

OSHDP Office of Statewide Health Planning and Development



Hospital Building Safety Board

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**MEETING REPORT
HOSPITAL BUILDING SAFETY BOARD**

**Wednesday, May 6, 2015
10:00 a.m. - 4:00 p.m.**

**California Lottery Operations Division
Pavilion 1 & 2
700 North 10th Street
Sacramento, CA 95811
(916) 822.8033**

Board Members

Scott Karpinen, Chair
Rami Elhassan, Vice-Chair
Deepak Dandekar
John Donelan
Enid Eck
Michael Foulkes
Lou Gilpin
Mike Gritters
Mike Hooper
Henry Huang
Bert Hurlbut
Eric Johnson
Marshall Lew
Bruce Macpherson
Poki Stewart Namkung
Simin Naaseh
Michael O'Connor
Carl Scheuerman

OSHDP Staff

Robert P. David, OSHPD Director
Fran Mueller, OSHPD Chief Deputy Director
Paul Coleman, FDD Deputy Director
Glenn Gall
Muhammad Karim
Roy Lobo
Richard Tannahill
Chris Tokas
Elizabeth Wied

HBSB Staff

Linda Janssen, Executive Director
Evet Torres
Kathi Zamora, OSHPD

1 **1. I. Call to Order**

2 • **Welcome and Introductions**

3 Chair Scott Karpinen called the meeting to order. Board members, OSHPD staff,
4 and members of the public introduced themselves.

5 • **Announcements**

6 Mr. Karpinen made some housekeeping announcements.

7 • **Overview and approval of November 19-20, 2014 Full Board Meeting**
8 **Report/Minutes**

9 Mr. Karpinen reviewed the events of the November meeting.

10 Director Robert David had given a presentation on the state of OSHPD. He spoke
11 about OSHPD's participation in the California Health and Human Services Open
12 Data Portal for transparency; concerns about changes in hospitals that the
13 Affordable Care Act (ACA) may bring; legislative actions regarding the increased
14 demand for adequate primary care; and the two new leaders coming in to the
15 Legislature.

16 Mr. David also swore in Patrick Sullivan and Richard Tannahill as new members.
17 He recognized outgoing members Arlee Monson and John Egan.

18 Mr. Foulkes had given a presentation on the nomination process for the HBSB Chair
19 and Vice-Chair positions. Mr. Karpinen and Mr. Elhassan were nominated for those
20 respective positions.

21 Committee Chair Arlee Monson reported on the May, June, August, and September
22 meetings of the Education and Outreach Committee.

23 Committee Chair Bert Hurlbut reported on the May meeting of the Standard Details
24 Committee.

25 Committee Chair Scott Karpinen reported on the June and September meetings of
26 the Administrative Processes and Code Changes Committee.

1 Committee Member Simin Naaseh reported on the Instrumentation Committee
2 meeting in October.

3 Chris Tokas gave a presentation on the Napa earthquake.

4 Dr. Hussain Bhatia gave a presentation on Google Earth.

5 Gary Dunger gave a presentation on interactive plan review.

6 Facilities Development Division (FDD) Deputy Director Paul Coleman reported on
7 the division's activities.

8 Rami Elhassan gave a presentation entitled "Experimental Assessment of Lath and
9 Plaster/Metal-Stud Partitions."

10 Roy Lobo gave an update on Seismic Performance Rating (SPC)-1 buildings.

11 The HBSB elected Mr. Karpinen as Chair and Mr. Elhassan as Vice-Chair.

12 Glenn Gall gave an update on regulations.

13 **MOTION:** (M/S/C/) [Karpinen/Naaseh]

14 The Board voted unanimously to adopt the November 19-20, 2014 meeting
15 report.

16 **II. OSHPD Update**

17 • Swearing-in Ceremony for new HBSB members

- 18 ○ Michael J. Gritters
- 19 ○ Mike Hooper
- 20 ○ Marshall Lew, Ph.D.
- 21 ○ Deepak Dandekar

22 Mr. David swore in the four new Board members.

23 • Recognition of outgoing HBSB Member

- 24 ○ Bert Hurlbut

25 Mr. David honored Mr. Hurlbut, a Board member since 2006, who has chaired the
26 Administrative Processes and Code Changes Committee as well as the Standard
27 Details Committee.

1 • OSHPD Update

2 Mr. David began with legislative updates.

- 3 ○ AB 81 (Wood) is an urgency bill that would give a Willits hospital the same
4 seismic extension that was provided to certain facilities in AB 2557 last
5 session.
- 6 ○ AB 579 (Obernolte) would allow a general acute care hospital to operate an
7 emergency department more than 15 miles away from its main physical plant.
8 It has been turned into a two-year bill and currently is not moving.
- 9 ○ AB 911 (Brough) would authorize Saddleback Memorial Center to operate an
10 emergency department at the San Clemente campus. It has been pulled by
11 the author and may be taken up again in January. Senator Bates has a
12 similar bill that has been referred to the Assembly Health Committee.
- 13 ○ Pertaining to hospital community benefits, SB 346 failed passage in the
14 Senate Health Committee and AB 1046 was pulled.
- 15 ○ AB 1211 (Maienschein) would increase the number of beds allowed in a
16 congregate living health facility from 12 to 18. It is expected to pass through
17 the Senate Appropriations Committee in the next two weeks.
- 18 ○ SB 483 (Beall) would require hospitals that offer observation services to apply
19 for approval with the California Department of Public Health.

20 OSHPD is analyzing these bills and has worked with a number of the authors to
21 provide technical assistance.

22 OSHPD's main budget issue this year concerns the Healthcare Information Division.
23 It is a Budget Change Proposal to implement SB 906, passed last year; it
24 established an annual outcome reporting system for interventional cardiac
25 procedures.

26 The Healthcare Information Division is putting out a number of new data products
27 that take advantage of recent data, particularly that which informs of health care
28 changes affected by the ACA. A data product released last week shows a
29 substantial increase in emergency department use in the last couple of years.

1 There is a great deal of interest in the Legislature related to access to primary care.
2 A number of OSHPD programs focus on placing primary care providers in
3 underserved areas; the programs are getting a lot of attention in the Legislature.

4 OSHPD is focused on cost containment without negatively impacting public health or
5 safety in construction of health care facilities. The ACA focused largely on the
6 coverage aspects of increasing access to care; Mr. David felt that affordability will be
7 the next conversation.

8 The number of large projects being submitted to OSHPD continues to soften. Much
9 seismic work is in progress or has been completed, and hospitals are taking a
10 strategic look at their needs for additional in-patient capacity.

11 • Discussion and Public Update

12 Mr. Karpinen remarked that there seems to be increased action regarding legislative
13 bills. Mr. David responded that there is always interest in hospitals and health care.
14 There is definitely more legislation on the workforce side of OSHPD and less on the
15 facilities side.

16 Ms. Eck asked about any discussion on energy conservation – a huge expenditure
17 for facilities. Mr. Coleman responded that most green energy standards are optional
18 for hospitals; they are exempt from California energy standards that apply to other
19 building occupancies. There has never been an incentive for hospitals to cut costs
20 via their energy consumption, but OSHPD encourages it.

21 **2. III. Technology Committee – Eric Johnson, Committee Chair**

- 22 • Overview and approval of meeting reports/minutes
23 ○ November 17, 2014

24 Mr. Johnson reported that at the November meeting, Dr. David Bliss had given a
25 presentation on microgrid technology. It brought to light the increasing technological
26 change coming OSHPD's way.

1 Mr. Coleman had also reviewed electronic services at OSHPD, including automation
2 of code checking.

- 3 ○ March 4, 2015

4 At the March meeting, Mr. Shahrokh Sayadi gave a presentation on “Emerging
5 Technologies in Healthcare,” covering “Big Data,” the “Internet of Things,” wearable
6 and embedded technologies, biosensor tattoos, etc. The committee had decided to
7 begin a list of definitions of new words and phrases coming from both industry and
8 the building side.

9 Mr. Scheuerman had spoken about the idea of the cyberfunctionality of a hospital.

10 Mr. Coleman had spoken about e-PlanSoft software, and described how at the end
11 of this year, all staff will have Electronic Plan Review capability.

12 The committee had discussed future workshops:

- 13 ○ Building systems
- 14 ○ Clinical systems
- 15 ○ The design side – architects and engineers

16 The first workshop will be held on May 20. Topics will be:

- 17 ○ Building Automation Systems: HVAC Controllers, Connectivity, Failure
18 Scenarios
- 19 ○ Integration of IT in Building Systems: convergence of all IP-based equipment,
20 redundancy, backup, data storage
- 21 ○ The “Internet of Things” trend
- 22 ○ Microgrid technology and demand response, including energy storage, IT
23 integration of energy control components, and power failures
- 24 ● Discussion and Public Input

25 Ms. Naaseh asked how the workshop is being advertised. Ms. Janssen replied that
26 staff is utilizing the listserv and posting the announcement on the website.

1 Ms. Namkung inquired about the length and cost. Mr. Johnson answered that it will
2 run from 10:00 to 4:00 (tentatively) and it will be free. He added that he hoped to
3 finish all three workshops before November.

4 **MOTION:** (M/S/C/) [Scheuerman/Elhassan]

5 The Board voted unanimously to adopt the November 17, 2014 and March 4,
6 2015 Technology Committee Meeting report.

7 **3. IV. Board Procedures Committee – Michael Foulkes, Committee Chair**

- 8 • Overview and approval of meeting reports/minutes
- 9 ○ December 9, 2014

10 Mr. Foulkes stated that the committee meets in order to discuss with staff what
11 worked in the past year, to obtain advice and counsel for leadership, and to talk
12 about the coming year.

13 The committee had reviewed the HBSB committees.

14 The committee had left HBSB policies intact.

15 The committee discussed break in service. They voted to have one year constitute
16 a “break in service.”

17 The committee discussed ex-officio members. Because legal counsel was not
18 present, the discussion had to be continued for a future meeting. The bottom line
19 was that ex-officio members cannot vote.

20 **MOTION:** (M/S/C/) [Namkung/Huang]

21 The Board voted unanimously to adopt the December 9, 2014 Board Procedures
22 Committee Meeting report.

- 23 • Discussion and Public Input

24 Mr. Scheuerman stated that at the Technology Committee meeting in March, a full
25 quorum had been present but the Chair and Vice-Chair had not. He recommended
26 for the Board Procedures Committee to direct the HBSB in how to respond to such
27 situations.

1 **4. V. Structural and Nonstructural Regulations Committee** – Henry Huang,
2 Committee Chair

- 3 • Overview and approval of meeting reports/minutes
- 4 ○ February 10, 2015

5 Mr. Huang reported that the committee had reviewed the proposed OSHPD
6 structural amendments for the California Building Standards Code (CBSC) 2016
7 version.

8 Mr. Karim had given a presentation on the new structural performance category that
9 OSHPD was introducing: SPC-4D for nonconforming buildings. The expectations
10 for SPC-4D buildings are that they control damage after an earthquake to permit
11 return to function similar to SPC-3 or SPC-4 buildings. Mr. Huang discussed the
12 category.

13 Mr. Huang further explained the OSHPD structural amendments for CBSC 2016.

- 14 1. Demand is based on ASCE 7-10.
- 15 2. There is no change in seismic hazard maps.
- 16 3. Steel Design is based on AISC 360-10 and AISC 341-10/358-10.
- 17 4. There are a few new and updated standards.
- 18 5. All Pre-Approvals for CBC 2013 can still be used for CBC 2016.
- 19 6. There is a major structural change in the 2015 IBC.
- 20 7. There is a change in IEBC 2015 to alterations and repairs.
- 21 8. OSHPD was proposing to keep CBC Chapter 34A, adopting IEBC 2015
22 Chapter 4 as the primary basis for chapter 34A.
- 23 9. Staff provided reasons for not adopting IEBC 2015. The CBC will have far
24 fewer regulations to achieve the same goal.
- 25 10. Special Inspections have two substantial changes.
- 26 11. Base isolated buildings in Seismic Design Category D can be designed by
27 linear procedure.
- 28 12. Appendix J – Grading of 2015 IBC will no longer be adopted.
- 29 13. When OSHPD stamps a site grading plan, it writes the intention for the
30 grading.

1 14. Additions in Chapter 18A are Requirements of Underpinning and Provision for
2 Steel Sheet Piles shoring.

3 Mr. Coleman clarified that SPC-4D has been a building standard in progress, and
4 some of the items from the meeting may have changed. Submission time to the
5 Building Standards Commission (BSC) is getting closer. OSHPD will be holding a
6 seminar on May 12 in collaboration with the California Hospital Association; it will go
7 through the current language and give an example of how it might play to a typical
8 SPC-2 building.

9 **MOTION:** (M/S/C/) [Marshall/Lew]

10 The Board voted unanimously to adopt the February 10, 2015 Structural and
11 Nonstructural Regulations Committee Meeting report.

12 **5. VI. Education and Outreach Committee** – John Donelan, Committee Chair

- 13 • Overview and approval of meeting reports/minutes
14 ○ March 5, 2015

15 Mr. Donelan reported that the committee had discussed the completed Hot Topics
16 seminar, which was presented in Northern and Southern California.

17 The main business of the meeting was to develop future seminar topics. “Building
18 Relationships for a Successful Project” was identified. Mr. La Brie was tasked with
19 developing an agenda.

20 Inspector of Record (IOR) Mike Hooper was tasked with surveying IORs for potential
21 topics.

- 22 ○ April 22, 2015

23 The committee identified subjects for the “Building Relationships for a Successful
24 Project” seminar.

25 Mr. La Brie reported on the seminar development plan.

26 Subjects for IOR training were identified.

27 Mr. La Brie was tasked with developing a work plan for presentation at this Board
28 meeting.

1 Tentative target dates were identified.

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

3 The Board voted unanimously to adopt the March 5, 2015 and April 22, 2015
4 Education and Outreach Committee Meeting reports.

5 • Discussion and Public Input

6 Ms. Eck asked who the stakeholders were to which the survey would be sent. Mr.
7 Donelan responded that she would be able to select those end users.

8 **6. VII. Education and Outreach Committee’s Educational Opportunity of 2015:**

9 **The *Building Relationships for a Successful Project Seminar* – Joe La Brie, HBSB**
10 Consulting Member

11 • The Committee will present for Board approval, a work plan and schedule of the
12 preparations needed in the upcoming months to hold this one-day seminar, planned
13 for the third quarter of this year

14 Mr. Donelan gave the presentation in Mr. La Brie’s absence.

15 Mr. La Brie had identified some of the major areas as Construction, Design, Quality
16 Assurance, Agency, and Owner – there are many people involved in a construction
17 project.

18 Mr. Donelan read the Abstract, which included the statement, “Identifying and
19 understanding key relationship attributes that are the crucial ingredients to
20 successful projects is of paramount importance for every project.”

21 Priorities include:

- 22 ○ Promote improved alignment of expectations.
- 23 ○ Illuminate disparities between actual practice, code-required practice, and
24 beliefs.
- 25 ○ Involve as many people as possible.

26 The Work Plan includes:

- 27 ○ Establish a Poll Group comprised of project stakeholders.
- 28 ○ Have each Board Members request five work associates to participate.

- 1 o Develop a strategic survey/questionnaire.
- 2 o Analyze and present poll results.
- 3 o Identify case studies of healthy projects.
- 4 o Identify roles and responsibilities as prescribed by code.
- 5 o Compare and contrast poll results, case studies, and code requirements.
- 6 o Identify acceptable areas of variability.
- 7 o Identify connection challenges.
- 8 o Organize a panel discussion.

9 Mr. Donelan reviewed the proposed seminar preparation schedule and the schedule
10 for the seminar itself.

11 • Discussion and Public Input

12 Mr. Scheuerman requested a description in writing for the Board members to be able
13 to give associates when asking them to participate. Mr. Donelan said that he would
14 work with Mr. La Brie to produce something.

15 Ms. Eck asked about the process for developing the questions. Mr. Donelan
16 answered that the poll group would have an opportunity to contribute; they will draft
17 questions and put them into a prescribed format.

18 **MOTION:** (M/S/C/) [Johnson/Eck]

19 The Board voted unanimously to move forward with the proposed plan set forth
20 by Joe La Brie and presented by John Donelan.

21 **7. VIII. Administrative Process and Code Changes Committee – Bruce**

22 Macpherson, Committee Chair

- 23 • Overview and approval of meeting reports/minutes
- 24 o April 23, 2015

25 Mr. Macpherson reported that the committee had narrowed its goals for 2015 down
26 to four:

- 27 1. Monitor proposed 2016 code amendments and processes.
- 28 2. Address mobile access for OSHPD field staff.
- 29 3. Help establish process and protocols for Electronic Plan Review.

1 4. Help clarify field enforcement of Special Seismic Certification and Bracing.

2 Glenn Gall had given an overview of the OSHPD draft proposals for the 2015
3 Triennial Code Adoption Cycle to sections of the 2016 California Building Standards
4 Code. The committee members had made numerous suggestions on the items;
5 OSHPD staff took them under advisement.

6 Mr. Gall gave an overview of the revision cycle schedule for the *2018 FGI Guidelines*
7 *for Design and Construction of Health Care Facilities*. Mr. Macpherson noted that
8 the Guidelines are very much a forward-looking process to anticipate developments
9 in health care facilities as they relate to the ACA, as well as to the cost of the
10 facilities and developing baselines that do not compromise health, safety, and
11 welfare and the ability to use the facilities.

12 **MOTION:** (M/S/C/) [Macpherson/Naaseh]

13 The Board voted unanimously to adopt the April 23, 2015 Administrative
14 Processes and Code Changes Committee Meeting report.

15 Mr. Macpherson reviewed the committee's Next Steps.

16 **IX. Regulations Update** – Glenn Gall, FDD Building Standards Unit

17 Mr. Gall stated that OSHPD would be accepting comments and recommendations
18 for inclusion into the packages, so that when OSHPD initially submits them to the
19 BSC, they can be as final as possible. He emphasized that the OSHPD process is
20 public.

21 Mr. Gall summarized changes to Title 24 – Part 1, California Administrative Code:

- 22 ○ Many of the administrative standards adjustments have to do with fees and
23 processes, so OSHPD can start to recoup time and energies for activities it is
24 involved in.
- 25 ○ The Inspection Services Unit had many comments and requests that are
26 clarified in regulations.
- 27 ○ Test language was coordinated with code terms.
- 28 ○ “Amended Construction Documents” was retitled “Changes to the Approved
29 Work.”

1 Changes to Title 24 – Part 2, California Building Code:

- 2 ○ Many of the changes are updates in terms of services provided at hospital
- 3 facilities.
- 4 ○ Many of the changes are ongoing restructuring with OSHPD’s own code 1, 2,
- 5 3, and 4 – it will keep OSHPD more current and prevent duplication of
- 6 language.
- 7 ○ Emergency Service is formatted into three tiers: Standby, Basic, and
- 8 Comprehensive.
- 9 ○ Supplemental Surgery Services, Electroconvulsive Therapy, Nuclear
- 10 Medicine, and Outpatient Service Space have added sections.
- 11 ○ For OSHPD 1, the California Energy Code (Part 6) is added to the provisions
- 12 of the BSC.
- 13 ○ The exceptions for OSHPD 1, 2, and 4 from provisions of the California
- 14 Energy Code are repealed.
- 15 ○ Some Definitions are clarified that have been problematic since the 2007
- 16 Code.
- 17 ○ Some sections are relocated from 1224.14 (Nursing Service Space) to 1224.4
- 18 (General Construction).
- 19 ○ OSHPD 2 requirements for Skilled Nursing Facilities update language about
- 20 household models.
- 21 ○ With the onset of the ACA, many Primary Care Clinics now provide dental
- 22 treatment. Guidance is provided in OSHPD 3 for designers.

23 Changes to Title 24 – Part 3, California Electrical Code:

- 24 ○ The majority of changes are a re-upping of our electrical requirements based
- 25 on the 2014 National Electrical Code. It is one year out of sync with the other
- 26 model codes, which are 2015 baseline.
- 27 ○ Nurse call systems add an exception that two-way voice communication is not
- 28 required at skilled nursing bed locations – when not provided, resetting at the
- 29 calling station is required.

30 Changes to Title 24 – Part 4, California Mechanical Code:

- 1 ○ The Mechanical Code has adopted ASHRAE 170 – the ventilation
- 2 requirements for health facilities. ASHRAE 170 is part of the FGI Guidelines,
- 3 which are the national standard for hospital and health care construction.
- 4 OSHPD has been trying to influence the committee to realize that the way
- 5 California does it is actually better.
- 6 ○ OSHPD is still doing some California Mechanical Code revisions relative to
- 7 California Environmental Quality Act (CEQA) studies, but they are somewhat
- 8 changed from the initial proposal; the two scoping meetings have been
- 9 cancelled.

10 Changes to Title 24 – Part 5, California Plumbing Code:

- 11 ○ There are some new Essential Plumbing Provisions requirements.
- 12 ○ The prohibition for pressed metal fittings on copper piping is repealed –
- 13 industry has shown that the product is now more foolproof.
- 14 ○ OSHPD is having public scoping meetings on CPC CEQA studies on the use
- 15 of plastic pipe, pressed metal fittings, and use of Teflon for dialysis water feed
- 16 lines.

17 Mr. Gall showed the 2015 CBSC Rulemaking Cycle dates. He noted that comments

18 received from the last meeting were very good.

19 Mr. Gall showed the timeline for the FGI Guidelines 2018. He stated that OSHPD

20 continues to look to the national standards for incorporation into the California code

21 – it is one of the nine-point criteria in rulemaking adoption for the BSC. The question

22 is, “Does it incorporate a national standard?”

23 Mr. Gall pointed out that the public proposal period lasts from May through October.

24 He said that the 2018 edition will be broken into three different volumes: hospitals,

25 residential healthcare facilities, and outpatient facilities.

26 ● Discussion and Public Input

27 Mr. Karpinen asked about the cancelled CEQA meetings for the return air plenum

28 and flex duct. Mr. Gall explained that OSHPD is not taking it out of the

1 recommendations, but is adjusting it; it really doesn't fit now the way the initial study
2 was set up.

3 Mr. Foulkes commented that it sounded like the health care facility exemption is
4 being pulled out of the energy standards. Mr. Gall explained that those facilities are
5 typically exempt because they are "I" occupancies.

6 **X. Facilities Development Division Update** – Paul Coleman, FDD Deputy Director

7 Mr. Coleman reported on the following.

8 The workload figure of \$3.3 billion in Plan Review has been leveled off for about a
9 year (a 60% decrease from 2011). This will not change much in the near future.

10 Mr. Coleman felt that technology is going to have an even more significant long-
11 range impact on workload than the ACA. Much can now be done in outpatient or
12 home settings that used to require a hospital. A current oft-heard phrase is
13 "healthcare everywhere."

14 FDD's year-to-date income as of March 31 was about \$28 million while expenses
15 were about \$37 million. OSHPD is hoping to increase revenues. An ongoing
16 problem is overdue invoices: although invoices are due within 30 days, 207
17 hospitals have invoices out over 90 days as of February 28.

18 Mr. Coleman discussed factors that have influenced hospital projects since 1993:
19 AB 1732, the Northridge earthquake, SB 1661, HAZUS 2010/VS1, and the ACA.

20 About 17% of hospital construction dollars are spent on seismic improvement work.

21 The impact of Amended Construction Documents (ACDs) is sizeable: they cost
22 FDD about twice as much in labor as the fees received for the work. Even so, the
23 number has come down by about half since the '90s. Mr. Coleman explained three
24 methods for minimizing the impact of ACDs.

25 OSHPD is starting a pilot for Electronic Plan Review that will use e-PlanCheck
26 software. Mr. Coleman showed the timeline.

27 OSHPD may have to begin looking at staffing levels – they may be too high for the
28 FDD workload.

1 Mr. Coleman showed the first quarter Workload in Construction Values by region –
2 for all projects, then for Skilled Nursing Facilities (SNFs).

3 As the larger projects diminish, two-thirds of the current workload is Post Approval
4 Documents (PADs) – somewhat troubling because the effort costs more than the
5 fee. However, for SNFs, PADs are only one-third.

6 For 2014, the number of projects (PADs and Plan Reviews) meeting the established
7 completion date goals has stayed in the mid-90% range and above. A significant
8 number is completed ahead of the date goals.

9 FDD's three primary objectives for 2015 are:

- 10 1. Propose building codes that make hospital construction more cost-effective in
11 California, and ensure that the codes are more in alignment with national
12 standards.
- 13 2. Improve Inspector of Record (IOR) performance through an effective
14 training/education program.
- 15 3. Reduce projects in closure by 50% or more. Mr. Coleman listed the
16 paperwork necessary for project closures. He explained that project closure
17 is important to prevent loss of state reimbursements for services and delays
18 in occupancy, future projects, sales of buildings, etc.

19 Of reported unauthorized work at SNFs, more than half is equipment replacement
20 projects; accordingly OSHPD has begun developing how-to guides for SNFs.

21 At hospitals, the majority of unauthorized work is reported by FDD staff. Most of the
22 work is renovation.

23 In a January employee survey, staff responses concerned three main themes:
24 communication, technical training, and accountability. 93% of staff agreed or
25 strongly agreed that they understand and abide by OSHPD's core values. 79% are
26 very satisfied with their jobs. Mr. Coleman asked executive staff, supervisors, and
27 managers to concentrate on responses where agreement was below 60%.

1 In 2014, clients completed 152 Quality of Service Surveys regarding OSHPD's
2 service. 68% agreed or strongly agreed that they were satisfied with the level of
3 service. Mr. Coleman hoped to see the percentage increase this year.

4 To improve communication with employees, FDD held two offsite meetings in
5 February – they discussed budget, the direction in which they are going, etc. An
6 FDD internal newsletter is published quarterly. OSHPD has also developed a
7 SharePoint website that includes presentations that staff have given for industry
8 groups.

9 Only 41% of staff felt that FDD provides the right level of technical training, so the
10 division is ramping that up.

11 The website <http://report.oshpd.ca.gov/> provides specific project reports for FDD and
12 all the OSHPD divisions.

13 Mr. Bhatia is developing a smartphone application for industry use – FDD staff,
14 clients, hospitals, etc. It will allow quick access to the OSHPD and FDD websites,
15 office directions and navigation, the report website, staff phone list, Quality of
16 Service Survey, information on hospitals, Pre-Approvals, Code Application Notices
17 (CANs), Policy Intent Notices (PINs), FAQs, etc. Mr. Coleman provided a
18 demonstration.

19 • Discussion and Public Input

20 Mr. Karpinen asked if the definitions of Materially Alter are in the code now. Mr.
21 Coleman answered that they are in the Regulation Definitions; they indicate eight
22 categories of changes that do not Materially Alter.

23 Mr. Karpinen asked if the Standard Details can be made more flexible to handle
24 modifications. Out in the field, if a plan needs a new Standard Detail, is that an
25 ACD? Mr. Coleman answered that it wasn't necessarily.

26 Another Board member pointed out the situation where field staff requires an ACD
27 for a change that is clearly Non-Materially Alter – they say they want it documented
28 in the approved plans. Mr. Coleman responded that they shouldn't be doing that;
29 there are different ways to document Non-Materially Alter changes, such as the log.

1 Mr. Karpinen mentioned the Remodel CAN with regard to situations where projects
2 are done without permits. If a fan goes out, owners tend just to have the
3 maintenance workers replace it – the CAN requires a lot of work for a simple fan
4 replacement. Mr. Karpinen suggested modifying it.

5 Regarding the employee survey, an Interested Party asked if HR has a public
6 entity/peer group it works with to look at Best Practices. Mr. Coleman responded
7 that OSHPD does have a plan component of core competencies and training
8 needed by staff.

9 Ms. Eck asked if the survey had captured age or gender. Mr. Coleman replied that it
10 did not; they had tried to make the survey as blind as possible. Ms. Eck commented
11 that the Kaiser in-house surveys include optional age, gender, and ethnicity
12 questions. These surveys have shown that older employees are significantly less
13 likely to speak up than younger ones. Mr. Coleman added that older employees are
14 more apt to be averse to change while younger employees are more open to
15 question things.

16 An Interested Party commented on the value of having younger staff receive
17 exposure out in the facilities on regular projects. Mr. Coleman commented on the
18 value of intermingling field and office staff.

19 **XI. Seismic Compliance Update** – Roy Lobo, FDD Structural Services Section

20 Mr. Lobo began with the preliminary results of the 2014 SB 499 reports. The
21 Seismic Compliance Unit wanted to ensure that all SPC-1 buildings were going to be
22 compliant, so they all had to report via SB 499s.

23 As of January 1, 2015, 82 SPC-1 buildings will be compliant.

24 Mr. Lobo showed SPC-1 building extensions as of January 15, 2015. There were
25 225 SB 90 buildings that had extensions.

26 Mr. Lobo gave a timeline from the SB 499 reports for removal of the SPC-1 buildings
27 via Method of Compliance: Retrofit, Rebuild, Replace, or Remove. Between now
28 and 2020, about 60 hospital buildings need to be removed.

29 The two preferred choices for Method of Compliance are Rebuild and Retrofit.

1 Mr. Lobo showed the service bed numbers in SPC-1 buildings by hospital
2 department, Method of Compliance, and timeline.

3 Mr. Lobo showed 2014 SB 499 Anticipation Compliance per hospital chain.
4 Unaffiliated chains are taking the longest while Kaiser may be done with theirs
5 already.

6 Mr. Lobo showed the number of SPC-1 buildings as of April 23 compared to the first
7 quarter of this year. 20 have been removed so far in 2015, but about 80 need to be
8 removed by the end of the year.

9 Mr. Lobo showed the status of SPC buildings with their extensions as of April 23,
10 2015. By September 2015, any SPC-1 building with only SB 1661 or AB 2557
11 extensions should be in compliance with the law. He then showed building totals of
12 those with expired extensions.

13 The Seismic Compliance Unit has sent letters of non-compliance to eight buildings.
14 The unit has sent emails to 26 buildings where SB 90 resolution was different from
15 the 2014 SB 499 report. The unit is preparing letters to facilities that have missed
16 major milestones in their SB 90 schedules.

17 All hospitals should have been Nonstructural Performance Category (NPC)-2 by
18 January 1, 2002 – but there are still 53 (299 buildings) that are NPC-1. The Seismic
19 Compliance Unit has issued the appropriate letters.

20 Since 2001, 709 buildings have been removed from SPC-1; 318 remain. We have
21 added 417 SPC-2 buildings and 535 new SPC-5 buildings.

22 Seismic performance ratings and extension requests are posted on the OSHPD
23 website.

24 Mr. Lobo showed a graph with the historical changes to the SPC-1 building inventory
25 since 2001. In 2007 HAZUS made a major difference.

26 Mr. Lobo listed the concerns for the 2030 compliance deadline. The top two were
27 that rural and other hospitals in underserved areas have limited resources, and that
28 some SPC-2 buildings are landlocked by higher SPC buildings such that removing
29 the SPC-2 building from service could make the hospital inoperable.

1 OSHPD is adopting a new category: SPC-4D. It provides the option for
2 nonconforming buildings (those built to pre-1973 code) to be upgraded to SPC-4D to
3 provide service beyond 2030.

4 • Discussion and Public Input

5 Mr. Lew asked if there were any correlation between the SPC and the NPC
6 deficiencies. Mr. Lobo answered that there was not.

7 **XII. Meeting Wrap-Up** – Scott Karpinen, HBSB Chairperson

8 Mr. Karpinen stated that today’s presentations would be posted on the OSHPD
9 website. He also directed the new members to useful information at the back of the
10 binders (see below), and to some of the front pages which may require signatures.

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

12 The Board voted unanimously to adjourn at 3:15.

13 **XIII. Information Items**

- 14 • HBSB Membership..... XIII – 1
- 15 • HBSB Roster..... XIII - 3
- 16 • HBSB Consulting Members Roster..... XIII - 7
- 17 • HBSB Committee List..... XIII - 9

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