

**Hospital Building Safety Board**

400 R Street, Suite 200
Sacramento, California 95811-6213
(916) 440-8453
Fax (916) 324-9118
<http://www.oshpd.ca.gov/Boards/HBSB>

A public meeting of the **Hospital Building Safety Board** (HBSB) will be held on:

Wednesday, May 30, 2012
10:30 a.m. to 4:00 p.m.

at the

Victim Compensation and Government Claims Board
400 R Street
Sacramento River Room (Suite 130)
Sacramento, CA 95811
(916) 440-8453

DIRECTIONS –**From the San Francisco Bay Area:**

- Take **Interstate 80 East**;
- east of Davis, continue on **US-50/Business 80**;
- Take **Interstate 5 North Exit** toward Redding;
- follow signs for **Q Street**;
- turn **right** at **2nd Street**;
- take the **second left** onto **R Street**,
- 400 R Street is on the right.

From the Sacramento International Airport:

- Exit the airport south and take the ramp to **Interstate 5 South**;
- Exit onto **Q Street**;
- Turn **right** onto **3rd Street**;
- Take the **first left** onto **R Street**;
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AGENDA

TAB ITEM

PAGE #

Wednesday, May 30, 2012
10:30 a.m. — 4:00 p.m.

NOTE: Agenda order is tentative and subject to change without prior notice.
A lunch of approximately 60 to 90 minutes will be taken sometime during the day.

- Call to Order** — Joseph La Brie, HBSB Chairperson
- 1**
- Welcome and Introductions
 - Announcements
 - Review and approve the draft February 21, 2012 HBSB Meeting Report **7**
 - Discussion and Public Input
-
- 2** **Introduction of OSHPD’s New Director, Bob David** — **39**
Stephanie Clendenin, OSHPD Chief Deputy Director
-
- OSHPD Update** — Bob David, OSHPD Director **41**
- 3**
- Introduction and swearing-in ceremony for new HBSB member:
 - Y. Henry Huang, Local Building Official
 - Discussion and Public Input
-
- 4** **Nominations for HBSB Chair/Vice-Chair** — **43**
Linda Janssen, HBSB Executive Director
- Description of the nominations procedure for HBSB Chair & Vice Chair
 - Discussion and Public Input

<u>TAB</u>	<u>ITEM</u>	<u>PAGE #</u>
	Administrative Processes and Code Changes Committee Presentation — John Donelan, Chair	
5	<ul style="list-style-type: none"> • Overview and approval of Meeting Reports <ul style="list-style-type: none"> ○ February 13, 2012 ○ May 15, 2012 • Discussion and Public Input 	<p>45</p> <p>71</p>
	Board Procedures Committee Presentation — Michael Foulkes, Chair	
6	<ul style="list-style-type: none"> • Overview and approval of Meeting Report <ul style="list-style-type: none"> ○ February 16, 2012 • Discussion and Public Input 	95
	Education Opportunities Committee Presentation — Arlee Monson, Chair	
7	<ul style="list-style-type: none"> • Overview and approval of Meeting Report <ul style="list-style-type: none"> ○ April 18, 2012 • Discussion and Public Input 	107
	Instrumentation Committee Update — Lou Gilpin, Chair	
8	<ul style="list-style-type: none"> • Brief Committee Update • Discussion and Public Input 	121
	SB 90 Committee Update— John Egan, Chair	
9	<ul style="list-style-type: none"> • Brief Committee Update • Discussion and Public Input 	123

<u>TAB</u>	<u>ITEM</u>	<u>PAGE #</u>
10	<p>SB 499 Facilities Progress Reporting Committee Presentation — Eric Johnson, Chair</p> <ul style="list-style-type: none"> • Overview and approval of Meeting Report <ul style="list-style-type: none"> ○ February 15, 2012 • Discussion and Public Input 	125
11	<p>Standard Details Committee Presentation — Bert Hurlbut, Chair</p> <ul style="list-style-type: none"> • Overview and approval of Meeting Report <ul style="list-style-type: none"> ○ April 5, 2012 • Discussion and Public Input 	133
12	<p>Structural and Non-structural Regulations Committee Update — Simin Naaseh, Chair</p> <ul style="list-style-type: none"> • Brief Committee Update • Discussion and Public Input 	145
13	<p>Facilities Development Division Update — Paul Coleman, FDD Deputy Director</p> <ul style="list-style-type: none"> • Discussion and Public Input 	147
14	<p>Presentation: Removal of Acute Care Services — John Gillengerten, Sr. Structural Engineer, FDD Structural Services Section</p> <ul style="list-style-type: none"> • Discussion and Public Input 	149
15	<p>Regulation Update— Glenn Gall, FDD Building Standards Unit Supervisor</p> <ul style="list-style-type: none"> • Discussion and Public Input 	175

<u>TAB</u>	<u>ITEM</u>	<u>PAGE #</u>
16	Meeting Wrap-Up — Joseph La Brie, HBSB Chairperson <ul style="list-style-type: none"> • Discussion and Public Input 	177
Information Items		
17	<ul style="list-style-type: none"> • HBSB Membership • HBSB Roster • HBSB Consulting Members Roster • HBSB Committee List 	179 181 185 187

Comments from the Public/Board Members on Issues not on this Agenda: The Board will receive comments from the public/members at this time on matters not on the agenda. Matters raised at this time will be taken into consideration for placement on a subsequent agenda.

Adjournment

Any questions may be directed to the Board Staff at (916) 440-8453. If Board Members or staffs are unable to attend this meeting please notify Board Staff within 48 hours of receipt of this agenda.

REMINDER: Please call (916) 440-8453 on Tuesday, May 29, 2012 after 3:00 p.m. to confirm that the meeting will take place as scheduled. The recording will verify the meeting date and location.

NOTE: Meeting facilities and restrooms are accessible to the physically disabled. If any special accommodations (assistive listening device, sign language interpreter, etc.) are needed, please contact the Board Staff at (916) 440-8453. Requests should be made as soon as possible but no later than 10 business days prior to the meeting.

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**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)
Tuesday, February 21, 2012
10:00 a.m. - 4:00 p.m.**

Victim Compensation and Government Claims Board
Sacramento River Room (Suite 130), 400 R Street
Sacramento, CA 95811

Board Members Present

Joe La Brie, HBSB Chair
John Egan, HBSB Vice-Chair
Stephanie Clendenin, Ex-Officio
Paul Coleman, Ex-Officio
Enid K. Eck
Jay Elbettar
Michael Foulkes
Lou Gilpin
Bert Hurlbut
Eric Johnson
Bob Kain
Scott Karpinen
Trailer Martin
Michael O'Connor
Michael Osur
Carl Scheuerman
Brian Spindler
Jennifer Thornburg, Ex-Officio

OSHPD Staff

Glenn Gall
Mohammad R. Karim
Jacob Knapp
Roy Lobo
Chris Tokas
Elizabeth Wied

HBSB Staff

Linda Janssen, Executive Director
Evelt Torres

1 Call to Order

2 Mr. Joe La Brie, Board Chair, called the meeting to order at 10:00 a.m.

1 **Welcome and Introductions**

2 Mr. La Brie welcomed everyone, and participants took turns introducing themselves.

3

4 **Announcements**

5 Mr. La Brie recognized and thanked Mr. Jay Elbettar for his service on the Board. Mr.

6 Elbettar said it was an honor to participate and he commended the Board for its efforts

7 to improve the seismic safety of hospitals. He stated that he had recently been elected

8 to the ICC board of directors, a position that will keep him quite busy in the coming year.

9 Mr. La Brie presented Mr. Elbettar with a plaque and wished him success in his future

10 endeavors.

11

12 **Review and Approve October 26, 2011 HBSB Meeting Report**

13 Mr. La Brie reviewed highlights of the October 26 Board meeting and asked if there

14 were any changes or corrections.

15

16 Mr. Michael Osur advised that he attended the October 26 meeting, and he asked that

17 his name be included in the list of attendees on Page 1.

18

19 Referring to Page 17, Line 7, Mr. Gall noted that the reference to “Q-3408” should be

20 “CAN-3408.”

21

22 Mr. Michael O’Connor said his name should also be included in the list of attendees.

23

24 Ms. Linda Janssen reminded all participants to sign in when they arrive.

1 **MOTION:** (M/S/C) [La Brie/Martin]

2 The Board voted unanimously to approve the October 26, 2011 meeting report as
3 amended.

4

5 **Review Board Goals for 2012**

6 Mr. La Brie reviewed the Board's goals and priorities for 2012. He drew attention to the
7 2012 committee assignments.

8

9 **Review Meeting Schedule for 2012**

10 Mr. La Brie referred to the proposed 2012 meeting schedule in the meeting packet. He
11 noted that committee chairs have the prerogative to change meeting dates as they feel
12 necessary.

13

14 Mr. Burl Hurlbut advised that the Standard Details Committee had changed its April 10
15 meeting to April 5.

16

17 Mr. Hurlbut pointed out the draft meeting schedule shows the full Board meeting on both
18 November 8 and November 15. Ms. Janssen said she thought November 8 was
19 correct, and she stated she would confirm that date.

20

21 **OSHPD Update**

22 Ms. Stephanie Clendenin, OSHPD Acting Director, reported that Governor Brown was
23 able to reduce the structural budget deficit in 2011-12 from about \$20 billion to \$5 billion
24 by realigning public safety functions from state to local government, reducing cash

1 borrowing, and improving government efficiency by eliminating 15,000 positions and 20
2 state boards, commissions, departments, offices, and task forces. She said the
3 governor's proposed 2012-13 budget recognizes that economic recovery has been slow
4 and projects that employment will not reach pre-recession levels until 2016, and general
5 fund revenues will not recover until 2014-15. Ms. Clendenin noted there are several
6 ongoing risks to the state's budget, including efforts to reduce the federal deficit by
7 placing additional burdens on states, disproportionate growth of California's aging
8 population compared to its workforce, and declining income and assets of retirees.

9
10 Ms. Clendenin advised that the proposed 2012-13 budget projects a shortfall of \$9.2
11 billion, of which \$4.2 billion was carried over from the previous fiscal year. She said the
12 governor's budget proposes \$10.3 billion in expenditure cuts and new revenues,
13 including reductions in welfare and social services, as well as trigger reductions of \$5.4
14 to schools, courts, public safety, and fire protection if the ballot tax initiative next
15 November does not pass.

16
17 Ms. Clendenin noted that Governor Brown remains committed to reducing and
18 restructuring government by eliminating or consolidating 48 boards, commissions,
19 programs, and departments. She said state government reorganization entails creation
20 of a new Business and Consumer Services Agency, a new Government Operations
21 Agency, and a new Transportation Agency.

22
23 Ms. Clendenin advised that there were two specific budget proposals related to
24 OSHPD, primarily focusing on workforce issues. First, the governor proposes to

1 permanently fund the Song-Brown health data and planning program; in addition, the
2 governor plans to shift \$12.3 million from the Department of Mental Health to OSHPD
3 for mental health services and workforce education and training programs. Ms.
4 Clendenin noted that there are still uncertainties with respect to two other proposals,
5 one to have the Department of Finance conduct a department-by-department review to
6 identify additional positions for elimination, and another to review special fund program
7 budgets and shift resources to other programs.

8

9 Ms. Clendenin stated that the California Health and Human Services Agency and all of
10 its departments have been exempted from the general statewide hiring freeze, so
11 OSHPD can proceed to fill critical positions. She said OSHPD is still operating with
12 limiting resources and staffing, so the staff continues to look for ways to improve
13 efficiencies and reduce expenditures. Mr. Paul Coleman added that OSHPD was
14 actively recruiting and interviewing candidates.

15

16 Mr. La Brie thanked Ms. Clendenin for the update.

17

18 **Board Procedures Committee**

19 Mr. Michael Foulkes, Committee Chair, reported that the Board Procedures Committee
20 met twice since the last Board meeting.

21

22 Mr. Foulkes referred to the written report under Tab 17 of the meeting binder for a
23 summary of the December 12, 2011 meeting. He said the committee reviewed the
24 Board's 2012 goals and committee assignments, discussed the role of consulting

1 members, and reviewed proposed amendments to the Board's official policies and
2 procedures. Mr. Foulkes indicated that the committee recommends adopting a more
3 formal policy with respect to the appointment process and term limits for consulting
4 members. He added that there were no actions taken by the committee at the
5 December 12 meeting.

6
7 **MOTION:** (M/S/C) [Foulkes/Kain]

8 The Board voted unanimously to accept the report of the December 12 Board
9 Procedures Committee meeting as presented.

10

11 Mr. Foulkes stated that at its February 16, 2012 meeting, the committee reviewed and
12 approved a revised version of the policies and procedures document. He displayed a
13 copy of the updated document and explained each of the proposed changes. In
14 particular, he drew attention to the new language in Section VI.A.1)b.(1) on Page 4
15 regarding eligibility to serve as chair and vice-chair; rewording of Section VIII.A.1) on
16 Page 6 to express the intent to meet in different locations around the state; new
17 Paragraph 4) at the top of Page 7 to address videoconference meetings; new sentence
18 regarding conflict of interest in Paragraph 4) on Page 8; and additional committee chair
19 duties in Section C.1) on Page 9.

20

21 Mr. Foulkes reported that the committee also discussed imposition of fines for failure to
22 submit complete SB 499 reports and an expedited appeal process. He explained that
23 OSHPD staff has spent a considerable amount of time trying to get hospitals to submit
24 required information and following up. Although the statute gives OSHPD the ability to

1 assess fines, the committee decided to focus on clarifying and improving the reporting
2 process and building steps into the online reporting form so incomplete reports cannot
3 be submitted.

4

5 Mr. La Brie commented that he served on a board where conflicts of interest resulted in
6 only a few members being able to vote on certain issues, and he asked how those
7 situations could be avoided. Mr. Foulkes remarked that conflicts have not been a major
8 problem for the Board. He noted OSHPD can help by appointing members who are not
9 directly involved in matters likely to come before the Board. In addition, members can
10 benefit by training about what constitutes a legitimate conflict and how they should be
11 handled. He added that there have only been a few situations when an individual has
12 had to recuse himself or herself from participating in a decision.

13

14 Mr. Foulkes said OSHPD developed a draft policy intent notice, PIN 47, outlining the
15 procedure for an expedited appeal. He noted that the normal appeal process is
16 cumbersome and time-consuming, so the staff developed PIN 47 to address issues
17 involving fines or suspension of certification that may warrant a speedier resolution. Mr.
18 Coleman indicated that he would discuss PIN 47 as part of his presentation later. Mr.
19 Foulkes advised that the Board Procedures Committee endorsed PIN 47 as a voluntary
20 option. He added that the staff was in the process of revising the entire appeal process,
21 and recommendations will eventually come to the committee and the Board once that
22 has been completed.

23

1 Mr. Foulkes suggested deferring approval of the February 16 meeting report until written
2 minutes were available. He recommended that the Board adopt the revised Policies
3 and Procedures document as presented.

4

5 **MOTION:** (M/S/C) [Karpinen/O'Connor]

6 The Board voted unanimously to approve the proposed changes to the Policies and
7 Procedures document.

8

9 Mr. Foulkes reviewed the committee's goals for 2012. He noted that the key priorities
10 for the Board Procedures Committee will be leadership development, revisions to the
11 appeal process, and fostering greater interaction and communication among Board
12 members.

13

14 **Standard Details Committee**

15 Mr. Bert Hurlbut, Committee Chair, reviewed highlights of the committee's January 10
16 meeting. He reported that the committee discussed the process for updating the
17 previously approved standard partition details for the 2010 and 2013 code. He said the
18 committee plans to revisit the guidelines for post-installed anchors. The committee
19 emphasized the importance of training to promote use of the standard details and give
20 users a better understanding of how the standard details should be applied.

21

22 Mr. Hurlbut noted the committee is now working on standard ceiling details, with the
23 goal of having that package ready for OSHPD review in March. He indicated that the
24 committee will be looking at suspended acoustical ceiling details, construction

1 tolerances for splay wires and struts, slip joints at corridor intersections, safety factors
2 for suspension of fixtures, and criteria for attachment to partitions and soffits. He stated
3 that the standard ceiling details will use the same format as the partition details,
4 including flow charts and explanatory notes. Mr. Hurlbut said the committee reviewed
5 standard details for gypsum board ceilings, including restrictions on the use of shot pins,
6 details for trapeze conditions at ducts, and incorporating attic loads for ceilings. He
7 added that the draft standard details will be posted on the OSHPD Website for further
8 review and input before they are finalized.

9

10 Mr. Hurlbut thanked Ms. Dani Paxson and Mr. Kale Wisnia for their hard work and
11 assistance in developing the standard details.

12

13 In the future, Mr. Hurlbut advised, the committee will move to mechanical, electrical,
14 plumbing (MEP) and fire life safety details. He said the committee plans to incorporate
15 standard MEP details from the FREER manual. The committee will also consider
16 details pertaining to accessibility and Americans with Disabilities Act (ADA) compliance,
17 and the committee will identify ways for people to submit ideas for future standard
18 details.

19

20 **MOTION:** (M/S/C) [Hurlbut/Spindler]

21 The Board voted unanimously to accept the Standard Details Committee's January 10,
22 2012 meeting report.

23

1 Mr. Hurlbut reviewed the committee's goals for 2012: completion of the standard ceiling
2 details; development of MEP and fire life safety standard details; identifying a process
3 for submitting new standard details; adapting standard details to the 2013 code; and
4 promoting use of the standard details.

5

6 Ms. Enid Eck noted that Page 10 of the meeting report reflects committee discussion of
7 humidifier installation for small rural hospitals and skilled nursing facilities, and she
8 asked if the committee was seeking input on this issue. Mr. Hurlbut responded that the
9 committee's focus was on installation rather than operation of the equipment. Mr. Gall
10 advised that as part of its proposed amendment package, OSHPD revised code
11 humidification requirements to comply with national standards, and those revisions will
12 be considered by the Building Standards Commission in July. Mr. Hurlbut added that
13 the Administrative Processes and Code Changes Committee deals with actual
14 humidification code requirements.

15

16 Mr. La Brie noted that individuals with issues they feel the Board should address can
17 draft and submit a written problem statement so the matter can be agendaized for
18 discussion at a future meeting.

19

20 Mr. Hurlbut said the Standard Details Committee will meet again on April 5. He
21 expressed appreciation to the committee members and consulting members for their
22 efforts.

23

24

1 **SB 499 Facilities Progress Reporting Committee**

2 Mr. Eric Johnson, Committee Chair, reviewed highlights of the committee's January 25,
3 2012 meeting. He said the staff made a presentation and explained proposed
4 modifications to the methodology for analyzing the results of the SB 499 reports
5 submitted by hospitals in November. He observed that the staff found that many
6 respondents were still confused about whether projects should be classified as retrofit,
7 replace, or remove, and the committee talked about ways of clarifying the meanings of
8 those terms. Mr. Johnson stated that the committee emphasized the need for education
9 to help hospitals understand what information is being required, and the committee
10 suggested offering a voluntary review or triage process to identify and resolve problems
11 before reports are submitted.

12
13 Mr. Johnson advised that the committee passed a motion to approve the proposed
14 algorithm as modified.

15
16 **MOTION:** (M/S/C) [Johnson/Egan]

17 The Board voted unanimously to approve the SB 499 Committee's January 10 meeting
18 report.

19
20 Mr. Johnson reported that the committee met again on February 15 to review the results
21 of the staff's analysis of the SB 499 reports based on the refined algorithm.

22
23 Mr. Johnson stated that the committee's priorities include assisting OSHPD with
24 clarifying definitions of the classifications used in the SB 499 reports; developing

1 training and education programs about how to fill out the reports; working with the SB
2 90 Committee to identify extension eligibility and paths to compliance; and expanding
3 OSHPD's list of frequently asked questions to include case studies and examples. He
4 said the committee would like to help reduce the amount of time the staff needs to
5 spend working with individual hospitals; develop a triage process to identify and resolve
6 reporting issues before the November 1 deadline; and support education and training
7 efforts.

8
9 Mr. Johnson advised that the next committee meeting is scheduled for August 21.

10

11 Mr. La Brie commended OSHPD staff for the enormous amount of time and work spent
12 on compiling and analyzing the results of the SB 499 reports. Based on a comparison
13 of 2010 and 2011 reports, he asked how the hospitals in the state were doing in terms
14 of compliance with seismic safety mandates. Mr. Johnson said the data shows that
15 many facilities are unlikely to meet the deadlines. Mr. Coleman added that he would
16 provide a summary of the results as part of his later presentation.

17

18 Mr. Foulkes observed that it behooves everyone in the hospital industry to make sure
19 SB 499 reports are complete and accurate. He noted that better quality data will save
20 considerable time for OSHPD staff and provide usable information to report to the
21 Legislature. Mr. Foulkes pointed out that the SB 499 Committee's work with the staff
22 and other committees is a model of collaboration and interaction, and he applauded the
23 committee's efforts.

24

1 Mr. O'Connor noted that if hospitals submit complete and timely data, it will benefit the
2 industry, OSHPD staff, and the state as a whole. He added that the education
3 programs and triage process will help resolve issues earlier in the process, avoiding the
4 need to impose fines and hear appeals.

6 **Education Opportunities Committee**

7 Mr. Brian Spindler, Committee Vice-Chair, reported that the committee met on January
8 26, 2012. He advised that the Best Practices Manual is currently being reviewed by
9 OSHPD staff, with the expectation that the final version will be ready for posting on
10 OSHPD's Website by April 1. He said the committee plans to update the manual every
11 three years in conjunction with the code revision cycle.

13 Mr. Spindler indicated that the committee discussed technological options and
14 suggested topics for educational seminars and Webinars. He stated that the committee
15 determined that complex topics should be addressed in live seminars and break-out
16 sessions, while more focused topics are better suited for short Webinars or animated
17 PowerPoint presentations. Mr. Spindler noted that committee members identified the
18 following possible topics: the Best Practices Manual; the SB 90 application process; SB
19 499 reports, standard details; the meaning of "materially alter;" special seismic
20 certification; OSHPD 3 clinic regulations and 2013 California Building Code changes.

22 Mr. Spindler reported that with respect to SB 90, the committee passed a motion
23 recommending that OSHPD prepare a video clip and/or PowerPoint presentation
24 explaining the application process to be posted to the OSHPD Website by mid-

1 February, and that OSHPD offer live instructional seminars in Sacramento and Los
2 Angeles prior to March 15 explaining extensions and providing case study examples.
3 He added that OSHPD responded quickly and scheduled seminars for February 27 in
4 Los Angeles and March 1 in Sacramento.

5
6 Mr. Spindler said the committee passed a motion recommending that OSHPD prepare
7 an instructional PowerPoint presentation or video clip on completing the SB 499 report
8 by September 1. He stated that the committee also recommended that OSHPD offer a
9 Webinar or live seminar covering the SB 499 process and compliance status, along with
10 different options for extensions.

11
12 Mr. Spindler noted that the committee also discussed the logistics and challenges of
13 offering educational seminars. He said the committee recommended holding live
14 seminars in locations that will accommodate up to 300 people. Committee members
15 asked the staff to investigate any applicable travel restrictions, identify suitable venues,
16 and consider registration fees and advertising.

17
18 Mr. Spindler said that at future meetings, the committee plans to discuss access to
19 OSHPD's e-Services Portal; seminars on standard details, "materially alter," special
20 seismic certification, OSHPD 3 clinics, and 2013 CBC code revisions; and the idea of
21 regularly scheduled OSHPD update podcasts.

22
23 Mr. Spindler advised that the next committee meeting was scheduled for April 18.

24

1 Mr. La Brie encouraged the committee to find ways to help reduce OSHPD's workload
2 by taking on responsibility for some of the development tasks. Mr. Spindler indicated
3 that committee members can play a useful role in outlining the content and technology
4 most appropriate for particular topics, and committee members will also serve as
5 presenters and speakers.

6
7 Mr. Scheuerman remarked that the committee invites interested parties to submit
8 examples and case studies to help illustrate common problems and issues.

9
10 **MOTION:** (M/S/C) [Spindler/O'Connor]

11 The Board voted unanimously to approve the Education Opportunities Committee's
12 January 26 meeting report.

13
14 Mr. Spindler reviewed the committee's goals and priorities for 2012: develop e-Services
15 Portal training; plan seminars on standard details, "materially alter," special seismic
16 certification; and investigate regularly scheduled OSHPD podcasts.

17
18 At 11:50 a.m., the committee recessed for lunch. Mr. La Brie reconvened the meeting
19 at 1:05 p.m.

20
21 **Structural and Non-Structural Regulations Committee**

22 Mr. John Egan, Committee member, reviewed highlights of the February 8 meeting of
23 the Structural and Non-Structural Regulations Committee. He said the main topic was

1 OSHPD's proposed amendments to the 2013 California Administrative Code and
2 California Building Code.

3

4 Mr. Egan reported that Mr. John Gillengerten informed the committee that the most
5 significant change related to use of new risk-targeted ground motion maps. He
6 observed that this change will not affect NPC-3 buildings because OSHPD intends to
7 use exemptions based on the 2010 code, but the change could affect retrofit plans in
8 areas where ground motions have increased or decreased. He said Mr. Gillengerten
9 advised that there will also be a substantial change in wind provisions, which will now
10 be based on the risk-focused ASCE-10 national standard.

11

12 Mr. Egan noted that Mr. Gillengerten reviewed NPC-5 requirements for new buildings
13 and existing buildings with significant additions. He explained that the new code
14 requires hospitals to maintain an adequate 72-hour water supply, but there is
15 considerable debate about how to determine what amount is appropriate. Mr. Egan
16 said Mr. Gillengerten reviewed a list of equipment and components that will require
17 special seismic certification, and he also told the committee that steel, concrete, and
18 masonry standards will be coordinated.

19

20 Mr. Egan indicated that Mr. Kevin Moore reviewed and explained the Appendix D
21 provisions for concrete anchors.

22

23 Mr. Egan reported that the committee also discussed some of the soils and foundation
24 provisions and some other aspects of the code changes. He indicated that one of the

1 other topics the committee considered was whether the inspector of record (IOR) or the
2 structural engineer of record (SEOR) should determine the number of special welding
3 inspectors on a site; after some discussion, the committee agreed that this decision
4 should be made by the IOR in consultation with the SEOR.

5
6 Mr. Trailer Martin, Committee Vice-Chair, commented that the new code provisions will
7 not take effect until January 1, 2014.

8
9 Mr. Egan stated that the committee passed a motion recommended that OSHPD submit
10 the proposed amendments to the California Building Standards Commission for
11 adoption.

12
13 A motion was made and seconded to approve the minutes of the February 8 meeting.

14
15 Mr. Bob Omens asked if the new NPC-5 water supply requirements were open to
16 discussion. Mr. La Brie explained that the meeting report reflects what the committee
17 discussed. Mr. Martin recalled that there was considerable debate about this issue, but
18 the committee eventually decided to endorse the provisions as written. Mr. La Brie
19 added that the Administrative Processes and Code Changes Committee deals with the
20 contents of the code provisions.

21
22 Mr. Omens expressed concern about the impracticality of having to maintain a 72-hour
23 water supply of 50 gallons per patient per day. He noted that construction of a storage
24 tank, piping, emergency power, and maintenance issues are likely to be extremely

1 costly, and he questioned the need for such a stringent requirement. Mr. La Brie noted
2 that several participants at the meeting raised issues about how usage should be
3 estimated. Mr. Coleman acknowledged that basing storage requirements on licensed
4 beds may not be appropriate for every facility. He explained that the intent of the law is
5 to ensure continuous operation of a facility after a disaster, and the per-bed amount
6 takes into account water usage by patients as well as other hospital services. He said
7 OSHPD requested feedback from industry representatives about better methods for
8 calculating the amount needed, and he welcomed suggestions.

9
10 Mr. Mohammad Karim pointed out that the per-bed amount is not addressed in this
11 amendment package; rather, this structural section only specifies a 72-hour supply. He
12 clarified that the method for calculating what constitutes a 72-hour quantity is addressed
13 in the California Plumbing Code. Mr. Coleman said the plumbing provisions will be
14 addressed in a separate amendment package.

15
16 Ms. Elizabeth Wied advised that the minutes of the committee meeting should only
17 reflect what was discussed at the meeting. She clarified the committee recommended
18 OSHPD adoption, but the amendments to the structural provisions have not yet been
19 adopted.

20
21 Mr. Moore proposed some minor editorial changes to the meeting minutes: Referring to
22 Page 9, he recommended changing “refine” to “review” in Line 4. In Line 15, he
23 recommended inserting “anchorage” between “certain” and “conditions.” He clarified

1 that the intent is not for OSHPD to “provide references,” but to point the user to other
2 existing regulations. In Line 20, he suggested changing “buildings” to “anchorage.”

3

4 **MOTION:** (M/S/C) [Egan/Hurlbut]

5 The Board voted to approve the Structural and Non-Structural Regulations Committee’s
6 February 8 meeting report as amended.

7

8 Mr. Scheuerman indicated that he was abstaining from voting on approval of the
9 meeting report.

10

11 Mr. Egan reported that the committee identified three primary goals for 2012: 1)
12 developing guidelines for alternative means of compliance for deep foundation systems
13 and soil improvement systems; 2) assisting the Office in clarifying elements of the
14 seismic certification program and identifying additional equipment that should require
15 seismic certification; and 3) clarifying NPC-3 compliance with respect to bracing
16 requirements for utility distribution lines and egress requirements. Mr. Egan said the
17 committee will focus first on the seismic certification program, then special foundations
18 systems, and then NPC-3 compliance. He noted that deliverables will include a white
19 paper on special foundations, an expanded list of seismically certified equipment, and
20 frequently asked questions to clarify NPC-3 compliance requirements.

21

22 Mr. Scheuerman pointed out that the deadline for NPC-3 compliance is January 1,
23 2013, so it would be helpful to have guidance on those requirements as soon as

1 possible. Mr. La Brie suggested that the committee consider shifting its priorities to
2 accommodate the compliance deadline.

3

4 Mr. Egan indicated the committee would meet again on May 24 to review the final
5 amendment package before OSHPD submits it to the Building Standards Commission.

6

7 Ms. Eck asked what kind of non-structural issues the committee addresses. Mr. Martin
8 cited bracing and anchorage of HVAC, plumbing, electrical, and medical equipment as
9 examples.

10

11 **Administrative Processes and Code Changes Committee**

12 Mr. Scott Karpinen, Committee Vice-Chair, said the committee met on February 13 and
13 dealt with a number of topics, including the collaborative review process, SB 90
14 emergency regulations, updating OSHPD 3 clinic regulations, federal guidelines for
15 design and construction of healthcare facilities, and emergency water storage
16 requirements.

17

18 Mr. Karpinen advised that OSHPD is ready to develop a policy intent notice (PIN)
19 establishing parameters for the collaborative review process. He noted that Mr.
20 Coleman gave a presentation on the emergency regulations and deadlines for SB 90
21 extensions.

22

23 Mr. Karpinen indicated the committee spent most of the meeting reviewing proposed
24 revisions to the OSHPD 3 clinic regulations. He said the staff will continue working on

1 mechanical, electrical, plumbing, and fire life safety provisions, and those sections will
2 be ready for the committee to review at its next meeting.

3

4 Mr. Karpinen noted that the committee discussed the Federal Guidelines Institute
5 requirements, formerly the AIA guidelines, as a new standard for the construction and
6 design of healthcare facilities. He remarked that OSHPD is moving toward adoption of
7 more national standards instead of having to craft special California amendments for
8 each code cycle.

9

10 Mr. Karpinen advised that the committee also looked at the 72-hour water storage
11 requirement, a topic the Board discussed as part of the last agenda item. He said Mr.
12 Roger Richter, of the California Hospital Association, made a presentation to the
13 committee at its October meeting, and CHA will be gathering information on water
14 usage in California hospitals. He noted the committee will be considering alternative
15 ways of calculating adequate storage at the May meeting.

16

17 Mr. Karpinen summarized the committee's 2012 priorities and goals. He said the
18 committee plans to continue its review of OSHPD-proposed amendments to the codes,
19 consider other national standards pertaining to healthcare facilities, and continue
20 updating state regulations and policies. The committee's next tasks will be to review
21 and adopt the OSHPD amendments, a PIN for the collaborative review process, a code
22 application notice (CAN) for temporary permits, and recommend NPC-5 emergency
23 water storage provisions. Mr. Karpinen noted the committee's next meeting will be held
24 on May 15.

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Mr. La Brie thanked Mr. Karpinen for his presentation.

Instrumentation Committee

Mr. Lou Gilpin, Committee Chair, reported that the Instrumentation Committee met on October 18, and the highlights of that meeting were reviewed at the last Board meeting. He said the committee talked about the status of instrumenting hospital buildings in California and selected new candidate buildings for instrumentation during the coming year.

Mr. Gilpin explained that under California’s Strong Motion Instrumentation Program, funds are allocated each year to install instruments in both new hospital buildings with specialized foundation conditions and in existing hospitals with certain unusual ground conditions, building types, or geological conditions of interest to the state. He stated there are currently about 50 instrumented hospitals in the state, and two or three new installations are added every year.

Mr. Gilpin reported that the committee reviewed and discussed a new standard memorandum of understanding that clarifies the contractual responsibilities and roles of instrumented hospital owners and state agencies.

Mr. Gilpin noted the committee also discussed the importance of rapid reconnoitering and recovery of damage data immediately after seismic events. The committee eventually concluded that this task was beyond the purview of the Instrumentation

1 Committee, so this issue was referred to the Structural and Non-Structural Regulations
2 Committee for further consideration.

3

4 Mr. Gilpin observed that the cost of maintaining instrumentation has been increasing
5 steadily as the number of instrumented buildings grows, so the sustainability of the
6 program is an issue the committee will need to address in the future. He said the
7 current prioritization list contains nine candidate buildings for instrumentation. He noted
8 the committee reviews the list each year and reorders some of the candidates as
9 needed. He reported that committee members recommended finding a candidate
10 building in Long Beach, an area that lacks instrumentation, as well as a site with soft
11 soils. The committee also talked about instrumenting non-structural elements of
12 hospital sites, and those opportunities will be explored in the future.

13

14 Mr. Gilpin advised that the committee's next meeting will be held on October 24.

15

16 Mr. Scheuerman observed that Lines 9 through 14 on Page 8 of the minutes imply the
17 committee took action by consensus to reorder the priorities. Mr. Gilpin stated that no
18 motion was passed, but the committee agreed to make that recommendation to the
19 Strong Motion Instrumentation Program.

20

21 **MOTION:** (M/S/C) [Gilpin/Scheuerman]

22 The Board voted unanimously to accept the Instrumentation Committee's October 18
23 meeting report, along with the priorities and goals detailed in the report.

24

1 **SB 90 Committee**

2 Mr. John Egan, Committee Chair, reported that the SB 90 Committee had not met since
3 the last Board meeting because the timing of SB 90 implementation is still uncertain.
4 He explained that SB 90 will only become operative when the federal government
5 approves funding to support certain California healthcare programs for children.

6
7 Mr. Egan stated that under SB 90, eligible hospitals can apply for extensions of up to
8 seven years to allow more time to meet their seismic mandates. He noted that the
9 application process begins with submittal of a letter of intent by March 31 describing the
10 reasons for the extension request. He referred to PIN 52, currently posted on OSHPD's
11 Website, for more details about the criteria and application guidelines. Mr. Coleman
12 added that task forces monitoring the situation believe the federal government will
13 approve the funding arrangement, but that action might not take place before the filing
14 deadline. Mr. Egan said the second deadline is September 30, by which time applicant
15 hospitals must submit HAZUS assessments of their candidate buildings.

16
17 Mr. Egan advised that OSHPD will be offering instructional seminars on the SB 90
18 process on February 27 in Los Angeles and March 1 in Sacramento. Mr. Coleman said
19 the Sacramento session will be recorded and posted on the OSHPD Website for the
20 benefit of people who are unable to attend.

21
22 Mr. Egan noted that the next committee meeting is tentatively scheduled for April 11.
23 By that time, he observed, OSHPD will have received letters of intent, so the committee
24 may be able to help plan next steps. He indicated that the committee has not yet

1 established specific goals and priorities. He added that another meeting will be held in
2 September shortly before the HAZUS submittal deadline.

3

4 Mr. Scheuerman asked if OSHPD had received any SB 90 extension applications yet.

5 Mr. Coleman responded that OSHPD received one preliminary submittal package that
6 the staff reviewed and discussed with the provider, but no official applications had been
7 submitted. He remarked that the upcoming seminars should help answer questions and
8 provide enough information to guide applicants in submitting their letters of intent.

9

10 Mr. Martin expressed concern about the uncertainty of the federal funding approval. Mr.
11 Richter said he was told that federal approval will probably come in June, with funding
12 allocated in the fall.

13

14 Mr. Coleman advised that because of the possible approval delay, the emergency
15 regulations were designed with a provision to allow administrative extensions to provide
16 time for OSHPD to review submittals and work with applicant hospitals. Mr.

17 Scheuerman asked if the administrative extension provision would go into effect before
18 the federal government commits funding. Mr. Coleman responded that OSHPD has no
19 authority to grant any extensions until the law is implemented, and the law cannot be
20 implemented until federal funding is approved. He said that if federal funding is
21 approved in June, OSHPD will immediately begin reviewing submittals and granting
22 administrative extensions before December 31.

23

1 One participant pointed out that SB 90 extensions will affect some hospitals' plans for
2 their SPC-1 buildings and what they need to report on their SB 499 reports. Mr.
3 Coleman acknowledged this problem. He said this was one of the reasons OSHPD
4 inserted the provision to allow administrative extensions of up to two years.

5
6 Mr. Rick Ginley asked if SB 90 applications will be kept confidential until the law actually
7 takes effect. Mr. Coleman indicated that OSHPD will not post applications on its
8 Website until the law takes effect. However, he cautioned, applications submitted to
9 FDD are part of the public record and must be divulged if anyone requests them. Mr.
10 Scheuerman noted that OSHPD has historically posted extension applications and their
11 outcomes on its Website.

12
13 Mr. La Brie thanked Mr. Egan for his report.

14
15 **Facilities Development Division (FDD) Update**

16 Mr. Paul Coleman, FDD Deputy Director, gave a PowerPoint presentation summarizing
17 FDD activities. He displayed an organizational chart and discussed staffing changes.
18 He noted that FDD currently has 37 vacant positions.

19
20 Mr. Coleman showed a chart depicting the dollar value of projects under review, under
21 construction, and in the process of being closed. He pointed out that although dollar
22 values and revenues to OSHPD are down, the number of projects has been increasing.

23

1 Mr. Coleman displayed a graph showing plan review turnaround times in recent months.
2 He observed that processing time slowed down in December, due to holiday vacations
3 and staff training, but there was improvement again in January. He advised that the
4 staff will be returning to pre-furlough goals for turnaround time beginning on April 1.

5
6 Mr. Coleman reviewed FDD's key accomplishments, including expansion of the Rapid
7 Review program to Southern California, reinstating over-the-counter plan review in San
8 Diego, issuance of standard details for partitions, launching of the e-Services Portal,
9 developing residential building standards for skilled nursing facilities, beginning
10 revisions of the clinic regulations, adoption of emergency regulations for SB 90,
11 analyzing results of the SB 499 reports, reducing the backlog for geotechnical reviews
12 by 75 percent, new training and outreach programs, as well as a number of internal
13 organizational changes and efficiency improvements. He said FDD has reduced travel
14 costs, shipping costs, use of mobile devices, and state vehicle usage. He advised that
15 FDD will further reduce expenditures by encouraging more electronic submittals and
16 charging shipping fees.

17
18 Mr. Coleman noted that in the coming months, FDD will be raising the threshold of
19 projects eligible for rapid review from \$100,000 to \$175,000, providing over-the-counter
20 review services in Northern California, implementing a collaborative review process,
21 publishing more standard details, expanding access to the e-Services Portal, providing
22 additional training and services for inspectors, and issuing an updated Best Practices
23 Manual, clinic regulations, and FREER manual. He added that FDD will provide training
24 on SB 90, the meaning of "materially alter," use of standard details, and other important

1 topics.

2

3 Mr. Coleman reviewed the activities of the Building Standards Unit. He displayed a list
4 of recently released PINs and CANs as well as those currently under development. He
5 explained the basic provisions of PIN 53, clarifying the criteria for SB 499 and SB 1661
6 extensions due to unforeseen circumstances, and PIN 47, setting out the process for
7 voluntary expedited appeals. Mr. Coleman stated that FDD will continue to participate
8 in the effort to reorganize and revise Title 24 as part of the triennial code adoption cycle.
9 He commented that OSHPD is moving toward adoption of national standards rather
10 than creating California amendments with each code revision; in addition, codes are
11 becoming more performance-based instead of prescriptive.

12

13 Mr. Coleman encouraged interested parties to submit comments on OSHPD's proposed
14 code amendments before they are forwarded to the Building Standards Commission in
15 June. He added that the Building Standards Commission will also have a public review
16 period, so there will be additional opportunities to submit comments and suggestions as
17 part of that process.

18

19 Mr. Coleman discussed FDD's document management modernization project, an effort
20 to make document processing and storage more efficient by using electronic
21 identification systems.

22

23 Mr. Coleman showed charts illustrating the results of the staff's analysis of the SB 499
24 reports submitted by hospitals last fall. He compared 2010 results with 2011 results,

1 and presented compliance forecasts based on the refined algorithm developed by the
2 staff. He reviewed results by resolution classification, ownership type, number of beds,
3 location, and county. Mr. Coleman expressed concern about the high number of
4 potentially non-compliant SPC-1 hospital buildings by January 1, 2013.

5
6 Mr. La Brie expressed his appreciation to the FDD staff for their hard work.

7
8 **Regulation Update**

9 Mr. Glenn Gall, FDD Building Standards Unit Supervisor, provided a summary of FDD's
10 regulatory activities in recent months. He reported that all of the code proposals
11 OSHPD was working on for the past couple years have been codified and published,
12 and they will go into effect on July 1, 2012. In the meantime, he said, projects may use
13 the new code provisions if they request them as an alternative method of compliance.

14
15 Mr. Gall announced that OSHPD recently hired David Mason to fill the vacant
16 mechanical position. He said Mr. Mason has a logical engineering approach to
17 interpreting code provisions and looks to national standards for answers to problems,
18 which makes him a good fit for OSHPD.

19
20 Mr. Gall indicated that the staff has been meeting with clinic stakeholders to discuss
21 proposed revisions to OSHPD 3 regulations. He stated that the proposed regulations
22 will be posted on OSHPD's Website for public review, and he invited comments and
23 feedback on the regulatory package.

24

1 Mr. Gall said that in addition to structural, mechanical, electrical, and plumbing revisions
2 for the triennial code adoption cycle, the staff is working on some general clean-up and
3 maintenance of the hospital chapter of the California Building Code. He noted that the
4 finishing section has already been overhauled and updated. Mr. Gall advised that the
5 staff plans to accept some new products for specific applications in areas such as
6 dietary services; other revisions will include new provisions for airborne infection
7 isolation treatment rooms, ultrasound, and specimen collection spaces. He added that
8 the proposed package will be posted on the Website in March.

9
10 Mr. Gall thanked Mr. Gale Bate for his assistance in explaining and drafting the
11 regulations.

12
13 Ms. Eck commended OSHPD for recognizing the importance of handwashing as a way
14 of preventing hospital infections. Referring to Section 1226.4.13.8.2 of the proposed
15 clinic regulations, the sections on central sterile supply and sterilizing areas, she
16 suggested inserting generic language emphasizing the need for careful planning of
17 workflow between dirty and clean work areas. Mr. Gall pointed out that Title 24 focuses
18 on building requirements rather operational issues, but he acknowledged that proper
19 workflow is an element of good design. He invited Ms. Eck to email some proposed
20 draft language.

21
22 Ms. Eck drew attention to Table 1224.4.11 regarding acceptable ceiling and carpet
23 locations, and she asked why OSHPD would allow carpeting in nursing stations. Mr.
24 Gall responded that the code has always allowed carpeting in certain areas, particularly

1 in outpatient care settings, to reduce noise or facilitate cleaning. He added that any
2 carpeting in a healthcare facility must be easy to clean, and licensing has the discretion
3 to order carpeting removed if it is not properly cleaned or maintained. Ms. Eck said
4 carpeting makes sense in administrative areas, but not in nursing areas, and she
5 recommended that OSHPD rethink this provision.

6
7 Mr. Scheuerman commented that nursing stations in modern hospitals tend to be
8 decentralized and distributed in places near patient rooms. He noted there are some
9 situations where carpeting helps mitigate noise.

10

11 Mr. Gall proposed inserting an asterisk indicating that OSHPD may approve a facility
12 with carpeting, but licensing has the discretion to have it removed.

13

14 Mr. Gall encouraged Ms. Eck and other interested parties to attend the meetings where
15 the guidelines are discussed in detail.

16

17 **Meeting Wrap-Up**

18 Mr. La Brie recommended that Board members review the proposed 2012 goals and
19 submit any comments to the staff.

20

21 **Information Items**

22 Mr. La Brie drew attention to the informational materials in the meeting packet.

- 23 • HBSB Membership
- 24 • HBSB Roster

1 • HBSB Consulting Members Roster

2 • HBSB Committee List

3

4 **Comments from the Public/Board Members on Issues not on this Agenda**

5 There were no other matters brought to the attention of the Board.

6

7 **Adjournment**

8 Mr. La Brie thanked Board members, staff, and guests for their participation.

9

10 There being no further business, the meeting was adjourned at 3:40 p.m.

DRAFT



Office of Statewide Health Planning and Development



Hospital Building Safety Board

400 R Street, Suite 200
Sacramento, California 95811-6213
(916) 440-8446
Fax (916) 324-9118
<http://www.oshpd.ca.gov/Boards/HBSB/index.html>

Place holder for the

Introduction of OSHPD’s New Director, Bob David

— Stephanie Clendenin, OSHPD Chief Deputy Director



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Place holder for the

OSHPD Update

— Bob David, OSHPD Director



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Hospital Building Safety Board Chair & Vice Chair Election Process

1. The Chair and Vice Chair of the Hospital Building Safety Board are elected by a majority of the appointed board members.
2. The Chair and Vice Chair of the Board are nominated by a committee for each two-year term. At this time, the nominating committee is Trailer Martin and Michael Foulkes.
3. A call for interested candidates generally occurs at the next-to-last Board meeting of the election year.
4. Only members with at least two years remaining with their term of service are eligible to be Chair or Vice Chair candidates.
5. If no candidates come forward to express interest in the Chair or Vice Chair position, the nominating committee will recruit candidates.
6. Nominations and self-nominations are being solicited now, and may be submitted to the HBSB Executive Director prior to the November 8, 2012 HBSB meeting.
7. At the November 8, 2012 Board meeting, additional nominations will be invited from the floor; the nominating committee chair calls for a vote.
8. Candidates receiving the majority of the votes will be elected to Chair and Vice Chair positions.

HBSB Chair Responsibilities

Calls all meetings.	Serves as presiding officer at all regular meetings.
Approves Board meeting agendas.	Designates committees, committee chairs, committee membership, committee functions and objectives (subject to Board approval).
Appoints committee consulting members (in conjunction with the committee chair).	Dissolves or establishes additional committees (subject to Board approval).
Advises the OSHPD Director of Board activities.	Interviews prospective Board members, along with the Executive Director.

Upon absence of or upon delegation by the Chair, the Vice Chair of the Board shall assume the duties of the Chair. Should the Chair become unable to serve out his or her term, the Vice Chair serves as Chair until the end of the two-year term and an election for Vice Chair shall occur during the next scheduled meeting of the Board. The Vice Chair shall serve until the end of the Chair's term.

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MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)
Administrative Processes and Code Changes Committee

Monday, February 13, 2012

10:00 a.m. - 4:00 p.m.

Office of Statewide Health Planning and Development
400 R Street, Suite 452
Sacramento, CA 95811
and
Metropolitan Water District Headquarters
700 N. Alameda Street, Suit 2-546
Los Angeles, CA 90012

Committee Members Present

John Donelan, Chair
Scott Karpinen, Vice Chair
Enid Eck
Bert Hurlbut
Eric Johnson
Michael O'Connor
Michael Osur
Carl Scheuerman

OSHDP Staff

Paul Coleman
Glenn Gall
Dave Mason
Dave Ring
Ramin Sadr
Barbara Silken
Elizabeth Wied

Board Members Present

John Egan
Arlee Monson

HBSB Staff Present

Linda Janssen, Executive Director
Eve Torres

1 Welcome and Introductions



1 Mr. John Donelan, Committee Chair, called the meeting to order at 10:00 a.m. and
2 welcomed everyone. Participants took turns introducing themselves.

3

4 **Review the October 12, 2011 Meeting Report**

5 Mr. Donelan drew attention to the October 12 meeting report and asked if there were
6 any comments.

7

8 Referring to Page 18, Line 10, Ms. Enid Eck noted the word “developed” should be
9 changed to “developing.”

10

11 **MOTION:** It was (M/S/C) (Karpinen/O’Connor) to approve the October 12, 2011
12 Administrative Processes and Code Changes Committee meeting report as amended.

13

14 **Discussion Regarding Parameters for a Collaborative Review Process**

15 Mr. Bert Hurlbut noted that at the last meeting, both he and Mr. Dave Ring discussed
16 some ideas for a collaborative review process. He said his goal for this meeting was to
17 clarify the distinction between phased plan review and collaborative review, fees
18 associated with collaborative review, project size, memoranda of understanding (MOU),
19 staffing, increments, conditional approvals, rolling reviews, use of integrated project
20 delivery, deferred approvals, and minimal changes.

21

22 Mr. Hurlbut stated that project size is the main distinction between phased review and
23 collaborative review. He noted that many facility owners have taken advantage of
24 OSHPD’s phased review program, and he recommended extending elements of this

1 program to larger projects through a collaborative review process. He suggested
2 offering collaborative review for large projects, generally over \$100 million, with phased
3 review available for projects under \$100 million.

4
5 Mr. Bob Omens, Dignity Health, advocated a \$50 million threshold.

6
7 Mr. Carl Scheuerman questioned what additional benefits could be realized through a
8 collaborative review. He indicated that phased review works very well, even for projects
9 in excess of \$300 million. He said he would need more information about the
10 differences between the two systems before determining an appropriate dollar
11 threshold.

12
13 Mr. Hurlbut advised that OSHPD currently charges 1.64 percent of a given project for
14 plan check fees, and he said that collaborative review would be 1.95 percent. He noted
15 the statute requires owners to pay 70 percent of the fees at the first 100 percent
16 construction document submission. Mr. Dave Ring said what sometimes happens,
17 especially with large projects, is that owners include a smaller “make-ready” project as
18 an increment, but they balk at paying such a large portion of the fees at that time. As a
19 solution, OSHPD can either incorporate the fee schedule in the MOU or treat the make-
20 ready project as a separate project. Mr. Ring added that owners pay 35 percent to start
21 a project, and the other 35 percent is due when complete construction documents have
22 been submitted.

23

1 Mr. Paul Coleman clarified that the initial 35 percent is negotiable, depending on the
2 size of the project and whether structural review is being contracted out or done in-
3 house. He said the purpose of the initial fee is to ensure that all of OSHPD's costs are
4 covered until the first final increment is submitted.

5
6 Mr. Coleman advised that the law allows OSHPD to charge fees up to 2 percent, but
7 OSHPD's regulations have capped the fee at 1.64 percent for more than twenty years.

8 Mr. Scheuerman observed that actual amounts paid by owners have increased as
9 construction costs have risen. Mr. Coleman pointed out that construction costs have
10 deflated by at least 15 percent since 2008. He said that looking at the past twenty years
11 overall, OSHPD has been able to cover its costs with the 1.64 percent fee. He added
12 that 1.95 percent for collaborative review had already been approved by the Legislature
13 through a budget change proposal.

14
15 Mr. Coleman explained that the statutory purpose of incremental review is to collect an
16 initial fee with the submittal of the first final increment, but the percentages of fees paid
17 for phased review and collaborative review are not strictly defined in the regulations. He
18 noted that OSHPD has flexibility to negotiate and set fee schedules in these programs
19 on a case-by-case basis.

20
21 Mr. Hurlbut recommended establishing a typical fee schedule of 35 percent, 35 percent,
22 and 30 percent, with some room to negotiate a different structure in each MOU,
23 depending on the circumstances. He said owners should be required to demonstrate
24 that a different structure is warranted because of the actual costs of their project.

1 Mr. Coleman clarified that the 35-35-30 system is what OSHPD has been using, but
2 some owners are objecting to paying the second 35 percent when they submit the first
3 increment.

4
5 After some discussion, committee members expressed support for adopting a 35-35-30
6 fee schedule as proposed.

7
8 Mr. Hurlbut recommended requiring an MOU or contract for each collaboratively
9 reviewed project. Mr. Coleman stated that the regulations already require an MOU. He
10 welcomed committee direction on what OSHPD should do when projects fail to meet the
11 requirements and timelines set in the MOU. He added that OSHPD has the ability to
12 cancel a project in these circumstances, but that clause is seldom enforced.

13
14 Mr. Hurlbut proposed requiring dedicated staff to be available throughout the plan check
15 and construction phases of a project. Mr. Coleman commented that assigning particular
16 individuals may be difficult for OSHPD because OSHPD has no control over the number
17 of projects submitted. He said the approved budget change proposal for collaborative
18 review authorized additional staff positions, but those were subsequently eliminated with
19 later budget cuts. In general, Mr. Coleman noted, OSHPD assigns certain staff people
20 to each project, and they remain with the project throughout its duration. If OSHPD is
21 unable to meet its MOU commitments due to staffing or workload issues, he proposed
22 that the fee revert back to a standard 1.64 percent.

23

1 Mr. Ring advised that each MOU includes a matrix outlining the segments and elements
2 of work, submittal deadlines, and turnaround times for both owners and OSHPD.

3

4 Mr. Omens expressed concern about what would happen with projects that revert to a
5 standard review process. He observed that the collaborative process entails
6 considerable up-front time on the design and document preparation stages, but if
7 certain milestones are not met, owners may incur more costs in the long term because
8 of contractor scheduling problems and other delays.

9

10 Mr. Coleman explained that the purpose of the collaborative review process was to
11 produce more complete sets of documents and eliminate the need for back checks,
12 which saves time for all parties. He recognized that there may be more up-front costs
13 associated with early meetings with design teams; on the other hand, he pointed out
14 that OSHPD can arrange meetings at designers' offices instead of requiring people to
15 travel to OSHPD, and that would help lower costs.

16

17 Mr. Omens noted that collaborative review seems to place a greater emphasis on face-
18 to-face meetings and communication early in the process rather than relying on
19 document submittals and backchecks later. Mr. Scheuerman pointed out that phased
20 plan review also involves more up-front communication, and he questioned how
21 collaborative review was different than phased review. Mr. Coleman said OSHPD will
22 be able to devote more intense staff time in collaborative review, although the
23 milestones and submittal processes will be similar.

24

1 Mr. Arlee Monson observed that the biggest difference between phased and
2 collaborative review is the work plan created by the design team and the time
3 commitment from OSHPD staff. He said the work plans developed in a phased review
4 project tend to be rather rudimentary, and they are seldom followed, while collaborative
5 review necessitates much more detailed work plans.

6
7 Mr. Ring explained the evolution of OSHPD's phased plan review process. He said
8 OSHPD initially did rolling reviews with all disciplines, but then there was a shift to
9 continuous preliminary reviews of project segments with no conditional acceptance, and
10 the result was considerable inconsistency and variation from project to project. He
11 applauded the effort to better define the steps in phased review and collaborative
12 review.

13
14 Mr. Ring commented that phased review would be used for smaller projects, and the
15 process would include an MOU, an outline matrix with segments and elements, smaller
16 increments, and dedicated staff. He observed that owners will probably still submit pre-
17 100 percent construction and design document submittals, so OSHPD will be involved
18 early in the process. He proposed not allowing conditional acceptance in these
19 situations. Mr. Ring said phased review would not require so many collaborative
20 meetings, but rather, documents would be submitted, OSHPD would provide responses,
21 and the documents would be revised and resubmitted.

22
23 Mr. Ring noted that rolling review would be limited primarily to structural plan review,
24 which is typically contracted out. Mr. Coleman clarified that rolling review entails

1 dissemination of comments on a frequent basis to the design team, and then the design
2 team can respond as they work on developing the drawings. He said there are periodic
3 face-to-face meetings.

4
5 For collaborative review, Mr. Ring observed, there would be a series of collaborative
6 meetings with OSHPD staff and design team members, and conditional acceptance
7 would be allowed. In these meetings, the plan reviewer would explain OSHPD's
8 comments to the designer, and the designer would have an opportunity to discuss
9 possible ways to resolve issues.

10

11 Mr. Ramin Sadr indicated that he participates in biweekly executive meetings and
12 weekly meetings with design teams on a project currently undergoing phased review.

13 Mr. Coleman remarked that this level of interaction was more akin to the collaborative
14 process.

15

16 A committee member suggested that Mr. Ring provide a written outline of the key
17 elements of the phased review and collaborative review processes, along with typical
18 fee schedules, to give the committee a better understanding of the distinction. Mr.
19 Coleman stated that Mr. Ring distributed a comparison at the last meeting. He offered
20 to make additional information available to the committee.

21

22 Mr. Hurlbut said a collaborative review process should also involve integrated project
23 delivery, meaning the general contractor and key subcontractors are selected up front,
24 so constructability analysis and details can be incorporated in the drawings. He noted

1 that deferred approvals would be eliminated because the key subcontractors would be
2 involved earlier in the design process. He stated that the end result would be a
3 complete design when the drawings were reviewed. He recommended defining what
4 would constitute minimal changes.

5
6 Mr. Sadr observed that another candidate for collaborative review would be projects
7 with special circumstances, and he mentioned a dual-phase project involving a
8 competition between three design teams as an example. He said OSHPD would review
9 all three projects under one MOU in the first phase, and then the owner would decide
10 which team would be hired and another MOU would be created to cover the second
11 phase. Mr. Coleman noted that the owner selected three finalists, each one with a
12 different design and approach, and OSHPD's role was to review the three projects for
13 code compliance.

14
15 Mr. Scott Bell asked if OSHPD planned to require integrated project delivery for all
16 collaborative projects, and Mr. Coleman confirmed that intent. He explained that the
17 concept is to have all major team players involved up front to facilitate constructability
18 review and minimize change orders later. Mr. Bell recommended defining exactly when
19 this would take place.

20
21 Mr. Hurlbut welcomed comments from participants with respect to an appropriate size
22 threshold for collaborative review. He asked whether participation in the program
23 should be limited to projects over \$100 million.

24

1 Mr. Coleman recommended not setting a definite dollar amount. He advocated giving
2 OSHPD flexibility to make that determination on a case-by-case basis. He said more
3 important factors to consider might be the necessity of meeting critical deadlines, the
4 project's value to the owner, and its complexity.

5
6 Mr. Scheuerman observed that CAN 2-34 already addresses phased plan review, and
7 collaborative review is merely expanding that concept to a much larger scale.

8
9 Mr. Omens suggested that OSHPD establish a triage process for OSHPD to determine
10 which projects are appropriate for collaborative review, and which should undergo
11 phased review or standard review. Mr. Coleman stated that OSHPD has conducted this
12 kind of triage on a number of projects already. He said the staff meets with owners to
13 explain the various review options available, and the owners then choose which system
14 fits the project best.

15
16 Mr. Coleman indicated that OSHPD typically contracts out for review of projects over
17 \$50 million, and the statute requires a presubmittal meeting for any project over \$20
18 million. He said a \$100 million threshold for collaborative review might be a good
19 starting point.

20
21 Mr. Omens proposed a \$20 million threshold. Mr. Ring pointed out that OSHPD's
22 staffing constraints might make a lower threshold impractical, but OSHPD could allow
23 certain exceptions in some cases. He recommended defining the criteria for allowing
24 exceptions.

1 Mr. Michael O'Connor noted that the threshold level could be raised or lowered later,
2 depending on how many projects apply for collaborative review. Mr. Coleman agreed,
3 and suggested issuing voluntary guidelines describing the types of projects that would
4 be the best candidates. He said this would leave open the possibility for owners to
5 explain why certain projects should be considered. Committee members expressed
6 support for this approach.

7
8 Mr. Coleman proposed that the staff develop a Policy Intent Notice (PIN) clarifying this
9 voluntary program for the committee to review at the next meeting. Mr. Hurlbut
10 volunteered to help the staff draft the PIN.

11

12 **Update on the Status of Implementation of SB 90 Emergency Regulations**

13 Mr. Paul Coleman reported that OSHPD issued PIN 52 on SB 90 regulations and then
14 followed up with submittal of the proposed regulations to the Building Standards
15 Commission in January. He said the Building Standards Commission adopted the
16 package as emergency regulations. He clarified that SB 90 contained a trigger clause
17 suspending its implementation until 1) hospitals paid a \$320 million fee, and 2)
18 completion of a reimbursement agreement with the federal government to provide
19 matching funds. He noted that both of these actions are likely to occur, but the timing is
20 still uncertain.

21

22 Mr. Coleman said the statute and regulations set a March 31, 2012 deadline for
23 hospitals to apply for a SB 90 extension. He noted that OSHPD will give presentations
24 on the SB 90 process in Los Angeles on February 27 and in Sacramento on March 1.

1 He added that space at each venue is limited. Mr. Coleman stated that the staff will
2 review the regulations and explain what information should be included in an
3 application. Based on the information provided, OSHPD will decide whether an
4 extension is warranted, how long an extension should be given, and the reasonable
5 time needed to do the project. Mr. Coleman advised that SB 90 identifies three factors
6 for considering extensions: structural integrity, community access to essential
7 healthcare services, and financial hardship.

8
9 Participants asked if the presentations would be broadcast on the Web. Mr. Coleman
10 replied that the session in Sacramento would be recorded and posted on the OSHPD
11 Website.

12
13 Mr. Scheuerman clarified that hospitals will need to apply by the March 31 deadline
14 even if the federal reimbursement arrangement has not been finalized. Mr. Coleman
15 confirmed that understanding.

16
17 Mr. Omens asked if OSHPD plans to have people triaging the March 31 applications so
18 hospitals know what to expect. Mr. Coleman stated that OSHPD has identified staff
19 teams to review the applications. He noted that a cursory review will be performed
20 initially, but a full consideration will not take place until the statute actually takes effect.
21 He added that until the law is implemented, OSHPD will be unable to bill for its costs.
22 Mr. Coleman said September 30 is the deadline for submitting HAZUS assessments.

23

1 Mr. John Egan commented that the purpose of the seminars is to provide applicants
2 with enough information to meet the March 31 deadline.

3
4 Mr. Scheuerman noted that OSHPD has a tracking tool available online for HAZUS
5 assessments, but the information has not been updated since last August. Mr.
6 Coleman said he would check with the staff to find out when the tool would be updated.

7
8 Mr. Eric Johnson asked if legislative action would be necessary to change the statutory
9 deadlines if there is some delay in the SB 90 funding arrangement. Mr. Coleman
10 replied that a new bill would be needed. Mr. Roger Richter indicated that the California
11 Hospital Association has a spot bill that could be used for that purpose.

12
13 Mr. Richter asked if people unable to attend the informational seminars could listen via
14 speakerphone. Mr. Coleman said the meetings are likely to last two to three hours, and
15 the staff will be showing a fairly detailed PowerPoint presentation that people on a
16 speakerphone would be unable to view. Ms. Linda Janssen indicated that the staff is
17 investigating various technology options, but they will not be ready in time for the
18 seminars. Mr. Richter suggested repeating the presentation twice at each site. Mr.
19 Coleman said the staff would consider that possibility.

20
21 Committee members asked how the sessions would be advertised. Mr. Coleman said
22 an announcement on the Website. Ms. Janssen stated that Hospital Building Safety
23 Board staff compiled an email distribution list for the SB 499 reports, so notices can be
24 sent to interested parties that way.

1 Mr. Coleman reported that the staff has been analyzing the information provided by
2 hospitals in the SB 499 reports to project the status of compliance, and that report
3 should be ready to disseminate by February 15, the day of the SB 499 Committee
4 meeting.

6 **Report on the OSHPD 3 Updating Process**

7 Mr. Coleman noted that the OSHPD 1 regulations were updated a couple years ago,
8 and the regulations for skilled nursing facilities and long-term care facilities were
9 updated last year. He said Mr. Glenn Gall and the staff have been working this year on
10 OSHPD 3 clinics to make sure the standards are appropriate and the regulations are
11 not overly stringent for the types of services being provided. He reported that OSHPD
12 met with hospital representatives, clinic people, and CHA to obtain their feedback. Mr.
13 Coleman indicated that OSHPD has tried to clarify the regulations and adopt the same
14 standards for free-standing clinics operating under hospital licenses as for other clinics.

15
16 Mr. Gall indicated that the primary focus of the OSHPD 3 update was to clarify the clinic
17 regulations that were adopted in about 1989. He said the clinic provisions used to be in
18 Chapter 10C of the California Building Code, were moved to Section 423A, and
19 eventually became Section 1226, but they have not been updated in over twenty years.
20 In doing certification reviews of OSHPD 3 facilities and external training sessions with
21 local building departments and other interested parties, the staff discovered a number of
22 areas where the code requirements were unclear. Mr. Gall noted that many local
23 building departments are completely unfamiliar with healthcare settings, so they tend to
24 interpret and apply codes and standards inconsistently.

1 Mr. Gall said the first step in the update process was convening with primary care clinic
2 stakeholders to identify their chief issues and help them understand how the
3 requirements should be applied. In order to facilitate this, OSHPD tried to reformat the
4 code to make the provisions more like a checklist. Mr. Gall noted out that the revised
5 code has major headings with single-line titles and references back to more detailed
6 sections.

7
8 Mr. Gall observed that although OSHPD 3 applies to outpatient clinical services at
9 hospitals, the code listed only five special clinic types, but there was no mention of
10 patient clinic services of a hospital, except for a single reference back to Section 1224.
11 He stated that the updated code introduces a section specific to outpatient clinical
12 services of hospitals. He noted these requirements were also aligned in the application
13 part of each individual section to specify that provisions pertaining to primary care
14 clinics also apply to hospital outpatient clinical services that provide services equivalent
15 to outpatient clinics.

16
17 Mr. Gall said the staff is still working on fleshing out the provisions, and as part of this,
18 he suggested couching what is required as basic support for any outpatient clinical
19 services in terms of administrative functions, medical records, staff support, and patient
20 support in those environments. He also proposed clarifying some of the more common
21 outpatient clinical services types, such as imaging services, GI labs, and infusion and
22 cancer treatment services.

23

1 Mr. Gall observed that a common misunderstanding of designers and local building
2 officials is that application of OSHPD 3 standards is related to occupancy group. To
3 remedy this, he recommended including a clarification that the standards depend on the
4 licensed service being provided, regardless of occupancy. He also proposed defining
5 exceptions to OSHPD 3 requirements to clarify the types of clinic where lesser
6 standards apply.

7
8 Mr. Gall talked about the move toward national standards to eliminate the need for so
9 many California amendments to the International Building Code. He advocated use of
10 guidelines as a national standard for healthcare construction, and noted that guidelines
11 pertaining to clinics recognize different sizes of clinics. He stated that OSHPD wants to
12 ensure that the standards are based on the services provided, not the type of provider
13 entity. Mr. Gall added that in meetings with stakeholders, he heard complaints that the
14 regulations are still unfair because they do not apply to doctor-operated clinics in
15 doctors' offices.

16
17 Mr. Scheuerman said he thought one of the distinctions between hospital clinics and
18 other clinics was the 15-mile radius. Mr. Dave Mason clarified that the 15-mile radius
19 applies only to licensing and reimbursement requirements, not to OSHPD 3 regulations.

20
21 Mr. Donelan noted that the mechanical requirements for clinics are also considered
22 burdensome by many clinic operators, and he asked if the mechanical requirements will
23 also be updated. Mr. Gall responded that OSHPD is looking at revising the standards
24 for primary care clinics. He said the current standards for primary care clinics are the

1 same as for hospital services, while the national guidelines focus on NFPA 90A with
2 respect to HVAC requirements. Mr. Gall indicated that OSHPD is considering ASHRAE
3 170 as alternative, and the result would be less stringent standards for primary care
4 clinics.

5
6 Mr. Donelan asked when the mechanical provisions would be addressed. Mr. Gall
7 responded that OSHPD will submit a complete package consisting of one set of
8 provisions for the building code, one for the mechanical code, and one for the plumbing
9 code. He added that the electrical code does not seem to be as much of a concern.

10
11 Mr. Scott Karpinen noted there are requirements in the mechanical code that refer to
12 electrical provisions pertaining to essential power, and he asked if those would be
13 modified as well. Mr. Gall clarified that in a free-standing outpatient setting, the only
14 things that must be on essential power are surgical clinics. Mr. Karpinen cited language
15 in Section 4 pertaining to fans. Mr. Gall said no emergency power for fans and pressure
16 valves is needed unless a facility is required to have essential power. Mr. Coleman
17 recommended clarifying this point. Mr. Gall observed that enforcement of OSHPD 3
18 requirements is up to local building jurisdictions, and they are often applied incorrectly
19 or inconsistently. In addition, budget cuts have created serious staff shortages and loss
20 of expertise in these areas. Committee members recommended providing education
21 and training programs for local building officials.

22
23 Mr. Karpinen noted that OSHPD has a flow chart illustrating how medical office
24 buildings are licensed and approved, and he asked if the flow chart would be affected

1 by the OSHPD 3 update. Mr. Gall replied that the left side of the table pertaining to
2 outpatient clinical services of a hospital should be revised to align with the new
3 requirements. He talked about a simple questionnaire used for primary care clinics in
4 Massachusetts and noted that California might want to provide a similar tool.
5 Committee members expressed support for this idea.

6
7 Mr. Omens asked what entity has jurisdiction over an outpatient clinic housed in a
8 hospital building that is being taken out of service and converted to another use. He
9 said local building officials tend to be reluctant to inspect anything within a hospital. Mr.
10 Gall stated that the regulations allow for a hospital to elect to leave the building under
11 OSHPD jurisdiction or transfer it to the local authority, in which case OSHPD formally
12 releases jurisdiction and the local building jurisdiction must take responsibility. Mr.
13 Coleman pointed out that this decision is up to the hospital owner.

14
15 Mr. O'Connor asked when OSHPD expected to deal with endoscopy and nuclear
16 medicine provisions. Mr. Gall noted that OSHPD revised the endoscopy section last
17 year, and those requirements would be incorporated in the supplement. He said the
18 provisions pertaining to X-ray, fluoroscopy, nuclear medicine, and radiation in Section
19 1224 target basic service, so OSHPD needs to clarify that those services do not have to
20 be provided in outpatient facilities, but OSHPD 3 requirements are triggered if they are.

21
22 Mr. Scheuerman drew attention to the new second paragraph in Section 1226.5 of the
23 revised draft regulations and asked Mr. Gall to explain the intent. Mr. Gall said the
24 provisions were revised to spell out the general construction requirements for each

1 clinic type rather than just saying “as applicable.” Mr. Scheuerman noted that the
2 reference to Section 1226.4.2 seems to imply that all outpatient clinical services of a
3 hospital must have piped gas and vacuum. Mr. Gall stated that those requirements
4 apply primarily to inpatient nursing units, and he recommended referring to the table
5 showing where medical gas needs to be provided. Mr. Coleman advocated clarifying
6 that these requirements are only applicable when those services are provided. Mr. Gall
7 proposed inserting “if provided” to clarify this point.

8
9 Mr. Scheuerman observed that many hospital owners and local plan checkers do not
10 understand the distinction between licensing requirements and building code
11 requirements. Mr. Donelan suggested adding a preamble to CAN 1-7-2100 clarifying
12 OSHPD’s jurisdiction as well as the role of licensing authorities and local building
13 jurisdictions.

14
15 Ms. Enid Eck noted that Section 1226.4.13.8.2, pertaining to central sterile supply and
16 sterilizing area, contains new language identifying the work areas but does not address
17 work flow. She said the work areas should be located and arranged to support a work
18 flow from dirty to clean. Mr. Gall responded that OSHPD 3 regulations are supposed to
19 deal with the physical plant requirements rather than operational issues, and OSHPD
20 tries to avoid imposing construction requirements that will be rejected later by licensing.
21 He cautioned against providing too much specific detail in the minimum code
22 requirements because there will always be some exceptions. Ms. Eck encouraged
23 OSHPD to provide guidelines and recommendations to encourage facilities to think
24 about work practice issues. Mr. Gall pointed out that this kind of suggestive language

1 would not be enforceable. He added that OSHPD plan reviewers often make comments
2 to draw attention to this problem.

3
4 Ms. Eck observed that the outpatient waiting room provisions in Section 1224.4.5 come
5 immediately after the provisions about airborne infection, but they do not mention of
6 size, space, or social distancing. Mr. Gall said the mechanical requirements specifically
7 for primary care clinics address this problem. He explained that because many patients
8 in the waiting room area have not been thoroughly screened, the physical plant
9 requirements specify negative pressurization and 100 percent exhaust, unless air is
10 recirculated through a HEPA system. He observed that social distancing is more a
11 matter of good design than an enforceable code requirement.

12
13 Mr. Scheuerman pointed out that Section 1224.4.5 deals with outpatient waiting rooms
14 inside hospitals, and these areas tend to have more seriously ill populations than
15 outpatient waiting rooms in a purely ambulatory setting.

16
17 Mr. Gall stated that the national model standard has mandatory hard requirements in
18 addition to appendix material that is permissive and suggestive and provides guidance
19 about good design practices. He noted the California Building Code does not use this
20 format, so OSHPD has supplemented the code with CANs and PINs for that purpose.

21
22 At 12:25 p.m., the committee recessed for lunch. Mr. Donelan reconvened the meeting
23 at 1:30 p.m.

24

1 Mr. O'Connor drew attention to the second sentence in Section 1226.5 on Page 7 of the
2 draft regulations, defining a freestanding outpatient clinic service building, and asked if
3 "physically attached" means just a seismic separation. Mr. Gall stated that the wording
4 was taken directly from the statute, and OSHPD interprets the language as meaning a
5 structural separation. He noted that CAN 2-3406.8A provides additional guidance.

6
7 Ms. Eck asked where infusion centers were addressed in the regulations. Mr. Gall
8 indicated that the staff had not yet completed that section. He pointed out the reference
9 to Section 1225.5.13 on Page 9. He also recommended looking at the cancer treatment
10 infusion therapy provisions in Section 1224.39 of the 2010 code supplement, available
11 on the Building Standards Commission's Website. He added that this language came
12 from the AIA guidelines and was reviewed and approved by the Building Standards
13 Commission through a public process. Mr. Gall pulled up the Building Standards
14 Commission Website and displayed that section.

15
16 Ms. Eck noted that infusion centers are frequently used for antibiotic and anti-infective
17 therapy as well as cancer treatment, and those uses have some different implications.
18 She said she would check the AIA guidelines to see exactly what they cover. Mr. Gall
19 commented that the national standards were originally based on dialysis treatment
20 centers. He commented that the AIA guidelines address patient privacy issues, water
21 features, and patient treatment areas.

22
23 Mr. Gall advised that the updated regulatory package is due to the Building Standards
24 Commission in late June, and the staff will continue to refine the provisions before they

1 are released for public review. He recommended that the committee hold another
2 meeting before June 22 to review and formally approve the package for submittal.

3

4 **Update on the 2014 Facilities Guidelines Institute (FGI) Guidelines Development**
5 **Process**

6 Mr. Gall reported that the staff has begun working on the 2014 revisions to the AIA
7 Guidelines for Design and Construction of Healthcare Facilities, now know as the FGI
8 guidelines. He said this national standard is developed in consultation with clinicians,
9 design professionals, facility administrators, and healthcare providers.

10

11 Mr. Gall indicated there would be substantial changes in the 2014 guidelines pertaining
12 to primary care settings, interventional radiology and interventional platforms in general,
13 hybrid operating rooms, imaging technology, inpatient nursing units, adequate space
14 requirements for modern patient-centered care, residential health facilities, and critical
15 access hospitals. He described some of the issues associated with each of these
16 areas.

17

18 Mr. Gall noted that members of the public can comment on any these proposals, which
19 are available on the FGI Website at fgiguideines.org.

20

21 Mr. Coleman commended Mr. Gall for his dedication, noting he spent at week in Texas
22 at his own expense because of state travel restrictions. Committee members
23 expressed their appreciation to Mr. Gall and the OSHPD staff.

24

1 Mr. Scheuerman noted that the Division of the State Architect (DSA) is currently polling
2 stakeholders for feedback on accessibility standards, and he encouraged OSHPD to
3 provide input in that process. Mr. Gall confirmed that OSHPD, as the agency enforcing
4 hospital accessibility standards, works closely with DSA. He reported that he attended
5 a DSA meeting the previous week on standards for certified access specialists.

6
7 Mr. Gall advised that the Department of Justice is currently taking comments on
8 regulations for accessible medical equipment. He said he would provide a link to Mr.
9 Richter and others interested in participating.

10

11 **Committee Goals and Priorities**

12 Mr. Donelan suggested identifying the committee's priority areas of focus for 2012.

13

14 Mr. Karpinen said the Structural and Non-Structural Regulations Committee has been
15 looking at the basis for the NPC-5 water supply requirements to evaluate how much
16 water is really needed.

17

18 Mr. Scheuerman observed that NPC-5 certification requires that hospitals maintain a
19 72-hour water supply, but the exact quantity needed has not been defined.

20

21 Mr. Coleman advised that the current regulations specify 150 gallons per licensed bed
22 per day, but the per-bed standard may not be a good measure for every facility. He
23 added there was a statewide hospital disaster drill on November 17 that would help

1 answer that question. A committee member suggested contacting the Department of
2 Public Health for a copy of the after-action report.

3

4 Mr. Richter stated that CHA was surveying hospitals on this issue. He noted that CHA
5 also has a disaster planning group that was looking at the question. He said CHA plans
6 to develop alternatives to the 150-gallon standard.

7

8 Mr. Karpinen asked if there had been any new developments with respect to OSHPD's
9 policy on permits for temporary conditions. OSHPD staff indicated that proposed
10 requirements for temporary permits were posted on the Website. Mr. Coleman
11 observed that the end product would be a CAN interpreting the building code provisions
12 in Chapter 1 dealing with temporary permits.

13

14 After some discussion, there was general consensus that the committee's key priorities
15 should be: completion of the code change package by June 22, development of a PIN
16 on collaborative review, and recommendations for temporary building permit
17 requirements.

18

19 Committee members proposed scheduling another meeting in mid-May. After some
20 discussion, they agreed to meet again on May 15.

21

22 Mr. Coleman said the staff will post the draft code changes on the Website as they are
23 completed so committee members can review them before the May 15 meeting.

24

1 **Comments from the Public/Board Members on Issues not on this Agenda**

2 There were no other issues brought to the committee's attention.

3

4 **Adjournment**

5 **MOTION:** There being no further business, It was (M/S/C) (Hurlbut/Scheuerman) to
6 adjourn the meeting at 2:27 p.m.

DRAFT

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Office of Statewide Health Planning and Development



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MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)
Administrative Processes and Code Changes Committee
Tuesday, May 15, 2012
10:00 a.m. - 4:00 p.m.

Office of Statewide Health Planning and Development
400 R Street, Suite 452
Sacramento, CA 95811
and
Metropolitan Water District Headquarters
700 N. Alameda Street, Suite 2-546
Los Angeles, CA 90012

Committee Members Present

John Donelan, Chair
Scott Karpinen, Vice-Chair
Mike Gritters, Consulting Member
Bert Hurlbut
Eric Johnson
Dan Kotyk
Michael O'Connor
Michael Osur
Carl Scheuerman

Board Members Present

John Egan
Arlee Monson

HBSB Staff

Linda Janssen, Executive Director
Evelt Torres

OSHDP Staff

Paul Coleman
Brian Coppock
Patricia Friel
Glenn Gall
John Gillengerten
Eric Jacobsen
Mohammad Karim
Dave Ring
Ramin Sadr
Barbara Silken
Chris Tokas



1 **Welcome and Introductions**

2 Committee Chair John Donelan called the meeting to order at 10:03 a.m. and welcomed
3 everyone. Participants in Sacramento and Los Angeles took turns introducing
4 themselves.

5
6 **Review the Draft February 13, 2012 Meeting Report**

7 **MOTION:** (M/S/C)

8 The committee voted unanimously to approve the February 13 Administrative
9 Processes & Code Changes Committee meeting report as presented.

10

11 **Report on the Code Update Process**

12 Mr. Glenn Gall indicated he would scroll through the code language and identify
13 significant updates to a number of provisions.

14

15 CAC, Title 24, Part 1

16 GENERAL

17 Mr. Gall said there were numerous changes in the Part 1 regulations, many of which
18 clarify specific issues and incorporate the language in OSHPD's code application
19 notices. He reviewed the proposed definitions.

20

21 FUNCTIONAL PROGRAM

22 Mr. Gall noted that Article 3, Section 7-119 talks about the functional programs entailed
23 in collaborative projects. He observed that the provisions in Title 22 will be cleaned up,

1 with structural provisions moving to Title 24 and operational requirements spelled out in
2 Title 22.

3

4 Mr. Carl Scheuerman expressed his opinion that many of the Title 24 provisions still
5 pertain to operational issues, and he cited language regarding planning an operational
6 layout. He asked if OSHPD intended the provisions as guidelines or strict standards.

7 Mr. Gall replied that OSHPD views the provisions as guidelines. He explained that
8 proposals for program flexibility have an operational component that needs to be
9 acceptable from the licensing side as well as the physical plant side, the aspect within
10 OSHPD's purview, and the functional program is intended to fill the gaps. He said there
11 were many areas for which OSHPD lacks specific requirements because the hospital
12 design and construction industry moves forward much more quickly than OSHPD's
13 regulations process. He added that having a functional program defining the purpose of
14 the project provides guidance in those situations.

15

16 Mr. Scheuerman observed that the functional program is a reference document rather
17 than a plan document that must be reviewed and approved. He noted that OSHPD is
18 not qualified to approve the care delivery model reflected in the functional program. He
19 recommended clarifying this distinction in the code language. Mr. Gall expressed
20 support for this friendly amendment.

21

22 Mr. Scheuerman drew attention to Item 5.H on Page 2 and recommended deleting
23 water features. He said the hospital industry is trying to eliminate water features
24 because they can help spread harmful bacteria.

1 Mr. Gall noted provisions were added as part of the last code cycle dealing with cancer
2 treatment and infusion therapy locations, and water features were expressly prohibited
3 in those environments. He expressed discomfort at prohibiting all water features
4 without more substantial evidence. Mr. Scheuerman agreed, and clarified that he just
5 wanted to mention this concern.

6
7 Committee members talked about ways to seal off water features to mitigate their
8 potential health risks.

9
10 Referring to Item 6 on Page 3, Mr. Scheuerman asked how OSHPD ensured
11 stakeholder input. Mr. Gall responded that OSHPD has learned from experience that all
12 major projects need a careful planning and development process. He said the
13 functional program is supposed to serve as instructions for a facility so it can carry out
14 its intended mission.

15
16 Mr. Paul Coleman pointed out that without a functional program in place, a project has a
17 much greater chance of requiring changes down the road because problems that were
18 not worked out on the front end become apparent during actual construction. He said
19 OSHPD hopes design professionals will use the code provisions as guidance in
20 developing an effective functional program that will save time in the long run.

21
22 Mr. Scheuerman noted that Item e.2 at the bottom of Page 3 indicates that all facilities
23 “shall” have a functional program, and he asked how OSHPD intended to enforce that

1 requirement. He suggested changing “shall” to “should.” Mr. Coleman said the word
2 “shall” appears throughout.

3

4 Mr. Gall recommended adding a new lead-in paragraph clarifying the intent of the
5 functional program. Committee members expressed support for adding this
6 introduction.

7

8 Mr. Donelan asked if the proposed language was taken from Title 22. Mr. Gall stated
9 that the same language was being proposed for Title 22. He said the Office of
10 Administrative Law reviews proposed regulations thoroughly to ensure consistency of
11 language.

12

13 Mr. Scheuerman observed that many of the elements incorporated in the functional
14 program respond to questions licensing will have, creating a better alignment between
15 the two agencies and facilitating a smoother review and approval. He said the
16 functional program will be an extremely valuable tool that will improve the overall
17 process.

18

19 Mr. Gall noted that the end goal is to arrive at a less prescriptive and more
20 performance-based code that takes functional requirements into account. He said the
21 resulting engineering solutions will be much more focused on patient care.

22

23 Mr. Bruce Rainey clarified that the requirements Mr. Scheuerman pointed out on Page 3
24 may or may not be included in the functional program document. Mr. Gall confirmed

1 that this code section provides a comprehensive list of all the considerations that should
2 be addressed in the planning process. He acknowledged that some may not be
3 appropriate for every project, but they still serve as a good road map for the facility.
4

5 Mr. Scheuerman stated that the presubmittal meeting for a phased project can be used
6 for purposes beyond what is described in Section 7-119, and he cited administrative
7 process negotiations as an example. He drew attention to Section 7-121(a)4 on Page
8 4, dealing with the collaborative review process. He recommended broadening the
9 language describing the presubmittal meeting. Mr. Arlee Monson pointed out that the
10 presubmittal meeting should be used to identify code issues, including operational code
11 issues. Mr. Gall offered to work with Mr. Monson and Mr. Scheuerman after the
12 meeting to draft some proposed language.
13

14 Mr. Gall referred to Section 7-128, a new provision pertaining to work performed without
15 a permit.
16

17 Mr. Mike Gritters suggested revising Subparagraph (1) to allow inspections whenever
18 someone believes construction or alterations have been done without benefit of plan
19 check or review. Mr. Gall stated that OSHPD has tightened the scope by adding the
20 following: “whenever it is necessary to make an inspection to enforce any applicable
21 provision of the California Building Standards Code, or the Alfred E. Alquist Hospital
22 Facilities Seismic Safety Act, or the Office or its authorized representative.”

23 Mr. Gall said the new language in Section 7-128 (a)1 comes from the Health and Safety
24 Code.

1 Mr. Gall pointed out the expanded language in Section 7-133 regarding estimated
2 construction costs and when fees are charged and assessed. He said this provision
3 codifies a Code Application Notice (CAN) and incorporates California Building Code,
4 Part 2, Chapter 1.

5
6 Mr. Gritters expressed concern about how Item 7 on Page 7, regarding calculation of
7 fees and completion of work, would be interpreted. Mr. Brian Coppock clarified that
8 occupancy on major projects occurs long before construction is final. He urged facility
9 owners not to close out their financial accounting until OSHPD fees are fully paid. He
10 observed that finalizing smaller projects tends to go smoothly and seamlessly. He said
11 the regulations expressly define what documentation and requirements must be met
12 before a project closes.

13
14 One person noted that the language after Subparagraph E refers to OSHPD's discretion
15 to order cessation of work for noncompliance. Mr. Coppock stated that OSHPD has
16 always had this discretion. He said Section 7-155, defining what constitutes final
17 approval, says the state will issue a final agency inspection when all fees have been
18 paid, a provision OSHPD has not been enforcing.

19
20 Mr. Gall stated that OSHPD also clarified collection of incremental project fees. He
21 noted that Section (h) on Page 8 sets the fee at 1.95 percent of estimated construction
22 costs.

23

1 Mr. Gall said OSHPD clarified programmatic fees with seismic certification, preapproval,
2 preapproval of manufacturer certification, and work performed without a permit.

3

4 Mr. Gall noted that Article 4 deals with amended construction documents and
5 incorporates an existing CAN as well as new code terminology. He indicated that
6 OSHPD issued a CAN clarifying the concept of material alterations, and that language
7 is now being codified.

8

9 Mr. Gall stated that Article 5 provides a process for expedited appeals on matters that
10 require a speedy resolution. He observed that Article 19 deals with certification and
11 approval of hospital inspectors, including suspension and revocation of certification.

12

13 Mr. Michael Osur referred to Item 8(e) on Page 10, "Documentation of Changes," and
14 noted that this provision calls for changes that do not "materially alter" a project to be
15 entered into the project architect's log book for concurrence by OSHPD. Mr. Gall
16 confirmed that understanding. He said OSHPD should develop a Policy Intent Notice
17 describing how OSHPD concurrence could be gained.

18

19 Mr. Coppock stated that the regulations spell out a number of alterations that are
20 considered not material, but the gray area is still subject to different interpretations. He
21 cited a few examples in OSHPD projects. Mr. Coppock advised that generally
22 speaking, if a calculation is needed, the alteration is material; if there is a change to the
23 structure, gravity, seismic load, or electrical demand, the alteration is material;

1 whenever a new detail is needed for the contractor to construct and the inspector to
2 inspect, the alteration is material.

3

4 CBC, Part 2, Title 24

5 SECTION 1224 UPDATES

6 Mr. Gall said many provisions in the Section 1224 updates carry forward OSHPD
7 amendments to the 2010 code. He noted there are some clarifications and
8 simplifications to Chapter 1, the administrative chapter.

9

10 Mr. Gall said OSHPD is proposing deletion of structural standards from the OSHPD 3
11 provisions. He clarified that OSHPD 3 buildings are commercial buildings under local
12 jurisdiction, so the statewide structural standard already applies. OSHPD certifies
13 OSHPD 3 compliance, but that review does not include certification of structural
14 requirements.

15

16 Mr. Gall noted that Chapter 3 explains the classifications for different uses and
17 occupancy groups and clarifies which codes apply.

18

19 Mr. Scheuerman said he thought an earlier version of the language was clearer. He
20 recalled that local building officials were applying an importance factor of 1.5 to
21 ambulatory surgery centers because they believed that was the correct classification,
22 when, in fact, such buildings were exempt. He commented that the proposed language
23 seems to remove that fix.

24

1 Mr. Mohammad Karim stated that other code provisions tell the designer the appropriate
2 importance factor is 1.0. Mr. Gall added that ambulatory clinics are now treated as B
3 occupancies.

4
5 Mr. Gall drew attention to Page 5 of 48 and pointed out housekeeping changes in
6 Sections 1208.

7
8 Mr. Gritters noted that Chapter 10 does not specify recent code interpretations by the
9 State Fire Marshal. Mr. Gall explained that OSHPD does not adopt or amend fire and
10 panic safety regulations. He stated that OSHPD enforces what the State Fire Marshal
11 adopts and provides insight about how provisions apply to “I” occupancies. He said
12 people with comments on fire code requirements should submit them to the State Fire
13 Marshal as part of that agency’s amendment process.

14
15 Mr. Gall reviewed proposed changes to Chapter 1224. He said many of the changes
16 involved clarifying previous provisions and relocation of some of them to other codes.
17 He pointed out the new definitions for “monolithic,” “monolithic ceiling,” and “restricted
18 areas.” Mr. Gall explained that the language regarding support area for patients comes
19 from Chapter 1226, and he pointed out the new provision pertaining to an airborne
20 infection isolation exam/treatment room.

21
22 Mr. Gall drew attention to Section 1224.4.4.2 on Page 7, and noted the new
23 requirements for specimen and blood collection facilities, a common service provided by
24 outpatient primary care clinics.

1 Mr. Gall said application of Title 22 physical plant requirements to hospital facilities has
2 always been a contentious area. He noted the language pertaining to minimum height
3 with fixed ceiling equipment was taken from Title 22.

4

5 Mr. Gall advised that OSHPD overhauled the language on interior finishes in Section
6 1224.4.11 to match national standards. He indicated there were supplemental revisions
7 to the finish table as a result.

8

9 Mr. Gall discussed the proposed changes to Sections 1224.4.18, 1224.14, 1224.16, and
10 1224.18.

11

12 Mr. Scheuerman asked about the basis for the floor areas. Mr. Gall replied that the
13 guidelines were the source. Mr. Scheuerman observed that the ultrasound room
14 seemed larger than other services. Mr. Gall said that in meetings with providers,
15 OSHPD learned that ultrasound rooms typically accommodate multiple people in
16 addition to the patient. He stated that OSHPD used the minimum national standard for
17 the size. He added that new accessibility requirements are driving demand for larger
18 exam and treatment rooms.

19

20 Mr. Gall reviewed the revisions to the Section 1224.20 requirements for dietary service.
21 He noted the numbers are the same as those in the 2001 code, as the staff was unable
22 to find better square footage-based performance standards. Mr. Gall observed that
23 licensing requirements are mentioned because they must be met in addition to the basic
24 functional requirements.

1 Mr. Gall noted that Section 1224.29, dealing with intensive care units, was taken from
2 Title 22. He said Section 1224.29.2.10 now sets basic minimum requirements for infant
3 formula facilities in hospital venues.

4
5 Mr. Scheuerman pointed out inconsistent capitalization of “Licensing Agency.” Mr. Gall
6 said the staff will consult the code and format consistently with the code.

7
8 Mr. Dan Kotyk asked where licensing requirements are addressed. Mr. Gall said
9 Section 1224.20.3 lists required functional elements; he pointed out that a stand-by
10 kitchen must be provided for emergencies. Mr. Scheuerman observed that the stand-by
11 kitchen is the same as a standard kitchen. He questioned the need for Section
12 1224.20.3. Mr. Gall said OSHPD and licensing should work with architects and
13 planners to identify appropriate minimum requirements for stand-by food service.

14
15 Mr. Roger Richter provided a copy of the “California Hospital Emergency Food Supply
16 Planning Guidance and Tool Kit” from the California Hospital Association.

17
18 Mr. Gall highlighted proposed changes to Section 1224.33, pertaining to emergency
19 service.

20
21 **SECTION 1226 OSHPD 3 CLINICS**

22 Mr. Gall said OSHPD held numerous meetings with stakeholders before drafting
23 proposed updates to Section 1226. He thanked the hospital representatives, design
24 professionals, and code experts who participated in the process. Mr. Gall noted that the

1 purpose of the update is to clarify the minimum requirements for OSHPD 3 clinics. He
2 indicated that OSHPD has been imposing hospital-like requirements that have proven
3 very onerous for primary care clinics, and the updated provisions instead move to the
4 national model standard.

5
6 Mr. Gall noted that Section 1226 starts by listing common elements and referring to
7 general construction criteria in Section 1224. He said the list identifies basic supporting
8 requirements for any clinic type, plus other specific codes for provision of particular
9 services. Mr. Gall remarked that the input from providers and stakeholders was very
10 helpful in drafting these provisions.

11
12 Mr. Gall drew attention to Section 1226.5 on Page 26, dealing with outpatient clinical
13 services of a hospital and clarifying that OSHPD 3 requirements apply to these facilities
14 as well. He noted that the checklist format is intended to clarify what standards apply.

15
16 Mr. Scheuerman observed that the 25 percent inpatient limit was not a building
17 standard, and he asked how OSHPD intended to track patient populations. Mr. Gall
18 explained that reason for including that language was to emphasize the importance of
19 planning and designing buildings that can be used as intended. Mr. Scheuerman
20 expressed support for including this comment as an advisory. Mr. Coleman noted that
21 clinic regulations are usually enforced by local jurisdictions, and this language helps
22 guide them as well.

23

1 Referring to the last sentence in the first paragraph of Section 1226.5, Mr. Scheuerman
2 asked what “duplicating a basic service” means. Mr. Gall replied that OSHPD has a list
3 of eight or nine basic services required for licensure of a hospital. He said “duplicative”
4 services are in addition to the minimum complement provided in the hardened facility for
5 licensure purposes. Mr. Coleman cited extra administration space and per-bed storage
6 space in a free-standing building as examples of duplicating minimum basic services.

7
8 At 12:00 noon, the committee recessed for lunch. Mr. Donelan reconvened the meeting
9 at 1:04 p.m.

10
11 Mr. Gall said Section 1226 continues with a list of clinic services. He drew attention to
12 the new provisions for primary care clinics, surgery clinics, dialysis clinics, rehabilitation
13 clinics, alternative birthing clinics, and psychology clinics. He noted the requirements in
14 these sections come from national standards. He indicated that the final parts of
15 Section 1226 identify applicable codes and appendices for various structural elements.

16
17 Mr. Gall commented that there has been recent controversy surrounding clinics that
18 provide abortions. He said OSHPD’s stance remains the same for facilities offering
19 clinical services in addition to counseling. Mr. Scheuerman suggested using the term
20 “consultation,” the normal description in a clinical setting. He noted that “counseling”
21 may have political connotations. Mr. Gall said he would raise this issue at the next
22 meeting with primary care stakeholders and settle on the best term.

23

1 Mr. Scheuerman remarked that inclusion of standards for cancer treatment and infusion
2 services may create larger barriers for hospitals than for individual physicians providing
3 the same services. He recommended deleting that category to avoid driving hospital
4 providers out of the business. Mr. Gall noted that stakeholders brought up the lack of
5 standards for doctors' offices versus licensed clinics, but OSHPD has no authority to
6 regulate physicians' offices. He added that the requirements for provision of outpatient
7 services in a hospital setting were expanded during the last code cycle.

8
9 Mr. Gall observed that Table 1604.5 on Page 44 summarizes risks and occupancy
10 categories.

11
12 Mr. Gall proposed taking the Part 4 and Part 5 clinic provisions next.

13
14 CMC, Title 24, Part 4
15 OSHPD 3SE CLINICS

16 Mr. Gall explained the new subcategory of OSHPD 3SE, which triggers less stringent
17 ventilation requirements for certain kinds of clinics. He said the OSHPD 3SE
18 designation will appear in the Mechanical Code and the Plumbing Code. Mr. Gale Bate
19 recommended inserting a cross-reference pointer to applicable California Building
20 Code, Plumbing Code, and Mechanical Code provisions.

21
22 Mr. Gall stated that OSHPD is adding a number of requirements to the ventilation
23 requirements illustrated in Table 4A to deal with spaces that were not addressed in the
24 code. He said Table 4B specifies filtering requirements. Mr. Gall noted that Chapter 6

1 covers duct systems. He clarified that OSHPD is allowing use of flexible duct for
2 concealed building space or independent construction within buildings for OSHPD 3
3 facilities. Again, he said, OSHPD looked at national standards relative to clinic types as
4 well as OSHPD's own assessment of the kinds of services provided in these facilities.
5 Mr. Gall added that OSHPD believes these changes will result in substantial cost
6 savings.

7
8 Referring to Page 5 of 9, an interested party asked if the reference to gypsum products
9 meant gypsum products enclosed in paper or paperless gypsum. Mr. Dave Mason
10 indicated that he was not familiar with paperless gypsum. The interested party
11 explained that paperless products have less of a propensity to grow mold. Mr. Gall said
12 he was not sure if this was addressed in the Mechanical Code. He stated that OSHPD
13 would allow the types of products allowed by the national model code. Mr. Coleman
14 added that facility owners can propose a product as an alternate method of compliance
15 with proper justification and documentation.

16
17 CPC, Title 24, Part 5

18 Mr. Gall reviewed the proposed revisions to Part 5 of the California Plumbing Code. He
19 drew attention to the new language regarding handwashing fixtures. He noted that 217
20 includes a definition of OSHPD 3SE with respect to Plumbing Code installations.

21
22 Mr. Gall clarified that OSHPD allows installation of wrist or elbow blades in OSHPD 1
23 hospital facilities, consistent with national standards. He acknowledged there were
24 some problems with respect to sensor-operated fixtures and bacteria. Participants

1 discussed OSHPD's minimum standards for spouts and fixtures. Mr. Coleman
2 encouraged designers to propose other products that meet OSHPD's performance
3 standards as alternate means of compliance.

4
5 Mr. Gall reviewed provisions pertaining to sensor-operated scrub sinks and other
6 plumbing facilities. He pointed out the proposed exception for use of CPVC, based on
7 the rationale that these buildings were actually commercial buildings within their general
8 communities. He said the requirements for domestic hot water distribution systems for
9 health facilities are identified.

10

11 Committee members talked about how pipes are disinfected after temporary shutdowns.
12 Mr. Gritters said the type of sanitation treatment varies according to the underlying
13 conditions.

14

15 Mr. Donelan thanked Mr. Gall for his review. He commended committee members,
16 staff, and stakeholders for their hard work on the OSHPD 3 requirements.

17

18 **Report on Code Update Process**

19 CBC, Title 24, Part 2

20 Mr. John Gillengerten gave a PowerPoint presentation summarizing important structural
21 amendments being proposed for the 2013 California Building Code. In particular, he
22 talked about the shift to risk-based ground motions as the basis for assessing seismic
23 hazards, NPC-5 compliance requirements, and refinements to the special seismic
24 certification program. Mr. Gillengerten said many of the previous California provisions

1 are being replaced with national standards. He reviewed regulations pertaining to
2 installation of seismic instrumentation.

3
4 Mr. Gillengerten explained that the change to risk-based ground motion calculations led
5 to changes in the seismic maps and the mathematical formulas for calculating expected
6 levels of shaking. He said this also means that retrofit of hospital buildings will have to
7 meet nonstructural criteria for a new building, requiring all equipment to become
8 seismically certified as well as braced and anchored. Mr. Gillengerten displayed charts
9 comparing short-period design accelerations for various locations in California under the
10 2001, 2010, and 2013 codes.

11
12 Mr. Gillengerten said hospitals are assigned a seismic design category based on the
13 estimated level of shaking at each site. He explained the extensions available to
14 qualifying hospital buildings at sites ranked D and F. He noted that although the new
15 risk-based ground motions may cause some sites to change from D to F or from F to D,
16 triggering different extensions and requirements, ground motions for most of California
17 have been reduced. Mr. Gillengerten showed an updated map contrasting ground
18 motion levels under the 2001, 2010, and 2013 codes. He advised that OSHPD will use
19 the 2010 classifications for determining NPC-3 deadlines because the new code will not
20 take effect before then.

21
22 Ms. Noella Tabladillo asked if this information was available on the OSHPD Website.

23 Mr. Gillengerten said the USGS Website and map were the best sources of information.

24

1 Mr. Gillengerten noted that site-specific ground motion reviews will only be required for
2 Category F buildings.

3
4 Mr. Gillengerten summarized proposed revisions to other sections of the 2013 code. He
5 noted that national standards are replacing OSHPD specific-standards in most cases.
6 He pointed out that “continuous and periodic inspection” is being replaced with
7 “perform” and “observe” terminology, giving more flexibility to inspectors. He indicated
8 that the definitions of “perform” and “observe” will be amended to assure the same level
9 of special inspection as in the past.

10
11 Mr. Gillengerten said OSHPD has refined the list of components that require special
12 seismic certification, and the list of components not requiring seismic certification will be
13 expanded.

14
15 Mr. Steve Fisher, a structural engineer for a glazing contactor, expressed support for
16 the new requirements pertaining to silicon glazing. He recommended that OSHPD
17 consider the differences between two-sided for four-sided structural glazing and clarify
18 the applicable code requirements. Mr. Gillengerten said none of the current code
19 provisions cover silicon structural glazing, but there is interest at the national level in
20 developing requirements for ASCE-7. He expressed interest in working with Mr. Fisher
21 and other interested parties on this issue.

22
23 Mr. Gillengerten talked about the requirements for removal of hospital buildings from
24 acute-care services. He said owners have four options available: to remain under

1 OSHPD jurisdiction with an existing license, remain under OSHPD jurisdiction with a
2 new license, remove the building from OSHPD jurisdiction, or demolish the building.
3 Mr. Gillengerten discussed requirements for transferring a building to local jurisdiction
4 and the criteria for demolition.

5
6 Mr. Coleman provided a PowerPoint presentation showing examples of how buildings
7 can be removed from acute-care service and he explained the applicable requirements
8 for each situation.

9
10 Mr. Gillengerten drew attention to the new provisions pertaining to Vibro stone columns,
11 and the seismic instrumentation requirements.

12
13 Mr. Donelan thanked Mr. Gillengerten for the update.

14
15 Mr. Donelan observed that most of the remaining items on the agenda were
16 placeholders. He invited updates from the staff if there was anything new to report.

17
18 **NPC-5 Water Supply Disruption Requirements Update**

19 Mr. Coleman noted that OSHPD has been working with the California Hospital
20 Association, a consulting research firm, and stakeholders to better estimate the amount
21 of water hospitals need to store for emergency use. He said Tempest Environmental
22 analyzed data from hospitals of various sizes to quantify demand for water and then
23 relate the level of demand to the number of beds. He then presented highlights of the
24 report from the Emergency Water Task Force.

1 Mr. Coleman reported that the study showed that demand for industrial water tends to
2 increase with hospital size. He said most hospitals in California need more emergency
3 water than the current 50 gallons per bed per day required by OSHPD, and nearly half
4 of the hospitals need more than 200 gallons per bed per day for emergency conditions.
5 Based on the data collected, the researchers found that overall demand per bed was
6 about 240 gallons per day, including 102 gallons of potable water and 139 gallons for
7 industrial uses. Mr. Coleman noted that CHA recommends using the national standard,
8 the “Emergency Water Supply Planning Guide for Hospitals and Health Care Facilities,”
9 as the basis for planning.

10

11 Mr. Coleman reviewed and discussed proposed revisions to the 2013 California
12 Plumbing Code to ensure reasonable supplies of emergency water. He said OSHPD
13 proposes leaving the existing standard of 50 gallons per day per bed for a 72-hour
14 period, with additional language defining a 24-hour exception for facilities imposing a
15 water rationing plan. He drew attention to the language in Section 614.4.1(2) defining
16 minimum on-site storage capacity. He clarified that these provisions apply to new
17 hospital buildings.

18

19 **Update on the Temporary Permit Code Application Notice (CAN)**

20 Mr. Gall said he had nothing new to report on the temporary permit CAN. Mr. Coleman
21 stated that the staff was developing a CAN based on the direction provided by the
22 committee previously. He said June 22 is the deadline for code revisions, so the staff
23 has been concentrating on completing that task before issuing new CANs or PINs.

24

1 **Update on the Status of the Implementation of SB 90 Emergency Regulations**

2 Mr. Donelan observed that OSHPD was waiting for confirmation of federal funding. Mr.
3 Richter said hospital representatives are hoping the federal arrangement will be
4 approved by July.

5
6 Mr. Coleman indicated that the staff has concerns about some of the hospitals that have
7 submitted extension requests because the documentation so far does not demonstrate
8 a likely path to compliance. Mr. Richter stated that CHA is trying to address this
9 problem through the budget bill.

10
11 **Update on Collaborative Review Process Policy Intent Notice (PIN)**

12 Mr. Bert Hurlbut said he was working with Mr. Dave Ring to draft a PIN describing the
13 collaborative review process. He thanked Mr. Coleman for providing a preliminary draft.
14 He noted that key points from Mr. Ring's white paper will be incorporated with the bullet
15 points in the draft PIN to create a document showing the different requirements and
16 fees applicable to phased plan review and collaborative review. He added that a draft
17 version will be ready for the committee's review at the next meeting.

18
19 Mr. Scheuerman urged OSHPD to consider setting fees based on contract type in
20 addition to dollar threshold, noting that collaborative reviews on some projects can
21 result in higher-quality documents that save staff time and warrant lower fees.

22
23 A committee member asked if OSHPD had data showing how much collaborative
24 reviews have actually cost. Mr. Coleman said the staff can look at project records to

1 arrive at some rough estimates. He noted that OSHPD performed some collaborative
2 reviews as pilot projects, and various tracking methods were devised during that time.

3
4 One participant said his hospital had five phased review projects in three different
5 regions, and the level of staff engagement was different on each one. He expressed his
6 opinion that it would be difficult to measure the number of hours spent in meetings.

7
8 **Report on the Code Update Process, Inspection Services, and Skilled Nursing**
9 **Facilities (SNF) Regulations**

10 CAC, Title 24, Part 1: Inspection Services – Proposed Amendments

11 Mr. Coleman advised that amendments pertaining to inspection services may need to
12 be deferred to the next code cycle. He said the staff wants to amend the code to better
13 define the responsibilities of building officials in reviewing inspection certifications.

14
15 Skilled Nursing Facility Dietary Services Review

16 Mr. Coleman reported that OSHPD has been following a pending bill regarding dietary
17 services in skilled nursing facilities (SNF). Mr. Gall indicated that the staff has had
18 conversations with the author's office to clarify the legislative intent.

19
20 Small Home SNF Regulations

21 Mr. Coleman noted that there has been a movement to legalize use of small residential
22 homes as skilled nursing facilities, reflecting the "green house" concept. He stated that
23 a small home SNF of this type was recently approved in Uplands. He said the proposed
24 Alquist bill would require OSHPD to draft regulations for these facilities.

1 Mr. Gall indicated that another green house project with 12 households on four floors
2 was being proposed in Oakland.

3

4 **Comments from the Public/Board Members on Issues not on this Agenda**

5 There were no other matters brought to the committee's attention.

6

7 **Adjournment**

8 **MOTION:** (M/S/C)

9 There being no further business, a motion was made and seconded that the meeting be
10 adjourned. The motion was carried unanimously and the meeting was adjourned at
11 3:23 p.m.

DRAFT



Office of Statewide Health Planning and Development



Hospital Building Safety Board

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**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)**

Board Procedures Committee

**Thursday, February 16, 2012
10:30 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development
400 R Street, Suite 317
Sacramento, CA 95811

Committee Members Present

Michael Foulkes, Chair
John Egan, Vice Chair
Bert Hurlbut
Joe La Brie
Trailer Martin
Arlee Monson
Carl Scheuerman

OSHPD Staff Present

Paul Coleman
Jacob Knapp
Elizabeth Wied

HBSB Staff Present

Linda Janssen, Executive Director
Evelt Torres

1 Welcome and Introductions

2 Mr. John Egan, Committee Vice-Chair, called the meeting to order at 10:30 a.m. He
3 welcomed the new committee members, Mr. Bert Hurlbut and Mr. Arlee Monson.

4 Participants took turns introducing themselves.

5

1 **Review the December 12, 2011 Meeting Report**

2 Mr. Egan asked if there were any comments or corrections to the minutes of the
3 committee's December 12 meeting.

4

5 Mr. Bert Hurlbut noted that something was missing from the sentence starting on Line
6 17 of Page 7. Ms. Janssen recommended deleting that sentence.

7

8 Mr. Paul Coleman pointed out that the word "avoiding" on Line 22 of Page 10 should be
9 changed to "avoid."

10

11 **MOTION:** (M/S/C) [Scheuerman/Hurlbut]

12 The committee voted unanimously to approve the minutes of the December 12 Board
13 Procedures Committee meeting as amended.

14

15 **Discussion: HBSB Policies and Procedures**

16 Mr. Joe La Brie noted that the Board's Policies and Procedures had not been updated
17 since 2009. As requested by the committee, he said, he reviewed the document and
18 discussed proposed changes with the committee on December 12. He displayed a
19 revised version of the Board Policies and Procedures document and highlighted the
20 revisions. Mr. La Brie recommended that the committee review and approve the
21 document at this meeting so it can be distributed to the full Board on February 21.

22

23 Mr. La Brie pointed out that each page now includes the current date. He drew
24 attention to Page 4, Section VI.A.1)b.(1), specifying that only members with at least two

1 years remaining in their terms are eligible to serve as Board Chair and Vice Chair. He
2 explained that the rationale is to ensure continuity and provide that the individuals
3 elected are able to serve a full two-year term as officers.

4
5 Mr. Foulkes observed that inserting this in the bylaws means that ex-officio members
6 could not be Board officers because they are appointed by the OSHPD director and
7 have no definite term, and he cautioned that this could limit the pool of qualified people.

8 Mr. Scheuerman noted that the Board could amend the bylaws in the future if this
9 provision becomes a problem.

10

11 Mr. La Brie said he deleted the first sentence in Item VI.A.1)B.(2) because that
12 language is redundant.

13

14 Mr. La Brie drew attention to his proposed additions to Section VIII.A.1) and 2) on Page
15 7 regarding meeting locations. Ms. Elizabeth Wied questioned the need for those
16 revisions, noting the original language provides sufficient flexibility. Mr. Coleman
17 proposed changing the third sentence in Paragraph 1) to read: "It is the intent that
18 meetings be held in various locations throughout the state." Mr. La Brie suggested
19 adding "It is the intent" to the beginning of the second sentence as well. Committee
20 members expressed support for this approach. Mr. La Brie said he would keep
21 Paragraph 2) as originally written.

22

23 Mr. La Brie said he revised Paragraph 3) to include videoconferencing. Ms. Wied
24 recommended creating a separate Paragraph 4) to address videoconferencing. She

1 suggested adding “All Open Meeting requirements (Bagley-Keene) apply” to the end of
2 the new Paragraph 4).

3
4 Mr. Coleman noted that videoconference meetings can be extremely useful in some
5 situations because they save travel time and costs. He advocated continuing to use
6 them for committee meetings but using them sparingly for full Board meetings.

7
8 Mr. La Brie pointed out that participants in remote locations are sometimes ignored. He
9 emphasized that committee chairs need to make sure all participants have an
10 opportunity to make comments and ask questions.

11
12 Mr. La Brie drew attention to the proposed addition to Section VIII.B.4) on Page 10
13 pertaining to conflicts of interest. Mr. Foulkes commented that “based on a personal
14 financial interest” may be too narrow. Ms. Wied said state law and the Board’s conflict
15 of interest code already define what constitutes a conflict. She added that all new
16 Board members receive a packet that includes the conflict of interest rules. After some
17 discussion, the committee decided to replace Mr. La Brie’s proposed revision with
18 language saying that members who believe they may have a conflict of interest should
19 discuss it with legal counsel. Ms. Wied suggested inserting legal counsel’s phone
20 number.

21
22 Mr. La Brie his proposed revisions to Section VIII.C.1) on Page 11 pertaining to the
23 duties of committee chairs. Mr. Coleman proposed changing “Work Product
24 Deliverable” to “Work Product Deliverables.”

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Mr. Scheuerman noted the section on appeals does not specify whether decisions are made by a majority vote or unanimous vote. Mr. Jacob Knapp said the entire appeals process is being overhauled, and a revised version will be presented to the Board at its next meeting. He stated that the current appeals process is defined in the regulations. Mr. La Brie indicated that decisions are made by a majority vote.

Mr. Egan asked if consulting members of committees were counted for quorum purposes. Ms. Wied responded that all voting members, including consulting members, are counted. Committee members noted that Board members attending committee meetings may not vote unless they are members of that committee.

Mr. Egan said he understood the Hospital Building Safety Board makes an annual report to the Seismic Safety Commission. Ms. Janssen confirmed that understanding and offered to provide a copy of the latest report to anyone interested.

MOTION: (M/S/C) [Egan/Martin]

The committee voted unanimously to approve the revised Policies and Procedures document as amended.

Discussion: SB 499 Fines

Mr. Coleman stated that the SB 499 Committee met on February to review the staff's analysis of the 2011 SB 499 reports submitted by hospitals, and the committee endorsed the methodology and algorithm developed by the staff. He noted that getting

1 hospitals to submit reports by the deadline consumed a considerable amount of staff
2 time and effort, and some of the reports were incomplete, so staff had to follow up with
3 phone calls and reminders to obtain the necessary information. He estimated that there
4 were still 29 or 30 SPC-1 buildings that had no resolution identified.

5
6 Mr. Coleman advised that the enabling legislation gives OSHPD the ability to impose
7 fines for incomplete submittals. He recommended considering this option, but noted
8 that imposition of fines could result in more appeals to the Board. He said the staff has
9 been working to create an expedited appeal process, and he drew attention to Policy
10 Intent Notice (PIN) 47, describing that procedure.

11
12 Committee members asked how widespread the reporting problems were. Mr.
13 Coleman replied that the unresolved SPC-1 buildings make up only a small portion of
14 the total, so this was not a big issue for most respondents.

15
16 Mr. Scheuerman stated that one of his facility's buildings was identified by the staff as
17 lacking resolution; however, the building did not fall into any of the resolution categories
18 of "retrofit," "remove," or "replace" because only 8 beds were being eliminated and the
19 functioning of the physical plant that housed them would not change. After discussing
20 the situation with the staff, it was decided to characterize this as a "removal."

21
22 Mr. Coleman said the staff will review all of the buildings that were still unresolved to
23 see if there were similar problems interpreting the definitions of the resolution options,
24 and the staff will also clarify the definitions for the 2012 reporting cycle.

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Mr. Coleman observed that there were more unresolved buildings reported in 2010 because some hospitals had not yet decided what they were going to do about them. He clarified that the law requires hospitals to establish plans and strategies to deal with all SPC-1 buildings. In general, he noted that the 2011 reports were much more accurate than the 2010 reports. He added that the number of beds in each compliance category increased, but that was due to more accurate bed counts.

Mr. Foulkes noted that the normal appeal process has an informal appeal step before the matter comes to the Board, and he asked if informal appeals would still be allowed. Mr. Coleman said the statute says decisions are appealable to the Board, and the regulations spell out the steps in the process. He indicated that all appeals begin with an informal conference.

Mr. Coleman clarified that OSHPD would not impose fines on hospitals that made a good-faith effort to comply but submitted incorrect information due to misunderstandings or inadvertent errors. He noted that an alternative to imposing fines might be to suspend work on a facility until a resolution is identified.

Mr. Scheuerman pointed out that one of the limitations of the online reporting is that respondents are forced to choose from a drop-down menu for each building, and some people are not aware that they need to stay on that page until all buildings have been entered. He commented that the modalities in the online tool are inconsistent,

1 sometimes requiring scrolling from page to page and sometimes using drop-down
2 menus.

3

4 Committee members observed that the instructional seminars OSHPD plans to offer
5 before September should help address some of these issues. Mr. Coleman noted that
6 the FDD staff will work with the IT staff to improve the functionality and ease of using
7 the online tool. He welcomed additional comments and suggestions from committee
8 members.

9

10 Mr. Foulkes recalled previous discussion about a triage period before the submittal
11 deadline to identify and correct problems in advance.

12

13 Mr. Coleman said he would like to eliminate the inordinate amount of time the staff
14 spends trying to get hospitals to submit reports by the deadline and following up to
15 obtain required information. He expressed his hope that the training seminars will solve
16 most of the problems. He recommended placing the reporting responsibility back on
17 hospitals rather than expecting the staff to send emails and calling facilities. Mr. La Brie
18 suggested informing hospitals that the staff will not be sending repeated reminders.
19 Committee members expressed support for this approach. Mr. Coleman noted that
20 reducing staff follow-up time will allow more time for the staff to complete its analysis of
21 the reporting results in a timely fashion.

22

23 Mr. Egan urged OSHPD to make sure notifications are sent to the proper contact
24 people. Mr. Scheuerman noted that notices should go to the designated facility

1 representatives instead of CEOs. Mr. Coleman said the statute specifies certain
2 recipients, but OSHPD usually send copies to authorized representatives as well.

3
4 Mr. Coleman proposed including a feature in the online tool to alert hospitals that are
5 not providing complete information, and covering this point in the training seminars.

6
7 Mr. Coleman welcomed committee input on PIN 47. Mr. Knapp observed that OSHPD's
8 current appeal process is a cumbersome, one-size-fits-all procedure that may not work
9 well in certain situations. For example, he noted, SB 499 fines and revocation of an
10 inspector of record's certification are decisions that might warrant more speedy action.
11 Mr. Knapp said that in addition to the expedited appeal process reflected in PIN 47, the
12 staff will be working on revisions to streamline the regular appeal process.

13
14 Mr. Knapp advised that PIN 47 has been reviewed by this committee and the SB 499
15 committee, and the updated draft incorporates feedback from both groups.

16
17 Mr. Scheuerman observed that there may be certain members of the Board who should
18 not serve on an appeal subcommittee, depending upon the subject matter being
19 addressed. He noted the chair should have discretion to appoint appropriate members,
20 but there should also be safeguards to prevent potential bias. Mr. Knapp said the
21 original thought was to appoint the subcommittee by random draw, but the SB 499
22 Committee recommended soliciting volunteers and giving the chair discretion to appoint
23 specific individuals. He added that Board members with conflicts should not volunteer
24 to serve on the appeal subcommittee.

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Mr. Coleman expressed concern about having a two-person subcommittee. Mr. Knapp explained that two members will conduct the appeal hearing and propose a recommended decision to a broader committee for a final decision. He noted that having three members would trigger open meeting law requirements.

Mr. Trailer Martin questioned whether the ultimate decision should be up to the Board rather than a committee. Mr. Coleman commented that the deciding committee would not have the benefit of hearing the testimony or the evidence, but would rely instead on the subcommittee's summary. Mr. Knapp noted that the committee would have the prerogative to request additional details, and the decision-making would take place at a publicly noticed meeting.

Mr. Scheuerman asked if filing an appeal stops the clock on a per-diem fine being imposed. He remarked that if the clock stops, owners would have no incentive to use the expedited appeal. Ms. Wied advised that there is no provision for tolling the fine once an appeal is filed. Mr. Scheuerman expressed concern that the expedited process might be too slow if the fine continues to accrue.

One participant noted that a prudent owner would submit whatever information was missing, pay the fine, and then start the appeal process. Another committee member observed that most issues could probably be resolved informally with the OSHPD staff.

1 Mr. Foulkes asked if hospitals can choose whether to pursue the expedited process or
2 the regular process, and Ms. Wied stated that hospitals may choose either option. She
3 said the expedited process is strictly voluntary at this point. Mr. Knapp added that
4 OSHPD will eventually promulgate regulations to clarify the criteria for when the two
5 processes apply.

6
7 Mr. Scheuerman noted that the first sentence indicates appellants must file a written
8 appeal within ten days of the adverse action, and he noted this implies the ten-day
9 period would start when OSHPD issued a notice rather than when a facility received the
10 notification. Ms. Wied stated that OSHPD sends notifications by certified mail with a
11 return receipt, so OSHPD could verify when the notice was actually received.

12
13 Mr. Scheuerman asked if there would be a written form to request an appeal. Ms. Wied
14 said OSHPD would accept any written request for a hearing.

15
16 Mr. Foulkes asked whether the decision-making committee would be a special new
17 appeal committee or an existing committee. Mr. Coleman explained that the intent is to
18 use an existing committee. For example, he noted, a structural issue could be referred
19 to the Structural and Non-Structural Regulations Committee, while a SB 499 issue might
20 be referred to this committee.

21
22 Mr. Coleman asked the committee to make a recommendation that the Board endorse
23 the PIN. He said the staff will come back at a later date with revisions to the normal
24 appeal process and applicable regulations.

1

2 **MOTION:** (M/S/C) [Martin/Scheuerman]

3 The committee voted unanimously to endorse PIN 47 as proposed.

4

5 Committee members encouraged OSHPD to continue with refinements to the SB 499
6 reporting process and reducing staff follow-up time.

7

8 **Comments from the Public/Board Members on Issues not on Agenda**

9 Mr. La Brie advised that he would be distributing revised committee goals, a meeting
10 calendar, and an updated roster of committee assignments at the February 21 Board
11 meeting.

12

13 **Adjournment**

14 There being no further business, the committee voted unanimously to adjourn. The
15 meeting was adjourned at 12:09 p.m.



Office of Statewide Health Planning and Development



Hospital Building Safety Board

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Sacramento, California 95811-6213
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<http://www.oshpd.ca.gov/Boards/HBSB/index.html>

**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)
Education Opportunities Committee**

**Wednesday, April 18, 2012
10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development
400 R Street, Suite 452
Sacramento, CA 95811
and
Metropolitan Water District Headquarters
700 N. Alameda Street, Suite 2-546
Los Angeles, CA 90012

Committee Members Present

Arlee Monson, Chair
Brian Spindler, Vice-Chair
John Donelan
John Egan
Lou Gilpin
Eric Johnson

OSHPD Staff

Paul Coleman
Lorin Neyer
Chris Tokas
Gerard Zelnik

HBSB Staff

Linda Janssen, Executive Director
Evet Torres

- 1 **Welcome and Introductions**
- 2 Committee Chair Arlee Monson called the meeting to order at 10:00 a.m. and welcomed
- 3 everyone. Participants in Sacramento and Los Angeles took turns introducing



"Equitable Healthcare Accessibility for California"

1 themselves, and Executive Director Linda Janssen confirmed the presence of a
2 quorum.

3

4 Ms. Janssen suggested showing a video clip about shake-table testing of a building in
5 San Diego at the end of the meeting.

6

7 **Review the January 26, 2012 Meeting Report**

8 Mr. Monson noted that the minutes of the January 26 meeting had already been
9 approved by the Board, and he reviewed highlights and follow-up items from that
10 meeting.

11

12 **Update and Discussion - SB 90 Extension Seminars**

13 Ms. Janssen reported that OSHPD gave two SB 90 seminars in Los Angeles and two in
14 Sacramento.

15

16 Mr. Paul Coleman said about 70 people attended in Los Angeles and about 50 came to
17 the seminars in Sacramento. He remarked that attendance probably would have been
18 higher if participants had more time to register and make travel plans. He noted that
19 there were morning and afternoon sessions at each location, and the amount of content
20 seemed appropriate for the time allotted. He indicated that a PowerPoint presentation
21 was posted on the OSHPD Website for people who were unable to attend in person.

22

23 Ms. Janssen advised that OSHPD received extension applications for 301 SPC-1
24 hospital buildings at 125 facilities. Mr. Coleman commented that there were over 200

1 facilities in California with SPC-1 buildings, so a little more than half applied for
2 extensions.

3

4 Mr. Coleman observed that the educational seminars resulted in better quality
5 applications. He noted that the staff will not review or process the applications until SB
6 90 goes into effect.

7

8 Mr. Coleman said the staff also recorded the Sacramento session, but the video was
9 not approved for posting until too close to the deadline. For future video postings, he
10 recommended leaving ample time to have the materials reviewed, edited, and
11 approved.

12

13 Mr. Spindler indicated that a participant from UC Davis Medical Center extended thanks
14 to OSHPD for providing these worthwhile seminars. Committee members expressed
15 support for offering more educational seminars in the future.

16

17 **Discussion - Proposed SB 499 Presentations for September**

18 Mr. Coleman noted that OSHPD and CHA have worked together in the past to produce
19 some SB 499 training Webinars. He recommended developing a more thorough
20 presentation so people understand that incomplete applications will be rejected and that
21 fines can be imposed for noncompliance, and he suggested giving live training seminars
22 to encourage better audience participation.

23

1 Mr. Coleman advised there is still some confusion about the definitions of “remove” and
2 “replace,” and many hospitals do not understand the requirements for removing acute-
3 care services from a hospital building. He said OSHPD is in the process of developing
4 materials to address these issues in a future Webinar or seminar. He showed excerpts
5 of a PowerPoint presentation clarifying some of the key provisions pertaining to seismic
6 separation, patient access and egress, occupancy types, and jurisdiction. Committee
7 members asked questions about how the requirements would apply to particular
8 situations involving removal of acute-care services from hospital buildings.

9
10 Mr. Coleman recommended offering training on these issues prior to the SB 499
11 seminars in September. Ms. Janssen asked what this training would be called.
12 Participants suggested “jurisdictional training” or “status reporting.” Mr. Coleman
13 proposed the broader title of “Approaches to SB 1953 Seismic Compliance.” After
14 further consideration, he suggested covering this material as part of the SB 499 training
15 instead, and committee members agreed.

16
17 **Discussion - Proposed Seminars for Best Practices and Standard Details for**
18 **November**

19 Mr. Monson recalled that the committee had discussed a live best practices seminar in
20 Los Angeles and Sacramento with Board member participation. He noted that the
21 venue should be large enough to accommodate a large audience. He suggested
22 starting with a general group meeting, and then breaking into smaller groups focusing
23 on specific topics.

24

1 Mr. Spindler said he understood that OSHPD was not yet ready to approve the Best
2 Practices Manual, and that the name of the document would probably be changed. Mr.
3 Coleman advised that the review process would probably not be completed before June
4 because the staff would be busy with code changes until then. He noted that the title
5 needs to be selected with care because the document will be published and officially
6 endorsed by OSHPD.

7
8 Mr. Spindler asked how the topics for the break-out sessions would be developed. Mr.
9 Monson commented that the document has three distinct parts: general information
10 about OSHPD and its processes, the design side, and the field side. He recommended
11 having a general overview for all participants, then one break-out group dealing with
12 design and review, another for field application, and a final wrap-up meeting for the
13 entire group. He suggested having a panel discussion format led by Board members for
14 the break-out sessions.

15
16 Committee members agreed it would be best to have only two break-out sessions, as
17 proposed by Mr. Monson.

18
19 Mr. Monson recommended posting the Best Practices Manual on the Website shortly
20 before the seminars so participants have a chance to review it in advance. Mr. Spindler
21 commented that sections of the manual have already been useful in construction
22 meetings. He encouraged OSHPD to decide on a title and finalize the document so it
23 can be released as soon as possible. Mr. Coleman said part of the review process will
24 include checking the manual to make sure it is consistent with the code changes being

1 proposed. He added that he would urge the staff to complete its review of the Best
2 Practices Manual so the committee can review it at the July meeting.

3
4 Ms. Janssen questioned whether OSHPD was restricted to using state buildings. She
5 noted that having the ability to meet in hotels would make it easier for the staff to find
6 suitable venues, and most hotels need at least a couple months of lead time. She
7 recommended finalizing contracts with facilities by September in order to hold seminars
8 in November.

9
10 Committee members asked whether OSHPD would be providing training sessions on
11 the code changes. Mr. Coleman suggested waiting until next summer for those.

12
13 Mr. Monson proposed deferring discussion on the content of the best practices
14 seminars until the document was finalized, but he encouraged the committee to
15 consider the logistics now.

16
17 Mr. Coleman said the Standard Details Committee had finished standard partition
18 details but seemed to be bogged down with standard ceiling details. Mr. Monson noted
19 that the Best Practices Manual talks about the use of standard details and the definition
20 of “materially alter.” He suggested covering “materially alter” and implementation of
21 standard details as a seminar topic.

22
23 Mr. Robert Omens commented that it might be better to call the standard details
24 “OSHPD preapproved details.” Mr. Coleman responded that the standard details are

1 indeed listed on the Website as “OSHPD preapproved details.” Mr. Omens suggested
2 using “OSHPD preapproved details” as the name of the seminar.

3

4 Ms. Janssen noted that the minutes of the last meeting reflect that the committee had
5 originally talked about holding the best practices seminar in June or July. Mr. Monson
6 suggested passing a motion recommending that OSHPD hold the best practices and
7 standard details seminars in November.

8

9 **MOTION:** (M/S/C) [Johnson/Spindler]

10 The committee voted unanimously to recommend that OSHPD offer live seminars on
11 best practices and standard details in November, with venues and details to be
12 discussed at the next meeting.

13

14 **Continuing Discussion - Topics from Last Committee Meeting**

15 Citizen Access to e-Services Portal

16 Mr. Coleman reported that OSHPD was seeking a contractor to do the necessary
17 programming to implement citizen access to the e-Services Portal. He said once citizen
18 access is available, OSHPD will need to provide training for hospitals so they know how
19 to set up accounts and authorize designers and others to use the system on their
20 behalf. Mr. Coleman advised that OSHPD intends to invite stakeholders to participate
21 in the development of citizen access to ensure that the new system is user friendly and
22 meets the needs of hospitals.

23

1 Mr. Coleman said that in order to use the e-Services Portal now, applicants need to
2 submit paper applications and the staff then inputs the information into the system. He
3 explained that citizen access would allow online electronic applications and enable the
4 field staff to enter projects remotely into the system, which would save time for both
5 applicants and staff. He noted that these new capabilities would also allow enhanced
6 project tracking. Mr. Coleman estimated that it would take at least four to six months to
7 implement citizen access.

8
9 Mr. Coleman advised that the staff continues to make improvements to the existing e-
10 Services Portal, and the result has been a dramatic reduction of turnaround times and
11 an increased number of field reviews since December.

12
13 OSP (OSHPD Special Seismic Certification Preapproval) Education

14 Mr. Monson asked if special seismic certification preapproval should be handled in
15 conjunction with the standard details seminar in November or as a separate seminar.

16
17 Mr. Spindler observed that seismic certification is a confusing issue for OSHPD field
18 staff, inspectors, designers, and hospital owners. He noted that OSHPD has not yet
19 optimized its videoconferencing and digital recording capabilities, and he suggested
20 developing a short video clip or electronic mini-seminar that can be posted online.

21
22 Ms. Neyer said that after the committee's discussion at the last meeting, she placed this
23 topic on the agenda for the field staff meeting on March 20, which the plan review staff
24 also attended. She reported that the group had an extensive discussion, and the

1 session would be repeated on April 19 in Los Angeles. Committee members
2 recommended recording that meeting so it can be posted on the Website.

3
4 Ms. Janssen cautioned that there are infrastructure constraints limiting the amount of
5 material that can be posted.

6
7 Ms. Neyer noted Mr. John Gillengerten's PowerPoint presentation on the subject of
8 OSP was excellent, and she suggested having him provide a narration to accompany
9 the PowerPoint presentation. Ms. Janssen advised that the recording system in the
10 office can record the sound, the interaction among participants, and the PowerPoint
11 presentation at the same time. Mr. Monson observed all of those elements could then
12 be edited to produce a concise presentation.

13
14 Mr. Chris Tokas asked Mr. Roger Richter if the California Hospital Association still had
15 recordings of Webinars offered about a year and a half ago on seismic certification. Mr.
16 Richter offered to check on their availability. It was also noted that CHA held SB 499
17 Webinars. Mr. Coleman said there had been some changes since those sessions, and
18 he emphasized the need to check their accuracy.

19

20 OSHPD 3 Code Modification

21 Mr. Coleman suggested addressing OSHPD 3 modifications as part of the seminar on
22 code changes next summer.

23

1 Mr. Coleman advised that OSHPD is relaxing the clinic standards considerably,
2 especially for primary care clinics. He explained that OSHPD requires hospital clinics to
3 be constructed to a much higher standard than primary care clinics providing the same
4 level of service. He said the standards pertaining to air flow and filtration are among
5 those being modified. He said OSHPD may issue a policy intent notice to allow
6 voluntary implementation of the modifications as an alternate method of compliance
7 before the new code takes effect.

8

9 Regular OSHPD Podcasts

10 Mr. Monson recalled that the committee had discussed the concept of having regular
11 OSHPD podcasts on current topics. Mr. Coleman asked for more details about what
12 the committee had in mind. Mr. Spindler explained that podcasts could be done on
13 OSHPD's Website and conducted like an interview, with questions about new
14 developments and responses from OSHPD.

15

16 Mr. Coleman talked about posting brief training clips to address recurring issues in the
17 field. Mr. Johnson said he would be making a presentation to the CSHE annual
18 meeting in May about best practices for low-voltage systems in healthcare. He noted
19 there were a number of developments outside California and OSHPD that might be of
20 interest to hospital people. As examples, he cited a new healthcare package being
21 promulgated by Building Industry Consulting Service International and the EIA/ANSI
22 1179 healthcare standard. He suggested developing short Podcasts about future
23 trends, code changes, and potential impacts on healthcare.

24

1 Mr. Spindler noted that new technology is producing big changes in how people access
2 information. He advocated developing a format and determining the delivery mode as a
3 first step. Mr. Coleman agreed. He recommended first defining OSHPD's technological
4 capabilities, and then deciding on topics and content.

5
6 Mr. Spindler volunteered to work with Ms. Janssen to explore OSHPD's technology and
7 report back at the next committee meeting.

8
9 A Committee member asked about other avenues to communicate with people about
10 new developments on the Website, such as email notifications.

11
12 Ms. Janssen advised that the Health Education Professions Foundation, one of
13 OSHPD's divisions, is piloting a Twitter project.

14
15 Ms. Janssen noted that OSHPD has a contract for a listserve function that has not been
16 fully utilized. She explained that this system allows people to sign up to receive
17 notifications about certain kinds of events and information. Mr. Lou Gilpin noted that
18 OSHPD could use this vehicle to target certain audiences. He added that outreach is
19 one of the most important roles for this committee.

20
21 Committee members stressed the importance of keeping the communication system
22 updated, easy to maintain, and simple to use. They asked whether the format of the
23 Webpage was likely to change. Mr. Coleman responded that the home page had
24 changed a number of times, but the pages for each division had not. He said OSHPD

1 was in the process of updating the division pages to match the same format as the front
2 page.

3

4 Ms. Janssen said the Governor's Office requires all state agencies, including OSHPD,
5 to use one of the templates that the Governor's Office made available to state agencies.

6

7 **Other Goals for the Education Opportunities Committee**

8 Mr. Gilpin proposed changing the committee's name to include the word "Outreach" to
9 better reflect its mission.

10

11 Mr. Monson noted the committee's name was chosen by Board Chair Joe La Brie when
12 the committee was first established. He asked if the committee had the ability to make
13 a change. Ms. Janssen replied that the committee can make a recommendation to the
14 Board chair.

15

16 An interested party expressed his opinion that "outreach" is a better description of the
17 committee's mission than "education." Mr. Coleman indicated that he liked the term
18 "outreach."

19

20 After some discussion, committee members decided to recommend changing the
21 committee's name to "Education and Outreach Committee."

22

23 **MOTION:** (M/S/C) [Spindler/Gilpin]

1 The committee voted unanimously to recommend to the Board chair that the name of
2 the committee be changed to “Education and Outreach Committee.”

3
4 Ms. Janssen played a video clip about the shake-table testing of a full-scale five-story
5 building in San Diego to test the seismic performance of nonstructural hospital
6 elements. She said that after the building’s performance is tested, it will be set on fire to
7 study how fire affects the structure.

8
9 Mr. Coleman clarified that the design and construction of the building was not approved
10 by OSHPD, nor was it inspected by OSHPD inspectors. He noted that the structure
11 was a design-build project overseen by researchers at UC San Diego.

12
13 After watching the video, committee members asked if there would be a live feed of the
14 testing and burning. Ms. Janssen offered to provide a link to the project Website for
15 more details, and she suggested posting the link on the OSHPD Website.

16
17 **Comments from the Public/Board Members on Issues not on this Agenda**

18 There were no other matters brought to the committee’s attention.

19
20 **Adjournment**

21 **MOTION:** (M/S/C)

22 There being no further business, a motion was made and seconded that the meeting be
23 adjourned. The motion was carried unanimously and the meeting was adjourned at
24 12:00 noon.

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Place holder for the

Instrumentation Committee Update

— Lou Gilpin, Chair



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Place holder for the

SB 90 Committee Update

— John Egan, Chair



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**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)**

SB 499 Facilities Progress Reporting Committee

**Wednesday, February 15, 2012
10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development
400 R Street, Suite 452
Sacramento, CA 95811
and
Metropolitan Water District Headquarters
700 N. Alameda Street, Suite 2-546
Los Angeles, CA 90012

Committee Members Present

Eric Johnson, Chair
Poki Namkung
Michael O'Connor
Carl Scheuerman

OSHPD Staff

Brett Beekman
Paul Coleman
Patrick Rodgers
Chris Tokas
Elizabeth Wied

Consulting Members Present

Robert Omens

Board Members Present

John Egan
Joe La Brie
Simin Naaseh

HBSB Staff

Linda Janssen, Executive Director
Evelt Torres

1 Welcome and Introductions



"Equitable Healthcare Accessibility for California"

1 Mr. Eric Johnson, Committee Chair, called the meeting to order at 10:01 a.m. and
2 welcomed everyone. Participants took turns introducing themselves.

3

4 **Review and Approve the January 25, 2012 Meeting Report**

5 Mr. Johnson reviewed highlights of the January 25 meeting report.

6

7 **MOTION:** (M/S/C) [Scheuerman/O'Connor]

8 The committee voted unanimously to approve the SB 499 Facilities Progress Reporting
9 Committee January 25 meeting report as presented.

10

11 **Overview of Today's Committee Work**

12 Mr. Chris Tokas presented the results of the staff's analysis of the SB 499 reports
13 submitted by hospitals last fall. He said the staff developed and tested a new algorithm
14 to help forecast the status of hospital compliance. He showed a timeline of key
15 milestones in the reporting process and a chart projecting how many hospitals are likely
16 to comply by each deadline. He pointed out that when the 2020 deadline occurs, there
17 will be two SPC-1 hospital buildings that will probably not comply.

18

19 Mr. Tokas reviewed a chart comparing the results reported in 2010 with those from the
20 2011 reports. He displayed a chart identifying the number of hospital buildings eligible
21 for statutory extensions. He noted that if SB 90 goes into effect, the 2012 reports will
22 probably show additional extensions.

23

1 Mr. Tokas explained that the legislative intent of SB 499 is twofold: to determine the
2 status of hospital compliance with seismic safety mandates, and to determine the
3 impact on beds and services if hospitals are forced to close because of non-compliance.
4

5 Mr. Tokas discussed the algorithm used by the staff to analyze the number of buildings
6 expected to be retrofitted, replaced, and removed from service by the applicable
7 deadlines. He said the algorithm takes into account information reported by hospitals
8 as well as information from OSHPD's files about actual project status.
9

10 Mr. Carl Scheuerman indicated that hospitals were supposed to submit letters at the
11 end of 2010 stating their eligibility for extensions. Mr. Tokas said those letters were on
12 file. Mr. Paul Coleman noted that since that time, some hospitals have failed to meet
13 applicable deadlines, so those estimates may not be completely accurate. Mr.
14 Scheuerman advised that he never received an acknowledgement of receipt of the 2010
15 letter, and Mr. Tokas promised to check and confirm that the letter was received.
16

17 Mr. Tokas reviewed a flow chart showing the possible paths to compliance. Mr. Tokas
18 showed a chart indicating how many buildings are likely to be compliant, possibly
19 compliant, and potentially non-compliant. He displayed a breakdown of the results by
20 type of facility and by type of provider entity. Mr. Coleman said hospitals disputing
21 OSHPD's categorization are welcome to call to discuss the process OSHPD used to
22 analyze the results.
23

1 Mr. Scheuerman expressed concern that the large percentage of potentially non-
2 compliant district hospitals means there could be a huge gap in healthcare services if
3 those facilities are removed from services. Mr. Roger Richter observed that these are
4 primarily small rural hospitals. Mr. Johnson noted that these results are likely to disturb
5 legislators once the report is submitted.

6
7 Mr. Tokas discussed the potential impact of compliance status on the availability of
8 hospital beds and services in California. He displayed a chart analyzing impacts by
9 type of service, and then identified the number of nursing beds, intensive care,
10 pediatric-adolescent, psychiatric nursing, obstetrical post-partum intermediate care, and
11 skilling nursing beds in each compliance category. Mr. Coleman observed that the
12 number of beds in potentially non-compliant buildings increased since 2010 in every
13 category, especially nursing and intensive care beds.

14
15 Mr. Tokas showed a breakdown of the number of beds in potentially non-compliant
16 buildings in Northern and Southern California, as well as maps depicting the location of
17 potentially non-compliant buildings in relationship to seismicity and population density.
18 He displayed a chart showing the number of non-compliant buildings and potentially
19 affected beds by county.

20
21 Mr. Brett Beekman reviewed and discussed three lessons learned from the 2011
22 reporting process. He said some hospitals had difficulty updating their contact
23 information or removing erroneous information. He noted that OSHPD still needs more
24 details on extension eligibility and project status verification to make the reports more

1 accurate. He added that some reporting entities are still confused about the definitions
2 of retrofitting, replacement, and removal, so they may have reported data incorrectly.

3
4 For the 2012 reports, Mr. Beekman noted, the online forms will have both old and
5 Accela building numbers, and all data will be transferred to the new Accela database
6 system in subsequent years. He said users will be able to update their contact
7 information more easily, and the reporting years will also be updated. If SB 90 is
8 implemented, the list of extensions will be expanded to include both SB 90 and SB 608.
9 Finally, OSHPD will attempt to further clarify the distinction between retrofitting,
10 replacement, and removal.

11
12 Committee members discussed how the timing of SB extensions will affect the 2015
13 and 2020 deadlines. Mr. Coleman noted that hospitals applying for an extension will be
14 granted an administrative extension of up to two years to allow time to complete HAZUS
15 evaluations and submit necessary documentation. He said OSHPD then has the
16 discretion to grant extensions of up to seven years, based on structural integrity and
17 reasonable time to complete the work.

18
19 Mr. Beekman explained the criteria and options for buildings to be replaced, retrofitted,
20 and removed from service. Committee members talked about ways of refining the
21 definitions.

22
23 Mr. Johnson asked what the committee can do to assist OSHPD in refining the reporting
24 process. Mr. Coleman said clarifying the difference between “replace,” “relocate,” and

1 “remove” would be helpful. Mr. Johnson suggested that committee members provide
2 real-world examples to illustrate different resolution scenarios. Mr. Coleman proposed
3 that the staff come back to the committee with some new definitions.

4
5 Mr. Tokas said the staff will improve the online reporting capability and have a sample
6 for the committee to review at the next meeting.

7
8 Mr. Coleman recommended that OSHPD notify hospitals of their SB 499 reporting
9 results well before the January 1, 2013 compliance deadline so they are aware of
10 potential problems. He said the analysis will be posted on the OSHPD Website.

11
12 Mr. Joe La Brie commended OSHPD staff for their hard work in refining the analysis of
13 the SB 499 reports. He noted that the progress made since the 2010 reports has been
14 remarkable, and OSHPD’s analysis will produce extremely usable information for
15 decision-makers. Mr. Coleman thanked committee members for their input.

16
17 Dr. Poki Namkung commented that each county in California has a designated local
18 health officer whose responsibilities include ensuring adequate access to healthcare.
19 As a local health officer, she expressed concern about the huge number of potentially
20 non-compliant hospital buildings. Mr. La Brie observed that Los Angeles in particular
21 seems to have a large number of non-compliant buildings. Mr. Coleman noted that the
22 problem is likely to capture the attention of the media and legislators once the results
23 are released.

24

1 Mr. Coleman observed that hospitals that do not submit complete reports by the
2 applicable reporting deadlines are subject to fines. He suggested that OSHPD might
3 want to consider this option for hospitals that fail to provide information on what they
4 plan to do with their SPC-1 buildings.

5
6 Mr. Richter recommended that OSHPD provide the results to local health officers, the
7 Community-Based Public Health Caucus, and the Emergency Preparedness Office's
8 Joint Advisory Committee to spur them to make greater efforts in crisis care planning.

9
10 Mr. Coleman suggested that the committee endorse the staff's analysis.

11
12 **MOTION:** (M/S/C) [Scheuerman/O'Connor]

13 The committee voted unanimously to endorse the format and general content of the
14 staff report as presented, with the understanding that some of the details may be
15 revised.

16
17 Mr. Coleman indicated that the staff will continue to refine the analysis and improve the
18 2012 reporting process. He added that OSHPD is planning to offer educational
19 seminars with instructions on what to include in SB 499 reports before next September.

20
21 Ms. Linda Janssen advised that the next committee meeting was scheduled for
22 September 19. Committee members proposed holding a meeting to review revisions to
23 the program before then. After some discussion, they agreed to schedule a meeting on
24 August 21.

1 **Comments from the Public/Board Members on Issues not on this Agenda**

2 There were no other matters brought to the committee's attention.

3

4 **Adjournment**

5 **MOTION:** (M/S/C) [O'Connor/Scheuerman]

6 There being no further business, the committee voted unanimously that the meeting be
7 adjourned. The meeting was adjourned at 12:02 p.m.

DRAFT



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Hospital Building Safety Board

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**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD (HBSB)
Standard Details Committee**

**Thursday, April 5, 2012
10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development
400 R Street, Suite 452
Sacramento, CA 95811
and
Metropolitan Water District Headquarters
700 N. Alameda Street, Suite 2-546
Los Angeles, CA 90012

Committee Members Present

Bert Hurlbut, Chair
Arlee Monson, Vice-Chair
Joe La Brie
Michael O'Connor
Dani Paxson, Consulting Member

OSHPD Staff

Paul Coleman
Mohammad Karim
Chris Tokas

HBSB Staff

Linda Janssen, Executive Director
Evelt Torres

1 Welcome and Introductions

- 2 Committee Chair Bert Hurlbut called the meeting to order at 10:00 a.m. and welcomed
3 everyone. Participants in Sacramento and Los Angeles took turns introducing
4 themselves.



"Equitable Healthcare Accessibility for California"

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Review the January 10, 2012 Meeting Report

Mr. Hurlbut noted that the minutes of the January 10 meeting had already been accepted and approved at the last Board meeting. He asked if there were any comments about the last meeting.

Mr. Joe La Brie drew attention to the schedule outlined on Page 4 and said he had fallen behind on the standard ceiling details.

Mr. Hurlbut observed that Page 7 has one follow-up item pertaining to the number of support wires on light fixtures, and he asked Mr. Mohammad Karim to check on that point. Mr. Karim quoted building code provisions specifying at least two wires, but noted that some installations use four.

Mr. Hurlbut recalled a discussion on 8-gauge versus 12-gauge wire. Mr. Michael O'Connor drew attention to Page 8, Line 9. Mr. Karim stated that the building code specifies the gauge required for applications other than engineered systems.

Review the Draft Standard Ceiling Details and Presentations from Members of the Industry

Mr. La Brie indicated that he had nothing new to present at this meeting.

Review Proposed Fire Life Safety Details

1 Mr. Arlee Monson referred to the typical fire life safety details he included in the meeting
2 packet. He said most fire life safety details have UL listings or are promulgated by the
3 Gypsum Association, but there are some variations and construction conditions that
4 require engineering judgment. He proposed adopting a set of standard details for
5 common rated conditions.

6
7 Mr. Monson noted the first two sets of details show typical conditions at rated door
8 assemblies or framed assemblies. He said the only fire life safety component is the
9 requirement for the overlap of sheetrock and frame, which is typically ½ inch. He
10 advised that the door and wall typically have UL-rated assembly listings.

11
12 Mr. Paul Coleman recommended omitting all the other dimensions that tend to vary
13 from manufacturer to manufacturer. Mr. Monson clarified that this drawing was
14 intended as an example to illustrate the overlap. He added that if the diagram is
15 developed into a standard detail, the frame and wall should be identified as approved
16 rated assemblies.

17
18 Mr. O'Connor observed that this detail also applies to lead-lined partitions, and he
19 suggested adding a note to that effect.

20
21 Mr. Coleman suggested clarifying whether the overlap is ½ inch exactly or a minimum of
22 ½ inch. Committee members decided to specify a minimum of ½ inch.

23

1 Mr. Monson asked if there were other issues OSHPD would want to clarify or explain as
2 part of the these details. Mr. Coleman recommended having Mr. Gary Dunger review
3 all the fire life safety details.

4

5 Mr. Hurlbut encouraged interested parties to submit additional standard details for
6 common applications. One participant offered to submit a list of details and follow up
7 with CAD drawings.

8

9 Mr. Monson noted that the details on Page 3 of his handout show a fire extinguisher
10 cabinet and typical recessed MEP items. He said Drawing 33 at the top applies to non-
11 rated wall conditions and rated fire cabinets. Mr. O'Connor stated that the five-sided
12 box in Drawing 34 on the bottom of Page 3 has been interpreted inconsistently, so
13 having a standard detail would be very helpful.

14

15 Mr. Steven Muñoz advised that U.S. Gypsum actually tested Drawing 33 and obtained
16 UL approval. He said all U.S. Gypsum's details were proprietary.

17

18 Mr. Coleman stated that OSHPD has a process to approve proprietary details for
19 individual manufacturers, but they must pay for the review and approval process; on the
20 other hand, there are no fees if OSHPD publishes the details for general use.

21

22 Mr. Muñoz indicated that U.S. Gypsum would like to keep its details proprietary. He
23 said U.S. Gypsum provided Mr. Dunger with a set of details that have been widely used
24 for the past several years. Mr. Coleman noted that U.S. Gypsum's details have not

1 been used statewide and are still considered proprietary. He added that he would
2 check with Mr. Dunger about their status.

3

4 Mr. Monson stated that Detail 34 on Page 4 shows rated walls intersecting fire-rated
5 columns. He observed that this drawing is similar to the Hilti engineering judgment
6 details on Pages 6 and 7. He said the sealant between the sheetrock and the
7 fireproofing is the key issue. He recommended that OSHPD approve a suite of typical
8 details for rated intersections. Mr. Coleman noted that the generic details should refer
9 to ASTM standards instead of specific Hilti products. Mr. O'Connor pointed out that the
10 Hilti dimensions should be eliminated.

11

12 Mr. La Brie supported the idea of approving standard details to avoid the need for
13 engineering judgments, but he questioned whether promulgating standard details could
14 have negative unintended consequences. Mr. Monson explained that many of the
15 standard details are already in use as a matter of convention, but they have not been
16 formally recognized. As a result, he said, designers have to propose engineering
17 judgments repeatedly for the same conditions in different locations. Participants agreed
18 that standard details are intended to address common conditions, but they would not
19 override engineering judgments in special situations. Mr. Coleman added that it is still
20 up to the design professional of record to determine whether a standard detail is
21 appropriate and applicable to the project.

22

1 Mr. Monson commented that there is also a need for standard head of wall details. He
2 said a number of companies have developed proprietary details to deal with unique
3 conditions.

4

5 Mr. La Brie asked if OSHPD had any standard wall details that were not UL-listed. An
6 interested party responded that there were generic rated head-of-wall details, but some
7 projects and conditions still call for engineering judgments.

8

9 Mr. Monson drew attention to the Hilti standard detail on Page 5 showing a toilet
10 connection to a rated slab. He said this kind of detail could apply to any plumbing
11 penetration through a slab. Participants discussed issues with floor sinks and floor
12 drains on surfaces that were not thick concrete. An interested party stated that most
13 solutions entail building sheetrock boxes below floor fixtures, but those connections
14 were not as secure as penetrations through slab.

15

16 Mr. Monson noted that the Hilti detail on Page 8 addresses a conduit penetration
17 through a standard rated wall. He observed that the sweep of the conduit often
18 necessitates an engineering judgment, so having some generic standard details for
19 common conditions would be more efficient.

20

21 Mr. Monson proposed organizing and expanding the fire life safety details and
22 converting them to a standard format. He volunteered to take the lead in revising some
23 of the drawings to create more generic standard details.

24

1 **Assign Committee Members to Head Standard Details Process in Mechanical,**
2 **Electrical, Plumbing, and Fire Life Safety**

3 Mr. O'Connor said he would be working with Mr. Glenn Gall to develop accessibility
4 standards. Mr. Coleman recommended checking with the Division of the State Architect
5 (DSA). He reported that the new State Architect, Chet Widom, told him that DSA was
6 making substantial changes to make California's accessibility standards more like the
7 federal ADA standards, and the revised standards will be introduced as emergency
8 regulations this summer so they can take effect this year.

9
10 Mr. Hurlbut volunteered to work on mechanical, electrical, and plumbing standard
11 details. He invited interested parties to submit details representing common conditions
12 in these areas. Mr. Monson recommended contacting Mr. Eric Johnson for his input.

13
14 Mr. Karim suggested that the committee add a member with expertise in mechanical,
15 electrical, and plumbing. Mr. Coleman said OSHPD will assign staff people with
16 expertise in particular disciplines to work with the committee as needed.

17
18 **Discussion: Accessibility Details**

19 Mr. O'Connor stated that he would begin working on accessibility details and would
20 have some drawings for the committee to review soon.

21
22 **Discussion: 2012 Goals**

23 Mr. Hurlbut suggested that the committee consider developing a set of standard details
24 to correct mistakes in the field that slow work down. As examples, he noted that an

1 experienced plumber might accidentally break a stud, or an incorrectly sized beam
2 could be delivered to a job site. He said there should be standard details to allow rapid
3 repairs for these common problems so the work can proceed on schedule. Mr.
4 Coleman observed that some design professionals include a set of construction fixes in
5 their plans to address omissions or mistakes that occur in the field.

6
7 Committee members expressed support for the idea of developing standard details to
8 address construction fixes.

9
10 Mr. La Brie noted that Mr. Chris Tokas gave an interesting presentation at a recent
11 structural engineers meeting featuring photographs of problems observed by OSHPD
12 district structural engineers. He pointed out that OSHPD field staff see more hospital
13 projects than anyone else in the state, so they are in a unique position to identify
14 common issues in each discipline. He recommended that the committee work with the
15 field staff to develop and vet each set of standard details. Mr. Hurlbut commented that
16 the ACOs and RCOs have a wealth of information about problems and potential fixes.

17
18 Mr. Coleman said these kinds of issues have been discussed at office meetings with
19 field staff for years. He suggested that OSHPD staff review meeting records to identify
20 items that come up frequently. Mr. O'Connor observed that this process would help the
21 committee prioritize its work.

22

1 An interested party suggested inviting OSHPD staff member Norm Broome to assist the
2 committee. He noted that Mr. Broome has considerable field experience and a
3 pragmatic approach to finding solutions.

4
5 Mr. O'Connor recalled discussion about potential repairs and fixes as the committee
6 was reviewing the standard partition details, and he advocated continuing that kind of
7 review with the ceiling details and future sets of standard details.

8
9 Mr. La Brie proposed collaborating with IOR groups as well. He said he would be
10 attending a meeting later that week and offered to invite their participation. Mr. Hurlbut
11 encouraged Mr. La Brie to make this inquiry, and Mr. La Brie said he would report back.

12
13 Mr. Coleman said OSHPD's Inspection Services Unit has been working with an internal
14 task force to develop some proposed regulation changes that will be presented to the
15 Administrative Processes and Code Changes Committee at its next meeting.

16
17 One participant observed that most jurisdictions allow repair of small areas of damaged
18 fireproofing in the field. He recommended that OSHPD establish some parameters to
19 quantify the size of the repaired area as part of a standard detail. He suggested limiting
20 the repair area to a maximum of a 12-inch diameter.

21
22 Mr. Coleman stated that OSHPD was eager to move ahead with the standard ceiling
23 details, and he asked if the staff could do anything to assist Mr. La Brie. Mr. La Brie
24 explained that he had been busy during the past month with other work but expected to

1 have more free time in the coming weeks. Mr. Karim commented that it might be helpful
2 to narrow the scope of the ceiling details. Mr. La Brie proposed working on dropped
3 ceilings and other prescriptive code items first and tackling engineered systems later.
4 Committee members expressed support for this phased approach.

5
6 **Comments from the Public/Board Members on Issues not on this Agenda**

7 There were no other matters brought to the committee's attention.

8
9 Mr. Hurlbut suggested moving up the date of the next meeting instead of waiting until
10 July 11. Mr. La Brie said he thought he could complete the standard ceiling details for
11 prescriptive items sooner than July. Mr. Hurlbut indicated he would contact committee
12 members with possible dates as soon as the drafts were available.

13
14 Mr. O'Connor asked if OSHPD had received any feedback on implementation of the
15 standard partition details. Mr. Coleman noted that Mr. Hurlbut made a comment at the
16 last full Board meeting that use of a standard detail had saved \$50,000 on one of his
17 projects.

18
19 Mr. Monson advised that his firm submitted a set of 2007 standards details for a 2010
20 project, and the staff reviewer marked them up to show changes for the 2010 code.

21 The 2007 details were later replaced with 2010 details, and all issues had been
22 addressed, so the process seems to work quite well.

23

1 Mr. Karim reported that he was receiving four or five phone calls each week on standard
2 details. He added that he was keeping track of adjustments that should be made as
3 part of the next amendment cycle.

4

5 Mr. Hurlbut suggested listing new standard details under the “What’s New” heading of
6 the OSHPD Website as they are approved. Mr. Coleman indicated that the approved
7 standard details are posted on the Website, along with a policy intent notice explaining
8 how the details should be incorporated.

9

10 Mr. Hurlbut stated that he and Mr. Kale Wisnia had been talking about ways of
11 organizing and numbering the details to keep track of different version and help users
12 find them easily.

13

14 **Adjournment**

15 **MOTION:** (M/S/C)

16 There being no further business, the committee voted unanimously that the meeting be
17 adjourned. The meeting was adjourned at 11:22 a.m.

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Place holder for the

Structural and Non-structural Committee Update

— Simin Naaseh, Chair



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Place holder for the

FDD Update

— Paul Coleman, FDD Deputy Director



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2013 CBC Removal of Acute Care Services

May 30, 2012

Office of
Statewide Health Planning and Development **osbpd**



Facilities Development Division
The Building Department for California's Hospitals

Hospital Building Safety Board Meeting



Significant Structural Changes for the 2013 CBC - An Overview

- Changes in seismic hazard maps
 - “Risk-targeted” ground motion versus “seismic hazard”
 - Implication for NPC 3 exemptions – No impact.
 - Implication for Seismic Retrofits (Design earthquake for new buildings and seismic retrofit will be identical)



Significant Changes for the 2013 CBC An Overview

- NPC-5 compliance requirements for new hospitals and some existing Hospitals with significant additions.
- Refinements to Special Seismic Certification Program

3



Changes proposed for the 2013 CBC An Overview

- Coordination with new editions of ASCE 7, Steel, Concrete, and Masonry standards
 - Review of CA amendments for validity of original rationale
 - Repeal duplicative or obsolete amendments
 - OSHPD amendments based on statutory, climatic, topographic and geologic considerations
- Standards for existing buildings and lateral design for wood are not updated

4



Chapter 34A – Existing Structures

- New Section 3418A – Removal of Hospital Buildings from Acute Care Services
- The requirements apply when:
 - General acute care services are completely removed from hospital buildings
 - Hospital buildings are removed from OSHPD jurisdiction

5



Removing Buildings from Acute Care Service

- All buildings that remain under the OSHPD jurisdiction after one or more hospital buildings are removed must satisfy the CBSC
- Construction documents and a building permit are required for removal from general acute care services or OSHPD jurisdiction

6



Removing Buildings from Acute Care Service

- 4 Options
 - Remain under OSHPD jurisdiction – existing License
 - Remain under OSHPD jurisdiction – new License
 - Remove from OSHPD jurisdiction
 - Demolition

7



Establishing Eligibility

- In order to establish that one or more buildings are eligible for removal from acute care hospital service, the hospital owner shall submit construction documents showing that after the buildings are removed from acute care hospital service, the hospital (what's left) meets certain requirements

8



Eligibility Requirements

- After the buildings are removed from acute care hospital service:
 - All acute basic and supplemental services are in:
 - SPC-2, SPC-3, SPC-4 or SPC-5 buildings
 - NPC-3, NPC-4, or NPC-5 buildings
 - NPC-2 buildings if they have an approved extension to the NPC-3 deadline

9



Eligibility Requirements

- After the buildings are removed from acute care hospital service:
 - The Hospital complies with all egress requirements for occupant load, required exits, travel distance to exits
 - No egress through buildings that are
 - Removed from acute care service
 - SPC-1 buildings (unless they have an extension)
 - Buildings not under OSHPD jurisdiction

10



Eligibility Requirements

- After the buildings are removed from acute care hospital service:
 - Non-acute care buildings are not used for smoke compartments
 - Building separations, fire barriers and fire walls comply with the CBC
 - Seismic separations may comply with the SB 1953 regulations (Chapter 6, Section 3.4)

11



Eligibility Requirements

- Fire Alarms
 - If the building removed from acute care service shares a common fire alarm system with the acute care hospital, the main fire alarm control panel shall be located in an acute care hospital building
 - The building removed from acute care service shall be in a separate zone monitored by the main fire alarm control panel
 - Flexible connections for conduits/conductors crossing seismic separation joints.

12



Eligibility Requirements

- Fire Sprinklers
 - If the fire sprinkler system is shared by the hospital and the building removed from acute care service, provide:
 - An isolation valve with a tamper switch to isolate the portion of the system serving the building removed from acute care service
 - Flexible connections in pipes crossing seismic separation joints
 - The fire sprinkler system shall not originate in the building removed from acute care service.

13



Eligibility Requirements

- Access
 - Patient access as required by Section 1224.4.7.5 does not pass through a building removed from acute care hospital service or through buildings that are not under the jurisdiction of OSHPD
 - The primary accessible entrance to the hospital is not through a building removed from acute care hospital service or through buildings that are not under the jurisdiction of OSHPD

14



Eligibility Requirements

- Utilities

- No utilities servicing acute care hospital buildings originate in or pass through, over, or under a building removed from acute care service
- If utilities originating in the hospital feed a building removed from acute care service, provide:
 - Fail safe shut-off valves and/or disconnects that permit isolation of the building from the hospital utilities
 - Flexible connections for all utilities crossing seismic separation joints.

15



Change of Building Occupancy or Division

- When a building is removed from acute care hospital service without change of license, the new occupancy group and division of the building shall be established
 - A new certificate of occupancy is required
 - Change of service or function for all or a portion of the building removed from acute care service requires compliance with the current requirements for that service, including accessibility requirements

16



Change of Building Occupancy or Division

- Existing Services
 - Existing approved non-acute care occupancies or services at the time of removal from acute care service may remain
 - The act of removing of the building from acute care hospital service (only) is not considered a change in occupancy
 - Changes to occupancies or services may trigger a change of occupancy

17



Vacant Space

- If the hospital determines that the building or space in the building removed from acute care hospital service will be vacant, the hospital shall demonstrate that unsafe conditions as described in Section 116.1 are not created

18



Buildings Removed from Acute Care Service - New License

- When acute care services are removed from a building, and the new services provided in the building are issued a new license as a skilled nursing facility or acute psychiatric hospital, the building shall comply with the new building code requirements of the California Building Standards code

19



Change of Jurisdiction

- To be eligible for a change in jurisdiction to the local authorities, the following criteria shall be met:
 - The building must be freestanding, as defined in the California Administrative Code Section 7-111.
 - Any hospital support services located in the building must be in excess of the minimum requirements for licensure and operation

20



Required Modifications for Change of Jurisdiction

- Projects to make a building eligible for removal from OSHPD jurisdiction must be closed with compliance by OSHPD prior to the change
 - All occupancy separation, set-back, and allowable area requirements shall be enforced
 - Fire alarm and fire sprinkler systems shall be completely independent of the systems in the acute care hospital.

21



Local Requirements

- The Owner of the building shall be responsible for bringing the building into compliance with all requirements of the new authority having jurisdiction
 - Structural
 - Accessibility
 - Parking, zoning, etc.

22



Demolition

- Demolition of hospital buildings to be removed from general acute care services shall be permitted
 - Buildings remaining under OSHPD's jurisdiction after demolition must satisfy the requirements of the California Building Standards Code
 - Demolition activity shall not impair the operation and/or safety of any buildings that remains under the OSHPD's jurisdiction



Removal from Acute Care Service

EXAMPLES

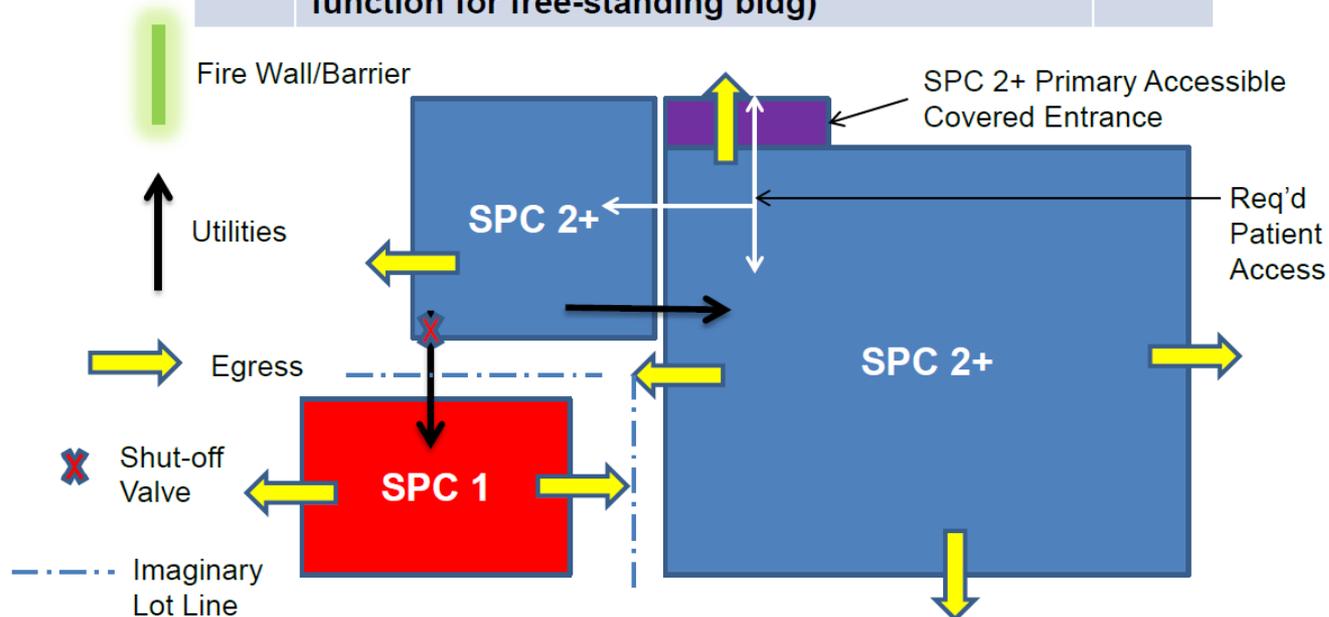


Examples

- Simplified examples of different possible situations
 - Ask 5 questions. . .
 1. Egress for SPC-2+ through SPC-1?
 2. Utilities through/under SPC-1 serving SPC-2+?
 3. Acute Care Services?
 4. Adequate fire wall/barrier or building separation?
 5. SPC-2+ required patient access through SPC-1 building?
 - OSHPD or Local jurisdiction?

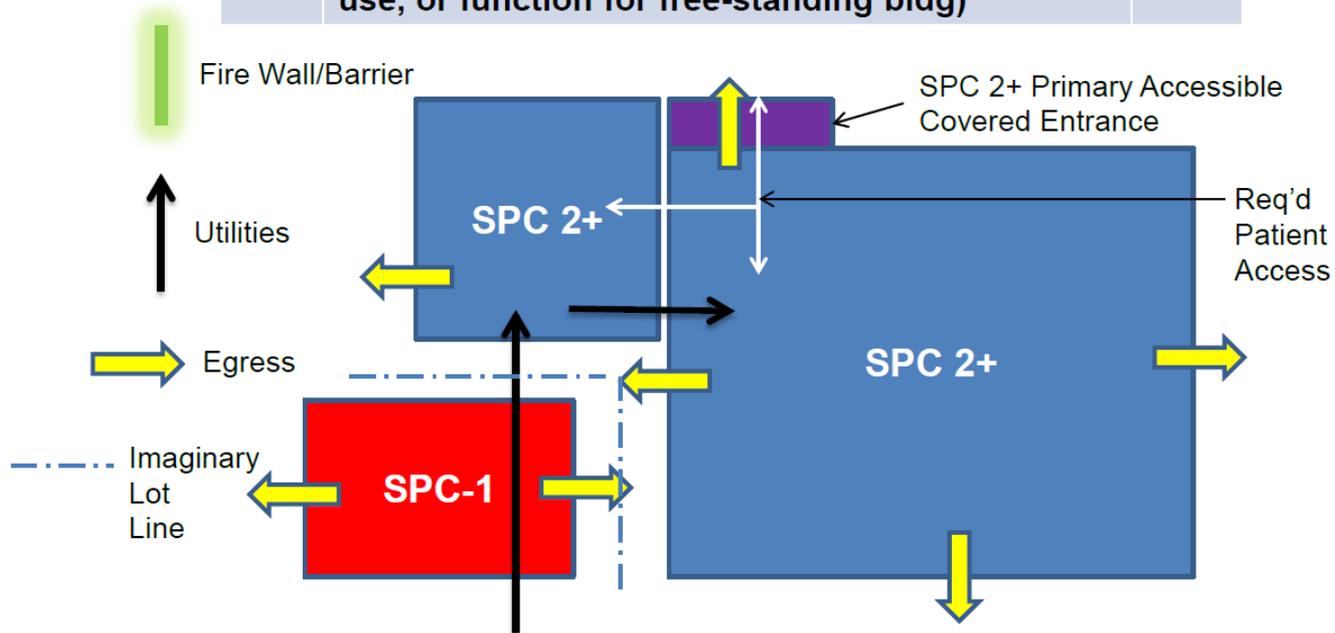
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	No
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
OSHPD <u>or</u> Local jurisdiction (OSHPD jurisdiction depends on occupancy, use, or function for free-standing bldg)		



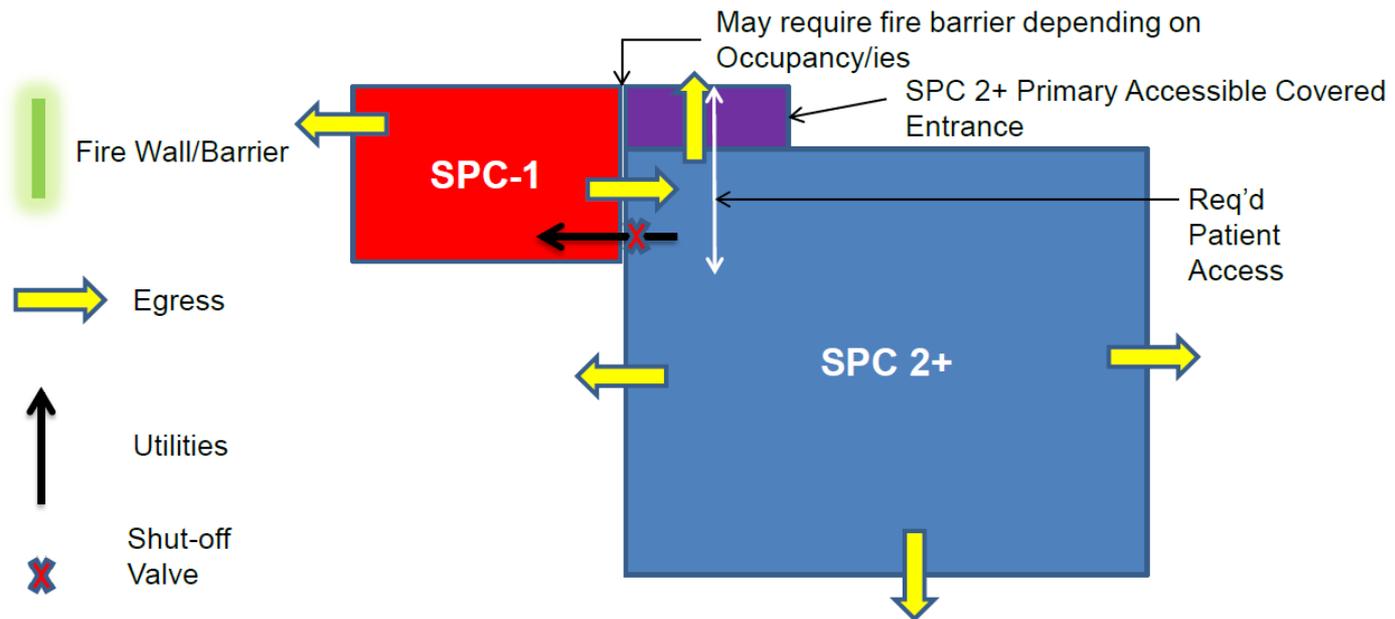
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	Yes
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
Reroute Util., then OSHPD <u>or</u> Local jurisdiction (OSHPD jurisdiction depends on occupancy, use, or function for free-standing bldg)		



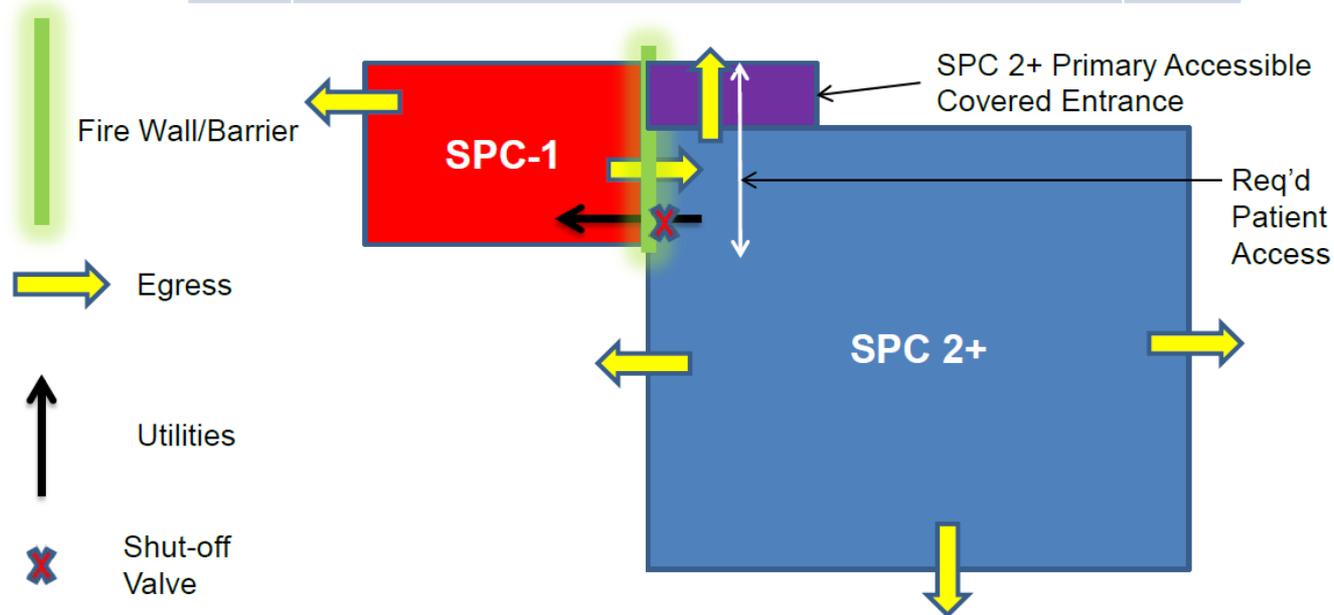
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	No
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	No
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
SPC 1 bldg must remain in OSHPD jurisdiction		



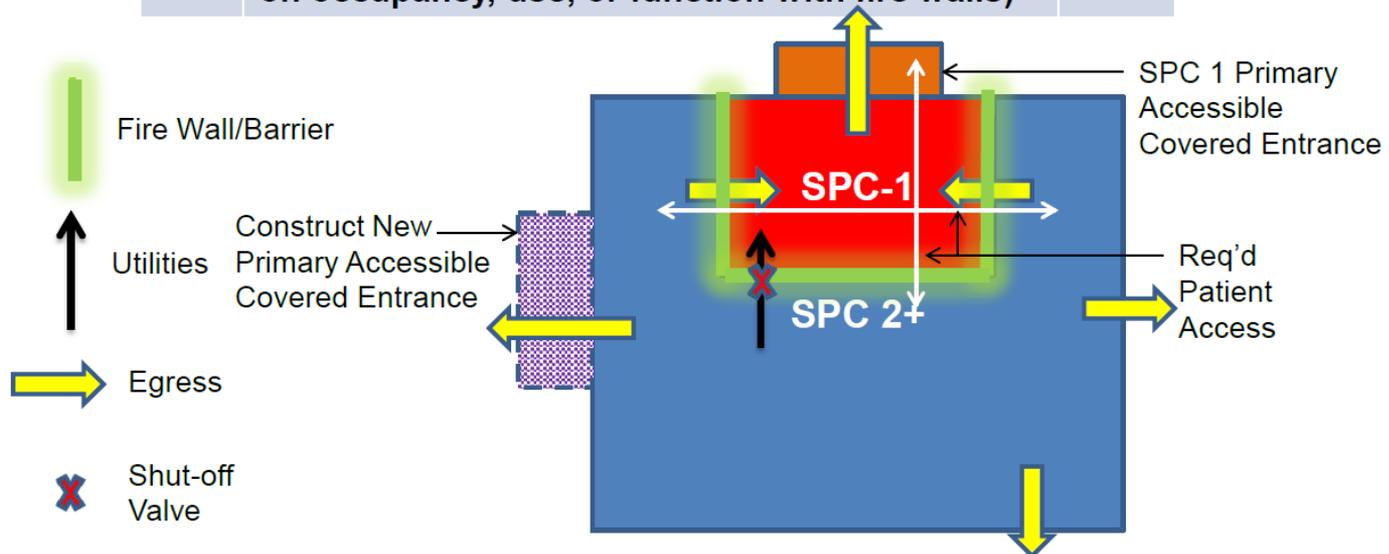
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	No
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
OSHPD or Local jurisdiction (OSHPD jurisdiction may depend on occupancy, use, or function with fire wall)		



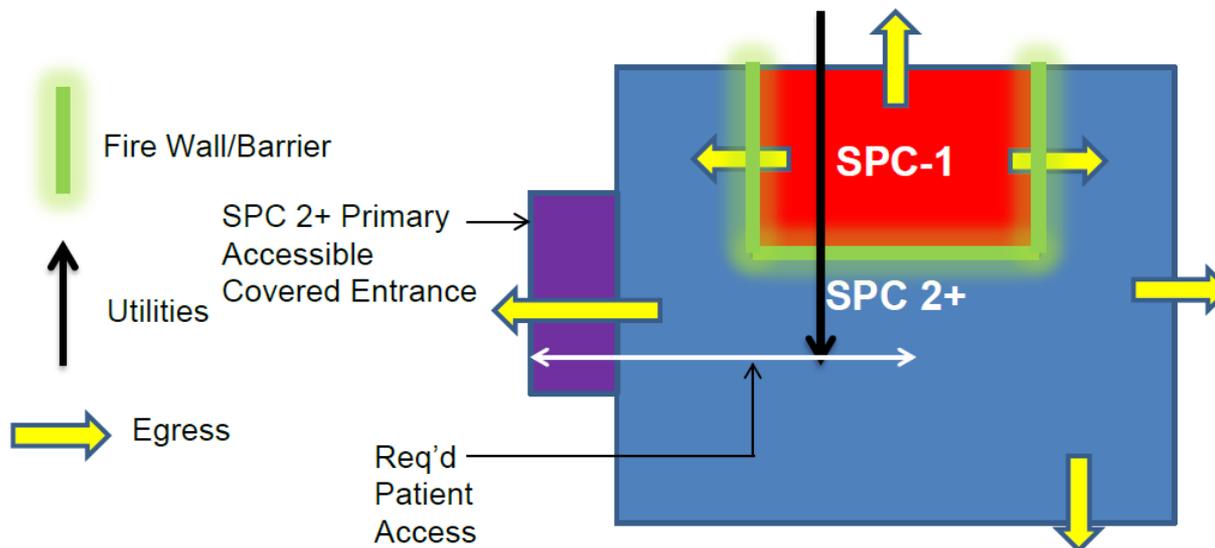
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	Yes
2	Utilities through/under SPC 1 serving SPC 2+?	Yes
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	Yes
Reroute egress from SPC 2+ bldg. and patient access thru SPC 1 bldg. then OSHPD <u>or</u> Local jurisdiction (OSHPD jurisdiction may depend on occupancy, use, or function with fire walls)		



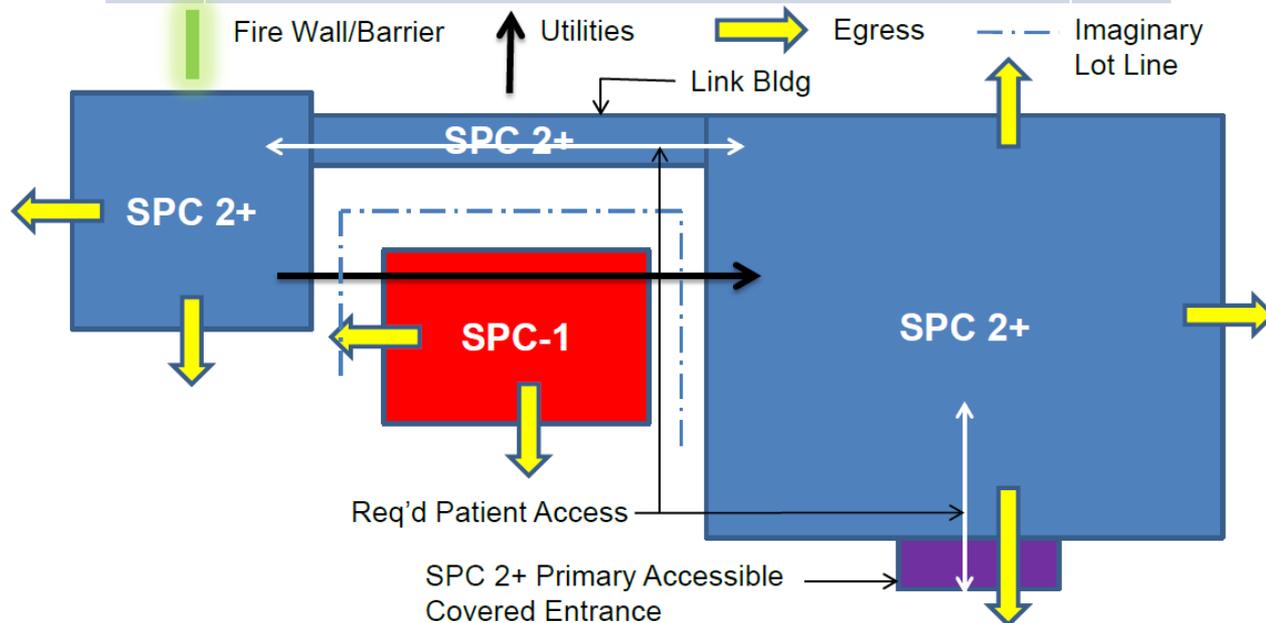
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	Yes
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
Reroute Util., then OSHPD <u>or</u> Local jurisdiction (OSHPD jurisdiction may depend on occupancy, use, or function with fire wall)		



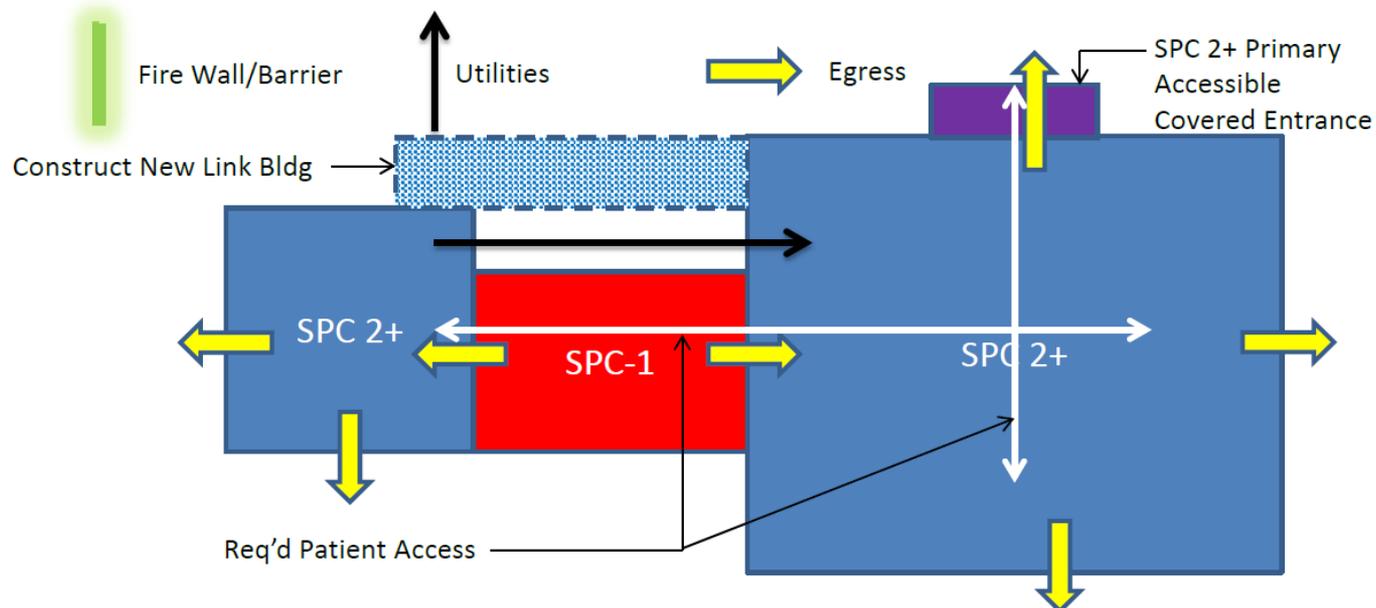
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1	No
2	Utilities through/under SPC 1 serving SPC 2+?	Yes
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	No
5	SPC 2+ req'd patient access through SPC 1 bldg?	No
Reroute Util., then OSHPD <u>or</u> Local jurisdiction (OSHPD jurisdiction may depend on occupancy, use, or function for free-standing bldg)		



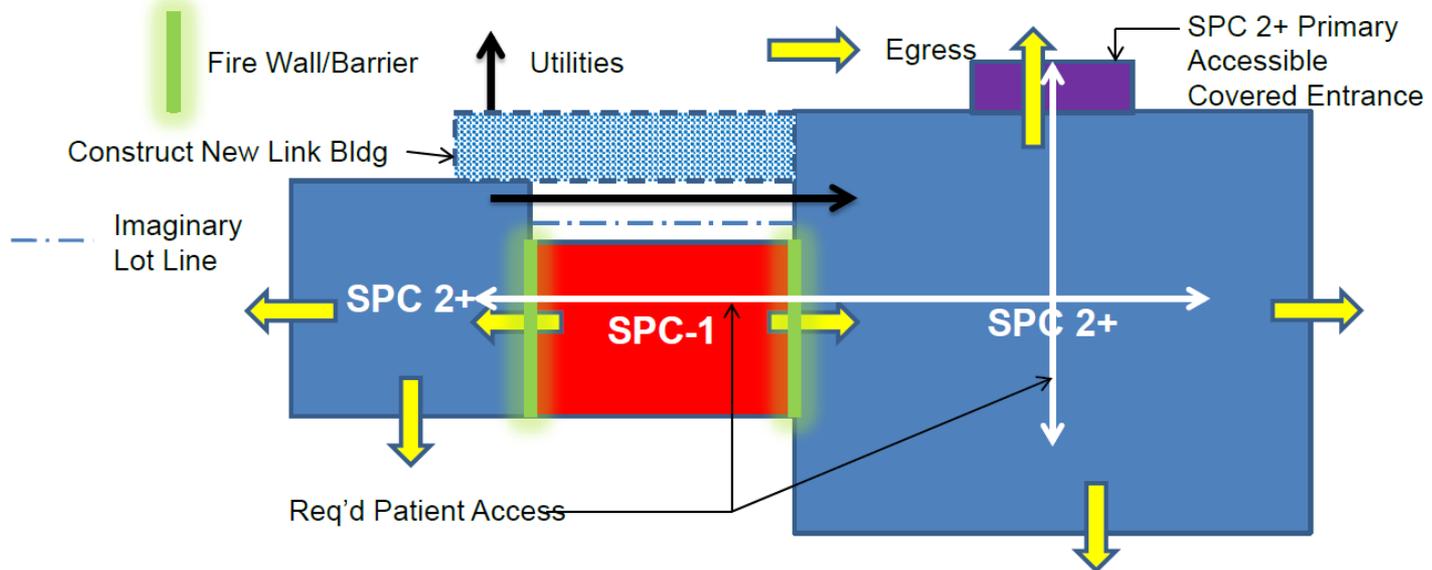
Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	No
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	No
5	SPC 2+ req'd patient access through SPC 1 bldg?	Yes
Reroute req'd patient access to not go through SPC 1 bldg, SPC 1 bldg must remain in OSHPD jurisdiction		



Removal of Acute Care Services

1	Egress from SPC 2+ through SPC 1?	No
2	Utilities through/under SPC 1 serving SPC 2+?	No
3	Acute care services?	No
4	Adequate fire wall/barrier or bldg separation?	Yes
5	SPC 2+ req'd patient access through SPC 1 bldg?	Yes
Reroute req'd patient access to not go through SPC 1 bldg, then OSHPD or Local jurisdiction (OSHPD jurisdiction may depend on occupancy, use, or function with fire wall)		



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2012 CBSC Code Advisory Committee Meeting Schedule

Health Facilities	Wednesday August 1 st	2525 Natomas Park Drive Sacramento, CA 95833 Conference Room -Suite 120
Structural Design Lateral Forces	Tuesday July 17 th	2525 Natomas Park Drive Sacramento, CA 95833 Conference Room Suite 120
Plumbing, Electrical, Mechanical & Energy	Tuesday July 24 th & Wednesday July 25 th	2525 Natomas Park Drive Sacramento, CA 95833 <i>Conference Room 1 Suite 100</i>
Green Building	Wednesday August 8 th	2525 Natomas Park Drive Sacramento, CA 95833 <i>Conference Room 1 Suite 100</i>
Building Fire & Other	Tuesday August 14 th	2525 Natomas Park Drive Sacramento, CA 95833 Conference Room Suite 120
Accessibility	Tuesday September 25 th , Wednesday September 26 th , Thursday September 27 th	DCA 1625 North Market Blvd Sacramento, CA 95834 First Floor Hearing Room

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Office of Statewide Health Planning and Development



Hospital Building Safety Board

400 R Street, Suite 200
Sacramento, California 95811-6213
(916) 440-8446
Fax (916) 324-9118
<http://www.oshpd.ca.gov/Boards/HBSB/index.html>

Place holder for the

Meeting Wrap-Up

—Joe La Brie, HBSB Chairperson



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HOSPITAL BUILDING SAFETY BOARD MEMBERSHIP

MEMBERSHIP CATEGORIES	NAMES	TERM EXPIRATION DATE	TERM OF SERVICE
Appointed Members (Appointed by OSHPD Director)			
2 structural engineers	Joseph La Brie Simin Naaseh	2/2013 2/2016	2 nd term 2 nd term
2 architects	Robert Kain Arlee Monson	3/2013 5/2014	1 st term 1 st term
1 engineering geologist	Lou Gilpin	10/2015	1 st term
1 geotechnical engineer	John A. Egan	4/2015	2 nd term
1 mechanical engineer	Scott Karpinen	3/2013	1 st term
1 electrical engineer	Eric C. Johnson	5/2014	1 st term
1 hospital facilities manager	Carl Scheuerman	11/2014	1 st term
1 local building official	Y. Henry Huang	5/2016	1 st term
1 general contractor	Bert Hurlbut	11/2014	2 nd term
1 fire/life safety representative	John Donelan	5/2014	1 st term
1 hospital inspector of record	Brian Spindler	2/2016	2 nd term
3 public members	Enid K. Eck Poki Stewart Namkung Michael Osur	10/2015 5/2015 3/2013	1 st term 2 nd term 1 st term
TOTAL	16		
Ex-Officio Members			
OSHPD, Director	Bob David		None Stipulated
Acting State Fire Marshal	Tonya Hoover Ernie Paez, Delegate		
State Geologist	John Parrish Chris Wills, Delegate Jennifer Thornburg, Delegate		
Building Standards Commission, Executive Director	Jim McGowan Michael Nearman, Delegate		
Department of Public Health, Director	Ron Chapman, M.D., MPH Dan Kotyk, Delegate		
Facilities Development (OSHPD), Deputy Director	Paul Coleman		
TOTAL	6 (plus 3 delegates)		
Director Appointed Ex-Officio Members (Serve at pleasure of Director)			
3 members	D. Michael Foulkes Trailer Martin Michael O'Connor		None Stipulated
TOTAL	3		
BUILDING SAFETY BOARD MEMBERSHIP TOTAL:		25	

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HOSPITAL BUILDING SAFETY BOARD

Office of Statewide Health Planning and Development
(OSHDP)

400 R Street, Suite 200

Sacramento, CA 95811-6213

(916) 440-8453 Fax: (916) 324-9118

E-MAIL ADDRESS: hbsb@oshpd.ca.gov

<http://www.oshpd.ca.gov/Boards/HBSB/index.html>

APPOINTED MEMBERS

<p>Joseph L. La Brie, SE Makeitright, Inc. 55 E. Huntington Drive, Suite 277 Arcadia, CA 91006 (626) 445-0366 fax (626) 445-2947 labrie@makeitright.net Structural Engineer, HBSB Chair Original Appt. – 4/05; Term Expires – 4/2013</p>	<p>John A. Egan, G.E. AMEC Geomatrix, Inc. 2101 Webster Street, 12th Floor Oakland, CA 94612 (510) 663-4292 fax: (510) 663-4141 john.egan@amec.com Geotechnical Engineer, HBSB Vice-Chair Original Appt. – 04/07; Term Expires -04/2015</p>
<p>John Donelan UC Irvine Medical Center 101 The City Drive Bldg. 27, Rte. 131 Orange, CA 95868 (714) 456-6562 jdonelan@uci.edu Fire and Life Safety Representative Original Appt. - 05/10; Term Expires – 05/2014</p>	<p>Enid K. Eck, RN, MPH Kaiser Permanente Quality and Risk Management 393 E. Walnut Street Pasadena, CA 91188 (626) 405-6051 fax: (626) 405-6412 enid.k.eck@kp.org Public Member Original Appt. – 10/11; Term Expires – 10/2015</p>
<p>Lou Gilpin, Ph.D., CEG Principal Geologist, Gilpin Geosciences, Inc. 2038 Redwood Road Napa, California 94558 (707) 251-8543 fax: (707) 257-8543 lgilpin@gilpingeosciences.com Engineering Geologist Original Appt. – 10/11; Term Expires – 10/2015</p>	<p>Y. Henry Huang, PE., CBO Building Official, City of Tustin Community Development Department 300 Centennial Way Tustin, CA 92780 (714) 573-3100 fax: (714) 573-3113 hhuang@tustinca.org Local Building Official Original Appt. – 5/12; Term Expires – 5/2016</p>

<p>Bert Hurlbut Stanford University Medical Center 1520 Page Mill Road, 2nd Floor Palo Alto, CA 94304 (650) 380-6858 (cell) bhurlbut@stanfordmed.org General Contractor Original Appt. – 11/06; Term Expires – 11/2014</p>	<p>Eric C. Johnson, PE President, ECOM Engineering, Inc. 1796 Tribute Road, Suite 100 Sacramento, CA 95815 (916) 641-5600 fax: ecj@ecomeng.com Electrical Engineer Original Appt. - 05/10; Term Expires – 05/2014</p>
<p>Robert J. Kain, AIA, ACHA HMC Architects 3546 Concourses Street Ontario, California 91764-5583 (909) 989-9979 fax: (909) 980-8558 bob.kain@hmcarchitects.com Architect Original Appt. – 03/2009; Term Expires – 03/2013</p>	<p>Scott Karpinen, ME Frank M. Booth Design Build Company 4220 Douglas Blvd., Suite 5 Granite Bay, CA 95746 (916) 878-3827 fax: (916) 784-0707 scottk@fmbdbc.com Mechanical Engineer Original Appt. – 03/2009; Term Expires – 03/2013</p>
<p>Arlee Monson, AIA Principal, SmithGroup, Inc. 301 Battery Street, 7th Floor San Francisco, CA 94111 (415) 227-0100 fax: arlee.monson@smithgroup.com Architect Original Appt. - 05/10; Term Expires – 05/2014</p>	<p>Simin Naaseh, SE President & CEO Forell/Elsesser Engineers, Inc. 160 Pine St., 6th Floor San Francisco, CA 94111 (415) 837-0700 fax: simin@forell.com Structural Engineer Original Appt.- 04/08; Term Expires 04/2016</p>
<p>Poki Namkung, M.D. Santa Cruz County Health Officer 1080 Emeline Avenue Bldg. D Santa Cruz, CA 95060 (831) 454-4476 fax: (831) 454-4488 pnamkung@health.co.santa-cruz.ca.us Public Member Original Appt. - 05/07; Term Expires – 05/2015</p>	<p>Michael Osur, MBA Riverside County Dept. of Public Health 4065 County Circle Drive, Rm. 302 Riverside, CA 92503 (951) 358-5074 fax: (951) 358-5120 mosur@rivcocha.org Public Member Original Appt. – 03/2009; Term Expires – 03/2013</p>
<p>Carl Scheuerman, FACHE Director, Regulatory Affairs Sutter Health Facility Planning & Development 2880 Gateway Oaks Drive, Suite 220 Sacramento, CA 95833 (916) 566-4821 fax: (916) 566-4802 (916) 425-0787 wireless scheuec@sutterhealth.org Hospital Facilities Representative Original Appt. – 11/10; Term Expires – 11/2014</p>	<p>Brian Spindler, IOR UC Davis Medical Center 1524 Quailrun Road Placerville, CA 95667 (916) 734-5022 brian.spindler@ucdmc.ucdavis.edu Inspector of Record Original Appt.- 02/08; Term Expires 02/2016</p>

DIRECTOR APPOINTED EX-OFFICIO MEMBERS

<p>D. Michael Foulkes, Manager State and Local Government Affairs Apple 1 Infinite Loop, MS 81-2CF Cupertino, CA 95014 (408) 974-2503, fax: (408) 974-5870 foulkes@apple.com</p>	<p>John A. Martin, Jr., SE John A. Martin & Associates, Inc. 950 South Grand, 4th Floor Los Angeles, CA 90015 (213) 483-6490 fax: (213) 748-0288 trailer@johnmartin.com</p>
<p>Michael O'Connor, Principal Nichols, Melburg, & Rossetto 300 Knollcrest Drive Redding, CA 96002 (530) 222-3300, fax: (530) 222-3538 michael.oconnor@nmrdesign.com</p>	

EX-OFFICIO MEMBERS

<p>Robert David, Director OSHPD 400 R Street, Suite 310 Sacramento, CA 95811 (916) 326-3600 robert.david@oshpd.ca.gov</p>	<p>Assistant to Mr. David – Amanda Poe OSHPD 400 R Street, Suite 310 Sacramento, CA 95811 (916) 326-3602 amanda.poe@oshpd.ca.gov</p>
<p>Tonya Hoover, Acting State Fire Marshal Office of State Fire Marshal P.O. Box 944246 Sacramento, CA 94244-2460 (916) 445-8200 fax: (916) 445-8509 tonya.hoover@fire.ca.gov</p>	<p><u>Delegate:</u> Ernie Paez, Chief Fire & Life Safety Division-South Office of State Fire Marshal 602 E. Huntington Dr., Suite A Monrovia, CA 91016 (626) 305-1908 Ext. 203 fax: (626) 305-5173 ernie.paez@fire.ca.gov</p>
<p>John Parrish, State Geologist California Geological Survey 801 K Street, MS 12-30 Sacramento, CA 95814-3531 (916) 445-1923 fax: (916) 445-5718 john.parrish@conservation.ca.gov</p>	<p><u>Delegate:</u> Chris Wills California Geological Survey 801 K Street, MS 12-32 Sacramento, CA 95814-3531 (916) 323-8553 chris.wills@conservation.ca.gov</p> <p><u>Delegate:</u> Jennifer Thornburg California Geological Survey 801 K Street, MS 12-32 Sacramento, CA 95814-3531 (916) 445-5488 jennifer.thornburg@conservation.ca.gov</p>

<p>Jim McGowan, Executive Director California Building Standards Commission 2525 Natomas Park Drive, Suite 130 Sacramento, CA 95833-2936 (916) 263-0916 Fax: (916) 263-0959 jim.mcgowan@dgs.ca.gov</p>	<p><u>Delegate:</u> Michael Nearma, Deputy Executive Director California Building Standards Commission 2525 Natomas Park Drive, Suite 130 Sacramento, CA 95833-2936 (916) 263-0916 Fax: (916) 263-0959 michael.nearman@dgs.ca.gov</p>
<p>Ron Chapman, MD, MPH, Director California Department of Public Health 1615 Capitol Ave, Suite 73.720 Sacramento, CA 95814 (916) 558-1700 Fax: (916) 558-1762 ron.chapman@cdph.ca.gov</p>	<p><u>Delegate:</u> Dan Kotyk, Chief Emergency Preparedness and Disaster Response Licensing and Certification Program California Department of Public Health 1615 Capitol Ave. P.O. Box 997377, MS 3205 Sacramento, CA 95814 (916) 324-0134 dan.kotyk@cdph.ca.gov</p>
<p>Paul Coleman, Deputy Director OSHPD-Facilities Development Division 400 R Street, Suite 200 Sacramento, CA 95811 (916) 440-8381 Fax: (916) 324-9188 paul.coleman@oshpd.ca.gov</p>	<p>Assistant to Mr. Coleman - Kerri Blunt OSHPD-Facilities Development Division 400 R Street, Suite 200 Sacramento, CA 95811 (916) 440-8381 kerrilee.blunt@oshpd.ca.gov</p>

OSHPD Legal Counsel

<p>Elizabeth Wied, Chief Legal Counsel 400 R Street, Suite 320 Sacramento, CA 95811 (916) 326-3610 elizabeth.wied@oshpd.ca.gov</p>
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HBSB STAFF

<p>Linda Janssen Executive Director Hospital Building Safety Board (916) 440-8443 linda.janssen@oshpd.ca.gov</p>	<p>Evelt Torres Staff Support Hospital Building Safety Board (916) 440-8453 hbsb@oshpd.ca.gov</p>
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2012 CONSULTING COMMITTEE MEMBERS

Michael Gritters

Vice President, Operations
Healthcare Services
McCarthy Building Companies, Inc.
20401 S.W. Birch Street, Suite 300
Newport Beach, CA 92660
(949) 500-1888

mgritters@mccarthy.com

- Administrative Processes and Code Changes Committee

Dani Paxson, SE

LEED AP, Associate
KPF Consulting Engineers
6080 Center Drive, Suite 300
Los Angeles, California 90045
(310) 665-1579 FAX: (310) 665-9070

dpaxson@kpf-la.com

- Standard Details Committee

Robert Omens

Director, Agency Relations
Dignity Health
251 South Lake Avenue
Pasadena, CA 91101
(626) 744-2458 Fax: (626) 744-2353

romens@dignityhealth.org

- SB 90 Committee
- SB 499, Facilities Progress Reporting Committee

Kale Wisnia, AIA

Construction Design Manager
KHS & S Construction
(415) 305-9452

kale.wisnia@khsswest.com

- Standard Details Committee

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HOSPITAL BUILDING SAFETY BOARD 2012 COMMITTEES

ADMINISTRATIVE PROCESSES AND CODE CHANGES COMMITTEE

Board Members:

John Donelan, Chair
Scott Karpinen, Vice-Chair
Enid Eck
Bert Hurlbut
Eric Johnson
Dan Kotyk
Michael O'Connor
Michael Osur
Carl Scheuerman

OSHPD Representative(s):

Brian Coppock
Gary Dunger
Glenn Gall
Dave Ring
Ramin Sadr

Meeting Date(s):

~~February 13~~
~~May 15~~
August 22

Consulting Member(s):

Michael Gritters

BOARD PROCEDURES COMMITTEE

Board Members:

Michael Foulkes, Chair
John Egan, Vice-Chair
Bert Hurlbut
Joe La Brie
Trailer Martin
Arlee Monson
Carl Scheuerman

Meeting Date(s):

~~February 16~~
December 11

EDUCATION OPPORTUNITIES COMMITTEE

Board Members:

Arlee Monson, Chair
Brian Spindler, Vice-Chair
John Donelan
Enid Eck
Lou Gilpin
Eric Johnson
Bob Kain
Poki Namkung

OSHPD Representative(s):

Gary Dunger
John Gillengerten
Lorin Neyer
Gerard Zelnik

Meeting Date(s):

~~January 26~~
~~April 18~~
July 18
October 18

INSTRUMENTATION COMMITTEE

Board Members:

Lou Gilpin, Chair
John Egan, Vice-Chair
Trailer Martin
Simin Naaseh
Chris Wills / Jennifer Thornburg

OSHPD Representative(s):

Mohammad Karim
Chris Tokas

Meeting Date(s):

October 24

HOSPITAL BUILDING SAFETY BOARD 2012 COMMITTEES

SENATE BILL 90 COMMITTEE

<p>Board Members: John Egan, Chair Michael O'Connor, Vice-Chair John Donelan Simin Naaseh Michael Osur Carl Scheuerman</p> <p>Consulting Member(s): Bob Omens</p>	<p>Meeting Date(s): April 14 CANCELLED September 11</p>
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SENATE BILL 499, FACILITIES PROGRESS REPORTING COMMITTEE

<p>Board Members: Eric Johnson, Chair Bob Kain, Vice-Chair Scott Karpinen Poki Namkung Michael O'Connor Michael Osur Carl Scheuerman</p> <p>Consulting Member(s): Bob Omens</p>	<p>OSHPD Representative(s): Brett Beekman Roy Lobo</p> <p>Meeting Date(s): January 25 February 15 August 21 September 19</p>
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STANDARD DETAILS COMMITTEE

<p>Board Members: Bert Hurlbut, Chair Arlee Monson, Vice-Chair Joe La Brie Michael O'Connor</p> <p>Consulting Member(s): Dani Paxon Kale Wisnia</p>	<p>OSHPD Representative(s): Brett Beekman Mohammad Karim</p> <p>Meeting Date(s): January 10 April 5 July 11 October 10</p>
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STRUCTURAL AND NON-STRUCTURAL REGULATIONS COMMITTEE

<p>Board Members: Simin Naaseh, Chair Trailer Martin, Vice-Chair John Egan Lou Gilpin Bert Hurlbut Eric Johnson Scott Karpinen Joe La Brie Brian Spindler Chris Wills / Jennifer Thornburg</p>	<p>OSHPD Representative(s) for Regulations: John Gillengerten Mohammad Karim</p> <p>Meeting Date(s): February 8 May 24 CANCELED September 27</p>
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