Decolonization:  
Sample Adherence Report

ICU & Non-ICU

Use this document to build a useful report that allows tracking of daily adherence and for drilling down as needed to identify shifts or personnel who have the lowest adherence and therefore may need reinforcement or retraining. Routine assessment of adherence with feedback to frontline staff is essential for the success of the decolonization protocol. If adherence is low, provide feedback to frontline staff via brief messaging using huddle documents or targeted feedback to specific staff.

**Options for monitoring adherence may include:**

1. **Electronic medical record:** Generate reports based upon bathing documentation from a routine nursing shift query.

Elements that may be helpful for effective feedback include:

* 1. Unit name
  2. Assigned nurse(s)
  3. Date and time of bath (day versus evening versus night shift)
  4. Type of soap (chlorhexidine gluconate [CHG], non-CHG)
  5. Reason(s) why CHG bath/shower not given/not taken

1. **Manual process**: If electronic reports are not available, perform manual checks over designated time intervals (e.g., daily, weekly, biweekly).
2. **Nasal product adherence report**
   1. Medication administration of mupirocin or iodophor may be tracked in your hospital. Reports can be built to track adherence of these products in MRSA carriers as well. Refer to your local information technology department for assistance in building a report.

The following is an example of a daily adherence report generated from a nursing documentation query. The denominator is the sum total of all unit days for patients eligible for decolonization in the unit. The numerator represents the sum of calendar days where those same patients received CHG baths.

| **Unit** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Med A** | 73% | 88% | 85% | 73% | 83% | 85% | 86% | 74% | 79% | 84% | 97% | 81% |
| **Med B** | 86% | 66% | 85% | 100% | 100% | 85% | 86% | 88% | 100% | 90% | 90% | 91% |
| **Cardiac** | 59% | 87% | 79% | 76% | 79% | 74% | 82% | 78% | 80% | 82% | 83% | 74% |
| **Surg A** | 81% | 100% | 90% | 67% | 66% | 70% | 88% | 70% | 81% | 77% | 79% | 81% |
| **Surg B** | 86% | 85% | 58% | 86% | 97% | 92% | 95% | 91% | 95% | 90% | 98% | 100% |
| **Stepdown** | 62% | 65% | 43% | 53% | 50% | 72% | 72% | 74% | 80% | 82% | 83% | 86% |

| **Color** | **Key** |
| --- | --- |
|  | **80% or higher adherence** |
|  | **70%–79% adherence** |
|  | **<70% adherence** |

**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)

AHRQ Pub. No. 25-0007

October 2024