



## Hospital Building Safety Board Full Board Meeting AGENDA

December 10, 2025  
10:00 a.m. – 4:00 p.m.

December 11, 2025  
10:00 a.m. – 3:00 p.m.

The Board 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).)

Location:  
2020 West El Camino Avenue, Ste. 900, Sacramento, CA 95833

[Day 1 Teams Meeting Access](#); Meeting ID: 278 892 063 681; Passcode: La9ut96V  
Call in: (916) 535-0978; Phone Conference ID: 300 853 763#

[Day 2 Teams Meeting Access](#); Meeting ID: 218 795 995 00; Passcode: WD6o2VK7  
Call in: (916) 535-0978; Phone Conference ID: 114 960 585#

- Item #1 Call to Order and Welcome  
*Facilitator: Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair (or designee)*
- Item #2 Roll Call and Meeting Advisories/Expectations
- Determination of Quorum
  - Conduct of Meeting
- Facilitator: Veronica M. Yuke, HCAI; HBSB Executive Director (or designee)*
- Item #3 Nomination and election to fill the unexpired Vice-Chair vacancy
- Nomination from the Board Chair
  - Nominations from the floor
  - Conduct election



Item #1      Call to Order and Welcome  
*Facilitator: Jim Malley, SE, Senior Principal, Degenkolb Engineers,  
WSP; Board Chair (or designee)*



Item #2      Roll Call and Meeting Advisories/Expectations

- Determination of Quorum
- Conduct of Meeting

*Facilitator: Veronica M. Yuke, HCAI; Executive Director  
(or designee)*



- Item #3      Nomination and election to fill the unexpired Vice-Chair vacancy
- Nomination from the Board Chair
  - Nominations from the floor
  - Discussion and public input
- Facilitator: Jim Malley (or designee)*



## Item #4

### Department of Health Care Access and Information (HCAI) Update

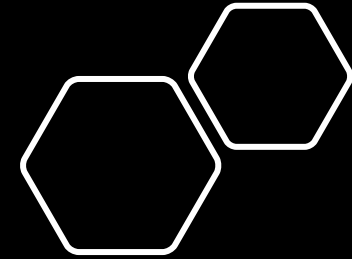
- Swearing-in Ceremony for new HBSB member
  - Architect Member Representative:  
Belinda Young, AIA, LEED BD+C, Assoc. DBIA, Regional Leader of Healthcare, HOK
- Acknowledgment of second-term appointment
  - Structural Engineer Member Representative:  
Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.
- HCAI Update
- Discussion and public input

*Facilitator: Elizabeth Landsberg, Director, HCAI (or designee)*





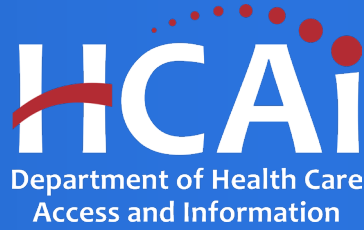






- Item #5      Overview and approval of the June 3 – 4, 2025 Full Board draft Meeting Report/Minutes
- Discussion and public input
- Facilitator: Jim Malley (or designee)*





# Hospital Building Safety Board

Report by  
James O. Malley, Board Chair

**BOARD MEMBERS Present:**

James Malley, Board Chair

Cody Bartley, Janice Cheung, Jennifer Cox, Michael Davis, Gary Dunger, Teresa Endres, Michael Foulkes, Mikhail Fuks, John Griffiths, Martin Hudson, Courtney Johnson, Kelly Martinez, Farzad Naeim, Carl Newth, Noella Tabladillo

**DIRECTOR APPOINTED EX-OFFICIO MEMBERS Present:**

David Bliss, Michael O'Connor

**STATUTORY EX-OFFICIO MEMBERS Present:**

Elizabeth Landsberg, HCAI Director; Chris Tokas, OSHPD Deputy Director; Daniel Berlant, State Fire Marshal; Nathaniel Gilmore, Department of Public Health (Delegate)

**HCAI STAFF Present:**

Arash Altoontash, Joe LaBrie, Roy Lobo, Jamie Schnick, Richard Tannahill, Nanci Timmins, Camille Dixon

**HBSB STAFF Present:**

Veronica Yuke, Executive Director; Marcus Palmer; Evett Torres



# MEETING REPORT:

Meeting Date: June 3 – 4, 2025



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 1:** Call to Order and Welcome
  - James Malley, Board Chair called the meeting to order.
- **Topic 2:** Roll Call and Meeting Advisories/Expectations
  - Quorum was established.
  - Veronica Yuke, Executive Director, read the public announcement regarding meeting rules and procedures.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 3:** HCAI Update – Elizabeth Landsberg, HCAI Director
  - Elizabeth Landsberg conducted the official swearing in of three new board members: Mikhail Fuks, Mechanical Engineer Member; Kelly Martinez, Public Member; and Noella Tabladillo, Public Member.
  - A detailed tribute to outgoing members Louise Belair and Michael Foulkes recognized their long and distinguished service to the Board.
  - Director Landsberg then provided the HCAI update, noted the newly identified \$12B state budget deficit:
    - Hospital Seismic Safety Standards implementation and legislation (notably AB 869).
    - Clinic standards updates including support for freestanding clinics and alternative birthing centers.
    - Behavioral Health Workforce Transformation, including up to \$1.9 billion in federal funding through the BH-CONNECT waiver.
    - HPD (Healthcare Payments Database) continuation with long-term funding.
    - Prescription Drug Pricing reforms and PBM regulation proposals.
    - Office of Health Care Affordability (OHCA) cost growth targets and sector-specific benchmarks for high-cost hospitals.
    - Equity and Quality Measures introduced alongside spending limits



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 4:** Overview and Approval of December 11-12 2024, Full Board draft Meeting Report/Minutes – James Malley, Board Chair
  - James Malley covered the key topics covered in the December 11-12, 2024, Full Board meeting including updates on HCAI activities and committee reports.
  - Highlights were:
    - Committee reports and motions
    - HCAI budget updates and Legislative actions (AB 869, AB 1882)
    - Education initiatives including webinars and the CAP program
    - A special presentation on UC Irvine’s all-electric hospital
    - Changes to board policies and committee assignments
    - Structural and seismic compliance efforts



# Meeting Date: 6/3-4/2024

## OVERVIEW OF TOPICS

- **Topic 5:** Ad hoc Board Procedures Committee, Gary Dunger Vice-Chair
  - Gary Dunger provided an overview for approval of the December 11, 2024, draft meeting report. This meeting discussed potential changes to the Board's Policies and Procedures.
  - The first change discussed was updating the frequency of board meetings to be “up to three times per year” to provide flexibility. In years when there is a chair election the board will have three meetings, while in non-election years the board will meet twice. (Section VII.A.1)
  - The second change the committee made was to update references to “Facilities Development Division” to Office of Statewide Hospital Planning and Development”. (Section V.A.1)
  - A motion was made and approved to make these changes to the Board Policies and Procedures.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 6:** Instrumentation Committee – Martin Hudson, Committee Chair
  - Martin Hudson provided an overview for approval of the January 28, 2025, draft meeting report.
  - Highlights were:
    - Summary of the committee's White Paper on seismic instrumentation.
    - The committee wants to promote the White Paper to hospital owners and facilities via:
      - A webinar to summarize the contents and benefits of instrumentation
      - A two- to three-page executive summary
      - Short videos to highlight the practical value of seismic data. CGS has offered to assist with video content
    - Coordination with Education and Outreach Committee to develop a webinar to educate stakeholders on the white paper, the OSHPD instrumentation program, and the value of real time data.
    - Review of committee objectives for 2025.
  - Extensive discussion followed with suggestions for webinar content and other outreach to HC community.



Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 7: Energy and Conservation Management Committee – Cody Bartley (Chair)**
  - Cody Bartley presented an overview for approval of the April 2, 2025, draft meeting report. The goal of the meeting being to review/revise the charter to better reflect the scope/focus in response to state climate and sustainability mandates.
  - Key points discussed included:
    - Updates to the committee charter to better reflect the scope/focus in response to state climate and sustainability mandates.
    - Integration of energy efficiency and climate resiliency objectives within healthcare infrastructure policy and design.
    - Emphasis on equity, decarbonization, and long-term operational sustainability.
    - Strategic alignment with HCAI and state energy goals.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 8: Structural and Nonstructural Regulations Committee – Jim Malley**
  - Jim Malley presented an overview for approval of the March 12, 2025, draft meeting report.
  - Highlights were updates on:
    - PIN 77 was finalized and posted on the HCAI website. This PIN align OSHPD steel QA/QC requirements with latest IBC and AISC standards to enhance compliance, streamline inspections and reduce costs.
    - ASCE 7-22 Alignment Update– HCAI will continue to coordinate with the Division of the State Architect (DSA) and the Building Standards Commission (BSC) on numerous proposed code updates.
    - The Seismic Compliance Portal has been updated for improved upload functionalities and user accessibility.
    - Building Standards Unit update regarding Title 24 amendments for the 2025 Intervening Code Cycle and legislative updates such as AB 869.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 9: Codes and Processes Committee – Michael O’Connor, Committee Chair**
  - Michael O’Connor provided an overview for approval of the May 7, 2025, draft meeting report/minutes.
  - Highlights were:
    - The eTIO (Electronic Testing, Inspection, and Observation) tool pilot rollout.
    - Standard details development for light wood framing
    - Updates to clinic regulations.
    - Input on code cycle activities, particularly those linked to the Intervening Code Adoption Cycle.
    - Update on upcoming regulatory changes for clinics
  - Action items included:
    - Demonstration and pilot rollout of the eTIO system for electronic plan submittals.
    - Development and stakeholder coordination on light wood framing standard details.
    - Updates on behavioral health and clinic code proposals under the 2025 Intervening Code Adoption Cycle.
    - Regulatory updates in response to SB 1382 and SB 1432, including a published Title 22/24 comparison document to assist design professionals.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 10:** Education and Outreach Committee, Cody Bartley, Committee Vice-Chair
  - Cody Bartley reported on committee meetings on February 13, and April 23, 2025, that continued the committee's efforts to improve stakeholder engagement, disseminate critical knowledge and address key educational needs.
  - The committee discussed follow-up to the preapproved fabricated components and systems and the development of a companion white paper.
  - The committee discussed the development of new webinars on seismic instrumentation and “designing for resilience”.
  - The committee reviewed multiple PIN's and CAN's (PINs 50, 74, 51, 78, 79, e.g.).
  - An update was provided on the progress for the webinars on the Collaborative Inspection Approach and the Functional Program Advisory Guide .



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 10:** Education and Outreach Committee, Cody Bartley, Committee Vice-Chair (cont.)
  - Based on the report on these meetings, the Board created three new Ad Hoc Subcommittees:
    - Ad Hoc “Designing for Resilience” Webinar Development Subcommittee
    - Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee
    - Ad Hoc How-to-Guide Development for Preapproved Fabricated Components and Systems Subcommittee



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 11:** “Collaborative Inspection Approach to Field Inspections” (formerly “Inspect-to-Pass Approach to Field Inspections”) Webinar Development Subcommittee – Michael Davis, Subcommittee Chair
  - Michael Davis provided an overview for approval of the February 27, March 27, and April 24, 2025, draft meeting reports and an update on planning for the webinar. The subcommittee aims to improve field inspection processes by standardizing best practice protocols and fostering collaboration efficiency between regulatory agencies, healthcare facilities, inspectors and contractors to enhance efficiency.
  - The subcommittee organized its content into thematic subsections based on stakeholder roles—Ownership, Design Professional of Record (DPOR), Contractor, Inspector of Record (IOR), and HCAI. There was discussion regarding expanding OAC meetings (Owner-Architect-Contractor) to include Inspectors, renaming them OACI meetings. This would recognize the IOR’s critical role in project coordination.
  - Both a 90-minute webinar and a full-day seminar will be developed, which is supported by Chris Tokas and Joe LaBrie.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 11:** “Collaborative Inspection Approach to Field Inspections” (formerly “Inspect-to-Pass Approach to Field Inspections”) Webinar Development Subcommittee – Michael Davis, Subcommittee Chair (Cont.)
  - An extensive discussion session ensued, much of which focused on ensuring that the intended outcomes of this approach to field inspections are clearly communicated. There was agreement that this issue is systemic but also noted that there are collaboration/communication success stories that need to be highlighted as examples to aspire towards.



Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 12:** Office of Statewide Hospital Planning and Development Update - Chris Tokas, OSHPD Deputy Director
  - Chris Tokas opened by welcoming the new board members and emphasizing the value of the board's work in guiding healthcare infrastructure in California. He highlighted the historical context of special inspections and structural integrity in U.S. building codes, referencing notable failures from 1970 to 1981. He then described the evolution of special inspection protocols, tracing key events from the 1961 Uniform Building Code to the development of the 1997 UBC and the International Building Code. He questioned whether the commercial sector has improved inspection practices and emphasized HCAI/OSHPD's commitment to continuous oversight and introduced a three-part framework for building performance:
    - Modern codes and standards;
    - Design compliance and enforcement;
    - Construction quality assurance (QA/QC)
  - Chris highlighted the development of the TIO form, and the role of HBSB and Burt Hurlbut's concept of "Inspect to Pass" and how this is leading to transforming inspection procedures.



Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 12:** Office of Statewide Hospital Planning and Development Update - Chris Tokas, OSHPD Deputy Director (Cont.)
  - Chris Tokas praised recent developments in microgrid infrastructure and collaboration of OSHPD with design professionals on three demonstration projects and recognized agency collaborations with CDPH.
  - Performance data statistics include: \$22B in active workload (\$8B in plan review and \$11.5B in construction), 73 reviews per day so far this year, with 62% completed within 10 days.
  - Chris addressed construction change-orders. He noted owner-initiated change orders have decreased but contractor-initiated change orders have increased and expressed concern over what he feels is problematic “build-design” behavior on some projects.
  - He then reported on recent emergency fire responses, referencing real-time data tools used to track wildfire impacts and building proximity. He shared tools developed by Hussain Bhatia and Roy Lobo for earthquake ground motion analysis.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 13** Building Standards Unit Update – Richard Tannahill, Deputy Division Chief, HCAI
  - Richard Tannahill provided an update on the Building Standards Unit (BSU) activities:
    - Collaborates with other agencies such as CDPH, State Fire Marshal, DSA, and CAHF.
    - Develops Title 24 regulations, implements legislation, and participates in national codes and standards development (ICC, FGI).
    - Key Initiatives include:
      - SB 1382 Clinic Bill: Focuses on "right-sizing" clinics like primary care and alternative birthing facilities.
      - Empath Behavioral Health & Crisis Stabilization Regulations.
      - AB 2376: Allows chemical dependency recovery beds anywhere in a hospital.
    - Engineering and Design Considerations include continuing work on seismic design implications, plumbing, and HVAC return systems.



Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 13:** Building Standards Unit Update, (Cont.)
  - Ongoing activities (cont.):
    - Presentation of the Proposed Functional Program Guide which aims to reduce unnecessary documentation in functional programs.
    - Introduction of regsunit@hcai.ca.gov email as a channel for stakeholders to submit code clarification questions.
    - Confirmed that the 2025 California Building Standards Code would be published on July 1, 2025 and become effective on January 1, 2026. Work on the intervening code cycle is underway.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 14:** Special Presentation: Kaiser Permanente Ontario Medical Center – Renewable Energy Microgrid System, Seth Baruch (Kaiser Permanente) and Chris Tokas
  - Chris Tokas introduced the presentation, noting the importance and innovation of the Kaiser Permanente Microgrid project. He praised its scale and impact, calling it “the biggest Microgrid project in the United States.”
  - Seth Baruch detailed his role overseeing energy systems at Kaiser and introduced the Ontario Medical Center’s Microgrid project. He described the Ontario site as an evolution of Kaiser’s earlier Richmond facility microgrid work and provided historical and organizational context. Seth then discussed how design and engineering collaboration enhanced project outcomes.
  - Seth warned about federal policy changes that could jeopardize millions in funding for similar projects, including a pending Senate bill that would end tax credits for clean energy projects not already “anchored”, the halting of funding to the Office of Clean Energy Demonstrations.
  - An extensive discussion session ensued, covering topics such as microgrid maintenance, designing for forward compatibility, updates to fire codes for battery energy storage systems (BESS), and seismic design/resilience.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 14:** Special Presentation: Kaiser Permanente Ontario Medical Center – Renewable Energy Microgrid System, Seth Baruch (Kaiser Permanente) and Chris Tokas (Cont.)
  - Jamie Schnick explained that the current microgrid system is a voluntary and supplemental system but does not replace the diesel generators. The generators and utility services meet all OSHPD seismic requirements, so the present microgrid system does not need to.
  - Seismic certification of microgrids will be required before these systems can replace the diesel generators.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF TOPICS

- **Topic 15:** Comments from the public/board members not on this agenda – Jim Malley, Board Chair
  - James Malley encouraged the board members and the public to consider relevant topics emerging from the healthcare practice community for consideration by the board regarding long-term impacts on the healthcare industry.
  - David Bliss proposed that the board discuss the changes to healthcare reimbursements and economics due to federal funding reductions to Medicare/Medicaid and grant funding, including capping of indirect costs. These cuts pose a major threat to healthcare delivery including facility resource constraints, retention of clinicians and programmatic closures. Chris Tokas expressed interest in exploring these issues to inform future board discussions.
- **Topic 16:** Adjournment – James Malley, Board Chair
  - Meeting adjourned on June 4, 2025 at 2:01 pm.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF MOTIONS

- **Motion 1:** The board unanimously voted to approve the December 11-12, 2024 - Full Board meeting draft Report/Minutes as corrected.
- **Motion 2:** The board unanimously voted to approve the December 11, 2024 - Ad Hoc Board Procedures Committee draft Reports/Minutes as presented.
- **Motion 3:** The board unanimously voted to approve the January 28, 2025 – Instrumentation Committee draft Meeting Reports/Minutes as presented.
- **Motion 4:** The board unanimously voted to approve the April 2, 2025 – Energy Conservation and Management Committee draft Meeting Reports/Minutes as presented.
- **Motion 5:** The board unanimously voted to approve the March 12, 2025 – Structural and Nonstructural Regulations Committee draft Meeting Reports/Minutes as presented.
- **Motion 6:** The board unanimously voted to approve the May 7, 2025 – Codes and Processes Committee draft Meeting Reports/Minutes as presented.



# Meeting Date: 6/3 – 6/4, 2025

## OVERVIEW OF MOTIONS - Continued

- **Motion 7:** The board unanimously voted to approve the February 13, 2025, and April 23, 2025 – Education and Outreach Committee draft Reports/Minutes as presented.
- **Motion 8:** The board unanimously voted to approve creation of the Ad Hoc “Designing for Resilience” Webinar Development Subcommittee
- **Motion 9:** The board unanimously voted to approve creation of the Ad Hoc Educational Opportunities to Advance Structural Health Monitoring Subcommittee
- **Motion 10:** The board unanimously voted to approve creation of the Ad Hoc How-to-Guide Development for Preapproved Fabricated Components and Systems Subcommittee
- **Motion 11:** The board unanimously voted to approve the February 27, March 27 and April 24, 2025– “Collaborative Inspection Approach to Field Inspections” Webinar Development Subcommittee of the Education and Outreach Committee draft Meeting Reports/Minutes as presented.



# Meeting Date: 6/3 – 6/4, 2025

## ACTION ITEMS:

### **Ad Hoc Board Procedures Committee:**

- The Board formally adopted the changes to the Policies and Procedures manual regarding the maximum number of meetings in a year and updated the organizational terminology

### **Instrumentation Committee:**

- The committee agreed to engage with the Education and Outreach committee to finalize the development of a webinar and supporting educational materials to promote the Seismic Instrumentation of Healthcare Facilities white paper.

### **Structural and Nonstructural Regulations Committee:**

- OSHPD to review material on three structural systems (STMF, SPSW and SpeedCore) to consider removing requirements for AMOC in all cases.

### **Code & Process Committee:**

- Coordinate with SNSR Committee and stakeholders on development of light wood framing standard details.

### **“Collaborative Inspection Approach to Field Inspections” Webinar Development Subcommittee of the Education and Outreach Committee:**

- Incorporate example case studies with input from OSHPD for use in webinar and seminar.



# Meeting Date: 6/3 – 6/4, 2025

## ACTION ITEMS:

### **Building Standards Unit Update:**

- Review and provide comments on the Proposed Functional Program Guide.

### **Special Presentation: Kaiser Permanente Ontario Medical Center – Renewable Microgrid System**

- Explore seismic certification for microgrid systems in California to eventually allow full replacement of emergency generators.

### **Changes and Potential Impacts of Federal Funding Cuts on Healthcare Delivery**

- OSHPD to assess the changes/impacts to healthcare reimbursements and economics due to federal funding reductions to Medicare/Medicaid and grant funding, including capping of indirect costs. The result of this assessment may be used inform future board discussions.



**Meeting Date: 6/3 – 6/4, 2025**

## **CONCLUSION**

- Questions and Answers
- This report requires a MOTION by a Board Member and must be SECONDED by a Board Member for further ACTION.

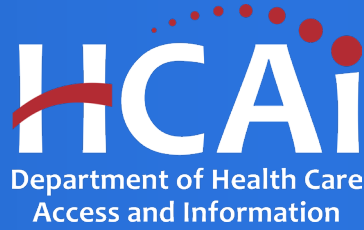


Item #6 “Collaborative Inspection Approach to Hospital Construction” Webinar  
Development Subcommittee of the Education and Outreach  
Committee

- Overview and approval of the following draft Meeting Report/Minutes:
  - June 19, 2025
  - August 13, 2025
  - November 13, 2025
- Discussion and public input

*Facilitator: Michael L. Davis, CHI, CEO Emeritus, DavisHBC, Inc;  
Subcommittee Chair (or designee)*





# **Collaborative Inspection Approach to Hospital Construction (formerly Inspect-to-Pass) Webinar Development Subcommittee of the Education and Outreach Committee**

by  
Michael Davis, CHAIR  
Cody Bartley, VICE CHAIR

## **COMMITTEE MEMBERS**

Cody Bartley  
Michael Davis  
Gary Dunger  
Bert Hurlbut

## **CONSULTING MEMBERS**

Belinda Young

OSHPD STAFF  
Monica Colosi



## MEETING REPORTS:

1. Meeting Date: June 19, 2025
2. Meeting Date: August 13, 2025
3. Meeting Date: November 13, 2025



**PLEASE NOTE THE FOLLOWING REGARDING ALL  
OF THE MEETINGS:**

- 1. Agendas for all three meetings were very similar**
- 2. These meeting were about the progressive, systematic development of the basic material**
- 3. All three meetings were very productive with outstanding input from all sub-committee members, OSHPD staff, and the public**
- 4. The preparation is complete and delivery is tentatively planned for January 14, 2026**





# June 19, 2025, Meeting





Meeting Date: **June 19, 2025**

## **OVERVIEW OF TOPICS**

### **3. Discuss changing the name of the webinar to “Collaborative Approach to Field Inspections”**

- Discussion:
  - Tremendous input by everyone on this
  - Discussed pros and cons of variations on the title
  - Decided and voted on the following title:
    - **“Collaborative Inspection Approach to Hospital Construction”**





Meeting Date: **June 19, 2025**

## OVERVIEW OF TOPICS

### **4. Mock delivery of presentation outlines**

- Discussion:
  - Each presenter walked the committee through the content that they had developed thus far:
    - Gary Dunger: Ownership
    - TBD: Design Professional of Record
    - Cody Bartley: Contractor of Record and Subcontractors
    - Michael Davis: Inspector of Record and Special Inspector
    - Monica Colosi: OSHPD and Field Staff





Meeting Date: **June 19, 2025**

## **OVERVIEW OF TOPICS**

### **5. Discuss ideas for the introduction and conclusion of the presentation based on current level of development of primary content**

- Discussion:
  - Introduction: Joe LaBrie recommended incorporating concise, memorable language into both the introduction and conclusion; Gary Dunger encouraged use of a “billboarding” slide
  - Conclusion: Positive call to action, memorable





Meeting Date: **June 19, 2025**

## OVERVIEW OF TOPICS

### **6. Plan for future meetings and practice sessions**

- Discussion:
  - After discussion we decided on August 13, 2025, as our next meeting date
  - Discussed and agreed on a basic agenda for that meeting
  - Agreed that Michael Davis would reach out to our new DPOR representative to bring them up to speed
  - Agreed that further meetings would be required before we completed the webinar material





Meeting Date: **June 19, 2025**

## OVERVIEW OF TOPICS

### **7. Comments from the public/subcommittee members on issues not on this agenda**

- Discussion:
  - No new discussion items were proposed



Meeting Date: **June 19, 2025**

## **OVERVIEW OF MOTIONS**

**No Motions were presented.**





# August 13, 2025, Meeting





Meeting Date: **August 13, 2025**

## OVERVIEW OF TOPICS

### **3. Review presentations for the 90-minute webinar**

- Discussion:
  - Each presenter walked the committee thru the content of the PowerPoint slides that they had developed thus far:
    - Gary Dunger: Ownership
    - Belinda Young: Design Professional of Record
    - Cody Bartley: Skipped
    - Michael Davis: Inspector of Record and Testing Lab
    - Monica Colosi: OSHPD and Field Staff





Meeting Date: **August 13, 2025**

## OVERVIEW OF TOPICS

### **4. Mock delivery of webinar presentations**

- Discussion:
  - Each presenter walked the committee through the content that they had developed thus far
  - Additionally, discussed inspection success and failure rates from DavisHBC project metrics for recent projects
    - Direct relationship between collaboration and inspection success rates





Meeting Date: **August 13, 2025**

## **OVERVIEW OF TOPICS**

### **5. Discuss ideas for the introduction and conclusion and determine who should deliver each**

- Discussion:
  - We discussed the structural approach to the presentation
  - Gary Dunger recommended an OSHPD MC be implemented for the webinar introduction and to administer the Q&A
  - Gary also provided additional clarification about platform-specific functionality for webinars





Meeting Date: **August 13, 2025**

## OVERVIEW OF TOPICS

### 6. Plan for future meetings and practice sessions

- Discussion:
  - Part of this discussion ended up being an extension of the previous agenda item
  - I presented some material for the Introduction & Conclusion
    - At that point the group inclined toward me delivering those sections
  - Ultimately it was decided to meet again on November 13, 2025
    - This was a longer wait that we desired but was necessary due to other committee meetings





Meeting Date: **August 13, 2025**

## OVERVIEW OF TOPICS

### **7. Comments from the public/subcommittee members on issues not on this agenda**

- Discussion:
  - No new discussion items were proposed



Meeting Date: **August 13, 2025**

## **OVERVIEW OF MOTIONS**

**No Motions were presented.**





# November 13, 2025, Meeting





Meeting Date: **November 13, 2025**

## **OVERVIEW OF TOPICS**

### **3. Review and approve the June 19, 2025 and August 13, 2025 Draft Meeting Report Minutes**

- Discussion:
  - Michael Davis reviewed minutes of both meetings, and both were approved





Meeting Date: **November 13, 2025**

## OVERVIEW OF TOPICS

### **4. Mock delivery of webinar presentations**

- Discussion:
  - Joe LaBrie was confirmed as the MC
  - Each presenter walked the committee through the content that they had developed thus far





Meeting Date: **November 13, 2025**

## OVERVIEW OF TOPICS

### **5. Discuss feedback and ideas to improve presentations**

- Discussion:
  - Various points shared by all committee members
  - Belinda Young volunteered to unify visual consistency of the PowerPoint presentation





Meeting Date: **November 13, 2025**

## **OVERVIEW OF TOPICS**

### **6. Discuss target delivery date for webinar and plan accordingly for future meetings and practice sessions**

- Discussion:
  - It was decided that the presentation is ready for delivery
    - No further measurable value in prolonging the preparation
  - January 14, 2026, was selected as a target delivery date





Meeting Date: **November 13, 2025**

## OVERVIEW OF TOPICS

### **7. Comments from the public/subcommittee members on issues not on this agenda**

- Discussion:
  - No new discussion items were proposed



Meeting Date: **November 13, 2025**

## OVERVIEW OF MOTIONS

**No Motions were presented.**



## Meeting Date: **All Three Meetings**

### CONCLUSION

- **Questions and Answers**
- **I move to approve this Committee's meeting reports for:**
  - **June 19, 2025**
  - **August 13, 2025**
  - **November 13, 2025**



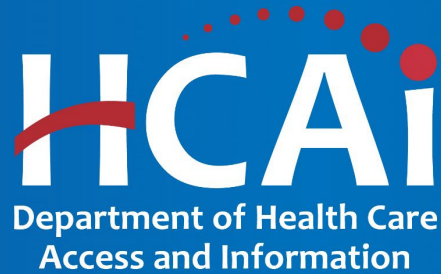
## Item #7

### Technology and Research Committee

- Overview and approval of the August 12, 2025, draft Meeting Report/Minutes
- Discussion and public input

*Facilitator: Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai Health System; Committee Chair (or designee)*





# Technology and Research Committee

by  
Gary Dunger, Chair

## COMMITTEE MEMBERS:

Gary Dunger, Chair  
Cody Bartley, Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Teresa Endres  
John Griffiths  
Bert Hurlbut  
Michael O'Connor

## CONSULTING MEMBERS:

Benjamin Broder  
Eric Johnson  
Sam Staley  
Belinda Young

## OSHDP STAFF:

Chris Tokas  
Arash Altoontash  
Richard Tannahill  
Larry Enright  
Joe LaBrie  
Nanci Timmins  
Janis Herbstman

## HBSB STAFF

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres



# Technology and Research Committee Meeting Report:

Meeting Date: Tuesday August 12, 2025  
10:00 a.m. – 4:00 p.m.



# Technology and Research Committee

## Meeting Date: **Tuesday, August 12, 2025**

### Overview of Topics

#### Topic 1 – Emerging Technology Futures Across Healthcare

Presenter: Cathy Junda, MSc Engineering, Health Sector Technologies Practice Leader, Stantec

Cathy Junda described how hospitals and health systems are evolving from reactive environments to proactive, intelligent infrastructure ecosystems. She outlined several categories of emerging technologies, including:

- Digital command centers to monitor and coordinate care delivery across hospital departments in real time.
- Ambient intelligence that uses passive data collection and machine learning to detect patterns and automate decision-making.
- Smart patient rooms that integrate lighting, temperature, entertainment, and alert systems to enhance patient experience.
- Hybrid nursing models supported by digital tools to reduce burnout and improve care efficiency.



# Technology and Research Committee

## Meeting Date: Tuesday, August 12, 2025

### Overview of Topics

Cathy Junda explained how Real-Time Location Systems and intelligent dashboards improve asset tracking, staff coordination, and safety workflows. She noted that platforms like Epic tend to be “closed” ecosystems that resist integration. She recommended healthcare providers use Fast Healthcare Interoperability Resources-based APIs and middleware to enhance interoperability and centralize data dashboards.





# Technology and Research Committee

## Meeting Date: **Tuesday, August 12, 2025**

### Overview of Topics



Cathy Junda also discussed robotics trends, noting that robots are now being used internationally for:

- Medication and supply delivery
- Waste and linen management
- Food service
- Facilities monitoring



Cathy Junda closed her presentation by offering hands-on technology demonstrations (i.e., wearable sensors, augmented reality tools) for future sessions and encouraged the committee to consider a structured roadmap to prioritize impactful, integrated technologies.



# Technology and Research Committee

## Meeting Date: **Tuesday, August 12, 2025**

### Overview of Topics

#### **Topic 2 – Update on Electronic Test, Inspection, and Observation (eTIO) Development**

Presenter: Chris Davis, SE, District Structural Engineer, HCAI

RCO Joe LaBrie presented a recorded video presentation by Chris Davis that walked the committee through the new eTIO user interface and its features. He explained that eTIO is a digital platform designed to streamline inspection, testing, and observation processes between health facilities and HCAI inspectors. He covered:

- User types and roles, including Design Professionals, HCAI Field Staff, Inspectors of Record, and Contractors.
- Access permissions based on role, which determine whether users can edit, view, or sign off on inspection activities.
- Inspection scheduling, assignment, documentation uploads, and automatic status updates.
- Facility tagging and real-time alerts that notify project teams of inspections and documentation activity.



# Technology and Research Committee

## Meeting Date: Tuesday, August 12, 2025

### Overview of Topics

#### Topic 3 – Energy Conservation and Systems Integration Using New Lighting Technologies

Presenter: Moe Goudarzi, PE, Principal, ARUP

Moe Goudarzi provided an interesting presentation explaining how smart lighting systems are becoming foundational tools in energy conservation and patient care. He described lighting as a "living system" that is dynamically programmable and capable of integrating with building systems to drive real-time decision-making.

Moe detailed how lighting platforms now serve as nodes in a hospital's infrastructure, collecting environmental and occupancy data, adjusting based on real-time needs, and sharing information across HVAC, nurse call, and facilities systems. These platforms support:

- Space usage analysis
- Energy efficiency improvements
- Enhanced patient comfort and safety
- Staff workflow optimization



# Technology and Research Committee

## Meeting Date: Tuesday, August 12, 2025

### Overview of Topics

Moe Goudarzi also addressed how programmable lighting improves staff alertness and wellness by mimicking circadian rhythms and reducing overstimulation during overnight shifts. He emphasized the potential for healthcare lighting to play a significant role in patient recovery, staff efficiency, and facility resilience.

Eric Schilt joined the discussion to speak about operational outcomes. He emphasized how integration improved response times and workflow awareness, especially through linking nurse call and lighting events. He also addressed the hospital's need for return on investment clarity, noting the reduced maintenance, energy usage, and incident response lags.





# Technology and Research Committee

## Meeting Date: **Tuesday, August 12, 2025**

### OVERVIEW OF MOTIONS

- No motions were made at this meeting and there were no action items requiring follow-up.



# Technology and Research Committee

## Meeting Date: **Tuesday, August 12, 2025**

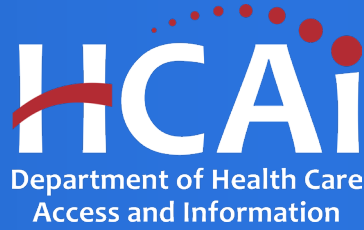
### CONCLUSION

- Questions and Answers
- This report requires a MOTION by a Board Member and must be SECONDED by a Board Member for further ACTION.



- Item #8      Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters”  
Webinar Development Subcommittee of the Education and Outreach  
Committee
- Overview and approval of the September 23, 2025 draft Meeting Report/Minutes
  - Overview of the November 20, 2025, meeting
  - Discussion and public input
- Facilitator: Teresa Endres, AIA, ACHA, EDAC, AAH; Subcommittee Chair (or designee)*





# **Ad hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee of the Education and Outreach Committee**

**By  
Teresa Endres, Chair**

## **COMMITTEE MEMBERS**

**Teresa Endres, Chair  
Gary Dunger, Vice-Chair  
Janice Cheung  
Jennifer Cox  
Mikhail Fuks  
John Griffiths  
Kelly Martinez**

## **CONSULTING MEMBER**

**Abdel Darwich**

## **OSHPD STAFF**

**Hussain Bhatia  
Mia Marvelli  
Jamie Schnick  
Nanci Timmins**



# Meeting Dates:

- September 23, 2025
- November 20, 2025



# Meeting Date: 9/23/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 1 – Review of the HCAI Design Guide for Planning and Preparing for Disasters

Presenter: Teresa Endres, Chair

Teresa Endres opened by reviewing the Design Guide to familiarize the Ad Hoc Subcommittee with the guide:

- Reviewed the reason why a guide was created and process of creating the guide
- Emergency Design Task Force with team leader(s) for each of the six topics
- Reviewed the 11 sections of the guide
- Reviewed the official rollout of the guide at the 2024 ASHE PDC Summit, presented by Richard Tannahill, Gary Dunger, and Teresa Endres



# Meeting Date: 9/23/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 1 – Review of the HCAI Design Guide for Planning and Preparing for Disasters

Presenter: Teresa Endres, Chair

Discussion and decisions:

- Ad Hoc committee agreed to change the name of the Ad Hoc Subcommittee to align with the official name of the guide, “HCAI Design Guide for Planning and Preparing for Disasters”
- Veronica Yuke confirmed the name change of the Ad Hoc Subcommittee did not require a vote
- Ad Hoc Subcommittee agreed to a series of webinars aligned with the guide
- Ad Hoc Subcommittee agreed the additional topics of power independence/island hospital, air quality, and Hazard Vulnerability Assessment fall within the existing sections of the guide



# Meeting Date: 9/23/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 1 – Review of the HCAI Design Guide for Planning and Preparing for Disasters

Presenter: Teresa Endres, Chair

Reviewed the sections of the guide (9/10/25):

1. Introduction Planning, Preparing, and Implementing Solutions for Seismic Event
2. Emergency Patient Room Ventilation Conversion
3. Emergency Operation for Surge Capacity
4. Space that can be Split into Multiple Zones
5. Other Considerations for Surge Capacity
6. HVAC System Consideration for Handling Smoke During Wildfire
7. Upgrading Air Filters
8. How to Expedite Emergency Projects
9. OSHPD's Response for Disasters
10. Coordination for Temporary Surge Facilities and Alternate Care Site
11. Hazard Vulnerability Assessment - Jennifer Cox, Kelly Martinez & OSHPD TBD



**Meeting Date: 9/23/2025**

## **OVERVIEW OF TOPICS - TOPIC 1**

### **Topic 2 – HCAI Design Guide for Planning and Preparing for Disasters Webinar Series**

Presenter: Teresa Endres, Chair

Determined Seven Webinar Topics - Board Members and OSHPD Staff :

1. Power Independence - John Griffiths, David Bliss and Jamie Schnick
2. Wildland Urban Interface, 2025 Title 24, Part 7 - Gary Dunger, Jancie Cheung and OSHPD TBD
3. Wildland Urban Interface, HVAC - Mikhail Fuks, Abdel Darwich and OSHPD TBD
4. Infection Control, HVAC - Mikhail Fuks, Abdel Darwich and OSHPD TBD
5. Infection Control, Operations - Jennifer Cox, Kelly Martinez and OSHPD TBD
6. Infection Control, Design - Teresa Endres, Kelly Martinez and OSHPD TBD
7. Hazard Vulnerability Assessment - Jennifer Cox, Kelly Martinez and OSHPD TBD



# Meeting Date: 9/23/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 2 – Review of the HCAI Design Guide for Planning and Preparing for Disasters

Presenter: Teresa Endres, Chair

Design guide sections and webinar (11/20/25):

- Introduction (**Opening of each webinar by OSHPD staff**)
- Planning, Preparing, and Implementing Solutions for Seismic Event (**Opening of each webinar by OSHPD staff**)
- Emergency Patient Room Ventilation Conversion (**Infection Control, HVAC**)
- Emergency Operation for Surge Capacity (**Infection Control, Operations; Infection Control, Design; Hazard Vulnerability Assessment**)
- Space that can be split into Multiple Zones (**Infection Control, Operations and Infection Control, Design**)



# Meeting Date: 9/23/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 2 – Review of the HCAI Design Guide for Planning and Preparing for Disasters

Presenter: Teresa Endres, Chair

Design guide sections and webinar (11/20/25):

- Other Considerations for Surge Capacity (**Energy Independence; Hazard Vulnerability Assessment**)
- HVAC System Consideration for Handling Smoke During Wildfire (**Wildland Urban Interface, HVAC**)
- Upgrading Air Filters (**Wildland Urban Interface, 2025 Title 24, Part 7; Wildland Urban Interface, HVAC**)
- How to Expedite Emergency Projects (**Closing of each webinar by OSHPD staff**)
- OSHPD's Response for Disasters (**Closing of each webinar by OSHPD staff**)
- Coordination for Temporary Surge Facilities and Alternate Care Site (**Infection Control, Operations; Infection Control, Design**)



## **Meeting Date: 9/23/2025**

### **OVERVIEW OF MOTIONS**

**No motions were made at this meeting**

## **Meeting Date: 11/20/2025**

### **OVERVIEW OF MOTIONS**

**Reviewed and approved the draft September 23, 2025, meeting report/minutes**



# NEXT STEPS

## HCAI Design Guide for Planning and Preparing for Disasters Webinar Timeline & Next Steps

Board member deliverables by 12/19/2025:

- Outline for each webinar
- Outline for order of webinars
- Each sub-sub committee is to communicate through HBSB staff
- Next meeting: January 22, 2026



# Meeting Date: 9/23/2025

## CONCLUSION

- Questions and Answers
- This report requires a MOTION by a Board Member and must be SECONDED by a Board Member for further ACTION.



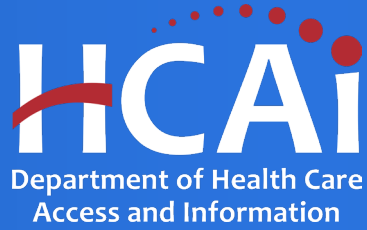
## Item #9

### Codes and Processes Committee

- Overview and approval of the September 10, 2025, draft Meeting Report/Minutes
- Discussion and public input

*Facilitator: Teresa Endres (or designee)*





## Codes & Processes Committee

### COMMITTEE MEMBERS

TERESA ENDRES, CHAIR  
MICHAEL O'CONNOR, VICE-CHAIR  
CODY BARTLEY  
JENNIFER G. COX  
MICHAEL DAVIS  
GARY DUNGER  
MIKHAIL FUKS  
JOHN GRIFFITHS  
JIM MALLEY  
KELLY MARTINEZ  
FARZAD NAEIM  
CARL NEWTH  
NOELLA TABLADILLO

### CONSULTING MEMBERS

ABDEL DARWICH  
MARK HERSHBERG  
SAM STALEY  
BELINDA YOUNG

### HCAI STAFF

CHRIS TOKAS  
RICHARD TANNAHILL  
ARASH ALTOONTASH  
BRETT BEEKMAN  
LARRY ENRIGHT  
JOE LABRIE  
ROY LOBO  
BOB LYONS  
MIA MARVELLI  
DIANA NAVARRO  
JAMIE SCHNICK  
NANCI TIMMINS

### HBSB STAFF

VERONICA YUKE  
MARCUS PALMER  
EVETT TORRES



# MEETING REPORTS

Meeting Date: September 10, 2025



# Meeting Date: 9/10/2025

## OVERVIEW OF TOPICS - TOPIC 1

### Topic 1 – Update on Electronic Test, Inspection, and Observation (eTIO) Development

Presenter: Chris Davis, SE, HCAI (recorded presentation)

A representative from the HCAI Inspection Services Unit delivered a detailed update and live demonstration of the eTIO platform via video recording. The presenter focused on recent enhancements and the current system functionality.

- **Informational & Action Items:**

- Identify beta test project candidates
- Solicit board member engagement for testing
- Proceed with summer pilot launch for select projects

California Health and Human Services Agency  
HCAI Department of Health Care Access and Information  
hcai.ca.gov

2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833

355 South Grand Avenue, Suite 1900  
Los Angeles, CA 90071

David Newsom, Governor

**Testing, Inspection, and Observation Program**  
2022 California Building Standards Code - OSHPD 1

This program is prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute care hospitals, acute psychiatric hospitals, and general acute care hospitals providing only acute medical rehabilitation center services (2022 CBC 1224.1).

SECTION A		PROJECT INFORMATION	
Facility #:	Facility Name:		Project #:
Street Address:			
City:	County:		
Record Name (Scope of Project):			
References:		AAMA: American Architectural Manufacturers Association NFPA: National Fire Protection Association FM: FM Approval Standards DPR: Design Professional of Record	
CAC: California Administrative Code			Version: R04.38
CBC: California Building Code			
CEC: California Electrical Code			
MBC: California Mechanical Code			
PLC: California Plumbing Code			

Testing, Inspection, and Observation Stages		
Stage No.	Stage Name	Stage Scope / Description
1		

**DESIGN PROFESSIONAL OF RECORD RESPONSIBILITY**

*The administration of the work of construction, including this TIO, shall be under the responsible charge of an architect and structural engineer. When a structural engineer is not substantially involved, the architect shall be solely responsible. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer registered in the branch of engineering most applicable to the project may be in responsible charge. (CAC 7-141(a))*

Note: HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. Field staff will issue subsequent "TIO Program Approval".

The "TIO Program Approval" from HCAI field staff must be obtained and included with the notice of start of construction required by CAC Section 7-137(a)(4) and 7-145(a)(5.A).

Construction shall not commence until the health facility has obtained from HCAI "TIO Program Approval". (CAC Section 7-135(a)(3))

OSH-FD-303A (R04.38) STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY S-A1



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 2**

### **Topic 2 – Proposed Amendments to the 2025 California Administrative Code, Part 1, Title 24**

Presenter: Mia Marvelli, Supervisor, HCAI BSU

Mia Marvelli opened by outlining the timeline and process for submitting proposed amendments:

- The team plans to submit amendments to the Building Standards Commission (BSC) by December 1, 2025
- If approved, these amendments will take effect on July 1, 2027, via the 2025 Blue Supplement



# Meeting Date: 9/10/2025

## OVERVIEW OF TOPICS - TOPIC 2

### Topic 2 – Proposed Amendments to the 2025 California Administrative Code, Part 1, Title 24

Presenter: Mia Marvelli, Supervisor, HCAI BSU

Mia Marvelli addressed new legislation AB 8130, Section 42:

- Amendments must only clarify, conform, or coordinate, they must not materially alter the substance or intent of existing code.
- This law applies to all future intervening code cycles.



# Meeting Date: 9/10/2025

## OVERVIEW OF TOPICS - TOPIC 2

### Topic 2 – Proposed Amendments to the 2025 California Administrative Code, Part 1, Title 24

Presenter: Mia Marvelli, Supervisor, HCAI Building Standards Unit (BSU)

Each code change was explained by individual BSU team members:

- §7-118: Energy Compliance Documentation - Larry Enright
- §7-119: Functional Program Requirements - Clara Wu
- §7-131: Deferred Submittals - Samantha Miller
- §7-133: Time Limitations for Submittals - Mia Marvelli
- §7-135: Fee-Related Amendments - Mia Marvell
- §7-137: Start of Construction Notification - Samantha Miller
- §7-139: Dimensional Changes - Samantha Miller



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 3**

### **Topic 3 – Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24**

**Presenter: Mia Marvelli, Supervisor, HCAI BSU**

Mia reviewed key code areas under revision:

- Primary Care Clinics (SB 1382) – Right-size PCC (1226.6)
  - Scope clarification and terminology fixes
  - General construction and access issues
  - Toilet room doors and safety concerns
  - Water access and drinking fountains
- Specialty Clinics (1226.11)
  - Applied consistent changes across clinic types: Surgical Clinics, Chronic Dialysis, Rehabilitation Clinics, and Psychology clinics



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 3**

### **Topic 3 – Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24**

Presenter: Mia Marvelli, Supervisor, HCAI BSU

Clara Wu reviewed Alternative Birthing Clinics (ABCs) (1226.11)

- Clarified licensing language and aligned with CDPH expectations
- Birthing room update: reduced room from 200 SF to 120 SF
- Allow birthing room to double as exam room
- Added exception for nurse call systems: ABCs with three or fewer rooms may use alternative call methods, subject to CDPH approval
- Adjusted staff restroom requirement to remove confusion about location and accessibility



# Meeting Date: 9/10/2025

## OVERVIEW OF TOPICS - TOPIC 3

### Topic 3 – Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24

Presenter: Mia Marvelli, Supervisor, HCAI BSU

Samantha Miller reviewed Behavioral Health/Crisis Stabilization Units

- Reason for Development: Supported state-funded EMPATH-model facilities
- Licensing Type: CDPH confirmed classification as outpatient observation units
- Patient Safety Risk Assessment (PSRA) determines anti-ligature needs







**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 4**

### **Topic 3 – Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24**

**Presenter: Mia Marvelli, Supervisor, HCAI BSU**

Nanci Timmins reviewed Fire Life Safety Amendments:

- Definition of Non-Patient Care Suites: Expanded to include non-business support functions (not industrial or hazardous).
- CBC 708.1: Removed a section that conflicted with fire barrier requirements for ambulatory care facilities.
- CFC 5003: Clarified maximum allowable quantities for compressed medical gases:
  - Specified that only small tanks in immediate patient use are exempt.
  - Prevented misuse of exemption by clearly defining tank size and use.



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 4**

### **Topic 4 – Proposed Amendments to the 2025 California Electrical Code, Part 3, Title 24**

**Presenter: Jamie Schnick, Electrical Engineer, HCAI BSU**

Jamie Schnick presented six categories of proposed amendments focusing on improving clarity, correcting past oversights, and aligning California-specific requirements with national codes (NFPA 99 and NEC). The proposals centered on essential electrical systems in OSHPD-regulated facilities, with particular attention to power reliability, code enforcement clarity, and clinical safety:

- Fire Pump Transfer Switches
- Sensor-Operated Fixtures and Emergency Power
- Automatic Doors – Life Safety vs. Equipment Branch
- Type 2 Essential Electrical Systems
- New Requirements for Emergency Power Equipment Connections
- Technology Rooms
- Fire Pump Power Source Language (Section 695)



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 5**

### **Topic 5 – Proposed Amendments to the 2025 California Mechanical Code, Part 4, Title 24**

**Presenter: Lawrence Enright, Senior Mechanical Engineer, HCAI BSU**

Lawrence Enright presented extensive focusing on ventilation, air balance, facility type distinctions, and alignment with national standards (especially ASHRAE 170). The amendments aimed to clarify technical requirements, reorganize outdated language, and enhance consistency with related sections of the California Building Code:

- Section 320.4 – Technology Equipment Centers
- Section 321.1 – Operating Room Temperature Maintenance
- Section 401-403 – General Ventilation Requirements
- Section 402.1.2 – Ventilation for Clinics
- Section 407.3.1 – Air Balancing



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 5**

### **Topic 5 – Proposed Amendments to the 2025 California Mechanical Code, Part 4, Title 24**

Presenter: Lawrence Enright, Senior Mechanical Engineer, HCAI Building Standard Unit

Proposed amendments, continued:

- Sections 407.3.1.1 & 407.3.1.2 – Ventilation for Licensed Clinics
- Tables 4-A, 4-B, 4-C – Air Change Rates and Filtration
- Section 415 & Chapter 5 Reorganization
- Section 602 – Concealed Spaces (Plenums)
- Filtration Level Discrepancies with ASHRAE 170



**Meeting Date: 9/10/2025**

## **OVERVIEW OF TOPICS - TOPIC 5**

### **Topic 7 – Proposed Amendments to the 2025 California Plumbing Code, Part 5, Title 24**

**Presenter:** Lawrence Enright, Senior Mechanical Engineer, HCAI BSU

Lawrence Enright presented comprehensive revisions to the Plumbing Code focused on fixture requirements, drainage, water conservation, medical gas systems, and clinical facility classifications:

- Fixture Sizing and Layout
- Drainage and Sensitive Spaces
- Fixture Counts and Occupancy Calculations
- Emergency Drainage & Water Conservation
- Medical Gas and Vacuum Systems
- Table 4-2 Revisions



# Meeting Date: 9/10/2025

## OVERVIEW OF MOTIONS

### Motions made at this meeting:

- Proposed Amendments to the 2025 California Administrative Code, Part 1, Title 24
  - Motion to endorse the proposed amendments by Michael O'Connor, second by Kelly Martinez
  - The committee unanimously endorsed the proposed amendments to CAC Part 1, Title 24
- Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24
  - Motion to endorse the proposed amendments by Michael O'Connor, second by Kelly Martinez
  - The committee unanimously endorsed the proposed amendments to CBC Part 2, Volume 1, Title 24



# Meeting Date: 9/10/2025

## OVERVIEW OF MOTIONS

### Motions made at this meeting:

- Proposed Amendments to the 2025 California Electrical Code, Part 3, Title 24
  - Motion to endorse the proposed amendments by Carl Newth, second by Kelly Martinez
  - The committee unanimously endorsed the proposed amendments to CEC Part 3, Title 24



# Meeting Date: 9/10/2025

## OVERVIEW OF MOTIONS

### Motions made at this meeting:

- Proposed Amendments to the 2025 California Mechanical Code, Part 4, Title 24
  - Motion to endorse the proposed amendments by Noella Tabladillo, second by Michael O'Connor
  - The committee unanimously endorsed the proposed amendments to CMC Part 4, Title 24
- Proposed Amendments to the 2025 California Plumbing Code, Part 5, Title 24
  - Motion to endorse the proposed amendments by Carl Newth, second by Michael O'Connor
  - The committee unanimously endorsed the proposed amendments to CPC Part 5, Title 24



# Meeting Date: 9/10/2025

## CONCLUSION

- Questions and Answers
- This report requires a MOTION by a Board Member and must be SECONDED by a Board Member for further ACTION.



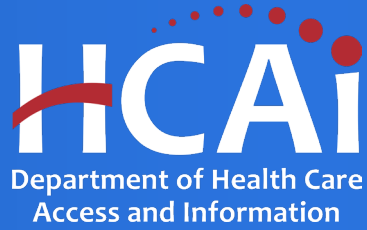
Item #10

Structural and Nonstructural Regulations Committee

- Overview and approval of the October 22, 2025, draft Meeting Report/Minutes
- Discussion and public input

*Facilitator: Jim Malley, Committee Chair (or designee)*





# Structural and Nonstructural Regulations Committee

by  
James O. Malley, Chair

COMMITTEE MEMBERS:  
Farzad Naeim, Vice Chair

Cody Bartley  
Michael Davis  
Teresa Endres  
Mikhail Fuks  
Martin Hudson  
Courtney Johnson  
Jennifer Thornburg

CONSULTING MEMBER : Mark Hershberg

HCAi STAFF:  
Chris Tokas, Arash Altoontash, Chris Davis, Roy Lobo,  
Mia Marvelli, Veronica Yuke, Ryan Buckley



## MEETING REPORTS:

Meeting Date: October 22, 2025



**Meeting Date: October 22, 2025**

## **OVERVIEW OF TOPICS**

- Topic 1 –Triennial Code Cycle Update and Timelines (Mia Marvelli, HCAI)
- Topic 2 – Proposed Amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2 (Roy Lobo; HCAI)
- Topic 3 – Proposed Amendments to the 2025 California Building Code, Title 24, Part 10, (Roy Lobo; HCAI)
- Topic 4 – Introduction of Wood-Frame Details prepared by the HBSB Codes and Processes Committee (Gary Dunger; HBSB Member)
- Topic 5 – Update on OSHPD Details (OPD): Standard Partition Wall, Standard Suspended Ceiling and Standard Gypsum Board Ceiling(Chris Davis; HCAI)



**Meeting Date: October 22, 2025**

## **OVERVIEW OF TOPICS**

- Topic 6 – Proposed removal or revision of California Building Code exceptions to AISC (American Institute of Steel Construction) design specifications (Jim Malley; HBSB Member)
- Topic 7 –Comments from the Public/Committee Members on Issues Not on this Agenda (Jim Malley; HBSB Member)



**Meeting Date: October 22, 2025**

**Topic 1 – Intervening Code Cycle Timeline on Proposed Amendments to the 2025 CBC**

- Mia Marvelli reminded the committee that the 2025 edition of Title 24 was published in July 2025 and will become effective on 1/1/26.
- Work has begun on the Intervening Code Cycle that will become effective on 7/1/27 as a supplement to the 2025 Edition of Title 24. By December 1, 2025, all state agencies must submit proposed code changes to the Building Standards Commission (BSC). This meeting focused on changes that would occur in CBC Part 2 Volume 2 and Part 10 (EBC). The full HBSB will review, finalize and endorse the proposed changes at their meeting on December 10 and 11, 2025. The BSC Code Advisory Committee will review proposals, following a public review period before final BSC approval in the summer of 2026.



**Meeting Date: October 22, 2025**

**Topic 1 – Intervening Code Cycle Timeline on Proposed Amendments to the 2025 CBC (Cont.)**

- Ms. Marvelli described the changes resulting from the passing of AB 130, which restricts the types of amendments allowed between major triennial code cycles to clarifying, conforming or coordinating revisions that do not materially alter the substance or intent of existing code provisions. OSPHD staff and the HCAI legal office will work together to ensure that all proposed changes that are sent to the BSC meet these criteria.



**Meeting Date: October 22, 2025**

**Topic 2: Proposed Amendments to the 2025 California Building Code,  
Title 24, Part 2, Volume 2 (Roy Lobo; HCAI)**

- Roy Lobo started this discussion confirming that all proposed changes proposed for the intervening cycle are intended to align with the changes resulting from AB 130.
- The proposed amendments include:
  - Section 1603A.1 - Adds new items to construction document requirements to ensure designers include key information that aids future retrofits or evaluations of nonstructural components (clarifying).
  - Section 1603A1.6 - Improves the clarity of geotechnical design information, differentiating between deep and shallow foundation values, to remove existing vagueness (clarifying).
  - Load Combination Clarification for Masonry Structures: Recommend eliminating Exception 2 of ASCE 7, Section 2.4.5 3 when using the allowable stress design method for masonry, since allowing partial dead load to resist overturning could lead to unsafe conditions, particularly since seismic loads are already reduced under this method (coordinating).



**Meeting Date: October 22, 2025**

## **Topic 2: Proposed Amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2 (Roy Lobo; HCAI) (cont.)**

- The proposed amendments include (cont.):
  - Live Load Table Restoration: Removes printing error to restore to the intended 2016 CBC requirements (conforming).
  - Two-Stage Analysis: Corrected mis-application of Omega amplification for Type IV irregularities, resulting in over-conservatism (clarification).
  - Seismic Response Coefficient: Clarifies application of the two methods to calculate the Cs factor, resolving a conflict and ensuring the intended design results (clarification).
  - Equation 13.3-7: Clarifies that absolute rather than relative accelerations should be applied when using this equation (clarification).
  - Design forces for nonstructural components in base isolated buildings: Roy summarized studies done to verify that reduced design forces on NS components in isolated buildings is justified (conforming).
  - Drift Limits: Chapters 16 and 18 have an unintended drift limit inconsistency. The proposed change will ensure consistency (clarification).



**Meeting Date: October 22, 2025**

**Topic 2: Proposed Amendments to the 2025 California Building Code,  
Title 24, Part 2, Volume 2 (Roy Lobo; HCAI) (cont.)**

- The proposed amendments include (cont.):
  - Glu-lam Special Inspections: Proposed removal of the phrase “sourced from stock or general inventory” as a condition for waiving special inspections (clarification).
  - Update ACI 318-19 References: Correct ACI error in reference standards updates (conforming).
- An extensive discussion period ensued and Roy Lobo agreed to pick up two suggested changes for the Initial Express Terms document to be submitted to the Building Standards Commission.



**Meeting Date: October 22, 2025**

**Topic 3 – Proposed Amendments to California Existing Building Code,  
Title 24, Part 10**

- Roy Lobo introduced two proposed amendments to correcting and clarifying existing structural provisions in Part 10 of the California Existing Building Code. These changes are particularly relevant to hospitals undergoing seismic retrofits and upgrades from SPC 1 or SPC 2 to SPC 4D compliance. The proposed amendments are:
  - Horizontal Wall Segments vs. Coupling Beams – This corrects an error in a prior amendment to better distinguish between shear and flexurally controlled segments and clarify the proper anchorage of vertical reinforcement (clarification).
  - Penthouse Structures – Clarifies which code section applies depending on the portion of the building footprint occupied by the penthouse and defines an omega factor for connection design between the penthouse and supporting structure (clarification).



# Meeting Date: October 22, 2025

## Topic 4 – Introduction of Wood-Frame Standard Details Prepared by the HBSB Codes and Processes Committee (Gary Dunger, HBSB Member)

- Gary Dunger provided background on the work of the HBSB Codes and Processes Committee to develop wood-frame connection and framing details for healthcare facilities to standardize their design, review and construction. After introducing these details to the committee, further technical review and a comprehensive set of highly constructive review comments were made by Brett Beekman of OSHPD. These comments are being addressed in updates to the details.
- Gary then previewed the details to familiarize the Structural and Nonstructural Regulations Committee (SNSR).
- Discussion by the committee ensued. It was agreed that the that the final set of details will be submitted for approval by the Codes and Processes Committee, after which a final technical review will be performed by OSHPD. Once this is complete, the full package of structural, and fire/life safety details will be posted with the agenda materials for the next SNSR meeting. The SNSR will then discuss the details at their meeting for possible endorsement.



**Meeting Date: October 22, 2025**

**Topic 5 – Update on OSHPD Preapproved Details (OPD): Standard Partition Wall, Standard Suspended Ceiling, and Standard Gypsum Board Ceiling (Chris Davis, HCAI)**

- Chris Davis presented his work on the extensive technical updates to OPD #1 concerning standard partition wall details in response to the significant ASCE 7-22 changes in nonstructural seismic force demands, specifically the  $F_p$  (force on a component). ASCE 7-22 now requires that  $F_p$  calculations consider building-specific characteristics, such as building period and lateral force resisting system, making the process more complex and less accessible to non-structural design professionals. The OPD update is intended to preserve the ability of non-structural engineers continue to be able to apply the OPD but results in using the “worst-case” values when the structural data is not available. Chris presented a new online tool to calculate the  $F_p$  factor using the structural data.
- The changes can result in an increase of about 50 percent in the  $F_p$  force for partition walls under 9 feet tall and almost 100% for taller walls, resulting in significant increases to stud sizes to 14 and even 12 gauge in some cases, creating availability and installation concerns.



**Meeting Date: October 22, 2025**

**Topic 5 – Update on OSHPD Preapproved Details (OPD): Standard Partition Wall, Standard Suspended Ceiling, and Standard Gypsum Board Ceiling (Chris Davis, HCAI)**

- Chris Davis has developed a tool to calculate the Fp factor using the structural data.
- Chris also noted that these changes will impact renovations and retrofit in cases where new equipment is added to existing walls.
- An extensive discussion period ensued, with concern expressed regarding the additional material costs and limited availability of the thicker studs and the potential issues with constructability. Concern was also expressed that the impacts on construction costs was not fully vetted against the potential improvements to seismic safety. It was also noted that when properly installed, these systems have performed well in past earthquakes.
- OSHPD will continue to work on this issue and may look for ways to mitigate the impact of these changes.



**Meeting Date: October 22, 2025**

**Topic 6 – Proposed Removal or Revision of CBC Exceptions to AISC Design Specifications (Jim Malley; HBSB Member)**

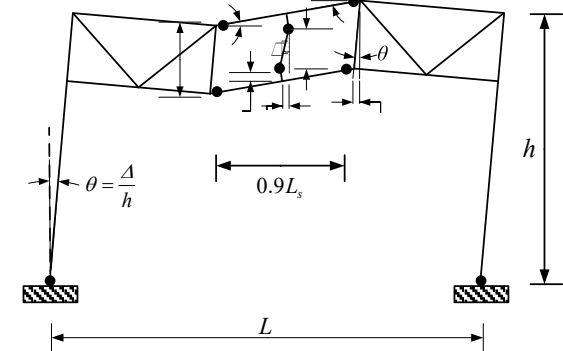
- In the March 2025 SNSR meeting, Jim Malley opened a discussion regarding removal or revision to certain California amendments to the AISC design specifications that are currently embedded in the CBC. Jim worked with HCAI on comparative analysis matrix of CBC exceptions vs. AISC standard provisions with the goal to eliminate confusion and outdated references, promote code alignment and reduce unnecessary design hurdles and where appropriate, make recommendations to AISC to consider CBC exceptions that still serve a specific purpose.
- That analysis found that over time, many of the earlier OSHPD-specific modifications have already been removed due to alignment between OSHPD's practices and updated AISC provisions. However, some discrepancies remain, particularly related to updated and newer structural systems that still require an Alternate Method of Compliance (AMOC).



Meeting Date: October 22, 2025

## Topic 6 – Proposed Removal or Revision of CBC Exceptions to AISC Design Specifications (Jim Malley; HBSB Member) (Cont.)

- Jim Malley then presented information on these systems including new research and updates the AISC seismic provisions on the following systems: Special Truss Moment Frame (STMF), Special Plate Shear Walls (SPSW) and Concrete-Filled Steel Sandwich Panel Walls (SpeedCore).
- STMF systems were first introduced in the AISC Seismic Provisions in 1997. OSHPD's concerns at the time focused on the buckling of diagonal elements in the Special Segments. AISC has since funded extensive analytical and experimental research on Vierendeel Special Segments that rely on yielding rather than buckling to validate the response as being consistent with EBF's and other MF systems.

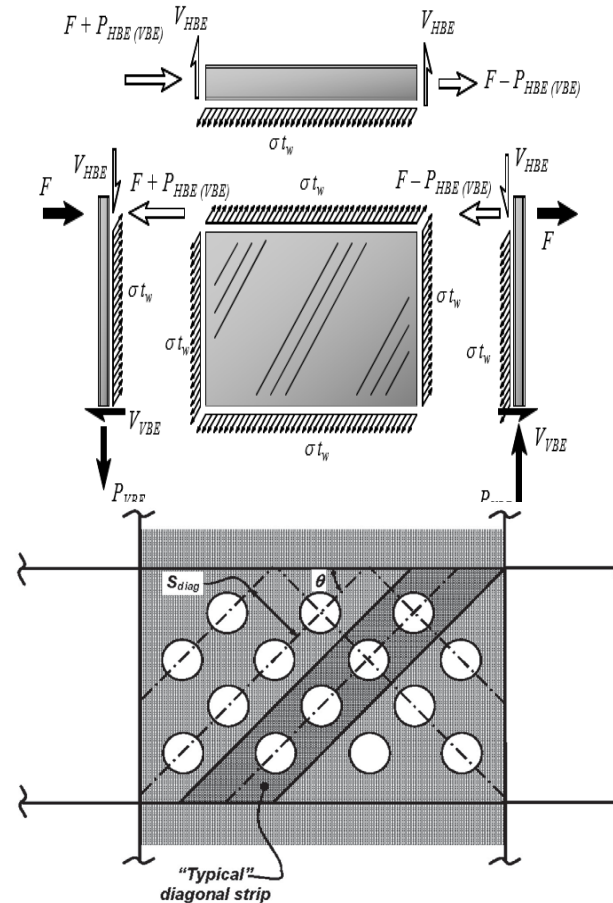




Meeting Date: October 22, 2025

## Topic 6 – Proposed Removal or Revision of CBC Exceptions to AISC Design Specifications (Jim Malley; HBSB Member) (Cont.)

- SPSW systems were first introduced in the AISC Seismic Provisions in 2005. OSHPD's concerns at the time focused on the buckling of the elements, but this does not create a condition that indicates a loss of capacity or functionality.
- AISC has since funded analytical and experimental research to better tune the capacity of the plate to the seismic demands, thereby reducing overstrength requirements.





**Meeting Date: October 22, 2025**

## **Topic 6 – Proposed Removal or Revision of CBC Exceptions to AISC Design Specifications (Jim Malley; HBSB Member) (Cont.)**

- AISC 341-22 Composite Systems, most introduced in 2002. OSHPD's concerns at the time focused on the relatively limited research done to validate the systems.
- The SpeedCore system was developed based on extensive analytical and experimental research and validated via the FEMA P-695 methodology.
- During the discussion, the SNSR Committee members and OSHPD expressed interest in reconsidering the AMOC requirement for these three systems, but emphasized the need to continue to be diligent in ensuring proper consideration of load path and connection detailing issues.





**Meeting Date: October 22, 2025**

**Topic 7 – Comments from the Public/Committee Members on Issues not on this Agenda (Jim Malley; HBSB)**

No comments were made by members of the SNSR Committee or members of the public.



**Meeting Date: October 22, 2025**

## **Motions**

- Topic 4 – Motion to endorse the proposed amendments to 2025 CBC, Title 24, Part 2, Volume 2 with all clarifications, corrections and editorial revisions (Naeim/Bartley). Passed Unanimously.
- Topic 5 - Motion to endorse the proposed amendments to 2025 CBC, Title 24, Part 10 (Bartley/Davis). Passed Unanimously.



## Meeting Date: October 22, 2025

### CONCLUSION

- Questions and Answers
- I move to accept the October 22, 2025, meeting report.



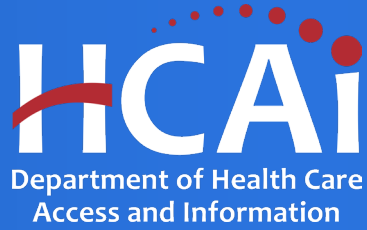
## Item #11

### Instrumentation Committee

- Overview and approval of the October 28, 2025, draft Meeting Report/Minutes
- Discussion and public input

*Facilitator: Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.; Committee Chair (or designee)*





# Instrumentation Committee

by

FARZAD NAEIM, COMMITTEE CHAIR (PRESENTING)\*  
MARTIN HUDSON, COMMITTEE VICE CHAIR\*

COMMITTEE MEMBERS:  
COURTNEY JOHNSON\*  
JIM MALLEY\*  
JENNIFER THORNBURG\*

CONSULTING MEMBERS:  
HAMID HADDADI\*  
MOH HUANG\*  
TONY SHAKAL\*

HCAI STAFF:  
CHRIS TOKAS, ARASH ALTOONTASH, HUSSAIN BHATIA,  
EROL KALKAN, ROY LOBO, ANDIA FARZANEH

\*COMMITTEE MEMBERS PRESENT



## MEETING REPORT:

- Meeting Date: October 28, 2025



**Meeting Date: 10/28/2025**

## **OVERVIEW OF TOPICS**

- 1. Review of the Fiscal Year 2024-25 HCAI/CSMIP Hospital Instrumentation Annual Report by the California Strong Motion Instrumentation Program (CSMIP)**

Facilitator: Hamid Haddadi, CSMIP

- 2. Demonstration of tools on HCAI website related to seismic instrumentation of hospital buildings and recorded earthquake data from past earthquakes on the Center for Engineering Strong Motion Data website**

Facilitator: Hussain Bhatia, HCAI

- 3. Discussion on the use of Earthquake Early Warning Systems (EEWS) for hospital administrators**

Facilitator: Hamid Haddadi, CSMIP



**Meeting Date: 10/28/2025**

**OVERVIEW OF TOPICS (continued)**

- 4. Selection of free field locations for HCAI-paid seismic instrumentation at instrumented hospital sites without a free field station**

Facilitator: Roy Lobo, HCAI

- 5. Discussion on issues related to enhancing instrumentation to health monitoring, and workshops to educate stakeholders**

Facilitator: Farzad Naeim, Committee Chair

- 6. Planning tasks and objectives for 2026 and beyond**

Facilitator: Farzad Naeim, Committee Chair



# **Topic 1: Review of the Fiscal Year 2024-25 HCAI/CSMIP Hospital Instrumentation Annual Report by the California Strong Motion Instrumentation Program (CSMIP)**

1. Hamid Haddadi provided a detailed presentation of the Annual Report, covering the progress and status of the two types of hospital instrumentation projects under the CSMIP agreement with HCAi
  - Type 1: HCAI-Funded Regular Instrumentation
    - instrumentation for seven wood-frame hospitals were previously approved by the Committee. Plans were received for six hospitals.
    - The Monterey Park Hospital project proceeded successfully, with instrumentation scheduled for early 2026
  - Type 2: Owner-Funded Hospital Instrumentation
    - Nine hospitals are participating under owner-funded programs



# Topic 1: Review of the Fiscal Year 2024-25 HCAI/CSMIP Hospital Instrumentation Annual Report by CSMIP (Continued)

## 1. Discussions:

- a) Chris Tokas suggested combining factory and lower-cost sensors to increase data collection. Hamid Haddadi confirmed this approach will begin with Monterey Park Hospital in collaboration with UCLA.
- b) Emphasis placed on completing projects before contract expiration in April 2026.
- c) Chris Tokas discussed potential coordination with early warning systems to maximize coverage.
- d) Tony Shakal and Chris Tokas discussed the lack of recent instrumentation in one- and two-story wood-frame buildings, emphasizing the importance of expanding data collection for such structures before the 2030 seismic deadline.



# **Topic 1: Review of the Fiscal Year 2024-25 HCAI/CSMIP Hospital Instrumentation Annual Report by CSMIP (Continued)**

## **❖ Informational and Action items**

1. Continue Monterey Park Hospital instrumentation (early 2026).
2. Evaluate roof sensor accuracy at Eureka St. Joseph Hospital.
3. Proceed with planned installations (Hollywood Presbyterian, Marina Del Rey, La Jolla Scripps, UC Irvine, Sylmar Olive View).
4. Conduct Antelope system training in November 2025.
5. Assess and implement free-field station installations for under-instrumented hospitals.



## **Topic 2: Demonstration of tools on HCAI website related to seismic instrumentation of hospital buildings and recorded earthquake data from past earthquakes on the Center for Engineering Strong Motion Data website**

1. Hussain Bhatia presented a live demonstration of seismic data tools developed by HCAI, specifically those related to hospital seismic instrumentation and recorded earthquake data. The tools aim to facilitate immediate access and visualization of ground motion and building response data following seismic events, which is vital for emergency response and healthcare facility evaluations.
  - The interface allows users to do the following among other features:
    - Visualize acceleration, velocity, and displacement records
    - Analyze the records and generate response spectra for various damping levels
    - Create Radial plots, Orbit plots, and Tripartite spectra



## Topic 2: (continued)

### Vizualize/Plot Recorded Earthquake Building Motions

V2 files are building earthquake records that can be downloaded from Center for Earthquake Engineering Strong Motion CESMD webiste. Download one building record at a time and do not unzip.

<https://www.strongmotioncenter.org/>

Also see <https://hcai.ca.gov/facilities/building-safety/facility-detail/> for instrumented hospital buildings

This app helps read the file and show the recording and create floor spectra from the recordings

Upload V2/V2c zip file



Drag and drop file here

Limit 200MB per file • ZIP

Browse files

Number of channels read: 17

station: Hemet - 4-story Hospital

☐ Rearrange channels to change display order?

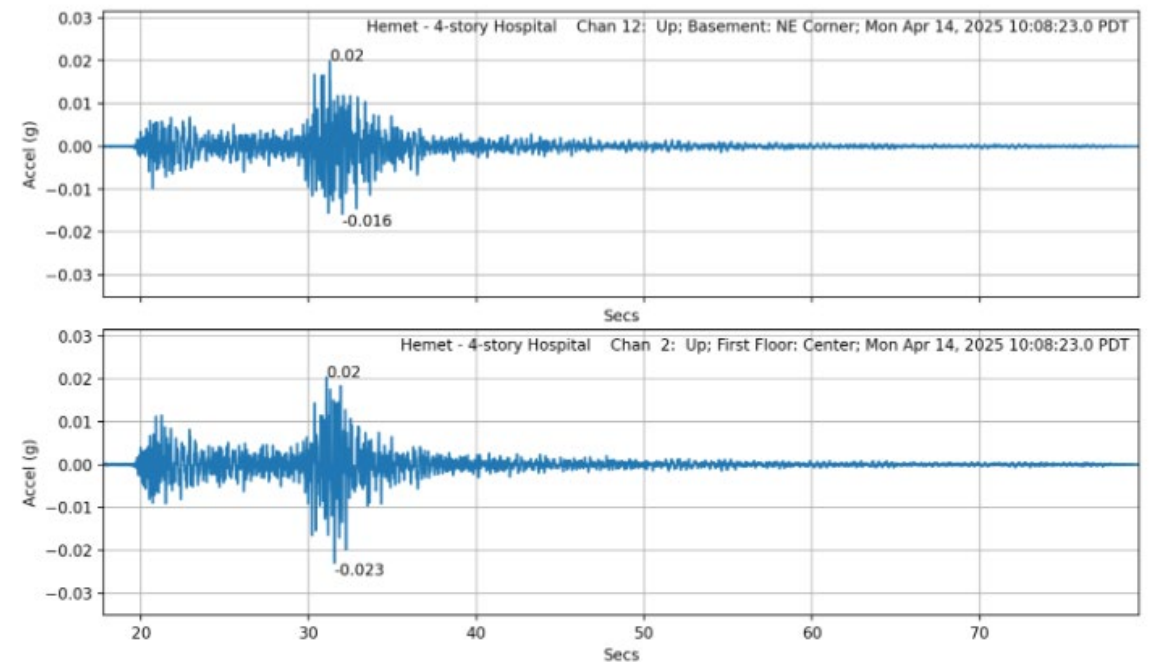
Plot

Accel



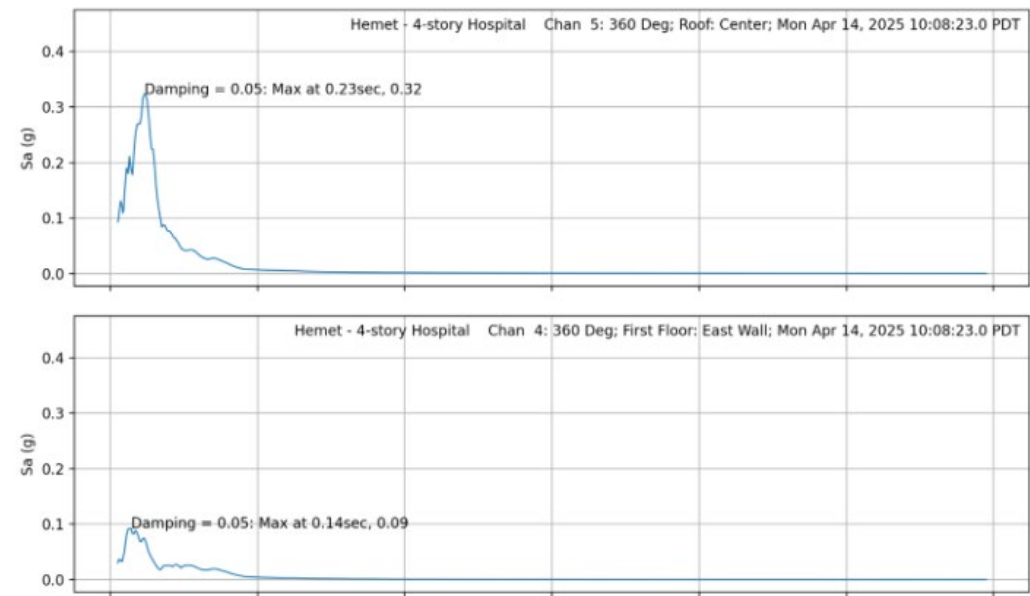
Plotting Accel for all channels

Vertical Motion Channels





# Topic 2: (continued)



No of floors between channels

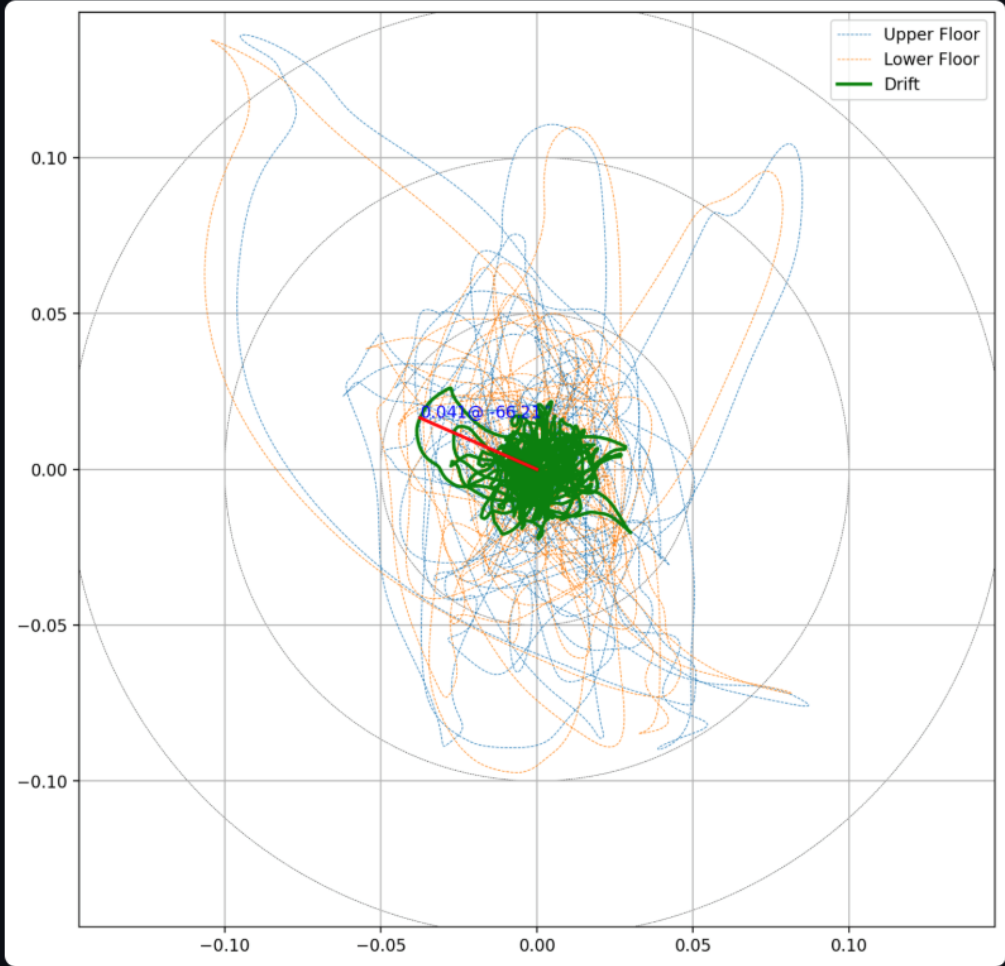
1

Calculate Floor Drifts

Calculating Floor Drifts

Selected Channels on Upper floor: Chan 3: 90 Deg;Roof: South Wall and Chan 1: 360 Deg;Roof: East Wall

Selected Channels on lower Floor: Chan 1: 90 Deg;2nd Floor: South Wall and Chan 3: 360 Deg;2nd Floor: West Wall





## **Topic 2: Demonstration of tools on HCAI website related to seismic instrumentation of hospital buildings and recorded earthquake data from past earthquakes on the Center for Engineering Strong Motion Data website (Continued)**

### **1. Discussions:**

- a) Chris Tokas emphasized the importance of these tools for statutory emergency response decisions.
- b) Farzad Naeim commended the development as highly valuable, urging broader public awareness and outreach.
- c) Moh Huang suggested adding a building period monitoring feature as a seismic health indicator for buildings.
- d) Farzad Naeim and Tony Shakal praised the tools for innovation and real-time usability.



## **Topic 2: Demonstration of tools on HCAI website related to seismic instrumentation of hospital buildings and recorded earthquake data from past earthquakes on the Center for Engineering Strong Motion Data website (Continued)**

### **❖ Informational items**

1. Open-source code is available on Hussain Bhatia's GitHub, coded entirely in Python.
2. Tools are continuously updated with enhancements based on feedback.

### **❖ Action items**

1. Consider implementing building period tracking.
2. Expand public awareness and access guidance for the tools.
3. Continue accepting feedback and integrating improvements via GitHub updates.



### Topic 3: Discussion on the use of Earthquake Early Warning Systems (EEWS) for hospital administrators

1. Hamid Haddadi outlined the current capabilities of 14 hospital-based seismic stations:
  - 23 out of 47 hospital free-field stations are operating in real-time, with nine of those contributing directly to California's ShakeAlert earthquake early warning system.
  - The rest support tools like the real-time shaking map, offering rapid seismic situational awareness.
2. He explained the nature of data before shaking reaches hospitals (within 4-5 seconds of origin time) and after shaking reaches hospitals (within 60 to 90 seconds).
3. He demonstrated the Golden Gate Bridge Case Study.



# Topic 3: (continued)

## Reported Information



$$NT\_DR_L = \max \left| \frac{CH\ 22(t) - CH\ 16(t)}{20810(cm)} \right| \times 100$$
$$NT\_DR_T = \max \left| \frac{CH\ 23(t) - CH\ 18(t)}{20810(cm)} \right| \times 100$$

Logger 1916

CH 23 CH 22

CH 18 CH 16

CH 95 CH 93  
CH 94

$$nPGA\_EW = \max|CH94(t)|/981$$
$$nPGA\_UP = \max|CH95(t)|/981$$
$$nPGA\_NS = \max|CH93(t)|/981$$

Logger 1917

CH 39 CH 38

CH 33 CH 31

$$ST\_DR_L = \max \left| \frac{CH\ 38(t) - CH\ 31(t)}{20810(cm)} \right| \times 100$$
$$ST\_DR_T = \max \left| \frac{CH\ 39(t) - CH\ 33(t)}{20810(cm)} \right| \times 100$$

Logger 1830

CH 121  
CH 120 CH 122

$$sPGA\_EW = \max|CH120(t)|/981$$
$$sPGA\_UP = \max|CH121(t)|/981$$
$$sPGA\_NS = \max|CH122(t)|/981$$

Logger 1915



## Topic 3: Discussion on the use of Earthquake Early Warning Systems (EEWS) for hospital administrators (Continued)

### 1. Discussions:

- a) Chris Tokas emphasized the importance of tailoring alerts to hospital-specific use cases (e.g., operating room evacuations, equipment protection).
- b) Courtney Johnson stressed the need to consider a range of sensitivities, including non-structural components and equipment mounting, in alert design.
- c) Farzad Naeim proposed using a pilot group of nine geographically distributed hospitals as test cases.
- d) Hamid Haddadi and Roy Lobo agreed to work on a final pilot hospital list.
- e) Chris Tokas suggested issuing a questionnaire to hospital administrators to identify their specific needs and potential use cases for EEWS data.



## Topic 3: Discussion on the use of Earthquake Early Warning Systems (EEWS) for hospital administrators (Continued)

### ❖ Informational and Action items

1. Identify and finalize pilot hospitals (approx. 9) for rapid notification deployment.
2. Develop and distribute a hospital questionnaire to assess potential uses.
3. Determine thresholds and notification preferences for participating hospitals.
4. Review and address channel health and instrumentation readiness on a per-hospital basis.
5. Explore expansion of EEWS to hospitals lacking free field data via base motion analysis.



## **Topic 4: Selection of free field locations for HCAI-paid seismic instrumentation at instrumented hospital sites without a free field station**

1. Roy Lobo stated that Hamid Haddadi had raised the question of whether free field seismic instrumentation could be added to hospital buildings that already have building instrumentation but lack a free field station. He noted that some funds initially allocated for wood frame buildings had not been spent and could potentially be redirected. Roy Lobo shared a list of hospital sites without associated free field instrumentation.
2. Farzad Naeim questioned whether adding free field stations was necessary, given recent advancements in real-time structural response modeling that no longer depend on such data. Chris Tokas agreed.
3. Martin Hudson stated that while free field stations may not be critical for building warnings, they remain valuable for seismological studies. Farzad Naeim agreed but stated that adding free field stations was not urgent.



## **Topic 4: Selection of free field locations for HCAI-paid seismic instrumentation at instrumented hospital sites without a free field station (Continued)**

### **❖ Informational and Action items**

1. Hamid Haddadi will verify the functionality and classification of existing free field instrumentation at listed sites.
2. Roy Lobo will evaluate the possibility of adding free field instrumentation at wood-frame building sites, particularly where structural instrumentation is not feasible.
3. Coordination is needed between team members to align data and update instrumentation records across databases.



## **Topic 5: Discussion on issues related to enhancing instrumentation to health monitoring, and workshops to educate stakeholders**

1. Farzad Naeim started by referring to the HCAI Instrumentation whitepaper and emphasized the need for integrating the early warning capabilities presented by Hamid Haddadi with site-specific monitoring presented by Hussain Bhatia to form a stronger path forward than relying on the existing whitepaper. He proposed that an automated process combining both data sources.
2. Martin Hudson supported this integration, stating it could simplify the requirements for hospitals and provide basic alerts understandable by staff.
3. Chris Tokas expressed concern that the existing white paper was too technical and advocated for rewriting the material in simplified, accessible language aimed at end users.



## **Topic 5: Discussion on issues related to enhancing instrumentation to health monitoring, and workshops to educate stakeholders (Continued)**

4. Farzad Naeim agreed that the white paper should be updated with the latest system developments and rewritten in language accessible to non-engineers.



## Topic 5: Discussion on issues related to enhancing instrumentation to health monitoring, and workshops to educate stakeholders (Continued)

### ❖ Informational and Action items

1. Conduct trial outreach with select hospitals to test communication strategies and gather feedback.
2. Revise the white paper to include recent system developments and reframe content in accessible language.
3. Structure hospital surveys around real-world seismic event scenarios to identify information needs.
4. Explore educational tools beyond written documents, including videos and simplified applications or maps.
5. Coordinate with the Education and Outreach Committee and other stakeholders to align messaging and objectives.



## Topic 6: Planning tasks and objectives for 2026 and beyond

1. Farzad Naeim outlined the committee's forward-looking plan to demonstrate the value of seismic instrumentation and structural health monitoring by integrating two key systems as described under Topic 5.

### ❖ Informational and Action items

1. Same as identified under Topic 5.
2. Farzad Naeim proposed scheduling the next meeting during the first quarter of 2026.
3. Farzad Naeim suggested that perhaps it is time for a new Chair to be selected for this committee.



## **Meeting Date: 10/28/2025**

### **CONCLUSION**

- Questions and Answers
- I move to accept the October 28, 2025, Instrumentation Committee meeting report



# Thank you!



- Item #12      Review and approve 2026 Committee Assignments, Goals, and Meeting Calendar
- Discussion and public input
- Facilitator: Jim Malley (or designee)*



# HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

## **AD HOC BOARD PROCEDURES COMMITTEE**

### **Committee Members:**

Jim Malley, Chair  
Gary Dunger, Vice-Chair  
Cody Bartley

### **Meeting Dates:**

TBD

### **Focus/Goals:**

- Meet as needed for:
  - Policies and Procedures updates
  - Nominating committee, training/onboarding members



## **CODES AND PROCESSES COMMITTEE**

### **Committee Members:**

Teresa Endres, Chair  
Michael O'Connor, Vice-Chair  
Cody Bartley  
Jennifer Cox  
Michael Davis  
Gary Dunger  
Mikhail Fuks  
John Griffiths  
Jim Malley  
Kelly Martinez  
Farzad Naeim  
Carl Newth  
Noella Tabladillo  
Belinda Young

### **Consulting Members:**

Abdel Darwich  
Mark Hershberg  
Sam Staley

### **Meeting Dates:**

July 9  
October 15

### **Focus/Goals:**

- Update CANs and PINs to code (ongoing)
- Evaluate standard details for SNFs
  - Review and approval of Wood-Framed Details package before the Structural and Nonstructural Regulations Committee's review and endorsement
- Title 24
  - Identify code modifications to support implementation of building standards code



## **EDUCATION AND OUTREACH COMMITTEE**

### **Committee Members:**

Teresa Endres, Chair  
Cody Bartley, Vice-Chair  
Janice Cheung  
Michael Davis  
Gary Dunger  
Courtney Johnson  
Jim Malley  
Kelly Martinez  
Noella Tabladillo  
Belinda Young

### **Consulting Members:**

Bruce Rainey  
Bill Zellmer

### **Meeting Dates:**

February 18  
April 29  
October 7

### **Focus/Goals:**

- Support the development of webinars
- Develop a regular curriculum and predictable calendar for webinars
- Revisions to “Guide for Working on OSHPD Projects – Tips from the Experts”
- Emergency Design Guide (seminar TBD)
- Collaborative Inspection Approach to Hospital Construction Seminar (Collaborative Inspection Approach to Hospital Construction Webinar Development Subcommittee)
- Work with Instrumentation Committee regarding webinar/seminar on instrumentation white paper
- eTIO Awareness: going from paper to electronic (informational)



## HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

### **“COLLABORATIVE INSPECTION APPROACH TO HOSPITAL CONSTRUCTION” WEBINAR DEVELOPMENT SUBCOMMITTEE**

#### **Subcommittee Members:**

Michael Davis, Chair  
Cody Bartley, Vice-Chair  
Gary Dunger

#### **Meeting Dates:**

January 14- WEBINAR

#### **Focus/Goals:**

- Develop content for the webinar presentation
- Finalize and host webinar



## HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

### **AD HOC “HCAI DESIGN GUIDE FOR PLANNING AND PREPARING FOR DISASTERS” WEBINAR DEVELOPMENT SUBCOMMITTEE**

#### **Committee Members:**

Teresa Endres, Chair  
Gary Dunger, Vice-Chair  
Janice Cheung  
Jennifer Cox  
Mikhail Fuks  
John Griffiths  
Kelly Martinez

#### **Consulting Member:**

Abdel Darwich

#### **Meeting Dates:**

January 22

#### **Focus/Goals:**

- Develop content for the webinar presentation
- Finalize and host webinar



## HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

### **AD HOC EDUCATIONAL OPPORTUNITIES TO ADVANCE STRUCTURAL HEALTH MONITORING BY HOSPITALS SUBCOMMITTEE**

#### **Committee Members:**

Marty Hudson, Chair  
Courtney Johnson, Vice-Chair  
Janice Cheung  
Jim Malley  
Farzad Naeim

#### **Meeting Dates:**

January 29

#### **Focus/Goals:**

- Develop educational opportunities to advance utilization of structural health monitoring by hospitals using seismic instrumentation



# HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

## AD HOC HOW-TO-GUIDE DEVELOPMENT FOR PREAPPROVED FABRICATED COMPONENTS AND SYSTEMS SUBCOMMITTEE

### Committee Members:

Cody Bartley, Chair  
Belinda Young, Vice-Chair  
Michael Davis  
Gary Dunger  
Carl Newth

### Meeting Dates:

February 12

### **Focus/Goals:**

- Develop a how-to guide on preapproved fabricated components and systems as a follow up to the June 2024 webinar



## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE**

### **Committee Members:**

Cody Bartley, Chair  
John Griffiths, Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Gary Dunger  
Mikhail Fuks  
Carl Newth

### **Consulting Members:**

Abdel Darwich  
Eric Johnson  
David Lockhart

### **Meeting Dates:**

May 20  
September 16

### **Focus/Goals:**

- Identify HCAI research projects for energy conservation, reduction of carbon footprint, and cost savings while maintaining health and safety alternate energy sources
  - Consider systems and monitoring devices for other environmental conditions
  - Explore emerging technologies that help reduce the carbon footprint for healthcare facilities and implementation relative to code implementation of emerging tools relative to the code
- Pursue indoor air quality at a lesser energy cost for healthcare
- Explore wastewater solutions
- Lessons learned on microgrid projects
  - White Paper: Improved commissioning practices/failure mode analysis
- Responses to extreme weather-related system failures
- Commissioning agent to speak to committee



## **INSTRUMENTATION COMMITTEE**

### **Committee Members:**

Martin Hudson, Chair  
Courtney Johnson, Vice-Chair  
Jim Malley  
Farzad Naeim  
Jennifer Thornburg

### **Consulting Members:**

Hamid Haddadi  
Moh Huang  
Tony Shakal

### **Meeting Dates:**

February 26  
October 29

### **Focus/Goals:**

- Continue working with HCAI staff on scheduled instrumentation installations
- Consider other systems and monitoring devices
- Collaborate with CGS on prioritizing upgrades to existing instrumentation
- Owner-targeted white paper on instrumentation
- Work with EO Committee regarding webinar/seminar on instrumentation white paper
  - (Ad Hoc Educational Opportunities To Advance Structural Health Monitoring By Hospitals Subcommittee



## **STRUCTURAL AND NON-STRUCTURAL REGULATIONS COMMITTEE**

### **Committee Members:**

Jim Malley, Chair  
Farzad Naeim, Vice-Chair  
Cody Bartley  
Michael Davis  
Teresa Endres  
Mikhail Fuks  
Martin Hudson  
Courtney Johnson  
Noella Tabladillo  
Jennifer Thornburg

### **Consulting Member**

Mark Hershberg

### **Meeting Dates:**

June 4  
August 26

### **Focus/Goals:**

- Support HCAI with review of code changes (ongoing)
- Support HCAI with review of new/revised PINs, CANs, and OPDs (ongoing)
- Implementation of SPC-4D and NPC-4D
- Develop pre-approved details
  - Review and endorse the final Wood-Framed Details package approved by OSHPD and Codes and Processes Committee
- Seismic compliance issues related to NPC-3, NPC-4D, and NPC-5; streamlining the process for compliance to meet the statutory and regulatory deadline
- Develop and implement procedures and enforceable building standards to ensure safe and sustainable healthcare facilities
- Consider new products, materials and methods that would benefit the public by early adoption rather than waiting for their incorporation in the building code



## **TECHNOLOGY AND RESEARCH COMMITTEE**

### **Committee Members:**

Gary Dunger, Chair  
Cody Bartley, Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Teresa Endres  
John Griffiths

### **Consulting Members:**

Benjamin Broder  
Eric Johnson  
Sam Staley  
Belinda Young

### **Meeting Dates:**

June 18

### **Focus/Goals:**

- Explore subjects of telemedicine and robotics (ongoing)
- Address how to regulate remote services (e.g., medical records, web-based nurse call, off-site server farms, etc.) (ongoing)
  - Monitor CDPH electronic health records redundancy issues in the event of power failure and watch for potential effects to code
  - Invite industry members to address/inform the committee on the reliability of cloud-based systems (fire alarm, energy monitoring, etc.)



# **FULL BOARD MEETING DATES**

April 9 – Los Angeles

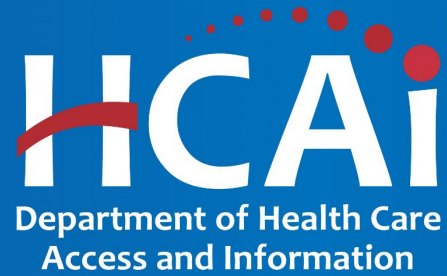
August 13 – Sacramento

December 9 and 10 – Los Angeles



- Item #13      Office of Statewide Hospital Planning and Development (OSHDPD)  
Update
- Discussion and public input
- Facilitator: Chris Tokas, SE, F.SEAOC, CBO, Deputy Director, HCAI  
(or designee)*





## **Office of Hospital Planning & Development California's Building Department for Hospitals**



## **Update for the Hospital Building Safety Board December 11, 2025**





# 2025 YEAR REVIEW



We create value by innovating our practices,  
harnessing technology, and cultivating  
accountable leadership.

Driving performance, creating value, serving with integrity!





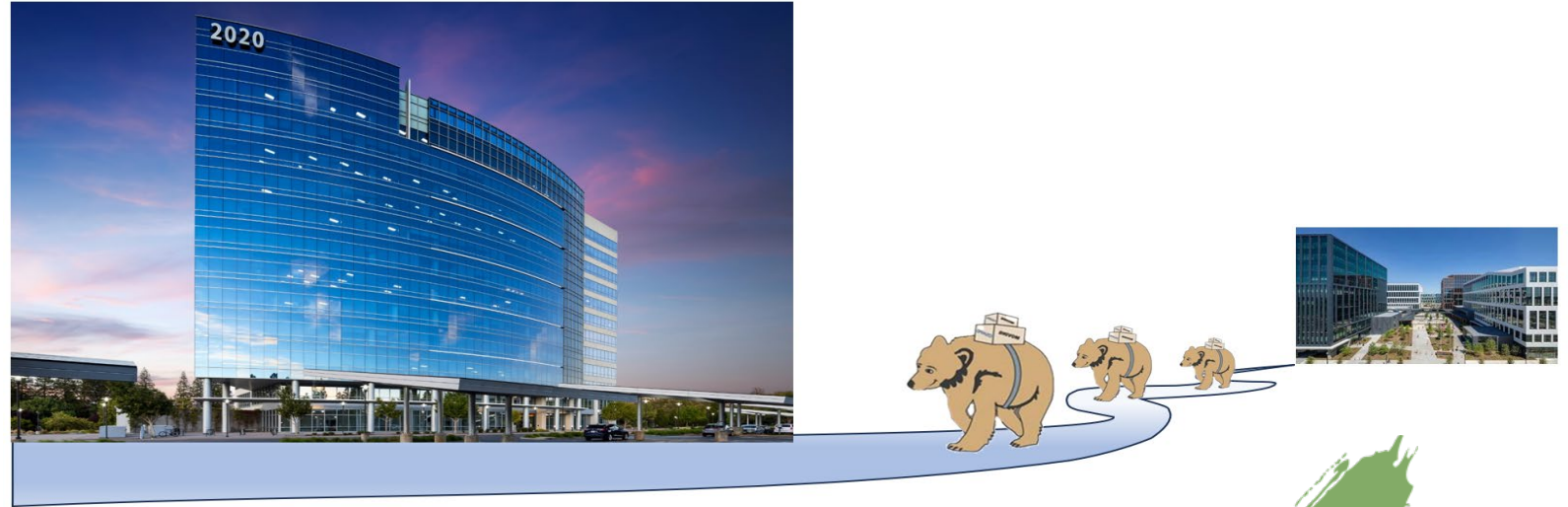


# 2025 Accomplishments

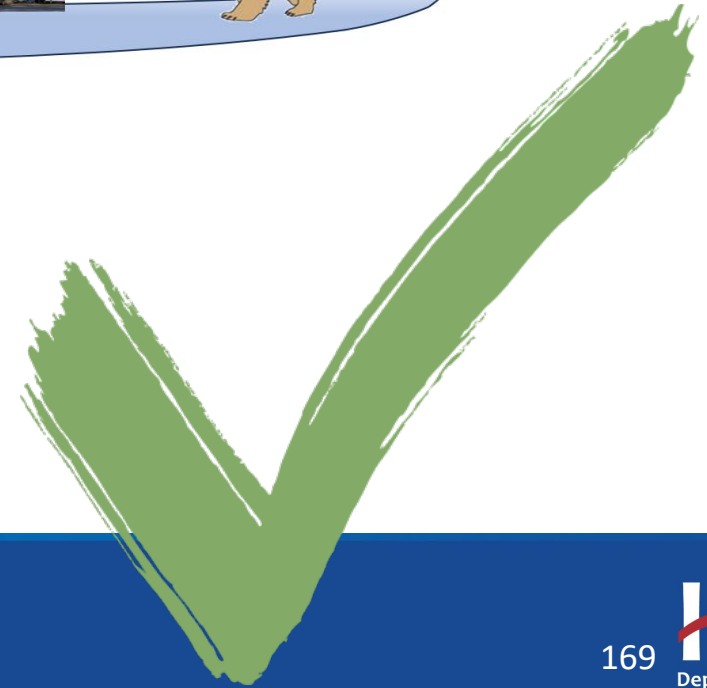




# OSHPPD's Top 3 Objectives for 2025



1. HCAI Offices ~~relocation and Smooth Transition~~ Expansion of the ~~New~~ HCAI Headquarters Building





# OSHPD's Top 3 Objectives for 2025

## 2. Right-sizing” the T-24 OSHPD 3 building standards and related regulations



### Title 24 changes

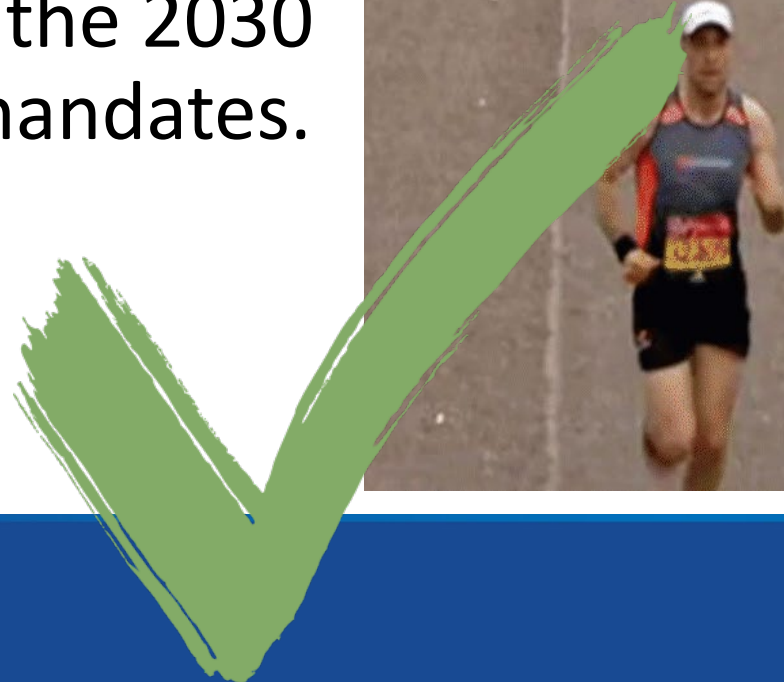
- Clarify clinic type licensing
- Contiguous functions
- Public and Admin areas
- Public, Patient and Staff toilet rooms
- Alternative Birthing Clinics
- Mechanical ventilation
- Plumbing Fixture counts

### Guidance document and checklists



# OSHPPD's Top 3 Objectives for 2025

3. Escalate Collaboration w/ Hospitals to get them successfully into compliance w/ the 2030 HSSA seismic mandates.





# OSHPD Bonus Goal

4. Transition Accela Database system to the cloud

Target Go-Live:  
~~November 2025~~  
January 2026



 Accela





# OSHDP's Achievements in 2025

1. Promulgated building standards changes in collaboration with HBSB for submittal to the Building Standards Commission for adoption in the intervening 2025 California Building Standards Code.
2. Advanced the capabilities of the EOC GIS Mapping system: New layers added, increased collaboration with CDPH and CalOES. EOC contact software Blackberry Athoc tested and available for active use allowing the Incident Commander to activate EOC from any location/computer.
3. Achieved significant progress in the Hospital Seismic Compliance Program
  - a. Outreach efforts – 11 HCAI and industry webinars, 5 panel/organization presentations
  - b. Meetings with facility representatives for 300 facilities (out of 410) about seismic compliance in 2025.
  - c. SRHRP escalated outreach efforts, reached \$10 million in grant awards and streamlined their seismic compliance work
  - d. Rolled out automated interactive seismic compliance report application, released several website tools, dashboards.
  - e. Finished digitizing key seismic compliance archives, made available to facilities.
  - f. AB 2190, Successfully assisted several hospitals to resolve SPC-1 building compliance issues
4. Numerous Technical staff training/stakeholder meetings (in person & remotely)
5. Developed OSHPD Specialty Software for Analyzing Strong Motion Records
6. Published New and Updated numerous CANs
7. Published New and Updated numerous PINs



# OSHPPD's Achievements in 2025

8. Published New and Updated Advisory Guides
9. Published technical papers in the SEAOC proceedings
10. Added to the Expedited Building Permits XBP
11. Developed additional tools and processes to improve staff plan review efficiencies
  - Many modifications to workload dashboards for assignments and triage (updated hourly).
  - New indicators to identify last reviewer on a project to encourage timely completion of reviews.

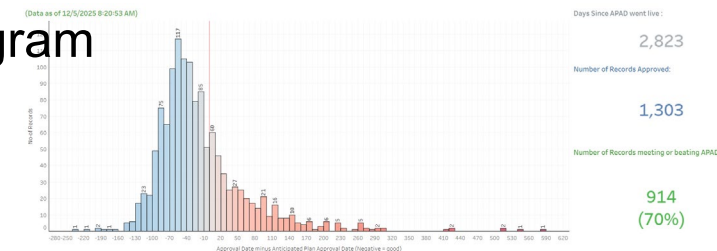
I180008-	New Building	Fire Alarm	OSHPPD Reviewer X	North LA	0	Fire and Life Safety Review	In Review	1.5	4.5	3.0	0.5	1	4.5 Last Reviewer
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12. Various improvements to the Facility Detail portion of HCAI/OSHPPD website  
(<https://hcai.ca.gov/construction-finance/facility-detail/>)
13. Software and Hardware upgrades to facilitate and support Electronic Plan Review
15. Successfully completed Electronic Plan Review Integrations: Taking eSP (Accela) to the next level
  - Accela/ePC upgrades/patches
  - ESP Advisory Committee actively review and improve the process



# OSHPPD's Achievements in 2025

16. Continue to further augment connection with industry using TIPS OF THE DAY and FIELD BRIEF ADVISE as a direct line of communication
17. Strengthened IOR training, education and preparation.
18. Continue to create coalitions/partnerships with other State Agencies responsible for the licensure of healthcare related services to establish a coordinated path for projects to be completed successfully and become operational expeditiously
19. Maintained plan review goals above 70% (78% of 1288 projects in 2025) all projects meeting their anticipated project approval dates (APAD)
20. Streamed lined Geotechnical reviews
21. Field Operation Manual: Updated, completed and published.
22. Field Staff Safety Training: CO Academy, Monthly All Field Staff “Consistency of Service (CONSERV) Meetings”, Monthly CO Training Meetings
23. HCAI “Construction Administration Proficiency (CAP)” Certification Program
24. Senior Architects pass NFPA Certification Exams.
25. Sr EEs and MEs training on NFPA fire alarm & sprinkler







# Meetings w/ Industry in 2025

- CHA Monthly/Semiannually update meetings
- CAHF Quarterly
- CDPH L&C Quarterly
- Kaiser Quarterly
- Cedars Sinai Quarterly
- LLUMC Semiannually
- HCA
- Rady Children's
- LA County Public Works
- Seton
- Hensel Phelps Construction
- McCarthy Construction
- Prime Healthcare
- Providence Health
- UC Health Systems
- Universal Health Services Quarterly
- Clinic Advisory Committee Quarterly Meeting
- Scripps
- City of Hope
- CAFAA
- SFM
- etc.



# Other Stakeholders & Association Meetings

- American Institute of Architects (AIA)
- CA Legislators
- Facility Guidelines Institute (FGI)
- Building Seismic Safety Council (BSSC)
- American Society of Civil Engineers (ASCE) Committees
- International Code Council (ICC) Committees
- American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)
- Applied Technology Council (ATC)
- Seismic Safety Commission
- Structural Engineers Association of California (SEAOC) Committees
  - Structural Engineers Association of Southern California (SEAOSC)
  - Structural Engineers Association of Central California (SEA OCC)
- National Fire Protection Association (NFPA)
- Professional Engineers in Calif. Gov't (PECG)



# Industry Invited Seminars in 2025

- CSHE Annual Meeting
- CSHE – Regional Association Meetings
- IOR Recertification Training Seminars (2)
- American Institute of Architects (various topics)
- AIA Healthcare Facilities Forum – Hospital Resilience
- AIA Healthcare Facilities Forum – Microgrids/Sustainability
- Academy for Health & Medical Facilities Professionals (various topics)
- Microgrids-Lessons Learned from Healthcare Microgrids
- CAHF – SNF Maintenance Workshop (So Cal) - RCO
- California Hospital Association – 2 Webinars : Seismic Compliance
- Healthcare Project Delivery Conference – Seismic Compliance
- ASHRAE San Diego – Hospital Water Storage Made Simple: Meeting California's 2030 NPC-5 HCAI Requirements
- Structural Engineers of Central California (Code Update 11/17/2025)



<sup>1</sup> Details reported under the specific program report/presentation



# HCAI Educational Webinars/Seminars



- Seismic Grant: Small and Rural Hospital Relief Program – 02/20/2025
- Seismic compliance plan and delays beyond the 2030 deadline – 03/04/2025
- NPC Compliance – 03/18/2025
- Water Rationing Plan – 03/27/2025
- SPC Compliance – 04/02/2025
- CBC 2025 Changes to the HCAI Preapprovals (ASCE 7-22 Chapter 13) – 04/09/2025
- Developing a Seismic Compliance Plan – 08/27/2025
- Converting Existing Lighting Systems to LEDs – 09/18/2025
- 2025 Title 24 Triennial Code Cycle Update – Part 1 and Part 2, Volume 1 – 10/23/2025
- 2025 Title 24 Triennial Code Cycle Update – Part 3 – 10/14/2025
- 2025 Title 24 Triennial Code Cycle Update – Part 4 and Part 5 – 10/23/2025



# CDPH and OSHPD Joint Issues, Task Force Groups, etc.

- **CDPH – Liaison Coordination (Bi-monthly)**

- Resolve outstanding project questions
- Stay up to date on Water Rationing Plans
- Check-in on urgent topics

- **CDPH - Program Flex Unit (Bi-monthly)**

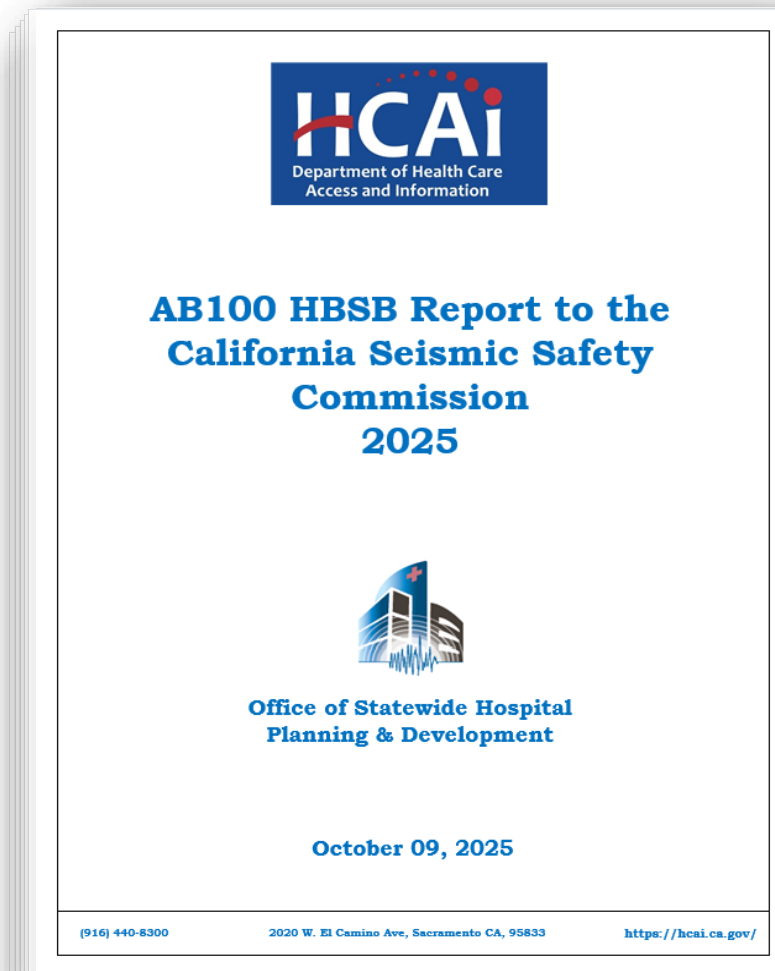
- Resolve outstanding project Program Flex requests
- Resolve Alternate Method of Compliance issues

- **CDPH – Policy Team (Quarterly)**

- Decision making on high level policy items
- Title 22 and Title 24 coordination
- Implement Legislation

- **RESULTS:** Collaboration with both offices, Results driven conversations





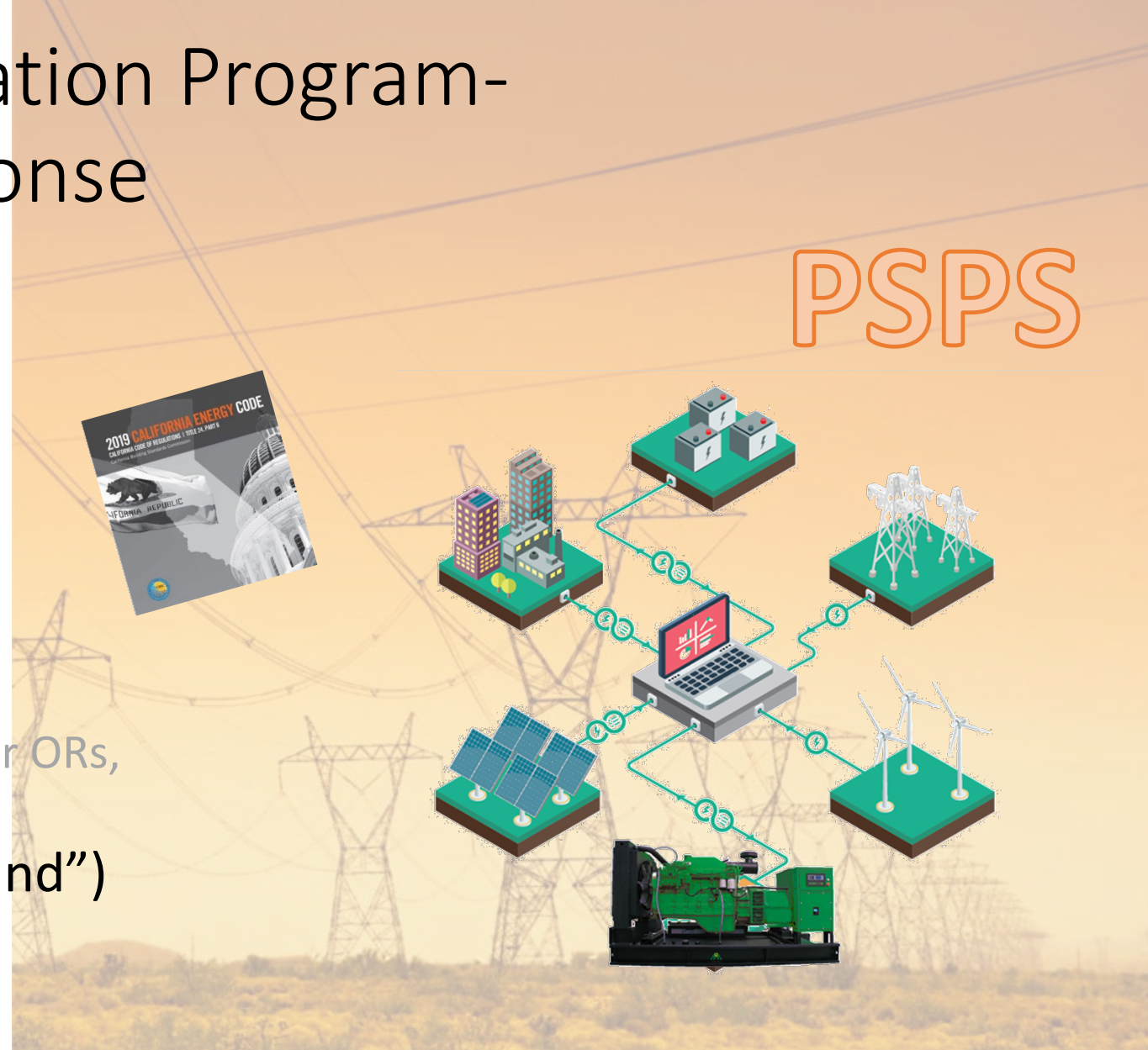
## Table of Contents

- HCAI's/OSHPD's Seismic Safety Program Background
- Services, Mandates & Activities
- Programs and products
- OSHPD's Seismic Program and the Value to the State of California
  - Seismic Retrofit Program
    - Seismic Evaluation
    - Seismic Performance Categories (SPCs/NPCs):
    - Seismic Retrofit Regulations
    - Specified Timeframes for SPCs
    - Small and Rural Hospital Seismic Compliance Program
    - Research
    - Emergency Response
    - Digital Monitoring Tools & Data Assessment Tools
  - Building Code Integration
  - Community Education
  - Mapping Tools
- Public and Economic Value
- Long-Term Goals & Strategic Vision
- Summary & Recommendations
- Budget Info
- Links to HCAI's Websites



# Natural Hazards Adaptation Program- The HCAI/OSHPD Response

- 2019 CBSC, Part 6 - Energy Code
  - Building Envelope
  - Mechanical Systems
  - Lighting systems
  - Domestic hot water systems
- Sustainability/Redundancy
  - Microgrids
  - The all-electric hospital
  - Standard sequence of operations for ORs, ASHRAE Guideline 36
- The self sufficient/sustained (“island”) Hospital
- . . .



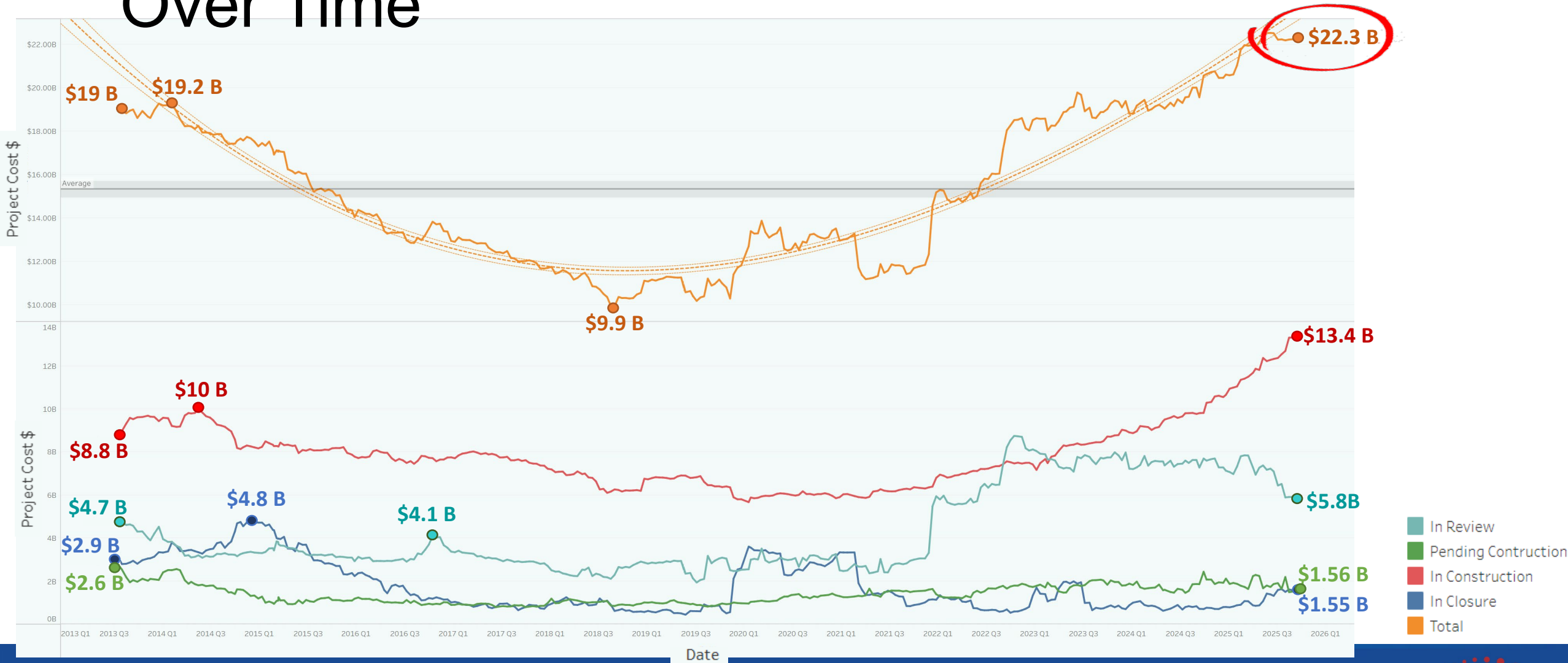


# Plan Review and Field Performance Update





# Workload in Construction Costs for Projects Over Time







Kaiser San Jose



UC Davis MC



UC San Francisco MC



Kaiser Roseville



Kaiser Railyards





*Statement from . . . . .*

“Project design submittal reviews  
take years until OSHPD issues  
permits”

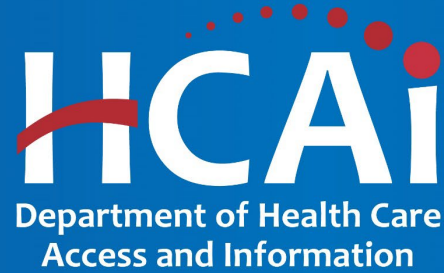


# HELP US HELP YOU

“Project design submittal reviews take years until OSHPD issues permits”

**HCAI/OSHPD ROLE**  
**OWNER ROLE**





# ***“Our Mission, Core Values, and Accountability”***



## HCAi Strategic Plan 2023-2025

### MISSION

HCAi expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

### VISION

A healthier California where all receive equitable, affordable, and quality health care.

### OVERVIEW

HCAi was established in 1978 as OSHPD—the Office of Statewide Health Planning and Development—to advance healthcare accessibility within California. As its portfolio expanded, it transitioned to the Department of Health Care Access and Information (HCAi) in 2021, offering programs including:

#### Facilities

Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.

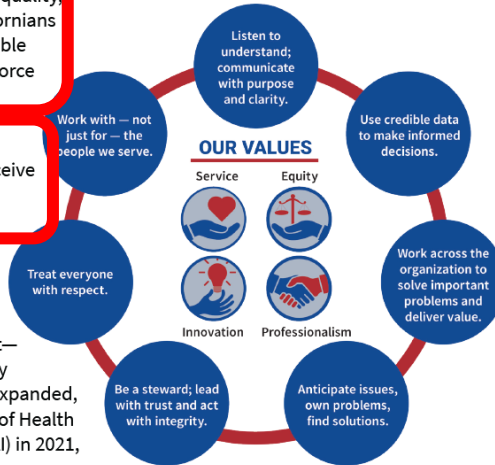
#### Financing

Provide loan insurance for non-profit healthcare facilities to develop or expand services.

#### Workforce

Promote a culturally competent and linguistically diverse health workforce.

### GUIDING PRINCIPLES



#### Data

Collect, manage, analyze, and report information about California's healthcare landscape.

#### Affordability

Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.

## VISION

A healthier California where all receive equitable, affordable, and quality health care.

## MISSION

HCAi expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.





# **OSHDP Purpose**

**Advancing collaboration with healthcare design professionals and providers, to build safe, sustainable, and resilient, facilities that remain Functional through disasters for all Californians.**



# Core Values: The Lifeblood of Our Organization



- *“Our values must be exhibited in every step of our work as true public servants.”*





**Help us help you: together we ensure resilient, safe,  
and efficient healthcare infrastructure.**

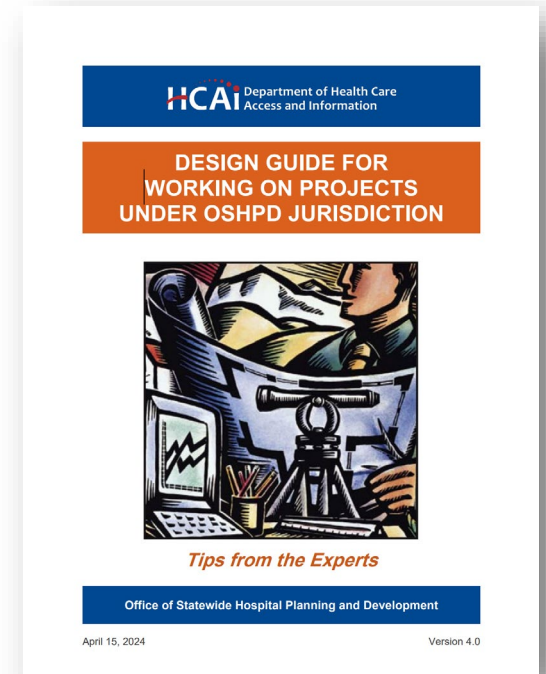
**Your success is our mission — by providing clear,  
complete building design/construction documents,  
you help us deliver the service you deserve.**

***Complete submissions - Faster approvals - Stronger outcomes***



# HCAI/OSHPPD Role in the Building Process

- **Building Owner:** Responsible for hiring design professionals and ensuring timely, compliant submissions.
  - Integrated Review Process (IRP)
    - Project Design Team be integrated with a CM/GC and major subcontractors for the MEP trades.
- **Design Professionals:**
  - Produce plans and specifications that meet building code requirements.
  - Construction Administration (QC/QA, TIO)
- **Building Department (HCAI/OSHPPD):** Reviews for compliance, issues permits, and performs field construction observations ensuring the building/project meets its intended Statutory Functional Performance.





# Project Review Turnaround Times

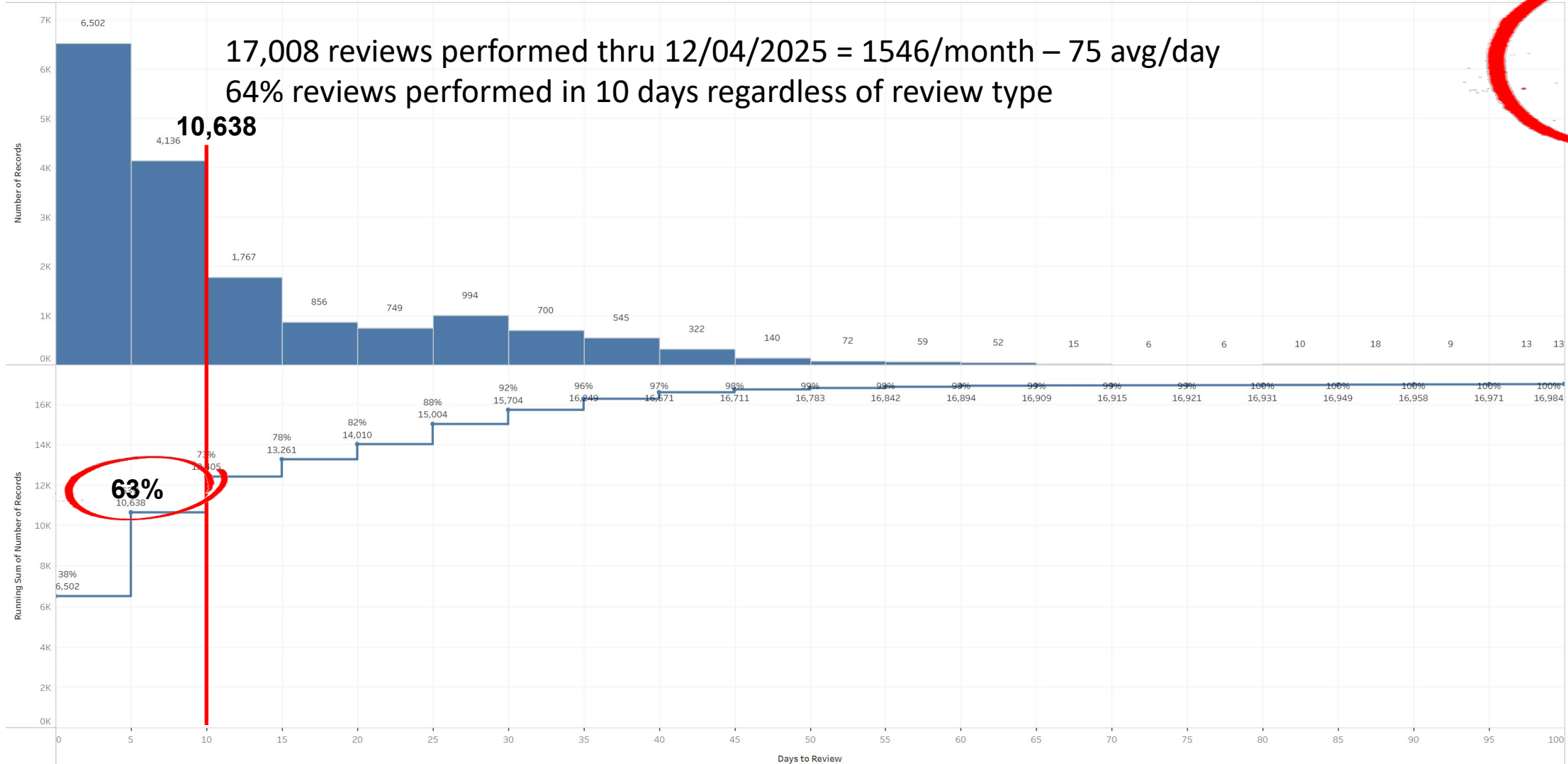
Performance for Period Selected (1/2/2025 to 12/4/2025)

2025

Number of Records  
17,008

Average Days to Review  
11.91

17,008 reviews performed thru 12/04/2025 = 1546/month – 75 avg/day  
64% reviews performed in 10 days regardless of review type



Results Date

1/1/2025

1/1/2027

Project Type

- ☒ (All)
- ☒ Application for New Project
- ☒ Incremental
- ☒ Post Approval Document

Office or Field Region

- ☒ (All)
- ☒ Field Regions
- ☒ Office Review Regions

Assigned Region

- ☒ (All)
- ☒ Central Region
- ☒ Central Region - Field
- ☒ Coastal Region
- ☒ Coastal Region - Field
- ☒ North Los Angeles Region
- ☒ North Los Angeles Region - Field
- ☒ North Region
- ☒ North Region - Field
- ☒ South Los Angeles Region
- ☒ South Los Angeles Region - Field
- ☒ South Region
- ☒ South Region - Field

Backcheck

- ☒ (All)
- ☒ Backcheck 0, First Review
- ☒ Backcheck 1
- ☒ Backcheck 2+

10 days



# Office Reviews Only

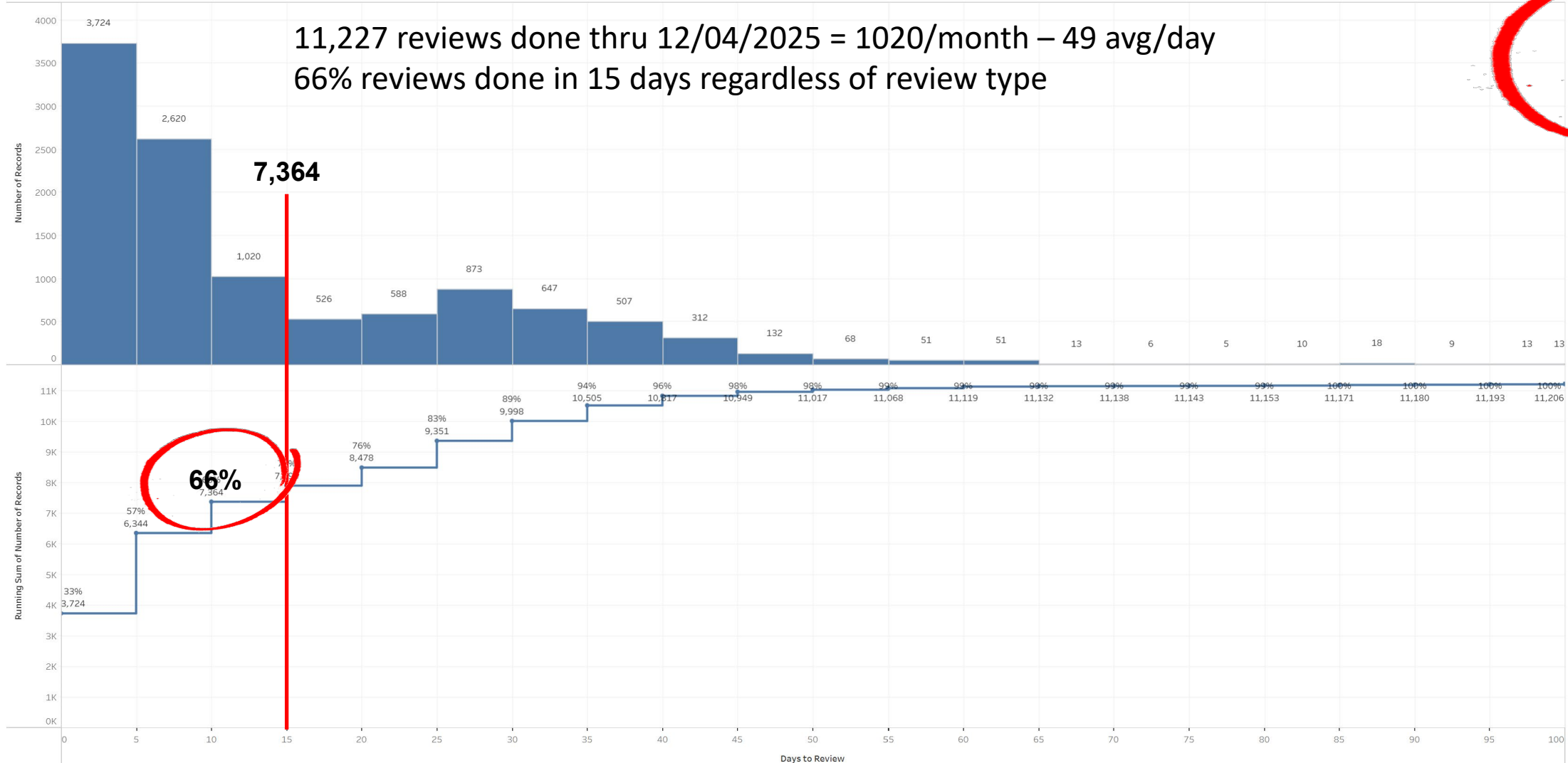
2025

Performance for Period Selected (1/2/2025 to 12/4/2025)

11,227 reviews done thru 12/04/2025 = 1020/month – 49 avg/day  
66% reviews done in 15 days regardless of review type

Number of Records  
11,227

Average Days to Review  
14.32



Results Date

1/1/2025

1/1/2027

Project Type

- ☒ (All)
- ☒ Application for New Project
- ☒ Incremental
- ☒ Post Approval Document

Office or Field Region

- ☐ (All)
- ☐ Field Regions
- ☒ Office Review Regions

Assigned Region

- ☒ (All)
- ☒ Central Region
- ☒ Coastal Region
- ☒ North Los Angeles Region
- ☒ North Region
- ☒ South Los Angeles Region
- ☒ South Region

Backcheck

- ☒ (All)
- ☒ Backcheck 0, First Review
- ☒ Backcheck 1
- ☒ Backcheck 2+

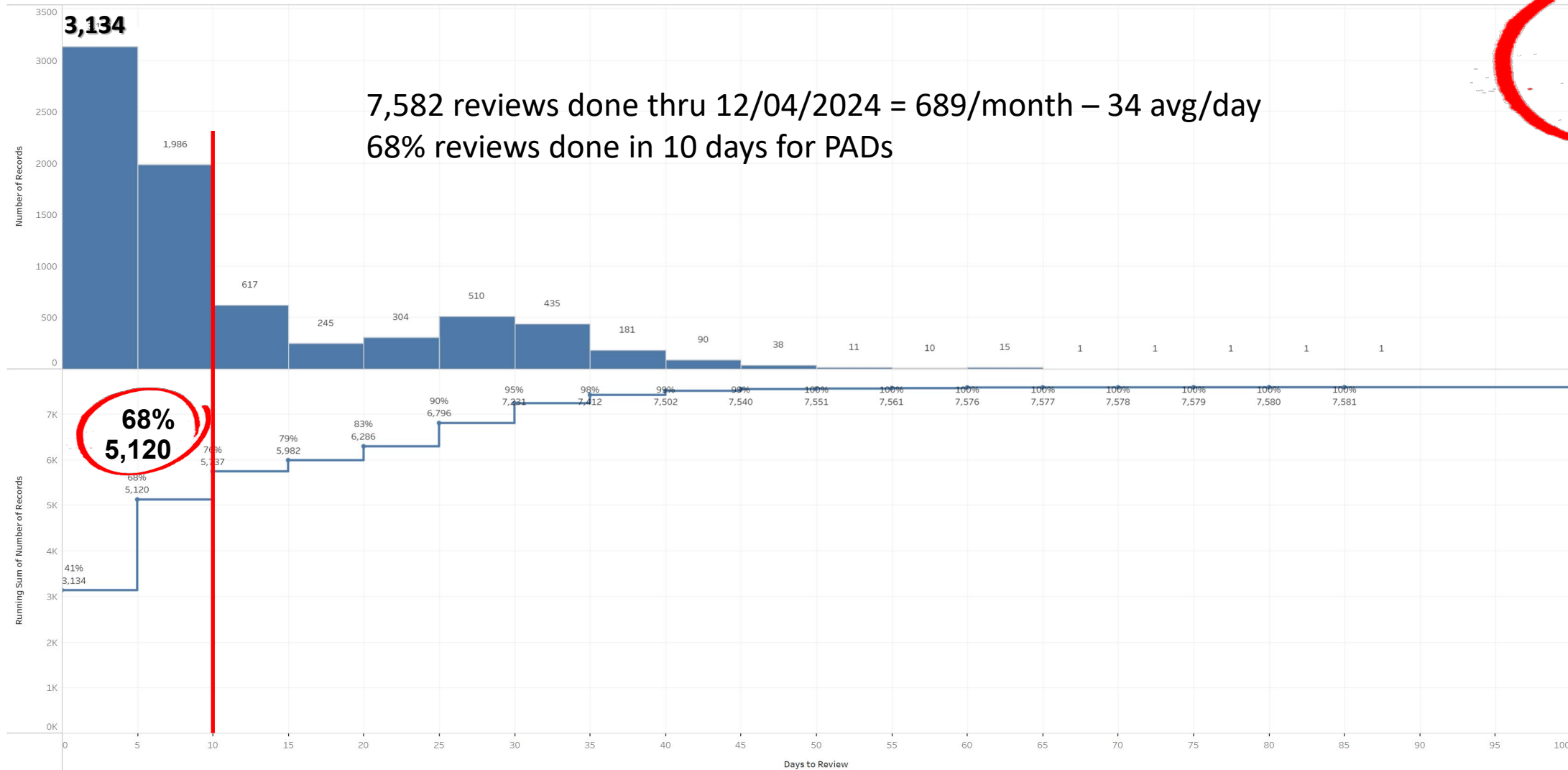
15 days

195



# Office Reviews – Post Approval Documents 2025

Performance for Period Selected (1/2/2025 to 12/4/2025)



Number of Records  
7,582

Average Days to Review  
10.54

Results Date  
1/1/2025

Project Type  
☐ (All)  
☐ Application for New Project  
☐ Incremental  
☒ Post Approval Document

Office or Field Region  
☐ (All)  
☐ Field Regions  
☒ Office Review Regions

Assigned Region  
☒ (All)  
☒ Central Region  
☒ Coastal Region  
☒ North Los Angeles Region  
☒ North Region  
☒ South Los Angeles Region  
☒ South Region

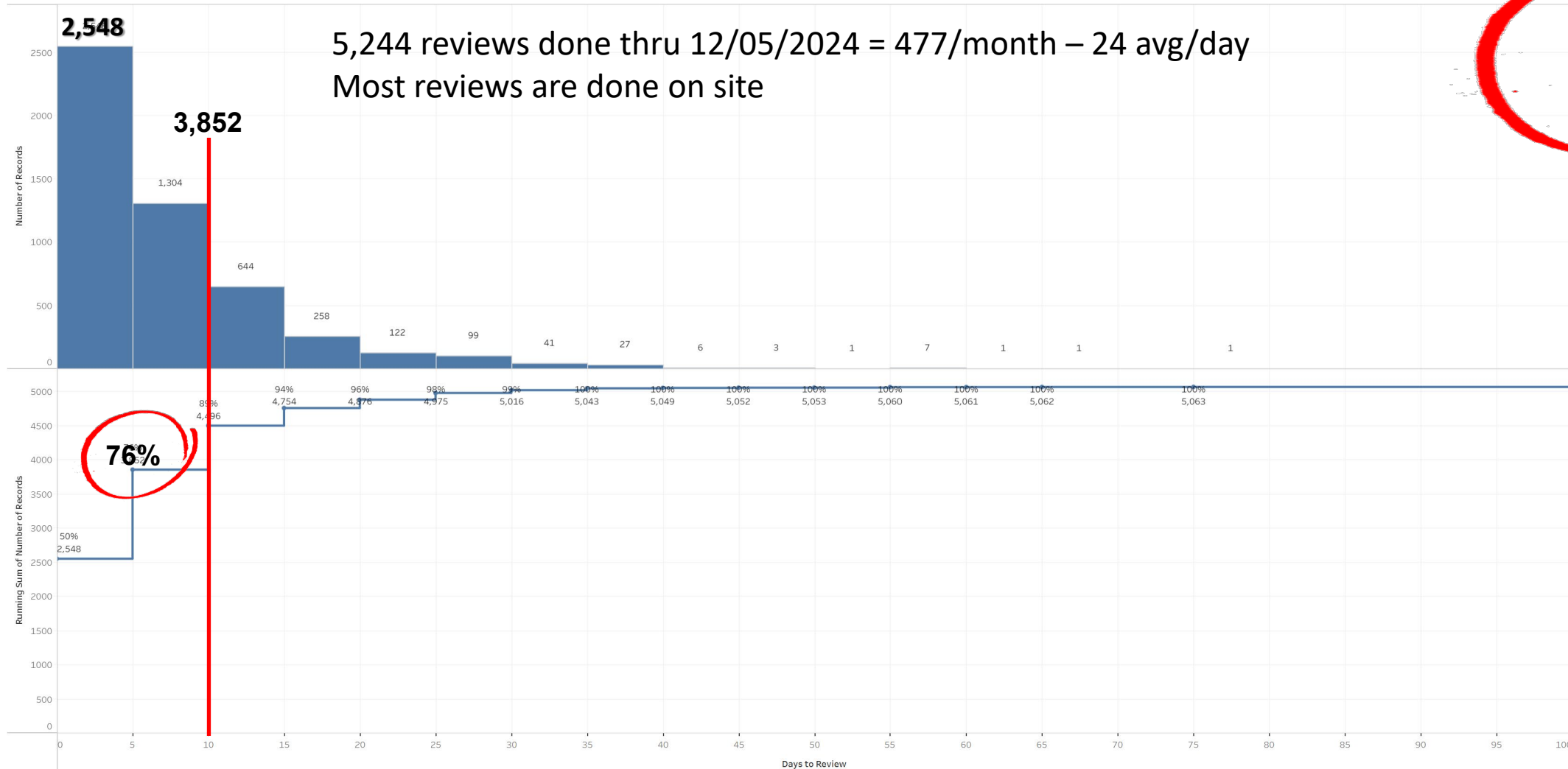
Backcheck  
☒ (All)  
☒ Backcheck 0, First Review  
☒ Backcheck 1  
☒ Backcheck 2+

10 days



# Field Reviews – Post Approval Documents 2025

Performance for Period Selected (1/2/2025 to 12/4/2025)



Number of Records  
5,065

Average Days to Review  
6.768

Results Date

1/1/2025

1/1/2027

Project Type

- ☐ (All)
- ☐ Application for New Project
- ☐ Incremental
- ☒ Post Approval Document

Office or Field Region

- ☐ (All)
- ☒ Field Regions
- ☐ Office Review Regions

Assigned Region

- ☒ (All)
- ☒ Central Region - Field
- ☒ Coastal Region - Field
- ☒ North Los Angeles Region - Field
- ☒ North Region - Field
- ☒ South Los Angeles Region - Field
- ☒ South Region - Field

Backcheck

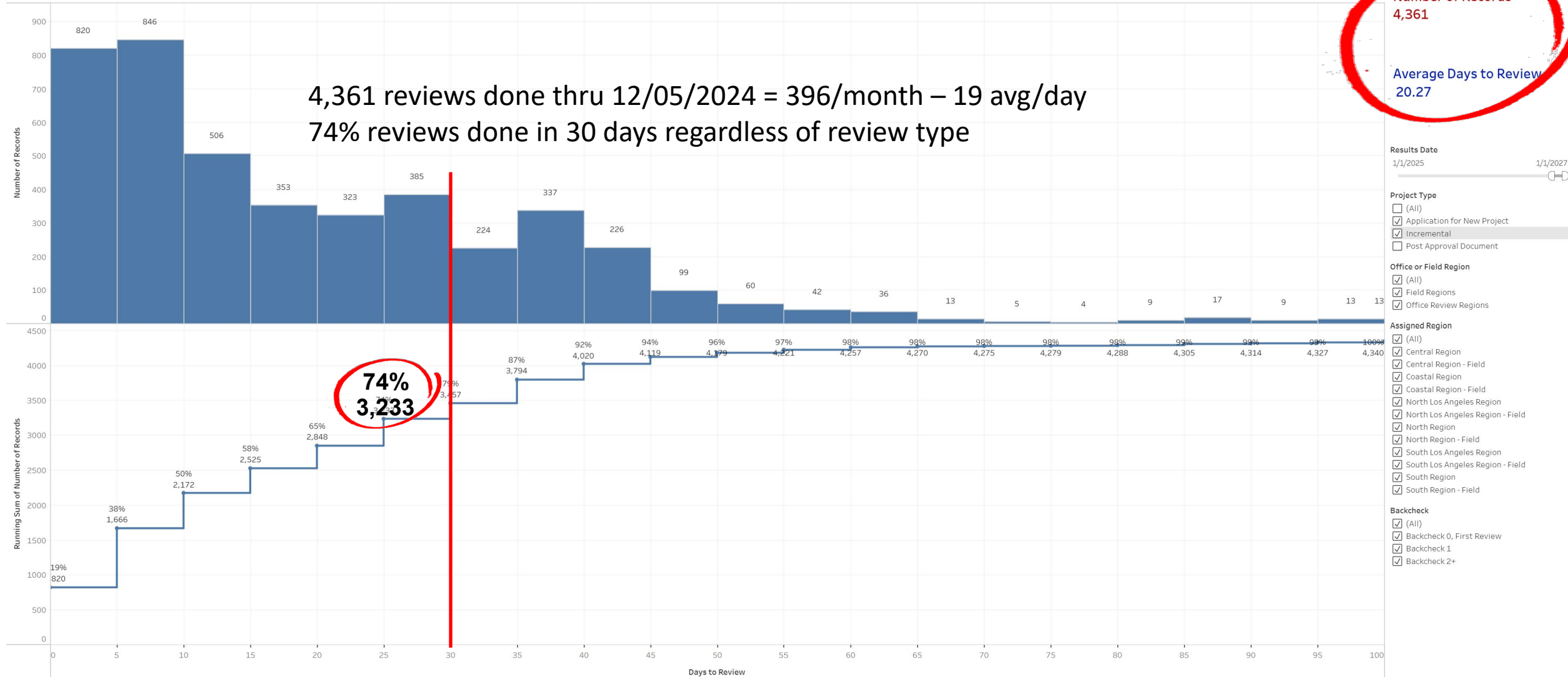
- ☒ (All)
- ☒ Backcheck 0, First Review
- ☒ Backcheck 1
- ☒ Backcheck 2+

10 days



# Office Reviews – New Projects + Increments **2025**

Performance for Period Selected (1/2/2025 to 12/4/2025)



30 days



# Plan Submittal to Approval Time Duration

- **Managed Projects** - (Review goals negotiated with client)
- **“Anticipated Plan Approval Date”**.
  - Date your review is expected to be approved
    - Not just first review cycle.
  - Based on a weighted average of historical data from prior projects of similar scope.
  - Results in a review cycle significantly less than the old traditional 80-40-30 days rigid turnaround goals.



# OSHDP APAD Website

- Live since 6/1/2018

CA .GOV

HCAI

Building Safety & Finance | Loan Repayments, Scholarships

[Back to Building & Construction Projects](#)

## Plan Review Processes

TABLE OF CONTENTS

- [1. Geotechnical Reports](#)

### Plan Approval Date Estimator


Average OSHDP Plan Approval Time for S/H Projects

Adjust the project criteria below to view an estimated plan approval time for your project. If no data is displayed, there is no similar project data available to create an estimate.

Kind of Project	Cost Range	Review Type	Field or Office Review	Does Project Include Primary Gravity and/or Lateral Load Elements/Systems?	Is the Project a Managed Project?
Remodel	between \$175,000 ...	Electronic	Office	No	No

Total Number of Projects in Group	Average Calendar Days to Plan Approval	Average Calendar Days with OSHPD	Average Calendar Days not with OSHPD	Average Backchecks	Average Hours Spent to Approve Plans
1,687	144	65	78	1	29

Based on historical data and the average displayed below, if your plans are accepted for triage tomorrow (9/17/2023), we anticipate that your plans will be approved on 2/7/2024.



### Average OSHDP Plan Approval Time for S/H Projects

Adjust the project criteria below to view an estimated plan approval time for your project. If no data is displayed, there is no similar project data available to create an estimate.

Kind of Project	Cost Range	Review Type	Field or Office Review	Does Project Include Primary Gravity and/or Lateral Load Elements/Systems?	Is the Project a Managed Project?
Remodel	between \$175,000 ...	Electronic	Office	No	No

D. [Return](#)

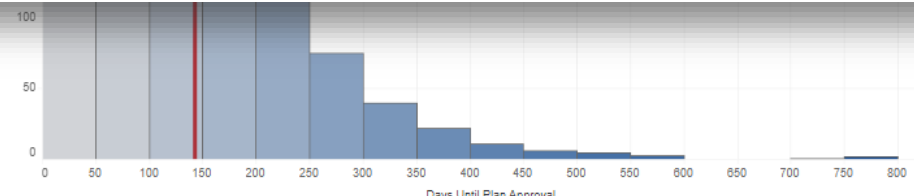
E. [Not Applicable](#)

4. [Plan Review Turnaround Goals](#)

A. [Anticipated Date of Plan Approval](#)

B. [Plan Approval Date Estimator](#)

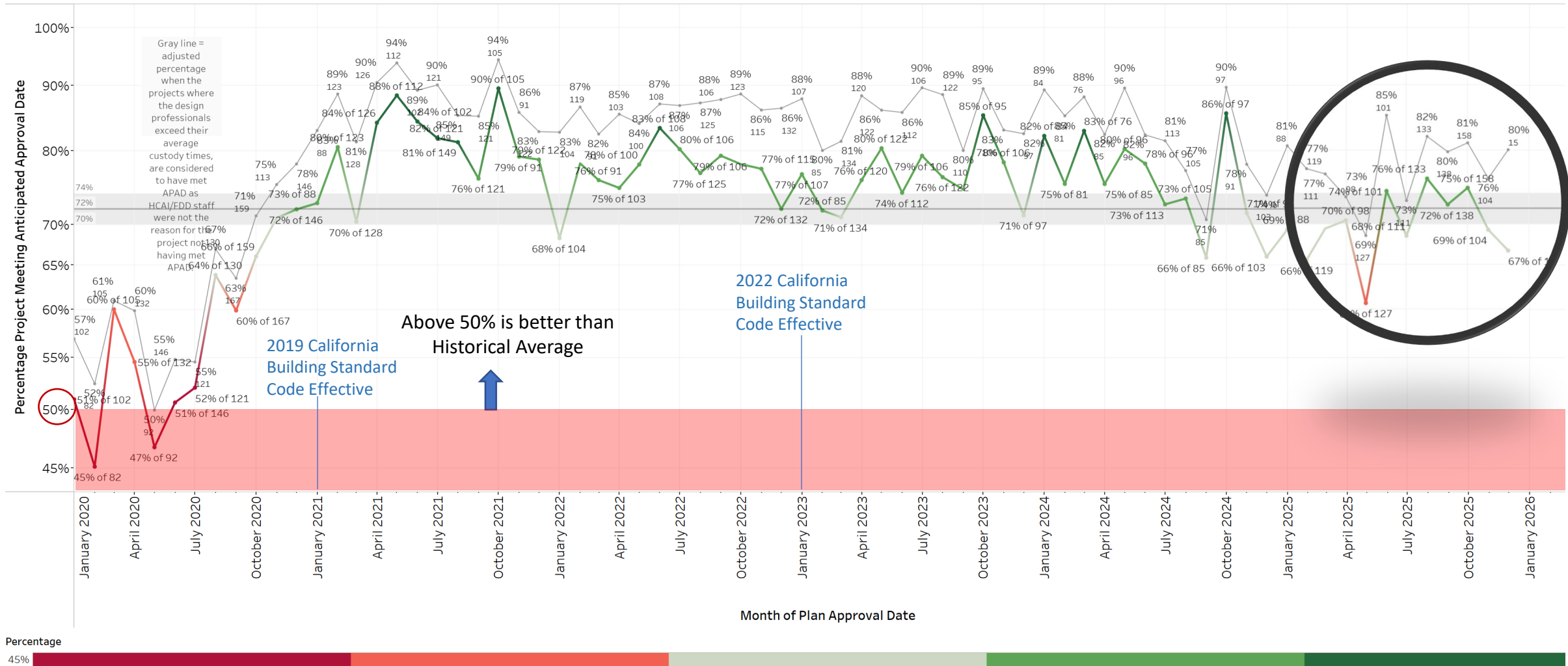
C. [Incremental \(I\) Project Review Timelines](#)





# Anticipated Plan Approval Date

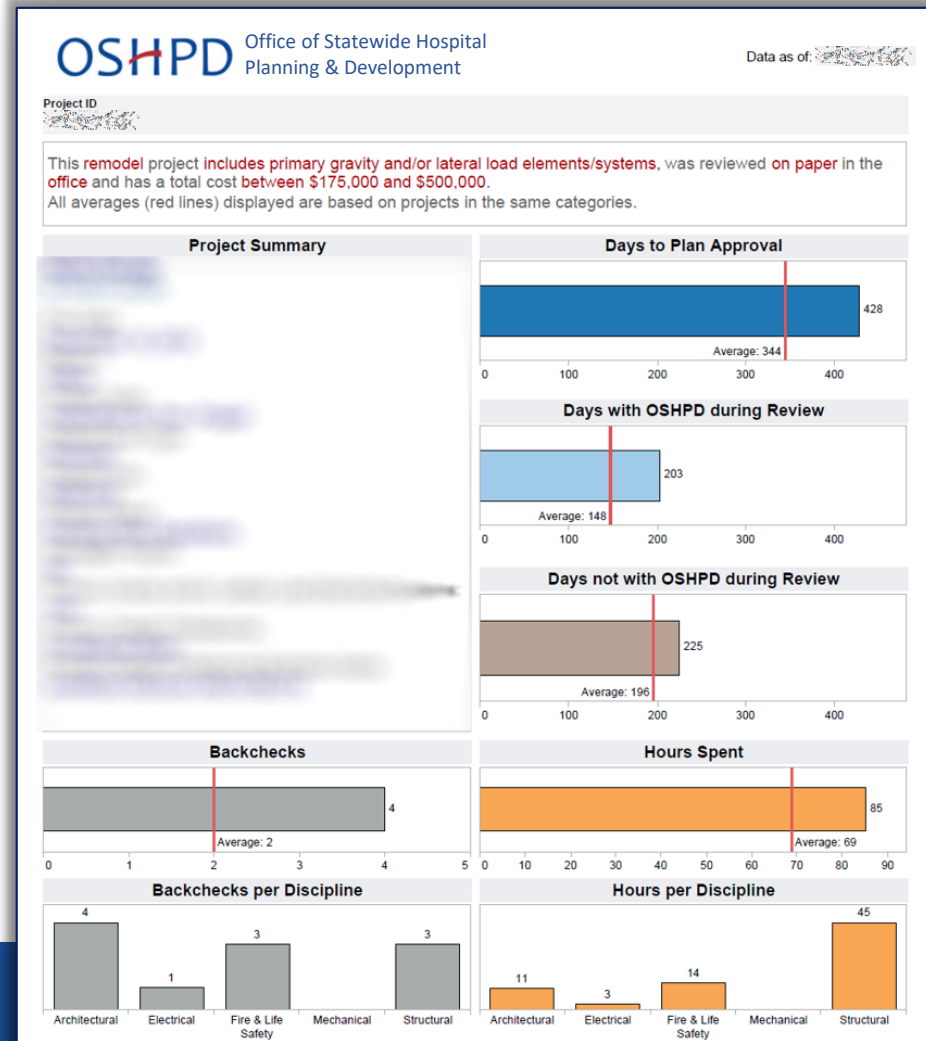
Year over Year Comparison of Records Meeting or Beating APAD (Data as of 12/5/2025 8:20:53 AM):



Percentage  
45%

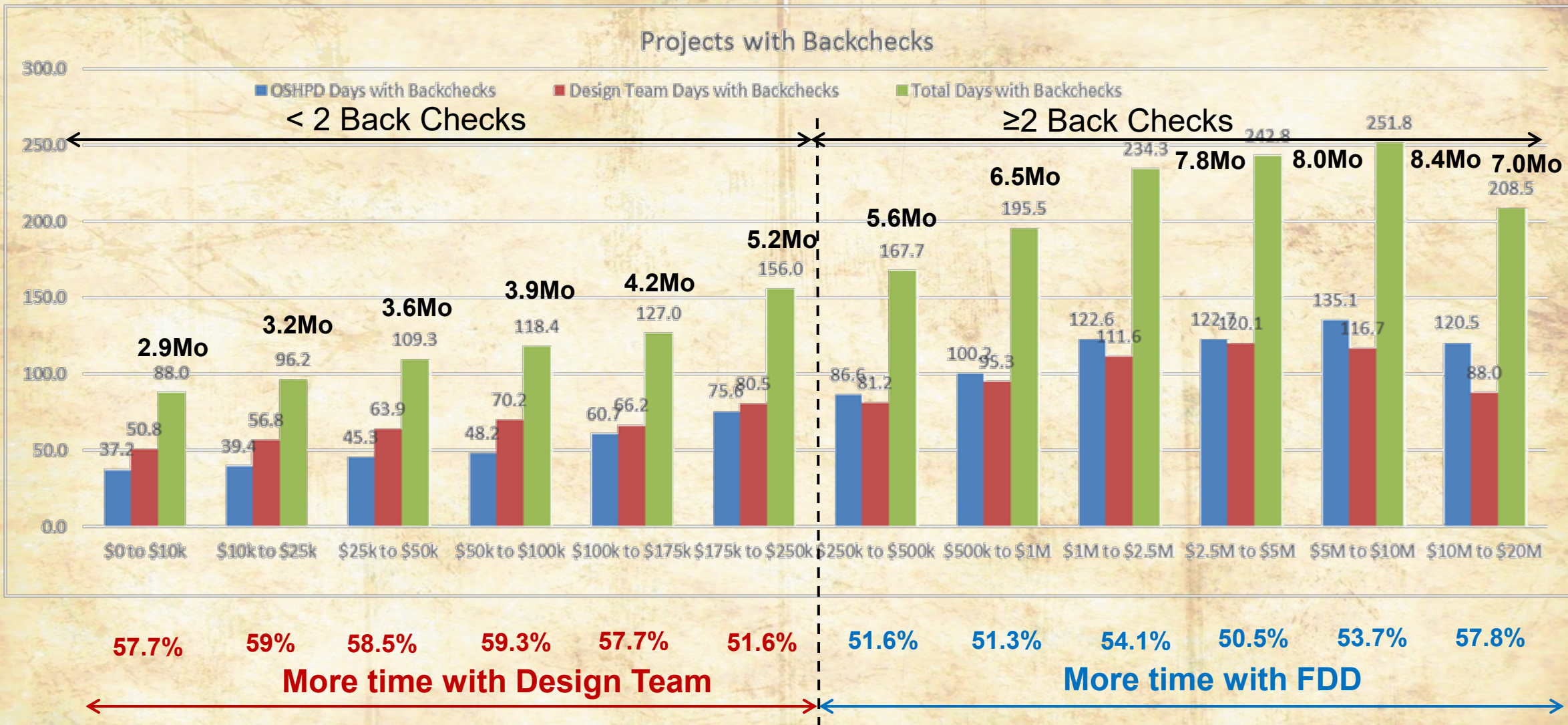


# Project Assessment Report



- Project Assessment Report generated and automatically uploaded to the Project Documents upon approval
- Fact-based visualization
- Graphically displays project key metrics
  - Compares them to statistical averages

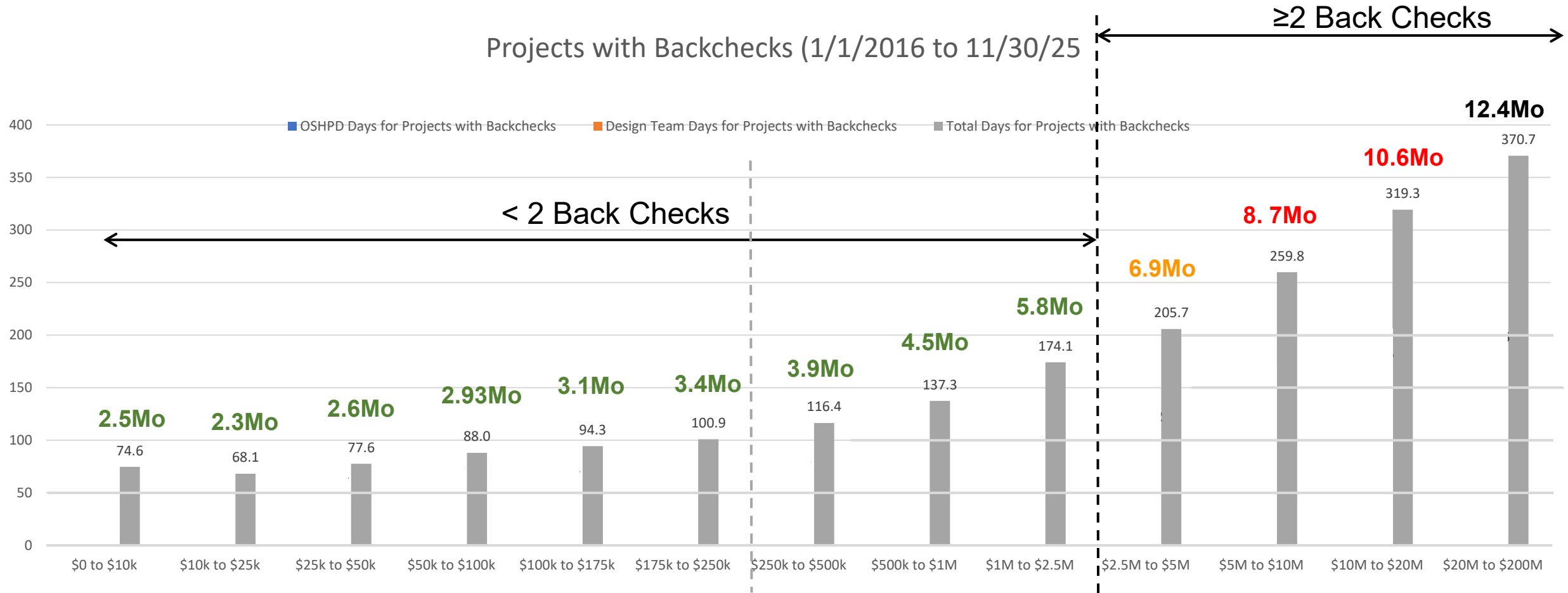




Ref: 2013 Presentation

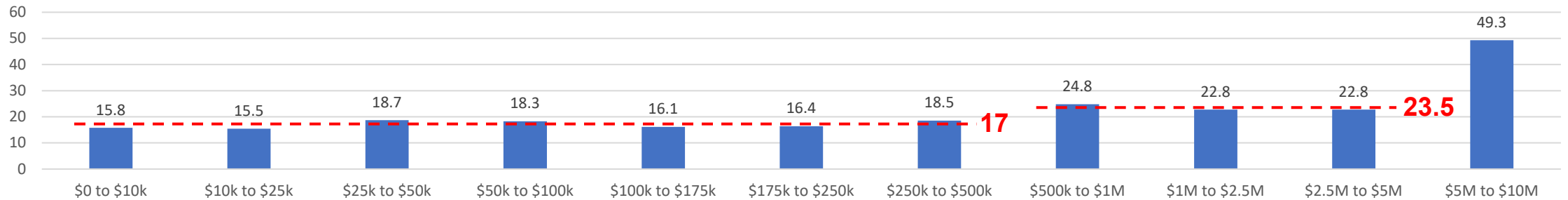


# Projects with Backchecks (1/1/2016 to 11/30/25)



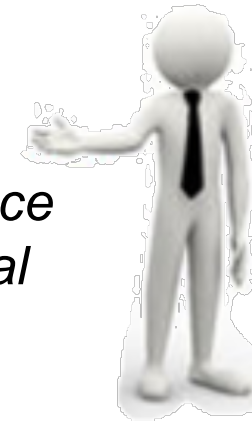


## OSHPD Days Zero Backchecks (1/1/2016 to 11/30/25)



### Tip from the expert:

**Tip:** *Provide complete, quality plans in order to eliminate or reduce back checks and thus decrease overall time to plan approval*



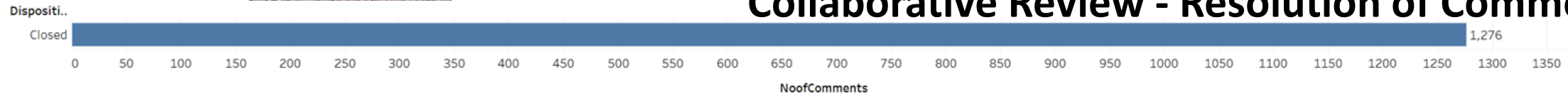
**EXPERT  
ADVICE**



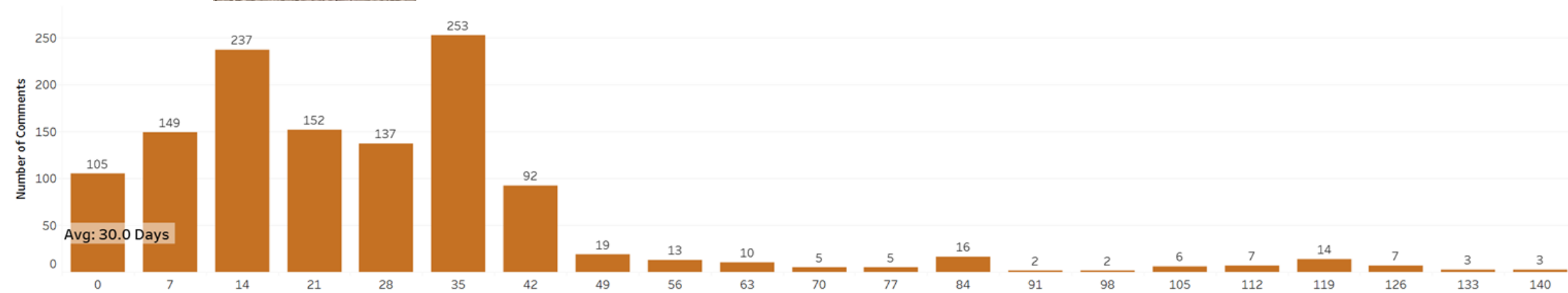
# IRP Projects – Performance?

## Collaborative Review - Resolution of Comments

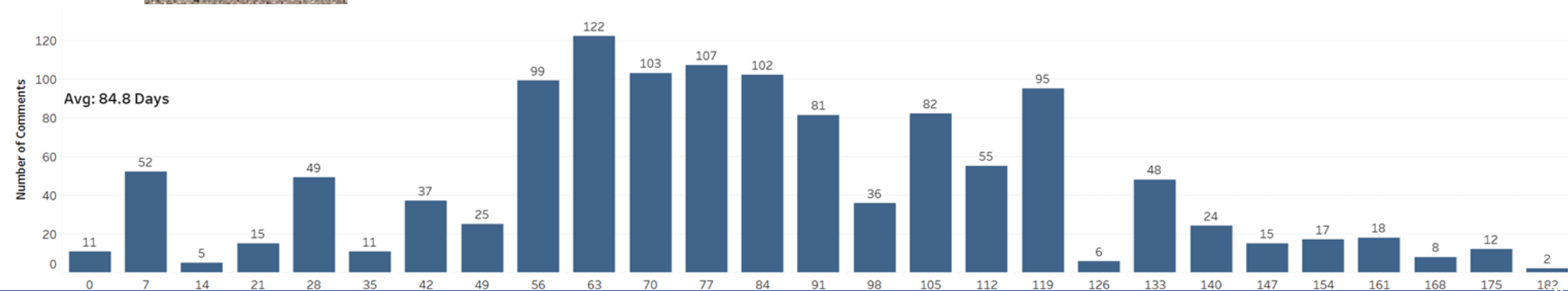
Current Comment Disposition - 27/2025 7:03:30 AM



Comment First Response - 27/2025 7:03:30 AM



Comment Closed: 27/2025 7:03:30 AM

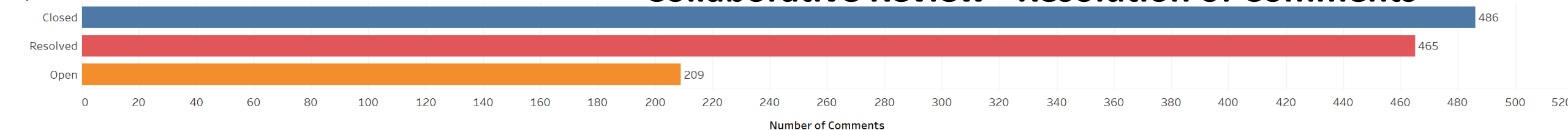




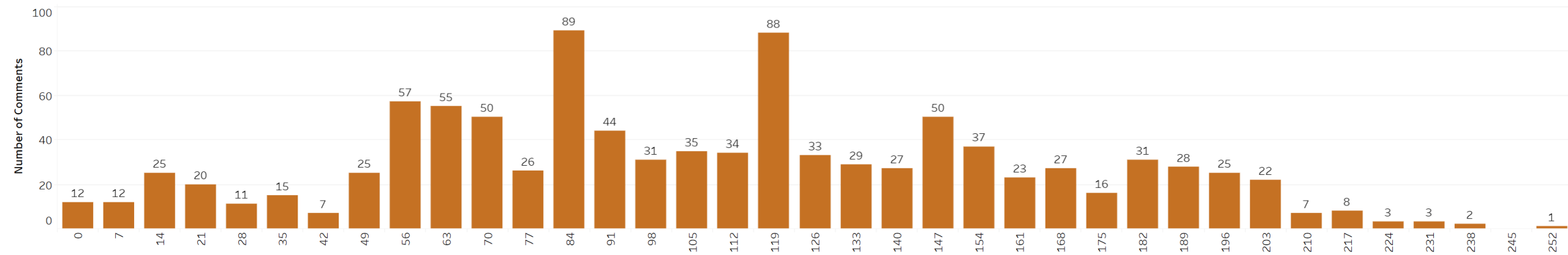
# IRP Projects – Performance?

## Collaborative Review - Resolution of Comments

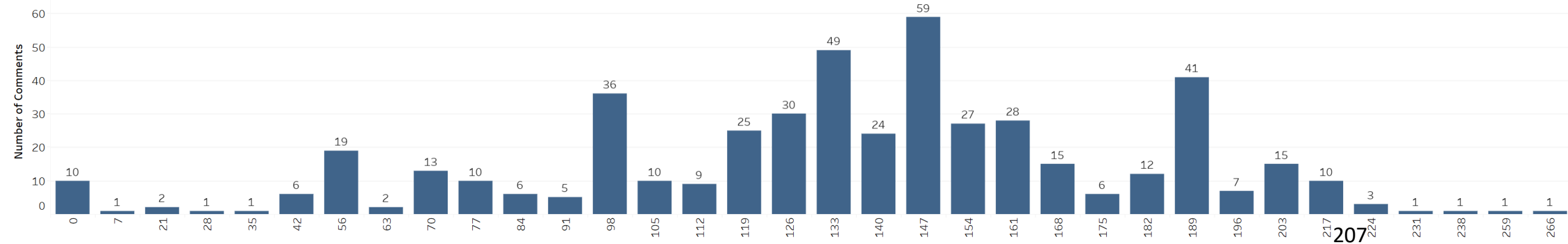
Disposition



Comment First Response Project Average Days for First Response = 111.3, Discipline Average Days for First Response = 107.6 to 514.0



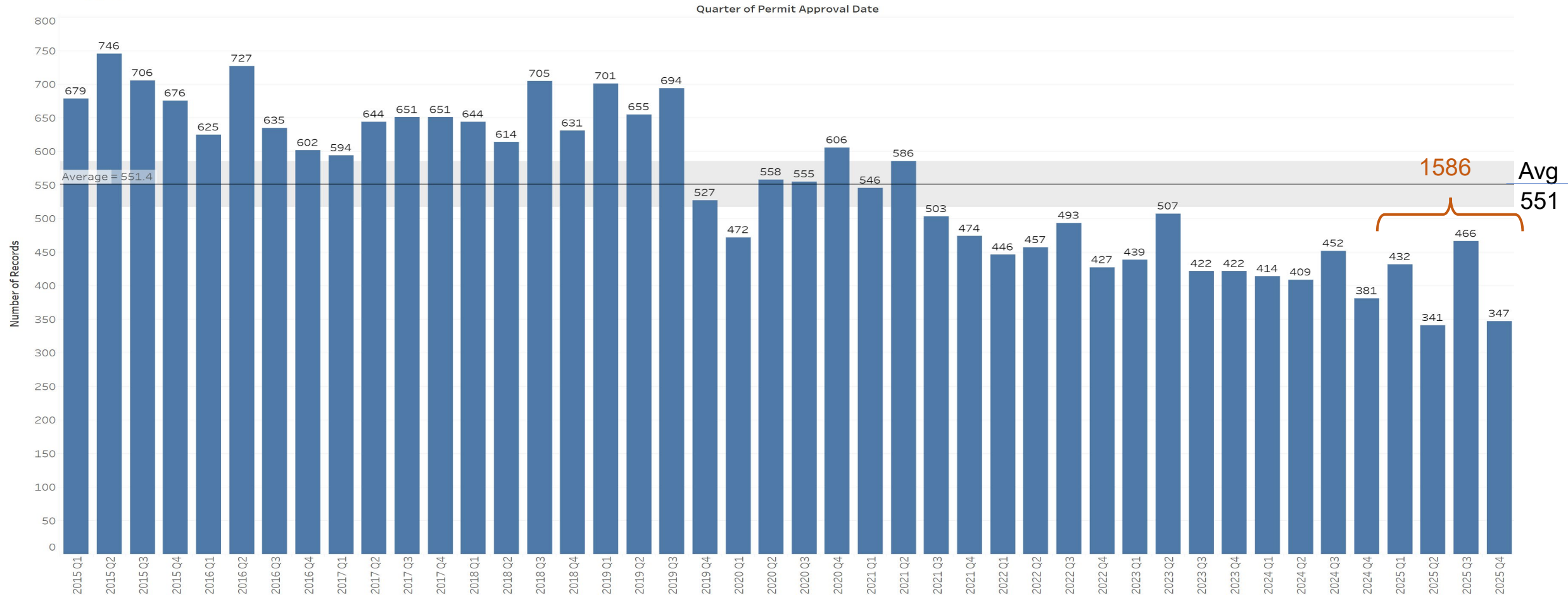
Comment Closed: Project Average Days to Close: 138.0, Discipline Average Days to Close = 125.8 to 658.4





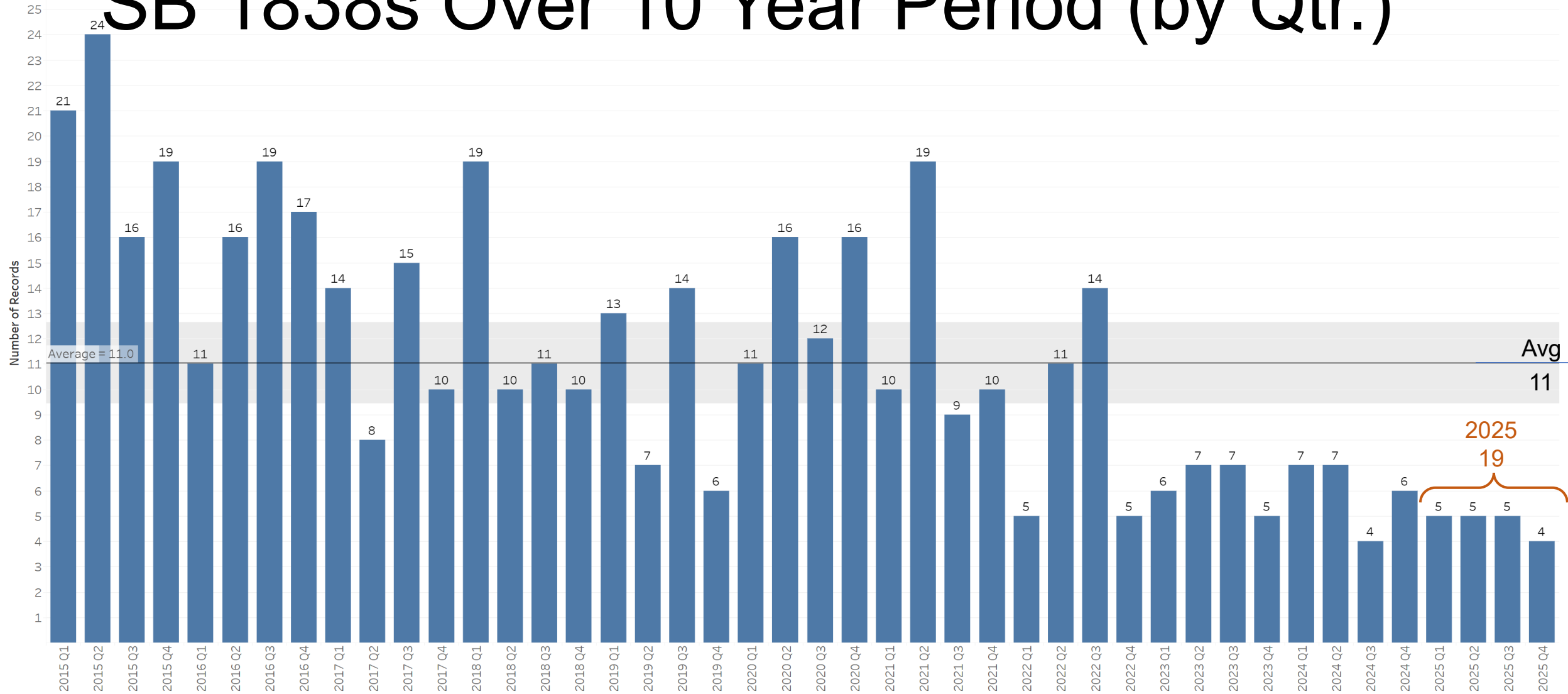
# Building Permit Issuance Over 10 Year Period (by Qtr.)

Totals as of 12/9/2025 3:07:53 PM





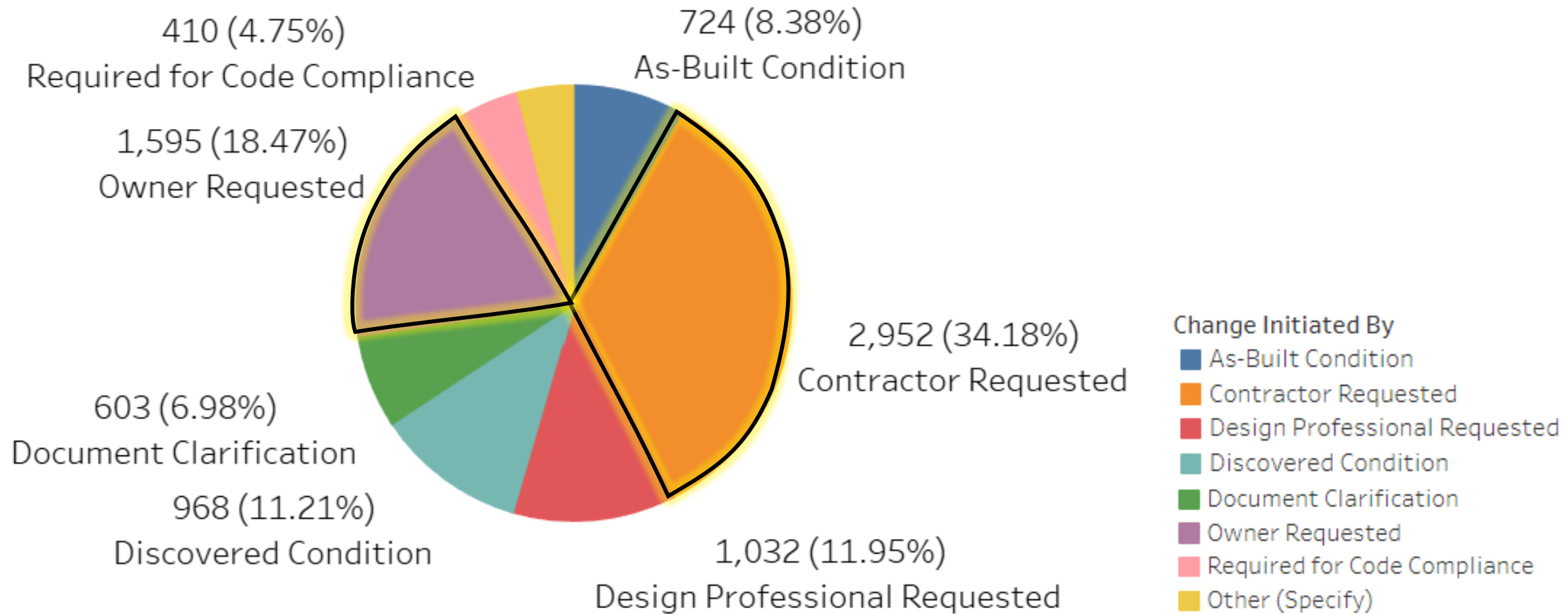
# SB 1838s Over 10 Year Period (by Qtr.)





# ACDs Where Reason Provided (2025)

Based on Count





# Contractor & Change Order Challenges

- Lack of early contractor involvement leads to missed constructability issues.
- Contractors often introduce change orders under “value engineering.”
- While presented as benefits, these changes can:
  - Compromise design intent.
  - Extend project timelines.
  - Increase costs.
- The role of design professional
  - Protect the owner’s interests?



# Impact on Building Department Review

- Changes/Design revisions during review and Change Orders during construction add time:
  - Delaying Approvals
  - Permitting
  - Construction schedule
- Each revision requires re-evaluation for compliance.
- Delays are not caused by the building department, but by external changes introduced mid-process.



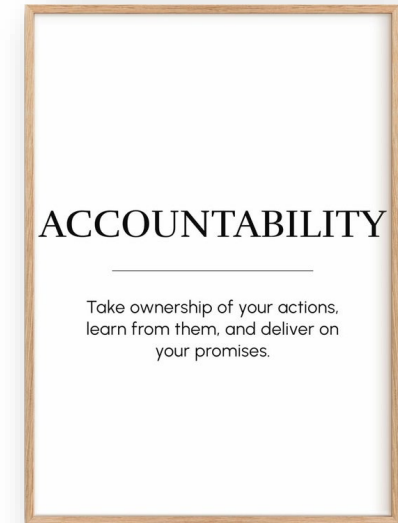
# Protecting Public Safety

- Approvals cannot be issued until compliance is achieved.
- This protects lives, property, and community trust.
- Efficiency is important, but safety is non-negotiable.



# Accountability: Complaints of Delay

- **Fact:** HCAI/OSHPD consistently meets review timelines.
- **Reality:** Delays often stem from:
  - Incomplete or non-compliant submissions.
  - Slow responses to “review comment/corrections”.
  - Design changes introduced mid-process.
- **Transparency:** Timelines and communication logs document accountability.





# OSHPPD Has Many Plan Review Process Options



- **Preliminary Review** – a review conducted at an earlier stage of plan development to ensure the design is heading in a code-compliant direction
- **Expedite Review** – reduced turnaround goals for projects that fall within targeted review hour estimates
- **Over-the-counter Reviews** – same day review with the client
- **Incremental Review** – allows “fast-track” construction of large, complex building projects whereby work begins on some increments of work while other work is still in the plan review process
- **Integrated (Collaborative + Phased) Review** – Allows review to begin at the “conceptual” phase of design and continue through all phases & provides for one-on-one collaborative meetings at each transfer of documents
- **Deferred Approval Review** - allows work that is typically done by a subcontractor or fabricator to be deferred until the subcontractor or fabricator has been selected
- **Field Review** – reviews conducted at the facility or other off-site location by OSHPPD’s field compliance staff



- Most plan review is performed by OSHPD staff.
- For larger projects, structural plan review may be performed by contract plan review consultants



- Plan review may include Over-the-Counter reviews with design professionals



- Plan review is solely based on Electronic Document Processing







[← Back to Building Safety and Finance](#)

# Preapproval Programs

<https://hcai.ca.gov/construction-finance/preapproval-programs/>



# Check lists/Reminder Lists

- Very important – why design or construct a hospital building without using them?
- Why a pilot completes a checklist before takeoff even if he/she is the most experienced one?
- A “CHECKLIST” Can Really Eliminate “Human Errors” In Both Personal and Professional Life

[illegible]



# Empowering our Stakeholders Through Education & Outreach

- **Broad Engagement:**
  - Reaching diverse audiences through Seminars, workshops, public forums, and digital platforms.
- **Accessible Education:**
  - Providing user-friendly materials, trainings, and resources to enhance understanding.
- **Community Partnerships:**
  - Collaborating with stakeholders, organizations, and local leaders.
- **Innovative Approaches:**
  - Leveraging technology and creative outreach strategies to maximize impact.





## Collaborative Inspection Approach to Hospital Construction Webinar

Wednesday, January 14, 2026

1:30 p.m. – 3:00 p.m., Pacific Time

Hospital construction projects can be specialized, complicated, and extremely expensive. The key to successful and seamless projects is having a collaborative high-functioning team.

Join us for a webinar that focuses on fostering a "Collaborative Inspection Approach to Hospital Construction". Our subject matter experts will provide helpful tips and guidance for developing a culture of collaboration and improving effective communication for successful completion of hospital construction projects.

Learn how each role can contribute to a successful, collaborative inspection approach on any project:

- Owner: How to lay the groundwork for project success.
- DPOR: How the construction team leader can foster a collaborative inspection environment.
- Contractor: Steps to ensure inspections pass the first time.
- IOR: How inspectors can demonstrate an "inspect to pass" approach to their inspections.
- HCAI/OSHPD: How the Office supports a collaborative inspection environment.

### Who Should Attend?

Architects; Structural Engineers; Electrical Engineers; Mechanical Engineers; Hospital Representatives; Chief Operating Officers; Contractors; Construction Managers; Inspectors of Record; and others interested or involved in Hospital Construction.

### SPEAKERS

**Michael Davis, CHI**  
CEO Emeritus, DavisHBC, Inc

**Gary Dunger**  
Executive Director, Design and Construction  
Cedars-Sinai Health System

**Belinda Young, AIA, LEED BD+C**  
Regional Leader of Healthcare, HOK

**Cody Bartley**  
DPR Construction

**Monica Colosi**  
Compliance Officer, Inspection Service Unit (ISU)  
Department of Health Care Access and Information

### REGISTRATION AND INSTRUCTIONS

**Fee: Complimentary**

**To Register:** [Click here](#) if you would like to attend.

Upon registration, you will receive a confirmation email with the GoToWebinar log in Instructions. If necessary, it is suggested that you download the app and install it in advance of the webinar.

**Note:** Multiple staff members from one office should **register INDIVIDUALLY** to receive separate log-in links.

A certificate of completion will be e-mailed from GoToWebinar only to registered attendees who log in and attend the day of the webinar.

AIA LU 1.0 (pending AIA approval)





In addition to PINs  and CANS   
OSHDPD has POTS and PANS:

- **POTS = Plain Old Traditional Services**
- **PANS = Pretty Awesome New Services**

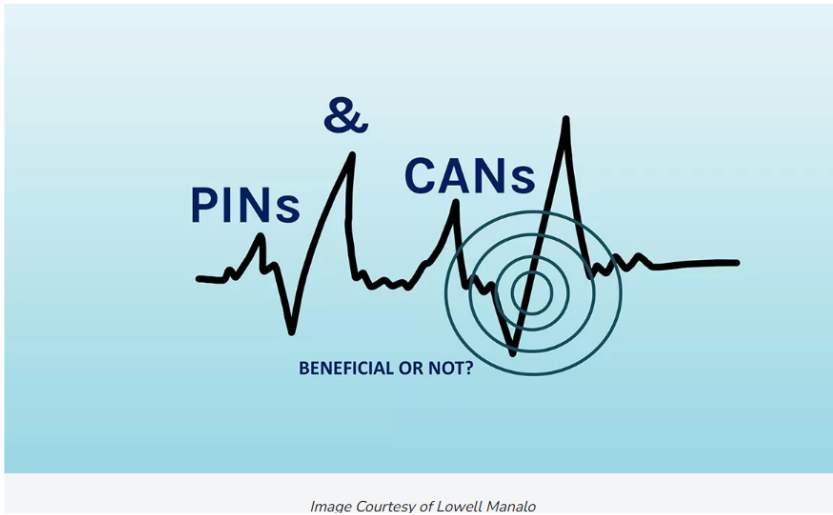


Plumbing Essentials — Design Approaches, Codes and Everything in Between | Lowell Manalo

## HCAI's PIN's and CAN's — beneficial or not?

Assisting engineers with design decision-making.

By Lowell Manalo



September 11, 2024



I recently heard a comment from a plumbing designer concerning the California Plumbing Code (CPC), particularly in relation to the California Department of Health Care Access and Information (HCAI) formerly known as the Office of Statewide Health Planning and Development (OSHPD) standards.

The designer remarked, "I have implemented similar systems for many years, and I am confident that what I provide is effective. These OSHPD requirements are not necessary." This is indeed an interesting comment. It raises the question: Are these additional documents, standards and requirements truly beneficial or are they not?

*"There are more examples not mentioned above. As engineers and designers, we have a responsibility to review all the codes and standards applicable to the project. **"Beneficial or not?" Clearly, HCAI's CANs and PINs are beneficial.** It makes our lives a little easier knowing there are codes and standards that clearly delineate the intent and simplify the process of defending our design against aggressive cost-cutting measures."*

<https://www.pmmag.com/articles/105901-hcais-pins-and-cans-beneficial-or-not>



- **Triage Review** – verifies the submittal is complete enough for a meaningful review and determines the appropriate review process.
- **Preliminary Review** – a review conducted at an earlier stage of plan development to ensure the design is heading in a code-compliant direction.
- **Expedite Review** – reduced turnaround goals for projects that fall within targeted review hour estimates.
- **Over-the-counter Reviews** – same day review with the client.
- **Incremental Review** – allows “fast-track” construction of large, complex building projects whereby work begins on some increments of work while other work is still in the plan review process.
- **Deferred Approval Review** - allows work that is typically done by a subcontractor or fabricator to be deferred until the subcontractor or fabricator has been selected.
- **Field Review** – reviews conducted at the facility or other off-site location by OSHPD’s field compliance staff.
- **Alternate Method of Compliance Review** – allows applicants to meet the intent of the code using new methods or technology.
- **Geotech/Geohazard Review** – reviews in conjunction with CGS to determine applicable site specific seismic loads and risks to be used in hospital design.
- **Standard Review** – process used most remodel and renovation projects. Applicants are bound to regulatory timeframes for resubmittal of plans to OSHPD. OSHPD has established turnaround goals for these kinds of reviews.
- **Annual Building Permit** – allows SNFs and hospitals to obtain a permit for which projects may subsequently be associated with.
- **Contract Review** - the structural review for large, complex new buildings may be contracted out to private engineering firms that can dedicate more staff to the review than OSHPD’s staffing would permit. This provides for shorter overall review duration for the project.
- **OSHPD Pre-Approvals** – allows manufacturer’s to obtain approvals for product installation on a one-time basis. Products may then be specified in future projects without requiring re-review. Leverages the plan review process.
- **Standard Details** – pre-approved details which designers may use on projects without requiring re-review.
- **Pre-design Conference** - provides a process for designers to resolve code application issues prior to beginning design.
- **Pre-design Review** - statutorily mandated for projects \$20 million and above.
- **Integrated Plan Review** – a process that involves OSHPD early in the design phase and has resulted in a 5 month average reduction in time from first final submittal to approval with a first building permit being issued within 6 months of final submittal.
- **Managed Projects** – resubmittal timeframes and turnaround timeframes are negotiated with the applicant. These reviews are typically used for larger, more complex projects.
- **Approved with Comments** – allows a project to proceed with construction while minor issues are still being resolved by the applicant.
- **Critical Path Expedite Review** – provides for a quick turnaround time for review of post approval documents that affect the critical path of a project under construction.
- **AB 2632 Permit** – plans do not need to be submitted for review for certain kinds of projects for single story SNF and hospital buildings.
- **SB 1838 Exempt Project** – projects costing \$50,000.00 or less, excluding fixed equipment costs, may be exempted from plan review.
- **OSHPD Seismic Certification Program** – creates an inventory of products that have special seismic certification for use in hospitals
- **OSHPD Pre-approval of Manufacturer’s Certification** - program for review and preapproval of seismic design of supports and attachments for nonstructural components to be used in hospitals
- **OSHPD pre-approved Laboratory Program** – creates a list of Testing/Inspection Agencies that are approved to perform tests and special inspections on hospitals
- **Evaluation** – review performed on a time-and-material basis

# POTS





- **Materially Alter** –Changes in construction work that do not materially alter the approved documents to proceed without requiring a plan review.
- **Field-directed Changes** – established a policy that requires field staff to go through an internal resolution process if there is a disagreement between field staff and plan review staff regarding the approved plans.
- **Technical Leader Program** – instituted a program consisting of a technical leader for each discipline. The technical leader is responsible for technical training, QA/QC, and consistency of code interpretation/application.
- **Back Check Reduction Program** – mandatory meetings with the designers and hospital owner representatives if back check exceed the average number.
- **Reminder Checklists on Website** - these provide a manner for designers to perform QA/QC based on the code requirements that OSHPD will be looking for in the documents.
- **CANs, PINs, FAQs** – developed formal code interpretations (CANs), implementation of policy (PINs) and frequently asked questions (FAQs) to assist the designers.
- **Voluntary Seismic Improvements** – adopted regulations that allow hospitals to mitigate only those structural deficiencies that contribute to the buildings collapse potential instead of requiring a complete structural retrofit of the building.
- **Modernize Codes and Regulations** – instituted a policy to adopt national model codes to the greatest extent possible with amendments where required because of state law and geological and geographical conditions unique to California.
- **Quality of Service Survey** – developed and placed a survey on OSHPD’s website to solicit feedback from clients regarding the quality of service they received.
- **CPR** – developed and instituted an informal second opinion/ dispute resolution program for clients who disagree with OSHPD’s staff.
- **Ombudsman** – instituted an ombudsman program that allows clients to discuss concerns and issues with a third party arbitrator.
- **Project Management for Large, Complex Projects** – developed the project manager approach for large projects, similar to what typically occurs in the private sector. This provides a single point of contact and a resource for keeping projects on-track.
- **Internet-based Plan Review Status Tracking** – this program allows clients access to their project status in real time on an on-going basis.
- **Educational Seminars/Training for Stakeholders** – training opportunities for designers, Inspector of Record, hospital owners, contractors, etc. regarding hospital design and construction requirements.
- **Ongoing Quarterly Meetings with Stakeholders** – regularly scheduled meetings with the California Department of Public Health, California Hospital Association, major healthcare providers, such as Kaiser, UHS, Providence, etc. to discuss concerns and issues.
- **Establishing ad-hoc committees** thru the Hospital Building Safety Board to advise OSHPD regarding proposed regulation, code and process changes, etc.
- **Processes for pre-approval** of special seismic certification of equipment used in hospitals.
- **“Best Practices Manual”** - Worked with the California Healthcare Foundation to develop a Manual for hospital construction projects.
- **Electronic submittal** of applications by clients

# POTS



**Based on extensive research by the POTS Research Institute (PRI), OSHPD has more POTS than any other Building Department in the world. (49 POTS listed)**



# PANS



- Expand electronic services
  - Electronic Plan/Document Review
  - eSP – Client access
  - eSP – Mobile Office
  - Virtual OTCs
  - Virtual Plan Review
  - Project Report Card
- Small and Rural Hospital Relief Program
- ISU Realignment
- Integrated Review IR– Policy Intent Notice No. 50
- OPPCS Program
- Guides and Advisories
- White Papers
- Industry Training/Seminars
  - Guide for Working on Projects Under OSHPD Jurisdiction – Tips From the Experts
  - 2025 CBSC
  - ...
- ...





# Call to Action for Stakeholders

- Owners: Submit complete, compliant documents.
- Design Teams: Respond promptly to corrections.
- Contractors: Collaborate early to avoid costly change orders.
- HCAI/ OSHPD: Continue to uphold safety, transparency, and efficiency.

*“Together, we ensure safe, compliant, and trusted California’s Healthcare Built Environment.”*





# Working Together for Timely, High-Quality Project Outcomes

- Our mutual goal is timely project delivery and regulatory compliance.
- Efficient review depends on complete, coordinated, and stable submissions.





# Recurring Factors That Prolong Reviews

- Incomplete or inconsistent initial submissions
- Multiple design revisions after review begins
- Delayed responses to review comments
- Late or missing consultant coordination
- New scope elements introduced mid-review





# Our Commitment to Efficiency

- Internal review time tracked and audited
- OSHPD Staff trained on time targets and communication standards
- Continuous process improvement (e.g., digital review tools, parallel routing)





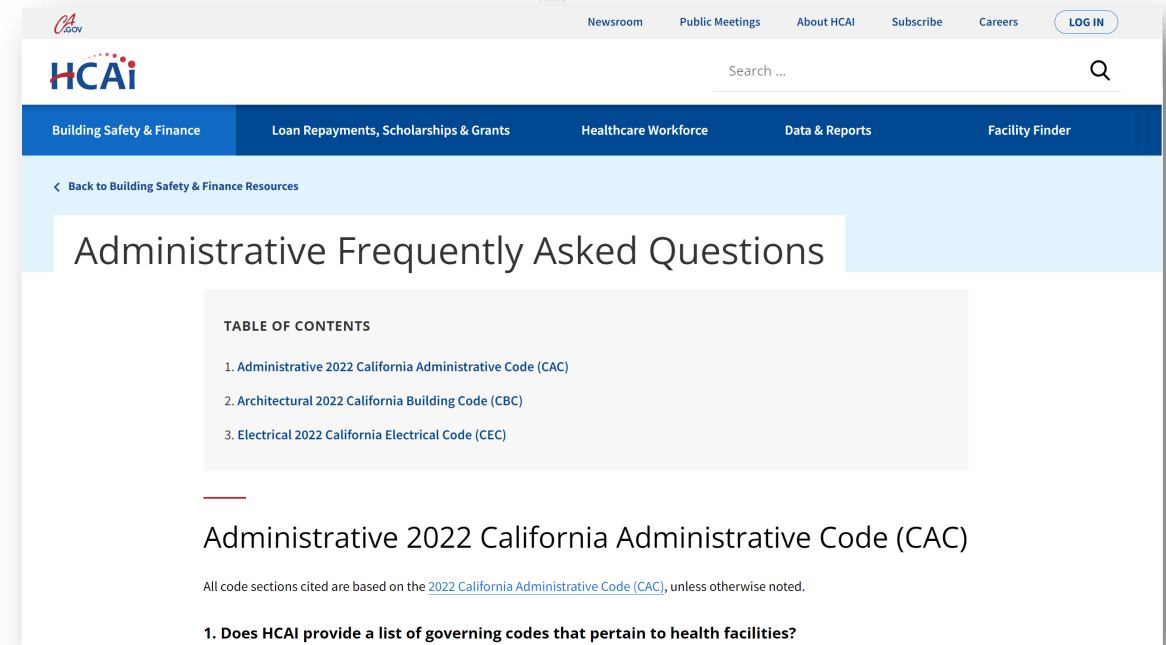
# Collaborative Steps to Shorten Project Timelines

- Conduct pre-submittal meetings to confirm readiness
- Use submission checklists for completeness
- Agree on target resubmission timelines
- Minimize mid-process design changes



# Tips from the expert

- **Tip:** The designer may contact the Regional Supervisor prior to submittal of an application to OSHPD to assist them in determining the process which best fits their project needs
- **Tip:** Use OSPs, OPMs, and OPDs to reduce design and plan review time
- **Tip:** Use the reminder lists and FAQs (a question that has been asked at least once) on HCAI/OSHPD's website



[https://hcai.ca.gov/construction-finance/resources/administrative-faqs/requently Asked Questions—HCAI](https://hcai.ca.gov/construction-finance/resources/administrative-faqs/requently%20Asked%20Questions-HCAI)

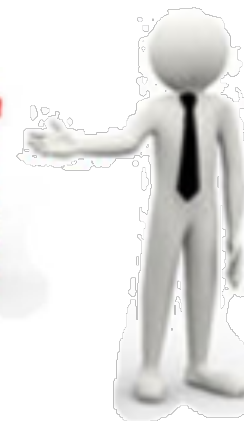


# Tips from the expert



Adobe Stock | #61203326

**EXPERT  
ADVICE**







# Shared Responsibility for Shared Success

- Review team meets internal timelines consistently.
- Most time extensions arise from external revisions or resubmissions.
- Collaboration and clear expectations ensure predictable outcomes.



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206 Beds

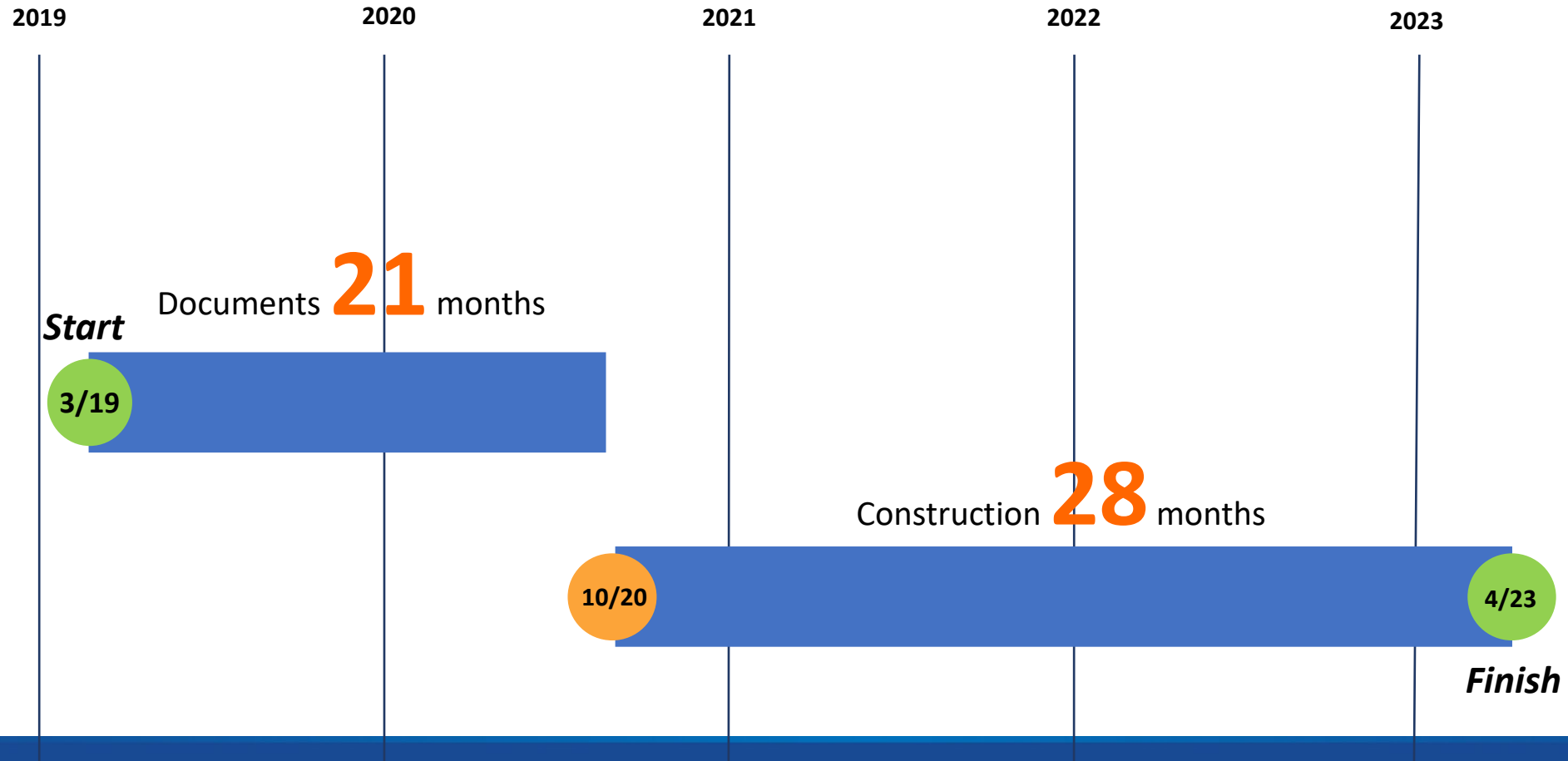
## Kaiser San Marcos MC





# Project Delivery Schedule

**Overall Schedule 49 months**





# OWNER's Notes for a Successful Project Delivery

- All team members together from the start
- Study the approved documents and do NOT Deviate
- Check your ego at the door
- KP Templated Programs
- Understanding of goals by all, can we do it?
- Relationships – know your team
- Involvement is continuous by all
- Rowing in one direction



[Regsunit@hcai.ca.gov](mailto:Regsunit@hcai.ca.gov)

# Building Standards Unit

Mia Marvelli, BSU Supervisor







# Building Standards Unit Duties

- Architectural, Mechanical and Electrical Technical Lead Support for all Regions
- Education and Outreach (CANs, PINs, Guides, Webinar)
- State Agency coordination (CDPH, DHCS, DSA, SFM )
- Industry coordination (CPCA, CAHF, AIA)
- Develop Title 24 regulations – Right size [OSHDP 3] CLINIC
- Analyze and Implement Legislation
- Participate in National Standards development (ICC, FGI, NFPA, ASHRAE)



# TECHNICAL LEADS

- Monthly meetings to address hot topics, code interpretation, consistency, etc.
- Support Exec. Team, Regional Supervisors and Regional Compliance Officers
- In 2025 tech leads took NFPA fire alarm and fire sprinkler training. Taught that knowledge to the Sr. EE and ME
- Participate in National Codes and Standards development
- Conduct public outreach, state agencies, industry
- Develop education and outreach documents





# EDUCATION AND OUTREACH WHY DO WE PUBLISH THESE MATERIALS?

- TO HELP US HELP US
- TO HELP YOU

## **Our Values and Guiding Principles**

**Professionalism-Innovation-Equity-Service**

Communication-Teamwork-Accountability-Integrity-Respect-Customer centric and Data Driven





# EDUCATION AND OUTREACH

## CODE APPLICATION NOTICES & POLICY INTENT NOTICES

### Code Application

HCAI's Office of Statewide Hospital Planning and Development issues Code Application Notices (CANs) for various sections of the California Building Standards Code (CBC) issued for a specific edition.

See the [CAN Matrix](#) for CANS issued under the [Enforceable Codes](#) to determine which

**CAN MATRIX – Rev.**

CAN	2025	2022	2019	2016	2013	2010
1-0 Enforceable Codes	N	N	X	X	X	
2-0 OSHPD Jurisdiction	N	N	X	X	X	
1-6-1.4.5.1 Change in SPC Category						X
1-6-1.4.5.1.4 Removal of Acute Care						X
1-7-103 OSHPD Jurisdiction						X
1-7-133 Fees						X
1-7-133(k) Seismic Examination		X	X			
1-7-153 Amended Construction Docs			X			

[Codes and Regulations - HCAI](#)





# CODE APPLICATION NOTICES

- ❑ CAN 1-0 Enforceable Codes **(Revised May 2024 & Dec. 2025)**
- ❑ CAN 1-7-153(b) Non-Material Alterations (NMA) **(Revised July 2025)**
- ❑ CAN 2-302.2 – Use Designation (subordinate uses) **(Revised July 2025)**
- ❑ CAN 2-903.2.21 – Automatic sprinkler system and fire protection at required exterior entrance covers **(Issued July 2025)**
- ❑ CAN 9-901.7 – Fire Watch **(Issued July 2025)**
- ❑ ~~CAN 2-108 – Temporary Structures and Uses~~ (Became Advisory Guide A12)

[Codes and Regulations - HCAI](#)





# POLICY INTENT NOTICES

- ❑ PIN 2 Installation of Underground Storage Tanks **(Revised July 2025)**
- ❑ PIN 16 Interior Finish Material(s) Approval **(Revised March 2025)**
- ❑ PIN 51 Use of HCAI Pre-Approved Details **(Revised January 2025)**
- ❑ PIN 55 Special Seismic Certification Preapproval (OSP) **(Revised October 2025)**
- ❑ PIN 60 Temporary Wireless Nurse Call System **(Became Advisory Guide A15)**
- ❑ PIN 62 OSHPD Preapproval of Manufacturer's Certification (OPM) **(Revised August 2025)**
- ❑ PIN 72 Emergency Work Authorization **(Revised December 2025)**



# POLICY INTENT NOTICES

[PIN 77](#) – Steel Quality Assurance (QA) and Quality Control (QC)

Effective Date: 02/25/2025

[PIN 78](#) – Fire Pump Automatic Transfer Switches

Effective Date: 02/06/2025

[PIN 79](#) – Tier 4 Generators

Effective Date: 02/06/2025

[PIN 80](#) – Seismic Compliance Plan, and AB 869 Delays Beyond 2030 Deadline

Effective Date: 03/04/2025

[PIN 81](#) – Low Carbon Concrete

Effective Date: 06/17/2025

[PIN 82](#) – Ready Mix Concrete/Grout Placement Times

Effective Date: 10/09/2025

**ALL NEW THIS  
YEAR**



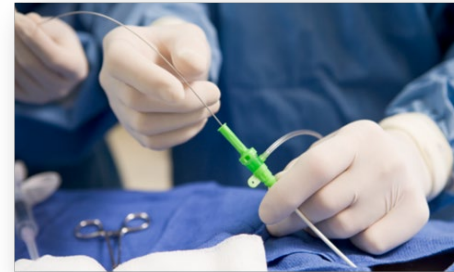
# FOUR NEW ADVISORY GUIDES


[Training & Education - HCAI](#)

## A10 Imaging Room Classification

- Collaborated with CDPH for alignment with licensing approval
- List of procedures supported by Clinical Risk Assessment Team

SECTION 4 Imaging Procedure Room Classification Types.....	7
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 Department of Health Care  
Access and Information

Advisory  
Guide  
Series

**A10**


IMAGING ROOM  
CLASSIFICATION  
Class 1, Class 2, and  
Class 3 Imaging Rooms  
and Related Exam/  
Treatment Rooms  
Procedure Rooms and  
Operating Rooms

FOR  
HOSPITAL FACILITIES  
[OSHPD 1] and CLINICS  
and OUTPATIENT  
FACILITIES [OSHPD 3]

Office of Statewide Hospital Planning and Development



# FOUR NEW ADVISORY GUIDES

 Department of Health Care  
Access and Information

Advisory  
Guide  
Series

**A14**

REMODEL  
(ALTERATION,  
ADDITION, CHANGE OF  
OCCUPANCY, CHANGE  
IN FUNCTION OR  
REPAIR)


Previously CAN 2-102.6 Remodel

Office of Statewide Hospital Planning and Development

Replaced CAN 2-  
102.6 REMODEL

Replaced PIN 60  
Temp Wireless  
Nurse Call System

[Training & Education - HCAI](#)

 Department of Health Care  
Access and Information

Advisory  
Guide  
Series

**A15**

NURSE CALL  
SYSTEMS

FOR  
ALL BUILDINGS UNDER  
OSHPD JURISDICTION


Previously PIN 60 Temporary  
Wireless Nurse Call System

Office of Statewide Hospital Planning and Development



# FOUR NEW ADVISORY GUIDES

## HBSB DRIVEN GUIDE

 Department of Health Care  
Access and Information

Advisory  
Guide  
Series

**A16** FUNCTIONAL  
PROGRAM

FOR  
ALL BUILDINGS UNDER  
OSHDP JURISDICTION

Office of Statewide Hospital Planning and Development

### Training & Education - HCAI

- Advisory Guide A16 – Functional Program – **NEW!**
  - Example #1 – City’s Edge Hospital – New hospital building [OSHDP 1]
  - Example #2 – Southern City Hospital – Surgical department remodel [OSHDP 1]
  - Example #3 – New acute psychiatric hospital [OSHDP 5] – conversion from SNE
  - Example #4 – New skilled nursing facility with special treatment program [OSHDP 2] – new building addition
  - Example #5 – New Nuclear Medicine Room
  - Example #6 – New Computed Tomography (CT) Room
  - Functional Program CAC 7-119 Checklist

Examples of successful  
functional programs

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# WEBINARS & INDUSTRY ENGAGEMENT

- Converting Existing Lighting Systems to LEDs – 09/18/2025

[Building Safety & Construction Webinars – HCAI](#)

[Assembly Bill \(AB\) 2208](#) (Chapter 409, Statutes of 2022) now prohibits the sale or distribution of fluorescent lighting technologies (effective January 1, 2025). In an effort to **streamline the process for facilities that desire to convert lighting systems to light-emitting diode's (LED)** at California healthcare facilities, the Department of Health Care Access and Information (HCAI) has developed materials to share with owners, contractors, design professionals of record (DPOR), and others.



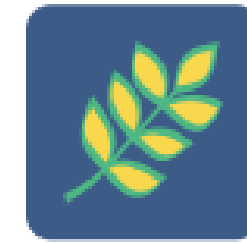


# INDUSTRY ENGAGEMENT

- American Institute of Architects (AIA) Academy for Health & Medical Facilities Professionals – San Diego May 2025
- AIA – Road Show – Hosted by the LA Office July 2025
- AIA – Experience Architecture – Sacramento October 2025
- Microgrids in Healthcare: Resilience, Quality, and Sustainability - San Diego September 2025
- Microgrids-Lessons Learned from Healthcare Microgrids, TX April 2025
- Healthcare Facilities Symposium – Microgrids/Sustainability, San Diego October 2025
  - The Role of the Hospital in Community Resilience
  - Energy, Sustainability and the Island Hospital



# INDUSTRY ENGAGEMENT



HEALTHCARE  
FACILITIES  
symposium and expo

September 2025

Microgrids in Healthcare:  
Resilience, Quality, and  
Sustainability

**Jamie Schnick, P.E.**

Senior Electrical Engineer,  
HCAI



# 2024 CBSC Triennial Timeline

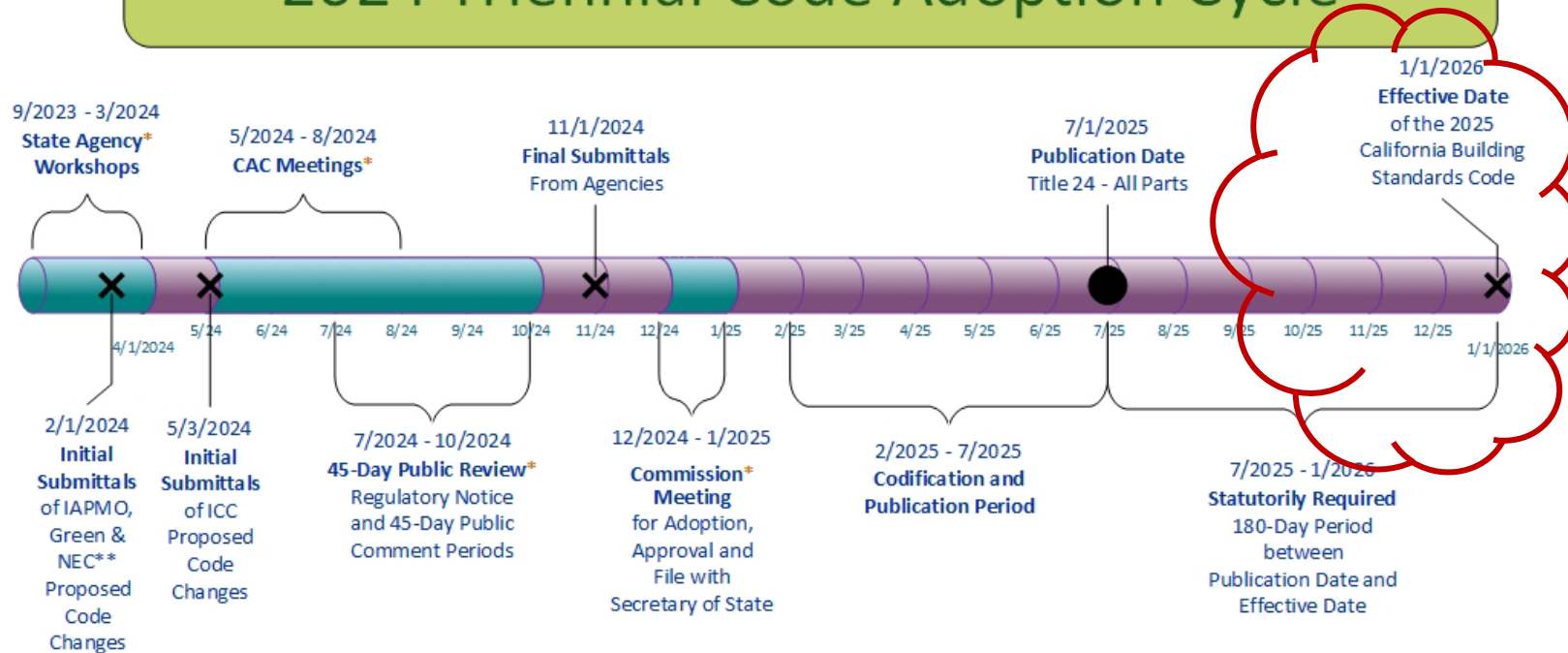


California Building Standards Commission

2025 California Building Standards Code, Title 24

Effective January 1, 2026

## 2024 Triennial Code Adoption Cycle



## 2025 edition of Title 24

- ✓ Sept. 28, Coordinating Council
- ✓ Initial Submittal early 2024
- ✓ Code Advisory Committee mtgs
- ✓ Public Comment periods Fall 2024
- ✓ CBSC Commission meetings Dec. 2024 and Jan. 2025
- ✓ Publication July 2025
- **Effective Date: Jan. 1, 2026**

### Code Advisory Committees (CAC):

ACCESS – Accessibility  
BFO – Building, Fire & Other  
GREEN – Green Building  
HF – Health Facilities  
PEME – Plumbing, Electrical, Mechanical & Energy  
SDLF – Structural Design/Lateral Forces

### Model Code Publishers:

ICC – International Code Council  
IAPMO – International Association of Plumbing and Mechanical Officials  
NFPA – National Fire Protection Association  
\*\*NEC resubmittal if necessary

\* Public Participation Opportunity

[dgs.ca.gov/BSC](https://dgs.ca.gov/BSC)

(916) 263-0916

Rev. 02/2022

All dates are subject to change





# 2025 Edition of Title 24 – Code Updates

## [Building Safety & Construction Webinars – HCAI](#)

- 2025 Title 24 Triennial Code Update – Part 1 and Part 2, Volume 1 – 10/23/2025
- 2025 Title 24 Triennial Code Update – Part 4 and Part 5 - 10/23/2025
- 2025 Title 24 Triennial Code Update – Part 3 – 10/14/2025



# Title 24 Timeline – Intervening Supplement

## **2025 Edition of Title 24 (2025 Intervening Code Cycle - BLUE SUPPLEMENT)**

✓ May 2025, CBSC Coordinating Council Meeting

✓ Jan. 2025 - December 2025 STATE AGENCY WORKSHOP PHASE

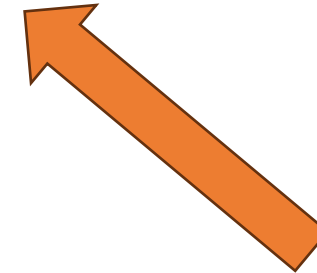
✓ Jan. through Dec. 2025 meet with HBSB Committees

✓ Dec. 2025 Initial Submittals due to CBSC

Spring 2026 – CBSC Code Advisory Committee Meetings

Spring 2026 – Public Comment Period

Summer 2026 – CBSC Commission Adopt Meetings



[Codes and Regulations – HCAI](#) - Pre-cycle Public Workshops on HCAI Website

[CBSC 2025 Intervening<sup>253</sup> Cycle](#) – FOLLOW THE PROCESS



# Title 24 Timeline – Intervening Supplement

## [Codes and Regulations - HCAI](#)

### **2025 Intervening Code Adoption Cycle**

The Intervening Supplement (blue pages) will be published January 1, 2027, with an effective date of July 1, 2027.

### **Pre-cycle Public Meetings**

[Alternative Birthing Clinics \(ABC\) Public Meeting](#) – May 1, 2025 from 10am-12pm.

[SB 1382 Public Meeting #1](#) – June 12, 2025 from 9am-11am.

[SB 1382 Public Meeting #2](#) – September 30, 2025 from 10am-12pm.

√ HBSB Codes and Process & Structural and Non-structural Committees





# Title 24 – Intervening Supplement

- SB 1382 Clinic Construction Standards – Right size clinic regulations
- Compare T-24 with T-22 and FGI
- Where can we provide simple cleanup?
- How can we make the regulations clearer?
- Coordinate with CDPH
- Develop a Guide that goes beyond the [OSHPD 3] Clinic CAN
- Update the Clinic Checklists

## PROPOSED CHANGES

- Clarify clinic type licensing
- Contiguous functions
- Public and Admin areas
- Public, Patient and Staff toilet rooms
- Update the Checklists
- Alternative Birthing Clinics
- Mechanical ventilation
- Plumbing Fixture counts





# IMPLEMENT LEGISLATION

- Senate Bill 1382 (2024) – Primary Care Clinics
- Assembly Bill 116 (2025) Health omnibus trailer bill
  - Changed the SNF alternate power source deadline from January 1, 2026 to a date that the Legislature has appropriated sufficient funds. The State Department of Health Care Services will implement that process.
  - Update PIN 74 and the A6 Guide
- Assembly Bill 130 (2025) Housing omnibus trailer bill
  - Limits the types of building standards that can be changed during an intervening code cycle



# NATIONAL STANDARDS DEVELOPMENT

## Facility Guidelines Institute (FGI)

- OSHPD participation in the 2026 Revision Committee
- FGI now considered "codes" under adopting states
- Contributing author to Procedure Room White Paper
  - Part of the 2026 FGI Code Handbook
  - Clinical Risk Assessment of procedures to be performed - multi-disciplined team with surgeons, proceduralists, anesthesiologists, infection preventionists, facility management, and the design team
  - Exam/Treatment Room, Procedure Room, OR and Class-1, Class-2, & Class-3 Imaging Room classification





# NATIONAL STANDARDS DEVELOPMENT

- INTERNATIONAL CODE COUNCIL - HEALTH CARE COMMITTEE
- ASHRAE 170
- NFPA 70 NATIONAL ELECTRICAL CODE COMMITTEE
- NFPA 99 HEALTH CARE FACILITIES CODE





# Seismic Compliance Update

Roy Lobo, Principal Structural Engineer

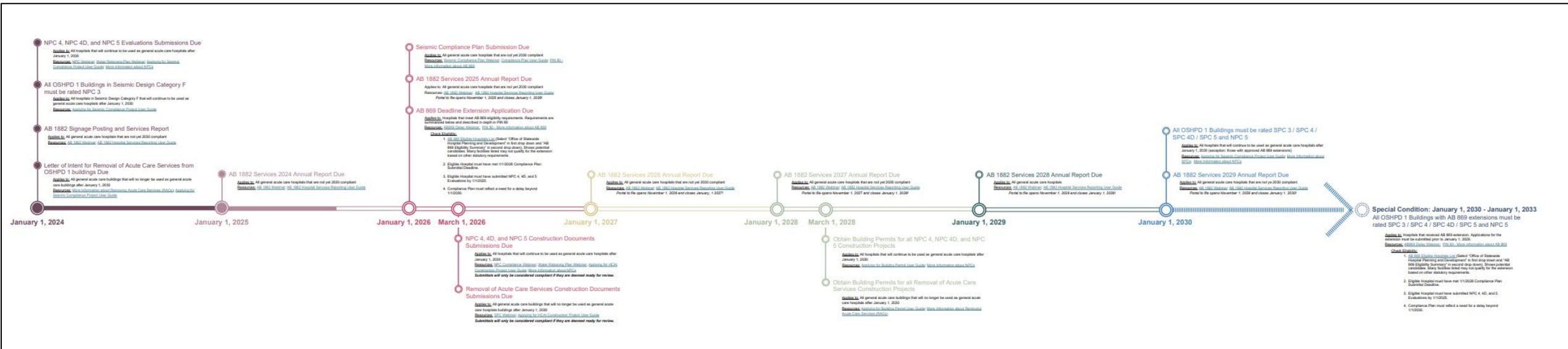
Ali Sumer, Supervisor Seismic Compliance Unit



# Upcoming Seismic Compliance Deadlines

- A new visual timeline is now provided on our website, please see the link below to download.

[Link to Seismic Compliance Timeline](#)

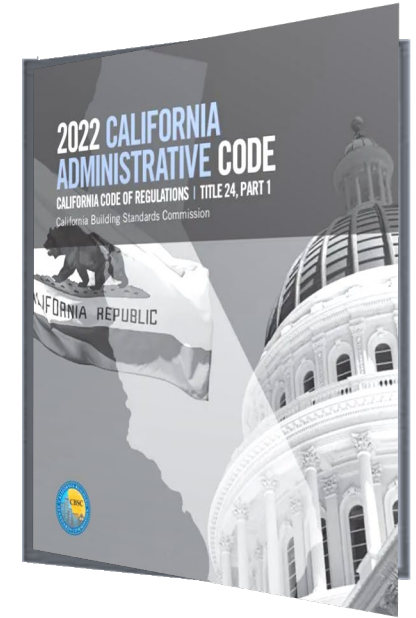


## Seismic Compliance Deadlines Timeline for GAC Hospitals



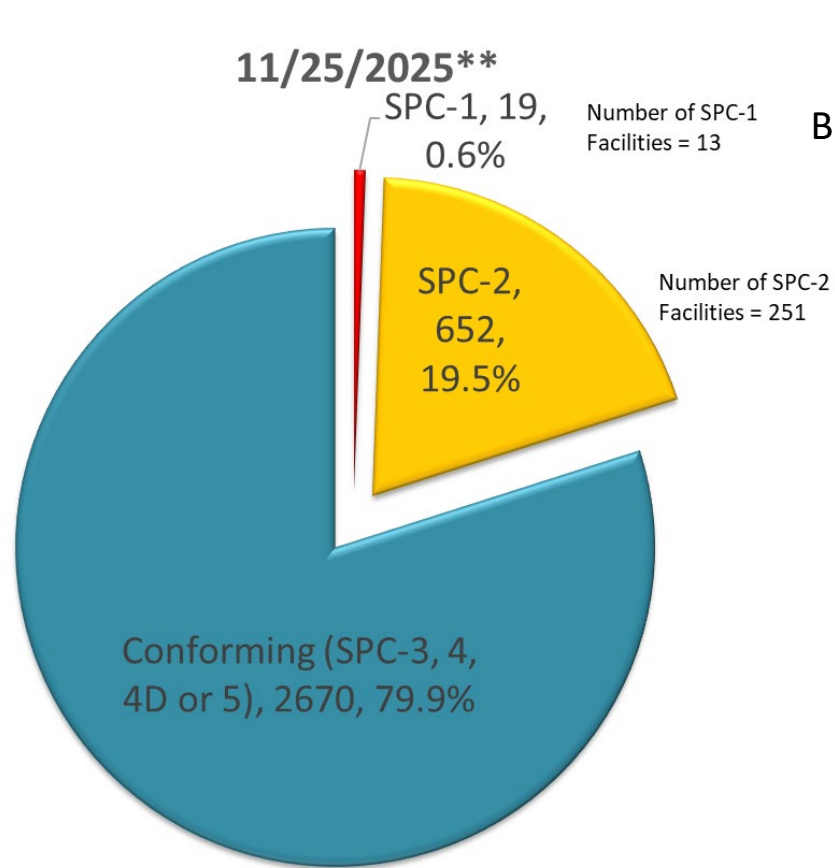
# Compliance Timeframe

- For any General Acute Care Hospital in use as a GAC hospital building after January 1, 2030:
  - **By January 1, 2024**, submit to the Office a complete nonstructural evaluation for each building.
  - **By January 1, 2026**, submit to the Office a seismic compliance plan.
  - **By March 1, 2026**, submit to the Office construction documents ready for review by the Office. (Or RACS project)
  - **By March 1, 2028**, obtain a building permit to begin construction. (Or RACS project)
  - **By January 1, 2030**, the GAC building shall achieve NPC-5 (and SPC-4D if SPC 2 building) rating (or removal of GAC deadline)

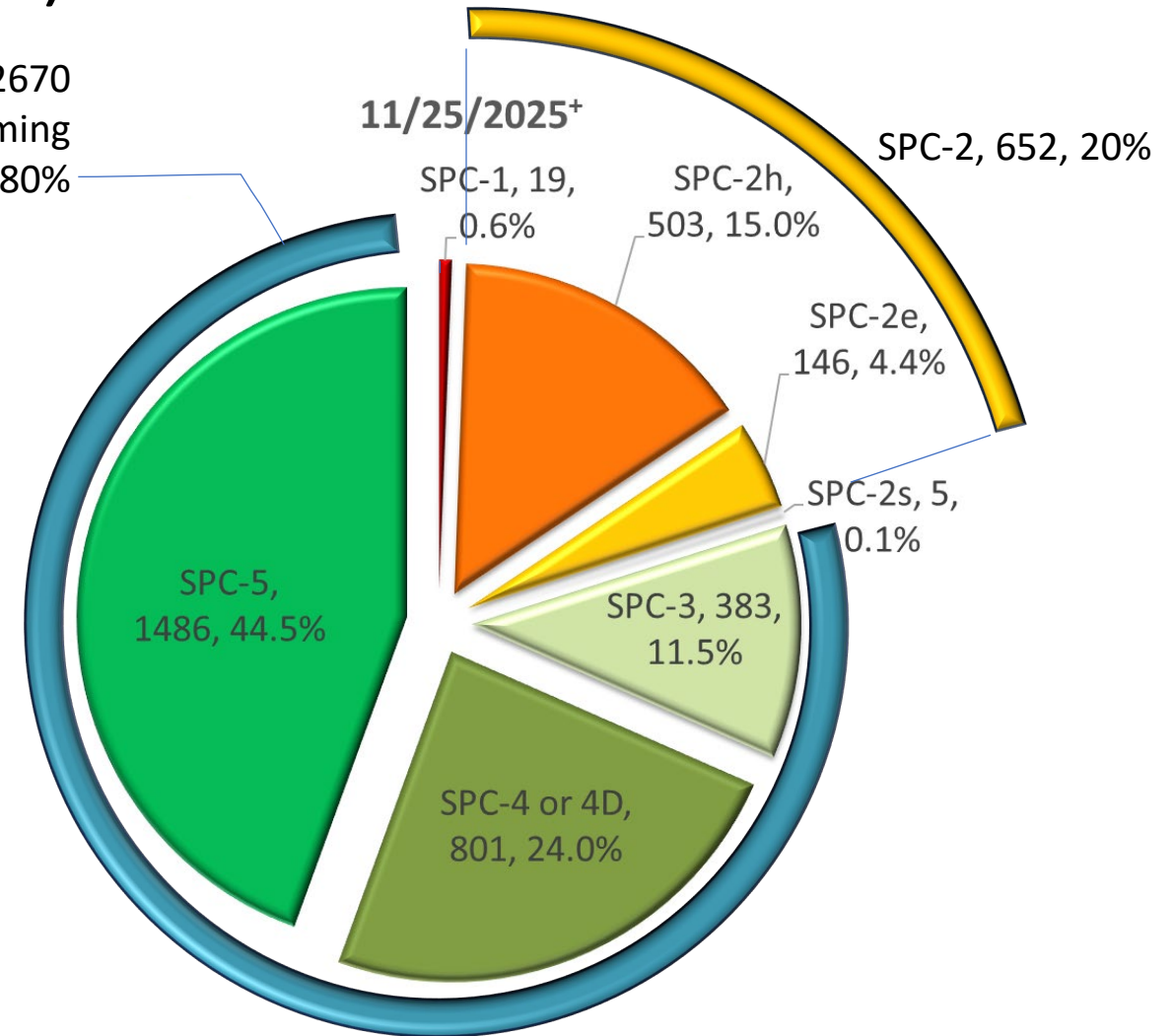




# Seismic Compliance (SPC)



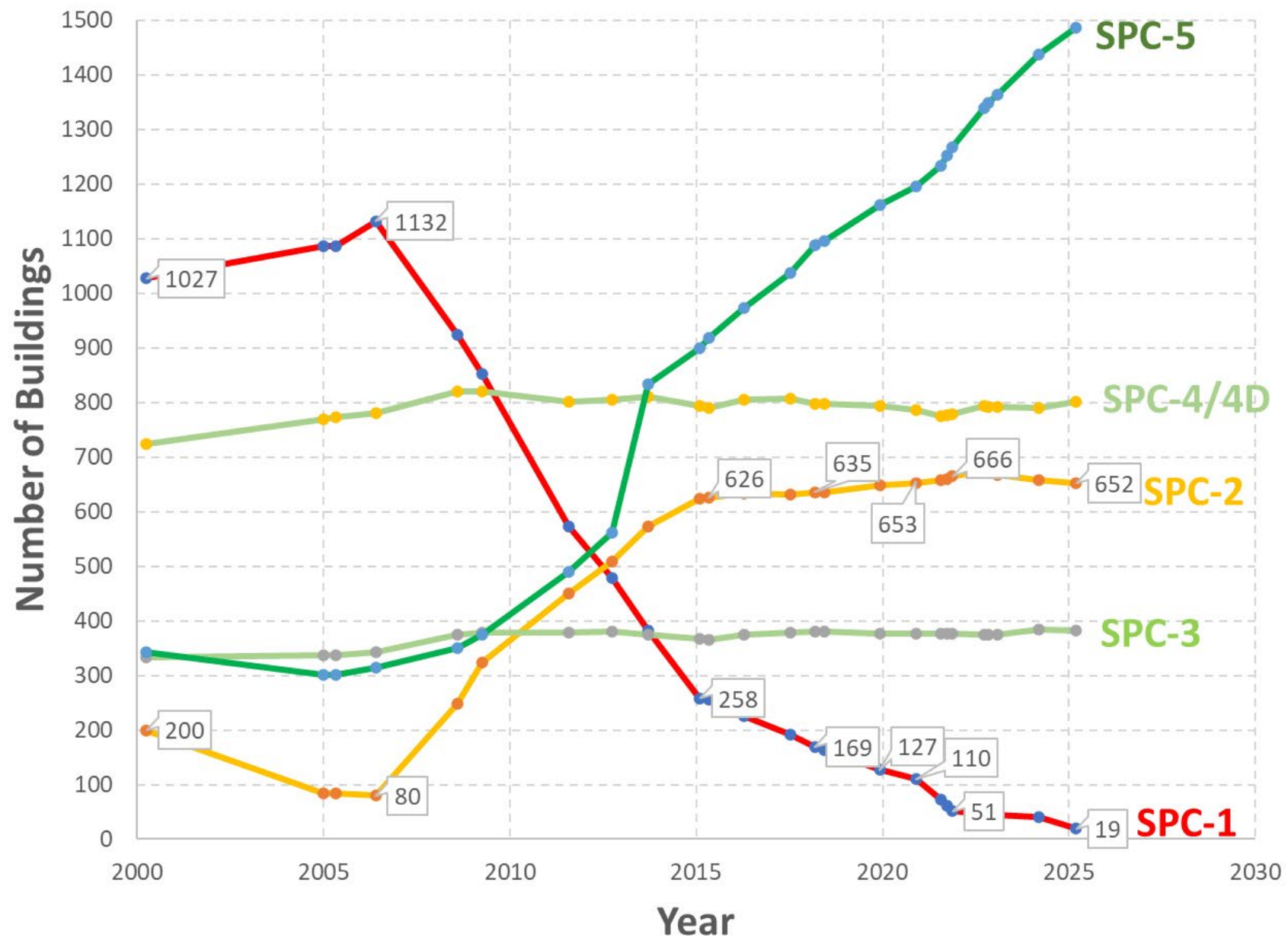
2670  
Conforming  
Buildings, 80%



Total No. of SPC Buildings = 3341 in 413 Facilities



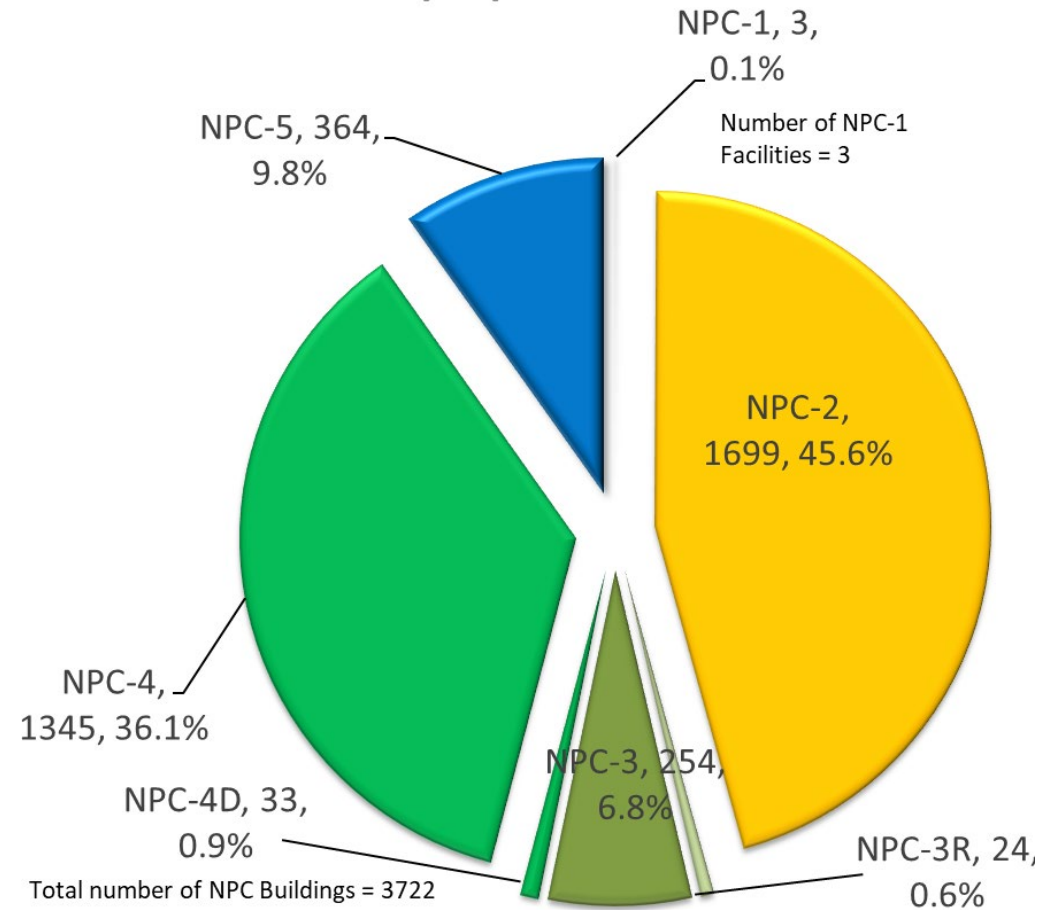
Hospital SPC Ratings Over Time



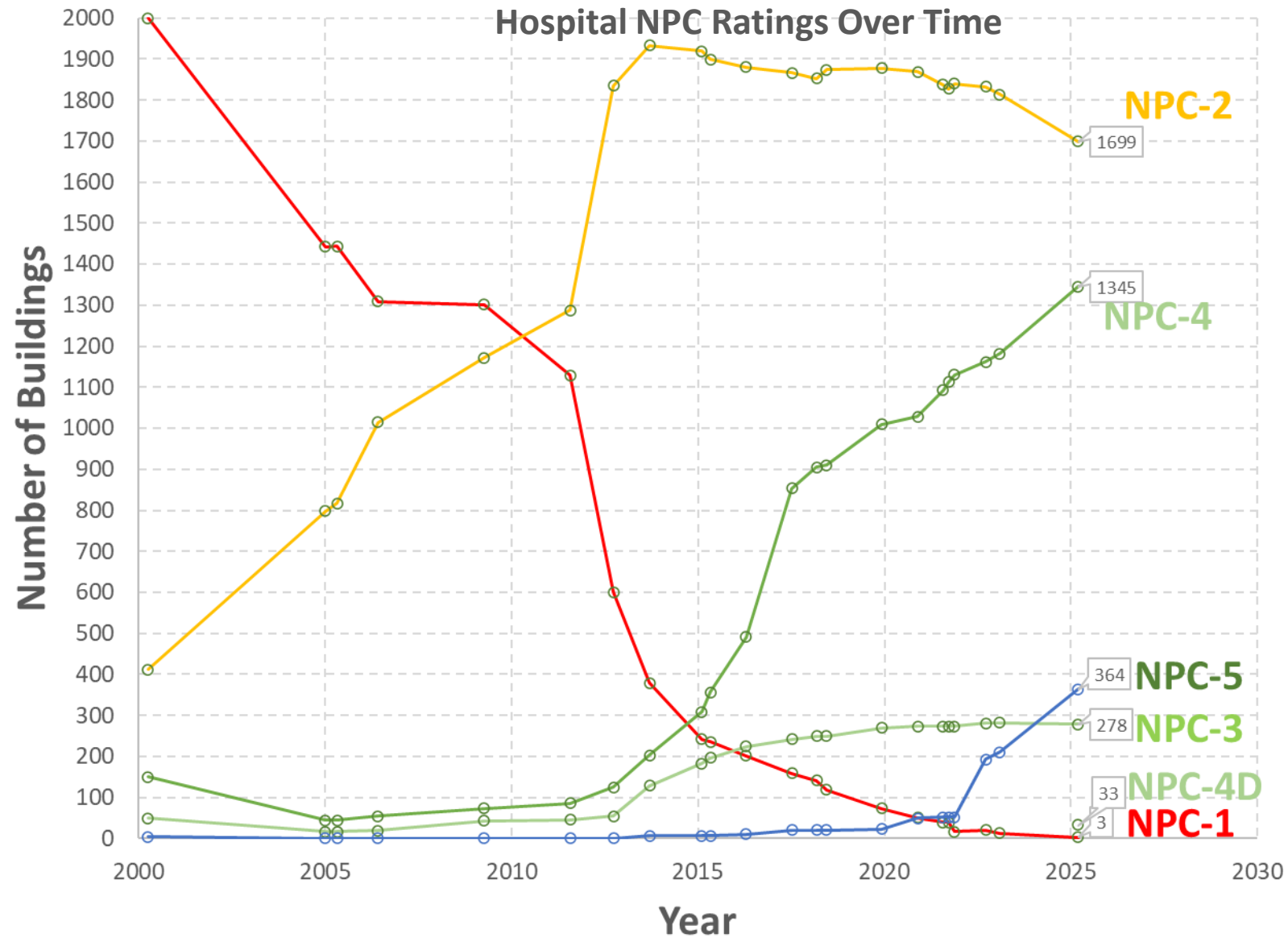


# Seismic Compliance (NPC)

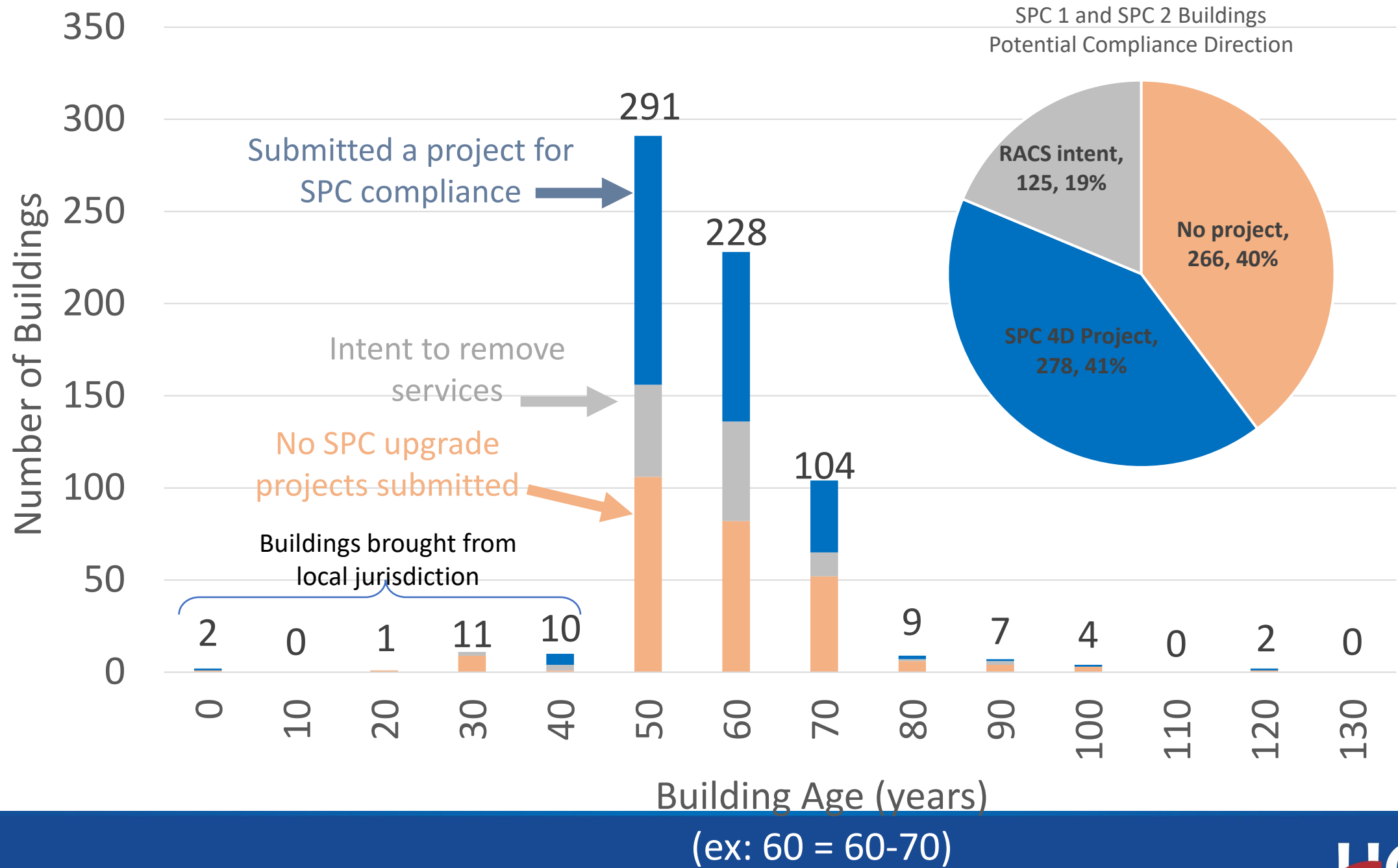
11/25/2025\*\*\*













Seismic Compliance Unit Webinar / Workshop Series		
20-Feb-25	Seismic Grant: Small and Rural Hospital Relief Program	267 registered 157 attended
4-Mar-25	Seismic compliance plan and delays beyond the 2030 deadline (New regulations in the CA	750 registered 552 attended
18-Mar-25	NPC compliance	655 registered 489 attended
27-Mar-25	Water Rationing Plan	500 registered 328 attended
April 2, 2025	SPC compliance	481 registered 324 attended
May 6, 2025	Rural Grant Writing Workshop	in-person at HCAI
8-May-25	AB869 - District Hospitals	District Hospitals Only
Aug 27, 2025	Developing a Seismic Compliance Plan	448 registered 320 attended
9-Oct-25	CHA - HCAI Joint Webinar Small and Rural Hospital Grant Program	
27-Oct-25	CHA - HCAI Joint Webinar CHA Webinar #2: 2026 Seismic Compliance Plan & March 2026 Milestone	

Information on the HCAI OSHPD Webinar page: <https://hcai.ca.gov/facilities/building-safety/resources/building-safety-construction-webinars/>



# AB 1882 Services Reporting



# Annual Reporting\* of Services Provided in Each Hospital Building on the Hospital Campus (2025)

- 2025 Reporting Deadline 1/1/2026
- Application opened on November 1<sup>st</sup> , 2025



For accessible copies of facility site plans [email Seismic Compliance Unit](#).

Facility Info | Building List/Seismic Info | Building Services | Instrumented Buildings | AS2190 Report | Unauthorized Construction | Building Operational Plan

Back to Main

Applicable Year  
2023

12295 Sharp Coronado Hospital and Healthcare Center

Bldg Num	Bldg Name	Applicable Year	Nursing Med Surg	Surgical	Anesthesia PACU	Critical Lab	Imaging Radiological Diagnostic Imaging	Pharmacy	Dietetic	Administrative	Sterile Processing	General Storage	Morgue	Employee Dressing	Housekeeping EVS	Laundry Linen	Special Procedures	GU CCU PICU	Burn Unit	Neonatal Intensive Care Unit	Pediatric Adolescent Nursing Unit	Psychiatric Nursing	Disability Prenatal Unit	Emergency	Nuclear Medicine	Rehabilitation Therapy	Physical Rehabilitation Nursing Unit	Renal Dialysis	Respiratory	Intermediate Care	Outpatient Services	Skilled Nursing Unit	Central Plant Utility Bldg	Canopies Corridor Buildings Tunnels	Non GAC Users	
BLD-62001	Main Tower	2023	X	X	X	X	X	X	X	X	X	X	X	X				X								X	X	X	X							SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.
BLD-62002	ICU Building (Emergency Department Building)	2023	X														X					X						X								SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.
BLD-62003	Ancillary Building	2023				X		X		X	X																				X					SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.
BLD-62027	Prospect Place Canopy	2023																														X				SPC: 5 NPC: 4

\*AB 1882, Chapter 584, Stats, 2022



# AB 1882 Services Reporting Summary

Summary Table 2023 Only		
		Number of Facilities
2023	Not submitted	55
	Incomplete within reporting Window	4
	<b>Total Not Compliant</b>	<b>59</b>

Summary Table 2024 Only		
		Number of Facilities
2024	Not submitted	42
	Incomplete within reporting Window	49
	<b>Total Not Compliant</b>	<b>91</b>



# Annual Reporting\* of Services Provided in Each Hospital Building on the Hospital Campus Stats (2024)

- 2024 Reporting Deadline 1/1/2025
- Hospital services reporting applications received
  - 1/1/2025 **127 facilities missing (274 facilities applied)**
  - 1/2/2025 letters sent to facilities who did not submit, giving them additional 15 days. Portal closed on January 16th.
  - 1/16/2025 **83 facilities missing (44 facilities applied)**
  - 4/1/2025 2<sup>nd</sup> Chance Given, April 1st, 2025 - Sent letters to 76 facilities
  - 4/15/2025 **70 facilities missing (13 facilities applied)**
  - Called 63 facilities one-by-one on mid April.
  - 4/29/2025 **45 facilities missing (25 facilities applied)**
  - The portal will be closed tomorrow on May 1<sup>st</sup>.

[illegible]

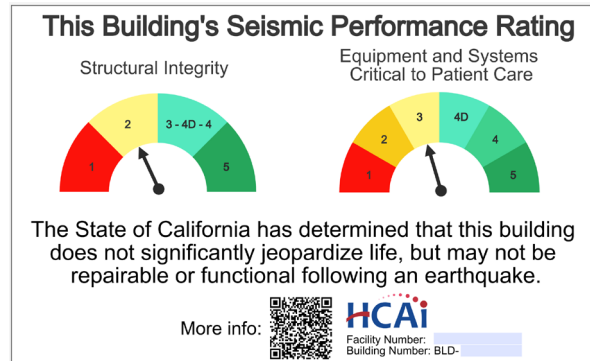
Applicable Year	
2023	
Null	
2023	
2024	
N/A	



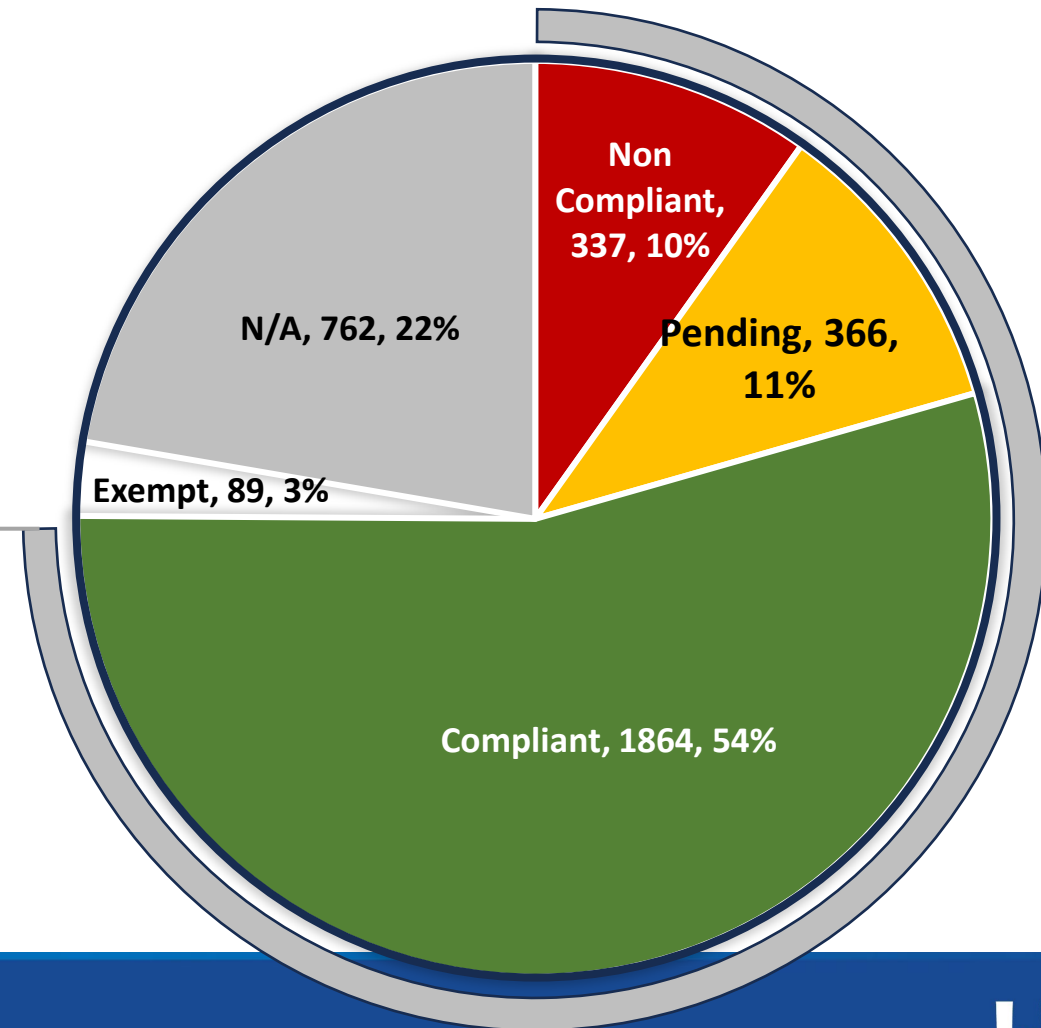
# AB 1882 Signage



# Notice of Non-Compliance w/ the Seismic Safety Requirements\*



- 2656 Hospital **Buildings** required to be posted noticing the patients or the public

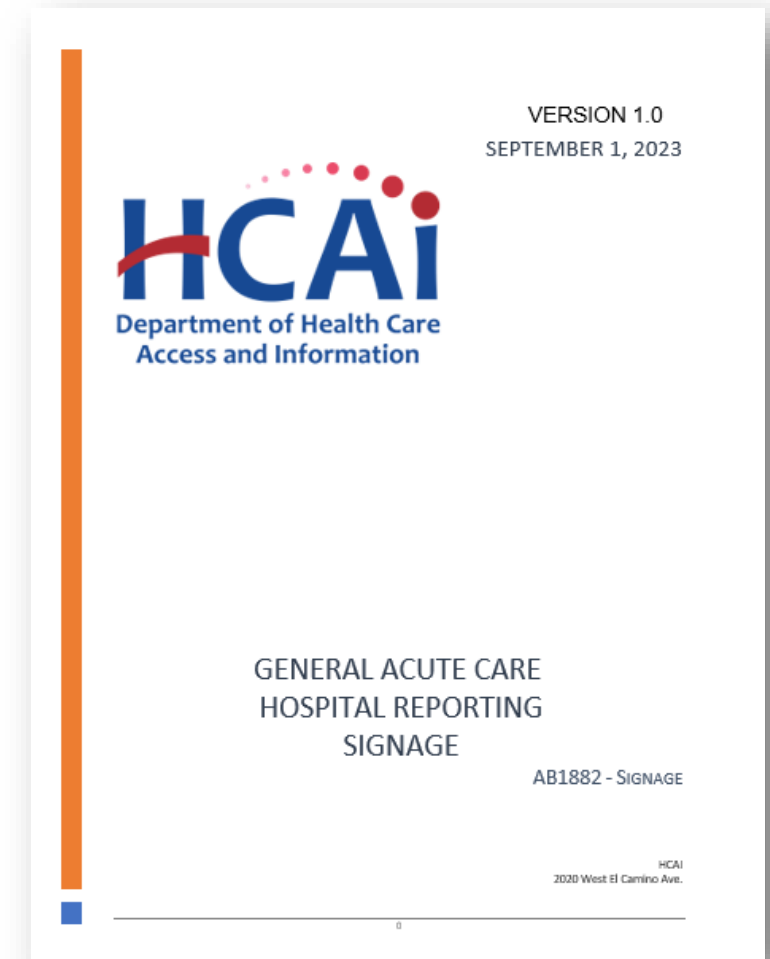


\*AB 1882, Chapter 584, Stats, 2022



# Seismic Compliance Signage Implementation\*

- Application req'd to be submitted to HCAI
- Purpose?
  - Determine compliance
  - Field visit to the site to confirm placement of signage.
- Not a construction project.
  - No design professionals, contractors, inspector of record, etc. are members of this process.
  - No construction documents required,
  - Support staff involvement min
- Application uses standard eSP features and processes.
  - Staff familiar with the various steps to process this new record type.



\*AB 1882, Chapter 584, Stats, 2022



# Seismic Compliance Plan



# Upcoming Seismic Compliance Plan Deadline 1/1/2026

- Seismic Compliance Plan Application (new interface, old requirement)
  - Two brief tables that identifies seismic scope and schedule to achieve compliance
  - Required for ALL hospitals, deadline to submit 1/1/2026.
  - See March 4<sup>th</sup> 2025 webinar for step-by-step application process.
  - See Aug 27<sup>th</sup> 2025 webinar for examples



# Compliance Plan Webpage

## Facility Detail

Click on the **Facility List Drop-down** below and scroll to find and select a facility. Or click the drop-down and begin typing a facility name or number to filter the list. Data is updated every 2 weeks.

**New:** AB 2190 Quarterly Reports are now available.

For accessible copies of facility site plans [email Seismic Compliance Unit](#).

Facility Info | Building List/Seismic Info | Building Services | Instrumented Buildings | AB2190 Report | Unauthorized Construction | Building Operational Plan

Show facilities:

- ☒ (All)  
☐ Do not have AB 2190 Extensions  
☐ Have AB 2190 Extensions

Facility List Drop-down

16325 Kaiser Foundation Hospital - Moreno Valley

**16325 Kaiser Foundation Hospital - Moreno Valley**  
(HCAI ID: 106334048)  
27300 Iris Avenue  
Moreno Valley, CA-92555  
County: Riverside  
License Type: General Acute Care  
MSSA Designation: Urban  
HCAI Geographic Region: South Region

Plan Review Supervisor:  
Diana Navarro (213) 620-6506  
Diana.Navarro@hcai.ca.gov

Regional Compliance Officer:  
Joseph Farag (916) 548-4443  
Joseph.Farag@hcai.ca.gov

Compliance Officer:  
Eduardo Marquez (916) 284-2235  
Eduardo.Marquez@hcai.ca.gov

District Structural Engineer:  
James Pan (213) 393-8127  
James.Pan@hcai.ca.gov

Fire Life Safety Officer:  
Bryan Winn (213) 897-4185  
Bryan.Winn@hcai.ca.gov



© 2025 Mapbox © OpenStreetMap

\*Click on the dot to view in Google Maps.

All Facilities Map

Building List/Seismic Information

Building Services

Compliance Plan

Site Plan

Projects

In Closure/Closed Projects

Old Logbook Projects

Licensing Information  
(Maintained by HCAI)

Compliance Plan | Compliance Plan (Milestones)

**HCAI** Department of Health Care  
Access and Information

Critical Milestones  
● Critical  
○ Not Critical

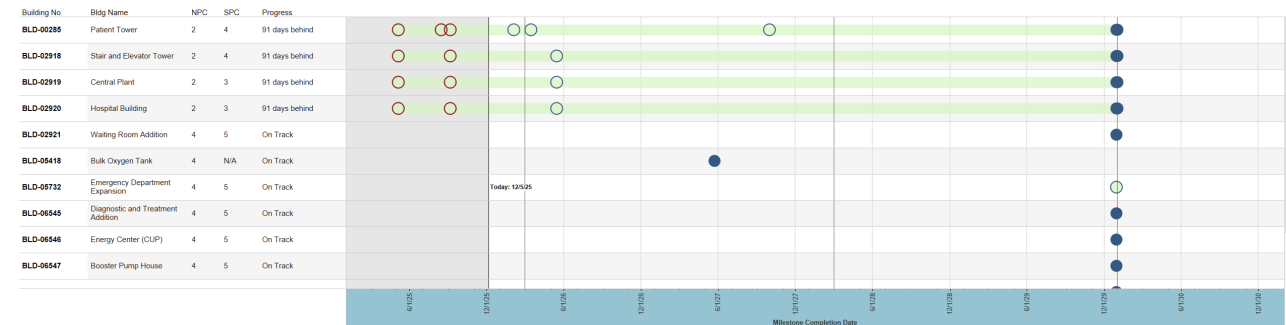
Progress (Status)  
■ Future Milestone ■ Behind

Facility Number and Name  
16325 Kaiser Foundation Hospital - Moreno Valley

Compliance Plan Tracker for 16325 Kaiser Foundation Hospital - Moreno Valley

Application Status: **Compliance Plan has not been Finalized.** - Out to Applicant  
Milestones to achieve Seismic Compliance:

Each circle represents a milestone



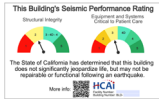
Facility Property Owner Name  
Facility Property Owner Type: Non-profit Corporation (incl. Church-related)  
Facility Property Owner also the managing organization: Yes  
Managing organization or licensee type: Non-profit Corporation (incl. Church-related)

Managing organization or licensee name  
Contract financially obligated for infrastructure improvements: Property Owner  
Other contract financially obligated for infrastructure improvements: None

Click to Download PDF, Use "Specific sheets from this dashboard" and select all



# NPC Reporting Compliance Status – HCAI Web Page


Seismic Performance Rating Signage

Bldg Num	Bldg Name	Classification & Status	RACs Date	NPC Status	Building Code	Year Built	Stories	Height in Feet	Instrumented	Construction Type	Sprinklered	AB1882 Signage	
<a href="#">BLD-01918</a>	Original Hospital Building / Additions	OSHPD 1, In Service	1/1/2030	1/1/2030 * NPC 4/4D Rpt: Submitted 12/26/2023 NPC 5 Rpt: Submitted 12/30/2023	1943 Uniform Building Code (UBC)	1947	1	15	No			Pending	SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake
<a href="#">BLD-01919</a>	Building Block No. 2	OSHPD 1, In Service	1/1/2030	1/1/2030 * NPC 4/4D Rpt: Submitted 12/26/2023 NPC 5 Rpt: Submitted 12/30/2023	1946 Uniform Building Code (UBC)	1947	1	15	No			Pending	SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake
<a href="#">BLD-01920</a>	1976 Alterations & Additions	OSHPD 1, In Service		1/1/2030 * NPC 4/4D Rpt: Submitted 12/26/2023 NPC 5 Rpt: Submitted 12/30/2023	1973 California Building Code (CBC)	1979	2	Unknown	No			Compliant	SPC: 4 NPC: 2
<a href="#">BLD-01921</a>	Two Story Addition West	OSHPD 1, In Service		1/1/2030 * NPC 4/4D Rpt: Submitted 12/26/2023 NPC 5 Rpt: Submitted 12/30/2023	1985 California Building Code (CBC)	1996	2	Unknown	No			Pending	SPC: 4 NPC: 2



# Small and Rural Hospitals Grant Award Status



# Who Can Participate?

- A hospital meeting one of the following criteria may be admitted to the program for grant eligibility and technical assistance:
  - A small hospital (HSC §130076(d)(1))– fewer than 50 beds;  
or
  - A rural hospital (HSC §130076(d)(2)) – as defined by Medical Service Study Areas;  
or
  - A Critical Access Hospital (HSC §130046(d)(3))– CMS designated
- To qualify for grant funding, a hospital must also indicate that seismic compliance imposes a burden that could result in loss of services for a community.



# SRHRP Technical Assistance



\$\$\$ PROJECT BUDGET



CUT HERE

Seismic compliance  
related scope

- Help on identifying seismic compliance scope
- Provide recommendations on minimum required seismic scope.
- Contract and cost review
- Help on applying to grant program
- Continue to support during construction



Small and Rural Hospital  
Relief Program



# Awards and Fund Availability

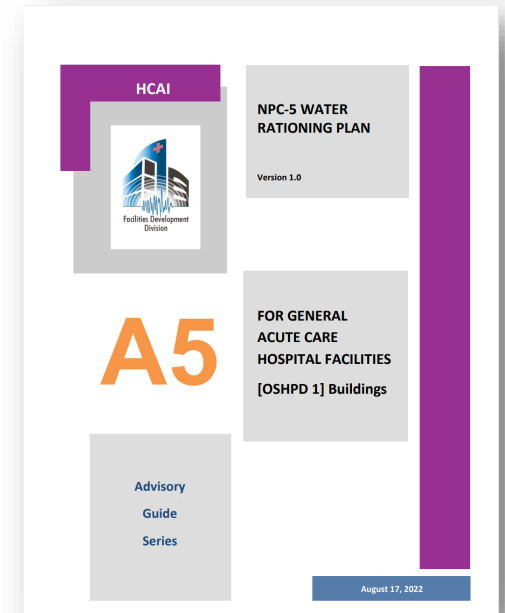
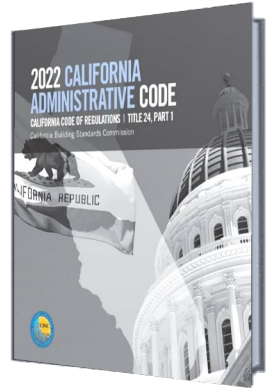
- \$10.8 million Small and Rural grants awarded so far
- \$4 million potential awards in progress
- ~ \$50 million in Small and Rural Grant funds currently available
- The fund receives ~\$2.6 million/year

	Awarded
Plumas District Hospital	\$2,824,999
Marshall Medical Center	\$1,250,000
Mad River Community Hospital	\$845,001
George L. Mee Memorial Hospital	\$780,000
Colorado River Medical Center	\$603,000
Ventura County Medical Center - Santa Paula Hospital	\$585,000
Ridgecrest Regional Hospital	\$530,000
Eastern Plumas Hospital-Portola Campus	\$483,000
Pioneers Memorial Healthcare District	\$480,000
Community Memorial Hospital Ojai	\$442,000
Surprise Valley Community Hospital	\$384,500
Mountains Community Hospital	\$325,000
Adventist Health Reedley (Sierra Kings)	\$310,000
Hazel Hawkins Memorial Hospital	\$185,000
Monrovia Memorial Hospital	\$180,000
Kern Valley Healthcare District	\$180,000
Southern Inyo Hospital	\$165,000
Good Samaritan Hospital - Bakersfield	\$140,000
Oak Valley Hospital District	\$65,000
Mammoth Hospital	\$40,000



# Hospital Water Conservation/Water Rationing Plans

- *“The emergency water storage capacity shall be computed based on an approved Water Conservation/Water Rationing Plan to provide for 72 hours of operation, accepted by the licensing agency” T-24, Part 5 CPC, Section 615.4*
- CDPH AFL Published on 06/30/2023
- HCAI and CDPH approvals are required for all water rationing plans
- Hospital Water Conservation/Water Rationing Plans
  - Required for NPC-5, 1/1/2030 compliance
    - 306 Water Rationing Plan submittals currently





# Preapprovals



# Types of Preapprovals

## Preapproval Programs

HCAI Office of Statewide Hospital Planning and Development (OSHPD) has five distinct preapproval programs that operate under the Structural Support Unit (SSU) and Inspection Services Unit (ISU).

### OSHPD Preapproved Agency (OPAA)

Preapproval of Agencies that provide Structural Tests and Special Inspection services used in California healthcare facility construction.

[LEARN MORE](#)[VIEW PIN 58](#)

### OSHPD Preapproved Details (OPD)

Preapproved standard architectural and engineering details developed by HCAI/OSHPD for use in California healthcare facility construction.

[LEARN MORE](#)[VIEW PIN 51](#)

### OSHPD Preapproval of Manufacturer's Certification (OPM)

Preapproval of seismic design of supports and attachments for nonstructural components used in California healthcare facility construction.

[LEARN MORE](#)[VIEW PIN 62](#)

### OSHPD Special Seismic Certification Preapproval (OSP)

Preapproval of special seismic certification of non-structural components used in California healthcare facility construction.

[LEARN MORE](#)[VIEW PIN 55](#)

### OSHPD Preapproved Prefabricated Components and Systems (PCS)

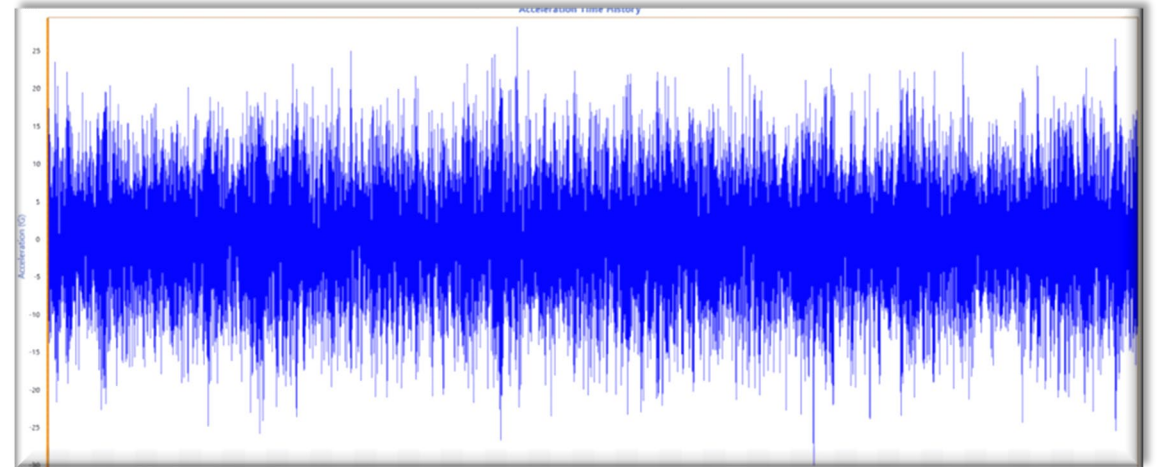
Preapproval of prefabricated components and systems used in California healthcare facility construction.

[LEARN MORE](#)



# OSP – Special Seismic Certification Preapproval

Preapproved  
Mechanical/Electrical Equipment  
by Shake Table Testing

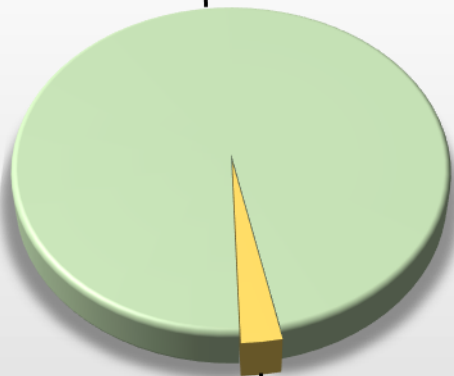




# OSP Status

## Current OSP Status\*

Total OSP's, 844

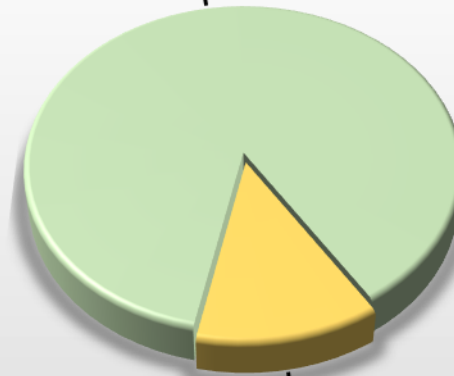


Current Submittals, 24

*\*As of end of last biannual period.*

## Current OSP Submittal Status

Remarked \*, 21



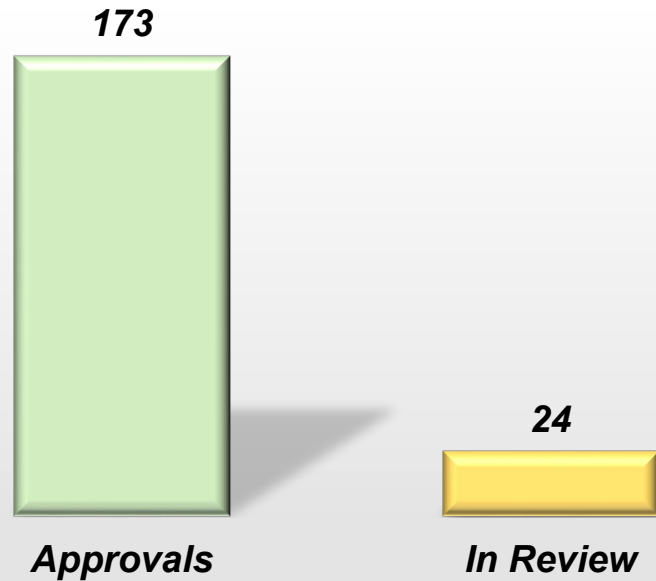
Under Review \*, 3

*\*As of end of last biannual period.*



# 2025 OSP Productivity

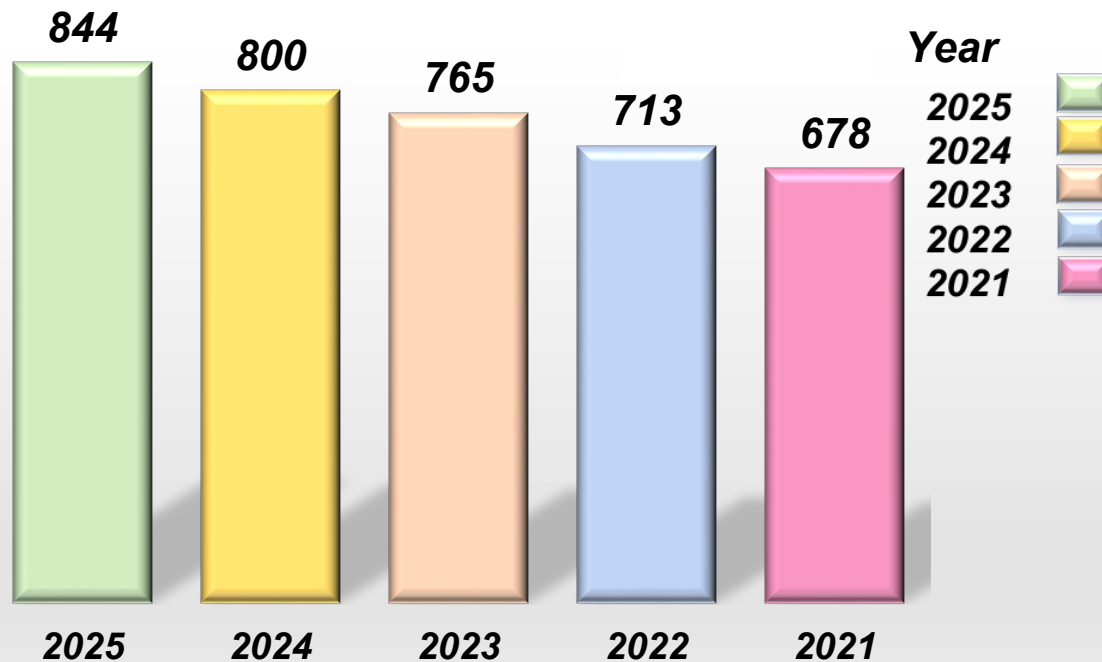
## *Annual OSP Activity*





# Total Approved OSPs Available to Industry Over Time

***Total Number of OSPs\* Approved***



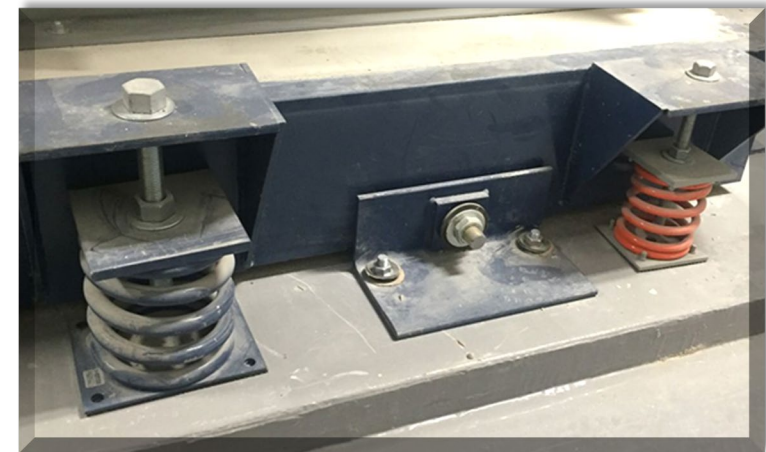
*\*Most OSP submittals are renewals, resulting in only a slight increase in the cumulative total.*





# OPM – Manufacturer's Certification Preapproval

Preapproved  
Nonstructural Component  
Supports and Attachments

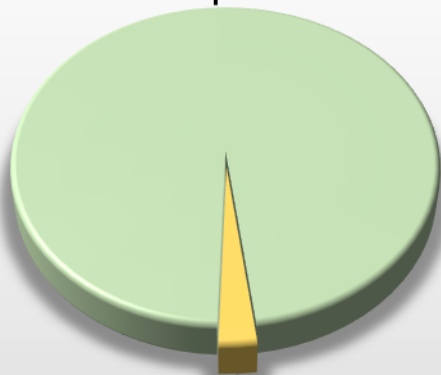




# OPM Status

## ***Current OPM Status\****

***Total OPM's, 663***

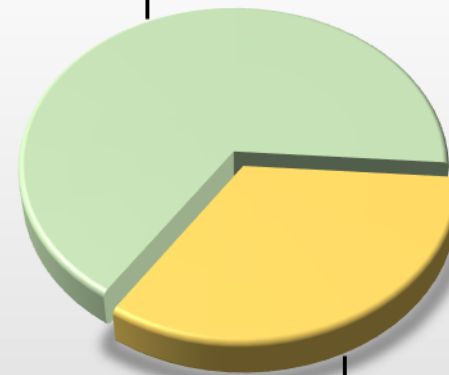


***Current Submittals, 18***

***\*As of end of last biannual period.***

## ***Current OPM Submittal Status***

***Remarked \*, 12***



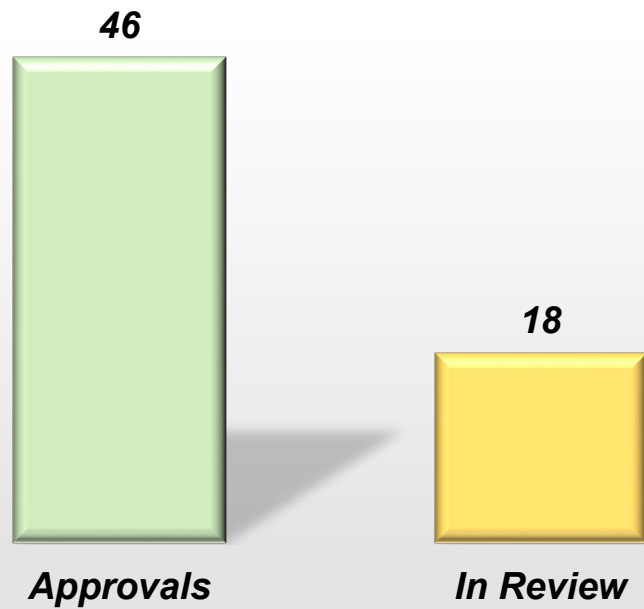
***Under Review \*, 6***

***\*As of end of last biannual period.***



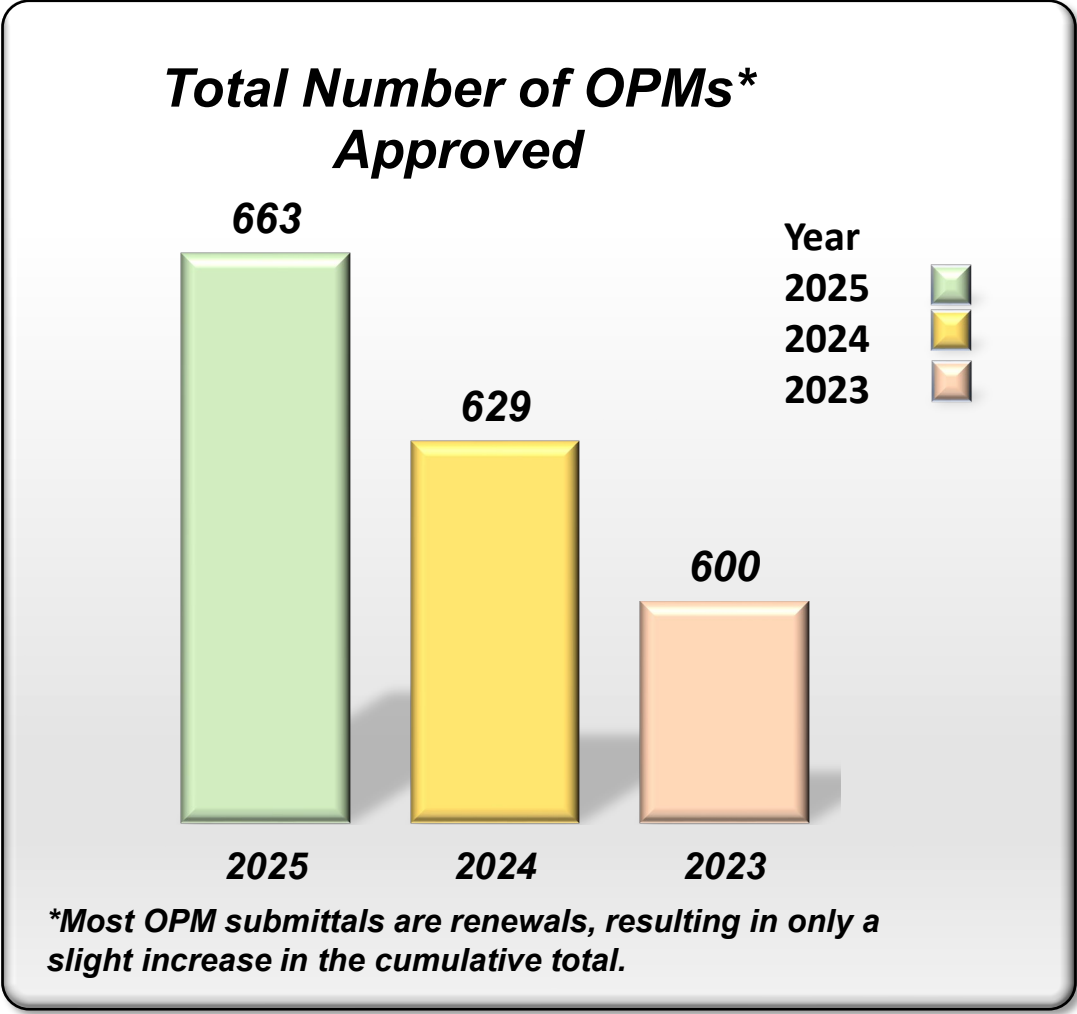
# 2025 OPM Productivity

## *Annual OPM Activity*





# Total OPMs Approved Over Time





# New Distribution System OPMs

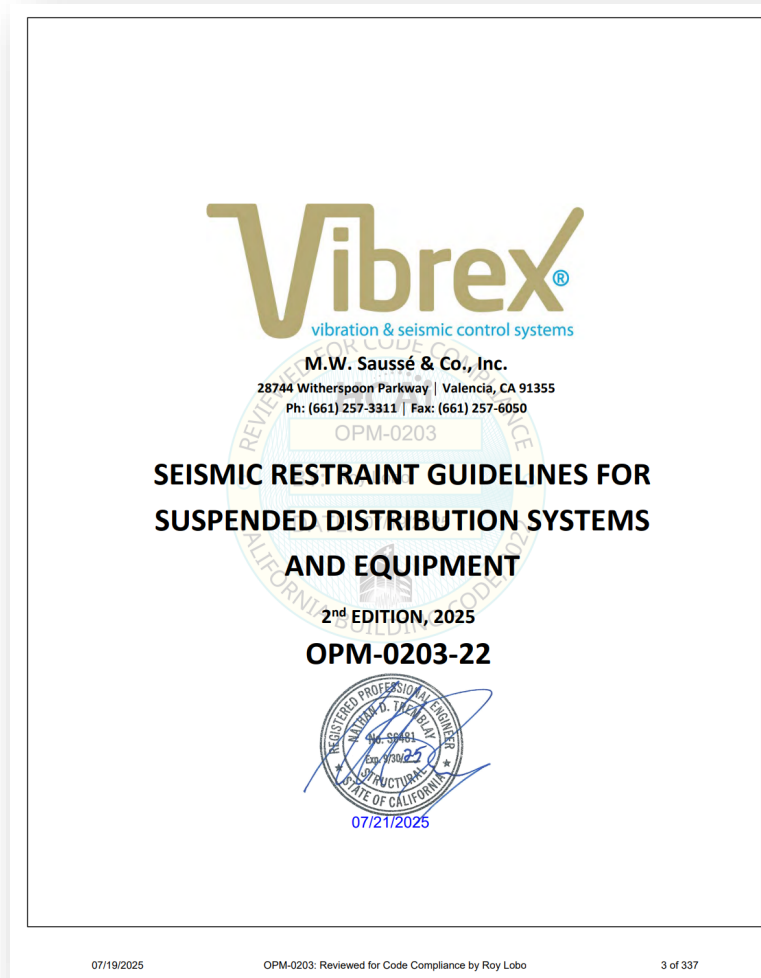
- OPM 0052





# New Distribution System OPMs

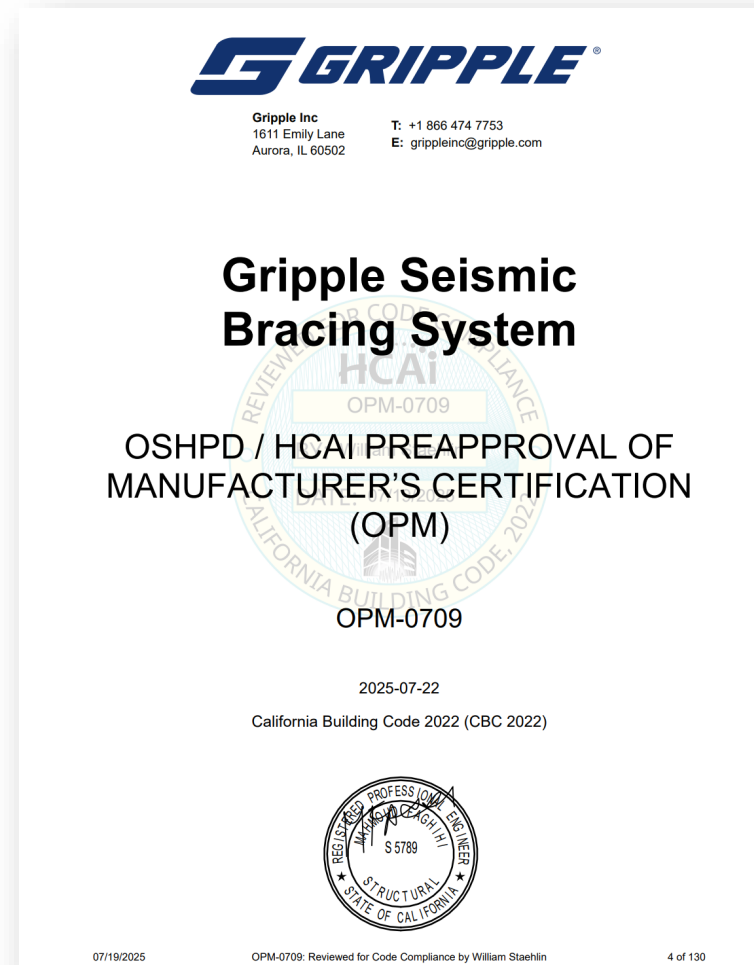
- OPM 0203





# New Distribution System OPMs

- OPM 0709





# Adaptation of ASCE 7-22 Non-Structural Code Provisions to HCAI Preapprovals

## *Renewal Preapprovals to the 2025 CBC*

**OPM/OSP** *requires minor updates of drawings to current Code & updated Applications*

## *New Preapprovals to the 2025 CBC*

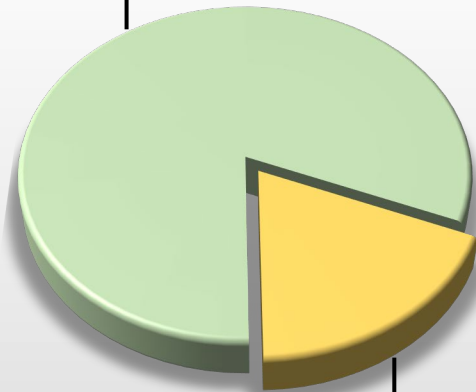
**OPM/OSP** *requires minor updates of calculations and drawings to current Code.*



# OPAA Preapproved Agency Program

***Current OPAA Status***

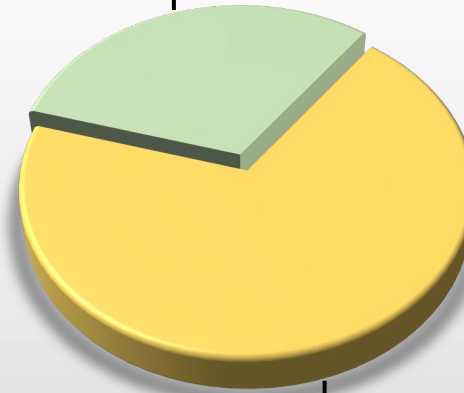
***Total OPAA's, 57***



***Current Submittals, 13***

***Current OPAA Submittal Status***

***Remarked, 4***

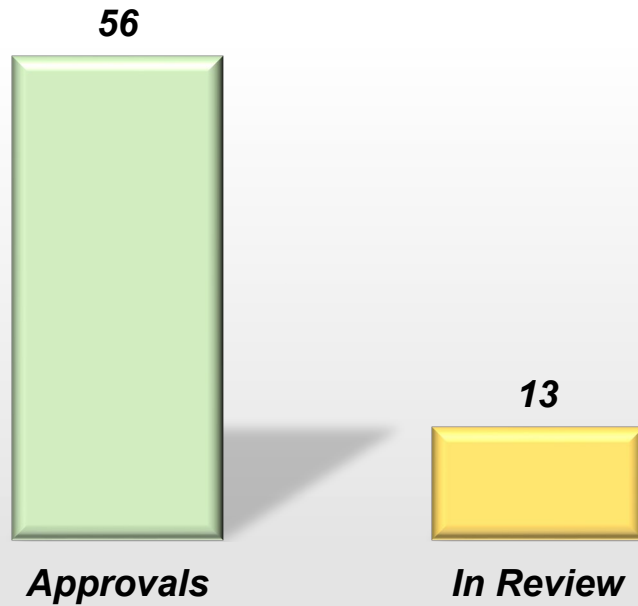


***Under Review, 9***



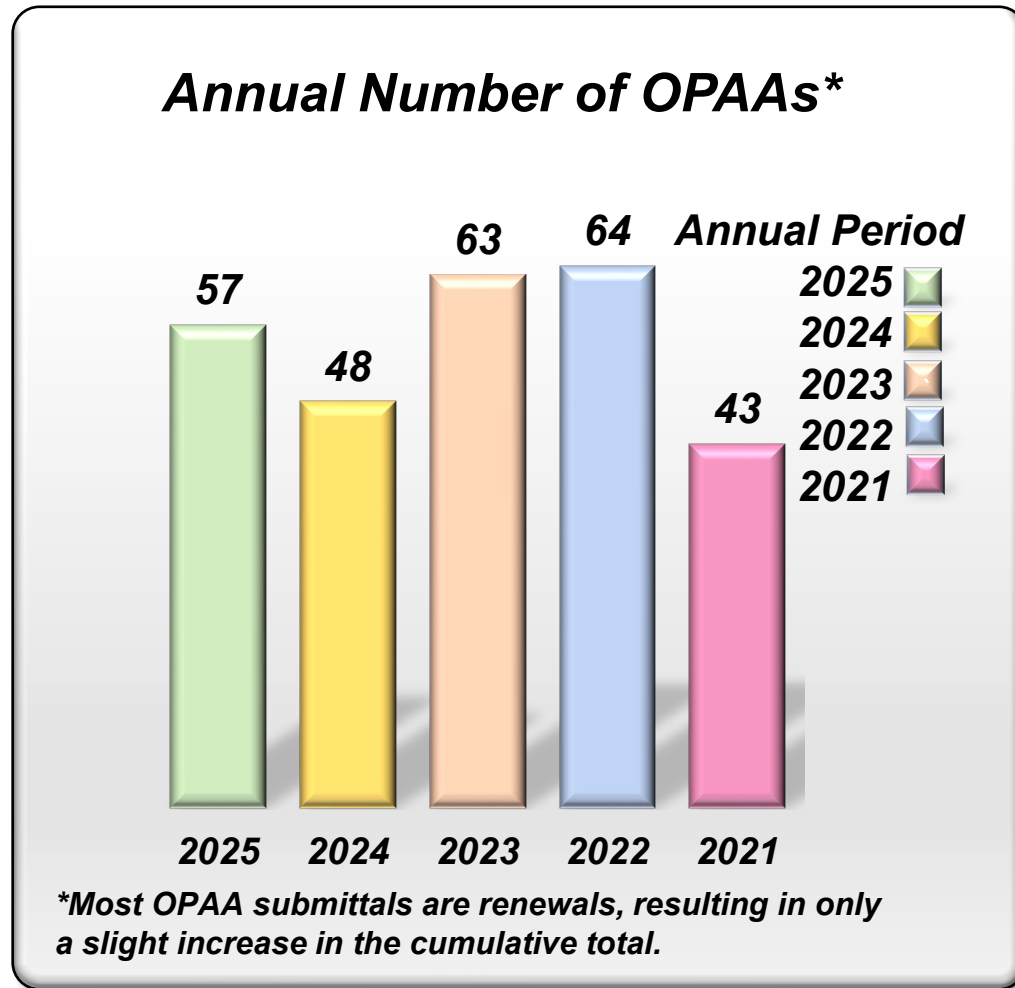
# 2025 OPAA Productivity

## *Annual OPAA Activity*





# OPAA Approvals Annually





# OPAA Certification Verification

- Developed in-house tool to automate the verification of OPAA test technician and special inspector certifications. Reduces review time for specific agencies from hours to minutes.

## ✓ Certification Verification Results

Job ID: cb1b826a-bc9e-41df-a7b1-1d9c9fb40c57

Source file: OPAA-0071 AATemplate20251205 SI

[Download CSV](#)[New Batch](#)**239**

Total Processed

**225**

Verified

**14**

Mismatched

**0**

Not Found

**0**

Errors

✓ Verified    ✗ Error    ⚠ Certification / Expiration mismatch    ⓘ Other notes (e.g., not found)

Status	Source	Agency	Cert ID	Input Name	Input Certification	Scraped Certification	Input Expiration	Scraped Expiration	Notes	Error
✓ Found	Fetched	AWS	19111311	Fernando Ramirez	Certified Welding Inspector	Certified Welding Inspector (CWI)	Nov 01 2025	Nov 2028	Expiration mismatch	—
✓ Found	Fetched	ICC	9348379	Mahmood Samarah	Structural Steel and Welding Special Inspector	—	Feb 05 2027	—	Certification mismatch	—
✓ Found	Cached	ACI	01636212	Raphael Quander	Shotcrete Inspector	Shotcrete Inspector	Oct 12 2027	Oct 12 2027	Verified	—
✓ Found	Cached	ACI	01636212	Raphael Quander	Post-Installed Concrete Anchor Installation Inspector	Post-Installed Concrete Anchor Installation Inspector	Aug 12 2026	Aug 12 2026	Verified	—
✓ Found	Fetched	AWS	02040671	Ruben Dominguez	Certified Welding Inspector	Certified Welding Inspector (CWI)	Apr 01 2026	Apr 2026	Verified	—
✓ Found	Fetched	AWS	19023711	Walter Lazcano-Vega	Certified Welding Inspector	Certified Welding Inspector (CWI)	Feb 01 2028	Feb 2028	Verified	—
✓ Found	Fetched	AWS	05100741	Michael Miller	Certified Welding Inspector	Certified Welding Inspector (CWI)	Oct 01 2026	Oct 2026	Verified	—
✓ Found	Fetched	AWS	22070261	Raymond Getz	Certified Welding Inspector	Certified Welding Inspector (CWI)	Jul 01 2028	Jul 2028	Verified	—
✓ Found	Fetched	AWS	15051371	Brian Files	Certified Welding Inspector	Certified Welding Inspector (CWI)	May 01 2027	May 2027	Verified	—





# Research Efforts Resulting in Cost Effective & Efficient Designs

Design of transfer diaphragms.

Design of nonstructural components in base isolated buildings.

Evaluation of software for anchors in concrete.

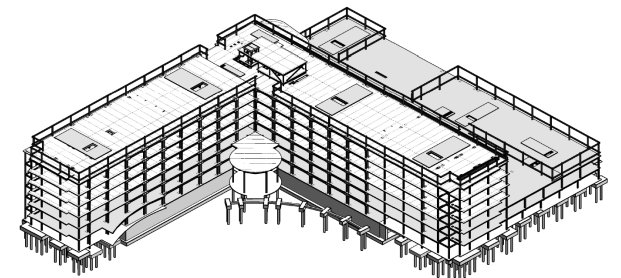
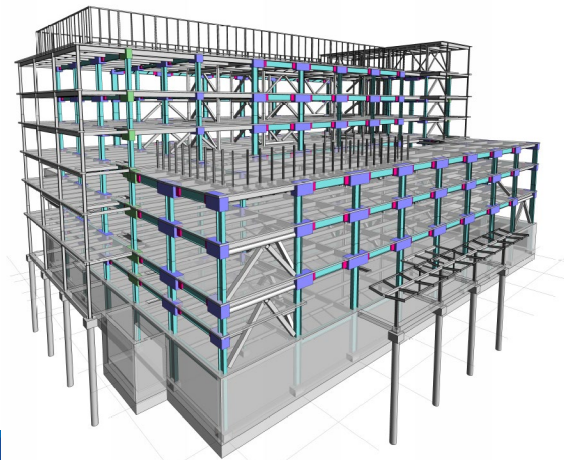
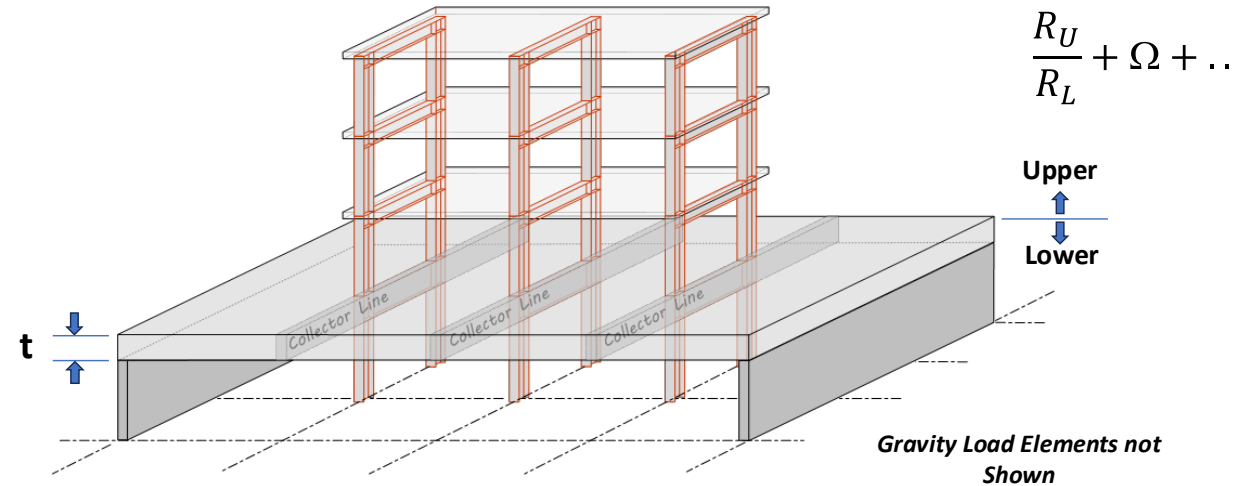
Review of underground water and fuel tanks.





# Research Efforts Resulting in Cost Effective & Efficient Designs

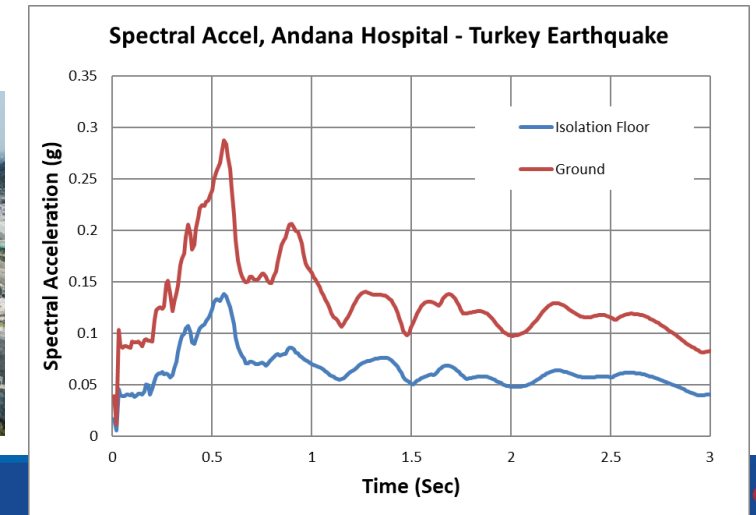
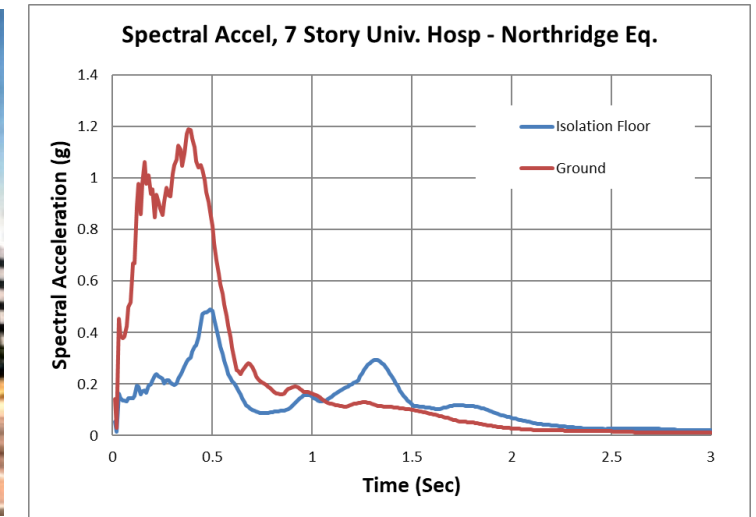
Design of transfer  
diaphragms.





# Research Efforts Resulting in Cost Effective & Efficient Designs

Design of nonstructural  
components in base  
isolated buildings.





# Research Efforts Resulting in Cost Effective & Efficient Designs

# Design of Nonstructural Components in Base Isolated Buildings

- Proposed a change proposal in ASCE 7-28 to the lower limit force demand for design of nonstructural components in base isolated buildings
- Provided a detailed rebuttal to the change proposal from TC-7 on the same to limit the maximum reduction in the lower limit as proposed by TC-8 (HCAI a cosponsor). (TC-7 to incorporate HCAI's suggestion)

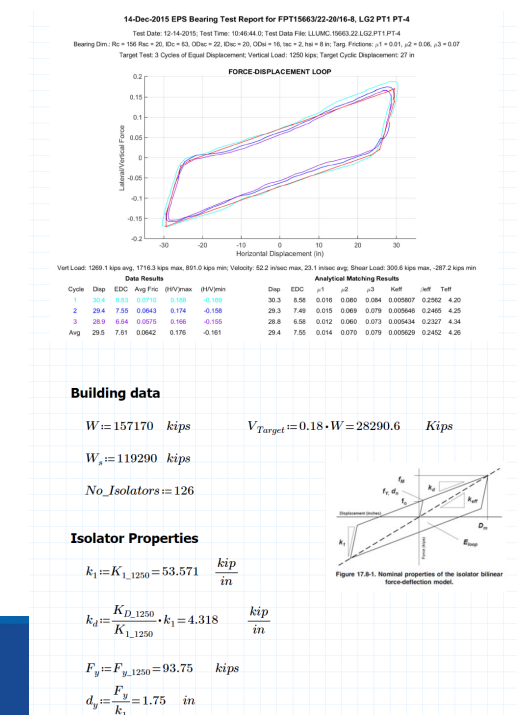
**Lower Limit for Nonstructural Components in Base-Isolated Buildings:  
Vote YES On TC08 Proposal. Do Not Adopt TC07 Proposal**

Roy Lobo and Chris Tokas – HCAI/OSHPD  
Saeed Fathali - Self  
Meaghan Halligan – Self

## Executive Summary

### What is being decided

For floor-mounted, acceleration-sensitive nonstructural components in seismically-isolated buildings, choose the lower-limit approach for design demand. TC08 proposes a simple, independent minimum of  $F_{p,D} = 0.15 S_{DS} I_p W_p$ . TC07 proposes a new minimum  $F_{p,D} = 0.8 V_{b,CD}/W I_p W_p$  that is tied to the analysis results and applies only when response history analysis is used.





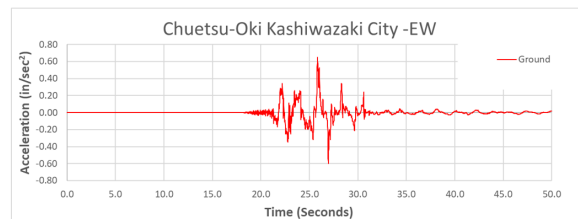
# Research Efforts Resulting in Cost Effective & Efficient Designs

- Change proposal to ASCE 7-28 Seismic subcommittee to eliminate outdated fixes in ground motion response to address issues not captured by earlier codes.

## Drift Scaling for MRSA

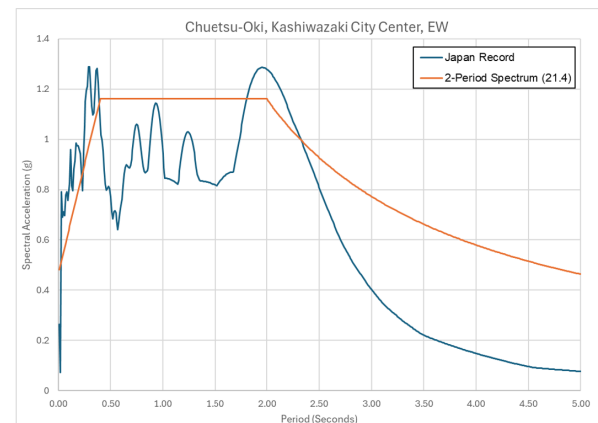
- Non-persuasive

The definition for  $S_{D1}$  has changed which elongates the plateau of the short period range of the 2-period spectrum to align with the multiperiod spectrum.



Derived 2-Period Spectrum

$S_{DS}$ (g)	1.16
$S_{D1}$ (g)	2.32
$T_s$ (s)	2.00
$T_0$ (s)	0.40



Sensitivity: General



### ASCE/SEI 7-22 Change Proposal Form

Proposals to revise the ASCE/SEI 7-22 Standard must be submitted using this form. Sections 1-3 are to be completed by the proponent. Public proposals from outside the Main Committee/Subcommittees are to be submitted via email to SEI Staff at [SEI@asce.org](mailto:SEI@asce.org).

**Submitted by:** Aysegul Gogus, Roy Lobo  
**Myself**  
HGA, HCAI  
713 317 6085  
[aysegul.gogus@outlook.com](mailto:aysegul.gogus@outlook.com), [roy.lobo@hcai.ca.gov](mailto:roy.lobo@hcai.ca.gov)

**Submission date:** 6/11/2025

**SECTION 1** — Proponent to add **Brief Description**, identify the **Scope** by including the sections included in this proposal, and the **Reason for Proposal**. New proposals submitted for the provisions will be required to include a sample problem, if applicable. The Chair will contact you with the requirements.

**Proposed to the ASCE 7 Subcommittee on:** Chs. 11-23: Seismic Loads

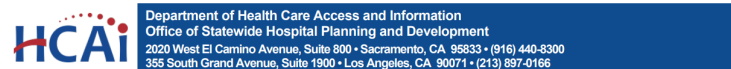
**FILENAME:** TC-03-CH12-00r00

**BRIEF DESCRIPTION:** Removal of base shear scaling for drift



# Research Efforts Resulting in Cost Effective & Efficient Designs

- Submittal Requirements for Underground Storage Tanks



## POLICY INTENT NOTICE

PIN: 2

### SUBJECT

Installation of Underground Storage Tanks

Effective: 05/20/1994  
Revised: 07/23/2025



### PURPOSE

This Policy Intent Notice (PIN) provides a guideline for permitting underground storage tanks.

### BACKGROUND

Underground tanks for storage of fuel, wastewater, domestic water supply, etc., frequently need to be installed as part of projects subject to review and approval by the Department of Health Care Access and Information (HCAI), Office of Statewide Hospital Planning and Development (OSHDP). The underground tank installation must be verified for buoyancy in accordance with the California Building Code (CBC), Section 1605A.1.1. In addition, the tank's structural integrity must be confirmed to ensure it can withstand other loading conditions, such as vehicular traffic or surcharge exerted from structures or components.

Additionally, permits for the operation and monitoring of underground fuel storage tanks are the jurisdiction of the local Certified Unified Program Agency (CUPA) as stipulated in the California Health and Safety Code, Division 20, Chapter 6.7, Underground Storage of Hazardous Substances.

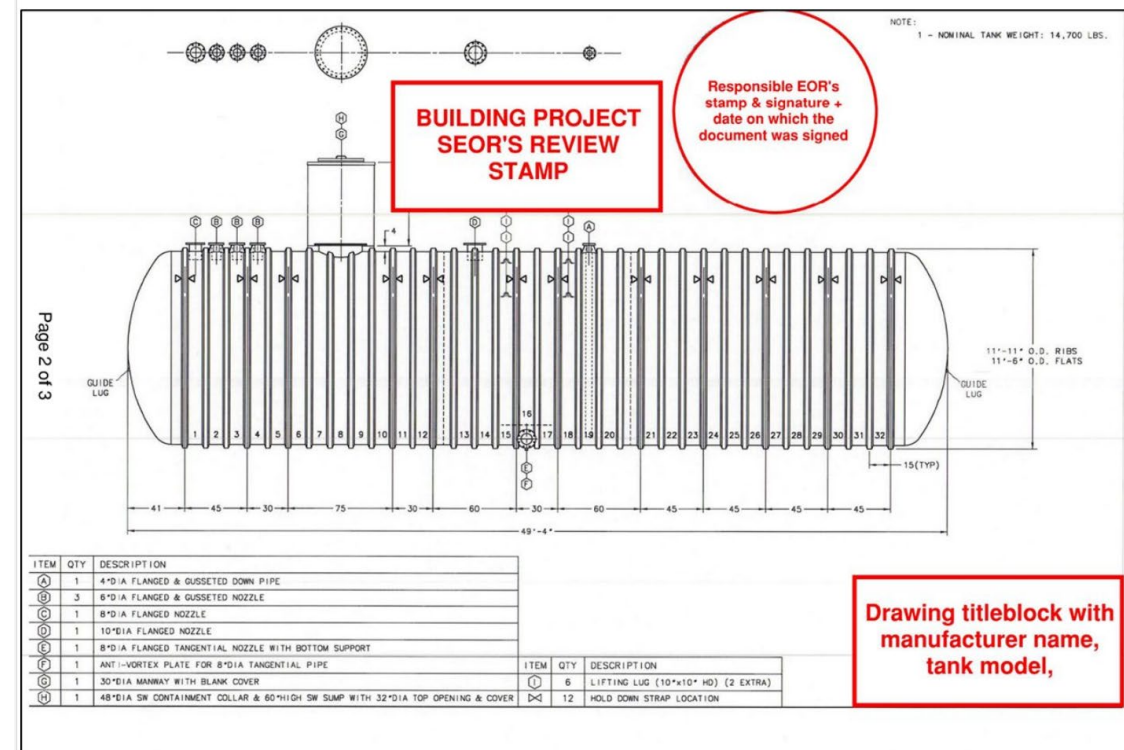
### POLICY

HCAI/OSHDP will review, permit, and inspect projects with underground storage tanks for the following:

1. **Buoyancy Stability:** All underground storage tanks will be reviewed for adequate buoyancy stability due to hydrostatic pressures. Corresponding drawings and calculations shall be stamped and signed in conformance with the California Administrative Code (CAC), Section 7-115.

#### A. Drawings will be reviewed for the following:

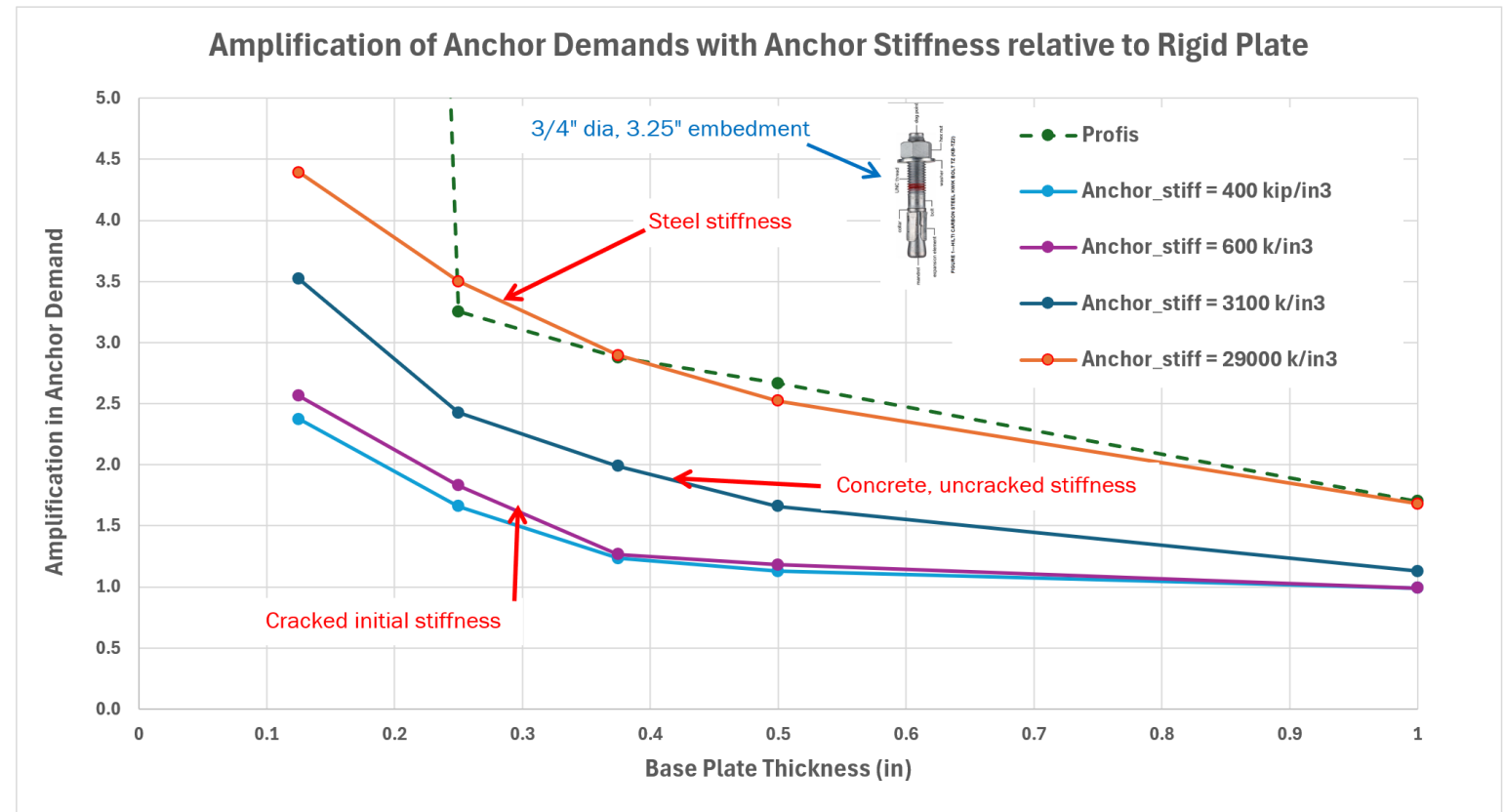
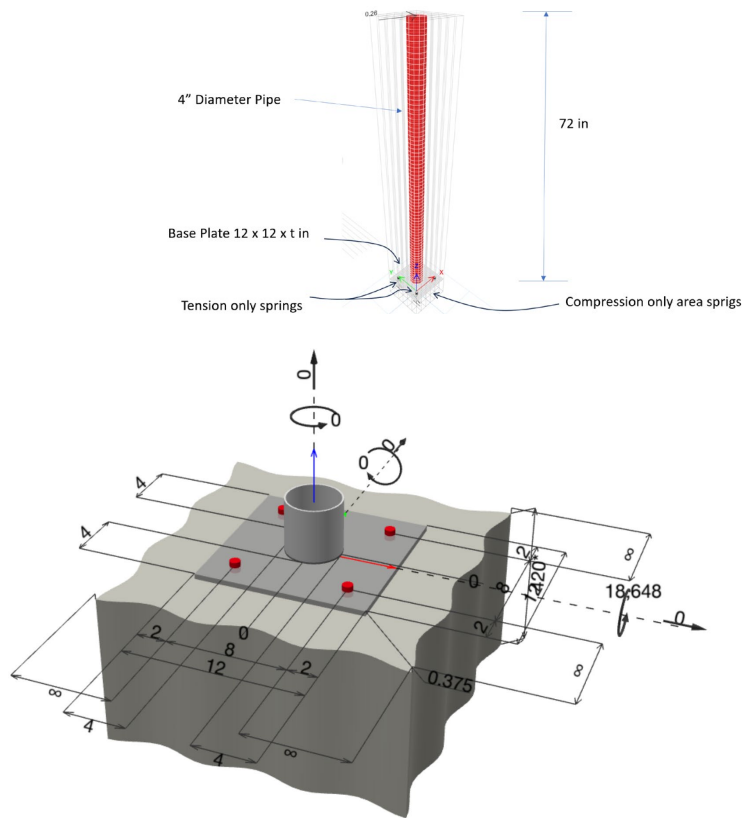
- i. General notes indicating the design criteria followed (building code, information on surcharge loading where it occurs, geotechnical report with relevant information, such as historic high groundwater elevation and local soil hazards where applicable, groundwater elevation as assumed in the design, etc.).





# Research Efforts Resulting in Cost Effective & Efficient Designs

- Software review of anchors in concrete.





# Other research efforts

- Investigating the necessity for crack cycling of anchors in concrete for anchor qualification.

TABLE 3.8: REQUIRED LOAD AMPLITUDE FOR TEST NO. 5, TABLE 3.2

Anchor load	Number of cycles	Crack width $\Delta w$ in. (mm)
$N_{w1}$	20	0.004 (0.1)
$N_{w1}$	10	0.008 (0.2)
$N_{w1}$	5	0.012 (0.3)
$N_{w1}$	5	0.016 (0.4)
$N_{w1}$	5	0.020 (0.5)
$N_{w2}$	5	0.024 (0.6)
$N_{w2}$	5	0.028 (0.7)
$N_{w2}$	4	0.032 (0.8)
Total	59	

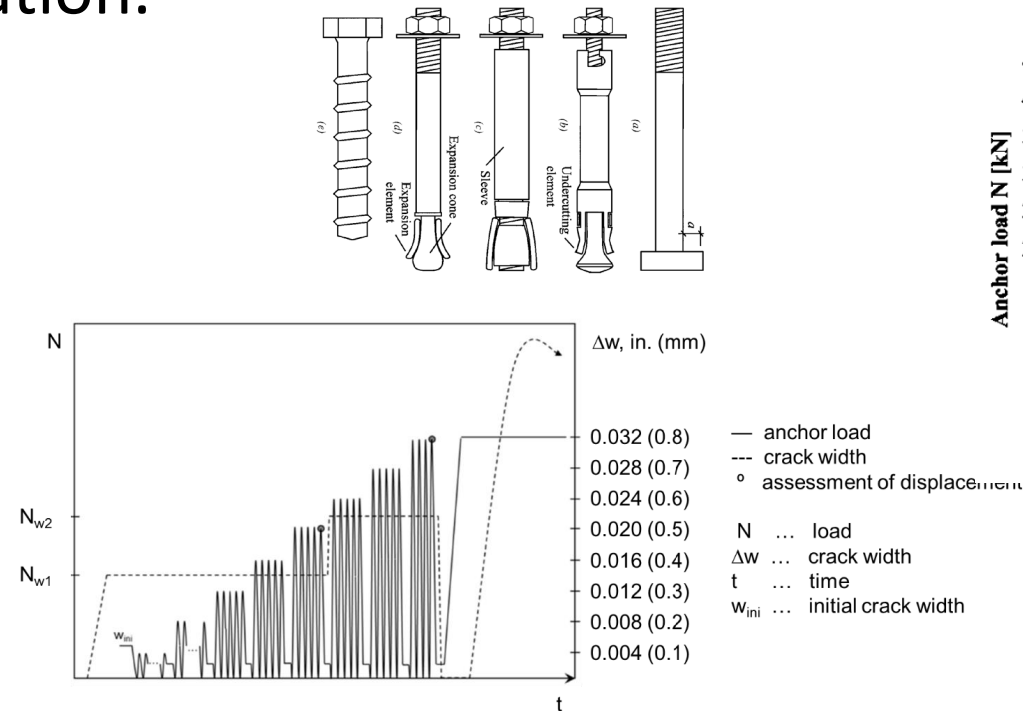
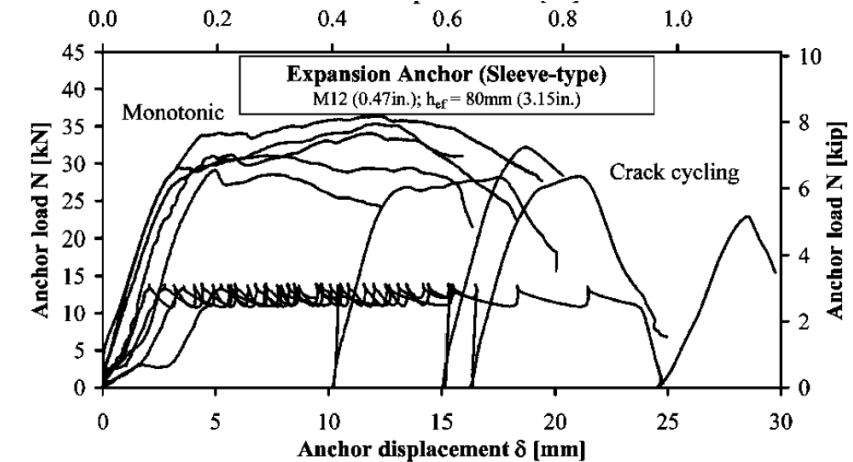


FIGURE 3.12: SCHEMATIC TEST PROCEDURE FOR TEST NO. 5, TABLE 3.2





# Updating OSHPD standard details to the 2025 CBC

**SCHEDULE 3: MINIMUM PARTITION WALL STUD SIZE (PARTITION CONDITION 'C')**

Fp/Wp Range	12 FT			16 FT
2.26 - > 3.00	362S137-118	400S137-118	600S137-68	600S137-97
1.46-1.95	NA	NA	600S137-54	600S137-54

2025 OPD 01

2013 OPD 01

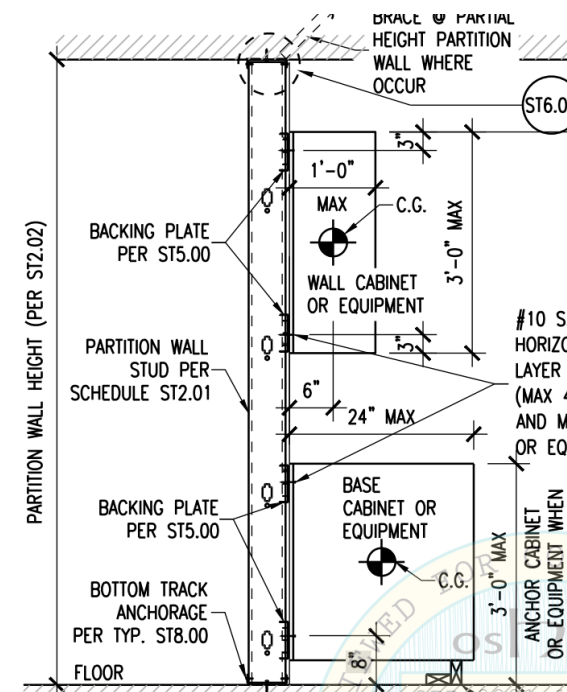
25% ↑ 73% ↑  
Weight Increase

Designation Thickness (mil)	Minimum Thickness <sup>1</sup> (in)
43	0.0428
54	0.0538
68	0.0677
97	0.0966
118	0.1180

26% thicker than 54 mil

80% thicker than 54 mil

S <sub>ds</sub>	ASCE 7-22 F <sub>p</sub> /W <sub>p</sub> Range	
	≤ 9 ft	> 9 ft
0.25-0.99	0.27-1.07	0.38-1.49
1.00-1.25	1.08-1.35	1.51-1.88
1.26-1.45	1.36-1.56	1.90-2.19
1.46-1.95	1.57-2.1	2.20-2.94



Assumes cabinet weight of 38 lbs per ft<sup>3</sup>



# Wildfires



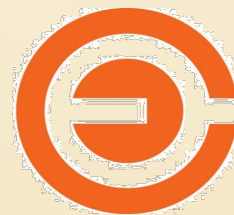
**PSPS**

# Earthquakes



## EOC Update A Quiet Year?

Emergency  
Operation  
Center





# Disasters related to what we do

- Natural Hazards Events

- Earthquakes

- Floods

- Tsunamis

- Hurricanes

- Mudslides

- Infrastructure Failure

- Fires

- Epidemics/Pandemics

- Other





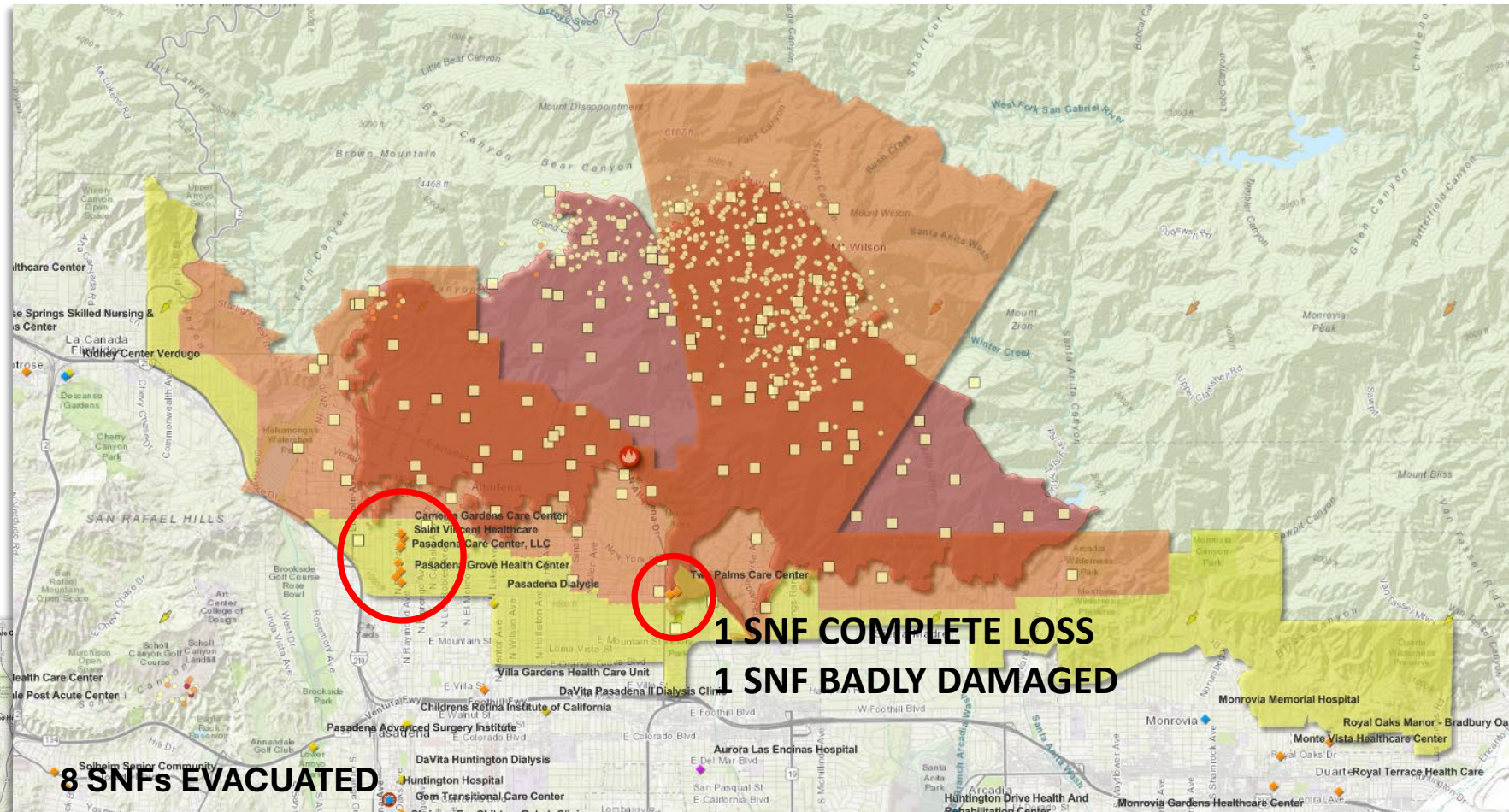
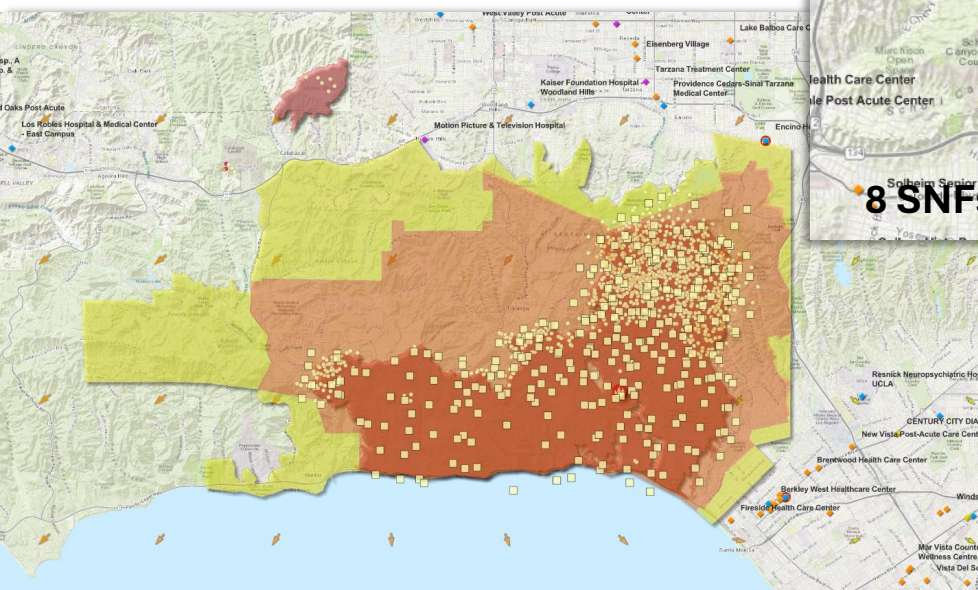
10mi  
-119.719 34.358 Degrees





1/13/2025  
17:30 hrs.

**PALISADES INCIDENT**  
Type: Wildfire  
Acres Burned: 23,713  
Percent Contained: 14%  
**No OSHPD Jurisdiction**  
**Facilities in Evacuation Zones**



↑ **EATON INCIDENT**  
Type: Wildfire  
Acres Burned: 14,117  
Percent Contained: 33%



# SNF Repopulation Visits by OSHPD Field Staff







# SNF Badly Damaged (Pasadena Park)

Initially Red tagged, revised to  
yellow to allow repair work



# California Administrative Code, Chapter 7 Safety Standards for Health Facilities, Article 2 Definitions, Section 7-111

- **EMERGENCY REPAIR [OSHPD 1, 2, 3 & 5]**  
Repair to, or replacement of, an element of a building, structure, utility system, or equipment that is essential to the continued safe occupation and operation of a facility. May include repairs needed after a disaster.

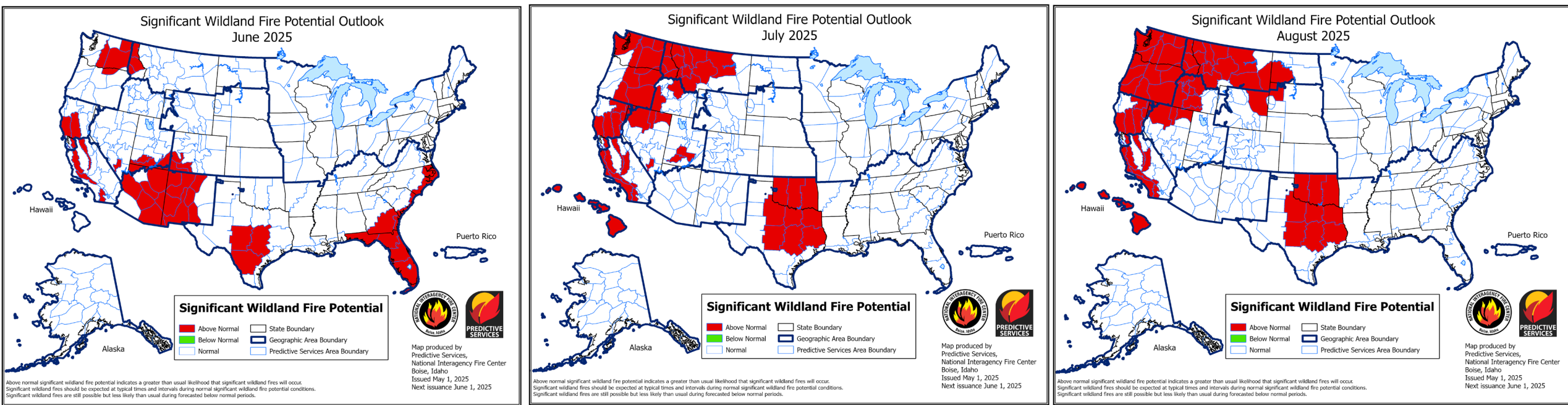
## ARTICLE 20 REPAIR OF DAMAGE AFTER AN EMERGENCY 7-300. Plan review and approval.

(a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).

(b) For emergency repairs carried out without the Office plan review and permit the aftermath of an emergency, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.



# Fire Season 2025



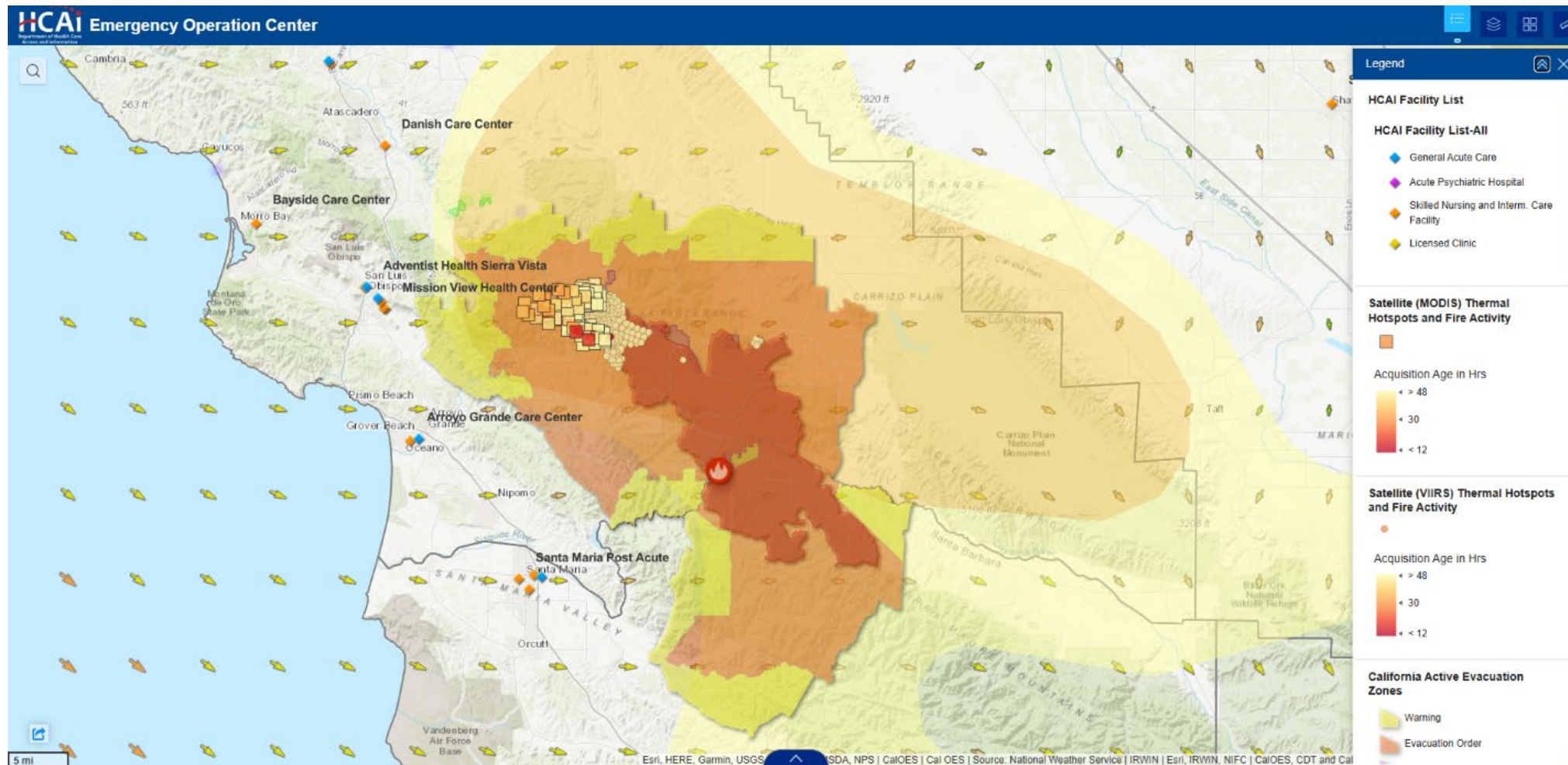
**7/3/2025 Madre Fire**  
**7/3/2025 Wolf Incident**

**8/3/2025 Gifford Fire**  
**8/24/2025 Garnet Incident**

**August Lightning Complex**  
**September Fires Northern California**



# Summer 2025

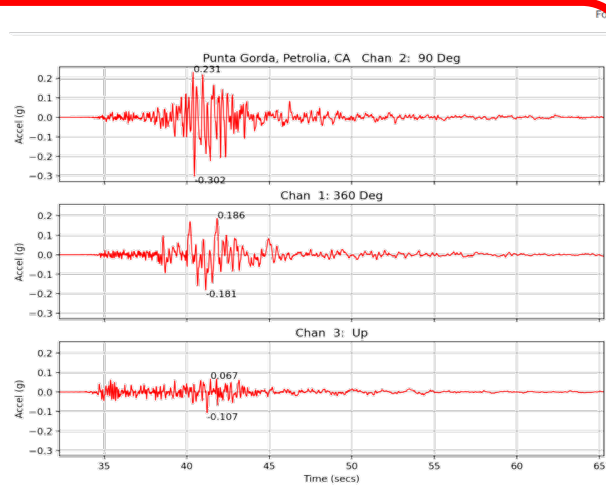


8/15/2025 Gifford Fire

The Gifford Fire was the **largest wildfire in California for the 2025 season**, a distinction it earned after surpassing the Madre Fire in August. While it reached "megafire" status for burning over 100,000 acres, it does not rank among the largest wildfires in California's entire history. No OSHPD jurisdiction facilities were affected.



# HCAI Website – Viewers for earthquake free-field ground motion and instrumented buildings



## Orbit Plots

☐ Create Orbit Plots

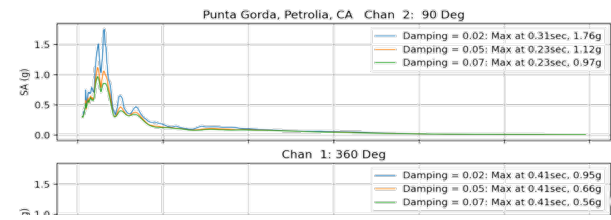
## Response Spectra

Type of Spectra Damping End Period

Type of Spectra

Accel

☒ Create Response Spectra



<https://hcai.ca.gov/facilities/building-safety/facility-detail/>

Facility Info Building Services Instrumented Buildings AB2190 Report Unavailable Plan Compliance Plan Back to Main

## 10184 Providence St. Joseph Hospital

2700 Dolbeer St  
Eureka, CA 95501

Field Free Instruments: [89781 CSMIP](#)

## Instrumented Building List

Bldg Num	Bldg Name	Station Network
BLD-00537	<a href="#">Phase III Addition Building</a>	CSMIP

App to view Free-Field Ground Motions  
(Experimental)

App to View Instrumented Building Recordings  
(Experimental)

## Recorded Values

Read in memory: 20743204-1733524702P.zip

Number of channels read: 11

station: Eureka - 4-story Hospital

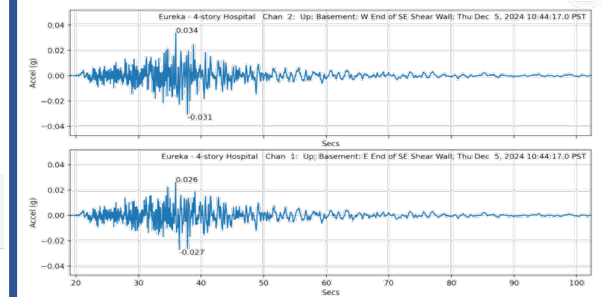
☐ Rearrange channels to change display order?

Plot

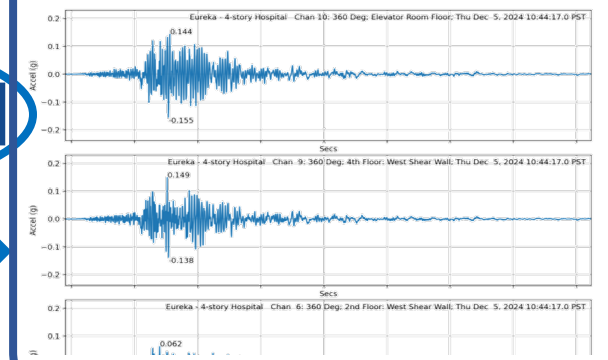
Accel

Plotting Accel for all channels

Vertical Motion Channels



NS Channels

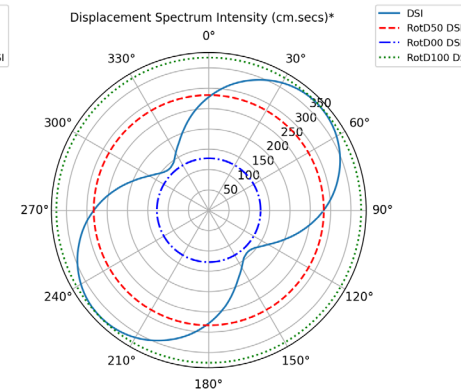
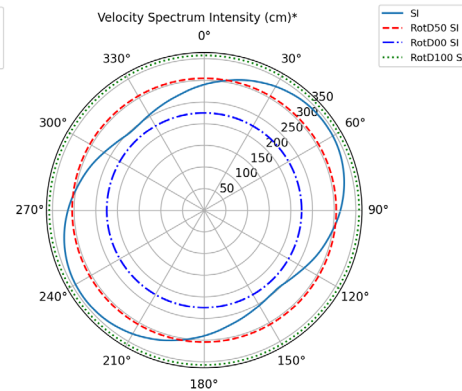
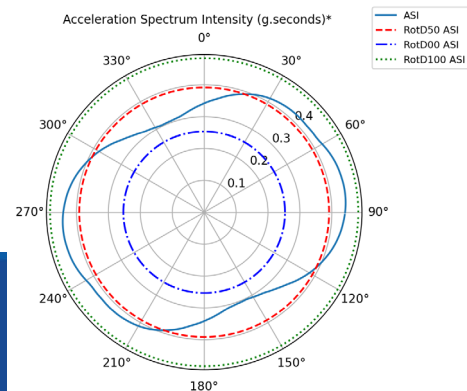
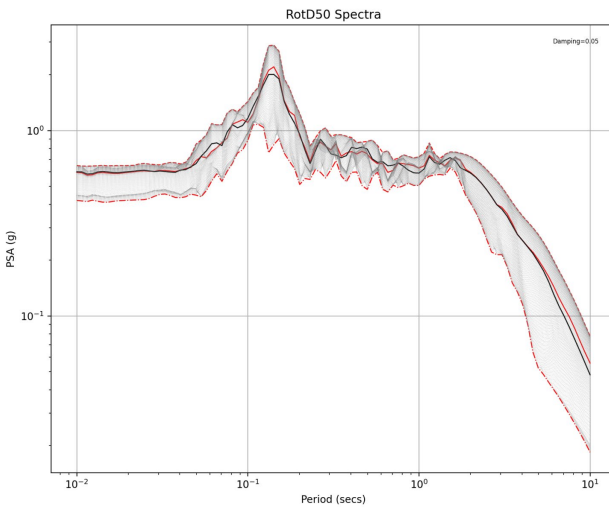
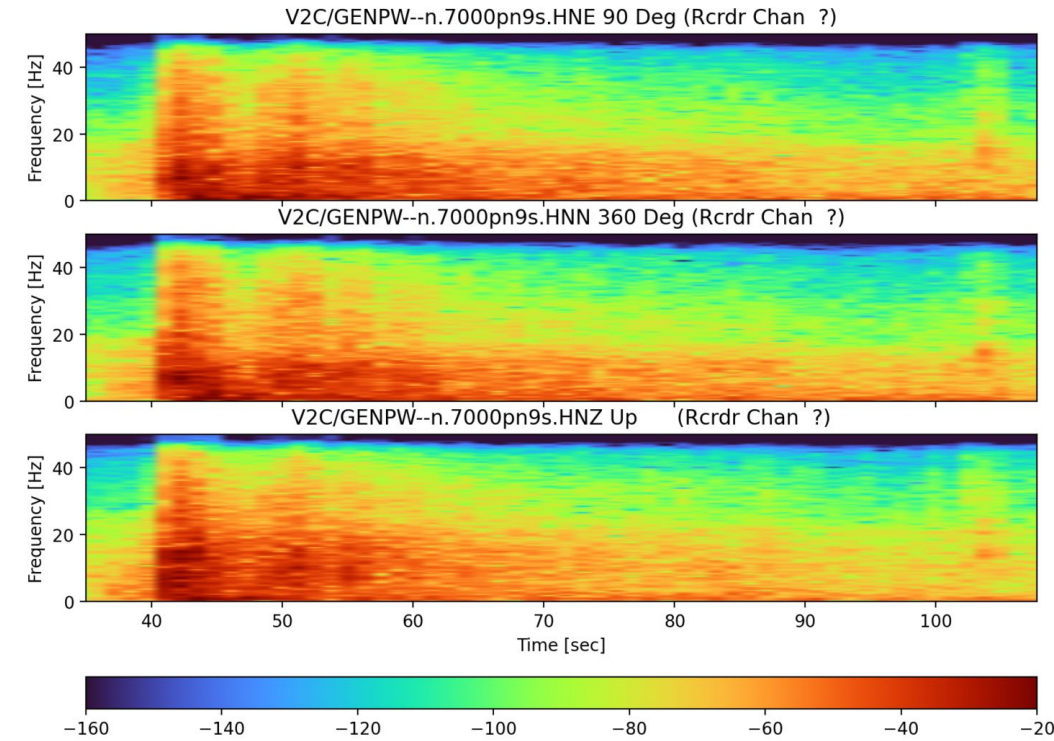
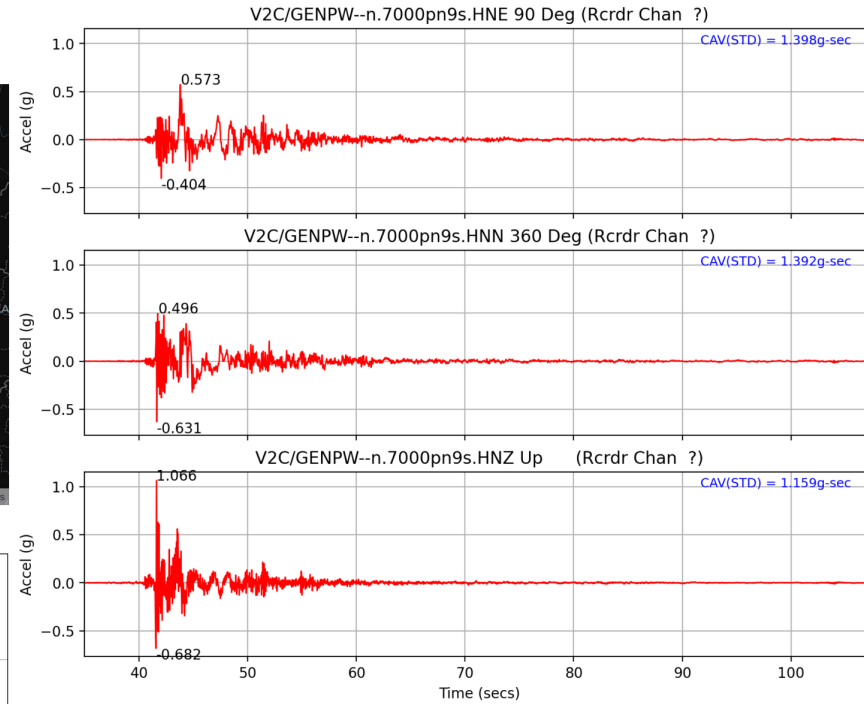
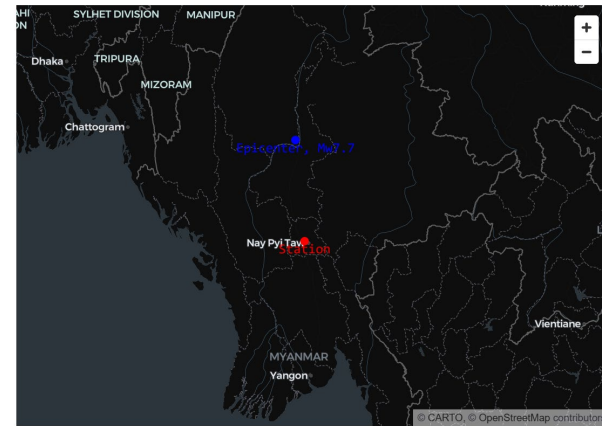


320



# Myanmar – Mw 7.7 – 3/28/2025

Hypocenter: 22.01280 95.92160 H= 10km Mw=7.7



Colors represent intensity in dB

\*Plotted against azimuth angles (NS = 0 or 360/180 Deg, EW = 90/270 Deg)

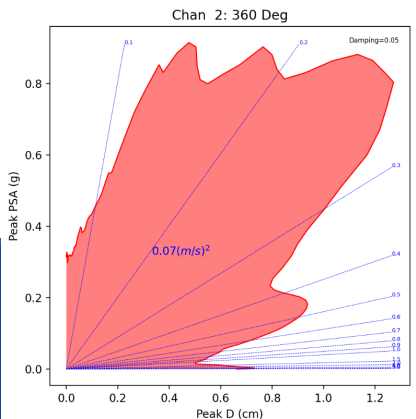
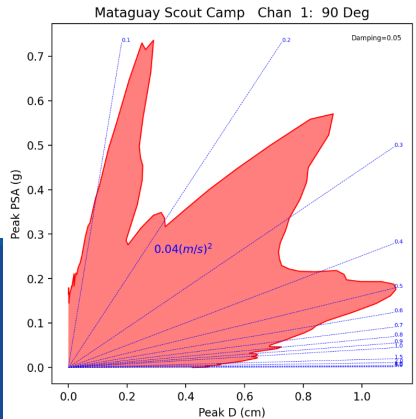
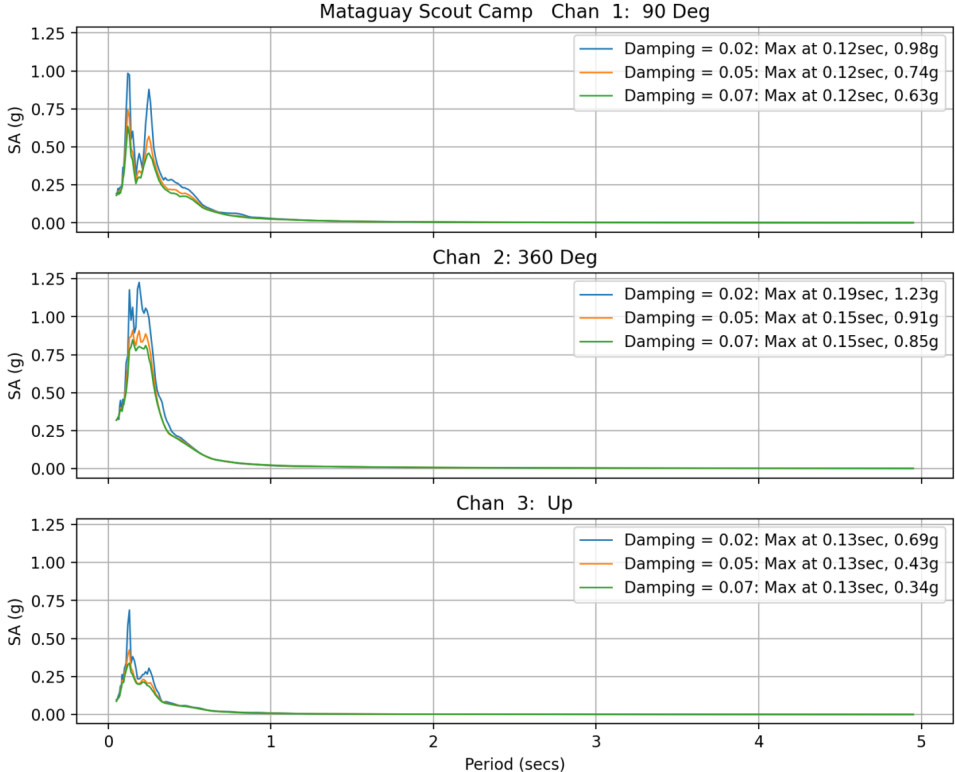
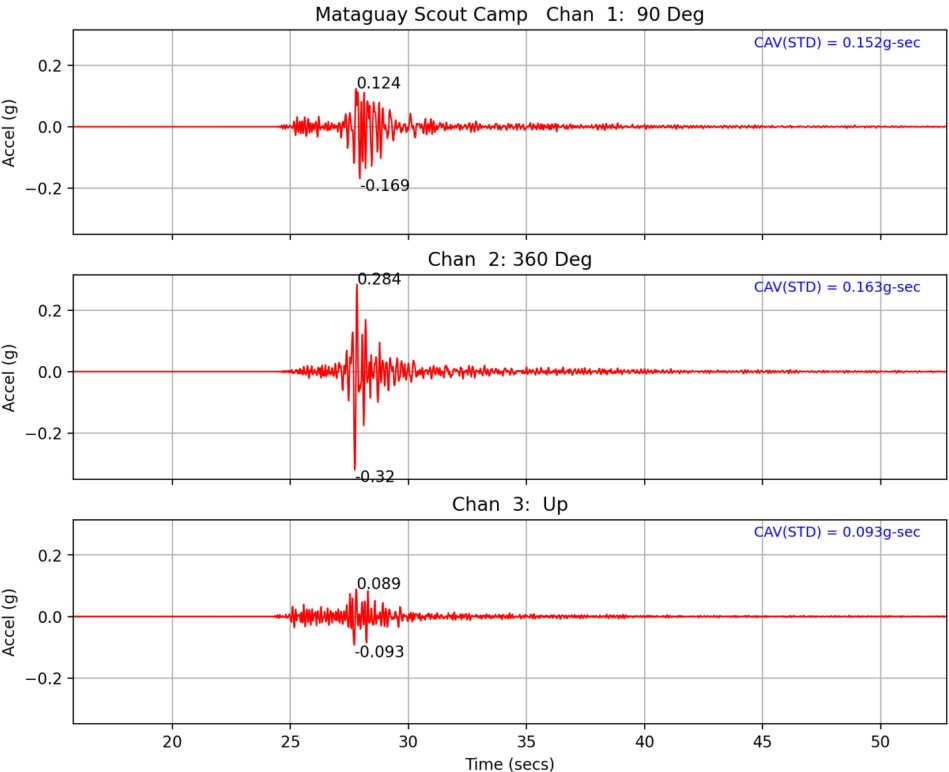
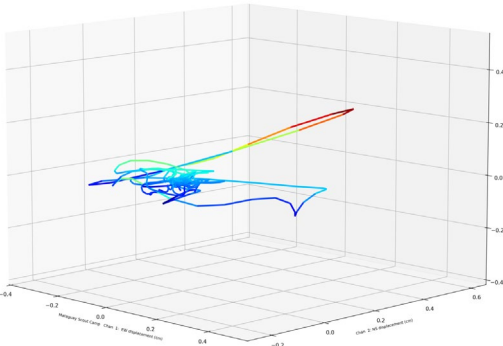
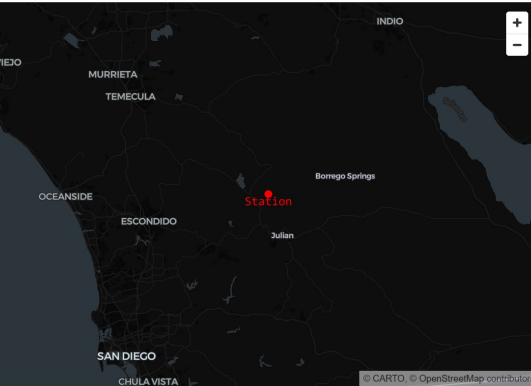
\*Plotted against azimuth angles (NS = 0 or 360/180 Deg, EW = 90/270 Deg)

\*Plotted against azimuth angles (NS = 0 or 360/180 Deg, EW = 90/270 Deg)



# Julian – Mw 5.2 - 4/14/2025

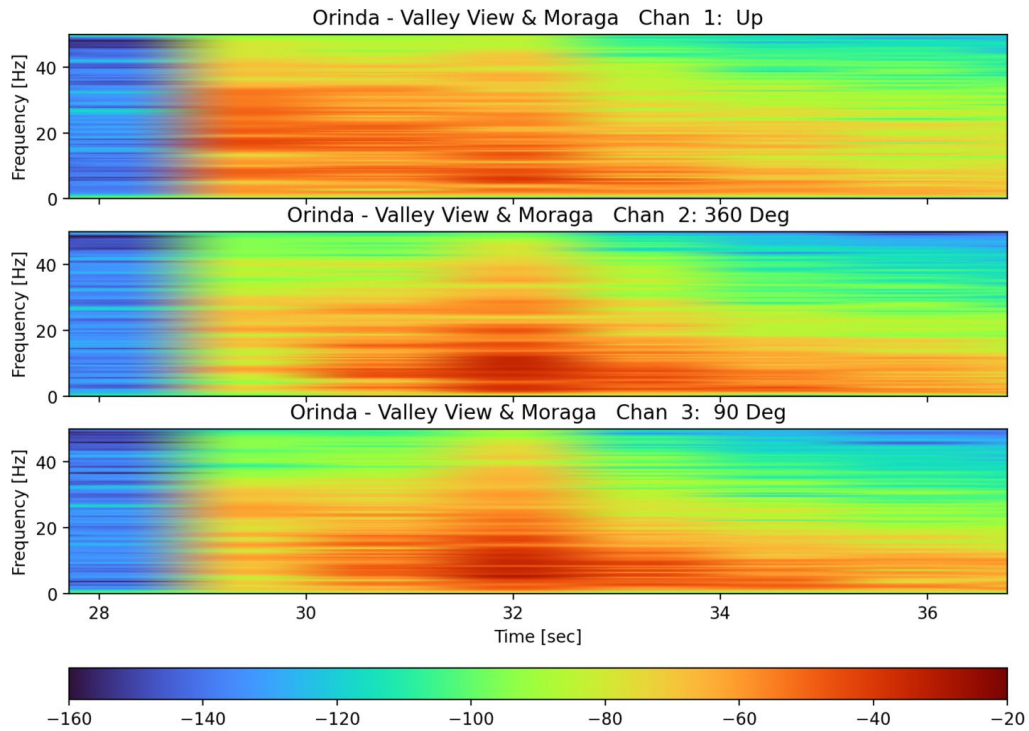
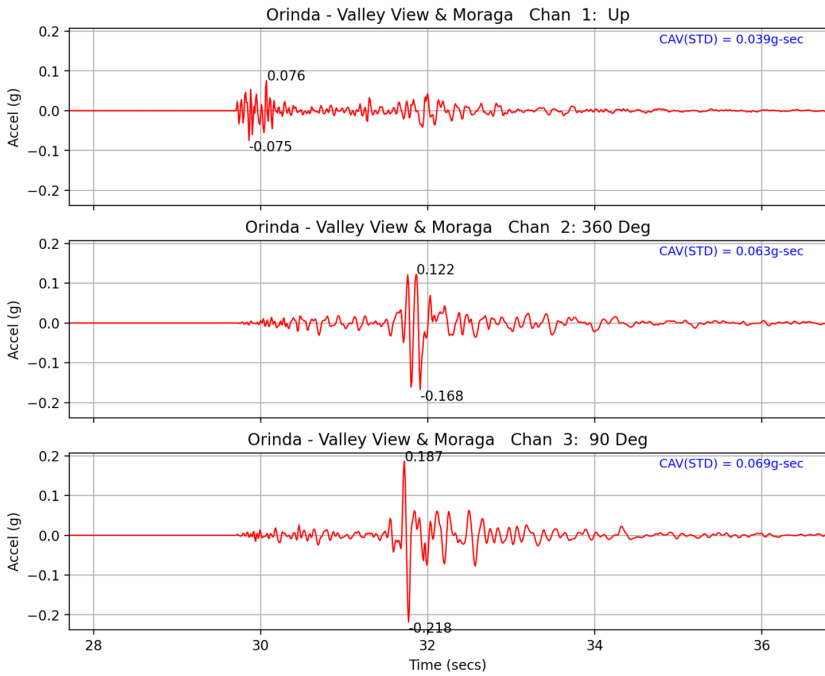
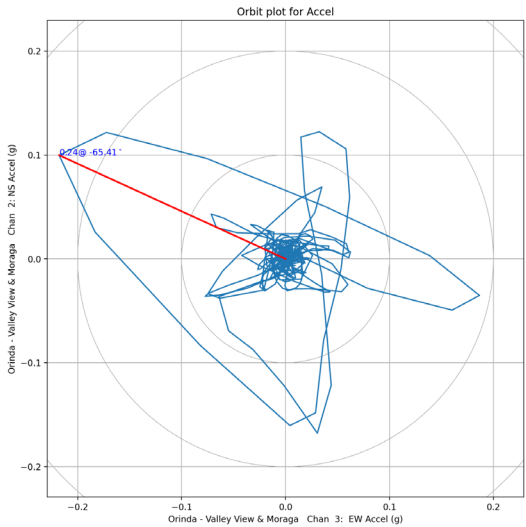
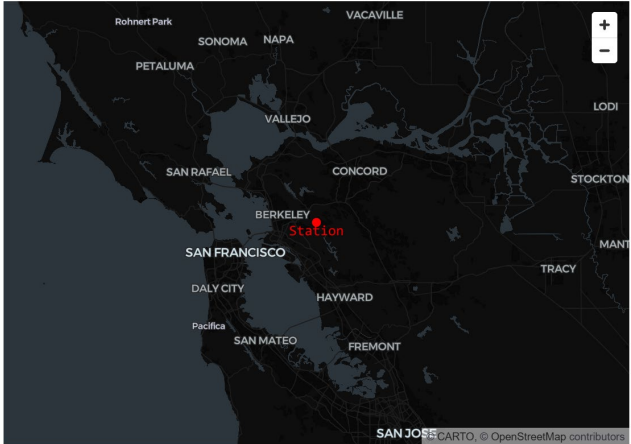
Rcprd of Mon Apr 14, 2025 10:08:08.0 PDT





# Berkeley – 4.3 Mw - 9/22/2025

Rcrrd of Mon Sep 22, 2025 02:55:45.0 PDT



Colors represent intensity in dB

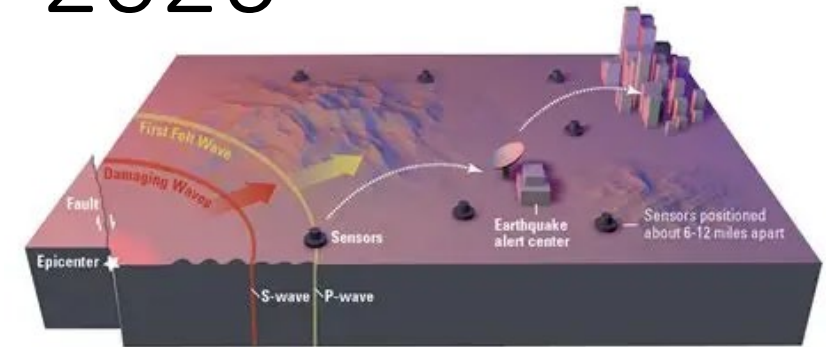


# Looking Ahead



# OSHPPD's Top 3 Objectives for 2026

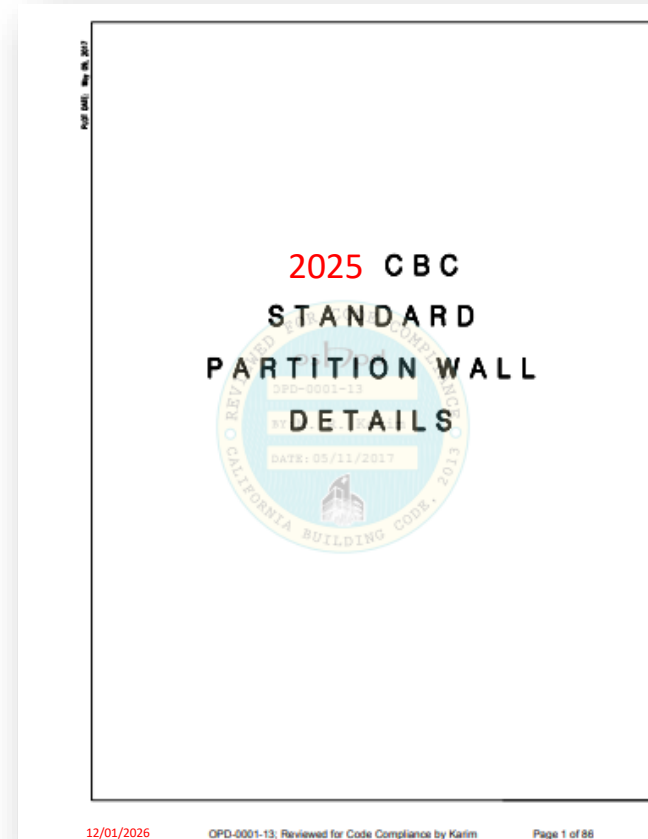
1. Implementation of Early Earthquake Warning System for Hospitals in High Seismicity Locations
2. Successful deployment and transition of eTIO
3. Escalate Collaboration w/ Hospitals to get them successfully into compliance w/ the 2030 HSSA seismic mandates.





# OSHPD Bonus Goal

4. Complete the updating and revisions of the OPDs (OSHPD Preapproved Details) and publish them





# Happy Holidays from HCAI









- Item #14      Special Presentation: *Current Trends in Healthcare Design*
- Discussion and public input
- Facilitator: Teresa Endres (or designee)*



# Current Trends in Healthcare Design

HCAI Hospital Building Safety Board

December 11, 2025





# Presenter



## **Teresa Endres, AIA, ACHA, EDAC, AAH**

**Board Member**, HCAI Hospital Building Safety Board

### **HBSB Committees:**

- Chair, Codes & Processes
- Chair, Education & Outreach
  - Chair, Subcommittee - Design Guide for Planning & Preparing for Disasters
- Structural & Non-Structural Regulations
- Technology & Research



# Agenda

- 1 Current Trends
- 2 Technology & the Built Environment
- 3 Evolving Delivery of Care
- 4 Designing Beyond Code Minimums





## **Future Strategy**

Benjamin S. Bassin, MD, FACEP, EDAC

Professor of Emergency Medicine, University of Michigan Health System

Innovation Fellow, Blue Cottage



## **Architecting Phygital Environments for Healthcare's Hybrid Future**

Carl Fleming

Healthcare Strategy & Digital Transformation, DPR

## **Designing for the Future - A Fireside Chat**

Teresa Endres, Moderator with Benjamin Bassin, MD, and Carl Fleming





# 1 Current Trends



# **Precision Care & Patient-Center Care**



# Patient-Centered Care

- Patients are partners with their care team
- The right care is provided at the right time, in the right location
- Encourages collaboration between patient, family, and care team
- Team-based approach centered on culture, communication, collaboration, and care
- Clinical plus emotional, spiritual, social, mental, and financial
- Beyond population health, improve individual patient outcomes







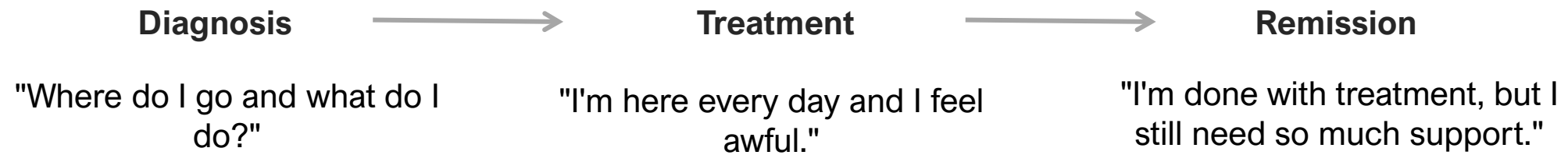
# Two critical flows of care & key considerations for patient experience

## 1 - Journey of Care

The changing needs from diagnosis to recovery

## 2 - Experience of Care

The daily flow of medical care

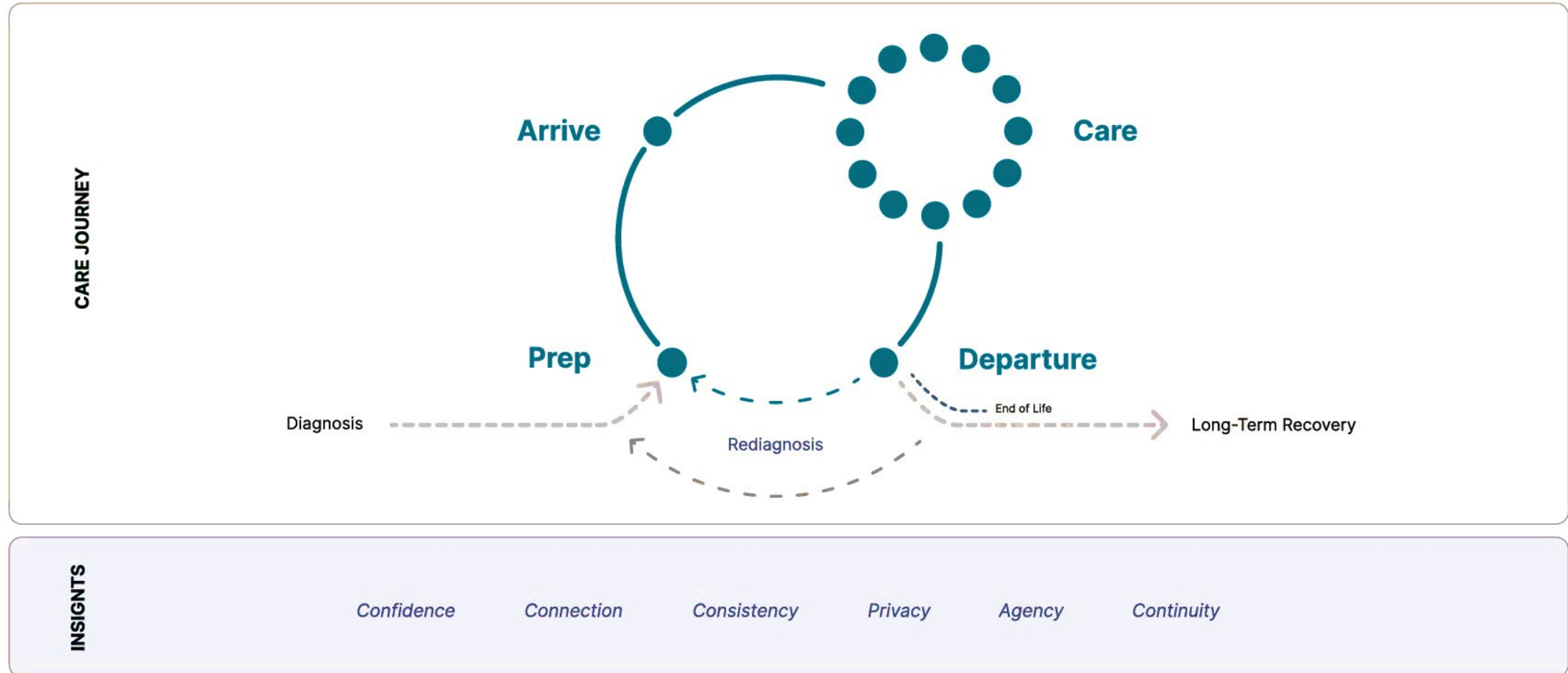






# Experience of Care

How the daily flow of care is made up of a series of interconnected yet distinct experiences







Welcome





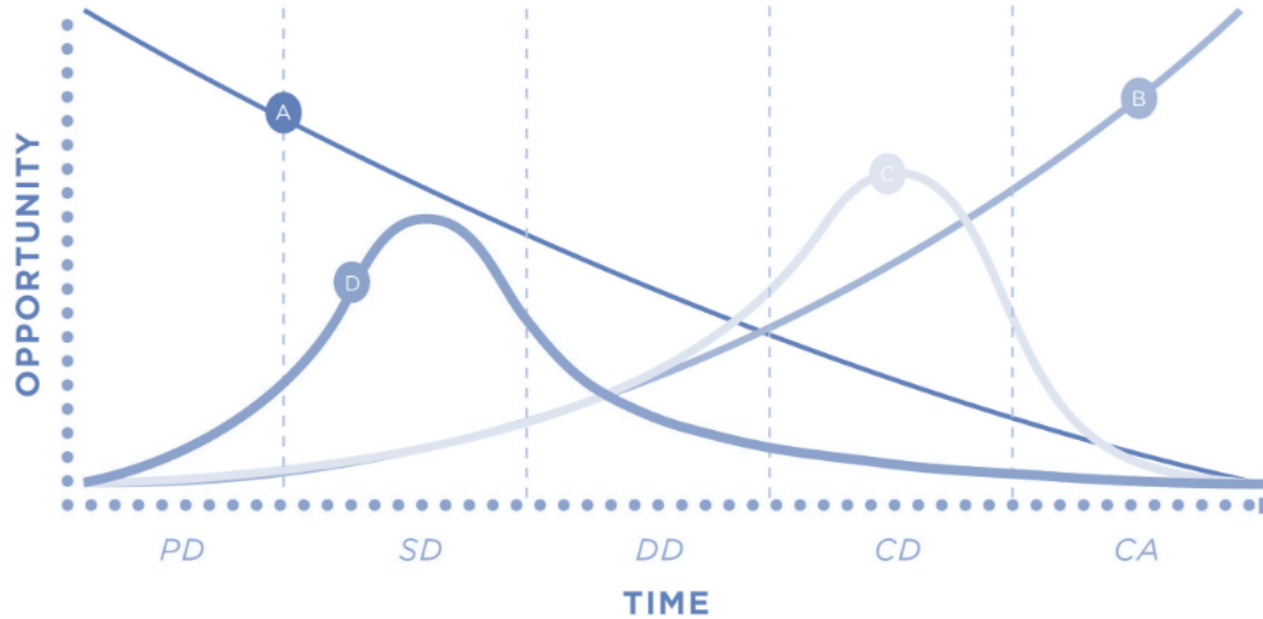






**Maximize Value**





- A** ABILITY TO IMPACT COST AND FUNCTIONAL CAPABILITIES
- B** COST OF DESIGN CHANGES
- C** TRADITIONAL DESIGN PROCESS
- D** PREFERRED DESIGN PROCESS

# Maximize Value

## Designing to respond to existing margin pressure:

- Unexpected funding cuts added margin pressure
- Enhance design with maximum value and minimal waste
- Ensure access to quality healthcare
- Efficient layout + efficient process = better patient outcomes
- First cost vs. ROI (cost savings of operations over life of the building)

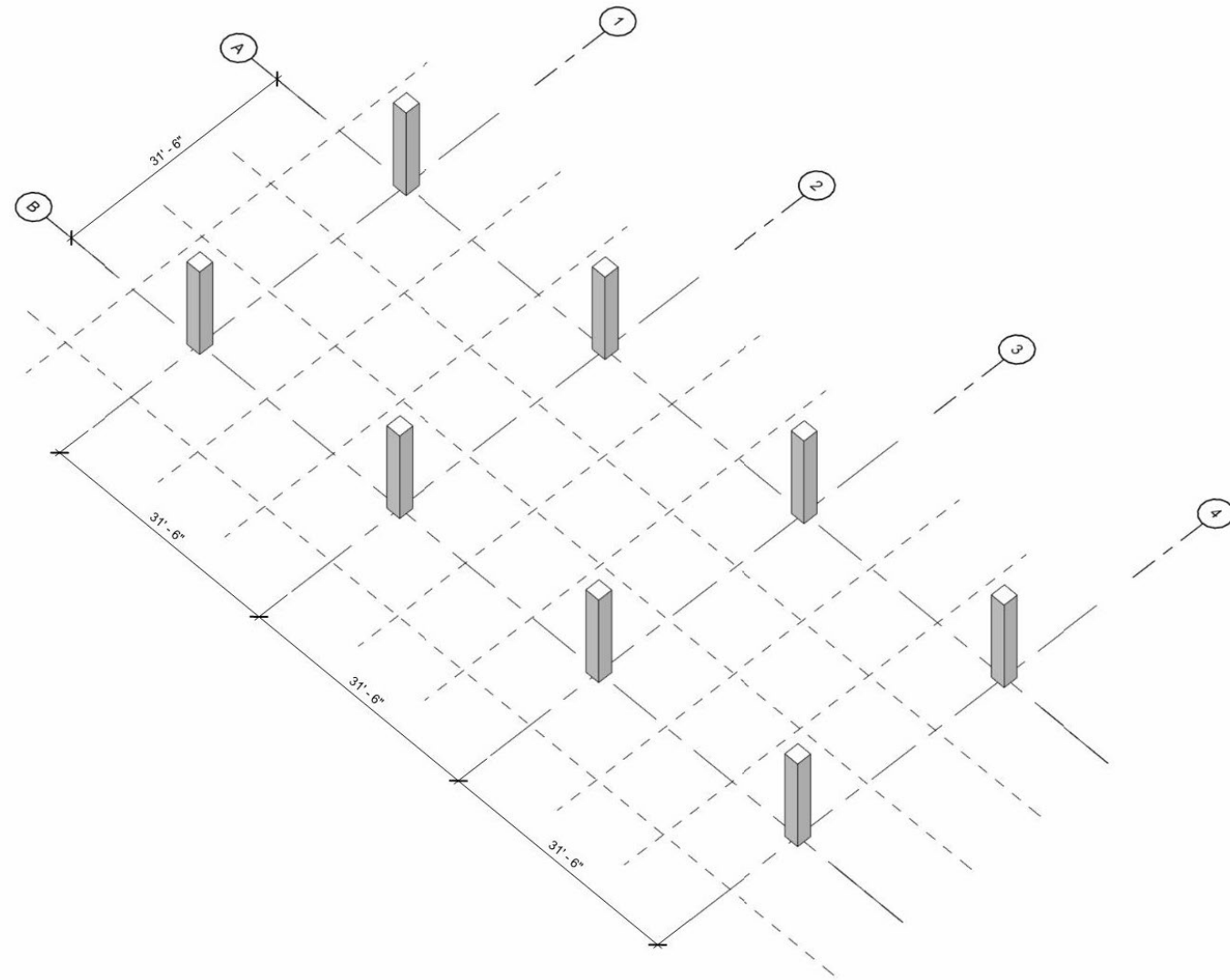


# What is a Universal Grid

A universal structural grid can be readily adapted for any clinic platform

## Objective of Structural Universal Grid

- Radical adaptability
- Optimal modularity
- Complete systems integration
- Design Latitude
- Holistic application
- Pre-engineering potential
- **Pre-fabrication potential = speed to market**





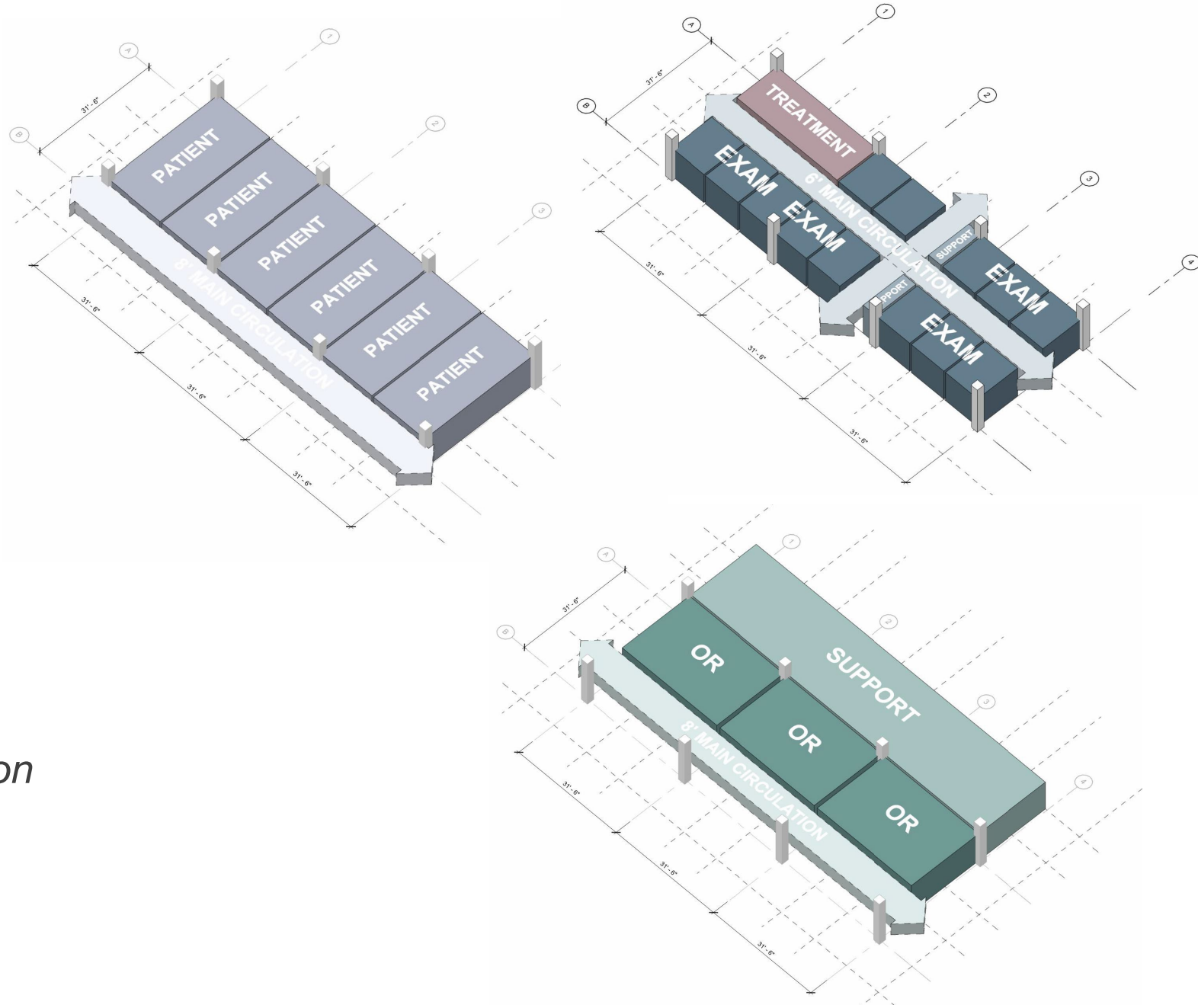
# Clinical Module

**Module:** *Any in a series of standardized units used together.*

~ Merriam-Webster Dictionary

## For each structural bay:

- Three exam rooms
- Two treatment rooms
- Two Operating rooms
- 1-2 imaging rooms (*depending on imaging modality*)
- Two Patient Rooms

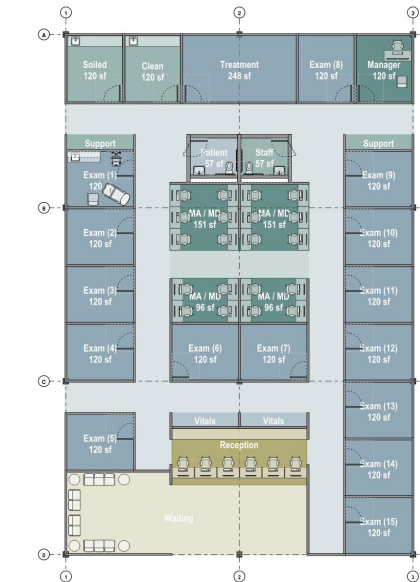
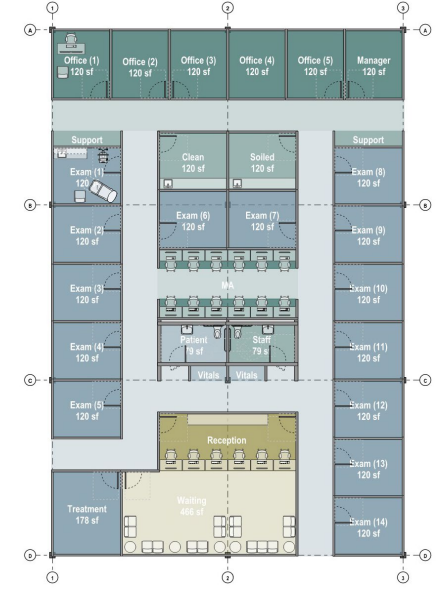
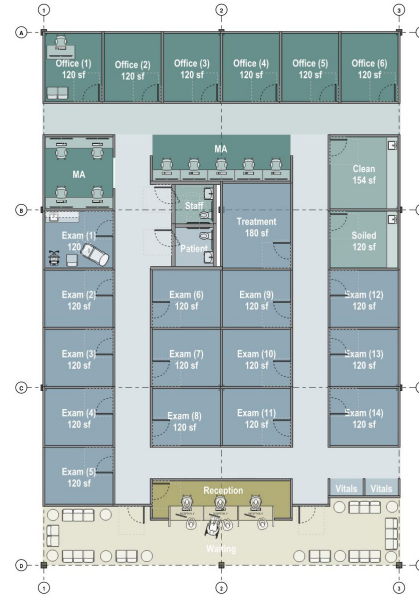




# Clinic Modules

## Consistency & Efficiency

- Operational efficiency
- Staff training & onboarding
- Improved care team communication
- Improved patient outcomes
- Pre-engineering potential
- Pre-fabrication potential = speed to market





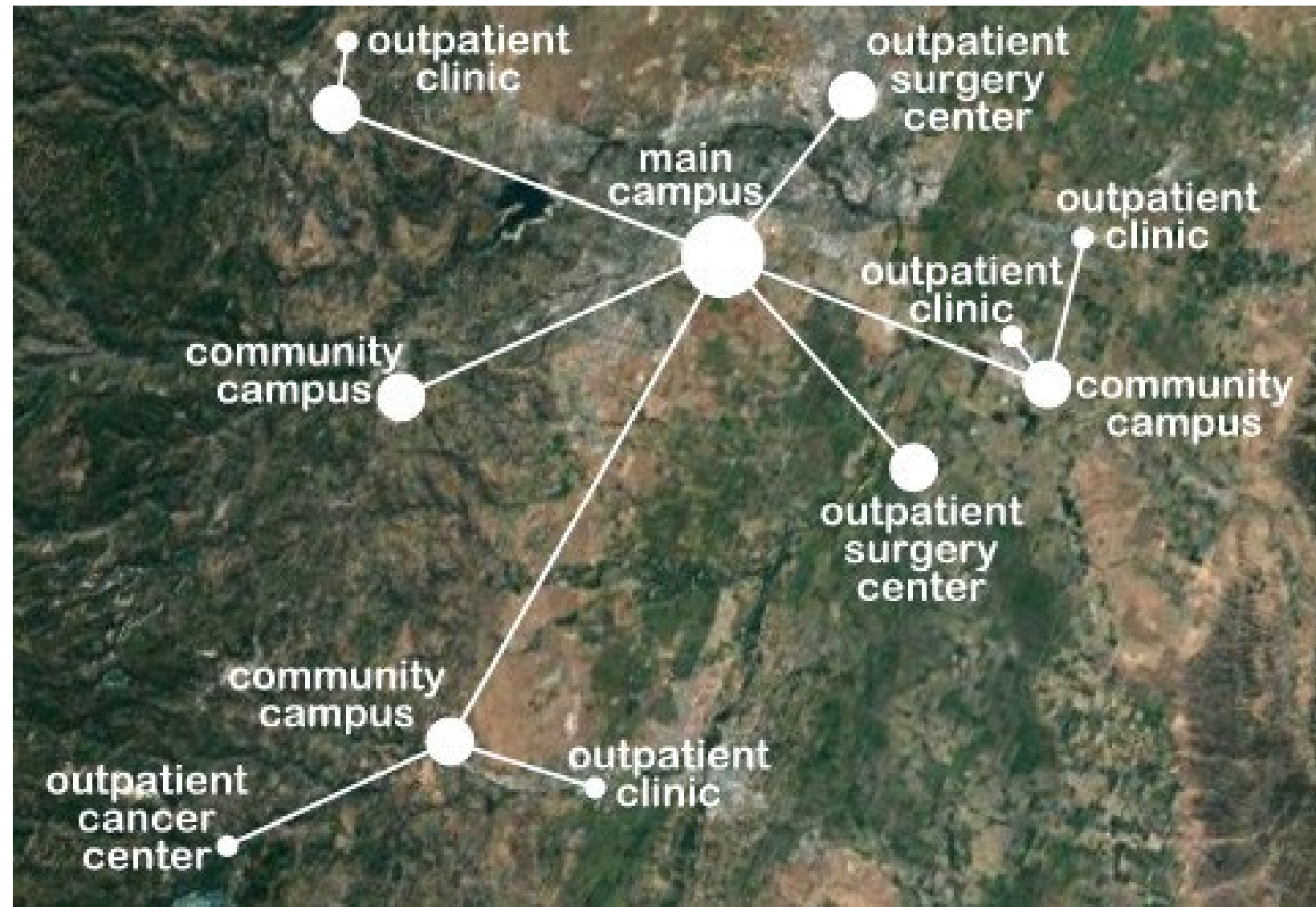
# **Shifting Care Sites Hub & Spoke**



# Hub & Spoke

Centralized main medical campus with additional community-based healthcare facilities

- Support services may be housed in one, centralized location
- Provide healthcare in the community where patients & staff live
- Tertiary & quaternary care provided on the main medical campus





# Hub & Spoke

Sacramento, CA

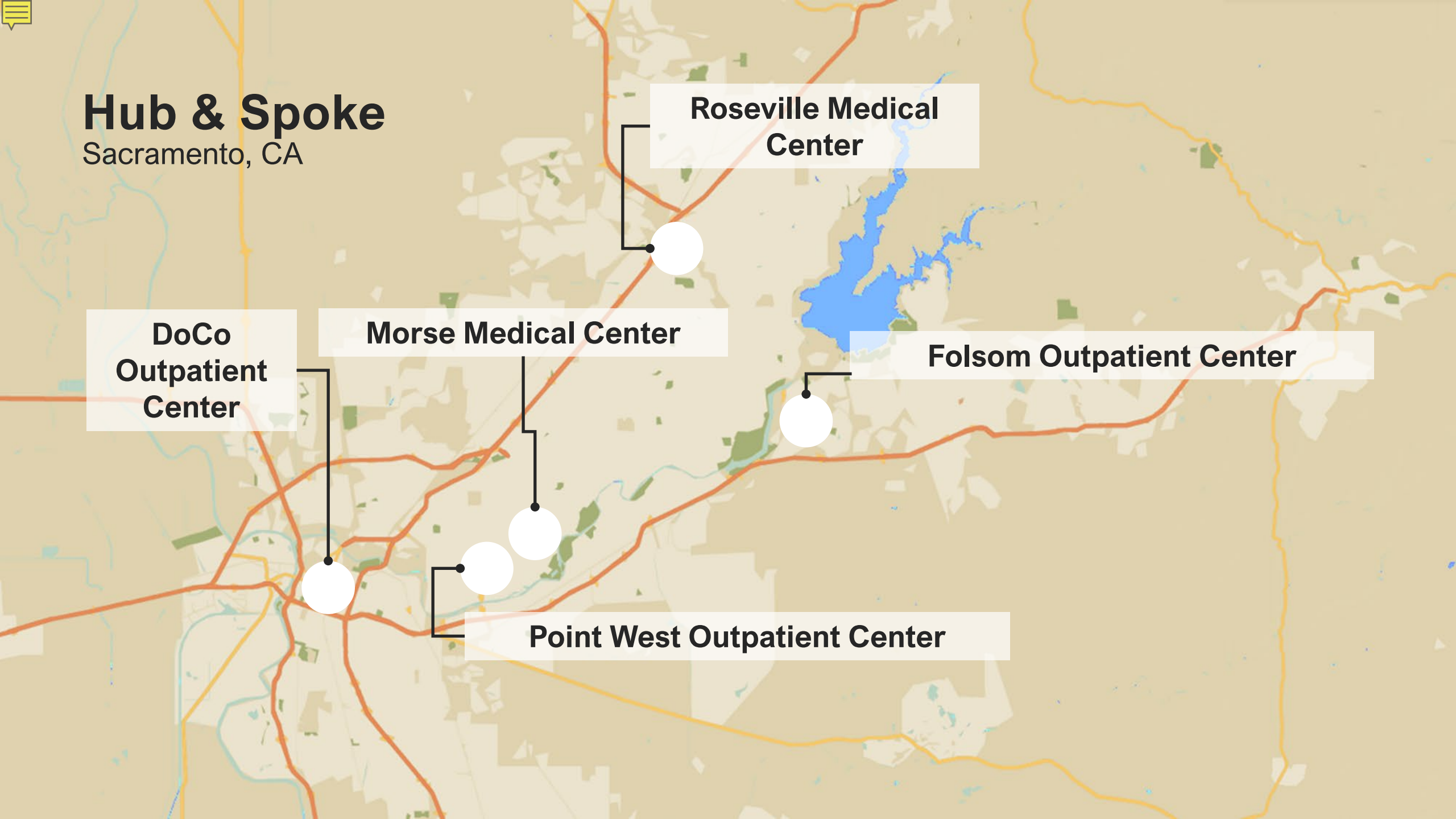
**Roseville Medical Center**

**DoCo Outpatient Center**

**Morse Medical Center**

**Folsom Outpatient Center**

**Point West Outpatient Center**







# Shifting Care Sites

## Prevention, Precision Medicine & Survivorship:

- Preventative medicine
- Treatment advancements & survivorship
- Patient-centered care teams
- Precision medicine
- Treat patient closer to where they live
- Staff work close to where they live
- Market capture



# Staffing Shortages



# Recruiting & Retention

## Design can enhance staffing recruiting & retention:

- Provide staff respite areas & amenities
- Staff amenities reflect a health system/facility's values
- Depending on need, respite areas in a department or decentralized
- Provide access to natural light & views
- Plan & design staff spaces with same care consideration as patient spaces



Seed spire by Studio Tutto  
<https://www.studio-tutto.com/>



# New Evidence-Based Design Research on Staff Satisfaction

## Private Staff Respite Room

### Restorative Design Features for Hospital Staff Break Areas

Nejati, A. , et. al. 2015

#### Key Highlights

- Nurses with access to private break areas could experience:
  - **Significant stress reduction**
  - **Raised job satisfaction**
  - Potentially leading **to improved care for their patients**
- Staff break areas are more likely to be used if they are:
  - **Close to nurses' work areas**
  - Have complete privacy from patients and families
  - Provide opportunities for **individual privacy as well as socialization** with coworkers
- Having physical access to **private outdoor spaces provides significantly greater perceived restorative potential**, in comparison with window views, artwork, or indoor plants
- Improvements in the restorative quality of break areas may **significantly improve nurses' satisfaction and stress reduction**, potentially leading to improved care for the patients they serve

## Development of an Assessment Tool for Healthcare Staff Wellbeing

### Informing the Quadruple Aim: Development of a Tool to Assess Healthcare Staff Wellbeing & Aspects of the Built Environment. Clemson's Inaugural International Nursing Conference for Excellence in Healthcare Design

Zborowsky, T. & Freihoefer, K. (2019)

#### Key Highlights

- Encourage and Enable Respite
- Taking an Eating Break to Restore & Replenish
- Dedicated Work Zones
- Access to Amenities
- Empowerment through Recognition
- Enhance the Commute Experience
- Establish a Culture of Workforce Safety and Security
- Connection to Outdoors and the Outside World
- Support a Calming, Healing and Uncluttered Environment



# New Evidence-Based Design Research on Staff Satisfaction

## 2018 “FGI” Guidelines for Design and Construction of Hospitals

Facility Guideline Institute, 2018

### Key Highlights

- Staff support areas:
  - Restricted from public access
  - Access to daylight
  - Views of the outdoors
- Staff rest areas:
  - Should be provided for every unit that has overnight patient care activities
  - Should be readily accessible to the work unit
  - Should be independent from staff on call rooms

## HCAI Design Guide for Planning and Preparing for Disaster

Best Practices for Emergency Planning, Preparation, and Solutions  
Office of Statewide Hospital Planning and Development, March 2024

### Key Highlights

- Dedicated staff spaces in or adjacent to departments most utilized during emergency conditions for staff respite and breaks
- During emergency conditions staff may not be able to leave the facility and will be working significantly extended hours
- Past pandemic and mass casualty lessons learned is the staff lounge is not an appropriate area for staff in need of a quiet contemplative space to decompress or grieve
- Healthcare facilities have responded by providing a staff respite room that is separate from the staff lounge



***For private staff stress reduction,  
“Someplace better than the  
bathroom stall.”***







# Staff Satisfaction as a Priority in Design

Staff Suites: Happy Staff = Happy & Healthy Patients

A. Staff Lounge

B. Respite Rooms

C. Recharge Rooms

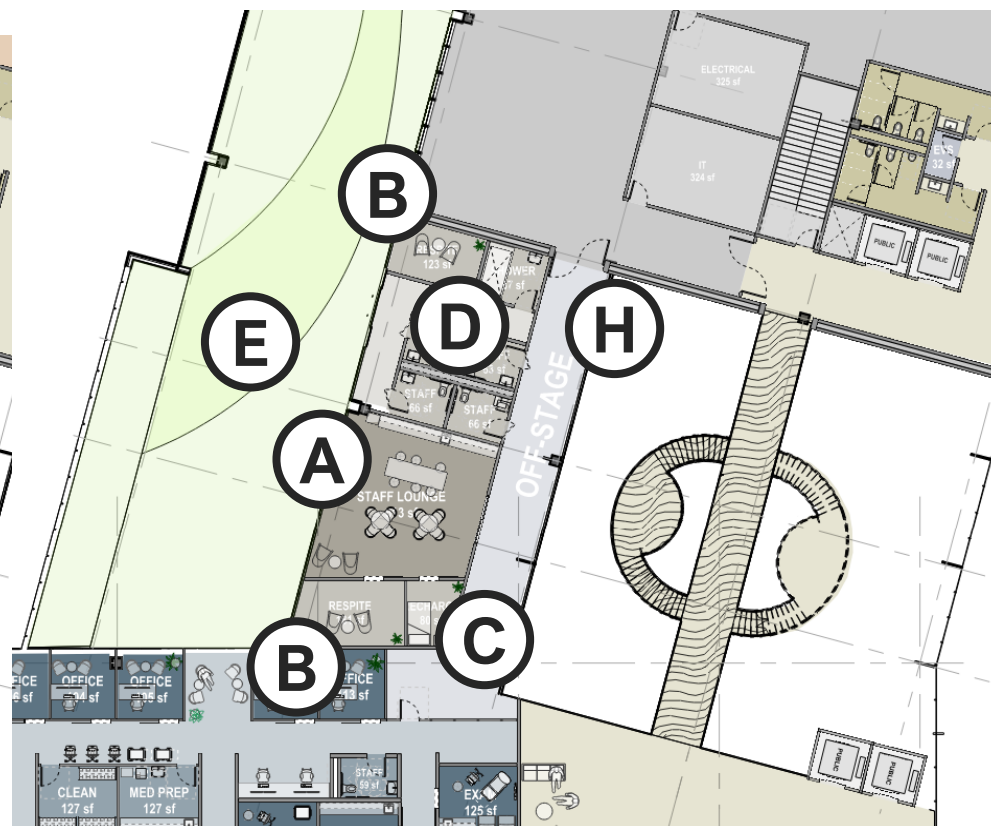
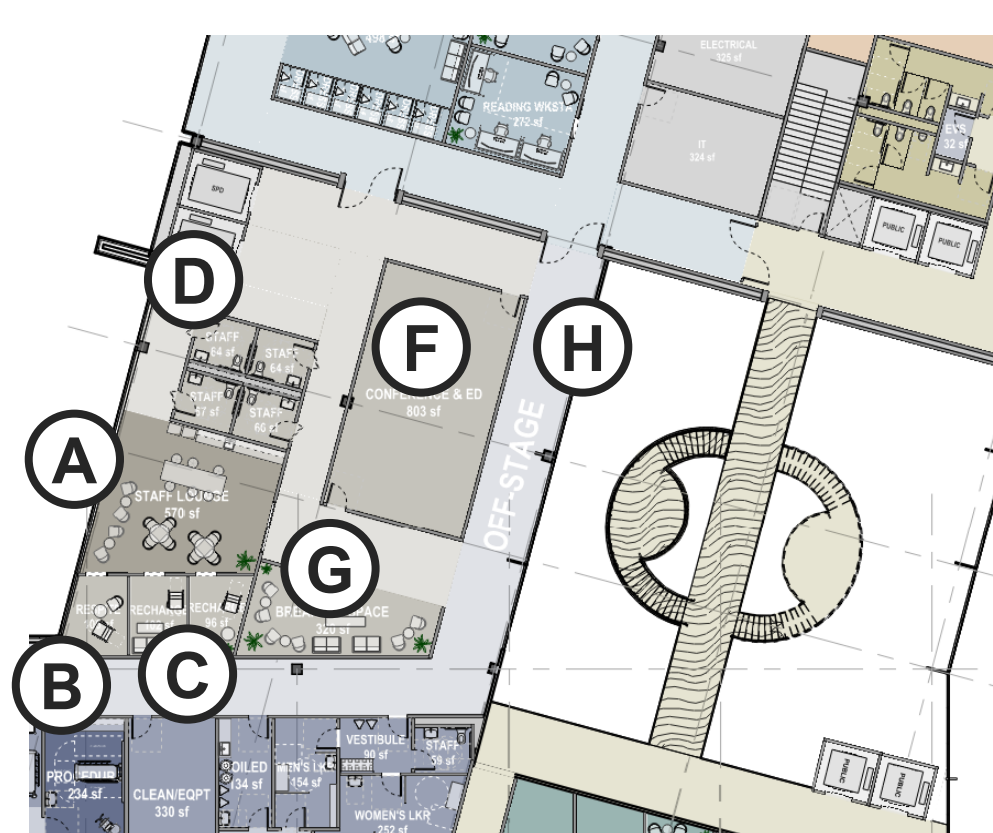
D. Staff Toilets / Shower

E. Staff-Only Roof Garden

F. Staff-Only Conf/Ed

G. Conf/Ed Breakout


H. Off-Stage Corridor











# **2** Technology & the Built Environment





# Beyond the Room: Architecting Phygital Environments for Healthcare's Hybrid Future

Exploring the Future of  
Healthcare Delivery







# The Shift to Hybrid is Already Here



Healthcare is in a dual transformation, impacting both how care is delivered and the physical spaces for it.

- Care is evolving into a seamless, continuous, and hybrid model; moving beyond traditional room-centric designs.
- Ambient technologies are crucial, reshaping the timing, location, and method of care delivery.

## Transforming Care Delivery







# We Must Acknowledge



Healthcare delivery continues to shift towards seamless, continuous, and hybrid.

No Longer Bound  
By Four Walls



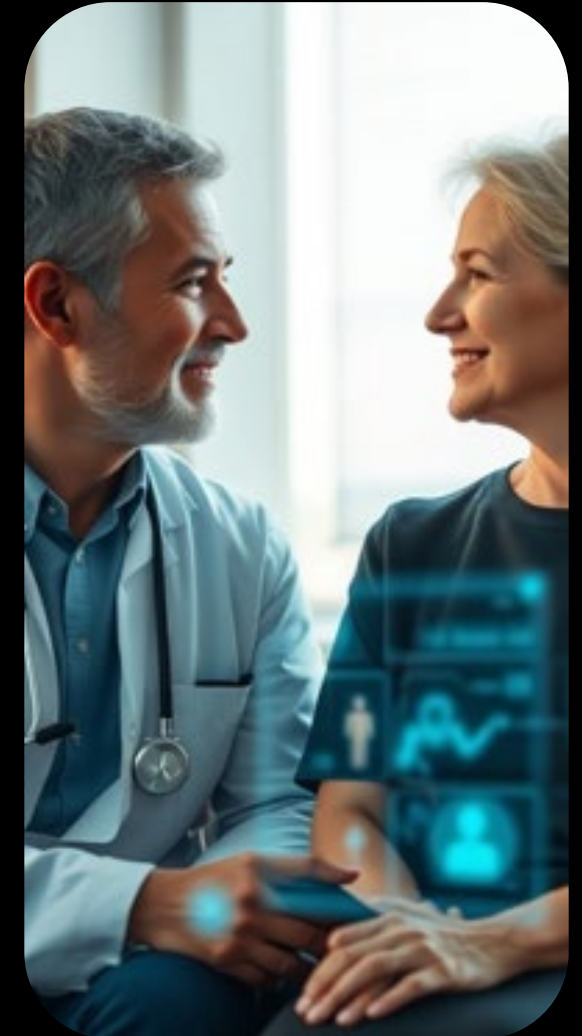
External forces are reshaping **when**, **where**, and **how** care is delivered

Ambient  
Technologies



Prior concepts may no longer support tomorrow's hybrid care models

Traditional Room-Centric Design







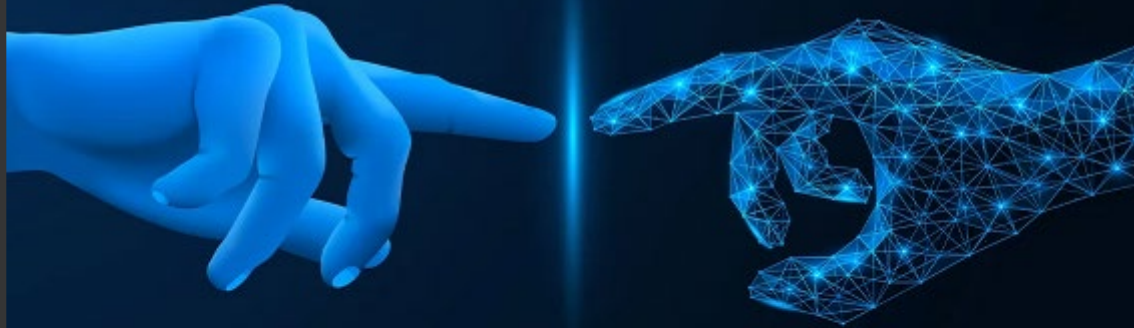
The industry faces an imperative: transform spaces or risk falling behind in adapting to the new care models that no longer adhere to the constraints of physical walls.

The Shift to Hybrid Healthcare is Already Here





## Physical + Digital



# Introducing Phygital Healthcare



Phygital care seamlessly integrates virtual and in-person touchpoints throughout the patient journey, requiring spaces that adapt rather than dictate.

Physical Architecture Meets  
Digital Experience





## Next Generation Healthcare

To successfully construct the next generation of hospitals that enable new **patient-centric** and **clinician-optimized** care models, technologies must be woven into the fabric of the built environment just as they are in the digital environment.





## Next Generation Healthcare

Human, physical and digital all work together to deliver better, more efficient and cost effective care – providing patients, caregivers and staff with a frictionless experience, and ultimately contribute to better health outcomes **within** and **beyond** the walls of the hospital.





# The Infrastructure Imperative

Future-proofing involves planning for **care models not yet developed**, shifting focus to adaptable solutions.

Building Platforms,  
Not Just Places

The approach must transition from specialized spaces to **flexible platforms** ready for future needs.

Design for  
Adaptability

Implementing **on-device AI** boosts reliability, privacy, and speed while easing the infrastructure load.

On-device AI and  
Edge Computing

Phygital facilities present **strategic advantages** and long-term benefits compared to traditional buildings.

Risk Management  
for Owners





# Human-Centered In An AI World

Blending physical and digital so compassion, trust, and equity stay at the core.

What Does 'Human-Centered' Mean?



Create adaptive spaces that foresee user needs while ensuring human agency remains intact.

Evolutionary UX



Designers need to comprehend care journeys deeply, beyond just layout and functionality.

Designers as Multi-disciplinary Experts



Technology should enhance human engagement and presence, not overshadow it in care settings.

AI as an Amplifier of Humanity







# Call to Action



Map care journeys across virtual and physical touchpoints; pilot ambient tech in select settings for optimal integration.

**Commit to Phygital Integration**



Shift from room-by-room design to platform strategies; engage technology partners early to ensure adaptability in planning.

**Reimagine Planning Methodologies**



Invest in AI literacy for teams; encourage collaboration across disciplines, designing with patients and clinicians in mind.

**Embrace Augmentation Culture**





# What Next: Leading the Change



The future of healthcare rests on our capacity to lead space and experience transformations. By adopting phygital environments, we can elevate care delivery and improve patient experiences across all interactions, seamlessly integrating physical and digital touchpoints to redesign how care is experienced.

Embracing Transformation. Elevating Care.







# **3** Evolving Delivery of Care



# Demographics



# Demographic Trends

- Aging population requires greater access to health care
- Increased need for behavioral health
- Shortage of inpatient psych beds
- Rural health crisis
- Access to quality maternal health
- Shortage of primary care physicians

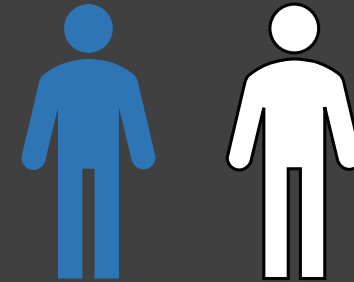




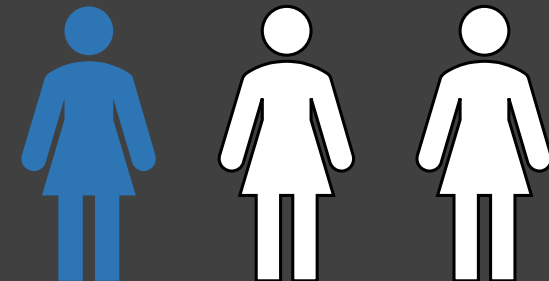
# Improvement in Care: Statistics

- Cancer is the **2nd leading cause of death** in the US
- An estimated 10% of cancers are genetic
- An estimated 16.5M people in the US have a genetic predisposition for cancer
- Yet, survival rates have improved dramatically in the past three decades
- Approximately 80% of chemotherapy & immunotherapy can be administered by a pill in the patient's home

## Probability of being diagnosed with cancer



1 in 2 Men



1 in 3 Women



# **Designing for Continuous Change: Flexibility & Adaptability**



# Operational & Planning Assumptions

## Future Flexibility & Adaptability

**Design to ensure healthcare facilities can adapt to the evolving delivery of care:**

- Modular design
- Evidence-based medicine driving the evolution of delivery of care
- Vertical circulation near edges to keep open space in floor plan
- On-stage/off-stage flow
- Access to natural daylight & views
- Staff at top of their license
- Process-driven design







# Operational Flows

Identify & Compile Flows & Wastes

## The 8 Flows:

1. Patients
2. Family & Relationships
3. Staff
  - Providers
  - RN, MA, PA
  - Techs
  - EVS, Dietary, etc.
4. Information
  - EMR/EHR
  - Analytics
  - Medical Orders
5. Supplies
  - Clean
  - Soiled
6. Medications
7. Equipment
  - Fixed
  - Mobile
  - Training/Use
  - Sterilization
  - Storage
8. Process/  
Ergonomics

## The 8 Flows

The 8 Flows are the workflows **essential to the effective, efficient delivery of high-quality care**; based on “*The Flows of Medicine*”





# Operational Flows

Identify & Compile Flows & Wastes

## The 8 Wastes:

Defects

Overproduction

Unnecessary waiting









Confusion/Skills

Transport

Inventory

Wasted Motion

Excess Processing

	DEFECTS  Variation in outcomes, medical errors	OVER-PRODUCTION  Redundant work, chart duplication	UNNECESSARY WAITING  Patient queues, staff idel time	CONFUSION/ SKILLS  Best practice unclear, skills	TRANSPORT  Delayed delivery of supplies and materials	INVENTORY  Excess supplies, unused medications	WASTED MOTION  Unnecessary movement by staff, patients	EXCESS PROCESSING  More work or complexity than is required
PATIENTS		Scanning Duplicate charts	Return calls from MD	MDs unaware of protocols	Supplies delivered monthly	Bar coding of Rx		Duplicate efforts
STAFF	Releasing orders	MD waiting for release Duplication of orders	Arrivals, placing orders, return calls	MD time spent with patient			Increasing calls	
INFORMATION	Communication is difficult	Redundant, duplicate orders	Scanning Computer, phone & fax system errors				EMR vs. paper Redundant, duplicate orders	Computer/phone system errors Too many hand-offs, inconsistencies
SUPPLIES	Storage access MM sends incorrect supplies	Storage access	EMR Incorrect orders		Waiting for supplies	Need storage Excess supplies	Finding what is needed; supplies kept far away from patient	Handler
MEDICATIONS	Verifying orders Errors in med concentrations from Rx	Verifying orders	MM, Pharmacy Communication breakdown betw. Rx & MD	Locating supplies General coordination	Staff has to pick up meds			When medication errors occur
EQUIPMENT	Multiple vendors BioMed certificate Equipment mal-function		Waiting to get probes			Need storage	Defective equipment forces staff to deviate from protocol at times	Finding right equipment Moving equip. from room to room
PROCESSES				Adjusting to a new healthcare environment				

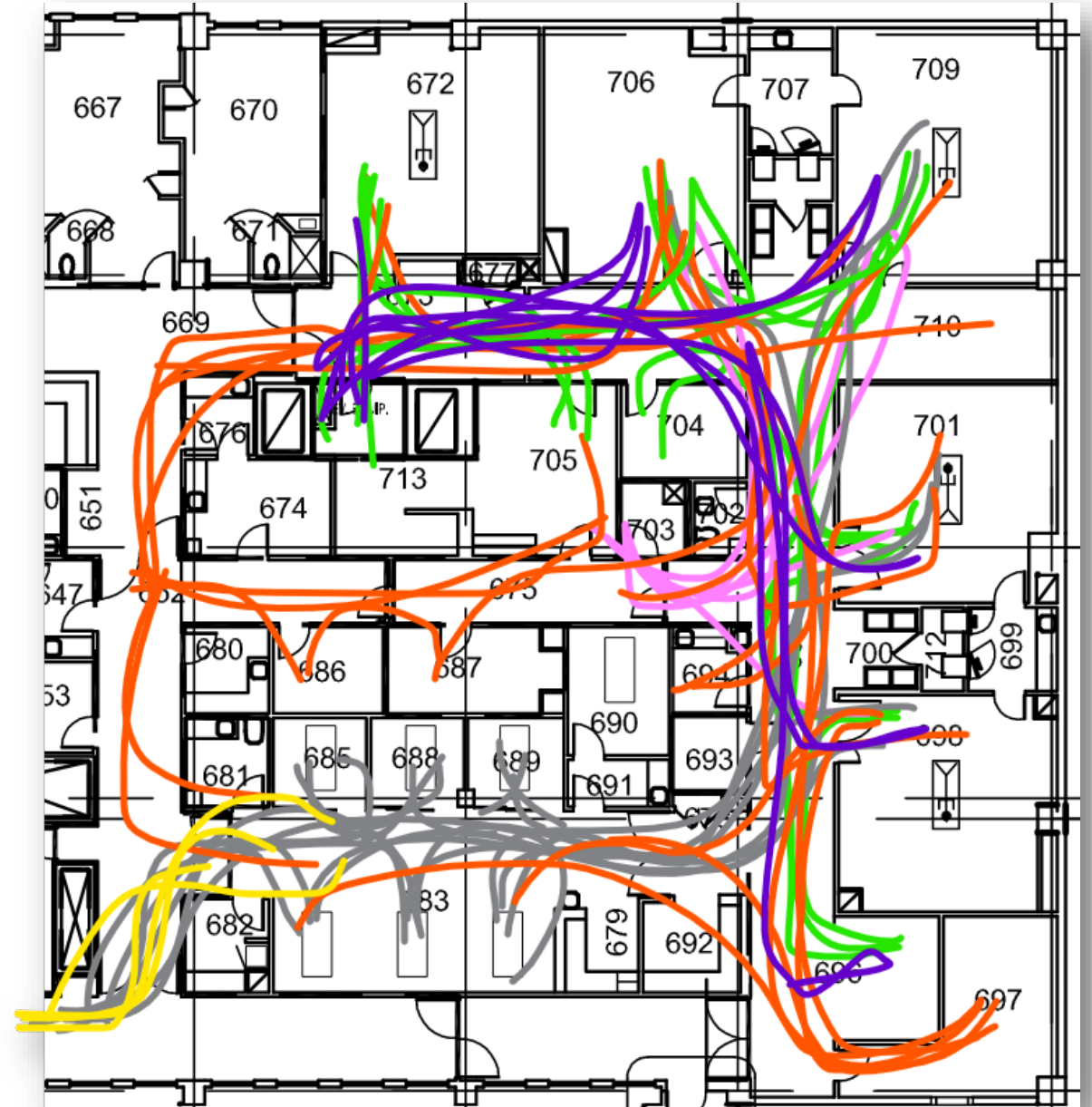


# Operational Flows


## Process-Stream Mapping

Map:

- Current state
- Desired ideal state operations/workflow
- Incorporating opportunities for improvement



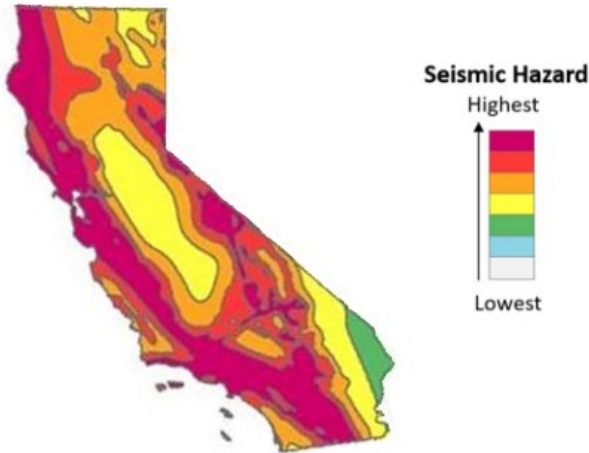




# 4 Designing Beyond Code Minimums



## DESIGN GUIDE FOR PLANNING AND PREPARING FOR DISASTERS



***Best Practices for Emergency  
Planning, Preparation, and Solutions***

Office of Statewide Hospital Planning and Development

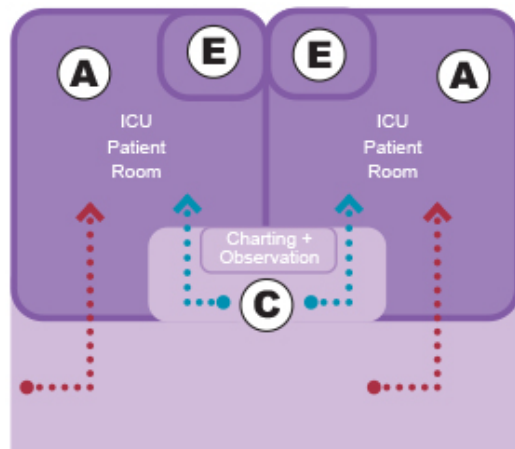
March 1, 2024

# Beyond the Code Minimum

**The code is a minimum standard:**

- Encourage innovation
- Apply strategic planning
- Design for 80-year to 100-year scenarios we can't imagine
- Plan for the evolving delivery of care

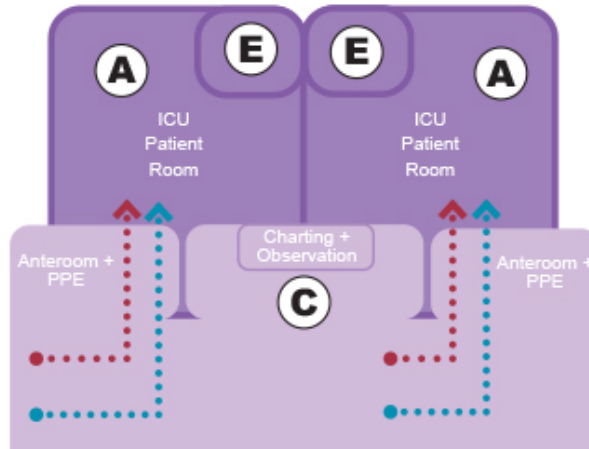




**Option A: Flexible Anteroom**

**Assumptions:**

Pandemic Patient Unit (PPU): ICU Patient Unit with "Pandemic Mode" capabilities designed as Care Suite with non-rated corridors



**Option B: Anteroom + Charting**

**Options: Flexible Anteroom or Anteroom + Charting**

Provides an alcove for PPE and medical equipment that supports the patient room during pandemic mode. The intent is to ensure corridors remain uncluttered during pandemic mode and ease of donning/doffing PPE.

The intent of the alcove options is to provide health facilities with options to quickly respond to pandemic and other emergency conditions.

Alcove for patient's medical equipment outside of the patient room. Staff can continue to frequently monitor the patient vitals while reducing exposure to possible unknown within the patient room.

**LEGEND:**

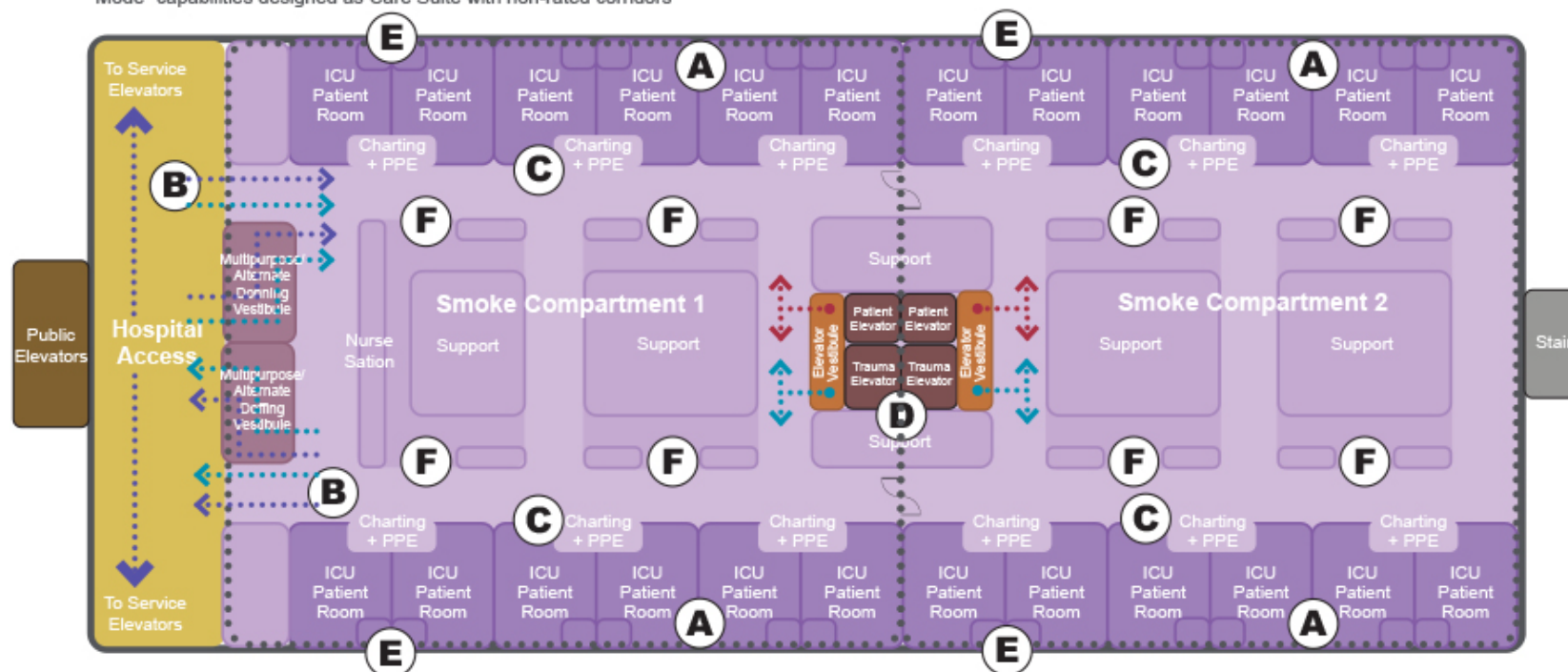


The intent of the planning diagrams is to provide options for individual features / concepts

**KEYNOTES:**

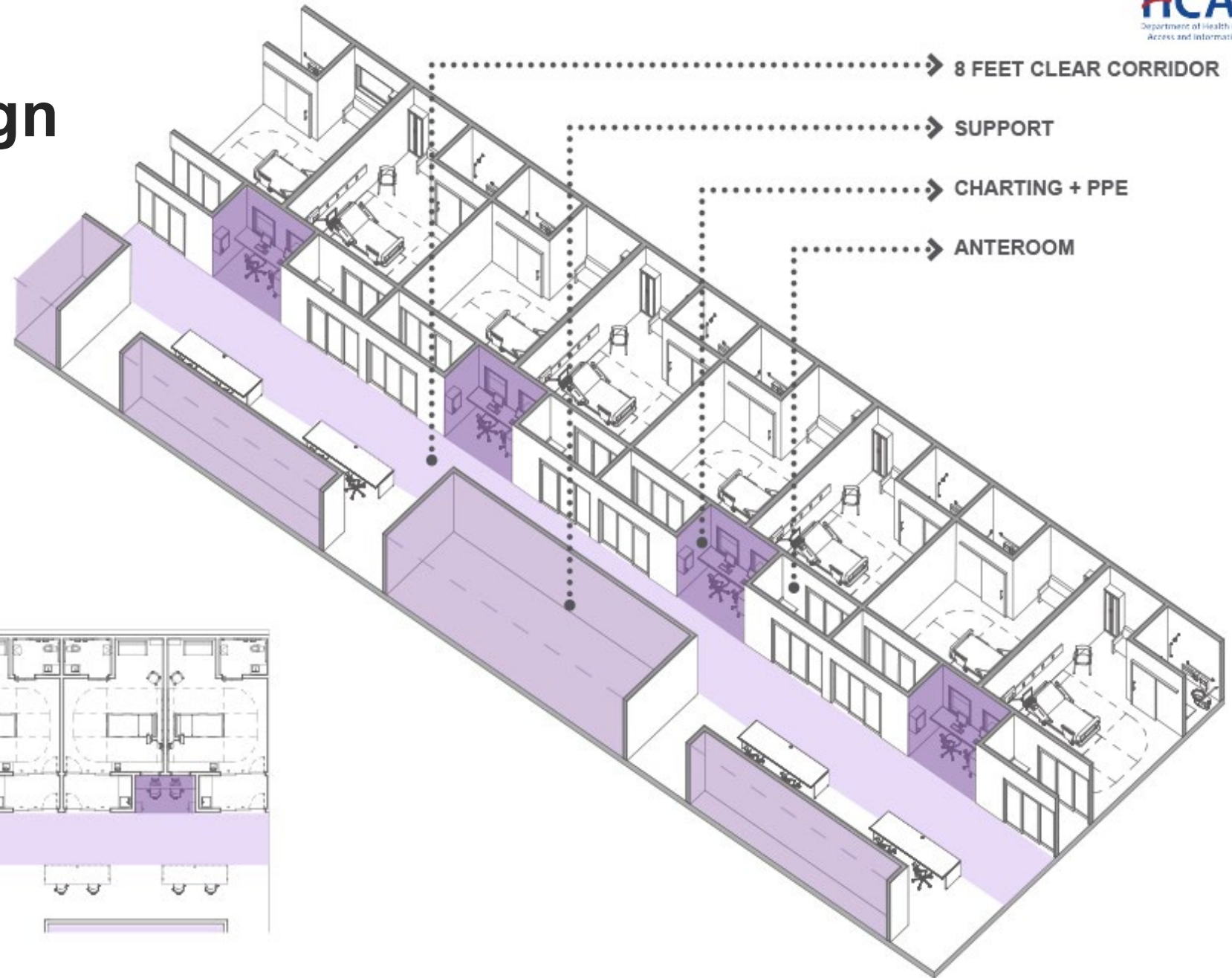
- A** Patient rooms are neutral or negative - refer to Chapter 2
- B** One-way flow of patients, staff, and materials are recommended, where possible
- C** Charting + PPE/Equipment Alcove: hand washing station recommended - anterooms shall comply with code requirements
- D** During "Pandemic Mode" implement operational model to limit access to the Pandemic Patient Unit from the patient and trauma elevators
- E** Patient Toilet Room - health facilities to determine in-board vs. out-board toilet rooms vs. side-by-side
- F** Health facilities to determine centralized vs. decentralized nurse stations

Intent is to recommend that health facilities identify and design specific units that can flex into "Pandemic Mode" when needed. These Pandemic Patient Units would operate as typical ICU during "Non-Pandemic Mode".





# Conceptual Design



KEYPLAN



# **UC Davis Health California Tower**





UCDH California Tower



# UCDH California Tower

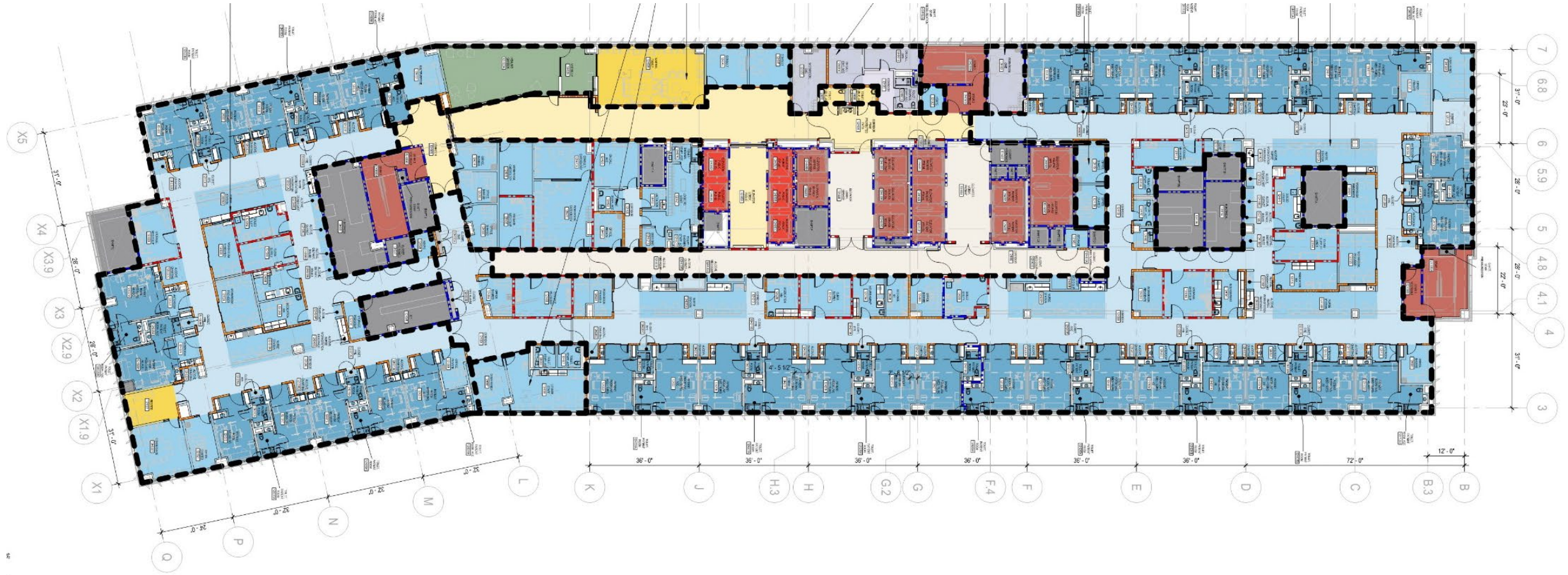
**Design for future flexibility by designing beyond code minimums:**

- Acuity-adjustable patient units
- 100+ pandemic-ready patient rooms
- Decentralized nurse stations
- On-stage/off-stage circulation
- Data-driven design for quantity of AIIR
- 36-bed burn unit serving NorCal & beyond
- Patient units can function as one 36-bed unit or two units (24-bed & 12-bed)



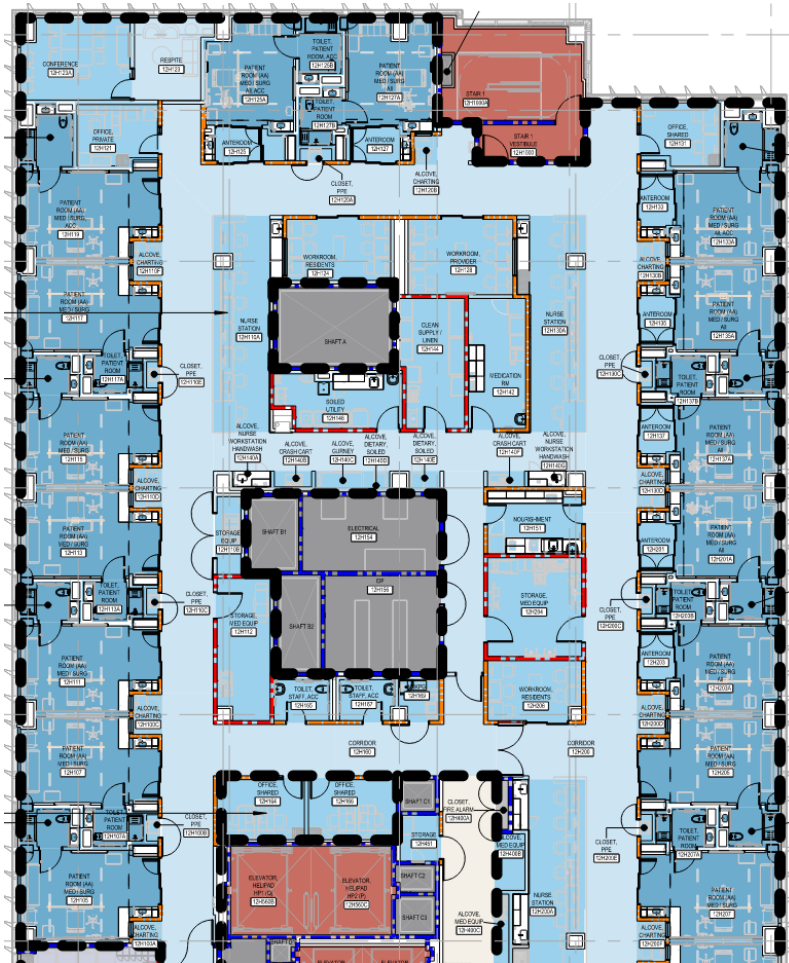
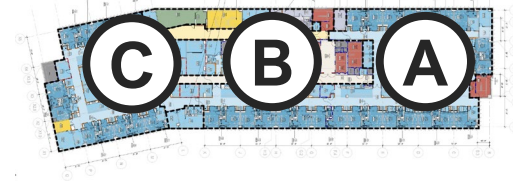


# UCDH California Tower





# UCDH California Tower



A

Current Trends in Healthcare Design

B

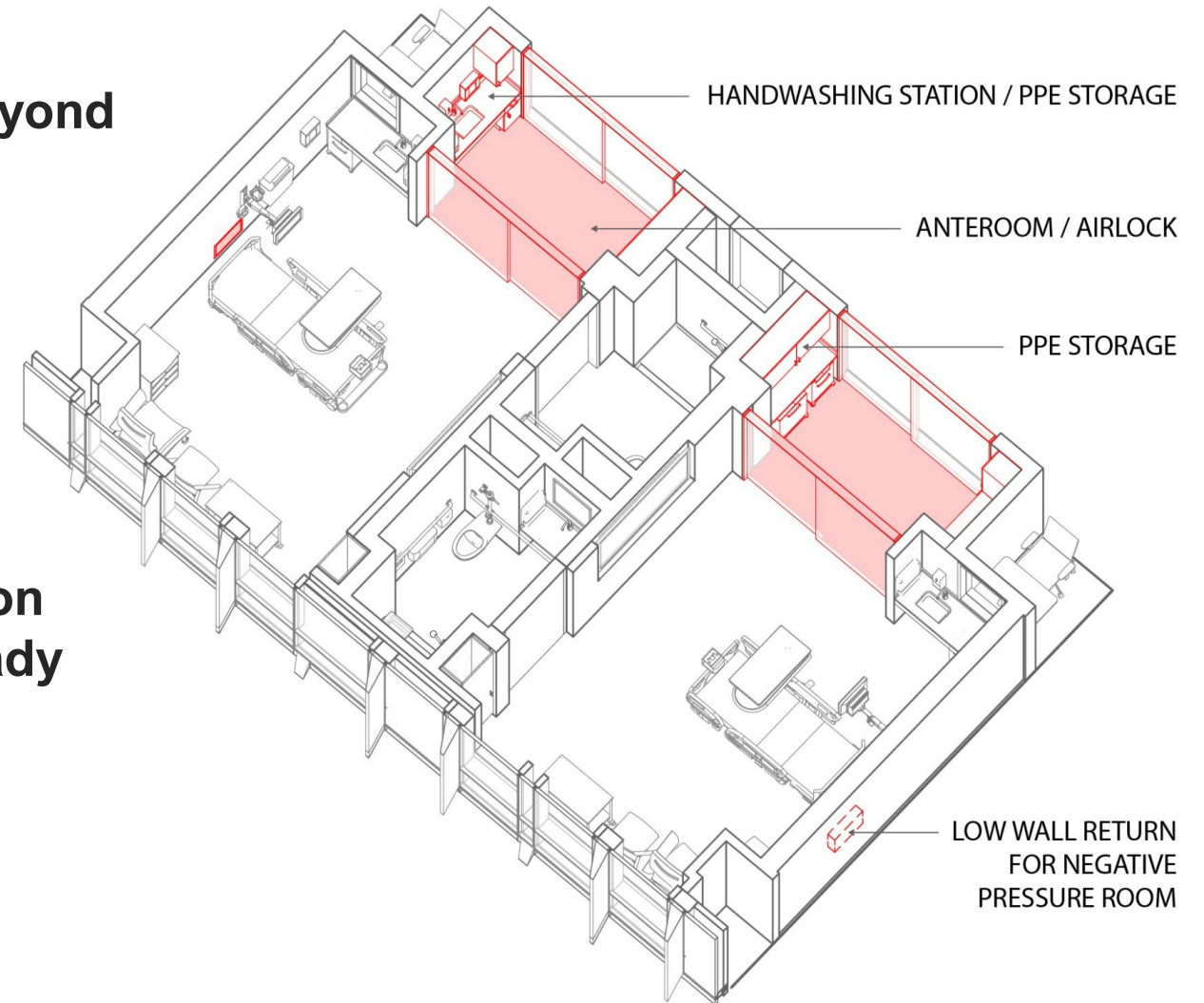
C



# UCDH California Tower

## Design for future flexibility by designing beyond code minimums:

- Long-term flexibility
- Ability to flex from med-surg to ICU
- ICU designed to be pandemic-ready in a “special pathogens unit”
- Combination of **Airborne Infection Isolation** rooms (100% fresh air) and **Pandemic-Ready** rooms (recirc w/HEPA)





# UCDH California Tower

## Leveraged VR during design:

- End users were able to walk a room in virtual reality while the design team and other end users view what the VR goggles are seeing
- Viewing in three dimensions provides better understand between design team & end users





# UCDH California Tower

## Leveraged VR during design:

- Patient rooms
- Cath/IR/EP interventional rooms





**Definitely Not in the  
Building Code**



# Waiting

1. Outside: Outside seating areas for patients and their families
2. Inside: Inside waiting areas with warm finishes
3. Staircase: Pause areas at mid landings to promote stair use
4. Materials and Ambience: Create warm and welcoming experience
5. Daylighting: Ample light and views





# Recovery

1. Intimate Spaces: Intimate spaces for visiting friends and family to promote healthy community living
2. Landscape Features: Enhance the architecture, foster support and comfort
3. Walkways: Encourage pedestrian flow and differentiate between vehicular and pedestrian flow
4. Seasonal features such as flowering trees
5. Provide a surprise around every corner





# Questions?



Item #15

Comments from the Public/Board Members on issues not on this agenda

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

*Facilitator: Jim Malley (or designee)*



## Item #16      Adjournment

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