

# **ABATE Infection Trial**

## *Barriers and Lessons Learned*

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# Disclosures

Conducting clinical studies in which participating hospitals and nursing homes are receiving contributed antiseptic product from Sage Products, Molnlycke, 3M, Clorox, and Xttrium

Sage Products and Molnlycke contributed products to the participants of the ABATE Infection Trial

Contributing companies have no role in the design, conduct, analysis or publication of these studies.

# ABATE Infection Trial

## Active Bathing to Eliminate Infection

### Trial Design

- 2-arm cluster randomized trial
- 53 HCA hospitals and 194 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 x5 days if MRSA+ by history, culture, or screen

# Outcomes

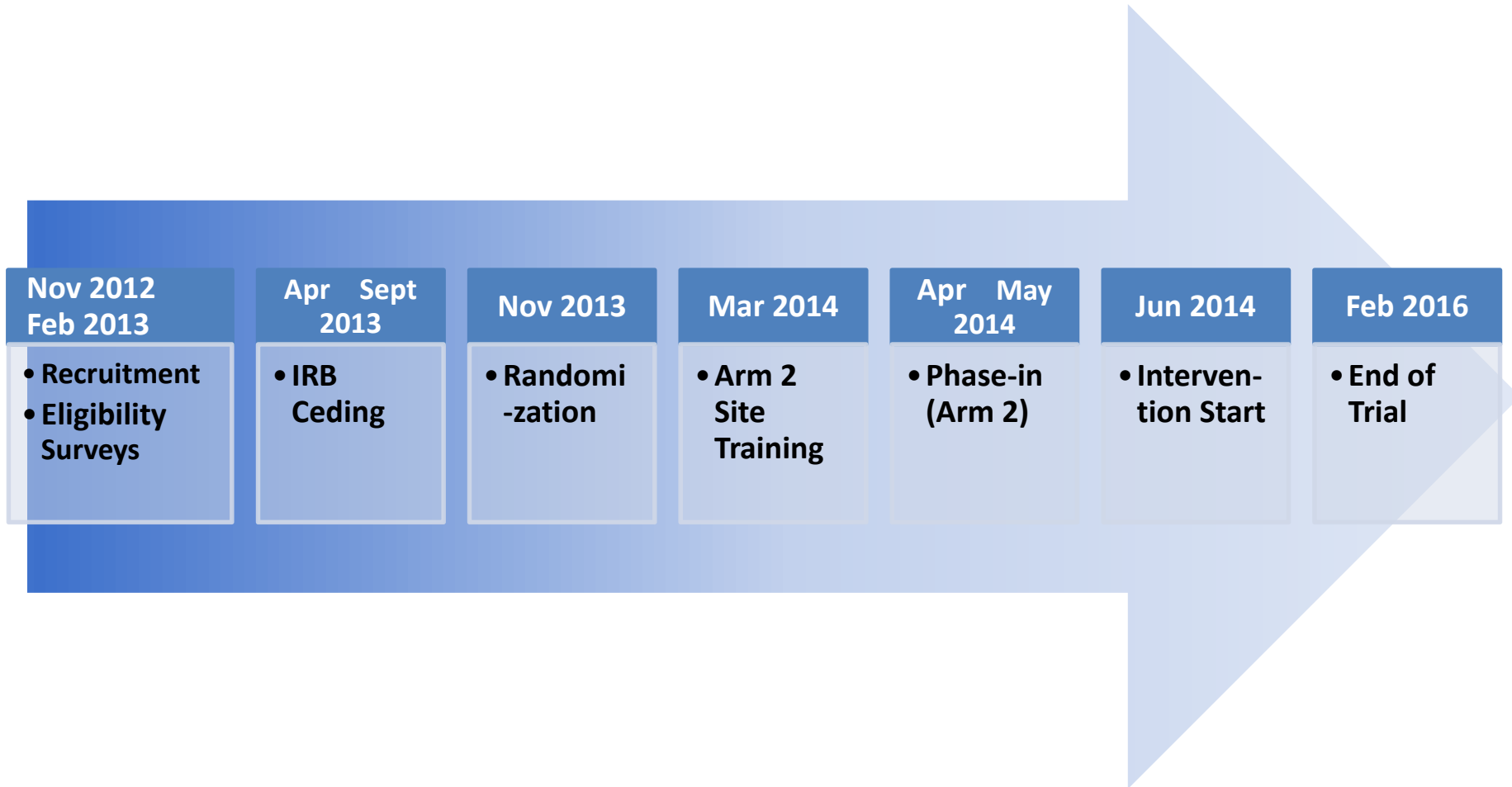
## Primary Outcomes

- Unit-attributable clinical cultures with MRSA and VRE

## Additional Outcomes

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

# Trial Timeline



# Barriers Scorecard: ABATE

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

# **Top 3 Lessons Learned**

# Operational Expertise is Essential

## Intervention insights

- Processes for approvals
- Expected time to change
- Expected variation
- Expected training lapses

## Tracking and Data

- Supply chain
  - Compatibility
  - Tracking
- Legacy systems



# Culture Change is Hard

## Logo Helps



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

# Culture Change is Hard

## Color Helps



**Shower Instructions**

For your health, we are pleased to provide you with a special liquid soap, chlorhexidine, which has been proven to work better than regular soap and water in removing germs from your skin and keeping you clean.

1. Use the bottle of liquid chlorhexidine (CHG) for all areas of the body. Begin by washing hair using CHG as shampoo. Rinse well.

Apply soap into eyes and rub until foamy. Apply CHG generously by lather. Be sure to

minutes. Wash well, including hands. Dry.

to moisturize your body. We advise you to use CHG soap before the CHG soap. CHG shampoo prevents

**Keeping germs away**

**Have you had your bath today?**

**Every patient, every day**

# Culture Change is Hard

## FAQs and Talking Points



### Project FAQs: Universal Decolonization- Arm 2

#### 1) What is the ABATE Infection Project?

A cluster randomized trial of adult non-critical care units comparing 2 top strategies to reduce multi-drug resistant pathogens and hospital-associated infection. Over 50 HCA hospitals are participating. Your hospital's adult non-ICUs have been randomized to Universal Decolonization.

#### 2) What is Universal Decolonization?

Decolonization refers to use of chlorhexidine (CHG) for routine daily bathing of ALL patients for their **entire unit stay**. This includes daily clean-up for incontinence or to "freshen up." In addition, patients who are known to be MRSA+ will receive nasal mupirocin **twice daily for 5 days**, or until unit discharge, whichever comes first.

If a patient is readmitted to the unit, the decolonization protocol will begin anew regardless of prior receipt of chlorhexidine or mupirocin in other units or in the previous unit stay. For example, if a patient who is an MRSA carrier just received 5 days of mupirocin and daily chlorhexidine bathing in an ICU and then comes to your unit, they will continue to receive daily chlorhexidine baths and they will begin a 5-day course of mupirocin on your unit.

#### 3) Who should be decolonized with nasal mupirocin ointment?

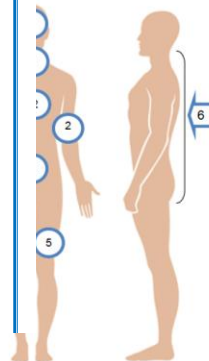
Your unit will be decolonizing all patients known to be MRSA+ by **clinical history, screening test, or clinical culture**. These patients will receive both the daily CHG bath or shower **PLUS** nasal

ent infections during your hospital stay  
**bathe** daily with Chlorhexidine (CHG) cloths

## PATIENT

During your stay, we will bathe you with a special antiseptic cloth that removes germs and prevents infection better than soap.

**You will have 6 cloths to be used in areas as shown below:**



Avoid eyes and ear canals

#### Take a CHG Bed Bath

##### BATHING with CHG cloths

1. Use CHG every day. Starting on the admission day works best to remove germs before IVs, lines, urinary catheters, and procedures/surgery
2. These no-rinse cloths are your protective bath. The CHG continues to get rid of germs for 24 hours
3. Use all 6 cloths. More, if needed
4. **Firmly massage** on all skin areas to ensure deep cleaning of skin
5. Clean over non-gauze dressings
6. **Your nurse will clean parts of lines, tubes and drains nearest the body**
7. Throw away in trash. **Do not flush.**



#### Protect yourself every day

##### Important Points and Reminders

- CHG is proven to work better than soap and water to get rid of germs
- CHG cloths have aloe and are good for your skin. CHG is less drying than soap.
- **Do not rinse.** Once massaged onto skin, CHG works to kill germs for 24 hours
- **Be thorough. Ask for help for hard to reach areas, backside, around devices.**
- CHG is safe on rashes and wounds that are not very large or deep
- **Clean lines, drains, tubes 6 inches from the body.** Ask for help, if needed.

##### Clean all skin areas with attention to:

- Neck
- All skin folds
- Skin around all devices (tubes/drains)
- Wounds and open skin
- Armpits, groin, between fingers/toes

# Culture Change is Hard

## Public Accountability

Hospital	March 1-7		March 8-14		March 15-21	
	% CHG	% Compliance	% CHG	% Compliance	% CHG	% Compliance
A		Missing		Missing		Missing
B		Missing		Missing		Missing
C	61%	79%	61%	79%	58%	78%
D	86%	94%	88%	95%	86%	96%
E		Missing		Missing		Missing
F	58%	80%	56%	79%	62%	85%*
G	56%	79%	51%	80%	69%	96%
H	48%	67%	45%	75%	37%	64%
I		Missing		Missing		Missing
J		Missing		Missing		Missing
K	68%	93%	68%	93%	68%	93%
L		Missing		Missing		Missing
M	70%	96%	70%	96%	70%	96%
N	81%	92%	81%	92%	81%	92%
O	65%	92%		Missing	63%	85%
P	69%	69%	69%	69%	68%	68%
Q	73%	87%*	73%	87%	69%	83%
R	61%	91%	66%	91%	64%	88%
S	71%	82%	70%	83%	52%	67%

1 unit missing  
 2 or more units missing  
 <85% compliance  
 >85% compliance

# Data Solutions are Key

## Compliance reports

- Manual → Electronic

## Strain Collection Report

- Manual → Electronic

### REDUCE MRSA Trial

Total Eligible MRSA during study period  
(n=7405)



Number of isolates sent to central laboratory  
(n=4566)

# Data Solutions are Key

## Compliance reports

- Manual → Electronic

## Strain Collection Report

- Manual → Electronic

### ABATE Infection Trial

Baseline Isolates Confirmed	Intervention Isolates Confirmed	Total Isolates Confirmed
4263	2884	7147

Capture by laboratories > 90%

Focused entirely on attributable isolates

# Top Lessons Learned

- Operational expertise is essential
- Culture change is hard
- Data solutions are key

## Questions?



Active Bathing to Eliminate Infection Project