

within two hours of collection. In this study, we will discuss the impact of the delayed inoculation.

**Methods:** A total of 40 consecutively collected midstream and/or catheter-catch urine samples from patients were cultured in medium. The samples were inoculated immediately, one hour, two hours and 4 hours separately.

**Results:** The culture result yields that the difference between the immediate cultures and delayed inoculations were influenced by the period of delaying.

**Conclusion:** Direct sample inoculation into selective growth medium may improve the likelihood of detecting real pathogen.

#### PS 2-375

##### USING CHECKLIST TO PROMOTE PSYCHIATRIC HOSPITAL INFECTION CONTROL

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**Purpose:** Infection Prevention is a main mission for hospital staff in daily complicated care process. Our hospital is a psychiatric hospital. According to investigation, the accuracy of clinical staffs' infection control procedure is low, compared to what in general hospital. We using evidence to make decision for promoting correct infection control procedure, which may reduce nosocomial infection and give mentally-illed cases a better and safer hospital.

**Methods:** Our infection control group, a infection man, a family medicine doctor, infection control nurse head, infection control Clinical laboratory technologist, infection control pharmacist, and two infection control nurses, use brain storm method to make checklists, according to cause-and-effect chart and Centers for Disease Control regulation, We audit our clinical units every season with this checklist, and report the result at infection control committee. According to construction, process, result, to monitor the effect and review the efficiency.

**Results:** After checklist auditing procedure, we earned 91.13/100(21-A and 2-B in 23 items) in Centers for Disease Control's infection control evaluation. There is no missing in our hospital's infection control.

**Conclusions:** Psychiatric hospitals must using good methods to prevent infection, such as infection control policy, administration management, environmental control, regular health education, auditing, and staff's practice. We suggest hospitals make their own checklists, according to hospital characteristic and care model, and put it into effect.

#### PS 2-376

##### THE INFLUENCE OF SHAVING AND NON-SHAVING ON POSTOPERATIVE WOUND INFECTION IN CRANIOTOMY PATIENT

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**Purpose:** The aim of the study was to evaluation the effect of non-shaving and shaving on the wound infection rate in craniotomy patients.

**Methods:** A cross-sectional study with purposive sampling using a structured questionnaire was conducted with craniotomy patients currently receiving treatment at a medical center in northern Taiwan. A demographic data-sheet, wound assessment sheet and body temperature scale were used to collect data for analysis. The study subjects were divided into experimental (non-shaved group) and control groups (shaved group).

**Results:** Total 58 patients were collected, 29 in the non-shaved group with 29 in shaved group. There is no difference in wound infection rate between these two groups.

**Conclusions:** For easy wound closure, change wound dressing and prevents postoperative wound infection shaving is a regular procedures in neurosurgery for preoperative preparation, but this study found there is no significant evidence of the benefits for this strategy. The other studies also confirm the result. According the research of Markin in 1986, body image change is one of the major concerns of patient prepared for craniotomy surgery. We also can conclude that preoperative shaving may bring huge psychological impact in craniotomy patients. Thus we suggest non-shaving or trimming of only a few

hairs for preoperative preparation. The results of research may become the guideline for future neurosurgery care.

#### PS 2-377

##### CLINICAL OUTCOME DIFFERENCE OF THE PATIENT TREATED WITH GENERIC VERSUS INNOVATOR PIPERACILLIN-TAZOBACTAM IN THE MEDICAL INTENSIVE UNITS

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**Purpose:** Generic drugs have the same active substance, the same pharmaceutical form and the same therapeutic indications as the brand formulation. However, there is less study focus on the efficacy of generic antibiotic especially in the severely ill patients. This study is to clarify the clinical outcome of the patient treated with generic versus innovator piperacillin-tazobactam (Pip/Tazo) in the medical intensive units (ICU).

**Methods:** We retrospectively collected the clinical data of the patients treated with generic and innovator Pip/Tazo in the Kaohsiung Chang Gung Memorial Hospital medical ICU from January 2010 to March 2014. The primary end point was survival difference between the two groups of patients. Mortality on day 7, 14 and 28 ICU and inhospital mortality were analyzed. The secondary end point was sequential organ failure assessment (SOFA) score differences before and after treatment.

**Results:** A total of 161 patients who fulfilled the criteria, including 49 patients was treated with generic Pip/Tazo and 112 patients was treated with innovator. Acute Physiology and Chronic Health Evaluation (APACHE) II score was not difference between generic and innovator,  $28.29 \pm 4.730$  and  $28.96 \pm 4.866$ , respectively. The 7, 14, 28 days in ICU and inhospital mortality of generic vs. innovator were not difference, 5 (10.2%) vs. 10 (17.9%), 8(16.3%) vs. 11(9.8%), 16 (32.7%) vs. 25 (22.3%), and 18 (36.7%) vs. 36 (32.1%) respectively. The mean antibiotic using day of the two groups were  $7.5 \pm 4.142$  vs.  $6.4 \pm 3.415$ ,  $p = 0.101$ . The SOFA down score between generic and innovator was not significantly difference,  $-0.90 \pm 3.578$  vs.  $-1.83 \pm 2.838$  ( $p = 0.079$ ), respectively.

**Conclusions:** No obvious difference on mortality and SOFA down score between generic and innovator Pip/Tazo therapy group was found in the medical ICU.

#### PS 2-379

##### THE BURDEN AND IMPACTS OF ACINETOBACTER BAUMANNII CARRIED BY PATIENTS TRANSFERRED FROM LONG-TERM CARE FACILITIES OR OTHER HOSPITALS TO A MEDICAL CENTRE IN SOUTHERN TAIWAN

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**Purpose:** A prospective study was designed to understand the burden of *A. baumannii* and impacts in patients transferred from long-term care facilities or other hospitals to a medical centre in southern Taiwan.

**Methods:** Specimens from nostrils, hands and wound (if available) of all patients who were transferred from long-term care facilities or other hospitals between October 2008 and May 2009 to our Emergency Services were sampled for bacterial culture; if an *A. baumannii* was isolated, it was subject to antibiotic susceptibility testing. Once infection by or colonization of *A. baumannii* was confirmed, each of these patients was admitted to an isolation room, and additional environment specimens were sampled weekly during their stay by swabbing the surfaces of the patient's bed, bed rails and bedside curtain. All *A. baumannii* isolates were collected for molecular typing using pulsed-field electrophoresis (PFGE).

**Results:** Five (3%) of a total of the 165 enrolled patients (94 men and 71 women, all with a variety of underlying disease) were found to be *A. baumannii* carriers. PFGE analysis revealed that *A. baumannii* isolates from these 5 patients were genetically different. Of note, *A. baumannii* were