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Regulatory & Quality Program Updates

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July 15, 2026

Regulatory Activity

- CDPH WCHC Vaccines for Children (VFC) site visit Postponed
 - Rescheduled for July 23rd, 2026
- CDPH EMTALA Survey (April 27th – 28th, 2026) letter received June 24th, 2026
 - Plan of correction submitted on July 2nd, 2026.
- Attestation Statement for Exclusion from PPS for Psychiatric Units, an annual requirement, was submitted to CDPH on June 26, 2026.
- Leapfrog submitted on June 30th, 2026

Regulatory Activity Cont.

- CMS/CDPH Complaint Validation Survey July 1st-3rd, 2026 for a PES elopement event on June 12th, 2026
- Six program flexibility requests related to the seismic construction project were submitted to CDPH on July 2nd, 2026.
- CDPH Tissue Bank Survey scheduled for July 27th, 2026

Quality Assessment and Performance Improvement

- 2026 Quality & Patient Safety Program Plan, with Appendices:
 - Appendix A: 2025 Quality Assessment & Performance Improvement (QAPI) Evaluation
 - Appendix B: 2026 QAPI Priority Projects (*next slides*)
 - Appendix C: 2026 Patient Safety & Performance Improvement Committee (PSPIC) reporting calendar

Appendix B: 2026 PI Priorities

Metric	Definition	Baseline Performance	2026 Target	Benchmark National/State
Readmission-READ 30 HF	Unplanned admission to an acute care hospital within 30 days of being discharged from an initial hospitalization for heart failure.	20.2% (Q3 2021- Q2 2024)	19.7%	19.7% (CMS)
Fall Reduction	Patient Fall reported via SERS. # of Events / Rate: Number of events divided by number of patient days times 1000	CY 2025 Count: 128	3-4 falls/1000 pt days	3-4 falls/1000 pt days (NDNQI)
Hospital Acquired Pressure Injury (HAPI- All	Hospital Acquired Pressure Ulcers reported via SERS. # of Events / Rate: Number of events divided by number of patient discharges times 1000	CY 2025 Count: 32	25% Reduction as compared to CY 2025 Count: 24	N/A
Sepsis- SEP-1 Bundle Compliance	A set of guidelines used to manage patients with severe sepsis or septic shock. The guidelines focus on early recognition and intervention to save lives and limbs. This is an "all-or-nothing" measure, meaning that hospitals must adhere to all elements of the bundle to receive credit. Follows CMS/TJC SEP 1 Definition	47% (Q1 2024 to Q4 2024) 54% (Jan-Oct 2025)	67.0%	67% (CMS)
Catheter-Associated Urinary Tract Infections (CAUTI)	Infection of the urinary tract caused by a tube (urinary catheter) placed to drain urine from the bladder. #: Number of infections that occurred; SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less than 1 are desirable	0.514 (Q1 2024-Q4 2024) 3 cases noted for 2025 SIR 2.201	SIR < 1.0	SIR < 1.0 (NHSN)
SSI-COLO	Infection that occurs after a Colon surgery. Excludes superficial infections. Attributed to date of procedure. #: Number of infections that occurred attributed to month procedure performed; SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less than 1 are desirable	2 Cases noted for 2025 SIR 1.7.15	SIR < 1.0	SIR < 1.0 (NHSN)
Chorioamnionitis Among Maternal Cases	Mothers with Chorioamnionitis or whose newborns were affected by chorioamnionitis (among all mothers). Data Source: Discharge data (ICD-9/-10 codes) submitted by hospital to CMQCC Maternal Data Center linked to Birth Certificate data.	10.0% (2024)	5.1%	5.1% (CMQCC)
Well Child Visit	The percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Persons who turned 15 months old during the measurement period: Six or more well-child visits and 2. Well-Child Visits for Age 15 Months–30 Months. Persons who turned 30 months old during the measurement period: Two or more well-child visits	58.19	58.97%	67.63% (DHCS)