Lippincott IT: Roaming education at Albury Wodonga Health to reach ward-based staff

Anna Griffith
Library Manager, Albury Wodonga Health
https://orcid.org/0000-0003-2488-9337

Anna Griffith has a Master of Information Management (RMIT) and is a solo librarian at a regional health service. Having worked in law libraries, as a tutor in Information Management, and now in health libraries, Anna is passionate about special libraries and the impact a professional services library can have on research, education, and knowledge.

Introduction
Educating hospital ward-based staff about new and existing library services is a challenge faced by every hospital librarian. In February 2020 Albury Wodonga Health (AWH) trialled a “roaming education” campaign to increase awareness and usage of the Lippincott Products, titled “Lippincott It”. The initial subscription to Lippincott Procedures and Advisor platform was started in February 2018 to streamline access to nursing procedures and start the process of reducing in-house procedure documents. While the initial roll-out of the platform was successful, usage statistics gathered in late 2018 highlighted the need for a beta-phase implementation to increase the return on investment. The beta-phase needed to encompass both education and marketing, with simple messaging that could be delivered in short sessions to ward-based staff.

The message
As an early-adopter of Lippincott Procedures, AWH had access to the American-based product in February 2018 and this initially made some staff hesitant to use Lippincott since it seemed “too American”. Wolters Kluwer (the publisher) had engaged the Australian College of Nursing in early 2018 to review Lippincott procedures for an Australian context, and this included a systematic editing and endorsing of Lippincott Procedures for use in Australian healthcare facilities. These AU procedures began appearing in the Lippincott database in batches in 2018 and by the end of 2019 there had been over 400 added to the platform. This increasing Australianisation of the Lippincott content was an important message to increase staff confidence in Lippincott and its relevance for AWH.

Access to Lippincott Procedures and Advisor was initially rolled out through our intranet and ward-based computers in 2018. Limited computers on each ward meant a change of practice to Lippincott was being hampered by access issues and a lack of awareness. The mobile version of Lippincott Procedures and Advisor enables content
to be downloaded to a device, reducing the reliance on internet connection, while enhancing user ability to access the content anywhere. Staff using their own devices on the wards is still not fully endorsed at AWH, but there has been a slow shift to enabling “use-your-own-device” for evidence-based care. This concept of “access anywhere” seemed to be a key way to increase user engagement, especially among the student nursing group, who could use the Lippincott apps to look up content at home. Showing staff how to download the app and navigate the interface became another core component of the beta-phase message.

The ability to customise content within the Lippincott database was not initially used at AWH due to the concern it would negate the dynamic updating of the content by the publisher. After some further training sessions by Wolters Kluwer, the Notes feature was identified as a positive way of adding localised content, since this does not impact the background refresh of content. There was a lot of discussion about content control, but after some decisions about appropriate processes, it was decided notes should be added where appropriate to alert staff to relevant localised policies, forms or procedures. Cross-referencing AWH content with the Lippincott content in this way increased AWH staff confidence in the relevance of Lippincott for the AWH context and ensured localised AWH documents were also tied into the searchable Lippincott platform.

The core topics of the beta-phase implementation were therefore identified as: Australian content, access anywhere and AWH link-ins. With the core topics endorsed by the Clinical Education team, the next step was to develop the methodology of delivering these to ward-based staff. This methodology was focussed on branding, measurable outcomes, and face-to-face discussions, to personally endorse the product.

The planning
To create a name for our campaign, we turned to the success of Lippincott in the American market, where staff “Lippincott it” when they need to access a nursing procedure, and the brand has become synonymous with best practice in nursing. This phrase became an easy way to encompass what the beta-phase was trying to achieve at AWH: “Looking for Nursing Procedures at AWH? Lippincott it”. This shortened easily to “Lippincott it” for branding purposes, and the online graphic design tool, Canva, was used to create posters, email signatures and a flyer for the intranet. The marketing team at Wolters Kluwer were able to provide images of Lippincott branding to be used and helped with further materials we could use in a “Prize Pack”, such as showbags with branded notebooks, mouse mats, pens etc. The concept of a “Prize Pack” was linked to the idea of measurable outcomes, with the hope that we could entice more ward-based staff to engage in our campaign if they were going to win something. Mobile-based sign-ups were determined to be the easiest way to measure impact, by running a report across the Lippincott
platforms before and after the campaign to identify new users. For those staff who were already registered users, we simply added them manually to the final list. From here staff from each ward were randomly selected for a Prize Pack, which could be delivered to the ward at the conclusion of the campaign (and further generate interest in Lippincott).

Getting the education and messaging to the staff needed an innovative approach, since education sessions away from the ward are often impacted by patient needs and staff shortages. A “roaming education” approach was decided, with short five-minute interactions planned on each ward, as often as possible, but targeting at least twice a week throughout the course of a month. The personnel to deliver the education were the clinical nurse educators and library staff, and they would pair up to visit each ward and deliver the core message: Australian content, accessible anywhere, links to AWH. There was a lot of discussion about timing, but February 2019 was decided as an appropriate month (outside Christmas period and winter-surge), and in pre-COVID times, a ward-to-ward delivery method was a suitable approach. A dynamic schedule was created using Google sheets, with educators encouraged to fill in and edit their availability across the month.

To deliver the roaming education, a trolley was set up for each campus, with posters saying “Lippincott it”, and containing stickers, how-to guides, lollies, and example prize packs. These trolleys functioned to draw the attention of ward-staff and offered a talking point and a gathering point. Initial train-the trainer sessions were also held by library staff, to ensure all the clinical nurse educators were aware of the messaging and how to get users to sign up for Lippincott on their devices. While there was a schedule, flexibility was also emphasised in the planning phase, with an understanding that some wards would be too busy and education staff could move on and come back.

The campaign
With such an ambitious schedule, it is perhaps predictable that most days were too busy for our ward educators to complete the roaming education, but together with library staff we carried out 12 rotations on each campus and had 200 staff engaged across the month. The responses from ward staff were always positive when the lolly jar was offered first. Staff that were busy just kept working, but we noticed that many staff gave us the five minutes needed to talk about Lippincott and show them how to sign up for mobile access. Sometimes the sessions extended into a more comprehensive training session of the platform, and sometimes staff asked for the handouts and assured us they would sign up later. The timing of the sessions varied throughout the day, but we tried to avoid hand-over, and sometimes targeted break times.
We had lots of positive feedback about the sessions and a dedicated Lippincott email was set up as a specific way for staff to contact the education and library staff about Lippincott issues and questions. The prize packs generated excitement and kept the momentum of the campaign going into the next month when education staff delivered the prizes to the wards. A follow-up campaign for Lippincott Advisor was planned, but the pandemic has redirected the focus of staff, as well as restricted movement of staff across campuses.

**The outcome**
While the immediate outcome of the campaign was measured in terms of mobile sign ups, usage statistics across the Lippincott Platforms since 2019 has shown noted increases. Page views for Lippincott Procedures in February 2019 was only 321 across the month, but by February 2020 there were 1996 page views for that month alone. By 2021, both Lippincott Advisor and Procedures are averaging 1500 page views each month and close to an average of 500 searches in each platform each month. The plans for increasing Lippincott usage across AWH continue, with further notes and cross-referencing to AWH content still possible. Corporate Records have also come on board to alter their approval forms to ensure Lippincott is highlighted as the first place for nursing procedures, and to reject documents that duplicate Lippincott content. There are still many localised procedures created at AWH, but the beta-phase implementation has seen a more wide-spread acceptance of Lippincott as the source of truth for nursing procedures at AWH. As for future “Lippincott it” campaigns, the roaming face-to-face education has a lot of promise for getting a simple message across to lots of staff in a short, effective way. This approach can be adopted for a digital environment through screen casting tools, like Loom, where the educator’s face can be visible as they talk through a web-based session. We may not have face-to-face education under COVID restrictions but being the face of education remains a core way of reaching users and instilling trust in the library and education services across the organisation. In a post-COVID world, we hope to bring out the “Lippincott it” trolleys once again, but in the meantime, library and education staff, whether digital or face-to-face continue the key message: Looking for nursing procedures at AWH? Lippincott it!