CHECKLIST

Phase 3: Implementation Checklist

Executing the Plan with Internal and External Enablers

BOTTOM LINE

Align organisational structure, select evidence-based strategies (opinion leaders yield 12% effect – the highest), deliver role-specific training, engage all management levels, and execute a staged rollout: practice run → pilot → controlled expansion.

1. Organisational Structure Review

- [ ] Identify all departments across the patient journey (admission, theatre, recovery, wards).
- [ ] Confirm coordination and communication pathways between units. (CFIR: Structural Characteristics)
- [ ] Ensure all key stakeholders are formally part of the implementation team.
- [ ] Map patient flow to identify every handover point where intervention status must be communicated.

2. Priority and Goal Alignment

- [ ] Communicate implementation goals to all participating staff.
- [ ] Align objectives with clinician priorities (PONV reduction, patient satisfaction, recovery time).
- [ ] Set measurable targets (e.g., PONV rate reduction, intervention uptake %).
- [ ] Plan regular feedback cycles to keep goals visible and progress transparent.

Priority Alignment Clinician priority alignment is **a stronger predictor of implementation effectiveness** than any single strategy. Staff who see the intervention advancing their own goals sustain it. (CFIR)

3. Strategy Selection

Strategy	Effect	Acupressure Example
Printed materials	4.3%	Evidence cards, PC6 location guides
Educational meetings	6%	Lunch-and-learn, ward in-services
Local opinion leaders	**12%**	Respected anaesthetist or senior nurse
Audit and feedback	5%	Monthly PONV rate reports to staff

Effectiveness: Grimshaw et al., 2012.

- [ ] Prioritise **opinion leader engagement** as the highest-yield strategy.
- [ ] Combine at least two strategies for reinforcement (e.g., opinion leader + audit/feedback).

4. Training Packages

- [ ] Develop role-specific training:

Training by Role **Anaesthetists:** Evidence review, timing protocols, integration with antiemetic practice. **Nurses/Midwives:** Hands-on wristband application, PC6 location, patient education. **Surgeons:** Evidence briefing, patient selection, referral pathways. (CFIR: Access to Knowledge)

- [ ] Schedule on-the-job training for practical skill development.
- [ ] Prepare quick-reference materials (laminated cards, posters). Document training completion.

5. Management Engagement

- [ ] **Executive:** Secure formal endorsement and resource commitment.
- [ ] **Middle management:** Ensure department heads support scheduling and workflow changes.
- [ ] **Frontline managers:** Engage charge nurses/team leaders as daily drivers. (CFIR: Leadership)

6. Assessment and Evaluation

- [ ] Define primary outcomes (PONV incidence, rescue antiemetic use, patient satisfaction).
- [ ] Establish tracking system. Consider JBI PACES audit tool. (Joanna Briggs Institute)
- [ ] Plan regular staff feedback sessions to surface issues early.

7. Staged Rollout

- [ ] **Practice run:** Dry runs with willing staff to test protocols and identify workflow issues.
- [ ] **Pilot:** Single ward or surgical list with supportive staff and close monitoring.
- [ ] **Controlled expansion:** Extend based on pilot data and staff readiness.
- [ ] Debrief after each stage. Set go/no-go criteria for each expansion step.