

## Hibiclens<sup>®</sup> kills germs on the skin, reducing infection risk at every stage of the patient journey

Reduce Healthcare Acquired Infections and Increase Compliance

Hibiclens<sup>®</sup> Antiseptic Skin Cleanser Every Patient, Every Day



## Healthcare Acquired Infections (HAIs) are deadly, costly and up to 70% may be preventable.<sup>1</sup>

**HAIs are a significant cause of illness and death** and they can have serious financial and clinical consequences. They are often associated with surgery or device usage, inadequate hygiene near a wound or surgical site, poor management of skin integrity in post acute care and inconsistent hand hygiene practices.

#### Infection prevention is everyone's responsibility.

1 in every 25 patients get an HAI<sup>2</sup> \$25,000 increased cost per admission<sup>4</sup>

\$28 to \$45 BILLION in excess healthcare costs per year due to HAIs<sup>3</sup>

Up to 12 extra days

in the hospital for patients with HAIs<sup>4</sup>

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**I**BICLER

## Daily patient bathing is a key component of many infection prevention bundles. Lower infection rates could mean fewer complications, shorter length of stay, and less unreimbursed expenses and readmissions.

Your Mölnlycke team can work with staff to track compliance and assess clinical outcomes in all care areas, and especially for these patients at highest risk:

- Pre-Operative
   Surgical Patients
  - High-Risk C-section Patients
- Post-Operative Surgical Patients
- Central Line and Catheterized Patients
- Bone Marrow
  Transplant Patients
- ICU Patients
- Post-Acute
   Care Patients

Research has shown that a proper bathing and cleansing protocol is effective for reducing the risk of HAIs, including Surgical Site Infections (SSIs) and helping in the treatment and prevention of pressure injuries.<sup>5</sup>

## Rely on your Mölnlycke Team

Getting the support you need for your infection prevention program doesn't have to be complicated. Your Mölnlycke Team has the tools and the know-how to make it easier. We'll help you keep incorporating the latest best practices into your existing patient care systems.



#### Step back and conduct a Needs Assessment

• Work with the Mölnlycke Clinical Specialist team to access the Hibiclens Compliance Toolkit



#### Set the course

• Define the action plan with solutions, support and tools



- Rally the team with Education and Evidence
- Chlorhexidine Gluconate (CHG) Bathing: Evidence-Based Practice, a CE program
- The Horizontal Approach to Infection Prevention
- Webinars

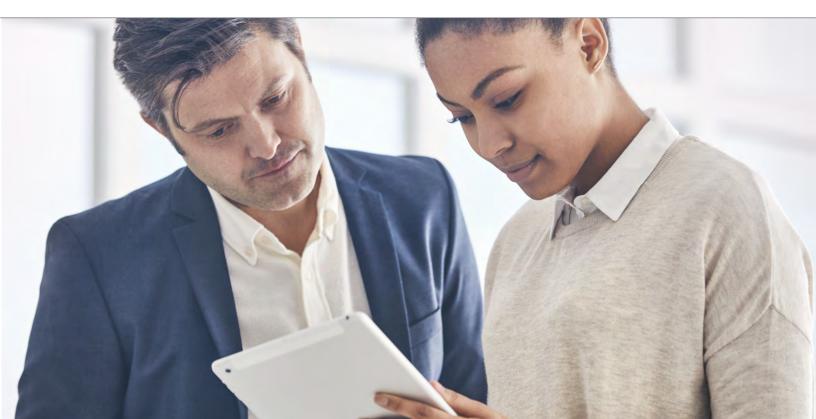
#### Let's implement with Staff and Patient Support

- Bathing Protocol In-service, scheduled and on-demand with video
- Sample Bathing Procedures
- Communication for patients and family



#### **Monitor Infection Prevention Progress**

- Work with the Mölnlycke Clinical Specialist team to access the HIBI bathing audit tool
- Partner with the Mölnlycke Health Economic Specialists to receive a quarterly Return on Investment report



## Protect ALL Patients with daily Hibiclens baths to kill germs on the skin that can lead to HAIs<sup>\*</sup>

Proven Protection: Hibiclens Antiseptic Skin Cleanser

The pathogens on patient skin are a primary risk factor for HAIs. You and your patients can address these risks before and after surgery with convenient and effective Hibiclens (4% CHG), a key part of many healthcare acquired infection (HAI) reduction bundles.



Patient skin antisepsis with CHG has been shown to help decrease the risk of infections when used for patient bathing and incision care. <sup>6,7</sup>

## The Hibiclens Tötal Value Solution

Patient and resident bathing that follows best practices, uses products backed by evidence and is compliance driven, has proven to help increase patient safety by decreasing infections and improving the patient experience.

The Hibiclens Tötal Value Solution goes beyond optimal product performance and includes tools, consultation and communications to ensure staff and patient compliance. That is a TOTAL solution!



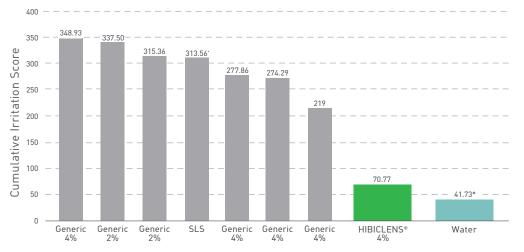
# GENTLE

Hibiclens has a very low potential for irritation - about as gentle as water. Hibiclens encourages patient compliance by washing clean without leaving a sticky residue



## Mölnlycke<sup>®</sup> Conducted Two Studies to Evaluate the Potential of Chlorhexidine Gluconate (CHG) Aqueous Solutions to Cause Skin Irritation.

A total of 56 subjects in the studies had 24-hour occlusive CHG patches applied to each upper arm every day for 14 days. Their instructions included keeping the area dry and not using any lotions or creams for the duration of the study. The trained scorer was blinded to previous scores and treatment identity. Included were five 4% CHG solutions and two 2% CHG solutions. Distilled water was used as a negative control with sodium lauryl sulfate, 0.1% w/v in distilled water, as the positive control.Each response was scored both for irritation classification and description of observed evidence under conditions of test for cumulative irritation.



#### **Irritation Study Results**

#### **Results:**

HIBICLENS was the only CHG solution to be rated as class 2 and had the lowest potential for cumulative irritation. The four remaining 4% CHG solutions were rated class 3 and 4 respectively with evidence of moderate to strong potential for cumulative irritation. The 2% CHG solutions were both rated as class 4 with evidence of a strong potential for irritation.

\*Positive and negative controls from both studies are averaged on the graph.



| Code  | Code                                      | Units/Case |
|-------|---|------------|
| 57541 | 4oz Hibi bottle with Integrated Foam Pump | 24         |
| 57516 | Hibiclens 16oz Foam bottle                | 12         |
| 57504 | Hibiclens 4oz Liquid bottle               | 48         |
| 57508 | Hibiclens 8oz Liquid bottle               | 24         |
| 57532 | Hibiclens 32oz Liquid bottle              | 12         |
| 57591 | Hibiclens 1 Gallon Liquid bottle          | 4          |
| 59910 | HIBI Universal Bathing System (HUBS)      | 48         |

References: 1. Umscheid, C., Mitchell, M., Doshi, J., Agarwal, R., Williams, K., & Brennan, P. (2011). Estimating the Proportion of Healthcare-Associated Infections That Are Reasonably Preventable and the Related Mortality and Costs. Infection Control & Hospital Epidemiology, 32(2), 101-114. doi:10.1086/657912.2. CDC Winnable Battles Final Report 2017. 3. Sikora A. Zahra F. Nosocomial Infections. [Updated 2021 Feb 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. Available from: https://www.ncbi.nlm.nih.gov/books/NBK559312/ 4. Scott, R. Douglas, The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention March 2009. Available from: https://www.cdc.gov/hai/pdfs/hai/scott\_costpaper.pdf. 5.2019 NPIAP Prevention and Treatment of Pressure Injuries reference guide. 6. Lavalette, P., Steves, D. (2019). Utilizing a Business Case to Link Reduction in Infections to Reduction in Costs. Debra Steves, RN, BSN, RNC, Poster Presentation, AJIC. 7. Wood, S., Connelley, G. (2019). Working together, The Power of Teamwork in Preventing C-section SSI's. Perinatal Leadership Forum Poster Presentation, 2019; AORN poster presentation, 2020.

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