CHECKLIST

Phase 1: Exploration Checklist

Identifying Human Factors and Environmental Context

BOTTOM LINE

Assess internal needs, select an intervention, assemble the team, gauge staff and patient attitudes, confirm readiness (CARI ≥ 80), and secure funding. Skipping exploration is the most common reason implementations stall.

1. Internal Needs Assessment

- [ ] Review hospital guidelines for current PONV prevention and management.
- [ ] Verify PONV incidence is charted in Recovery, ward, and pre-discharge charts.
- [ ] Audit current PONV incidence rate (baseline: 30–50% of surgical patients).
- [ ] Track rescue antiemetic usage separately – not equivalent to PONV. (Gan, 2014)
- [ ] Confirm PONV risk is formally assessed pre-operatively.

Risk Factors Each factor adds 20% risk (Apfel, 1999): female · non-smoker · previous PONV/motion sickness · post-op opioids.

2. Intervention Selection

- [ ] Review all six modalities (see Intervention Comparison Card).
- [ ] Assess fit with local resources, staff skills, and patient population.
- [ ] First-time / nurse-led: default to **acupressure wristbands** ($5, strongest evidence).
- [ ] Credentialed acupuncturist available? Consider body or auricular acupuncture.

Pooled PC6 Evidence **Nausea:** 47%→ 31% (RR 0.68) HIGH **Vomiting:** 33%→ 19% (RR 0.60) HIGH **Rescue:** 33%→ 20% (RR 0.64) MODERATE Lee 2015; Cheong 2013.

3. Team Composition

- [ ] Identify **Opinion Leaders** – those with formal/informal influence on attitudes.
- [ ] Recruit **Champions** – who will drive implementation past resistance.
- [ ] Engage **External Change Agents** – external experts who facilitate decisions.

- [ ] Ensure early adopters share professional/cultural backgrounds with target staff.

4. Staff Assessment

- [ ] Survey anaesthetists, nurses, midwives, surgeons, and administrative staff.
- [ ] Assess baseline knowledge of acupuncture/acupressure for PONV.
- [ ] Gauge willingness to use and to pursue further education.
- [ ] Identify perceived barriers (evidence, credentialing, equipment, time).

Benchmarks **USA:** 54% willing; 74% would pursue education; barriers: evidence 79%, providers 71%, equipment 49%. (Faircloth, 2014)
Aus: 42% believed effective; 81% would encourage post-education; 88% wanted training.

5. Organisational Readiness (CARI)

- [ ] Complete the Modified CARI assessment. (Barwick, 2011)
- [ ] Score 5 categories: system readiness, leadership, staff capability, plan maturity, training.
- [ ] Confirm total ≥ **80/100** (min 15 per category). Address weakest area first if below.

6. Cost and Funding

- [ ] Estimate device costs (wristbands $5; needles $0.05; e-stim $40–200; EA $200–800).
- [ ] Calculate staff time for delivery/monitoring.
- [ ] Document current antiemetic costs. (Myle, 2016)
- [ ] Build cost-effectiveness comparison.
- [ ] Identify funding source.

7. Patient Perspectives

- [ ] Survey patient willingness to use acupuncture/acupressure.
- [ ] Provide education – willingness: 65%→ 87%. (Weeks, 2017)
- [ ] Only 15% know acupuncture treats nausea at baseline.
- [ ] Incorporate patient preferences per guidelines.