

Decolonization of Non-ICU Patients With Devices

Section 1 – Introduction and Welcome

This toolkit will provide hospital infection prevention programs with instructions for implementing targeted decolonization in adult patients with medical devices in hospital units outside of intensive care (i.e., non-ICUs). The toolkit is based upon materials successfully used in the **A**ctive **B**athing to **E**liminate (ABATE) Infection Trial,¹ which was conducted in 53 community hospitals in HCA Healthcare (formerly Hospital Corporation of America). The ABATE Infection Trial found that decolonization with chlorhexidine gluconate antiseptic soap for bathing and nasal antibiotic ointment led to a 37 percent reduction in positive methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococcus clinical cultures and a 32 percent reduction in all-cause bloodstream infections among non-ICU patients with specific medical devices, namely central and midline catheters and lumbar drains.

This toolkit is organized into 14 sections as follows:

- **Sections 1–3: Introduction and Toolkit Overview**
- **Sections 4–7: Rationale, Decision-Making Process**
 - Provides decision-making tools and rationale to help hospital leadership understand the evidence for targeted decolonization of adults with medical devices outside of the ICU and to help determine whether this strategy represents the best course of action for your hospital.
- **Section 8: Preparation**
 - Lists suggested prelaunch activities and explains their importance.
- **Sections 9–11: Training**
 - Includes evidence-based protocols and instructions, including videos, on how to perform targeted decolonization.
- **Sections 12–13: Assessment and Feedback**
 - Includes assessment forms and sample feedback documents to assure the protocol is being followed correctly. Huddle documents are provided for nursing shifts.
- **Section 14: Frequently Asked Questions and Talking Points**
 - Covers commonly asked questions from providers, nursing staff, and patients and appropriate responses and talking points to help staff communicate with patients regarding decolonization.

In this toolkit, you will find:

- Introduction and toolkit overview
- Scientific rationale for implementing targeted decolonization
- Key considerations for decision making
- Implementation readiness
- Estimated cost implications of reducing bloodstream infections in patients with medical devices
- Action chart for implementing targeted decolonization
- Steps to prepare for launch
- Nursing protocols
- Training and educational materials
- Assessment and feedback materials
- Frequently asked questions and talking points

Prepared under Contract HHSP233201500020I; Task Order 75P00119F37008 for:

U.S. Department of Health and Human Services

Agency for Healthcare Research and Quality

5600 Fishers Lane

Rockville, MD 20857

www.ahrq.gov

References

1. Huang SS, Septimus E, Kleinman K, et al. Chlorhexidine versus routine bathing to prevent multi drug-resistant organisms and all-cause bloodstream infection in general medical and surgical units: the ABATE Infection Cluster Randomized Trial. *Lancet*. 2019 Mar 23;393(10177):1205-15. PMID: 30850112.

AHRQ Pub. No. 20(22)-0036
March 2022