

Using Blood Wisely: Planning Survey



Below is a quick planning survey that will help you determine what interventions may best suit your hospital. Take the time to sit down with your team to work through this survey. Team members may include: physicians, nurses, blood bank technologists, quality team members, department heads, senior leadership, project management and communications staff.

Answer the questions below. You may find that different members of the team may answer the survey differently—that's ok! The idea is to identify areas for improvement and to help direct your team to the right intervention. Once you have completed the survey, you can review your answers and suggested interventions.

Hospital Name:

Contact Name:

Contact Email:

Date:

1	Our team knows what the guidelines say about prescribing one unit at a time and using restrictive transfusion thresholds for stable inpatients.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2	Our team fully agrees with guidelines for prescribing one unit at a time and using restrictive transfusion thresholds for stable inpatients.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
3	Our team has previously encountered problems when trying to ensure that we prescribe one unit at a time and use restrictive transfusion thresholds for stable inpatients.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
4	Our team finds it difficult to question our colleagues about transfusion orders that are outside of guidelines.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

<p>5 Other staff (prescribers, colleagues, other team members) don't seem to prescribe one unit at a time and use restrictive transfusion thresholds.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>6 The department leads and senior management would support our teams to prescribe one unit at a time and use restrictive transfusion thresholds.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>7 A restrictive RBC transfusion strategy is important for our patients.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>8 Adopting a restrictive transfusion strategy would not come at the cost of improving other patient outcomes (e.g. slowing time to recovery or discharge).</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>9 It isn't my responsibility to ensure we transfuse one unit at a time and use restrictive transfusion thresholds.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>10 I am not clear about what my role should be in the process to ensure we transfuse one unit at a time and use transfusion thresholds.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>11 It will be bad for the patient if our team orders more than one unit at a time and uses liberal transfusion thresholds.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
<p>12 If our team orders more than one unit at a time and uses liberal transfusion thresholds, the negative consequences outweigh the good.</p>	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

Answer Key: Planning Survey

Use the answer key to help focus on areas that may require attention and identify the potential Using Blood Wisely tools that can be considered as part of your implementation strategy. Items scoring 3 may highlight areas that require some attention or where more information is needed (e.g. a score of 3 may be because the answer is not known). Success in reducing unnecessary red blood cell transfusions usually includes implementing a combination of these interventions.

Theoretical Domain	Questions	Scores, Interpretation and Using Blood Wisely Tools
Knowledge	Q1. Our team knows what the guidelines say about prescribing one unit at a time and using restrictive transfusion thresholds for stable inpatients.	Scores 1-2 on one or both questions: Consider prescriber education and ensuring guidelines are up-to-date.
	Q2. Our team fully agrees with guidelines for prescribing one unit at a time and using restrictive transfusion thresholds for stable inpatients.	Scores 3-5 on both questions: Great job! Your team is on board with guidelines.
Beliefs about Capabilities	Q3. Our team has previously encountered problems when trying to ensure that we prescribe one unit at a time and use restrictive transfusion thresholds for stable inpatients.	Scores 1-3 on both questions: Great job! Your team feels confident in ensuring appropriate prescribing.
	Q4. Our team finds it difficult to question our colleagues about transfusion orders that are outside of guidelines.	Scores 4-5 on one or both questions: Consider empowering nurses with nursing education and MLTs with prospective order screening.
Social Influences	Q5. Other staff (prescribers, colleagues, other team members) don't seem to prescribe one unit at a time and use restrictive transfusion thresholds.	Scores 1-3 on both questions: Great job! Your team is on board with guidelines.
	Q6. The department leads and senior management would support our teams to prescribe one unit at a time and use restrictive transfusion thresholds.	Scores 4-5 on one or both questions: Consider moving beyond guidelines to mandatory order sets or prospective order screening. (Can also consider audit and feedback tools).
Motivation and Goals	Q7. A restrictive RBC transfusion strategy is important for our patients.	Scores 1-2 on one or both questions: Consider prescriber education and ensuring guidelines are up-to-date.
	Q8. Adopting a restrictive transfusion strategy would not come at the cost of improving other patient outcomes (e.g. slowing time to recovery or discharge).	Scores 3-5 on both questions: Great job! Your team recognizes the importance of restrictive transfusion thresholds.
Social/ Professional Role and Identity	Q9. It isn't my responsibility to ensure we transfuse one unit at a time and use restrictive transfusion thresholds.	Scores 1-3 on both questions: Great job! Your team members recognize their roles in ensuring restrictive transfusion thresholds.
	Q10. I am not clear about what my role should be in the process to ensure we transfuse one unit at a time and use transfusion thresholds.	Scores 4-5 on one or both questions: Consider empowering nurses with nursing education and MLTs with prospective order screening.
Beliefs About Consequences	Q11. It will be bad for the patient if our team orders more than one unit at a time and uses liberal transfusion thresholds.	Scores 1-2 on one or both questions: Consider prescriber, nursing and MLT education to discuss the perceived consequences of not using restrictive transfusion.
	Q12. If our team orders more than one unit at a time and uses liberal transfusion thresholds, the negative consequences outweigh the good.	Scores 3-5 on both questions: Great job! Your team recognizes the potential consequences of not using restrictive transfusion.

After completing the survey, please submit your results by saving a copy and emailing this form to blood@choosingwiselycanada.org.

Information from this survey will be used for quality improvement planning purposes. Results from this survey will remain anonymous.