

Q1. *When* did you/will you implement intentional rounding within your Trust?

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Q2. *Why* did you/will you implement intentional rounding within your Trust?

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Q3. *How* did you/will you implement intentional rounding within your Trust (e.g. did it/will it occur in all wards and/or all hospitals at once? Was there/will there be a period of piloting the implementation? Please give details)

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Q4. *Who* was/will be involved with the implementation of intentional rounds within your Trust? (e.g. Trust managers, healthcare staff, patients etc)

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Q5. How did you/ will you monitor the process of implementing intentional rounds in your Trust?

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Q6. How did you/will you engage with and inform staff about intentional rounding?

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Q7. What staff training needs (formal and informal) for conducting intentional rounding did you identify/anticipate that you will identify?

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Q8. How were/will these training needs be addressed?

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Q9. How does/will intentional rounding fit in alongside other quality measures or tools in your Trust?

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Q10. Did/will intentional rounding duplicate or supersede any other quality measures or tools in your Trust?

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Q11. Were there any interruptions to the implementation of intentional rounding within your Trust? **YES/NO**. If Yes, please give details

Intentional rounding in your Trust

Q12. Does/will intentional rounding occur in all wards and for all patients in your Trust?
YES/NO

If NO, which wards or patients are/will be included in intentional rounds?
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Q13. Do/will intentional rounds occur in the same manner on all wards and for all patients or are there differences according to ward/ patient?
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If there are/will be variations across wards or between patients within your Trust, please give details of all variations for the following questions. If you are unable to answer any of the following questions, please state ‘Don’t know’:

Q14. How do you/will you describe intentional rounding to staff? (i.e. what title is/will be given to the rounds?)
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Q15. If you do use/will use an alternative title to ‘intentional rounds’, who was/will be involved in the choice of title?
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Q16. What are/will be the relative advantages and disadvantages of using an alternative title than ‘intentional rounds’?
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Q17. Is/will the process of intentional rounding be explained to patients and their family members? If so, how is it/how will it be described?
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Q18. How often are/will intentional rounds be conducted? (e.g. every hour, every two hours etc)

Q19. What is/will be the average duration of a complete intentional round?

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Q20. How long does/will a member of staff spend with each patient on average per round?)

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Q21. How many staff are/will carry out intentional rounds at the same time?

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Q22. Which members of staff conduct/will conduct the rounds? (e.g. qualified /unqualified nursing staff)

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Q23. Is there/will there be a structured protocol or procedure in place for use during intentional rounds? **YES/NO**

If YES, what information is/will be included on the protocol?

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If NO, what happens/will happen instead?

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Q24. What, if any, documentation related to intentional rounds is/will be kept within your Trust?

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Q25. If documentation of intentional rounds is/will be used, what is/will be recorded?

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Q26. What happens/will happen with intentional rounding at night time?

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Q27. Were there/will there be any other nursing innovations to improve the quality of nurse-patient interaction implemented within your Trust alongside intentional rounding?

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Evaluating intentional rounding

Q28. Is/will documentation related to intentional rounding be audited by your Trust, and if so, how?

Q29. What kinds of quantitative and qualitative data do you collect/will you consider collecting to evaluate the impact of intentional rounding?

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Q30. Who is/will be involved in assessing the impact of intentional rounding within your Trust?

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In the future

Q31. What future development needs associated with intentional rounding have you/can you identify?

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Q32. Is there anything else you would like to say about intentional rounding in your Trust

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