



## Welcome to Newsletter 8 – June 2023

### Kia ora koutou

Since the last newsletter Te Tai Tokerau (Northland) and Tāmaki Makaurau (Auckland) have joined the NZ Instance of Lippincott procedures, as have a range of other health services across the country that provide aged care and primary health care. We welcome all our new members and hope this newsletter is helpful to your Lippincott journey.

Currently the main work in progress for the NZ Instance Editorial Team, is the review and updating of customised content. This work is undertaken with advice from clinical experts, starting in the areas of palliative care, intravenous therapy, wound care and infection prevention and control. These are the procedures that have the most customised content, but there are a range of other specialty content reviews to be undertaken in 2023. Volunteers for the expert groups are sought through district leads and at present we are particularly keen to know if you have an interest in dialysis procedure review. If you do, please feel free to contact your district lead or the email below.

One of the biggest challenges for clinical experts is finding the point of balance between the scope, context and depth of nursing practice, especially expert level, and a single procedure. No procedure will ever reflect the entirety of professional nursing practice but many users are students or undertaking a procedure they have not assisted with for a while. Safety is the main feature of all our procedure reviews with the addition of New Zealand specific material held to evidence-based or legal required content.

Mental Health procedures are currently not available in the New Zealand Instance due to the differences in legal and practice background with the United States of America. We are hoping to commence review and inclusion of Mental Health content in collaboration with the College of Mental Health Nurses and their clinical networks. Resources to support that work are being explored for later this year – we will update when able.

Thank you to everyone who has raised a question, comment or response to our work. It is always good to hear about how you use the procedures in practice. Not all requests can be actioned within the boundaries of our process but they are all considered by our Editorial Team or Clinical Experts before decisions are made.

I hope the newsletter provides useful information but should you have other questions or comments please contact us via [Heather.Gray@siapo.health.nz](mailto:Heather.Gray@siapo.health.nz)

Ngā mihi

Heather Gray, Kate Yeo, Kate Rawlings, Angela Broring – your Editorial Team

## Kia ora from our Wolters Kluwer Team

Wolters Kluwer are the providers of access to Lippincott procedures. This issue we introduce you to Laura and Courtney two of the key contacts for our NZ Instance.

### **Courtney Mullen**

Kia ora from the Lippincott team! My name is Courtney and I joined the Lippincott Solutions team in January as the Global Product Manager for Lippincott Procedures and Lippincott Advisor. Alongside my teammates Dan Hamid and Laura Jennings, my role is to listen and learn from the New Zealand nursing community about local practice and perspectives. We look forward to partnering with the experienced New Zealand Lippincott community to continue to enhance your experience and provide the best evidence-based resources for New Zealand nurses. We are always open to feedback and encourage you to reach out!

### **Laura Jennings**

Hi, I'm Laura Jennings. I started at Wolters Kluwer almost seven years ago in the Customer Support Team and am now working with the Implementation Team for Australia and New Zealand instances of Lippincott. I can help with implementation recommendations for customers, including authentication and integration best practice, as well as usage reports and end user training.

There are many ways that the Lippincott Procedures platform can be integrated into your workflows to ensure access that feels intuitive and maximises regular use in practice. When implementing Lippincott - NZ Instance you will receive all the directions and assistance you need to set up access. If you have already implemented Lippincott you can still ask questions if you need help [laura.jennings@wolterskluwer.com](mailto:laura.jennings@wolterskluwer.com)



Courtney Mullen



Laura Jennings

## Cutting to the key points when time is short

Some early adopters find the detail of some procedures overwhelming when they have 'popped in' for a quick check or update.

Once you have searched out the procedure you want to look at you have some short cuts available for those quick checks.

When you open the procedure- go to the blue bar just on top of the procedure title. Click on one of the following

- Skills Checklist – gives you the objective of care and core elements
- Quick Lists – lists the steps of the procedure and includes any critical notes

I would suggest 'quick list' as a first option but you can use either if you are comfortable with your general nursing skills around safe procedures but just want to check main points.

Click on 'Procedure' to go back to the full procedure.

The screenshot shows the Lippincott Procedures website interface. At the top, there is a search bar with 'Search Query' and 'All Content' dropdown, and a search icon. Below the search bar is a navigation bar with a back arrow and 'Browse All Documents'. The main content area is titled 'Alginate dressing application'. A blue navigation bar contains several options: 'Procedure' (circled in yellow), 'Skills Checklists' (circled in red), 'Quick Lists' (circled in purple), 'Images', and 'Videos'. Below this bar, there are two columns of content. The left column has a 'Critical Notes!' section with a checklist: 'Introduction', 'Equipment', and 'Implementation', all with checked boxes. The right column has an 'Alginate dressing application' section with a 'Critical Notes!' section and a red text note: 'This procedure also applies to Paediatrics'.

## Clinical Expert Reviews

There are currently four (4) active clinical expert groups that are completing review of between 20 and 200 procedures.

### Infection Prevention and Control

This group has been active since 2017 and continues to consider the content of custom procedures in addition to the general infection prevention advice that sits in every procedure. The group will continue to link New Zealand resources and Lippincott standard content to update and revise custom content in 2023.

### Intravenous Therapy

This group has completed over 150 procedure reviews since this review cycle began in 2021. The group is now continuing to complete a range of other medication and IV related procedures. One of the topics under discussion at present is the use of new connectors (Kite©) being trialled in a

number of districts central venous access devices (CVADs) at present. These devices need to be managed differently when in use so please check your facility advice while we work through the decision on procedure content for this one.

### **Palliative Care**

The group includes a range of expertise from hospice, hospital, aged care and pharmacist members and uses *The Palliative Care Handbook* as the primary reference for procedure content. The *Continuous Subcutaneous Infusion of Medication – Palliative Care* is on line. This procedure is likely to replace the existing *Subcutaneous Pump – Niki T34, Palliative Care* procedure with the new title thought to better reflect all the content. Both procedures are active and your comments are welcome.

### **Wound Care**

This group has the largest number of customised content procedures to review so watch this space!

## **Usage Reporting**

At the start of every month we receive a report of access to the New Zealand Instance of Lippincott. This report is sent to district leads to track access. Many of the recipients noted a decrease in access in early 2023. This has been tracked to a data retrieval gap which has now been corrected.

Work is ongoing on the data reporting and we will update you when there are any changes.

## **Frequently Asked Questions (FAQs)**

### **What if I can't find a procedure?**

- First, check the spelling as this is the most usual issue in a search – try US spelling.
- The fewer the search words the wider the search. If you know the full title of the procedure you seek type in the current order.
- If you are seeking a range of procedures – use a key word search. You may need to scroll down the page of search results as the search work may present unexpected order of results.

If in doubt ask your local expert or librarian for help.

### **The links in the procedure or to the procedure have stopped working. What do I do?**

Usually this will happen for one of two reasons.

- The link has 'timed out' and needs to be replaced or it was moved or deleted by the owner.
- The procedure was deleted and replaced with a new title or we changed the title for some reason. Usually the updates occur to critical notes and these do not change anything, however, nothing is perfect.

We notify our leads of any changes we know of but human error can still happen. Let us know if something is not working [Heather.Gray@siapo.health.nz](mailto:Heather.Gray@siapo.health.nz)

### **How much 'Custom' content is there in the New Zealand Instance of Lippincott?**

This is the content that our expert clinical and editorial groups review and update and at this point in time there are:

115 – Completely custom procedures

255 – Critical Note custom comments

All of this content needs to be reviewed and updated at least every two years.

**What do I do with quarterly update information?**

Lippincott reviews all US standard content every year and issues changes made every quarter as a quarterly report. Often these changes are editorial or minor but there are occasionally changes in evidence that are more clinically significant. The reports are sent to active clinical expert contacts and/or some district leads for a quick review of any safety or practice questions that flag a need for review.

There are also 'new' procedures released each quarter. Recently the quarterly report has been modified to show these new procedures on a separate page that has about whether the procedure will be hidden, reviewed or uploaded to the NZ Instance. The decision posed are based in previous or currently clinical safety guidelines but input from our clinical network is really useful.