Introduction
Infection control is an integral part of patient care. Numerous evidence-based guidelines have been developed to provide guidance to the frontlines, but at the same time, increased the complexity of daily infection control practices. Moreover, having documents in place and the actual implementation into routine practices is a very different matter. Infection control rounds with the use of checklists have been proven to improve infection control compliance and decrease nosocomial infections (1).

Objectives
The objective is to study if infection control rounds can improve the infection control standards in wards.

Methodology
Since February 2014, Infection Control team implemented the phase 1 of Infection control round with various wards. A total of 16 infection control rounds were conducted in 8 departments including the Departments of obstetrics and gynecology, Surgery, Paediatrics, Neurosurgery, Intensive Care Unit, Orthopedics and Traumatology, Clinical Oncology and Medicine. In phase 1, basic infection control practices are being examined: including hand hygiene facilities, infection control precautions, environmental hygiene, and use of disinfectant and disinfection practices, linen handling and clinical waste management etc. A standardized audit form with checklist based on various local and international guidelines (2-9) was used and rapid feedback was given to the participating wards.

Result
A total of 16 wards were visited. The overall compliance with the core items was 92.66% (581/627). The items with highest compliance were ‘linen handling’ 100%
(48/48), ‘Hand hygiene facilities’ 97.18% (138/142), and ‘Infection control precautions / practices’ 94.51% (86/91). On the other hand, ‘Clinical waste management’ had the lowest overall compliance 81.01% (64/79) (table 1). During the site visits, we identified some practices which posed infection control risks: In particular, the storage of clean equipment in dirty areas, sharing of multi-dose lubricating jelly and sub-optimal use of sharps boxes (see table 2). Concurrent feedback and formal reports with recommendations were given to the participating wards for further improvement. Infection control rounds are useful and an improve infection control standard in wards, strengthen collaboration between wards and infection control team. Systemic infection control issues across whole hospital can also be identified in this way. Since the message of basic infection control practices had been successfully carried forward to the frontline, in phase 2 of Infection Control Round, the focus will be extended to infection control care bundles.