

# REDESIGNING INFECTION PREVENTION ROUNDING

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## Introduction

In the Baton Rouge Market, the Infection Prevention and Control Department has four RN Infection Preventionists. Infection Prevention Rounds cover 186 identified areas annually, including inpatient and outpatient locations. The inability to round more frequently has a direct impact on patient safety and an indirect impact on regulatory requirements, recommendations, and reimbursements through LDH, CMS, TJC, and other governing agencies. It has been identified through team member sensing sessions that Infection Preventionists presence in operational areas has been requested more frequently.

## Methods

To accomplish a more robust rounding format, the organization's Infection Prevention and Control goals, Annual Infection Prevention Risk Assessment, and the Annual Surveillance Plan were used to identify areas of high risk. This analysis resulted in the development of 4 tracer segments with 6 - 7 questions per section to increase observations in the identified high-risk areas.

## Implementation

To mainstream the process, a department schedule including a list of key stakeholders has been created. A calendar invite is then sent 8-10 weeks in advance with a copy of the tracer and rounding expectations. During rounds, the identified section of the tracer and a debrief is completed collaboratively with stakeholders. The department leader is then asked to complete the remaining sections of the tracer within 14-days. The abbreviated tracer results are saved as a draft until completed by the unit leader or designee. Fulfillment of the tracer is recorded for on-time completion and overall tracer results. The Senior Director of Performance Improvement reports rounding activity, tracer completion and key drivers every 6 weeks to the leadership team.

The redesigned rounds began in November 2022. Rounding is conducted weekly by each of the four Infection Preventionists in 1-4 locations per round. The focus of these rounds is to evaluate compliance with infection prevention policies, identify opportunities for improvement, and educate staff on best practices. Data is collected during the rounds to isolate trends. The impact of the increased rounds will be evaluated through analysis of infection rates, regulatory compliance measures, and staff feedback.

## Results

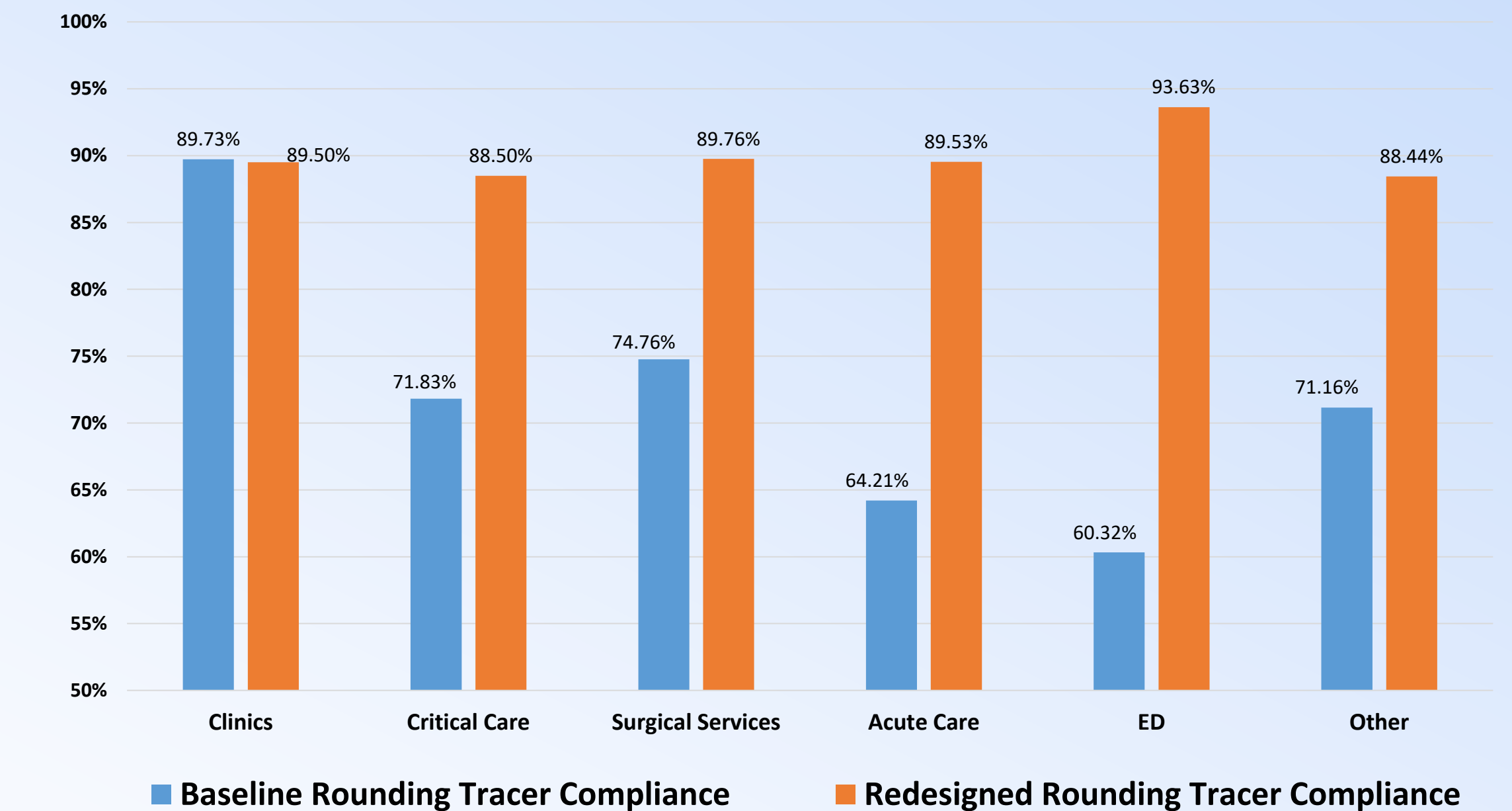
Utilizing the redesigned process, 134 areas were surveyed in a 12-week period as compared to previous performance of 186 areas annually. Overall tracer completion was 63% by the 14-day deadline. Average compliance of the targeted areas was 89%, which is above the internal regulatory standard compliance goal of 80%.

The results of this study demonstrate the effectiveness of the redesigned rounding process in improving compliance with infection prevention policies. This suggests the new rounding process has successfully addressed the issues identified in the original problem statement.

Our findings are consistent with previous research that has highlighted the importance of frequent and targeted rounding in improving infection prevention practices. By using the specified data points, our redesign was able to provide a more focused approach to rounding that was tailored to the specific needs of each area. It also identified distinctive opportunities for improvement. Most importantly, essential communication increased between the Infection Prevention team, department leaders, and frontline staff to ensure that infection prevention processes are followed.

Overall, our redesign suggests that a more robust and targeted rounding process improves infection prevention practices. Further research is needed to explore the long-term impact of the new process and to identify additional strategies for improving patient safety and infection prevention.

Baseline versus Redesigned Rounding  
Tracer Compliance



Data Source: TJC Standards/E-Compliance Monitor

## Conclusion

As a result of the remodeled process, infection prevention rounding frequency and tracer compliance has increased. Through collaboration with frontline staff and leadership, we identified the importance of a more robust and targeted rounding process to hardwire infection prevention standards in the Baton Rouge Market. By involving all stakeholders in the rounding process and providing clear guidelines for identifying and addressing infection risks, the new format has fostered a culture of empowerment and accountability among all team members.

By focusing on high-risk areas and using a structured approach to rounding, healthcare organizations can improve patient safety and reduce the risk of hospital-acquired infections. These findings have important implications for healthcare organizations seeking to improve infection prevention practices and meet regulatory requirements.