

New Zealand instance



LIPPINCOTT NEW ZEALAND INSTANCE

**An evaluation of the first year - a user's
perspective**

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“(Lippincott) Like it, use it, recommend it”.

Associate Director of Nursing, North Island.

The South Island Lippincott Implementation Group would like to thank all the participating Lippincott New Zealand Instance partners (Midland and South Island regions, Wairarapa and Whanganui DHBs) for their assistance in distributing this survey.

The group would especially like to acknowledge those who completed this survey. We thank you for taking the time to generously share your experiences, thoughts and feedback in relation to using Lippincott.

This information will help to inform the ongoing development and support of Lippincott New Zealand Instance, ensuring we continue to work towards the delivery of patient centred, evidence based, best practice, appropriate for our New Zealand context.

Introduction

Lippincott procedures is an evidence based nursing procedures resource that provides real-time access to step-by-step guides for over 1,700 evidence-based procedures and skills in a variety of specialty settings on-line. Having the electronic Lippincott procedures means it is available to nurses working right across the health sector, and it is available 24/7 enabling nurses to: - Access detailed step-by-step instructions on procedures, visual guidance, and skill checklists that is evidence based. - Determine the next best steps for patient care with related information that is logically organized to what the nurse needs - Use their current technology to access, via our intranet site, or directly from a web browser, - Find the answers they need through an intuitive user interface and advanced search technology.

Background

Lippincott New Zealand Instance was introduced by the Midland region in 2012 and is highly utilised by nursing staff and undergraduate nurses. In 2015 the South Island Directors of Nursing decided to introduce Lippincott and partner with Midland Region to create the New Zealand Instance. Wairarapa and Whanganui DHBs have also recently joined.

May 2016 marked a year since Lippincott New Zealand was introduced in the South Island, four years in Midland and for Wairarapa and Whanganui DHBs, together with a number of community organisations in the South Island, just a matter of months. The Lippincott Implementation Group was interested in evaluating what the impact of Lippincott has been and explored several possibilities (including looking at existing measures). However it was decided that the best approach would be to survey the users of Lippincott to ask them about their experiences over the past year.

Data Collection

A survey monkey tool was used to collect the data, with the link being distributed in a number of ways including using an existing Lippincott newsletter list, key Lippincott contact people, communications team

Completion of the survey was voluntary and anonymous, although details on the geographical region and the role of the responder was collected so specific issues could be feedback to key people in their areas.

Two hundred and sixteen participants completed the survey and this report provides an overview of those responses on both a regional¹ and a national basis, noting that Lippincott is available across the sector (hospitals, community, primary care, NGOs and aged residential care facilities). In the South Island this includes the tertiary education providers who have an undergraduate nursing programme. Given the small number of respondents in some locations any identifying data has been removed.

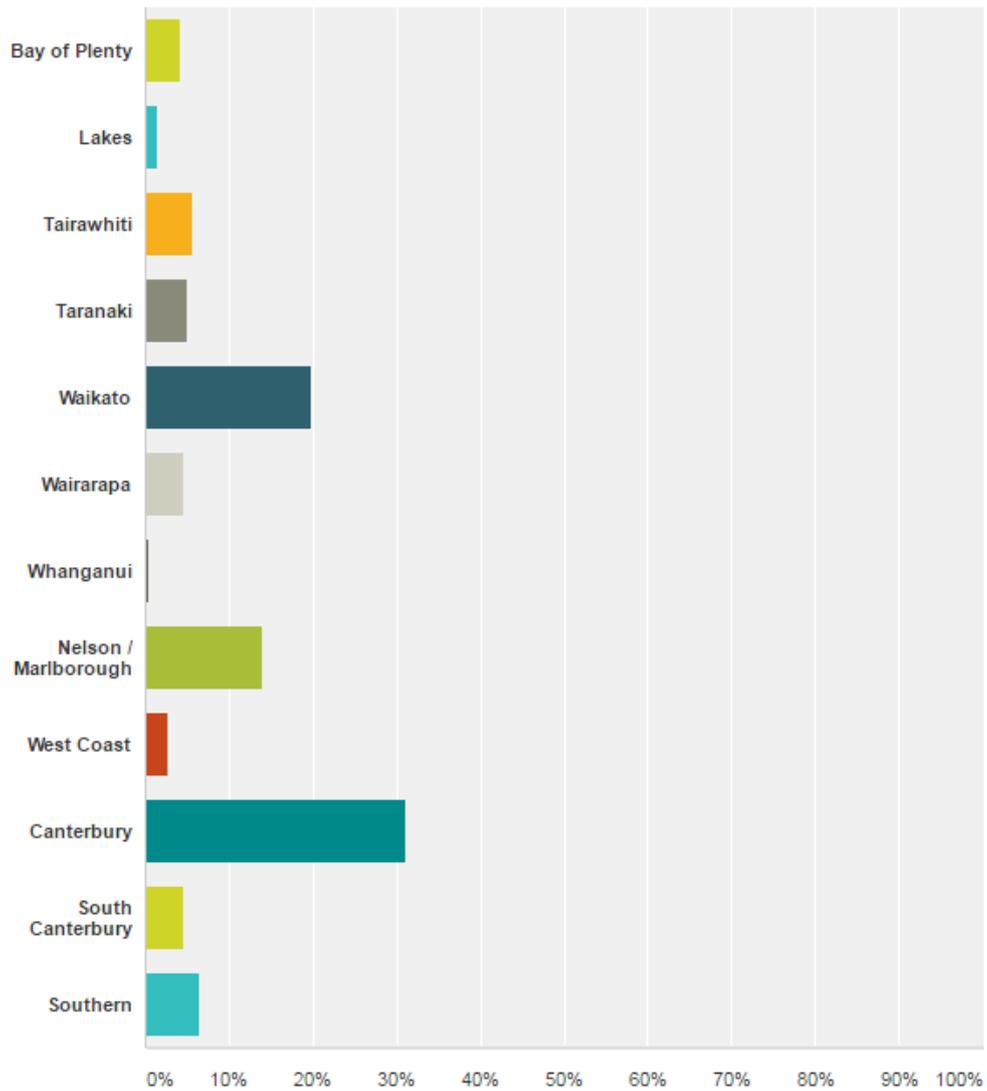
It is our intention that this report will be circulated widely and made available on the South Island Workforce Development Hub (SIWDH) webpage, to encourage discussion on the further development and use of Lippincott New Zealand Instance across the country.

¹ **Northern** (Northland, Waitemata, Auckland, Counties Manukau DHBs); **Midland** (Bay of Plenty, Lakes, Tairāwhiti, Taranaki, Waikato DHBs); **Central** (Capital and Coast, Hutt Valley, Wairarapa, Whanganui, Hawkes Bay, MidCentral DHBs) **South Island** (Nelson Marlborough, West Coast, Canterbury, South Canterbury, Southern DHBs).

1. Regional responses/Type of organisation/Nursing Role/Length of time using Lippincott

What region are you from?

Answered: 216 Skipped: 0



Answer Choices	Responses	
▼ Bay of Plenty	4.17%	9
▼ Lakes	1.39%	3
▼ Tairāwhiti	5.56%	12
▼ Taranaki	5.09%	11
▼ Waikato	19.91%	43
▼ Wairarapa	4.63%	10
▼ Whanganui	0.46%	1
▼ Nelson / Marlborough	13.89%	30
▼ West Coast	2.78%	6
▼ Canterbury	31.02%	67
▼ South Canterbury	4.63%	10
▼ Southern	6.48%	14
Total		216

Type of organisation

Answer Choices	Responses	
▼ DHB	78.16%	161
▼ Aged Residential Care	2.91%	6
▼ Primary Care	1.46%	3
▼ Private hospital	0.49%	1
▼ Community	2.43%	5
▼ Educational Institution	11.17%	23
▼ Other (please specify) Responses	3.40%	7
Total		206

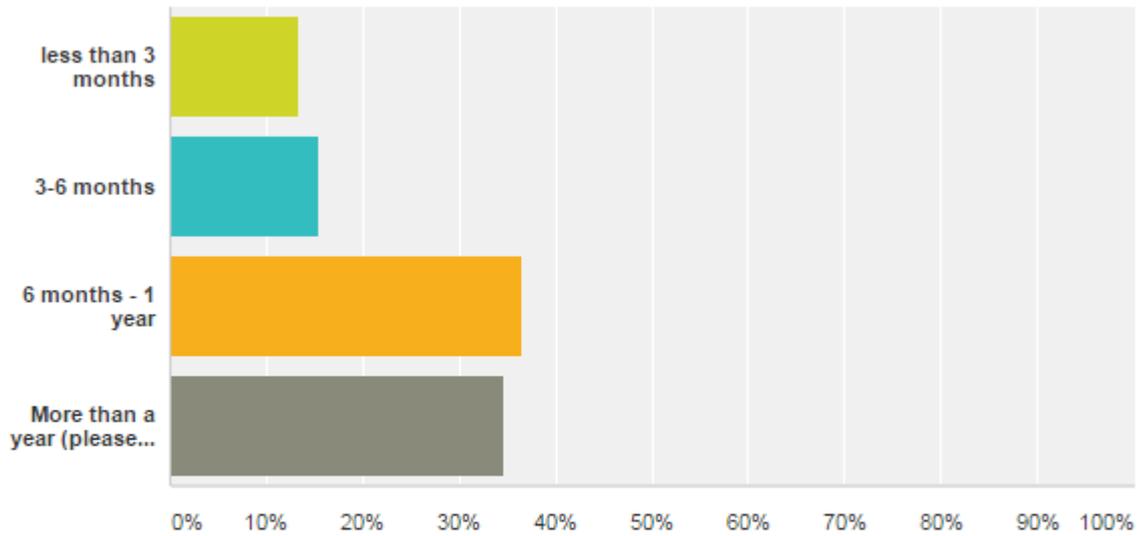
Nursing role

Answer Choices	Responses	
▼ Enrolled nurse	0.47%	1
▼ Registered nurse	41.86%	90
▼ Nurse Practitioner	0.93%	2
▼ Nurse educator	9.30%	20
▼ Charge Nurse Manager	8.37%	18
▼ Clinical Nurse Specialist	17.67%	38
▼ Student	9.77%	21
▼ Other (please specify) Responses	11.63%	25
Total		215

Length of time using Lippincott

How long have you been using Lippincott?

Answered: 202 Skipped: 14



Answer Choices	Responses
less than 3 months	13.37% 27
3-6 months	15.35% 31
6 months - 1 year	36.63% 74
More than a year (please specify how long) Responses	34.65% 70
Total	202

2. What is Lippincott being used for

What are you using Lippincott for?

Answered: 206 Skipped: 10

Answer Choices	Responses
I am using Lippincott (please specify what you are using it for) Responses	78.64% 162
I am not using Lippincott (please specify why) Responses	28.16% 58

For the group who are using Lippincott (79% of responses*) the top 5 reasons were:

- To check about a procedure not undertaken very often (39%)
- As a reference or for information (13%)
- To check evidence based practice (11%)
- As a teaching resource (11%)
- To support study/research (8%)

For the group not using Lippincott or not using it for a specific purpose (28.16%*) the most reported reasons were:

- NZ guidelines are different, for example, infection prevention & control and mental health (23%)
- Didn't know about Lippincott (18%)
- Don't need to use it (8%)
- Not sure how to access it (8%)

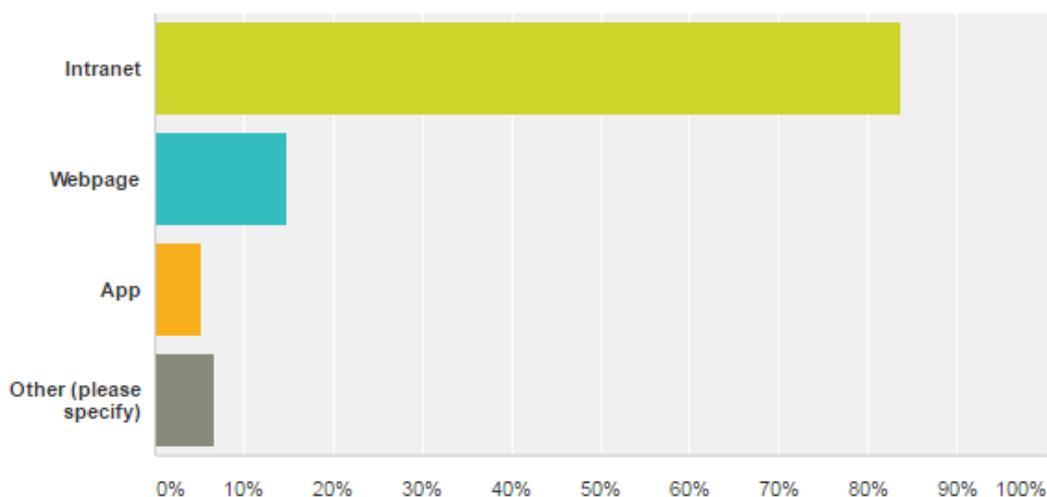
* Some responses were received to both parts of this question so responses do not add up to 100%.

Canterbury DHB (25%) and NMDHB (33%) had a higher percentage of respondents who were not using Lippincott than any of the other DHBs.

3. How is Lippincott accessed and how often

How do you access Lippincott? (please check all that apply)

Answered: 210 Skipped: 6



Answer Choices	Responses
Intranet	83.81% 176
Webpage	14.76% 31
App	5.24% 11
Other (please specify)	6.67% 14

Other responses included via book, printing out and placing in folder, Moodle, MIDAS (local system) or they don't access it.

How often do you access it?

Of the responses received approximately 37% were accessing Lippincott at least fortnightly with a further 17% accessing it at least monthly. Of those accessing at least fortnightly, three quarters of those were accessing more than once a week. Of the remaining responders, 37% were accessing it irregularly or not often; while 8% were not accessing it at all. Students and registered nurses were the most frequent users.

“I read all the emails they send every week and use Lippincott every day to practice, without even thinking about it. Also when it is appropriate for my studies at that time.”

4. Benefits of using Lippincott

The most commonly reported benefits (over 90% of responses) were, in order:

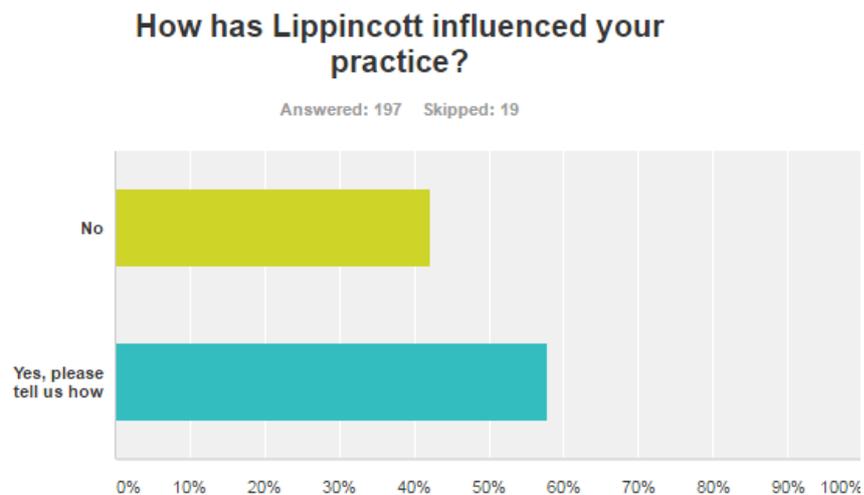
- Access to evidenced based information
- Easy to access and follow
- A consistent and standardised approach that was available across the sector
- Access using the app
- User friendly format, clear and concise
- Good diagrams and videos
- Up to date
- Less need to develop local procedures

The small number of respondents who didn't see any benefits commented that Lippincott was not linked to local policy and procedures, wanted a hard copy of the procedures, not relevant to New Zealand context e.g. infection prevention & control and mental health.

Percentage of respondents who identified the benefits of using Lippincott by DHB

South Island	% identifying benefits	North Island	% identifying benefits
Nelson Marlborough	90%	Bay of Plenty	78%
West Coast	100%	Lakes	100%
Canterbury	73%	Tairāwhiti	67%
South Canterbury	90%	Taranaki	73%
Southern	72%	Waikato	95%
		Wairarapa	100%
		Whanganui	100%

5. Influence of Lippincott on nursing practice



Answer Choices	Responses	Count
No	42.13%	83
Yes, please tell us how	57.87%	114
Total		197

Of the 58% who responded that Lippincott had influenced their practice in a positive way, the most frequent comments were:

- I can check on a procedure not done for a while
- I can ensure best practice
- It gives me confidence in educating staff
- It has increased my knowledge
- I know it is evidenced based
- It gives me confidence in my practice

“I have been able to argue for standardisation of best practice across the DHB based on Lippincott procedures. An example of this has been the use of ISBAR for handover.”

There were a small number of less favourable comments in terms of the increased time it took to log in to the computer, frustration at the difference between local practice and evidenced based practice and having little use for it.

“Just making me re-think how I do things that I’ve done a particular way for years eg immunising. It has ensured my safety in practice.”

Respondents by DHB who did and did not identify that Lippincott had influenced their practice.

South Island	Yes	No	North Island	Yes	No
Nelson Marlborough	16	12	Bay of Plenty	2	5
West Coast	3	3	Lakes	3	0
Canterbury	31	30	Tairāwhiti	8	2
South Canterbury	9	1	Taranaki	5	4
Southern	7	7	Waikato	25	15
			Wairarapa	5	4
			Whanganui	1	0

Clinical Nurse Specialists and Clinical Nurse Managers were more likely to say that Lippincott had not influenced their practice.

6. When is Lippincott used

Of the responses received 96% were positive, the most frequent reason given was:

- If not familiar with a procedure
- Assessing and teaching nurses
- Reviewing and developing policies and procedures
- When studying

The less favourable comments included: too basic to use, too wordy for senior nurses and didn't know about it.

7. Enhancing patient care through using Lippincott

Again of the responses received 91% were positive and the most frequent were:

- It reinforces evidence based practice
- It promotes consistency of care
- It supports patient safety
- It's always up to date
- Assists in staff confidence

"Provides standardisation of care across the hospitals and encourages discussion between staff on different viewpoints and needs for variation in procedures."

"Consistent patient care - If followed, clients can be assured they are receiving current, proven care which would be the same no matter where they lived. Clients will be receiving same information from clinicians which is reassuring and gives confidence in the health profession."

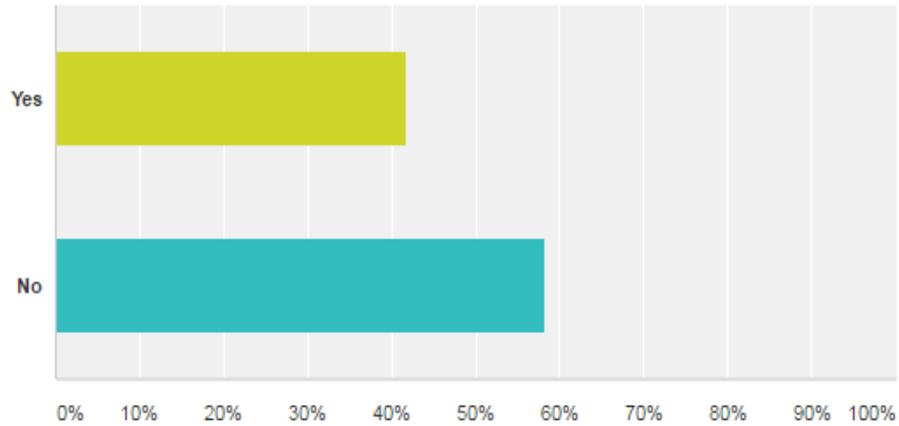
The less favourable comments included: it detracts from patient care, increases time away from the patient, don't have time to look at it and it doesn't allow for different equipment.

There were no variations identified across organisations or roles.

8. Quarterly updates

Are you aware that Lippincott releases updates on a quarterly basis?

Answered: 206 Skipped: 10

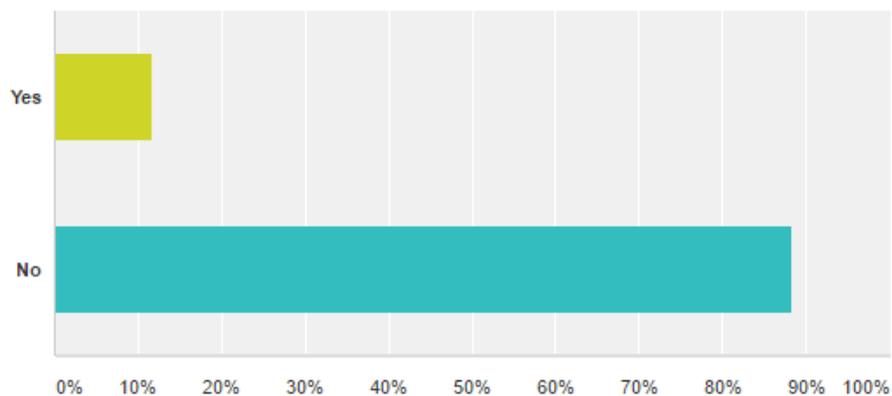


Answer Choices	Responses	
Yes	41.75%	86
No	58.25%	120
Total		206

9. Performance appraisal

Is use of Lippincott part of your performance appraisal?

Answered: 206 Skipped: 10

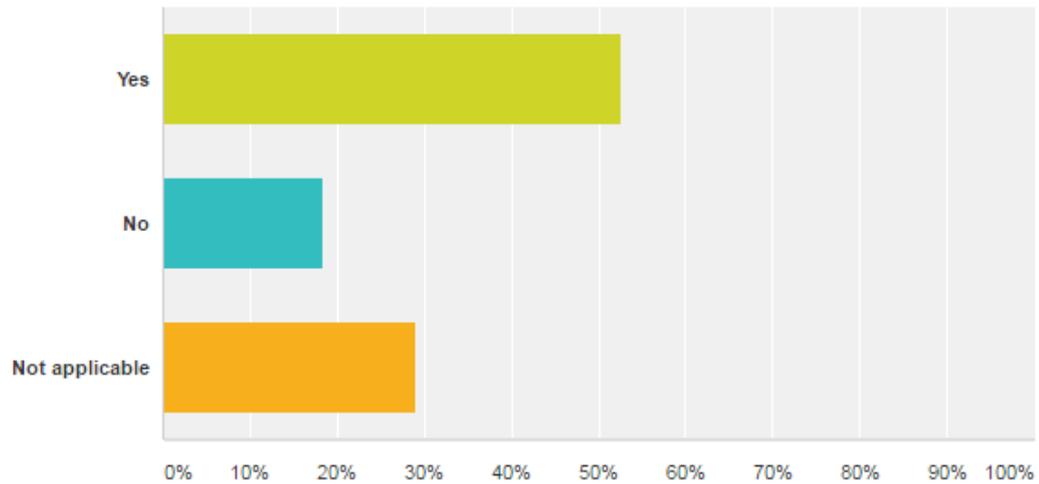


Answer Choices	Responses	
Yes	11.65%	24
No	88.35%	182
Total		206

10. Promoting Lippincott usage

If you influence staff do you promote the use of Lippincott with them in everyday practice?

Answered: 207 Skipped: 9

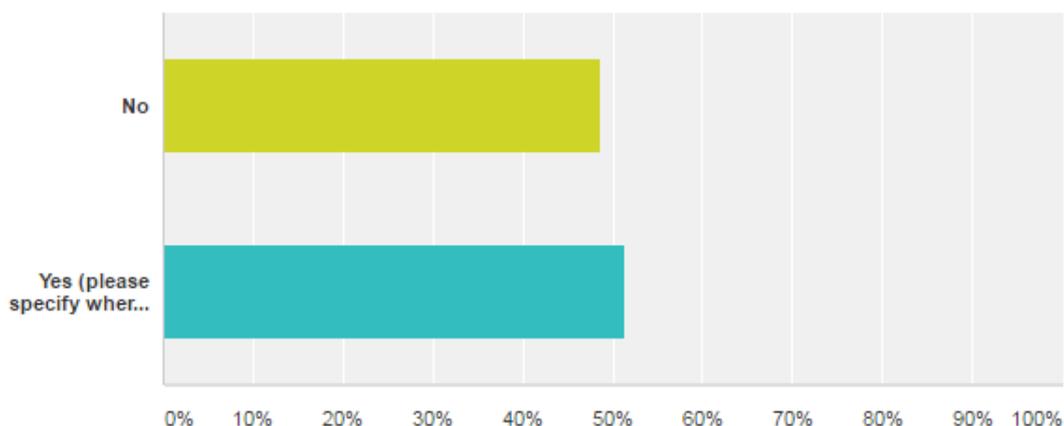


Answer Choices	Responses
Yes	52.66% 109
No	18.36% 38
Not applicable	28.99% 60
Total	207

11. Students accessing Lippincott in clinical placements

Students Only Have you used Lippincott in your clinical placements?

Answered: 35 Skipped: 181



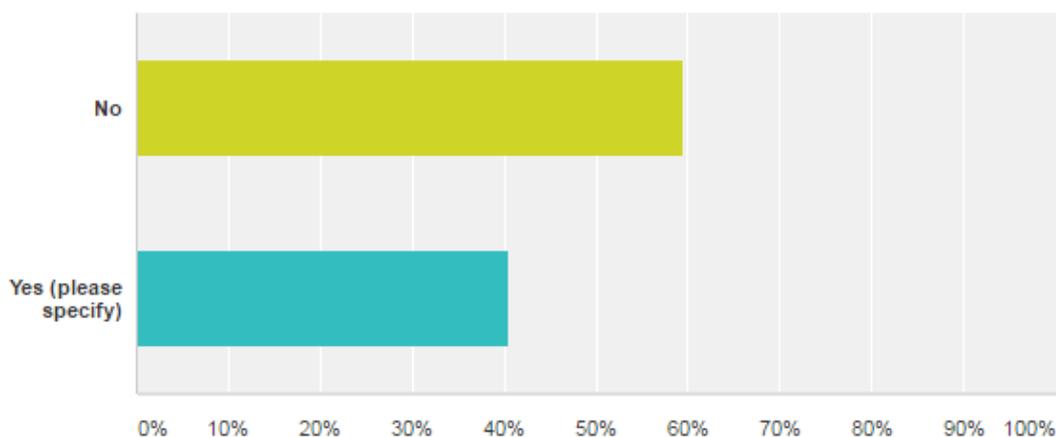
Answer Choices	Responses
No	48.57% 17
Yes (please specify where eg Mental Health, Community, Aged Residential Care, Medical/Surgical)	51.43% 18
Total	35

Sites where students have had access to Lippincott on clinical placements includes emergency department; acute surgical; mental health; long term care; aged care; medical and surgical; district nursing; operating theatre and from home on their own laptop. The districts identified were Nelson Marlborough, Canterbury, South Canterbury and Southern.

12. Barriers to using Lippincott

Are there any barriers to you using Lippincott?

Answered: 163 Skipped: 53



Answer Choices	Responses
No	59.51% 97
Yes (please specify)	40.49% 66
Total	163

Of the 40% who identified barriers, the main ones, in order of priority were:

- Computer/tablet access
- Busy workload
- American language
- Difficulty in finding a procedure
- A windows phone (which doesn't support the Lippincott app)
- Doesn't always fit the New Zealand context

'...there is limited access to computers and other devices for nurses'

South Island	% identifying benefits	North Island	% identifying benefits
Nelson Marlborough	90%	Bay of Plenty	78%
West Coast	100%	Lakes	100%
Canterbury	73%	Tairāwhiti	67%
South Canterbury	90%	Taranaki	73%
Southern	72%	Waikato	95%
		Wairarapa	100%
		Whanganui	100%

Registered nurses were most likely to identify access to computers and pressure of workload as barriers.

13. Other comments

Of the 71 responses received the most common comments were:

- Find it very useful (28%)
- American language an issue (6%)
- Difficulty in accessing it in a timely manner (6%)

Other individual comments included: need to increase the promotion of it; staff like to print copies; put link onto all desktops for easier access; list of updates would be helpful; it's difficult to decide between local DHB policy and Lippincott.

"It is awesome, don't ever want to go back!"

Discussion

Overall the majority of the responses to the survey were positive. We received responses from all the DHB geographic regions and from across the sector including undergraduate nursing students. The majority of responders were registered nurses and clinical nurse specialists, with good representation from charge nurse managers.

Usage (Questions 2)

Approximately two thirds of respondents had been using Lippincott for a year or less. The majority were using Lippincott to inform their clinical practice, with a small number using it as a teaching resource or to support study and research. There were a small number who didn't know about Lippincott or were unsure how to access it.

A number of respondents identified that Lippincott does not fit with a number of New Zealand or Australasian guidelines e.g. infection prevention and control, mental health, resuscitation, blood products. There is however the opportunity in the New Zealand Instance to replace Lippincott procedures with the New Zealand guidelines. This has already been undertaken with resuscitation and blood products, with work currently underway to review procedures relevant to palliative care; mental health and addictions and infection prevention and control to ensure the procedures are relevant to the New Zealand context.

Based on the feedback received, there is an opportunity to further promote Lippincott, especially where links to New Zealand guidelines have already been made.

Access (Question 3, 12)

Most commonly Lippincott was accessed via organisations intranet or a webpage. Less than 6% of respondents were using the app. Of concern, there were several responses where the procedures had been printed out and placed in a folder.

Overall 74% of respondents were accessing Lippincott; at least 54% accessing it monthly and 8% were not accessing it all. This may require further investigation.

The main barriers identified to using Lippincott included computer or tablet access; busy workload and the American language used.

Benefits (Question 4)

This was an overwhelmingly positive response. It was pleasing to note that respondents identified having access to evidence based information and a consistent and standardised approach that was available across the sector.

There was a small number who did not see any benefit at all. Reasons for this included that it was not linked to local policy and procedures; and not relevant to the New Zealand context.

Influence on nursing practice and enhancing patient care (Questions 5, 6, 7)

Again very positive responses were received with Lippincott being used if respondents weren't familiar with a procedure, were assessing and teaching nurses or were reviewing and developing policies and procedures. The respondents reported that using Lippincott gave them increased confidence in their practice and to support patient safety.

There was some frustration expressed at the difference between local practice and evidence based practice in Lippincott.

Summary

The very positive responses received indicate that the introduction and ongoing use of Lippincott across participating regions is realising the benefits identified pre-implementation. These include:

- access to evidence based information
- a consistent and standardised approach available across the sector
- enhanced patient safety
- increased confidence in practice
- used in clinical teaching
- use in reviewing and developing policy and procedures

A number of opportunities to improve or further develop Lippincott New Zealand Instance have been identified for further discussion. These include:

- Promoting Lippincott usage specifically in the areas of:
 - Undergraduate student use
 - Increased promotion of quarterly reviews
 - Use in performance appraisal
 - Increasing usage in clinical settings
- Improving access to Lippincott:
 - Computer and tablet access
 - App access
 - Making it more visible and accessible
- Continue to adapt New Zealand Instance to reflect New Zealand and Australasian guidelines