

# California Alignment for Hospital Quality: *Partnering for Progress*

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# Agenda

**The Cal HQ Approach**

Listen to a fireside chat and ask questions

**After Survival: How System Design Impacts Outcomes**

Reflect on a Patient Partner's perspective

**Connecting to Purpose**

Understand and challenge our roles in preventing HAIs

## **Lunch**

**Transforming Safety in the Safety Net**

Hear about LA General Medical Center's quality improvement journey

**Collaborating to Improve Quality**

Use data and discovery tools to identify areas of greatest impact

**Co-designing Forward**

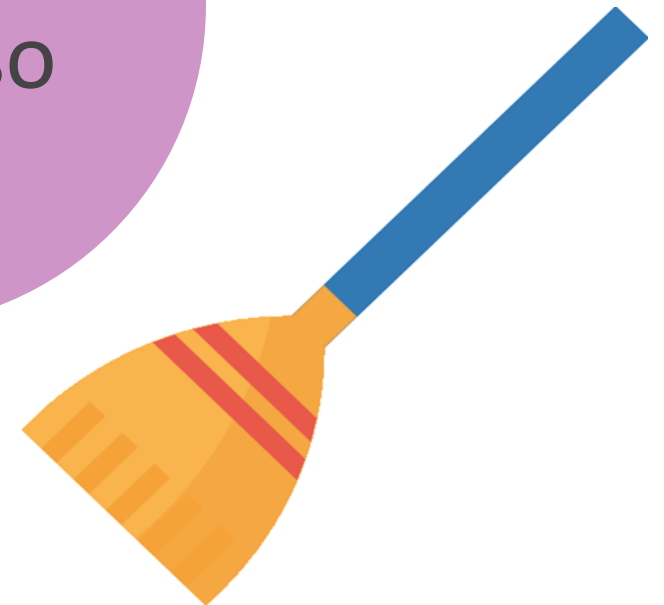
Decide what you will take home

# Housekeeping

Meeting  
logistics

Ground  
rules

What  
we've  
heard so  
far



# Cal HQ's vision



Elevate Patient Care for ALL Californians



Unlock the Power of Data: Accelerating Digital Quality Measures



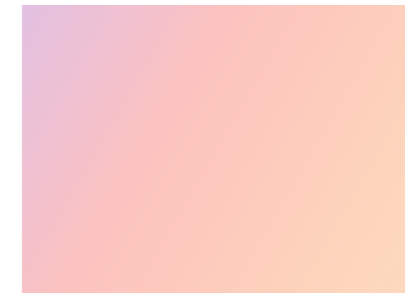
Build a Network of Excellence



## Our Bold Goal

**By December 31, 2027**

**Prevent over 2,000 additional infections**



# Who is in the room



8+ Health Plans

40+ Hospitals



# Icebreaker

1. Pull out your phone and select a photo
2. Turn to the person next to you:
  - a. Introduce yourself
  - b. Share why you selected your photo



# Fireside chat



Listen



Write down



Ask questions



# What questions to you have?

Your question here





# After Survival: How System Design Impacts Outcomes

Libby Hoy,

PFCCpartners



## MISSION

Center the inclusive human experience of health. Reinvent through radical collaboration. Be a catalyst for system transformation.



## VISION

A health system transformed. One that works **with people** and **through communities** as a partner in their well-being.



## VALUES

### Equity

A brave space resolving the health challenges of today.

### Inclusion

Create belonging for all people and all communities.

### Diversity

Differing perspectives are expected and respected.

### Collaboration

Equitable and shared decision-making power.

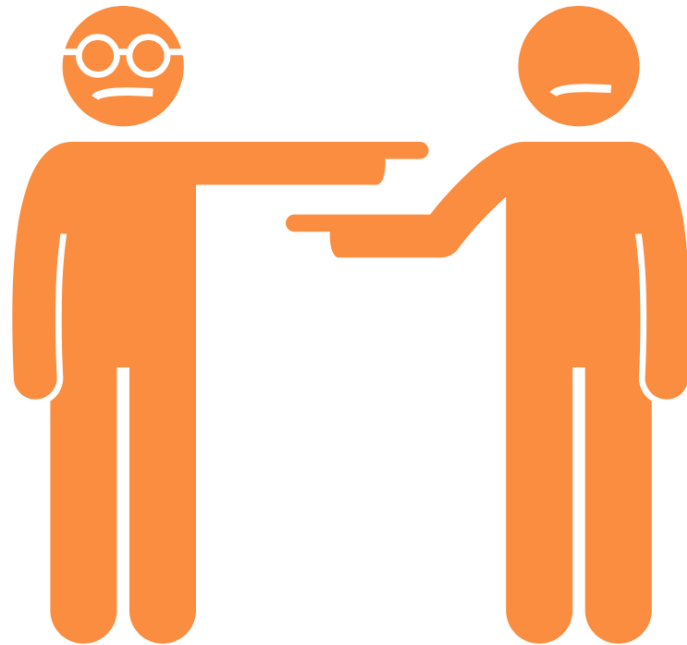
### Solution Focused

Acknowledge challenges only to resolve them.

# Complex & Fragmented



# Finger Pointing

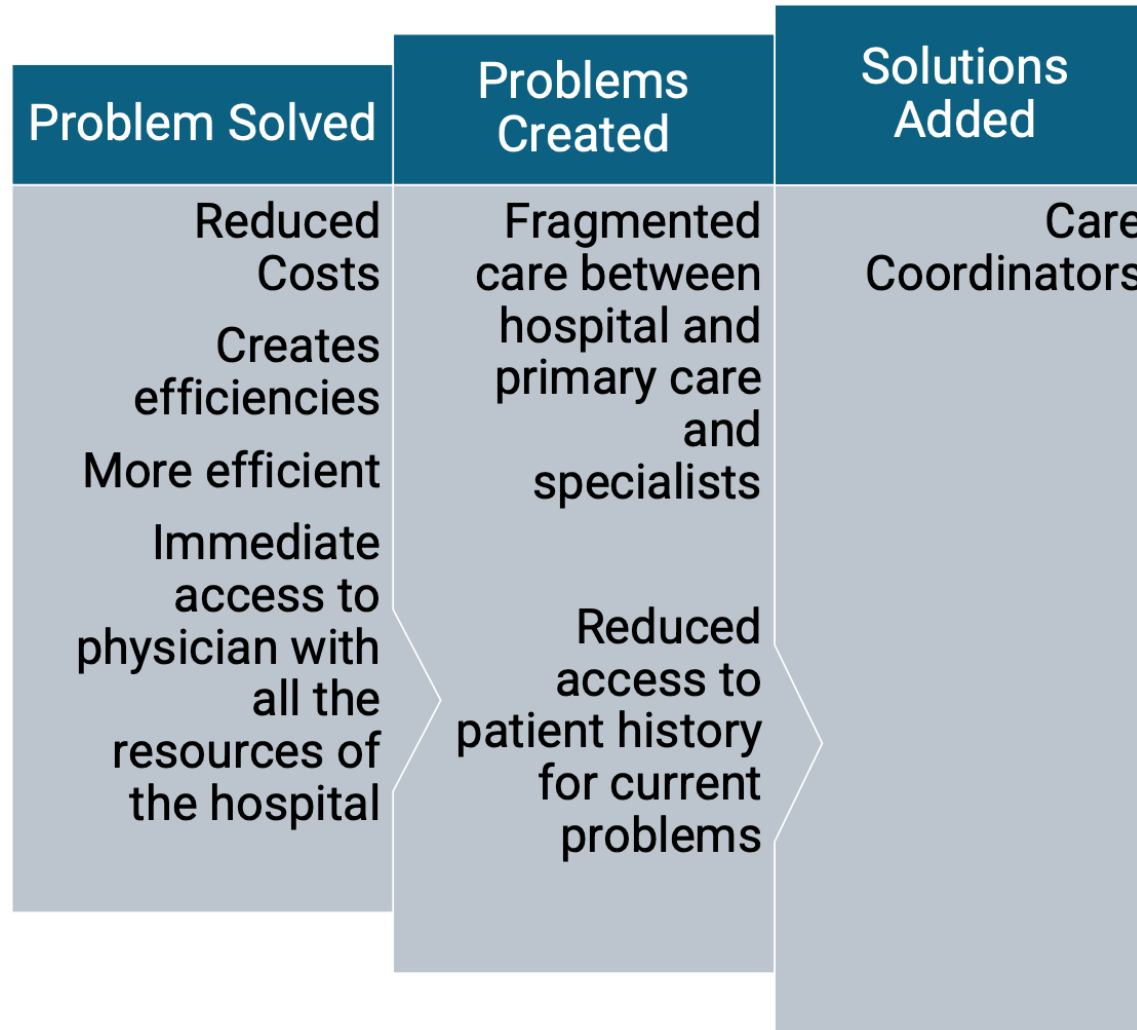


- Health Plan Delays
- Hospital Operational Gaps
- Clinicians lack documentation
- Patients

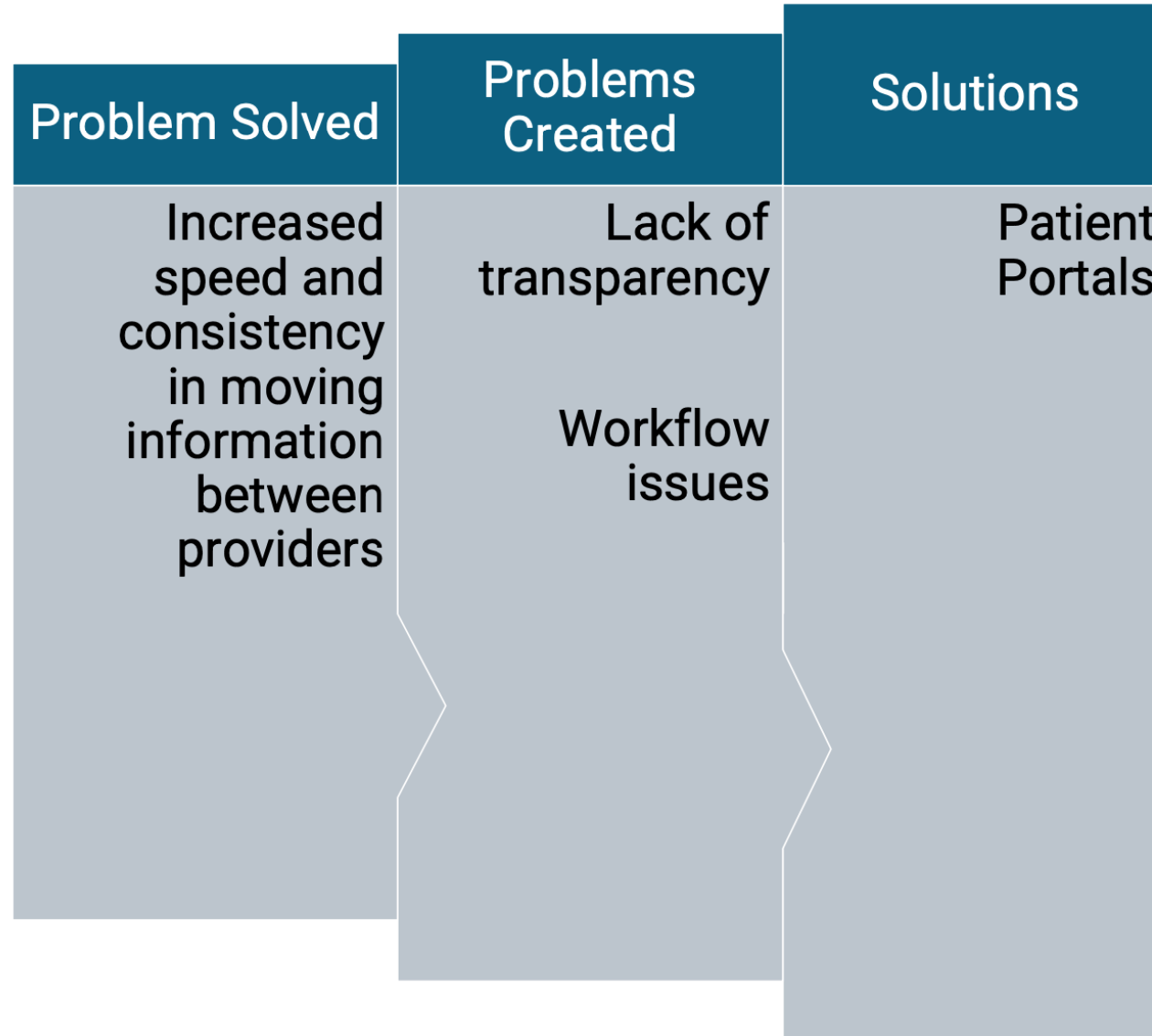


# Building on a precarious foundation

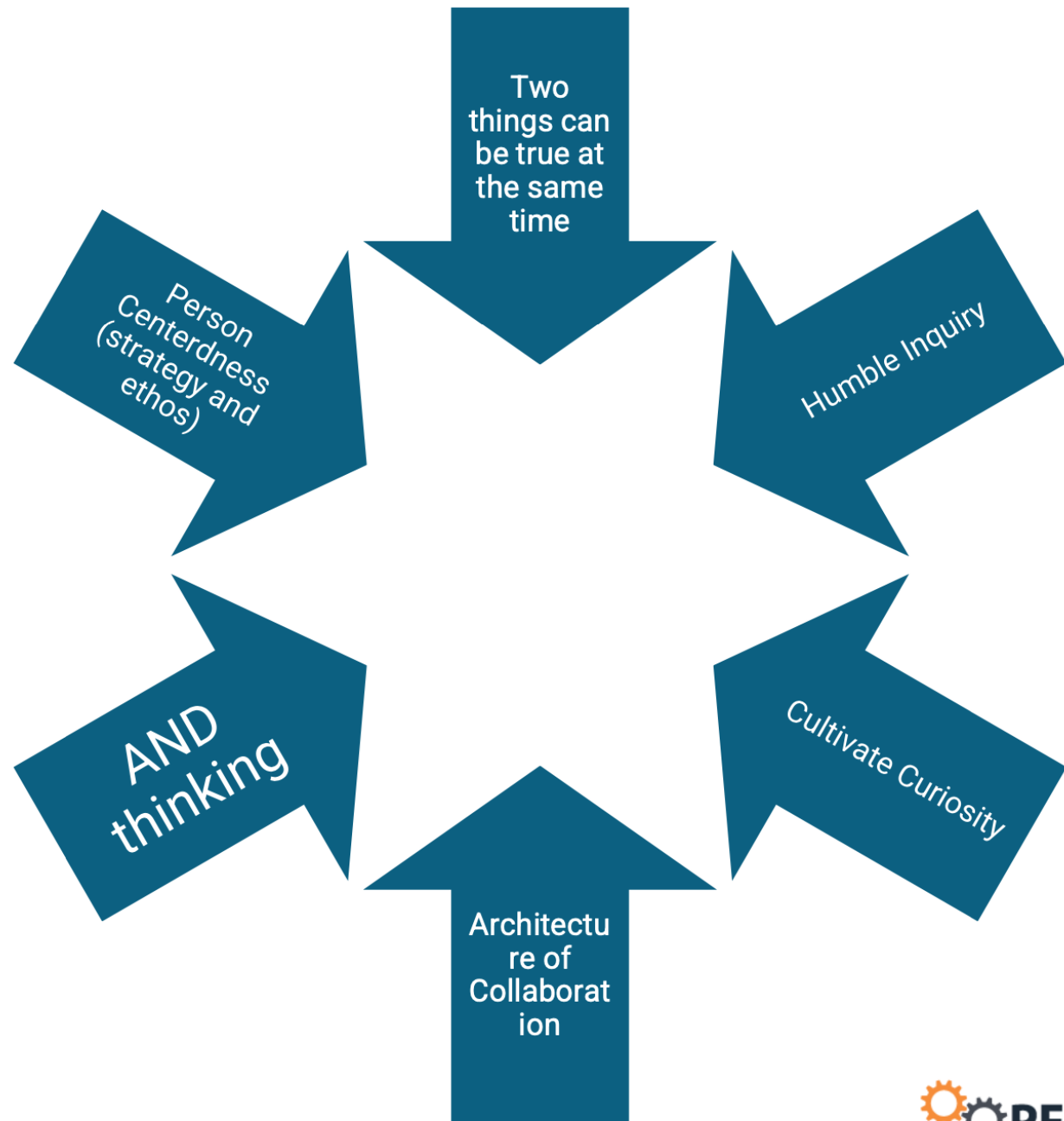
# Hospitalist



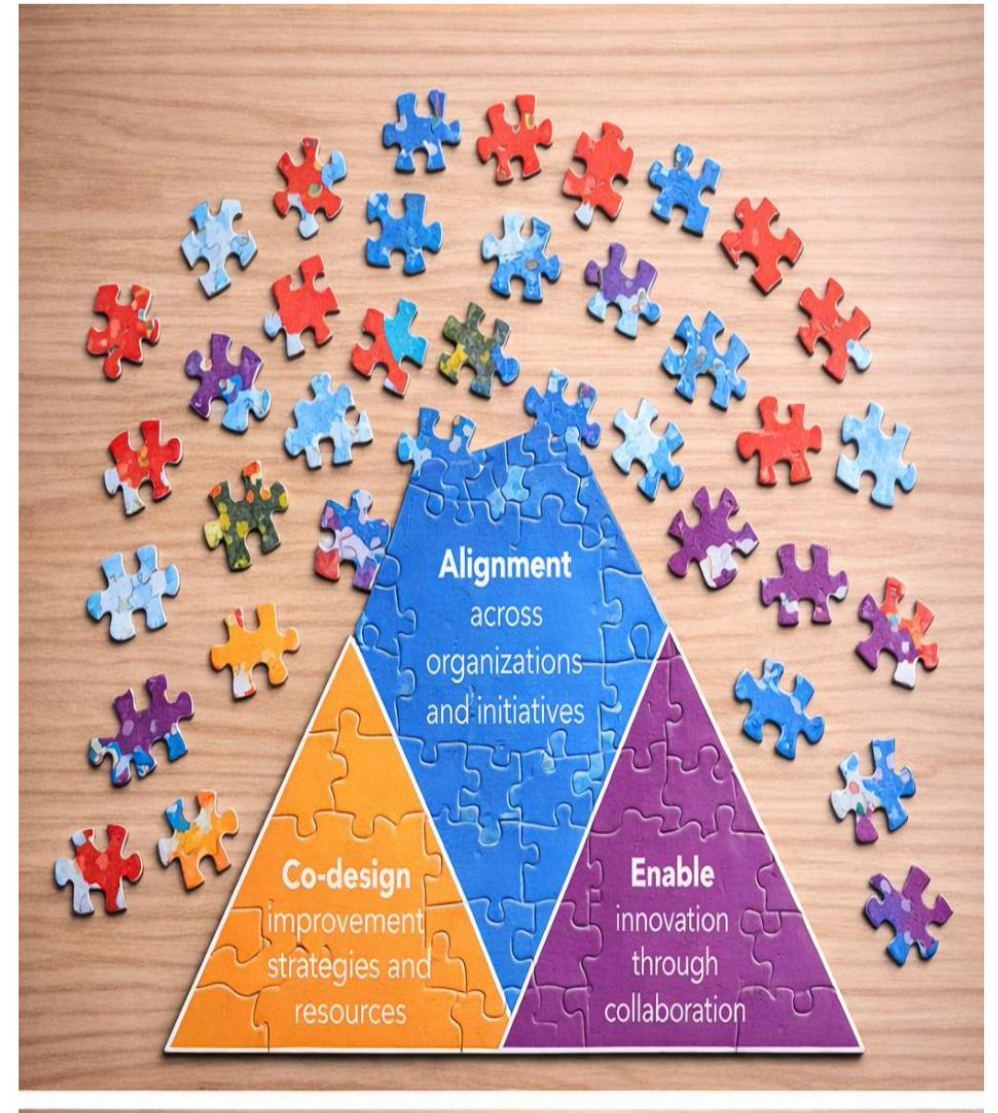
# Electronic health record



# Constructive Collaborations



# Puzzle Pieces



# THANK YOU!

**LIBBY HOY**

libby@pfccpartners.com



**WEBSITE**

[pfccpartners.com](http://pfccpartners.com)

**INSTAGRAM**

[instagram.com/pfccpartners](https://www.instagram.com/pfccpartners)

**LINKEDIN**

[linkedin.com/company/pfcc-partners](https://www.linkedin.com/company/pfcc-partners)



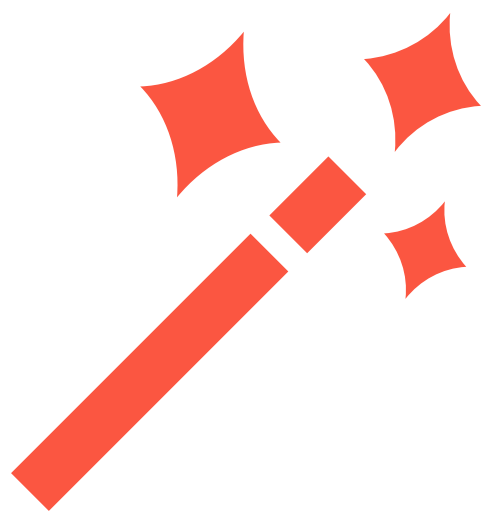
# Connecting to Purpose:

*Exploring our Roles,  
Responsibilities and Resources*

Natalie Graves, MPH

*Improvement Advisor, Cal Healthcare Compare*

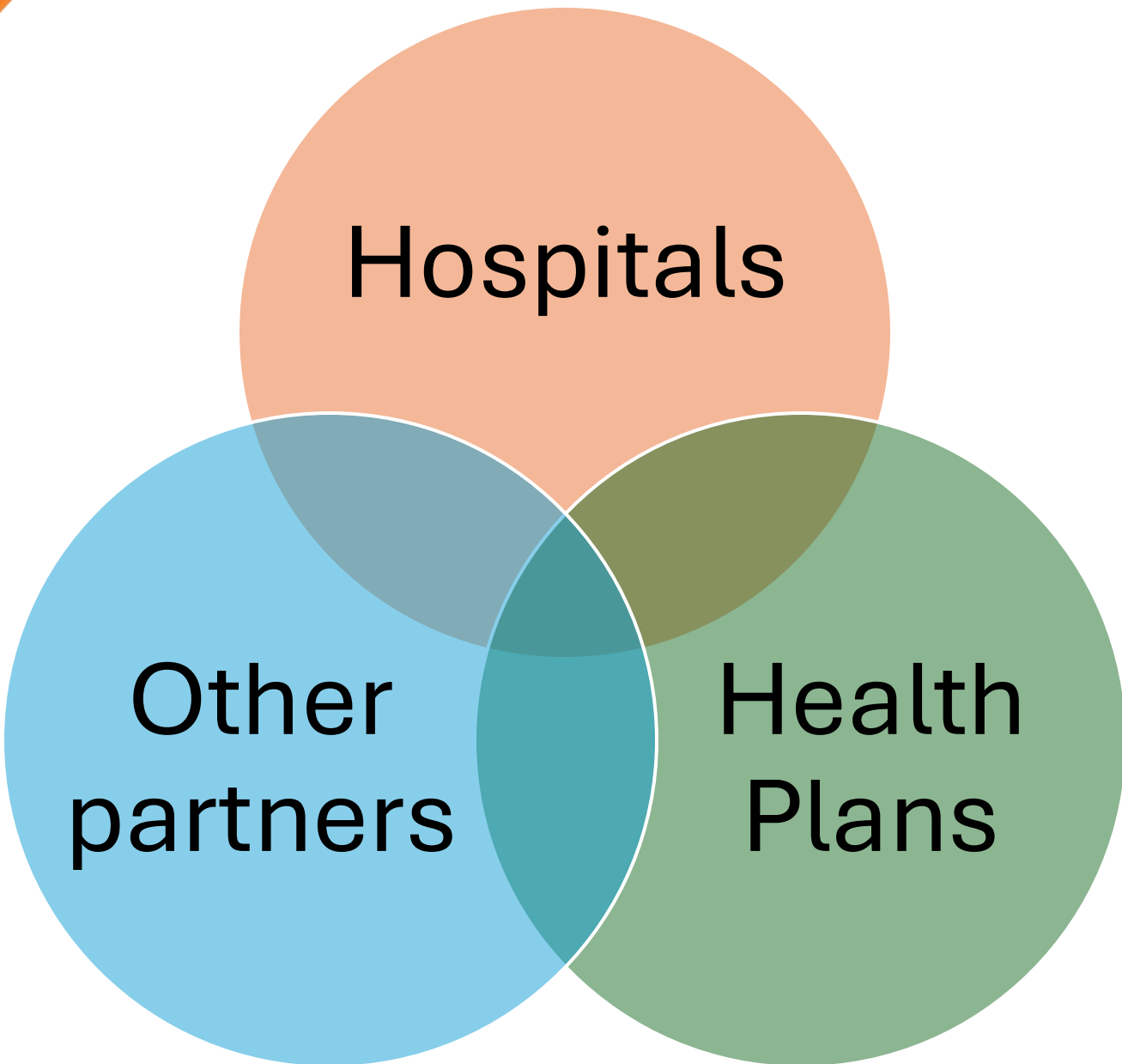




Your ideas  
here

**What is one change  
would you make to  
improve quality and  
patient safety?**

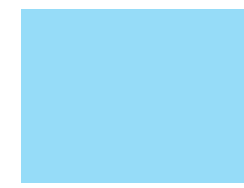




Role



Responsibility



Resources



Opportunities






What did you  
learn?

What  
surprised  
you?

What do you  
want to  
explore more?





# Inland Empire Quality Alliance

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A Case Study

# About IEHP

- Founded in 1996 as a not-for-profit, Joint Powers Agency (JPA) health plan serving residents of Riverside and San Bernardino counties.
- 1.4 million members
- 8,000 providers, including over 40 hospitals
- The largest not-for-profit Medicare-Medicaid public health plan in the country.





# Mission

We heal and inspire the human spirit.

# Vision

We will not rest until our communities enjoy optimal care and vibrant health.

# Values

We do the right thing by:

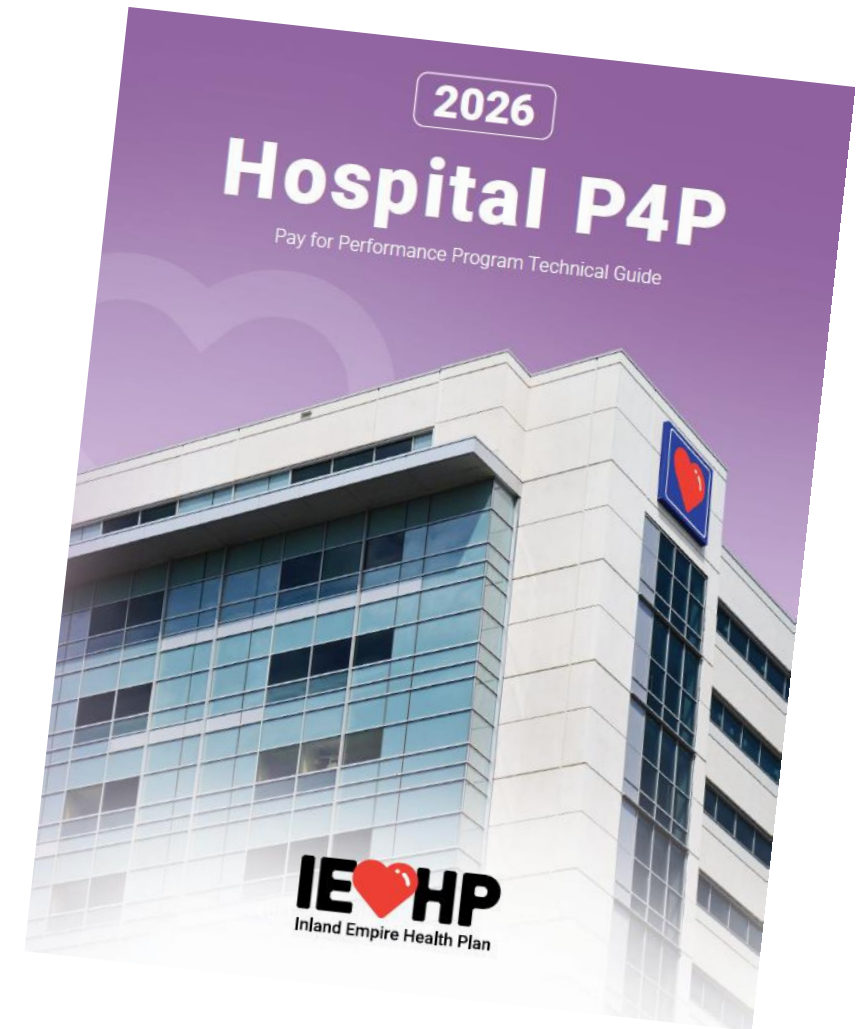
- ♥ Placing our members at the center of our universe.
- ♥ Unleashing our creativity and courage to improve health & well-being.
- ♥ Bringing focus and accountability to our work.
- ♥ Never wavering in our commitment to our members, providers, partners, and each other.

# Bringing Our Vision to Life

# IEHP Hospital Pay for Performance (P4P)

Initiated in 2018

- Underlines IEHP's commitment and support to hospital partners that meet quality performance targets and demonstrate high-quality care to IEHP members
- Nine measures including outcome and process measures ranging from HEDIS compliance to Star Rating performance.
- Includes a data sharing measure to promote increased visibility and monitoring of key performance indicators, patient outcomes, and clinical excellence.



# Inland Empire Quality Alliance

Initiated in May 2025

- Creates a mechanism for supporting health plan and partner hospitals' relationships and communications, specifically related to quality improvement priorities and associated activities
- Strategies, goals and objectives established through this committee articulate a commitment to improving hospital quality of care within the Inland Empire
- Alliance activities focus on best practice methodologies, as well as creative, collaborative, and focused program development to directly influence quality of care outcomes.



# Membership

## Inland Empire Health Plan

Shelley Phillips	Director, Hospital Relations (Chair)
Sylvia Lozano	Chief Transformation Officer
Nikole DeVries	Senior Director, Care Continuum Transformation
Debbie Baires	Manager, Clinical Programs, Hospital Relations

## Hospital Representatives\*

Name	Title	Hospital
Cheryl Richardson	Vice President Quality/Safety, <i>(Co-Chair)</i>	Riverside Community Hospital
Amy Pullen	Senior Director Quality	Barstow Community Hospital
Brandy Weber	Quality and Risk Management Manager	Victor Valley Global Medical Center
Brooke Lintag	Quality Executive Director	St. Mary Medical Center
Diana Agnello	Director, Quality and Process Improvement	Riverside University Health System
Mary McAslan	Quality Director	Desert Regional Medical Center
Mayur Rawal	Director of Performance Improvement	Chino Valley Medical Center
Terri Conley-White	Director Clinical Quality Improvement/Risk Management	Hi-Desert Medical Center
Tiffany Trejos	Deputy Regional Director of Quality	Hemet Global Medical Center and Meniffee Global Medical Center

\*Senior Most Quality Leader for site



# Goals



By the end of 2026, 75%+ IEHP network hospitals have a **3-star or higher CMS or equivalent star rating**



### Patient Experience

Improve all in-network hospital CMS Patient Experience domain scores



### Healthcare Associated Infections

Achieve an overall reduction in HAI rates with a goal to move all in-network hospitals to an SIR <1.0



### Sepsis Management (SEP-1)

Improve SEP-1 bundle compliance to ensure 100% of in-network hospitals achieve the California state benchmark



### Other Priority Measures


Other topics/measure as mutually decided on by the Alliance





# Results in Action

# Healthcare Associated Infections

Measures	Leapfrog Target	Standardized Infection Ratio (SIR)	
		2024 Network Performance	2025 Q1-3 Network Performance
Catheter-Associated Urinary Tract Infection (CAUTI)	$\leq 0.427$	0.4505	0.459
Central Line Associated Blood Stream Infection (CLABSI)	$\leq 0.413$	0.4842	0.477
Clostridioides Difficile Colitis (C.diff) Infection	$\leq 0.621$	0.2967	0.386
Methicillin-Resistant Staphylococcus Aureus (MRSA)	$\leq 0.496$	0.6293	0.771
Surgical Site Infection (SSI) - Colon	$\leq 0.349$	0.6164	0.820

Leapfrog Achieved the Standard 

SIR < 1.0 

SIR > 1.0 

Leapfrog Scoring Algorithms



# Sepsis



## Sepsis Management (SEP-1)

Improve SEP-1 bundle compliance to ensure 100% of in-network hospitals achieve the California state benchmark



## Sepsis Mortality

<Less than or equal to 14.48%

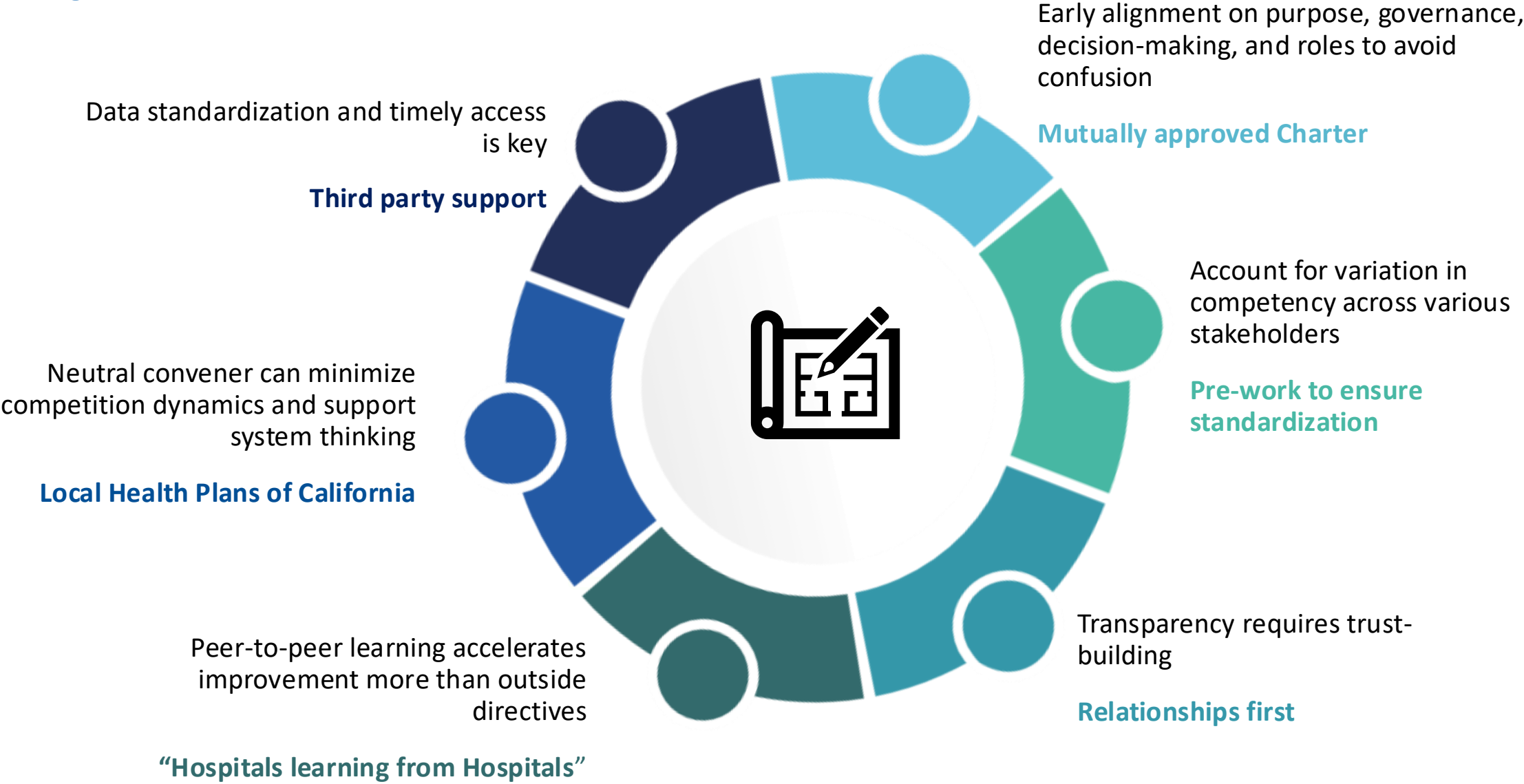
Measures	Current State			
	Target	2023 Network Performance	2024 Network Performance	Q1-Q2 2025 Network Performance
Sepsis Management (SEP-1)	≥ 66% (Cal Compare CA Ave)	55.70%	63.12%	64.08%
Sepsis Mortality	≤ 14.48% (State Benchmark)	14.85%	13.07%	13.53%

Source: Dexur and HQI



# Scaling Proven Strategies

# Blueprint for Scale



# Fueling the Next Chapter of Quality Transformation

## *Foundational to our success:*

- Coordinated statewide hospital value strategy
- Alignment of payment, recognition, and improvement programs
- Stronger data transparency and timely reporting
- Standardized quality measures and definitions
- Investment in shared learning collaboratives



# Questions

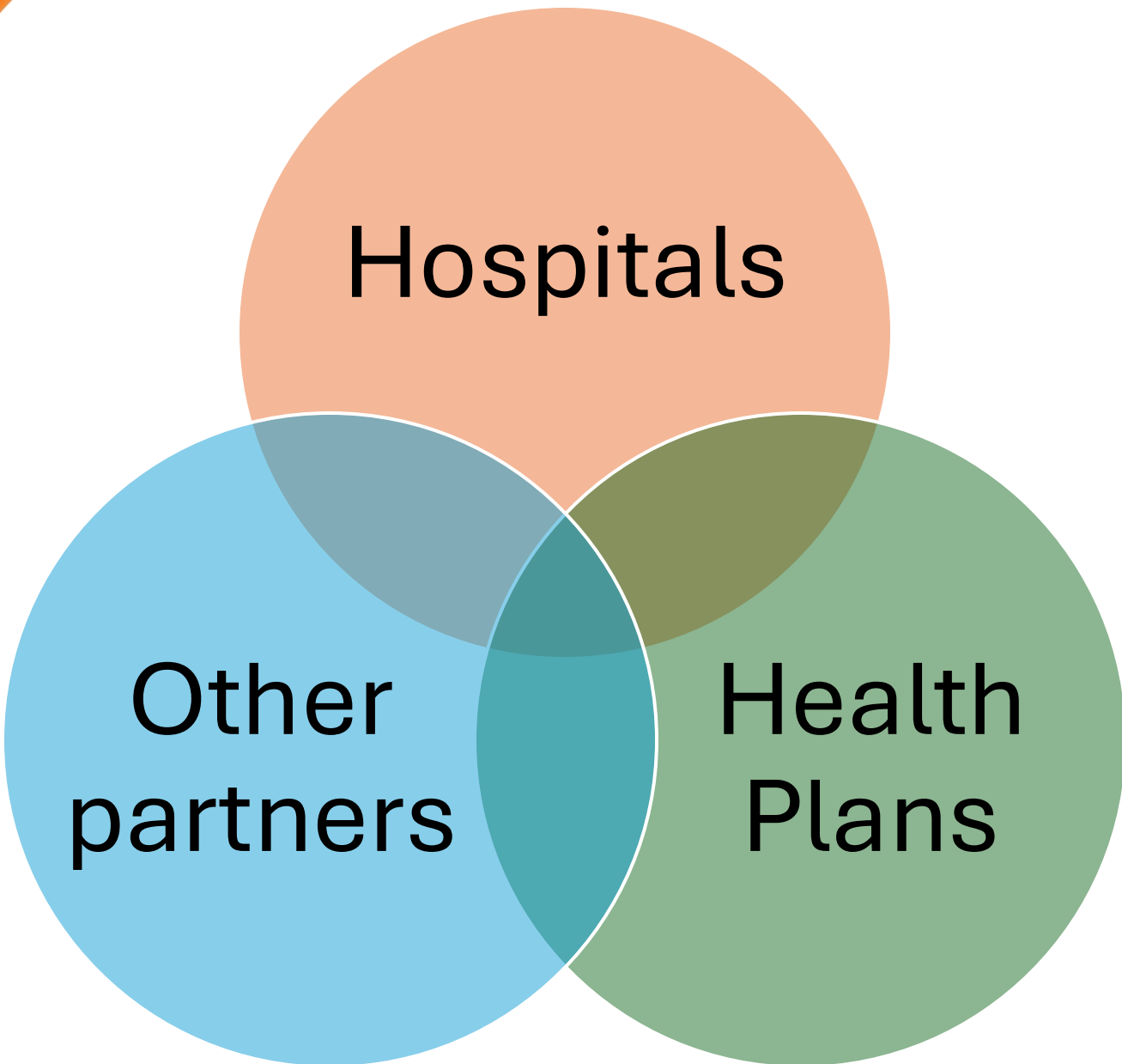
**Nikole DeVries**

**Senior Director, Care Continuum Transformation**

**[Nikole.DeVries@iehp.org](mailto:Nikole.DeVries@iehp.org)**



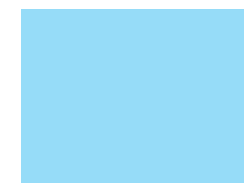
Thank You!



Role



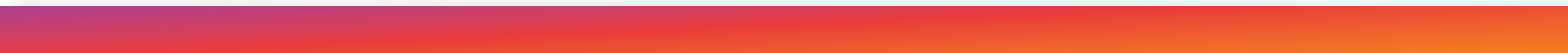
Responsibility



Resources



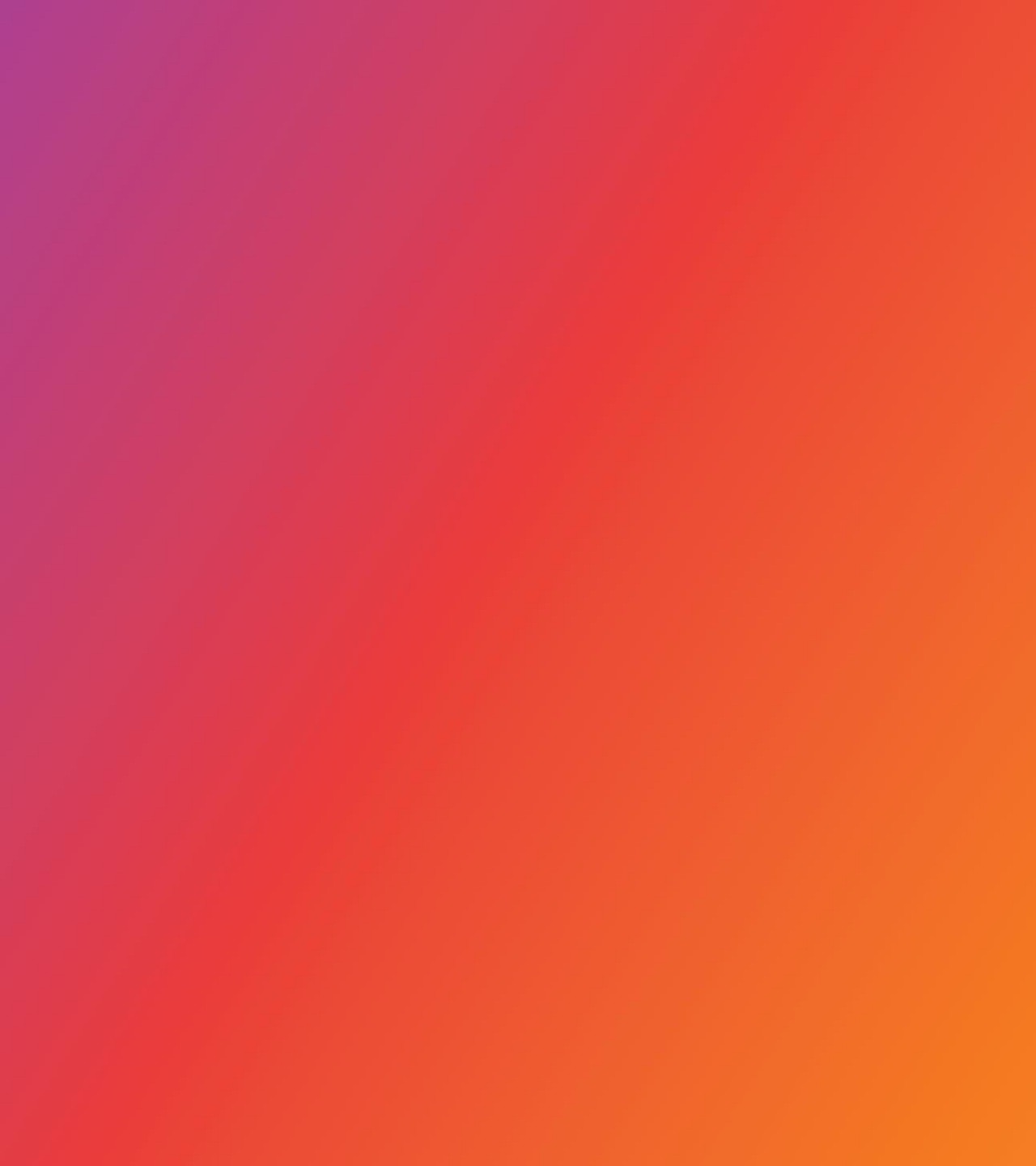
Opportunities





# Enjoy Lunch!

*Please return by 12:25*





**Los Angeles General**  
Medical Center

Exceptional Care.  
Healthy Communities.

## Transforming Safety in the Safety Net

**Allison Luu, MD**

Patient Safety Officer, Assistant Chief Quality Officer

**Chase Coffey, MD**

Chief Quality Officer, Associate Chief Medical Officer

**Los Angeles General Medical Center**

# Disclosures

- No relevant relationships

# Objectives

- Learn how a 600-bed public hospital progressed from a Leapfrog Grade of “D” to an “A”
- Identify structural and process elements that drive safety
- Understand how health plans can partner with hospital systems to reduce patient harm

# Los Angeles General

- Flagship hospital for Los Angeles County Department of Health Services (DHS)
- Public Safety Net & Academic Medical Center
- 670 licensed beds, ~10,000 Employees
- Level 1 Trauma & Regional Burn Center
- Over 120,000 ED & 30,000 inpatient visits annually
- Patient Mix:
  - 80% Medicaid/Uninsured
  - 13% Medicare
  - 7% Insured

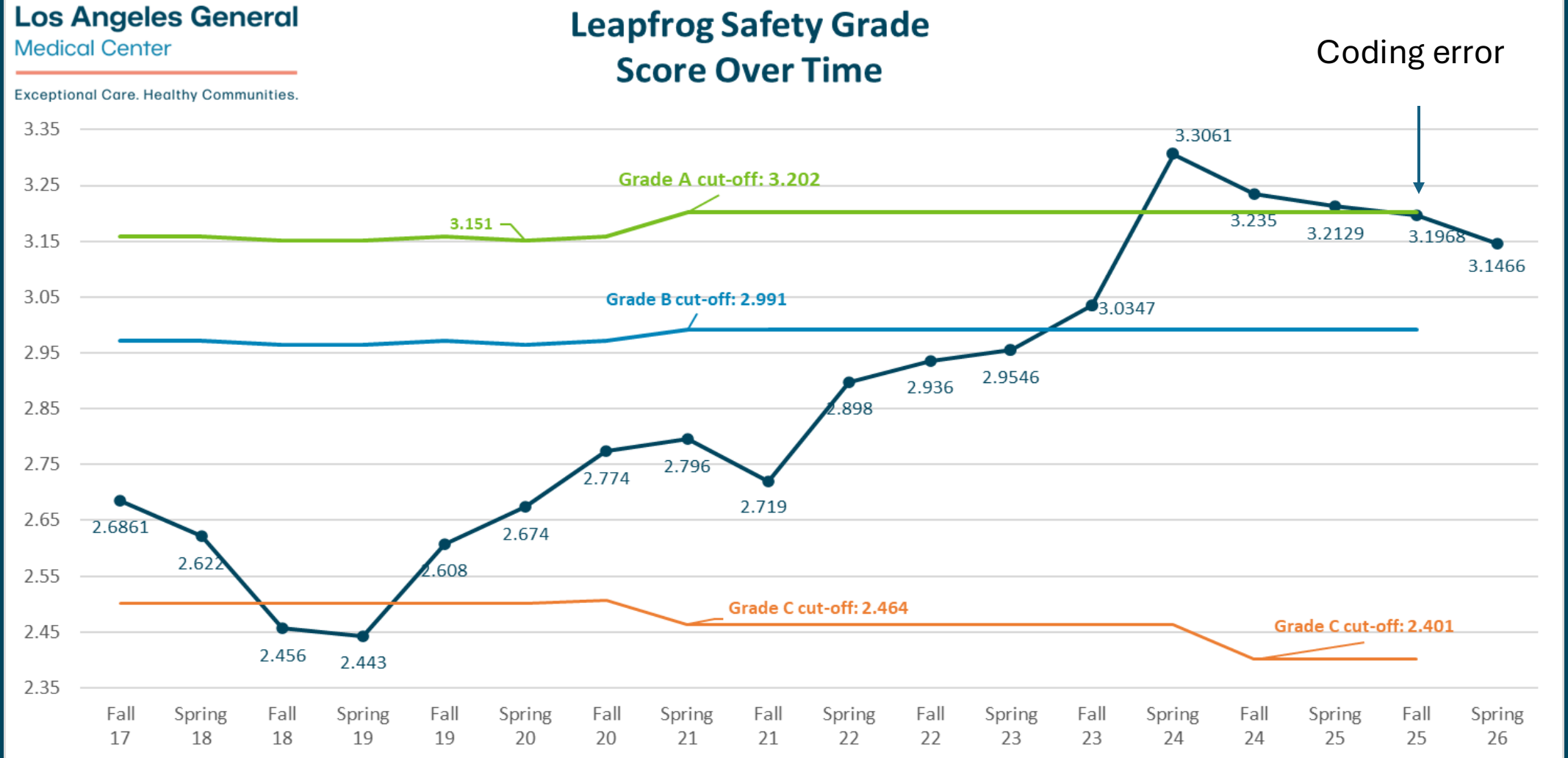


# Introductions

- Who are you?
- On the Magnet Journey?
- On the Safety Journey?

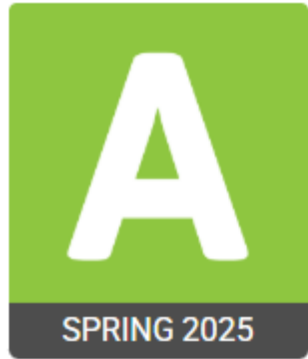


# From D to AAA



# Results

This Hospital's Grade



## Los Angeles General Medical Center

2051 Marengo St.  
Los Angeles, CA 90033-1029  
[Map and Directions](#)

[View this hospital's Leapfrog Hospital Survey Results](#)

▼ [Hide Recent Past Grades](#)



[More about past grades](#)

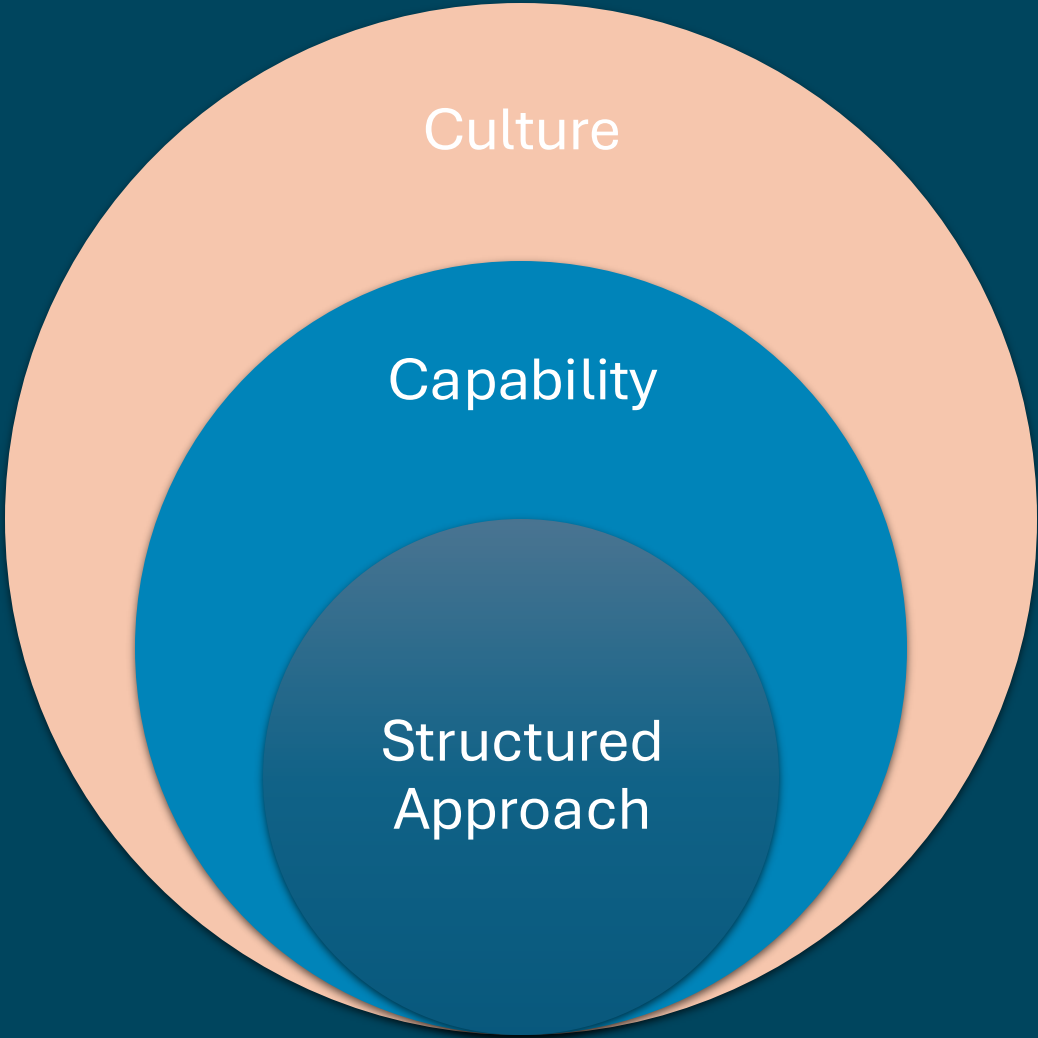


Name of organization	Address	Designation Year	Redesignation Years
Los Angeles General Medical Center	2051 Marengo St, Los Angeles, California, 90033-1352	2025	



# Magnet and Patient Safety: Overlap and Alignment



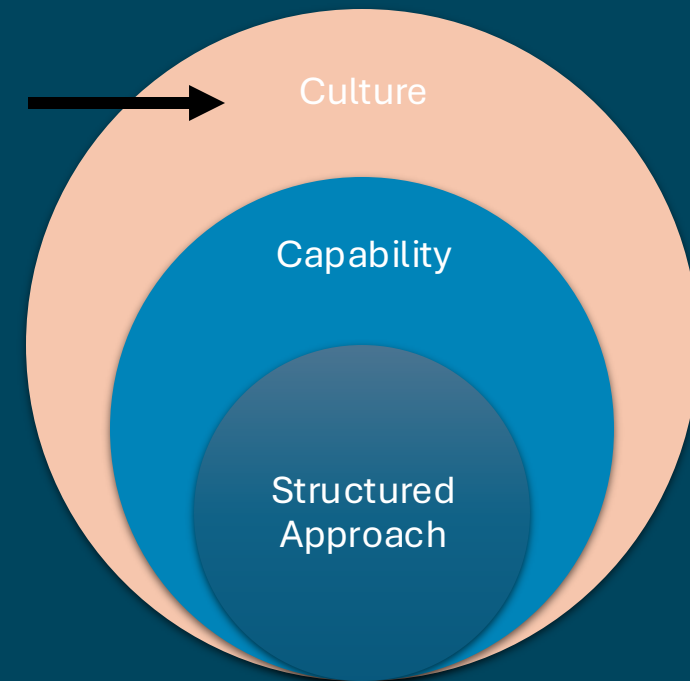


- Executive Alignment

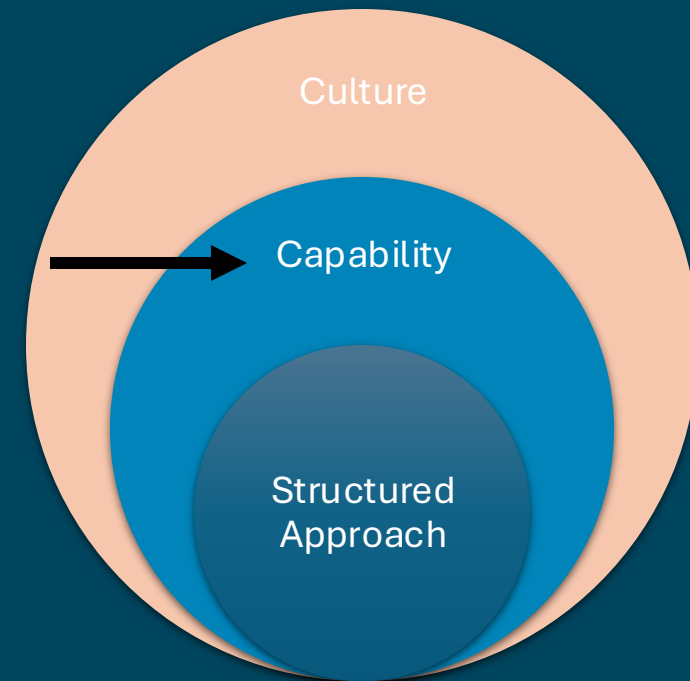
- Tiered Huddles & Walk Rounds
- Triad Leadership and Balanced Score Cards at the Unit Level
  - Nurse
  - Provider
  - Administrator

- Education & Training

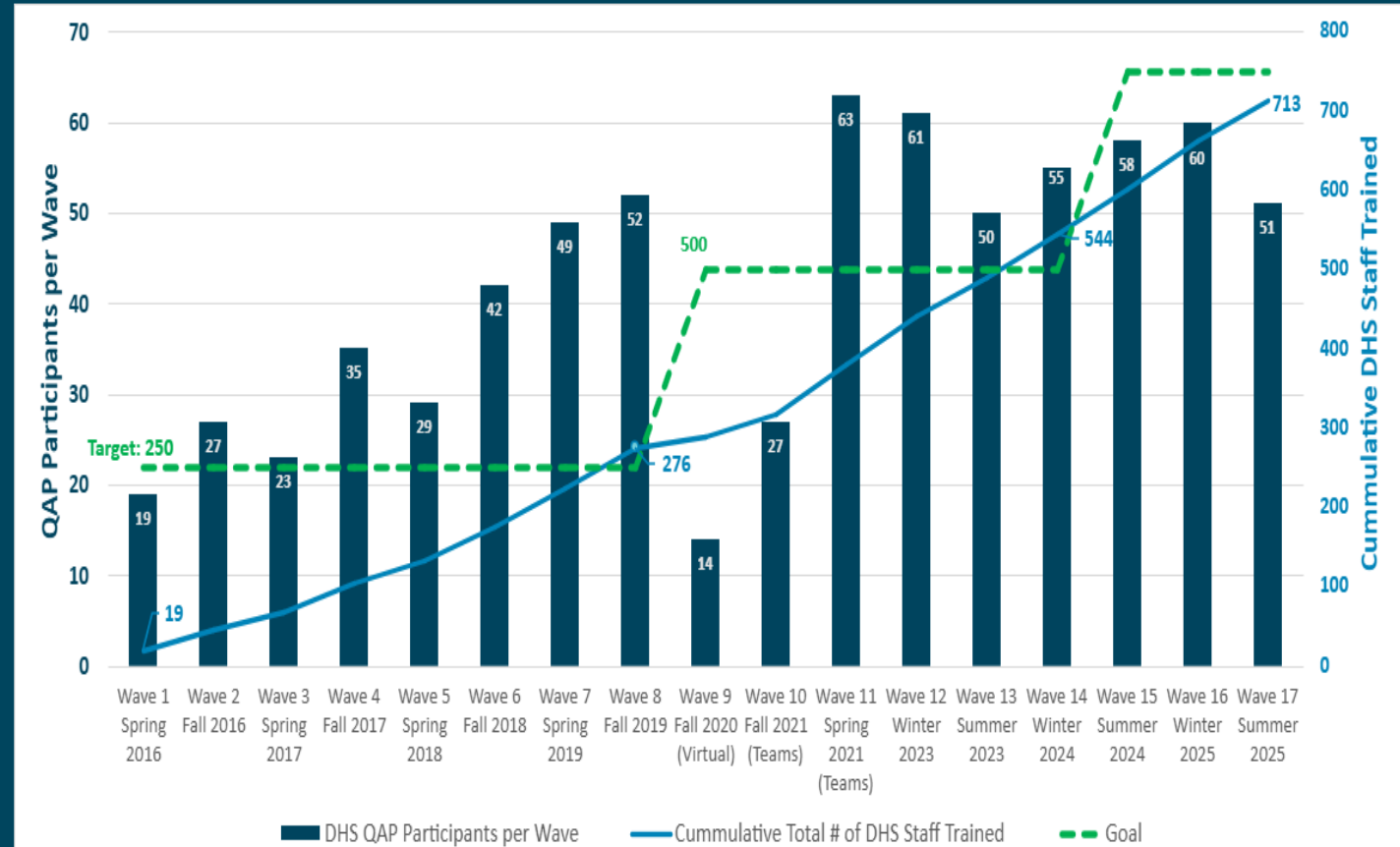
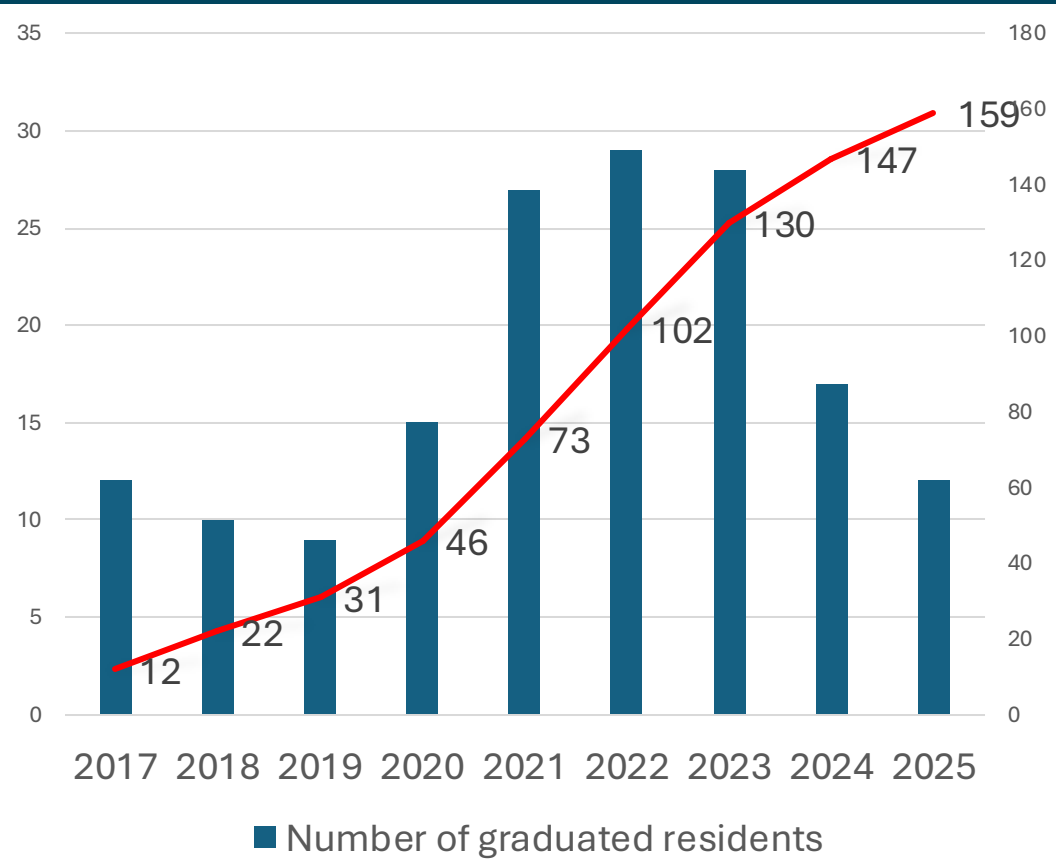
- TeamSTEPPS
- Just Culture
- Peer Support (Helping Healers Heal or H<sup>3</sup>)



- Healthcare Administration Scholars Program
  - Residents in final 2 yrs of training
- Quality Academy
  - 6-Month team-based program for all staff
- QI Fellowship
  - Post-graduate Physicians (2/yr)
- Mid-level Management
  - Unit Medical Directors
  - Nurse Managers
  - Administrators



# Build Improvement Capability & Capacity



Healthcare Administration Scholars Program

Quality Academy Program















## Graduated Physician Fellows

2018-2026 = 14 Fellows

8 currently work within our health  
system

All Fellows have leadership roles  
in their organizations

Featured Alumni

 <p>Fellowship Year 2018 <b>Allison Lane</b> Pastoral Faculty Officer U.S. General Medical Center</p>	 <p>Fellowship Year 2018 <b>Quanita</b> Medical Director Primary Care Clinic U.S. General Medical Center</p>	 <p>Fellowship Year 2018 <b>David Lynch</b> Medical Director, State of Hawaii Program U.S. General Medical Center</p>
 <p>Fellowship Year 2018 <b>Rob King</b> Assistant Medical Director of Pyrosequencing San Diego County DPH</p>	 <p>Fellowship Year 2018 <b>David Chung</b> Assistant Pastoral Faculty Officer U.S. General Medical Center</p>	 <p>Fellowship Year 2018 <b>Lisa Marston</b> Assistant professor of general internal medicine, general medicine, health improvement, director of general internal medicine University of Utah</p>
 <p>Fellowship Year 2020 <b>Rhonda Swanson</b> Regional Medical Director St. John's Community Health</p>	 <p>Fellowship Year 2020 <b>Subramanian</b> Clinical Director of Quality, Santa Cruz County Health Services Agency Health Centers</p>	 <p>Fellowship Year 2022 <b>Molly Swartzel</b> Special Programs U.S. General Medical Center</p>
 <p>Fellowship Year 2022 <b>Hugh Stauder</b> Chief Medical Information Officer U.S. General Medical Center</p>	 <p>Fellowship Year 2023 <b>Zubair Poonawalla</b> Director (CIC), Division, Pathology Department Ghent (New Medical Center)</p>	 <p>Fellowship Year 2023 <b>Joseph Samard</b> Resident Medical Director, Emergency Medicine Piedmont (P10)</p>
 <p>Fellowship Year 2023 <b>Joel Dilley</b> Assistant Professor of Surgery, Thomas and Zou East Surgery, Medical College of Wisconsin</p>	 <p>Fellowship Year 2024 <b>Phillip Alvarez</b> U.S. General Medical Center Medical Residency Program</p>	

# Structured Approach

CAUTI

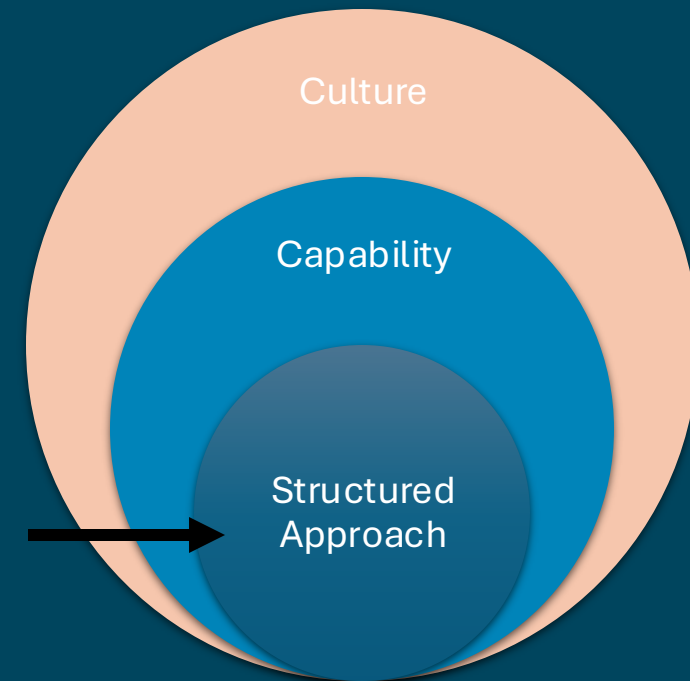
CLABSI

C. difficile  
infections

HAPI

Falls

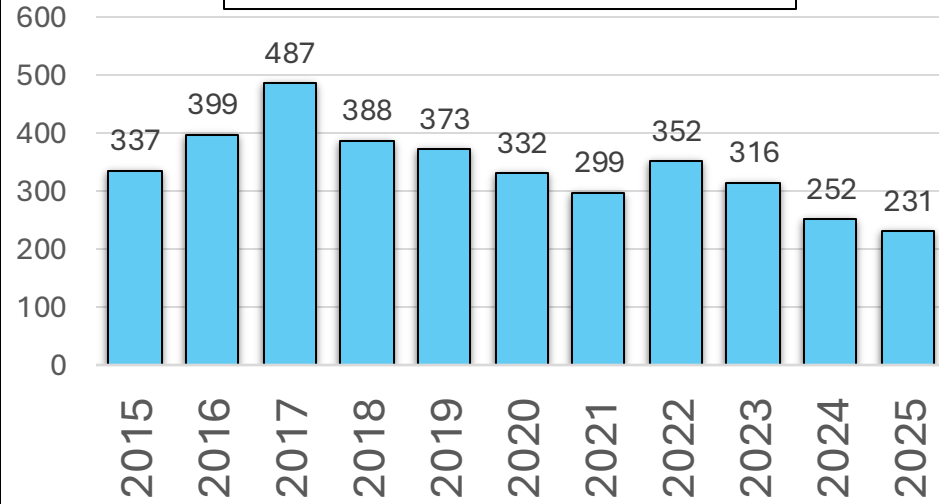
- Followed Structured 4-Step Approach
  - Assemble a Multidisciplinary Team
  - Clearly Define the Goal
  - Identify the Root Cause
  - Implement Key Process Changes
- Targeted Top 5 Safety Opportunities



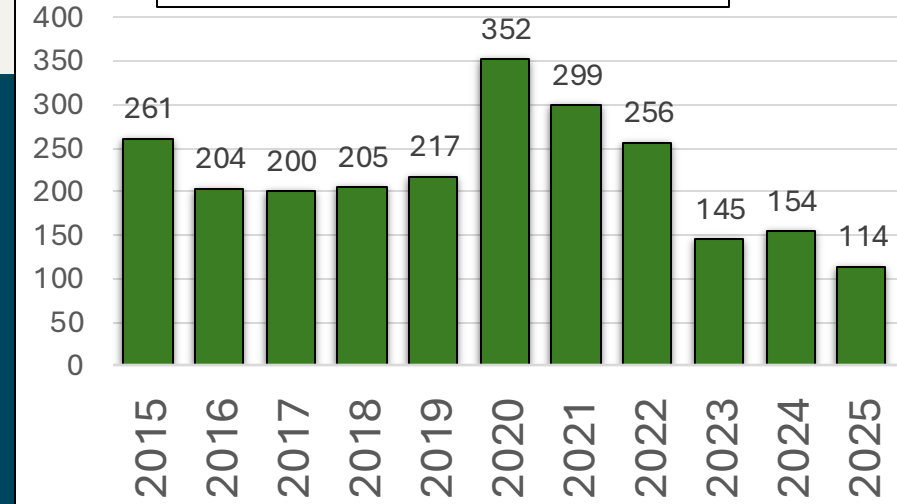
# Identified Key Opportunities for Safety

PROCESS MEASURES	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Fall 2024	Spring 2025	Weight Spring 2025	Target
Computerized Physician Order Entry (CPOE)	50	70	100	100	100	100	100	100	100	100	100	100	100	100	100	6.2%	100
Bar Code Medication Administration (BCMA)	N/A	50	50	100	100	100	100	100	100	100	100	100	100	100	100	6.0%	100
ICU Physician Staffing (IPS)	50	50	50	100	100	100	100	100	100	100	100	100	100	100	100	6.9%	100
SP 1: Culture of Safety	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	3.1%	120
SP 2: Culture Measurement	110.77	110.77	110.77	120	120	120	120	120	120	120	120	120	120	120	120	3.2%	120
Nursing Care Hours	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100	100	100	4.7%	100
Hand Hygiene	60	60	60	60	60	NA	60	100	100	100	100	100	100	100	100	4.9%	100
H-COMP-1: Nurse Communication	87	88	87	87	89	90	89	89	90	90	89 ↓	88 ↓	88	88	88	3.0%	94%
H-COMP-2: Doctor Communication	90	89	89	90	91	92	91	91	91	90	89 ↓	89	90	89 ↓	89	3.0%	94%
H-COMP-3: Staff Responsiveness	81	82	80	79	82	83	82	82	81	82	82	82	80	78	78	3.0%	91%
H-COMP-5: Comm about Medicines	73	74	75	74	75	77	78	78	73	73	73	74 ↑	76	75 ↓	76	3.1%	84%
H-COMP-6: Discharge Information	84	85	85	84	84	84	84	84	85	86	85 ↓	84 ↓	82	81 ↓	82	3.0%	91%
OUTCOME MEASURES	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Fall 2024	Spring 2025	Weight Spring 2025	Target
Foreign Object Retained	0	0.382	0.382	0.357	0.362	0.291	0.291	0.291	0	0	0	0	0	0	0	4.2%	0
Air Embolism	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.4%	0
Falls and Trauma	1.508	0.379	0.379	0	0	0	0	0	0.697	0.697	0.903	0.411	0.411	0.214	0.214	4.9%	0
CLABSI (SIR)	2.028	1.743	1.34	1.451	1.354	0.882	0.882	0.898	0.828	0.486	0.455	0.573 ↑	0.3603	0.427 ↑	0.629 ↑	4.5%	0.413
CAUTI (SIR)	1.33	1.498	1.582	1.463	1.552	1.237	1.237	1.01	1.072	0.757	0.77 ↑	0.748	0.4069	0.578 ↑	0.572	4.7%	0.427
SSI: Colon (SIR)	0	0	0.266	0.143	0	0.099	0.099	0.108	0	0	0.129 ↑	0.268 ↑	0.165	0.113	0.096	3.4%	0.349
MRSA (SIR)	0.658	0.854	0.929	0.894	1.008	0.773	0.773	0.726	1.248	2.04	1.936	1.436	1.2827	1.336	1.277	4.5%	0.496
C. Diff. (SIR)	0.663	0.358	0.657	0.595	0.438	0.389	0.389	0.468	0.494	0.379	0.447 ↑	0.418	0.1813	0.14	0.076	4.5%	0.621
PSI 4: Death Serious Treatable Conditions	N/A	184.7	184.7	201.36	201.36	215.05	215.05	202.88	202.88	202.88	154.51 ↓	154.51	174.73	174.73	162.45 ↓	2.0%	143.00
*PSI 90: Patient safety composite								1.32	1.32	1.32	1.22 ↓	1.22	0.98 ↓	0.98	1.01 ↑	15.0%	<1
Overall Numerical Score	2.6224709	2.456176	2.4454	2.6084	2.6743	2.7736	2.7966	2.7191	2.898	2.9362	2.954	3.0347	3.3061	3.2354	3.2129		
Overall Letter Grade Score	C	D	D	C	C	C	C	C	C	C	C	B	A	A	A		

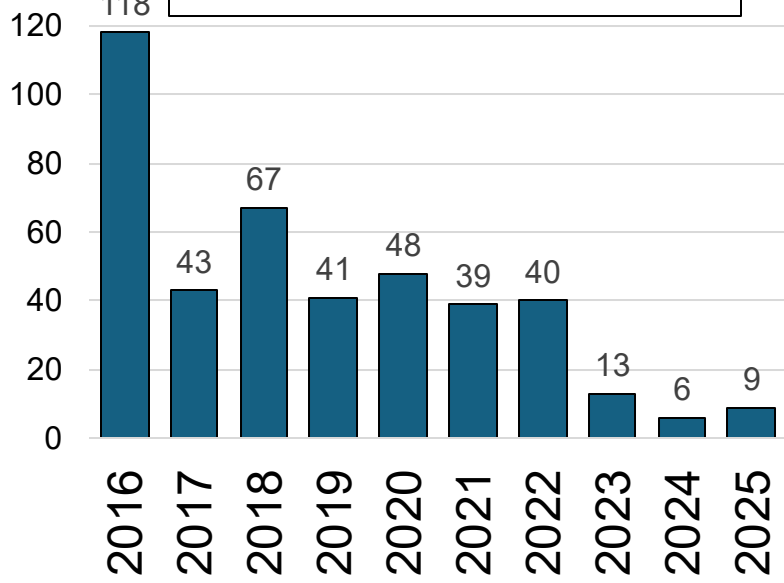
Total Falls LA General



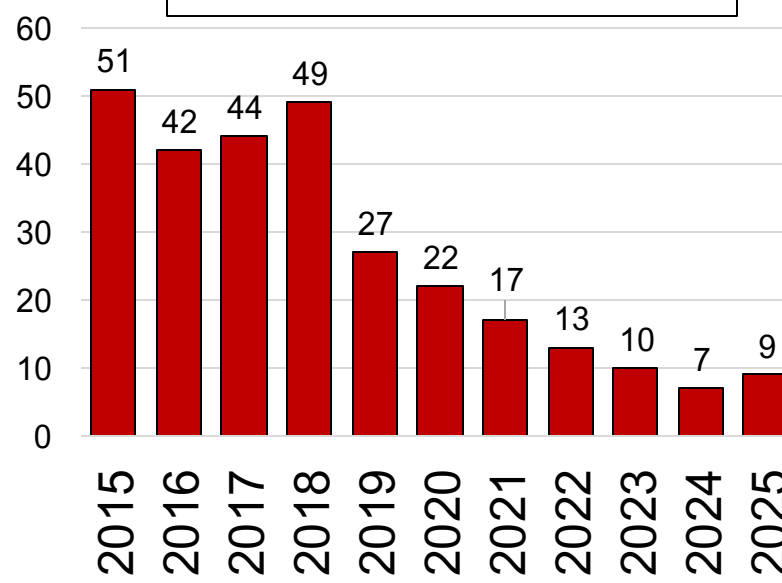
Total HAPI LA General



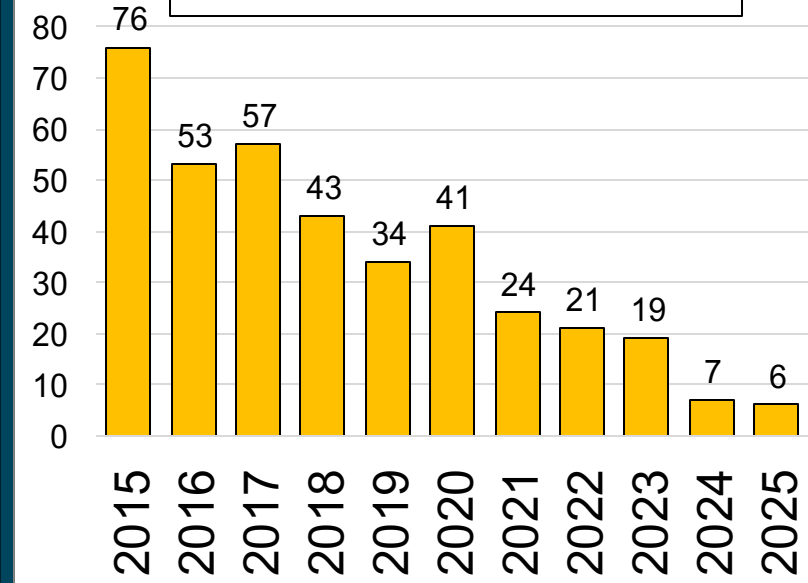
Total C Diff LA General



Total CLABSI LA General



Total CAUTI LA General



# Managing Senior Execs and the Board

	Magnet	Safety
Improve RN hiring and retention	✓	✓
Improve patient safety	✓	✓
Improve public reputation	✓	✓
Improve patient experience	✓	✓
Improve employee engagement	✓	✓
Improve safety culture	✓	✓

# Health Plan Role in Patient Safety



Incentivize safe care

Quality Incentive Program works



Fund & incentivize out of hospital care

Home health, IHSS

Safer @ Home or Hospital at Home Programs

Use in home support over skilled nursing facilities



Early authorization for initial care

ED Boarding increases risk for safety events, left without being seen rates, and overall length of stay



Adequately fund lower levels of care

Hospital LOS increased due to patients waiting for placement, often driven by low payment rates, especially for Medi-Cal patients



Reduce administrative burden

Redeploy all the staff doing Utilization Review/Management to front-line care

# Summary

- Alignment:
  - Leadership alignment and cultural transformation are key (but they take time)
- Prioritization:
  - Removing metrics that aren't top priority to focus on what is
- Use rigorous quality improvement tools
- Creating capacity for change at the frontline
- Major initiatives can be synergistic

# Discussion



Thank you

# References

ANCC Magnet Recognition Program/ANA: <https://www.nursingworld.org/ancc/>

Leapfrog: <https://www.hospitalsafetygrade.org/>

CMS Star: <https://www.medicare.gov/care-compare/>

TeamSTEPPS: <https://www.ahrq.gov/teamstepps-program/index.html>



# *Collaborating to Improve Quality*

AJ Rolle, MPH

*Director of Health Insights & Performance Improvement*

*Cal Healthcare Compare*

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*Vice President, Measurement Science & Performance Analytics*

*HQI*



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

# Cal HQ's Bold Goal

**By December 31, 2027**

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**Prevent over 2,000  
additional infections**

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**Save ~100 lives**

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**Save \$64,000,000\***



# HAI's Impact



## Individuals Impacted in 2023<sup>1</sup>

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



## Central line-associated blood stream infection<sup>2</sup>

- Estimated attributable mortality rate of 12-25%<sup>3</sup>
- CA Rank = 33
- Ranking Not Improved since 2019



## Financial Impact<sup>4</sup>

- 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

<sup>1</sup>[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CaliforniaHospitalHAI\\_InteractiveReportExecSummary.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CaliforniaHospitalHAI_InteractiveReportExecSummary.pdf)

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

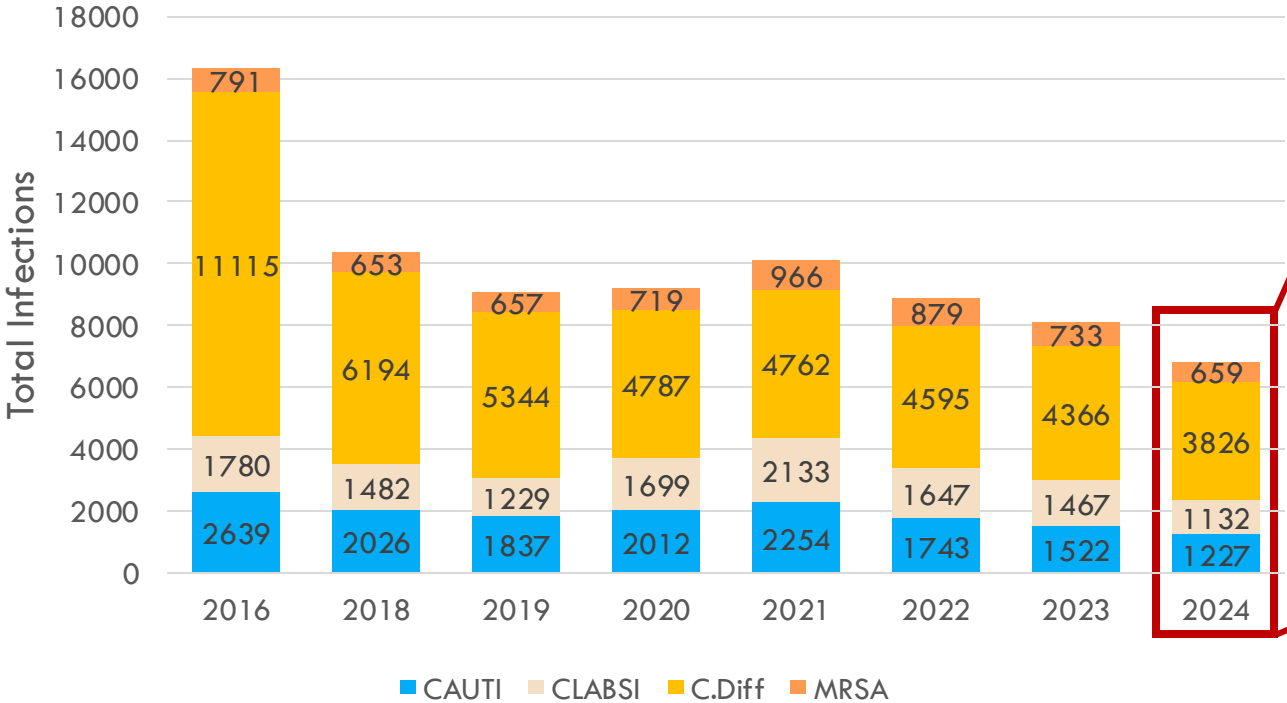
<sup>3</sup>Scott RD. The direct medical costs of health care-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention; 2009.

<sup>4</sup>Let'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

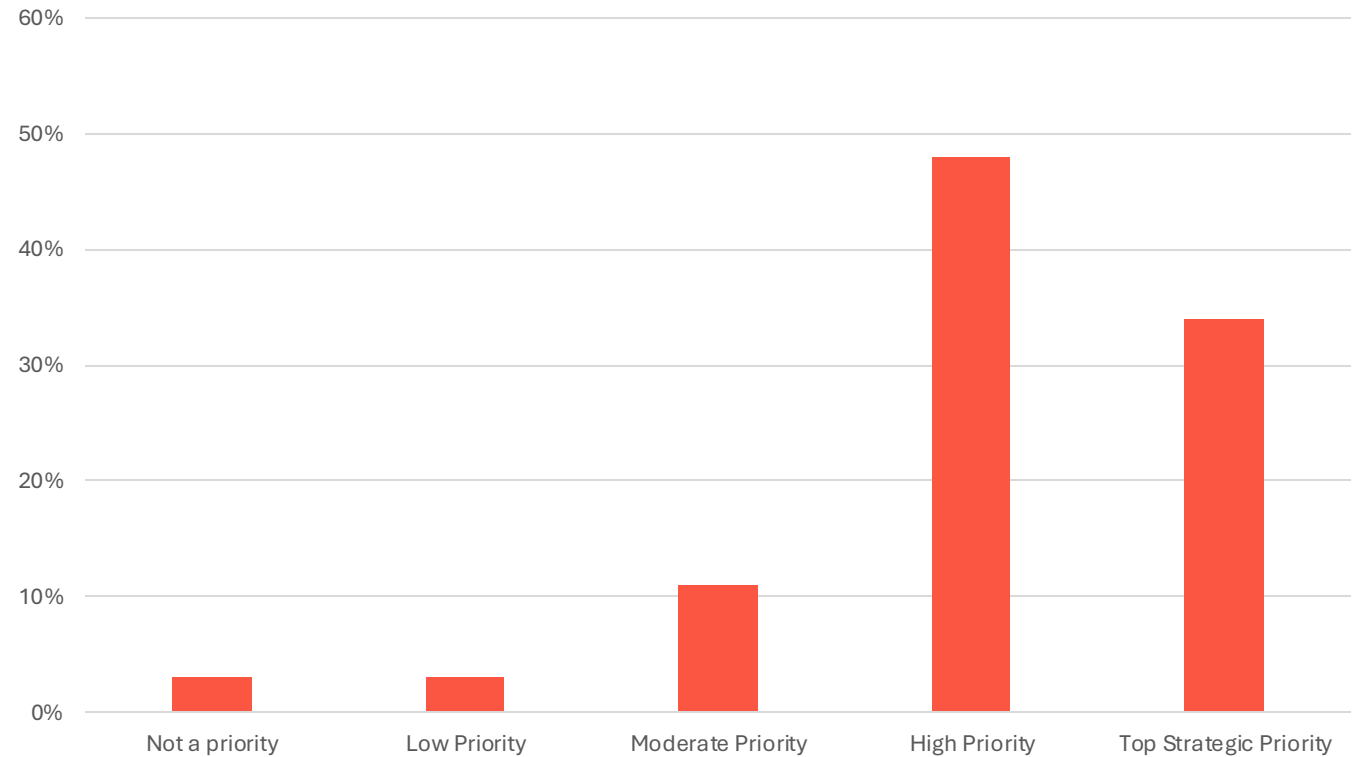
Total Hospital Infections Across California: 2016-2024



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

Source: CMS Public Data File, Q12026 Refresh

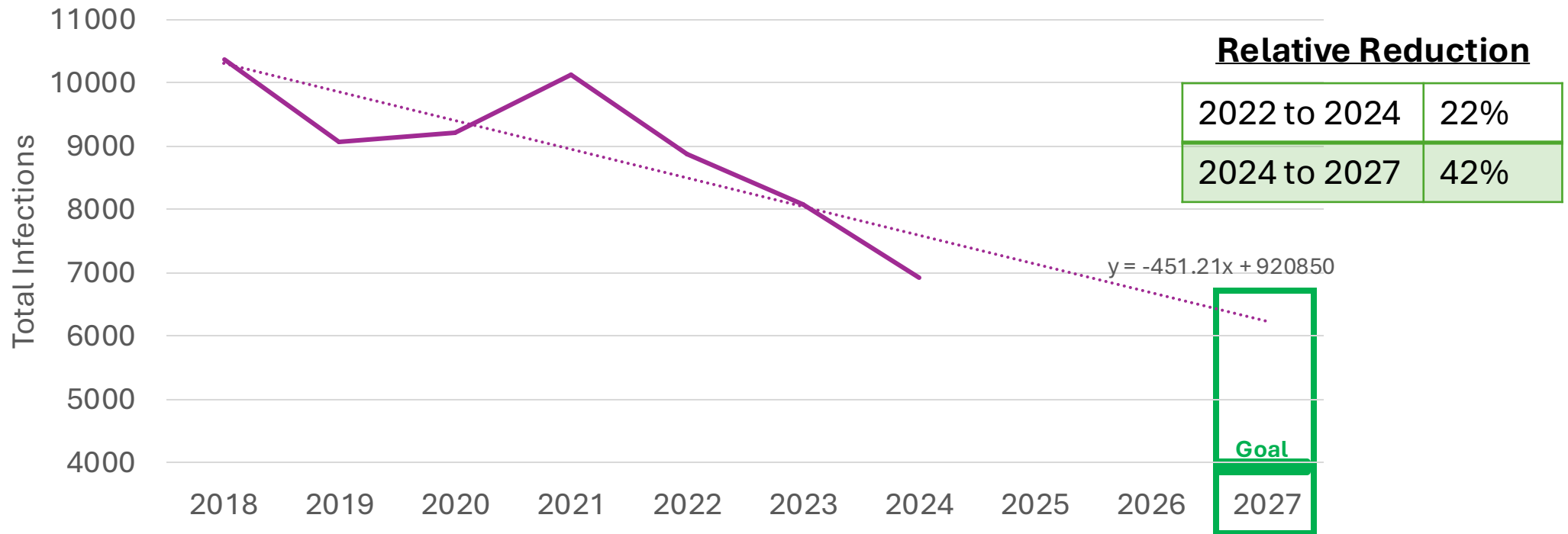
# To what extent are HAIs a strategic priority for your organization in 2026?



Source: Cal HQ Informational Webinar poll (n=226), 12/16/2025

# How Will We Know if We Are Improving?

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 4,000 total HAIs by the end of 2027

# How can my hospital contribute to Cal HQs statewide goal?

Hospital Size*	Total HAIs 2024	42% Reduction in Total HAIs	2027 Infection Reduction Targets per hospital
< 50 (n=73)	187	31	1
50-99 (n=53)	324	83	2-3
100-199 (n=83)	1384	301	7
200-299 (n=47)	1303	378	11-12
300+ (n=44)	2815	558	26-27

\*Missing hospital size data for 26 hospitals

# How Will Cal HQ Accelerate Quality Improvement?



## Interactive Learning

Improvement sprints  
Affinity groups



## Customized Support

Improvement advisor coaching  
Data sensemaking



## Responsive Curriculum & Network

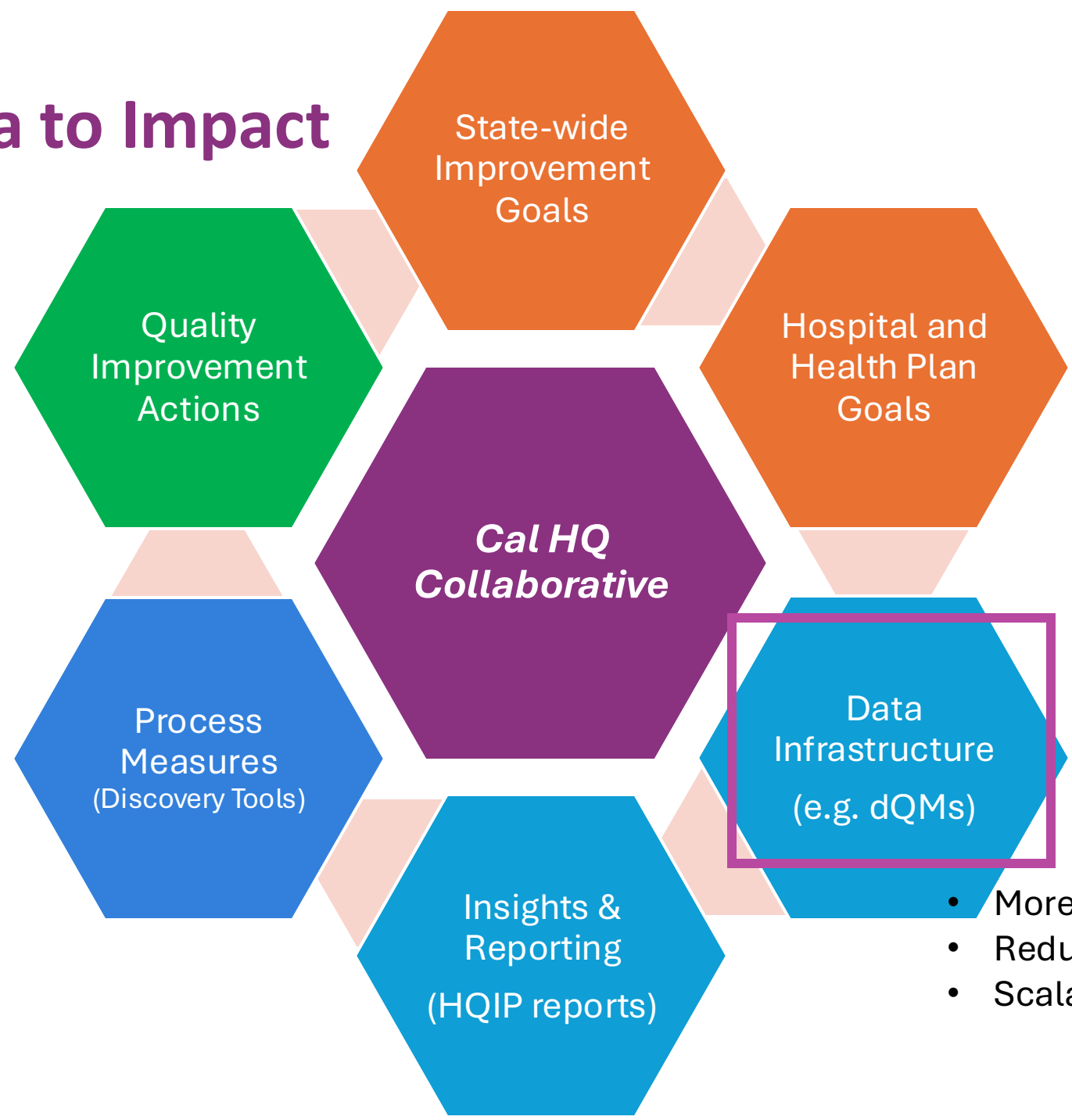
Community of sharing  
Listening sessions



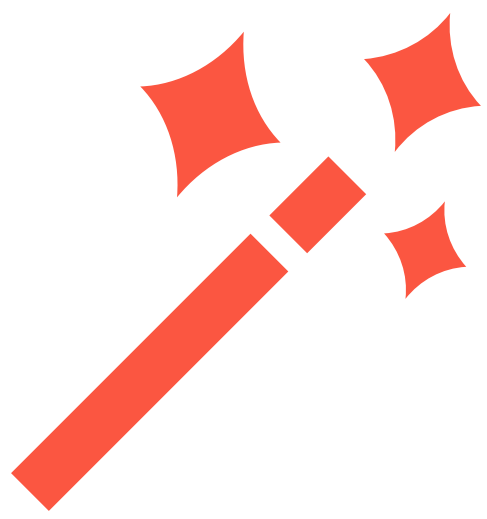
## Practical Tools

Change packages  
Discovery Tools  
Improvement Calculators  
QI Basics & Templates

# From Data to Impact



- More timely insights
- Reduced reporting burden
- Scalable, real-time improvement



Your ideas  
here

- 1. What is the #1 barrier preventing your organization from scaling digital quality measures**
- 2. Where are you today in adoption?**
  - Exploring/not started
  - Piloting
  - Partially Implemented
  - Fully Implemented

# HQIP

*Supporting hospitals to reduce HAIs and improve outcomes*

Vice President, Measurement Science & Performance Analytics | Hospital Quality Institute

**Hospital Quality Improvement Platform | California Hospital Association**

[hqianalytics@hqinstitute.org](mailto:hqianalytics@hqinstitute.org)

**Hospital  Quality  
Improvement Platform**

# Why This Matters

*Cal HQ Bold Goals — by December 31, 2027*

**2,000+**

Infections Prevented

**~100**

Lives Saved

**\$64M**

Cost Savings

## Hospitals need tools to:

- Identify improvement opportunities
- Set data-driven targets
- Monitor progress over time

**HQIP**

is the analytics platform  
supporting this work

# What is HQIP?

*Hospital Quality Improvement Platform — statewide analytics for California hospitals*

**370+**

California Hospitals  
Participating

**1,100+**

Active HQIP Users

**1,000+**

Quality Measures

**115+**

Reports &  
Dashboards

**Millions**

Encounters Analyzed  
Annually

**10+ Years**

Historical Data  
Available

*No EMR integration required · Uses data hospitals already report · Available at no cost to CHA member hospitals*

# How Hospitals Participate

*Two key data sources — using data you already report*

## ① HCAI Encounter Data

- Quarterly upload
- Powers readmissions, utilization & outcomes

## ② NHSN Data (HAIs)

- Join HQI NHSN group (~5 minutes)
- Monthly automated updates

**No new data collection required • No EMR integration needed**

# NHSN Data for Cal HQ

*HAI measures central to Cal HQ goals — updated monthly in HQIP*

## **CLABSI**

Central Line-  
Associated  
Bloodstream  
Infection

## **CAUTI**

Catheter-  
Associated  
Urinary Tract  
Infection

## **CDI**

Clostridioides  
difficile  
Infection

## **MRSA BSI**

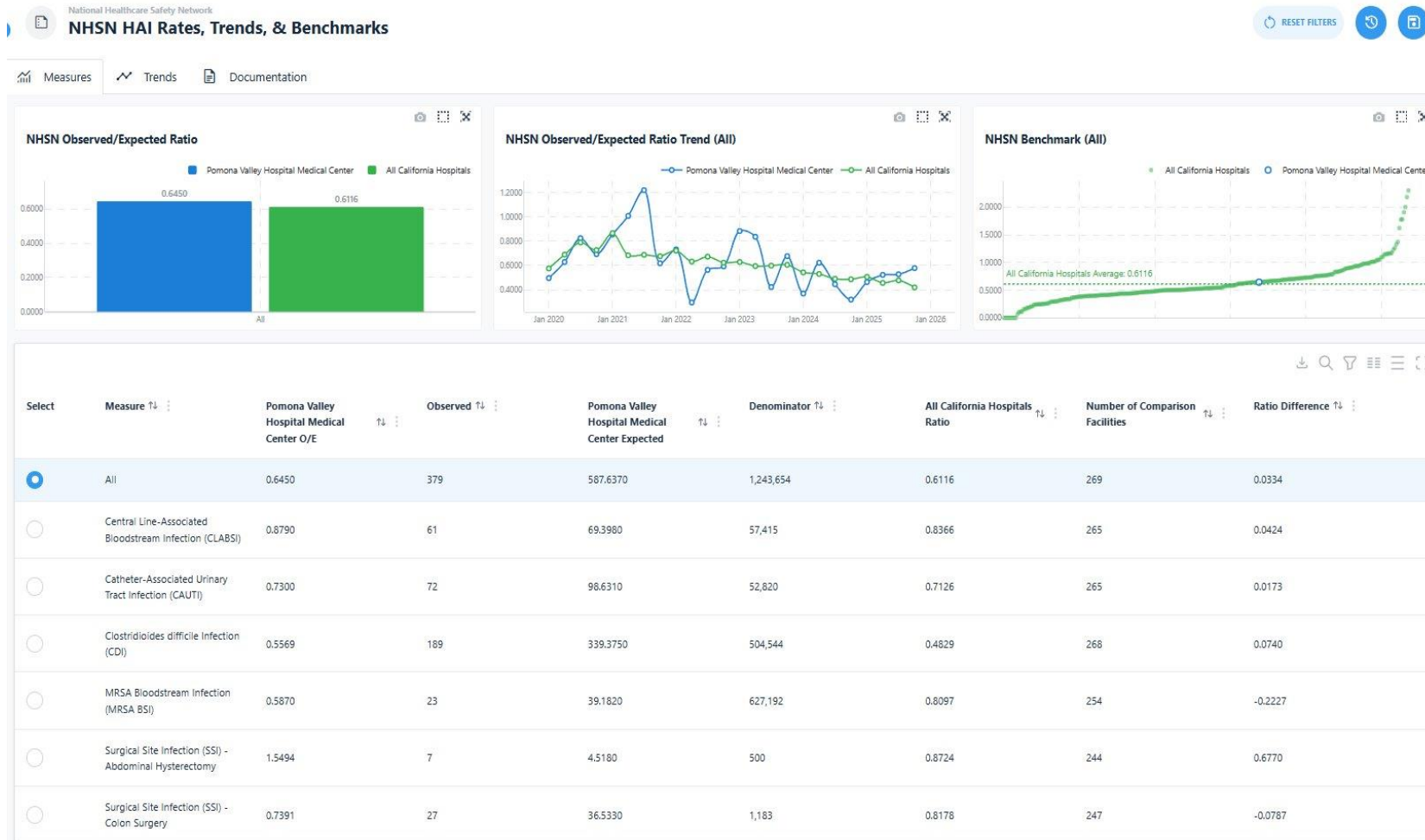
MRSA Bacteremia  
(Bloodstream  
Infection)

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These four measures are central to Cal HQ goals • Updated monthly in HQIP

# Current NHSN Reporting in HQIP

Measure scope: CMS — Observed/Expected performance, trends, and benchmarks



Observed / Expected (SIR)

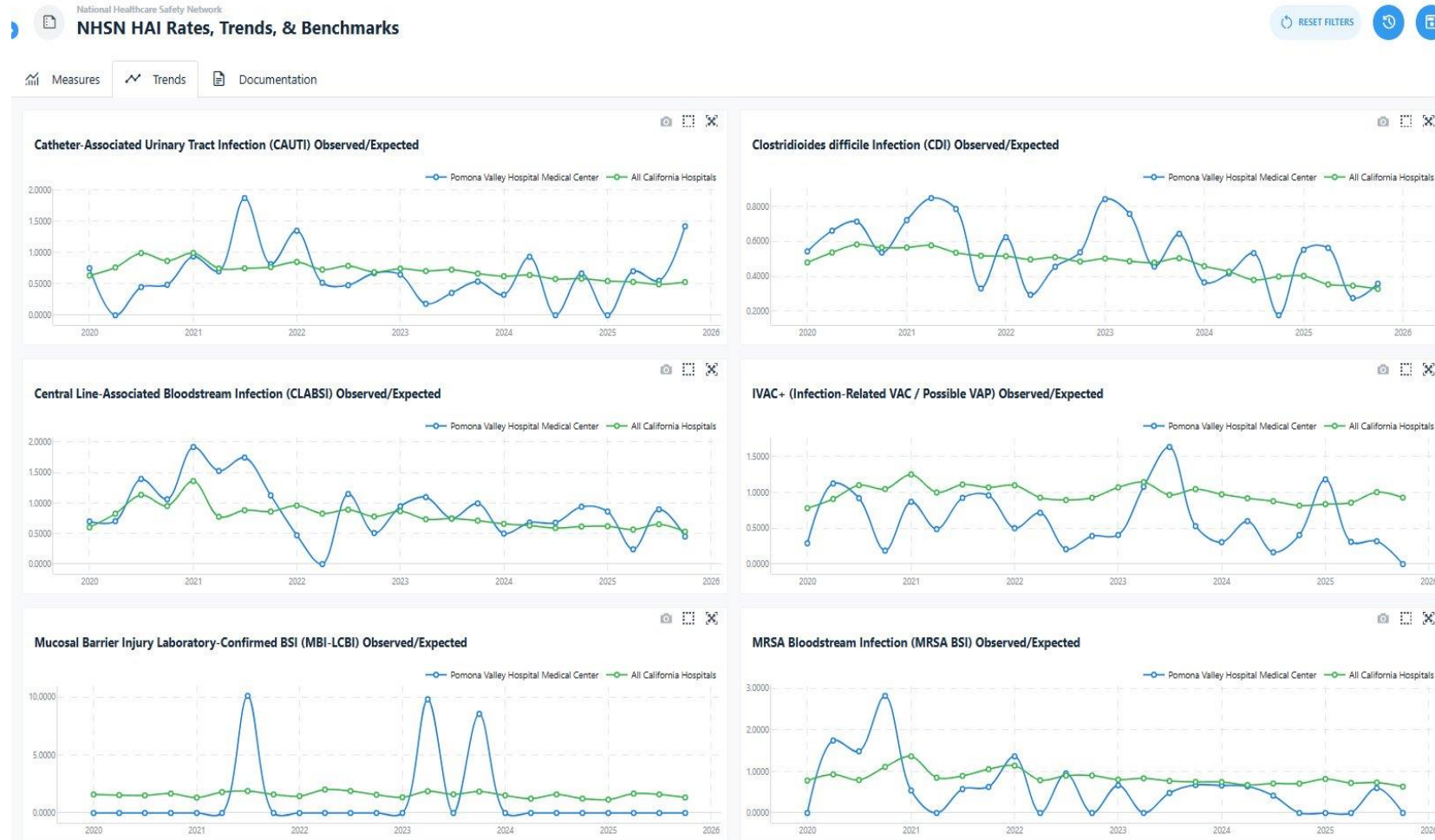
Trends over time

Benchmark vs CA hospitals

Answers: Are we improving? · How do we compare to peers?

# New: Expanded "ALL" Measure Scope

*Beyond CMS reporting — a more complete picture of hospital-wide HAIs*



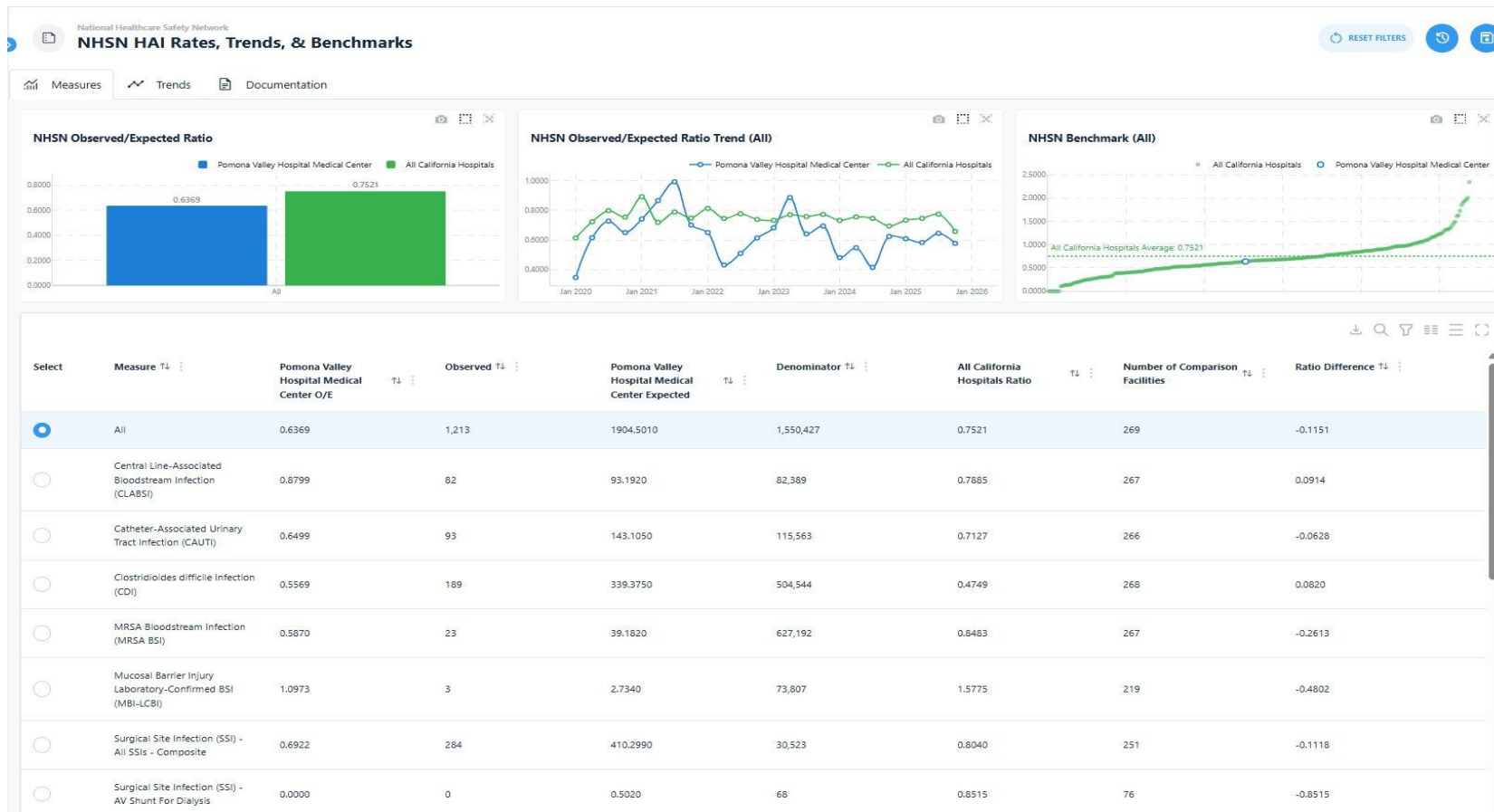
**CMS Scope**  
Limited scope  
(e.g., ICU-focused)

**ALL Scope ★**  
Hospital-wide HAIs  
more signal for  
improvement

**CMS = reporting • ALL scope = improvement**

# Drill Down to Identify Opportunities

Flexible exploration — from statewide benchmarks to specific infection types



Filter

Apply

Facilities  
Pomona Valley Hospital Medic... X

Comparison Group  
All California Hospitals X

From Start Date  
01/01/2020

To Start Date  
03/31/2026

Baseline Year  
 2015  
 2022

Measure Scope  
 CMS  
 All

 **Coming Soon:  
Unit & location-type  
analysis**

From “we have a problem” → “we know where to act”

# From Measurement to Action

*HQIP evolution: reporting → decision support*

**1**

## Measure

NHSN data  
(CMS + ALL scope)

**2**

## Benchmark

Compare to  
CA hospitals

**3**

## Identify

Trends +  
drill-down analysis

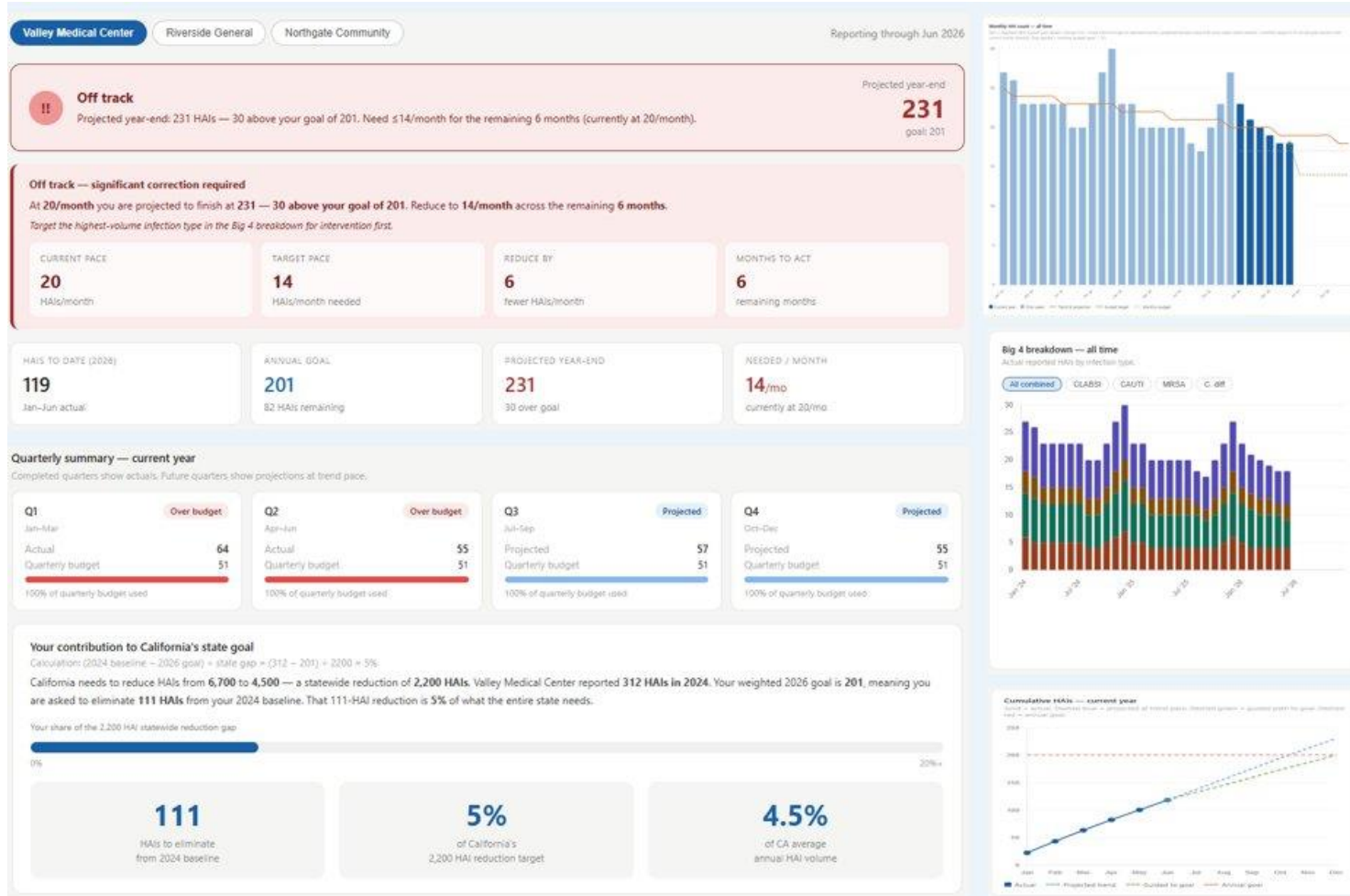
**4**

## Act

Cal HQ dashboards  
& improvement  
tools

# New Cal HQ Dashboard – Coming Soon

Designed for action: clear status, monthly targets, trend projections



## Dashboard Features:

- Clear status: On Track / At Risk / Off Track
- Monthly targets to hit annual goal
- Trend-based projections
- Breakdown by infection type
- Contribution to statewide goal

Answers: “What do we need to do next?”

# How Hospitals Will Use HQIP

*Simple 3-step approach — aligned with Cal HQ methodology*

1

## Identify

Which HAIs are  
above benchmark?

2

## Prioritize

Focus on the  
highest-impact areas

3

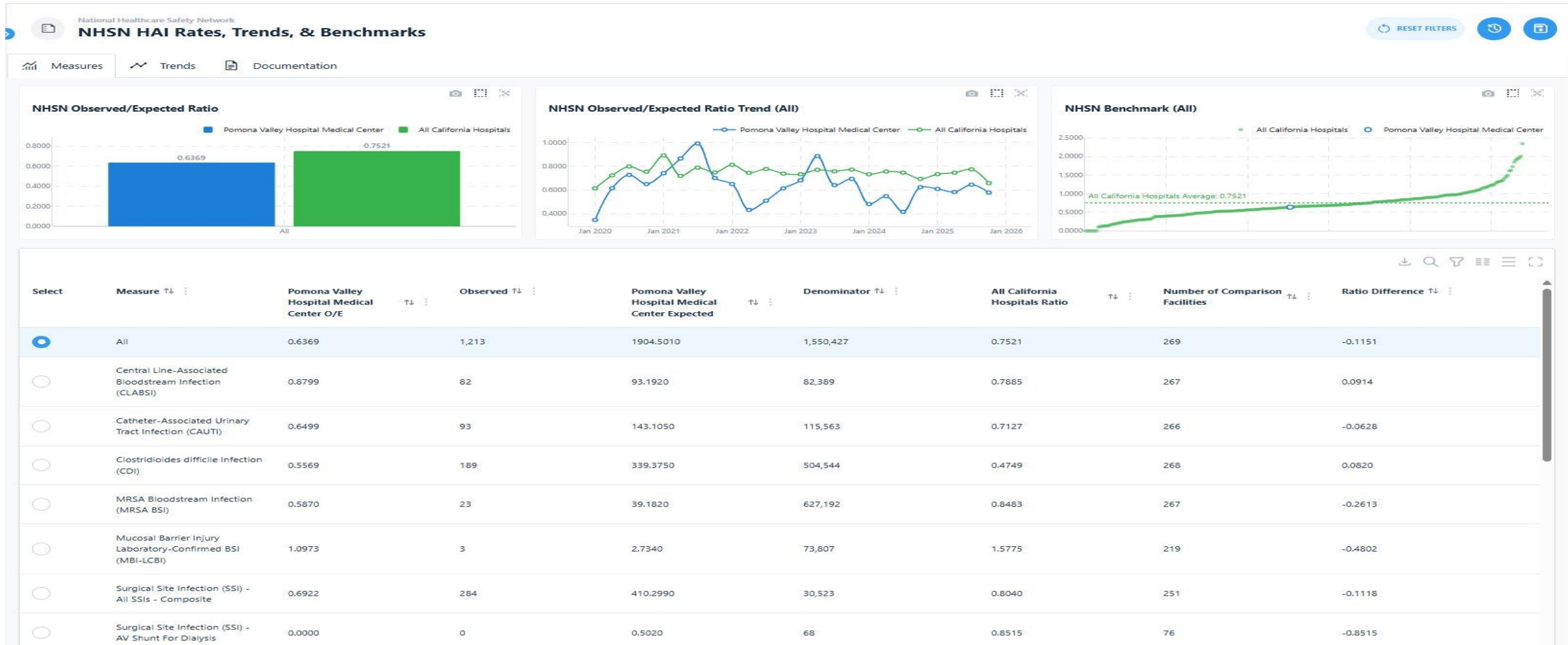
## Monitor

Track trends and  
progress over time

*Aligned directly with Cal HQ methodology*

# Live Demo: NHSN HAI Report in HQIP

Example: PVHMC



View trends over time

Compare to peer hospitals

Identify improvement areas



HQIP turns your existing data into actionable insights



NHSN participation is essential for Cal HQ goals



Expanded “ALL” scope provides a more complete HAI signal



New dashboards will guide improvement — not just measurement

*From measuring performance → managing improvement*

①

## Join the HQI NHSN Group

Takes approximately 5 minutes

②

## Ensure your data is up to date

NHSN monthly uploads + HCAI quarterly data

③

## Engage with HQIP reports

Explore trends, benchmarks, and drill-downs



[hqianalytics@hqinstitute.org](mailto:hqianalytics@hqinstitute.org)



**Data  
Sensemaking  
through  
Discovery  
Tools**

<b>Chart Identifier</b>	<b>Pt A</b>	<b>Pt B</b>	<b>Pt C</b>	<b>Pt D</b>	<b>Pt E</b>
<b>INSERTION</b> The patient had...					
An order to insert a urinary catheter.					
A defined clinical indication for an indwelling urinary catheter.					
Urinary catheter inserted using sterile technique. Hand hygiene and peri-urethral cleaning performed prior to insertion.					
A two-person insertion (e.g., two nurses)					
Urinary catheter securement.					
<b>MAINTENANCE</b> The patient had...					
Daily assessment of urinary catheter necessity.					
Catheter securement device is in place.					
Drainage bag is emptied in accordance with hospital policy.					
Maintenance of unobstructed urine flow (closed drainage system, drainage bag below bladder, no dependent loops, keep bag off the floor)					
Peri-care done and routinely documented (e.g., per hospital policy after fecal incontinence)					
Education provided for patient, family member, or caregivers.					

## Review charts

Complete  
Discovery Tool

10 min

## Discuss findings

Share observations.  
Identify patterns.  
Discuss next steps.

10 min

## Group Report Out

What did you learn?  
What would you change?

10 min

What did you observe in your chart review?

What patterns does the Discovery Tool reveal?

How might this help your improvement efforts?

What additional information would you need?

What would you do next?

How does this compare with what you would expect at your own facility?

Could you imagine using a Discovery Tool?

What would you change?

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E
<b>INSERTION</b> The patient had...					
An order to insert a urinary catheter.					
A defined clinical indication for an indwelling urinary catheter.					
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Education provided for patient, family member, or caregivers.					

Access Discovery Tools for CAUTI, CLABSI, MRSA and CDI on the Cal HQ website:

<https://calhq.calhospitalcompare.org>



# What's Next?

## *Codesigning Forward*



Peer  
Connection

- Sign up for the Cal HQ listserv



Data for  
improvement

- Access change packages, discovery tools, HQI dashboards
- Submit a discovery tool and schedule a coaching call



Engaging  
events

- Register for upcoming webinars and affinity groups

# Join the Conversation

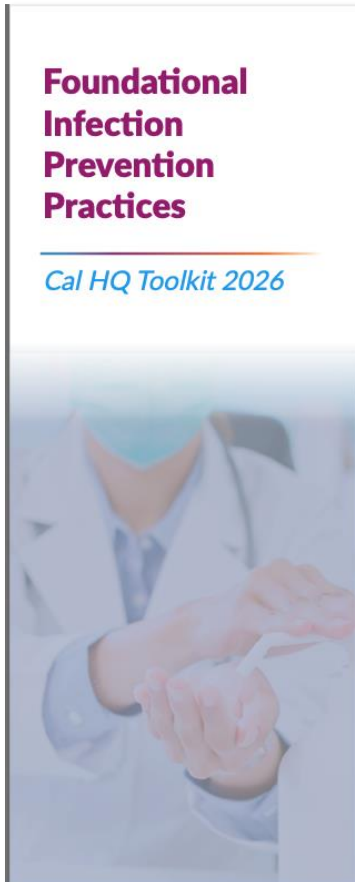
- “I’m looking for...”
- “Has anyone tried...?”
- “We’re struggling with...”
- “Does anyone know...”

Sign up for the [CalHQ listserv](#)



# Resources

Available on our website:  
[www.calhq.calhospitalcompare.org](http://www.calhq.calhospitalcompare.org)



**Foundational Infection Prevention Practices**

*Cal HQ Toolkit 2026*

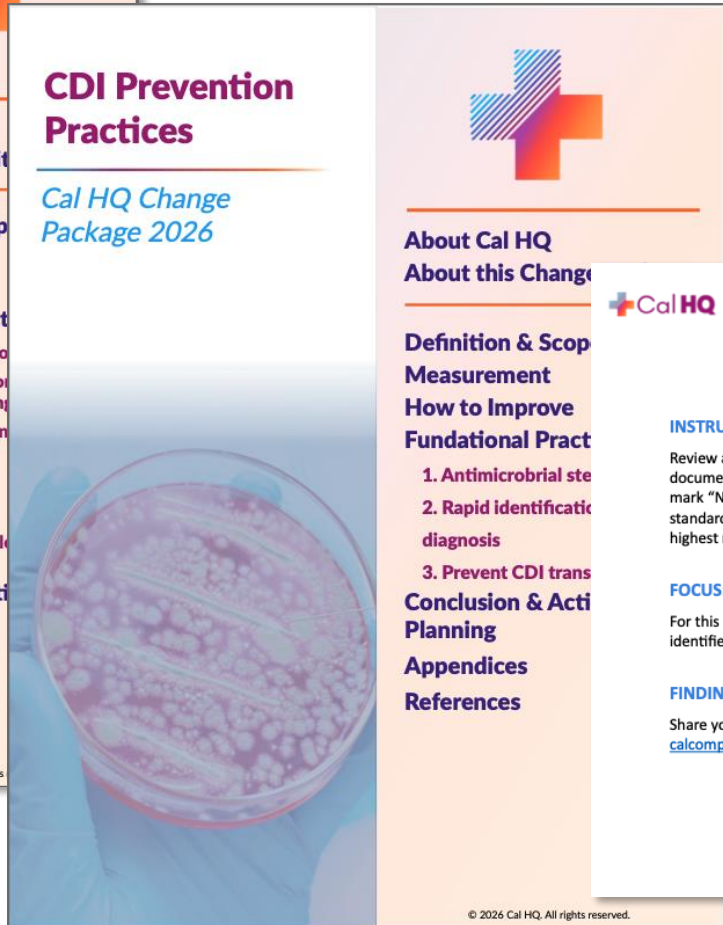
About Cal HQ  
About this Toolkit

Definition & Scope  
Measurement  
How to Improve  
Fundamental Practices

1. Leadership Support
2. Healthcare Personnel Education & Training
3. Patient, Family and Engagement
4. Surveillance
5. Hand Hygiene
6. Environmental Cleaning & Disinfection

Conclusion & Action Planning  
Appendices  
References

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**CDI Prevention Practices**

*Cal HQ Change Package 2026*

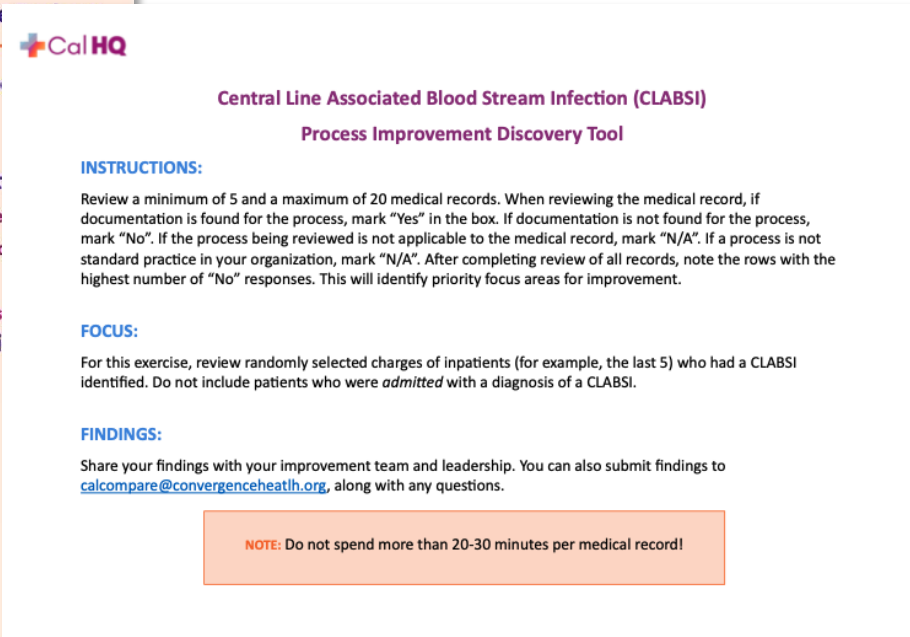
About Cal HQ  
About this Change

Definition & Scope  
Measurement  
How to Improve  
Fundamental Practices

1. Antimicrobial stewardship
2. Rapid identification and diagnosis
3. Prevent CDI transmission

Conclusion & Action Planning  
Appendices  
References

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**Central Line Associated Blood Stream Infection (CLABSI)  
Process Improvement Discovery Tool**

**INSTRUCTIONS:**  
 Review a minimum of 5 and a maximum of 20 medical records. When reviewing the medical record, if documentation is found for the process, mark "Yes" in the box. If documentation is not found for the process, mark "No". If the process being reviewed is not applicable to the medical record, mark "N/A". If a process is not standard practice in your organization, mark "N/A". After completing review of all records, note the rows with the highest number of "No" responses. This will identify priority focus areas for improvement.

**FOCUS:**  
 For this exercise, review randomly selected charges of inpatients (for example, the last 5) who had a CLABSI identified. Do not include patients who were *admitted* with a diagnosis of a CLABSI.

**FINDINGS:**  
 Share your findings with your improvement team and leadership. You can also submit findings to [calcompare@convergencehealth.org](mailto:calcompare@convergencehealth.org), along with any questions.

**NOTE:** Do not spend more than 20-30 minutes per medical record!

# Upcoming Events

## Let's Get Started! Ideas to Reinvigorate Infection Prevention Practices

May 21 | 12:00 – 1:00 pm PT


Register here:

<https://us06web.zoom.us/meeting/register/phY7i7cLRBqPNhqZaszweA>

## A New Frontier: How Digital Quality Measure Enhance Improvement Efforts

Summer 2026 - Registration details TBA





**Share  
something  
you...**





# Thank you!

Please share your thoughts via the  
survey

<https://calhq.calhospitalcompare.org>

