Implementing Decolonization in Nursing Homes

Why and How to Adopt?

Assessing Value

☐ Your facility is experiencing cultures or infections due to MDROs
☐ Your facility is worried about MDROs in general
☐ Your facility would like to decrease transfers due to infections
☐ Your facility is willing to do a campaign to reduce MDROs or infections
☐ Your facility is interested in benefits of "decolonization" but needs "how to" help

Offering: Evidence for Decolonization Call (UCI) – 1 hour

Assessing Readiness

☐ Your facility is willing to launch this campaign with sufficient leadership support
☐ You have nursing, infection prevention, and CNA champions willing to lead this
☐ You have presented the benefits of "decolonization" to your QA committee (see evidence) and they support this as a QAPI initiative
☐ You have presented the cost savings analysis (see file) to your QA committee and your facility is willing to pay for decolonization product to prevent hospital readmissions and MDRO spread

Implementation Phase 1: Preparation

☐ Approve universal decolonization as a QAPI initiative at your QA Committee
Sample at https://www.ucihealth.org/shield/nursing-home-decolonization-toolkit
☐ Determine training and oversight process for CNAs
- Training on proper bathing is essential for success
- Example: ensuring adequate application of chlorhexidine (CHG), especially to breaks in skin (superficial wounds/pressure ulcers, rashes, surgical incisions) is key to CHG's ability to prevent infection (see extensive training documents and key points in nursing home toolkit)
- Designate who will do periodic assessments and feedback

☐ Have reasonable expectations – proper adoption takes about 3 months of effort
☐ Present QAPI plan to Resident Council and Ombudsman as change to routine care based upon evidence for resident safety, protection, and best practice

Offering: Preparation for Launch Call (UCI) – 1 hour

For toolkit documents, see:
https://www.ucihealth.org/shield/nursing-home-decolonization-toolkit

Implementation Phase 2: Products & Purchasing

☐ Purchase product
- 4% Chlorhexidine (CHG) (gallon formulation for humans, not pets)
- 10% Povidone-Iodine swab sticks (generic)
- Non-cotton disposable dry wipes or cloths
    - Note: Tena non-cotton dry cloths work particularly well
    - Cotton binds CHG and does not release well to skin

☐ Switch from chlorine to peroxide bleach
- Chlorine and CHG can mix in the laundry and leave a brown stain
- Ensure several laundry runs with peroxide occur before CHG adopted

☐ Confirm lotions and skin products are CHG compatible
- Call manufacturers to confirm skin products are compatible. Because CHG is widely used in hospitals, common healthcare manufacturers have tested their products against CHG. If not, several same-priced alternatives exist.

Offering: Train-the-Trainer Call: Decolonization Pearls (UCI) – 1 hour

Implementation Phase 3: Process & Practice

☐ Select Launch Date

☐ Pre-Launch Facility-wide Training Days
- CNAs
- LVN/RNs
- See toolkit modules and videos to be used with in-person train-the-trainer

☐ Pre-Launch Skin Check to avoid attributing existing conditions to CHG

☐ Launch

☐ Provide Admission Packet materials on routine decolonization (see toolkit)

☐ Post-Launch Feedback on Bathing Quality
- Toolkit assessment tool (few times weekly early in campaign)

☐ Ongoing Training for new hires

Two to three months post-launch:

Offering: In Person Visit – UCI Team

- Re-training, encouragement (handouts, demos, training, assessments)
- Assessment and troubleshooting (laundry, compatibility, usage)
- Improvement options: MD Orders

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