



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

**NIH Collaboratory Meeting
Barriers and Lessons Learned
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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

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

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- Final data pull pending
 - Data cleaning and development of analytic data set

Barriers Scorecard - 2016

Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects	1				
Engagement of clinicians and Health Systems		2			
Data collection and merging datasets			3		
Regulatory issues (IRBs and consent)	1				
Stability of control intervention		2			

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

Barriers Scorecard - 2016

Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects	1	2	3	4	5
Engagement of clinicians and Health Systems	2	1	3	4	5
Data collection and merging datasets	2	3	1	4	5
Regulatory issues (IRBs and consent)	1	2	3	4	5
Stability of control intervention	2	1	3	4	5

1 = little difficulty

5 = extreme difficulty