Supplementary File 26: Themes related to contextual influences across all interventions/trial arms in Trial 1

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| **Theme** | **Sub-theme** | **Quote** | **Source**  |
| **Perceived appropriateness of the audit standards** | Some audits standards and recommendations oversimplify the clinical context of blood transfusions | *“I think one of the problems is that the audits and the recommendations are looked at very generically… it doesn’t always necessarily reflect what’s happening in practice. “*  | Transfusion practitioner  |
| No evidence underpinning specific audit standards.  | *“The pre-transfusion haemoglobin should be less than 70 if they don’t have additional risk factors”. I have searched high and low and asked people and I’ve been in meetings and there isn’t any research or evidence to back this up… I don’t agree with this at all.”* | Non-transfusion practitioner  |
| **Perceived credibility of the audit data** | Inappropriate sampling of audit cases | *“You’ve mixed fractured neck of femur. It’s nothing to do with elective surgery… There is a fundamental design flaw, it’s not comparing like for like. You’re lumping two very different things… it was a fundamental mistake and it renders the audit…not a very useful audit because of it.”* | Transfusion practitioner |
| Insufficient sampling of audit cases | *“I think we only had about four patients… when you’re only providing data for four patients, and one of your answers is no that shows up as a 25% non-compliant.”* | Transfusion practitioner |
| Feedback was only accurate as the data that was inputted | *“55 patients [were] added online only 17 had completed data, [and] 38 didn’t…yet they were still put forward as part of our sample, which would mean the information [feedback] could be inaccurate or incomplete.”* | Transfusion practitioner |
| **Concern with the feedback**  | Scepticism around how performance against audit standards was calculated  | *“There were some discrepancies in terms of the feedback… If we think about the omission of warfarin, coumarins or heparins, dabigatran, NOACs in the peri-operative period, then the two metrics for that both show that the Trust stopped them entirely appropriately 100% of the time. There was a combined metric involving those two numbers which called the Trust at 77% but there was no explanation of why the Trust had been downgraded. I think this statistical anomaly casts doubt on the integrity of the rest of the data.”* | Non-transfusion practitioner |
| The audit and feedback did not acknowledge good practice | *During that 3 month period we had 601 patients who met the criteria for the operation, so we had 601 patients who had that type of surgery, 55 of them needed a transfusion. What this audit didn’t cover is all the 546 patients who didn’t have a transfusion, it wasn’t worked out… they might’ve been managed very well indeed and we have excellent processes… but we wouldn’t know that because the audit didn’t cover that.**“But the problem is it’s biased towards transfusion so if you have good practice where you’re not transfusing patients those patients don’t make it into the data.”* | Transfusion practitioner Transfusion practitioner |
| **External influences promoting changes to patient blood management** | NICE is driving the changes to transfusion practice | *“The momentum of change in relation to this audit is higher than previous audits but it’s not as a result of the audit, it was a result of the new NICE guidelines.”* | Non-transfusion practitioner  |
| NCA feedback was further ammunition to facilitate changes to transfusion practice alongside NICE | *I don’t think the direct feedback was useful for us, but it allowed us to prioritise our response in terms of the NICE guideline.* | Non-transfusion practitioner |
| Making changes to transfusion practice in response to the patient blood management survey | *‘Even if we didn’t have this audit we would still be working on that as part of our patient blood management process.’*  | Transfusion practitioner |
| Indication codes publication post-feedback delivery | *Yeah, [goals and action plans are based on] the new national indication codes. Those have changed since the report came out, so the goalposts have been moved a little bit.’* | Transfusion practitioner |
| **Clinicians’ receptiveness to changing transfusion practice** | Varying levels of interest in blood transfusion across roles | *‘Where we really need the buy-in of our anaesthetic and pre-op assessment clinic colleagues, we’re not doing very well and a lot of the discussion has been how we can enthuse them to buy into this.’*  | Transfusion practitioner |
| Willingness to change transfusion practice | *“My worry is the surgical side isn’t necessarily being… anaesthetists just do the surgery and that’s it, once it moves over to the surgical side if it’s got surgeons that say, “Top her up”, then that’s the attitude you’re getting.”* | Transfusion practitioner |
| The boundaries surrounding TP’s clinical role and limited influence over other clinicians | *“We can’t go into the clinical areas and say, you’ve got to do this, this and this. All we can do is present them with the information and suggest how we could improve practice, but at the end of the day it’s their practice, not mine.”* | Transfusion practitioner |