Contents

Overview

Lippincott Advisor is a collection of evidence-based content that provides practicing nurses with instant access to online references at the point of care. The program allows users to identify the information they need quickly and easily. Nurses can browse by topic or category, scroll through alphabetical lists of monographs, or perform a search to identify a particular monograph. Each entry includes extensive cross-reference hypertext links between and within content sets.

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Customer and Technical Support

Customer and Technical Support are available by contacting Wolters Kluwer Customer Support at 1-844-303-4860 (international 301-223-2454). Customer Support representatives are available Monday through Thursday, 8 AM to Midnight EST; Friday, 8 AM to 7 PM EST; and Sunday, 4 PM to Midnight EST. Emergency after-hours Technical Support is available by calling 1-877-247-6843. You can email us anytime at LNS-Support@wolterskluwer.com. When contacting Customer and Technical Support for assistance, please provide the information from the following site to them: http://advisor.lww.com/lna/technical.do.

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Training

Lippincott Advisor On Demand Training:
End-user staff training is available 24 hours a day, 7 days a week by simply clicking on the following links:
General User Training
Administrator Training

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Remote User Log-in

You can permit users to access Lippincott Advisor from outside your facility. This would be any non-IP-authenticated location, such as from a remote computer, a tablet, or a smart phone. An administrator can assign a username and password to employees to grant them access outside the facility. Remote access to Administration Tools is available if permission is granted to the administrative user in the user profile.

Administrators may also turn on the option for general user self-enrollment in order for authenticated users to create a profile for remote access.

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Landing Page

Your session starts on the Lippincott Advisor Landing Page.

From here you can select a content set to view the selected content's monographs, enter a general search for a monograph, directly select a monograph from the search field, or view the Announcements from your institution and from Lippincott.

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Select a Monograph

When you select a content set on the Landing Page, the Monograph Selection Page displays.

From here you can enter a general search for a monograph, browse and select a monograph, or directly select a monograph from the search field.

Direct Selection of a Monograph

To rapidly find the monograph that you need, you can immediately select the monograph name from the Search field. To directly select a monograph, follow these steps.

1. Begin typing the title of the monograph in the search field.
2. Lippincott Advisor displays a drop-down list of all the monographs that have the letters entered in their title.
3. Select the required monograph.

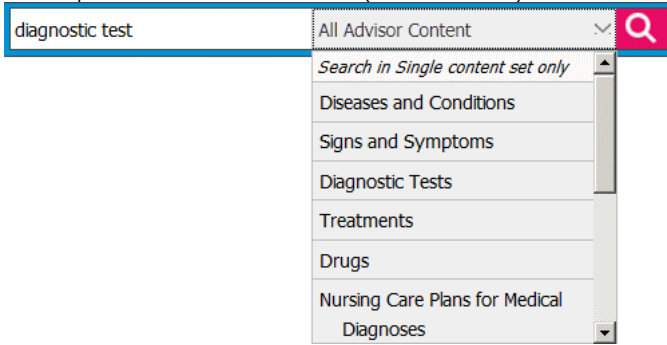4. Lippincott Advisor immediately displays the monograph selected.

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Searching

To search for a monograph follow these steps.

1. Type a keyword or phrase into the search box.

2. Select a specific content set or all content sets (All Advisor Content).

diagnostic test	All Advisor Content	🔍

Search in Single content set only

Diseases and Conditions

Signs and Symptoms

Diagnostic Tests

Treatments

Drugs

Nursing Care Plans for Medical
Diagnoses

3. Select the **Search** icon.

Lippincott Advisor returns a list of results that contain your term in the title or full text of a monograph. To see results in a specific topic, select the appropriate link in the left navigation.

Lippincott Advisor uses a flexible search engine that includes specific keywords and commands that allow for broad and very narrow search queries. Below is a description of the types of searches that you can perform.

General Search

If a query is entered without any of the specified keywords in the sections below, each word within the query is searched. The results are sorted by entities that contain the most or any of these words.

Example:

- muscle weakness — will search for monographs that include **muscle** and **weakness**.

Wildcard Search

To search for parts of words, add an asterisk (*) before the first character, after the last character, or at both ends.

Examples:

- hypo* — will search for words that start with **hypo**
- *vascular — will search for words that end with **vascular**
- *myo* — will search for words that start with, end with, or contain **myo**

Exact Phrase

To search for an exact phrase, surround the query with quotes.

Example:

- "blood pressure" — will search for this phrase only.

Boolean Search

To limit or expand a search, you can combine words and phrases using "and," "or," "not," or "w/."

Examples:

- "joint replacement" and knee — will search for monographs that include the phrase **joint replacement** and the word **knee**
- "joint replacement" or knee — will search for monographs that include the phrase **joint replacement** or the word **knee**
- joint and not knee — will search for monographs that contain the word **joint** but do not contain the word **knee**
- mitral w/5 prolapse — will search for monographs that contain the word **mitral** within 5 words of the word **prolapse**

Other Search Features

Stemming — If you search for the word **test**, the results will include monographs that contain the word **test** and any word that stems from **test**, such as **tests**, **testing**, or **tested**.

Fuzzy Searching — When you query a word or phrase in this search engine, it is processed by a spell checker. If there are any flags in that phrase, the search engine suggests in the results page that you may have meant to search for the "spell-checked" phrase instead. For example, if you query the word **cancre**, the results page will have a note at the top with the question: Did you mean: cancer? If preferred, you can select this suggestion to perform a new search on the corrected phrase.

Thesaurus — The search engine uses a subset of Stedman's Medical Dictionary[1] as a base for its programmable thesaurus. This allows you to query medical terms and their synonyms and return meaningful results. For example, if you search for the word **illness**, the engine will search for **illness** and **disease**.

Hit Highlighting — After you submit a search, a results page appears. Within this results page, any occurrence of the searched phrase (and phrases that may have been related as synonyms) are highlighted for easy browsing. If you navigate to a monograph, you will find the searched phrases highlighted. This allows you to search for a specific term, get quick results, and research this term within the content provided.

You also can find monographs by browsing the categories in Lippincott Advisor.

All Procedures and Advisor Search

If you are a subscriber to both Lippincott Procedures and Lippincott Advisor. You also have the option to search across all Procedures and Advisor content. To do this, follow these steps.

1. Type a keyword or phrase into the search box.
2. The default search option is "All Advisor and Procedures Content" in the search drop-down selection list.
3. Click the Search icon.
4. The search results screen will first display the results for Lippincott Advisor and then, if desired you may select the Procedures tab to view the Lippincott Procedures results.

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Browsing Monographs

To browse for a monograph, follow these steps.

1. Make a content set selection on the Landing Page. Lippincott Advisor displays a list of the categories and monographs that relate to the content set you select.
2. Make a selection from the category list. Lippincott Advisor will then display only those monographs

that relate to the category you select.
3. Select the name of a monograph from the monograph selection list.

Lippincott Advisor displays the monograph selected.

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Reading a Monograph

By default, the full monograph displays when the monograph is first selected.

The center column contains the full text of the monograph selected.

Sections in the left column correlate to the full text displayed. Only selected sections display. To suppress the display of a section, clear the check in the corresponding box.

Entries in the right column correlate to the cross-reference hypertext links for the full text displayed.

All cross-reference hypertext links are displayed in blue.

To select a cross-reference in the center column, follow these steps.

1. Select the blue hypertext link.
2. Lippincott Advisor displays the content sets for the cross-reference.

3. Select the required content set.
4. Lippincott Advisor immediately displays the monograph in the content set selected.

Selected references in monographs include cross-references to PubMed's journal abstracts and complete references. A link to the full text of some journal references is available if it is offered free of charge by PubMed. If you are an Ovid customer, an Ovid Full Text link will display so you can access the Ovid full text of the selected reference.

Follow these steps to access selected reference information.

1. Select the Abstract, Complete Reference, Full Text, or Ovid Full Text blue hypertext link that displays below the selected reference.

Selected References

1. Bonow R. O., et al. (2008). 2008 focused update incorporated into the ACC/AHA 2006 guidelines for the management of patients with valvular heart disease. *Circulation,* 118(15), e523–61.
Abstract | Complete Reference | Full Text | Ovid Full Text

2. Dell'Avvocata, F., et al. (2011). Successful pulmonary valvuloplasty in combined pulmonary valve stenosis and selective left pulmonary artery ectasia. *Journal of Cardiovascular Medicine,* 12(12), 887–88.
Abstract | Complete Reference | Ovid Full Text

2. Lippincott Advisor immediately displays the required information.

Output Options

To print the text of a monograph, select the printer icon. Only the selected sections of a monograph with a checked box will print.

To email the link to a monograph, select the email envelope icon. You can send an email directly from Lippincott Advisor or from your own email. Email recipients must have network access to Lippincott Advisor and be IP-authenticated to view the monograph.

Recent Updates

Select the Menu icon at the top of the screen and then select "Recent Updates" to view a synopsis of the quarterly Lippincott Advisor updates.
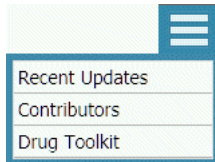
Drug Toolkit

The "Drug Toolkit" contains various drug-related articles, tables, and helpful tools that can be accessed by selecting "Drug Toolkit" on the pull-down Menu (found at the top of every screen) or by clicking on the red Drug Toolkit icon located beneath the Legend in every drug monograph entry.

Clicking on the "Drug Toolkit" link will open a separate page with all of the Drug Toolkit contents, as shown here:

Lippincott Advisor

Interactive Tools
Drug Interactions
Drug Identifier
Dosage Calculator
English-Spanish Medical phrases
English-to-Spanish drug phrase translator

Pharmacology
Controlled Substances Schedule
Drug classes and prototype drugs
Vaccines and toxoids: Indications and dosages

Patient Safety
Abbreviations to avoid
Adverse reactions misinterpreted as age-related changes
Avoiding common drug errors: Best practices and prevention
Cytochrome P-450 enzymes and common drug interactions
Dietary teaching for drug therapy
Drugs that prolong the QTc interval
Elder care medication tips
Equianalgesic dosing for opioids
Foods that contain tyramine
Herb-drug interactions
Managing acute hypersensitivity reactions
Nursing Process: Patient safety during drug therapy
Pediatric drugs commonly involved in drug errors
Preventing miscommunication
Serotonin syndrome: What you should know to protect your patient
Toxic drug-drug interactions
Tumor lysis syndrome: A life-threatening emergency

More detailed information about the drug tools "Drug Interactions," "Drug Identifier," and "Dosage Calculator" can be found below.

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Drug Interactions

The Interactions module is an interaction analysis tool that is designed to identify potential drug-drug, drug-allergy, drug-pregnancy, drug-lactation, and drug-disease interactions, as well as identify possible duplicate therapy issues. Use the blue bar at the top of the screen to access the Interactions module. Begin by entering the drugs to be analyzed. "Search Drugs" allows users to enter medications (both prescription and over-the-counter), natural products, foods, and/or alcohol. "Search Allergies," allows users to enter medication names (e.g., aspirin) or pharmacologic classes (e.g., salicylates). "Search Diseases/Conditions" allows users to select a disease/condition from the search box.

To enter an item, begin typing a keyword into the "Search Drugs" box. Once you begin entering characters, suggested terms will populate the dropdown list. The choices will narrow as more characters are entered. If multiple products match your search term, a list of products will appear. To add that medication to the medication list, simply click on the drug name or the Add button. Continue this process until all items are added. To remove an item from the list, click the "X" next to the product you wish to remove. Use the same process if you wish to add/remove allergy and disease screening terms to the analysis.

Once the list is complete, click the Analyze button to perform an analysis. Duplicate drug therapy, pregnancy and lactation options are automatically checked. If you do not want duplicate drug therapy or pregnant/lactating screening to be performed, the respective boxes can be unchecked prior to clicking the "Analyze" button.

The "Interaction Analysis" tab provides a summary statement for each interaction, organized into Drug-Allergy, Drug-Drug, Drug-Food, Drug-Alcohol, Pregnancy, Lactation, Precautions (for the disease/conditions), and duplicate therapy sections. The summary statements include the search terms used, along with the corresponding class(es), if applicable. An assigned risk icon (red, yellow, or blue) appears on the Interaction Analysis screen. Each icon represents a different level of urgency in responding to the identified interactions. The risk rating scale is defined in more detail below.

You can filter the interactions that are displayed on the Interaction Analysis screen using the available drop-down menus. Use the "Jump to Section" to go directly to the section you want to review first. Use the "Filter Item" to filter by drugs, allergies, applicable age/gender categories or conditions entered. Use the "Filter Risk Ratings" to filter by various interaction levels. To remove the filters selected, simply click the Reset Filters button to return to the full, unfiltered interaction analysis results.

Drug Interaction and Allergy Analysis Scale

Risk Rating Icon: Provides an indicator to help a clinician quickly decide how to respond to the interaction data. Each drug-drug, drug-food and drug-alcohol interaction is assigned a risk rating icon. The progression from blue to red is accompanied by increased urgency for responding to the data. In general, the blue icon indicates that the interactions are of reduced clinical relevance. Monographs with a red or yellow icon indicate situations that will likely demand a clinician's attention. The text of the "Management" section of the monographs will provide assistance regarding responses that may be generally useful for many patients. Each drug-allergy interaction is assigned a red risk rating icon.

The definition of each drug interaction risk rating is as follows:

Risk Rating	Severity	Documentation
❌	Major	Suspected, Probable, Established
Potentially severe or life-threatening interaction; supported by primary literature that includes multiple case reports and/or controlled studies. Some contraindicated drug combinations may also be included.		
⊖	Moderate	Suspected, Probable, Established
Interaction may cause deterioration in the patient's clinical status; supported by primary literature that includes multiple case reports and/or controlled studies. Some contraindicated drug combinations may also be included for which supporting documentation indicates the interaction is unlikely to be life-threatening.		
⊖	Major	Possible
Interaction may cause major effects but literature support is very limited.		
ⓘ	Moderate	Possible
	Minor	Suspected, Probably, Established
Interaction is unlikely to be clinically relevant. Interaction is supported by limited data in the primary literature.		
ⓘ	Minor	Possible
	Any	Doubtful/Unknown
Interaction is unlikely to be clinically significant. Interaction is supported by limited and/or conflicting data.		

Drug-Pregnancy/Lactation and Disease/Condition Risk Rating Scale

Risk Rating Icon: Provides an indicator to help a clinician quickly decide how to respond to the interaction data. Each drug-pregnancy, drug-lactation and drug-disease interaction is assigned a risk rating icon. The progression from blue to red is accompanied by increased urgency for responding to the data. In general, the blue icon indicates that the interactions are of reduced clinical relevance. Interactions with a red or yellow icon indicate situations that will likely demand a clinician's attention.

The definition of each risk rating is as follows:

Risk	Severity Level	Description

Rating	Severity Level	Description
✖	Contraindicated	› Pregnancy: Use of the drug during pregnancy is contraindicated in the source documentation. Source documentation may also indicate toxicity, teratogenicity, and/or increased morbidity or mortality of the fetus with drug use in pregnant women. › Lactation: Breastfeeding is contraindicated in the source documentation. Drug is associated with severe adverse effects, toxicity, morbidity or mortality in the nursing infant. Effect of the drug in the nursing infant is unknown; however, similar drugs have been associated with severe adverse effects, toxicity, morbidity or mortality. › Disease: This level is used when the risk from use of a drug product clearly outweighs any possible therapeutic benefit. Generally speaking, the source documentation will state the product is contraindicated for a given condition.
⊖	Not recommended	› Pregnancy: Use of the drug during pregnancy is not recommended in the source documentation. Source information may also indicate toxicity, teratogenicity, and/or increased morbidity or mortality of the fetus with drug use in pregnant women. › Lactation: Source documentation indicates breastfeeding is not recommended or should be withheld until therapy is discontinued. The drug is associated with an increased incidence of adverse events and/or toxicity in the nursing infant. › Disease: This level is used when use of the product is presented in source documentation as "not recommended", "avoid use", "should not be used", or similar phrasing in patients with a given condition.
⊖	Extreme caution	› Pregnancy: Should be used with caution during pregnancy. › Lactation: Use with caution in breastfeeding women. Information regarding excretion of the drug in human breast milk and /or adverse effects or safety in the nursing infant is insufficient or unknown. › Disease: Drug therapy should be used with extreme caution. Source information indicates the drug should be used with extreme caution in the specific disease state.
ⓘ	Use cautiously	› Pregnancy: Safety and efficacy not established, consult physician regarding drug use during pregnancy, or there are no reports of fetal/newborn adverse effects when the drug is used during pregnancy. › Lactation: Safety and efficacy not established, consult physician in breastfeeding women; a lack of human data but the drug is probably compatible with breastfeeding, or excretion into breast milk is unlikely to be of concern. › Disease: Drug therapy should be used cautiously in a specific disease state.
ⓘ	Informational	› Pregnancy: Source information indicates no evidence of fetal harm during pregnancy; the drug is compatible or probably compatible with use during pregnancy; there is no evidence of fetal/newborn risk when the drug is used during pregnancy; maternal systemic absorption is negligible or not sufficient to warrant precautions when administered to pregnant women; placental transfer is unknown or does not occur. › Lactation: Human lactation information demonstrates no adverse effects or suggests safe use in the nursing infant; drug is compatible with breastfeeding or does not pose a hazard to the breastfeeding infant; drug is not found in human breast milk or drug factors make it unlikely to be excreted into breast milk; if excreted, drug factors make it unlikely to be absorbed by the nursing infant.

Viewing Interaction Details

Each interaction summary is a link to more detailed information on the interaction.

DRUG-DRUG/DRUG-FOOD/DRUG-ALCOHOL INTERACTIONS

Each monograph provides a summary of the interaction, along with information on the mechanism, effect and management, with a discussion and references available. At the top of the monograph there are indicators displaying the Severity, Documentation and Onset levels for the particular interaction. The levels are defined below as follows:

Severity: Used to qualify the medical risk of the interaction. Possible values:

- Major: The interaction may be life-threatening or cause permanent damage.
- Moderate: The patient's condition may deteriorate due to the interaction, requiring additional care or extended hospitalization.
- Minor: An interaction that is bothersome, but otherwise not medically detrimental.

Documentation: Indicates the quality and quantity of the medical literature supporting the inclusion in the data. Possible values:

- Established: The interaction has been proven to occur in well controlled human studies in which either altered pharmacologic effects have been documented or known pharmacokinetic changes have been reported along with supporting clinical observations.
- Probable: Pharmacokinetic changes have been documented and are known to be of sufficient magnitude to alter the therapeutic response. However, well controlled human studies showing altered clinical effects are not available. Well-designed animal studies may support the interaction on rare occasions if numerous case reports or uncontrolled studies in humans exist.
- Suspected: Pharmacokinetic changes may have been documented in well-controlled studies, but the relationship between plasma concentrations and pharmacologic effect has not been confirmed. Altered pharmacologic effects reported in multiple case reports or uncontrolled studies may also be given this level of documentation. This includes drug interactions appearing in a black box warning and/or contraindications section of manufacturer's product literature even in the absence of available published information. Such product literature shall be considered as carrying the same weight as case reports in the clinical literature.
- Possible: Pharmacokinetic data, such as small pharmacokinetic studies in healthy volunteers demonstrated pharmacologic response, or case reports suggest a possible interaction. However, the quality or quantity of supporting clinical data does not substantiate the predictability of the interaction.
- Doubtful/Unknown: The bulk of the clinical documentation is of poor quality, or well-controlled studies refute case reports of an interaction. Also included in this group are those interactions for which some kind of pharmacokinetic change has been reported, but the effect of this change is clinically insignificant.

Onset: Indicates how quickly the interaction may occur.

- Rapid: The clinical manifestation of the interaction may occur within 24 hours of the patient receiving the potentially interacting combination. Generally, rapid onset interactions may require immediate attention by the clinician.
- Delayed: Interactions requiring more than 24 hours from the time of administration for a problem to become clinically evident. Delayed onset interactions may be as severe as rapid onset interactions, but the clinician usually has more time to consider specific, practical options.

DRUG-ALLERGY

To view more detail about a particular drug-allergy interaction, click on a hyperlinked term to review information on:

- Reactions reported as well as other relevant information for the clinician
- Fully referenced discussion of the available literature
- References

DRUG-PREGNANCY

Additional information on the severity level and placental transfer are available via the hyperlinked interaction. Severity levels are described previously in the Drug-Pregnancy/Lactation and Disease/Condition Risk Rating Scale table. Placental Transfer identifies whether the drug can transfer across the placental barrier in pregnant women. Possible settings are listed below:

Option	Description
Yes	Does transfer across placental barrier
No	Does not transfer across placental barrier
Maybe	May transfer across placental barrier
Unknown	Either source documentation states transfer across placenta unknown or no information on placental transfer is provided.

DRUG-LACTATION

The detail information for the Drug-Lactation interaction provides information on the severity levels (described previously in the Drug-Pregnancy/Lactation and Disease/Condition Risk Rating Scale table) and breast milk excretion. The Breast Feeding Excreted scale indicates whether a drug is excreted in breast milk based upon information in the product labeling or other source documentation. The options are as follows:

Breast Feeding Excreted	Description
Yes	Excreted in breast milk
No	Not excreted in breast milk
Maybe	May be excreted in breast milk
Unknown	Either source documentation states excretion unknown or no information available on excretion.

DRUG-DISEASE

Severity levels include Contraindicated, Not recommended, Extreme Caution, Use Cautiously and Informational (described previously in the Drug-Pregnancy/Lactation and Disease/Condition Risk Rating Scale table). There may be additional information available in the Comments section on the use of the drug and the condition together.

To return to the Interaction Analysis summary page, click on the "Interaction Analysis" tab at the top of the content panel. To return to the initial search screen to enter an additional item, click on the "Search" tab at the top of the content panel.

The Clear button will clear all items from the list and allow the user to start a new regimen

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Drug Identifier

Using the Drug Identification Module

The drug identification tool, powered by Medi-Span® data, is accessed via the blue tool bar at the top of the screen. The Drug ID module is an application that allows identification of tablets, capsules, aerosols, lotions, creams, and a variety of other oral and topical dosage forms. To begin, enter known product characteristics, such as imprint, dosage form, shape, and color. You may also search using drug name, manufacturer/labeler, or identifier (NDC).

When entering an imprint code, enter each discrete marking from the tablet as a separate imprint. For example, to identify a tablet with "M" on one side and "100" on the other side, enter "M" into the "Imprint Side 1" box, then enter "100" into the "Imprint Side 2" box. When entering the dosage form, shape, and color, select from the drop-down menu of choices in each of the respective boxes.

It is not necessary to populate all of the product characteristics into each of the boxes to be able to execute the search; however, the more information that is inputted, the greater the degree of accuracy of the search results with drugs meeting that criteria.

Note: Multiple colors can be entered by returning to the drop-down menu and selecting additional colors.

Once the search criteria have been inputted, click the "Search" button to execute the search. The results will be displayed according to "Exact Match Results" (if any are found), followed by "Partial Match Results."

On the Search Results screen, additional information can be viewed for each of the products displayed by clicking anywhere on that product's description. Additional information may include a larger image (when available), NDC, manufacturer, a written description of the imprint code, Rx/OTC classification, and a bioequivalency rating. To return to the Search Results screen, click the "Search Results" tab.

Dosage Calculator

Select the Menu icon at the top of the screen, select "Drug Toolkit," and then select the "Dosage Calculator" link to do the following calculations:

- Calculate oral medications, liquid injections and injections from powder
- Calculate IVs

Note: These calculators are not designed as a substitute for understanding and computing these calculations independently and are not intended to be used in medical situations.

Assignments

You can have a test assigned to you to assess your knowledge of a topic. To take a test, you must login to your account with your username and password. Once logged in, Lippincott Advisor displays the tests assigned to you on your **My Account** screen.

To login from any screen, select **Login** at the top of the screen. Lippincott Advisor displays the login box.

Lippincott Advisor

◀ Return to Lippincott Advisor

Login

Username or Email Address

[Username or Email Address]

Password

[Password]

[Submit] [Self Enroll]

Forgot Username or Password?

Alternate Login Options

[Active Directory] [OpenAthens] [Other Institution]

Support

If you are having difficulty logging in, please contact our technical support help desk at:
1-844-303-4860 (international 301-223-2454) or LNS-Support@wolterskluwer.com.

Hours available:
Monday through Thursday, 8 AM to Midnight EST
Friday 8 AM to 7 PM EST
Sunday, 4 PM to Midnight EST

Emergency after-hours Technical Support is available by calling 1-877-247-6843.

To login, follow these steps.

1. Type a valid username or email address.
2. Type a valid password.
3. Click the **Submit** button.

Alternatively, you can select **OpenAthens** and login with your Athens authentication.

If you do not have a username or password, your facilty may choose to provide a self-enrollment option for General users. If your facility has selected self-enrollment, the login screen will have a **Self Enroll** option on the login screen.

If you select the **Self Enroll** option, you must complete the following self-enrollment screen to be enrolled as a General User.

User Self-Enrollment

* = Required field

Email Address

[   ]

First Name *

[   ]

M.I.

[   ]

User Type

[General User]

Last Name *

[   ]

Username * ❓

[   ]

I.D.

[   ]

Password * ❓

[   ]

Department *

[   ]

Confirm Password *

[   ]

Job Title

[   ]

[Save] [Cancel]

If you have forgotten your username or password, click the Forgot Username or Password? link on the login screen. The following screen displays:

Password Help

Please enter the email associated with your account. An email will be sent to that address. The email will have your username and instructions for resetting your password.

Don't have an email address or an account? Select that checkbox and fill out the alternate form.

Email

[Email]

☐ **I do not have an email address**

[Submit] [Cancel]

Enter your email address and click **Submit** to receive your username and instructions for resetting your password. If you do not have an email address for an account, select that checkbox, enter your username, and fill out the alternate form.

On your **My Account** screen, Lippincott Advisor displays the monograph tests assigned to you.

My Account

Tests assigned to you are listed on your **My Account** screen. From the **My Account** screen you can:

- Change your login password by clicking the Edit link.
- Review the monograph before taking the assigned test by clicking the View Monograph link.
- Take the test by clicking the test name or the Take test link.
- Select the **Completed Assignments** tab to view your score and your results for all completed tests.

My Username and Password
Username: user@medicalcenter.com
Password: ******** (Edit)
Athens username: [not set] (Edit)

My Assignments

| Assignments | Completed Assignments |

My Tests
The following Tests have been assigned to you: (Click the Test Name or Take Test to start the Test.)

Test name	View Monograph	Num attempts	Date assigned	Due date	Score needed to pass	
Tips for teaching the cognitively impaired patient	View Monograph	1 of 3	08/01/2016	09/01/2016	80%	Take test
Tips for teaching the older adult patient	View Monograph	1 of 3	08/01/2016	09/01/2016	80%	Take test

Taking a Test

If you click the name of an assigned test or the Take test link, Lippincott Advisor displays the test.

Tips for teaching the older adult patient

When providing patient teaching to an older adult patient, it is important to know that physiologic changes can affect learning. These changes include all of the following EXCEPT:

- ○ loss of vision.
- ○ faster information processing.
- ○ hearing loss.
- ○ slowed reaction time.

When preparing a teaching session for older adult patients, which of the following is important to remember?

- ○ Most older adult patients are slow thinkers.
- ○ Most older adult patients are resistant to change.
- ○ Most older adult patients are low performers.
- ○ Most older adult patients maintain intellectual function throughout the aging process.

It is important to provide the older adult patient with various types of educational materials when teaching. Which of the following points is important to remember for this population?

- ○ Materials should include a variety of type colors to express emphasis.
- ○ Materials should be printed at a 9th-grade reading level.
- ○ Materials should be printed in all-uppercase letters.
- ○ Materials should contain words that don't exceed two syllables.

A nurse is assigned to teach an older adult patient about a medication change related to the current medical diagnosis. While preparing for the teaching session, it is important for the nurse to remember factors that can affect the patient's ability to retain information, such as:

- ○ visual deficits.
- ○ the speed at which information is taught.
- ○ economic factors.
- ○ the ability to write.

| Submit | Reset | Cancel |

Answer questions by selecting a radio button preceding each answer. If a question is not answered, the answer is considered incorrect. Select the **Reset** button to clear all of your answers or the **Cancel** button to close the test and return to your **My Account** screen. When you have answered all of the questions, click the **Submit** button at the end of the test.

Test Results

Lippincott Advisor displays your test score when you click the **Submit** button at the end of the test. The test score also will be registered on your **My Account** screen for you and on the **Assignment Records** screen for your supervisor.

Dealing with language barriers

Taken by: Kim Gasda, kg01

Date Taken: 08/10/2016

Score: 10 of 10 (100%) - Passed

[Print]

View Results | My Account

If you pass the test, the <u>View Results</u> link on the test result screen will display the questions, your answers, the correct answers, and the rationales for the correct and incorrect answers. The correct answer for each question displays in bold. If you answered the question correctly, a green check mark precedes your correct answer. If you answered the question incorrectly, a red slash in a circle precedes your incorrect answer.

Dealing with language barriers   **Score: 90% (9 of 10)**

(Correct answers are in **bold**.)

The nurse is discharging a limited English proficiency (LEP) patient after a brief hospital stay. There are no hospital-approved interpreters available to assist with translation during the discharge process. Which of the following actions by the nurse is appropriate?

○ Delaying discharge until the next day when a hospital-approved interpreter is available

○ Allowing the patient's 15-year-old daughter to act as a translator

✓ ⦿ **Asking the patient's bilingual spouse to act as the interpreter**

○ Giving the patient written discharge instructions to review after discharge

Rationale: A patient's family member can be used as a last resort when translation is required for the discharge process. A child who is younger than age 18 should never be used as an interpreter unless it is an emergency situation. Written instructions are not appropriate unless the nurse has determined that the patient is able to read in his primary language. Delaying discharge until the next day when a hospital-approved interpreter is available is not an option because the extended stay will not be covered by the patient's insurance company.

Which of the following is a known consequence when a language barrier exists between the nurse and the patient?

🚫 ⦿ Increased risk for malpractice

○ Decreased compensation for services

○ Increased length of hospital stay

○ **Decreased adherence to the plan of care**

Rationale: A known consequence when a language barrier exists between the nurse and the patient is decreased adherence to the plan of care. Although there is an increased risk for medical errors and adverse outcomes, there is no evidence that supports an increased risk for malpractice or length of hospital stay with a language barrier. Decreased compensation for services is not a known consequence when a language barrier exists between the nurse and the patient.

If you fail the test, the <u>View Results</u> link on the test result screen will display the questions, your answers, and the rationales for the correct answers. If you answered the question correctly, a green check mark precedes your correct answer. If you answered the question incorrectly, a red slash in a circle precedes your incorrect answer.

Dealing with language barriers   **Score: 60% (6 of 10)**

Which of the following nursing actions is required by the Health Insurance Portability and Accountability Act (HIPAA) when using an interpreter to provide information to a limited English proficiency (LEP) patient?

✓ ⦿ Confirming that the patient received a copy of the facility's notice of privacy practices

○ Introducing the interpreter to the patient and explaining the role of the interpreter

○ Having the patient provide consent to the use of the interpreter

○ Asking the interpreter if there are any cultural consideration based on the patient's language

Rationale: The nursing action that is required by HIPAA when using an interpreter is to ensure that the patient has received a copy of the facility's notice of privacy practices. If the patient has not received this, the interpreter can read it aloud to the patient. The nurse would then need to have the patient sign or initial the form to acknowledge receipt. Although the other nursing actions are appropriate when using an interpreter to communicate with an LEP patient, these actions are not required by HIPAA.

The nurse is providing discharge instructions to a limited English proficiency (LEP) patient with the assistance of an interpreter, who must step out of the room to speak with the supervisor. Which of the following actions by the nurse is appropriate in this situation?

🚫 ⦿ Averting eye contact with the patient while the interpreter is out of the room

○ Waiting until the interpreter returns to continue instruction

○ Asking the patient if he has any questions regarding the instructions thus far

○ Asking a family member to act as a translator until the interpreter returns

At any time you can click the **My Account** link on the screen to view the status of your assigned and completed tests.

▲ Top

Administration Tools

Lippincott Advisor has an administrative component that can be accessed from any screen by selecting the **Login** option.

To login from any screen, select **Login** at the top of the screen. Lippincott Advisor displays the login screen.

Lippincott Advisor

◄ Return to Lippincott Advisor

Login

Username or Email Address

[Username or Email Address]

Password

[Password]

[Submit]   [Self Enroll]

Forgot Username or Password?

Alternate Login Options

[Active Directory] [OpenAthens] [Other Institution]

Support

If you are having difficulty logging in, please contact our technical support help desk at: **1-844-303-4860 (international 301-223-2454) or** LNS-Support@wolterskluwer.com.

Hours available:
Monday through Thursday, 8 AM to Midnight EST
Friday 8 AM to 7 PM EST
Sunday, 4 PM to Midnight EST

Emergency after-hours Technical Support is available by calling 1-877-247-6843.

To login, follow these steps.

1. Type a valid username or email address.
2. Type a valid password.
3. Select the **Submit** button.

Alternatively, you can select **OpenAthens** and login with your Athens authentication.

If you have forgotten your username or password, select the Forgot Username or Password? link. The following screen displays:

Password Help

Please enter the email associated with your account. An email will be sent to that address. The email will have your username and instructions for resetting your password.

Don't have an email address or an account? Select that checkbox and fill out the alternate form.

Email

[Email]

☐ **I do not have an email address**

[Submit] [Cancel]

Enter your email address and select **Submit** to receive your username and instructions for resetting your password. If you do not have an email address for an account, select that checkbox, enter your username, and fill out the alternate form.

With Lippincott Advisor Administration Tools, you can view, update, and maintain:

- user information
- custom protocols, notes, and tests
- assignments
- assignment records
- facility information
- community information.

Administration Tools

| Users | Content Management | Assignments | Assignment Records | Community | Facility |

▲ Top

Maintain Users and Groups (Standard)

To perform user maintenance tasks, select the **Users** tab. This feature lets you:

- add, edit, or delete users or groups
- import users
- export users

Adding Users

To add a user, follow these steps from the **Users** tab.

1. Select the **New User** button.
2. Type information into the text boxes, including User Type from the drop-down menu (see Table A).
   Username must be a minimum of five (5) characters. The username must be unique across all users of the Lippincott Solutions suite of products. As a result, we typically recommend using an email address if available.
   Password must be a minimum of eight (8) characters and must contain at least one (1) each of the following characters:
     ○ upper case alphabetic

- lower case alphabetic
- numeric
- special character

3. Click the **Save** button.

Administration Tools

| Users | Content Management | Assignments | Assignment Records | Community | Facility |

Display Users and Groups:

Filter List [All Users and Group ▼]

Alderman, Sarah (Gen) sa001
Alexander, Heidi (Admin) 0542
Andrade, George (Gen) GA
Barnes, Kizzy, H. (Gen) 1133
Barnes, Tracy, G. (Gen) TGB-01
Blakley, Danita (L2) LA1
Bookmiller, Ruth (Admin) 1
Burns, Chris B. (Admin) A02
Copeland, Lori (L1.5) A01
Daveler, Pam (Gen) PD02
Enger, Jan (Gen) JE50
Gasda, Kim (Gen) KG01
Hawk, Sherry (Gen) SHA1
Hill, Beth (L2) BL05

[New User] [New Group] [Delete]

Import/Export Users as a CSV File
[Import Users] [Export Users]

Maintain User

Email Address
sarah@medicalcenter.com

User Type: *
General User ▼

Username: *
sarah@medicalcenter.com

Password: *
●●●●●●●●

Confirm Password: *
●●●●●●●●

First Name: * | **M.I.**
Sarah

Last Name: *
Alderman

I.D.:
sa001

Department: *
Radiology

Job Title:
RN

[Save] [Cancel]

Table A	
User Type	**Access**
General	All general options. No access to Administration Tools.
Level 1	All general options. Access to Users, Assignments, Assignment Records, Community, and Facility (Analytics option only).
Level 1.5	All general options. Access to Users, Notes and Tests Administration, Assignments, Assignment Records, Community, and Facility (Analytics option only).
Level 2	All general options. Access to Users, Content Management, Assignments, Assignment Records, Community, and Facility (Analytics option only). There are two Level 2 permission options on Content Management - "All Permissions" and "Save Drafts Only"
Administrator	Full access to all Administration Tools.

Self enrolled users are displayed in an italic font in the Users and Groups list. Self enrolled users must log-in from within an authenticated site every 90 days to avoid access disruption. Administrators can change self-enrolled General users to standard General users by selecting the username in the list and clicking **Validate User**. A filter is available to view all self enrolled users. Simply click the **Users & Group** selection box and switch to "Only Self Enrolled Users"

Administration Tools

| Users | Content Management | Assignments | Assignment Records | Community | Facility |

Display Users and Groups:

Filter List [All Users and Group ▼]

Alderman, Sarah, (Gen) sa001
Alexander, Heidi (Admin) 0542
Andrade, George (Gen) GA
Barnes, Kizzy, H. (Gen) 1133
Barnes, Tracy, G. (Gen) TGB-01
Blakley, Danita (L2) LA1
Bookmiller, Ruth (Admin) 1
Burns, Chris B. (Admin) A02
Copeland, Lori (L1.5) A01
Daveler, Pam (Gen) PD02
Enger, Jan (Gen) JE50
Gasda, Kim (Gen) KG01
Hawk, Sherry (Gen) SHA1
Hill, Beth (L2) BL05

[New User] [New Group] [Delete]

Import/Export Users as a CSV File
[Import Users] [Export Users]

Maintain User

Email Address
sarah@medicalcenter.com

User Type: *
General User ▼

Username: *
sarah@medicalcenter.com

Password: *
●●●●●●●●

Confirm Password: *
●●●●●●●●

First Name: * | **M.I.**
Sarah

Last Name: *
Alderman

I.D.:
sa001

Department: *
Radiology

Job Title:
RN

[Save] [Validate User] [Cancel]

Importing Users

From the **Users** tab, you can import a list of users. To do so, start by selecting the **Import Users** button. Lippincott Advisor refreshes the tab to display import options.

Import only New Users

Administrators and Level 2 users can use this option for importing additional users into Lippincott Advisor by supplying only those additional users in a CSV file.

Import a complete list of Users

Administrators can use this option to import a complete list of users for this facility.

- Usernames in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all of their attributes updated. These updated user attributes are based on the import file's header specification.

Import Users

Import only New Users

This option is for importing additional users into Lippincott Advisor by supplying only those additional users in a CSV file.

Import a complete list of Users

This option is for importing a complete list of users for this facility.

- Usernames that are in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all, of their attributes updated. These updated user attributes are based on the import file's header specification.

Import Method:

○ Import only New Users

○ Import a complete list of Users

CSV File:

[   ] [Browse...]

Once the upload is complete, your results will be displayed on the top of this page. If the CSV is validated and no errors are found, you'll be given the option to Promote or Cancel the process. You can return to this page at any time to monitor the process.

[Import Users]

Download CSV Template

Please download a CSV template from the link below. The file will have a sample header for your CSV import file.

Click here to learn more about importing users.

[Download]

Previous Import Status (automatically refreshed)

Uploaded
04/21/2017
Date Completed
04/21/2017
Status
3 users processed (See Details).

CSV file format

NOTE: It is important that you format the files according to the following instructions. If you do not, the program will not be able to import the file. If the file is formatted incorrectly, the program displays an error message informing you of the problem.

Lippincott Advisor expects each user record within the CSV file to be formatted as shown below.

1. A heading row is required. The first cell in the first row of the CSV file must contain a "#" sign preceding the text header. The "#" sign will designate that the row is a heading row. The heading row will define the column contents and the disposition of the cell contents in that column.

   Ordering of column headings can be random. However, it is important that the first column heading begins with a "#"

   The headings (case insensitive) are (* denotes required fields):

   Username*
   Password*
   First Name*
   Middle Initial
   Last Name*
   User Type*
   Employee ID
   Department*
   Job Title
   Email Address
   Group Names (multiple groups must be separated by a pipe character (|).)
   Athens Username (for Athens-enabled users)
   User Locations* (required for User Locations enabled facilities; multiple User Locations must be comma delimited)

   Select the **Download** button on the Import screen to download a CSV template file for your facility. The file will have a sample header for your CSV import file.

   Example:

#Username	Password	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations

2. You can denote a field as relevant for the addition of new users only. The field will be ignored for all existing users. To denote a field as relevant for new users only, the parenthetical suffix (New Only) must be added to that column's heading. The Username column can not be designated (New Only).

   Example:

#Username	Password (New Only)	First Name	Middle Initial	Last Name	User Type	Employee ID	Department (New Only)	Job Title	Email Address	Group Names	Athens Username	User Locations

   In the above example, the fields for Department and Password will be added for new users only. Those fields will be ignored for existing users.

3. The "User Type" must be General, Level 1, Level 1.5, Level 2, or Administrator. The "Username" must be a minimum of five (5) characters. The "Password" must be a minimum of eight (8) characters and must contain at least one (1) each of the following characters:
   - upper case alphabetic
   - lower case alphabetic
   - numeric
   - special character

4. Examples of CSV records:

   a. The Administrator does not want to alter the Password for existing users. The Password is added for new users only (Note: User Locations are enabled for this facility):

#Username	Password (New Only)	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations
js123		John		Smith	Administrator	JS001	Surgical Staff					Location A, Location B

| jd123 | Password1$ | Jane | | Doe | General | JD001 | Emergency Staff | | | | | Location C |

b. The Administrator does not want to alter the User Type for existing users. The User Type is added for new users only:

#Username	Password	First Name	Middle Initial	Last Name	User Type (New Only)	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations
js123	Password1$	John		Smith	Level 2	JS001	Surgical Staff					
jd123	Password1$	Jane		Doe	General	JD001	Emergency Staff					

c. The Administrator in an "Athens-enabled" facility does not want to alter the Athens Username field for existing users. The Athens Username field is added for new users only:

#Username	Password	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username (New Only)	User Locations
js123	Password1$	John		Smith	Administrator	js123	Surgical Staff					
jd123	Password1$	Jane		Doe	General	jd123	Emergency Staff				athens_username1	

Please note that you should not enable the General User self-enrollment option if you are managing users centrally and importing a complete list of users regularly. A full user file import deletes any user that is not on the list (which may mean the deletion of recent self-enrolled users accidentally if not on the file).

Automatic user processing via automated file transfer from your HR System:

For this method, a formatted full user list can be transmitted electronically from your HR system to the Lippincott Solutions FTP site for processing as often as daily.

To do this, we would need to set your facility up for the processing one time.

- A CSV file needs to be submitted in our standard import format as described above
- This file needs to be a full complete user list. We cannot do "add new only".
- The CSV import needs to be placed in a zip file.
- At any point you can place a new ZIP file containing the user feed CSV file out on the FTP (specific FTP details of which will come once set-up).
- The processor will run once every early morning.
- The processor will determine if you have placed a newer file out there and will automatically process it.
- You can use any filename. Although we'd suggest placing descriptive details such as: "YourFacility-UserFeed-2015-06-30.zip", that way if there are issues we can more easily direct to the problem file.

You will be asked to provide at least one email contact to receive import status reports. These reports will notify you of successful add, edit and delete users as well of any errors. You can then resolve the issue and we'll process that file in the next processor run. As a result, we recommend this feed be only set up with an export from their HR system or similar.

Each load will be processed as follows:

- Usernames that are in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all, of their attributes updated. These updated user attributes are based on the import file's header specification.
- If you do not want certain attributes to be overridden for existing users (like password), you need to specify those columns with the New only option discussed in our import instructions.
- General User self enrollment should not be used with this option as self-enrolled users will be overridden if not on your submitted import file.

Top

Exporting Users

From the **Users** tab, Administrators can export their facility users in a CSV file. To export the CSV file for your facility select the **Export Users** button.

When the file is exported, all users' passwords will appear as *****. To update an existing user's password, simply replace the ***** with the new password. If the password is unchanged, simply leave the ***** as is.

Top

Adding Groups

From the **Users** tab, follow these steps to add a group.

1. Select the **New Group** button.
2. Enter the Group name.
3. Move users from the **Users** list box to the **Group Members** list box using the arrow buttons between the two list boxes.
4. Select the **Save Group** button.

Groups may also be added by importing Group Names via the import functionality. If a user belongs to multiple groups, separate each group with a |.
For example: ER Admissions|Home Care|The Critical Group|Bariatric|Admin Group

Editing User or Group Information

From the **Users** tab, you can edit user or group information by following these steps.

1. Select a user or group from the display users and groups list. Lippincott Advisor refreshes the tab with the user's or group's information.
2. Make the changes you want to the user's or group's information.
3. Select the **Save** button or the **Save Group** button.

Please note that users and groups are shared between Lippincott Solutions products so actions completed in one site will be reflected in the others.

Deleting a User or Group

From the **Users** tab, you can delete a user or group by selecting a name from the display users and groups list and selecting the **Delete** button.

During an "Import a complete list of Users" import, if all members are removed from a group, it will be deleted.

Top

Maintain Users and Groups (With User Locations)

Note: You must contact Wolters Kluwer Customer Support to have User Locations enabled.

User Locations provide facility administrators with the ability to separate users into one or more facility or department locations without having separate content sets. Users in all facility or department locations view the same content. Administrators can access all Administration Tools across all locations; they need not be assigned to a specific location to execute Administrator-level functions affecting that specific location.

The purpose of User Locations is so that Level 1, Level 1.5, or Level 2 users defined in a specific user location can only assign tests for other users that are defined in that specific user location. In the same way, the Level 1, Level 1.5, or Level 2 users can only view assignment records for other users that are defined in that specific user location.

To perform user and user location maintenance tasks, click the **Users** tab. This feature lets you:

- add, edit, or delete user locations
- add, edit, or delete users or groups
- import users
- export users

Top

Adding User Locations

To add a user location, follow these steps from the **Users** tab.

1. Select the **User Locations** subtab.
2. Lippincott Advisor will prompt you to add a user location.
3. To add each location, click the **New Location** button.
4. If you are a current subscriber to Lippincott Advisor, the **Users** box will list your facility's users so that you can add the users to the locations that you define.
5. Add the location name and location members.
6. Click the **Save Location** button after adding all appropriate users to the new location.

Top

Deleting User Locations

From the **User Locations** subtab in the **Users** tab, you can delete a user location by selecting a location name from the **Locations** list and clicking the **Delete Location** button. Any users left unassigned to a location due to the deletion should be reassigned to a different location.

Top

Adding Users

To add a user, follow these steps from the **Users** tab.

1. Select the **User & Groups** subtab.
2. Click the **New User** button.
3. Type information into the text boxes.
   Select User Type (see Table A) and User Location(s) from the drop-down menus.
   Username must be a minimum of five (5) characters. The username must be unique across all users of the Lippincott Solutions suite of products. As a result, we typically recommend using an email address if available.
   Password must be a minimum of eight (8) characters and must contain at least one (1) each of the following characters:
   - upper case alphabetic
   - lower case alphabetic
   - numeric
   - special character
4. Click the **Save** button.

Table A	
User Type	**Access**
General	All general options. No access to Administration Tools.
Level 1	All general options. Access to Users, Assignments, Assignment Records, Community, and Facility (Analytics option only).
Level 1.5	All general options. Access to Users, Notes and Tests Administration, Assignments, Assignment Records, Community, and Facility (Analytics option only).
Level 2	All general options. Access to Users, Content Management, Assignments, Assignment Records, Community, and Facility (Analytics option only). There are two Level 2 permission options on Content Management - "All Permissions" and "Save Drafts Only"
Administrator	Full access to all Administration Tools.

Self enrolled users are displayed in an italic font in the Users and Groups list. Self enrolled users must log-in from within an authenticated site every 90 days to avoid access disruption. Administrators can change self-enrolled General users to standard General users by selecting the username in the list and clicking **Validate User**. A filter is available to view all self enrolled users. Simply click the **Users & Group** selection box and switch to "Only Self Enrolled Users"

Top

Importing Users

From the **Users** tab, you can import a list of users. To do so, start by clicking the **Import Users** button. Lippincott Advisor refreshes the tab to display import options.

Import only New Users

Administrators and Level 2 users can use this option for importing additional users into Lippincott Advisor by supplying only those additional users in a CSV file.

Import a complete list of Users

Administrators can use this option to import a complete list of users for this facility.

- Usernames in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all of their attributes updated. These updated user attributes are based on the import file's header specification.

Import Users

Import only New Users

This option is for importing additional users into Lippincott Advisor by supplying only those additional users in a CSV file.

Import a complete list of Users

This option is for importing a complete list of users for this facility.

- Usernames that are in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all, of their attributes updated. These updated user attributes are based on the import file's header specification.

Import Method:
- ○ **Import only New Users**
- ○ **Import a complete list of Users**

CSV File:
[_____] Browse...

Once the upload is complete, your results will be displayed on the top of this page. If the CSV is validated and no errors are found, you'll be given the option to Promote or Cancel the process. You can return to this page at any time to monitor the process.

[Import Users]

Download CSV Template

Please download a CSV template from the link below. The file will have a sample header for your CSV import file.

Click here to learn more about importing users.

[Download]

Previous Import Status (automatically refreshed)

Uploaded
04/21/2017
Date Completed
04/21/2017
Status
3 users processed (See Details).

CSV file format

NOTE: It is important that you format the files according to the following instructions. If you do not, the program will not be able to import the file. If the file is formatted incorrectly, the program displays an error message informing you of the problem.

Lippincott Advisor expects each user record within the CSV file to be formatted as shown below.

1. A heading row is required. The first cell in the first row of the CSV file must contain a "#" sign preceding the text header. The "#" sign will designate that the row is a heading row. The heading row will define the column contents and the disposition of the cell contents in that column.

   Ordering of column headings can be random. However, it is important that the first column heading begins with a "#"

   The headings (case insensitive) are (* denotes required fields):

   Username*
   Password*
   First Name*
   Middle Initial
   Last Name*
   User Type*
   Employee ID
   Department*
   Job Title
   Email Address
   Group Names (multiple groups must be separated by a pipe character (|).)
   Athens Username (for Athens-enabled users)
   User Locations* (required for User Locations enabled facilities; multiple User Locations must be comma delimited)

   Select the **Download** button on the Import screen to download a CSV template file for your facility. The file will have a sample header for your CSV import file.

   Example:

#Username	Password	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations

2. You can denote a field as relevant for the addition of new users only. The field will be ignored for all existing users. To denote a field as relevant for new users only, the parenthetical suffix (New Only) must be added to that column's heading. The Username column may not be designated (New Only).

   Example:

#Username	Password (New Only)	First Name	Middle Initial	Last Name	User Type	Employee ID	Department (New Only)	Job Title	Email Address	Group Names	Athens Username	User Locations

   In the above example, the fields for Department and Password will be added for new users only. Those fields will be ignored for existing users.

3. The "User Type" must be General, Level 1, Level 1.5, Level 2, or Administrator. The "Username" must be a minimum of five (5) characters. The "Password" must be a minimum of eight (8) characters and must contain at least one (1) each of the following characters:
   - upper case alphabetic
   - lower case alphabetic
   - numeric
   - special character

4. Examples of CSV records:

   a. The Administrator does not want to alter the Password for existing users. The Password is added for new users only (Note: User Locations are enabled for this facility):

#Username	Password (New Only)	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations
js123		John		Smith	Administrator	JS001	Surgical Staff					Location A, Location B
jd123	Password1$	Jane		Doe	General	JD001	Emergency Staff					Location C

   b. The Administrator does not want to alter the User Type for existing users. The User Type is added for new users only:

#Username	Password	First Name	Middle Initial	Last Name	User Type (New Only)	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username	User Locations
js123	Password1$	John		Smith	Level 2	JS001	Surgical Staff					
jd123	Password1$	Jane		Doe	General	JD001	Emergency Staff					

   c. The Administrator in an "Athens-enabled" facility does not want to alter the Athens Username field for existing users. The Athens Username field is added for new users only:

#Username	Password	First Name	Middle Initial	Last Name	User Type	Employee ID	Department	Job Title	Email Address	Group Names	Athens Username (New Only)	User Locations
js123	Password1$	John		Smith	Administrator	js123	Surgical Staff					
jd123	Password1$	Jane		Doe	General	jd123	Emergency Staff				athens_username1	

Please note that you should not enable the General User self-enrollment option if you are managing users centrally and importing a complete list of users regularly. A full user file import deletes any user that is not on the list (which may mean the deletion of recent self-enrolled users accidentally if not on the file).

Automatic user processing via automated file transfer from your HR System:

For this method, a formatted full user list can be transmitted electronically from your HR system to the Lippincott Solutions FTP site for processing as often as daily.

To do this, we would need to set your facility up for the processing one time.

- A CSV file needs to be submitted in our standard import format as described above
- This file needs to be a full complete user list. We cannot do "add new only".
- The CSV import needs to be placed in a zip file.
- At any point you can place a new ZIP file containing the user feed CSV file out on the FTP (specific FTP details of which will come once set-up).
- The processor will run once every early morning.
- The processor will determine if you have placed a newer file out there and will automatically process it.
- You can use any filename. Although we'd suggest placing descriptive details such as: "YourFacility-UserFeed-2015-06-30.zip", that way if there are issues we can more easily direct to the problem file.

You will be asked to provide at least one email contact to receive import status reports. These reports will notify you of successful add, edit and delete users as well of any errors. You can then resolve the issue and we'll process that file in the next processor run. As a result, we recommend this feed be only set up with an export from their HR system or similar.

Each load will be processed as follows:

- Usernames that are in the import file, but not currently on the Users tab, will be added as new users.
- Usernames that are currently on the Users tab, but not in the import file, will be deleted.
- Usernames that are currently on the Users tab, and are also in the import file, will have some, if not all, of their attributes updated. These updated user attributes are based on the import file's header specification.
- If you do not want certain attributes to be overridden for existing users (like password), you need to specify those columns with the New only option discussed in our import instructions.
- General User self enrollment should not be used with this option as self-enrolled users will be overridden if not on your submitted import file.

Top

Exporting Users

From the **Users** tab, Administrators can export their facility users in a CSV file. To export the CSV file for your facility click the **Export Users** button.

When the file is exported, all users' passwords will appear as *****. To update an existing user's password, simply replace the ***** with the new password. If the password is unchanged, simply leave the ***** as is.

Top

Adding Groups

From the **Users** tab, follow these steps to add a group.

1. Select the **Users & Groups** subtab.
2. Click the **New Group** button.
3. Enter the Group name.
4. Move users from the **Users** list box to the **Group Members** list box using the arrow buttons between the two list boxes.
5. Click the **Save Group** button.

Groups may also be added by importing Group Names via the import functionality. If a user belongs to multiple groups, separate each group with a |.
For example: ER Admissions|Home Care|The Critical Group|Bariatric|Admin Group

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Editing User or Group Information

From the **Users** tab, you can edit user or group information by following these steps.

1. On the **User & Groups** subtab, select a user or group from the display users and groups list. Lippincott Advisor refreshes the tab with the user's or group's information.
2. Make the changes you want to the user's or group's information.
3. Click the **Save** button or the **Save Group** button.

Note: Groups appear in a user location if any users assigned to that location is a group member.

Please note that users and groups are shared between Lippincott Solutions products so actions completed in one site will be reflected in the others.

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Deleting a User or Group

From the **Users** tab, you can delete a user or group by selecting a name from the display users and groups list and clicking the **Delete** button.

During an "Import a complete list of Users" import, if all members are removed from a group, it will be deleted.

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Content Management

The Administrator and Level 2 users can create custom protocols, add protocols to standard monographs, add notes to standard monographs, or add, edit, or delete tests for standard monographs or custom protocols. To gain access to these tasks, select the **Content Management** tab. Now you can:

- create custom protocols.
- edit existing protocols (custom or standard).
- delete protocols (custom or standard).
- add, edit, or delete notes for standard monographs.
- add, edit, or delete tests for standard monographs or custom protocols.

Creating Custom Protocols

From the **Content Management** tab, select the **Create a New Stand-alone Protocol...** link. Lippincott Advisor refreshes the tab with options.

Follow these steps to create a custom protocol.

1. Type a protocol name.
2. Choose a topic from the drop-down menu.
3. Assign the new protocol to categories by checking boxes that correspond to the selected categories.
4. OPTIONAL: Customize the new protocol. See options in Table B below.
5. OPTIONAL: Select the **Test** subtab to add a custom Test to the protocol.
6. Select the **Publish**, **Save Draft**, or **Revert to Saved** button.
   – Select the **Publish Protocol** button when you complete your custom changes and want to make the protocol available to all users in your facility.
   – Select the **Save Draft** button if you have not completed the custom changes for your protocol. Draft protocols will not be available to general users in your facility.
   – Select the **Revert to Saved** button if you choose to discard all of your custom changes during your editing session.

Table B	
Option	Description
Edit Text	Type text or edit text by using icons located on the toolbar. Stedman's Medical Dictionary[1] is referenced for the spell checker.
Insert Images	Select the "Insert Image" option under the Insert option on the Menu to insert images. NOTE: Only JPG or GIF image files can be imported.
Insert or Edit Links	Use the "Insert/edit link" icon located on the toolbar to add or edit hypertext links. Select the text you want to display as the hyperlink and select the link icon. In the Link URL box, type the address you want to link to.
Editorial	Type comments that display by selecting **View Audit Trail** when the monograph is

Comments	selected for editing/maintenance.
View Audit Trail	View all users who have updated a protocol; includes date and time that the protocol was updated, and any comments that were made.

Content Management

Protocol | Test

Protocol Name:
Custom Hospital Protocol (1)
Topic:
Diseases and Conditions (2)
Categories:
☐ Adult Diseases and Conditions
　☑ Cardiovascular disorders
　☐ Ear, nose, and throat disorders (3)
　☐ Ear, nose, and throat dosorders

Edit ▾　Insert ▾　View ▾　Format ▾　Table ▾　Tools ▾

↶　↷　Font Family ▾　Font Sizes ▾　A ▾　**B**　*I*　≡　≡

Add protocol text here

Editorial Comments:　(4)
Add comments here

Publish Protocol | Save Draft | Revert to Saved | Cancel

NOTE: Lippincott Advisor precedes the new protocol with a "C" to indicate that it is a published custom protocol or "D" to indicate that it is a draft protocol.

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Editing a Protocol

From the **Content Management** tab, select a protocol from the list and select the **Edit Protocol** button.

NOTE: Lippincott Advisor precedes protocols with an "S" to indicate standard protocols, with a "C" to indicate custom protocols, and with a "D" to indicate draft protocols.

To edit a protocol, follow these steps.

1. Edit the protocol name.
2. Choose a different topic from the drop-down menu.
3. Select or unselect category boxes.
4. OPTIONAL: Customize the new protocol. See options in Table B.
5. Select the **Publish Protocol**, **Save Draft**, or **Revert to Saved** button.
   - Select the **Publish Protocol** button when you complete your custom changes and want the protocol available to all users in your facility.
   - Select the **Save Draft** button if you have not completed the custom changes for your protocol. Draft protocols will not be available to general users in your facility.
   - Select the **Revert to Saved** button if you choose to discard all of your custom changes during your editing session.
   - Click the **Preview Protocol** button when you would like to preview the appearance of the protocol

▲ Top

Deleting a Protocol

From the **Content Management** tab, select a standard monograph with a protocol, a custom protocol, or a draft protocol from the list and select the **Delete Protocol** button.

▲ Top

Add, Edit, or Delete Standard Monograph Notes

Lippincott Advisor lets you add, edit, or delete standard monograph-specific notes.

To add notes to a standard monograph, select the **Content Management** tab and follow these steps.

1. Select a standard monograph from the list.
2. Select the **Notes** button.
3. Type and format notes using the word processor and its functions.

Maintain Notes

Document: Diseases and Conditions ➡ Acute tubular necrosis

Notes:

| Edit ▾ | Insert ▾ | View ▾ | Format ▾ | Table ▾ | Tools ▾ |

Type Notes here

Editorial Comments: ✓

Type Comments here

☑ **Notes are Critical!**

| Save Notes | Cancel | Delete Notes | View Audit Trail |

4. OPTIONAL: Tag the notes as critical.
5. Select the **Save Notes** button.

NOTE: Monographs with Notes are indicated by a blue N icon following the monograph name. When you tag a note as critical, Lippincott Advisor displays a red N! icon following the monograph's name.

NOTE: Spell check is available for editing comments.

The **View Audit Trail** button lets you see all users who have updated a monograph. It contains the date and time that a monograph was updated and comments included by the user.

Every user who displays the monograph will see a Notes or Critical Notes section link.

S Atelectasis N
S Atopic dermatitis N!
S Atrial fibrillation

To delete notes from a monograph, select the **Content Management** tab and follow these steps.

1. Select a monograph from the list.
2. Select the **Notes** button.
3. Select the **Delete Notes** button.

Top

Add, Edit, or Delete Tests for Standard Monographs or Custom Protocols

Lippincott Advisor lets you add, edit, or delete Tests for standard monographs or custom protocols. If a standard monograph has a standard Test, a [T] indicator will appear at the end of the standard monograph name.

Creating a Custom Test for a Standard Monograph

To create a new custom test for an existing standard monograph, select a standard monograph without a Test on the **Content Management** screen. Click the **Add Test** button. Lippincott Advisor displays a new test form.

1. Click the **Add Question** button to begin adding custom test questions.

Content Management

Edit Test

Aortic valve insufficiency   * This test is a draft

| Questions: | Add Question | Expand All |

There are currently no questions in this test. To add a new question, please click the "Add Question" button above.

Editorial Comments:

| Publish | Save Draft | Revert to Saved | Close | Preview | View Audit Trail |

2. Select the **Question Type**. Enter the question, answer options, correct answer, and rationale. Customize the new test by using icons located on the toolbar. Stedman's Medical Dictionary[1] is referenced for the spell checker.
3. Click the **Save** button to save each test question. Continue to add and save test questions until the test is completed.

Content Management

Edit Test

Aortic valve insufficiency   * This test is a draft

Question:

| Edit ▾ | Insert ▾ | View ▾ | Format ▾ | Table ▾ | Tools ▾ |

↶ ↷ | Font Family ▾ | Font Sizes ▾ | A ▾ | **B** | *I* | ≡ ≡ ≡ ≡ | ☰ ▾ ☰ ▾ ⇤ ⇥ | 🔗

Test Question

Question Type
Multiple Choice ▾

Possible Answers	Correct Answer
Possible Test Answer 1	◉
Possible Test Answer 2	○
Possible Test Answer 3	○
Possible Test Answer 4	○

[Add Answer] [Remove Answer]

Rationale:

Test Rationale

[Save] [Cancel]

4. When all the test questions are added, click the **Publish** or **Save Draft** button. If the Test is published, a [CT] indicator will appear at the end of the standard monograph name. If the Test is saved as a draft, a [DT] indicator will appear at the end of the standard monograph name.
   – Click the **Publish** button when you complete your custom changes and want the test available to all users in your facility.
   – Click the **Save Draft** button if you have not completed the custom changes for your test. Draft tests will not be available to users in your facility.
   – Click the **Revert to Saved** button if you choose to discard all of your custom changes during your editing session.

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Creating a Custom Test for a New Custom Protocol

To create a custom test for a new custom protocol, click the **Create a New Stand-alone Protocol** link on the **Content Management** screen. Create the protocol as previously described. Select the **Test** subtab. Lippincott Advisor displays a new test form.

1. Click the **Add Question** button to begin adding custom test questions.
2. Select question type and add questions as described previously.
3. When all the test questions are added, return to the **Protocol** subtab. The protocol must be saved in order to save the custom test. On the **Protocol** subtab, click the **Publish Protocol** or **Save Draft** button.
   – Click the **Publish Protocol** button when you complete your custom changes and want the protocol and test available to all users in your facility.
   – Click the **Save Draft** button if you have not completed the custom changes for your protocol or test. Draft protocol and tests will not be available to users in your facility.
   – Click the **Revert to Saved** button if you choose to discard all of your custom changes during your editing session.

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Creating a Custom Test for an Existing Custom Protocol

To create a new custom test for an existing custom protocol, select the protocol on the **Content Management** screen. Click the **Add Test** button. Lippincott Advisor displays a new test form.

1. Click the **Add Question** button to begin adding custom test questions.
2. Select question type and add questions as described previously.
3. When all the test questions are added, click the **Publish** or **Save Draft** button.
   – Click the **Publish** button when you complete your custom changes and want the test available to all users in your facility.
   – Click the **Save Draft** button if you have not completed the custom changes for your test. You will not be able to assign a draft protocol test.

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Edit a Test

To edit a test for an existing standard monograph or custom protocol, select a standard monograph or custom protocol on the **Content Management** screen. Click the **Edit Test** button and follow these steps.

1. On the edit question screen, click the Edit link to the right of the question.
2. Change the question, answer options, correct answer, or rationale as required.
3. OPTIONAL: Customize the question by using icons located on the toolbar.
4. If you choose to delete a question, click the Delete link to the right of the question.
5. Click the **Save** button when your changes to the question are complete
6. Click the **Publish** or **Save Draft** button.
   – Click the **Publish** button when you complete your custom changes and want the test available to all users in your facility.
   – Click the **Save Draft** button if you have not completed the custom changes for your test. You will not be able to assign draft monograph or custom protocol tests.
   – Click the **Revert to Saved** button if you choose to discard all of your custom changes during your editing session.

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Delete a Test

To delete a test for an existing standard monograph or custom protocol, select a standard monograph or custom protocol with a test on the **Content Management** screen. Click the **Delete Test** button.

NOTES:

- When you delete a standard monograph test, Lippincott Advisor removes it from display. To restore a standard monograph test, see **Reinstate Tests**.
- Once deleted, custom tests cannot be reinstated.

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Reinstate Tests

When you delete a standard monograph test, Lippincott Advisor removes it from display.

To reinstate a deleted standard monograph test, click the **Reinstate Tests** button on the **Content Management** screen. Select the standard monograph tests that you want to reinstate and click the **Reinstate** button.

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Assignments

The Administrator, Level 2, Level 1.5, and Level 1 users can assign tests. To gain access, click the **Assignments** tab. Now you can assign tests. To preview the tests for assignment, simply click on the test name for a preview view.

Assigning Tests

To assign tests, click the **Assignments** tab and follow these steps.

1. Check the box preceding the tests to be assigned. Then, click the **Assign** button.

Lippincott Advisor displays the **Select Examinees** screen.

2. Move Examinees from the **Users and Groups** list box to the **Examinees** list box using the arrow buttons between the two list boxes or select the **All Users** button. Select the "All Groups" drop-down option if you just want to see the groups. If you wish to filter users by user type, department or title, select "All Users" from the drop down filter. This will then provide the User Type, Department, and Job Ttitle filters that you may user as desired. After selecting your users or group Examinees, click the **Confirm Assignments** button.

Administration Tools

| Users | Content Management | **Assignments** | Assignment Records | Community | Facility |

Select Examinees

Tests to be Assigned:
- Dealing with language barriers
- Generational differences

Users and Groups:

Filter List   All Users and Groups ▼

Abbott, Brigon , (Admin) 1231231

Adams, Sharon, (Admin) 654321

Ahlman, Anne, (L1) AA

Alderman, Sarah, (Gen) sa001

Alexander, Heidi , (Admin) 542

Altobelli, Jerry, (Gen) JA

[>]

[<]

[All Users]

Examinees

Barnes, Tracy, (Gen) TGB-01

Kovach, Pam, (Gen) PK

Magee, Shannon, (Gen) SM

[Create Group] [Edit Group] [Delete Group]   [Confirm Assignments] [Cancel]

Lippincott Advisor displays the **Confirm Assignments** screen.

3. Select the **View Assignment Options** button if you need to review or change assignment options. Click the **Finish** button to assign the tests to the Examinees. Lippincott Advisor will add the test assignments to the **Assignment Records** screen and to each Examinee's **My Account** screen.

Administration Tools

| Users | Content Management | **Assignments** | Assignment Records | Community | Facility |

Tests to be Assigned:
- Dealing with language barriers
- Generational differences

Examinees

Barnes, Tracy, (Gen) TGB-01   ator_1

Kovach, Pam, (Gen) PK

Magee, Shannon, (Gen) SM

[View Assignment Options]

[Finish] [Back] [Cancel]

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Manage Curriculums

On the **Assignments** tab, select **Manage Curriculums** to add, edit, or delete curriculums for your staff.

Manage Curriculums   x

Search Curriculums 🔍

Date	Curriculum
03/13/2017	CNA Training
03/13/2017	New Hire Nurses Week 1
03/06/2017	Orientation for New Nurses

[**New Curriculum**]

[**Edit Curriculum**]

[**Delete Curriculum**]

To create a new curriculum, select **New Curriculum** and follow these steps:

1. Enter a **Curriculum Name**.
2. Select **Tests** and then click **Add to Curriculum**
3. When you have finished adding the Tests, click the **Save** button.

To edit an existing curriculum, select a curriculum name on the **Manage Curriculums** screen, select **Edit Curriculum** and follow these steps:

1. Revise the **Curriculum Name**, if needed.
2. To add additional Tests, select the required Tests and then click **Add to Curriculum**
3. To remove Tests, select the Tests in the top **Curriculum** box and select **Remove from Curriculum**.
4. When you have finished your edits, click the **Save** button.

To delete an existing curriculum, select a curriculum name on the **Manage Curriculums** screen and then select **Delete Curriculum**.

Assign Curriculum

To assign a curriculum to your staff, begin by selecting the **Assign Curriculum** button on the **Assignments** tab. On the **Assign Curriculum** popup, select the curriculum that you want to assign and click the **Assign Curriculum** button. Select **Preview Curriculum** if you need to preview the curriculum.

Assignment Records

The Administrator, Level 2, Level 1.5, and Level 1 users can maintain all parts of an assignment record. To gain access, click the **Assignment Records** tab. Now you can:

- view active or completed assignment records (if you have a subscription to Lippincott Procedures, the Lippincott Procedures assignment records will also display on this screen)
- delete assignment records
- print assignment records
- export assignment records.

You can filter a search for an assignment record by searching in any of the following fields:

- Examinee
- Group
- Department
- Test/Skills Checklist Name
- Discipline
- Evaluator
- Assigner
- Start Date and End Date

Or, you can leave the fields blank to display all records.

You can also sort any column by clicking on the column header.

Printing Assignment Records

To print assignment records on the **Assignment Records** tab, check the boxes of records you want to print and click the **Print Selected** button.

Exporting Assignment Records

To export assignment records on the **Assignment Records** tab, check the boxes of records you want to export and click the **Export Selected as CSV** button. To export all the assignment records, click the **Export All as CSV** button. This sends a file of all export records to the email address you specify. You can save the exported file to your local computer.

Deleting Assignment Records

To delete assignment records, check the boxes of records you want to delete and click the **Delete Selected** button.

Community

Coming soon!

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Maintain Facility

To access facility maintenance tasks, select the **Facility** tab. Lippincott Advisor will then display the main facility maintenance screen.

NOTE: Only users with Administrator privileges can edit facility information with the exception of the analytics section which is available to all administrative levels.

From the **Facility** tab, you can:

- edit the name of the facility that displays on the upper right corner of the Lippincott Advisor interface
- post a facility logo to appear in the upper right of your site and to print with all monographs.
- manage your facility's announcements
- view your facility's subscription information.
- choose the default settings for the facility.
- manage an OpenURL Link Resolver for viewing full text references within a monograph.
- view your facility's analytics information.
- download your custom protocols and notes.
- view instructions for HL7 Infobutton API functionality
- choose the default settings for the facility.

Facility

Maintain Facility

Facility Name and Image ❓
University Medical Hospital
☐ Hide the Facility name at the top of the screen
Facility Image:
K:\documents\logos\hospital-logo.gif　[Browse...]
The Facility Image should be no bigger than 60 pixels high and 300 pixels wide (60 x 300)
Current Image:
[Save Changes] [Clear Image]

Facility Subscription Information:

Book	Expiration
Communication	10/31/2030
Core Measures	10/31/2030
Cultural Perspectives	10/31/2030
Diagnostic Tests	10/31/2030
Diseases and Conditions	10/31/2030

Facility OpenURL Link Resolver Information
This feature allows facilities to utilize an OpenURL Link Resolver for viewing full text references within monographs and procedures.
[View/Edit Link Resolver Info]

HL7 Infobutton API:
Instructions for HL7 Infobutton API functionality:
[Instructions]

Custom Protocols and Notes
To download a zip file of the protocols and notes that were customized by this facility, click "Download Customizations"
[Download Customizations]

Facility Analytics
To view, print, or export analytics, click "Analytics"
[Analytics]

Announcements
View or edit the announcements for this facility.
[Announcements]

IP Address Ranges:
- 38.112.4.154
- 65.242.74.46

Default Settings:
View or edit the default settings for this facility:
[View/Edit Default Settings]

Adding and Editing Facility Name and Facility Logo

From the **Facility** tab, follow these steps.

1. Enter your facility's name.
2. Enter a file location for the logo.
3. Select the **Save Changes** button.

Facility Name and Image ❓
University Medical Hospital
☐ Hide the Facility name at the top of the screen
Facility Image:
K:\documents\logos\hospital-logo.gif　[Browse...]
The Facility Image should be no bigger than 60 pixels high and 300 pixels wide (60 x 300)
Current Image:
[Save Changes] [Clear Image]

NOTE: The facility name and logo displays in the upper right corner of application pages. The logo prints at the top of the first page for all monographs.

- You can remove a logo at any time by clicking the **Clear Image** button.
- You can hide the text name in the upper right corner by selecting the "Hide the Facility name at the top of the screen" option.
  - Please note: The institution name is a required field for technical support purposes, however, so it cannot be blank on the **Facility** screen.

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Facility Subscription Information

The **Facility Subscription Information** box displays the content sets in your subscription and the expiration date for each subscription.

Facility Subscription Information:

Book	Expiration
Core Measures	10/31/2015
Diagnostic Tests	10/31/2015
Diseases and Conditions	10/31/2015
Drugs	10/31/2015
Health Library Links	10/31/2015

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Default Settings

To view or change the default settings for your facility, select the **View/Edit Default Settings** button on the Maintain Facility screen. Now you can view or change the following:

- **Landing Page and Content Icons** – Select the checkbox to hide the Landing Page and the content icons.
- **Care Plans – Personalize Preferences** – Change the personalize options for Nursing Care Plans for Medical Diagnoses and Problem-based Care Plans.
- **Lexicomp/UpToDate – Personalize Preferences** – Change the personalize options for Lexicomp and UpToDate Patient Handouts.
- **User Options** –
  - Allow user self-enroll – Select this option to activate user self-enroll if your facility has selected the user self-enroll option.
    Please note that you should not enable the General User self-enrollment option if you are managing users centrally and importing a complete list of users regularly. A full user file import deletes any user that is not on the list (which may mean the deletion of recent self-enrolled users accidentally if not on the file).
  - Welcome emails – Send newly imported users a custom welcome email. This option only applies to users imported via the **Users** tab import functionality. Administrators may modify the template email if desired.
- **Facility Time Zone** – Select your time zone. Certain dates and times in the application will be set for your time zone.
- **Facility Analytics Tracking** – If you would like to track usage by a Facility/Unit within your particular institution's site, you have the option to set-up these options and have staff select one upon accessing the site. To set-up the units/facilities, please contact Customer Service to "Enable Facility/Units Analytics Tracking". Once turned on for your site, you are able to create Facility/Unit names via the Default Settings- Facility Analytics Tracking option.
- **Assignment Preferences** – Choose the Tests due dates, the Test score to pass, and the number of times a Test can be automatically reassigned.
- Store record assignments option – Choose how you would like to store records on the Assignment Records tab.
- **Email Notifications for Tests** – Choose how you would like to send email reminders to Assignment Examinees and Evaluators.

Select the **Save** button to save your default settings.

Facility IP Address Ranges

The **Facility IP Address Ranges** box displays the Internet Protocol (IP) address ranges that are authenticated for your facility. IP addresses that are not in the range will not have access to your version of Lippincott Advisor.

Facility OpenURL Link Resolver Information

OpenURL is a standardized format of URL intended to enable Lippincott Advisor users to link to a resource that they are allowed to access. The linking is mediated by a link resolver, which parses the elements of an OpenURL and provides links to appropriate targets available through a library by the use of an OpenURL knowledge base.

Add your Link Resolver URL in the URL field below. You also have the option of uploading your Link Resolver image. The Link Resolver will be placed on the same line with the reference Abstract and Complete Reference in the References section of the monograph. If an image is imported, the image will be the link to your Link Resolver. If an image is not imported, the link will be the text link Full Text (via OpenURL).

Top

Facility Analytics

Facility Analytics provides you with Lippincott Advisor's usage data information for your facility. Utilization and remote user access data updates immediately. All other usage data is available one day after the usage occurs.

Usage data reports are available for desktop as well as app views. To select a particular view, choose from the drop down on the upper left of the analytics screen.

If you would like to track usage by a Facility/Unit within your particular institution's site, you have the option to set-up these options and have staff select one upon accessing the site. To set-up the units/facilities, please contact Customer Service to "Enable Facility/Units Analytics Tracking". Once turned on for your site, you are able to create Facility/Unit names via **Facility->Default Settings->Facility Analytics Tracking** option.

Page views

The page names reflect the actual pages that were viewed by your facility during the time period selected. This may be useful for you in determining monographs that your staff may be unfamiliar with for education purposes or simply monitoring top-viewed content. You are able to view all pages that have been viewed or filter by content set by selecting the filter from the drop-down box.

Page view totals

The page view totals provide a view of the total number of pages that have been viewed on the site during the specified time period. This information may be helpful in evaluating usage/adoption of the site by your staff and determining site-training needs based on shift schedules.
– Page view totals configured by hour are limited to two weeks per report.
– Page view totals configured by day are limited to one month per report.

Search terms

The search terms reflect the search terms entered by your users during the specified time period. This may be useful for you in determining topics that your staff may be unfamiliar with for education purposes or simply monitoring usage.

Search totals

The search totals provide a view of the total number of searches that have been entered on the site during the specified time period. This information may be helpful in evaluating peak and non-peak periods of usage of the site, evaluating adoption of the site by your staff, and determining site-training needs.
– Search totals configured by hour are limited to two weeks per report.
– Search totals configured by day are limited to one month per report.

Utilization report

The utilization report provides information on the number of users as well as, protocols currently in place on your site.

Remote user access

The remote user access report allows you to monitor who is accessing your site remotely.

Data within the Page view totals and Search totals reports will configure based on the date range you provide and then sort according to how you want to view the data (by hour, day, week, month, year).

If you wish to view all page views for the months of July, August, and September, and you wish to view the traffic by month:

1. Select the Page view totals report.
2. Select configure by Month.
3. Select the full date range for those months.

NOTE: If you were to select a subset date range, the data will reflect those restricted dates and configure to month view but not reflect a full month's data.

Reports can be printed or exported as a CSV file.

Below is an example of a facility's Page views report for the period May 1, 2012 through May 31, 2012.

Facility Analytics

Website ▼

Page views
Page view totals
Search terms
Search totals
Utilization report
Remote user access

Page views

All ▼   05/01/2012   05/31/2012   Print Page | Export as CSV

Page name	Page views ▼	Percent
home	595	35.6%
search	162	9.7%
admin tools: users	90	5.4%
admin tools: protocols	33	2.0%
Diseases and Conditions: Diabetes mellitus	28	1.7%
Diseases and Conditions: Acute rheumatic fever	21	1.3%
Diseases and Conditions: Abruptio placentae	19	1.1%
Diseases and Conditions: Myocardial infarction	13	0.8%
Drugs: acetaminophen	11	0.7%
Nursing Care Plans for Medical Diagnoses: Abruptio placentae	10	0.6%
Treatments: Abdominal aortic aneurysm repair or resection	8	0.5%
Diseases and Conditions: Asthma	8	0.5%
admin tools: facility	7	0.4%
MedFacts Patient Handouts: Acebutolol	6	0.4%
McKesson Patient Handouts: Abdominal Pain	6	0.4%
Diseases and Conditions: Acute respiratory distress syndrome	6	0.4%
Nursing Diagnosis Care Plans: Activity intolerance	6	0.4%
Drugs: acyclovir (oral; injection)	6	0.4%

Total page views: 1671

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Custom Protocols and Notes Download

To download a zip file of all of your facility's protocols and notes select the **Download Customizations** button on the Maintain Facility screen.

Custom Protocols and Notes
To download a zip file of the protocols and notes
that were customized by this facility, click
"Download Customizations"

Download Customizations

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HL7 Infobutton API

Lippincott Advisor provides an Infobutton API consistent with the HL7 Infobutton standard. These instructions describe the syntax for invoking this API.

HL7 Infobutton API:
Instructions for HL7 Infobutton API functionality:

Instructions

An Infobutton is envisaged as an icon placed adjacent to data elements in an electronic medical record system. Behind the icon there would be code that opens a browser window and then directs the browser instance to a specific URL for a monograph in Lippincott Advisor. For example, you might place an Infobutton in an electronic medical record next to a problem list entry. When selected, this Infobutton could be constructed to retrieve Lippincott Advisor information about that particular problem.

Infobutton API functionality

The functionality provided by Lippincott Advisor's HL7 Infobutton API provides your electronic medical record system with the ability to:

- Request disease information by ICD10-CM code or SNOMED CT code.
- Request lab test information by LOINC code.
- Request drug information by RxNorm code.
- Request information on any topic by free text search.

How to Use the Infobutton API

You can create Infobuttons for your end users using the same HTML authoring tools that you use to create intranet or other web pages for your site. You can even type Infobutton requests directly into a browser's location bar for testing purposes.

The Infobutton API code looks similar to web page URLs, but contains more information. To create Infobuttons for your end users, use the HTML authoring environment of your choice. From there:

1. type advisor.lww.com/lna/hl7
2. add session parameters,
3. define parameter values, and
4. link the URL to an information button icon in your HTML authoring environment.

URL Formatting

The following criteria must be observed when creating the URLs for your Infobuttons.

- The URL advisor.lww.com/lna/hl7 is case sensitive.
- The <PARAMETER_STRINGS> are not case-sensitive.
- advisor.lww.com/lna/hl7 must end with the question mark (?) character. To this, you append the first parameter.
- For all parameters after the initial parameter, use the ampersand (&) sign to connect each of the parameters to the URL string.
- HL7 parameter strings can be supplied in any order.
- HL7 Infobutton URLs are typically very long and in these instructions we will sometimes display them spread over several lines by inserting line breaks after "?" or "&" characters. These line breaks should not be put into actual HL7 URLs.
- Do not type spaces into an Infobutton URL string. Type %20 or + for values that contain spaces, as in the following.
    - . . . &mainSearchCriteria.c.dn=alzheimer%20disease
    - . . . &mainSearchCriteria.c.dn=alzheimer+disease

Main Search Criterion

All HL7 Infobutton requests must contain a main search criterion.

> https://advisor.lww.com/lna/hl7?
> mainSearchCriteria.c.cs=<CODE_SYSTEM>&
> mainSearchCriteria.c.c=<CODE>&
> mainSearchCriteria.c.dn=<DESCRIPTION>

Requests for information by main search criterion must include either:

- a <DESCRIPTION>, or
- a <CODE_SYSTEM> and a <CODE>, or
- a <DESCRIPTION>, a <CODE_SYSTEM> and a <CODE>.

Parameter	Description
mainSearchCriteria.c.cs=<CODE_SYSTEM>	Specifies the code system (see the following table)
mainSearchCriteria.c.c=<CODE>	Specifies the code for the concept for which information is requested
mainSearchCriteria.c.dn=<DESCRIPTION>	Specifies a textual description of the concept

For the main search criteria, the values for the code systems and their identifiers supported by Lippincott Advisor are shown in the following table. In the Infobutton URL, these identifiers are provided as the values of the mainSearchCriteria.c.cs parameter (i.e., <CODE_SYSTEM>).

Example
mainSearchCriteria.c.cs=2.16.840.1.113883.6.1

Code System	Identifier

ICD10-CM	2.16.840.1.113883.6.90
SNOMED CT	2.16.840.1.113883.6.96
RxNorm	2.16.840.1.113883.6.88
LOINC	2.16.840.1.113883.6.1

If Lippincott Advisor recognizes a specified code system, it then conducts a code-specific search. If there is no recognized code or there are no code-specific search results, then the supplied textual description (if any) is used for a search.

Examples

- Search all resources for "Heart Failure" after providing just a search string:

  https://advisor.lww.com/lna/hl7?mainSearchCriteria.c.dn=Heart+Failure

- Search for information associated with an ICD10-CM code. This example displays Lippincott Advisor monograph for Asthma:

  https://advisor.lww.com/lna/hl7?mainSearchCriteria.c.cs=2.16.840.1.113883.6.103&mainSearchCriteria.c.c=493.00

- Search for information associated with a SNOMED CT code. This example displays Lippincott Advisor monograph for Cataract:

  https://advisor.lww.com/lna/hl7?mainSearchCriteria.c.cs=2.16.840.1.113883.6.96&mainSearchCriteria.c.c=34361001

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Facility Announcements Information

The **Announcements** option provides you with the ability to inform your staff of important information. When there are active announcements, a red star will be added to the House icon at the top of the screen.
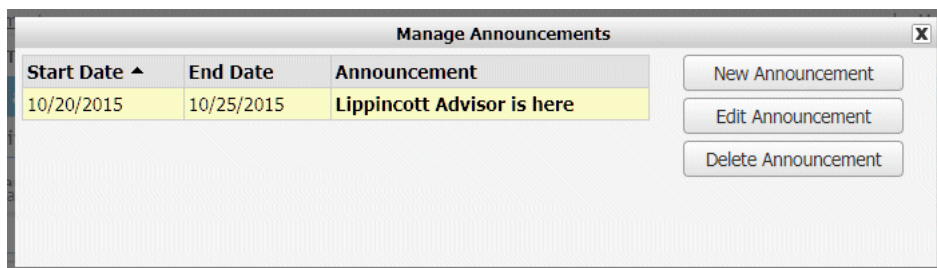
Creating Custom Announcements

To create a custom announcement, click the **New Announcement** button on the **Manage Announcements** pop-up. Lippincott Advisor displays a pop-up box so you can add the new custom announcement. Add the new announcement subject, descriptive text, and the from-to dates that the announcement will display. Then, click **Save**. The new announcement will be added to the **Manage Announcements** pop-up.

Editing a Custom Announcement

On the **Manage Announcements** pop-up, select a custom announcement name from the list and click the **Edit Announcement** button. Lippincott Advisor displays a pop-up box with the existing Announcement subject, descriptive text, and the from-to dates. Add or revise the necessary announcement information. Then, click **Save**.

Deleting a Custom Announcement

On the **Manage Announcements** pop-up, select a custom announcement name from the list and click the **Delete Announcement** button.

Manage Announcements			
Start Date ▲	End Date	Announcement	
10/20/2015	10/25/2015	**Lippincott Advisor is here**	

New Announcement
Edit Announcement
Delete Announcement

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Ovid and UpToDate Integration

For customers of Ovid and/or UpToDate, you may request the Lippincott Advisor Integration with those programs.

UpToDate — This provides a link to UpToDate on the Lippincott Advisor menu as well as enables the search to pass terms to UpToDate for additional searching. An UpToDate subscription with IP authenticated or username/password access is required for the integration.

Ovid — This provides a link to Ovid on the Lippincott Advisor menu as well as enables the search to pass terms to Ovid for a deeper dive search. Links from the reference lists to content in Ovid is also enabled. An Ovid subscription with IP authenticated or username/password access is required for the integration. If you subscribe to the Cochrane Database of Systematic Reviews via Ovid, please notify customer service that you would like these reference links enabled as well.

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Lippincott Advisor Mobile App

Lippincott Advisor offers free apps for all users associated with a subscribing Lippincott Advisor institutional account. They must have at least a general username and password assigned to them in order to access the app, or be able to access the product from within your facility's IP range at least once a month.

HOW DO I GET ACCESS?

Apple Devices

1. Via your iPad or iPhone, go to the Apple Appstore and search for Lippincott Advisor. The download from the Appstore is free.
2. Once you download the app, it will ask you to enter your Lippincott Advisor username and password. Alternately, you can choose the option to authenticate via IP authentication. When you authenticate, it will download your facility's unique version of Lippincott Advisor. NOTE: If you wish to access the app when offline, remember to switch the "Keep me logged in" button to "On".

Android Devices

1. Via your Android phone or tablet, go to the Google store and search for Lippincott Advisor. The download from the store is free.
2. Once you download the app, it will ask you to enter your Lippincott Advisor username and password. Alternately, you can choose the option to authenticate via IP authentication. When you authenticate, it will download your facility's unique version of Lippincott Advisor. NOTE: If you wish to access the app when offline, remember to switch the "Keep me logged in" button to "On".

WHAT IS INCLUDED?

- You are able to access your facility's Advisor content. All of your standard Lippincott content and your customizations (protocols and notes) are visible.
- The images (due to their size) will be saved to your device once you view that image and in doing so, making the image available later if you are offline. As a result, only images you have viewed previously will be available when offline. If you are online, you should be able to see all images without a problem. You also have the option whether you wish to download the Patient Teaching Handouts and National Guidelines due to their size.

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Footnote

[1]Stedman's Medical Dictionary, 28th ed. Philadelphia: Lippincott Williams & Wilkins, 2005.