THE USE OF A NURSING HOME IN CENTRAL BUNDLE CARE REDUCES THE EFFECTIVENESS OF URINARY TRACT INFECTION
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Purpose: Urinary tract infection is one of long-term care residents infections occur most frequently. According to statistics, there are as many as 50% of the residents have a long-term indwelling catheter, and urinary tract infections and catheter placement has its relevance, indwelling catheter a few days more elderly, the likelihood of the occurrence of urinary tract infection is higher. Through the catheter placement checklist designed Foley catheter placement and Foley catheter placement care evaluation form to assess the care and use of the audit form of education and training and auditing Foley catheter Bundle Care Strategies to reduce residents of indwelling Foley catheter urinary tract infection, the ability to enhance the care of nurses and care attendants, enhance quality of care quality institutions that residents have access to safe and comfortable in life.

Methods: Date: July 4, 2014 to 30 September 30, 2014; Tools: Designed for use nursing home checklist Foley catheter placement, Foley catheter home care assessment form, Foley catheter care assessment audit table set, and translate Vietnamese text for nurses and Taiwan, according to foreign attendants use. Educational training: Classroom speech urinary tract infection-related knowledge, catheters Bundle Care Policy and related pretest and posttest questionnaire (in Vietnamese), indwelling catheter care reply teach the skills, training, seed care colleagues modular units internal improvement activities to promote long-term monitoring of audit, develop reward and punishment mechanism.

Results: The urinary tract infection catheter placement April-June average 7.93 per 1000 patient-days, July-September 6.2 per 1000 patient-days, the improvement rate of 1.31; hospital handwashing compliance rate of 33.6% up to 53.5%; urinary tract infection-related knowledge, before class The total average pretest score 63.6, nurses: 85.9 according to attendants: 53.2, after measuring the total average score of 88.5, paramedics: 95.6, care attendants: 86.3; modular care measures before class average pretest score: 60.3, nursing staff: 71.8, according to the attendants: 53.8, after measuring the total average score of 85.4, paramedics: 92.5 according to attendants: 85.9.

Conclusion: Indwelling Foley catheter Bundle Care implementation of successful elements, including the unit in charge of the support and promotion, regular education and training, standardization of monitoring and feedback, this measure is long-term and sustained, so there must be good planning.

CARE BUNDLE INTERVENTION TO REDUCE CATHETER-ASSOCIATED URINARY TRACT INFECTION RATE IN INTENSIVE CARE UNITS
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Background and purpose: Catheter-associated urinary tract infection (CAUTI) is most common etiology of hospital-associated infections (HAIs). The risk of CAUTI included inappropriate indication for catheterization and long-term urinary catheter use. In intensive care units (ICUs) at a tertiary hospital in southern Taiwan, the CAUTI rate from January 2011 to April 2012 was 2.7 per 1000 patient-days. The rate increased to 3.8 per 1000 patient-days from May to December 2012 by 29% compared with previous one. Thus the Team Resource Management (TRM) was implanted combined with care bundle intervention to reduce CAUTI rate.

Materials and methods: After general survey and analysis, 3 problems were defined: 1. Inappropriate sterile technique when catheterization. 2. Improper performance of daily care evaluation. 3. Poor compliance with hand hygiene. After discussion, several evidence-based bundle interventions were raised: 1. Series of educational sessions and aseptic technique education. 2. Enforcement of compliance with hand hygiene. 3. Designing a paper reminder for duration of catheter indwelling. 4. Evaluating the indication of urinary catheter placement by medical personnel. 5. Check the compliance with hand hygiene, aseptic technique for catheterization and daily care evaluation. 6. In-time feedback to improve the quality of CAUTI.

Results: After implementation of TRM in CAUTI bundle interventions in medical and surgical ICUs, the urinary catheter indwelling rate during January 2013 to August 2014 decreased from 67.9% to 54.9%. The rate of CAUTI decreased from 3.3/1000 to 2.4/1000 by 27.3%. It was proved that, using TRM in bundle care can reduce the infection rate.

Conclusion: Good patient care depends on the effective team work, especially in the high risk and high work pressure unit. We suggest implantation of resource and evidence based bundle intervention according the characteristic of each unit is important. Series of educational session is needed to promote the project. Frequent check and monitor to improve the adherence of medical personnel with these procedures. To do so, we believe the CAUTI can be prevented effectively and healthcare quality promotion and patient safety can be achieved.

IMPROVING THE COMPLIANCE OF CENTRAL VENOUS CATHETERS CARE BUNDLE
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Purpose: Institute for Healthcare Improvement (IH) advocated the 5 essential elements of central venous catheters (CVC) care bundle to prevent catheter-related bloodstream infections in 2006. Our hospital introduced this CVC care bundle into ICU in 2013 and general wards in 2014. The compliance rates were only 60.9% initially in 2014. To prevent the inconsistency of Standard Operation Processes for inserting CVC and the subsequently increasing bloodstream infection rates, medical costs, length of hospital stay and patients’ morbidity, we conducted a project to improve the compliance of CVC care bundle.

Methods: 1. Provide education of CVC care bundle for all healthcare workers in our hospital. 2. Provide Posters and DVDs of CVC care bundle procedures to all units. 3. Provide education of hand hygiene and perform hand hygiene audit. 4. Set up the standard CVC kit box. 5. Set up the CVC care manual for nurses.

Results: The improvement project was conducted since April 1, 2014. The Compliance of CVC care bundle increased from 60.9% to 91.8% in September 2014. The catheter related bloodstream infection density of our hospital declined from 0.08/1000 to 0.04/1000. The mean time consumption of instrument preparation for CVC reduced from 1 minute 50 seconds to 10 seconds by application of the standard CVC kit box for nurses.

Conclusion: Through setting up the standard process for CVC care bundle and continuing education for healthcare workers, we can increase the consistency and compliance of CVC care and reduce the time for instrument preparation and finally declined the risk of catheter related infection. We hope the concept of care bundle and hand hygiene could internalize to the daily clinical care processes, then we could further lower the healthcare associated infection rates and enhance the culture of patient-safety and toward the goal of “zero tolerance”.

INTRODUCE A CVC CARE BUNDLE TO REDUCE CLABSI IN AN ACUTE CARE UNIT IN TAIWAN
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Purpose: We used two renowned theories to introduce a central venous catheters (CVC) care bundle (with 5 elements, by CDC, USA., 2011 guideline)