



1 **DAY ONE**

2

3 **1. Call to Order** – John Egan, HBSB Chairperson

4 HBSB Board Chair John Egan called the meeting to order.

5

6 **Welcome and Introductions**

7 The Board members and audience introduced themselves.

8

9 **Review and approve the draft March 12, 2014 HBSB Meeting Report**

10 Mr. Egan summarized the events of the last quarterly meeting in March.

- 11 • Mr. David had given an OSHPD update, spoken about trends and changes in
- 12 California health care, and reviewed the effects of the improving state fiscal
- 13 situation on hospital building funds.
- 14 • The Board Procedures Committee held a meeting in December conducted by Mr.
- 15 Foulkes.
- 16 • The Education and Outreach Committee held a meeting in January conducted by
- 17 Mr. Monson.
- 18 • The Administrative Processes and Code Changes Committee held a meeting
- 19 conducted by Mr. Karpinen.
- 20 • The Standard Details Committee held a meeting conducted by Mr. Hurlbut.
- 21 • The Advanced Technology Committee held its first meeting, conducted by Mr.
- 22 Johnson.
- 23 • Mr. Coleman had spoken about FDD workload and activities.
- 24 • Mr. Lobo had given an update on SB 90 and SB 499 retrofitting.

- 1       • Mr. Gall had spoken about changes to code.

2

3 Mr. Hurlbut noted a typo on page 4, line 11: *SBC2* should read *SPC2*.

4

5       **MOTION:** (M/S/C/) [Scheuerman/Monson]

6       The Board voted unanimously to approve the March 12, 2014 HBSB meeting  
7       report with the amendment above.

8

9 **2. OSHPD Update** – Robert P. David, OSHPD Director

- 10       • Mr. David shared the goals of the OSHPD 2013-15 Strategic Plan.
- 11       • OSHPD is part of the new California Health and Human Services Open Data  
12       Portal which encourages health care transparency.
- 13       • Mr. David reviewed some significant California hospital issues:
- 14           ○ Insurance coverage expansion has meant that 3-4 million are newly  
15           insured since the implementation of the Affordable Care Act (ACA).
- 16           ○ Blue Cross has a new health plan product in Southern California called  
17           Vivity in which competing hospitals are partners.
- 18           ○ The Daughters of Charity Health System has a tentative sale agreement.
- 19       • The Legislature is dealing with the problem of the increased demand for  
20       adequate primary care network access. They expanded the Song-Brown  
21       workforce program into additional primary care specialties.
- 22       • Mr. David thanked Mr. Coleman and the FDD team for their response to the  
23       Napa earthquake.

- 1       • The Legislature reconvenes in January with two new leaders: Kevin DeLeon as  
2           Senate Pro Tem and Tony Atkins as Speaker. Their priorities remain to be seen.

3

4       **Swearing-in ceremony for new HBSB members**

5       Patrick Sullivan joins HBSB as a Public Member. He has over 20 years' experience in  
6       public relations and governmental public affairs.

7

8       Richard Tannahill joins HBSB representing the architectural sector. He has 23 years of  
9       experience in California as a licensed architect.

10

11      Mr. David swore in the new Board members.

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13      **Recognition of outgoing HBSB Vice-Chair, Arlee Monson**

14      Mr. David honored and thanked Mr. Monson, who is retiring.

15

16      **Recognition of outgoing HBSB Chair, John Egan**

17      Mr. David read a resolution honoring Mr. Egan's service as HBSB Chairperson. He will  
18      continue as a Board member until next April.

19

20      Mr. Egan thanked all those with whom he has worked at HBSB.

21

22      **3. Nominations for HBSB Chair and Vice-Chair Kick Off – Michael Foulkes**

23      **Review of process for HBSB Chair and Vice-Chair nominations**

1 Mr. Foulkes reviewed the nominations process, noting that usually the Chair and Vice-  
2 Chair are not leaving office simultaneously.

3

#### 4 **Nominations Committee presents proposed Slate of Officers**

5 Mr. Foulkes stated that the nominations are open until votes are taken on Thursday.

6

7 He submitted the recommendations of himself and Mr. Martin: for Chair of the Board,  
8 Mr. Karpinen; for Vice-Chair, Mr. Elhassan.

9

#### 10 **Committee Accepts Nominations from the Floor**

11 Mr. Egan opened the floor to other nominations; there were none.

12

#### 13 **4. Education and Outreach Committee Report – Arlee Monson, Chair**

##### 14 **Overview and approval of Meeting Reports:**

- 15 • **May 1, 2014**
- 16 • **June 18, 2014**
- 17 • **August 13, 2014**
- 18 • **September 10, 2014**

19 Mr. Monson stated that the primary topic of the meetings had been seminars.

20

21 At the May 1 meeting the committee had discussed the “Tips from the Experts” seminar,  
22 which was held on May 30 to a full house. The committee had also discussed the fall  
23 “All You Need to Know” seminar, which focused more on the OSHPD programs, as well  
24 as design issues and plan review. In addition, the committee had considered CMS’s

1 potential adoption of the new Life Safety Code changes, and the new Technology  
2 Committee.

3  
4 At the June 18 meeting the committee had discussed the feedback from the seminar,  
5 the new “Hot Topics” seminar (which was to include the topics of Functional Program,  
6 Non-Materially Alter, Standard Details, OPDs and OSPs, the OPL and OPM program,  
7 and eSP New Features), and OSHPD developing processes. The committee had also  
8 talked about other education opportunities such as a webinar on the submittal  
9 requirements.

10  
11 The August 13 meeting had involved the Hot Topics seminar preparations. The  
12 committee had added the component of live demonstrations to the seminar. They had  
13 also talked about other seminar topics, the Technology Committee meetings, and the  
14 idea of Skilled Nursing Facilities as a workshop.

15  
16 At the September 10 meeting the committee had continued to prepare for the seminar  
17 with the presenters and staff.

18  
19 **Overview of October 9, 2014 “Hot Topics” seminar in Anaheim and October 30,**  
20 **2014 “Hot Topics” seminar in Concord**

21 Mr. Monson summarized the October seminars. The venues were full with attendance  
22 around 140. The audience profile differed between the two: in Anaheim there were  
23 more IORs and designers, while in Concord there seemed to be more hospital

1 administrators. Mr. Monson stressed that having a dialogue with people in the industry  
2 and in health care brings positive results for the Board and the public.

3

4 **MOTION:** (M/S/C/) [Monson/Huang]

5 The Board voted unanimously to approve the May 1, June 18, August 13,  
6 and September 10 Education and Outreach Committee meeting reports.

7

8 **5. Standard Details Committee Report – Bert Hurlbut, Chair**

9 **Overview and approval of Meeting Reports:**

10 • **May 15, 2014**

11 Mr. Hurlbut reported that the primary topic of the May 15 meeting had been Fire and  
12 Life Safety Details. The committee had discussed stuff and seal details for different  
13 configurations of a rated partition coming to a rated structure with the interface in  
14 between. The committee had been able to get a series of 15-20 details approved; the  
15 benefit will be far fewer Engineering Judgments during construction.

16

17 **MOTION:** (M/S/C/) [Hurlbut/Donelan]

18 The Board voted unanimously to approve the May 15, 2014 Standard Details  
19 Committee meeting report.

20

21 **6. Administrative Processes and Code Changes Committee – Scott Karpinen,**

22 Chair

23 **Overview and approval of Meeting Reports:**

24 • **June 26, 2014**

1       • **September 23, 2014**

2       Mr. Karpinen reported that at the June 26 meeting the three main topics had been the  
3       Policy Intent Notice (PIN) for testing laboratories (structural tests only); the standard  
4       operating procedure and reporting form for Inspector of Record (IOR) performance  
5       observation; and the financial capacity PIN to provide direction to hospitals for SB 1950  
6       relief.

7

8               **MOTION:** (M/S/C/) [Karpinen/Monson]

9               The Board voted unanimously to approve the June 26 Administrative Processes  
10              and Code Changes Committee meeting report.

11

12       At the September 23 meeting, the two main topics had been a presentation from the  
13       American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE)  
14       on ASHRAE Standard 170 regarding ventilation rates for health care facilities; and the  
15       2016 code amendments.

16

17       Mr. Donelan noted necessary changes to two numbers on page 5. They should read  
18       1224 on line 15 and 1224.4 on line 16.

19

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

21              The Board voted unanimously to approve the September 23 Administrative  
22              Processes and Code Changes Committee meeting report with the changes noted  
23              above.

24

1 **7. Instrumentation Committee** – Lou Gilpin, Chair

2 **Overview and approval of Meeting Report:**

3 • **October 29, 2014**

4 Ms. Naaseh reported in place of Mr. Gilpin. She explained the Seismic Instrumentation  
5 Program, which provides for seismic certification of certain hospital buildings through an  
6 interagency agreement between OSHPD and the California Geological Survey Seismic  
7 Instrumentation Program. The program is for hospital buildings that have unique  
8 structural systems or that have gone through Alternate Means of Compliance  
9 processes. When these buildings are instrumented, information can be harvested after  
10 earthquakes to be used in emergency response as well as future engineering analysis  
11 and design.

12

13 The committee's role is to advise OSHPD on candidate hospitals for the future  
14 instrumentation list.

15

16 At the October 29 meeting there had been a review of the status of the program by  
17 OSHPD's Roy Lobo and Chris Tokas, and an annual report given by Moe Huang and  
18 Tony Shakal. The committee had also discussed a seismic map showing the location of  
19 instrumented hospitals in California, and they had reprioritized the running list of  
20 hospitals that are good candidates for instrumentation.

21

22 **Discussion and Public Input**

1 Mr. Karpinen asked about maintenance of the sensors in the hospitals. Ms. Naaseh  
2 replied that they must be maintained; that is part of what the California Strong Motion  
3 Instrumentation Program (CSMIP) does.

4

5 Mr. O'Connor asked if Queen of the Valley Hospital was instrumented; Mr. Tokas  
6 answered that it was not, because it was not located in an area of probable  
7 earthquakes.

8

9 Mr. Hurlbut asked how many instruments can be found in an individual hospital. Ms.  
10 Naaseh replied that some have over 20 – it depends on the size of the hospital.

11

## 12 **8. Special Presentation on Zero Energy Buildings – Bruce Macpherson**

13 Mr. Macpherson presented information he had obtained on Zero Energy Buildings  
14 (ZEBs).

15

### 16 **Definition**

- 17 • The definition of a ZEB is that the total amount of energy used by the building is  
18 roughly equal to the amount of renewable energy created on the site, on an  
19 annual basis – a building with zero net energy consumption.
- 20 • The building is tied in to the energy grid, because the energy created on-site is  
21 non-constant.
- 22 • ZEBs also encompass the idea of exemplary building design to minimize energy  
23 requirements.

24

1 **How to Obtain a Zero-Energy Building**

- 2 • The list of energy sources is long and includes passive solar energy, thermal  
3 mass, natural light, solar orientation, geothermal, high-efficiency HVAC systems,  
4 high efficiency windows, natural ventilation, solar water heating, skylights, LED  
5 lighting, efficient appliances, and so on.

6

7 **Obtaining Zero Energy Status**

- 8 • There are two components to ZEBs:
- 9 1. Harvesting natural, renewable energy provided at the site (wind, solar,  
10 geothermal).
- 11 2. Conserving energy (superinsulation, efficient mechanical systems, etc.).
- 12 • There must be a balance between the two. The cost of using energy harvesting  
13 systems can be prohibitive without using conservation measures. Also, occupant  
14 behavior is crucial to obtaining ZEB status.

15

16 **Initiatives for ZEBs**

- 17 • In the United States, buildings are responsible for almost 50% of greenhouse  
18 gases. With carbon emissions related to climate change, there is a new focus on  
19 ZEBs that is unrelated to the cost of energy.
- 20 • The California Public Utilities Commission has established California Zero Net  
21 Energy Goals; Mr. Macpherson listed them.
- 22 • The American Institute of Architects (AIA) has developed the AIA 2030  
23 Commitment to increase carbon reduction goals, in order to achieve a carbon-

1 neutral building environment by 2030. Nationally to date, more large firms than  
2 small firms are participating.

3

#### 4 **Zero Energy Buildings and Health Care**

- 5 • Health care buildings account for 8% of U.S. carbon dioxide emissions.

6 Hospitals represent 11% of all commercial energy consumption. In hospitals,  
7 HVAC systems account for 48% of energy consumption.

- 8 • Kaiser Permanente is moving the bar toward ZEB – they conducted a small  
9 hospital building competition to achieve near-zero impact on the environment.

- 10 • The Fort Irwin replacement hospital (Department of Defense) in the Mojave  
11 Desert is built to be the first net zero carbon control hospital in the country.

- 12 • In 2009, the U.S. Department of Energy launched the Hospital Energy Alliance  
13 (HEA) as part of its net zero commercial building initiative. The main goal of the  
14 HEA is to promote the use of clean energy in hospitals and health care facilities.

- 15 • High-efficiency HVAC systems and lighting systems will have the greatest impact  
16 on energy reduction.

- 17 • Mr. Macpherson stated that available techniques and technologies can move us  
18 towards ZEBs in health care. He felt that it is only a matter of time.

19

#### 20 **Discussion and Public Input**

21 Mr. Coleman asked about information on the cost of ZEBs over current design and  
22 construction of buildings. Mr. Macpherson stated that costs are difficult to quantify; the  
23 clients' construction budgets may not tie in to their operating budgets.

24

1 Mr. Gall spoke of the major reduction in energy usage at Kaiser San Diego's  
2 replacement facility coming from fans. He also said that there is no baseline to  
3 compare a ZEB with a minimum code standard building, which typically costs much  
4 more in the long run. Mr. Macpherson stated that the design and construction industry  
5 was going to have to take the lead in coming to regulators to discuss the intent of code  
6 as they explain what they want to do. He added that staff at OSHPD will have the  
7 technical knowledge that local agencies may not.

8  
9 Mr. Huang had heard photovoltaic contractors talking about the average lifespan of  
10 photovoltaic systems being 15 years, with deterioration beginning on Day One.

11  
12 Mr. Egan likened the solar industry to the PC industry: it is changing very rapidly. Mr.  
13 Macpherson commented that there have been a number of state incentives to offset the  
14 cost of photovoltaic systems in certain areas, in order to jumpstart their integration.  
15 With time, the systems are becoming more and more efficient.

16  
17 An Interested Party asked about information on patient satisfaction in receiving care in a  
18 ZEB; that could be a motivator for a hospital being built with those features. Mr.  
19 Macpherson replied that patient satisfaction appears to increase with access to daylight,  
20 and studies show that daylight promotes the healing process. At present the primary  
21 motivation for the interest in ZEBs is climate change.

22

1 The Interested Party asked about any initiatives for energy star ratings for major  
2 hospital equipment companies. Mr. Macpherson responded that if there is demand, the  
3 manufacturers will respond.

4  
5 Mr. Nearman stated that much headway is being made with the California Energy  
6 Commission regarding Zero Net Energy (ZNE) buildings and other proposals.  
7 Legislative bills in the works are addressing all of the topics Mr. Macpherson had talked  
8 about. Mr. Nearman added that there are many voluntary measures in the Green Code  
9 pertaining to hospital construction.

10  
11 Mr. Johnson mentioned an upcoming February seminar presented by the Technology  
12 Committee that will cover many of these topics, as well as the Internet of Things (IOT)  
13 (which is machine to machine communication).

14  
15 Considering scale, Mr. O'Connor ascertained with Mr. Macpherson that the 2.5 factor  
16 between a commercial building and a hospital does take into account the hospital's 24/7  
17 operation.

18  
19 Mr. Sullivan noted that OSHPD may have an opportunity to work with the Energy  
20 Commission to direct energy efficiency program funding towards hospital building ZEB  
21 research and development.

22

1 Mr. Nearman mentioned the concern about the lack of history for ZNE buildings. Once  
2 these buildings are in place and operating, it will be a couple of years before we can see  
3 if they are meeting their intended goals.

4

5 Mr. Macpherson said that even if the absolute goals of ZNE are not met, the bar is  
6 raised. The importance of these concepts to the community and the nation are  
7 becoming accepted by the public.

8

9 Mr. Nearman said that the Division of the State Architect (DSA) is developing a ZNE  
10 program for public schools and community colleges.

11

12 Mr. Johnson reported on the Technology Committee's meeting two days previous (they  
13 had dropped "Advanced" from their name.) They were given a presentation on the  
14 microgrid by Peter Spadia and Dave Bliss. The committee's upcoming workshop on  
15 February 11 will focus on quantifying three areas: building systems, clinical, and design  
16 review.

17

18 **DAY TWO**

19

20 **9. Call to Order** – John Egan, HBSB Chairperson

21 Mr. Egan reconvened the meeting.

22

23 **Welcome and Introductions**

24 The attendees introduced themselves once again.

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**10. Report on OSHPD’s Response to the Napa Earthquake – Chris Tokas**

Mr. Tokas gave a presentation for the Board.

- The 6.0 magnitude earthquake was located in the American Canyon on the West Napa Fault, which had not been active.
- Mr. Tokas explained the seismic activity on a geologic map. The fault ruptured north for about 10 miles.
- Unfortunately, when the probabilistic map for the Bay Area was put together in 2008, it did not consider the formation of the faults in the American Canyon area.
- Mr. Tokas made note of the “perfect” sine wave, and also noted that the event lasted for a short duration: only 2 seconds.
- The only hospital in the near vicinity to the epicenter was Queen of the Valley.
- There were 65 aftershocks within 24 hours.
- The fault rupture did surface (shown in a photograph of rows of grapevines).
- Mr. Tokas discussed damage to the transportation system and the electric power grid. Emergency generators at surrounding hospitals functioned properly.
- The airport tower was unusable so the airport was closed down.
- AT&T users had no phone communications due to damage to the AT&T building.
- Mr. Tokas discussed damage to unreinforced masonry (URM) buildings that had been retrofitted.
- Damage to non-structural components and systems was extensive.
- Mr. Tokas discussed failures of ceilings and cripple walls, and hazards to unbraced mobile homes because of vulnerable gas lines. Problems seen at Northridge and other recent earthquakes were repeated at Napa.

- 1 • Queen of the Valley treated 280 patients in the first 24 hours. The hospital went  
2 immediately into full emergency operation mode, setting up triage tents at the  
3 entrance to the hospital.
- 4 • At the peak time of 4:08 a.m., OSHPD had 13 people in the Emergency  
5 Operations Rooms. Twenty-two staff were out in the field.
- 6 • Seven minutes from the event, OSHPD had a fully operational shake map.
- 7 • Two different stations showed the peak ground acceleration to be 45%G versus  
8 65%G. Mr. Tokas described differences among stations.
- 9 • He described evidence of the earthquake in Queen of the Valley buildings,  
10 comparing the damage between the SPC 3 building and the SPC 5 building.
- 11 • He discussed the Kaiser facility including the bracing system of the parking  
12 structure.
- 13 • OSHPD staff also examined the Napa State Hospital, Veterans Home in  
14 Yountville, Sonoma Medical Center, and hundreds of buildings between Napa  
15 and Vallejo.

16

## 17 **Discussion and Public Input**

18 Mr. Elhassan asked about testing for the moment frames. Mr. Tokas replied that since  
19 the peak acceleration was more than .3Gs, OSHPD did check joints on moment frames  
20 for cracks. OSHPD did not have all results but have not seen cracks as yet.

21

22 Mr. Karpinen asked what it meant to say that the earthquake was 7 kilometers below  
23 the surface. Ms. Thornburg explained that the vertical crack in the ground was 15

1 kilometers deep; the western side of the fault shifted a little to the north. The epicenter  
2 point was 7 kilometers deep; from there the rupture propagated up and northward.

3  
4 Mr. Huang asked how the ground motion compared to the latest United States  
5 Geological Survey (USGS) map value. Mr. Tokas and Ms. Thornburg replied that it was  
6 comparable.

7  
8 Mr. Elhassan asked about OSHPD standard procedure for earthquake response; Mr.  
9 Tokas replied that there is a book that OSHPD follows step by step.

10  
11 An Interested Party asked if the newer construction at Queen of the Valley, being code-  
12 compliant, shows that current bracing systems are on the right track. Mr. Tokas  
13 answered that they certainly are. He pointed out that the construction side must follow  
14 what the design side has produced, using components that have met the necessary  
15 quality control.

16  
17 Mr. Johnson asked about the disruption to utilities; Mr. Tokas responded that at the  
18 hospital it was three hours. Natural gas was not disrupted – there were no leaks.

19  
20 Ms. Naaseh asked if OSHPD relies on structural engineers outside of the organization if  
21 the earthquake impact area is large. Mr. Tokas answered that it does not and explained  
22 the steps it uses.

23

1 Mr. Hurlbut inquired about any comments on medical gas tanks; Mr. Tokas replied that  
2 there was nothing.

3

4 Ms. Thornburg asked about the bracing on the new buildings. Mr. Tokas responded  
5 that there were no obvious signs that the bracings yielded. (An Interested Party noted  
6 that where scratch plates are being added for retrofitting, it is important to install access  
7 panels.)

8

9 Mr. Tokas informed Mr. Elhassan that OSHPD's Emergency Response Center is  
10 technically designed for OSHPD to administer emergency response to both Southern  
11 California and Northern California. Mr. Coleman and Mr. Huang emphasized that  
12 certified staff evaluators are trained to take care of their families first.

13

14 Ms. Naaseh asked if OSHPD inspects buildings that support the health care facilities  
15 such as data centers. Mr. Tokas answered that if they are onsite, they are inspected.

16

#### 17 **11. Google Earth Presentation – Hussain Bhatia**

18 Dr. Bhatia stated that the Seismic Compliance Unit had started the mapping program to  
19 see where the work was. The program plots construction activity at OSHPD facilities.

- 20
- It can be used interactively.
  - Users need to have Google Earth installed on their computers.
  - A red dot means that the facility has some SPC 1 buildings; a yellow dot signifies  
22 some SPC 2 buildings; a green dot signifies all compliant buildings.
  - Google Earth allows zooming to any site.
- 24

- 1 • Dr. Bhatia demonstrated how to obtain information on buildings and projects  
2 related to them.
- 3 • A link to the California Strong Motion Instrumentation Program (CSMIP) website  
4 is available for instrumentation details.
- 5 • Links provide access to the USGS seismic fault layers and shake maps for doing  
6 overlays.
- 7 • Skilled Nursing Facilities are on a separate page with basic facility and  
8 construction activity information.
- 9 • Dr. Hussain demonstrated use of the program from a smart phone.
  - 10 ○ Names are visible all the time because there is no mouse hover.
  - 11 ○ The same functions, including zooming, are available except for layering.
- 12 • The Seismic Compliance Unit has another product in beta testing called Open  
13 Data Initiative. It publishes data, including OSHPD data, in an open format called  
14 Socrata. The program allows users to create custom maps and graphs.

15

## 16 **Discussion and Public Input**

17 Mr. Johnson asked if all of the data is stored offsite in the cloud; Dr. Bhatia assured him  
18 that all of OSHPD's computer data is backed up offsite. The data set is updated every  
19 two weeks.

20

21 Mr. Johnson asked about PG&E's participation. Mr. Tokas answered that specific  
22 scientists in San Francisco are participating.

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24 Ms. Naaseh asked about CalTrans; Mr. Tokas said that they utilize ShakeCast.

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**(13.) SmartBoard Demonstration – Ali Sumer, FDD**

Mr. Tokas stated that a variety of Internet platforms (Link, WebEx, etc.) are available to allow people in different offices to work on the same document simultaneously.

Mr. Dunger played the role of a design professional submitting a set of documents to OSHPD electronically. He demonstrated communication on a SmartBoard with Dr. Ali Sumer via Microsoft Link on a laptop. They made a change to a plan in real time.

**Discussion and Public Input**

Mr. Karpinen asked if the SmartBoard is in use yet. Mr. Tokas replied that as yet there is no protocol, but the field staff is proficient and using it successfully.

Ms. Eck noted that Kaiser regularly uses something similar. She asked if plans can be manipulated beyond cut and paste. Mr. Dunger replied that the capabilities are on the architect side – OSHPD can view whatever they can do, and they make the changes.

An Interested Party asked how changes are currently initiated with field staff. Mr. Tokas answered that arrangements are initiated via a simple phone call or email. It can be done through the lead architect or the structural plan checker.

**(12.) Facilities Development Division Update – Paul Coleman, Deputy Director**

Mr. Coleman gave an FDD update. He began by giving current figures.

- The dollar value of projects in Plan Review has decreased by 60% since 2012.

- 1 • About \$9.6 billion in construction is currently in progress. 56% of work in  
2 construction is over 70% completed.
- 3 • Between now and 2020, almost \$3 billion will be spent on seismic compliance.
- 4 • Technology is changing health care: many procedures can be done on an  
5 outpatient basis that used to be done in a hospital.
- 6 • Because of high vacancy rates, many hospitals are considering downsizing.
- 7 • For Post Approval Document (PAD) contracts, most of the larger plans are done  
8 in-house now that would have been contracted out in the past.
- 9 • For this year, the majority of PADs – 67% – were done in the office with 33%  
10 done in the field.
- 11 • 69% of Plan Reviews and 80% of PADs are being done in 21 days or fewer.
- 12 • The Rapid Review Unit is handling 41% of Plan Reviews in the office.
- 13 • 44-53% of regular reviews are completed in half the target time.
- 14 • The number of SB 1838 projects continues a downward trend – this quarter there  
15 are only 10.
- 16 • Many more seminars are being given.
- 17 • The Building Standards Unit is working on standards for Free-Standing Acute  
18 Care Psychiatric Hospitals.
- 19 • Regarding the main objectives set last March, the eCA rolled out in April; it is the  
20 client access to the Electronic Services Portal. 81% of applications are currently  
21 being submitted using eCA.
- 22 • Over the Counters (OTCs) are being expanded in Sacramento, Los Angeles, and  
23 offsite locations.
- 24 • Standard Details are updated for the 2013 California Building Code.

- 1 • OSHPD is working on determining which projects qualify for the Electronic Plan  
2 Review program.
- 3 • An Electronic Plan Review pilot in the Rapid Review Unit will use new software  
4 from ePlan Soft combined into Accela.
- 5 • Pre-approval for testing laboratories is now consistent as the result of a new  
6 program.
- 7 • OSHPD has issued 10 new Code Application Notices (CANs) and six Policy  
8 Intent Notices (PINs) this year.
- 9 • OSHPD has developed a new SNF web page.
- 10 • OSHPD has developed some how-to guides for single-story SNFs.
- 11 • Mr. Coleman testified at a Senate Committee hearing in San Francisco on  
12 earthquake Early Warning Systems.
  - 13 ○ He noted that MRI equipment may take weeks to recalibrate after an  
14 earthquake – but this equipment is very much needed because of the  
15 types of injuries that occur from earthquakes.
  - 16 ○ He discussed what Early Warning Systems can do for hospitals (infection  
17 control, elevators, gas mains, etc.).
  - 18 ○ Making an Early Warning System 100% reliable would require an influx of  
19 huge numbers of sensors – but the costs would be high.
- 20 • In March OSHPD began to develop its Strategic and Operational Plan.
  - 21 ○ The executive staff first met with consultants, who then met with  
22 supervisory staff; they found that the responses from the two were similar.
  - 23 ○ They developed a Community Map that identifies public and private  
24 stakeholders in order to accomplish the established goal. Stakeholders

1 include designers, builders, health care providers, Inspectors of Record,  
2 facilities managers, industry associations, the Hospital Building and Safety  
3 Board, other jurisdictional agencies, and other OSHPD divisions.

- 4 ○ They came up with four Strategic Goals, which Mr. Coleman explained.

5 All are needed for operational balance so the executive staff developed a  
6 Balance Scorecard.

- 7 ● The Operational Plan Roll-Out was held on October 28. FDD set up a tour path  
8 to show its plan and the work it does.

- 9 ○ Eric Jacobsen spoke about the history of the building codes.

- 10 ○ Dr. Bhatia gave a presentation on FDD's current Plan Review process.

- 11 ○ Diana Scaturro showed the steps of Electronic Plan Review.

- 12 ○ Dr. Lobo spoke about autocodes and the future of Plan Review.

- 13 ○ Mr. Coleman gave a presentation of the new SmartBoard technology and  
14 how it can be used for field activities.

15  
16 **14. Special Presentation: Experimental Assessment of Lath and Plaster/Metal-**  
17 **Stud Partitions** – Rami Elhassan

18 Mr. Elhassan stated that the project had excellent cooperation between the designers,  
19 owners, and OSHPD. They had even authored a paper together at the project's close.

20 The project was for an existing hospital and involved some remodeling and  
21 improvements.

- 22 ● Mr. Elhassan supplied the technical details of the studs, anchors, and tracks in  
23 the existing partitions.

- 1 • He described the removal of the cabinet, rebuild of the metal stud, and final  
2 installation.
- 3 • He listed the steps:
  - 4 ○ Investigate and do material testing.
  - 5 ○ Analyze the quality of the existing partitions.
  - 6 ○ Prove through testing.
- 7 • Mr. Elhassan supplied the details of the steps.
- 8 • Staff proposed to the owner that the program would cost approximately \$350,000  
9 and save approximately \$4 million in construction costs with a huge scheduling  
10 and operational impact.
- 11 • Mr. Elhassan showed a picture of the T-nails; Mr. Tokas explained why they went  
12 in that direction.
- 13 • Mr. Elhassan explained the partition slide test that they devised. He explained  
14 for Ms. Naaseh why they pushed 6" above the bottom rail instead of directly  
15 against it.
- 16 • Mr. Elhassan explained the full partition test.
- 17 • He showed photos of the test results.
- 18 • He and Mr. Tokas had collaborated on a paper about the tests which won an  
19 award from the Structural Engineers Association.

20

## 21 **Discussion and Public Input**

22 Ms. Naaseh asked if they had tried assembling the existing studs with sheetrock  
23 attached to them. Mr. Elhassan said they had not, keeping expense in mind.

24

1 Mr. Trailer asked if the tests cost what they had thought beforehand; Mr. Elhassan  
2 replied that they had. The testing agency fee had been \$150,000.

3

4 **15. SB 499 Update** – Roy Lobo

5 Mr. Lobo spoke about SPC 1 buildings, which are defined as those buildings that pose a  
6 risk of collapse or significant loss of life.

- 7 • SPC 1 buildings are no longer allowed to provide General Acute Care (GAC)  
8 services beyond the extension date.
- 9 • Most hospitals with SPC 1 buildings are using SB 90 extensions – currently  
10 totaling 214 buildings.
- 11 • The total number of SPC 1 buildings is 354. Mr. Lobo reported on the rest of the  
12 numbers in the report.
- 13 • AB2557 amended the Hospital Safety Code and changed the definition for  
14 compliance of extensions.
- 15 • Mr. Lobo showed a snapshot of the 22 facilities that will have no SPC 1 buildings  
16 performing GAC functions by January 2015. The other facilities will have to turn  
17 in an amended SB 90 application to obtain a valid extension.
- 18 • Mr. Lobo showed preliminary anticipated completion dates based on timelines  
19 reported in the SB 499 reports.
- 20 • He showed the chosen Method of Compliance totals – Rebuild, Replace, Retrofit,  
21 and Remove. Since last year, the number of buildings that are going to remove  
22 GAC functions has increased.

- 1 • Every facility with an SPC 1 building is going to receive an email from Brett  
2 Beekman with a Summary Sheet, listing the information they have provided in  
3 the SB 499 report.
- 4 • Mr. Lobo compared SB 499 with SB 90. The services listed in SB 499 need to  
5 match the services listed in the SB 90 application; however, there are some  
6 discrepancies between them.
- 7 • Supervisors are going to be checking on the 100 or so facilities with SPC 1  
8 buildings that do not have qualifying projects. This year's deadline for having a  
9 qualifying project is January 1, 2015. Facilities also have to submit a Financial  
10 Capacity report.

11

12 **(17.) Nominations for HBSB Chair and Vice Chair – Michael Foulkes**

13 **The HBSB Board Members will vote to elect the new Chair and Vice-Chair who**  
14 **will officially take office on January 1, 2015**

15

16 **MOTION:** (M/S/C/) [Huang/Macpherson]

17 The Board unanimously elected Scott Karpinen as HBSB Chair and Rami  
18 Elhassan as HBSB Vice-Chair for 2015.

19

20 **(16.) Regulations Update – Glenn Gall, FDD Building Standards Unit**

21 **Proposed Code Changes for the Next Code Cycle**

22 Mr. Gall focused on the architectural elements in the upcoming code cycle and the  
23 triannual adoptions of all codes.

- 1 • The Building Standards Unit has been working on maintenance – reformatting
- 2 codes as well as gathering the common elements that occur throughout nursing
- 3 units, surgical units, imaging units, and so on. If they are the same throughout,
- 4 the group wants to put them in general construction requirements.
- 5 • In anesthesia service space, perioperative support will be restructured.
- 6 • Emergency services code changes will be more in sync with licensing
- 7 requirements.
- 8 • Guidance will be added to show designers minimum requirements for additional
- 9 nuclear medicine services provided in facilities covered by code.
- 10 • Information will be added regarding outpatient service space in hyperbaric
- 11 facilities.
- 12 • A supplemental surgery services section will be added for hybrid ORs.
- 13 • Mr. Gall outlined further changes:
  - 14 ○ Change of function line to 34A.
  - 15 ○ Repealing SNF requirements.
  - 16 ○ Revising nurse call requirements for SNFs.
  - 17 ○ Revising the California Administrative Code to cover reopening of closed
  - 18 projects.
  - 19 ○ Determining whether changes should be made to testing and recertifying
  - 20 IORs.
  - 21 ○ Addressing proposed code amendments by the Dialysis Association.
  - 22 ○ Revise code to allow flexible duct in surgical clinics and specific hospital
  - 23 areas such as administration, storage, etc.

- 1 • Mr. Gall displayed a 2015 calendar showing where regs have to go. The Building  
2 Standards Unit always tries to involve as many people as possible in contributing  
3 to the regs.
- 4 • Some of the items will probably have to undergo a full-blown California  
5 Environmental Quality Act (CEQA) analysis, which will greatly affect the timing.

6

7 Mr. Gall closed with a request: coordination of their packages with HBSB committee  
8 meetings at as late a date as possible is appreciated. In a triennial adoption, they need  
9 to review the published model code to see where their amendments go – whether they  
10 are necessary or not anymore. However, international plumbing and mechanical  
11 groups have not finalized their documents yet, which is holding up Mr. Gall's group.

12

### 13 **18. Meeting Wrap Up** – John Egan, HBSB Chairperson

14 Mr. Egan directed the members to the roster and other information at the back of the  
15 meeting binders.

16

### 17 **19. Information Items**

18 Ms. Kane directed the Board members to four documents in the binder:

- 19 • The permission to use personal vehicle for Board business form, to be submitted  
20 with Expense Reports.
- 21 • The agreement to review the sexual harassment policy form, for signature.
- 22 • The month-by-month meeting “time sheet,” for signature.
- 23 • The travel expense report.

24

1 Mr. Egan adjourned the meeting at 3:47 p.m.