

CHECKLIST

Phase 2: Preparation Checklist

Developing Strategies to Address Barriers and Leverage Enablers

BOTTOM LINE

Translate Exploration findings into an actionable plan. Validate the intervention via FAME criteria, decide timing, select target patients, prepare documentation, map barriers to strategies, and assign CFIR-aligned roles. Complete this phase before any clinical activity begins.

1. FAME Assessment

- Feasibility** – Confirm delivery within existing staffing, equipment, and infrastructure.
- Appropriateness** – Verify the intervention fits local clinical context and patient population.
- Meaningfulness** – Confirm the intervention is valued by patients and clinicians (Phase 1 data).
- Effectiveness** – Review evidence the modality reduces PONV in the target surgical population.

FAME Conclusion Acupressure is assessed as **feasible, appropriate, meaningful, and effective** for PONV management in hospital settings. (Pearson et al., 2005)

2. Timing Decisions

- Define primary goal: **prevention** (pre-/peri-operative) or **management** (post-symptom onset).
- Prevention: plan application 30 min pre-op, or up to 12–24 hours before surgery.
- Management: establish protocol for application after PONV symptoms appear.
- Assess staff availability at each timing window (pre-op clinic, anaesthetic bay, recovery, ward).
- Determine which staff role delivers the intervention at each stage.

3. Patient Selection Criteria

- Define high-risk patient inclusion criteria using established risk factors.
- Decide: offer to all surgical patients or only high-risk patients?
- Define exclusion criteria (e.g., wrist injuries, IV line placement for wristbands).
- Document the patient selection protocol for staff reference.

High-Risk PONV Indicators Female · prior PONV/motion sickness · non-smoker · younger age · anticipated post-op opioids. **High-risk surgeries:** cholecystectomy, gynaecological, laparoscopic.

4. Documentation Requirements

- Revise/create hospital PONV management guidelines to include acupuncture/acupressure.
- Develop PONV assessment checklists for pre-op, recovery, and ward settings.
- Create patient education materials (information sheets, consent forms if required).
- Update operative documentation to capture intervention delivery.
- Modify ward observation charts to record intervention use and outcomes.
- Amend drug charts to include acupuncture/acupressure alongside pharmacological antiemetics.

5. Barrier–Strategy Mapping

Barrier	Strategy
Lack of awareness	Educational meetings, printed materials, evidence summaries
Insufficient capability	Role-specific training packages, on-the-job mentoring
Equipment unavailability	Procurement plan, budget allocation, stock management
Time constraints	Workflow integration, timing protocol, task delegation

- Assign an owner and deadline to each barrier-strategy pair.
- Review barrier–strategy map with the full implementation team.

6. Team Role Assignment (CFIR)

- Assign **Opinion Leaders** to champion evidence communication.
- Assign **Champions** to drive day-to-day implementation.
- Assign **External Change Agents** for training, credibility, and expert guidance.
- Define which staff deliver the intervention at each timing point.
- Document each role's responsibilities. Schedule kick-off meeting before Phase 3.

Hospital Acupuncture Implementation Framework (HAIF) · hospitalacupuncture.com · April 2026