ALASKA MEDICAL LIBRARY PROJECT

June 27, 2011

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Proposal Abstract: Rebuild our Access database to improve reporting, billing, and tracking of services provided to customers.

Project Field: Health

Project Overview:

The Alaska Medical Library is a unit of UAA's Consortium Library. As the medical library for the entire state of Alaska, we provide fee-based services such as literature reviews, research materials, including full text articles, and current awareness services to doctors, nurses, and researchers. Our clients also include lawyers, members of the public, and individuals from around the world.

We have annual contracts with organizations or we bill them quarterly. Individuals have deposit accounts or are billed at the time service is provided. All clients need to know what services have been provided. We currently use Access to track all types of services and payments as well as to generate invoices mailed to our clients.

Our present system does not allow us to adjust/modify usage, statistical, or patron reports without technical support, which we no longer have. We also need to modify how we track research and to completely integrate the table of contents service. We would like to change the existing structure so that we can add, modify, and manipulate information without having to enlist the aid of an Access expert.

Our tracking program was built by a contractor who is no longer in Anchorage. Some critical fixes were completed by a past UAA student for which we are extremely grateful. For this project, we need someone with Access training who would be able to create a new system that would be easier to manage for non-computer majors. Some of the items we would like the new system to do are as follows:

1. The ability to change a group or patron name without losing the statistics associated with the previous name. For example, Valley Hospital changed its name to MatSu Regional Hospital.
2. Track by source the number of items found when doing research.
3. Integrate table of contents service use statistics.
4. Add new categories to basic customer record, i.e., name address, department, account created date, modification dates etc.
5. Ability to add groups to company accounts i.e. Providence Hospital subgroups, doctors, nurses, physical therapists, etc.

6. Ability to add new subgroups to statistics of company account.
7. Ability to manipulate data to be included in reports i.e. one report to include doctors and nurses only and another to include physical therapist or nutritionist.
8. Protection of material so when new versions of Access are developed, we can update without fear.

Stipulations:
1. Ability to meet with library personnel during business hours of Monday – Friday, 8 am to 5pm. This will not be required daily but every few weeks to provide updates and test systems.
2. Ability to maintain the confidentiality of the records in the database.
3. Ability to write a user manual for non-computer majors.
4. Migration of existing data into the new system.

Time-frame:

One semester.

Addendum: Screen captures from existing system

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Addendum

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Entry point into the system. Typically we use the customer name (last name comma two spaces first name) to enter services into the UnPaid Services tab. Research is entered in the Lit Search Log. Each customer who works for an organization with which we have a contract is also linked to the Organization.

Customer tab. Note some customers are linked to more than one organization code. The Notes field has been used for addititional information that we'd like as separate fields within each person's record.

Area used to record research efforts. Currently, there is only one field "Number Citations" that allows us to record what we've sent to the client. We would like the "Databases Searched" area to include a third column – "# Found" to record where we had success and where we tried but found nothing. The total number of items found would still appear in the "Number Citations" field.

An example of the tables behind the scenes. We have added/changed searchers and database names. Having easy access to these underlying tables is critical.