

Two-state collaborative study of a multifaceted intervention to decrease ventilator-associated events.

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Patients requiring intensive care are particularly vulnerable to preventable adverse events, including [health care–associated infections](#). This AHRQ-funded study examined the effect of a [collaborative](#) to prevent adverse events in patients requiring mechanical ventilation in 56 intensive care units (ICUs) in 2 states over a 3-year period. The participating ICUs introduced a multifaceted intervention structured around the [Comprehensive Unit-based Safety Program](#), focusing on implementing evidence-based safety processes by explicitly addressing barriers to improvement and engaging in regular data audit and feedback. Participating hospitals were able to significantly reduce the rate of ventilator-associated adverse events (including ventilator-associated pneumonia) over the study period. Although the study is limited by lack of a concurrent control group, the results indicate the power of [collaborative efforts](#) to drive large-scale improvement.