**Barriers**

- **Knowledge**
  - Lack of alternatives
  - Lack of interest to gain additional information about stopping BSMs

- **Motivation & Goals**
  - Lack of interest to save money for the society/hospital
  - Lack of benefit for delivery of care

- **Beliefs about consequences**
  - Pressure of suppliers to use BSMs
  - Concerns about losing experience with the use of BSMs
  - Concerns about the safety of patients when BSMs are stopped

- **Social Influences**
  - Impeded by blood management policy of other medical specialties/blood transfusion committee
  - Lack of influence of respondent on blood management policy

- **Technique**
  - Information provision
    - Information letter/email
  - Goal specified (desired behavior)
    - Interactive education
  - Feedback
    - Feedback in educational outreach visits
  - Modeling/demonstrating of behavior by others
  - Dissemination of reports on hospital performance/best practices

- **Mode**
  - Target group: blood transfusion committee, OR personnel, pharmacists.
    - Timing: at start of intervention.
    - By whom: research team.
    - Content:
      - Overview literature about cell salvage and use of EPO in TKA en THA.
      - (Benefits of a) cost-effective transfusion policy.

  - Target group: anesthesiologists/orthopedic surgeons.
    - Timing: at start of intervention.
    - By whom: research team.
    - Content:
      - Overview literature about cell salvage and use of EPO in TKA en THA.
      - (Benefits of a) cost-effective transfusion policy.
      - Casuistry/small assignments.
      - Distribution of pocket cards with cost-effective transfusion policy.

  - Target group: anesthesiologists/orthopedic surgeons.
    - Timing: half-way the intervention period.
    - By whom: research team.
    - Duration: 1 hour.
    - Content:
      - Feedback about use of BSMs, transfusion rates, complications (transfusion/BSM related), length of stay, costs.
      - Discussion about casuistry, patient safety, and limited benefits of BSMs.

  - Target group: anesthesiologists/orthopedic surgeons.
    - Timing: 2-3x during intervention period.
    - By whom: research team.
    - Content:
      - News mails with information on hospital performance on implementation (in comparison to other hospitals) and best practices.