



Hospital Building Safety Board Education and Outreach Committee

AGENDA

April 23, 2025

10:00 a.m. – 4:00 p.m.

The Committee may not discuss or act on any matter raised during the public comment section that is not included on this agenda, except to place the matter on a future meeting agenda. (Government Code §§ 11125, 11125.7, subd. (a).)

Locations:

[2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833](#)

[355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071](#)

[Teams Meeting Access](#): Meeting ID: 213 845 384 149; Passcode: F6h3TD3Y

Call in: (916) 535-0978; Phone Conference ID: 352 942 492#

- Item #1 Call to Order and Welcome
Facilitator: Scott Mackey, AIA, NCARB, APEC, Healthcare Design Consultant; Committee Chair (or designee)
- Item #2 Roll Call and Meeting Advisories/Expectations
Facilitator: Veronica Yuke, Manager, HCAI; Executive Director (or designee)
- Item #3 Review and approve the [draft February 13, 2025, meeting report/minutes](#)
 - Discussion and public input*Facilitator: Scott Mackey (or designee)*
- Item #4 Coordination and cooperation with the Instrumentation Committee to develop webinars, workshops, and other educational opportunities to advance utilization of Structural Health Monitoring by hospitals using seismic instrumentation
 - Discussion and public input*Facilitator: Courtney B. Johnson, PG, CEG, Principal Geologist, Slate Geotechnical Consultants, Board Member (or designee)*

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*Facilitator: Courtney B. Johnson, PG, CEG, Principal Geologist,
Slate Geotechnical Consultants, Board Member (or designee)*

Seismic Instrumentation Webinar – Outline

- *Expanded outline following prior Education and Outreach Committee Meeting*
- Structural health monitoring potential
 - Before major earthquake occurs – may have ability to identify weak components, such as structural and non-structural areas of distress
 - Immediately following an earthquake – get high level information to site personnel to inform evacuation / operation decisions
 - Records of structural response during an earthquake
 - Data that can focus assessment of performance, especially for post-event inspections tagging building safety
 - Leverage group information

Seismic Instrumentation Webinar – Outline

- Seismic instrumentation and data processing
 - Identify instrumentation in place, if any
 - Selection of instrumentation system to balance data collection, transmittal, and processing needs
 - May have options to upgrade or expand existing systems
- Costs and funding
 - Funding through the CGS and OSHPD official instrumentation program
 - Private funding
 - Comparative costs for different levels of data collection
 - Many factors will influence the selection of instrumentation system and funding method

Forward Progress & Communications

- Instrumentation Committee will continue efforts to expand and refine the webinar outline
- Discuss at the Full Board meeting in June?
- Partner with CGS and others to advertise with video shorts, etc.

Item #5

Discuss the *Preapproved Fabricated Components and Systems* webinar – part 2 event

- Coordinate follow-up webinar to address unresolved technical questions
- Focus on seismic compliance and real-world case studies
- Discussion and public input

Facilitator: Cody Bartley, DPR Construction (or designee)

Item #6

Update from the *Collaborative Inspection Approach to Field Inspections* Webinar Development Subcommittee

- Discussion and public input

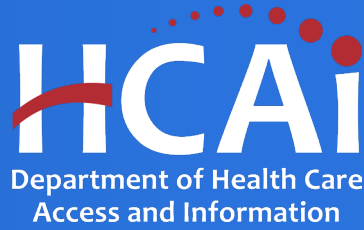
*Facilitator: Michael Davis, CHI, Senior Consultant, Davis HBC, Inc.;
(or designee)*

Item #7

Update on How to Write a Functional Program and Operational Program, and How to Make it Easy for CDPH to Approve

- Review proposed Functional Program Advisory Guide
- Vote to approve proposed draft
- Discussion and public input

Facilitator: Mia Marvelli, Architect, Supervisor, HCAI; and Clara Wu, Compliance Officer, HCAI (or designee)



New Advisory Guide Updates

How to write a Functional and Operational
Program

April 23, 2025

New Advisory Guide structure

- Introduction
- Table of Contents
 - ✓ Code References
 - ✓ Acronym and Definition
 - ✓ Overview
 - ✓ How to develop and submit a functional program
 - ✓ Some Helpful Hints
 - ✓ Understanding OSHPD AMC vs CDPH program flex
 - ✓ Checklist
 - ✓ Five successful examples: new acute care hospital, new acute psychiatric hospital, new skilled nursing facility, remodel, new nuclear med room

The intent of the Advisory Guide

Assist facilities to develop an effective functional program that includes all the required elements for the proposed project.

An effective functional program must concisely reflect the proposed project (i.e. should not get a 100-page FP for a CT equipment replacement).

Included in the Guide

- Pointers to Title 24 and associated Title 22 regulations
- Related Advisory Guides, CANs and PINs, and other resources
- Helpful Hints
- A CAC 7-119 checklist
- Five successful examples (redacted identifiable information)

APPENDIX A
FUNCTIONAL PROGRAM CAC 7-119 CHECKLIST

The checklist summarizes and references the applicable requirements from the Office of Statewide Health Planning and Development (OSHPD) as adopted and amended to the California Building Standards Code. Applicants should verify compliance of the plans submitted for building permit with all referenced requirements from OSHPD when completing this checklist.

Facility Name:	Click or tap here to enter text.		
OSHPD Project Number:	Click or tap here to enter text.		
Facility Number:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
No. of Beds:			
(a) General			
<input type="checkbox"/>	1. Functional program requirement. The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project’s architect/engineer and to OSHPD.		
<input type="checkbox"/>	2. Functional program purpose. A. An owner-approved functional program shall be made available for use by the design professional(s) in the development of project design and construction documents, and shall be submitted to OSHPD. B. Revisions to the functional program shall be documented and a final updated version shall be submitted to OSHPD prior to approval of the construction documents. C. Retain the functional program with other design data to facilitate future alterations, additions, and program changes.		
<input type="checkbox"/>	3. Nomenclature in the functional program. A. The names for spaces and departments used in the functional program shall be consistent with those used in the California Building Code. If acronyms are used,		

Included in the Guide

- Five successful examples (redacted identifiable information)
Code analysis for a new service

2010 versus 2022 Code Analysis: [Facility]				
Requirement	2010 CBC Section	2022 CBC Section	Difference Between Code Editions	Code Compliance documented
Radiation protection	1224.34.1.1	1224.34.1.1.	2022 requires Physicist to address dosing areas and circulation paths	Physicist's Report & Update letter; see sheet A2.4 for existing 4# sheilding noted
Room Size & Handwash Fixture	1224.34.1.2		Handwash fixture required only in Nuc Med Room	
SPECT Room Size		1224.34.1.2.3.1	4' Clearance at sides and foot; addit al space req'd for CT	Sh A2.4, note 7
SPECT Control Room		1224.34.1.2.3.2	Control Room Required	Sheet A2.3, Room 212.1
Imaging Equipment Room		1224.34.1.2.3.3	Equipme Room Required	N The prop d camera has all equ ent f-contained in the g ; see sheet A2.4
Handwashing fixtures		1224.34.1.2.3.3	Handwash fixtures uired in patient s and are here iophar eutical ar ndled, prepar and dispos	Sh et A2.3; handwash fixture not rently provided in the Dosing Room

Included in the Guide

- Five successful examples (redacted identifiable information)

Table showing conversion from SNF to Acute Psychology

Functional & Health and Safety Programs

Section	Sub-section	Requirement	Response
(b) Executive Summary	1. Purpose of the project	A. Narrative should describe the services to be provided, expanded or eliminated by proposed project	An existing 192 bed Skilled Nursing Facility (SNF) will undergo renovation to remove 20 SNF beds and replace them with 12 acute psychiatric beds. The acute psychiatric hospital will be co-located within the SNF; however, the beds and unit will be separated with a distinct private entrance and re-licensed as an Acute Psychiatric Hospital. The SNF will maintain a separate license and entrance to continue providing long term care. The new acute psychiatric hospital will serve those who need higher level psychiatric inpatient care in a safe environment. In addition, capacity will be added to the community network of inpatient hospital beds in the area.
		B. Narrative shall describe intent and how proposed modifications will address the intent	The newly licensed Acute Psychiatric Unit will provide psychiatric services for consumers requiring inpatient care, with an average length of stay of 5-7 days. The 12-bed capacity offered by the new facility will alleviate pressures on local hospitals, emergency rooms and crisis stabilization units by adding inpatient bed capacity where patients with acute psychiatric needs can be referred for appropriate treatment. Additionally, the facility will focus exclusively on adults, ages 18 years old and above, with diagnosis ranging the gamut from schizophrenia, bipolar, depression and dual diagnosis to name a few from various populations subtypes.
	2. Project type and size	A. The type of facility(ies) proposed shall be identified as defined by the CBC	<ul style="list-style-type: none"> CBC 1228.3: Acute Psychiatric Hospital
		B. Project size in sq. ft. (new construction & renovation) & number of stories provided	<ul style="list-style-type: none"> 13,500 BGSF Project is a one-story facility, with renovations occurring in an existing Skilled Nursing Facility structure to create a co-located 12 bed Acute Psychiatric Hospital Project is located on the first (ground) floor of an existing two-story building
	3. Construction type/ occupancy and building systems	B1. Description of existing construction type and construction type for any proposed renovations or additions	<ul style="list-style-type: none"> Occupancy: Group I-2 Institutional (OSHPD-5) Group A-3 Assembly (Secondary) Construction Type: Type 1A – Fire Resistive
	B. Renovation		

Helpful Hints: Topics we have so far...

1. Separate functional programs (pharmacy, dietetic, etc.)
2. Imaging room
3. Scope Process Department
4. Psychiatric units or hospital projects
5. Emergency department
6. Mobile units
7. Floor plans and compliance diagrams
8. Construction project phasing and licensing considerations
9. Remodel with a change in function
10. AMC/Program flex

Timeline

- Late 2024 -Sub-committee and BSU drafted
- Feb. 2025 Sub-committee reviewed and edited
- 2/13/2025 HBSB E&O meeting - Discussed progress
- 3/28/2025 Submitted to CDPH for their review – due back 4/23/2025
- 4/23/2025 Present to the HBSB E&O meeting - Get approval
- 5/15/2025 Comments back from the committee
- Finalize and post to website 10/1/2025



Questions?

Or

Suggestions?

Item #8

Update on the *creation of a* “Designing for Resilience” webinar subcommittee for dealing with extreme natural hazard events

- Formal creation of a subcommittee
- Define purpose of subcommittee and webinar topics
 - Power independence
 - Air quality issues – addressing fire and smoke
 - Dealing with wildfires
 - Hazard Vulnerability Assessments
 - Island Hospitals
- Discussion and public input

Facilitator: Scott Mackey (or designee)

Item #9

Comments from the Public/Committee Members on Issues not on this Agenda

The Committee will receive comments from the Public/Committee Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.

Facilitator: Scott Mackey (or designee)

Future Education and Outreach Committee meetings:

- August 6, 2025
- September 24, 2025

Item #10 Adjournment