observed for GM, FEP and LVX. Cross-resistance occurred for CRAB with regards to CAZ, GM, FEP, LVX and AN.

**IMPROVING THE COMPLIANCE TO THE SURGICAL ANTIBiotic PROPHYLAXIS (SAP) POLICY OF ADMINISTERING ANTIBIotic WITHIN 1 HOUR PRIOR TO SKIN INCISION**

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**Purpose:** This study aims to improve compliance rate to the standard practice of administering prophylactic antibiotics 1 hour prior to skin incisions, which is embodied in our SAP Policy. This will further lead to lower rates of Surgical Site Infections and post operative infections, ensuring patient safety and quality care.

**Methods:** After extensive discussion of all possible causes, the primary root cause identified was Improper Coordination between members of the healthcare team. Several interventions were implemented:

1. Revision of the pre-existing Pre-Operative Checklist to include the documentation of the antibiotic.
2. Reiteration of the protocol to the healthcare team regarding the SAP through Inter-Office letters.
3. Accomplishment of the monitoring logbook in the operating room to check for the compliance of healthcare team.
4. Administered antibiotics once the whole surgical team is physically present and ready for the operation.
5. The resident on duty in the operating room interpreted the skin test once the patient arrived in the operating room complex.

**Results:** After intervention implementation, evaluation revealed an increase in the rate of compliance to the SAP Policy of administering antibiotic within 1 hour prior to skin incision from 82% to 95% as of November 15, 2014.

**Conclusions:** There is a 13% increase in the rate of compliance to the Surgical Antibiotic Prophylaxis Policy of administering antibiotic within 1 hour prior to skin incision. This is due to the enhancement in the coordination and communication within the healthcare team.

**REDUCTION OF HOSPITAL LEVOFLOXACIN USE IS ASSOCIATED WITH A DECREASE IN HOSPITAL-ACQUIRED FLUOROQUINOLONE-RESISTANT PSEUDOMONAS AERUGINOSA RATES: AN 11 YEAR STUDY**

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**Purpose:** The fluoroquinolone-resistant Pseudomonas aeruginosa rates may be related to the consumptions of fluoroquinolones. This objective was to analyze an 11-year surveillance data on the rates of fluoroquinolone resistance in hospital-acquired P. aeruginosa before and after implementation of an institution-wide control of levofloxacin use.

**Methods:** We conducted a retrospective cohort study in a university-affiliated tertiary hospital in Taiwan. To control the increasing hospital-acquired fluoroquinolone-resistant P. aeruginosa rates, an intervention program about reducing the use of levofloxacin was implemented by the Department of Infection Control and Pharmacy since July 2007. Fluoroquinolones consumption was expressed as defined daily dose per 1000 patient-days (DDD/1000PDPs). We analyzed the relationship between the consumption of ciprofloxacin and levofloxacin and resistance rate of hospital-acquired P. aeruginosa every six months by linear regression.

**Results:** The rates of fluoroquinolone resistance in P. aeruginosa (either ciprofloxacin or levofloxacin) increased since 2004. Since the intervention of aggressive control of levofloxacin use in July 2007, the rate of hospital-acquired fluoroquinolone-resistant P. aeruginosa continuously decreased, from a mean of 25.30% (before intervention) to 20.90% (after intervention). Parenteral levofloxacin use, total in-hospital levofloxacin use, total in-hospital fluoroquinolone (including ciprofloxacin, levofloxacin, and moxifloxacin) use was significantly positively correlated with resistance of P. aeruginosa to fluoroquinolones (p = 0.005, p = 0.008, p = 0.011, respectively). The ciprofloxacin use did not have association with hospital-acquired fluoroquinolone-resistant P. aeruginosa rate. The sustained control of levofloxacin use kept the low resistant rate in the following six years. We showed the impact of a fluoroquinolone control strategy over 11 years.