

California Alignment for Hospital Quality (Cal HQ) Informational Webinar

An emerging statewide hospital
improvement collaborative

December 16, 2025

AGENDA



01

Welcome

02

About Cal HQ

03

Why Healthcare-Associated Infections (HAIs)?

04

Reducing HAIs Together

05

Next steps

06

Q&A

Welcome

Intros and Icebreaker

Speakers



David Campa, MD, MPH
Senior Medical Director
Covered California



Antonio (Tony) Linares, MD
Medical Consultant
CalPERS



Bruce Spurlock, MD
Executive Director
Cal Healthcare Compare



Natalie Graves
Director, Research &
Implementation
Convergence Health

Icebreaker

Name

Title

Organization

Favorite Holiday Tradition



About Cal HQ

Backgrounds, goals & roadmap

One CA, One Quality: Our Unified Path to Excellence



Cal HQ

- Engage all hospitals across California to achieve state-wide improvement goals
- Organizational alignment across the state
 - Purchasers, state agencies and other stakeholders
 - Regional health plan efforts

Regional collaboration/State-wide Goals

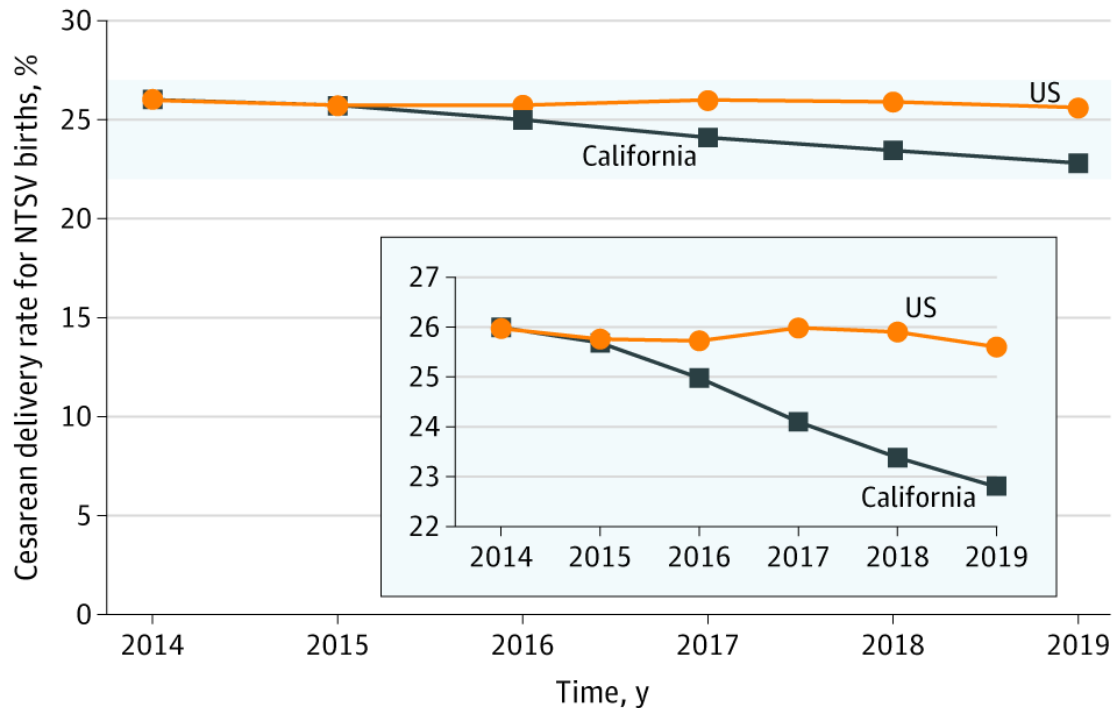
- LA Health Plans led collaboration to engage hospitals around a core set of quality measures
- State-wide goal to reduce NTSV C-section rate below 23.6%

Organization-led quality improvement

- Hospital-focused Improvement Initiatives (Federal, State, Internal, etc..)
- Health Plan Value-Based Payment & Quality Improvement Programs
- Cal Healthcare Compare Honor Rolls

Alignment Strategies Work!

Impact of California Initiatives on NTSV C-Section



Klein, K., Grobman, W. A., & Rhee, K. (2021). Hospital Quality Improvement Interventions, Statewide Policy Initiatives, and Rates of Cesarean Delivery for Nulliparous, Term, Singleton, Vertex Births in California. *JAMA*, 325(16), 1631–1639. <https://doi.org/10.1001/jama.2021.3816>



Driving our Future: Cal HQ's Vision



Elevate Patient Care for ALL Californians



Unlock the Power of Data: Accelerating Digital Quality Measures



Build a Network of Excellence

Roadmap to Success



Iterate

Support early adopters and learn from high performers
Create pathway to achieve state-wide goals

Innovate

Expand measures of focus
Accelerate digital quality measurement
Co-design resources and solutions with hospitals and health plans

Build the Framework

Identify measure(s) for testing
Establish proof of concept
Establish infrastructure for alignment and collaboration

Sustain

Integrate into processes, incentive programs and potentially contracts (e.g. Qualified Health Plans)

Building the Future Together

Core Team



Steering Committee

Hospitals

Adventist Health
CommonSpirit Health
Community Memorial Healthcare
Kaiser Permanente

Health Plans

Blue Shield of California
HealthNet
Inland Empire Health Plan
LA Care
Sharp Health Plan

Other Stakeholders

California Hospital Association
California Department of Health Care Services (DCHS)
Department of Healthcare Access and Information (HCAI)
Health Services Advisory Group
Helen Macfie (SME)
Hospital Quality Institute
Purchaser Business Group on Health (PBGH)
PFCC Partners

**We have all come
together to align on
patient care and quality!**

Cal HQ Perspectives – Our Why?

“The work of Cal HQ is significant as all of health care delivery aligns on improving quality of care. Cal HQ brings tremendous focus on impactful measures, such as HALs, reducing duplication and creating a clear pathway to improve hospital quality for all Californians. I am proud of my connection with Cal HQ in advancing the health of all Californians.”

Kevin Worth
Executive Director, Risk Management, Patient Safety and Person and Family Centered Care
Kaiser Foundation Health Plan & Hospitals, Northern California

“Collaborating and concentrating efforts on an essential hospital quality metric enables more rapid advancements and enhances patient care outcomes.”

Laura Fox
Director, Payment Innovation
Blue Shield of California

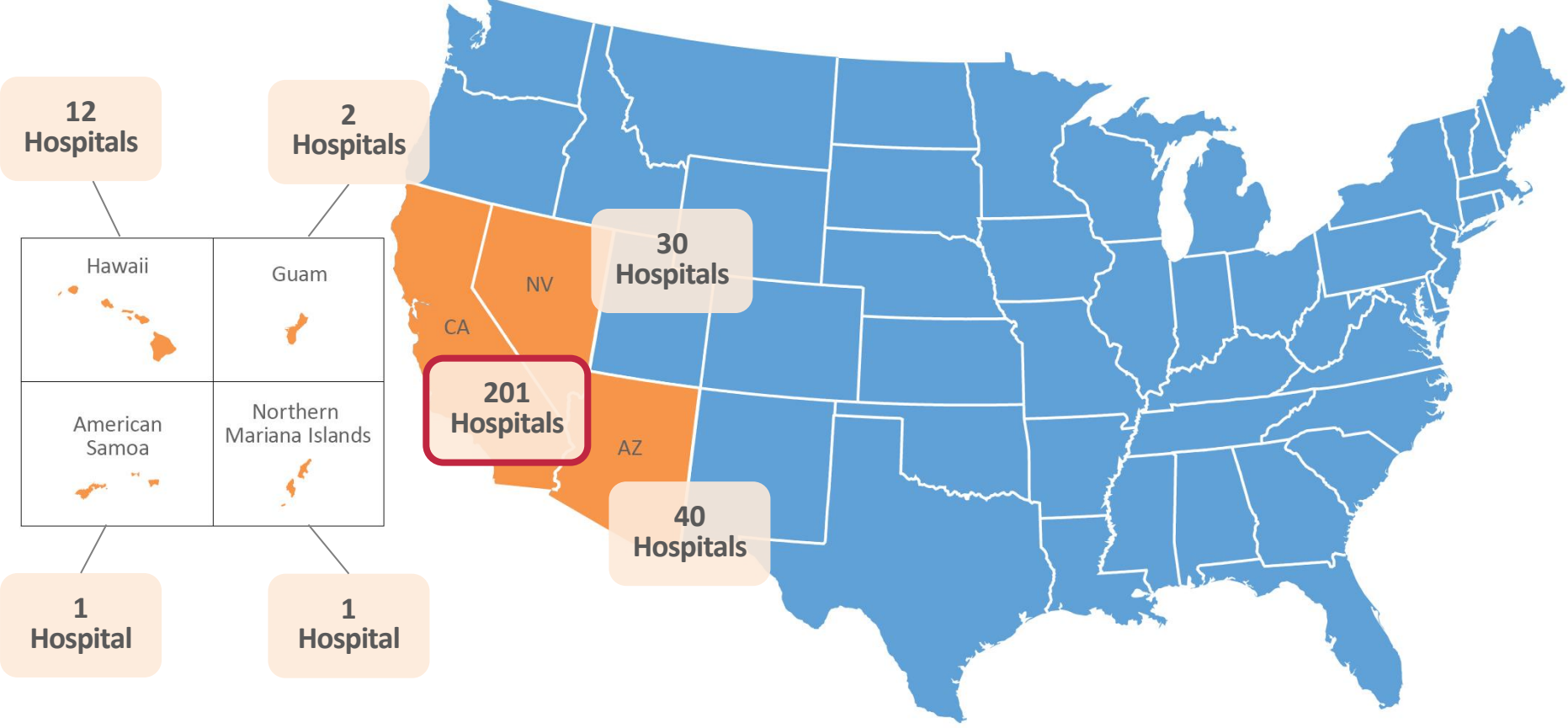


CMS QIN-QIO Alignment With Cal HQ

December 16, 2025

Christine Bailey, MSN, RN, CSSGB
Senior Executive Director
Health Services Advisory Group (HSAG)

HSAG—West CMS QIN-QIO Region 7



HAI-Focused Alignment

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Blood Stream Infection (CLABSI)
- Clostridioides *difficile* Infection (CDI)
- Methicillin-Resistant Staphylococcus *aureus* (MRSA)
- Surgical Site Infection (SSI)



Value-Based Purchasing
Safety Domain (25%)



Hospital-Acquired Conditions
Domain 2 (85%)

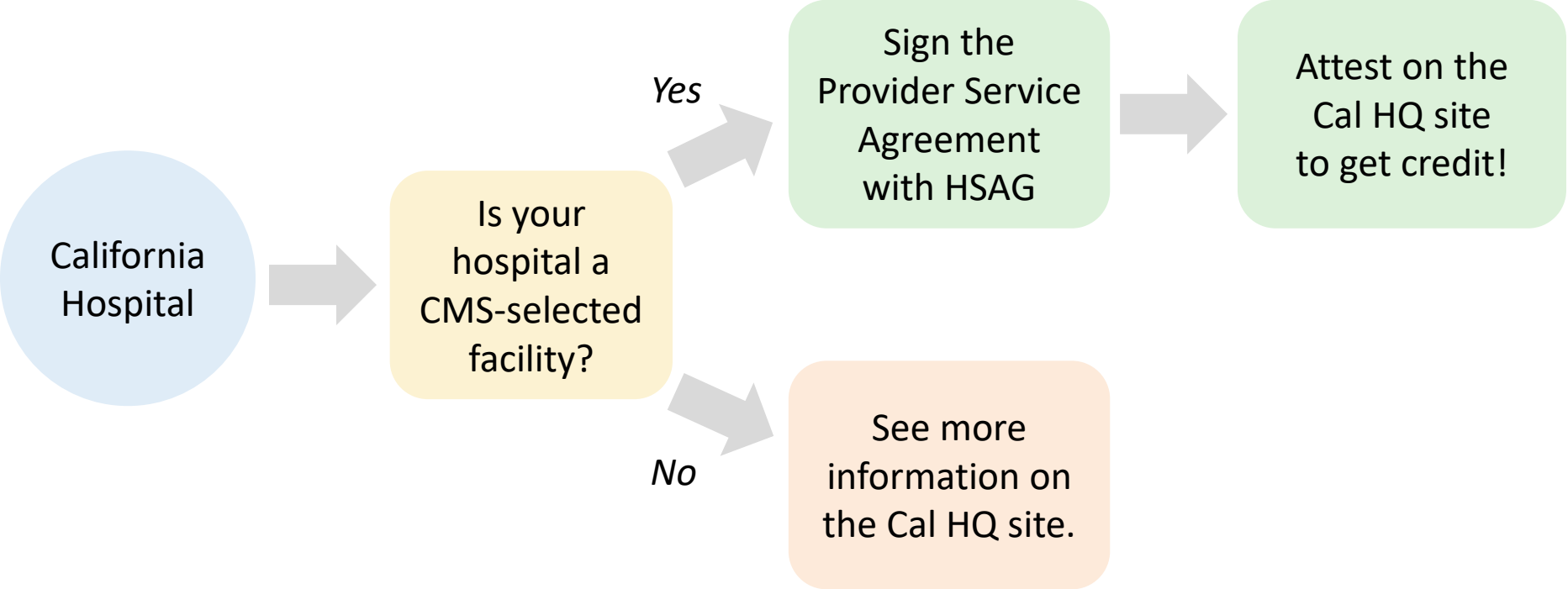


CMS QIN-QIO
Patient Safety Focus



Cal HQ HAI Initiative

The Path to Participation



Thank you!

Contact Christine Bailey at: cbailey@hsag.com.



This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-13SOW-XC-12102025-01

Why Healthcare- Associated Infections?

Initial Measure of Focus

Beyond the Diagnosis: Impact of HAIs

“What will it take for California to be the healthiest state in the nation?”



Individuals Impacted in 2023¹

- C. Diff infections: 4,353 cases
- Central Line-Associated Bloodstream Infections: 2,304 cases
- MRSA infections: 760 cases



Central line-associated blood stream infection²

- Estimated attributable mortality rate of 12-25%³
- California Rank = 33
- Ranking Not Improved since 2019



Financial Impact⁴

- 33% of all health care spending in 2009 in CA went to hospital care
- ~\$3.1 billion a year in excess costs CA acute care hospitals

¹https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CaliforniaHospitalHAI_InteractiveReportExecSummary.pdf

²The Commonwealth Fund 2025 Scorecard on State Health System Performance: <https://doi.org/10.26099/w0ns-ae34>

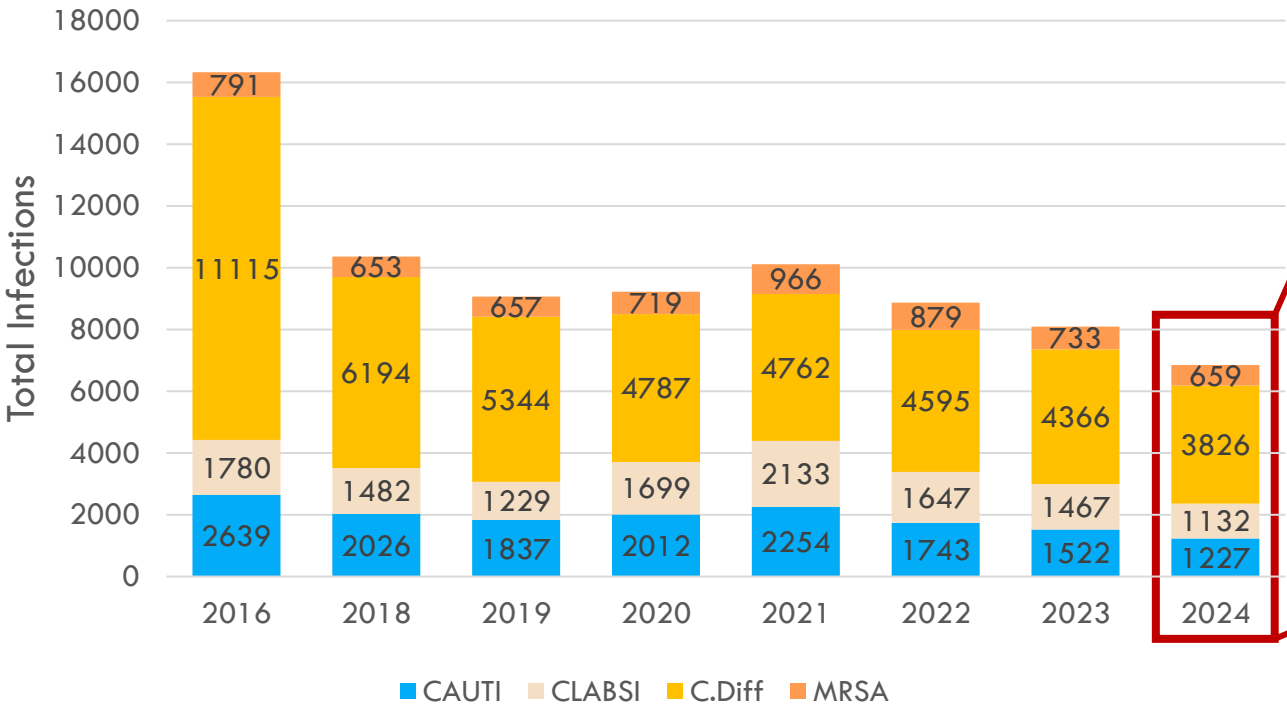
³Scott RD. The direct medical costs of health care-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention; 2009.

⁴Let's Get Healthy California Task Force Final Report, Dec 2012

Continued Need to Reduce HAIS

More than 70% of CA hospitals have at least one HAI greater than US average SIR

Total Hospital Infections Across California: 2016-2024



HAI	2024 CA SIR	2024 National SIR
C diff	0.41	0.37
CAUTI	0.58	0.52
CLABSI	0.58	0.64
MRSA	0.63	0.70

Choosing Wisely: Cal HQ's Measure Selection Framework



Alignment

Addresses largest patient population (all payers)

Federal Programs (VBP, HAC, 13th SOW)

Health Plan VBP and QI programs

Reflects feedback from stakeholders



QI Actionable

Least amount of data lag, especially with NHSN rights conferral

Upcoming NHSN dQMs: CDI, HOB

Studies have shown improvement over time



Meaningful

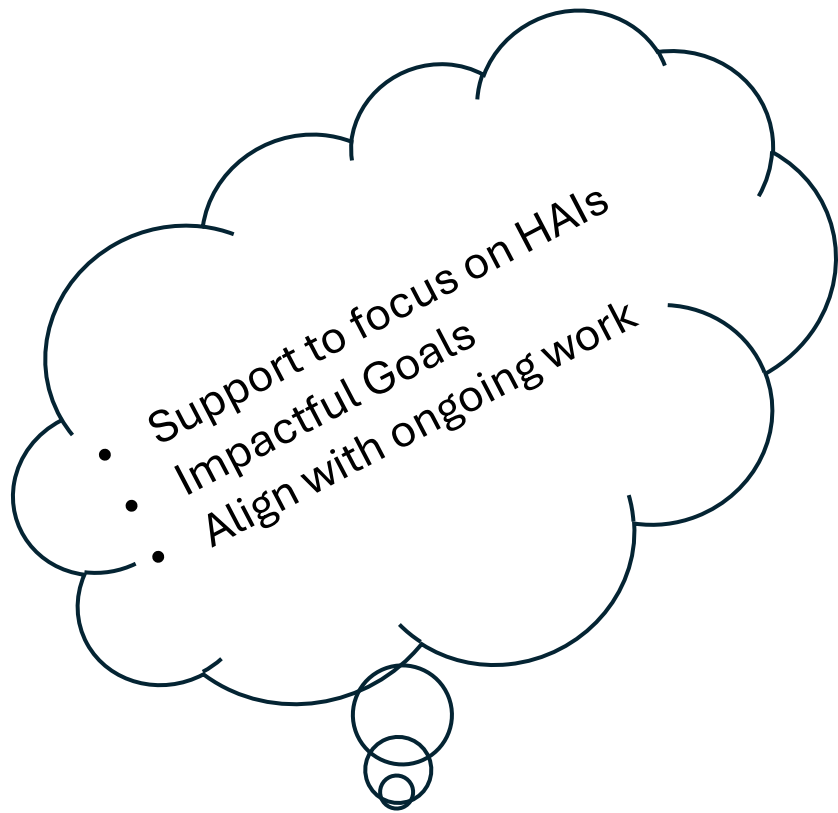
High impact: Lives saved/Cost reduction

National and State Targets

Alignment with federal program goals

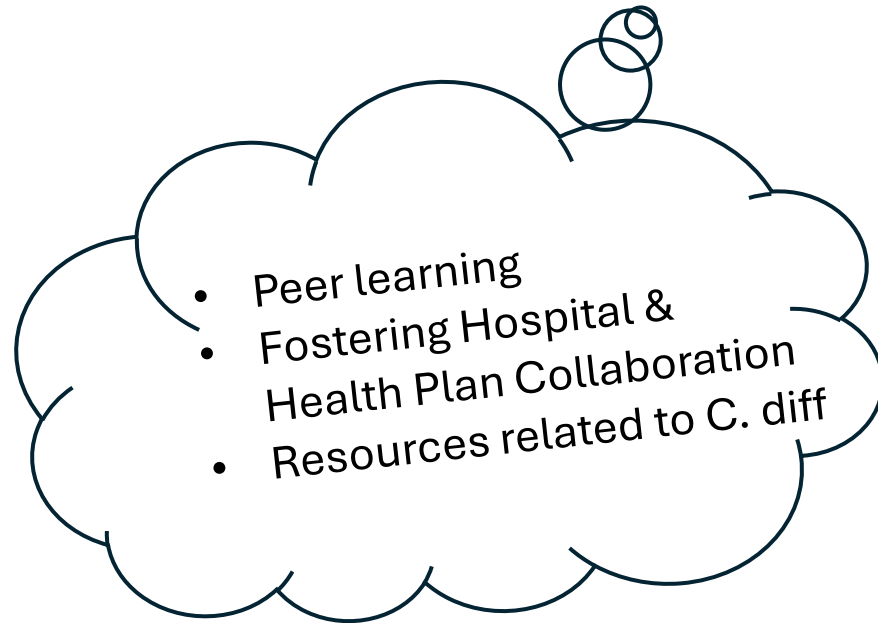
Included in various recognition programs

Stakeholder Feedback



Measures of
focus

Technical
assistance



Reducing HAIs Together

Cal HQ's Bold Goal and how we can Achieve
together

Cal HQ's Bold Goals

By December 31, 2027

Prevent over 2,000
infections

Save ~100 lives

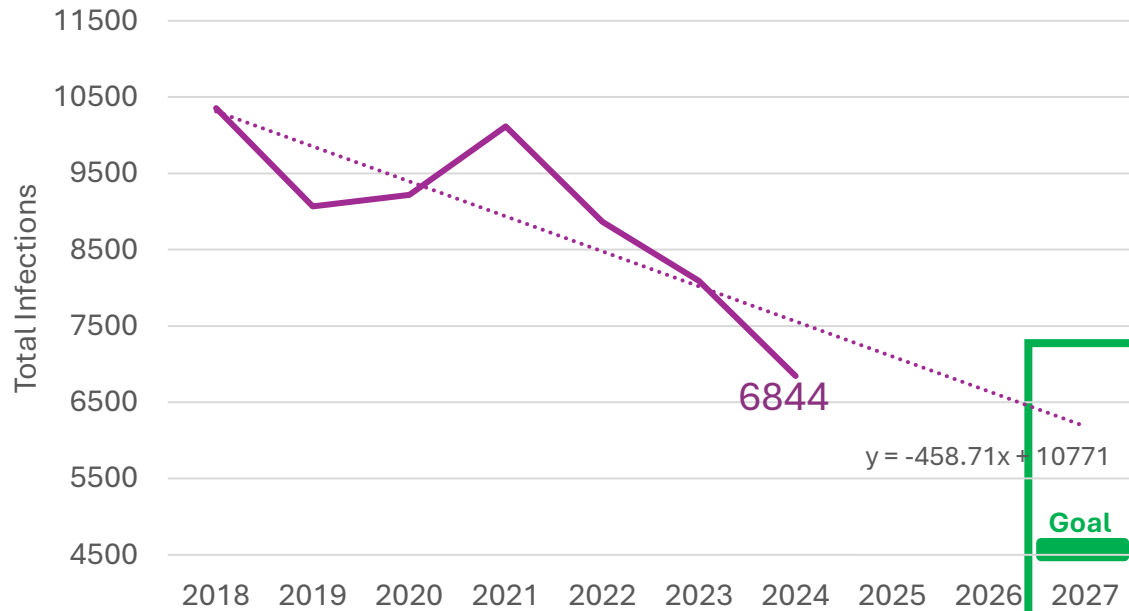
Save \$64,000,000*

*AHRQ's Estimating the Additional Hospital Inpatient Cost and Mortality Associated With Selected Hospital-Acquired Conditions (2017)



Impact Targeting HAIs

Total HAIs projected through 2027



No intervention: Total HAIs projected to decrease to ~6,200 by the end of 2027
Cal HQ Goal: Reduce to 4,500 total HAIs by the end of 2027

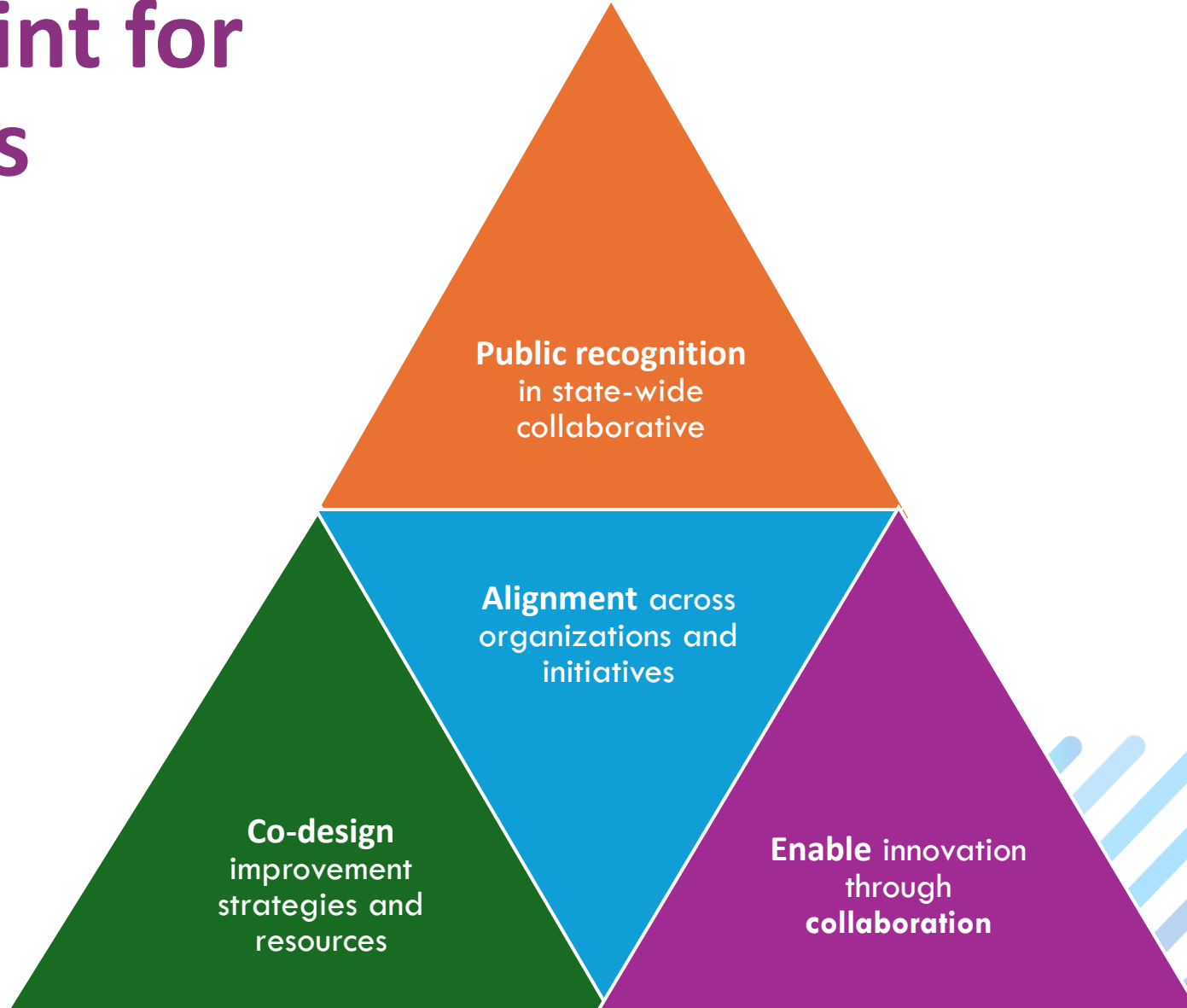
Hospital Size*	Total HAIs 2024*	HAIs Prevented to reach goal	Infections to prevent per hospital in 3 years
< 50	104	36	1
50-100	349	120	2
100-200	1102	377	5
200-300	1401	480	8
300+	2987	1,203	20

*944 infections missing hospitals size data

Our Game Plan

How will Cal HQ accelerate HAI reduction across the state

Blueprint for Success



Driving Quality, Delivering Excellence



Evidence-based
practices



Translating
analytics to action



Focus on
implementation



Facilitating peer-
to-peer learning



Interactive Learning

Improvement sprints
Affinity groups



Customized Support

Improvement advisor coaching
Data sensemaking – asking good questions



Responsive Curriculum & Network

Community of sharing
Listening sessions



Practical Tools

Change packages
Discovery Tools
Improvement Calculators
QI Basics & Templates

CAUTI PROCESS IMPROVEMENT DISCOVERY TOOL

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
(INSERTION) The patient had:										
An order to insert a urinary catheter										
A hospital-defined clinical indication for a urinary catheter										
Urinary catheter inserted using sterile technique. Perineal wash and meatal cleansing performed prior to insertion										
A two-person insertion (e.g., two nurses)										
Alternatives to urinary catheter (e.g., external catheter) considered and documented										
(SIGNS/SYMPTOMS) The patient had:										
At least one of the following: new onset or worsening of fever, rigors, altered mental status, malaise or lethargy with no other identified cause; flank pain, costovertebral angle tenderness; acute hematuria; pelvic discomfort										
A urinalysis that demonstrated at least one abnormality (e.g., + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf)										
(DOCUMENTATION) The patient had:										
Assessment and documentation for the clinical necessity for continued use of urinary catheter per hospital policy										

Use a Discovery Tool to identify priority areas for improvement efforts

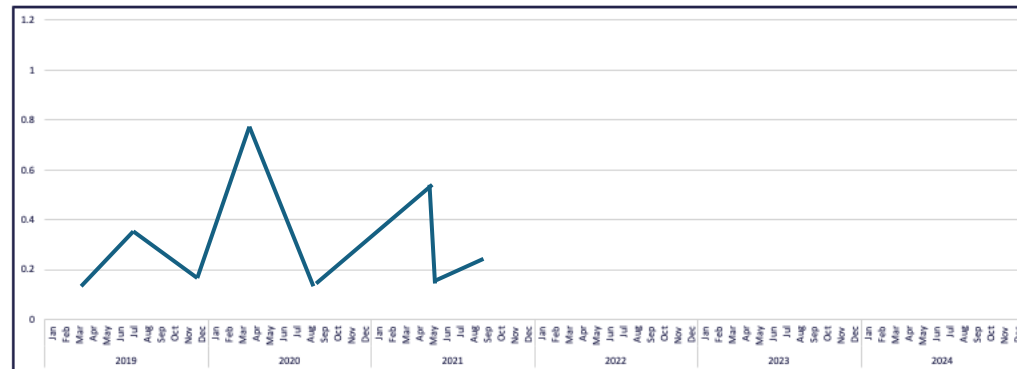
Improvement Calculator

ORGANIZATION:	<Type Organization Name Here>
ADVERSE EVENT:	CLABSI Rate (per 1,000)

BASELINE	NA
MONITORING PERIOD	NA
IMPROVEMENT (% CHANGE FROM BASELINE)	NA

Adverse Event

-
-
-
-
-
-
-



IMPACT DASHBOARD	BASELINE	MONITORING	IMPROVEMENT	GOAL	HARMS-TO-GO	COSTS AVOIDED	LIVES SAVED
	CY 2019	Jan 2022 - Dec 2022	Your % improvement from baseline	Your % improvement goal; this is customizable	Difference between actual and goal	Based on harms prevented, cost-per-harm, and excess mortality estimates	
MEASURE							
Other	NA	NA	NA	2.0%	NA	NA	NA
C.Diff Rate (per 10,000)	NA	NA	NA	2.0%	NA	\$ -	0
CAUTI Rate (per 1,000)	NA	NA	NA	2.0%	NA	\$ -	0
CLABSI Rate (per 1,000)	NA	NA	NA	2.0%	NA	\$ -	0
Sepsis Mortality	NA	NA	NA	2.0%	NA	\$ -	NA
Pressure Ulcers 3+ (per 1000)	NA	NA	NA	2.0%	NA	\$ -	NA
Readmissions	NA	NA	NA	1.0%	NA	\$ -	NA

Not all harms have documented cost or mortality estimates & these are marked as NA

Getting Started

Focus on the Fundamentals

- Evidence-based practice review
- QI fundamentals

Specialized Support

- Reduce catheter utilization
- CDI testing protocols
- Establishing digital measure infrastructure

Adapt to Emerging Priorities

- Enrollment questionnaire
- Feedback in webinars
- Data analysis





California Alignment for Hospital Quality

Interested in joining Cal HQ? Please complete the form [here](#) and a member of our team will connect with you. Or contact calcompare@convergencehealth.org for more information.

Now

January
2026

Q1
2026

April
2026

For more information, visit the Cal HQ website. Share with your colleagues.

Still have questions? Keep an eye out for additional webinars and materials.

Sign up to participate! Complete the [enrollment form](#) on our website

Join us for an in-person kick-off event, you can sign up to register on our website.

Questions

Contact us if
you have
questions!



egt@covered.ca.gov



CPPD@calpers.ca.gov



calcompare@convergencehealth.org

Thank
you!