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 2-410**

THE IMPLEMENT OF BUNDLE CARE IMPROVES THE INCIDENCE OF VENTILATOR-ASSOCIATED PNEUMONIA IN ICU

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**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 guidelines 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 exudation 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 exudation 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

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**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 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