

Lessons Learned



Active **B**athing to **E**liminate Infection Project

ABATE Infection Project

Active Bathing to Eliminate Infection

Trial Design

- 2-arm cluster randomized trial; 53 HCA hospitals and their adult non critical care units
- Includes: adult medical, surgical, step down, oncology
- Excludes: rehab, psych, peri-partum, BMT

Arm 1: Routine Care

- Routine policy for showering/bathing

Arm 2: Decolonization

- Daily CHG shower or CHG cloth bathing routine for all patients
- Mupirocin x 5 days if MRSA+ by history, culture, or screen

Primary Outcomes

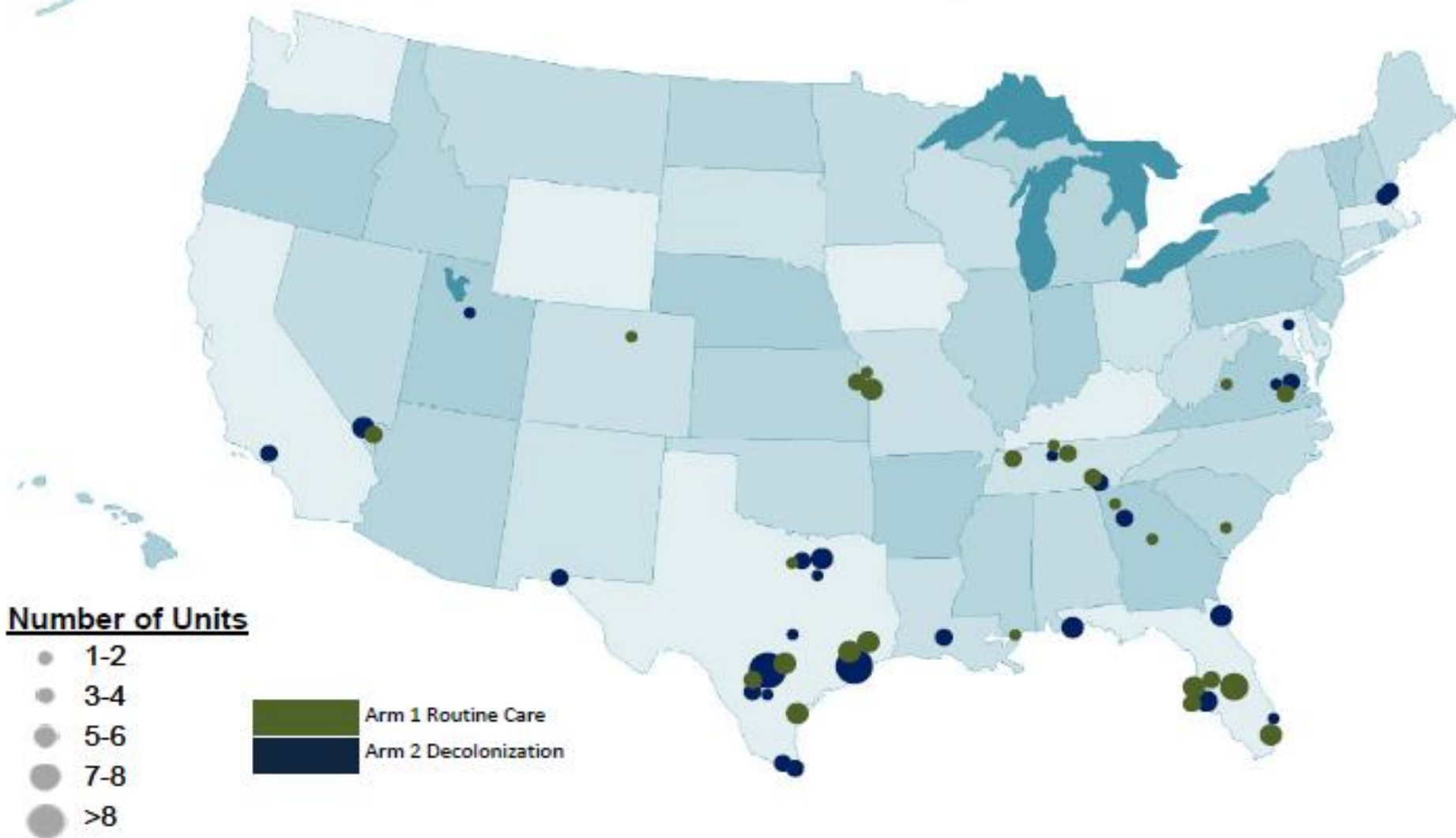
- Unit-attributable clinical cultures with MRSA and VRE*

Additional Outcomes

- Unit-attributable clinical cultures with GNR MDRO*
- Bloodstream infections: all pathogens*
- 30 day readmissions (total and infectious)
- Urinary tract infections: all pathogens*
- *Clostridium difficile* infection
- Bloodstream contaminants
- Emergence of resistance (strain collection)

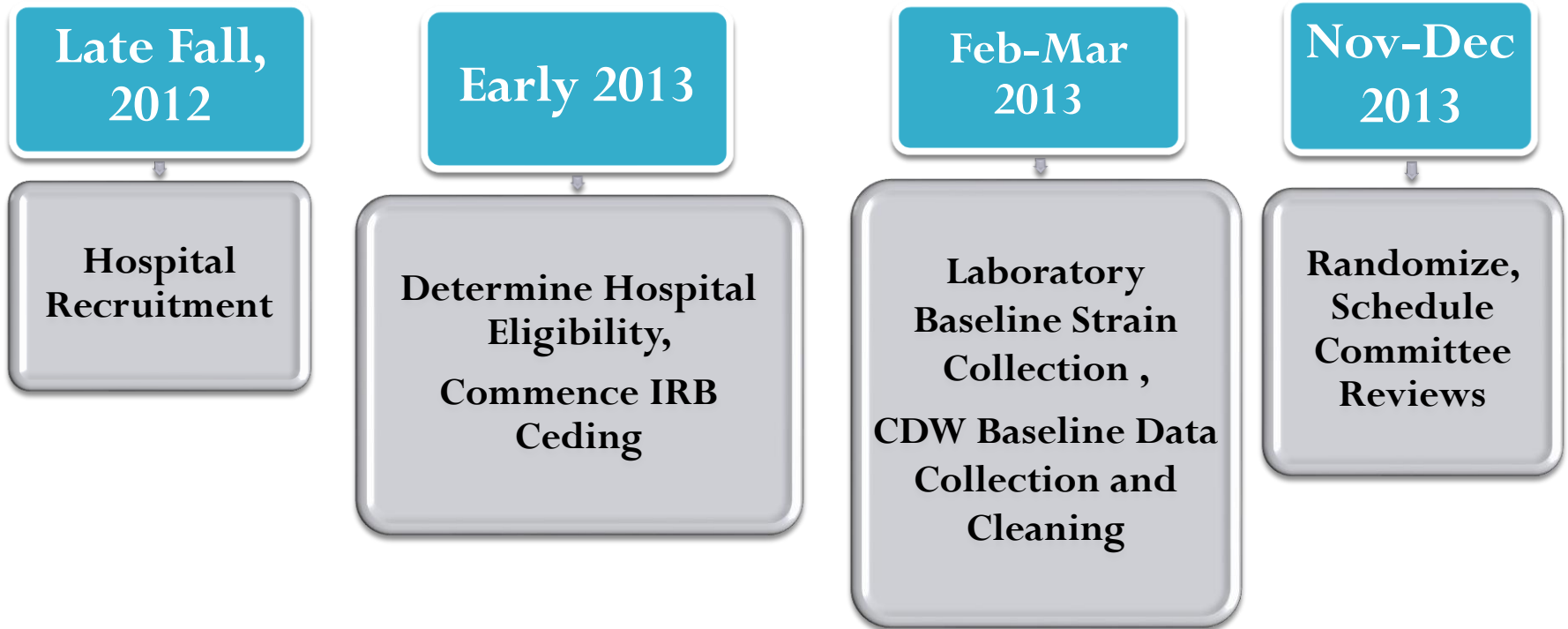
*occurring >2days into a participating unit stay through 2 days after discharge

ABATE Infection Project Sites



ABATE Infection Project: UH2 Planning Year

✓ The UH2 planning period proved to be a useful mechanism that allowed time for adequate administrative and scientific resources to be dedicated toward laying a solid foundation for a successful pragmatic trial.



Lessons Learned Summary: Keys to Success

- Leadership support*
- True collaboration and respect with academic and federal partners*
- Preliminary planning around IRB considerations*
- Develop enduring tools & resources
- Leveraging HCAs centralized communication, data & IT infrastructure to support a “Learning Health System”
 - CDW, multiple data streams & EHR
 - Intranet (ATLAS) as arm-specific ABATE resource repository
 - Pharmacy, microbiology, ADT
 - Coaching calls, front line training/site visits

* Collaboratory Coordinating Center involvement/support

Lessons Learned Highlight: IRB

- Importance around preliminary meetings with HPHC IRB leadership and responsible HCA executive(s)
- Collaboratory as a resource for raising issues around necessity of informed consent to OHRP and FDA
- Willingness of a partnering HCA IRB to provide vulnerable population oversight

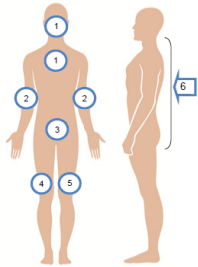
Lessons Learned Highlight: Develop Enduring Tools and Resources

- Central repository (ATLAS) to house ABATE protocols, presentations, etc to reference at any time across 50+ participating hospitals
- Study binders, wall clings, patient bathing instructions

STAFF

Prevent infections during the hospital stay
Bathe daily with Chlorhexidine (CHG) soap

While in the hospital, bathe patients every day with a special antiseptic soap (CHG) to help remove germs and prevent infection.
6 cloths should be applied as below:



Encourage CHG shower or bath

Reminders

- Your enthusiasm is the greatest predictor of patients wanting to use CHG
- Encourage bathing every day. Starting on admission is ideal, before IVs, lines, urinary catheters, and procedures/surgery.
- Patients need direction on how to apply correctly and thoroughly.
- Help clean 6 inches of lines, drains, tubes
- CHG is better than soap and water in removing germs and works for 24 hours
- CHG is safe to use on surface wounds, rashes and burns and removes germs
- Allow to air dry for best effect

Clean all skin areas with special attention to:

- Neck
- All skin folds
- Skin around all devices (line/tube/drain)
- Wounds unless deep or large
- Armpit, groin, between fingers/toes

Protect our patients every

SHOWERING with CHG soap

1. Rinse body with warm water
2. Wash hair with CHG or regu
3. Turn off the water and lath with plenty of CHG soap
4. Lather and massage soap in
5. Leave soap for 2 minutes b

BATHING with CHG cloths

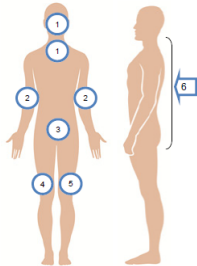
1. Patients need instruction th cloths are their protective t
2. Use all 6 cloths. More, if ne
3. Firmly massage to clean ski germs for 24 hours if applie
4. Clean over semi-permeable
5. Clean 6 inches of lines, tube
6. Dispose of CHG cloths in a r bin. Do not flush.
7. Use only compatible lotion

Caution: Avoid eyes and ear ca

PATIENT

Prevent infections during your hospital stay
Bathe daily with Chlorhexidine (CHG) soap

While in the hospital, bathe every day with a special antiseptic soap (CHG) shown to remove germs and prevent infection better than soap and water
6 cloths should be applied as below:



Take a CHG shower or bed bath

Reminders

- CHG is proven to work better than soap and water in removing germs
- Once massaged onto skin, it works to kill germs for 24 hours
- Use CHG every day. Starting on admission is best, before IVs, lines, urinary catheters, and procedures/surgery
- Be thorough. Ask for help to cover all skin
- CHG is safe on rashes, burns, and wounds that are not large or deep to remove germs and prevent infection
- Clean lines, drains, tubes attached to body
- Allow to air dry for best effect

Clean all skin areas with special attention to:

- Neck
- All skin folds
- Skin around all devices (tubes/drains)
- Wounds unless deep or large
- Armpit, groin, between fingers/toes

Protect yourself every day

SHOWERING with CHG soap

1. Rinse body with warm water.
2. Wash hair with CHG or regular shampoo
3. Turn off the water and lather washcloth with plenty of CHG soap
4. Lather and massage soap in all six areas
5. Leave soap for 2 minutes before rinsing

BATHING with CHG cloths

1. These cloths are your protective bath
2. Use all 6 cloths. More, if needed
3. Firmly massage to clean skin. CHG will kill germs for 24 hours if applied well
4. Clean over non-absorbable dressings
5. Clean 6 inches of lines, tubes and drains nearest the body
6. Dispose of CHG cloths in a regular trash bin. Do not flush

Caution: Avoid eyes and ear canals

- **Sometimes, a picture is worth MORE than 1,000 words:**

<http://vimeo.com/user12015874/review/83610758/ac9bcd7b15>