

# Lippincott Procedures

## New Zealand Instance



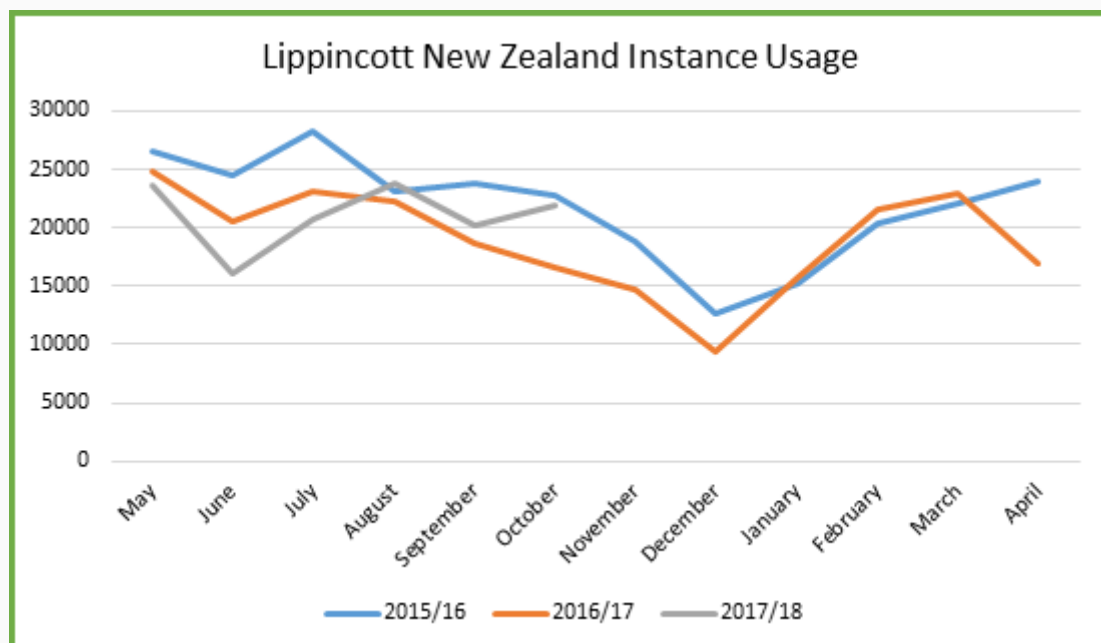
### Newsletter 5 November 2018

Welcome to our latest Lippincott New Zealand Instance newsletter. There are now 14 DHBs using these procedures, together with a large number of smaller organisations; including aged residential care facilities, general practices, NGOs, hospices and education providers.

It has also been interesting to note that the New Zealand Instance is being viewed in a variety of places outside of New Zealand, including the United States, France, United Kingdom, Japan and Australia. Over the past 12 months there have been 222,233 'hits' (individual access) on Lippincott New Zealand Instance. This is the equivalent of 4.2 hits for each practising nurse in New Zealand.\*

\*New Zealand Nursing Council Data lists 52,711 practising nurses in New Zealand as at 31<sup>st</sup> March 2017.

<http://www.nursingcouncil.org.nz/Publications/Reports-and-workforce-statistics>





## Message from Dan Hamid, Regional Sales Manager for Lippincott and Ovid in New Zealand

My role has allowed me the ability to talk with many Lippincott users around the country; at DHBs, private hospitals, aged residential care facilities, nursing schools and more. One of the biggest benefits, as communicated to me by users of Lippincott Procedures, has been on the quality and risk side of nursing practice. Having hundreds of evidence based procedures available in Lippincott procedures has helped ensure practice is aligned with evidence, improved quality and risk audits. Most importantly, is all the time that has been freed up from writing and reviewing procedures. If anyone would like tips and tricks or advice on how to implement and use Lippincott Procedures, please get in touch. Office +64 (0)6 356 7010, Mobile +64 (0)21 356 670 dan.hamid@wolterskluwer.com

### What is an IP address?

When told that they need to be 'within IP range' to download or update Lippincott, nurses often ask - what is an IP address? An IP address, or simply an 'IP', is a unique address that identifies a device on the Internet or local network. It allows a system to be recognised by other systems connected via the Internet protocol. Christensson, P. (2016, September 21). IP Address Definition. Retrieved 2018, Oct 30, from <https://techterms.com>

Once an organisation's IP address is loaded onto Lippincott, when someone accesses Lippincott while within that IP address coverage the system recognises that they are part of the New Zealand Instance coverage and provides access. Some organisations have IP addresses that change frequently and so for them we arrange password logins.

### Lippincott Australian Version

The Royal Australian College of Nurses is working with Wolters Kluwer (Lippincott) to produce an Australian version of Lippincott. To date, they have written 40 procedures. From a New Zealand perspective, Lippincott is undertaking a match across to the New Zealand Instance to establish if there is any commonality.

## **Review of Mental Health and Addictions procedures**

Lippincott has been reviewed and some procedures hidden. Others have had a critical note added.

These procedures include:

- Informed consent for family therapy
- Anorexia nervosa patient care
- Bulimia nervosa patient care
- Psychiatric nursing assessment
- MH Nursing Assessment
- Extrapramidal symptom assessment.

The group is currently working on ECT (electro convulsive therapy) procedures.

## **Infection Prevention and Control Clinical Expert Group**

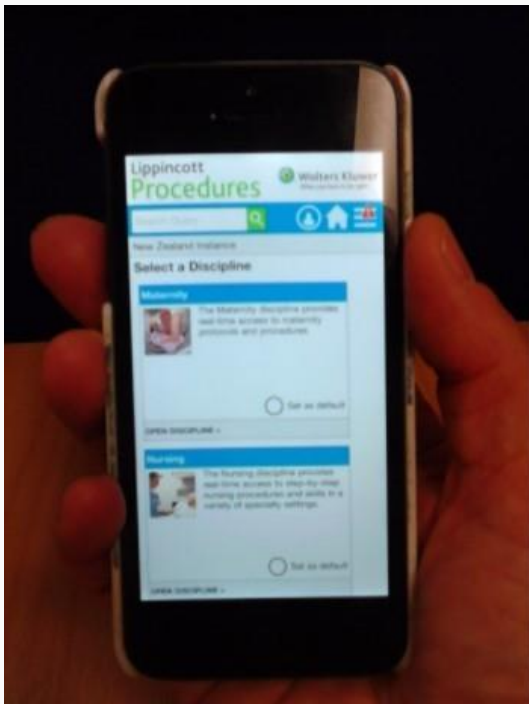
A group of committed IPC clinical nurse specialists have been working to ensure that Lippincott IPC procedures are appropriate for the New Zealand context. Using the New Zealand Infection Control standard (NZS 8134.3.3:2008) as a starting point the following procedures have either been rewritten or had a critical note added:

- Hand hygiene (new procedure)
- Reuse of single use equipment (critical note)
- Reusable patient care equipment (new procedure)
- Standard Precautions (new procedure)
- Transmission based precautions (new procedure)
- Design construction and renovation (new procedure)
- Management and prevention of infectious communicable diseases among personnel (new procedure)
- Antimicrobial usage (critical note).



## Using evidence to inform care means we care

A nurse for over 34 years and a board-certified nurse practitioner since 1998, Dr Anne Dabrow Woods is still inspired today by what inspired her at the start of her career – the art of nursing. Dr Woods is Chief Nurse of the Health, Learning, Research and Practice division of Wolters Kluwer. She visited New Zealand from Philadelphia, Pennsylvania, this month to talk about the importance of using evidence to inform nursing practice.. [Read more about Anne's visit >>](#)



## Download the Lippincott App

The Lippincott app for Android devices and iPhones allows nurses to access Lippincott on mobile devices. This has been particularly useful for those nurses who work out in the community or in rural or remote areas, enabling them to access Lippincott 24/7 without being at their work base.

NB: you will need to be within a registered IP range to do this. Once you have downloaded the app remember to enable updates so each time you come back into IP range your information will automatically update to the latest version.

[View instructions on the app here >>](#)

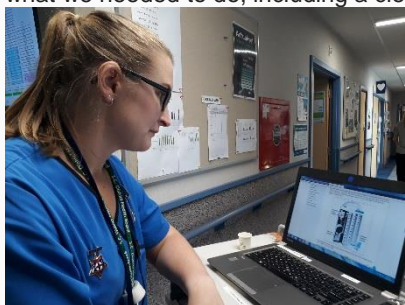
## Top page views since January 2016

The most viewed page is the [Blood Component and Fractioned Blood Product Transfusion procedure](#) (5725 views). This procedure links directly to the New Zealand Blood Service Blood Resource website, ensuring up to date, New Zealand appropriate, information is available. To see a list of the top 35 viewed pages in Lippincott, visit [here](#)

## Building confidence on the ward

*Fiona Gale, a nurse educator from South Canterbury DHB describes a recent experience with Lippincott at Timaru Hospital: Whilst in the medical ward as a nurse educator, I had the chance to be involved in a learning opportunity. A patient with an under water chest drain had been reviewed by the consultant following a chest x-ray and the decision was made to place the drain on suction. The staff member responsible for the patient had not carried out this procedure before and expressed their concerns regarding this.*

Together we searched 'chest drains' on Lippincott Procedures and reviewed the actions we needed to take. In conjunction with the information available on the particular type of drain in use, we safely and correctly connected the drain to suction to achieve the prescribed treatment. Lippincott Procedures were quick to access, as we have the icon on the desktop in the ward. It described what we needed to do, including a clearly labelled picture of the drain and offered further information regarding different types of chest drainage systems.



*(Left) Sarah Leech, RN at Timaru Hospital, views the Lippincott Procedure featured in this story:*

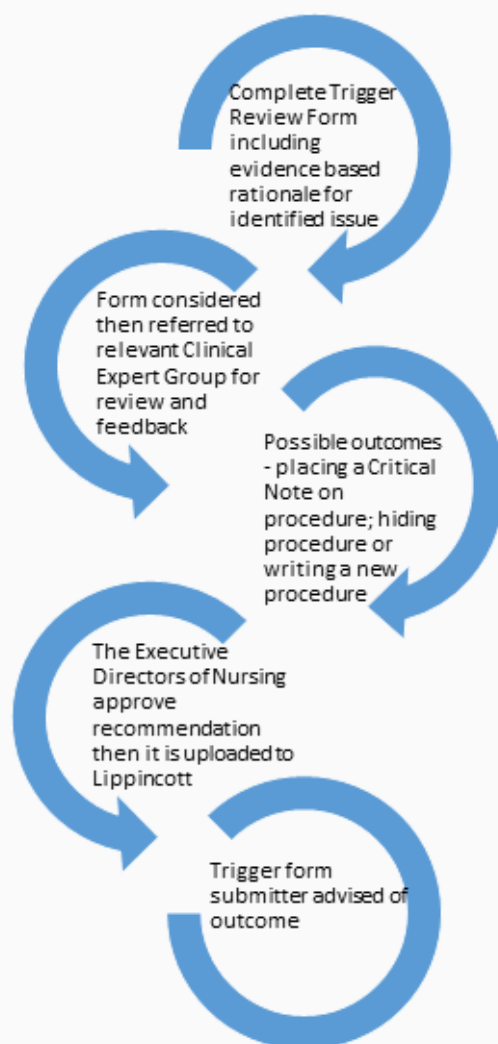
[Chest tube drainage system setup:](#)

## Can a Lippincott New Zealand Procedure be changed?

People often ask if a Lippincott procedure can be changed and the answer is absolutely, as long as there is evidence supporting that change. The key to starting this process is completion of a Trigger Review Form.

Where possible, we are working to align procedures with national guidelines. We have 15 Clinical Expert Groups who review procedures in their area of expertise. These groups have a representative from each DHB and, where relevant, the wider health sector, who work together to review procedures to ensure they are evidence based and fit with the New Zealand context. Access a trigger review form on [www.sialliance.health.nz/Lippincott](http://www.sialliance.health.nz/Lippincott)

## Example of a trigger review in action



A trigger review was received in relation to Intramuscular (IM) injections and the use of the Dorsogluteal (DG) site. Lippincott Procedures NZ instance had omitted the DG IM site. Clinical and academic nurses initiated the trigger review in light of their research. Alex McAllum, Principal Nursing Lecturer, ARA, explains the process undertaken.

For many years now the DG site has been identified as 'dangerous' as an option for IM injections with risk of injury to the sciatic nerve and blood vessels recorded internationally and here locally in NZ (Brown, Gillespie & Chard, 2015). The Lippincott Procedures NZ Instance outlines the ventrogluteal (often cited as preferable to the DG site), the deltoid and vastus lateralis. The lack of the DG site being also outlined triggered a review request which a small group of clinical experts undertook with help from some clinical colleagues. A review of the relevant literature has lead us to request that the DG site continue to be included in training and practice as much

of the literature and research does not so much prove the site dangerous as the need for proper technique. The article below summarises well the controversy and debate that has surrounded this procedure for many years and the consequent lack of evidence to support stopping the use of the DG site. ( Brown, J., Gillespie, M., & Chard, S. (2015). *The dorso-ventro debate: In search of empirical evidence. British Journal of Nursing, 24(22), 1132-1139*)

A link to the New Zealand Immunisation Handbook has also been provided in the procedures to ensure access to local up to date information. This review is just one example of some of the work that goes on behind the scenes utilising a wide range of skills and knowledge from clinical and academic colleagues using the Lippincott Procedures NZ Instance. Some of the reviews involve considerable time, liaison and research and thus are providing an excellent updated and credible resource for clinical procedures in New Zealand. Many thanks to Ann-Marie Wijnveld, Natalie Conley and Jacinda King for their work and research on appropriate and safe training and use of DG IM injections.

## MidCentral becomes 14<sup>th</sup> DHB to join Lippincott NZ Instance

Tim Richards, Nurse Educator Lead Practice Development, says although MidCentral DHB joined Lippincott in September 2018, it will be officially launched to the DHB staff in mid-November. "As a region we are very excited to finally obtain Lippincott Procedures and look forward to the benefits of having a up to date, best practice procedures that are standardise with other DHB's using Lippincott."

He said some of their current procedures were overdue for review and authors often did not have time to review them or were no longer at the DHB, so having a database of procedures managed by Lippincott is going to be a great benefit to their DHB and region. "We have already commenced review of the DHB's existing procedures to see which ones can be replaced by Lippincott. Once we have launched/implemented Lippincott in the DHB, the next step will be primary health care in the region."

## Quarterly Updates from Lippincott

All Lippincott Procedures are evidence based and are updated yearly. Each quarter we receive a list of which procedures have been reviewed, what changes have been made, what procedures will be reviewed in the next quarter and what new procedures will be uploaded into Lippincott in the next quarterly update.

This is a lot of information to review and process and we rely on our clinical experts to review updates for their relevant area. Any nurses can review and provide feedback on the updates. If you would like to be involved in this process please contact your local **Lippincott link contact** (see below):



## Questions? Contact your local link person

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#### Bay of Plenty DHB

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**[For more information on Lippincott >>](#)**