California’s Earthquake History

California has experienced major catastrophic earthquakes in the past and will certainly experience more in the future.

These quakes occurred throughout the state, not just in the more commonly perceived “earthquake zones” of Los Angeles and the Bay Area.

• Geologic and archaeological evidence shows a long history of major earthquakes up and down the state as well as eastward to the Sierra. Little of the state is considered “earthquake free,” and the majority of the state lies within active seismic zones.

• Earthquakes worldwide have killed millions, injured and left homeless tens of thousands, and caused inestimable economic losses. History has recorded more than 3,600 deaths attributable to California’s earthquakes since the last century.

• Historical records reveal that California has experienced—an average—moderately strong earthquake (M6.0 to M6.9) every two to three years.

• Members of the 1769 Gaspar de Portola expedition wrote of the earth shaking, a phenomenon that occurs to this day.

• Maps from the US and California Geological surveys show that some areas have been relatively quiet seismically in the last 100 years but were active in the previous 100 years.

HOSPITAL SEISMIC SAFETY

2015 Seismic safety extension deadline looms

In 2006, Governor Arnold Schwarzenegger signed Senate Bill 1661 (Chapter 679, Statutes of 2006) providing an opportunity for hospitals to receive an additional two year extension from the 2013 seismic safety deadlines. While hospitals must meet specific criteria, the extension will provide some flexibility to many facilities that are working to meet the 2013 deadline. It is important to note that one of the first major criteria deadlines is less than six months away. By the end of 2008, a facility must have submitted plans to OSHPD to be eligible for the 2015 extension.

To be eligible for the 2015 extension, hospitals must have:
• Broken ground and begun construction prior to applying for the extension.
• Submitted plans to OSHPD by January 1, 2009.
• Received a building permit two years prior to the 2013 deadline.
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For more information about the 2015 extension contact Chris Tokas at (916) 654-8779 or E-mail at ctokas@oshpd.ca.gov

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A group of designers, specialty contractors and construction managers assembled in 2006 to explore ways to improve the design and permitting processes for healthcare projects in California. Their goal was to identify process waste and root causes, and then work to develop more effective and efficient design and permitting workflow.

The group realized all would gain by collaborating within a wider community of Designers, Specialty Contractors, Construction Managers, Healthcare Customers, and the Office of Statewide Health Planning and Development (OSHPD), working toward a common goal of improving healthcare project delivery. They asked researchers from the Project Production Systems Laboratory at UC Berkeley (http://p2sl.berkeley.edu) to lead a series of workshops, apply lean process improvement tools including Value Stream Mapping and Rapid Improvement Events, and help with extracting and documenting lessons learned. An open invitation was extended to all in the community to engage in this effort.

Since then, nine workshops have been held to address challenges and opportunities in current design and permitting processes.

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1. Understanding and documenting the Goals and Expected Outcomes
2. Understanding and Benchmarking the Current Process including value-added and non-value-added work
3. Creating a Future State Map
4. Creating an Implementation Plan
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With the future state map developed, a number of pilot projects were launched to test and refine innovations. Kaiser Permanente, St. Joseph’s, Sutter Health, Stanford Medical Center, and UCSF are among the healthcare organizations involved. Pilot projects in the study are led by owners, by design-build teams, and by OSHPD as well. OSHPD also has offered updates on changes it is making to internal processes and interfaces with the design and construction community to improve the review process.

For more information, please contact Dr. Glenn Ballard (ballard@cc.berkeley.edu or 415-710-5531), Research Director at UC Berkeley’s P2SL.

OSHPD Joins with the Design and Construction Community and UC Berkeley to Strengthen Our Vision for the Outcome of the Workshops:
• Engage Owners, OSHPD, Design Professionals and Construction Professionals in focused and collaborative process improvement
• Map an alternate delivery process for the acute care hospital
• Create Work Standards
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Our vision is to:
• Reduce the waste in design, permitting and construction of acute care facilities
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Our vision for the outcome of the workshops includes a process manual of work standard, and a process map that defines:
• Process milestones
• Design deliverables
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**HOSPITAL SEISMIC SAFETY**

**Palomar’s Modern Approach to Building Design**

In 2004, San Diego area voters approved a $496 million bond measure for a new hospital. When the 11-story, 300 bed Palomar Medical Center in Escondido opens in 2011 it will be the hospital district’s flagship facility and North County’s designated trauma center. With its planned 765,000-square-foot size, the medical center is one of the largest hospitals under construction in California and includes many notable features.

**Modern plan review**

Palomar is the first major project to use the phased plan review method. It incorporates a new approach to the design and permitting of hospital projects. Instead of the structural designs being submitted and reviewed all at once, they are submitted and reviewed in phases as the design progresses. Ideally this will help catch and fix errors and omissions in the initial design process and significantly reduce the plan review time.

For Palomar, the time frame for the initial increments for structural work, such as foundation and facade, were significantly reduced. This allowed construction to start on the foundation and the ordering of steel to occur much sooner than would have resulted using the standard review process. Also, because of the flexibility of the phased review approach, the project has been able overcome minor setbacks in a manner that has lessened their impact on the project schedule.

**Sustainable design**

In addition to its cutting-edge technology, Palomar West Medical Campus was designed to be eco-friendly. Palomar Pomarado Health hospital district is so planned a plan to use multimedia, incorporating healthcare-specific issues that reduce sensitivities to chemicals and pollutants, and travel distances from parking facilities. In addition, the hospital will increase access to natural spaces by creating “healing” gardens, a conservatory and green plants on the roof to reduce energy use. Earth-toned colors and furniture will provide a soothing, healing environment with natural lighting in an effort to help patients recuperate faster. The rooms are designed to make patients feel like they are at home, and lighting in the rooms will be designed to dim and change colors to promote sleep.

**Tips to Improve the Plan Review Process**

- Ensure design professionals or consultants are familiar with hospital design and building codes in California.
- Continuous interactive discussion and dialogue between the design team, the contract reviewers and OSHPD will improve the process.
- Submit all long-lead reviews such as Geotech reports, Design Criteria, Alternate Methods of Compliance (AMC), and Material Testing reports in the advance of model review submittals.
- Pre-consultations or preliminary reviews between the design team, the contract reviewers and OSHPD help prevent delays during the review process.
- Perform a quality control review prior to submitting designs.
- Submit complete packages. Provide complete specifications, calculations and drawings.
- Incomplete submittals will slow the process.
- Coordination between disciplines prior to submittal of segments is essential. Uncoordinated submittals slow down the review process which defeats the purpose of segmental review.

**HAZUS Updates as of July 2008**

California hospitals have submitted approximately 250 buildings for HAZUS reevaluation. OSHPD’s Facilities Development Division has completed 125 evaluations with another 125 in progress.

Of the completed evaluations:
- 68 buildings or 54.4% of the buildings moved from the SPC 1 designation to the SPC 2 designation.
- 51 buildings or 40.8% of SPC1 buildings tested remained in that category.

6 buildings or 4.8% of the buildings submitted for reevaluation were ineligible.

Ineligible buildings are either Unreinforced Masonry (URM) Buildings (3) or already rated SPC 2 or higher (3).

Of the 125 in progress:
- 10 buildings (8%) are recently arrived and are in queue.
- 17 building evaluations (13.6%) are under review by the SB 1953 unit.
- 98 buildings (78.4%) need additional information and are back with the owner.
- 50% of the buildings submitted for HAZUS have been completed.
- Response by the hospital owners is now ‘critical path’.
- FDD is currently pretty close to being caught up.

**250 Hospital Buildings Apply for Reevaluation Under Ongoing HAZUS Program**

The Office of Statewide Health Planning and Development’s (OSHPD) voluntary program to reevaluate the seismic risk of hospital buildings subject to the 2013 seismic safety deadlines continues to move forward with hospitals reporting on their building evaluations for 250 hospital buildings. With the final filing date for the HAZUS reevaluation open until July 1, 2009, OSHPD expects interest in the program to remain high.

In November of 2007, the Hospital Buildings Standards Commission approved the use of HAZUS, a state of the art assessment technology designed to measure the earthquake risk of hospitals buildings. OSHPD immediately began implementing the program by sending letters to all hospital buildings subject to the 2013 deadline, notifying them of the new HAZUS Reassessment Program.

Hospitals that are interested in applying for the program start the process by submitting a letter of intent to OSHPD specifying which buildings they would like reevaluated. Following the letter of intent, the hospital will need to submit a formal application and a $250 filing fee for each building that they would like reevaluated. Additionally, the hospital will need to provide a seismic preparation package by a structural engineer for each building along with structural drawings and a letter from a structural engineer confirming the presence or absence of certain structural deficiencies.

Once a complete HAZUS package is submitted to OSHPD, staff reviews the information to make sure all the necessary data to run the HAZUS application is included. The results of the reassessment are generally available six to eight weeks after the complete package has been received and evaluated.

Buildings that successfully meet the strict reassessment criteria will no longer be subject to the 2013 seismic safety deadlines, but will now be required to meet the 2030 seismic safety standards. Those buildings that fail the HAZUS reassessment remain subject to the 2013 deadlines and must either retrofit, replace or remove all acute care services from those buildings by January 1, 2013.

Results will be posted on OSHPD’s Web site at www.oshpd.ca.gov. HAZUS documents can be sent to:

**OSHPD**

Facilities Development Division – HAZUS Unit

1600 Ninth Street, Room 420

Sacramento, CA, 95814

Contact: Chris Tokas at (916) 654-8779 or E-Mail at ctokas@oshpd.ca.gov

For more information on any of the above programs, contact:

David Bynes, Information Officer, Public Affairs Office of Statewide Health Planning and Development Phone: (916) 326-4604 e-Mail: dbynes@oshpd.ca.gov

SB 1953


HAZUS


SB 1641

http://www.oshpd.ca.gov/FDD/SB1641_Index.html

LA Office

The Southern California office of FDO is located in the Metropolitan Water District Building in downtown Los Angeles, adjacent to the historic Union Station and within minutes of the region’s major transit hubs such as Amtrak, Metro Red/Silver line (subway) and MTA bus networks. Driving directions and parking in the vicinity may be found at www.mwdh2o. com/mwds2/pages/about/union_station_parking_map.pdf.

OSHPD

Office of Statewide Health Planning & Development

Facilities Development Division

700 Alameda Street, Suite 2-500

Los Angeles, CA 90012

Tel: (213) 897-0164

Fax: (213) 897-0168

Ombudsmam Line

If you have questions, un resolved complaints or compliments about OSHPD’s Facilities Development Division (FDD), call the Ombudsman at (916) 326-2600.

The line is available 24/7. If you have any questions, leave a voice message. Your call will be returned within two to three working days or as soon as possible.

You may also e-mail your questions to: Ombudsman@oshpd.ca.gov.

This line is not intended to handle specific questions regarding code interpretation or routine construction. These questions should be directed to OSHPD’s plan review of field personnel.

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Hospital beds or 4.8% of the buildings submitted for reevaluation were ineligible. Ineligible buildings are either Unreinforced Masonry (URM) Buildings (3) or already rated SPC-2 or higher (3).

Of the 125 in progress:

10 buildings (8%) are recently arrived and are in progress.

17 building evaluations (13.6%) are under review by the SB 1953 unit.

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OSHPD's Facilities Development Division has completed 125 evaluations with another 125 in progress. Of the completed evaluations:

68 buildings or 54.4% of the buildings moved from the SPC 1 designation to the SPC-2 designation.

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Tips to Improve the Plan Review Process

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- Submitted a construction timetable to OSHPD.

Hospitals will have the ability to appeal a denied 2015 extension request to the Hospital Building Safety Board, and an extension can be revoked if the construction is abandoned or suspended for a period of at least one year, unless the hospital demonstrates that the suspension was caused by factors beyond its control.


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