

A large green silhouette of New Zealand, showing both the North and South Islands, is positioned on the right side of the page. A vertical blue line is on the left side of the page.

LIPPINCOTT PROCEDURES NEW ZEALAND INSTANCE

A user's perspective

Table of Contents

Introduction	3
Background	3
Data Collection.....	3
1. Regional responses/Type of organisation/Nursing Role/Length of time using Lippincott.....	4
2. What is Lippincott being used for	7
3. How is Lippincott accessed and how often.....	8
4. Benefits of using Lippincott	9
5. Influence of Lippincott on nursing practice	10
6. When is Lippincott used.....	11
7. Enhancing patient care through using Lippincott.....	11
8. Quarterly updates	12
9. Performance appraisal	12
10. Promoting Lippincott usage	13
11. Students accessing Lippincott in clinical placements	13
12. Barriers to using Lippincott.....	14
13. Other comments	15
Discussion.....	16
Recommendations	17
Other things our Lippincott NZ Instance Users said:	18

It's great having this evidence based site to guide the procedures that are delivered to patients in many hospitals. There are a lot of nurses moving from one area to the other nationally and are very familiar with Lippincott as other DHBs are using it. Standardising care that is safe and high-quality is what we all want for our patients to ensure the best outcomes during their hospital journey.

Nurse Educator, North Island DHB

The Lippincott New Zealand Instance would like to thank all the participating Lippincott New Zealand Instance partners from the Midland, Central and South Island regions 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.

Kath Goodyear
Regional Programme Facilitator
South Island Workforce Development Hub

Introduction

Lippincott New Zealand Instance was first introduced into the Midland region in 2012. The South Island followed in 2015 and over the past five years a further six DHBs plus a large number of primary and community organisations have also joined. Three of the four health regions now have wide access to Lippincott (Central, Midland and South Island regions). With education providers also providing access to Lippincott for their students, its use has become embedded throughout the health sector.

Background

As a way of evaluating the impact of Lippincott New Zealand Instance a survey was undertaken in 2016 involving all participating organisations. At that time 216 responses were received representing a range of DHBs, organisations and nursing roles. These online clinical procedures have now been available in New Zealand for over 8 years and with the increased number of users it is timely to again ask users about their experiences with Lippincott.

Data Collection

A survey monkey tool was again 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 and a notice on the front page of the Lippincott NZ Instance webpage. It was agreed to reuse the initial survey with the addition of two questions in relation to the recent COVID-19 pandemic.

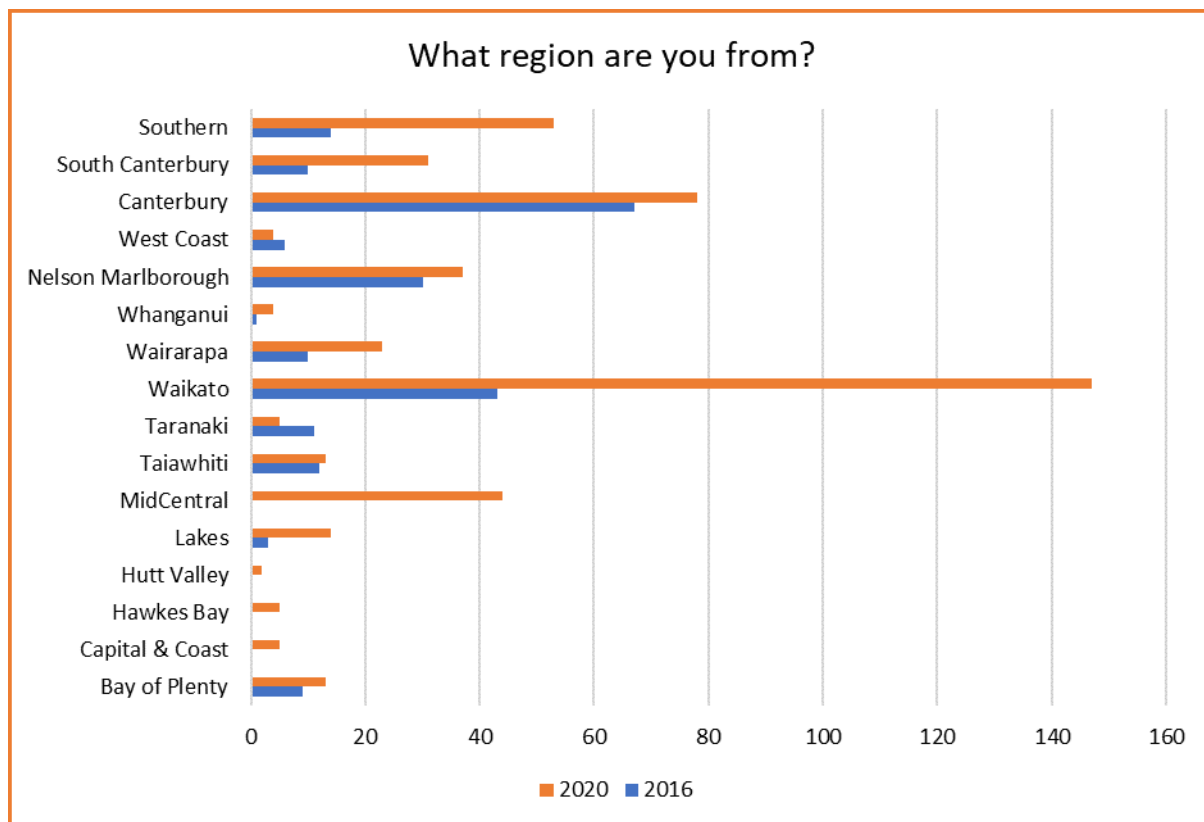
Although completion of the survey was voluntary and anonymous, details on the geographical region and the role of the responder was collected so specific issues could be fed back to key people in their areas. Wolters Kluwer kindly sponsored two iPads, and participants could opt in to go in a draw by providing their contact details.

Four hundred and seventy eight 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 those DHB regions. This also 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 www.sialliance.health.nz/Lippincott to encourage further 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).

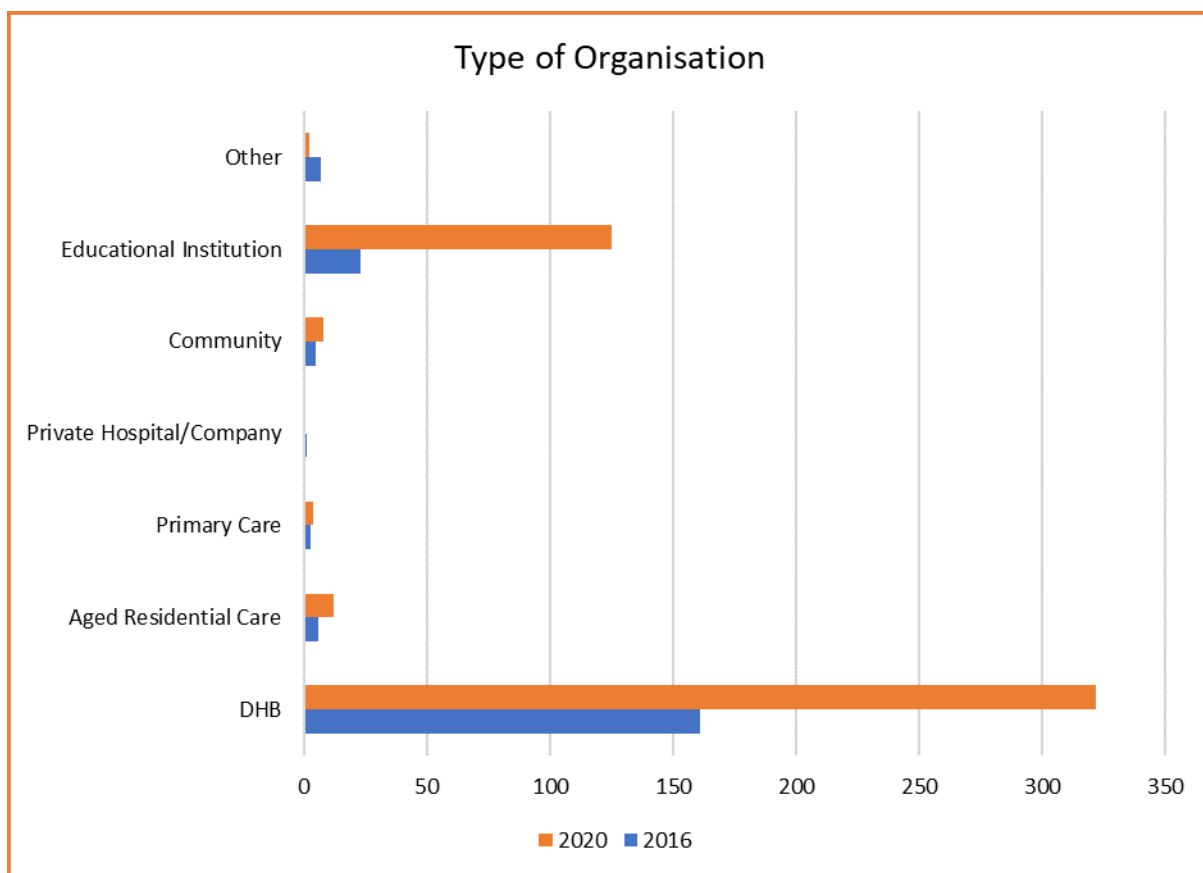
1. Regional responses/Type of organisation/Nursing Role/Length of time using Lippincott



What region are you from?

	2016	2020
Bay of Plenty	9	13
Capital & Coast		5
Hawkes Bay		5
Hutt Valley		2
Lakes	3	14
MidCentral		44
Tairawhiti	12	13
Taranaki	11	5
Waikato	43	147
Wairarapa	10	23
Whanganui	1	4
Nelson Marlborough	30	37
West Coast	6	4
Canterbury	67	78
South Canterbury	10	31
Southern	14	53
TOTAL	216	478

Type of organisation



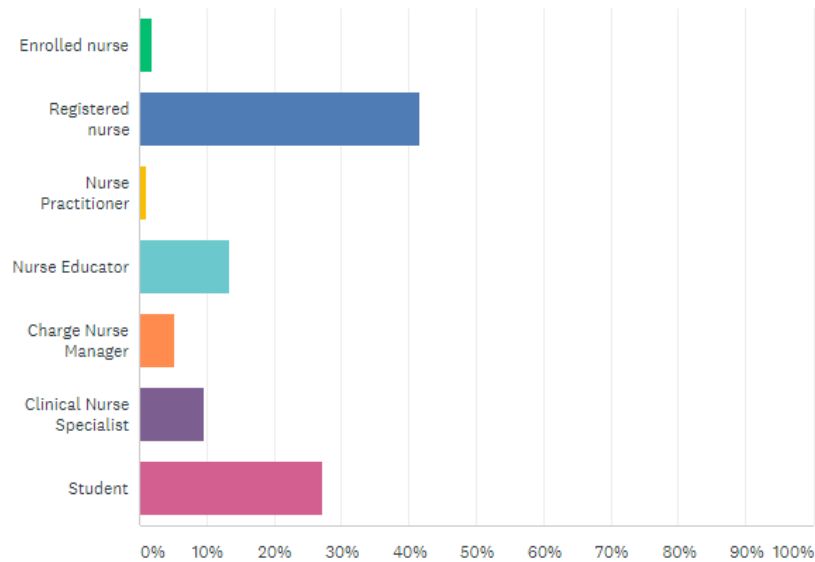
Participation of students in this survey was noticeable with the proportion rising from 9.7% of respondents in 2016 to 26.5% in 2020. This may have been influenced by the chance to win an iPad with many adding personal comments as to how it would benefit them.

Type of Organisation	2016	2020
DHB	161	322
Aged Residential Care	6	12
Primary Care	3	4
Private Hospital/Company	1	0
Community	5	8
Educational Institution	23	125
Other	7	2
	206	473

Role

What is your role?

Answered: 444 Skipped: 34



ANSWER CHOICES	RESPONSES
Enrolled nurse	1.80% 8
Registered nurse	41.67% 185
Nurse Practitioner	1.13% 5
Nurse Educator	13.29% 59
Charge Nurse Manager	5.18% 23
Clinical Nurse Specialist	9.68% 43
Student	27.25% 121
TOTAL	444

[Comments \(38\)](#)

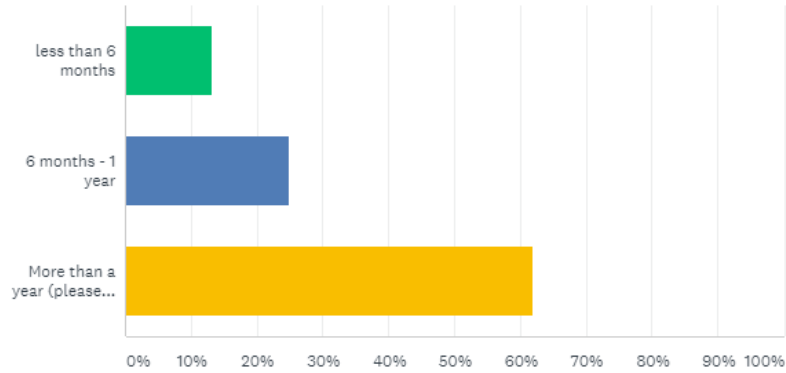
There were also a number of Lippincott users (3.6%) who were not in nursing roles. These included:

- Midwives (5)
- Librarians (3)
- Health Care Assistants (3)
- Doctor (1)
- Maintenance (1)
- Network engineer (1)
- Physiotherapist (1)
- Policy and Guidelines Facilitator (1)

Length of time using Lippincott

How long have you been using Lippincott?

Answered: 472 Skipped: 6



ANSWER CHOICES	RESPONSES
less than 6 months	13.14% 62
6 months - 1 year	25.00% 118
More than a year (please specify how long)	Responses 61.86% 292
TOTAL	472

In 2016 71% of respondents had been using Lippincott for more than 6 months, in 2020 86% have.

2. What is Lippincott being used for

For the group who are using Lippincott (97.3% of responses*) the top 5 reasons were:

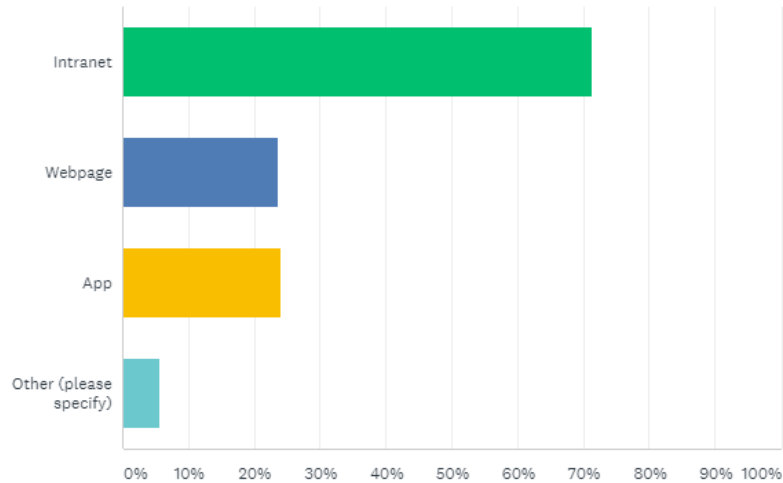
- To check evidence based practice (50.8%, up from 11% in 2016)
- As a teaching resource (13.9%)
- To support study/research (12.9%)
- As a reference or for information (10.2%)
- To check about a procedure not undertaken very often (9.2%, down from 39% in 2016)

* As respondents were able to select more than one response, percentages do not add up to 100%.

3. How is Lippincott accessed and how often

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

Answered: 472 Skipped: 6



ANSWER CHOICES	RESPONSES
▼ Intranet	71.40% 337
▼ Webpage	23.73% 112
▼ App	24.15% 114
▼ Other (please specify) Responses	5.72% 27
Total Respondents: 472	

Over the past four years usage of the Lippincott App has continue to grow, from 5.2% in 2016 to 24.1% in 2020. Many people noted that they accessed Lippincott via more than one option.

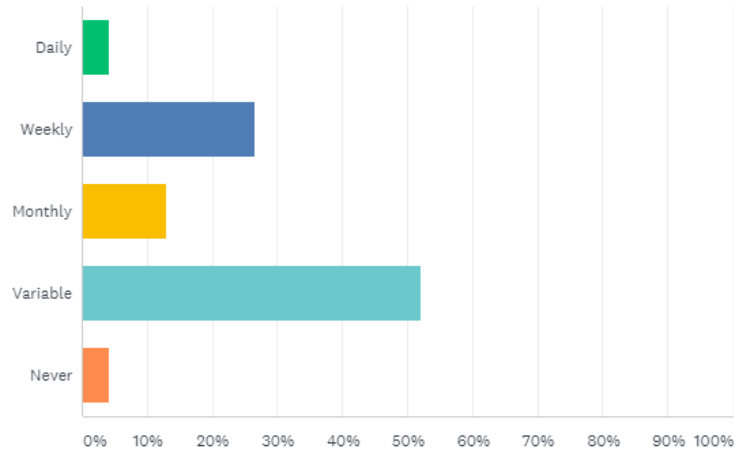
- 3.8% used all three (Intranet, Webpage and App)
- 5.9% Intranet and Webpage
- 7.8% Intranet and App

Other responses included library access, Ko Awatea, or paper access (printed procedures out, text book or books). Several people were unaware there was an app or noted a lack of computers to access at work.

How often do you access it?

How often do you access Lippincott?

Answered: 474 Skipped: 4



ANSWER CHOICES	RESPONSES
▼ Daily	4.22% 20
▼ Weekly	26.58% 126
▼ Monthly	12.87% 61
▼ Variable	52.11% 247
▼ Never	4.22% 20
TOTAL	474

30.8% of users are accessing Lippincott at least weekly, compared to 27.7% in 2016. Just 4.2% of respondents do not use Lippincott, compared to 8% in 2016.

4. Benefits of using Lippincott

“It demonstrates the correct procedure and is very helpful for both staff and students. The benefit for me is the procedures is the same no matter where the nurse works and as a specialist nurse I no longer have to spend time updating procedures in my DHB. It is already done for me”.

Clinical Nurse Specialist, North Island

“I feel more confident on my placements and more confident in my ability when I graduate. I feel that my patients will have a nurse who is more qualified”.

Student, South Island

The most commonly reported benefits (over 96% of all respondents) were, in order:

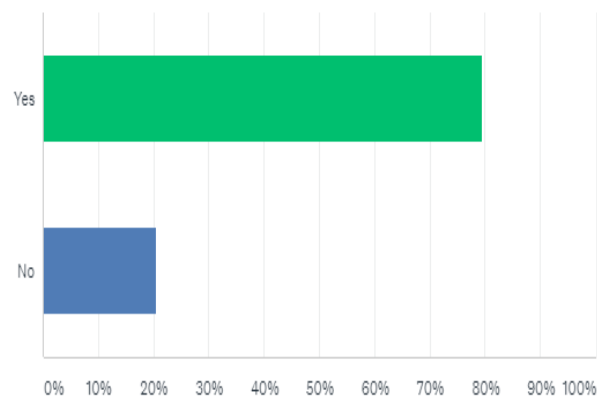
- Access to evidenced based information
- Easy to access
- User friendly format, clear and concise
- Up to date
- A consistent and standardised approach that was available across the sector
- Professional confidence
- Good diagrams and videos
- Less need to develop local procedures
- Education

The small number of respondents who didn't see any benefits (3.5%), noted issues such as ability to access, neonatal procedures not well covered, and some had never used Lippincott.

5. Influence of Lippincott on nursing practice

Has Lippincott influenced your practice?

Answered: 468 Skipped: 10



ANSWER CHOICES	RESPONSES
Yes	79.49% 372
No	20.51% 96
TOTAL	468

[Comments \(328\)](#)

“During clinical placements, I am able to easily refer students to an easily accessible resource to inform their nursing practice. Being an Australian qualified nurse, I am also able to double check that what I am teaching is still relevant and applicable to the NZ setting. I use this process to model best practice to students and also to highlight how and why different health settings (eg low resource settings) have chosen a process”.

Nurse Educator, North Island

Of the 79.5% 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 (30.4%)
- It gives me confidence in educating staff (19.5%)
- I know it is evidenced based (15.1%)
- It gives me confidence in my practice (13.7%)
- It has increased my knowledge (8.9%)

6. When is Lippincott used

“Before undertaking an unfamiliar procedure, or to refresh my knowledge when completing a procedure I have not done for a prolonged period of time. I also utilise it when precepting new staff or student nurses”.

Nurse Educator, North Island

“When asked a question and need the most relevant and up to date information. Or if I am faced with an unnecessary procedure being developed, I will search Lippincott before I respond with the reasons as to why it may not need to be developed”.

Nurse Educator, South Island

Of the responses received the most frequent reasons given were:

- If not familiar with a procedure (57.4%)
- Assessing and teaching (16%)
- When studying (10.6%)
- Reviewing and developing policies and procedures (4.6%)

7. Enhancing patient care through using Lippincott

“Ensures safe practice, increases confidence when performing a procedure at the bedside as you have an evidence-based process of implementation”

Clinical Nurse Specialist, North Island

“Such a great resource for Aged Care, particularly a standalone privately owned facility, it’s reassuring to have up to date information to rely on”.

Charge Nurse Manager, Aged Residential Care, South Island

Users again supported the role of Lippincott in enhancing patient care. The top five responses were unchanged:

- It reinforces evidence based practice (36.2%)
- It supports patient safety (21.5%)
- It promotes consistency of care (18.6%)
- It’s always up to date (7.6%)
- Assists in staff confidence (4.3%)

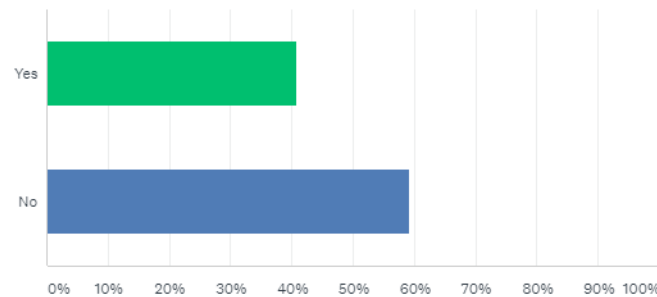
However, several new themes also arose including:

- Staff/student education and knowledge/research (6%)
- Ease of use (2.7%)
- Quality of care (1.2%)
- Efficiency (1.2%)
- Patient education and knowledge (1%)

8. Quarterly updates

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

Answered: 474 Skipped: 4



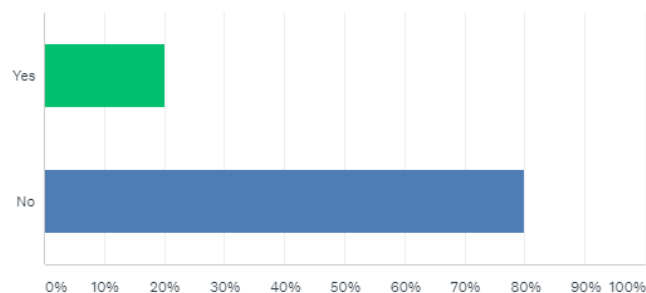
ANSWER CHOICES	RESPONSES	
Yes	40.72%	193
No	59.28%	281
TOTAL		474

The awareness of quarterly updates has remained unchanged over the past four years. This is likely due to the targeted way the updates are circulated across organisations (mostly members of clinical expert groups, and key Lippincott contacts).

9. Performance appraisal

Is use of Lippincott part of your performance appraisal?

Answered: 472 Skipped: 6



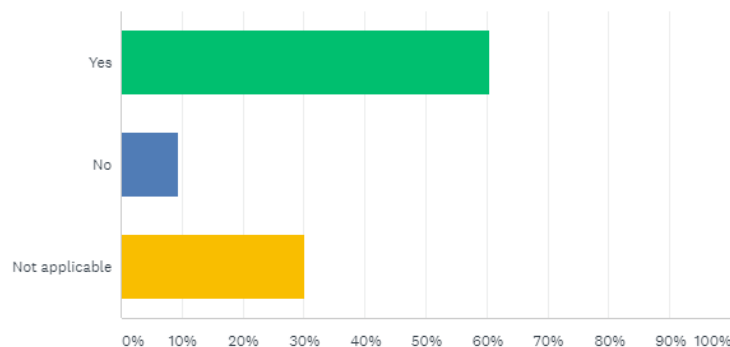
ANSWER CHOICES	RESPONSES	
Yes	20.13%	95
No	79.87%	377
TOTAL		472

The use of Lippincott as part of performance appraisals has increased by 8.48% (from 11.65% to 20.13%).

10. Promoting Lippincott usage

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

Answered: 475 Skipped: 3



ANSWER CHOICES	RESPONSES
Yes	60.42% 287
No	9.47% 45
Not applicable	30.11% 143
TOTAL	475

A further 8% of respondents promoted Lippincott in comparison to 2016 (from 52.6% to 60.4%).

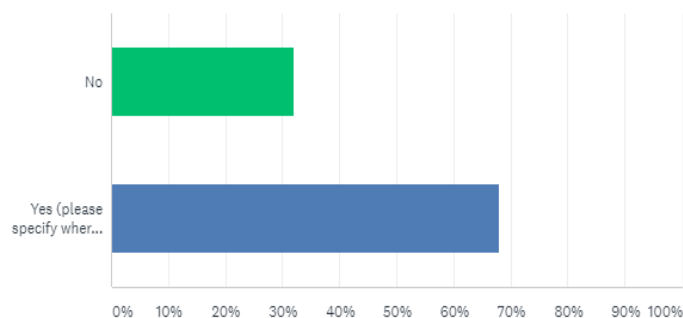
11. Students accessing Lippincott in clinical placements

"It's a lifesaver. It's amazing".

Student, South Island

Students only (If you are not a student please go directly to Question 17)

Answered: 159 Skipped: 319



ANSWER CHOICES	RESPONSES
No	32.08% 51
Yes (please specify where eg Mental Health, Community, Aged Residential Care, Medical/Surgical)	67.92% 108
TOTAL	159

[Comments \(100\)](#)

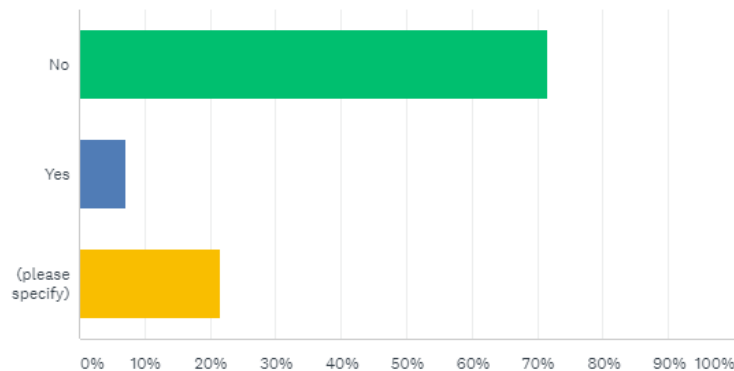
Sites where students have had access to Lippincott on clinical placements included:

- Medical/Surgical; Critical Care; Paediatrics; NICU; Emergency Department
- Mental Health
- Aged Residential Care
- Community/Primary Care
- Day patient services
- Occupational Therapy
- Prison nursing

12. Barriers to using Lippincott

Are there any barriers to you using Lippincott?

Answered: 228 Skipped: 250



ANSWER CHOICES	RESPONSES
▼ No	71.49% 163
▼ Yes	7.02% 16
▼ (please specify)	Responses 21.49% 49
TOTAL	228

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

- Technology
- Computer/tablet access
- Busy workload
- Difficulty in finding a procedure
- Acceptability of personal phone use
- Doesn't always fit the New Zealand/local context
- Access at home
- American language

For those who identified technology issues these included use of the app and how to access information without data, knowledge of the app and how to download onto personal devices, device settings, not accessible through organisation's intranet and link not working correctly.

Use of Lippincott during the COVID-19 Pandemic Response

This Survey was undertaken in September 2020 following a sustained response to COVID-19, including a national lockdown during March and April, ongoing cases in managed quarantine and isolation facilities and a resurgence in the community during August. We took this opportunity to ask about the role of Lippincott during that time, in particular any aspect of providing care linked to COVID-19.

“It was extremely helpful in relation to any aspect of providing care linked to Covid-19. Being a clinical nurse specialist for Gerontology supporting aged-residential care during Covid-19 Alert level 3-4, I have encountered questions around Infection Prevention and Control practices. I always refer to the Lippincott Procedures and/or direct them to the website to provide them with evidence-based and updated guide for clinical procedures”.

Clinical Nurse Specialist, North Island DHB

Seventeen users accessed Lippincott for COVID-19 related reasons. They included:

- As a resource (31.5%)
- Personal Protective Equipment (including donning and doffing) (22.2%)
- Ministry of Health links to information (22.2%)
- Specimen collection and isolation procedures (12.9%)
- Infection Control (9.4%)
- Link to international information (1.8%)

Other respondents said they were following the Ministry of Health guidelines directly, accessing hospital and Ministry information directly from their source rather than through Lippincott.

13. Other comments

“Ensures safe practice, increases confidence when performing a procedure at the bedside as you have an evidence-based process of implementation”.

Clinical Nurse Specialist, North Island DHB

“A great way to ensure our clinical skills remain up to date and that all health professionals are conforming to the same standard”.

ARC Charge Nurse Manager, South Island

“It’s really helpful to look up details about how to perform some of the fundamental procedures and assessments that we’re learning in class. Sometimes we only have time to briefly cover each thing in our course work so it’s helpful to have something I can access at home and look at it in more depth. It’s also fun to look at some of the things that are well out of my scope of practice but that I’ll be able to do in a few years”.

Student, South Island

An invitation at the end of the survey to share any other comments resulted in the following themes:

Positive

- Reliable
- Updated regularly
- New Zealand Instance (adapted for us)
- Easy, quick, referral – excellent resource
- User friendly
- Standardisation of care
- The Lippincott App
- Thank you, awesome, good, love it!

Challenges

- Search function/navigation
- Content organisation/format not clear eg more videos would be helpful
- Suitability for New Zealand context eg Midwifery, Paediatrics, Mental Health
- Local procedures versus Lippincott
- DHB issues – including access, need for a national version (currently only 3 regions participate), incorporation into orientation, confusion where there are dual systems (Lippincott and local procedure manuals eg MIDAS)

Discussion

Over the four years since Lippincott users were last surveyed, the use of Lippincott has expanded across sixteen participating district health board areas. The uptake has been noticeable in the range of participants in this current survey – including staff from DHBs, aged residential care, primary and community care and educational providers. Although Lippincott is predominantly a nursing resource, in New Zealand they are known as online clinical procedures. Lippincott New Zealand Instance is accessed by a range of people and this is reflected in the 478 respondents of this survey who included not just nurses but also students, midwives, librarians, health care assistants, doctors, maintenance staff and physiotherapists. This diversity of perspectives will help inform how we can further development and support the provision of the New Zealand Instance.

There are a number of key issues that have been highlighted for DHBs:

- Individual DHB content requests – where staff are requesting DHB specific information to be accessible on Lippincott. This challenges the evidence based practice approach which underpins why we are doing this. Would require large administration component that is not currently resourced
- Lack of awareness of how to trigger a review of a procedure
- Timeliness of review and updating of procedures (custom procedures) – limited resources available for support means we are unable to respond in a timely manner.
- Lack of awareness of the Lippincott Procedures App
- Access was noted as an issue in the clinical environment at times, due to both lack of hardware (no computer access) and compounded by policies in relation to use of personal mobile devices (several people noted they were banned from using these even though they would have given them access to Lippincott that they could not otherwise view.
- Development of an online “How to use Lippincott” course
- Procedures that are relevant for New Zealand context (eg Mental Health)
- May be an opportunity to explore again getting remaining DHBs to participate. Several of our Clinical Expert Groups have recognised the gap in not having Northern Region engaged in clinical expert discussions, especially given the expertise that resides in those DHBs.

Recommendations

Recommendations for consideration by the 16 DHB Executive Directors of Nursing using Lippincott New Zealand Instance

1. Establishment of Governance Group

Recommendation:

- *A governance group is established to oversee Lippincott NZ Instance.*
Lippincott usage has organically grown over the past 8 years (from 5 to 16 participating DHBs). Administrative support requirements have also grown to include supporting the Clinical Expert Group process; managing trigger/feedback reviews; reviewing and updating custom procedures.

2. Administrative Support for Lippincott Procedures

Recommendation:

- *To establish sustainable administrative support for the Lippincott New Zealand Instance*
It has become clear that there is no process to take these issues back to the 16 DHBs. One suggestion is to establish a governance group to support the ongoing operationalising of the Lippincott New Zealand Instance. There has already been an approach to Wolters Kluwer to provide some financial support to assist with providing the administrative tasks required.

3. Further user education

Recommendations:

- A Lippincott Newsletter is compiled and distributed in the next few weeks covering the key issues identified including:
 - Trigger review process
 - Awareness of Lippincott App
 - Use of Lippincott in clinical settings (feedback from students that not always visible)
- Development of a **“How to use Lippincott”** online course – hosted on healthLearn and Ko Awatea.
- DHBs take responsibility for reminding their staff about Lippincott and expectations in relation to its use
- DHBs to ensure Lippincott is incorporated into orientation

4. Revisit Northern Region participation

Recommendation:

- Consideration given to further discussion with Northern Region Executive Directors of Nursing in relation to participating in the Lippincott New Zealand Instance to create consistency of use of this evidence based tool across the health sector in New Zealand.

5. Accessibility to Lippincott in clinical environment

Recommendation:

- Consider increased accessibility to Lippincott in clinical environments.
Feedback has suggested limited access due to computer accessibility and lack of personal device access allowed.

Other things our Lippincott NZ Instance Users said:

I have felt safer with my practice, and have been able to use the information to train and challenge my colleagues and manage any unsafe practices.

Registered Nurse, North island

Extremely grateful for ongoing access to best practice procedures - thank you.

Student, South island

Has become part of my first choice databases when looking/needing help with clinical procedures. - Using Lippincott helps in the development of my critical skills of providing holistic care to the health consumer.

Student, North Island

It's a great resource and the students are using it more each year.

Nurse Educator, North island

A great way to ensure our clinical skills remain up to date and that all health professionals are conforming to the same standard.

Charge Nurse Manager, North Island

It's just a handy point of reference for procedures and easy to understand.

Registered Nurse, South island

It is great to be part of the IPC own instance and the national IPC Expert Advisory Group that reviews the procedures as a collective group.

Charge Nurse Manager, North Island

It's an excellent one stop shop for knowledge - love it!

Registered Nurse, North Island

Thanks - love your work.

Registered Nurse, South Island

