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Enhancing response to a national audit to improve blood utilisation in the UK: The AFFINITIE programme

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Centre for Health Services Research, School of Health Sciences
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Advancing A&F Scientific Update, Calgary, Alberta

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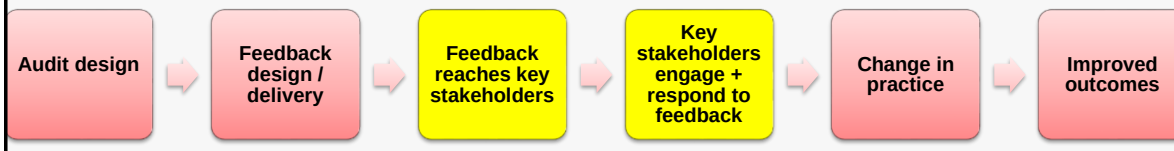
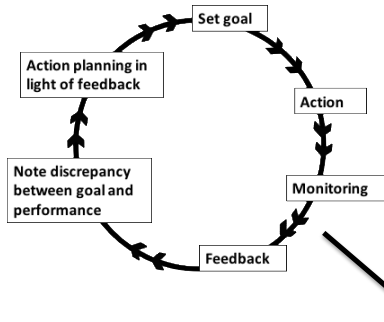
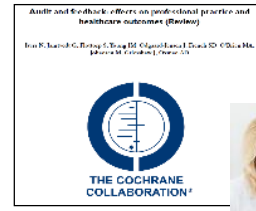
Background

- Empirical approaches to optimise A&F have focused mainly on **attributes of the feedback**
- But **what happens upon receipt of the feedback?**
- The potential impact of feedback interventions is reliant on **key stakeholders engaging with** and **responding to** feedback



Intervention development





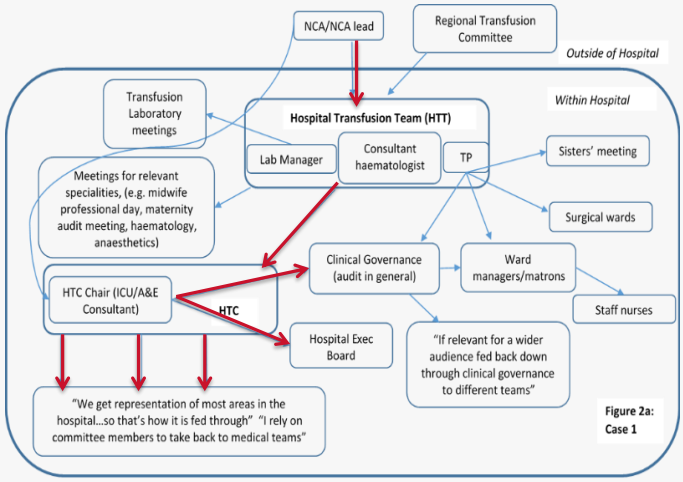
***What do clinicians currently do with the feedback*?**

- **Who receives feedback?**
- **Is it reaching the right people?**
- **How is the feedback responded to?**
- **Barriers and enablers to acting on feedback?**

Methods

- Semi-structured **interviews** based on Theoretical Domains Framework with 25 HCPs in 4 UK hospitals
  - Purposively sampled hospitals: size, resources, infrastructure, location
  - Transfusion nurses, consultants different clinical specialties, junior doctors, blood bank managers
- Observations of 4 Hospital Transfusion Committee meetings, field notes
- Analysed thematic synthesis- identify barriers/enablers

How is feedback shared?



1. In all Cases, **Hospital Transfusion Teams** were the initial recipients

1. HTT then disseminated feedback to **Hospital Transfusion Committee**

1. **Assumption that representatives would disseminate more broadly** to their specialties

BUT…

The fact that I haven't really seen it [feedback] means there must be some problem*…I really am not sure I've ever had an email about it"* [Case 1 P06].

I know it exists…That's about as far as it goes, though! [Case 2, P03]

I understand it does go somewhere but it **doesn't really get fed back to junior doctors on the actual wards** [Case 3 P06]

Observational findings: HTC meetings

Case 1	Case 2	Case 3	Case 4
Clear leadership (chair and transfusion practitioner)	**No clear leadership**	Clear leadership (consultant haematologist not the chair)	Clear leadership (chair)
No explicit actions agreed but to be circulated afterwards	No explicit actions agreed	**No explicit actions agreed** but to be decided in a subsequent HTT meeting	**Explicit actions agreed by the group**
Audit discussed: local, national & re-audit	**Audit not discussed**	**Audit discussed**: local, national & re-audit	Audit discussed: local & national
Engaged, informal communication	Engaged, informal communication	Variable engagement, formal communication	Engaged, informal communication

Example barriers

- We **do not set goals or make action plans** as a team
- We **have to amend the feedback to make it relevant** to our hospital
- Feedback is **not shared and discussed** with the relevant staff
- I **do (not) have support from my colleagues** to make changes

Example enablers

- Having **specialist nurses or champions** have raised the visibility and dissemination of feedback
- We **need/use strategies to remind staff** of actions and recommendations
- **Role clarity re. who is responsible** for audit and feedback locally

Summary

1. **Infrastructure** (i.e. HTC) and **role clarity** were features that **facilitated** appropriate responses to feedback

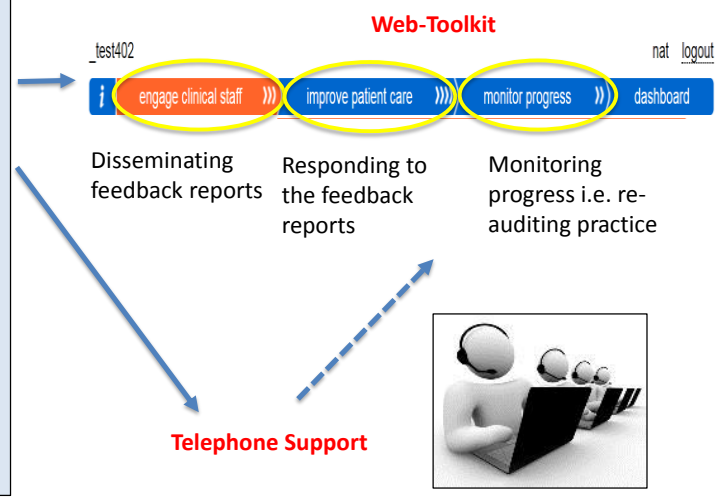
2. Hospital Transfusion **teams could benefit from**:

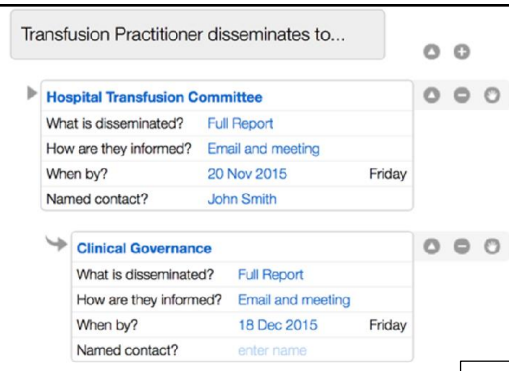
   - **Support** and **practical tools** to help facilitate systematic dissemination to relevant staff in hospital
   - And support for **strategic decision making** regarding how to change practice in light of feedback

Intervention 2 'enhanced FOLLOW ON SUPPORT': Overview

Intervention Components (n=20), including:

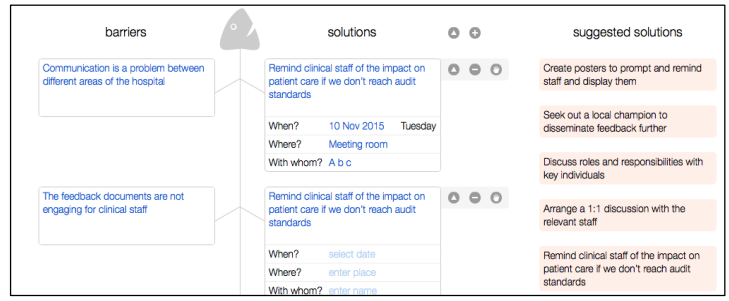
- **Instruction** how to perform behaviour
- **Problem solving**
- **Action planning**
- **Goal-setting** (behaviour/ Outcome
- **Self-monitoring**
- Behavioural **practice/rehearsal**
- **Demonstration** of the behaviour
- Social **reward**
- **Prompts** and **cues**
- Social **support** (practical)



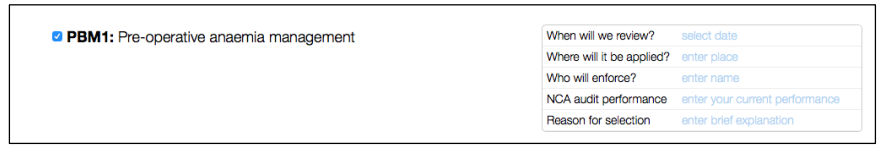


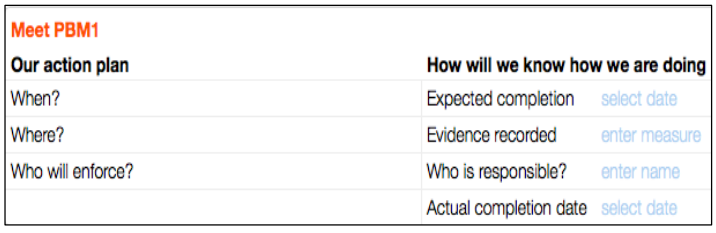
Dissemination Cascade Tool

Fishbone Analysis Tool



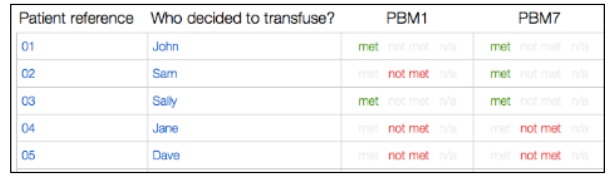
Selecting standards Tool





Action Planning Tool

Quick Audit Tool (Self- Monitoring)



Telephone support delivery

	Trial 1 -Surgery (n=71)	Trial 2- Haematology (n= 76)
Delivered telephone support to hospital contact	63 (89%)	68 (90%)
Logged in to Toolkit during call	51 (72%)	49 (65%)

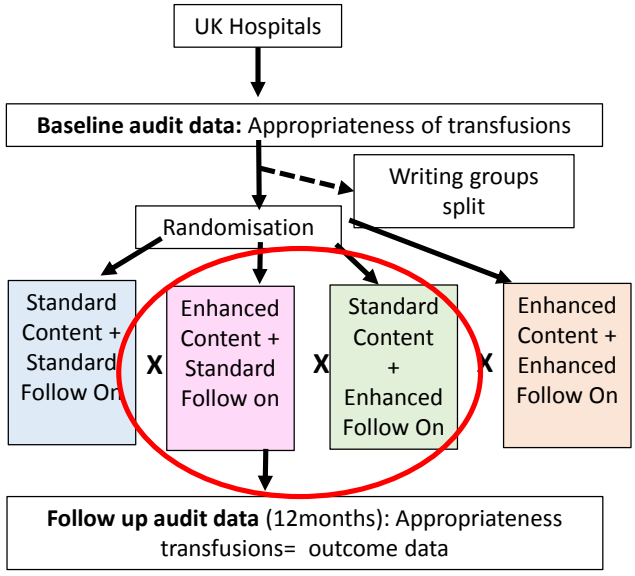
Responses from HTT members during telephone support

"this is **prompting us to do things we wouldn't normally**"

"**You've made it very simple for me**, I'm glad I've spoken to you… that's been extremely helpful… **we'll certainly have a go** with this"

"To be honest, **if you hadn't rung me to go through this I probably wouldn't have used this**… but it is quite easy to use so I'll have a go at that"

AFFINITIE Cluster RCT with 2x2 factorial design



Trial 1: Surgery

- N= **155** clusters
- Int delivered: **Oct 15**
- Outcome Eval: **Oct 16**

Trial 2: Haematology

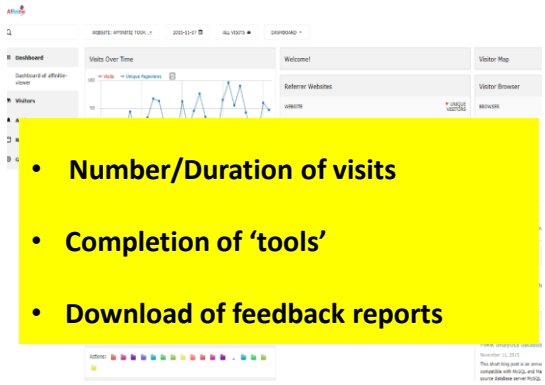
- N= **167** clusters
- Int delivered: **Aug 16**
- Outcome Eval: **Aug 17**

Process Evaluation

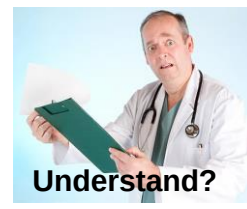
Did clinicians engage with the interventions as intended?

- Surveys (all sites)
- Semi-structured interviews (n=34 sites; 52 participants)

Web-analytics (all sites)



- **Number/Duration of visits**
- **Completion of 'tools'**
- **Download of feedback reports**



Key barrier: the audit in A&F

Forget about feedback, need to get 'audit' right first…

- 'This audit isn't even relevant'
- 'This is research, not audit'
- 'There are too many standards'
- 'The numbers are all wrong'
- 'I won't participate, the data collection is too burdensome'

= '***why bother changing practice?'***

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Methodological and Practical Considerations

✓**NCA relationship** with sites enabled data collection, evaluation on scale

X Aligning Timelines…enduring struggle

X Competing activities from NHSBT/NCA

X Sustainability

X Subscribing to the science/ equipoise

for listening!

Affinitie

AFFINITIE Collaborators:

Jill Francis, Robbie Foy, Simon Stanworth, Camilla During, Stephen McIntyre, Jon Bird, John Grant Casey, Rebecca Walwyn, Liz Glidewell, Amanda Farrin, Robert Cicero, Suzanne Hartley, Lauren Moreau, Steve Morris, Susan Michie, Jeremy Grimshaw

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Hartley et al. Implementation Science (2017) 12:84
DOI 10.1186/s13012-017-0614-8

Implementation Science

STUDY PROTOCOL Open Access

The evaluation of enhanced feedback interventions to reduce unnecessary blood transfusions (AFFINITIE): protocol for two linked cluster randomised factorial controlled trials

Suzanne Hartley[1*], Robbie Foy[2], Rebecca E. A. Walwyn[1], Robert Cicero[1], Amanda J. Farrin[1], Jill J. Francis[3], Fabiana Lorencatto[3], Natalie J. Gou… Stephen Morris[8], Simon J. Stanwo…

Lorencatto et al. Implementation Science (2016) 11:163
DOI 10.1186/s13012-016-0528-x

Implementation Science

STUDY PROTOCOL Open Access

A multidimensional approach to assessing intervention fidelity in a process evaluation of audit and feedback interventions to reduce unnecessary blood transfusions: a study protocol

Fabiana Lorencatto[1*], Natalie J. Gould[1], Stephen A. McIntyre[1], Camilla During[1], Jon Bird[2], Rebecca Walwyn[3], Robert Cicero[3], Liz Glidewell[3], Suzanne Hartley[3], Simon J. Stanworth[4], Robbie Foy[3], Jeremy M. Grimshaw[5], Susan Michie[6], Jill J. Francis[1] and for the AFFINITIE programme

…ts national audits of transfusion and provides feedback …monstrate 20% of transfusions fall outside guidelines. …dit and Feedback INterventions to Increase evidence- …, cluster-randomised trials, each evaluating two …reduce unnecessary blood transfusions in UK hospitals

Gould et al. Implementation Science 2014, 9:92
http://www.implementationscience.com/content/9/1/92

IMPLEMENTATION SCIENCE

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Application of theory to enhance audit and feedback interventions to increase the uptake of evidence-based transfusion practice: an intervention development protocol

Natalie J Gould[1*], Fabiana Lorencatto[1], Simon J Stanworth[2], Susan Michie[3], Maria E Prior[4], Liz Glidewell[5], Jeremy M Grimshaw[6,7] and Jill J Francis[1]