

Getting to Goal

How to Use Cal HQ Data to Guide your Improvement Efforts

August 19, 2026



Agenda

Welcome to Cal HQ

Zooming Out: *How We are Tracking State-wide Progress*

Zooming In: *Cal HQ Dashboard Demo*

Next steps & ways to engage

Who's in?



13 Health Plans

115 Hospitals



See the full list here:
<https://calhq.calhospitalcompare.org/wp-content/uploads/2026/07/List-of-Cal-HQ-Partners-and-Participants-as-of-7.2026.pdf>



Sign up for our listserv [here](#)

Cal HQ's vision – a state-wide movement



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**

Cal HQ's Bold Goal

By December 31, 2027

Prevent over 2,000
additional infections

Save ~100 lives

Save \$64,000,000*

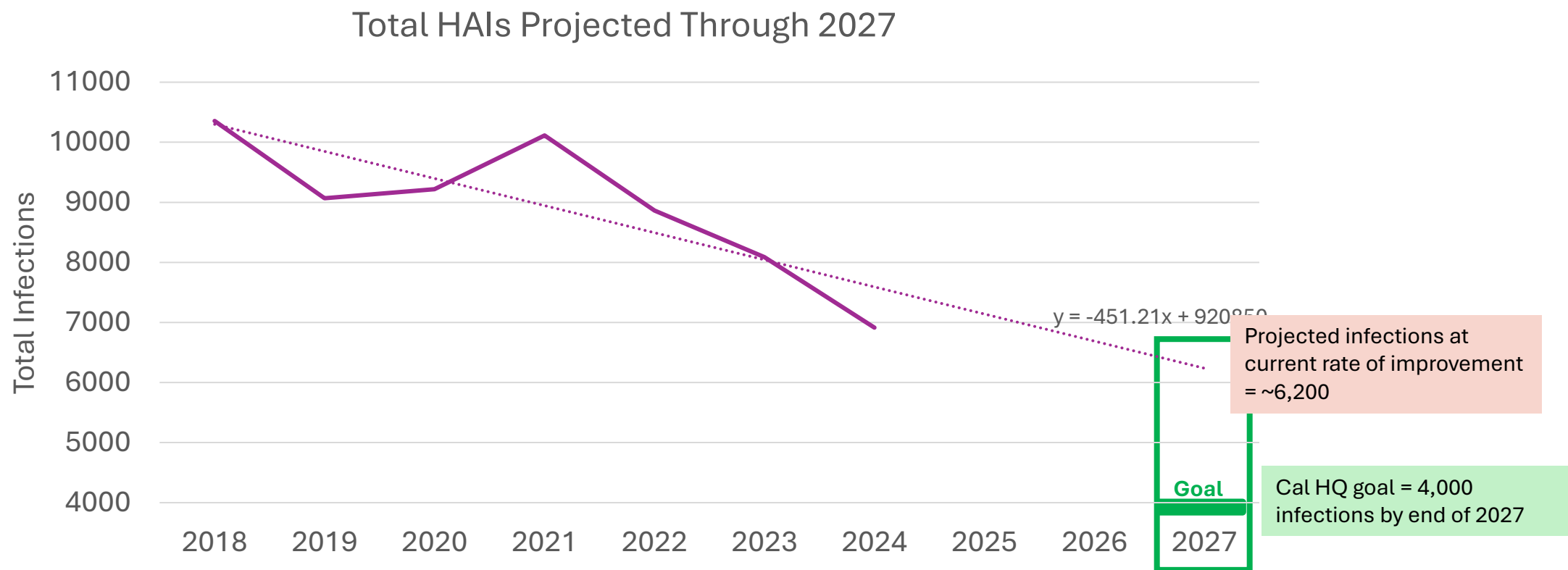




Zooming Out: *How We're Tracking Statewide Progress*



How Will We Know if We Are Improving?



No intervention: Total HAIs projected to decrease to ~6,200 by the end of 2027

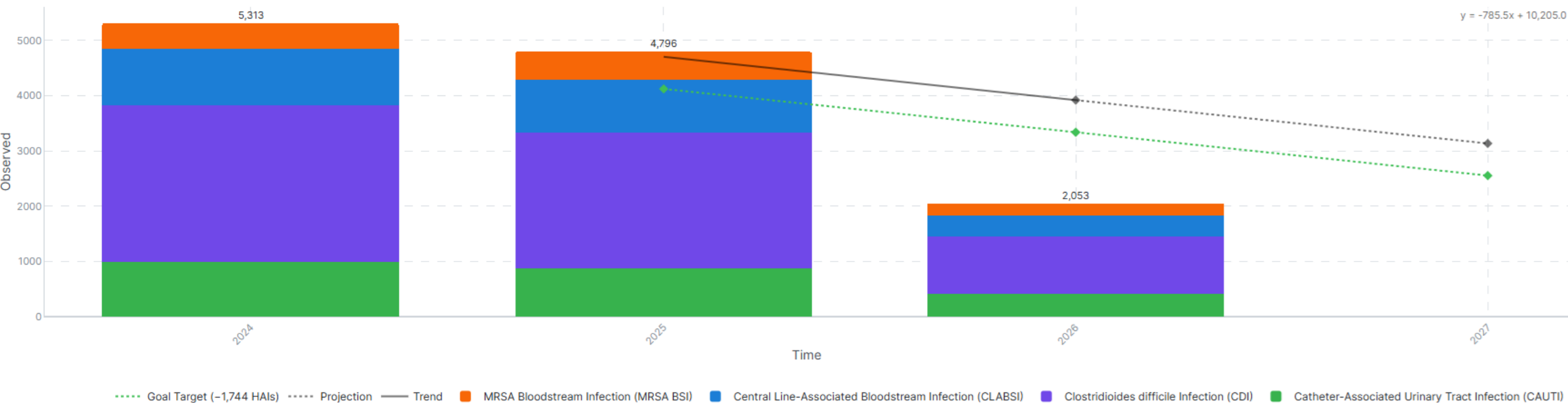
Cal HQ Goal: Reduce to 4,000 total HAIs by the end of 2027; translates to 42% reduction from 2024

All California Hospitals

Total HAIs over time

All California Hospitals Total HAIs over Time

Trend & Projection Calculated using All California Hospitals Trend



Stacked bars = actual reported HAIs by year & infection type

Solid Black Line shows overall trajectory since Q1 2024

Dotted Black line = projection based on current trend
Dotted Green line = Cal HQ goal target through 2027

Tracking Total Infections vs SIRs



How can my hospital contribute to Cal HQs statewide goal?

Hospital Bed Size	Total HAIs 2024	42% Reduction in Total HAIs	2027 Infection Reduction Targets per hospital
< 50 (n=73)	187	108 (79 less HAIs)	1-2
50-99 (n=53)	324	188 (136 less HAIs)	2-3
100-199 (n=83)	1384	803 (581 less HAIs)	7
200-299 (n=47)	1303	756 (547 less HAIs)	11-12
300+ (n=44)	2815	1,633 (1,182 less HAIs)	26-27

*Missing hospital size data for 26 hospitals

Zooming In: *Cal HQ* *Dashboard*



Infection Prevention Monitoring System

Daily Monitoring & Audit

Mitigate Patient Risk in Real Time

- Central line & urinary catheter checklists
- Hand Hygiene Direct Observation Forms
- Environmental Cleaning Audits
- Days since last infection

Monthly Monitoring Tools

Aggregates daily performance, spot localized outbreaks and manage department-level accountability

- NHSN Tap Reports
- Internal Dashboards/EMR reports
- Antibiotic Stewardship Reports

Benchmarking and Gap to Goal

Progress towards state, national or internal targets

- Cal HQ Dashboard
- NHSN SIR & SUR Trend Reports
- CAD (Cumulative Attributable Difference) Metric
- Internal Executive Quality Dashboard

Cal HQ Analytics Partnership

California Hospital Association (CHA) and Hospital Quality Institute (HQI) are members of the Cal HQ Steering Committee



Access to HQI's Hospital Quality Improvement Platform (HQIP)

Statewide benchmarking and analytics platform

No additional data collection burden or EMR integration required

Close to real-time data, updated monthly, to drive quality improvement efforts

Cal HQ Dashboard: Turning Data to Actionable Insights



Establishes hospital specific targets contributing to the Cal HQ statewide 2,000 HAI reduction goal



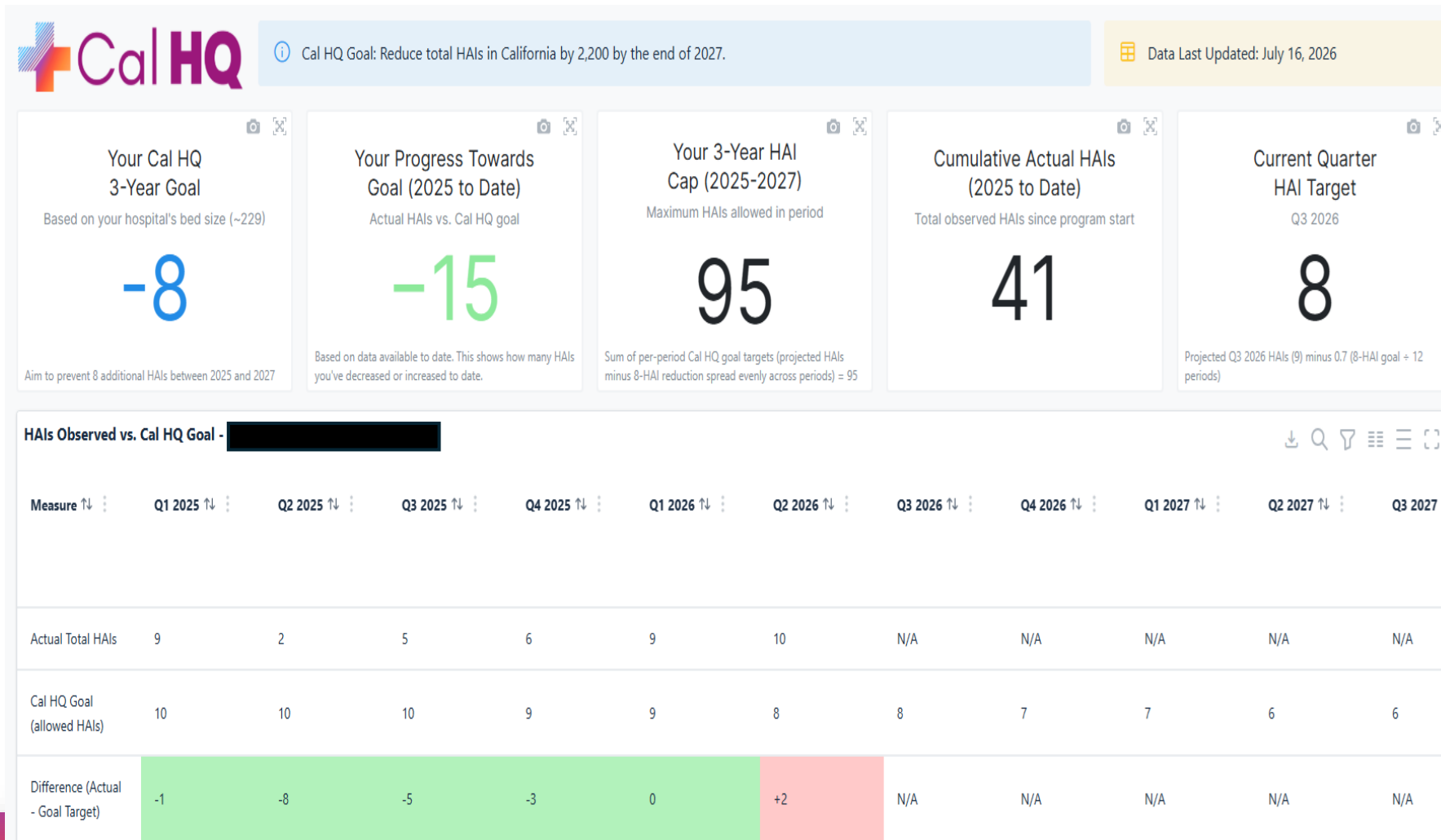
Monitors progress towards the Cal HQ Goal both at the facility-level and statewide



Identifies which of the 4 HAIs (CAUTI, CLABSI, CDI, MRSA) are contributing to your overall performance

HQIP Cal HQ Dashboard Demo

Cal HQ Dashboard: Hospital Progress Tracker



3-Year Goal & Current Quarter HAI Target
Infections to prevent and your quarterly pace

Your Progress Towards Goal
Ahead of or behind your goal trajectory?

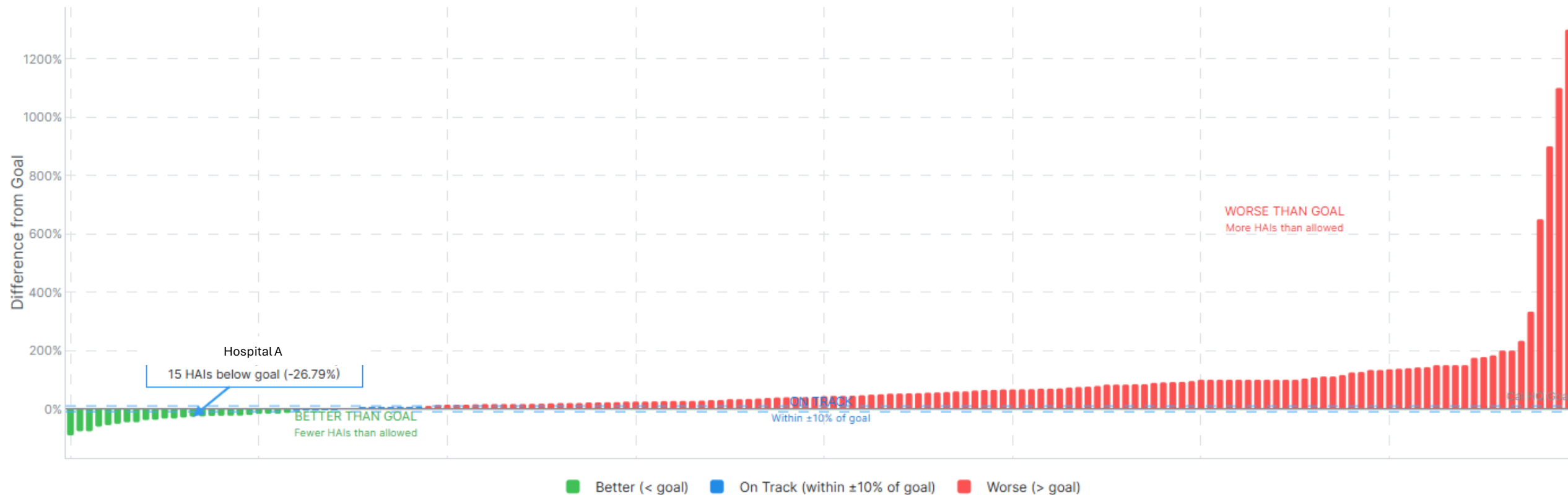
Quarterly Summary Table
Actual vs. projected HAIs through Q2 2027

% Difference From Goal Facility vs California Peers



How We're Doing Toward the Goal (% of Cal HQ Target)

2025 YTD through Q3 2026 — Each bar is one hospital, ordered by % Difference from Goal



Each bar = one CA hospital ranked
by % difference from Cal HQ Goal

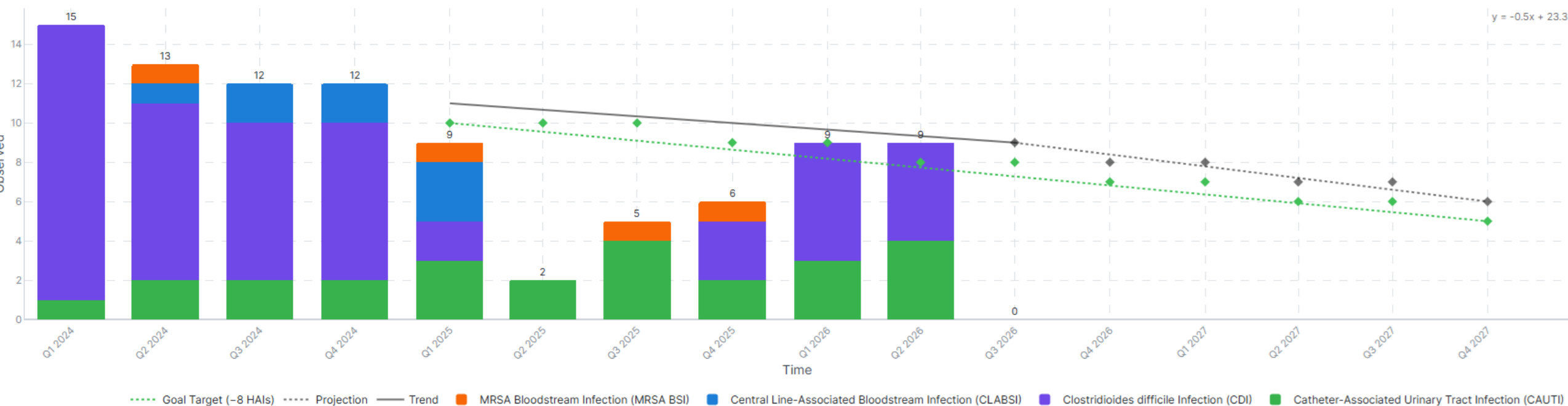
Hospital A (blue arrow) is currently
performing better than goal, 15 fewer HAIs

Facilities in red have more HAIs compared
to their goal

HAI Trend & Projection

Facility View

Trend & Projection Calculated using All California Hospitals Trend



Stacked bars = actual reported HAIs by quarter & infection type

Solid Black Line shows overall trajectory since Q1 2024

Dotted Black line = projection based on current trend
Dotted Green line = Cal HQ goal target through 2027

Ways to Engage

- Infection Prevention Affinity Group (Bi-monthly)
 - 7/21 [Slides](#) & [Recording](#)
- Webinars (Bi-monthly)
 - 5/21 [Slides](#) & [Recording](#)
- Health Plan Affinity Group (Quarterly)



Join the conversation

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



Email calhqconversation@gaggle.email

Resources

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

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 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 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!



**Share
something
you...**





Thank you!

Learn more:

www.calhq.calhospitalcompare.org

Contact us:

calcompare@convergencehealth.org

