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### **CAHSL Union List of Serials: The Connecticut Experience**

BY MERILYN S. BURKE, *Serials Librarian*

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THE Connecticut Association of Health Sciences Libraries (CAHSL) was organized in October of 1973. The main purpose of CAHSL is to stimulate interest in and to strengthen the services of the health sciences libraries in Connecticut. One of the major goals of the organization is to sponsor a union list of serials for the health sciences libraries in Connecticut. A *Union List of Serials in Connecticut Hospital Libraries* was previously compiled by the Library Services Section of the Connecticut Regional Medical Program under the direction of John Timour in 1972, but this library section was disbanded in 1973. This fact negated the possibility of the continual updatings of the serials listing as originally planned by John Timour.

The need for a list containing holdings information for the state has become increasingly important with the eventual restriction of all *Abridged Index Medicus* titles by the New England Regional Medical Library under the direction of the National Library of Medicine. This restriction means that basic unit libraries must eventually go to one another for all 100 *Abridged Index Medicus* titles, since the resource libraries would no longer be reimbursed for providing articles from this list. Since all *Abridged Index Medicus* titles are held by the basic unit libraries in Connecticut, according to a survey conducted by the Shared Services Committee in 1974, a union list containing holdings would eliminate most problems in borrowing these and other titles.

In March of 1975 at the Winsted meeting of CAHSL, the University of Connecticut Health Center Library reported that the capability now existed for producing a low-cost computerized union list of serials for CAHSL if the membership was interested. It was explained that certain options would be available, such as: individual hospital printouts; regional or consortium serials lists; and hospitals by specialties, such as psychiatric, children's, or long-term care facilities. Those librarians present expressed an overwhelming interest in this project, and it was voted that the next CAHSL meeting would be devoted to a

workshop on participation in the union list. The CAHSL *Newsletter* urged all the members to attend the April meeting. The workshop was held in Hartford, with alternate sessions held at the University of Connecticut Health Center Library in Farmington for those not able to attend the first workshop. The Executive Committee of CAHSL aimed for a fall 1975 printing date. It was decided that a cut-off date of August 20 would be set so that all the data could be processed to achieve an October 1975 printing. All participating librarians had to complete their forms and send them to the University of Connecticut Health Center Library serials department by the August deadline, not a particularly easy assignment. By the cut-off date, a total of thirty-eight libraries had sent in data, with two libraries promising participation in the next edition. Thirty-eight libraries out of a possible forty-five active health sciences libraries in Connecticut participated in this cooperative statewide project.\*

The University of Connecticut Health Center Library was able to offer its services because, as a former subscriber to the *Union Catalog of Medical Periodicals (UCMP)* computer tapes, the library had a tape listing titles held at the Health Center Library current up to 1973, when the services had been discontinued. Under the direction of Mr. Clifford McKibben, Director of the Computing Center for the University of Connecticut Health Center, and Marilyn Burke, Serials Librarian, the format of the tape was altered to permit other libraries to list their holdings records on this health center library's tape.

The change in tape format allowed an additional ninety-nine groups to enter holdings, and each group could in itself contain an almost unlimited number of libraries. The concept of a "group" was devised to allow hospitals in a consortium or a geographic region to produce lists for that consortium or geographic region at a very low cost.

At present there are nine groups with a total of thirty-eight libraries; they are divided by existing consortia and geographic regions (Table 1). While each region or consortium is identified by a group code number, the individual library has a four-letter identification code unique to that library. The letters come from the hospital name or the name of the community, allowing for easy recognition by the CAHSL *Union List* users.

\*The term "active library" means that there is a full- or part-time librarian at the institution. Some hospitals and other health-related institutions do not have librarians.

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TABLE 1  
HEALTH SCIENCES LIBRARIES PARTICIPATING IN THE *CAHSL Union List*

Group code	Consortium or region	Hospital name
1	Hartford area	University of Connecticut Health Center
2	Capital Area Health Consortium Libraries (Hartford area)	Hartford Hospital (two libraries), Manchester Hospital, Mt. Sinai Hospital, Newington Children's Hospital, New Britain General Hospital, St. Francis Hospital, Institute of Living (two libraries)
3	Hartford area, nonconsortium	Cedarcrest Hospital, Veterans Administration Hospital—Newington
4	Northwest Connecticut Health Sciences Libraries Consortium	Danbury Hospital, St. Mary's Hospital, Waterbury Hospital
5	Northwest Connecticut, non-consortium	Fairfield Hills Hospital, New Milford Hospital, Charlotte Hungerford Hospital, Winsted Memorial Hospital
6	New Haven area	Hospital of St. Raphael, Veterans Administration Hospital—West Haven
7	Southwest Connecticut Health Sciences Libraries Consortium	Bridgeport Hospital, Greenwich Hospital, Hall-Brooke Hospital, Norwalk Hospital, Stamford Hospital
8	Southwest Connecticut, non-consortium	Bridgeport Mental Health Center, Milford Hospital, Park City Hospital, St. Joseph's Hospital, St. Vincent's Hospital
9	Northeast Connecticut, non-consortium	Connecticut Valley Hospital, Day Kimball Hospital, Johnson Memorial Hospital, Meriden-Wallingford Hospital, Middlesex Memorial Hospital, Norwich Hospital, Windham Community Memorial Hospital

WORKSHOPS

At the workshops, each librarian was given an assigned group code (according to consortium or location) and each chose one library code out of a possible three. The librarian then received a packet containing an eighty-page list of serial titles with identification numbers, instructions on how to fill out the "Holdings Statements" forms, and several of the forms for the practice trials held at the sessions. Several workshops were held to accommodate all the librarians. Each librarian had to learn how to list the exact holdings and to master the concept of using an eighty-column IBM card.

The decision to list exact holdings was made by the CAHSL Executive Committee, even though they realized it would require more time and effort by the participants. With the restriction already in effect, the Executive Committee felt that the *Union List* would be meaningless if complete and exact holdings were not provided.

After each training session, the librarians, upon returning to their libraries, would fill out two to three forms and send them to the serials librarian at the University of Connecticut Health Center Library. The samples were checked for errors and the librarian immediately notified as to whether or not the forms were filled out correctly. If the forms were correct, the librarian was told to send the rest of the holdings in as soon as possible. If the forms were incorrectly prepared, the librarian was contacted and the necessary corrections were discussed. The samples were then resubmitted until the holdings forms were correct. These data then went through the serials department at the University of Connecticut Health Center Library for checking, and were sent to the computing center for keypunching. The completed data were verified and then added to the master file.

In addition to listing exact holdings, each participating librarian had to list the library hours, the serials lending policy, user privileges, names of

## BRIEF COMMUNICATIONS

staff members, library addresses and telephone numbers, and photocopying policies. For many of these hospital librarians this meant going to their administrators and developing written library policies. The gathering of this information was difficult, but by August 1975 all the serials data were processed and the policy statements were written and compiled. By September 18 the first run of the *CAHSL Union List of Serials* was produced and taken to the printer in order to meet the October deadline for a special meeting of CAHSL.

In less than six months, from April to September, the *CAHSL Union List of Serials* had come into existence. While the first edition is not without error, the subsequent yearly updates will see the corrections made and the list expanded to include more health sciences libraries in the state.

### INDIVIDUAL SERVICES

Another benefit of the *CAHSL Union List of Serials* is the easy capability of computer-producing individual hospital serials holdings lists and regional or consortium lists on a monthly, quarterly, semiannual, or annual basis. While a majority of the libraries have subscribed to a semiannual list, other libraries are interested in more frequent printouts. Consortium or regional groups have the benefit of obtaining multiple copies of their holdings for about three dollars per copy (this is a five-part copy at about fifteen dollars, split by five hospitals). The shared cost would depend on the size of the consortium or the number of hospitals in a specific region.

The librarians have been urged to send in changes in their holdings on a continuous basis, with specified deadlines set up for semiannual and quarterly updates. With individual printouts planned, the yearly updates for the CAHSL list will not be a major project but merely a continuation of an ongoing project.

### CONCLUSION

The *CAHSL Union List of Serials* has two benefits: the first is to provide the membership with a yearly union list of serials that is easily updated, quickly printed, and low in cost. The second benefit is less tangible than a physical list but just as real: the cooperation (and esprit de corps) of the health sciences librarians in getting a major job done in such a short time. With this list there will come other benefits, such as the ability to plan cooperative acquisitions of journals and to

create reciprocal photocopying policies, and budget sharing.

Automated union lists of serials are not unique, and in fact they are too numerous to list. Unfortunately such lists are usually reserved for the larger libraries, and are not found in the environs of the 75-100-bed hospital because of cost and lack of facilities. The CAHSL list could not have been produced with such little expense or so quickly without the assistance of the University of Connecticut Health Center Library. However, the Health Center Library feels that by offering such assistance, it is playing an active and supportive role in the biomedical communications network. Such cooperation among health sciences libraries is necessary for good health-care systems and information delivery in any state.

### CATLINE: Use and Costs at the Health Sciences Library, University of California, Davis

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THE Health Sciences Library (HSL) of the University of California, Davis, uses a cataloging procedure which combines aspects of both Library of Congress (LC) and National Library of Medicine (NLM) practices. HSL's policies regarding choice and form of entry and bibliographic description follow LC; classification and subject headings are based on NLM.

Because HSL has combined these cataloging practices, retrieval of both LC and NLM catalog copy on a timely basis has always been important. Without LC and NLM copy, more titles would require original cataloging locally, costing more time and money. (Table 1 indicates sources of catalog copy information in the HSL for 1974/75). Because CATLINE provides information both before publication, for Cataloging-In-Publication materials, and soon after publication, its use is especially important.

Before CATLINE was available on-line through the NLM, HSL staff used the monthly and cumulated *Current Catalog* and *Current Catalog Proof Sheets* to find and retrieve NLM copy. HSL copies only part of the information from the printed catalogs: the date of the printed