

## Cal HQ Kickoff: Partnering for Progress

### Summary & Reflection

April 14, 2026 | Long Beach, CA

April 30, 2026 | Sacramento, CA

In April 2026 representatives from hospitals, health plans, state agencies, and other stakeholders convened to kick off the [California Alignment for Hospital Quality \(Cal HQ\)](#) statewide collaborative. Cal HQ is a new approach to quality and patient safety that builds on decades of success by facilitating tighter collaboration between health plans and hospitals. The initiative is led by Covered California, CalPERS, and Cal Healthcare Compare, with oversight from steering committee members from state agencies, hospitals, health plans, improvement organizations and patients.

Cal HQ partners are working toward a bold goal of preventing **2,000 additional healthcare acquired infections by the end of 2027**. Below are reflections and insights synthesized from two kickoff meetings in April 2026 that will guide Cal HQ’s strategy.

**Table 1.** Kickoff Meeting Agenda

Speaker(s) & Description
<p><b>Advancing Healthcare Quality: The Cal HQ Approach</b></p> <p>Moderator:</p> <ul style="list-style-type: none"> <li>• <b>Alex Stack, MPH</b>, Director, Cal Healthcare Compare</li> </ul> <p>Panelists:</p> <ul style="list-style-type: none"> <li>• <b>Bruce Spurlock, MD</b> Executive Director, Cal Healthcare Compare</li> <li>• <b>Monica Soni, MD</b> Chief Medical Officer, Covered California</li> <li>• <b>Tony Linares, MD</b> Medical Consultant, CalPERS</li> <li>• <b>David Campa, MD</b> Senior Medical Director, Quality and Equity, Covered California</li> <li>• <b>Julia Logan, MD</b> Chief Medical Officer, CalPERS</li> </ul> <p>Leaders from Covered California, CalPERS, and Cal Healthcare Compare will discuss genesis of Cal HQ, priority focus areas, and the benefits of engaging in this unique collaborative.</p>
<p><b>After Survival: How System Design Impacts Outcomes</b></p> <p><b>Libby Hoy</b> Founder &amp; CEO, PFCCpartners</p> <p>Explore the experience of hospitalization, care, and follow up through the lens of a patient and family caregiver. Consider opportunities for hospitals, health plans, and patients/family caregivers to collaborate in new and different ways to achieve the common goal of improved outcomes.</p>

Speaker(s) & Description
<p><b>Connecting to Purpose</b></p> <p><b>Natalie Graves, MPH</b> <i>Improvement Advisor, Cal Healthcare Compare</i></p> <p>Through an interactive tabletop activity, identify the roles, responsibilities, and resources that various stakeholders (such as hospitals and health plans) bring to patient safety, quality improvement efforts, and HAI prevention.</p>
<p><b>Transforming Safety in the Safety Net</b></p> <p><b>Chase Coffey, MD</b> <i>Chief Quality Officer/Associate Chief Medical Officer, LA General Medical Center</i></p> <p><b>Allie Luu, MD</b> <i>Patient Safety Officer and Assistant Chief Quality Officer, LA General Medical Center</i></p> <p>Learn how a 600-bed public hospital progressed from a Leapfrog Safety Grade of “D” to an “A”, with a particular focus on leadership and cultural transformation.</p>
<p><b>Collaborating to Improve Quality</b></p> <p><b>Scott Masten, PhD</b> <i>Vice President, Measurement Science &amp; Performance Analytics, Hospital Quality Institute</i></p> <p><b>AJ Rolle, MPH</b> <i>Director, Health Insights &amp; Performance Improvement, Cal Healthcare Compare</i></p> <p><b>Natalie Graves, MPH</b> <i>Improvement Advisor, Cal Healthcare Compare</i></p> <p>Explore how data can inform your improvement and HAI prevention efforts. In interactive tabletop activities, test Cal HQ tools that support hospital and health plans to consider their improvement opportunities through a new lens.</p>
<p><b>Co-Designing Forward</b></p> <p>Learn about what’s next for Cal HQ and how you can engage. Reflect on ideas, questions, and connections made today.</p>

## Advancing Healthcare Quality: The Cal HQ Approach

### *A Panel Discussion with Cal HQ Leaders*

Representatives from Covered California, CalPERS, and Cal Healthcare Compare reflected on the genesis of Cal HQ, how it builds on previous hospital quality improvement efforts, and what makes the collaborative unique.

Cal HQ builds on successful statewide initiatives, for example efforts to reduce NTSV C-section rates and current health plan collaboration in the Los Angeles region. These efforts and others have shown us that a collaborative, high-touch approach to driving improvement can complement regulatory approaches.

Covered California and CalPERS recognize that purchasers are in a unique position to drive population health through collaboration and investment. Along with Cal Healthcare Compare, an organization that brings decades of experience with health care data and innovative improvement initiatives, these organizations aim to create space for stakeholders across California to innovate and hold each other accountable.

Cal HQ is not just another hospital quality improvement effort; it is distinct in the unprecedented level of collaboration across sectors. This intentional convening of health plans, hospitals, and state agencies is evidence in our steering committee membership and in our approach to co-designing our goals, technical assistance strategies, and accountability metrics.

## After Survival: How System Design Impacts Outcomes

### *Libby Hoy | Founder & CEO, PFCCpartners*

Libby Hoy, a nationally renowned leader in patient and family engagement, shared her experience as a family caregiver after her husband and a family friend were struck on by an impaired driver while biking on the Pacific Coast Highway. Both men presented to a large trauma center with similar injuries but different medical insurance and had strikingly different experiences. Far from pointing fingers or laying blame, Libby called on us to be curious about the potential drivers of these divergent experiences so that we can design a new system that ensures safe, high quality care for all.

The US health care system is built on a precarious and complex foundation. Each solution tends to add additional complexity and sometimes creates additional problems. As shown in Table 2, solutions like hospitalists and electronic health records solve some problems but also raise new challenges. By engaging patients and family caregivers in the design process we might more effectively create solutions that work for patients, families, and clinicians.

**Table 2.** New Solutions and New Problems

Innovation	Problem Solved	Problems Created	Solutions Added
Hospitalist	<ul style="list-style-type: none"> <li>Reduced costs</li> <li>Created efficiencies</li> <li>Immediate access to physician with all the resources of the hospital</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented care between hospital and primary care and specialists</li> <li>Reduced access to patient history for current problems</li> </ul>	<ul style="list-style-type: none"> <li>Care coordinators</li> <li><b>New challenge:</b> Multiple care coordinators who do not always collaborate</li> </ul>
Electronic health record	<ul style="list-style-type: none"> <li>Increased speed and consistency in moving</li> </ul>	<ul style="list-style-type: none"> <li>Lack of transparency</li> <li>Workflow issues</li> </ul>	<ul style="list-style-type: none"> <li>Patient portals</li> </ul>

Innovation	Problem Solved	Problems Created	Solutions Added
	information between providers		<ul style="list-style-type: none"> <li>• <b>New challenge:</b> Lack of patient uptake</li> </ul>

Cal HQ is an opportunity to facilitate constructive collaboration between all healthcare stakeholders, including patients and family caregivers. Libby highlighted strategies that facilitate constructive collaboration:

- Two things can be true at the same time
- Humble inquiry
- Cultivate curiosity
- Architecture of collaboration
- AND thinking
- Person centeredness (strategy and ethos)

### Transforming Safety in the Safety Net

*Chase Coffey, MD | Chief Quality Officer and Associate Chief Medical Officer*

*Allie Luu, MD | Patient Safety Officer and Assistant Chief Quality Officer*

Dr. Coffey and Dr. Luu described how culture change and diligent application of quality improvement principles supported a transformation at Los Angeles General to achieve three consecutive A safety ratings from the Leap Frog Group. They highlighted the importance of leadership alignment, cultural transformation, prioritization of key metrics, and creating capacity for change at the frontline.

Leaders began by concurrently pursuing Magnet recognition and embarking on a patient safety journey. Instead of seeing this as too many competing initiatives they recognized the overlap and alignment in these journeys, as outlined in Figure 1.

**Figure 1. Magnet and Patient Safety: Overlap and Alignment**



LA General pursued strategies related to creating a safety culture, increasing organization-wide capability for improvement, and ensuring a structured approach to QI projects.

- **Culture** provides a foundation for lasting change. LA General instituted tiered huddles and walk-rounds to promote executive alignment around safety priorities. At the unit level, they assigned accountability for balanced score cards to a triad leadership structure comprising a nurse, provider, and administrator.
- **Improvement capability and capacity** throughout the organization translates a culture of safety into reality. LA General builds improvement capacity through multiple fellowship and quality academy programs for residents, post-graduate physicians, teams, and mid-level management.
- **A structured approach** to QI led to significant improvements in 5 targeted safety opportunities: CAUTI, CLABSI, C. difficile infections, hospital-acquired pressure injuries and falls. LA General’s 4-step approach included: 1) assemble a multidisciplinary team, 2) clearly define the goal, 3) identify the root cause, 4) implement key process changes.

Dr. Coffey and Dr. Luu closed by sharing ideas for how health plans can continue to support quality and patient safety in hospitals (Figure 2).

**Figure 2.** Health Plan Role in Patient Safety

Incentivize safe care	<ul style="list-style-type: none"> <li>Quality Incentive Program works</li> </ul>
Fund & incentivize out of hospital care	<ul style="list-style-type: none"> <li>Home health, IHSS</li> <li>Safety @ Home or Hospital at Home Programs</li> <li>Use in home support over skilled nursing facilities</li> </ul>
Early authorization for initial care	<ul style="list-style-type: none"> <li>ED boarding increases risk for safety events, left without being seen rates, and overall length of stay</li> </ul>
Adequately fund lower levels of care	<ul style="list-style-type: none"> <li>Hospital length of stay increased due to patient waiting for placement, often driven by low payment rates, especially for Medi-Cal patients</li> </ul>
Reduce administrative burden	<ul style="list-style-type: none"> <li>Redeploy all the staff doing utilization review/management to front-line care</li> </ul>

### Connecting to Purpose

Each stakeholder—hospitals, health plans, state agencies and others—have unique roles, responsibilities, and resources to contribute to Cal HQ’s bold goal to reduce 2,000 additional infections by the end of 2027. Using a structured Venn diagram exercise, meeting participants identified the distinct and shared roles they each play in advancing quality improvement and patient safety across California. The themes, language, and insights captured below reflect the direct input of quality improvement professionals who attended.

**Hospitals** were consistently identified as the frontline implementers of patient care and safety, with responsibilities ranging from infection prevention and clinical expertise to patient safety rounding, adverse event reporting, and staff training. Multiple groups emphasized the need for executive presence and accountability at the hospital leadership level and noted that hospitals must not only treat and prevent harm but proactively identify and anticipate issues before they arise.

**Health Plans** were recognized for their critical role in financing care, aligning incentives, and reducing administrative burden. Participants called for fewer denials, faster authorization turnaround, quality bonuses tied to performance, and greater use of data analytics, including generative AI to support hospital improvement. Several groups noted that health plans must move beyond a payer role to become active improvement partners.

**Other Partners** including regulatory agencies (CDPH, CMS, TJC, DNV), quality collaboratives, post-acute providers (SNF, LTAC, HH), and patients and families were viewed as essential contributors to data sharing, best practice dissemination, benchmarking, policy guidance, and convening cross-sector collaboration.

**Across all table groups, data emerged as the central connector** — appearing repeatedly in the shared overlap of the Venn diagrams as the common language and essential infrastructure for accountability, transparency, and improvement. Participants also consistently called for reduced redundancy, streamlined communication, standardized practices, and stronger alignment of incentives across all stakeholder groups.

## Key Themes Across All Groups

### 1. Data, Transparency & Sharing

- Data identified as the central connector across all stakeholder groups
- Need for real-time data availability, interoperability, and health information exchange
- Strong emphasis on data exchange, outcome tracking, and performance reporting
- Data ecosystem integration and modernization across hospitals and health plans
- Desire to use data including generative AI and predictive models to drive action and improvement

*Participants across all tables identified data as the essential foundation and shared language for improvement. Real-time availability, interoperability, and actionable analytics were cited as critical needs for all stakeholder groups.*

## **2. Alignment of Metrics & Incentives**

- Value-based care, pay-for-performance, and quality incentives frequently cited
- Misalignment between hospital and health plan metrics noted as a key barrier
- Opportunity to tie financial incentives to the right metrics and simplify measures
- ACO partnerships with quality performance improvement goals identified as a model
- Incentives should reward the desired behavior, not create administrative friction

*Participants recognized that misaligned incentives between hospitals and health plans continue to impede progress. Tying dollars to the right metrics and standardizing measures across organizations was identified as a critical opportunity for Cal HQ to lead.*

## **3. Collaboration & Communication**

- Go to these conferences and collaborate creatively
- Streamline communication of resources from health plans to hospitals
- Meetings and spreading best practices across stakeholder groups
- Align and facilitate collaboration with health plans and hospitals
- Better coordination with public health and health plans on data
- Case management and care coordination with partner hospitals on transitions of care

*No single organization can achieve Cal HQ's goals alone. Participants repeatedly called for structured multi-stakeholder collaboration, creative cross-sector engagement, and aligned communication to drive collective impact.*

## **4. Workforce, Training & Resources**

- Competent staff, recruitment and retention identified as a core hospital need
- Resources: staffing, technology, equipment, and supplies all cited
- Training for staff and training for patients identified as distinct needs
- Intelligent, educated staff and education systems at all levels needed
- Reduction in turnover and investment in education and resources
- Good catch awards and culture work to support a safety culture

*Workforce capacity including recruitment, retention, training, and safety culture was a consistent theme. Participants emphasized that investing in frontline staff and building a culture of learning and recognition is foundational to sustainable improvement.*

## **5. Quality Improvement Infrastructure & Patient Safety**

- Organizational strategic and PI goals communicated on all levels

- Policies, procedures, workflows, and protocols standardized across the enterprise
- Enforce and ensure regulatory compliance for all community entities
- Manage adverse event reporting systems
- Review new and improving policies and procedures continuously
- Patient safety rounding, clinical expertise, and zero harm as core hospital responsibilities
- Reduce redundancies, streamline operations, and need more resources in the form of FTEs

*Participants identified robust QI infrastructure — including standardized processes, adverse event reporting, regulatory compliance, and dedicated leadership as the backbone of any effective patient safety and quality improvement program.*

## **6. Patient-Centered Care & Community Health**

- Prevent harm and provide safe care as the primary hospital mission
- Provide care and treatment for acute care needs
- Community needs assessment and community partnerships
- Improve patient education and follow-up after discharge
- Include patients and families as partners in care and communication
- Access to care, outpatient services, and navigation through the care continuum

*Participants reinforced that patients and communities must remain at the center of all improvement efforts — from acute care delivery to post-discharge follow-up, community health partnerships, and patient and family engagement.*

## Stakeholder Roles & Responsibilities

### Hospitals

- Delivery care and treatment; be present for the full patient experience
- Clinical expertise – nurses treat the person; physicians treat the injury/diagnosis
- Cross-train staff to expand as available resources
- Patient safety rounding, infection prevention, and zero harm
- Enforce regulatory compliance and manage adverse event reporting
- Collect , analyze, and report data; maintain department dashboards
- Bridge medical staff and operations to board of directors
- Identify, anticipate, and assist in resolving issues as they arise

### Health Plans

- Pay for care and align financial incentives with quality goals
- Support payment of care in a timely and efficient manner
- Reduce denials, improve authorization turnaround, and cut administrative burden
- Standardize practices and align across multi-hospital systems
- Provide toolkits, dashboards, reports, consultation, and education
- Use data analytics and generative AI to support hospital improvement
- Serve as subject matter experts and active improvement partners

### Other Partners

- Regulatory bodies set standards and ensure compliance
- Post-acute care partners support care transitions
- Patients and families are essential partners in care and communication
- Provide toolkits, policy guidance, benchmarks, and advocacy
- Develop and share tools and education to prevent infection

## Overlap Insights: Opportunities for Synergy

### Hospitals & Health Plans

- Value-based contracting, quality bonuses, and alignment of incentives
- Data availability in real time; data exchange and health information exchange
- Transparency in outcomes, reporting, and performance
- Opportunity to reduce redundancies and streamline

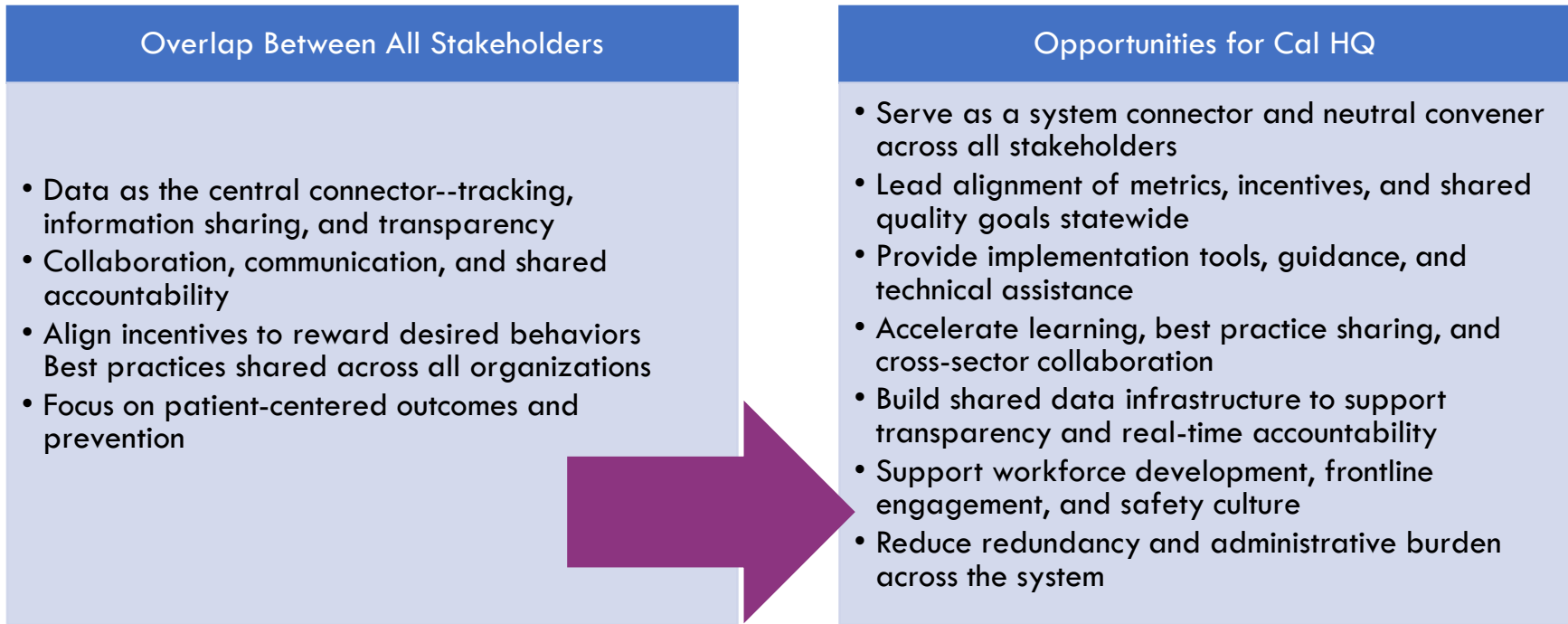
### Hospitals + Other Partners

- Share tools and education to prevent infection and guide staff
- Reach all levels of the healthcare system, not just frontline staff
- Share knowledge from best practices and professional organizations
- Patient safety and monitoring outcomes, data, and trends

### Health Plans and Other Partners

- Policy alignment and system-level quality improvement
- Data standardization and shared measurement frameworks
- Meetings, best practice spreading and learning
- Navigate the member through the care continuum

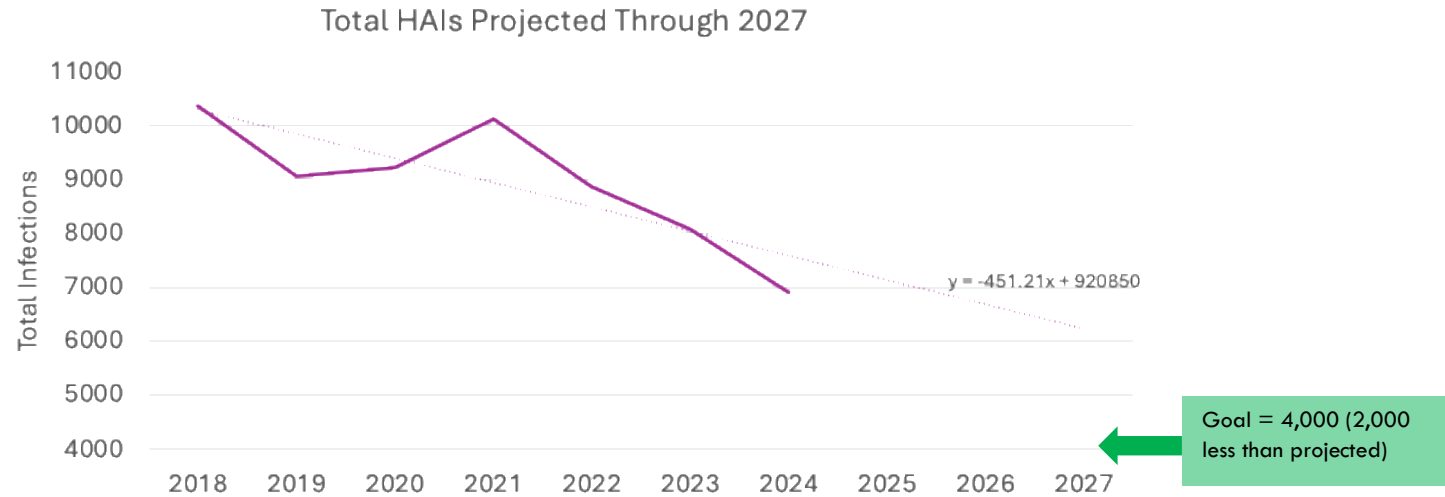
## Alignment and Opportunities for All Stakeholders



### Collaborating to Improve Quality

Cal HQ is kicking off with a focus on reducing hospital-acquired infections (HAIs) across California. Our initial bold goal is to accelerate the pace of improvement so that we reduce an additional 2,000 HAIs by the end of 2027. As showing in Figure 3, hospitals are already doing excellent work to reduce infection rates. Through innovative collaboration across hospitals, health plans, and state agencies, Cal HQ will prevent even more infections.

**Figure 3.** Cal HQ Goal – 2,000 Additional Infections Prevented by December 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

Cal HQ is partnering with the Hospital Quality Improvement Platform of the California Hospital Association to provide a Cal HQ HAI Monitoring Dashboard. In this dashboard, available to all hospitals with access to the HQIP platform, hospitals can see goal tracking, quarterly targets, and projections through 2027 to guide your infection prevention efforts across the four Cal HQ focus areas: CAUTI, CLABSI, CDI, and MRSA.

To participate, hospitals should join the HQI HNSN group, ensure data is up to date, and explore the HQIP reports. Contact [hqianalytics@hqinstitute.org](mailto:hqianalytics@hqinstitute.org) with questions.

### Co-Designing Forward

To close out the day, participants reflected on a) what they learned, b) what they will commit to, c) what they will explore, and d) what they connected with. Below are a sample of participant responses, illustrating the rich discovery and commitment that resulted from these gatherings.

#### Learned

- Value of collaboration
- HQIP database and resources
- Disconnect between hospitals and primary care
- Alignment between the goals of hospitals and health plans
- System redesign as a solution
- “We are more alike than we thought”
- “The more questions you ask the more opportunity you have to learn and gain new perspectives and insights”
- Best practices for quality improvement
- How a multidisciplinary, multipronged approach raised the standards and outcomes at LA General Medical Center
- Power of learning from other perspectives
- EMR role in enabling or complicating efforts
- Reminder of the need for better integration of care
- Culture change comes from the top
- Importance of role clarification
- Peer-to-peer engagement and sharing
- Instituting balanced scorecards at the management level
- Making data visible across the system
- Partnering with patients in improvement efforts
- Incorporating quality metrics into contracts and payment
- Learn more about internal HAI reduction efforts
- Collaboration with hospitals to eliminate duplicate work
- Reduce documentation burden at bedside
- Make quality and patient safety a priority in all health care workers

#### Commit to

- Collaborate with outside resources and partners

#### Will Explore

- Establishing a point of contact at each hospital for all HAI efforts
- Tools highlighted today
- Advocate for a hospital-health plan liaison

- How health plans can contribute
- Using HQIP more
- Launching a hospital quality alliance
- Value-based contracting
- Creating a shared practices space with existing hospital partners
- How to balance bedside role vs documentation burden
- Engaging new stakeholders (beyond Ips) in HAI reduction
- Quality initiatives that involved patients

**Connected with**

- Reminders of how our work impacts the lives of others
- Thank you, Libby, for reminding us about the individual patient and their family/care partners
- Getting buy in from the right stakeholders for change management

- Give all staff 10% extra time off clinical duty to work on quality/safety improvement efforts in their area
- How to link HAIs to consumer affordability, missed work, more follow up appointments, length of stay, increased caregiver support, etc.
- Align health plan P4P measures into a single set by Covered CA region
- Translation from policy to patient care

- Networking
- Aligned with health plans and quality professionals improving outcomes
- Connected and shared commitment to eliminating HAIs

**Commit, Connect, and Collaborate**

Cal HQ invites representatives from hospitals, health plans, partner agencies, and beyond to join us in our goal to transform care for all Californians, beginning with accelerating infection prevention. Begin by accessing the change packages and Discovery Tools available on our website.

Priority HAI	Change Package	Discovery Tool
All	<a href="#">Foundational Infection Prevention Practices</a>	--
CAUTI	<a href="#">Preventing CAUTI</a>	<a href="#">CAUTI Discovery Tool</a>
CLABSI	<a href="#">CLABSI Prevention Practices</a>	<a href="#">CLABSI Discovery Tool</a>
MRSA	<a href="#">Preventing MRSA Transmission &amp; Infection</a>	<a href="#">MRSA Discovery Tool</a>
CDI	<a href="#">CDI Prevention Practices</a>	<a href="#">CDI Discovery Tool</a>

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**Learn More:** Check out events and resources on our website: [calhq.calhospitalcompare.org](http://calhq.calhospitalcompare.org)

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