Growing 3’s, 4’s, and 5’s: The READ Scale in a Health System Library Service

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**Introduction**

**Background**

- **READ** = Reference Effort Assessment Data
- Created by Bella Karr Gerlich at Carnegie Mellon University
- **READ** is a numbered scale used to rate the amount of effort, skill, knowledge, and customer service provided by library staff when a reference interaction occurs
- **READ** is intended to provide a qualitative value for reference interactions, not just numbers

**Rationale**

- Healthcare is facing increased financial restraints
- Library is not revenue generating
- Library team needed a way to show the value of the work, resources, and services we provide

**Methods**

- Used typical reference interaction scenarios and tested staff interpretation of the scale
- Discussed interpretation of the scale as a group and came to consensus
- Decided to use a 1-5 scale rather than the 1-6 scale used by original authors
- Created scale with definitions and examples
- February 2011—began recording READ statistics using an electronic form

**Results**

- **Used READ data to:**
  - Determine staffing of reference desks
  - Refocus work priorities
  - Decide to consolidate two library locations into one
- **Continue to discuss and refine definitions of READ ratings**
- Run reports of READ data by day of the week, time of day, and library location

**The Future**

- Use READ scale to track other department work:
  - Patient education
  - Educational outreach to residents, students, others
  - Interlibrary loans
- Grow number of 3’s, 4’s and 5’s: Library team delivers higher value, higher impact services:
  - Patient education
  - Research
  - Education/training

**Bottom Line Impact**

- Qualitative value added to quantitative data
- Executives (CEO) understand and identify with scale
- READ data applied to library business analysis and decision making processes