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Supporting hospitals to act on Audit and Feedback

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What's
the
plan?

- The clinical problem: Overuse of blood transfusions (AFFINITIE research programme)
- Nature of feedback in this context
- Behavioural approach: how does A&F work?
- AFFINITIE: Exploration in hospitals to inform design of support intervention
- The AFFINITIE intervention
- What have we learned about supporting hospitals to respond to A&F and clinician engagement?



The Clinical Problem: Overuse of blood transfusions

Regional and national audits demonstrate at least 20% of red cell use outside national guidelines, particularly in medical settings (Stanworth 2010)

National audits of plasma and platelet use show over 25% unnecessary usage (Estcourt 2010)

WHY USE TWO? WHEN ONE WILL DO

Transfusing one unit of blood at a time reduces the risk of an adverse event – **Transfuse one then reassess**



BLOOD IS A GIFT
USE IT WISELY

To find out more go to http://staffnet/TransfusionMedicine/blood_is_a_gift.asp



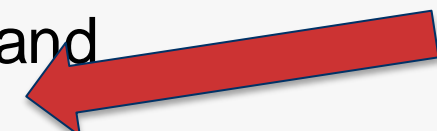
AFFINITIE programme: Enhanced audit & feedback interventions to increase the uptake of evidence-based transfusion practice



**National Institute for
Health Research**

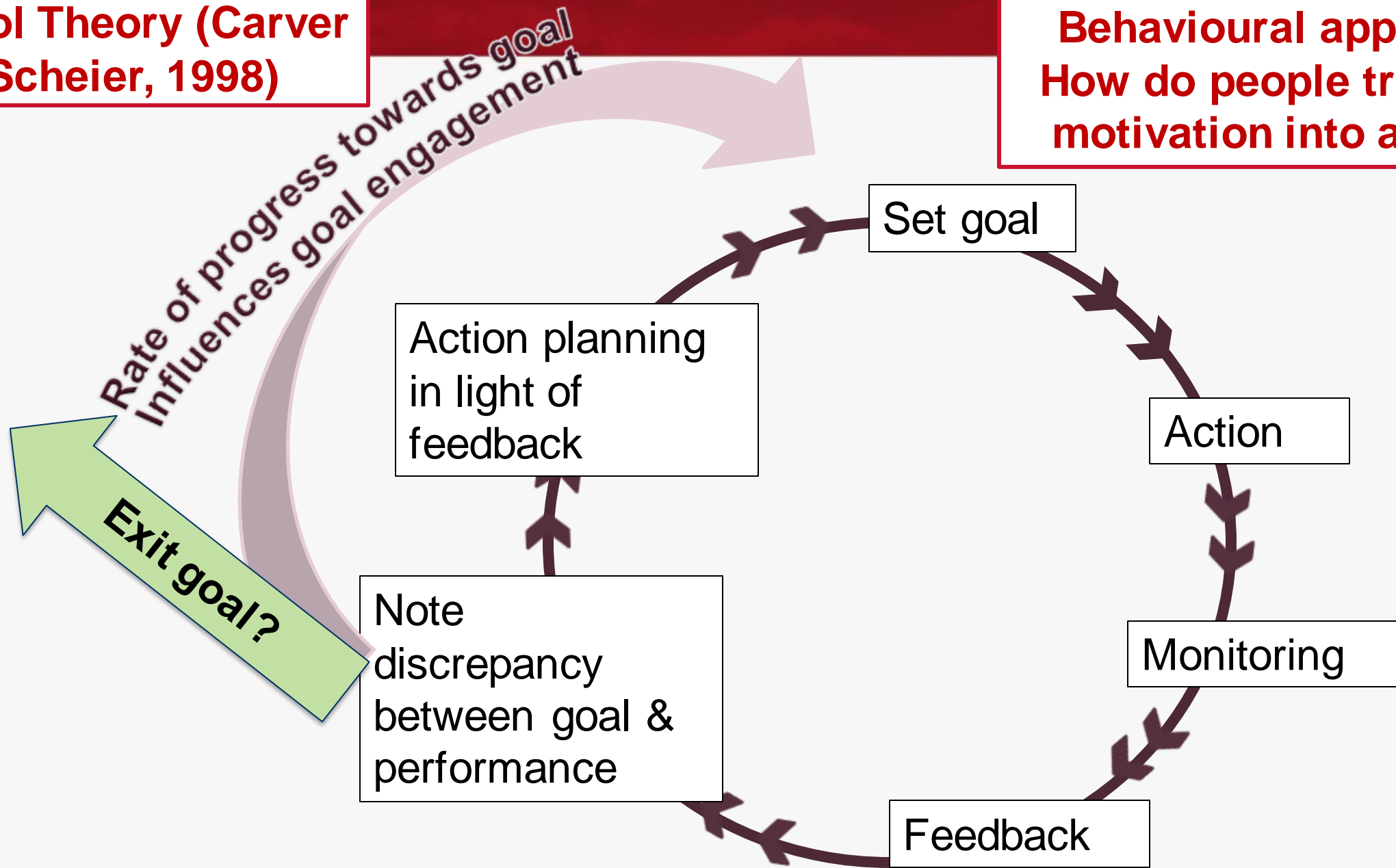
Funded by the National Institute for Health Research

- **A&F Laboratory Context:** National Comparative Audit of blood transfusion practice in **routine national audits**
- **Sponsor:** UK National Health Service Blood & Transplant
- **Two interventions:**
 - (1) Feedback document - ‘enhancements’ based on *empirical evidence* from the Cochrane review and *techniques* from behavioural theory
 - (2) Support for hospitals to respond to feedback – based on theory and multi-method contextualised investigation in four hospitals



Control Theory (Carver & Scheier, 1998)

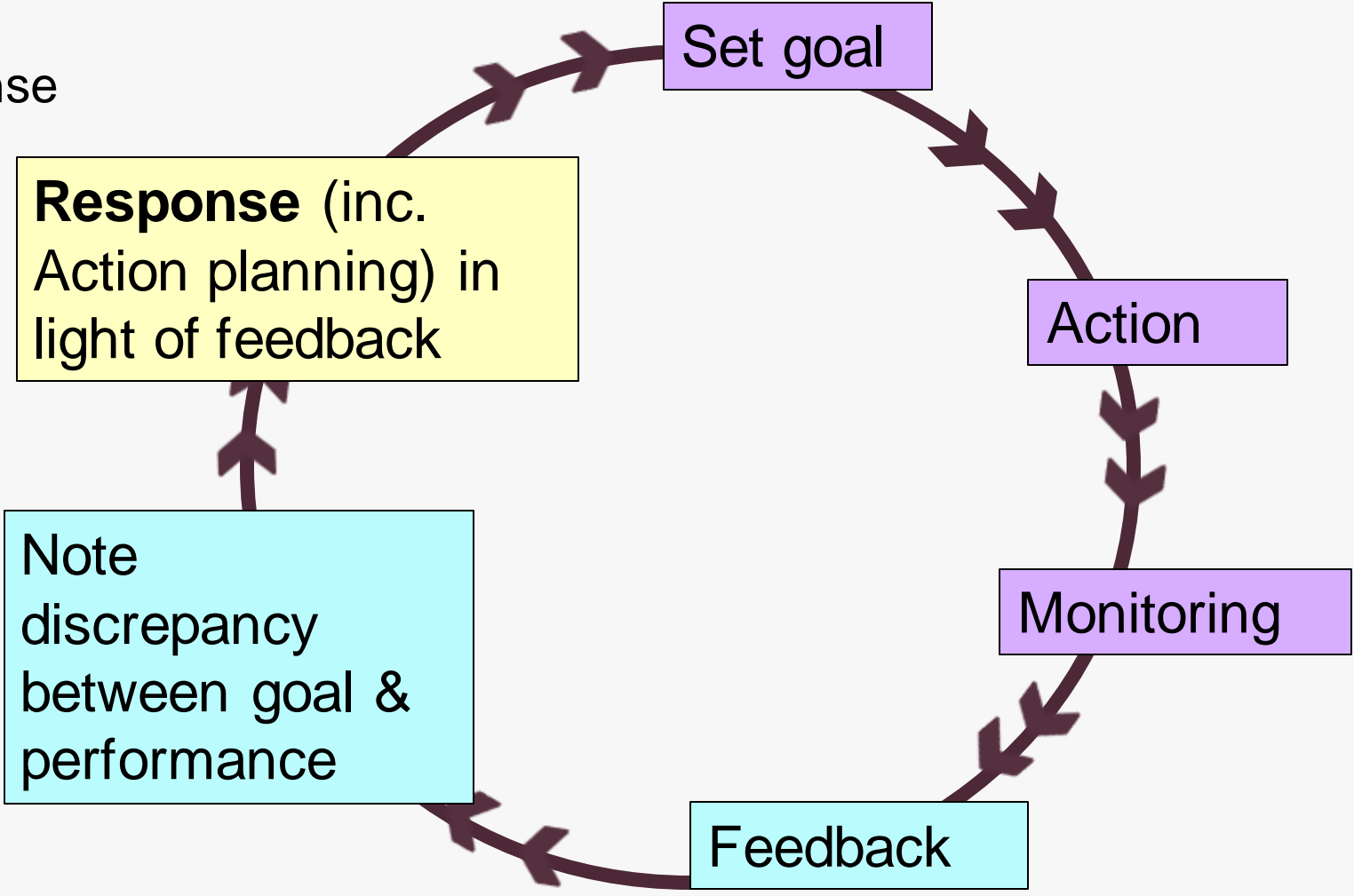
**Behavioural approach:
How do people translate
motivation into action?**



Carver CS, Scheier MF: On the Self-regulation of Behavior, 1998. Cambridge: CUP.

**Behavioural approach:
How does A&F work?**

- = Audit
- = Feedback
- = In-hospital response



Standard Feedback

'Enhanced' Feedback

Clinical Standards
Royal College of Physicians
National Comparative Audit of Blood Transfusion
NHS Blood and Transplant
Welsh Blood Service
Gwasanaeth Genedl Cymru

2012 Audit of Blood Sample Collection & Labelling

December 2012

St. Elsewhere's Hospital

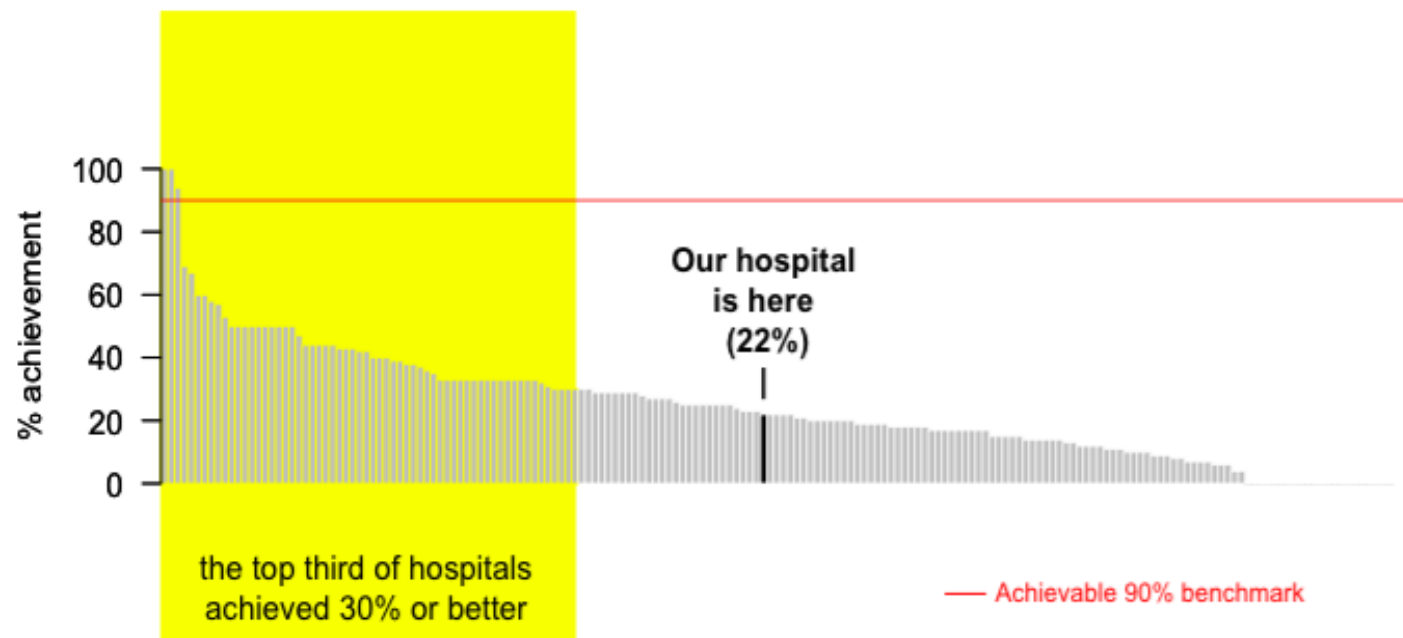
48-page doc

Page 1 of 48

Post-operative transfusion indicated (PBM standard 8):

In patients who do not have active post-operative bleeding, clinical staff should only prescribe a transfusion if the Hb is less than the defined Hb threshold or for transfusion (70g/L in patients without acute coronary ischaemia 80g/L in patients with acute coronary ischaemia).

Our hospital achieved this standard for **22% (4/18)** of patients

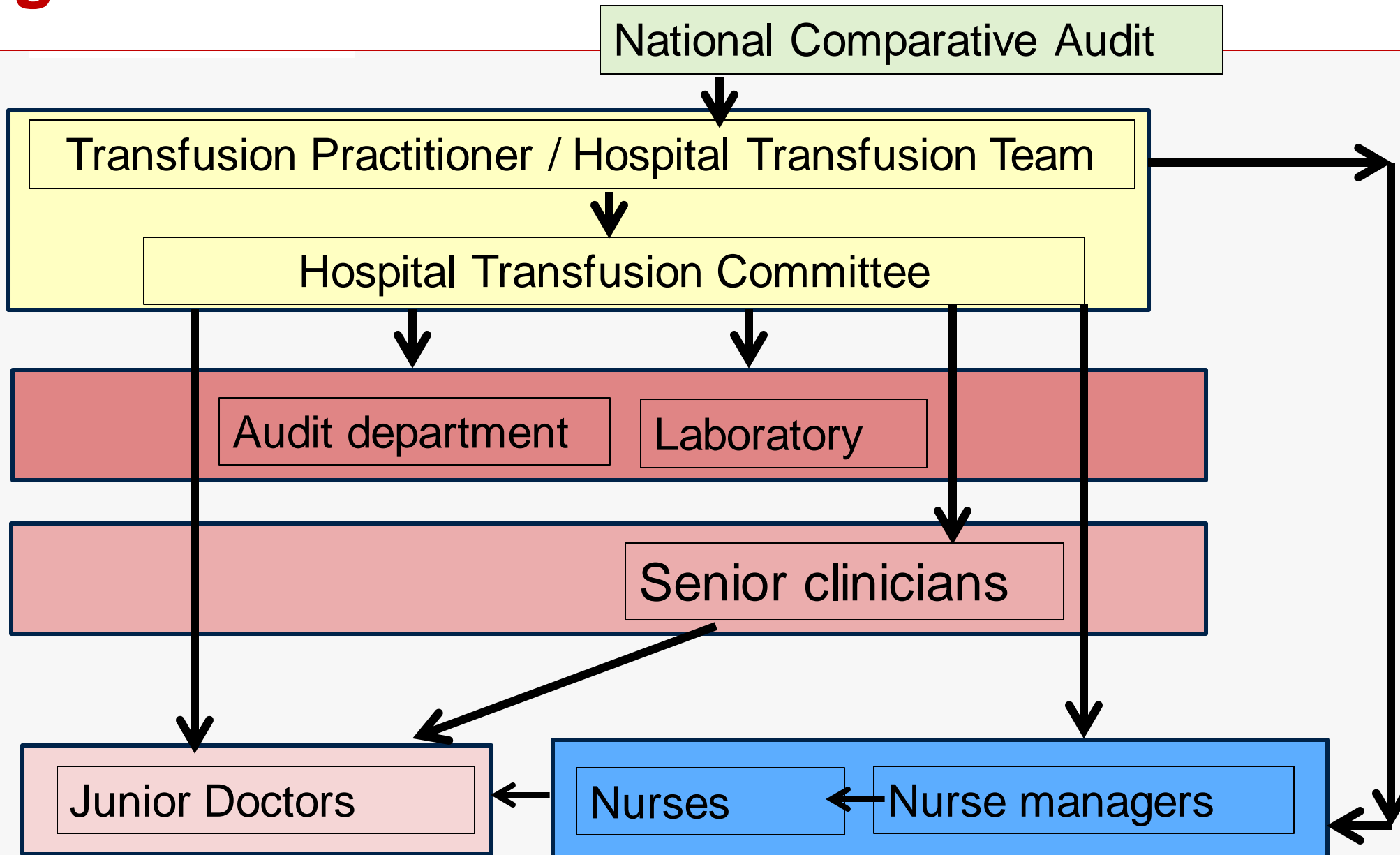


Responding to Feedback: Development of Support Intervention

- Contextualised investigation in 4 hospitals:
 - Observation of key meetings
 - Semi-structured interviews (N=25) based on the 'Theoretical Domains Framework' of behaviour change



Findings: Who needs feedback? Information Flow



Who does what (ideally)? Behaviour specification

- (Transfusion practitioner **adapts** feedback materials)
- Transfusion practitioner **disseminates** feedback materials to relevant staff (to increase reach)
- Hospital Transfusion Committee **discusses** feedback, sets local **goals**
- Hospital Transfusion Committee **agrees action plans** to achieve local goals
- Committee members discuss agreed action plans with clinical **colleagues**
- Transfusion practitioner **monitors** selected behaviours to track progress

Potential influences on engagement: “Behavioural regulation”

- Performance is monitored using both national and local data

“We use the national standard and then audit locally and look at how we’re adhering to the single unit transfusion policy”

- Action plans often generated from local data

“We have an action plan which we draw up at the transfusion committee and we review during the year based on what we should be doing ... And also based on what people think is in their capacity to change”

- Compare performance against standard? or against others?

“If one Standard says you should be doing this and we’re not achieving it -- does it matter whether the rest of the country’s achieving it or not?”

- Monitoring/re-audit stimulates sustained change

“If you get people to change their practice and then they see things improving then they’re more likely to continue with that”

“Social Influences”

- Influence of the Transfusion Practitioner (TP) and committee members
“I rely on [TP] hugely to disseminate the findings among the nursing staff and I rely on the committee members to take it back to the medical teams”

“We have quite a fierce blood transfusion nurse specialist ... she’s quite good actually, because she’s quite challenging”

- Staff more receptive to change when feedback presented by senior staff

“I think people would be more responsive to feedback from a senior person and would be more likely to take action”

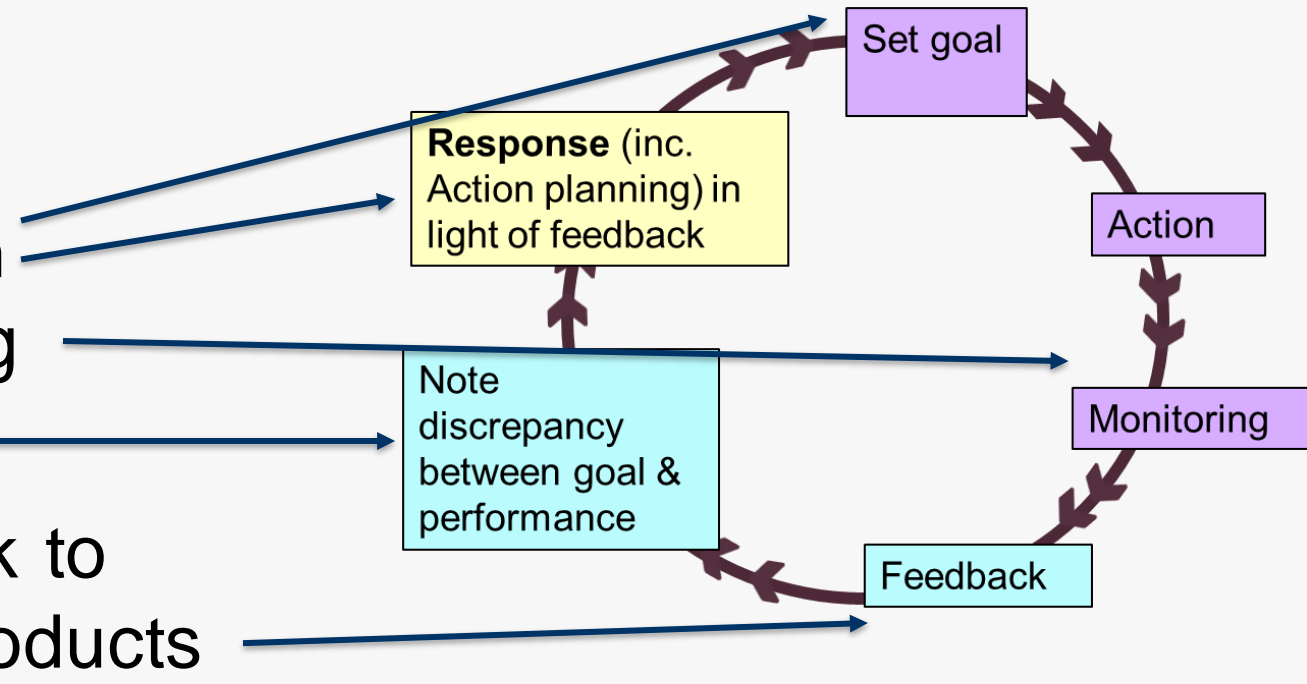
- **NOTE:** Differences between hospitals:
 - Staff attributes
 - Group dynamics in committees

Hospital Support Intervention

1) **Target** – Transfusion Practitioner,
Hospital Transfusion Team

2) **Support materials for:**

- a) Local goal setting and action planning, ongoing monitoring
- b) Noting discrepancies
- c) Increasing reach of feedback to staff who prescribe blood products



Tools in a Paper-based Toolkit

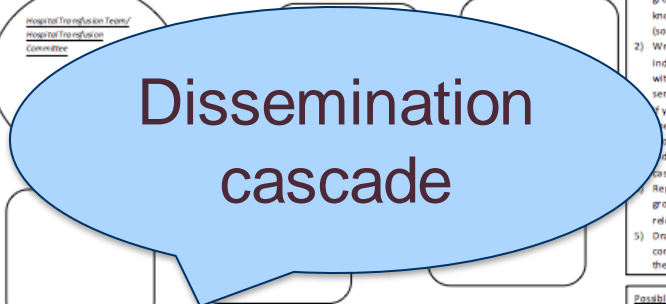
Dissemination Cascade – who needs to know about the feedback documents in your hospital?

Guidance

- At the top of a box enter a group you think needs to know about the feedback (some suggestions below)
- Write the names of all individuals/key contacts within that group that you will send the feedback to. If you are not familiar with specific individuals within a group, suggest a key individual or role who can cascade the feedback. Repeat this for as many groups as you think are relevant
- Draw arrows to illustrate the communication link between the groups

Possible groups who need to know about the feedback:

- Audit department
- Transfusion laboratory Service
- Senior clinicians, consultants
- Matrons, senior nurses
- Junior doctors
- Nurses
- Risk department
- Managers
- Medical directors
- Clinical governance
- Other



Fishbone analysis 1 – a) identifying barriers/enablers to engaging clinical staff and b) thinking of solutions to overcome/ways to use

1) Write down any potential barriers/enablers to disseminating feedback documents in your hospital

Barrier/enabler: [] [] [] [] []

Goal: Engaging clinical staff

2) Write down potential solutions to overcome the identified barriers or ways to use the enablers, making them as specific as possible

Solution/how to use: [] [] [] [] []



Please complete this template to help you set SMART goals for achieving them.

Use the dissemination cascade to identify your SMART goals.

Specific – What are you going to do? When will you do it?

Measurable – If the goal is specific it should be measurable.

Achievable – Begin with a goal that you think you can achieve.

Relevant – is this goal important for you?

Timely – give yourself a target date in which to achieve them.

What are we trying to achieve?

Our specific goals		How will we know how we are doing?		
What will we do?	When?	When will we record?	When will we record?	Who will record?
e.g. Disseminate feedback to junior doctors (P: Nat, in terms of TACTs, do we ever ask them to specify who they mean by "we" and who is responsible for ensuring this is done?)	At each rotation/ new intake of junior doctors	For presentations/ potentially relevant training or intake meetings	Number of junior doctors to whom feedback documents were emailed; Number/% of new junior doctors attending presentations at initial training or intake meetings	At the start of each rotation/ new intake period for junior doctors the induction co-ordinator



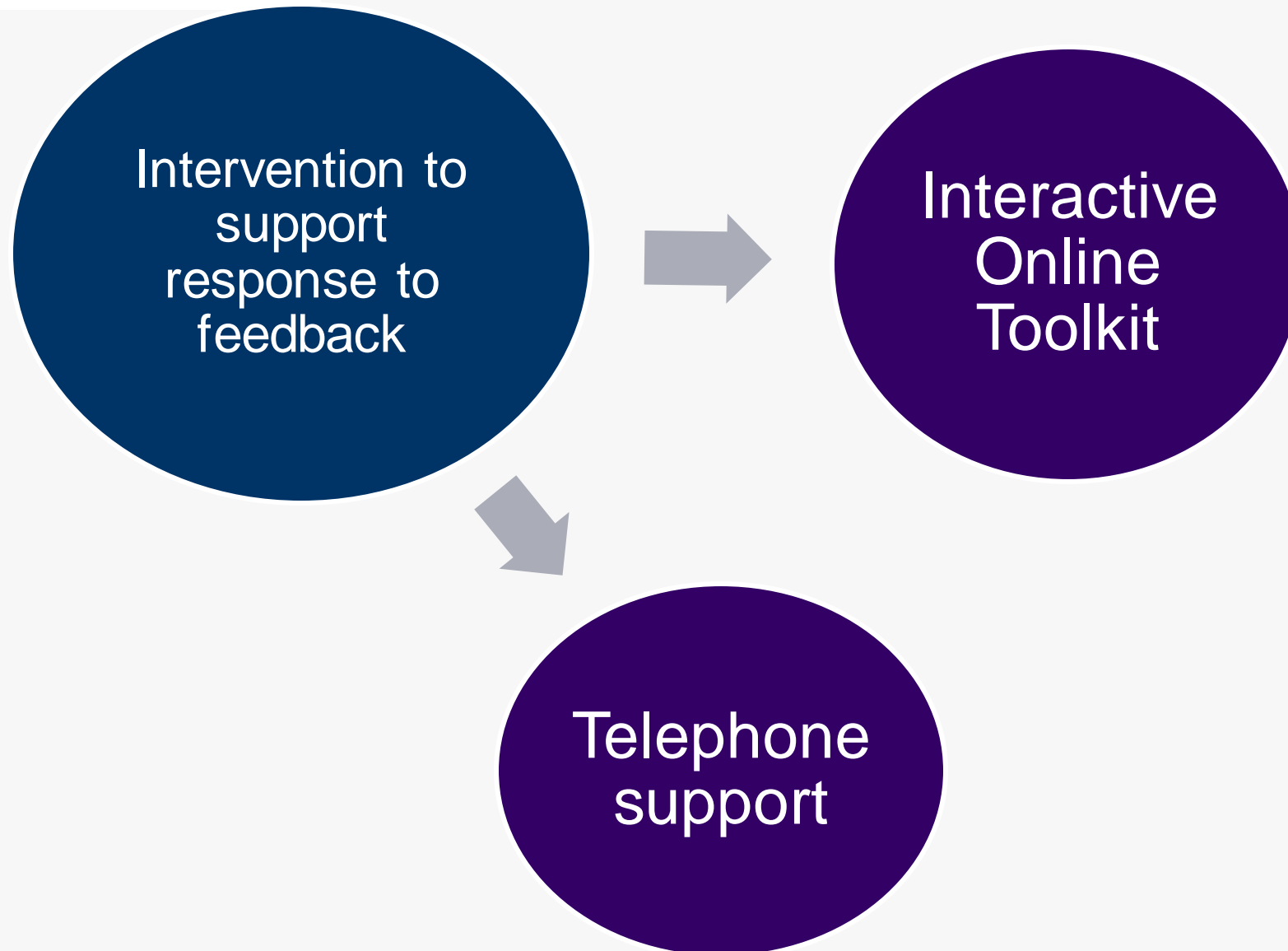
Royal College of Physicians

National College of Blood Transfusion



a support tool for auditing transfusion practice

Building an online toolkit



• **Home**

About this toolkit

How to use this toolkit

1. Engaging clinical staff

Dissemination cascade

Fishbone analysis

Goal setting &
action planning template

2. Improving patient care

Identifying your overall goal

Fishbone analysis

Goal setting &
action planning template

3. Reminding and monitoring

QuickAudit

Making an effective poster

National Comparative Audit of Blood Transfusion

An  resource

Taking Action After the Feedback: A Toolkit to Make It Easier

You are now using the toolkit as **test**.

logout

Next: About this toolkit

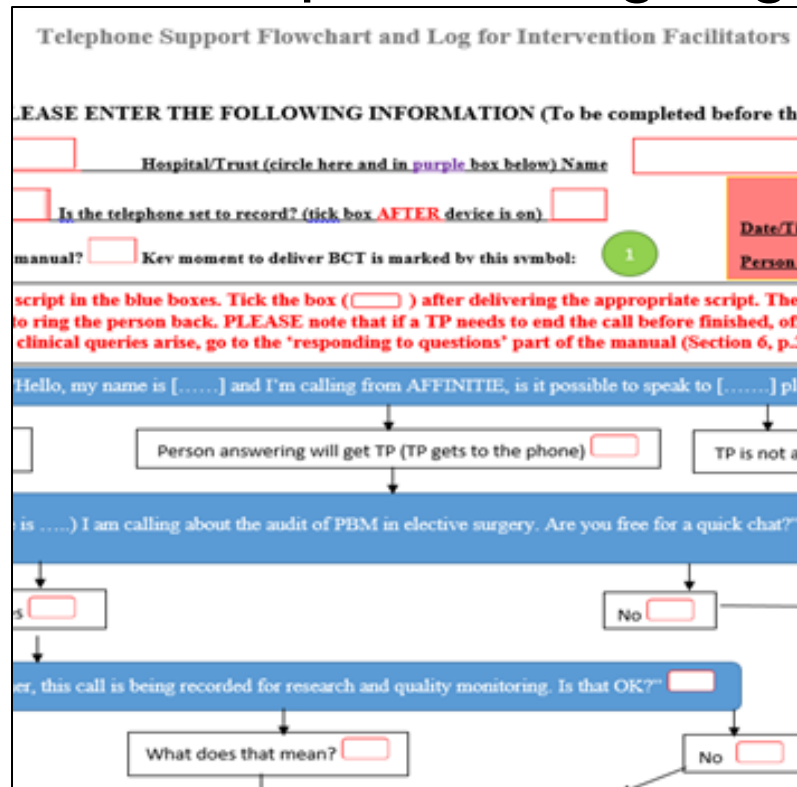
Telephone support

■ **Aim:** Encourage, prompt, support hospitals to **engage** with Toolkit

■ **Action:** Phone key contact at all hospitals allocated to receive toolkit within first 4 weeks of intervention delivery

■ **Helpline:** Phone line open for ongoing support ~ 3 months

■ **Manualised:**



IF HTT member asks questions/raises issues about:	BCTs	THEN IF say:
<ul style="list-style-type: none"> What is this section for? 	<p>1</p> <p>3</p> <p>4</p> <p>5</p>	<p>“So this section is all about how to make plans to respond to feedback with the overall goal of improving patient care. You can use the Selecting standards tool to select which standards to target for your hospital. You can use the Fishbone analysis to identify barriers and solutions to meeting the audit Standards. The final tool helps you to create action plans to work towards meeting the Standards. “</p> <p>“Would you like to go through any of these tools together while I am on the phone?”</p>
<ul style="list-style-type: none"> Why are some tools repeated from the first section? 	<p>4</p>	<p>“Although the tools are similar, one set is focused on making it quicker and easier to disseminate the feedback, and the other on making it quicker and easier to respond to feedback”</p>



Intervention Components (Behaviour Change Techniques)

- **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)

Online Toolkit



Disseminating
feedback reports

Responding to the
feedback reports

Monitoring
progress i.e. re-
auditing practice

Telephone Support



Telephone support

	Trial 1 (Potential contacts = 71)	Trial 2 (Potential contacts = 77)
Flowchart delivered	63 (88.7%)	69 (89.6%)
Participant logged in to online toolkit during the call	51 (72.8%)	45 (58.4%)
Participant reported logging in to the toolkit previously	10 (14%)	20 (25.9%)
TOTAL LOG-INS (Intervention 2 received)	61 (86.8%)	65 (84.3%)

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... it's been extremely helpful ... we'll certainly have a go with this”

“To be honest, if you hadn't rung me ... I probably wouldn't have used this... but it is quite easy to use so I'll have a go”

“You're winning me over”

What have we learned about supporting hospitals to respond to A&F and clinician engagement?

- Consider reach of the feedback: whose behaviour needs to change?
- Importance of infrastructure / leadership / authority structures / clear roles
- Online tool could save staff time
- Telephone support helpful for learning curve for new tool
- Importance of post-feedback support



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