ABATE Infection Project

Active Bathing to Eliminate Infection Project

ARM 1

Routine Care Toolkit Binder

Routine Care

Arm 1

Toolkit Binder

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Welcome

Welcome to the **A**ctive **Bat**hing **T**o **E**liminate Infection Trial. The ABATE Infection Trial is a 2-Arm cluster randomized trial of Hospital Corporation of America hospitals to assess the value of chlorhexidine (CHG) bathing for all patients and nasal decolonization for MRSA+ patients in reducing hospital-associated infections in non-critical care units. This trial is a joint collaboration between HCA, the University of California Irvine, Harvard Pilgrim Health Care Institute/Harvard Medical School, Rush University, Stroger Hospital of Cook County, and the Centers for Disease Control and Prevention (CDC). The trial is federally funded by the National Institutes of Health (NIH).

Summary of Goals

Healthcare-associated infections (HAIs) are a leading cause of preventable morbidity and mortality. Most infections result from common bacteria that normally live on the skin or in the nose and which overcome the body's normal defenses because of medical devices, surgical incisions, or medical illness associated with hospitalization. Studies in intensive care units (ICUs), including our previous highly successful REDUCE MRSA Trial, indicate that decolonization of patients' skin with CHG, and nares with mupirocin can prevent many HAIs. However, evidence is lacking about the effectiveness of decolonization in non-critical care settings, where the majority of HAIs occur. This trial will compare two quality improvement strategies to reduce HAIs and possibly reduce readmissions. The ABATE Infection Project will be a landmark study with a major public health impact. Participating HCA hospitals will be randomized into one of two groups (arms). The first arm, Routine Care, calls for no change in usual care. Arm two, Decolonization, requires non-critical care units to decolonize all patients with CHG and additionally decolonize MRSA-positive patients with mupirocin.

This trial will provide essential information about whether routine decolonization with CHG should become standard practice for 40 million patients hospitalized each year in the United States alone. Alternatively, it will suggest that tailored strategies distinct from those effective in ICU settings are needed for patients in non-critical care settings.

Study Investigators and Stakeholders

ABATE Infection Project

Active Bathing to Eliminate Infection Project

University of California Irvine

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Phone Matrix

Topic	Who to contact	Contact Information
General questions	ABATE Infection Project Staff	[redacted]
New intervention/campaign reporting	ABATE Infection Project Staff	[redacted]
Lab strain collection	Katie Haffenreffer Lauren Shimelman	[redacted]
IRB questions	Rebecca Kaganov Julie Lankiewicz	[redacted]
Lead Investigator questions	Susan Huang, MD MPH	[redacted]

For questions related to HCA hospital policy and process*

HCA Investigator	Phone Number	Email
Ed Septimus MD Medical Director, Infection Prevention and Epidemiology	[redacted]	[redacted]
Julia Moody MS SM (ASCP) Director, Infection Prevention	[redacted]	[redacted]

***Do not disclose Protected Health Information (PHI) to ABATE Infection Project Staff. If you need to share PHI, we will direct you to HCA Study Investigators.**

ABATE Infection Project

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Frequently Asked Questions:
General Study Questions
Arm 1

What is the ABATE Infection Project?

A cluster randomized trial of adult non-critical care units comparing 2 quality improvement strategies to reduce multi-drug resistant pathogens and hospital-associated infections. Over 50 HCA hospitals are participating. Your hospital's participating adult non-critical care units have been randomized to Routine Care.

What is Routine Care?

Your facility is randomized to Routine Care. This means that all participating adult non-critical care units will continue routine bathing and showering of patients with your usual products as you are already doing. There will be no change to your current practice. Please do **NOT** implement new campaigns or quality improvement initiatives that may change current bathing practice or compliance. If you currently screen high risk patients for MRSA per HCA guidance, you will continue this practice. Your hospital will not implement routine chlorhexidine (CHG) or mupirocin decolonization. Participation in this arm includes an agreement to **NOT** implement new quality improvement initiatives that involve CHG or mupirocin.

What should I do if my facility currently uses CHG bathing for preoperative patients?

This is fine if it is already being done. Please do **NOT** implement new campaigns or quality improvement initiatives that may change compliance. Continue to follow your current routine preoperative bathing policy. For any questions, contact the ABATE Infection Project Helpline at [redacted]

What should I do if my facility does NOT use CHG bathing for preoperative patients?

Continue to follow your current preoperative bathing policy, and do **NOT** begin CHG bathing. For any questions, contact the ABATE Infection Project Helpline at [redacted]

What should I do if a physician requests an MRSA+ patient to be decolonized?

Always follow the physician orders. However, please remind them that your facility is randomized to Arm 1 of the ABATE Infection Project, which asks you to continue your usual care procedures without decolonization.

Who do I contact with questions?

General questions: [redacted]

Study Link:

[redacted]

Active Bathing to Eliminate Infection Project

Nursing Protocol Training
Routine Care
ARM 1

ABATE Infection Project: Introduction

Your hospital has agreed to participate in the ABATE Infection Project, which is a federally funded collaboration between HCA, the University of California Irvine, Harvard Pilgrim Health Care/Harvard Medical School, Rush University, Stroger Hospital of Cook County, and the Centers for Disease Control and Prevention (CDC).

- From this training you will learn:
  - ✓ Which study arm your unit belongs to
  - ✓ The importance of competing interventions and how to avoid them
  - ✓ How to contact study staff for additional information
- This training module will take approximately 10 minutes to complete.
- We highly recommend the audio accompaniment.

What is the ABATE Infection Project?

This trial compares 2 strategies (arms) to see if one is better able to prevent multi-drug resistant organisms and hospital-associated infections in non-ICU units. This trial will last approximately 21 months:

- **Arm 1: Routine Care**

  On unit admission, all patients will receive routine bathing per current established protocols

- **Arm 2: Decolonization**

  On unit admission, all patients will be bathed daily with chlorhexidine (CHG) during their entire unit stay. Patients known to have MRSA will also receive mupirocin nasal ointment.

Your facility has been randomized to **Arm 1: Routine Care**

Arm 1: Routine Care
Screening & Isolation

- Upon unit admission, continue to screen high risk patients for MRSA using bilateral nares cultures
- Continue to use contact precautions on patients who:
  - Have a prior history of MRSA or other MDRO
  - Are newly found to be positive for MRSA or other MDRO by admission screen or other culture
- Routine use of CHG that is **already in place** in your unit may continue
  - Skin prep for central lines
  - Pre-operative bathing policies if already well-established
  - CHG in dressing change kits
  - CHG dressing on central lines

Competing Interventions

IMPORTANT

Participation in this arm includes an agreement **NOT** to implement NEW Quality Improvement initiatives that involve mupirocin or CHG bathing or impact infection.

Your **key role** is to *maintain* current processes consistent with what you have done for the HCA Aim for Zero Campaign. Do *not* change current **basic** practices. Do *not* start or introduce new QI projects or new interventions that impact transmission or infection in your unit. Continue to emphasize basic practices.

- Maintain usual skills training and highly compliant evidence based care practices
- Maintain *high rates* of MRSA nares screening for high risk populations per ABCs of MRSA protocol
- Maintain high rates of universal decolonization in adult ICUs.

Why Avoid Competing Interventions?

Here are 2 scenarios on the importance of avoiding competing interventions:

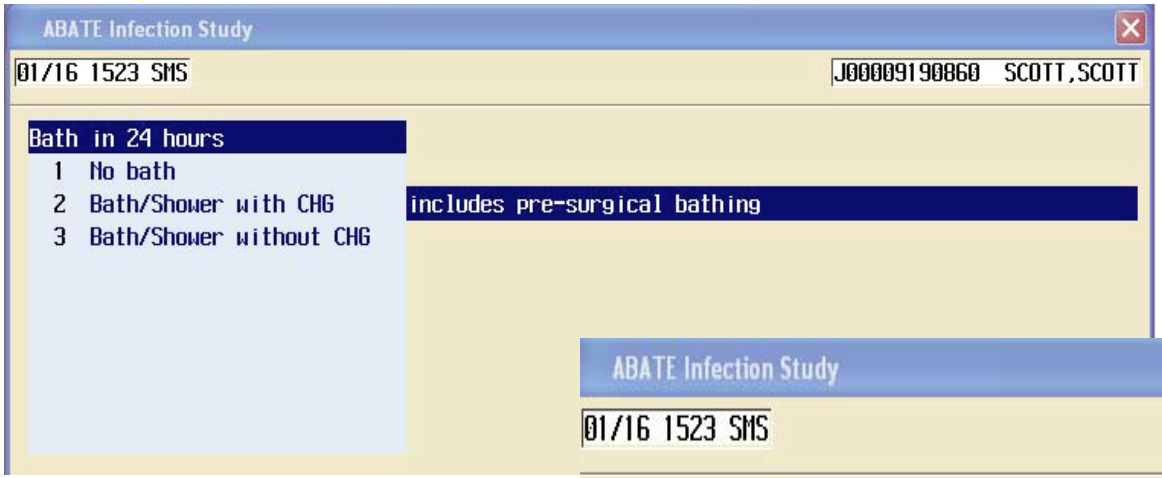
- Let's assume decolonization has no true effect. Arm 2 hospitals add in some additional interventions that improve infection rates while Arm 1 hospitals do not. The trial suggests that decolonization is beneficial and many hospitals adopt decolonization and incur cost.

- Let's assume decolonization has a real effect. Arm 1 hospitals add in some additional interventions that improve infection rates while Arm 2 hospitals do not. The trial shows no difference between Arm 1 and 2 hospitals and decolonization is deemed to be not-effective. No hospitals adopt decolonization and an important and effective solution is lost.

By working together, all hospitals in the ABATE Infection Trial will collectively learn the effect of the decolonization strategy.

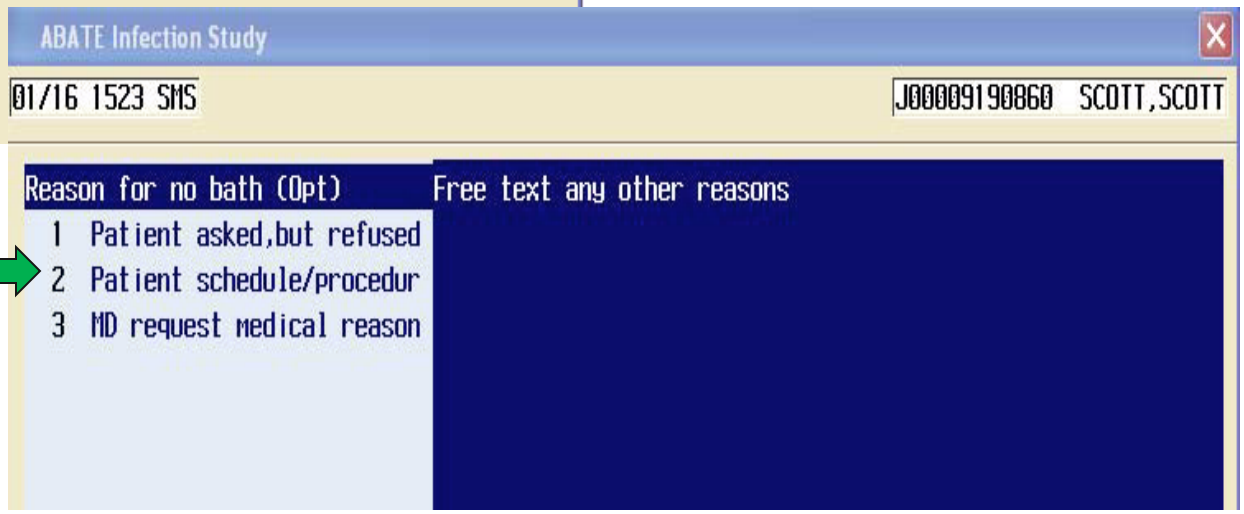
Daily Bathing Nursing Prompt

Nursing Prompt #1



- **Once a day you will complete a nursing prompt to document whether a bath has occurred**
- **The prompt allows you to document if a CHG bath was given, but remember that patients should not be given routine CHG baths in this arm.**

If "No bath" selected, Next prompt asks for reason



Nursing Prompt #2

Do not increase the frequency of current routine bathing as a result of this documentation

Special Circumstances

Preoperative Bathing

- If your preoperative patients currently bathe or shower with chlorhexidine (CHG), you may continue this practice
- If your preoperative patients do **NOT** bathe or shower with chlorhexidine (CHG), do **NOT** start this practice
- If chlorhexidine (CHG) is given pre-operatively for only select surgeries, continue CHG bathing for only patients undergoing those surgeries
- Do **NOT** implement new policies that require routine use of chlorhexidine (CHG)

Physician Request for MRSA Decolonization

If a physician places an order to decolonize an MRSA-positive patient with mupirocin, chlorhexidine, or both, you should:

1. Follow the physician orders

2. Remind the physician that this unit is part of the ABATE Infection Project. This unit has been randomized to the routine care arm which does not involve decolonization of MRSA-positive patients.

Thank you

This is a landmark trial to identify the best strategies for reducing hospital associated infections and multi-drug resistant organisms.

Your role in the Routine Care arm of this trial is critical to understand whether decolonization is or is not beneficial over current best practice.

Questions

[redacted]