



## Service Priorities and Programmes Electronic Presentations

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### **Effectiveness of CHG bathing Program for reducing hospital acquired infection**

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#### **Introduction**

The Bath-Linen-Equipment-(BLE) Infection Control Improvement Program was introduced in October 2015 to reduce the transmission of hospital acquired infection. In that program, the old aged home patients, patients transferred in from ICU and patients who had been admitted in China Hospital were recruited. They received bathing by using 2% Chlorhexidine Gluconate (CHG) Solution and Linen changing on day 1,3 & 5 after admission. However, the number of hospital acquired Multi-Drug Resistant Acinetobacter (MDRA) case was still high in 2017. After reviewing these cases, some features were found out. Most of them were prolonged hospitalization, ADL dependent or partially dependent and the MDRA were confirmed more than 2 weeks after admission. Near half of them had surgery after admission. Hence, the CHG bathing Program was designed for these kinds of patients.

#### **Objectives**

The CHG bathing Program aims at getting rid of transmission of hospital acquired infection especially for MDROs on patients who were ADL dependent or partially dependent or who had surgery after admission.

#### **Methodology**

This program targeted on two groups of patients 1.) ADL dependent or partially dependent patients and 2.) Surgery: patients who had surgery after admission. They received bed bathing by using 2% CHG soaked towel or shower bathing by using 4% CHG soap on alternate day after admission and their linen were changed after bathing. Moreover, If the patients were admitted clinically for schedule OT. The 4% CHG soap will be given for bathing on the night before OT. After implemented the CHG bathing Program, the statistic of hospital acquired MDRA was retrieved from NDH infection control team monthly.

#### **Result**

In 2017, 1st to 3rd Quarter, there were 11 cases of hospital acquired MDRA in surgical unit. The average cases per month is 0.73. In 4th Quarter, The BLE program and the

CHG bathing Program were implemented simultaneously. The numbers of hospital acquired MDRA was significantly reduced and there was only 1 case. The average cases per month is 0.33. Moreover, two confirmed cases were decontamination successfully in 4th Quarter after joining the New program and both were after surgery. Nowadays, MDRA are more common in hospitals. They associated with increasing patients' length of stay, morbidity and mortality. They also increase hospitals' cost. The above results showed that CHG bathing Program was effective in prevention and control the transmission of hospital acquired infection such as MDRA. Hence, the patients and health care system will be beneficial on this program.