

Conclusions: The compliance of medical care staff with clinical care guidelines and standards, and with hospital infection control policy, are vital factors that influence infection rates within hospitals.

PS 2-408**EFFICACY OF A GENERAL WARD TO PROMOTE CVC BUNDLE CARE FOR REDUCING BLOODSTREAM INFECTION IN LOCAL HOSPITAL**

Ruei-Wen Chen, Mei-Ling Chou, Li-Te Lin. *Taipei Veterans General Hospital, Yuanshan Branch, Taiwan*

Purpose: Central line-associated blood stream infection (CLABSI) accounts for a large proportion of healthcare-associated infections (HAIs), which are paramount indicators of medical quality and patient's safety. Our ward takes part in the CVC bundle care plan this year for declining infection rate and raise care quality as well as patient's health expectantly.

Methods: Our unit is a general ward of internal medicine and surgery with total 36 beds. In 2012, infective density in our ward was 1.31‰, which exceed threshold of 0.44 ‰. After joining the plan this year, we performed following measures seriously according to the guideline of CVC bundle care: optimal catheter site selection, promotion of hand hygiene, maximal barrier precautions, 2% Chlorhexidine skin antiseptis and daily evaluation of line necessity, with prompt removal of unnecessary CVCs. Except personnel education training and online learning classes, we make the DVD teaching film of CVC daily care. In addition, availability of a CVC cart which contains all necessary supplies has been established well.

Results: Encouragingly, blood stream infection (BSI) decreases significantly; with regard to CLABSI, zero tolerance has been found for 15 months in our ward. Moreover, our team fully display our innovation and cooperation to develop application of smart phone and Takoyaki logo. Thus, we win innovation excellence award.

Conclusions: We are glad to obtain the excellent results and the prize of innovation; we will keep on promoting high quality healthcare in the future.

PS 2-409**REDUCTION IN CATHETER-ASSOCIATED URINARY TRACT INFECTIONS BY BUNDLING AND CATHETER REMOVE FLOW IN A SUB-ACUTE RESPIRATORY CARE WARD**

Yu-Mai Hsu^a, Li-Hsiang Su^a, Jein-Wei Liu^b. ^a*Committee of Hospital Infection Control, Taiwan*; ^b*Division of Infectious Diseases, Department of Internal Medicine, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Kaohsiung, Taiwan*

Purpose: Sub-acute hospital respiratory care ward(RCC),admitted to the intensive care unit under the transfer of cases patients are still placed indwelling catheter, catheter bundle care launched in July 2013, March 2014 catheter associated urinary tract infections density of 20 ‰,compared with July 2013 to February 2014 of 6 ‰ rise, therefore carries on the infection density rise reason investigation.

Methods: RCC setting 20, March 2014 occur six catheter-related urinary tract infections. Observers catheter bundle care found: Has not executed the catheter wiping out appraisal Intervention measures include:Sets up "the patient catheter remove flow", the non-indication must remove the catheter, after catheter remove was still unable from the solution urination to carry on the catheterization.

Results: The unit in March 2014 urinary tract infection density 12.2 ‰, 2014 from April to August dropped to 3.7 ‰.Using indwelling catheter-associated urinary tract infections density, reduced by 20 ‰, to 7.3 ‰;catheter usage terms, from 51% to 45%, especially after the July 2014 intervention, August catheter utilization rate fell to 26%.

Conclusions: Hospital experience shows that if they failed to implement modular care measures do perform catheterization to assess the need for, and actively remove the catheter and the patient care measures will not be effective in improving urinary tract infection, so the establishment of the medical staff on a combination of consensus style of care measures, and evaluate the implementation of the catheter is removed and the continuous monitoring of internal audit, in order to make the combined effect of care to reduce infection.

PS 2-410**THE IMPLEMENT OF BUNDLE CARE IMPROVES THE INCIDENCE OF VENTILATOR-ASSOCIATED PNEUMONIA IN ICU**

Shu-Ju Huang^a, Huey-Jen Huang^a, Su-Fang Yu^a, Jung-Hui Chen^a, Huan-Yu Huang^a, Pei-Chen Cheng^a, Jian-Feng Li^{a,b}, Chiung-Ling Lai^c, Min-Chi Lu^{a,b}. ^a*Infection Control Team, Chung Shan Medical University Hospital, Taichung, Taiwan*; ^b*Infectious Diseases Division, Chung Shan Medical University Hospital, Taichung, Taiwan*; ^c*Department of Nursing Medicine, Chung Shan Medical University Hospital, Taichung, Taiwan*

Purpose: The incidence of ventilator-associated pneumonia (VAP) was 2.5 ‰ in 2013 and respirator were used in 49.9% of patients in the 20-bed medical ICU of a medical center in central Taiwan. The leading infection pathogen was Carbapenem-resistant *Acinetobacter baumannii*. To improve the occurrence of VAP, we implemented VAP bundle care based on the guideline issued by Taiwan's Hospital Infection Control Society since Aug., 2013.

Methods: Since Aug., 2013, VAP bundles began to execute in a medical ICU. The VAP Bundles included: (1) maintaining head of bed at 30-45 degrees, (2) oral care using 0.12% chlorhexidine, (3) daily suspension of sedatives, (4) emptying fluid in ventilator circuit, and (5) daily extubation assessment. Education and training were arranged for physicians, nurse practitioners, clinical nurses and respiratory therapists and related healthcare members. Hand hygiene, MDRO infection control measures, environmental cleaning and disinfection were strengthened. The results of VAP incidences was analyzed by infection control team (IC) and feedback discussed with doctors, nurses, and related personnel.

Results: After implementation of VAP bundle care, VAP incidence rate dropped from 2.5 ‰ in 2013 to 1.0 ‰ in Q3 of 2014. The compliance of extubation assessment improved from 82.4% to 99.3% and that of the nursing assessment rate increased from 94.9% to 100%. As well, the amount of isolated MDRO decreased.

Conclusions: The application of VAP Bundle care effectively reduced VAP incidence in the medical ICU. Therefore, patient safety and quality of care were boosted. In addition, the length of hospital stay and medical costs could be reduced

PS 2-411**COMBINED USE OF INFECTION CONTROL MEASURES (BUNDLE INTERVENTION) DISCUSSION OF HEMATOLOGY-ONCOLOGY WARD OF BLOODSTREAM INFECTION RATES REDUCED**

I Ping Yang. *Chiayi Chang Gung Memorial Hospital Infection control commissions, Taiwan*

Purpose: Although invasive vascular treatment provides an effective way to treat outside, while the destruction of normal skin defense mechanisms turn, provide a means of microorganisms into the bloodstream and cause infection, is the potential for hospitalized patients with exacerbations or death situation analysis of the hospital blood cancer ward of bloodstream infections in 2013 the average density 2.2 ‰, bloodstream infections among hospital general ward ranked one, expect the use of modular care measures (bundle care), 10 to 20 percent decrease blood infection.

Methods: Research is divided into two, intervention period (201402-201405), research centers catheter placement and care work process and collect blood infection and other epidemiological,; intervention implementation period since (201406-201409), the unit is placed in the central conduit will be filled in the "center of the catheter placement checklist" content contained catheter placement time, category, location and reason, the operation flow content included hand hygiene, maximum sterile surface protection: performer and facilitator protective equipment and patient from head sterile drape to cover the feet, with 2% CHG solution to disinfect the skin, in the center of the catheter care units will be filled in the "day care center catheter assessment form" content placement locations, catheter type, placement site, the daily assessment project (All piping before performing care does perform hand washing, dressing examine effective date, when dressing or execution pipeline replacement work related to care, to 2% CHG solution disinfection, observed at the injection site daily