One and Done – A Process for Improving CHG Bathing Compliance

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Background

The prevention of hospital acquired infections is a growing topic in healthcare. This has resulted in an increased focus being placed on chlorhexidine (CHG) bathing as it helps to reduce the patient’s risk for developing infections while hospitalized, as well as the costs that can be associated with those treatments.

At Carolinas Rehabilitation, the expectation is that all patients who have central lines inserted and those who have tested positive for MRSA infections will receive CHG baths daily for a set period of time.

Chart audits helped to confirm the lack of consistency with getting the tasks completed and/or documented by our Nursing and Therapy teammates.

In several instances, we found the patient had received the CHG bath/shower, but the teammate failed to complete the documentation in the medical record appropriately.

Objectives

Upon completion, the learner will be able to define strategies to improve CHG bathing compliance.

The learner will be able to describe the importance and benefit of CHG bathing for the patient.

The learner will be able to list potentially adverse implications for the patient if CHG bathing is not completed.

Methods

Our first attempt to tackle this problem was to provide education to the team regarding the importance of CHG bathing for the patient and potential impact to the patient and to the hospital system when the task is not completed per policy.

Secondly, we added a section to the daily assignment sheet which listed the patients who were in need of a CHG bath related to having a central line in place and/or having been diagnosed with MRSA or CRE. Since most nursing teammates only work 3 days per week and their assignments may change, we hoped this would serve as a quick reminder for teammates.

The aforementioned approaches were not as successful as we had hoped. As a result, we initiated the One and Done program. This involved setting the expectation that all CHG baths would be completed by 1300 or 1:00pm. Between 1pm and 2pm the Clinical Supervisor or Charge Nurse would review the medical records for the appropriate patients to ensure documentation had been completed per policy. If the documentation had not been completed the leader would follow up with the teammate individually.

Lastly, we placed this item on our MDI Huddle boards (Managing for Daily Improvement) and compliance was tracked daily for a total of 6 months.

Prior to the implementation of the One and Done program, CHG bathing compliance had consistently been as low as seventy percent.

Results

The implementation of the One and Done program resulted in increased compliance with the completion and documentation of CHG baths at Carolinas Rehabilitation – Northeast.

We now consistently exceed the target of 85% compliance.

The process took approximately 2 months to hardwire with our Nursing and Therapy teammates.

In the third quarter of 2022, we identified other Carolinas Rehabilitation nursing units were facing challenges with CHG bathing compliance. Collectively, the CHG compliance ranged from 71% to 73%. To combat this issue, we initiated the One and Done program in those areas.

As a result, compliance on those nursing units steadily increased and the process became hard wired. To date CHG compliance has consistently exceeded the target of 85% and in recent months has exceeded the stretch goal of 90%.

We continue to monitor compliance by conducting random chart audits within the department by the Nursing Leaders. Additionally, our infection prevention partners monitor compliance and provide updates during our monthly quality meetings.

Figure 1:

CHG Bathing Compliance at Carolinas Rehabilitation – Northeast

<table>
<thead>
<tr>
<th>2021</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>90%</td>
</tr>
<tr>
<td>September</td>
<td>90%</td>
</tr>
<tr>
<td>October</td>
<td>50%</td>
</tr>
<tr>
<td>November</td>
<td>90%</td>
</tr>
<tr>
<td>December</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2022</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>90%</td>
</tr>
<tr>
<td>February</td>
<td>91%</td>
</tr>
<tr>
<td>March</td>
<td>100%</td>
</tr>
<tr>
<td>April</td>
<td>90%</td>
</tr>
<tr>
<td>May</td>
<td>100%</td>
</tr>
</tbody>
</table>

Implications for Practice

The results of the data indicate a direct correlation between the completion and documentation of CHG bathing the prevention of related hospital-acquired infections.

Since the implementation of the One and Done program, there have been zero hospital-acquired infections related to CHG bathing.

What is CHG?

Chlorhexidine gluconate 4% solution is a topical antiseptic agent that is used as a skin cleanser. It has been proven to be effective against gram positive and gram-negative bacterial organisms, yeast, aerobes and facultative anaerobes.

In the hospital or healthcare setting, it can be used to help reduce the risk of hospital-acquired infections.

Common uses for CHG include the prevention of infection, the treatment of methicillin-resistant Staphylococcus aureus (MRSA), pruritis, boils and itching.

Side effects of CHG usage can include pain and dry skin, a mild skin rash and an allergic reaction.

CHG Expectations

The expectations for patients in the rehabilitation setting to receive a CHG bath using the 4% foam or liquid solution are:

- All patients with a central line inserted – daily baths.
- All patients with a diagnosis of carbapenem-resistant Enterobacteriaceae (CRE) – daily baths.
- All patients with an active MRSA diagnosis will receive CHG baths for 5 days.

References

From Atrium Health Policy and Clinical Practice Guidelines: https://atriumhealth.policytech.com/dbt/Net/ntdocuments/?tocid=3142

