

# When the library is located in prime real estate: a case study on the loss of space from the Duke University Medical Center Library and Archives

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The Duke University Medical Center Library and Archives is located in the heart of the Duke Medicine campus, surrounded by Duke Hospital, ambulatory clinics, and numerous research facilities. Its location is considered prime real estate, given its adjacency to patient care, research, and educational activities. In 2005, the Duke University Library Space Planning Committee had recommended creating a learning center in the library that would support a variety of educational activities. However, the health system needed to convert the library's top floor into office space to make way for expansion of the hospital and cancer center. The library had only five months to plan the storage and consolidation of its journal and book collections, while working with the facilities design office and architect on the replacement of key user spaces on the top floor. Library staff worked together to develop plans for storing, weeding, and

consolidating the collections and provided input into renovation plans for users spaces on its mezzanine level. The library lost 15,238 square feet (29%) of its net assignable square footage and a total of 16,897 (30%) gross square feet. This included 50% of the total space allotted to collections and over 15% of user spaces. The top-floor space now houses offices for Duke Medicine oncology faculty and staff. By storing a large portion of its collection off-site, the library was able to remove more stacks on the remaining stack level and convert them to user spaces, a long-term goal for the library. Additional space on the mezzanine level had to be converted to replace lost study and conference room spaces. While this project did not match the recommended space plans for the library, it underscored the need for the library to think creatively about the future of its facility and to work toward a more cohesive master plan.

## BACKGROUND

Duke University Medical Center Library and Archives (MCLA) was created to be the center of educational, health care, and research endeavors. It is located in the heart of the medical center campus in the Seeley G. Mudd Building. The Duke Medicine campus includes Duke University Hospital, Duke Clinics (an ambulatory center), the school of medicine, and the school of nursing. MCLA is located on a walkway between the hospital and the buildings that hold the clinics and school of medicine. The Duke University Cancer Center is part of the clinic facility and is the closest ambulatory service to the library building. More than ninety buildings that support clinical and basic science faculty and the research enterprise surround MCLA.

The library facility is embedded in the Mudd building, which has interesting architectural features. The building was designed as an inverted pyramid, with the top floors being the largest floors. Each floor of the building is also L-shaped, with the long wings on the uppermost floors designed to accommodate long ranges of shelving for books and journals.

In 2007, Duke Medicine was experiencing high volumes in patient care. The hospital needed to expand their facility to accommodate its patient volume, and the cancer center, identified as a major service area, required expansion as well. The footprints of the two projects would extend toward each other, requiring the demolition of Duke Medicine's oldest research building, the Bell building. With the elimination of the Bell building and renovations in the

cancer center, office space had to be found for the Duke Medicine oncology faculty and support staff. The library facility offered a prime location between the hospital and clinics where oncology delivered services.

MCLA had undergone a space planning process in 2004/05 that analyzed possible alternate uses of the facility. The MCLA Library Space Planning Committee's final recommendation [1] was to create a learning center in the library facility that would combine information and instructional technologies and integrate educational activities with library services and resources. The plan also pointed out that a large portion of the collection could be moved off-site to Duke's preservation-quality storage facility, leaving the third floor clear for other functions. The 2006–2010 strategic plan for the school of medicine called for creating a "learning center" [2], but the focus shifted from using the library facility to housing the center in a new medical education building. A vice president in the health system reviewed the library's space plan and discovered that a large portion of the collection could be moved off-site. In a mid-November 2007 meeting with the associate dean for library services and archives, he explained that the Duke University Health System (DUHS) needed the larger fourth floor to accommodate Duke Medicine oncology faculty.

The project was somewhat, but not totally, unexpected. During discussions about library space in prior years, faculty and administrators had commented on library being in located in "prime real estate," a central, strategic, and highly sought-after location.

The surprise was that Duke Medicine administrators selected the space for offices, and they wanted construction to begin within six months.

### USE OF THE SPACE: BEFORE AND AFTER

Before the renovations, the top, 4th floor was completely dedicated to bound journal volumes and study spaces. There were 60 ranges of stacks consisting of 21,708 linear feet of bound journals, as well as 24 individual study-rooms, 4 group study carrels, and 2 conference rooms. Additional study seating included open study carrels, tables, and casual furniture. It was also the site for the library's second men's restroom.

The library lost a total of 15,238 net assignable square feet on its 4th and largest floor. This represented 29% of the library's total space of 50,254 net assignable square feet. The total gross square footage was 16,897, a 30% decrease. The renovations resulted in a 50% decrease of the total space allotted to collections. The loss of the individual and group carrels represented about 15% of total user spaces. In place of the stacks and study areas, the 4th floor renovations created office areas and conference rooms to accommodate 80 members of the oncology division's faculty and staff.

The library did lose additional user and office space (1,880 square feet) on the mezzanine level to replace some of the functions and facilities that had been located on the fourth floor. The mezzanine renovations included:

- constructing a new, larger, and state-of-the-art conference room from study space
- converting a large staff office to a secondary, smaller staff meeting space by moving the existing office to the third floor
- constructing a new interlibrary loan (ILL) workspace with a small office space for a supervisor
- eliminating the old, ILL workroom and adjacent office to make space for restrooms required by city code
- enclosing a large cubby space to create another office space
- replacing the outer glass doors and wall in the reference staff offices with a permanent wall shared with the new ILL workroom
- creating five new group study carrels using modular furniture

The major impact of the project was that the 3rd floor became the sole stack level. The book and journal collections were consolidated after being weeded or stored. The remaining collections occupied 75% fewer shelves and linear feet. In addition, less than 50% of the original shelving was needed on the 3rd floor, and the library was able to remove 23 stack ranges. The reduction of stack space meant that more of the user seating from the 4th floor could be moved to the 3rd-floor stack level. Conversion of stack areas to more study space had been a long-term goal of the library, and the reduction in collection size made this possible.

While the fourth-floor project provided a very convenient location for the oncology faculty, it did not really address the library's goals. The office space is not as congruent as the other educational and technological activities called for by the space plan. It also did not resolve some of the interior design and infrastructure deficiencies of the library's facilities that made it a less desirable gathering space for students.

The fast pace of the project did not support the library's commitment to making quality decisions about its collections. An in-depth weeding project should have taken one to two years and carefully considered what was already available on campus, at the National Library of Medicine, and at other area libraries. The time frame did not allow for this type of review or collaboration with other libraries on the retention of materials.

### THE PROJECT

The initial notice of the renovation plans came in November 2007. It came with promises of renovations that the library had wanted to accomplish, as well as possible increases in the library's operating budget because building costs would be passed on to DUHS. It was clear that the project was going forward, and MCLA had to try to negotiate as many concessions as possible from the beginning. The next meeting in early December established the timetable of April 2008 for evacuating the space so that renovations could begin. The ultimate goal was to have Duke Medicine oncology faculty in its new location by July 2008.

The library quickly estimated that it would need additional staffing and a professional library mover to accomplish the move in the next six months. Due to the pressures on DUHS to start the hospital expansion, administrators quickly agreed to the expenses involved in moving the collection using external contractors. The library began its plans for weeding the collection and moving older materials to storage.

The library staff had less than four months to plan and implement the collection move. The crucial logistics involved determining which materials to store, which to discard, and when and how to consolidate the remaining collections. Fortunately, staff members had already been collecting data on collection utilization and thinking about cut-off dates for the storage of books and journals. The challenge during the consolidation of the collection was identifying how much shelving would be needed to house the book and journal collections to be kept in the library. Staff had to measure and count volumes to begin to develop a plan that the commercial moving company could follow.

Because the project only involved the stack levels and not the service desk or office spaces, the decision was made to keep the library open throughout the project. Core drilling and other noisy activities were scheduled in the early morning or evening (after 6:00 p.m.), whenever possible. However, to speed along

the project, the library did allow some activities during normal hours to have most of the library renovations completed by the fall semester. The library had to work closely with the contractors to make sure that noise, dust, and construction debris were kept to a minimum.

## OUTCOMES

The actual use of the space for offices has caused little disruption for the library once the project was completed. Initially, library staff tended to be concerned about negative repercussions of losing so much space, but it did not cause any of the anticipated degradation of services or resources for patrons. The library did set up a new document delivery system for older materials in the storage facility. This free service delivers scanned documents to desktops. Adjustments had to be made to the library's budget to compensate for the loss of photocopying revenues. Staff also had to adjust to making daily trips to the storage facility, and a new van was purchased for this purpose. Library users clearly like the convenience and speed of desktop delivery for older journal articles, as well as the quick retrieval of stored books.

The library realized after completion of the project that the location of the new group study carrels on the mezzanine was not ideal. It would have been better to have those study spaces on the third floor, along with the quiet stack areas, and to create an "information commons" and informal gathering spaces on the mezzanine level. However, the pace of the project did not allow for timely analysis of how much stack space would be needed on the third floor and whether there was adequate space for the carrels. The decision about the location of the carrels had to be made earlier in the project, when contractors were bidding on wiring and other construction elements.

Some of the new spaces have encouraged new activities. The removal of stacks on the third floor allowed the library to install display walls and exhibit cases. The stack-free areas also have the flexibility of being rearranged for special lectures and receptions and even large multidisciplinary educational activities. The new conference room with its high-tech equipment is now a valuable resource for classes and faculty and student meetings and is bringing more users into the library.

Security decisions were the most troublesome. The oncology faculty wanted free and easy access to their floor, but the library had to protect its resources. Oncology wanted to use the back stairwell, but that meant patrons could also enter and leave the library from any floor. Finally, a compromise was reached that did not fully please either the library staff or oncology faculty but gave each the security and access they needed.

The initial promise that there would be an increase in the library's operating budget was not fully realized. The building maintenance and overhead costs for the oncology offices were reduced for the school of medicine and transferred to DUHS. There

were increased costs for annual storage and retrieval of materials from the Duke storage facility. The library received additional funds for paying the storage costs from the school of medicine, instead of anticipated funds for new books and journals.

One of the highlights of the project was that library staff became a creative and energized team throughout the collection move, core drilling, and general chaos of construction. They accomplished in less than four months what should have taken at least one to two years. Their efforts were recognized when they were awarded Duke University's Blue Ribbon Team Work Award for 2008. The lesson learned was to have as much brainstorming and participation as possible when preparing plans, because each new perspective and suggestion strengthened the final outcome and the team.

## CONCLUSION

The library had realized that utilization of its space would be changing in the future and had innovative and creative ideas about what it might look like. However, no concrete plans were in place because the library administration believed they would have at least six months to a year of program planning before any major renovations were started. Being left out of the initial planning phases meant that the staff was left in a reactive rather than proactive mode. Instead of a thoughtful, long-term approach, the library had to make piecemeal decisions about the immediate changes necessary to compensate for the lost space.

A very positive outcome was that the library was viewed as a responsive and helpful partner of Duke Medicine. Instead of becoming an obstacle to plans, the library quickly rallied around the institutional priorities and developed a successful program for meeting the project's timelines. The architects and design team soon realized that the library staff were excellent resources for solving problems and generating alternative approaches and should be consulted in the beginning of and not partway through the planning phases. The project has raised awareness that a more thoughtful master plan is needed for the future of the library facility.

Being in a central location means that the library space remains highly desirable, especially during a time when funds for new construction are limited. Plans are already underway to convert another 3,000 square feet into a "faculty center" for socializing. However, the library has gained the skills and knowledge in how to effectively plan and negotiate for the needed renovations, as well as how to manage the construction project with the design office.

The library staff now realizes that we must have a clear vision of what a library facility needs to be in the future. Other demands for space will continue, and we need to understand what the core space needs will be for supporting library users and services. The staff also has more confidence that a true master plan will evolve for the library facility now that the decision has been made to build the new medical school learning

center adjacent to the Mudd Building and to integrate it into the library [3]. Library staff is already looking at the broader issues of how the Duke Medicine community will utilize the library and its spaces in the future. The first big step in the initial fourth-floor project was realizing that the library was more than its collections. The next big step is recognizing that we are more than brick and mortar and that our services and staff are what make the library unique and relevant to education, research, and patient care.

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