

■ In Practice

Reducing Infections and Increasing Patient Satisfaction: One Hospital's Journey

By Paulina Rodriquez, RN



In early 2017, Abilene Regional Medical Center was facing central line-associated bloodstream infection (CLABSI) rates above the national benchmark, and low Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. In response, a quality improvement project was initiated to lower CLABSIs and identify ways to increase HCAHP scores. By fall of 2017, we had managed to lower CLABSIs by 67.8 percent and significantly raise HCAHPS scores.

Chlorhexidine gluconate (CHG), well-documented in the literature as being key in preventing hospital acquired infections (HAIs),¹ had been added to a CLABSIs bundle. 2 percent CHG wipes and CHG-impregnated protective dressing disks had been used for all patients in the Intensive Care Unit (ICU) and central line patients in our medical – surgical units. After several years of using these CHG products, audit data continued to show an increase rather than a decrease in CLABSI rates.

During this time, patient complaints in post discharge surveys were negatively affecting the hospital's HCAHPS scores. Patient comments included that they felt sticky and had a film on their body after their CHG. In addition, many patients stated that they had never had a bath during their hospital stay.

Tasked with finding a solution, Infection Prevention initiated a root cause analysis of current practices. The challenge was to find strategies supported by staff and accepted by patients that would work in the hospital culture. Any future strategy implementations needed to include staff buy in, address barriers and monitor compliance.²⁻³ Most importantly, patient preferences would need to be integrated into the practice change.⁴

Staff was surveyed about the CHG bathing process focusing on barriers. Nursing documentation had not reflected noncompliance. The feedback from staff was that the patients complained about the CHG application method being used. They did not like the feeling of their skin afterward and

wanted a regular soap and water bath. The staff had become frustrated; many stopped trying to wipe down the patients. This detail was not always recorded or communicated to unit leadership. Ambulatory patients, in particular, had been refusing being wiped.

Infection Prevention began a product search for alternative methods of CHG application seeking ones that would be simple to implement with staff and both user and recipient friendly. Compounding the issue, bath basins had been eliminated as a source of contamination when staff began using the CHG wipes and they did not want to return to using them for bathing.

The focus of the search was on soap-based CHG products to satisfy the patients request for a bath but also on ways to administer the product without basins. The analysis had uncovered that after basins had been eliminated the staff had been putting wet washcloths in trash bags or triangle input-output cylinders and using to give bed baths with a foam based non-CHG cleanser. Bringing these items to the bedside was not optimal.

The search for a bathing product concluded with finding a 4 percent CHG foam skin cleanser. The staff liked using a foam and was receptive to trialing it. Finding an alternative to the trash-bag/washcloth system proved more challenging. Most of the disposable products available were not acceptable. Fortunately, when the CHG sales representative was contacted, they demonstrated a new disposable basin method that had just come on the market.


In March 2017, the staff trialed HIBICLENS foam CHG skin cleanser combined with a dry-cloth disposable basin system called HIBI Universal Bathing System to which the staff added water. The system mimicked a regular soap and water bath, while having the advantages of applying CHG.

Staff and patient reaction was positive, so the new CHG bathing method was implemented. Patient education included explaining

the importance of the CHG bath and shower hang tag instructions for ambulatory patients in each shower unit.

To monitor compliance, the PICC team did monthly audits on medical – surgical unit CHG bathing while infection prevention audited the ICU. Compliance rose and staff reported patients were asking for their CHG baths in response to the added education.

After eight months, CLABSI rates showed a 67.6 percent decrease over the prior year. In addition, in 2016 there had been several CLABSI or bloodstream infection (BSI) events that met all but one element from NHSN criteria compared to one in 2017. It was important to share both pieces of information with the staff, since it demonstrated their success not only getting the hospital below the benchmark, but also in decreasing risk.

HCAHPS scores were also compared before and after the bathing protocol change. Patient complaints related to bathing on post discharge surveys have ceased and scores had risen from pre-intervention and remained positive post intervention. 

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References:

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