

Case Study: How to build evidence-informed innovation in an academic library

By: Juanita Richardson – MLIS, MBA, F-SLA
Librarian, Michener Institute of Education at UHN

This paper presents the case study of the Michener Institute of Education at UHN in Toronto, Canada with an innovative metrics project developed and deployed in the Learning Resource Centre (LRC).

With an increased emphasis on evidence-informed librarianship (Crumley & Koufogiannakis, 2002; Eldredge, 2000), academic library staff are designing performance metrics to demonstrate not only the value of information resources – but also to inform continuous quality improvement and innovation (Jantz, 2012; Massis, 2014). Using the case of the Learning Resource Centre at the Michener Institute, this paper explores some key questions:

- What does success look like for the LRC?
- What data is already collected – and is this the right data? What other data does the LRC need to collect?
- How can this data be used to inform when change and improvements are needed?

In 2016, the Michener Institute worked with Cathexis Consulting to implement an approach to continuous quality improvement (CQI). The goal for Cathexis was to elevate the culture of and enable the practice of evidence-based planning and decision making. In this paper, we review the project methodology - including the identification of key performance indicators and the development of a dashboard to enable monitoring and visualization of the metrics.¹

Key Ingredients for Success:

CQI requires a philosophy of continually asking ourselves: “How are we doing?” and “How can we do it better?”

The four elements that must be in place to ensure that success can be realized are:

1. Culture: The organization must be committed to learning and improvement.
2. People: The right people need to be at the table and involved in the process – this will include people from other departments.
3. Process: Common across the project, we will have an agenda and will document all discussions and actions. Throughout the process, we will make concrete action plans, with timelines and

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assigned responsibilities – taking capacity and resources into consideration. Implementation will be monitored.

4. Information: Data will be easily accessible and will be presented in such a way that it is easy to use and to interpret.

The Process:

The process is prescribed and rigorous. This 6 step process was led by Cathexis Consulting with all the stakeholders – from LRC staff to senior leadership – committed to this project. The 6 steps that we followed are described below – with details of our experience.

1. Introduce CQI to the team – to assess readiness
2. Decide what is important to track
3. Develop a performance dashboard
4. Collect data for the dashboard
5. Use the dashboard for continuous improvement
6. Refine the dashboard

Step 1: Introduce CQI:

Before embarking on CQI, it was important to take a moment to critically reflect on the culture of Michener and the LRC and to identify areas where further effort was needed to better prepare for CQI. As preparation, it was important to emphasize that this approach to departmental CQI would:

- Identify opportunities for improvement by looking at the department's services differently than before
- Build on what we were already doing (and stressing that it would not be onerous)
- Make the annual reporting and integrated strategic planning process easier
- Create opportunity for collective reflection: allowing the team to co-interpret and plan collaboratively
- Draw on support from other parts of the organization
- Help hold team members accountable for follow-through so good ideas don't slip through the cracks
- Support a more intentional and consistent approach to CQI across the entire organization

During the first few months working with Michener and the LRC, Cathexis identified a number of conditions that are conducive to successfully implementing a CQI process, including:

- An understanding of the department's core activities and objectives, and how they contribute to the organization's success.
- A learning culture, in which all members of the team feel safe to critically reflect on performance and share ideas for improvement.

Although it was not the case here, if objections do arise, it is important to know that this is to be expected that there will be some skepticism or concerns about departmental CQI when it is first introduced. Listen to concerns and talk with your team about ways to address them.

Step 2: *Decide what's important to track:*

All team members of the department need a shared understanding of departmental goals, services and current priorities. They should collectively decide what activities and outcomes are important to track. The following discussion items were used to help guide our discussions:

Define success.

Define success considering both the activities your department carries out, and your desired outcomes (outcomes are what you are trying to achieve, and are beyond your direct control):

- What are your core services/activities?
- What are you trying to achieve with these services/activities?
- How would you know you were successful? What would you see or hear or feel?
- What are your major priorities for this year (e.g., major initiative(s) you are undertaking or issues you are trying to resolve)?

Determine what is important to track and define your success activity.

- If you had to choose one of these things to measure on an ongoing basis, which one would you choose? Why?
- Which of these will help you make decisions about how to allocate your time and resources?
- Which one would tell you the most about the impact you are having on programs?
- Which one would tell you how much your clients value your services?
- Which one would tell you the most about the impact you are having on students?

Discuss relative importance.

- Your department doesn't need to measure or track everything! Instead, focus on this year's priorities and/or on overall departmental services and goals. With that in mind, what would be 3-5 key indicators/things you would want to have information about, on a regular basis, over the next year or two?
- Confirm that this information is truly going to be useful to you. What decisions might you make differently based on the information? What actions might you take based on what you learn?

Determine next steps for developing the dashboard

- As far as you know, does the organization already collect this type of information? If so, how/when/who?
- What information are we missing?

Step 3: Develop a dashboard:

The next step is to translate the performance indicators that were selected into a simple visual reference document.

Dashboards come in all shapes and sizes. It is most important to figure out what is going to work for you and your team. Whatever you decide on it should be a means to an end (not an end in and of itself). In other words, your dashboard should be used as a tool to catalyze meaning reflection, discussion and planning.

Developing a dashboard

Your dashboard will show information about a small set of key performance measures that provide information about your department's activities and outcomes. Your dashboard can also include measures that reflect the context in which you are working, if that is relevant to understanding your success.

Your performance measures should provide information about the topics your team decided were highest priority. Be aware that most measures are *proxy measures* of the concepts you are really interested in. For example, document downloads could be an indicator of the number of people using a document – it is not really a measure of use, but it still provides 'close enough' information to inform decisions. Performance measures can be quantitative (using numbers) or qualitative (using text, photos, etc.).

In some cases, there may not be an easy way to collect the information you need. Your team will have to decide whether the information is sufficiently important that it is worth investing additional resources to collect the information.

Step 4: Collect data for your dashboard:

Fortunately – and maybe unfortunately – librarians like to collect data. In the LRC, we used Google forms to collect a lot of our data. We also have stats from vendors and data from our ILS as well as the results of surveys. The bottomline is we don't lack for data. The challenge was in deciding what's important to track ... because, as we discovered, our most important measure was something we weren't tracking ... and didn't have a method to track it. So this step in the process is important because it helps you identify the gaps in what's important to measure – and what you aren't measuring.

The opportunity with a dashboard is to organize your KEY data into a visual presentation from which your stories and ideas can launch.

Step 5: Use the dashboard for continuous improvement:

Even before we started using the dashboard for CQI – or any other kind of review – Cathexis Consulting encouraged us to just use the dashboard . Day to day use enabled a better understanding of the process and whether the right gaps had been identified and the right things were being measured.

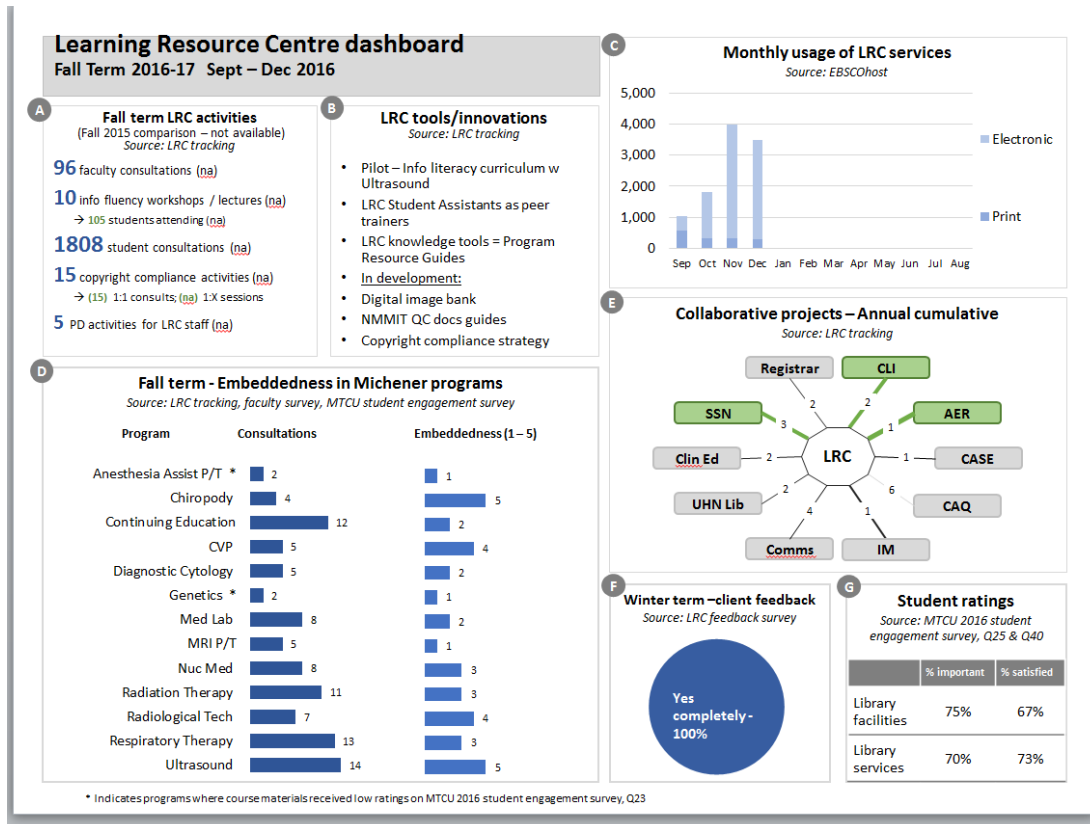
As we use the dashboard, we not only consider how we can improve – but we consider how the dashboard itself can be improved as well. Of course, as the LRC changes, the dashboard will continue to change.

Step 6: Refine the dashboard:

CQI is a work in progress – and a dashboard, as support for CQI, is also a work in progress. We have continued to make changes to our dashboard (the screen shot presented below has evolved since). But, more importantly, the dashboard guides our decisions and ensures that we use evidence in our innovations.

Guiding principles for dashboards

- The dashboard should be clear and intuitive
- It should fit on a single page
- The dashboard should present key pieces of information that support a meaningful CQI discussion



Conclusion:

While the dashboard has been developed and the staff of the LRC is using the information gleaned from the dashboard to inform decision making, this project – using evidence to drive continuous quality improvement and innovation - is never-ending.

Bibliography:

Crumley, E., & Koufogiannakis, D. (2002). Developing evidence-based librarianship: practical steps for implementation*. *Health Information & Libraries Journal*, 19(2), 61–70.

<https://doi.org/10.1046/j.1471-1842.2002.00372.x>

Eldredge, J. D. (2000). Evidence-based librarianship: an overview. *Bulletin of the Medical Library Association*, 88(4), 289–302.

Jantz, R. C. (2012). Innovation in academic libraries: An analysis of university librarians' perspectives.

Library & Information Science Research, 34(1), 3–12. <https://doi.org/10.1016/j.lisr.2011.07.008>

Massis, B. E. (2014). WHAT'S NEW IN LIBRARIES: Innovation and rationalization to sustain the library's future. *New Library World*, 115(5–6), 285–288. <https://doi.org/10.1108/NLW-03-2014-0030>