastructure to allow health and life sciences libraries to customize "infobuttons" as web links between clinical information systems to digital biomedical information resources, including the multiple evidence-based resources already provided by the Biomedical Libraries, but not hard-wired to clinical systems. Integrating the Libraries and CIS would add value to the healthcare enterprise—and certainly further the Libraries' mission, as well.

DMS strategic planning. I have been asked to co-lead the Medical School's strategic planning.

DMS and Tuck. We are collaborating with the Tuck School's executive education division and DHMC's clinical leadership to launch a "mini-MBA" program for section chiefs and practice managers. The first class is in June 2008.

October Conferences.

- **2007**, October 12: "Survey Groups: The Good, The Bad, and The Ugly." See http://www.dartmouth.edu/~biomed/services.html/OctCon2007/index_promo.shtml. Evaluations were overwhelmingly positive.
- **2008**, October 3: "Space 2.0: Small-Scale Library Redesign Projects." See <http://www.dartmouth.edu/~biomed/services.html/OctCon2008/index.shtml>. We're currently finalizing what we think we be an excellent program.

Science-in-Sight. The soon-to-be-constructed Life Sciences Building will have a "virtual life sciences presence," via interactive, multi-media displays. The Office of Facilities Planning and Design and Biological Sciences have asked me to facilitate the project.

ACCME = the Accreditation Council for Continuing Medical Education. In my role as a member of DHMC's Continuing Medical Education Committee (the oversight committee for CME at DHMC), I was a member of a steering group for the institution's successful reaccreditation as a CME-awarding institution.

Library space (facilities).

- We launched an **arts program for Dana Library** in FY08.
- The poor condition and ambiance of **Dana** continue to be major concerns. The principal minor renovations that are still possible to make are installing a new service counter on the first floor (circulation and reference) and reconfiguring the Access Services staff area. The Medical School and Arts and Sciences have agreed that the facility will be needed for at least the next fifteen years. The two entities need to commit to improvements and put a process in place to fully describe them, prioritize them, and fund the work.
- **Custodial services in Dana** had been substandard. The Libraries' Administrative Assistant worked with DMS Facilities to shift custodial coverage from third shift to first, which has improved attention considerably.
- **Quinn Room:** with the transfer of Dana Special, that space could become a mini-reading room and display space. I need to move this forward in FY09 in consultation with the Quinn family and development.
- **Matthews-Fuller Library:** we combined Heather Blunt's office to Karen Odato's, and so were able to give the Library Operations Supervisor (Cheryl Wheelock) her own office. We also reassigned space in the Technical Processing Supervisor's workspace to include a traveler's space.

Information and Communication Technologies.

- I am the Medical School's representative on the College's **Council on Computing**.
- I am the professional schools' representative on the College's **Web Strategy Advisory Committee**.
- I am a member of Dartmouth-Hitchcock's **Information Systems Steering Committee**, which is a board-level group overseeing ICT and clinical systems at D-H. I chair the ISSC's subcommittee on email and calendaring solutions and user support.
- The Biomedical Libraries continue to monitor Kiewit's and DHMC's occasionally diverging paths to **computer and network security and authentication**, for impacts on our clients.
- I am a member of the College Library's **Next-Gen Library Systems Taskforce**.

The Biomedical Libraries Web. We redesigned it as part of a College Library-wide effort.

Clinical and Translational Science Award. I'm working with folks across DMS and DHMC to craft a major grant application to the NIH. My particular focus is biomedical informatics.

Vietnam. In early March, I went with a group of clinicians and "informaticists" to consult with Hanoi-area hospitals about ICT and healthcare. See <http://www.william-garrity.com/vietnam-2008/>.

NAHSL 2007. In addition to being co-chair of the conference planning committee, I chaired the sponsorship subcommittee. In this role, I solicited conference support from information vendors and businesses, and from New England health sciences libraries and medical centers. We raised over \$27,000, which is a NAHSL conference record.

AAHLS's Future Leadership Task Force. I'm responsible for the "workforce trends" effort, which seeks to quantify and characterize impending director retirements and recent director recruitments.

The Third Annual Dartmouth Summer Institute in Evidence-Based Psychiatry and Mental Health, Thursday-Saturday, August 7-9, 2008. This is our third year collaborating with Dartmouth's Psychiatric Research Center and the Department of Psychiatry. The course utilizes small-group sessions with hands-on, case-based training to introduce the evidence-based process using topics in the areas of child, adolescent, adult, and geriatric mental health. The audience is all mental health professionals, including residents, trainees, and training directors. The institute's ultimate goal is for patients to benefit from the most effective services and care.

The (first annual) Supporting Clinical Care: An Institute in Evidence-Based Practice for Medical Librarians, Monday-Wednesday, July 28-30, 2008. Combining our general experience putting together institutes and conferences and our deep skills in evidence based care, we're inaugurating a course for medical librarians who want to learn evidence-based concepts in order to support and teach EBCP at their institution. The enrollment of 25 learners was fully subscribed less than fifteen minutes after registration opened.

I chair the Hitchcock Foundation's **Helmut Schumann Lecture** committee.

Fundraising. I need to develop a wallet-dimension list of opportunities and priorities for development prospects.

Publish! We need to talk about the Biomedical Libraries' good works—the EBM pyramid, the EBM wiki, the institutes, Library Grand Rounds, and the October Conference, among others. I made no progress with this goal in FY08.