Decolonization
Pre-Launch Activities

ICU & Non-ICU

## Develop a CUSP Team

The Comprehensive Unit-based Safety Program, or CUSP, is a proven patient safety and quality improvement framework that is integrated into the AHRQ Toolkit for MRSA Prevention. A core element of CUSP is the CUSP team, comprised of frontline staff who initiate and drive the implementation of patient safety interventions. For more detail on CUSP, refer to the sections on“[**Why Choose a CUSP Approach**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/cusp-approach.html)” and “[**How To Integrate a CUSP Approach**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/integrate-cusp-approach.html)” on the Toolkit website.

Implementing a CUSP program is not required to use these decolonization guides or materials. CUSP principles are embedded into the Toolkit’s design, so it can be used effectively without a formal CUSP structure.

Even without a formal CUSP team in place, assembling a dedicated **Decolonization Team** that will oversee the decolonization planning and rollout is essential for success. Your team should include representatives from all key roles involved in decolonization, including nurses, physicians, nurses’ aides, environmental services, and infection prevention personnel. A diversity of perspectives broadens your team’s awareness and helps prevent oversights.

Recruiting a Senior Executive to the decolonization team can significantly enhance your project. Their involvement lends credibility and facilitates access to resources necessary for implementation. Additionally, they serve as a liaison between the team and hospital administration, helping to navigate institutional challenges. The Senior Executive should be an active member of the team. If you are having trouble identifying a Senior Executive on your own, reach out to your hospital’s quality or leadership office for assistance.

Engagement is critical to the success of any patient safety initiative. Cultivate a shared understanding among your team members. Ensure that everyone has a role and that every task has someone assigned to it. Foster an environment where all team members are encouraged to speak up and contribute.

Building and developing your decolonization team is a continuous, ongoing process. The team should remain flexible, adapting to feedback and challenges. It’s advisable to welcome newcomers and keep meetings open for all who are interested. Sustaining team engagement is vital for the long-term success of your decolonization program.

## Identify Unit Champions (Nursing and Physician)

Your decolonization team should identify nursing and physician champions who will take primary responsibility for implementing decolonization on the unit. Champions should be well-respected by their peers and able to actively promote the intervention. While it is preferable, the unit champions do not necessarily have to be members of the decolonization team. Regardless, there should be strong and frequent communication between the unit champions and the CUSP team.

The nursing and physician champions should be able to:

1. Promote the intervention and serve as a peer leader for decolonization.
2. Clearly explain the rationale for decolonization during rounds, nursing huddles, and teaching sessions.
3. Support collection of baseline and followup data on methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococcus (VRE), and bloodstream infection rates within the unit
4. Provide data on adherence to use of decolonizing products and monitor compliance with protocols.
5. Encourage high compliance among unit staff. Consistent application is critical to the success of decolonization.

Nursing champions differ from other stakeholders in that they are personnel who routinely provide oversight within the unit, such as the nurse manager or director.

Physician champions support the decolonization protocol by galvanizing other physicians and garnering physician support for the protocol. This support is particularly important if your decolonization protocol includes use of mupirocin, which requires physician orders.

## Select and Adapt the Protocols for Your Unit

Your decolonization protocols should align with your chosen decolonization strategy and reflect your unit structure and hospital infrastructure. This Toolkit provides sample [**unit protocols**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-protocols.html) for decolonization that can serve as a template for you to create your own. We encourage you to base your protocol closely on the versions provided.

When finalizing your protocols, consider the following elements:

* Discuss with nursing leadership, pharmacy, and medical directors about the best way to implement decolonization using a hospital protocol. Options may include a standardized nursing protocol or an admission order set.
* Mupirocin requires a prescription; hospitals can handle this in different ways. Some have arranged the use of standing orders under the medical director’s or the Chief Medical Officer’s name; others have incorporated a standing admission order set that activates when the admitting physician places admission orders. The best method will depend on your hospital’s specific procedures and will require careful examination.
* Collaborate with pharmacy and supply chain staff to ensure the best method for documentation and timely re-stocking of decolonization products.

## For Targeted Decolonization Only: Identify Patient Population

If you are implementing Targeted Decolonization, you will also have to finalize a process to identify patients who meet the decolonization criteria and communicate this to the care team.

Collaborate with nursing and medical leadership, information technology, pharmacy, and supply chain teams to determine the best process to implement targeted decolonization for patients being admitted to the unit. Consider the following options:

* **Manual process:** Daily rounds are conducted on the unit to identify patients who meet the eligibility criteria. Nurses activate the standardized protocol to administer chlorhexidine gluconate (CHG) bed baths or showers on a daily basis and contact the treating physician to order nasal mupirocin.
* **Electronic process:** Patients who meet criteria are automatically identified based on documentation in the electronic medical record (EMR). CHG decolonization is initiated via an order set (see example below) that activates the standardized nursing protocol for CHG bathing and a nasal decolonization order set.

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| --- | --- |
| **Order Set Name** | **Device Decolonization** |
| Protocol Details | * Daily CHG bed bath with 2% no-rinse CHG cloths for patients with new or existing medical devices.
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| Medication | Mupirocin 2% nasal ointment* Mupirocin 2% nasal ointment, 0.5 grams applied to each nostril twice daily for 5 days, for a total of 10 doses. Follow protocol for missed doses.
 |

* **Mixed electronic/manual process:** Patients who meet criteria are automatically identified based on documentation in the EMR, and a report is generated daily. Based on the report, a nurse champion activates a standardized nursing protocol to bathe identified patients with CHG and contacts the treating physician to order nasal mupirocin.

## Obtain Committee Approvals

Typically, hospitals implement decolonization as a standardized nursing protocol, often combined with order sets within the EMR.

Most hospitals have required committees for approval of standing nursing protocols and standing order sets. Such committees may include, but are not limited to, infection prevention, nursing governance, pharmacy and therapeutics, and the medical executive committee. Understanding your hospital’s committee approval process will be critical. Establishing a timetable for committee approval will be essential to the planning and timing of your decolonization program.

## Set Launch Date

When setting a launch date, consider the following factors:

* Timing of committee approvals.
* Time needed for product stocking and compatibility assessments (refer to the next section, **Stock Product and Address Compatibility Issues**).
* Timeline required for educational training. Include time needed for computer-based training modules, presentations to nurse manager forums, nursing skills day or quality fairs, nursing staff meetings, medical staff meetings, and medicine grand rounds or other physician forums.
* Sequence of timing for expansion if sequential rollout to multiple units is planned.
* Other competing campaigns and holidays.

## Stock Product and Address Compatibility Issues

Once protocols are approved by the necessary committees and a launch date is set, the following details must be addressed.

* **Stocking the products**: Make sure you have adequate stocks of chlorhexidine gluconate and mupirocin (or iodophor). If you are using CHG cloths, consider making arrangements for warming the cloths.
* **Compatibility:** Certain skin products (such as soaps, lotions, and barrier products) will inactivate CHG and negate the antiseptic effect. Review all skin products currently being used in the unit for compatibility with CHG. Replace products that are incompatible with chlorhexidine with ones that are compatible. Compatibility should be confirmed with the manufacturers of all non-prescription skin products used in the unit.

## Formulate Education and Training Plans

Education and training efforts should be coordinated with nurse managers, nurse educators, infection prevention, and unit medical directors.

You may want to make use of the resources and materials in this Toolkit for your education and training plans. You may want to refer to the presentations on decolonization, **“The Evidence Behind Decolonization Strategies for MRSA”** and **“Implementation of Chlorhexidine Gluconate (CHG) Bathing and Nasal Decolonization,”** which are available on [**the Decolonization page of the Toolkit website**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonize-patients.html).

Other available [**Tools and Resources for Decolonization**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/tools-resources-decolonization.html) include:

* [**Decolonization Protocols**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-protocols.html) – Sample unit and nursing protocols for bathing with CHG and nasal decolonization.
* [**Decolonization Staff Training Materials**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-training-materials.html) – Training tools and materials for staff, including PowerPoints, FAQs, and links to training videos.
* [**Decolonization Patient Educational Resources**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-patient.html) – Educational resources for patients and families, including information flyers and talking points for patients.

Other suggested ideas for education and training include train-the-trainer sessions, discussions at nursing huddles, brief computer-based training, and presentations at medicine grand rounds.

## Develop a Feedback Plan To Assure Adherence and Reinforce Training

Regular assessments of adherence to intervention protocols are essential for the success of any campaign. Creating a plan for measuring adherence and reinforcing training is important.

One approach to assess adherence is through the observation of a small sample of CHG baths in the weeks following the start of implementation. This can be done by the nurse manager, nurse educator, or another designated staff member.

The frequency of sample observations (weekly, monthly) should be adjusted based on the results of these assessments—more frequent observations if protocols are not being adhered to or if understanding appears limited and less frequent observations if staff are highly compliant. A [**Sample Adherence Report**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/067-dec-staff-sample-adherence-report.docx) is available to download on the Toolkit website, in the [**Decolonization Staff Training Materials**](http://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-training-materials.html) section.

**Adapted from** “Universal ICU Decolonization: An Enhanced Protocol”:

[*https://www.ahrq.gov/hai/universal-icu-decolonization/index.html*](https://www.ahrq.gov/hai/universal-icu-decolonization/index.html)

and

“Toolkit for Decolonization of Non-ICU Patients With Devices”:

[*https://www.ahrq.gov/hai/tools/abate/index.html*](https://www.ahrq.gov/hai/tools/abate/index.html)

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