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**Partnerships for Progress: The Evolution and Future of the Health Science
Information Consortium of Toronto.**

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INTRODUCTION

The Health Science Information Consortium of Toronto was founded in 1990 out of a need to strengthen the relationship between the University of Toronto Library and its affiliated teaching hospital libraries. Since its inception, the Consortium has flourished, with strong partnerships between its constituent members.

In recent years, the provincial government in Ontario has embarked upon a sweeping restructuring of health services throughout the province, with an associated impact on the Consortium. As well, budgetary constraints at the hospitals and the University, ever-changing information technologies, issues related to consortial licensing negotiations and many other concerns pose new difficulties and potential opportunities for the Consortium's future.

This paper examines the evolution of the Consortium, briefly describing its beginning, and the current benefits and challenges brought to its members through cooperation, resource sharing and partnerships. As well, the significant change process the Consortium is undergoing, and possible future directions for ensuring its continued effectiveness and value are discussed.

THE CONSORTIUM

The Health Science Information Consortium of Toronto (The Consortium) was

established in January 1990 following more than two years of intensive study and planning. In 1988, a needs assessment study was commissioned and published as *Linking Libraries: A needs assessment study for development of a health science resources and information network for the Metropolitan Toronto area*¹. During the course of the study, focus groups were held with hospital and university library staff, other health related consortia and networks were examined, and recommendations were put in place for the governance and organization of a formal Toronto-based network. Since its founding, through the collective efforts of the Consortium's members, much has been accomplished.

The Consortium's original purpose was to enhance resource sharing through the coordination of new technology and the rationalization of information resources. When it was established, it consisted of 38 member institutions. The members included the University of Toronto Library, 11 fully affiliated teaching hospitals, 16 partially affiliated teaching hospitals and institutions and 9 community hospitals. Every member had a link with the University of Toronto: the teaching institutions were affiliated with the Faculty of Medicine; the community hospitals were institutional members of the University of Toronto Library system.

Constituted as an association of members, the Consortium is governed by a set of by-laws. The governance structure includes a Board of Directors and an elected Management Committee. In establishing the governance structure, the Board was given responsibility for policy decisions and financial management, while the day-to-day operations were to be directed through the Management Committee. The Consortium Office, which is staffed by an Executive Director and an assistant, is member-supported through membership fees.

Part of the reason behind the formation of the Consortium was to strengthen the ties between the University of Toronto Library and the teaching hospital libraries to better serve teaching faculty, researchers and students. Before 1990, there were no formal ties between the libraries and no mechanism for joint consultation, planning or policy making. There was a heavy reliance by the teaching hospitals on the University Library but no formal arrangement to facilitate efficient resource sharing.

The Consortium Office provides a central focus for developing joint policies and procedures. One of its key roles is to foster communication among the members and to encourage collaboration. The Executive Director has an important liaison role between the University Library and the hospital libraries.

In the past two years, the Consortium has undergone (and continues to undergo) a significant process of change. This is in no small part driven by external forces influencing the parent institutions of the membership. During this time, task forces and external consultants have endeavoured to lead the group towards a new vision for the future. A great deal has been learned from this process.

LESSONS LEARNED

Cooperation Alone is Not the Key

Cooperation results because a group of libraries share a common focus and are able to develop a partnership arrangement to serve their collective needs. Cooperation is

necessary to a successful partnership, but the key is a shared vision. Cooperation doesn't happen naturally.

Have a Clear Vision

This is the key to success! The vision should determine every aspect of what the organization is and how it works.

Recognize your core *raison d'etre* and develop shared goals

A common focus results in a vision and that vision defines an organization's *raison d'etre*. If the vision changes, so also must the organization. Clearly articulated, shared goals map the route for achieving a particular vision.

Consensus is not always possible. Don't hesitate to make the hard decisions!

Sometimes decisions need to be made even if consensus can't be reached. The opportunity for consensus building should always be present but a mechanism is needed for moving ahead even when there is disagreement within the group. In the case of the Consortium, this mechanism is provided through the governing structure of the Management Committee and Board.

Don't underestimate the talent within

The strength of any organization is in its membership. If the members share a common vision (or recognize the need for developing one), they will use their collective talents to accomplish what needs to be done.

Never hire a consultant to do what you can (and should) do yourself

Hiring a consultant can sometimes seem like the easy answer to a difficult problem. The best decisions result because of a thorough process of research, analysis and thought. Whether or not a consultant is involved, the stakeholders themselves need to be part of this process. Decision-making responsibility cannot be delegated to an outside consultant.

The conclusions in these lessons learned have been reached during the current change process, and also through an examination of the Consortium from its founding.

CONSORTIUM ACTIVITIES & BENEFITS - THE "GOLDEN AGE"

The first 5 years of the Consortium's existence were times of success and cooperation, marked by increased streamlining of activities, an explosion of access to databases, and technological advances in resource sharing, searching, and email made possible for all members - a sort of Consortium "golden age".

During this time, resource sharing and other Consortium activities were developed in a coherent fashion through the efforts of the Management Committee and its sub-committees, task forces and working groups. In spite of some minor tensions and the varied background of individual members, by and large benefits accrued to all.

Benefits to the Hospitals

Database Access: The hospitals now had the means to access the increasing number of databases available on the University Library's network. In 1990, the University mounted Medline, Cinahl and Healthstar, and since then expansion has been rapid. Currently, there are almost 400 indexing databases alone available via the University Library's network. Until very recently, all the Consortium libraries were permitted extensive use of virtually all of these databases, representing a major cost saving for them over alternative commercial online arrangements.

Resource Sharing: The existence of the formalized group encouraged the creation of rationalization in lending policies, pricing structures, billing mechanisms, and methods of requesting, call back and delivery. An Interlibrary Loan Sub-Committee was set up to deal with all of these issues, and produced a procedures manual to document decisions and guide policy. Another sub-committee ensured the currency and validity of the serials union list.

Networking and Consortial Arrangements: The formal committee structures and meetings have provided excellent networking and mentoring opportunities for library staff - a great boon in particular for those in one-person libraries.

Other benefits of group membership have included the ability to negotiate significant discounts with various vendors; coordinating journal title cancellations so that unique holdings would not disappear from the local scene; and free or low-cost continuing education provided either through the Consortium itself or by the University.

Additionally, the ability of the hospitals to speak with one voice to the University gives them credibility, clout, and negotiating power which they would not have individually. This has been particularly useful in such areas as resource sharing and technological questions around remote access to the University Library's databases.

Benefits to The University Library

For the University Library, the Consortium provides, through its Executive Director, a central one-stop point for communication with all its teaching hospital libraries. This has led to cooperative efforts, which have been of great benefit to the University. Through the Consortium's Curriculum Support Working Group, teaching hospital librarians and university librarians have cooperated to develop and deliver information skills to medical students within the hospitals at various stages of the curriculum. In the area of resource sharing, the hospital libraries provide a means for the University Library to supply books and articles to its faculty and students off-campus, by channeling and automating requests, and by providing a central place for delivery of materials.

Additionally, the full teaching hospitals have collectively developed and standardized policy with regard to services to medical students, in order to provide them a more coherent experience as they move between teaching hospitals.

CHALLENGES

Conflicting Goals

From the University's point of view, and to paraphrase the French writer Voltaire, if the Consortium did not exist, it would be necessary to invent it. The University Library needs a forum for communication with its teaching hospitals.

There has, however, been one difficulty inherent in the membership model from the beginning. The community hospitals, numbering 11 out of the total 39 libraries, do not share a common vision either with the University Library or with those hospitals which have a teaching focus.

The University has a mandate to supply library materials and access to resources to its faculty and students working off-campus (i.e. in the teaching hospitals), and provides this service at a subsidized rate. But the University Library cannot supply the non-affiliated community hospitals with subsidized document delivery or other services to the same extent. Different arrangements are in place for the community hospitals, complicated by, for example, licensing agreements for electronic journals, and other similar parameters.

Budgetary and Other Pressures

After a period of relative financial stability within the hospital sector, in the early 1990s the government began to reduce annual budgetary increases to hospitals, and then to flatline them. This resulted in cutbacks, including staff layoffs, within many of the hospital libraries. While making the Consortium more valuable in terms of shared activities, this reduced the libraries' ability to finance the Consortium's infrastructure.

The University Library also found itself under increasing financial strictures and, like the hospital libraries, needed to evaluate its expenditures and curtail costs wherever possible. Inevitably, the extremely low interlibrary loan charges levied against both community and teaching hospitals had to be increased.

The Changing Nature of Partnerships

Within the hospitals a new view had begun to emerge of the library as a cost centre, with a mandate to recover costs and in some cases generate revenue. This, plus the need for the University to institute its own partial cost recovery, led to a change in the relationship among members, with less reliance on University Library resources, and the development of several localized groupings. The coherence of the Consortium began to show cracks.

Changes in Resource Sharing

Increases in interlibrary loan charges by the University caused some member libraries to begin to look to each other first for document delivery in order to avoid charges, so the pattern of resource sharing began to change. The advent of electronic journals has also had an impact. The University Library has provided access to approximately 7,000 full-text journals via its network, and while some of these were originally available to all

Consortium members, recent licensing agreements have precluded access by all except the University community and, by extension, the teaching hospitals only. It seems certain that the trend towards full-text journal availability will diminish the role of traditional resource sharing as the focus of Consortium activity.

Hospital Restructuring

The Consortium was founded at a time when great change and many challenges were facing the hospital sector in Toronto. Spending and staffing in hospitals were reduced, programs were adjusted, and acute care beds were closed by 26% between 1988/89 and 1996/97². Significant restructuring of health services in Greater Toronto was mandated by the provincial government in 1996, following earlier studies recommending mergers and closures of hospitals. A commission was empowered by the province to recommend and enforce change. It determined that consolidation of hospitals would take place, reducing the number of hospitals from 44 to 32 in the Greater Toronto Area³. As a result, the Consortium faced the potential loss of a number of its members due to external forces over which it had no control.

RE-INVENTING THE CONSORTIUM

Futures Task Force

In anticipation of such consequential change, the *Task Force to Review the Role and Membership Model for the Consortium* (soon to be aptly dubbed the "Futures Task Force") was formed well before the provincial commission handed down its decisions. This Task Force, with representative participation from each of the Consortium's membership categories, had an ambitious assignment: to establish a workable model for the future operations of the Consortium. Its terms of reference included:

- * Examining and documenting issues and changes likely to have a major impact on the Consortium (e.g. the push for hospital restructuring, the potential loss of members associated with that and the move toward electronic resource sharing);
- * Reviewing the role of the University of Toronto Library;
- * Examining and prioritizing benefits and activities of the Consortium, and developing revised membership criteria and a recommended new membership model.

The Futures Task Force made good strides in critically examining the make-up of the Consortium and its various membership categories, reviewing the role of the University Library, and detailing benefits of membership. It also had success in devising a number of alternate membership models.

In late 1996 and early 1997, however, the magnitude of the Task Force's mandate became ever more daunting. A great deal of work was still needed in order to ensure the highest possible level of consultation among members. Yet this was a time when the pressures of restructuring had many members reluctantly reducing or withdrawing from activities outside their own institutions. It had also become apparent that the needs and goals of libraries in the various membership categories were divergent and, at times, at odds with one another. The nature of Consortium partnerships was changing fundamentally.

Consultants

The Task Force realized that some potentially difficult decisions would need to be made, and some members were concerned that they might be too close to the situation to be completely objective. It was ultimately decided that the Task Force should recommend to the Board of Directors that the Consortium engage an external consultant to pick up the task of broadly conferring with the membership and recommending a new membership model and fee structure. It was hoped that a consultant would bring a fresh perspective to the task, an objective viewpoint, experience in facilitating change, and fewer qualms about making the tough decisions. Upon Board approval, a firm was subsequently hired, and an extensive process of member consultation took place over the summer and fall of 1997.

CONSULTING

The Process

The directors of all member libraries had the opportunity to attend one of several focus group sessions and provide their input on the issues facing the Consortium. The focus group sessions involved polling attendees regarding what they felt the most critical issues facing the Consortium were, then having them vote to narrow the issues down to a manageable number. In the interests of expediency, many issues were clustered where they seemed somewhat related. The nature of this process meant that some issues were ultimately lost.

As expected, given the conflicting goals of the various member constituencies, consensus on what the critical issues were, much less how to address them, was not reached. Despite that, the general reaction to the focus groups was positive, in that everyone had a chance to at least express their thoughts and ideas. It was expected that the consultant would take the input received, and return with some possible models which would be examined, debated and moulded into a final, workable plan.

After the consultant compiled all of the input received at the focus groups, a representative group of members met at a planning retreat to further explore future options. It was at the planning retreat that it became apparent that the process was going awry. Participants came to the retreat expecting to see some sample models put forward to debate. Instead, the issues raised at the focus groups, and on which consensus had not been reached, were presented to the participants for translation into goals for the Consortium. In some cases, individuals were asked to state a goal with which they vehemently disagreed. Most participants left the retreat with misgivings

about the direction in which the process was headed.

The Results

The consultant's final report contained over three dozen recommendations, generated from the goals written at the retreat. Essentially, as one member put it in a letter to the Executive Director, the report did not "inject new and innovative ideas [but was, rather] a rehash of our own muddled thinking." Inexplicably, given the financial constraints under which member libraries are operating, the report urged the Consortium to expand, rather than tighten its focus, and to take on all manner of ambitious projects, hire new staff, etc. Additionally, the report ultimately did not contain a workable membership model and fee structure -- the very reasons the consultant was hired in the first place.

20/20 Hindsight

The Management Committee, Executive Director, and many member librarians were disappointed with the results of the consulting process. There was much discussion about where the process had gone wrong and, with perfect hindsight, a number of conclusions were reached.

First, Management Committee realized it should have clarified the process to be followed and their expectations both before and during the exercise. Clearly, there should have been a follow-up meeting between Management Committee and the consultant after the focus groups to discuss in detail the next steps and the plans the consultant had. If there had been, it would have ensured that expectations for the retreat had been made clear.

Additionally, it perhaps needed to be made clearer to the consultant that the Consortium was not looking for a majority-rules solution. While extensive consultation was important, it was also expected that the consultant would bring a fresh perspective to the issues. Instead, the report was presented as a consolidation of members' own, conflicting ideas.

One of the reasons the Task Force recommended hiring a consulting firm was the expectation that they could make the tough decisions, without some of the qualms that colleagues and friends might have. In the final analysis, however, it appears that consultants also have a stake in being liked, and may not want to make a potentially contentious or unpopular recommendation any more than the Task Force members had wanted to.

A NEW CONSORTIUM

Because the consulting process had not resulted in the new membership model and fee structure as had been anticipated, at the November 1997 meeting of the Consortium's Board of Directors, the Management Committee recommended that a small, representative Task Force be struck to:

- * review and prioritize the over three dozen recommendations in the consultant's report and;
- * recommend a new membership model and fee structure.

The new Task Force was approved in December 1997, and was given a deadline of May

1998 to report its recommendations.

It is clear that the Consortium needs to tighten its focus - it can't be all things to all people. It needs a clear, concise vision of what it wants to be, as well as the shared goals that lead to strong buy-in from members. This will be essential to creating and maintaining sustainable and beneficial partnerships. Such partnerships need to be able to evolve and adapt to new environmental pressures. Additionally, partners need to be prepared and able to forge ahead and make sometimes difficult decisions, even where consensus cannot be reached. Constant review and re-evaluation will help to ensure that the Consortium continues to thrive in the future.

Endnotes

1. Campbell Consulting. *Linking Libraries: A needs assessment study for development of a health science resources and information network for the Metropolitan Toronto area*. Toronto, August 29, 1988
2. Health Services Restructuring Commission. *Metropolitan Toronto Health Services Restructuring Report*. Toronto, March 1997
3. Ibid.

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