

ABATE Infection Project

Active Bathing to Eliminate Infection

Trial Design

- Cluster randomized trial with HCA Healthcare
- 53 hospitals, 194 adult non critical care units
- Includes: adult medical, surgical, step down, oncology
- Excludes: rehab, psych, peri-partum, BMT

Arm 1: Routine Care

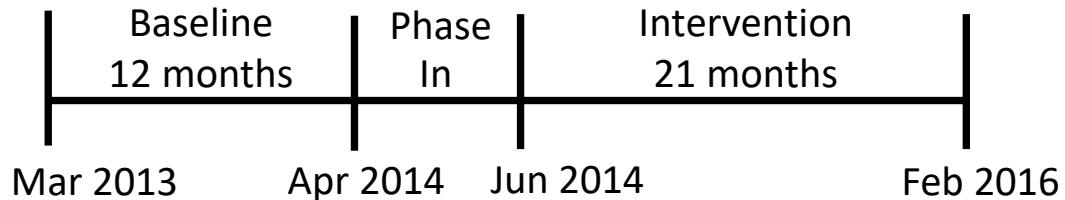
- Routine policy for showering/bathing

Arm 2: Decolonization

- Daily 4% rinse off chlorhexidine (CHG) for showers
- 2% leave-on CHG for bed baths
- Mupirocin x 5 days if MRSA+ by history, culture, or screen

Outcomes and Study Period

- **Primary Outcome**
 - Any MRSA or VRE isolate attributed to unit
- **Key Secondary Outcome**
 - Any bloodstream isolate attributed to unit (2 positives for skin commensals)
- **339,904 patients, 1,294,153 patients days (intervention)**



Lessons Learned

Clarifying Regulatory Requirements

- **Value of the NIH Collaboratory**
- **Minimal Risk Trials with FDA Products and Oversight**
 - 2012: No waiver of informed consent by FDA
 - Products were an OTC FDA cleared topical antiseptic soap and an FDA approved topical nasal antibiotic ointment
 - Patients don't choose their soap while in the hospital
 - Collaboratory (and IOM) hosted discussions with FDA representatives that stated they were not interested in regulating these types of trials
- **Documentation of discussions enabled ABATE to proceed**

July 25, 2017

FDA Issues Immediately Effective Guidance Allowing Waiver of Informed Consent for Minimal Risk Research

The United States Food & Drug Administration (FDA) has issued a [guidance document](#) announcing its intention not to object to an IRB's waiving or altering the informed consent requirements for an FDA-regulated clinical investigation that presents no more than minimal risk and involves adequate human subjects protections. The guidance, which takes effect immediately, aligns FDA's policy on waiving informed consent with the "Federal Policy for the Protection of Human Subjects" (the Common Rule) (45 C.F.R. part 46, subpart A), which since 1991 has permitted an IRB to waive informed consent requirements for minimal risk research in certain circumstances.

Background

Members of the research community have expressed frustration that FDA's regulations on human subjects protection have not contained a provision permitting the waiver of informed consent for minimal risk research, in contrast to the Common Rule. The inability, under FDA regulations, to obtain from an IRB a waiver of informed consent has, among other things, prevented retrospective medical records research conducted under waiver of consent from being qualified to be used in FDA submissions. With an emphasis on "real world evidence" for use in FDA regulatory determinations and with increasing scientific value of results of "big data" studies – many of which are typically infeasible without provision for waiver of consent – the need for FDA regulations to allow waiver of consent for minimal risk research has become increasingly obvious. Indeed, in 2014 and 2016, the HHS Secretary's Advisory Committee on Human Research Protections (SACHRP) recommended to the HHS Secretary that FDA harmonize its regulations with the Common Rule regarding waiver of informed consent. Congress, as part of a larger effort to promote harmonization between FDA regulations and the Common Rule, addressed the issue in December 2016 when it included a provision in the 21st Century Cures Act¹ amending the Federal Food, Drug, and Cosmetic Act (FDCA) to permit the HHS Secretary to allow a waiver of informed consent for research involving no more than minimal risk to human subjects, assuming appropriate safeguards to protect the rights, safety, and welfare of subjects. This provision of the 21st Century Cures Act requires FDA through regulation to describe and define the conditions under which an IRB can waive informed consent for FDA-regulated minimal risk research.

New FDA Policy on Waiver of Informed Consent

FDA has taken the interim step of promulgating its new guidance, which immediately permits an IRB overseeing a clinical investigation subject to FDA regulations to waive or alter the informed consent requirements under circumstances that mirror those currently found in the Common Rule at 45 C.F.R. section 46.116(d). Specifically, an IRB may waive informed consent if it finds and documents that:

Competing Interventions

- **Importance of Tracking Competing Interventions**
 - 196 quality improvement interventions reported
 - 67 (34%) directly competed with trial outcomes
 - 3 hospitals (2 control, 1 intervention) dropped from the trial due to decisions to pursue competing interventions

Power of Health System Partnership

- **Engagement with HCA Healthcare**
 - Weekly steering committee
 - Data/IT committee
- **Discussion Generated Contributions**
 - **IRB:** HCA Corporate Compliance developed trial-relevant human subjects CBT for local study champions who were operational leads without prior research experience
 - **Competing Interventions:** HCA Infection Prevention/Quality & Safety leads actively intervened with sites to discuss inconsistency with corporate guidance

Power of Health System Partnership

- **CHG Compatibility:** HCA Supply Chain changed “in contract” skin care products to ensure compatibility.
- **Product Shortage:** Mid-trial shortage of CHG cloths: HCA Supply Chain moved product between warehouses
- **Compliance Report:** HCA IT developed mid-trial report from nursing queries and medication administration. Manual → real time automated reports for front line users
- **Lab Isolate Collection Report:** HCA IT team developed mid-trial automated report for laboratories to identify select bacterial isolates 3 days into participating unit stay, sparing collection of 1,000+ irrelevant lab isolates in intervention period