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

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Purpose: Central line-associated blood stream infection (CLABSIs) accounts for a large proportion of healthcare-associated infections (HAsIs), 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 infections per 1000 catheter days, which exceed threshold of 0.44 infections per 1000 catheter days. 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 antisepsis 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.

**REDDUCTION IN CATHETER-ASSOCIATED URINARY TRACT INFECTIONS BY BUNDLING AND CATHETER REMOVE FLOW IN A SUB-ACUTE RESPIRATORY CARE WARD**

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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 infections per 1000 catheter days, compared with July 2013 to February 2014 of 6 infections per 1000 catheter days, 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 find: 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 infections per 1000 catheter days, 2014 from April to August dropped to 3.7 infections per 1000 catheter days. Using indwelling catheter-associated urinary tract infections density, reduced by 20 infections per 1000 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.
to confirm whether the physician is necessary to use the central conduit and piped indwelling reason), from time to time during the execution of a sense of tube division to conduct relevant external audit units and audit the results back to the unit.

Results: Early intervention infection cases of bloodstream infection density 2.76 times, central catheter-related bloodstream infection rate was 1.92 times, the use of catheter infection began to establish the number of days on average 5.6 days, a total of 32 strains were isolated, including Gram-positive bacteria accounted for 31.3% Gram-negative bacteria accounted for 36.3%; mold accounted for 12.5%; intervention execution of bloodstream infection density 2.15 times, central catheter-related bloodstream infection rate was 1.79 times, the use of catheter infection began to establish the number of days on average 8.2 days, a total of there are 18 strains were isolated, and its species distribution Gram-positive bacteria, Gram-negative bacteria, mold half and 33.3%, 2% Chlorhexidine literature on Gram-positive bacteria and negative bacteria Jieyou inhibitory effect, the proportion of the difference between before and after the intervention, suggesting that patients in the intervention may be less borne bacteria infection Gram-negative bacteria as much.

Conclusions: In this study, the combined execution and implementation of infection control measures really care can reduce bloodstream infection density (average decrease of 21.9%), central catheter-related bloodstream infection (average decrease of 6.5%), the implementation of infection control measures combined care, first needs the support of the hospital executives, cross-departmental communication to reach a consensus in order to effectively implement, explore medical evidence through empirical experience of implementation of the hospital and patient safety point of view, are supported by an integrated care can reduce hospital infection rates, it is worth actively promoting.

**Methods**

Purpose: To analyze comprehensive appraisal of clinical department to improve hand hygiene compliance.

Methods: Core indexes of infection control were involved in comprehensive appraisal of clinical department and give feedback in various ways from January 2013 to June 2014. Hand hygiene compliance will be investigated by direct observation and dosage of hand rubbing product. The analysis will be conduct to find the trend of hand hygiene compliance before and after the intervention.

Results: Hand hygiene compliance increased from 39.92% to 85.17% (increased 113.35%, $Z^2 = 2590.81, p < 0.001$) and dosage of hand rubbing product increased from 7.24 ml/hospital stay day to 10.54 ml/hospital stay day (increased 45.58%) along with the conducting and Improvement of comprehensive appraisal of clinical department. Since October 2013, hand hygiene compliance was stable at more than 90%. In each the department, practitioners organized conferences and continuously intervene the activities, including (1) revising catheter care standards, (2) renewing bundle care check list, and (3) evaluating the necessity of catheter indwelling day by day. Bundle care guidelines included maintaining catheter smoothly and in a closed sterile system, putting hand hygiene into effect and using aseptic technique when inserting catheter, and catheter bag must never touch the floor.

Results: From October 1, 2013 to July 31, 2014, 3 improvement conferences were convened, 3 education and 4 discussions of comprehensive advocacy were executed. Upon analysis, the CAUTI rate decreased from 5.08(1/00) to 3.8(1/00) during the period of improvement and it accounted for 42% of all the infection sites decreased to 35.9%.

Conclusions: This study shows applying management strategies of bundle care which are daily evaluating the necessity of catheter indwelling, using aseptic technique, and improving catheter-associated care can surely reduce CAUTI.

**Purpose**

Patients using respirators are easy to have a lot of complications.

**Methods**

Survey time is 2013.04 ~ 09. Information classified as patient care to assess nine projects. In the beginning, no bedside tool for measuring height, no 2% CHG mouthwash available. Subsequently, we design suitable for use in this institution protractor and find mouthwash containing 2% CHG.

Results: Health care workers to perform integrity catheter care operations, increased from 50.4% to 95.2%. Raise the bed height increased to 99.3% from 25.5%. Perform oral care increased from 37.7% to 93.5% use mouthwash containing 2% CHG antiseptic ingredient. Ventilator-associated pneumonia density, reduced from 1.25(1/00) to 0.84(1/00). Found that infection rates have declined.

Conclusions: In accordance with the combined interventions infection, can enhance the quality of care to ensure that patient safety is worth continuing. The infection rate is needed to track and adhere to long-term, so the team members to continue to provide education and training is important, and this is our common goal.

**Purpose**

The research hospital comprehensively executed central line care bundle in 2012 and also joined the quality care of central line caring program by CDC, Taiwan. We approached educating staff, auditing caring procedure and facilitating wards in order to effectively reduce central line associated bloodstream infection.

**Methods**

The Hospital is located at the southern of Taiwan and totally 1264 beds. We carried out Care bundle of CLABSI (central line associated bloodstream infection) in 2012 and 5 ICUs which totally had 66 intensive

**Results**

In this study, the combined execution and implementation of infection control measures really care can reduce bloodstream infection density (average decrease of 6.5 percent), the implementation of infection control bundle.

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