Conclusions: Implementing UTI care bundle and executing infection control procedures, combining daily assessment of line necessity and prompt removal of unnecessary lines were indeed helpful in lowering the UTI related infections.

Conclusions: The participation of Central Line Care Quality Improvement Plan can motivate all medical personnel. Therefore, the bloodstream infection bundle care can be put into practice accurately by encouraging each other between the staff in a hospital and via on-site survey and auditing by infection control nurses.

**PS 1-127**

THE EFFECT OF BUNDLE PLAN ON CENTRAL CATHETER-RELATED BLOODSTREAM INFECTIONS: A REGIONAL HOSPITAL EXPERIENCE

Jui-Hei Chung 1, Chuang-Wei Chou 1, Fu-Der Wang 1,2, Yow-Ren Lin 1, Wen-Huey Tsai 3, Hisao-Wen Chiang 3, Biing-Shiun Hung 1, "Taipei Municipal Gau-Dau Hospital, Taiwan; 2Taipei Veterans General Hospital, Taiwan; 3National Yang-Ming University, Taiwan

Purpose: Invasive medical devices are necessary for clinical treatment, unfortunately it also becomes one of the major healthcare-associated infection risk factors. According to the annual surveillance data by Gan-dau hospital, central catheter-related bloodstream infections (CLABSI) rate in intensive care unit (ICU) was 5.92 per 1,000 catheter days and 5.05 per 1,000 catheter days during 2011 to 2012. Comparison with the Department of Disease Control, Ministry of Health and Welfare 2012 regional Hospital CLABSI data 1.9 per 1,000. Our data obviously higher and requires further effort in reducing the infection rate.

Methods: By participating in quality improvement Bundle plan on 2013, there were 5 key components strictly embedded and carried out: hand decontamination pre-insertion, full sterile barrier precautions, 2% chlorhexidine for skin antisepsis, avoiding use of femoral site and removing unnecessary catheters. The period of intervention are 2 years.

Results: The major findings of this plan revealed two ways, one at ICU: the annual average catheter insertion period were 5.4 and 6.4 days, annual CLABSI rate were 0 (0/261) and 5.18 (1/193), hand hygiene compliance elevated from 74.7% to 89.5%; the other one was in general wards: annual CLABSI rate were 9.5 (1/11) and 0 (0/106), and the hand hygiene compliance improved 9.5%.

Conclusion: Education, training and operation audit could strengthen healthcare personnel sterile procedure and practice exactly in clinical treatment, reduce CLABSI rate, enhance safety and quality of care and thus reduce medical costs.

**PS 1-128**

THE RISK OF CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION WITH FEMORAL VENOUS CATHETERS AS COMPARED TO NO-FEMORAL VENOUS CATHETERS

Shu-Ling Chen 1, Ying-Ling Chen 1, Hung-Jen Tang 1, "Infection Control Committee, Chi Mei Medical Center, Taiwan, ROC; 2Division of Infectious Diseases, Department of Internal Medicine, Chi Mei Medical Center, Taiwan, ROC

Purpose: Taiwan Centers for Disease Control (Taiwan CDC) has promoted the CVC bundle care project for two years. For this project, the five modular measures of the CVC bundle of central line-associated prevention include hand hygiene, maximal sterile barrier precautions, using alcohol-based 2% chlorhexidine gluconate disinfectants, avoiding femoral venous catheters, and removing catheter as soon as possible. Medical personnel have to follow the above five modular measures in the central catheter placement and in daily care. Avoiding femoral venous catheters is always a difficulty during the course of promotion. Dialysis patients often implanted two central catheters (CVC and dialysis CVC). One is on the femoral vein. Therefore, the purpose of this study is to identify the correlation between the femoral or no-femoral venous catheters and central line-associated bloodstream infection (CLABSI).

Methods: 13 departments (7 ICUs and 6 wards) were invited to participate in this research. From January 2014 to October 2014 of 1264 CVCs, 805 (63.7%) had femoral venous catheters, 499 (36.3%) had no-femoral venous catheters. There were 105 CLABSI. 79 (75.2%) had femoral venous catheters, 26 (24.8%) had a no-femoral venous catheter. Based on chi-square test, the event of CLABSI is statistically significant with the position of femoral venous catheters placement ($P=0.012 < x=0.05$).

Conclusion: According to some papers, the CLABSI is not correlated with femoral venous CVC. However, the catheters were not placed over 5 days.