

Let's Get Started: *Reinvigorating your Infection Prevention Efforts*

May 21, 2026



Agenda

Welcome to Cal HQ

Recharging IP & QI efforts: A conversation with an Infection Preventionist

Key Strategies for CAUTI Reduction and Prevention – *CommonSpirit*

Next steps & ways to engage

Cal HQ's vision



Elevate Patient Care for ALL Californians



Unlock the Power of Data: Accelerating Digital Quality Measures



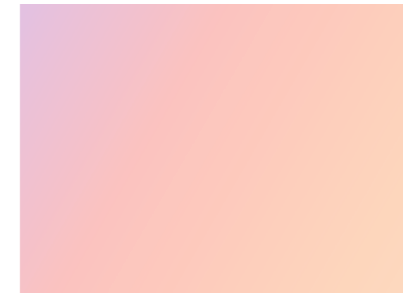
Build a Network of Excellence



Our Bold Goal

By December 31, 2027

**Prevent over 2,000
additional infections**



Who's in?



Health Plans

Hospitals



“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

7,417
patient lives
impacted



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>

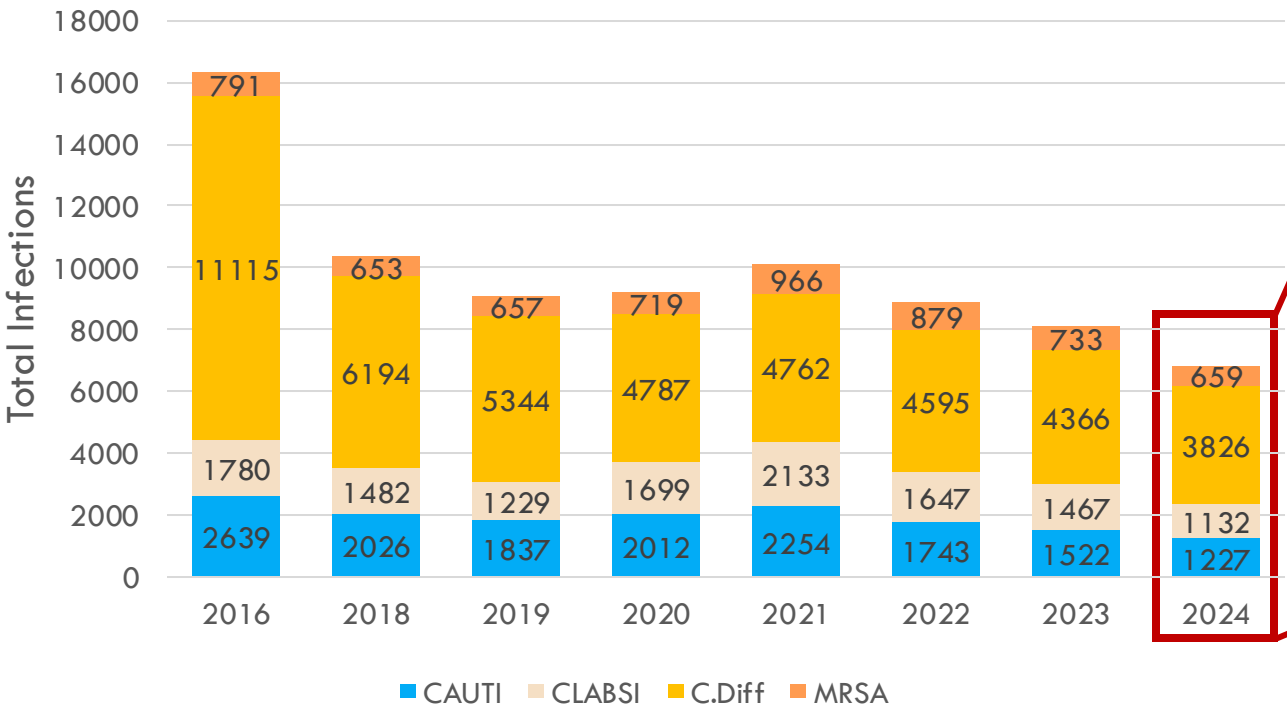
³Scott RD. The direct medical costs of health care-associated infections in US hospitals and the benefits of prevention. Centers for Disease Control and Prevention; 2009.

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

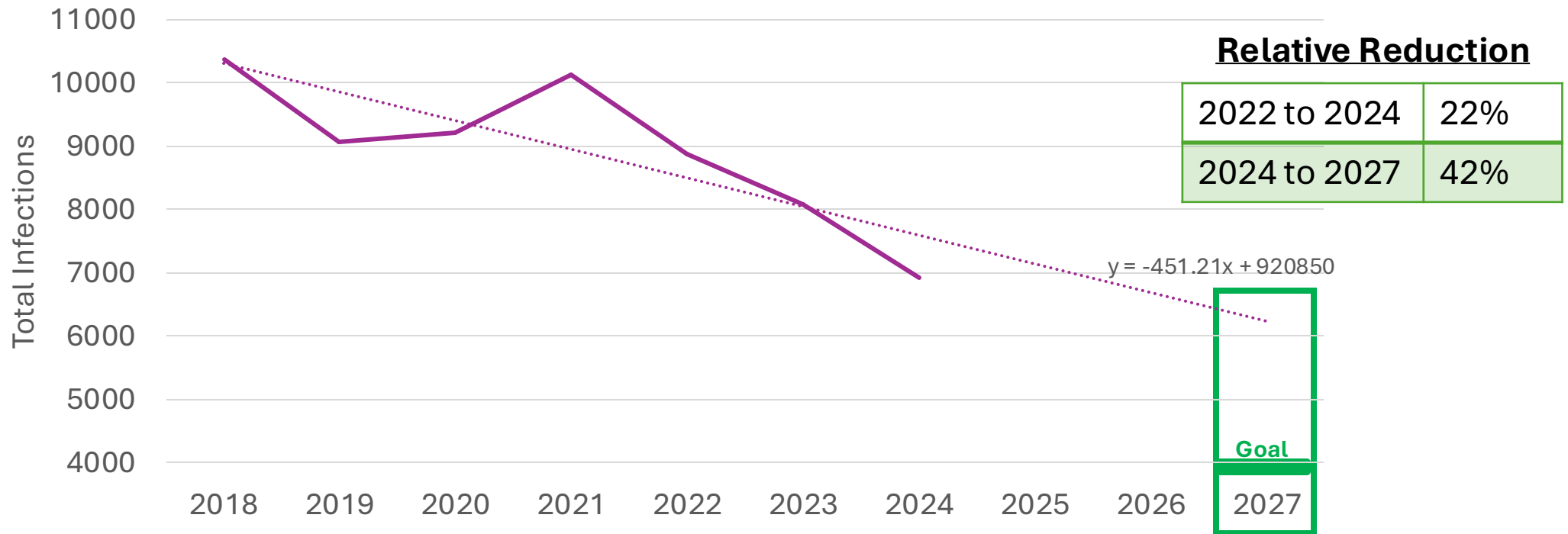


HAI	2024 CA SIR	2024 National SIR
C diff	0.41	0.37
CAUTI	0.58	0.52
CLABSI	0.58	0.64
MRSA	0.63	0.70

Source: CMS Public Data File, Q12026 Refresh

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

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Foundational Infection Prevention Practices

Cal HQ Toolkit 2026



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 Caregiver Engagement
4. Surveillance
5. Hand Hygiene
6. Environmental Cleaning & Disinfection

Conclusion & Action
Planning
Appendices
References

Which of these
foundational practices is
most challenging to
address?



Preventing CAUTI

Goal: Prevent

Prevent unnecessary catheter use

- Insert catheters only for appropriate indications
- Utilize alternatives to indwelling catheters

Ensure proper technique

- Focus on reliable hand hygiene
- Monitor

Where are you getting stuck in driving down catheter utilization?

Optimize prompt catheter removal

- Conduct daily review of catheter necessity
- Empower nurses to remove catheters when indications no longer exist

Practice urine culture stewardship

- Avoid culturing for asymptomatic bacteriuria





Goal: Prevent CLABSI

Standardize insertion process

- Utilize insertion checklist
- Optimal site and device selection
- Ultrasound guidance for line placement
- Hand hygiene, aseptic technique
- Prep with 2% CHG

Review line necessity

- Review line necessity
- Remove unnecessary lines

Standardize maintenance process

- Bundle together elements
- Incorporate into daily assessment
- Scrub the hub
- Blood culture collection
- Use a non-suture securement

Specialize tactics: Beyond the bundles

- Use CHG dressings
- Bathe with CHG
- Use antimicrobial-impregnated CVCs
- Do not routinely replace CVCs

What technologies are you using that are helpful in preventing infections?



Goal: Prevent MRSA

Identify infections

- Establish a laboratory alert system
- Implement screening programs

How are you approaching antibiotic stewardship?
What challenges do you face?

Antibiotic stewardship

hospital-wide efforts to improve appropriate antibiotic prescribing

Prevent transmission

- Implement transmission-based precautions
- Employ environmental measures
- Decolonization

t CDI

Antimicrobial stewardship

- Analyze antimicrobial use and determine the appropriateness of selected treatment
- Limit antimicrobial use through authorization

Who are important stakeholders when thinking about CDI reduction efforts? Are they different from other infection prevention efforts?

Diagnosis

patients with diarrhea

Goal:

Prevent transmission

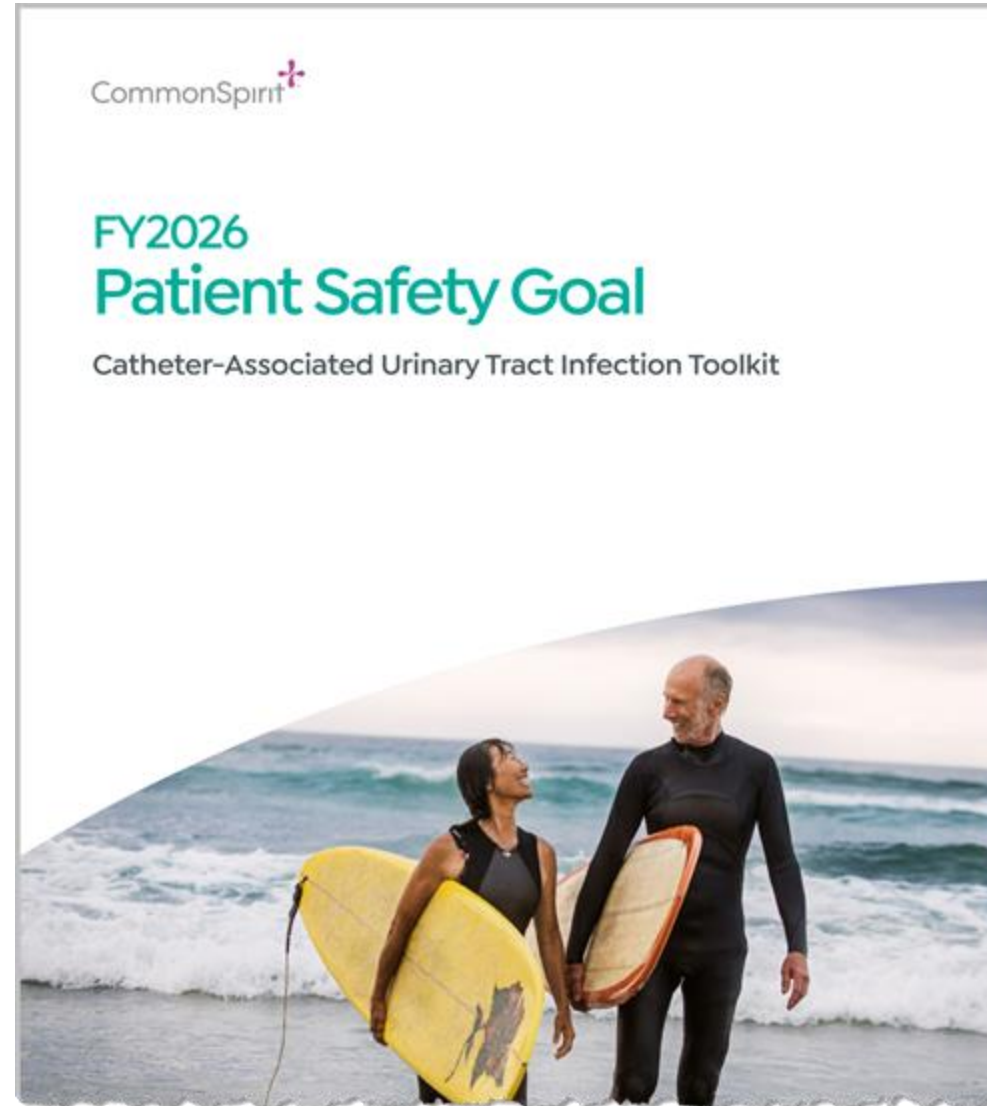
- Establish guidelines for using contact precautions
- Environmental controls
- Monitor environmental cleaning

Key Strategies for CAUTI Reduction and Prevention

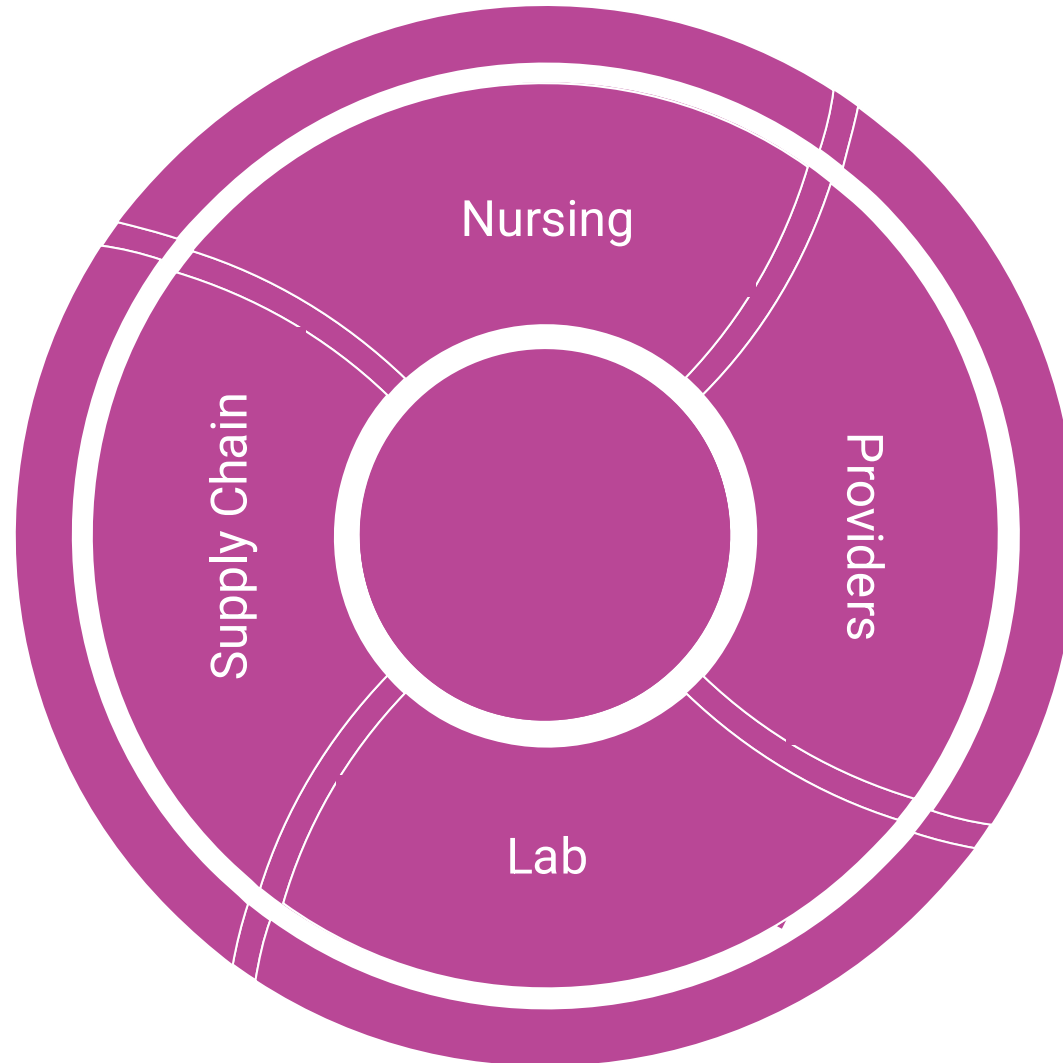
Roy Boukidjian, California Region Interim IP

May 21, 2026

CAUTI Prevention Toolkit




Multidisciplinary Approach



Nursing

Bladder Management Protocol

PROTOCOL: 

STEP 1. Assess patients every shift and upon transfer to lower acuity unit to determine the patient's bladder management needs.

Bladder management tools such as wraps, external catheters, wicking systems and straight catheterization must always be considered prior to the insertion of an indwelling urinary catheter (IUC).

Non-invasive alternatives may be used by a nurse, following an assessment of need, without obtaining a specific order.

Refer to the following table to determine preferred actions based on bladder assessment

Patient Issue	Intervention
Incontinence	Prefer: Use an external catheter/wicking system with a good fit Alternative: Utilize a wrap for men
Measuring Intake and Output	Prefer: Use an external catheter/wicking system with a good fit Alternative #1: If an external device cannot maintain a good seal, consider using a wrap and weighing Alternative #2: Perform straight catheterization at least every six hours
Pre- and Post-Procedure	Prefer: External catheter/wicking system or straight catheterization at least every 6 hours for non-genitourinary surgical patients. Alternative: IUC removed at the conclusion of the case or in recovery Follow provider orders for genitourinary surgery
Acute Phase Perineal Wounds	Prefer: External catheter/wicking system or wrap if site can be kept dry Alternative: Perform straight catheterization at least every six hours. Obtain a wound care consult
Urinary Retention	Prefer: Assess medications or conditions that can cause retention and discuss with the provider if appropriate to reduce or discontinue Alternative: If this is ineffective, follow Step 3. <i>Urinary Retention Assessment and Management for Adults</i>

Bladder Management Protocol Cont.

STEP 2. If the patient does not meet criteria for continuation of an IUC and there is no specific physician order to continue the catheter, the nurse shall remove the IUC.

- Monitor patients that have not voided more than 300ml or who have symptoms of distention within 6 hours of IUC removal for retention (refer to Step 3 "Urinary Retention Assessment for Adults")
- Patients who are identified as being anuric for >2 days must have their urinary catheter discontinued
- For laboring patients, remove an IUC prior to the active pushing phase of the second stage of labor
- If the RN is uncertain as to whether to remove the IUC, the provider must be contacted
- Document in the patient's medical record the time the IUC was removed
- Exceptions: Provider-managed indwelling catheters, end-of-life comfort care (do not collect urine cultures). Consult provider for patient self-catheterization plan if applicable

STEP 3. Urinary Retention Assessment and Management for Adults

Assessment of the suprapubic area shall be completed at minimum of every 6 hours for any fullness or lower abdominal discomfort or when the patient has the urge to void but cannot

Assess patients that have not voided more than 300ml or who have symptoms of distention within 6 hours of IUC removal

Perform Bladder Scan

(If bladder scanner is not readily available, clinical assessment to determine bladder distention/discomfort must be done)

If bladder volume <400 ml	If bladder volume is ≥400 and ≤800 ml	If bladder volume >800 ml
Observe patient	Perform straight catheterization Consult provider for bladder management plan after 3 straight catheterizations	Perform straight catheterization and consult provider

Continue to perform bladder scans and assess for symptoms of distention at least every 6 hours until return to spontaneous void

For patients with low urine output, (i.e. end-stage renal disease), contact the provider for bladder volume criteria and/frequency of straight catheterization

Re-evaluate with the provider daily

Ticket to Test

*Must accompany urine specimen for Lab processing

Ticket to Test: Urinalysis with Reflex to Culture -

The goal is to perform testing on patients with appropriate indications.



- Change in smell or appearance (e.g., cloudy, sediments) of urine alone should NOT prompt testing
- Dysuria, Urgency, or Frequency is expected 48 hours after indwelling catheter removal and should NOT prompt testing
- Altered mental status alone is not an indication for urine culture

Does the patient have at least one of the following:	
Fever (38.0 C) or rigors with <u>no other identifiable cause</u>	Yes <input type="checkbox"/>
Flank pain or costovertebral angle tenderness <u>with no other identifiable cause</u>	Yes <input type="checkbox"/>
Dysuria, urgency, or frequency not related to a urinary catheter removal	Yes <input type="checkbox"/>
Suprapubic pain or tenderness <u>with no other identifiable cause</u>	Yes <input type="checkbox"/>
Pelvic discomfort <u>with no other identifiable cause</u>	Yes <input type="checkbox"/>
If spinal cord injury: increased spasticity, autonomic dysreflexia	Yes <input type="checkbox"/>
Sepsis (only if urinary source suspected)	Yes <input type="checkbox"/>

If at least one is checked, send a urine sample to the lab with this **COMPLETED** form.

If the patient has an indwelling urinary catheter(IUC): It needs to be removed if it has been in place for ≥ 7 days. (or less per your local policy). Follow proper aseptic technique and obtain the urine sample from the sampling port of the newly placed IUC.

Exceptions: catheters that required placement by urology, provider managed catheters and other speciality placed urine collection devices.

(If the patient does not meet criteria, notify the ordering physician)

Provider notified and override was requested

Date/time of submission: _____

Nurse submitting specimen (please print): _____

Manager/Charge nurse reviewer (please print): _____

Laboratory

Urine Culture Criteria

Standardizing Criteria for Urine Culture Testing

Intention

Research suggests that positive urine culture results without pyuria is unlikely to represent a true urinary tract infection (UTI). Urinalysis can identify pyuria, but should not be used alone to diagnose a UTI because pyuria can accompany other inflammatory conditions. Proper treatment of UTIs, which is a core antibiotic stewardship strategy identified by The Centers for Disease Control and Prevention, starts with accurate diagnosis. To avoid over-diagnosis and over-treatment of UTIs, CommonSpirit Health is implementing a two-step urine testing reflex protocol.

Goal

Decrease standalone urine culture orders. A two-step method (urinalysis with reflex to culture if indicated) will decrease treatment of asymptomatic bacteriuria, reduce the number of reported catheter-associated urinary tract infections and protect patients from unnecessary antibiotic exposure, leading to decreased risk of *C. difficile* infection.

The following criteria has been established:

- ✓ Culture and sensitivity will be performed if urinalysis shows at least 10 WBC count
- ✓ If "many" or "15 per HPF" epithelial cells are found, recommend recollection
- ✓ Exclusion criteria: Serum WBC<0.4, patients <2 years of age, pregnancy, and urological diagnosis
- ✓ For patients meeting exclusion criteria, urine culture will be performed regardless of U/A findings

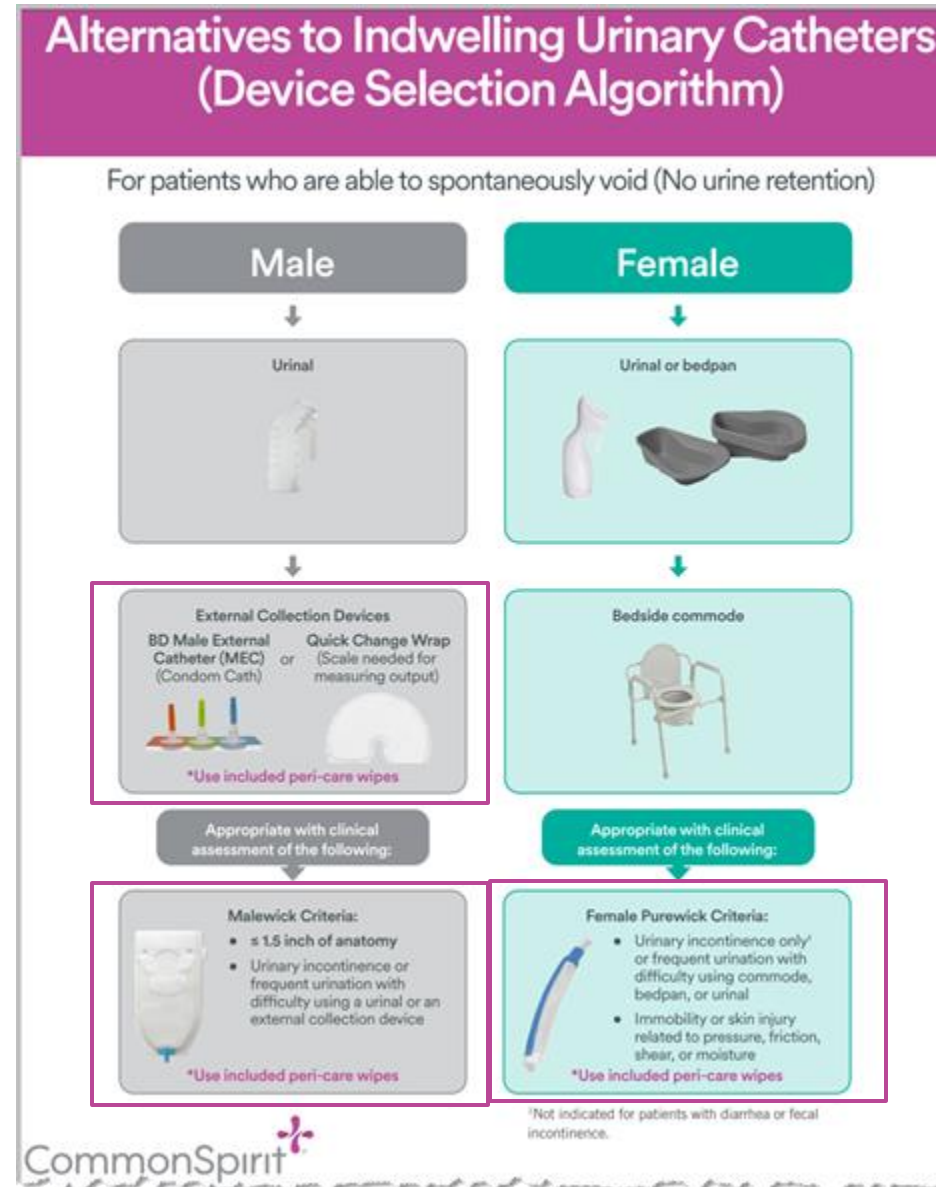
Providers

EHR Order Simplification

- Historical urine orderables in the EHR contained over 20 options
- A simplified order list was implemented to ensure efficiency and true intent of the provider is achieved. These include:
 - Urinalysis UA Rflx Microscop Cult if Ind
 - Urinalysis w/Microscopic (No Culture)
 - Urine Dipstick (UA Macroscopic)

Supply Chain

Alternatives to Foley Catheters



Outcome over the years

Standard Infection Ratio (SIR):

- 2021 SIR = 0.735
- 2025 SIR = 0.412 representing a 44% improvement from 2021

Standard Utilization Ratio (SUR):

- 2021 SUR: 0.851
- 2025 SUR: 0.646, representing a 24% improvement from 2021

Thank you

Resources

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



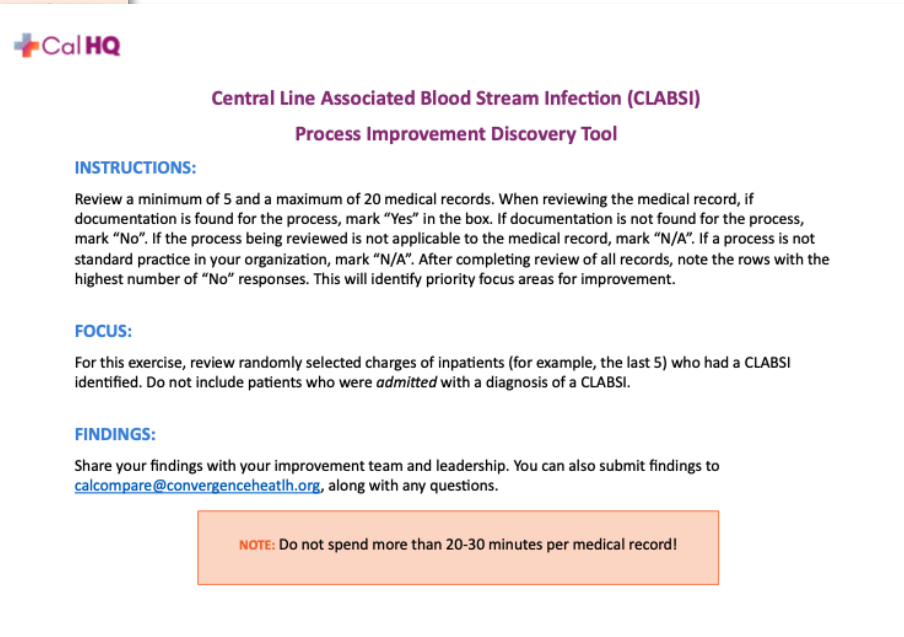
Foundational Infection Prevention Practices

Cal HQ Toolkit 2026



CDI Prevention Practices

Cal HQ Change Package 2026



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

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

Infection Prevention Affinity Group

- Health Plan Affinity Group Launch
– late June
- Infection Prevention Affinity Group
Launch – July 23
- Understanding HAI Data –
summer, date TBD



Ways to Engage with Cal HQ



Interactive Learning

Improvement sprints
Affinity groups

Complete our short enrollment form:

https://forms.office.com/pages/responsepage.aspx?id=P6Qt6-JNC0q0gh2kDn79EOxQmJrgaj5KoBPFNC0uAilUNKFHMTQxNE1LUVJURDUU_VjcwSjgxT0FFVi4u



Responsive Curriculum & Network

Community of sharing
Listening sessions

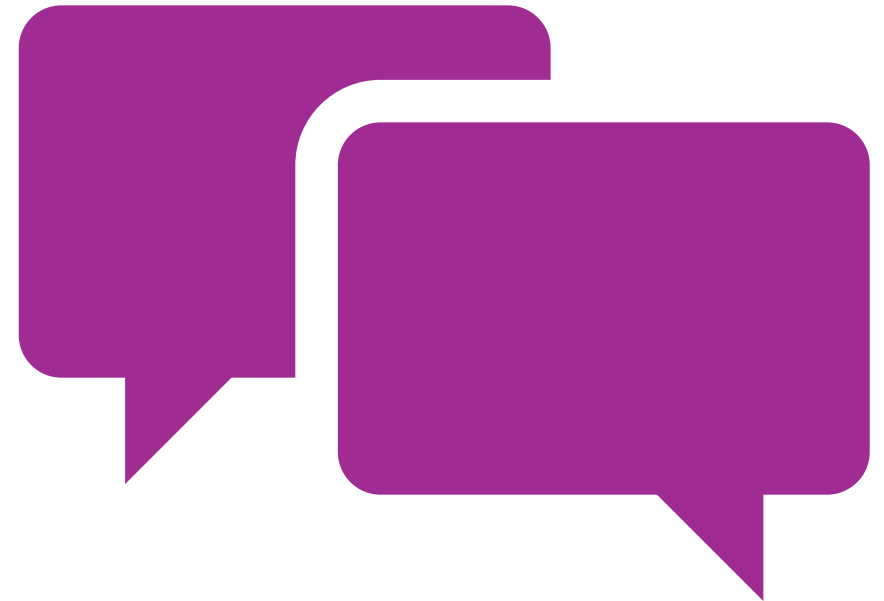


Practical Tools


Change packages
Discovery Tools
Improvement Calculators
QI Basics & Templates

Join the conversation

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



Email calhqconversation@gaggle.email



**Share
something
you...**





Thank you!

Learn more:

www.calhq.calhospitalcompare.org

Contact us:

calcompare@convergencehealth.org

