

1-8-2026

## Multidisciplinary Approach to Reducing Healthcare-Associated Infections: A DNP Project

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Jovinsky Eliscard

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University

2025

Executive Summary: Executive Leadership System Improvement  
Multidisciplinary Approach to Reducing Healthcare-Associated Infections: A DNP  
Project  
by  
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MS, Walden University, 2024

BS Colorado University 2019

Executive Summary Submitted in Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

November 2025

## **Introduction to the Project**

Healthcare-associated infections are increasingly common in healthcare facilities due to multiple concerns, including negligence, human error, and poor conditions. According to Chuwa (2024), secondary infections are a significant threat to patient safety and wellness, reducing an organization's ability to realize clinical objectives. The facility is a large healthcare provider operating numerous hospitals and care homes across the United States. The organization continues to report increased infection rates across its branches owing to a lack of standardized infection prevention and control protocols, reducing its efficiency and appeal. Internal audits point to inconsistencies in general sanitation, cleanliness, and hygiene. The organization also lags in antibiotic stewardship, routine checks, and postoperative care. External reports from the Centers for Disease Control and Prevention highlight that one in 30 hospitalized persons contracts secondary infections daily, further complicating the facilities' functioning (Almeida, 2021). Such infections yield challenges, including more extended hospital stays, poor patient outcomes, and higher medical costs. The present analysis attempts to foster a systemic and comprehensive strategy to reduce secondary infections to bolster organizational operations and promote patient-centered care.

## **Impetus for New Program/Change in the Organization**

According to Chuwa (2024), these discrepancies deny the organization the much-desired corporate appeal it seeks to secure across its service centers. The organization must project a lean and secure image through regular internal audits, standardizations, and quality improvement to transform its programs and processes and deliver quality care services (Ahmed et al., 2021). The management must adhere to regulatory compliance

through personal training, environmental quality, and investment in innovative technologies and processes that enhance and sustain quality.

### **Internal Data and Community-Level Data**

The organization's internal data reveal a significant variation in disease prevention and control practices across its various branches. For instance, while some facilities report a rising rate in surgical wound infections, others report a growing incidence of urinary tract infections. Additionally, internal audits imply inconsistent compliance with surgical dressing measures, hand hygiene protocols, and general sanitation. These concerns result in tremendous incidents of preventable infections, longer hospital stays, rising medical costs, and poor patient outcomes. According to Baillot et al. (2020), these trends are responsible for complex diseases that affect diverse populations, with marginalized groups adversely affected. In underserved communities and marginalized neighborhoods, hospitalization rates remain excessively higher, pointing to a need for standardization and quality improvement. These infections adversely affect vulnerable groups, significantly reducing their health, wellness, and life outcomes. The organization must streamline its programs and processes to realize a system-wide standardization and quality.

### **Key Literature That Supports an Approach to This Change**

Literature-based evidence strongly supports standardization focusing on evidence-based infection control and prevention strategies across facilities. Multinational public health organizations, including the Centers for Disease Control and Prevention and World Health Organization, propose structured guidelines for addressing secondary infections, including general hygiene, regular sanitation, and antimicrobial stewardship to enhance

quality outcomes. Existing studies highlight that over 1 million secondary infections occur annually in the United States, amplifying medical costs and leading to prolonged hospital stays (Sailaja et al., 2024). In their analysis, Baillot et al. (2020) found that total quality improvement and strict adherence to regulatory standards significantly improve personnel output and patient outcomes. Similarly, Almeida et al (2021) highlighted the overriding role of real-time monitoring, regulatory compliance, and regular audits. Sailaja et al. (2024) also examined multidisciplinary and interdisciplinary collaboration and partnerships toward quality improvement and standardization. Collectively, these efforts imply an organizational need for a system-wide reorganization to improve practices, enhance standards, and lower costs.

### **Logic Model Framework for Change**

The logic models this project pursues highlight a systematic outline from short-term deliverables to long-term outputs, guaranteeing accountability and measurable outcomes. Inputs entail fundamental considerations, including infection control personnel training, sanitation and hygiene, and surveillance tech tools and processes. According to Ahmed et al. (2021), these inputs inspire operations such as staff workshops, standardization efforts, and strategy implementation targeting infection reduction. These efforts foster improved sanitation and general hygiene, regulatory compliance, and aseptic standards to enhance quality and patient care. Short-term expectations entail minimal variation in practices and standards across hospices, featuring standardized personnel skills and equipment allocation. Intermediate outcomes highlight measurable goals in reducing secondary infections, shorter hospitalization, and reduced hospital admissions (Chuwa, 2024). Finally, the long-term goals foster better patient outcomes

through safe caregiving, reduced risks, and elevated organizational reputation. The logic model framework offers a structured strategy for sustainable goals and measurable quality improvement efforts.

### **Organizational Mission, Vision, and Value Alignment**

The proposed program fosters the organization's mission toward delivering safe, qualitative, evidence-based, and affordable care across its different branches. Through standardization, the program bolsters the facility's vision and mission of being a leader in the healthcare industry, focusing primarily on eradicating secondary infections to enhance patient outcomes (Chuwa, 2024). Core values and practices such as safety, standards, and protocols foster credibility and integrity in the organization's operations. The facility advocates accountable practices through regulatory compliance, regular audits, and continuous improvement. The program promotes safety and security through patient-centered care to reduce secondary infections across facilities (Sailaja et al., 2024). Furthermore, the initiative bolsters organizational priorities for sustainable healthcare through operational efficiency, policy adherence, and cost reduction. Consistency in system-wide operation will significantly elevate patient confidence, eventually positioning the organization at the epicenter of quality patient care.

### **Risks to the Organization**

While efforts toward standardization and quality improvement provide tremendous benefits, the organization must expect to tackle several risks and challenges. For instance, staff resistance to change will likely occur, slowing down the change momentum and pace, and reducing the realization of set goals. These concerns may be attributable to new protocols, regular audits, and compulsory training, which the staff

might oppose. Additionally, these changes will attract financial obligations to meet the cost of personnel training, tech acquisition, and infrastructure upgrades. These considerations may strain the organization's resources and slow down implementation and retaliation of set goals. Moreover, these changes will trigger workflow disruptions as the workers struggle to adjust and comply with the new standards and procedures, thereby affecting morale and output. Finally, regulatory compliance concerns may arise if these changes fail to align adequately with the industry standards, such as those set by the Occupational Safety and Health Administration (OSHA) or the Joint Commission.

### **Value to the Organization**

The changes pursued by this program provide an opportunity to drive organizational value and operational efficiency, hence growth and competitiveness. For instance, reducing secondary infections significantly lowers mortality rates, hospital stays, and readmission incidences. These developments improve caregiving, patient experiences, and consumer satisfaction (Sailaja et al., 2024). Financially, reducing secondary infections significantly increases organizational performance through cost reduction and fewer hospitalization cases. For instance, fewer secondary infections reduce the charges tied to medical insurance and treatment bills. Many consumers incur enormous financial burdens attributable to reinfection upon visiting hospitals, increasing healthcare-related costs. Organizationally, standardized programs and processes streamline workflows and operational efficiency, improving staff compliance, partnerships, and collaboration, leading to a more productive and competitive workforce. The expected changes will also strengthen organizational reputation and outlook through adherence to industry standards and corporate goals. Finally, these changes will drive

social accountability, encouraging equitable resource allocation to increase healthcare access and remove the traditional barriers to quality care.

### **Key Stakeholders and Their Roles**

Stakeholder mapping is integral to the project's planning, execution, and implementation. The project beckons various stakeholders, including registered nurses, nurse executives, clinical officers, educators, the auditing team, and IT personnel. Nurse executives, including the CEO and project managers, will sponsor the project, ensuring resource mobilization, allocation, and spending. Clinical officers and epidemiologists will develop and improve evidence-based standards, conduct surveillance, and ensure regulatory compliance. Line managers and departmental heads will act as the primary action teams, ensuring strict adherence to policy standards in their various departments. Information technology teams will provide tech support to streamline implementation with the established standards and protocols. Tech teams will also guide the acquisition of innovative tools, programs, and processes, including equipment upgrades to enhance quality. Quality improvement staff will conduct audits to guarantee adherence to the established standards and programs. These teams will collaborate and partner across different project phases to deliver a unified function.

### **Logistic Needs**

#### **Technology Needs**

The proposed program demands innovative tech integration and systems standardization to guarantee efficiency and output. The project will integrate various tools, programs, and processes to drive its execution and implementation. It will require deployment of artificial intelligence-driven tools to monitor general hygiene and

sanitation, track contagion patterns, and systematically alert providers and managers. The program will also integrate electronic health records to enhance data-driven decision-making and foster trends and incidence analysis within the organization. Supply-chain capabilities will be integral throughout the project, fostering sustenance and consistency in supplies to feed the project across different phases. Standardized procurement strategies will be essential in strengthening organizational commitment and stewardship to the project's fulfillment. Training essentials will highlight organizational education efforts on infection control models, new staff hires, and regular competency compliance. Interprofessional training will integrate workshops, tech support systems, and collaboration to empower workgroups. Technical support will be helpful throughout the project to foster skill development and encourage compliance and appropriate action.

### **Professional Considerations**

#### **Regulatory, Legal, and Union Issues**

Implementing standardized infection control systems must foster various regulatory, policy, and labor frameworks that drive quality improvement and secure consumer confidence. Various agencies actively participate in efforts to streamline programs and processes toward healthcare standardization and quality improvement. For instance, the Centers for Medical & Medicaid Services, which regulates cost considerations within the healthcare setting, encourages value-based procurement strategies. On the other hand, the Joint Commission fosters compliance with regulatory standards to guarantee consumer safety and security. Organizations may incur legal risks attributable to healthcare workplaces, including liability for breaching confidential material and databases. OSHA regulatory frameworks encourage practices that protect

workers' welfare through standardized practices and programs. Trade and labor considerations may foster staff welfare, including remuneration, flexible work schedules, shifts, leave, and promotions. Effective stakeholder engagement can increase commitment and partnerships toward realizing sustainable goals and program adoption.

### Implementation

The organization will implement the infection reduction program through a structured multidisciplinary team charter to guarantee accountability, integrity, and sustainability. The organization will implement secondary infection prevention through elaborate goals and objectives, outlining the key stakeholders, strategic roles, deliverables, and timelines. These efforts will guide leadership and stewardship toward the program's implementation throughout the facility.

**Table 1**

#### *Goals of Implementation*

<ul style="list-style-type: none"> <li>▪ Reducing secondary infections.</li> <li>▪ Improving patient safety.</li> <li>▪ Complying with regulatory and accreditation standards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To establish an effective infection control and stewardship governance.</li> <li>▪ To develop and standardize workplace protocols based on public health guidelines.</li> <li>▪ To deliver practical personnel training,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Registered nurses.</li> <li>▪ Chief Nursing Officers.</li> <li>▪ Clinical Officers.</li> <li>▪ IT personnel.</li> <li>▪ Peer educators.</li> <li>▪ Quality evaluators.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Standardized metrics.</li> <li>▪ Organizational training models.</li> <li>▪ Periodic infection surveys.</li> <li>▪ Infection trends analysis.</li> <li>▪ Indices and protocols.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder engagement (1-2 months).</li> <li>▪ Workshops and orientation (3-4 months).</li> <li>▪ Tech and equipment upgrades (5-6 months).</li> <li>▪ Monitoring, evaluation, and reporting (7-12 months).</li> </ul>
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- audits, and feedback.
  - To integrate tech-driven solutions and processes.
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## **Budget**

The project will require an estimated \$550,000 to drive the execution and implementation of various programs, initiatives, and processes. The amount will cover staff training, tech and equipment acquisition and upgrades, structural audits, and policy measures. Table 2 outlines the overall budgetary allocation and breakdown.

**Table 2**

### *Budget Breakdown*

Category	Cost	Needed materials
Training workshops	\$150,000	Staff training, onboarding, and benchmarking
Tech and equipment	\$200,000	Electronic health records , AI tools, and surveillance programs
Audits, evaluation, and reporting	\$50,000	Tracking infections and regulatory compliance
Stakeholder engagement	\$100,000	Accommodation, communication, remuneration
Contingency	\$50,000	Allocated for risks and uncertainties

The invested amount in each category will save approximately 50%, considerably lowering healthcare costs. The investment will further lower infection rates across facilities, resulting in higher patient outcomes within the organization. Other additional paybacks include fewer hospital stays, reduced readmissions, and fewer regulatory penalties. The project will generate a positive return on investment within 12 months, positioning the facility for long-term growth and competitiveness.

The project's evaluation will integrate formative and summative evaluation plans to guarantee continuous improvement, sustainable growth, and accountable measures. These categorizations encourage a broader and comprehensive engagement with the project and its deliverables. The project manager will conduct formative evaluation through implementing strategic measures such as regulatory compliance, staff training, sanitation, and general hygiene. Periodic audits will track and report infection trends, compliance scales, and stakeholder response. Regular surveys and feedback will foster identification of strategic gaps to encourage strategy improvement and goal attainment.

Summative evaluation will employ indices for tracking the project's impact and output. Key indices, including reinfection rates, readmission incidents, and consumer wellness, will be effective in assessing the project's overall outcomes. Cost-saving considerations must explore reduced hospital stays, fewer reinfections, and fewer readmissions. Periodic audits will track and filter infection patterns, compliance capabilities, and patient trends, fostering strategic quality improvements.

### **Project Outcomes**

Secondary infection control and prevention program pursues measurable goals for the facility and the wider society. At the organizational level, standardized protocols and measures will alleviate healthcare-related infections, leading to minimal complications, reduced hospital stays, fewer readmissions, and lower medical costs. These developments will significantly enhance patient safety, foster regulatory compliance, and bolster organizational reputation. The project also highlights value-based procurement measures, reducing policy-related penalties, thereby generating long-term viability and sustainability. Societally, the project will foster equitable healthcare access, removing the

traditional barriers that sustain social disparities. Vulnerable communities and underserved neighborhoods will benefit from standardized practices and services that nurture quality and human dignity, regardless of social status. The project carries long-term viability through improved consumer trust, accountable practices, and organizational integrity toward quality improvement.

### **Summary**

Secondary infection control and prevention program advocates and advances social change, diversity, inclusivity, and equity. The project highlights a growing commitment toward social change and equal opportunity through safe and secure healthcare practices that ensure patient wellness and sustain livelihoods. Standardized protocols encourage quality caregiving within the organization and across healthcare settings, expanding access and removing the underlying barriers that sustain healthcare disparities. The program inspires inclusion of interdisciplinary teams, including nurse leaders, clinical officers, IT specialists, and researchers, expanding the knowledge scopes and sealing the underlying gaps that exist within healthcare. The project also maps out the groups mostly affected by secondary infections, generating tailored programs and initiatives that best respond to their unique needs and expectations. Finally, the project deconstructs complex challenges faced by diverse groups across healthcare settings, challenging healthcare organizations to harness quality improvement with the specific needs of the communities they serve.

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