



## Efficient Rounding Program Reduced Hospital-Acquired Infections

WakeMed Health and Hospitals, Raleigh, North Carolina. 919-bed system, including three hospitals (Raleigh Campus, Cary Hospital and North Hospital). Leading health care provider in Wake County, North Carolina.



The HAIPI prevention team at WakeMed. From left to right, Vice President of Quality and Patient Safety **West Paul**, MD, PhD; Clinical Nurse Specialist **Jennifer Elliott**, MSN, APRN, ACNS-BC, PCCN; Clinical Nurse Specialist **Kristi L. Reguin-Hartman**, MSN, APRN, ACNS-BC; Infection Prevention Specialist **Jessica Dixon**, MHA, BSN, RN, CIC, FAPIC CCRN Alumnus; and ID Pharmacist **Shannon Holt**, PharmD, BCPS-AQ ID. Not pictured: Clinical Nurse Specialist **Janice Lockridge Brown**, MSN, APRN, AGCNS-BC, CDE.

An innovative rounding program at **WakeMed Health and Hospitals** in Raleigh, North Carolina, reduced the rates of hospital-acquired C. Diff infection (HA-CDI), central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) during a pilot held at the Raleigh and Cary locations. Rounding twice weekly, for an hour at a time, the program made a significant impact on hospital-acquired infections.

**Shannon Holt, PharmD, BCPS-AQ ID**, is the Infectious Disease Clinical Pharmacy Specialist at WakeMed. Holt was inspired to create this hospital-acquired infection prevention initiative (HAIPI) rounding pilot after participating in the Vizient Antimicrobial Stewardship (AMS) Transformation Network, where she heard about a similar program conducted by Pomona Health.

At WakeMed, “The initial two-month HAIPI rounding pilot found that reported **HAIs decreased from nine events in the two months prior to**

**zero events during the pilot.** This included HA-CDI, which decreased **from six events to zero events during the pilot.** The HAIPI rounding team has continued to round throughout the health care system, moving every two months to a different unit,” Holt said. “Over the last six months, the HAIPI rounding team has made roughly 600 recommendations to reduce HAI risk and optimize antimicrobial utilization. We have seen a **significant reduction in antibiotic utilization, proton pump inhibitor utilization, and documented device days,**” Holt said. The following methods, implemented at WakeMed, may be beneficial for your organization:

1. Consider recruiting multiple people to be on the team. The WakeMed team included a pharmacist, infection preventionist, clinical nurse specialist (CNS) and (sometimes) a charge nurse. A bedside nurse met with them at each room. Holt emphasized that the infection preventionist and clinical nurse specialist were essential to making this project work.
2. The team rounded on two chosen units for one hour, two days a week. They began with one critical care and one acute care unit at Raleigh Campus for two months. “We are being tasked to continue to move to units throughout the health system,” Holt said. Since the initial pilot, the team has completed two more units at Raleigh Campus and two units at Cary Hospital, then did two other units for two months. The team then moved to Cary Hospital for another two months.
3. The team did their “HAIPI rounds” after the nursing huddles, but before the physician did rounds; usually, between 9:30 and 10:30 a.m. “We left written recommendations for the provider and verbally discussed those items with the nurse. The bedside nurse could reinforce any written recommendations or suggestions we discussed when the physician came by,” Holt said.
4. The CNS made the pilot more successful by giving the bedside nurses a familiar face they could relate to. The CNS had a comprehensive understanding of the bedside nurses’ workflow and challenges. “She bridged the gap between external visitors and nursing staff,” Holt said. “It really made a big difference.”
5. Another key to success was having the support of the nursing manager and supervisors of each nursing unit. “For the first two units, the nurse manager came with us on rounds. It showed her support and the importance of our questions and our initiative. It got the bedside nurses more involved and showed them that this is something that needs to be addressed,” Holt said.
6. As they rounded, the team asked the bedside nurses a variety of questions, including “Could we use a midline or peripheral line instead of a central line?” The team would also suggest using a condom catheter instead of a Foley catheter, triage loose bowel movements, and recommended to stop proton pump inhibitor (PPI) and antibiotics when needed. All their actions were aimed at reducing the rates of HAI.
7. The team rounded quickly, often rounding on 22 patients in the course of an hour. They met just outside the door of each patient’s room and spoke with the bedside nurse. Because of time limitations, they did not round at the bedside.
8. Some challenges the team faced are getting education out to all nursing shifts, and sustaining improvements after their rounding team is done with a unit. “How do we have an impact on days we are not visible? We are meeting to see how we can be effective after we leave and continue to remind nursing and providers that this is important. We are still trying to figure that out,” Holt said.
9. To make their team more recognizable – and taking a whimsical approach to C. diff prevention – the HAIPI team pronounced their name as the “happy” team and wore matching brown jackets featuring the “poo emoji.” They also passed out Hershey’s kisses and Tootsie Rolls. “We wanted to keep it fun, light and memorable,” Holt said. “The jackets and candy helped to distinguish our group and keep it fun. The nurses would remember us and would say, ‘The brown rounds are coming around,’” Holt said. “That contributed to our success.”