THE EFFECT OF COMPREHENSIVE INTERVENTIONS ON THE MEDICAL MASKS COMPLIANCE IN A GENERAL TERTIARY HOSPITAL IN CHINA: A QUASISEXPERIMENTAL STUDY

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Abstract
Objective: To verify the effect of comprehensive interventions on medical masks compliance and correctness rate and summarize effective measures of improving medical masks compliance and correctness rate.

Methods: Comprehensive interventions, including training, propaganda, medical masks compliance surveillance and feedback, were conducted in the departments of respiration medicine, departments of pediatrics, emergency department and outpatient department in a general tertiary hospital in China. Compliance and correctness rate of medical surgical mask and respirator before, during and after the intervention were compared.

Results: The compliance of medical surgical mask and respirator increased from 85.0% and 42.0% to 93.5% (p<0.001) and 100% (p<0.001). And the correctness rate increased from 88.8% and 95.2% to 94.2% (p<0.001) and 100% (p=0.57), except outpatient department for adult, compliance and correctness rate of medical surgical mask of other department, each professional and each indicator increased significantly.

Conclusions: Comprehensive interventions could increase the compliance and correctness rate of medical surgical mask and respirator effectively. In outpatient department for adult, additional intervention should be conducted.

Keywords: Medical surgical mask, Respirator, Compliance, Correctness, Comprehensive interventions

THE LONG-TERM STUDY FOR THE SURVEILLANCE OF HEALTHCARE-ASSOCIATED BLOODSTREAM INFECTIONS AFTER BUNDLE CARE WAS IMPLEMENTED IN MICU

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Purpose: The analysis from January, 2009 to August, 2011 showed healthcare-associated bloodstream infection rates in MICU was 3.75%/ao. We started to implement bundle care and use the control chart of Statistic Process Control (SPC) to supervise the variety of related indicator so as to reach efficiency, benefit, and the executing target of central line safety.

Methods: The measures of bundle care implemented since September, 2011 were (1)to rebuild CVT intubation technique and the SOP of care, (2)to set up the aseptic equipments such as: carts equipped with 2% CHG disinfectants for CVT intubation use only and maximal barrier precautions, (3)to reinforce external check and set control threshold as the basis of whether the target was achieved, (4)to analyze the effects by comparing the decreasing rates of healthcare-associated bloodstream infection and CLABSI before and after implementing bundle care.

Results: The period was from September 1, 2011 to June 30, 2014. Health-care-associated bloodstream infection rate in MICU decreased from 3.75%/ao to 2.75%/ao to 0.91%/ao to 1.04%/ao as well as CLABSI rate decreased from 4.09%/ao to 4.18%/ao to 3.42%/ao to 5.09%/ao.

Conclusions: The use of bundle care to improve tube safety has been the trend of medical science. However, SPC is needed for chronically monitor the Quality Indicator, so that we can be reminded of continuously checking the procedure and that would help to achieve the quality of central line safety.

A REGIONAL HOSPITAL IMPLEMENTATION OF CENTERS CATHETER BUNDLE CARE MEASURES EXPERIENCE SHARING

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Motivation: Since 2012 the hospital began in ICUs perform modular catheter care center measures to implement include: placement checklist and fill out evaluation forms of care, a sense of pipe compliance audit division every month related indicators back to the unit, but the time a long time, all the work seemed a mere formalism. So after joining the Department of Dis ease Control, “103-year plan to enhance the quality of care center guide”, a sense of control centers and units related joint efforts to improve the program.

Methods:
- Set up a “central catheter ad hoc group” by the vice president as the convener, and invited to join the group director of the intensive care unit.
- Change the sanitizing solution for 2% CHG, reduce health care waiting disinfectant drying time, to increase the implementation of the disinfection of compliance.
- Central catheter placement and focus needed to be placed with the matter disinfection, reducing clinical staff time to prepare things.
- Advocacy injection cap proper disinfection.
- Sense pipe division weekly audit unit status of implementation, if problems of implementation of the on-site instructions.
- Strengthen advocacy lower rate of compliance programs for clinical units, and meetings with the review at 4 /17 /6 /19.
- When the center of catheter-related bloodstream infections increased density, together with a review unit causes, and making improvements to the program.

The results: CU cases are severe, and who have multiple lines lien, and therefore more prone to problems of infection, with modular care intervention, and by improving the relevant processes, continuous auditing, education and review, can effectively improve compliance, and reduced utilization of central catheter-related bloodstream infections and density.

The effectiveness of bundle care of catheter-associated urinary tract infections in respiratory care ward of a area hospital

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