

# Your protocols are only as good as the **last nurse who read them**

Updates sit in a binder nurses sign but rarely read, and the float and agency staff covering your shifts have never walked your building. We turn your facility's own protocols into an up-to-five-minute Micro-learning, taken at a time your DON sets, and an Ask-Me-Anything assistant. New policies, survey corrections, and DON directives reach the floor, not just the binder.

## THE COST OF THE GAP

# ~\$227,800 /yr

Illustrative 60-nurse building.  
Every year, before any solution.

The readiness gap shows up in four line items your facility already pays:

~\$30K

Avoidable 30-day  
readmissions

~\$11.8K

Survey penalties, CMS  
average

~\$36K

Injury falls requiring  
transfer

~\$150K

Turnover & onboarding

Conservative, published per-event costs. We price the status quo, never a savings promise. Readmissions and survey penalties track most directly to protocol readiness; turnover has many drivers, and recall is only one. Run your own numbers at [karibu.ai/risk-calculator](https://karibu.ai/risk-calculator).

→ The gap has a number. The pilot to start closing it is **free**.

## 📅 THE PILOT

A structured pilot with one goal: test whether the readiness gap is closing, measured against your facility's own baseline.

### 📅 COST

#### No cost to pilot

Run the pilot at no cost. No obligation after.

### 🛠️ SETUP

#### White glove, zero lift

We connect your policies and procedures and set everything up for you.

### ASK YOURSELF



**When a surveyor asks you to show that every nurse received and understood your updated protocols, how long does that proof take you today?**

With Karibu it's one click: a documented, timestamped record, built shift by shift.

### THE PILOT, IN PLAIN TERMS



#### Free pilot

Measured against your  
baseline.



#### Zero IT lift

Runs in the browser on  
screens you already use.



#### Your SOPs drive it

Micro-learnings adapt to  
each clinician.



#### We stop if it fails

Clear readiness and  
voluntary-use endpoints.



**Nathalie Brochstein, CEO**

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📅 [karibu.ai/demo](https://karibu.ai/demo)

# Ensure every nurse walks the floor knowing **your protocols**



A structured study with one goal: show that Micro-learnings reach the floor and stick. We track completion and comprehension, voluntary week-over-week use of the Ask-Me-Anything assistant, and time-to-proof for a surveyor, all measured against your historical baseline.



**Dr. John Mattison,  
Chief Medical Officer**  
UC San Diego Scholar in  
Residence for Responsible  
AI · Former CMIO, Kaiser  
Permanente

**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




**AT A TIME YOUR DON SETS**

**Up-to-five-minute protocol checks**

01

- **Targeted refresh:** Urgent QA updates, facility layout, and compliance parameters, in one short Micro-learning.
- **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.



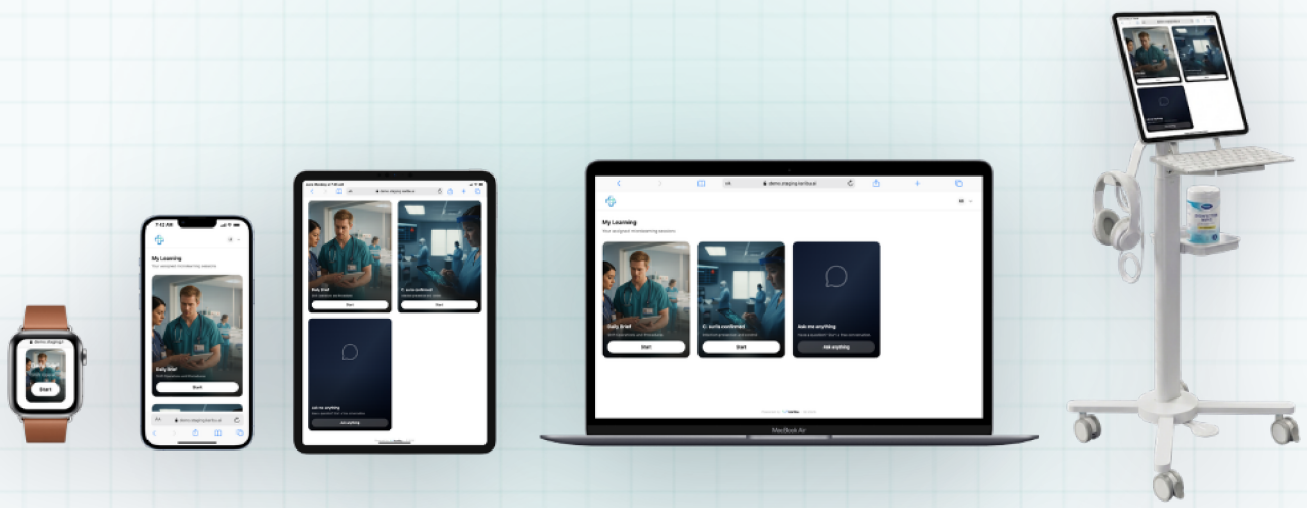
**ON THE SHIFT**

**Ask-Me-Anything assistant**

02

- **Point-of-care guardrails:** When a nurse is unsure, Karibu gives an instant voice or text answer grounded in your facility policy, where care happens, not back at the nurses' station.
- **Uses existing screens:** Runs in a standard web browser on the workstations your units already use. Nothing to download, nothing to install.

WORKS ON ANY DEVICE



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# Sustained readiness. Accurate execution.



6

DESIGN PRINCIPLES

25+

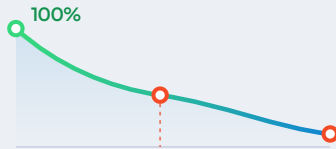
PEER-REVIEWED STUDIES

169,179

PARTICIPANTS STUDIED

2020–25

PUBLICATION WINDOW



60%  
1 MONTH

10%  
6 MONTHS

PROTOCOL RECALL • ILLUSTRATIVE

THE PROBLEM

## What you teach Monday is gone by the weekend.

New protocols sit in binders, huddles, and email. Most never reach the floor, and what does reach it fades fast (Murre & Dros, PLOS ONE 2015).

THE KARIBU ANSWER

## We stop the drop.

An up-to-five-minute Micro-learning, taken at a time your DON sets, 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

Up-to-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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# Four live feeds, one Micro-learning, up to five minutes



Every **Micro-learning**, taken at a time your DON sets, is built from **four live operational feeds** and personalized to each 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

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 short Micro-learning your DON schedules into the next shift for every nurse arriving Wednesday.

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



### Audit-ready survey documentation

A continuous, timestamped record for surveyors

#### THE KARIBU LIFT

Survey corrections flow into every nurse's Micro-learning, and administrators pull a live audit trail in one click.

**WHY IT WORKS** Every Micro-learning is timestamped and logged, so compliance evidence accumulates shift by shift, not in a scramble before survey.

## PROPOSING THE STUDY

Proposing it to your administrator takes one short note:

### NOTE TO YOUR ADMINISTRATOR

*"I'd like to run an evaluation on one unit: nurses get an up-to-five-minute protocol Micro-learning, at a time we set, and an on-shift Ask-Me-Anything assistant pulled directly from our own SOPs. We'll measure completion and comprehension, how much the team uses the assistant on its own, and how fast we can show readiness to a surveyor, against our baseline. We set when the check runs and completion is tracked; the assistant is optional, so its use shows real pull. It uses an on-site web setup with no IT overhead, and we stop immediately if our endpoints don't improve. Okay to proceed?"*

