

## Management of Lippincott Procedures

### Policy Responsibilities and Authorisation

<b>Responsible for Policy</b>	South Island Lippincott Project Board
<b>Position Responsible for Policy</b>	South Island Executive directors of nursing
<b>Document Owner</b>	Programme Director, South Island Workforce Development Hub (SIWDH)
<b>Target Audience</b>	South Island Nurses
<b>Committee Approved</b>	South Island Lippincott Project Board
<b>Date Approved</b>	1 December 2015
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This policy has been adapted from

Management of Lippincott Procedure Policy, Waikato DHB, 2015

### Policy Review History

Version	Updated by	Date Updated	Summary of Changes

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## Management of Lippincott Procedures

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### 1. Introduction

#### 1.1 Purpose

- Deliver the safest, most effective patient care possible, Lippincott Procedures provides real-time access to step-by-step guides for over 1,600 evidence-based procedures and skills in a variety of settings.
- Ensure currency, access and availability of procedures. Improve patient outcomes, reduce errors, and promote consistent standardised care across the care continuum.
- Promote effective and consistent communication related to patient safety and quality care.
- Empower clinical teams with the knowledge and confidence to undertake clinical procedures and facilitate delivery of care in a range of settings and situations.
- Increase the amount of time for delivery of direct patient care.
- Eliminate time wasted on unreliable Internet searches or tracking down procedures.

#### 1.2 Background

##### **Approval of Lippincott Updates for the NZ Context**

These updates come quarterly from Lippincott and are sent out to the South Island Lippincott Implementation Group for feedback from appropriate clinical teams. Feedback is compiled and submitted to South Island and Midland DoNM (Directors of Nursing and Midwifery) groups for approval and sign off before uploading changes.

**Critical notes** appear on the top of procedures and are used for priority alerts and specific instructions or detail for the local context.

**Custom Procedures** are developed for the NZ context where there is significant variance between the standard Lippincott Procedure and the NZ environment and this is unable to be managed as a critical note on the top of the procedure. As custom procedures become the responsibility of the Midland and South Island DHBs to maintain there is a potential risk around updates and currency. Custom procedures must be reviewed annually in line with Lippincott Procedures. Custom procedures will be attached to a specific role to ensure management of this. These procedures are reviewed by the appropriate clinical teams. The feedback is then compiled and submitted to the regional DoNM groups for final sign off prior to uploading.

### 2. Definitions

<b>Lippincott Procedure</b>	A point-of-care procedure guide based on best evidence to assist nurses and midwives in providing safer and more effective care. It is mandatory for staff to follow a Lippincott Procedure unless there is a good reason for not doing so, and this reason is documented to the manager or clinical leader at the time the procedure is not followed.
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## Management of Lippincott Procedures

<b>Standard Lippincott Procedure</b>	<p>A procedure within the Lippincott database which is either:</p> <ul style="list-style-type: none"> <li>• Unedited by the DHBs; or</li> <li>• A procedure with an attached note</li> </ul> <p>These procedures are updated annually by Lippincott</p>
<b>Custom Lippincott Procedure</b>	A procedure within the Lippincott database which has been edited by the DHBs. These procedures are updated annually by the DHBs.
<b>Pure Custom Lippincott Procedure</b>	A procedure in Lippincott Procedures which has been developed by the DHBs. These procedures are updated annually by the DHBs.
<b>South Island DON Group</b>	South Island Directors of Nursing Group
<b>South Island Implementation Group</b>	Representative from each South Island DHB who participates on the South Island Implementation Group as well as the Midland Clinical Lead.
<b>Subject Specialist</b>	Nurse with specialist knowledge in a particular field
<b>Clinical Expert Group</b>	Made up of subject specialist nurses from across the South Island and Midland Regions for particular clinical subject

### 3. Policy Statements

- Compliance with Lippincott Procedures is mandatory unless there is a sound evidence-based reason for not doing so reflecting a unique clinical situation, and this reason is documented to the manager or clinical leader at the time the procedure is not followed.
- Non-compliance with Lippincott Procedures may result in disciplinary action.
- Where there are similar procedures in local organisations and in Lippincott, the Lippincott procedure should be followed.

### 4. Policy Processes

#### 4.1 Roles and Responsibilities

##### **South Island Lippincott Project Board**

- Oversee the negotiation of the South Island contract with Lippincott
- Liaises with Midlands DON Group
- Approves all changes to the NZ version of Lippincott in conjunction with the Midland DoNM Group.

##### **South Island Lippincott Implementation Group**

- Coordinates feedback from South Island clinical experts
- Makes recommendations for changes to the SI Lippincott Project Board
- Ensure duplicate procedures are removed from South Island DHB policies and guidelines.
- Works with Midland Region to ensure Pure Custom procedures are developed and maintained

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## Management of Lippincott Procedures

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### South Island Workforce Development Hub

- Supports both the SI Lippincott Project Board and the SI Lippincott Implementation Group
- Co-ordinates the South Island feedback and links in with Midland Region about any changes to procedures
- Supports the Lippincott contract negotiation and liaison with Lippincott

### Library

- Administers Lippincott database
- Advises on editing requests and processes
- Liaises with Lippincott

### Subject Specialists

- Review Lippincott procedure updates in their area of specialty
- Working within their Clinical Expert Group advise and recommend changes to the South Island Lippincott Implementation Group.

### Nursing staff

- Familiarise themselves with Lippincott procedures relevant to their area of practice

All relevant forms listed below are available in the [Lippincott Toolkit](#).

### 4.2 Updating Lippincott Procedures

- Standard Lippincott Procedures are reviewed and revised annually by Lippincott.
- Quarterly update notifications are sent by Lippincott in January, April, July and October.
- Custom and Pure Custom procedures are reviewed and revised by Subject Specialists annually.
- Refer to Managing Updates of Lippincott Procedures in the Lippincott Toolkit.

### 4.3 Review of existing procedure

- Requesting a review of a current Lippincott procedure - follow the Trigger Review of current procedure Flowchart and use the Trigger Review of current procedure/Request for new procedure form.

### 4.4 Requesting a new procedure

- Only general evidence based procedures should be uploaded to Lippincott. If a procedure is specific to an organisation, it should be developed as an organisation specific procedure or guideline through that organisation's controlled document development process.
- Requesting a new procedure for Lippincott - follow the New Procedure Flowchart and use the Trigger Review of current procedure/Request for new procedure form.

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## Management of Lippincott Procedures

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### 4.5 Consultation

- Follow the flowcharts:
  - Lippincott Standard Procedures – Managing Quarterly Updates
  - Trigger Review of Current Procedure
  - New Procedure Flowchart
- Use the appropriate forms
  - Trigger Review of Current Procedure-Clinical Expert Review or Request for New Procedure
  - Custom Procedure Review against current Standard Procedure

### 4.6 Approval and Authorisation

- Final approval of procedures for uploading is by Midland and South Island DoNMs

## 5. Audit

### 5.1 Indicators

- All custom Lippincott procedures are current
- All custom Lippincott procedures have a document owner
- Development and review of custom Lippincott procedures meet the requirements of this policy.
- Every staff member has ready access to the Lippincott procedures relevant to their work.

## 6. Legislative Requirements

### 6.1 Legislation

All DHBs must comply with the following legislation (this list is not exclusive):

- Health and Safety in Employment Act 1992
- Human Rights Act 1993
- Privacy Act 1993
- Employment Relations Act 2000
- Treaty of Waitangi Act 1992
- Health & Disability Commissioner Act 2000