

## Reducing three infections across cardiac surgery programs: a multisite cross-unit collaboration.

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Preventing [health care–associated infections](#) remains a patient safety priority. This multisite study compared rates of [central line–associated bloodstream infections](#), [surgical site infections](#), and [ventilator-associated pneumonia](#) before and after implementation of a multifaceted intervention. Investigators adopted the [comprehensive unit-based safety program](#), which emphasizes safety culture and includes staff education, identification of safety risks, [leadership engagement](#), and [team training](#). Central line–associated bloodstream infections and surgical site infections initially declined, but rates returned to baseline in the third year. They were unable to measure differences in ventilator-associated pneumonia rates due to a change in the definition. These results demonstrate the challenge of implementing and sustaining evidence-based safety practices in real-world clinical settings. A past [PSNet interview](#) discussed infection prevention and patient safety.