



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

1.1 General Information

1. Agency or State Entity Name: 4265 - Public Health, Department of

If Agency/State entity is not in the list, enter here with the [organization code](#).

[Click or tap here to enter text.](#)

2. Proposal Name and Acronym: Patient Safety Plans Submission (AB3161)

3. Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)

The California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) proposes to develop and implement a solution through which healthcare facilities shall submit biannual patient safety plans to CDPH for review and approval. This effort enables the CDPH to comply with Assembly Bill (AB) 3161 (Chapter 757, Statutes of 2024) by strengthening oversight, enhancing accountability, and protecting the health and dignity of all patients, regardless of background or identify.

4. Project Planning Start Date: 7/14/2025

5. Proposed Project Execution Start Date: 1/1/2026

6. S1BA Version Number: Version 1

1.2 Submittal Information

1. Contact Information

Contact Name: Ous Hammour

Contact Email: Ous.Hammour@cdph.ca.gov

Contact Phone: +1 279-667-0065

2. Submission Type: New Submission

If Withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

Sections Changed, if this is a Submission Update: (List all sections changed.)

N/A

Summary of Changes: (Summarize updates made.)

N/A

3. Attach [Project Approval Executive Transmittal](#) to your email submission.
4. Attach [Stage 1 Project Reportability Assessment](#) to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

Title: [Deputy Director, Center for Health Care Quality](#)

Name: [Chelsea Driscoll](#)

Business Program Area: [Center for Health Care Quality](#)

2. Business Owner

Title: [C.E.A \(A\)](#)

Name: [Michelle Bell](#)

Business Program Area: [Office of Internal Operations](#)

3. Product Owner

Title: [Chief, Business Operations Branch](#)

Name: [Efrain Cornejo](#)

Business Program Area: [Business Operations Branch](#)

TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: No

Other Departments/State Entities: Yes

Public: Yes

Federal Entities: No

Governor's Office: No

Legislature: No

Media: No

Local Entities: No

Special Interest Groups: No

Other: Yes

2. Describe how each group marked 'Yes' will be involved in the planning process.

State Entity:

Several organization units in CDPH will be involved in planning and will be impacted by implementing Patient Safety Plan submission within the enterprise portal and enterprise licensing system.

Enterprise Portfolio Management Office (ePMO) - The ePMO will oversee and facilitate all aspects of project planning, and project execution.

Enterprise Architecture Office (EAO) - Enterprise architects are involved in the architecture analysis and design that precedes project planning, and in the architectural aspects of the Project Approval Lifecycle (PAL). EAO will oversee architectural aspects of the project through project execution.

Enterprise Platform Services Branch (EPSB) - The Enterprise Platform Services Branch will be involved during project planning and especially during project execution when DevOps teams will develop the new platform application.

Technology Operations (TO) - Technology operations will be involved in project planning as it relates to mainframe operations, cloud architecture, security architecture, and maintenance and operations planning. During project execution, Technology Operations will oversee implementation and operation of infrastructure components.

Center for Health Care Quality (CHCQ) - CHCQ will be involved in the architecture analysis, project planning, project execution, and post-launch phases. Architecture analysis efforts focus on developing an understanding of the business and information architectures that drive program operations and developing strategies for their modernization. ITSD views the Patient Safety Plan Submission project to be part of CDPH's enterprise licensing solution. Should the project be

subjected to the full PAL process, project planning formalizes this work as part of the PAL process to produce project and procurement strategies to successfully implement the system.

Future of Public Health (FoPH) - FoPH is a major modernization program containing 9 initiatives. Initiative 2 focuses on licensing and surveillance. The Patient Safety Plan Submission and Antidiscrimination Features will be implemented as part of the enterprise portal and enterprise licensing system being implemented through FoPH.

Other Department/State Entities:

CalHHS Agency will be involved by reviewing planning efforts and related artifacts and will work with the department and with the California Department of Technology to align planning requirements with project risk. Additionally, to the extent that the work being proposed represents a Strategic capability for CalHHS, CalHHS will engage in the planning process to understand the technical approaches that might be leveraged or enhanced by other CalHHS efforts.

Public:

This group of stakeholders will be the ones interested in looking into the safety plans available at the public facing site of CDPH. They will not have a role during the planning phase.

Other (Health Care facilities):

This group of stakeholders consists of the different types of health care facilities: hospitals, General Acute Care Hospitals, Acute Psychiatric Hospitals, Special Hospitals, and Skilled Nursing Facilities, which are required to submit the patient safety plans to CDPH. They are the users of the new application. This group will not have a role during the planning phase of the project.

1.5 Business Program

- 1. Business Program Name:** Center for Health Care Quality (CHCQ)
- 2. Program Background and Context:** Provide a brief overview of the entity's business program(s) current operations.

CDPH is organized into five centers dedicated to different aspects of public health. One of those centers, the Center for Health Care Quality (CHCQ), operates the Licensing and Certification Division (L&C), which is responsible for licensing and regulating health care facilities throughout the state. L&C is an essential part of CDPH's mission to optimize the health and well-being of the people of California, affecting the lives of millions of people in health care facilities each year. CHCQ is primarily funded by a grant from the Centers for Medicare & Medicaid Services (CMS), and by licensing fees paid by health care facilities.

The L&C Division's highest priority is to protect patient safety and ensure quality care for all patients. These include general acute care hospitals, acute psychiatric hospitals, home health agencies, hospices, skilled nursing facilities, and 30 other provider types.

AB 3161 represents a significant step forward in public reporting and transparency in patient

safety. Under this new legislation, licensed health facilities are mandated to submit their patient safety plans biannually to the California Department of Public Health (CDPH). These plans are then made available on CDPH's public-facing website, ensuring that the public, health care staff, visitors, and patients have access to crucial safety information.

The Center for Health Care Quality (CHCQ), a vital division within CDPH, plays a pivotal role in this initiative. By improving public reporting and facilitating the anonymous submission of patient safety events, CHCQ can identify trends and areas of concern that may affect patient care and health equity.

3. How will this proposed project impact the product or services supported by the state entity?

The proposed AB 3161 project will have several impacts on the products and services supported by The Center for Health Care Quality (CHCQ).

- Primary effect will be the enhancement of public reporting on patient safety plans, enabling better outside analysis. Requiring biannual patient safety plans from the licensed health care facilities and enabling anonymous reporting options will help CDPH better detect trends and address concerns affecting patient care and health equity. This initiative will align with the strategic goal of advancing healing, equity, and health resilience for all Californians. This will allow health care staff, visitors, and patients to report patient safety events anonymously to the hospital. The inclusion of demographic data on hospital-acquired injuries or illnesses in these plans will also facilitate a deeper analysis of inpatient quality of care and racial equity in health care.
- Improves public reporting of patient safety plans for outside analysis. Health care staff, visitors, and patients will be able to anonymously report patient safety events to the hospital. Hospital patient safety plans will include demographic data on hospital-acquired injuries or illnesses. Submission and publication of patient safety plans facilitate the analysis of inpatient quality of care and racial equity in health care.
- Resource Allocation: System changes will necessitate training for current or new CHCQ staff to ensure they are proficient with new tools and technologies. This could include workshops, online training modules, and ongoing technical support.
- Operational Costs: Training and staffing will increase operational costs as well as any ongoing maintenance required necessary.
- Improved Healthcare Quality for the Public: The project could lead to better monitoring and regulation of healthcare facilities, ensuring that they meet high standards of care. It also increases transparency as the safety plans will be accessible to the public
- Moreover, AB 3161 project aims to improve overall healthcare quality for the public by better monitoring and regulating healthcare facilities to meet high standards of care. The

transparency increase, as safety plans are made accessible to the public, will further reinforce health care quality and patient safety.

TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.

1.6 Project Justification

1. Strategic Business Alignment

Enterprise Architect

Title: Senior Enterprise Architect

Name: Craig Stone

Strategic Plan Last Updated? 4/3/2025

Strategic Business Goal: Advance Healing, Equity and Health Equity.

Alignment: The AB 3161 effort will protect and promote physical, mental, and community health for all Californians with a renewed focus on prevention and resilience. AB 3161 will provide health care staff, visitors, and patients a method for anonymously submitting patient safety events. Increasing reporting requirements by health care facilities allows CDPH to identify trends in patient safety counter to health care equity.

TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.

Mandate(s): State

Bill Number/Code, if applicable: [Assembly Bill \(AB\) 3161](#) (Chapter 757, Statutes of 2024)

Add the Bill language that includes system-relevant requirements:

AB 3161 requires that the safety plan include a process for addressing racism and discrimination and its impacts on patient health and safety, including monitoring sociodemographic disparities in patient safety events and developing interventions to remedy known disparities, and encouraging facility staff to report suspected instances of racism and discrimination.

Beginning January 1, 2026, and biannually thereafter, health facilities are required to submit patient safety plans to the department's licensing and certification division. The bill would authorize the department to impose a fine not to exceed \$5,000 on health facilities for failure to adopt, update, or submit patient safety plans, and would authorize the department to grant an automatic 60-day extension to submit biannual patient safety plans.

This bill would require CDPH to make all patient safety plans submitted by health facilities available to the public on its internet website. By expanding the requirements on health

facilities, the bill would expand the definition of a crime and would impose a state-mandated local program.

TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.

2. Business Driver(s)

Financial Benefit: No

Increased Revenue: No

Cost Savings: No

Cost Avoidance: No

Cost Recovery: No

Will the state incur a financial penalty or sanction if this proposal is not implemented? No

If the answer to the above question is "Yes," please explain:

N/A

Improvement

Better Services to the People of California: Yes

Efficiencies to Program Operations: Yes

Improved Equity, Diversity, and/or Inclusivity: Yes

Improved Health and/or Human Safety: Yes

Improved Information Security: No

Improved Business Continuity: Yes

Improved Technology Recovery: No

Technology Refresh: No

Technology End of Life: No

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

The CDPH exists *to advance the health and well-being of California's diverse people and communities*. Guided by its mission, CDPH has outlined strategic priorities that include becoming a learning and impactful organization, developing a trauma-responsive and healing culture, investing in workforce development, and tackling key public health challenges. AB 3161 directly supports these

goals by promoting transparency, equity, and accountability in healthcare delivery. It aligns with CDPH's commitment to modernizing public health infrastructure, addressing systemic inequities, and using data to drive continuous improvement.

AB 3161 was chaptered, on September 27, 2024, in response to patient safety reports findings and stakeholder feedback revealing ongoing inequalities in healthcare outcomes and systemic discrimination in California's health facilities. These finding also showed a lack of demographic data in safety event and insufficient tools to address racism and bias in patient care.

AB 3161 requires licensed health facilities to submit patient safety plans to CDPH's licensing and certification division, and biannually thereafter. CDPH is required to make patient safety plans available on its public-facing website. Fines may be imposed by CDPH for non-compliance up to \$5,000 on health facilities for failure to adopt, update, or submit patient safety plans, and would authorize the department to grant an automatic 60-day extension to submit biannual patient safety plans. AB3161 provides in depth demographic analysis of patient safety events and publication of patient safety plans, improving service delivery through transparency and accountability. This effort aligns with broader public health modernization efforts or plan submission and public transparency.

The AB 3161 proposal aligns with the Future of Public Health (FoPH) vision to modernize California's public health infrastructure, addresses urgent equity concerns, and introduces new privacy and security considerations for handling sensitive demographic data. The statute requires CHCQ and regulated facilities to make operational, technical, and fiscal adjustments to ensure compliance and accountability. While AB 3161 introduces new considerations related to the handling of sensitive demographic data, no unresolved security or privacy issues have been identified at this time. This bill would require the reporting system to include anonymous reporting options.

The AB 3161 effort will improve health and human safety through the receipt of health facility safety plans and their publication on a public-facing website. This transparency fosters trust, encourages continuous improvement, and enables CDPH to monitor trends and hold facilities accountable for addressing systemic issues such as racism and bias.

AB 3161 takes effect on January 1, 2026. To meet this deadline, CDPH will implement the solution in two phases.

Phase 1

The solution will use existing technology to streamline the intake and triage of hospital safety reports. It involves leveraging the current email inbox that receives these reports, along with a combination of manual steps and out-of-the-box tools to review the plans and publish them for public access.

Phase 2

The solution will advance the safety plan intake and analysis process beyond basic functionality by building the solution into the licensing portal and automating the safety plan submission and publishing processes.

Objective ID: 1

Objective: Enable CDPH to monitor trends and hold facilities accountable for addressing systemic issues such as racism and bias.

Metric: % of patient safety plans publicly reported.

Baseline: 0%, as this feature is not currently available.

Target Result: Within 3 months post implementation, health facility users submit safety plans for review and publication.

Objective ID: 2

Objective: Provide the public access to safety plans so patients can view how facilities address safety risks and disparities in patient care enabling them to make informed decisions.

Metric: % of patient safety plans published by CDPH.

Baseline: 0%, as these safety plans are not currently published on CDPH website

Target Result: Within legislatively mandated timeframes, CDPH will demonstrate their ability to publish safety plans on CDPH website.

1.8 Project Management

1. Project Management Risk Score: 0.1

Follow the instructions in [Statewide Information Management Manual \(SIMM\) Section 45 Appendix B Project Management Risk Assessment Preparation Instructions](#).

Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A Project Management Risk Assessment Template](#) to the email submission.

2. Project Approval Lifecycle Completion and Project Execution Capacity Assessment

Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

Answer: Yes

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both): New Processes

1.9 Initial Complexity Assessment

1. Complexity Assessment (Business Score): 1.2

Follow the instructions in the [Statewide Information Management Manual \(SIMM\) Section 45 Appendix D Complexity Assessment Instructions](#).

Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix C Complexity Assessment Template](#) to the email submission.

NOTE: Business complexity is initially completed in PAL Stage 1. Technical complexity is initially completed in PAL Stage 2.

- 2. Noncompliance Issues:** Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is non-compliant.

Programmatic regulations: **No**

HIPAA/CIIS/FTI/PII/PCI: **No**

Security: **No**

ADA: **No**

Other: **No**

Not Applicable: **Yes**

Noncompliance Description:

N/A

3. Additional Assessment Criteria

If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

How many locations and total users is the project anticipated to affect?

Number of locations: **1,735 locations**.

Estimated Number of Transactions/Business Events (per cycle): **2000 transactions per cycle (cycle is two years)**.

Approximate number of internal end-users: **20 Users**

Approximate number of external end-users: **5400 Users**

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? **No**

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

N/A

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

N/A

Project Implementation Funding

1. Has the funding source(s) been identified for **project implementation**? **Yes**

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

Health Licensing and Certification Program Fund (3098) is the identified funding source, with provisional language making funds available upon approval by the California Department of Technology (CDT) through the Project Approval Lifecycle (PAL) to support the implementation of Assembly Bill 3161: Patient Safety and Antidiscrimination.

Will a budget action be submitted to your Agency/DOF? **Yes**

If “Yes” is selected, specify when this BCP will be submitted: BCP, 4265-258-BCP-2025-MR, was approved on 5/14/2025 for FY 25/26 but program is working on a Spring 2026 BCP to reappropriate the funds to FY 26/27.

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project: **Less than \$10 Million**

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: **11/25/2025**

Form Received Date: **11/25/2025**

Form Accepted Date: **11/25/2025**

Form Status: **Completed**

Form Status Date: **11/25/2025**

Form Disposition: **Approved**

If Other, specify: [Click or tap here to enter text.](#)

Form Disposition Date: **11/25/2025**

Department of Technology Project Number (0000-000): **4265-100**