

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



**Hospital Building Safety Board**

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**HOSPITAL BUILDING SAFETY BOARD**

**Administrative Processes and Code Changes Committee**

**Wednesday, April 27, 2016**  
**10:00 a.m. - 4:00 p.m.**

**Office of Statewide Health Planning and Development**

400 R Street, Suite 452  
Sacramento, CA 95811  
(916) 440-8453

and

**Metropolitan Water District Headquarters**

700 N. Alameda Street, Suite 2-546  
Los Angeles, CA 90012  
(213) 897-0166

**APCC Committee Members Present**

Bruce Macpherson, Chair  
Rami Elhassan, Vice-Chair  
John Donelan  
Mike Hooper  
Henry Huang  
Eric Johnson  
Scott Karpinen  
Michael O'Connor  
Carl Scheuerman

**OSHPD Staff**

Robert David, OSHPD Director  
Paul Coleman, FDD Deputy Director  
Connie Christensen  
Chris Dickey  
Gary Dunger  
Glenn Gall  
Eric Jacobsen  
Mohammad Karim, Ph.D.  
Roy Lobo  
Ramin Sadr  
Chris Tokas  
Jeff Trautman  
Beth Wied  
Veronica Yuke

**HBSB Staff**

Krista Harrington  
Evet Torres, HBSB

1 **1. Welcome and Introductions**

2 Mr. Bruce Macpherson, Committee Chair, called the meeting to order and invited  
3 everyone to introduce themselves. He announced that a quorum was present.

4 **2. Review the September 22, 2015 meeting report/minutes**

5 Mr. Macpherson stated that the meeting report had been approved at the last full Board  
6 meeting. He summarized the highlights of the meeting.

7 **3. Presentation of new and updated OSHPD Policy Intent Notices (PIN) –**

8 Mohammad Karim

- 9 • **Update to PIN 58: OSHPD Preapproved Agency (OPA) for Structural Tests**  
10 **and Special Inspections:**

11 The updated PIN replaces the existing OSHPD Preapproved Laboratory  
12 program (which only approves testing agencies) with the OPA program  
13 (which approves both testing and special inspection agencies).

14 Dr. Mohammad Karim, OSHPD, explained the PIN 58 update as follows.

- 15 ○ The PIN includes a special inspection as part of its scope.  
16 ○ The PIN is renamed to *OSHPD Preapproved Agency*.  
17 ○ A fundamental change in the code is that all special inspections need to  
18 be done by an approved inspection agency. Since the special inspection  
19 equipment was created, a special inspector was responsible for  
20 inspection. Going forward, that responsibility will belong to the approved  
21 inspection agency.  
22 ○ Because a special inspector may physically leave the jurisdiction and be  
23 unreachable, the National Building Code wanted to ensure that an  
24 approved agency was responsible rather than individual inspectors.  
25 ○ Testing agencies accredited to International Organization for  
26 Standardization (ISO)/ International Electrotechnical Commission (IEC)  
27 17025 are deemed to be approved; it is one of the acceptable standards.  
28 ○ Inspection agencies need to be accredited to ISO/IEC 17020; other  
29 equivalent standards are also acceptable.

- 1           ○ The code very clearly defines the responsibility of the testing and
- 2           inspection agencies.
- 3           ○ The majority of labs are both testing agencies and inspection agencies.
- 4           ○ Some functions overlap between testing agencies and inspection
- 5           agencies.
- 6           ○ Single-approval programs for testing and inspection, as opposed to
- 7           project-by-project, are highly desirable.
- 8           ○ Dr. Karim explained the basis of approval for testing agencies, special
- 9           inspection agencies, Division of State Architect (DSA)-Laboratory
- 10          Evaluation and Acceptance (LEA) approved agencies, special inspectors,
- 11          and acceptable accreditation bodies.
- 12          ○ Regarding implementation, first and foremost the owner must employ an
- 13          approved agency rather than anyone else. The architect or engineer in
- 14          charge must prepare a Testing, Inspection and Observation (TIO)
- 15          program. All tests must be performed by an independent approved
- 16          agency.

## 17   **Discussion and Public Input**

18   Mr. Paul Coleman, OSHPD, mentioned that there had been some concern about using  
19   the acronym *OPA* for this program, because currently the program is called *OPL* for  
20   *OSHPD Preapproved Laboratories*. A number of *OPAs* are still in existence under the  
21   *OSHPD Preapproved Anchorage*. He welcomed any suggestion for alternate names for  
22   the program.

23   Mr. Coleman noted that this is a discretionary program that agencies can choose to  
24   participate in.

- 25          • **New PIN 62: OSHPD Preapproval of Manufacturer's Certification (OPM)**

26          The new PIN formalizes existing OSHPD Policy for the OPM program.

27          Dr. Karim said that the program has been in existence for 20 years and is  
28          now getting its own PIN. Issuing the PIN will create uniformity in  
29          enforcement.

- 1           ○ The PIN formalizes, and does not change, current OSHPD policy related
- 2           to OPM.
- 3           ○ A goal in creating the program was to keep the program transparent and
- 4           accessible. The requirements for the OPM program are always posted on
- 5           the website.
- 6           ○ Uniformity in enforcement has been a concern.
- 7           ○ OPM is a preapproval program mandated by statute – the Health & Safety
- 8           Code. The statute also gives OSHPD the authority to write regulations.
- 9           ○ The supports and attachment requirement is an expansion of existing
- 10          code regarding Certificate of Compliance for Special Seismic Certification.
- 11          ○ If design and construction are done under the manufacturer’s certification,
- 12          a Certificate of Compliance is required.
- 13          ○ Dr. Karim explained the distinction between supports and attachments.
- 14          He also explained components in relation to supports and attachments.
- 15          ○ Dr. Karim explained the requirements for submittal.
- 16          ○ The program is voluntary for manufacturers, designers, and suppliers.
- 17          ○ The scope is limited to seismic design.
- 18          ○ The program is not a product approval program, so vibration isolators, roof
- 19          curbs, and concrete anchors cannot be approved as standalone items.
- 20          ○ Dr. Karim explained the OPM “single component” and “distribution
- 21          systems” implementation processes, from submittal to TIO report and
- 22          compliance report.

23 Mr. Scott Karpinen, Committee Member, commented that layout drawings are never  
24 perfect, and little changes that require Amended Construction Documents (ACDs) can  
25 delay construction. Dr. Karim responded that non-material alterations do not trigger  
26 ACDs.

27 Mr. Macpherson asked about 12B of the PIN itself regarding layout drawings; does it  
28 also mention ACDs? Dr. Karim answered as explained in the first FAQ.

- 29           ○ All the OPMs are posted on the website in keeping with the OSHPD goal
- 30           of accessibility.

1           o Dr. Karim went over the OPM submittal requirements.

2    **Discussion and Public Input**

3    An Interested Party asked about the Certificate of Compliance required for all supports  
4    and attachments – does that apply to a standard gravity support for a pipe? Dr. Karim  
5    replied that the manufacturer’s certification requirement is a seismic requirement only.  
6    Mr. Chris Tokas, OSHPD, said that Dr. Karim was discussing the requirements of  
7    Chapter 13 of American Society of Civil Engineers (ASCE) 7, which only addresses  
8    seismic issues and anything related to anchors and bracing. Gravity supports do not  
9    belong in that chapter.

10   An Interested Party from Los Angeles asked a question regarding components. Dr.  
11   Karim replied that components are outside the scope of this PIN; it is for supports and  
12   attachments only.

13       • Update to **PIN 55: OSHPD Special Seismic Certification Preapproval (OSP)**

14           The PIN is updated consistent with 2016 California Building Code

15           Dr. Karim stated that there are no changes other than the changes in the code.

16    **Discussion and Public Input**

17    For PIN 58, Mr. Macpherson suggested the name “OPAA.”

18    Mr. Karpinen suggested that IORs and others might misinterpret PIN 62 on the non-  
19    seismic versus seismic question. Dr. Karim explained that the last FAQ addresses the  
20    issue and is part of the PIN.

21    For PIN 55, Mr. Coleman recommended underlining the code changes.

22    **Discuss and approve the Committee’s formal recommendation to the full Board**

23    **MOTION:** (M/S/C/) [Scheuerman/O’Connor]

24           The committee moved advancement of draft PINs 55, 58, and 62 as amended for  
25           final recommendation to the full Board. Motion carried unanimously.

1 **4. Presentation on Federal Energy Regulations with Respect to Hospitals and**  
2 **Implications for California – Walter Vernon, Mazzetti**

3 Mr. Walter Vernon of Mazzetti & Associates began by noting that while other states all  
4 have energy requirements, California hospitals are exempted from energy requirements  
5 of any sort.

- 6 • Mr. Vernon listed a requirement from the Department of Energy that every state  
7 shall certify that it has energy efficiency requirements that meet or exceed  
8 American Society of Heating, Refrigerating and Air Conditioning Engineers  
9 (ASHRAE) 90.1-1989. It does not exempt hospitals. (Mr. Coleman noted that  
10 the regulation covers “commercial building code.”)
- 11 • California Title 24 does not cover the “I” Occupancy Group.
- 12 • At this point no one covers this issue. OSHPD does seismic but not energy  
13 regulation, and the California Energy Commission is not permitted to regulate  
14 hospitals.
- 15 • Mr. Vernon suggested that we do something to look at energy, given where the  
16 rest of the world is going on this issue.

17 **Discussion and Public Input**

18 Mr. Macpherson asked for discussion on the definition of “institution” versus  
19 “commercial.” Mr. Vernon said that he has consulted with the Department of Energy  
20 (DOE) and the Environmental Protection Agency (EPA), and they believe this covers  
21 hospitals.

22 Mr. Coleman commented that there are several factors for OSHPD to consider.

- 23 • OSHPD considers hospitals to be institutional buildings rather than commercial;  
24 most of them operate at a loss.
- 25 • The California Energy Code is trying to limit the amount of consumption; they  
26 speak of maximum energy. In many cases, hospitals deal with minimum energy.
- 27 • Hospitals realize that energy is one of their major costs and they have  
28 undertaken energy-saving steps.

- 1 • New hospital buildings are aspiring for some level of Leadership in Energy and  
2 Environmental Design (LEED) certification.
- 3 • OSHPD works with the hospitals to ensure that they use energy savings to the  
4 highest extent possible.
- 5 • Mr. Coleman felt that hospitals are doing an outstanding job of looking at their  
6 energy usage and looking at any areas where they can save money.

7 Mr. Vernon agreed that the fact that these hospitals are achieving LEED certification  
8 shows that there is no conflict between energy saving and clinical performance.

9 Mr. Scheuerman asked about the focus of hospital energy regulations. Mr. Vernon  
10 replied that there is a lot of information out there about how energy saving can be done;  
11 the DOE published their *Advanced Energy Design Guides* for hospitals that show how  
12 to reduce energy consumption 30-50% very easily without compromising clinical quality.

13 Mr. Robert David, OSHPD, commented that hospitals are already incentivized by  
14 market forces to do this on their own. Why would you propose that the government  
15 should set standards? Mr. Vernon replied that while some hospitals are doing some  
16 things, not all hospitals are doing everything. If the Governor has aggressive goals  
17 about energy saving in this state, and federal law applies to all industries, and other  
18 states are able to do it, it is not a big stretch for California to do it too.

19 An Interested Party commented that separate from the question of federal law, there is  
20 also the fundamental state question. Rather than waiting for someone to point at us  
21 and ask why we are not doing our jobs and regulating hospitals, we would like to initiate  
22 a dialogue with OSHPD on this topic. He mentioned the areas of insulation and lighting  
23 as examples.

24 An Interested Party who runs a panel of building officials stated that what Sacramento is  
25 doing for residential and commercial energy codes is not happening in the local  
26 jurisdictions.

27 The group discussed the issue of envelope and insulation sometimes not being installed  
28 in hospital buildings.

29 Mr. Coleman offered two proposals.

- 1 1. A number of hospitals are taking their buildings out of acute care services and  
2 making them B Occupancies and other occupancies that will fall under the  
3 energy requirements. As those change to a different occupancy group, OSHPD  
4 will look at energy requirements for those buildings.
- 5 2. There may be some room for looking at minimum standards for the building  
6 envelope.
- 7 3. As a starting point, OSHPD can look at specific uses and occupancies within the  
8 hospital.

9 An attendee in Los Angeles commented that with the implementation of National  
10 Building Code (NBC) 5, we have a chance to gather some data on campuses when we  
11 start to monitor the use of different utilities.

12 Mr. Karpinen suggested creating an ad hoc subcommittee to examine energy and work  
13 with the California Energy Commission. Mr. Macpherson agreed and expressed  
14 concern that if the state is somehow not fulfilling a regulatory obligation, it gets out of  
15 control if OSHPD is not out in front of it.

16 Mr. Scheuerman commented that the output of the subcommittee would not have to be  
17 regulation – it could also be best practice. The key issue is to drive down usage without  
18 impacting care. Mr. Scheuerman also pointed out that many hospitals in the state are  
19 barely making margin and are in economically depressed communities; although their  
20 energy costs are high, the cost to fix the energy usage may be more than they can bear.

21 Mr. Eric Johnson, Committee Member, asked about any legislative activity. An  
22 Interested Party replied that there is action at the federal level surrounding fee  
23 requirements, aligning with model building codes.

24 Mr. Macpherson expressed the concern that with the move in the direction of more  
25 energy efficiency and sustainability, hospitals in California can only resist the move for  
26 so long.

27 Mr. Johnson pointed out that when you do become regulated by the Energy Code and  
28 you remodel, you will trigger the regulations; this is a huge burden.

1 Mr. Scheuerman commented in terms of regulation that new hospital construction  
2 projects are subject to the California Environmental Quality Act (CEQA). We are seeing  
3 that local jurisdictions in granting entitlements are requiring LEED certification of some  
4 sort as a condition of approval. This is a way for the community to be involved, making  
5 their desires known in city or county legislative bodies. OSHPD can then build the  
6 hospitals that the communities actually want.

7 Mr. Michael Nearman of the Building Standards Commission stated that CALGreen  
8 recognized that I's and L's are not regulated by the CEC, but in CALGreen they actually  
9 are addressed.

10 Mr. Coleman pointed out that OSHPD has adopted CALGreen standards on a voluntary  
11 basis. A hospital that is not energy-efficient but can provide needed health care to the  
12 community is better than an energy-efficient hospital that cannot afford to be there.

13 Mr. Henry Huang, Committee Member, suggested for OSHPD to obtain legal advice  
14 from its attorney on whether federal law applies. We should get that clear first.

15 Mr. Vernon countered that the issue is not going to go away, whatever the OSHPD  
16 attorney decides. He felt that the formation of an ad hoc committee makes sense, to  
17 work with the CEC to start defining areas for energy regulation that would make sense  
18 for health care in California.

19 Mr. Huang said that after the attorney renders a legal opinion, OSHPD will know what  
20 course to take: compliance, partial compliance, mandatory, suggestions, etc.

21 Mr. Coleman stressed that whatever legal counsel should decide, the Governor's Office  
22 is very interested in OSHPD finding ways to do energy savings in hospitals.

23 A CEC representative pointed out that when the CEC develops these codes for energy  
24 efficiency, they look at life cycle costs. They consider newly constructed and existing  
25 buildings separately. What might be cost-effective for an existing building may not be  
26 cost-effective for a newly-constructed building and vice versa.

27 Mr. Coleman stressed that hospital owners with whom OSHPD has worked on new  
28 buildings are very interested in energy efficiency. Mr. Scheuerman agreed that  
29 *affordability* is their key word.

1 Mr. Michael O'Connor, Committee Member, commented on the importance of the new  
2 subcommittee to consider I Occupancy buildings that have never had any energy  
3 regulations. If they become B Occupancies, that will manifest itself in hundreds of  
4 different ways. Mr. Macpherson commented that the committee would all seem to  
5 agree that this is not the best thing.

6 Mr. Coleman stated that an OSHPD taskforce is working on repurposing the hospital  
7 buildings.

### 8 **Identify future action**

9 Mr. Huang suggested that the subcommittee should be appointed by the Board rather  
10 than by this committee. Mr. Coleman added that the committee should have good  
11 cross-representation of all stakeholders.

12 Mr. Macpherson stated that when this committee gives a report at the full Board  
13 meeting in July, it can recommend formation of the ad hoc subcommittee.

14 **MOTION:** (M/S/C/) [Scheuerman/Huang]

15 The committee moved to recommend creation of an energy committee to the full  
16 Board. Motion carried unanimously.

### 17 **5. Presentation on Seismic Bracing of Cast Iron Piping** – Todd Noce, P.E. Vice 18 President, Mason West, Inc.

19 Mr. Noce began with a description of his background and the history of bracing for cast  
20 iron pipe.

- 21 • The 1998 California Building Code (CBC) addresses seismic bracing frequency  
22 (or spacing) for cast iron soil pipe. It requires basically twice as many seismic  
23 braces for cast iron as for steel and copper pipes.
- 24 • The language was removed from the 2010 and 2013 CBC. Mr. Noce gave the  
25 new 2013 requirements. Although the pipe strength was known, the coupling  
26 strength was not. Couplings needed an FM1950-type of testing.
- 27 • Code Application Notice (CAN) 5-310.9 interprets the special precautions that  
28 must be taken in drainage piping over certain areas. However, nothing in the

1 CAN explains seismic bracing. Dr. Karim expressed concern that there should  
2 be additional information on how the couplings are used for seismic applications.

- 3 • Mr. Noce met with OSHPD and they came up with new coupling requirements.  
4 Because of continued negative response, Mr. Noce met again with OSHPD this  
5 year. They came up with a modified idea for the brace spacing and couplings.
- 6 • Mr. Noce listed six specific recommendations that he has devised. He does not  
7 think that the code currently does a very good idea of describing how to brace  
8 these systems seismically.

9 Dr. Karim gave a technical explanation describing how the presentation was given to  
10 avoid a \$5400 load limit test on couplings; it is not a failure test but a quality control test  
11 on every lot coming out to find the absolute minimum capacity.

## 12 **Discussion and Public Input**

13 Mr. Tokas described a design issue he has seen in the past few years: people are  
14 taking the Pre-Approvals and applying them per line rather than looking at the system  
15 there. This causes tremendous congestion. Mr. Macpherson agreed with the common  
16 sense approach – but these jobs vary from one to the next. Mr. Karpinen added that  
17 the lines may not all be the same elevation.

18 Mr. Tokas emphasized that the OPM is written per line, and that is where the problem  
19 arises.

20 Mr. Noce commented that Dr. Karim had mentioned Underwriters Laboratories (UL)  
21 Standard 2013, but that does not apply to cast iron pipe, only steel pipe. You cannot  
22 cut a groove into cast iron pipe for a coupling because the wall is too thin.

23 Mr. Noce thought that everyone should see where we are going with this, including the  
24 cost implications for the amount of bracing required. Mr. Tokas had said that maybe we  
25 are taking the language in the OPM too far; maybe it needs to be removed or adjusted  
26 to allow flexibility.

27 Dr. Karim looked at the connection between the two pipes as a product, and  
28 emphasized that it is outside of OSHPD's scope – OSHPD does not approve products  
29 or material. Mr. Macpherson said that it sounded like more information is required from

1 the industry relative to testing particular components of a system, to be able to respond  
2 to some issues that Mr. Noce has raised.

3 Dr. Karim said that we are looking for information on how much load it can take in  
4 bending, how much in shear, and how much in tension. The setup in American Society  
5 for Testing and Materials (ASTM) 1540 and FM 1680 already have those tests built in.  
6 The only problem is that they are not tested to fail so we do not know how much  
7 strength they have. That information would come from industry.

8 The group discussed remodel work versus new work. Mr. Coleman emphasized that  
9 the remodel CAN states that existing piping and systems that complied with code at the  
10 time they were installed can remain as is. When adding a new line, new construction  
11 has to comply with the current code. MPC work requirements sometimes come into  
12 play, and there are allowances for them sometimes to use previous code.

13 Dr. Karim stressed that for a coupling built to ASTM standards and manufacturer-tested,  
14 it does not have to be tested again for a different project.

15 Mr. Tokas pointed out that nobody is stepping forward to quantify the capacity of the  
16 couplings – the spacing of the bracing and so on. This accounts for the limitations in  
17 the code. Unless someone steps forward to quantify their own, or unless the industry  
18 takes a sampling of what is available and comes up with a minimum that establishes the  
19 spacing, we will be back to what the code has today.

20 Mr. Noce reiterated that what was resolved in January is not clear in the code. Dr.  
21 Karim responded that it is clear in the code that you must provide a connection within  
22 the pipe that is stronger than the pipe. Mr. Macpherson felt that the issue is the specific  
23 response to that language in the code – it is available to anyone, but it does not seem  
24 that it is obviously available.

25 **6. Presentation on Psychiatric Hospital Code Requirements, Constraints, and**  
26 **Differences, with National Standards** – Alan Schulz, Universal Health Services, Inc.

27 Mr. Alan Schulz, Senior Regional Project Manager, Southern California Region,  
28 Universal Health Services (UHS), introduced his team:

29 John Bennett, Senior Director of Design and Construction, UHS

1 Shawn Silva, Administrator, Heritage Oaks Hospital

2 Pam Brink, Senior Regional Project Manager, Northwest Region, Behavioral  
3 Health Projects, UHS

4 Mr. Bennett began the presentation.

- 5 • Universal Health Services is the largest facility-based behavioral health provider  
6 in the country.
- 7 • UHS treats over 400,000 patients per year.
- 8 • Mr. Silva stated that facilities should be looked at as crisis stabilization with short  
9 length of stays of seven to nine days. He described the steps of patient  
10 admission and stay at facilities.
- 11 • Mr. Schulz listed the two code sections of the 2014 Guidelines, used in most  
12 states:

13 2.2-2.14 Psychiatric Nursing Unit in a General Acute Care Hospital

14 2.5 Specific Requirements for Psychiatric Hospitals (such as UHS)

- 15 • California Title 22 is a little behind and uses some different terms, but is  
16 consistent in two License Categories: General Acute Care Hospital and Acute  
17 Psychiatric Hospital.
- 18 • Title 24 has section 1224.31, Psychiatric Nursing Unit. Its exceptions for Acute  
19 Care Hospitals do not really parallel the current thoughts in health care by the  
20 Guidelines. UHS is able to negotiate and mitigate via Alternate Methods of  
21 Compliance to come up with rules for new hospitals, but code should be written  
22 such that this is not necessary from the outset.
- 23 • The idea of using Facility Guidelines Institute (FGI) Guidelines as an alternate  
24 makes sense – they deliver the type of environment UHS needs. California  
25 codes should reflect that.
- 26 • Mr. Schulz listed the Title 24 requirements not consistent with other states:  
27 occupational therapy space, toilet rooms, airborne infection isolation rooms,  
28 seclusion rooms, handwashing fixtures, patient storage, equipment storage  
29 rooms, gurneys and wheelchairs, and corridors.

- 1 • There are three different occupancy room size requirements between Title 22,  
2 Title 24, and the FGI Guidelines.
- 3 • In Building I-3 locked occupancies, UHS finds that the Fire Marshal reviews them  
4 to I-3 while the architect is looking at I-2 requirements. UHS is hoping for some  
5 clarity in how they are designed and reviewed. Non-ambulatory occupancies  
6 with restraints and access control requirements have similar conflicts.

## 7 **Discussion and Public Input**

8 Mr. Coleman said that they have recently met with Licensing about standards in  
9 psychiatric hospitals and psychiatric units in acute care hospitals. Licensing  
10 acknowledged that the codes and regulations are very outdated. On an Alternate  
11 Method of Compliance basis, OSHPD is currently allowing designers and owners to use  
12 the FGI Guidelines; if they do so they must use them in total. OSHPD also asks for a  
13 comparison of the Guidelines versus Title 24 as it applies to the design – showing that  
14 the designer has considered the two. OSHPD asks for a Letter of Understanding that  
15 comes into play especially with existing buildings – what needs to be brought up to  
16 current code and what doesn't?

17 Mr. Coleman continued that OSHPD's goal is to get the changes into the code mid-  
18 cycle.

19 He explained that hospitals in California are unique in that instead of "additions" they  
20 have "Seismic Performance Ratings (SPC) buildings." Because of SB 1953, an  
21 architectural building can be comprised of multiple buildings. A task force is looking at  
22 the situation where an existing acute care unit in an SPC-1 building within a hospital  
23 needs to be converted to acute care psych; what has to be done? They are also  
24 considering at what point an I-3 is less of a fire/life risk than an I-2.

25 Mr. Macpherson asked about converting an I-2 to an I-3 – a change of occupancy –  
26 would you upgrade all your systems? Mr. Coleman replied that it would need all  
27 sprinklers. There is a requirement in the code that if you are changing to a classification  
28 that is a higher seismic risk, you must meet the new standard.

1 An Interested Party said that the Fire Marshal has reconvened a Locked Facilities Task  
2 Force. They are looking at a CAN dealing with locked I-2 facilities. They are also  
3 dealing with medical facilities in a detention setting.

4 Mr. Karpinen asked about seismic certification. Mr. Coleman answered that OSHPD  
5 has lowered the threshold for new buildings.

6 Mr. Scheuerman asked about code proposals for mid-cycle or beyond. Mr. Glen Gall,  
7 OSHPD, answered that relative to adoption of the FGI Guidelines for free-standing  
8 psych facilities, OSHPD is trying to get Licensing to buy in to a patient safety risk  
9 assessment. This is a big part of the Guidelines in terms of their scalability  
10 requirements for a psych setting.

11 Mr. Gall noted that sometimes the language in the Guidelines can cause a problem; for  
12 example, the Guidelines require sally ports for locked facilities. OSHPD has  
13 encountered a lot of resistance to that concept unless they are literally jail units in a  
14 hospital. If OSHPD can get Licensing to a place where they feel comfortable with  
15 patient safety risk assessment, we can have some better requirements.

16 Mr. Gall would like to see a longer-term goal for the Licensed Facility types to go  
17 completely away from OSHPD 1-2-3-4. That is a structural designation, not having to  
18 do with the licensed service.

### 19 **Identify future action**

20 The group agreed that it would be best not to depend on Alternate Methods of  
21 Compliance for new buildings. They also could see that OSHPD is working to formalize  
22 the codes relative to this particular use. Mr. Gall said that selling the concept of patient  
23 safety risk assessment to Licensing will be the bigger hurdle.

### 24 **7. Presentation on OSHPD eServices Portal Filing Update** – Gary Dunger, OSHPD 25 eServices Manager

26 Mr. Dunger began the presentation.

- 27 • Last year OSHPD reviewed over 16,000 documents.
- 28 • Paper reviews require a hands-on approach where the plan must be physically  
29 passed around among the disciplines.

- 1 • For projects under \$500,000, OSHPD spends more doing reviews than it collects  
2 from fees. Electronic reviews bump the review cost down by almost half.
- 3 • Mr. Dunger gave a timeline of electronic plan review progression.
  - 4 ○ OSHPD started electronic review in the Rapid Review Unit in July 2010  
5 using pdf documents.
  - 6 ○ In June of 2015 OSHPD purchased the licenses and software to begin  
7 testing the ePlanCheck program.
  - 8 ○ On June 27, electronic plan review will go live for all OSHPD regions  
9 statewide.
- 10 • Mr. Coleman has focused on the change organizationally, getting staff on board  
11 early in anticipation of the June roll-out.
- 12 • Other reasons for the change include:
  - 13 ○ State law says that to the extent possible, we should use information  
14 technology to facilitate timely performance.
  - 15 ○ The amount of money spent shipping the documents in both directions will  
16 completely disappear.
  - 17 ○ Storage requirements are reduced.
  - 18 ○ OSHPD's new building is being designed with smaller offices.
- 19 • OSHPD is addressing the change by hiring a consultant from Highlands  
20 Consulting.
- 21 • OSHPD has identified superusers and created an Organizational Change  
22 Management Team representing all the different disciplines, who will be the go-to  
23 people for staff. Some clients are also on the team to help OSHPD understand  
24 the change impact from the client perspective.
- 25 • OSHPD is developing FAQs for answering the anticipated points of resistance.
- 26 • In June staff will be trained on the software.
- 27 • A new set of requirements has gone out on how to attach plans and documents  
28 to a project record using the Electronic Services Portal.

## 29 **Discussion and Public Input**

1 Mr. Karpinen asked about concurrent reviewing. Mr. Dunger said that everyone can  
2 review everything simultaneously in real time. A custom remarks package deliverable  
3 includes all of the comments from each of the reviewers and gives the design  
4 professionals a place to respond to those comments on the same spreadsheet.

5 **8. Comments from the Public/Board Members on issues not on this agenda**

6 There were no additional comments.

7 **9. Adjournment**

8 Mr. Macpherson adjourned the meeting at 2:47 p.m.