

Ensure Every Nurse Walks the Floor Knowing **Your Protocols**



A structured 30-day study on a single unit: proactive pre-shift alignment and real-time point-of-care answers drawn directly from your facility SOPs, measured against your historical baseline.

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We have a binder at the nurses' station with all our policies. They sign off that they read it. But are they actually reading it, or just signing that they acknowledge?

— DON, LTC FACILITY, MISSOURI

THE INTERVENTION

START OF SHIFT 01

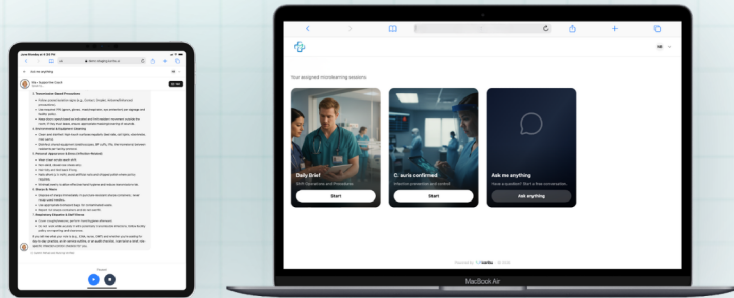
Five-minute protocol checks

- **Five-minute briefs:** A targeted operational refresh on urgent QA updates, facility layout, and compliance parameters.
- **Active verification:** Clinicians navigate a short floor scenario they must recognize and act on.
- **Float & agency support:** Instantly aligns external or float staff with unit rules before they step onto the floor.

ON THE SHIFT 02

Bedside answers from your SOPs

- **Point-of-care guardrails:** When a clinician is unsure of a protocol mid-shift, Karibu delivers an instant voice or text answer grounded strictly in your facility policy.
- **Uses existing screens:** Runs directly in a standard web browser on the computers and workstations your units already use. No apps to download and no software to install.



DURATION

One 30-day cycle on a single unit, against your baseline.

ROLLOUT

A clear 2-step soft launch: on-site floor walkthrough, then a single-unit pilot within a week.

ENDPOINTS

Clinical readiness scores and self-driven utilization rates, reviewed at weeks 2 and 4.

PROPOSING THE STUDY

Most DONs propose it to their administrator in three lines:

NOTE TO YOUR ADMINISTRATOR

"I'd like to run a 30-day evaluation on one unit: nurses get a 5-minute pre-shift protocol brief and an on-shift clinical Q&A assistant pulled directly from our own SOPs. We will measure its impact on our clinical readiness scores and self-driven utilization rates against our baseline. It uses an on-site web setup with no IT overhead, and we stop immediately if our endpoints don't improve. Okay to proceed?"



Nathalie Brochstein, CEO

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Why This Matters in Clinical Operations



Karibu aggregates **four live operational feeds** into one personalized **5-minute pre-shift brief** for every nurse.

Facility SOPs

The right policies for this nurse, on this unit, in plain language.

Survey corrections

Last survey's cited issues, built in so staff fix them daily.

DON directives

Today's instructions, delivered to every incoming nurse.

Personal shift gap

Every directive dropped since this nurse was last on shift.

SHIFT-LEVEL OUTCOMES What changes on the floor



Reclaimed charge-nurse hours

More clinical hours for your core floor leaders

THE KARIBU LIFT

Pre-shift acclimation goes self-serve, so permanent staff stop hand-holding new nurses and focus on patient care.

EVIDENCE Onboarding burden on permanent staff is the bottleneck (Telschow et al. J Adv Nurs 2025).



Shift-start readiness

Immediate team alignment on recent policy revisions

THE KARIBU LIFT

Nurses step onto the floor synced with the latest QA directives and floor parameters, removing the need for manual huddles.

WHY IT WORKS Clear structural protocol guardrails at shift change eliminate procedural drop-off and floor drift.



Protocol deployment velocity

24 hours from policy update to full-floor deployment

THE KARIBU LIFT

A policy uploaded Tuesday becomes a mandatory pre-shift brief for every nurse arriving Wednesday.

EVIDENCE Structured orientation beat standard onboarding on every domain (Montes Muñoz 2025, n=200).



Audit-ready survey protection

Continuous, timestamped compliance for inspectors

THE KARIBU LIFT

Survey corrections inject into the pre-shift routine, and administrators pull a live audit trail in one click.

EVIDENCE Stable staffing tracks to better care (Shen 2023); less agency reliance protects RN retention (Pradhan 2025).



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Sustained Readiness. Accurate Execution.

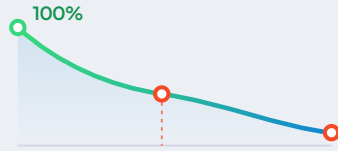


6
DESIGN PRINCIPLES

25+
PEER-REVIEWED STUDIES

169,179
PARTICIPANTS STUDIED

2020+
CURRENT RESEARCH



THE PROBLEM

Critical updates get lost at shift change.

Buried in paper binders, verbal instructions and emails, new protocols get skipped.

THE KARIBU ANSWER

We stop the drop.

A 5-minute pre-shift brief turns critical updates into accurate bedside execution.

Six Design Principles



MICROLEARNING

01

Less stress on shift

High-velocity updates protect execution quality. One ICU-nurse trial cut stress and anxiety **16%**.

APPLIED IN KARIBU

Five-minute units on existing unit screens, at shift start or right before a procedure.

Monib, Heliyon 2025; Khalili, BMC Med Educ 2024.



SPACED REPETITION

02

Eliminating protocol drift

Across 26,258 physicians, spacing beat one-time study by **15 points**. Recall beats re-reading.

APPLIED IN KARIBU

Reinforced across shifts at widening intervals, each a question to answer, not text to re-read.

Donoghue & Hattie, Front Educ 2021; McConnell, Acad Med 2025.



SITUATIONAL AWARENESS

03

Sharper bedside skills

Scenario-trained clinicians far outperformed lecture-prepared peers (**SMD 1.45**, 16 trials).

APPLIED IN KARIBU

Every unit is a scenario to recognize and act on, not policy text to read.

Liu, Nurse Educ Today 2024 (16-trial meta-analysis).



JUST-IN-TIME

04

Faster, accurate decisions

Point-of-care answers changed what nurses *did* at the bedside, not just what they knew.

APPLIED IN KARIBU

Ask protocol questions in plain words, like a change-of-condition escalation, mid-shift.

Glanville, JMIR 2023; Gartrell, Comput Inform Nurs 2023.



CLINICAL AI

05

More complex problems solved

Automated guidance matches expert oversight as staff navigate live crises.

APPLIED IN KARIBU

Facility-tuned AI, grounded in approved protocols only, cited to source for educator review.

Kestin, Sci Rep 2025; LearnLM & Eedi, 2025 preprint.



COGNITIVE LOAD

06

Design beats memory

Clear, well-structured protocols beat asking staff to memorize more.

APPLIED IN KARIBU

Protocols split into single-topic units, with concise answers at the moment of need.

Path analysis, BMC Med Educ 2024; physiotherapy RCT 2025.



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