NIH Collaboratory Meeting
Barriers and Lessons Learned
May 9, 2016
Susan Huang, MD MPH
ABATE Infection Project
Active Bathing to Eliminate Infection

Trial Goal
Evaluate if antiseptic bathing for all non-critical hospitalized patients and nasal ointment for MRSA carriers can reduce the burden of multi-drug resistant organisms and hospital-associated infections

Trial Design
- 2-arm cluster randomized trial
- 53 HCA hospitals and their adult non critical care units

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
Outcomes obtained from the HCA data warehouse

Primary Outcome
• Clinical cultures with MRSA and VRE

Secondary Outcomes
• Clinical cultures with Gram Negative MDROs
• Bloodstream infections: all pathogens
• Urinary tract infections: all pathogens
• *C difficile* infection
• Blood culture contamination
• Infectious readmissions
• Emergence of resistance (strain collection)
ABATE Infection Trial Completed!

Phase In: April 2014
Study Start: June 2014
Study Closed: February 2016

- Final data pull pending
- Data cleaning and development of analytic data set
## Barriers Scorecard - 2016

<table>
<thead>
<tr>
<th>Barrier</th>
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1 = little difficulty  
5 = extreme difficulty
Lessons Learned
Progress, Barriers and Successes
Maintaining Intervention Adherence

• Consistent with infection prevention knowledge base
• Champion and encouragement important
• Feedback and benchmarking effective
• Investment in training and re-training
• Staff turnover, float pool
• Annual training
Documentation Compliance

Importance of respecting nursing work flow
• Bathing documentation
• Routine care arm: difficult to document non-bathing
• Decolonization arm: daily bathing expected

Spot checking options
• Provided easy-access summary report by unit by date
  ✓ Bathing query
  ✓ Mupirocin use
Strain Collection

Importance of respecting laboratory work flow

• Request for unit-attributable strains
  ✓ One isolate per pathogen per admission
  ✓ Collected more than 2 days into a unit stay
  ✓ Difficult to track or be attentive to

• Developed electronic report listing desired isolates
  ✓ Email prompt when new isolate reported
  ✓ Call from central support team
Progress in Standardization

Aided by Meaningful Use requirements

Comparison to prior trial

- Supply chain standardization
- Manufacturers attuned to CHG compatibility
- Microbiology reporting more standardized
- Less variability across sites
Inquiring About Adverse Events

• Minimal adverse events reported
• Process for reporting
  – 2x/month reminders on coaching calls
  – Form in toolkit binder on every unit
  – Could just email or call

• Anticipate under-reporting due to comfort with process
Competing Interventions

- Twice monthly request to report new campaigns
- Assessed by steering committee for conflict with trial
- If conflict, option to drop trial or not institute competing campaign.
- Majority of reported interventions deemed not in conflict
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