

Survey of Hospital Practices Regarding Use of Chlorhexidine Gluconate Bathing for Prevention of Healthcare-Associated Infections

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Background: Bathing of hospital inpatients with chlorhexidine gluconate (CHG) has been shown to reduce the risk of acquisition of multidrug-resistant infections (MDROs) and development of healthcare-associated infections (HAIs). We conducted a survey to characterize the use of CHG bathing as a tool for infection prevention at a variety of hospitals.

Methods: An electronic survey was sent to all members of the Society for Healthcare Epidemiology of America Research Network in October 2013. Results were analyzed using basic descriptive statistics and Chi-square tests for association.

Results: Ninety-four hospitals responded to the survey (response rate, 33.8%); eighteen (20%) responding hospitals were located outside of the U.S. Seventy-six (80.9%) hospitals had implemented CHG bathing in at least one unit. The only hospital characteristic associated with implementation of CHG bathing was location in a metropolitan setting ($p < 0.01$). Hospital locations where CHG bathing was performed include some intensive care units (ICUs) (26

[34.2%]), all ICUs (40 [52.6%]), some non-ICU units (29 [38.2%]) and hospital wide (13 [17.1%]). The most frequent reasons for implementation of CHG bathing were response to evidence-based recommendations (60 [78.9%]) and higher than desired HAI rates (33 [43.4%]). The majority of hospitals (50 [67.7%]) used CHG cloths rather than CHG soap and water, and some type of monitoring for compliance with CHG bathing occurred in most hospitals (55 [72.4%]). Among the 18 hospitals where CHG bathing was not performed, the most frequent reasons included cost (7 [38.9%]) and lack of support from hospital leadership (5 [27.8%]).

Conclusions: The majority of hospitals we surveyed had implemented CHG bathing in at least one unit. Among hospitals that had implemented CHG bathing, there was substantial variability in practice, including inpatient units where CHG bathing was performed, what type of CHG product was used, and how compliance with CHG bathing was monitored. Standardized recommendations could be helpful in developing more consistent practices and persuading hospital leadership at hospitals where CHG bathing has not been implemented.