**Supplementary File 25: Themes related to fidelity of enactment – Trial 1**

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| **Theme** | **Sub-theme** | **Enhanced Content + Enhanced Follow-On** | **Enhanced Content + Standard Follow-On** | **Standard Content + Enhanced Follow-On** | **Standard Content + Standard Follow-On** |
| **Sharing feedback with relevant staff** | Presenting to the HTC | “*It’s [feedback] been discussed within the setting of our Hospital Transfusion Committee*.” **Non-Transfusion practitioner (TP)** | *“We shared information within our transfusion group [HTC], which there are representatives from different directorates and clinical specialties. So that’s kind of the first place we fed information back.”* **TP** | “*I presented the findings to the Hospital Transfusion Committee, which is where we report all audits that we take part in.”* **TP** | *“We fed back the Hospital Transfusion Committee but we don’t go to specific areas, so we haven’t fed this back to the surgical team per se, yet, although we do have surgeons on the Hospital Transfusion Committee.”* **TP** |
| Sharing feedback beyond the HTC | “*Trust-wide anaemia group…We have a clinical effectiveness group including senior managers and high level [colleagues]. That’s where we share the feedback -- and, of course, the HTC*.” **TP** | “*Obviously been shared with HTC… also, there’s been presentation of the findings in the Department of Anaesthesia and Peri-operative Medicine and clinic, general orthopaedic, and neurological surgeons*.” **Non-TP**  | “*So that [the feedback] does go through our own Audit Service and they take all of the audits to the Audit Executive Group… It was also circulated through email to the relevant clinicians.”* **TP** | No evidence of this identified |
| Concerns about front line staff not receiving feedback | “*We haven’t got it [feedback] to all of our clinical colleagues and we know where there are pockets of practice we haven’t reached yet*.” **TP** | “*We’ve chosen to disseminate information through consultants on the committee, whether or not they [consultants] do [disseminate feedback] is a different matter we don’t have very big attendance at our trust transfusion committee*.” | *“I sent an email out to all the specialties that were involved in the audit saying, “Thanks for being involved in the audit, and this is what was found.” I haven’t heard anything back from anybody.*” **TP** | No evidence of this identified  |
| **Setting goals in light of feedback** | Selecting audit standards based on performance against audit and other hospitals | *“The poor one we’ve got basically is the post-operative transfusion indications. So they weren’t necessarily doing a one… the HB check after each unit, so that’s one that we’ve been pushing for don’t give a second unit without review…So that one’s a big one that we were really low on… that we’ve been trying to go with really.”* **TP** | *“For me, I think we tried to start to focus on the single unit transfusion… looking at that…it [feedback] highlighted the fact that other hospitals were going down this path when we weren’t.”* **TP** | “*We had gaps in the pre-op part of the process. We’ve already started to address that, and hopefully once that’s in place then we can move forward and look at other areas that the audit looked at*.” **TP** | “*Compared to other places, [performing just] as well, and on occasion a little bit better, but I think one of the big things from PBM is to get more single unit transfusions, so it’s a case of there’s still an awful lot of work to do. We achieved a reasonable standard, but there is still a lot to go until we can get to the 80/90/100% sort of mark*.” **TP** |
| Conducting a gap analysis  | *“I concentrate on local performance against national performance, looking at the differences there, and I also look at the full recommendations and key recommendations and do a gap analysis against them.”* **Non-TP** | *“They asked us to do the gap analysis and it was the gap analysis that we then had to present at the next RTC meeting.”* **TP** | (no evidence of conducting a gap analysis) | *“I’ve shared both sites’ reports, we shared our gap analysis, and I sent out the slideshow as well to the HTC.*“ **TP** |
| **Making plans to achieve goals** | Formulating an action plan | “*Once I received it [the feedback] I sent both reports [level 1 and 2] through to them [HTT] and then we met to discuss and put the action plan together based on things that we’d discussed in that meeting [HTC meeting].”* **TP** | *“The action plan is huge… It’s got all the standards in it and what we’re going to do, what we’ve done, when we’re going to do it etc.”* **TP** | *“I’ve used the tabular data that was provided in the PowerPoint presentation, and some of the recommendations and then what we basically plan to do for our own trust*.” **TP** | *We’ve got so many action plans at the moment, NICE, PBM, surgery audit action plan….The main action I would say most Trusts that I am involved in are working towards are iron deficiency anaemia, pre-operative management… well pre- and peri- and post-operative management and the triggers, and the number of units to give.”* **TP** |
| Communicating proposed changes to transfusion practice | *“[I’ve] communicated it out, audit days, training, so we have included in the nurse training they should be making sure the doctors are doing HB checks. So the training’s changed as well as educational days and mandatory training has been updated.”* **TP** | “*We’ve accessed F1/F2s in terms of education and training, and we’re currently in the process of getting some teaching time with the VP1/VP2s(?). The HTC have produced some NICE guideline information synopsis and are distributing it via the directory channels… we’ve changed the clinical specialties three year education package to include the NICE guidelines to emphasise triggers*.” **Non- TP** | No discussion of other strategies beyond sharing feedback and what needs to change in practice.  | “*We’ve got F1 induction in a few weeks; I was just going to spend a little bit of time talking to them about single unit as a start… Give them some of the flyers that we’ve got from NHSBT.* “**Non- TP** |
| **Re-monitoring practice** | On-going monitoring of blood use in practice | “*They [anaesthetist] audit the usage of blood every week and every month…Looking at that data…usage has gone down*.” **Non - TP** | “*Not to the extent of doing the audit again, but obviously we do monitor all our… across the board… transfusion statistics every month. My colleague does those, so we use that and see where we’re at with things on a regular basis.*” **TP** | (No evidence of on-going monitoring blood use in practice).  | “*Yes. I mean we know, you know, we know we’ve got to keep an eye on pre-op assessment clinic*.“ **Non- TP** |
| Internally re-auditing specific aspects of transfusion practice | “*Yes, so we are… we’ve got some ongoing audits in peri-operative transfusion practice and triggers for transfusion and we also look at the instance and use of cell salvage.”* **Non-Transfusion practitioner** | “*We haven’t re-audited as yet…we have an in-house audit that’s schedule, and it’s on the list.*” **TP** | *“Yeah, we’re auditing the areas we know we’re deficient in, and looking to see if we really have a problem. Our audit was a very small percentage. We only had 18 patients, so it’s looking at whether that is reflective of our general practice.*” **TP** | “*Someone from the clinical audit office today, sent me this email saying they [HTC] started doing this new audit [of pre-op anaemia in orthopaedics].*” **TP** |
| Waiting to participate in the AFFINITIE re-audit | “*I think we’ll see what the re-audit tells us, and then see what happens after that, because I’ve just mentioned about the tranexamic acid - [We’ll] see what happens in the next re-audit*.” **Non-TP** | “*No, in essence we’re obviously planning to do the second cycle of the audit, and see from there*.” **Non- TP** | “*There’s another part to this audit…we probably will take on board that, and we’ll probably do that.*” **TP** | “*We’re obviously re-auditing so we’ll be able to see if there is better documentation, if they are more likely to use single units.*” **TP** |