



## Active Bathing to Eliminate (ABATE) Infection

### Study Snapshot

**Principal Investigator:** Susan Huang, MD, MPH

**Sponsoring Institution:** University of California, Irvine School of Medicine

**ClinicalTrials.gov:** [NCT02063867](https://clinicaltrials.gov/ct2/show/study/NCT02063867)

**Collaborating Healthcare Systems:** Hospital Corporation of America; Harvard Pilgrim Health Care; Harvard Medical School; University of California, Irvine, School of Medicine; Rush University; John H. Stroger Hospital; Centers for Disease Control and Prevention

**NIH Institute Oversight:** National Institute of Allergy and Infectious Diseases (NIAID)

**Abstract:** Healthcare-associated infections (HAIs) are one of the most frequent causes of death in the United States and incur more than \$6.5 billion in annual healthcare costs. Prevention of HAIs is a national priority for patient safety and best practice to reduce morbidity, mortality, and cost. Most infections are caused by common bacteria that normally live on the skin or in the nose and which overcome the body's normal defenses because of invasive medical devices, surgical incisions, or the physiologic effects of hospitalization.

Studies in intensive care units (ICUs) indicate that decolonization of patients' skin with chlorhexidine, and nares with mupirocin, can prevent many HAIs. However, evidence is lacking about the effectiveness of decolonization in non-ICU settings, where the majority of HAIs occur. Decolonization is thus rarely used in these settings, despite its potential to meaningfully decrease the HAI rate. ABATE Infection is a cluster-randomized controlled trial of hospitals that compares 2 quality improvement strategies to reduce multidrug-resistant organisms and HAIs in non-ICUs.



## What We've Learned So Far

Current Barriers	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				

1 = little difficulty  
5 = extreme difficulty

Challenge	Solution
Participating hospitals reported considering new competing hospital practices, products, or technologies that could potentially conflict with the trial (study outcomes)	Study team monitored all participating hospitals for potentially conflicting interventions. If an intervention was deemed in conflict by the trial steering committee, the hospital was given the option to either not pursue the intervention or to drop from the trial.
Quality improvement initiatives adopted by hospitals require some maintenance over time	Study team found that consistent coaching calls, compliance reports, and comparative feedback were useful.

Selected Publications & Presentations	
April 2017	PCT Grand Rounds Presentation: <a href="#">Perspective on the Boundary between Quality Improvement Studies and Research: Patients, QI Leaders, IRB Leaders</a>
May 2016	ABATE Infection <a href="#">training video</a> showing how to bathe patients using 2% chlorhexidine gluconate cloths to help protect patients from infection during their hospital stay.
May 2016	PCT Grand Rounds Presentation: <a href="#">The ABATE Infection Trial: Backstage Tour</a>

