

OSHDP Office of Statewide Health Planning and Development



Hospital Building Safety Board

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**HOSPITAL BUILDING SAFETY BOARD
Education and Outreach Committee**

**Wednesday, September 10, 2014
10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development

400 R Street, Suite 452
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(916) 440-8453

and

Metropolitan Water District Headquarters

700 N. Alameda Street, Suite 2-546
Los Angeles, CA 90012
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Committee Members Present

Arlee Monson, Chair
Eric Johnson, Vice-Chair
Burt Hurlbut
John Egan
Scott Karpinen

HBSB Staff

Linda Janssen, Executive Director
Cathy Kane
Evetts Torres

OSHDP Staff

Paul Coleman, FDD Deputy Director
Hussain Bhatia
Gary Dunger
Glenn Gall
Mohammad Karim
Lorin Neyer
Kim Rhodes
Chris Tokas
Elizabeth Wied, Legal Counsel

1 1. Welcome and Introductions



1 Committee Chair Arlee Monson called the meeting to order. He welcomed everyone
2 and invited them to introduce themselves. Ms. Janssen introduced Kim Rhodes, the
3 newest manager in the Facilities Development Division.

4 Mr. Coleman reported briefly regarding the Napa earthquake: the Queen of the Valley
5 Medical Center had received three yellow tags. Mr. Tokas stated that the hospital was
6 built in the '70s, making it an SPC-3 building.

7

8 **2. Review and approve the draft August 13, 2014 Meeting Report**

9 Mr. Monson summarized that the August meeting was mainly focused on the upcoming
10 seminar with the same agenda as today's meeting.

11

12 **MOTION:** (M/S/C/) [Hurlbut/Karpinen]

13 The committee voted unanimously to approve the August 13, 2014 Meeting
14 Report.

15

16 **3. "Hot Topics" Seminar Logistics Update**

17 **• Review of Dates, Venues and Logistics**

18 Ms. Janssen stated that the dates are set for October 9 in Anaheim and October 30 in
19 Concord. Internet landlines and connectivity for the laptop to the sound system were
20 added to the hotel contracts; this has increased the registration fee by \$10. Ms.

21 Janssen noted that registration has been sluggish, but if it follows the same pattern as
22 the last seminar, it will increase during the last two weeks.

23

1 Ms. Kane stated that hotel reservations must be made by September 17 for Anaheim
2 and October 8 for Concord, in order to get the state rate.

3 Mr. Monson stated that Joe La Brie will be the facilitator for both seminars, and he
4 needs bios from all presenters for the Introductions.

5

6 Ms. Janssen emphasized that the presentations will go to print on Monday morning,
7 September 15. Presenters can make last-minute changes after that if they wish, but will
8 have to specify during their presentations when slides are not found in the handouts.

9

10 • **Discussion and Public Input**

11 Mr. Gall suggested using electronically formatted handouts in the future. Mr. Coleman
12 requested the inclusion of a question on the end-of-seminar survey, asking whether
13 people would prefer hardcopy or electronic handouts.

14

15 **4. Preview of Seminar Presentations and Discussions**

16 Mr. Monson stated that the four sessions would each last about 90 minutes with a short
17 break. He listed the speakers. Q & A will be held at the end of each session.

18

19 • **Session #1 – Functional Program and Materially Alter (2013 CAC)**

20 Mr. Gall, the first speaker, said that he had a PowerPoint presentation he had given to
21 the American Medical Association (AMA) the previous week; he will pare it down for the
22 upcoming seminar. The slides will focus on PIN 57 to explain how to get to the
23 Functional Program, per the California Administrative Code (CAC).

24

1 Mr. Gall sought to address the disconnects between the project OSHPD approves, and
2 what tries to get licensed at the end – the physical plan issues and operational issues.
3 Mr. Monson asked if Mr. Gall will go through the CAC’s requirements point by point; Mr.
4 Gall replied that he would not have time during the allotted 10 minutes.

5
6 Mr. Hurlbut suggested presenting the Functional Program as a value-added process.
7 Mr. Gall explained that the PIN is a paring-down of the process normally used by Kaiser
8 and Sutter for development of new projects – it wasn’t looked at as newly-conceived
9 regulatory requirements. Put in the code context, it is beneficial in terms of the licensing
10 end of the spectrum to match up with what is being designed and approved. That is
11 really the message.

12
13 Mr. Gall will address the purpose of the Functional Program: it is not a document that is
14 approved; it informs what OSHPD is engaged in on its side of the table. Mr. Monson felt
15 that the emphasis on licensing is wise.

16
17 Mr. Monson said that his portion will take about 15 minutes. He and Mr. Gall will leave
18 about 30 minutes at the end for Q & A.

19
20 An Interested Party said that he would not want to assume that there will be two types
21 of documents that the architects have to present – one that satisfies OSHPD and one
22 that satisfies the owners’ programs. Mr. Gall explained that OSHPD does not typically
23 get an owner’s program. He will be explaining what the PIN says as to a Functional

1 Program; it is not a typical architectural program. It looks at the physical space in
2 context and also how it is staffed in providing the service. It informs Licensing as well.
3 Mr. Monson went through the PowerPoint in detail for the committee. The slides
4 addressed the following.

- 5 ○ The Owner's Program
- 6 ○ The Programming Process
- 7 ○ The Complete Program "Picture"
- 8 ○ Narratives that Support the Design
- 9 ○ Some Considerations:
 - 10 ▪ The ICU Bedroom
 - 11 ▪ The LDR/LDRP Bedroom
 - 12 ▪ The Med Surg Bedroom
- 13 ○ "Recommended" Guidelines and Special Considerations

14

15 Mr. Monson told an Interested Party that he would not be addressing PIN 57 – Mr. Gall
16 would take care of that. Mr. Gall added that it did not relate directly with Mr. Monson's
17 slides, which would be describing a process actually more involved than Functional
18 Program, that OSHPD is looking for as a submittal.

19

20 Mr. Coleman explained one of the drivers behind the whole program: a project had
21 involved converting a courtyard into an operating room. The facility did not go through a
22 program to determine if the support spaces for the new surgery were adequate, but the
23 project went through plan review and was approved, then built. The facility could not
24 get the surgery licensed and had to go back and do the project over.

1 Mr. Coleman emphasized that this program matches everything up for a project –
2 function, operation, purpose, support spaces, staffing, etc. – to produce a viable result.

3

4 Mr. Johnson noted that the floor plan schematics contain a lot of information; Mr.
5 Monson might want to pull them.

6

7 An Interested Party suggested having Mr. Monson and Mr. Gall trade off talking about
8 the regulations, with Mr. Monson perhaps demonstrating how they impact the owner.

9 Mr. Gall pointed out that when he presents with Mr. Monson, some members of the
10 audience may become confused between best practices (Mr. Monson) and code
11 requirements (Mr. Gall).

12

13 Mr. Coleman added that design professionals are doing things above and beyond what
14 OSHPD is asking for. In designing a program for the owner, they are presenting only
15 certain elements to OSHPD.

16

17 Ms. Neyer commented on the value of italicizing content derived from the PIN.

18

19 Mr. Monson noted that he had not covered small projects, as they are not used to any
20 program whatsoever; there is no analysis of interrelationship, need, or operation. He
21 also did not cover the design professional's expectation of the reviewer's use of the
22 Functional Program.

23 Mr. Karpinen said that he and Gordon Oakley would give the presentation on Materially
24 Alter. He provided a brief review of the high-level slides. In answer to a question from

1 Mr. Tokas, Mr. Karpinen said that he will be speaking from the perspective of the code,
2 and will cover material extracted from the CAN.

3

4 Ms. Wied suggested including a caveat that if a project has numerous changes that are
5 non-materially alter, the cumulative result may be that the whole project has actually
6 been materially altered.

7

8 The PowerPoint presentation includes:

- 9 ○ Definition of Materially Alter
- 10 ○ Amended Construction Documents (ACDs)
- 11 ○ Application for ACD
- 12 ○ Changes That Do NOT Materially Alter (*several examples*)
- 13 ○ Architectural Examples
- 14 ○ Fire and Life Safety Examples
- 15 ○ Structural Examples
- 16 ○ Mechanical Examples
- 17 ○ Electrical Examples
- 18 ○ Alternate Solution Examples
- 19 ○ Documenting Non-Materially Alter Changes

20

21 Mr. Coleman requested for Mr. Karpinen to point out that if the intent is to have the ACD
22 reviewed in the field, it needs to be submitted electronically.

1 Mr. Monson suggested picking out key slides of examples that represent the list and
2 breaking them down, and letting the attendees read the rest. The group suggested
3 including an appendix.

4

5 Mr. Coleman suggested including an example log for the last section on documenting.

6

7 The group established that this section would be 30 minutes long.

8

9 • **Session #2 – Standard Details and Pre-approved Certifications (OPD, OPM,
10 OPL and PIN 58)**

11 Mr. Hurlbut said that he would begin the session with a game: he would give the
12 audience an answer, and they must supply the question. The PowerPoint will continue
13 with the following slides.

14 ○ Standard Details – *definition*

15 ○ PIN 51 – *it established Standard Details*

16 *Mr. Hurlbut will cover some of the Standard Details:*

17 ○ Partition Wall Details

18 ○ Suspended Ceiling Details

19 ○ Gypsum Board Ceiling Details

20 ○ Fire-Resistive Details

21 Mr. Hurlbut will give information on PIN 51/incorporating details into a project. This will
22 include applicability of details to individual projects. He will emphasize the General
23 Notes and flowcharts at the beginning of each section.

24

1 Dr. Karim requested for Mr. Hurlbut to state that any code can be used for details; it
2 does not have to be 2013 code.

3

4 Mr. Tokas will cover OPMs, OSPs, OPDs, and OPLs.

5 ○ He will begin with a brief discussion on nonstructural components, supports,
6 and attachments.

7 ○ He will clarify components, supports, and attachments.

8 ○ He will clarify the issue between anchors and bracing vs. functionality:
9 Position Retention vs. Special Seismic Certification.

10 He will explain how the programs work:

11 ○ OPM scope; what it is not; limits; ASCE-7 requirements; examples of piping
12 stand, cabinet supports and attachments, and distribution systems; where to
13 find OPM details.

14 ○ OSP components and systems; specifics of what it does; manufacturer's
15 responsibility; who is involved; label information; seismic certification by
16 testing; and where to find information. (The audience will be aware that this is
17 for 2013 code going forward.)

18 OPL foundation pillars; CBC requirements; tests requiring approval; OPL scope and
19 basis; scope of PIN 58; CBC requirements; U.S. test facility requirements; the
20 responsible charge of RDPs; test report requirements;

21 ○ OPLs for non-U.S. labs; OPL requirements; acceptable accreditation; quality
22 assurance; special inspection agencies; OPL submittal requirements; major
23 benefits of preapproved programs.

24

1 Mr. Coleman requested Mr. Tokas to stress that it is to the laboratory's advantage to be
2 on the OSHPD list so that designers can select the laboratory as pre-approved. He
3 added that the Division of the State Architect (DSA) Laboratory Evaluation and
4 Acceptance (LEA) program on the structural test usually limits the tests for which they
5 will check for qualification.

6
7 Mr. Tokas said that he would add a slide regarding responsibilities of the plan review
8 staff and field staff. Mr. Coleman requested information on conflict of interest as well.
9 Mr. Tokas said that he would also add a slide on minimum requirements to be included
10 on the design documents pertaining to OPM.

11

12 • **Session #3 – Gateway to OSHPD Services (e-Services Demonstration)**

13 Mr. Coleman stated that Mr. Dunger may do a live demonstration. He has PowerPoint
14 slides he has used at a number of different venues, and he will be stressing recent
15 updates to eSP.

16

17 • **Session #4 – OSHPD Developing Processes (OTC Smart Board
18 Demonstration)**

19 Mr. Coleman told the group that Session 4 will include:

20 A background of FDD and its responsibilities

- 21 ○ Reasons for higher standards in hospitals
- 22 ○ Direction of future codes and policies for adoption of codes
- 23 ○ CANs and PINs
- 24 ○ The 2016 code cycle

1 ○ Keeping code responsive to current medical practice

2 ○ The Information Technology Committee

3 ○ Objectives and opportunities for this year

4 ○ Standard Details

5 ○ The “How-To Guide” series

6 Mr. Tokas will present:

7 ○ Over-the-Counter (virtually over-the-computer) capabilities and opportunities

8 ○ Progress to date on FDD’s 2014 objectives

9 ○ Virtual OTCs with live demonstration

10 Dr. Bhatia will present:

11 ○ Hospitals in Google Earth with live demonstration (Mr. Johnson suggested
12 linking SB 499 back through Google Earth, and addressing the topics of
13 security and hackers.)

14 Mr. Coleman will present:

15 ○ Auto Codes, including a short video

16

17 • **Discussion and Public Input**

18 The group discussed having enough time to test the Internet connectivity and sound
19 system in the venue before the seminar starts; Mr. Johnson pointed out that firewalls
20 present possible issues in venues.

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

22 There was no further discussion from the public or board members.

23

24 **6. Adjournment**

1 Mr. Monson adjourned the meeting at 12:58 p.m.