

California Alignment for Hospital Quality: *Partnering for Progress*



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



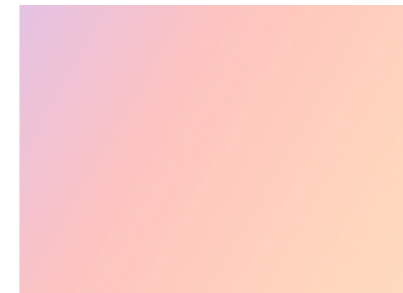
Build a Network of Excellence



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



A decorative graphic in the top-left corner consisting of several parallel diagonal stripes in shades of blue, purple, and orange.

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.

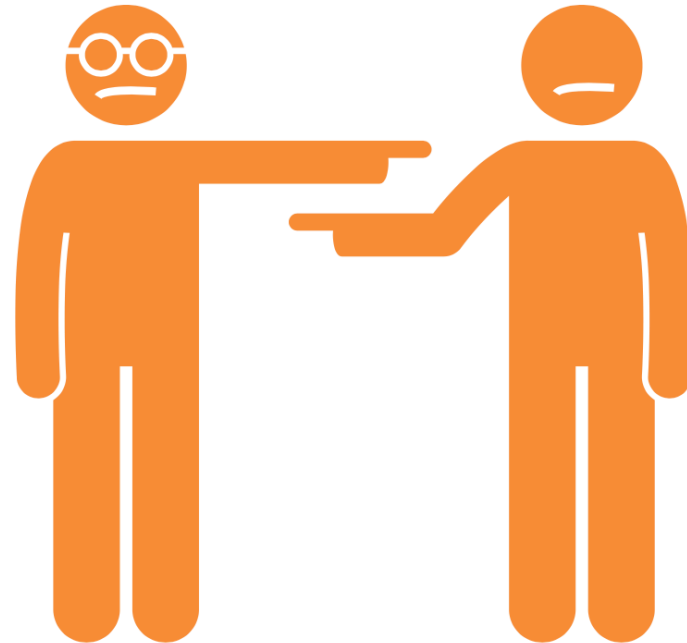
Solution Focused

Acknowledge challenges only to resolve them.

Complex & Fragmented



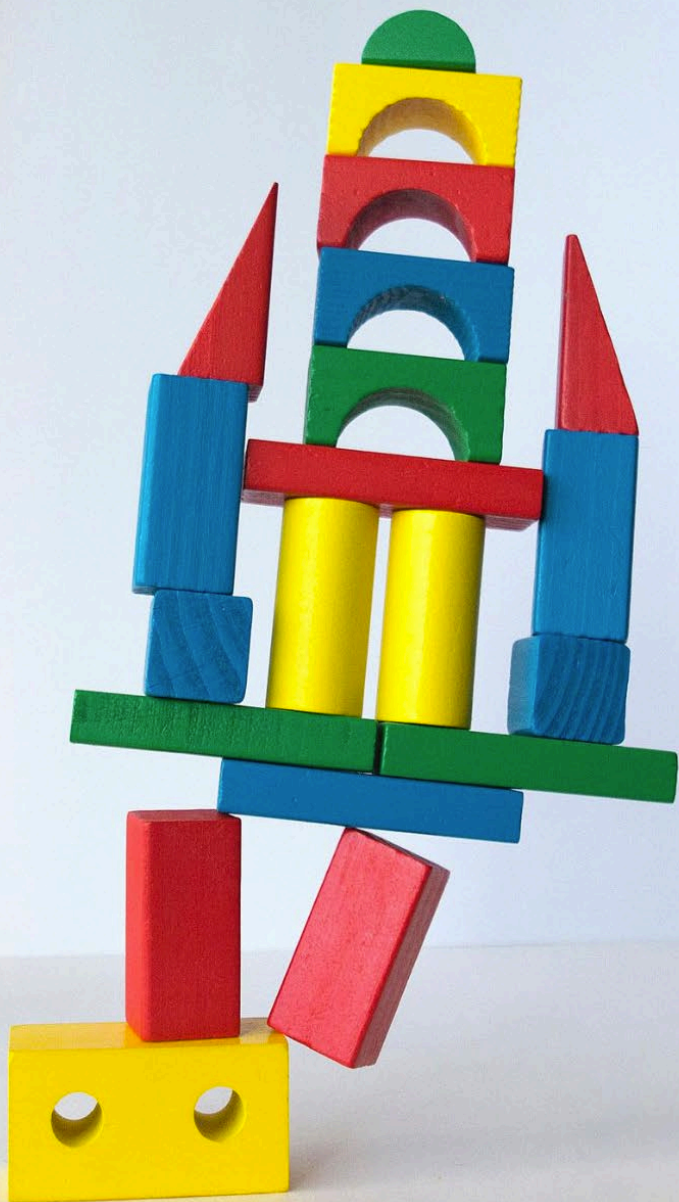
Finger Pointing



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

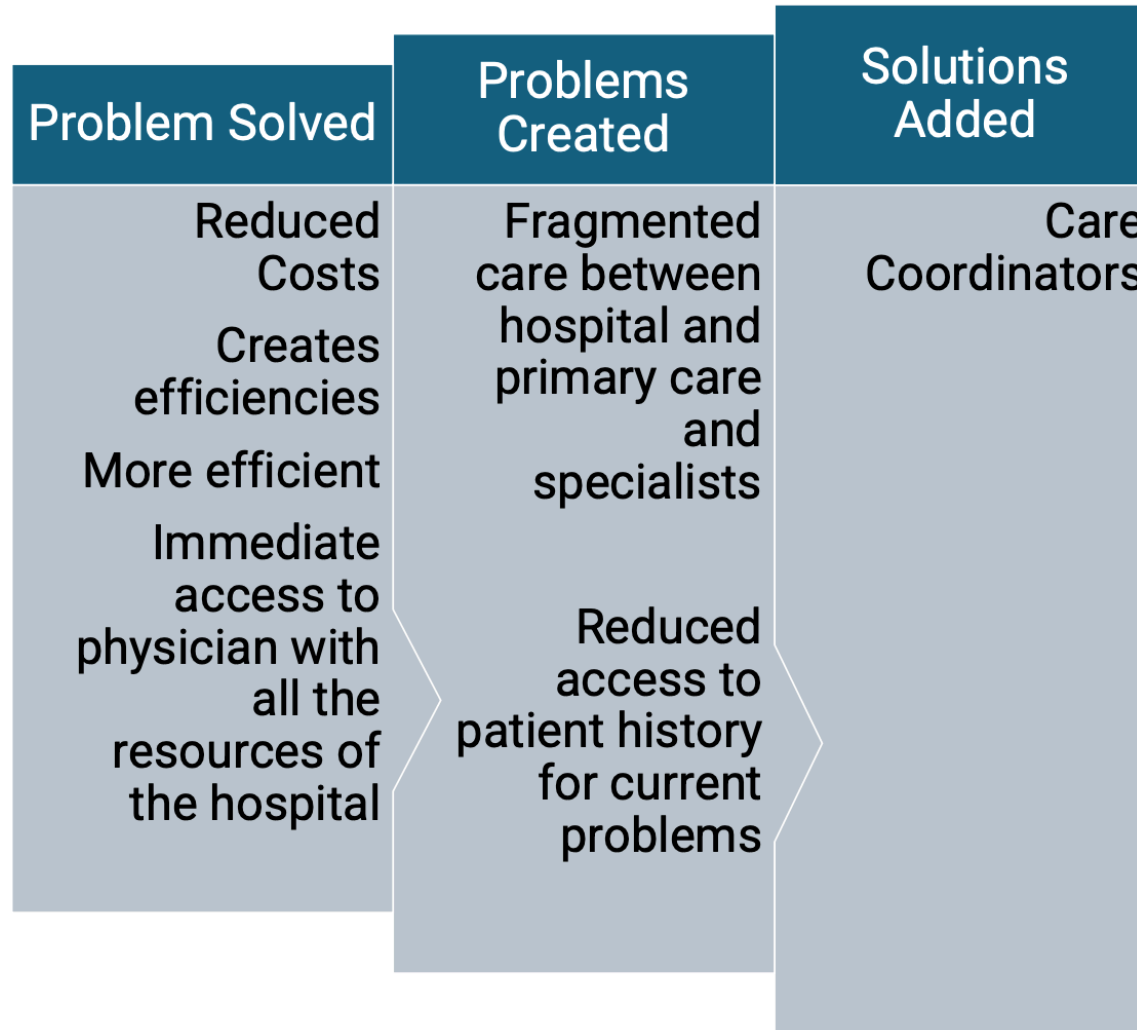
Who wants to reduce Hospital Acquired Infections?



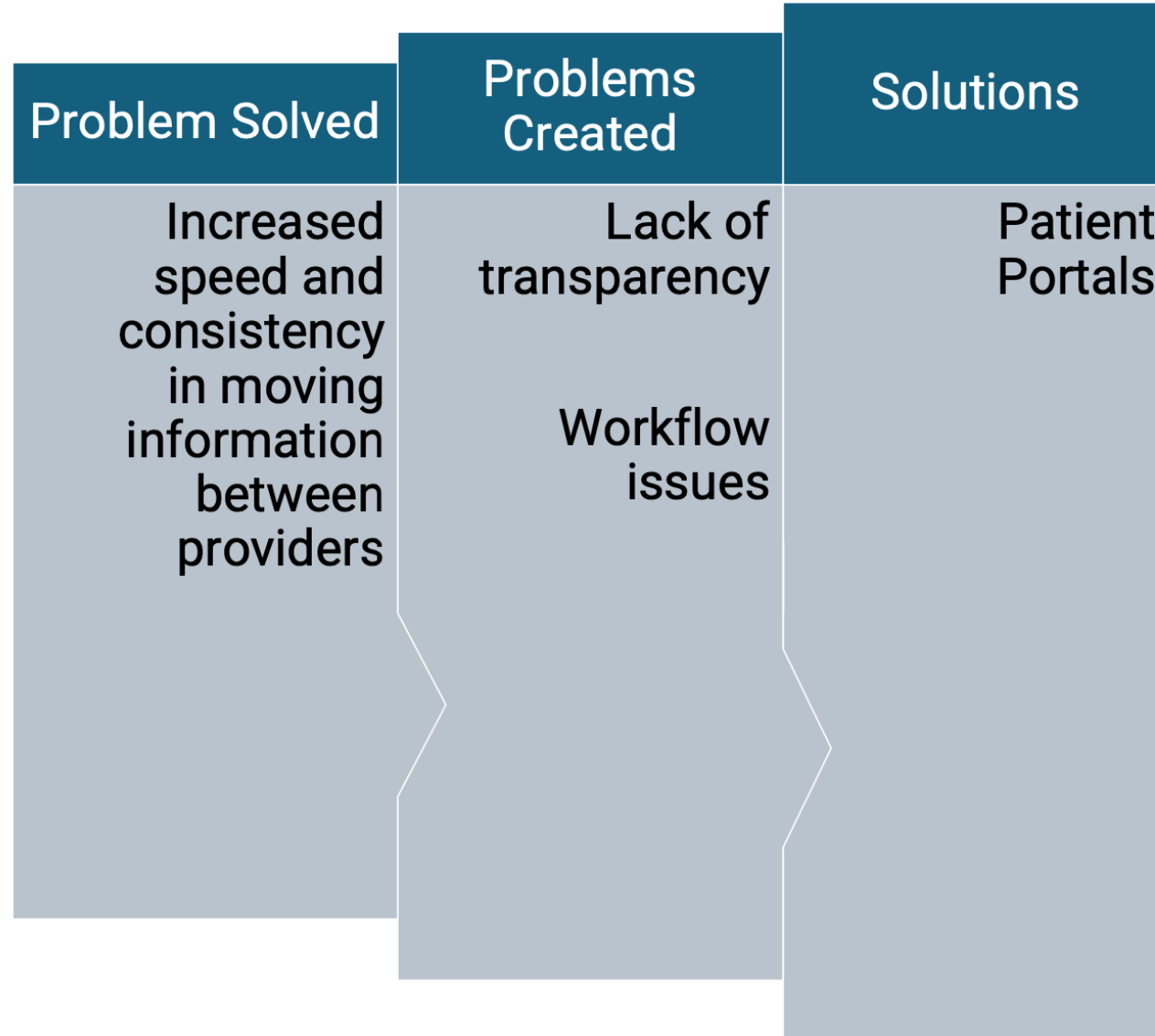


Building on a precarious foundation

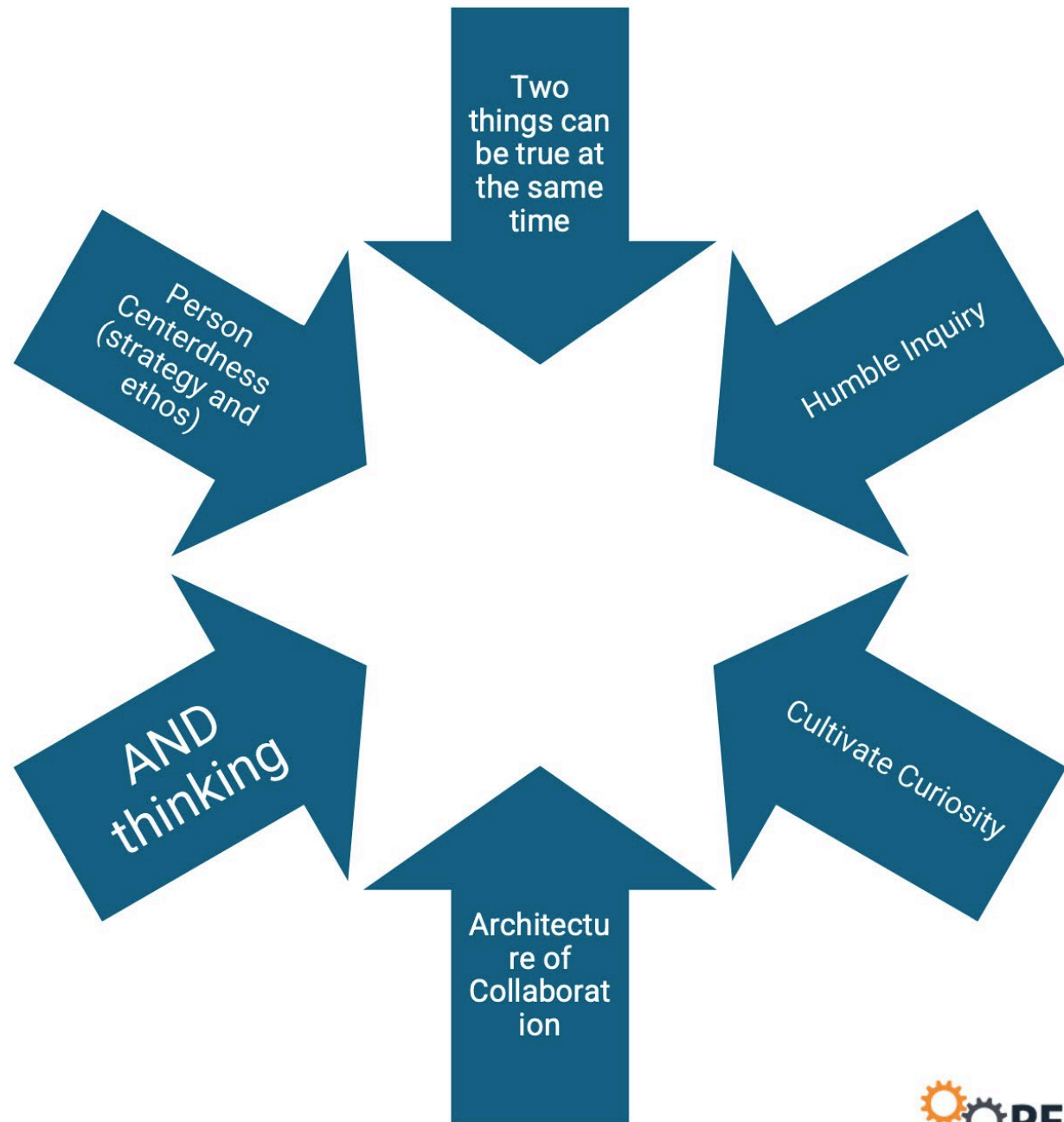
Hospitalist



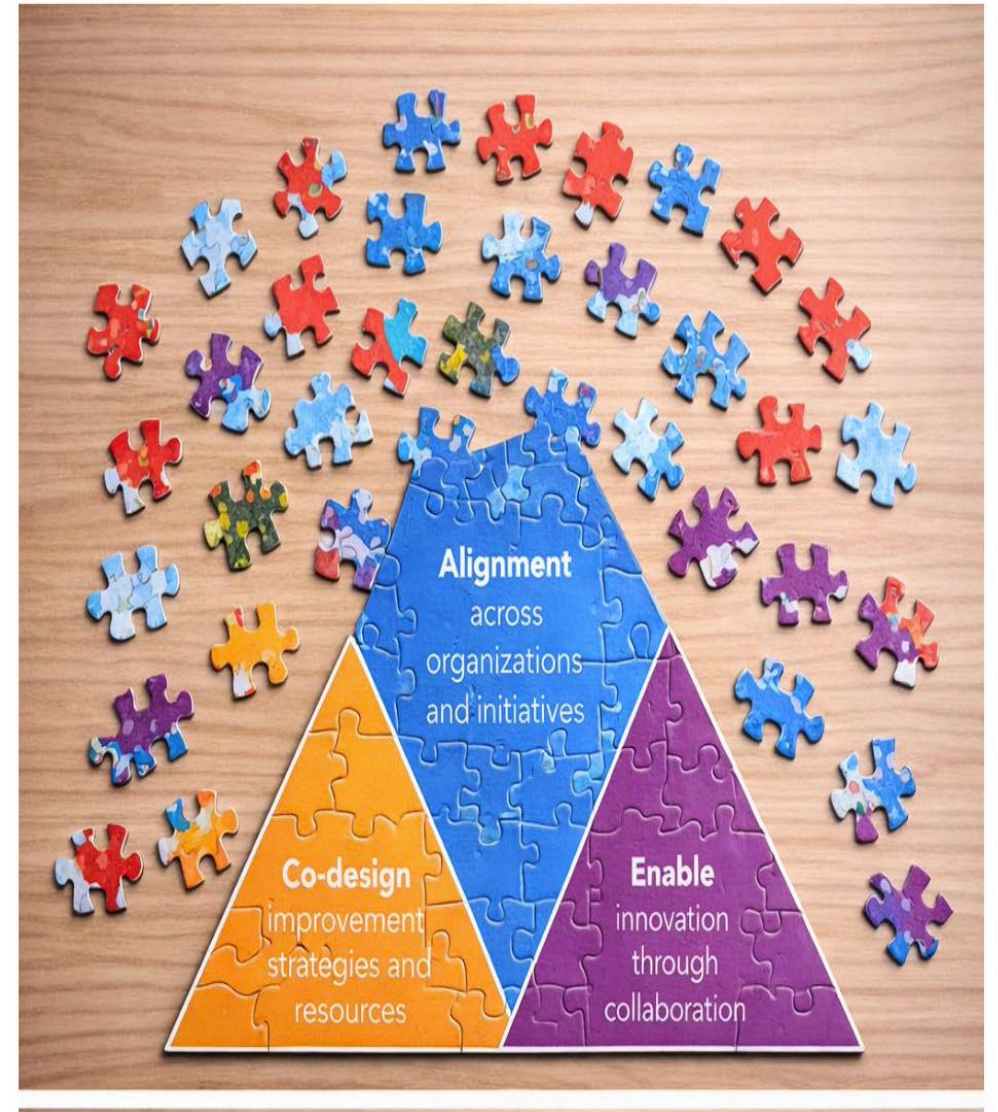
Electronic health record



Constructive Collaborations



Puzzle Pieces



THANK YOU!

LIBBY HOY

libby@pfccpartners.com



WEBSITE

pfccpartners.com

INSTAGRAM

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

LINKEDIN

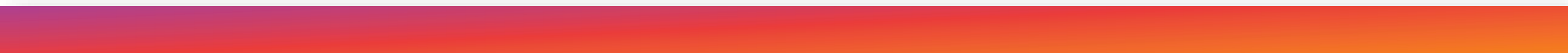
[linkedin.com/company/pfcc-partners](https://www.linkedin.com/company/pfcc-partners)

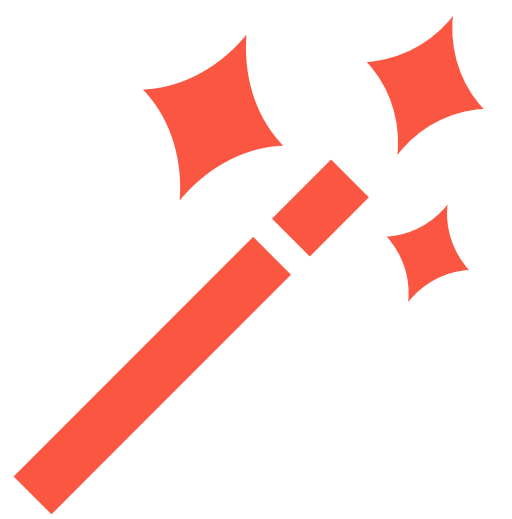


Connecting to Purpose: *Exploring our Roles, Responsibilities and Resources*

Natalie Graves, MPH

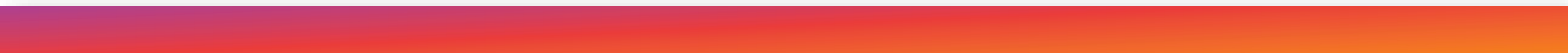
Improvement Advisor, Cal Healthcare Compare

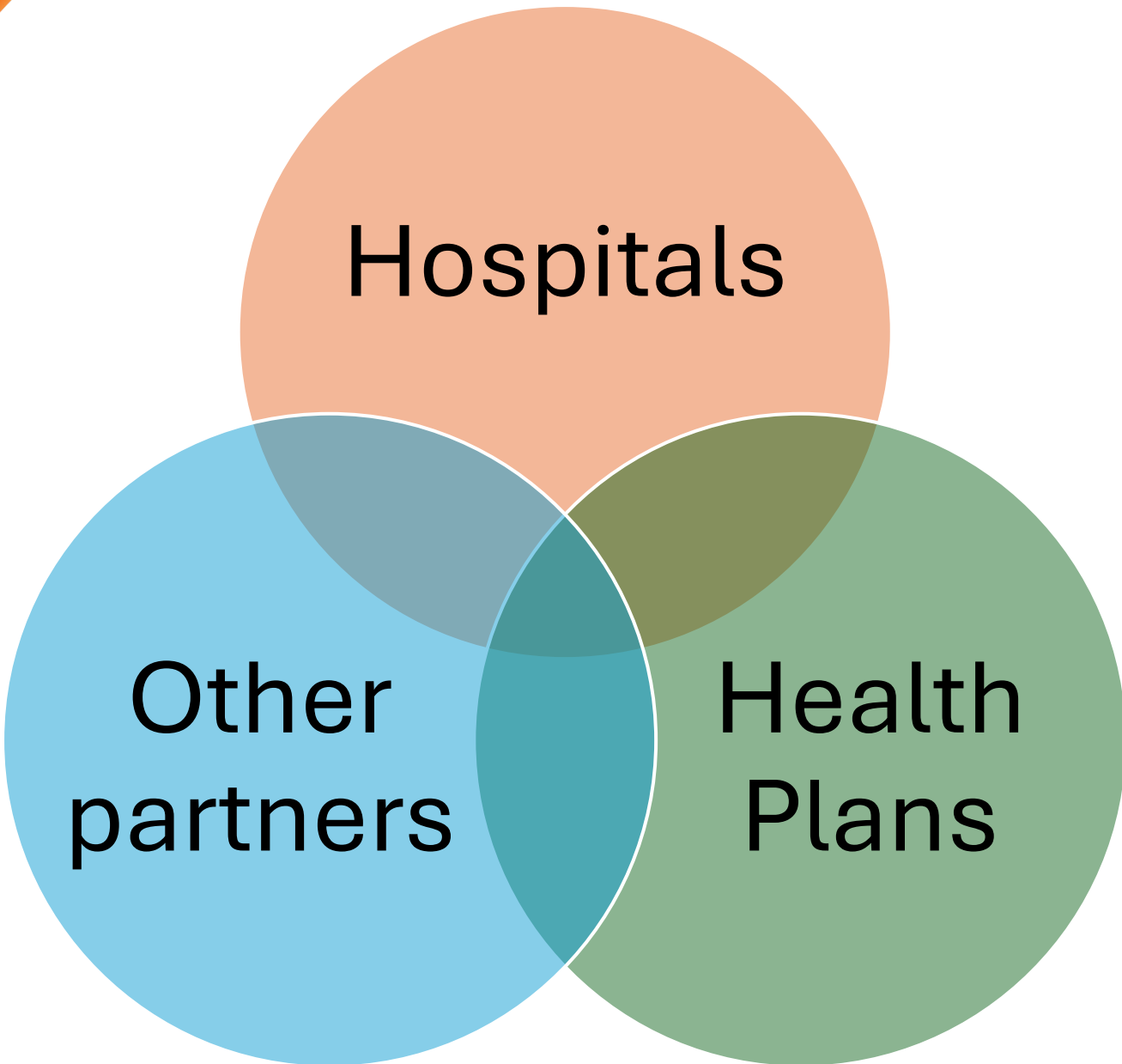




Your ideas
here

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

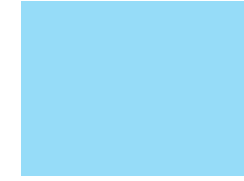




Role



Responsibility



Resources



Opportunities






What did you
learn?

What
surprised
you?

What do you
want to
explore more?





Inland Empire Quality Alliance

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:

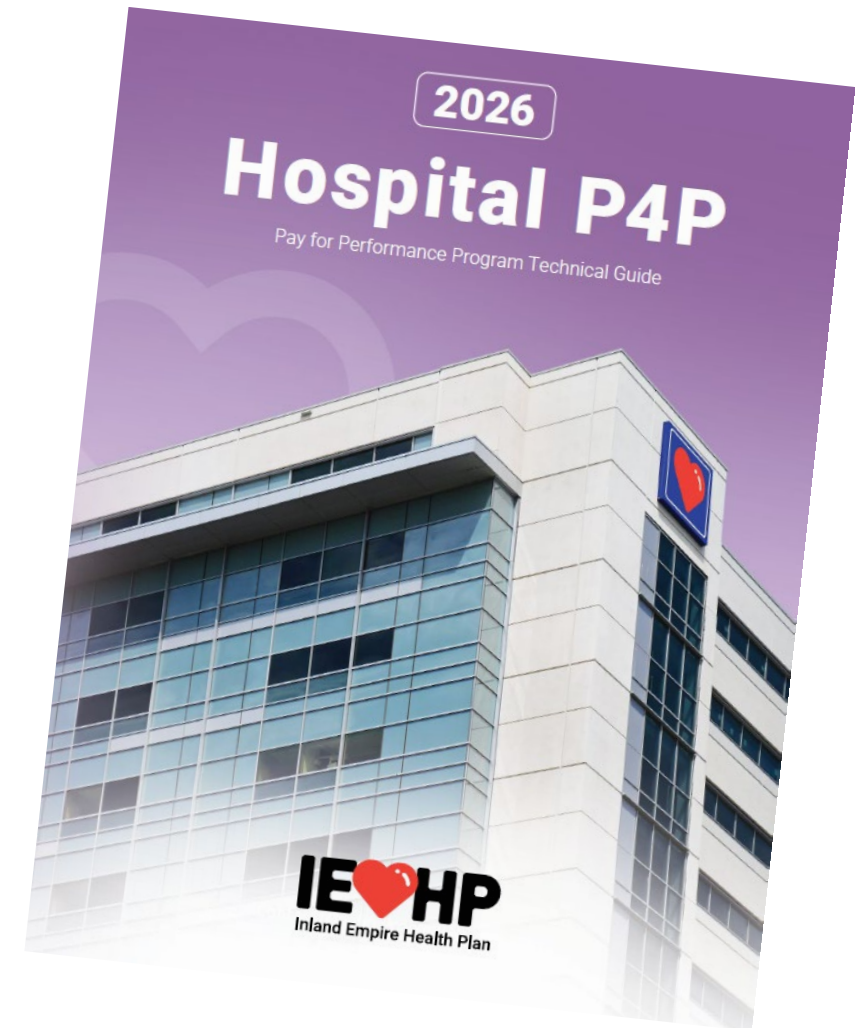
- ♥ Placing our members at the center of our universe.
- ♥ Unleashing our creativity and courage to improve health & well-being.
- ♥ Bringing focus and accountability to our work.
- ♥ Never wavering in our commitment to our members, providers, partners, and each other.

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)	≤ 0.427	0.4505	0.459
Central Line Associated Blood Stream Infection (CLABSI)	≤ 0.413	0.4842	0.477
Clostridioides Difficile Colitis (C.diff) Infection	≤ 0.621	0.2967	0.386
Methicillin-Resistant Staphylococcus Aureus (MRSA)	≤ 0.496	0.6293	0.771
Surgical Site Infection (SSI) - Colon	≤ 0.349	0.6164	0.820

Leapfrog Achieved the Standard Target

- SIR < 1.0
- 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%

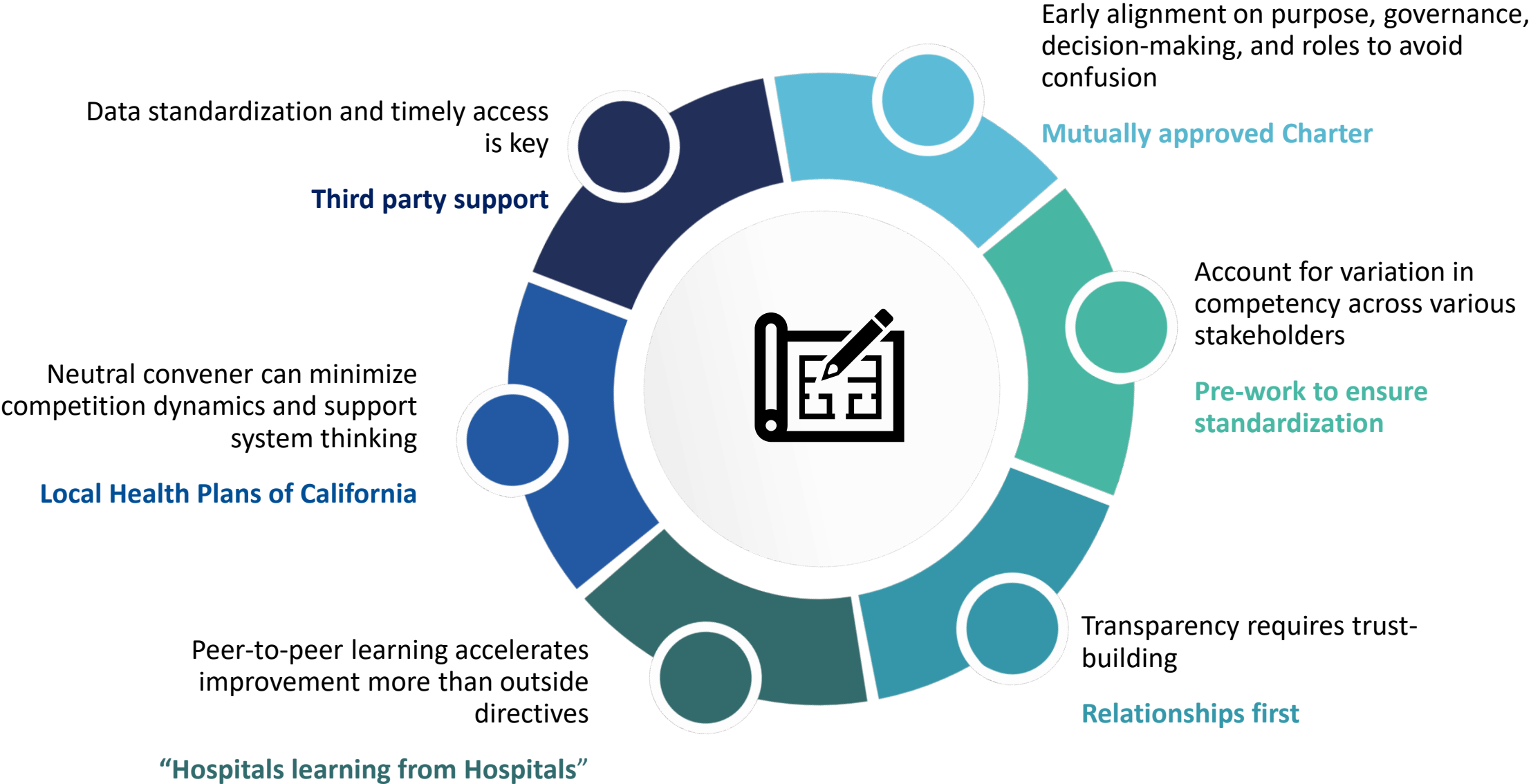
Measures	Current State			
	Target	2023 Network Performance	2024 Network Performance	Q1-Q2 2025 Network Performance
Sepsis Management (SEP-1)	≥ 66% (Cal Compare State Avg.)	55.70%	63.12%	64.08%
Sepsis Mortality	≤ 14.48% (State Benchmark(HQI))	14.85%	13.07%	13.53%

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

Genia Fick

Chief Quality Officer, IEHP

Fick-G@iehp.org

Sylvia Lozano

Chief Transformation Officer, IEHP

Lozano-S@iehp.org

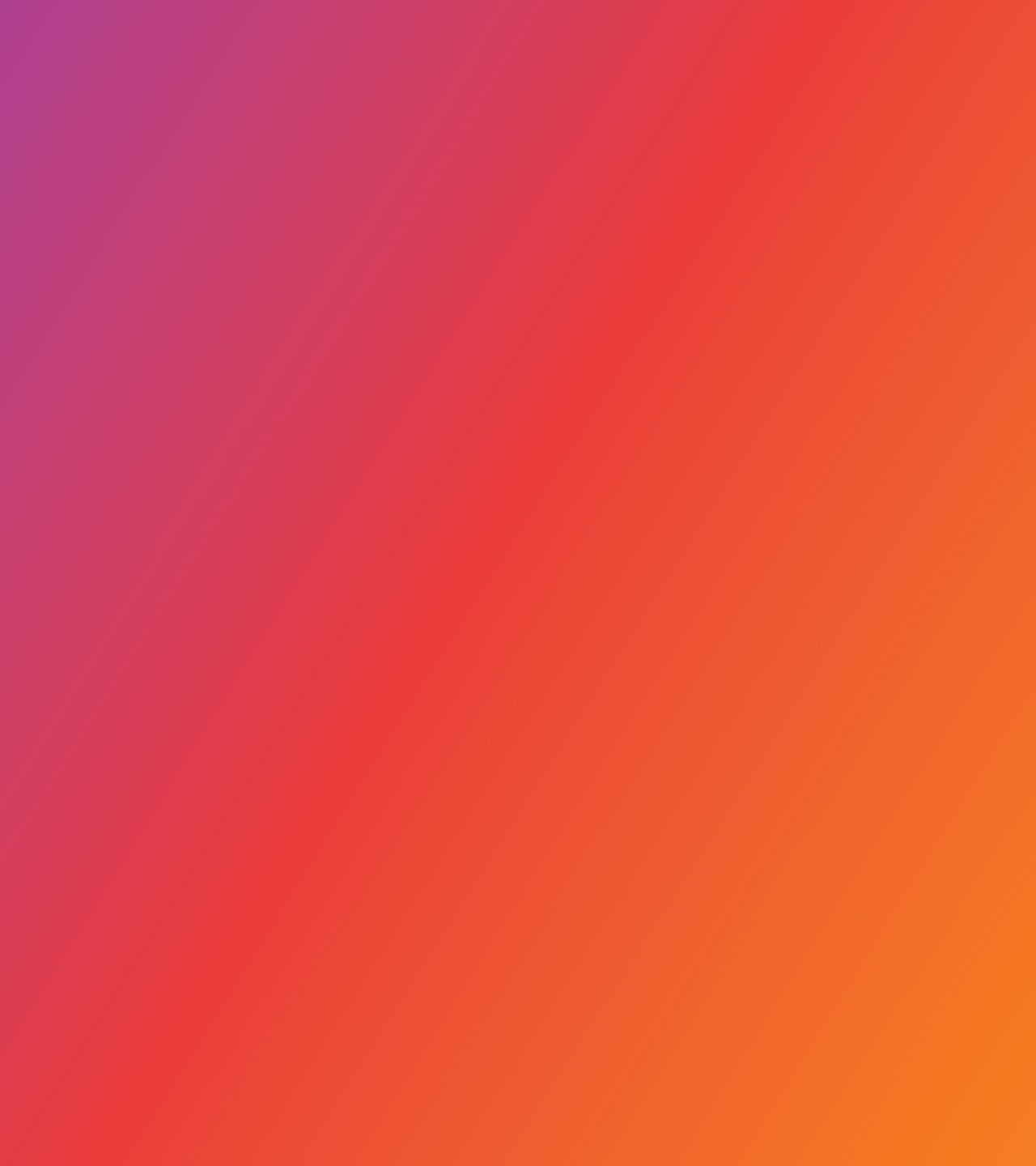


Thank You!



Enjoy Lunch!

Please return by 12:25





Los Angeles General
Medical Center

Exceptional Care.
Healthy Communities.

Transforming Safety in the Safety Net

Allie Luu, MD

Patient Safety Officer and Assistant Chief Quality 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?



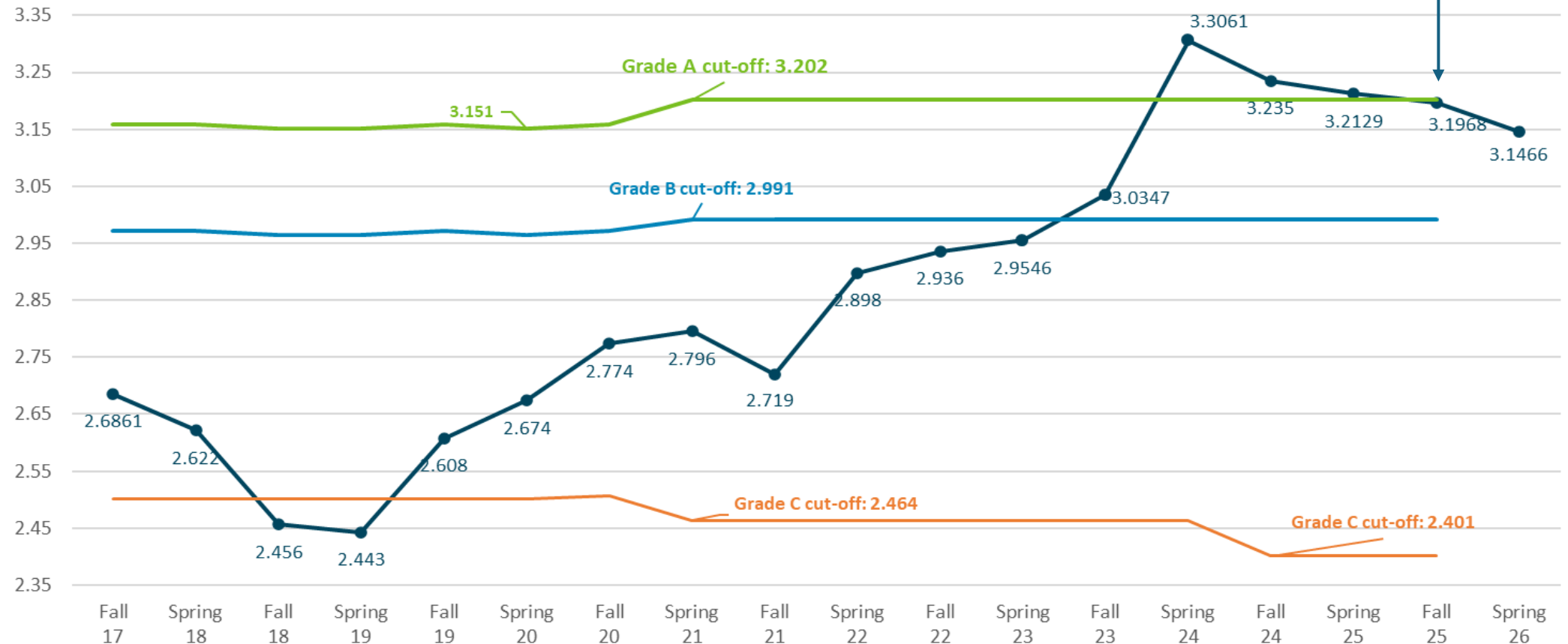
From D to AAA

Los Angeles General
Medical Center

Exceptional Care. Healthy Communities.

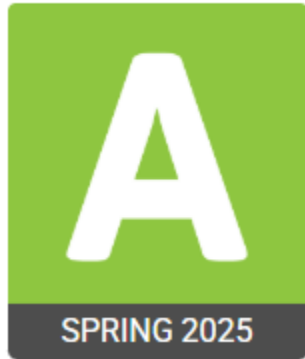
Leapfrog Safety Grade Score Over Time

Coding error



Results

This Hospital's Grade



Los Angeles General Medical Center

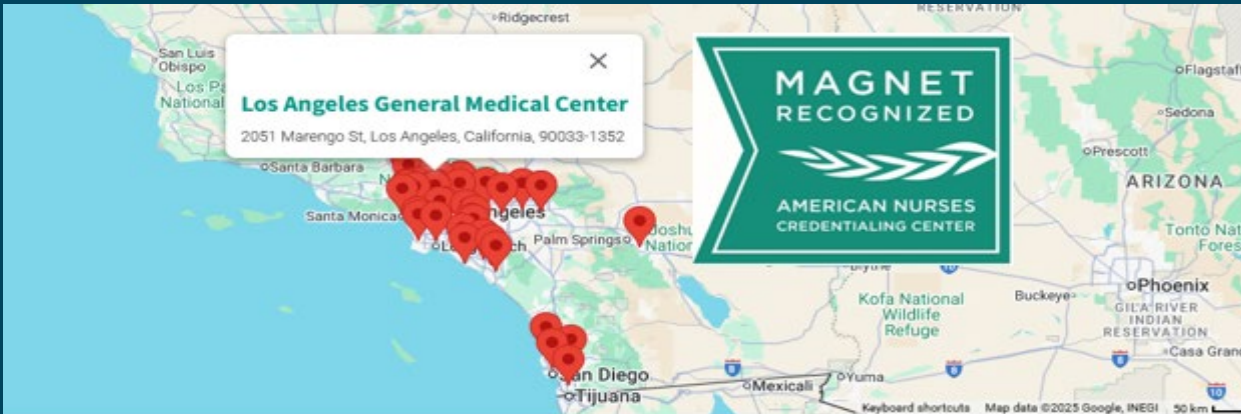
2051 Marengo St.
Los Angeles, CA 90033-1029
[Map and Directions](#)

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

▼ [Hide Recent Past Grades](#)



[More about past grades](#)

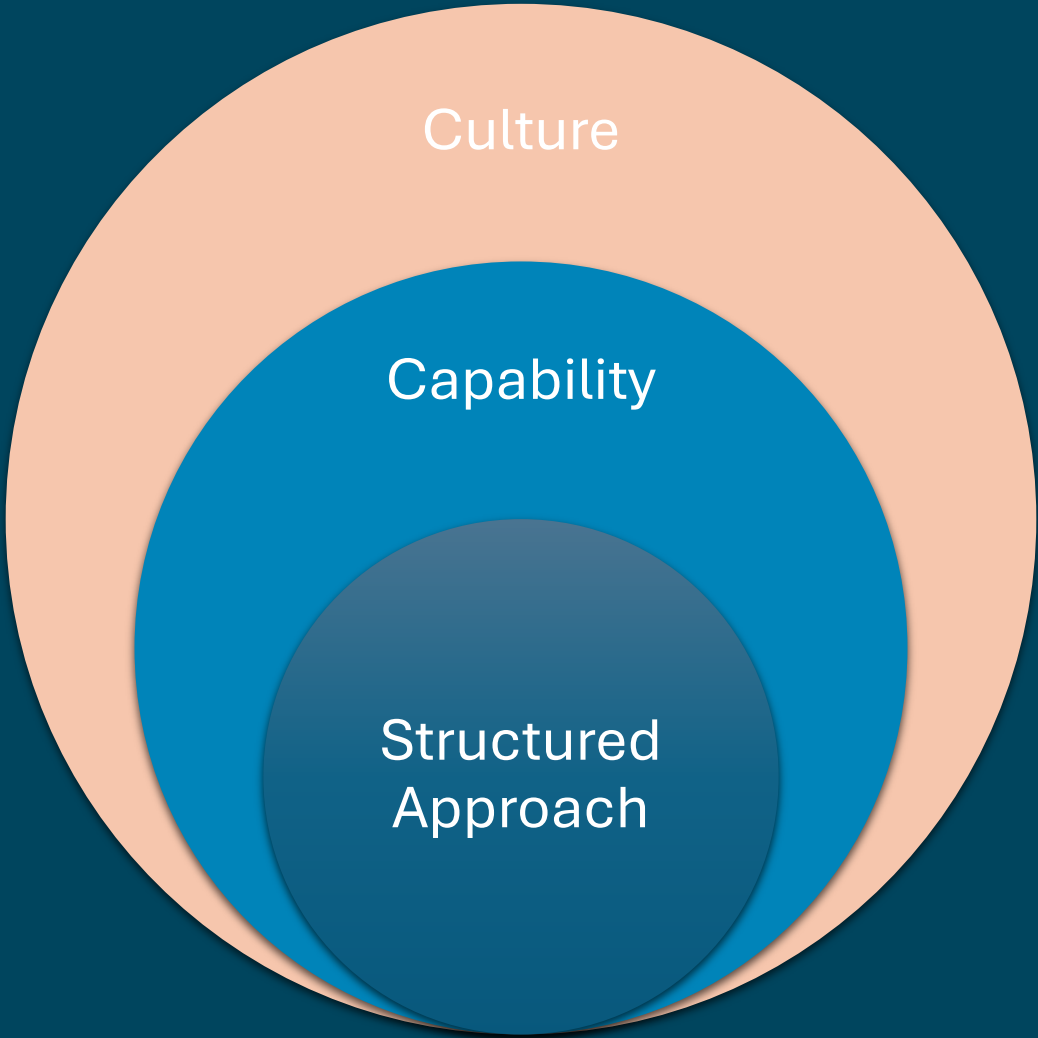


Name of organization	Address	Designation Year	Redesignation Years
Los Angeles General Medical Center	2051 Marengo St, Los Angeles, California, 90033-1352	2025	



Magnet and Patient Safety: Overlap and Alignment



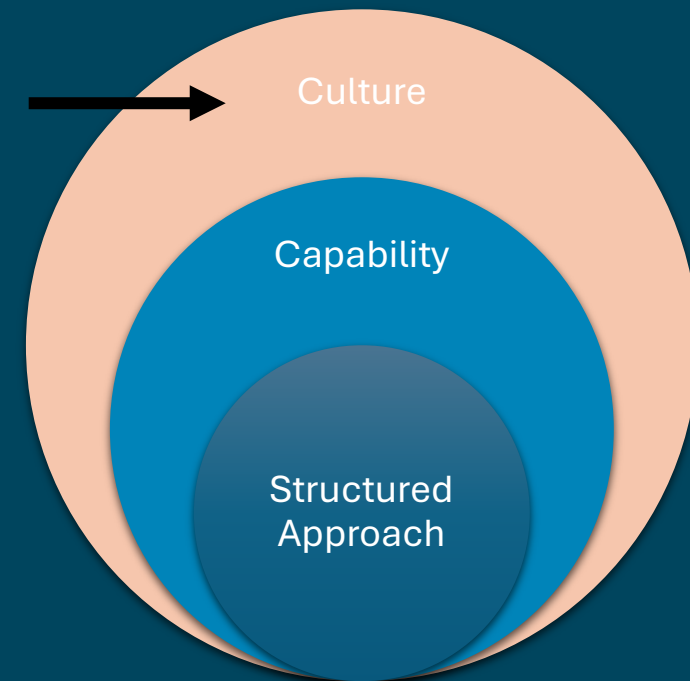


- Executive Alignment

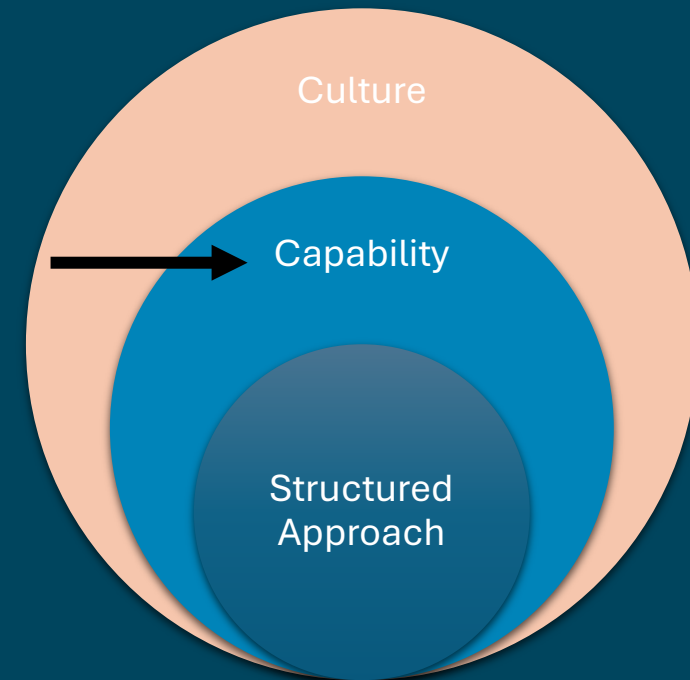
- Tiered Huddles & Walk Rounds
- Triad Leadership and Balanced Score Cards at the Unit Level
 - Nurse
 - Provider
 - Administrator

- Education & Training

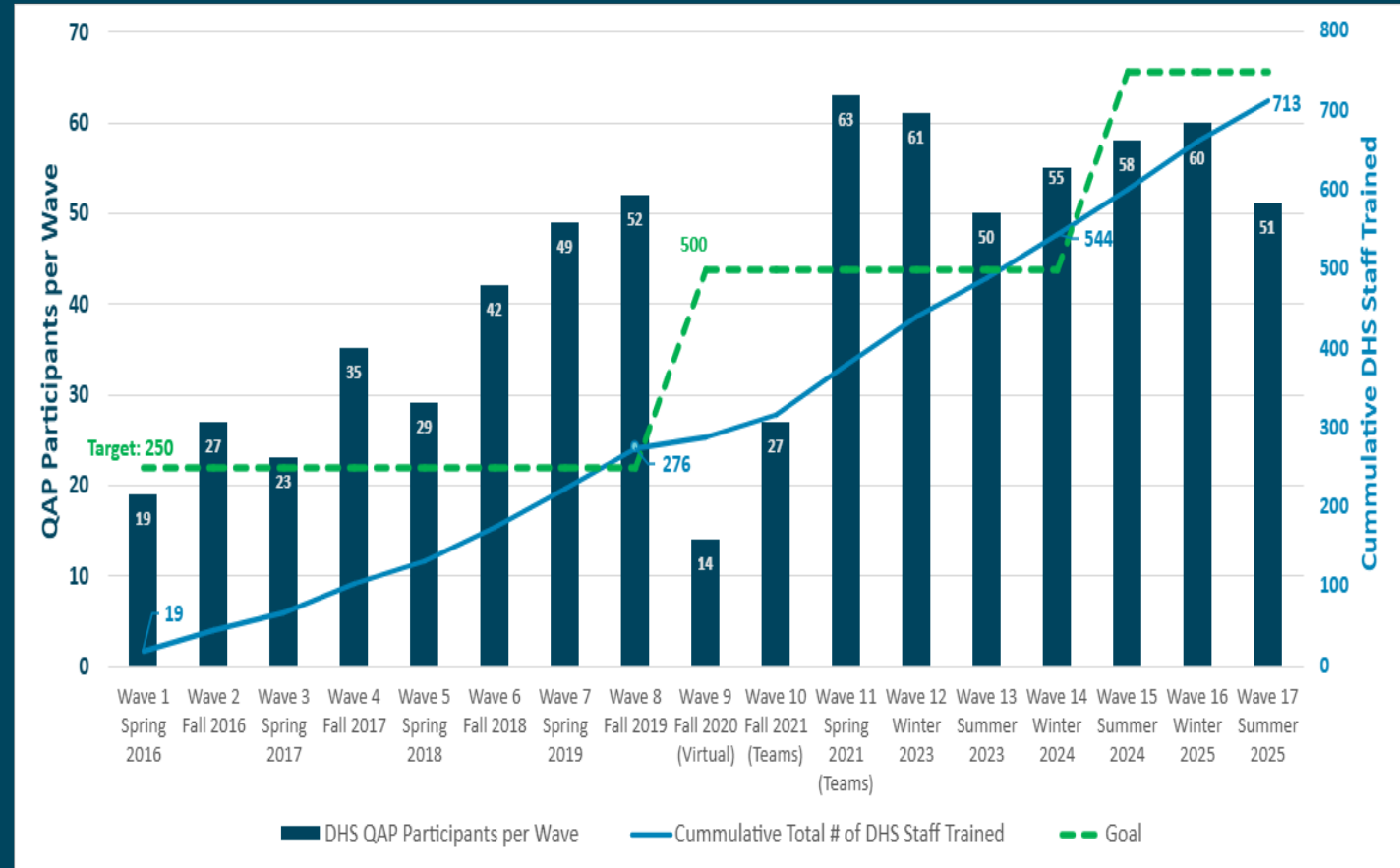
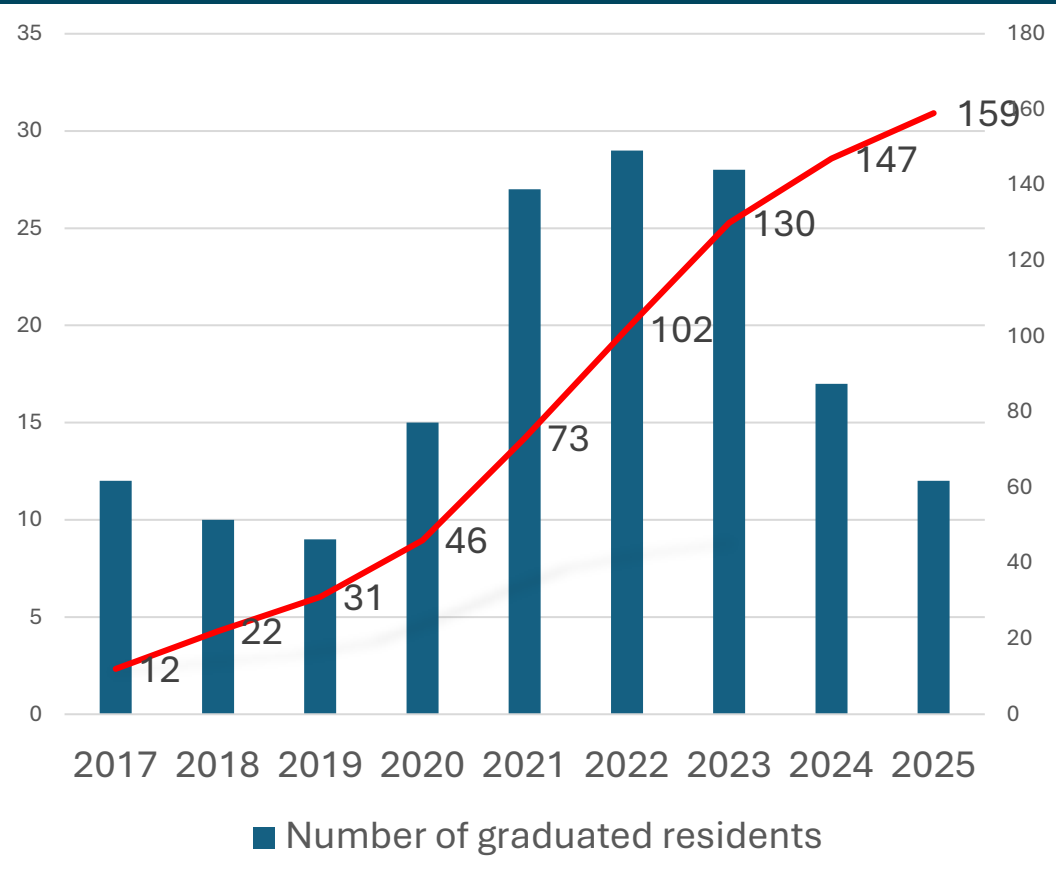
- TeamSTEPPS
- Just Culture
- Peer Support (Helping Healers Heal or H³)



- 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

Structured Approach

CAUTI

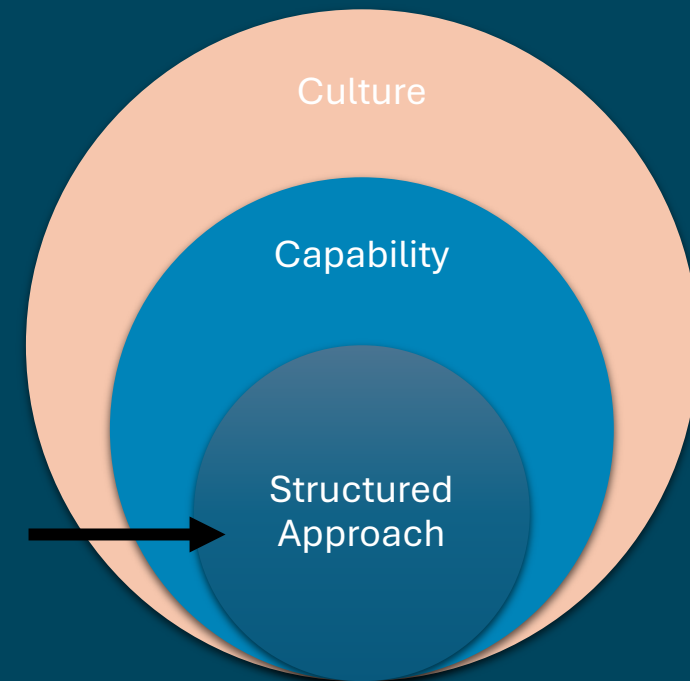
CLABSI

C. difficile
infections

HAPI

Falls

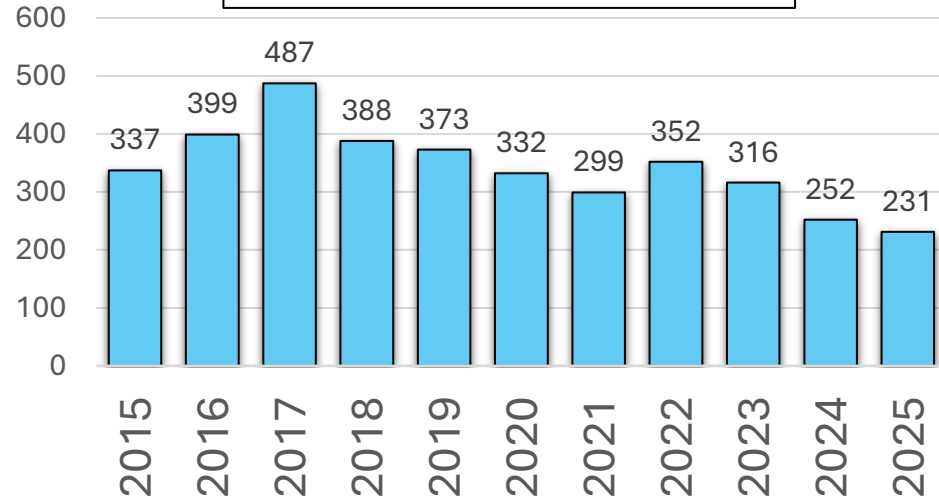
- Followed Structured 4-Step Approach
 - Assemble a Multidisciplinary Team
 - Clearly Define the Goal
 - Identify the Root Cause
 - Implement Key Process Changes
- Targeted Top 5 Safety Opportunities



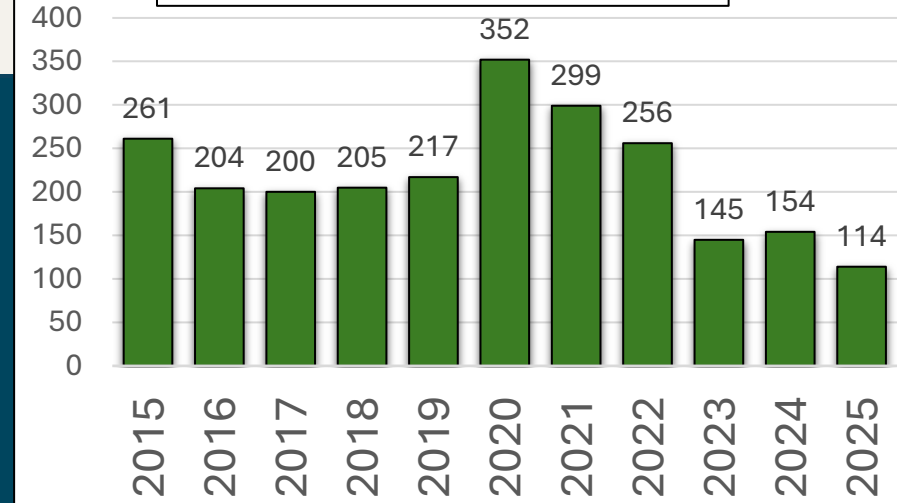
Identified Key Opportunities for Safety

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		

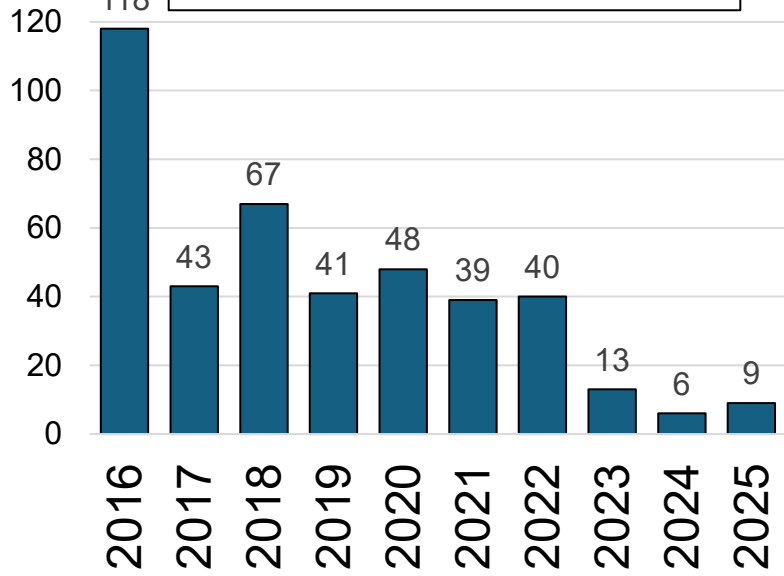
Total Falls LA General



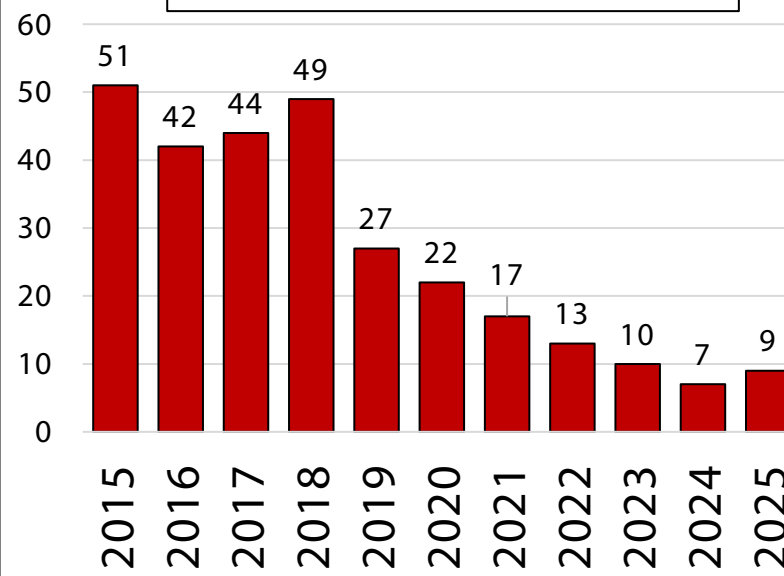
Total HAPI LA General



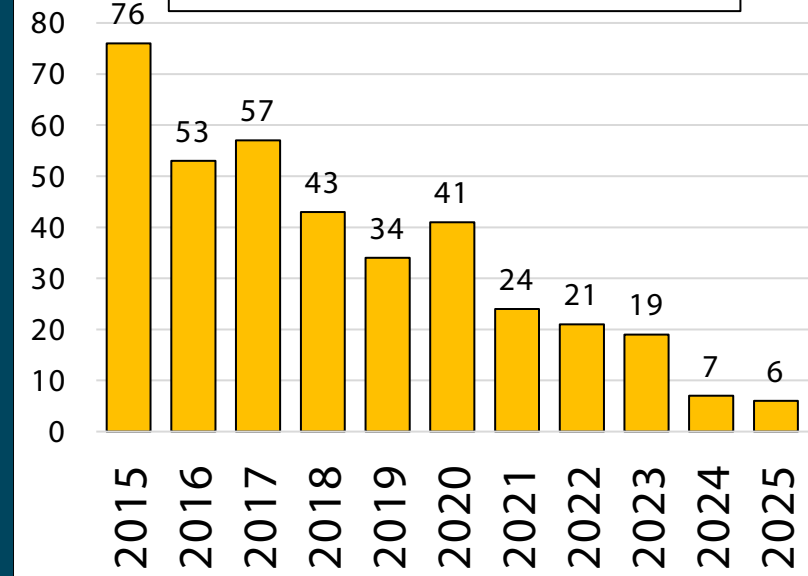
Total C Diff LA General



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*

Scott Masten, PhD

*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

**Prevent over 2,000
additional infections**

Save ~100 lives

Save \$64,000,000*



HAI's Impact



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
- CA 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>

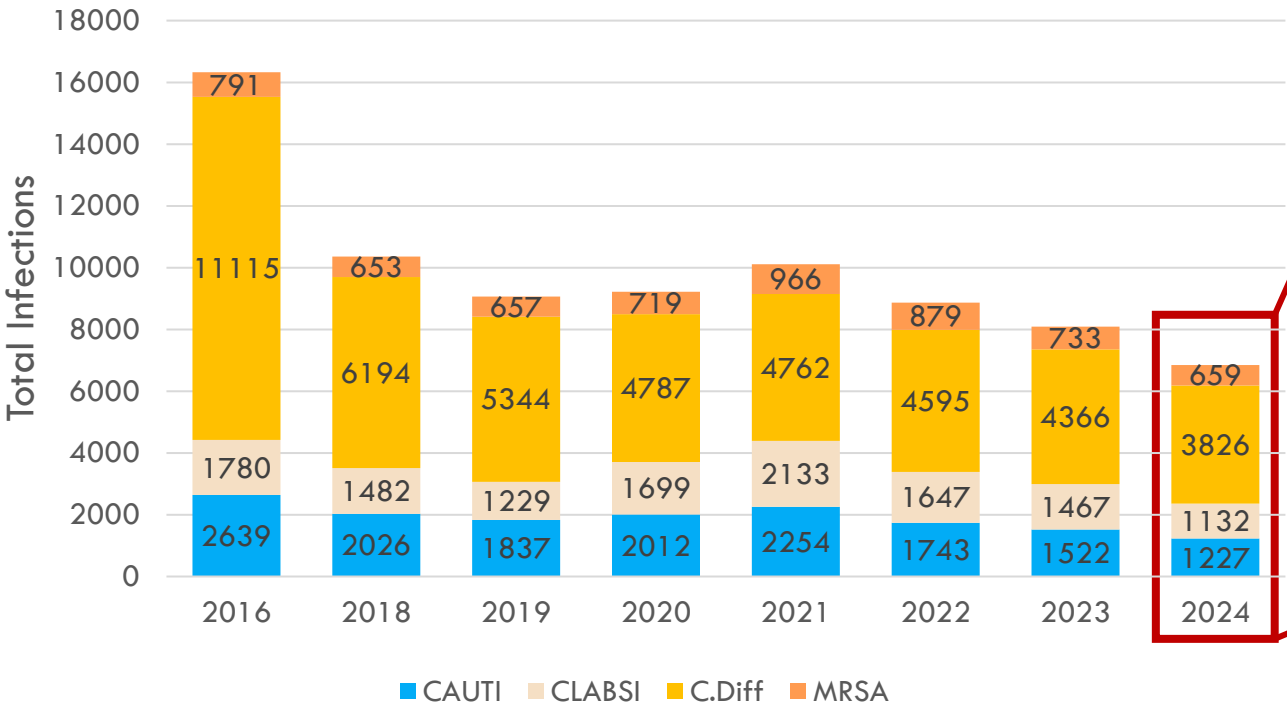
³Scott RD. The direct medical costs of health care-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention; 2009.

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

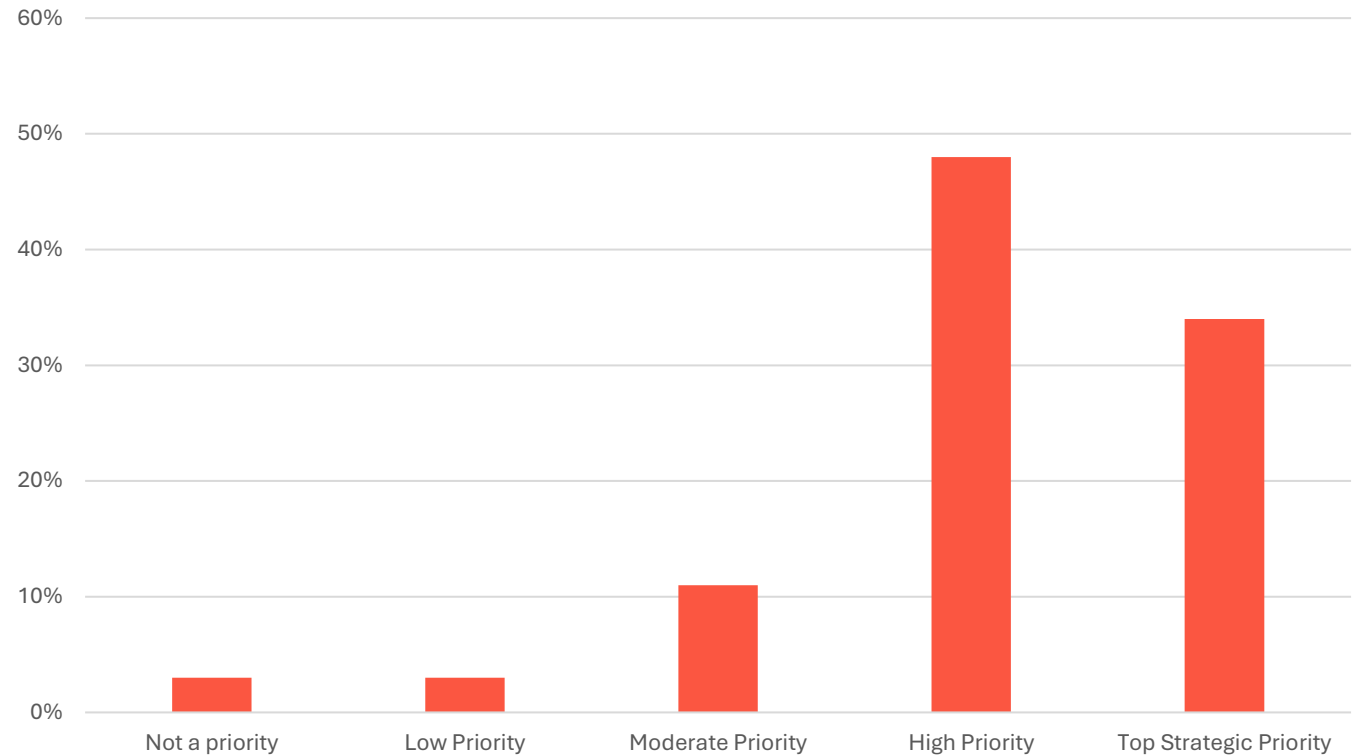
Total Hospital Infections Across California: 2016-2024



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

Source: CMS Public Data File, Q12026 Refresh

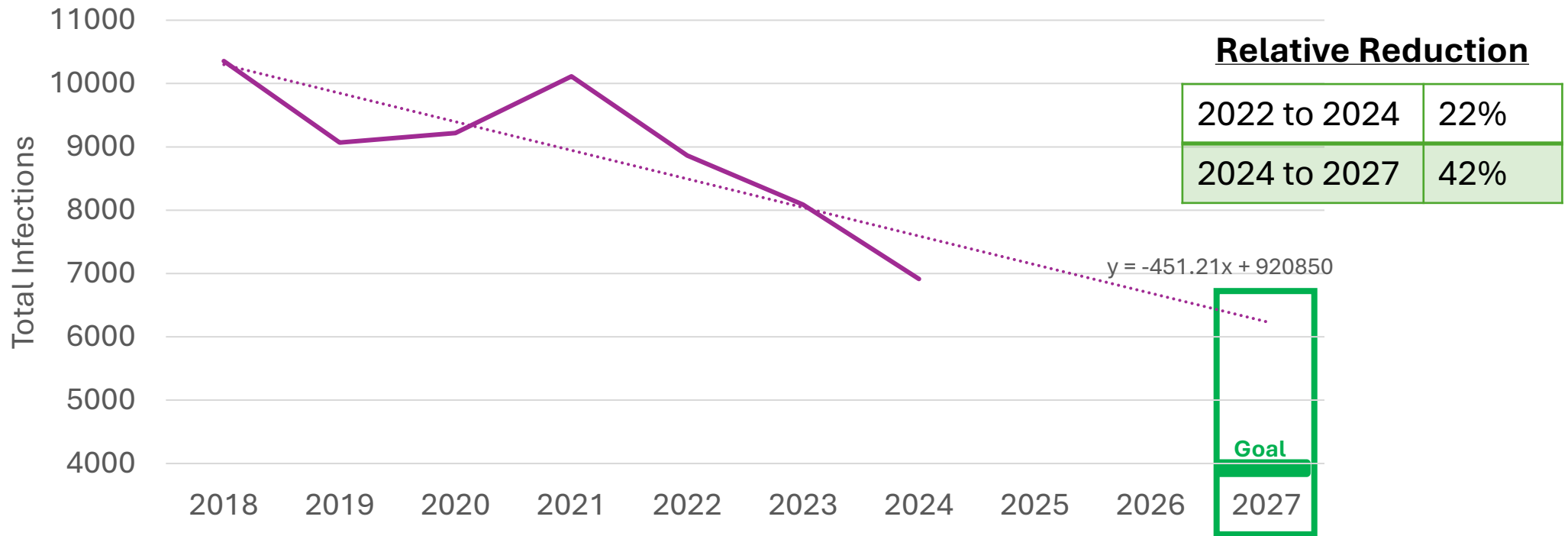
To what extent are HAIs a strategic priority for your organization in 2026?



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	156 (31 less HAIs)	1
50-99 (n=53)	324	241 (83 less HAIs)	2-3
100-199 (n=83)	1384	1083 (301 less HAIs)	7
200-299 (n=47)	1303	925 (378 less HAIs)	11-12
300+ (n=44)	2815	2,257 (558 less HAIs)	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

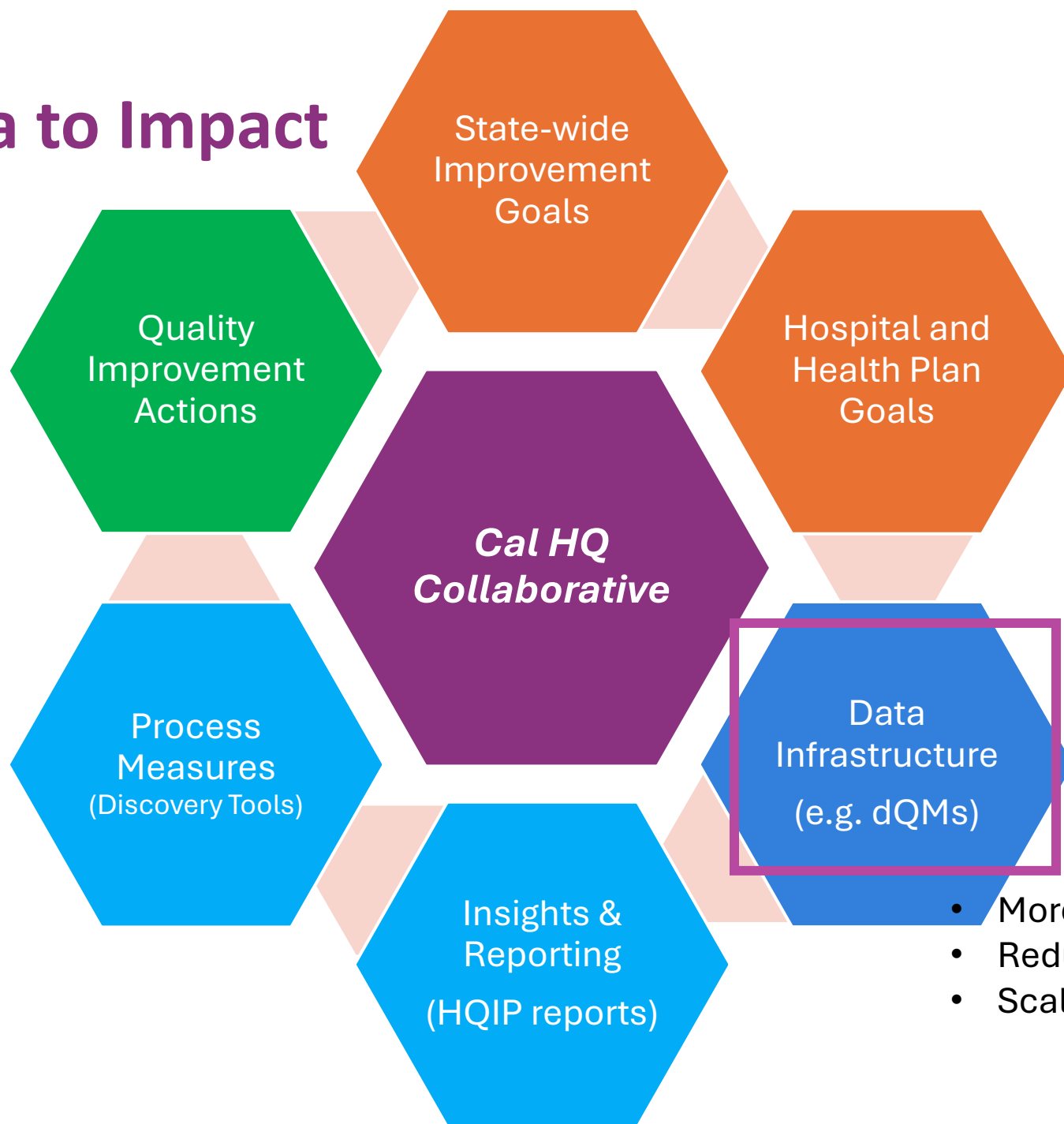
Community of sharing
Listening sessions



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

HQIP

Turning Data into Action for Cal HQ

Supporting hospitals to reduce HAIs and improve outcomes

Scott Masten, PhD

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

Hospital Quality Improvement Platform | California Hospital Association

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

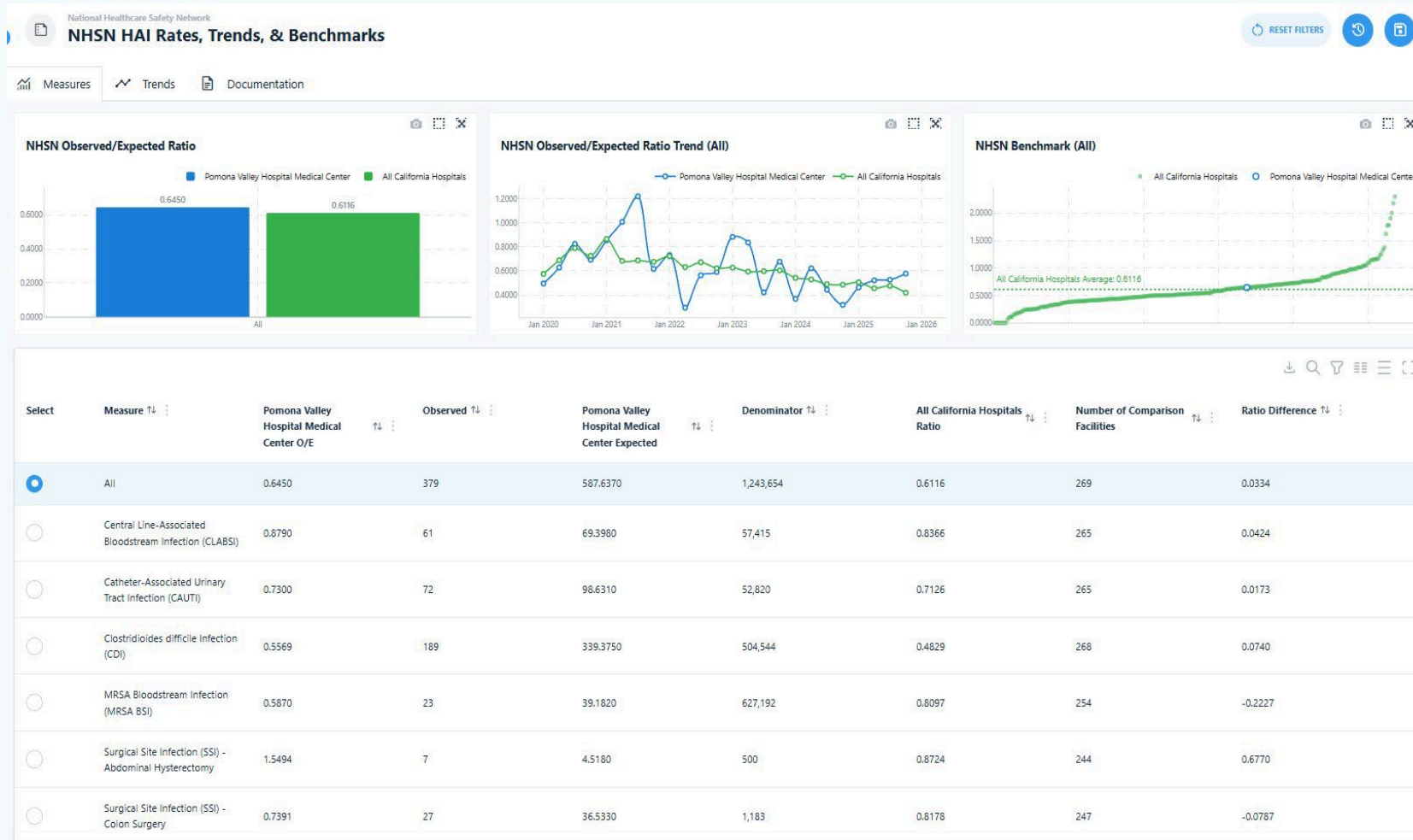
MRSA BSI

MRSA Bacteremia
(Bloodstream
Infection)

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)

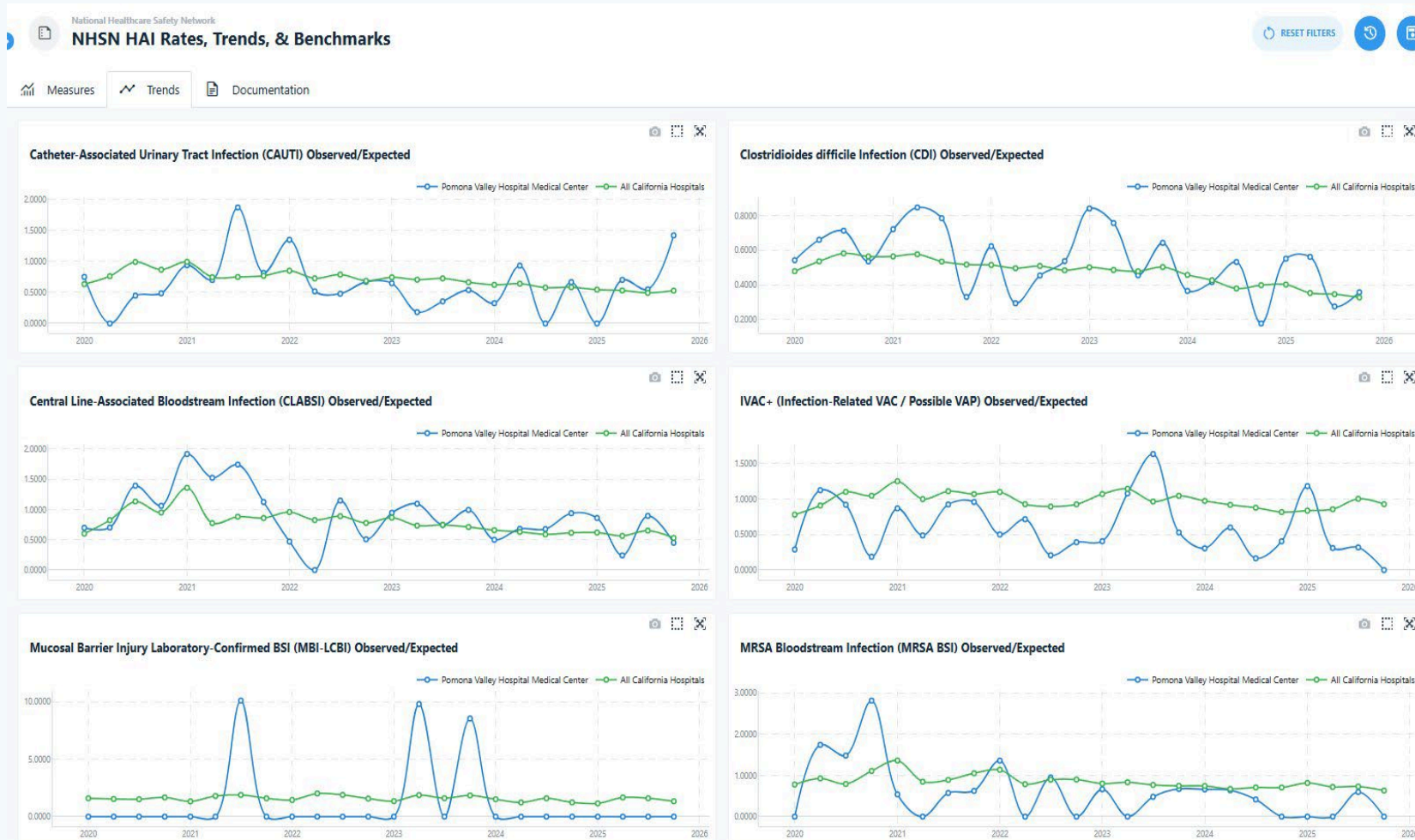
Trends over time

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



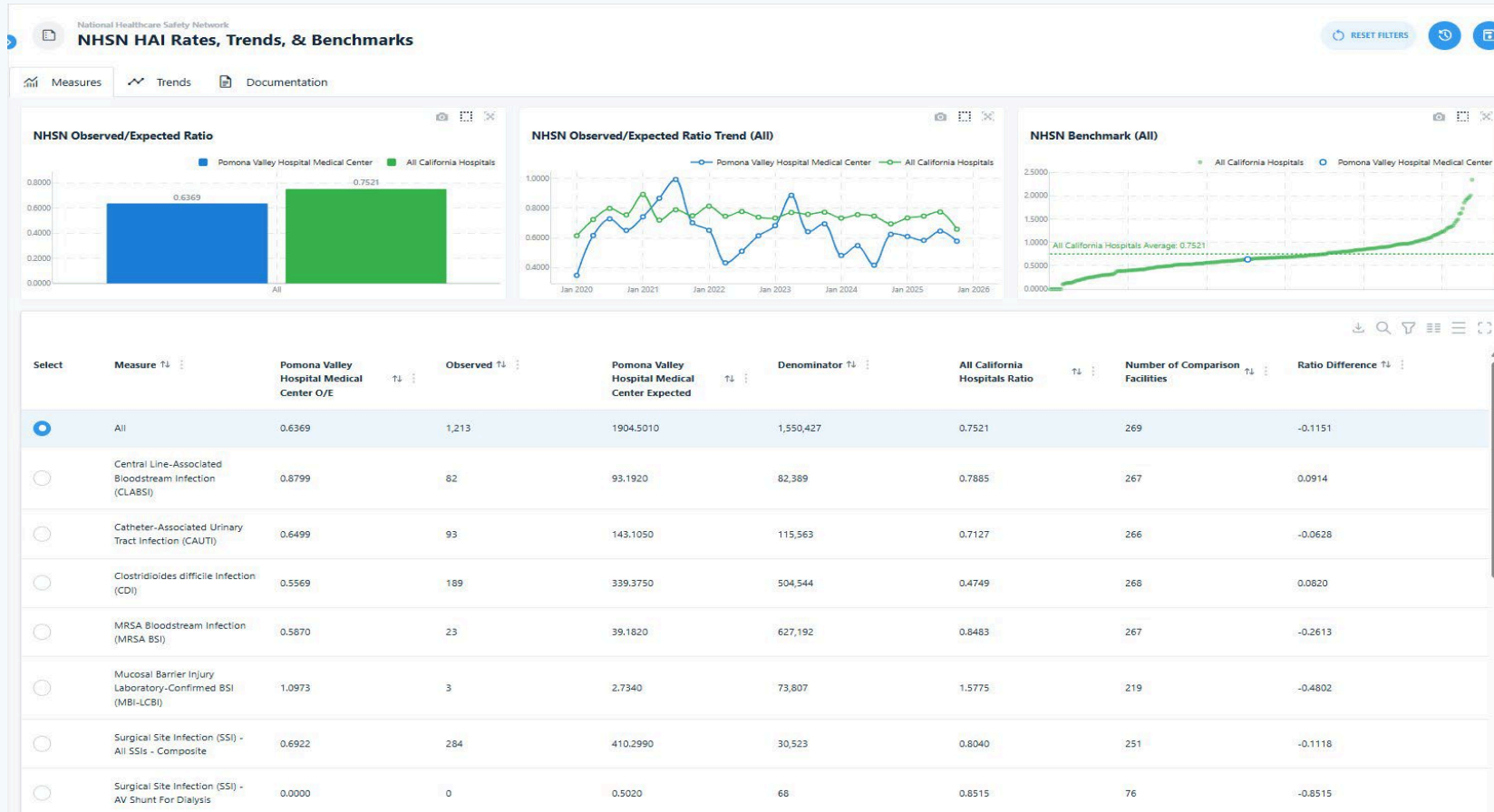
CMS Scope
Limited scope
(e.g., ICU-focused)

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

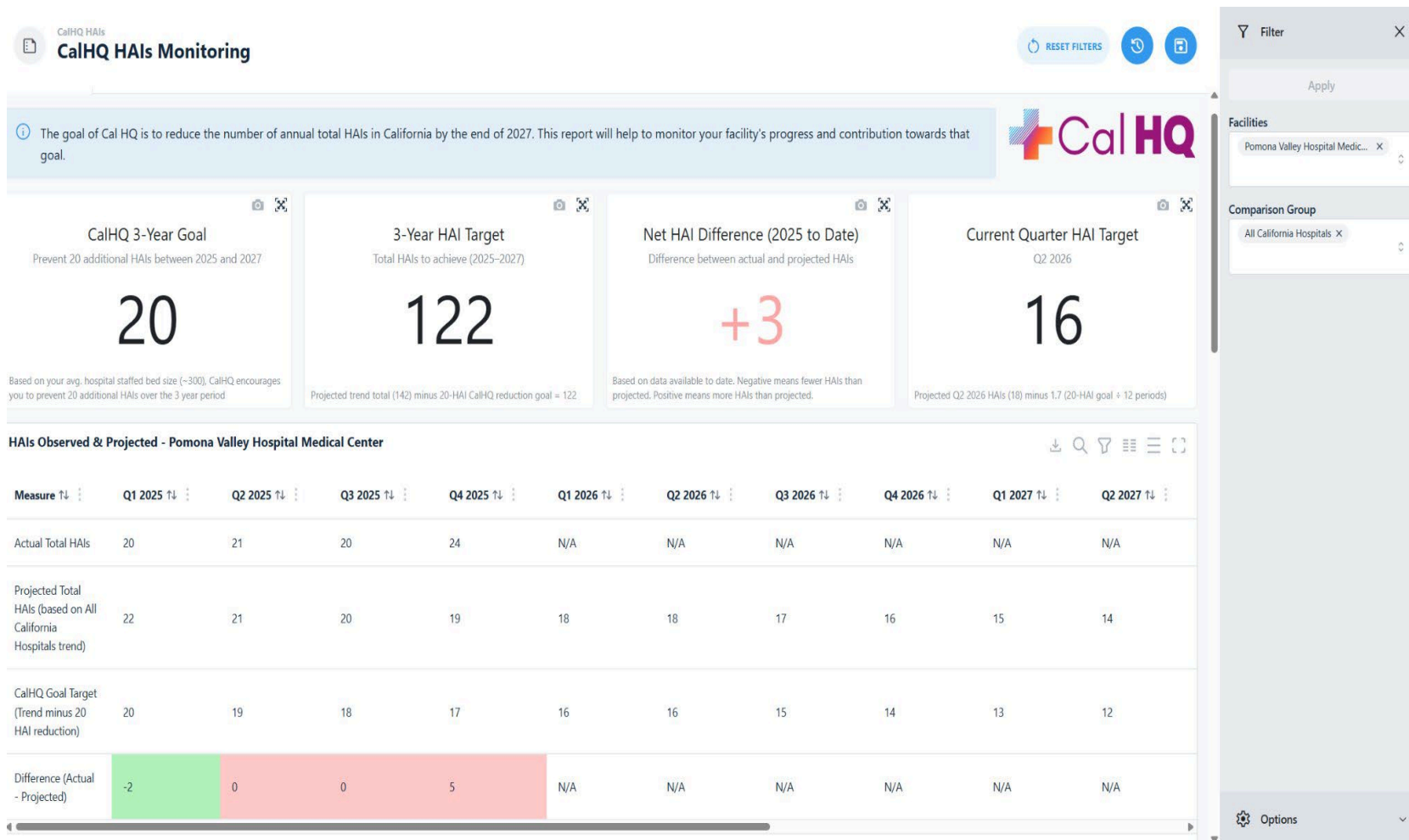
4

Act

Cal HQ dashboards
& improvement
tools

Cal HQ HAIs Monitoring Dashboard – Now Live in HQIP

Goal tracking, quarterly targets & projections through 2027 · Work in progress



3-Year Goal & Target

Infections to prevent and your quarterly pace

Net HAI Difference to Date

Ahead of or behind your goal trajectory?

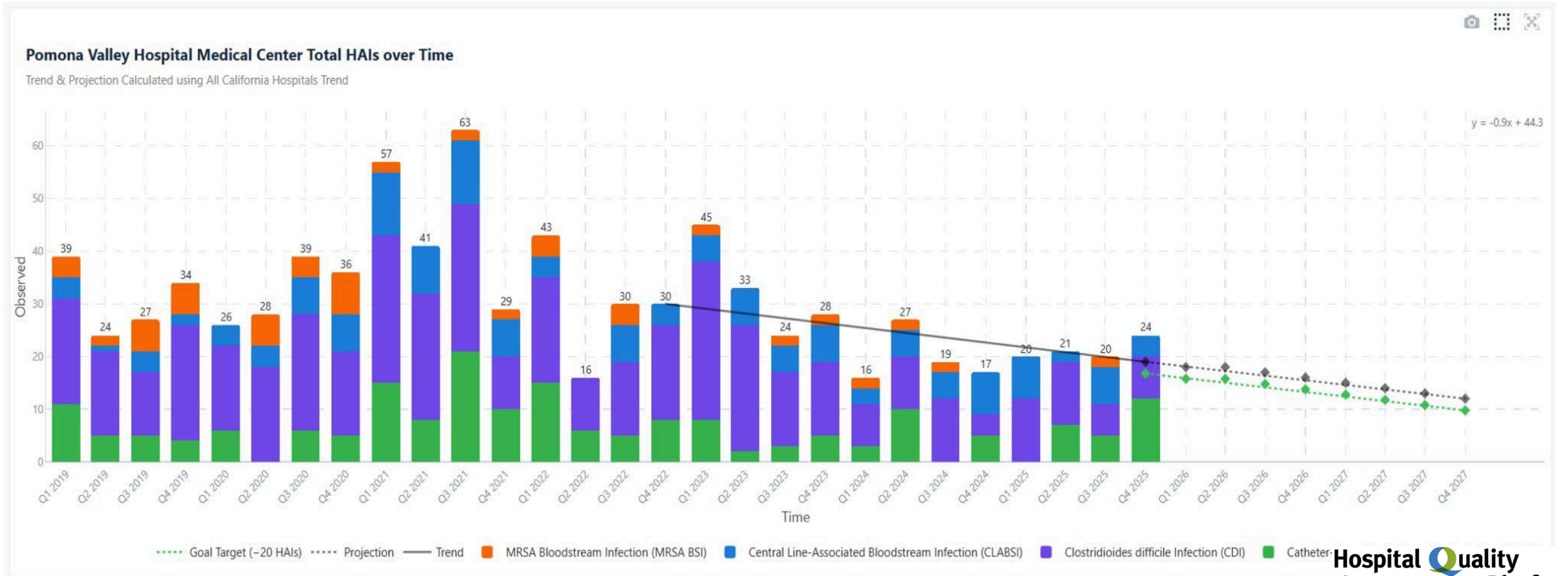
Quarterly Summary Table

Actual vs. projected HAIs through Q2 2027

Filter by facility · Compare to All California Hospitals · Data updated quarterly

HAI Trend & Projection – Pomona Valley Hospital (Facility View)

By infection type: MRSA BSI, CLABSI, CDI, CAUTI · Trend, projection & Cal HQ goal target through Q4 2027



Hospital Quality Improvement Platform

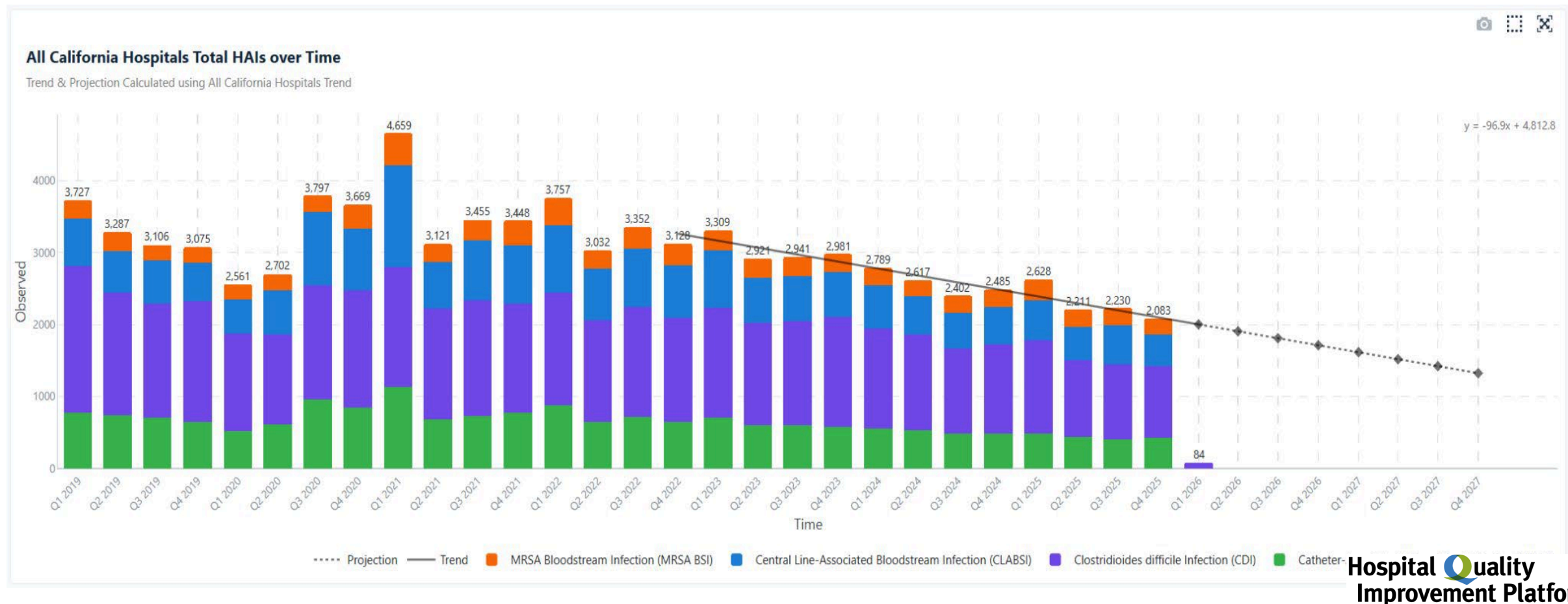
Solid bars = actual reported HAIs by quarter & infection type

Trend line shows overall trajectory since Q1 2019

Dotted lines = projection & goal target through 2027

All California Hospitals – Total HAIs over Time

Statewide context · Projection & trend through Q4 2027



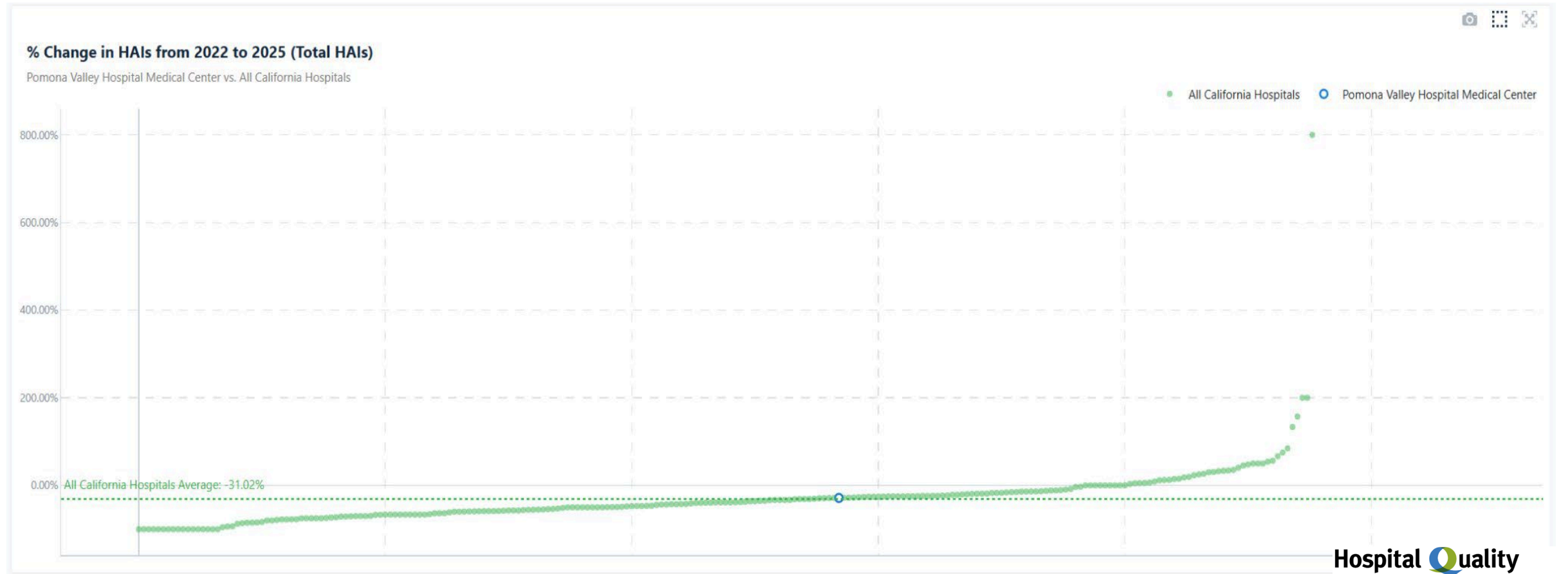
Peak of 4,659 HAIs in Q1 2021
Consistent decline since then

Most recent quarter: 2,083 HAIs
statewide — on downward trend

Projection shows continued decline
aligned with Cal HQ goals

% Change in HAIs 2022-2025 – Facility vs. California Peers

Each dot = one CA hospital · Pomona Valley (blue circle) is near the CA average of -31%



Each dot = one CA hospital ranked by % reduction in total HAIs

Pomona Valley (blue circle) is near the CA average of -31%

Facilities left of center have achieved the greatest reductions

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

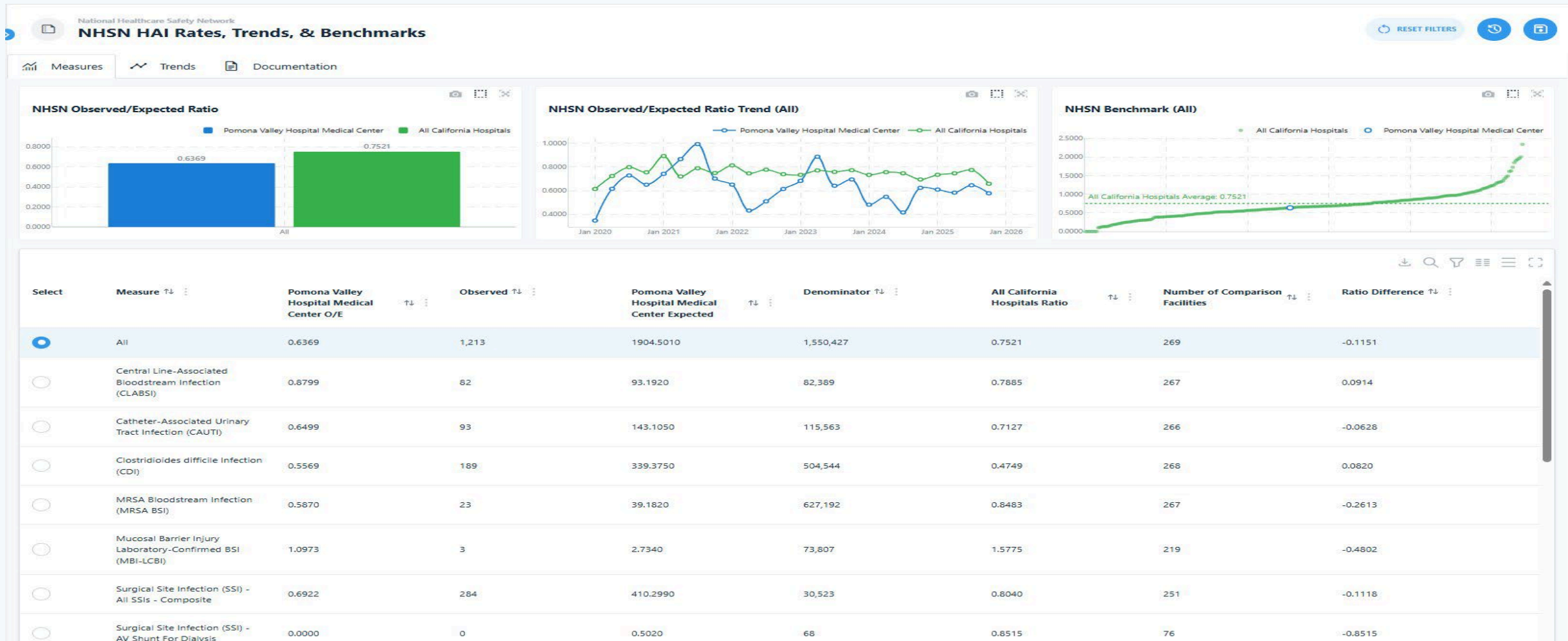
Monitor

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

Key Takeaways



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

Getting Started

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



**Data
Sensemaking
through
Discovery
Tools**

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E
INSERTION 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.					
MAINTENANCE 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
INSERTION 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.					
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Peri-care done and routinely documented (e.g., per hospital policy after fecal incontinence)					
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

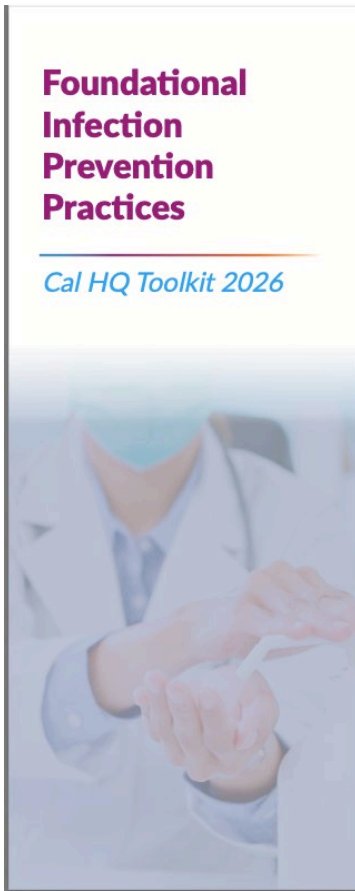
- “I’m looking for...”
- “Has anyone tried...?”
- “We’re struggling with...”
- “Does anyone know...”

Sign up for the [CalHQ listserv](#)



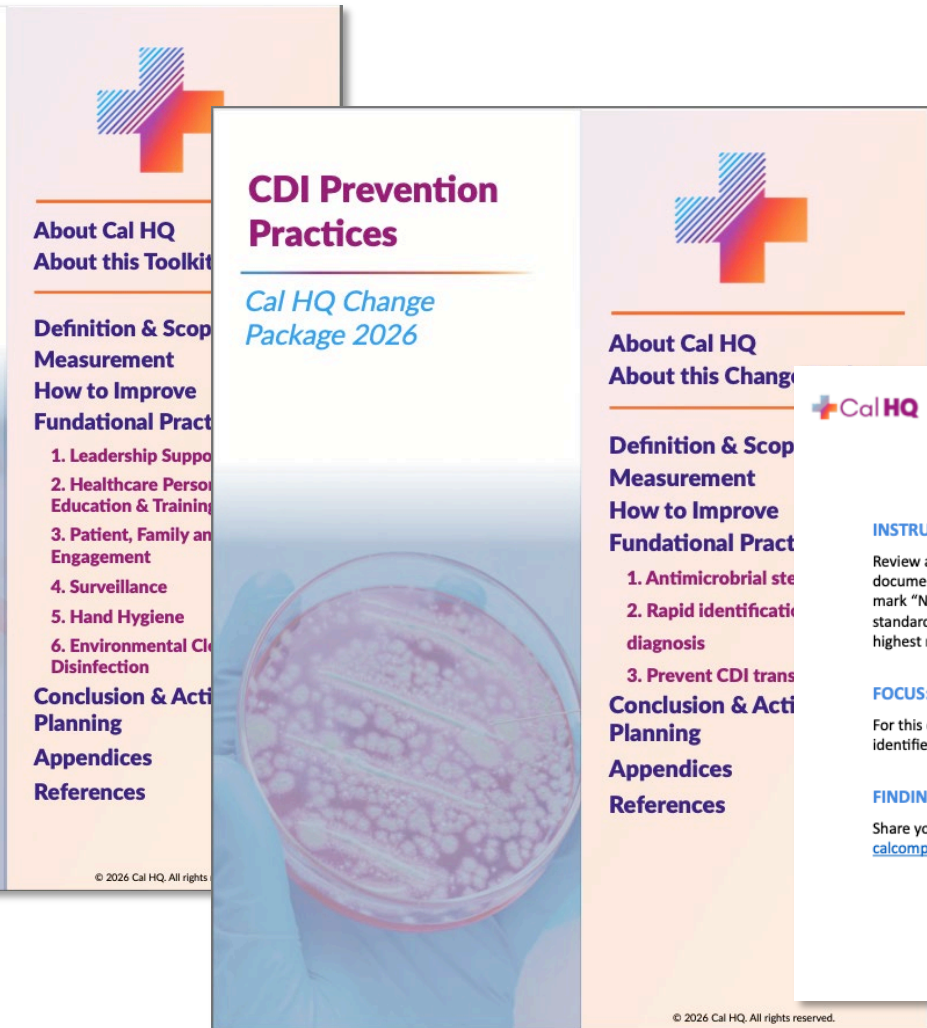
Resources

Available on our website:
www.calhq.calhospitalcompare.org



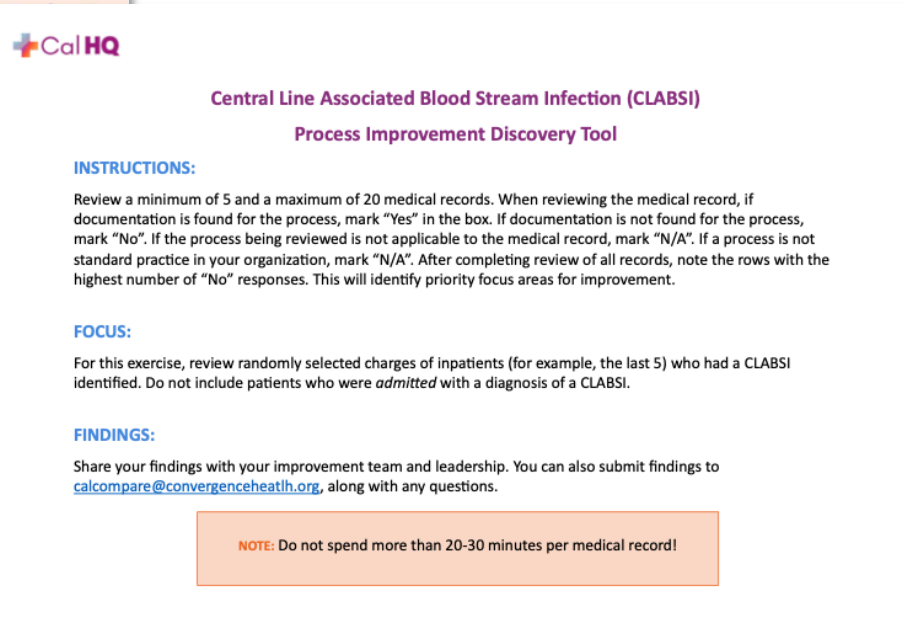
Foundational Infection Prevention Practices

Cal HQ Toolkit 2026



CDI Prevention Practices

Cal HQ Change Package 2026



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

Foundational Infection Prevention Practices

About Cal HQ
About this Toolkit

Definition & Scope
Measurement
How to Improve Foundational 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

About Cal HQ
About this Change Package

Definition & Scope
Measurement
How to Improve Foundational 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, 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>

