



2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
hcai.ca.gov



**\*\*\* SPECIAL NOTICE \*\*\***

**This meeting will be held in-person at the location noted below, as well as by teleconference. Board members and members of the public may fully participate from their own locations.**

**NOTICE OF PUBLIC MEETING**

**HOSPITAL BUILDING SAFETY BOARD**

**Full Board Meeting**

Appointed Members

Louise Belair, Chair  
David Bliss, Vice Chair  
Cody Bartley  
Bruce Clark  
Deepak Dandekar  
Michael Foulkes  
John Griffiths  
Mike Hooper  
Scott L. Jackson  
David Khorrarn  
Michele Lampshire  
Marshall Lew  
Scott Mackey  
Jim O. Malley  
Farzad Naeim  
Bruce Rainey

Director-Appointed

Ex-Officio Members

Bert Hurlbut  
Michael O'Connor

**Date:**

Wednesday, December 7, 2022  
10:00 a.m. – 4:00 p.m.

Thursday, December 8, 2022  
9:00 a.m. – 3:00 p.m.

**Location:**

Department of Health Care Access  
and Information  
[2020 West El Camino Avenue, Suite 900](#)  
[Sacramento, CA 95833](#)

**Teleconference Meeting Access:**

**Day One:**

[HBSB Teams Full Board Meeting](#)

**Day Two:**

[HBSB Teams Full Board Meeting](#)

For more detailed instructions on joining or attending the meeting, see pages 5 and 6.

Ex-Officio Members

Elizabeth Landsberg  
HCAI Director

Mike Richwine  
State Fire Marshal

VACANT

State Geologist  
Jennifer Thornburg (Delegate)

Mia Marvelli  
Building Standards Commission  
Executive Director

Tomás J. Aragón, M.D., Dr. P.H.  
Dept. of Public Health Director  
Nathaniel Gilmore (Delegate)

Chris Tokas  
Office of Statewide Hospital  
Planning and Development  
(OSHDP),  
HCAI

Deputy Director

Executive Director

Ken Yu

**AGENDA**

| Item | Subject                   | Facilitator                                    |
|------|---------------------------|--|
| 1    | Call to Order and Welcome | Louise Belair,<br>Board Chair<br>(or designee) |

# **1. Call to Order and Welcome**

Facilitator: Louise Belair, Board Chair (or designee)



## **2. Roll Call and Meeting Advisories/Expectations**

Facilitator: Ken Yu, HBSB Executive Director (or designee)

- Determination of Quorum
- Conduct of Meeting

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

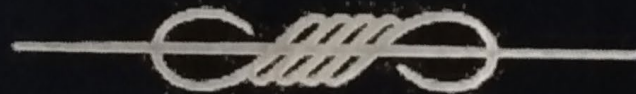
Facilitator: Elizabeth Landsberg, HCAI Director (or designee)

- Swearing-in Ceremony for new HBSB members:
  - Gary Dunger, Hospital Facilities Manager Representative
- Recognition of outgoing HBSB member:
  - Bruce Rainey, Hospital Facilities Manager Representative
- HCAI Update
- Discussion and public input



*Presented to*

**Bruce A. Rainey**



**Hospital Facilities Manager  
2018 – 2022**

**Hospital Building Safety Board**

#### **4. Overview and approval of the August 11, 2022, Full Board draft Meeting Report/Minutes**

Facilitator: Louise Belair, Board Chair (or designee)

- Discussion and public input



# Hospital Building Safety Board

by

Louise Belair, BOARD CHAIR and David Bliss, BOARD VICE CHAIR

## BOARD MEMBERS:

Cody Bartley, Bruce Clark, Deepak Dandekar, Michael Foulkes, Michael Foulkes, John Griffiths, Mike Hooper, Scott L. Jackson, David Khorram, Marshall Lew, Scott Mackey, James O. Malley, Farzad Naeim, Bruce Rainey

## DIRECTOR APPOINTED EX-OFFICIO MEMBERS:

Bert Hurlbut, Michael O'Connor

## STATUTORY EX-OFFICIO MEMBERS:

Elizabeth Landsberg, HCAI Director; Chris Tokas, HCAI FDD Deputy Director; Jennifer Thornburg (Delegate); Nathaniel Gilmore (Delegate);

## HCAI STAFF:

Arash Altoonash, Deputy Division Chief, Richard Tannahil, Deputy Division Chief, Joe Labrie, Roy Lobo, Carl Sheuerman, Ali Sumer, Nanci Timmins, James Yi, HCAI Attorney, Veronica Yuke

## EXECUTIVE DIRECTOR:

Ken Yu

# MEETING REPORT:

Meeting Date: August 11, 2022

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 1: Welcome & Introductions
  - Louise Belair, Board Chair called the meeting to order.
- Topic 2: Roll Call and Meeting Advisories/Expectations
  - Quorum was established.
  - Ken Yu, Executive Director read the advisories.
- Topic 3: HCAI Update – Elizabeth Landsberg, HCAI Director
  - Swearing in new HBSB members:
    - Cody Bartley – General Contractor Representative
    - John Griffiths – Electrical Engineer Representative
  - Recognition of outgoing HBSB members:
    - Pete Kreuser – General Contractor Representative
    - Roy Lopez – Electrical Engineer Representative

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 3: HCAI Update – Elizabeth Landsberg, HCAI Director (Continued)
  - Acknowledgement of Scott Jackson – FLS Representative - 2<sup>nd</sup> Term
  - Updates on bills and budget proposals:
    - Office of Healthcare Affordability – included in this year’s budget and will be established within HCAI.
    - HCAI will be overseeing CalRx Biosimilar Insulin initiative.
    - HCAI will help support Health Care Profession Development.
    - HCAI will be overseeing the State’s Reproductive Health Care Access initiative.
    - HCAI received funding for the Small and Rural Hospital Relief Program.
    - HCAI is establishing the Hospital Equity Reporting Program which requires hospitals to prepare and file an annual equity report.



# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 4: Nominations for HBSB Chair and Vice-Chair Kick-Off - Michael Foulkes / Michael O'Connor –  
Nominating Committee
  - Nominees for the position:
    - Louise Belair - to continue as chair
    - Scott Jackson - nominated as vice-chair
- Topic 5: Overview & Approval of April 28, 2022 FB draft Meeting Report/Minutes – Louise Belair, Board Chair
  - Highlights were:
    - HCAI program updates
    - Acknowledgement of Paul Coleman's letter to the HBSB
    - Appointment of a nomination committee for Chair and Vice Chair of the Board
    - Inspection Services, Building Standard Unit, Structural Services, Fire Prevention Unit and FDD updates highlights were reviewed.

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 6: Instrumentation Committee – Marshall Lew, Committee Chair
  - Overview & Approval of April 15, 2022 draft meeting report/minutes.
    - Report on the first draft White paper, “The Benefits of Strong Motion Instrumentation in Hospital Facilities”.
    - Discussion about type of sensors and cost for instrumentation took place.
- Topic 7: Codes and Processes Committee – Michael O’Connor, Committee Chair
  - Overview and Approval of May 12, 2022 and July 14, 2022 of draft Meeting Reports/Minutes.
    - May 12, 2022 Meeting – 4 topics
      - Final copies of California Building Standards 2022 Revision Cycles will be published in July 2022.
      - Draft PIN and CAN for Emergency Projects – initial development of PIN 72.
      - Emergency Design Guide Task force is receiving comments for the design guide.
      - HCAI Pre-Approved Details (OPD)
    - July 14, 2022

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 7: Codes and Processes Committee – Michael O’Connor, Committee Chair (Continued)
  - July 14, 2022 Meeting – 3 topics
    - Draft PIN and CAN for Emergency Projects
    - California Building Standards Code Revision Cycle for 2022 and Intervening Code Cycle.
    - HCAI Pre-Approved Details (OPD)
- Topic 8: Education and Outreach Committee – Mike Hooper, Committee Chair
  - Overview and Approval of May 25, 2022 of draft Meeting Report/Minutes.
    - Topics discussed:
      - 8 Webinar topics
      - 2023 seminar to be geared around HCAI – Tips From the Experts

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 9: Energy Conservation and Management Committee – Scott Jackson, Committee Chair
  - Overview and Approval of June 14, 2022 draft Meeting Report/Minutes.
    - Topics discussed:
      - Microgrid Task Force updates.
      - Resiliency for Healthcare Facilities.
      - List of Microgrid presentations was given.
    - Discussion included an awareness of decarbonization.
- Topic 10: Structural & Non-Structural Regulations Committee – Jim Malley, Committee Chair
  - Overview and Approval of June 22, 2022 draft Meeting Report/Minutes.
    - Topics discussed:
      - HCAI PIN 71 – “Compliance plan requirements for participants in the Small and Rural Hospital Relief Program”

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 10: Structural & Non-Structural Regulations Committee – Jim Malley, Committee Chair (Continued)
  - Topics discussed:
    - Proposed amendments to California Existing Building Code – Title 24 – Part 10
    - Proposed amendments to California Building Code – Title 24 – Part 2
    - Updates to PIN 55 – HCAI Special Seismic Certification Approval (OSP)
    - Updates to PIN 58 - HCAI Preapproved Agency for Structural Tests and Special Inspection
- Topic 11: FDD Update – Chris Tokas – FDD Deputy Director
  - FDD's accomplishments.
  - Overview of Advisory Guide on General Acute Psychiatric Facilities.
  - HCAI collaboration with licensing task groups to assist with licensing.
  - Explanation of the requirements for HCAI/CDPH/Board of Pharmacy.
  - Announcement of the Small and Rural Hospital Relief Program project timeline.

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 11: FDD Update – Chris Tokas – FDD Deputy Director (Continued)
  - Presentation from Joe Stasney on Kaiser San Marcos Hospital project.
  - Discussion and clarification about the level of inspection required during pre-fabrication.
- Topic 12: Inspection Services Unit Update – Joe LaBrie, FDD Inspection Services Unit Supervisor
  - Review of ISU activities.
- Topic 13: Building Standards Unit Update– Richard Tannahill , FDD Deputy Division Chief
  - 2022 Building Code was published in July 2022 and will go into effect January 1<sup>st</sup>, 2023.
  - Proposed changes for the intervening code cycle is in initial stage.
  - Reviewed current coordination effort with CDPH, Clinic Advisory Committee (CAC) and California Association of Health Facilities (CAHF).
  - Mention of upcoming webinars.
  - Discussed updates to PIN 72 (Emergency Work Authorization) and PIN 73 (Treatment and Class 1 Imaging)

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 14: Structural Services Update – Roy Lobo – FDD Principal Structural Engineer
  - Structural Services Unit update.
  - Explanation of SB 395 grant program.
  - Overview of Structural Services Section responsibilities.
  - PIN 58 updated to require all applications for HCAI preapproved program to be done online.
- Topic 15: Fire Prevention Unit Update – Nanci Timmins – FDD Chief Fire Life Safety Officer
  - 2022 code changes have been submitted and already in print.
  - Review of Fire Prevention Unit various training activities participation in the industry.
  - Review Upcoming webinars
  - Presentation of a list of committees that the unit participates in.

# Meeting Date: 08/11/2022

## OVERVIEW OF TOPICS

- Topic 16: HBSB Chair and Vice-Chair Elections - Michael Foulkes / Michael O'Connor – Nominating Committee
  - Appointment of Louise Belair for chair and Scott Jackson for vice-chair of the HBSB.
- Topic 17: Comments from the public/board members not on this agenda – Louise Belair – Board Chair
  - None.
- Topic 18 : Adjournment – Louise Belair, Board Chair
  - Meeting adjourned on August 11, 2022 at approximately 3:25pm.



# Meeting Date: 08/11/2022

## OVERVIEW OF MOTIONS

- Motion 1: The Board voted to accept the April 28, 2022 Full Board draft Meeting Report/Minutes as presented with corrections.
- Motion 2: The Board voted to accept the April 15, 2022 Instrumentation Committee draft Meeting Reports/Minutes as presented.
- Motion 3: The Board voted to accept the May 12, 2022 and July 14, 2022 Code and Processes Committee draft Meeting Reports/Minutes as presented with corrections.
- Motion 4: The Board voted to accept the May 25, 2022 Education and Outreach Committee draft Meeting Reports/Minutes as presented.

# Meeting Date: 08/11/2022

## OVERVIEW OF MOTIONS

- Motion 5: The Board voted to accept the June 14, 2022 Energy Management and Conservation Committee draft Meeting Reports/Minutes as presented.
- Motion 6: The Board voted to accept the June 22, 2022 Structural and Non-Structural Regulations Committee draft Meeting Reports/Minutes as presented.
- Motion 7: The board voted unanimously to appoint Louise Belair for chair and Scott Jackson for vice-chair of the HBSB for the year 2023.

## NEXT STEPS:

- None discussed

# Meeting Date: 08/11/2022

## CONCLUSION

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

## 5. Instrumentation Committee

Facilitator: Marshall Lew, Committee Chair (or designee)

- Overview and approval of the following draft Meeting Report/Minutes:
  - July 5, 2022
  - September 29, 2022
- Overview of the October 27, 2022 meeting
- Present final draft: *Seismic Instrumentation of Healthcare Facilities – A White Paper on the Usefulness and Benefits of Seismic Instrumentation of Healthcare Facilities*
- Discussion and public input



# Instrumentation Committee

by

MARSHALL LEW, COMMITTEE CHAIR  
BRUCE R. CLARK, COMMITTEE VICE CHAIR

## COMMITTEE MEMBERS:

JIM MALLEY  
JENNIFER THORNBERG  
FARZAD NAEIM

## CONSULTING MEMBERS:

HAMID HADDADI  
MOH HUANG

## HCAI STAFF:

HUSSAIN BHATIA, EROL KALKAN, ROY LOBO, ALI SUMER,  
JOHN PAUL BUCHANAN

## MEETING REPORTS:

- Meeting Date: 07/05/2022
- Meeting Date: 09/29/2022
- Meeting Date: 10/27/2022 (Meeting Minutes not yet available)

**Meeting Date: 07/05/2022**  
**OVERVIEW OF TOPICS**

- **Discussion and editing of the [draft white paper](#), “The Benefits of Strong-Motion Instrumentation in Hospital Facilities”**

Facilitator: Marshall Lew, Committee Chair



**Meeting Date: 07/05/2022**

# **White Paper – Seismic Instrumentation of Healthcare Facilities**

- I. INTRODUCTION**
- II. CURRENT STATUS OF HCAI INSTRUMENTATION**
- III. THE BENEFITS OF HOSPITAL INSTRUMENTATION**
- IV. INCREASING THE USEFULNESS OF THE STRONG MOTION DATA AND NETWORKS**
- V. THE FUTURE OF ALTERNATIVE INSTRUMENTATION AND DATA ANALYSIS**
- VI. IMPROVING COMMUNITY AWARENESS OF THE VALUE OF STRONG-MOTION INSTRUMENTATION**
- VII. SUMMARY, RECOMMENDATIONS AND CONCLUSIONS**

**Meeting Date: 07/05/2022**

## **Discussion on the Draft White Paper**

- **Assignments to committee members to compile review working draft of the White Paper**
- **Scheduled another committee meeting on 09/29/2022 to discuss and refine the complete draft.**

**Meeting Date: 07/05/2022**  
**OVERVIEW OF MOTIONS**

- No motions were made.

**Meeting Date: 09/29/2022**

## **OVERVIEW OF TOPICS**

- **Gather comments from Committee Members and Public Participants and edit the draft of the white paper on Hospital Instrumentation to produce a final draft.**
- **Farzad Naeim and Marshall Lew to work on final draft for presentation to the Committee at the October 27, 2022 committee meeting.**

**Meeting Date: 09/29/2022**  
**OVERVIEW OF MOTIONS**

- No motions were made.

**Meeting Date: 10/27/2022**

**OVERVIEW OF TOPICS (Minutes not yet available)**

- **Annual update to the Committee regarding the California Strong Motion Instrumentation Program – Erol Kalkan, HCAI**
- **Review of the Fiscal Year 2021-22 HCAI/CSMIP Hospital Instrumentation Annual Report – Hamid Haddadi, CSMIP**
- **Review the final draft White Paper and editing of the final draft.**

## NEXT STEPS:

- Farzad Naeim and Marshall Lew to finalize draft of White Paper.
- HCAI staff to review final draft of White Paper
- Receive HBSB approval in December HBSB Board Meeting

## Meeting Date: 10/27/2022

### OVERVIEW OF MOTIONS

- A Motion was made and seconded to accept the final draft of the White Paper (incorporating changes and comments made in the meeting and HCAI review comments) and present to HBSB. The motion passed.



## Meeting Dates: 07/05/2022 and 09/29/2022

### CONCLUSION

- Questions and Answers
- This report constitutes a MOTION to the BOARD and must be SECONDED by a Board Member that does not serve on the Committee for further ACTION.

## Meeting Date: 10/27/2022

### CONCLUSION

- Minutes not available for this meeting; will be presented in the April 2023 HBSB meeting for approval.
- MOTION to the BOARD: acceptance of the White Paper on Seismic Instrumentation; a SECOND to this motion must be by a Board Member that does not serve on the Committee for further ACTION.

## 6. Technology and Research Committee

Facilitator: Michael Foulkes, Committee Vice Chair (or designee)

- Overview and approval of the following draft Meeting Report/Minutes:
  - July 27, 2022
  - *November 1, 2022*
- Discussion and public input



# Technology and Research Committee

by

BRUCE RAINEY COMMITTEE CHAIR

MICHAEL FOULKES, VICE CHAIR

## COMMITTEE MEMBERS:

David Bliss  
Deepak Dandekar  
Bert Hurlbut  
Roy Lopez  
Scott Mackey  
Bruce Macpherson  
Michael O'Connor

## CONSULTING MEMBERS:

Benjamin Broder  
Gary Dunger  
Eric Johnson

## OSHPD STAFF:

Chris Tokas, Acting FDD Deputy Director  
Richard Tannahill, Acting FDD Deputy Division Chief  
Arash Altoontash, FDD Deputy Division Chief  
Hussain Bhatia  
Joe LaBrie  
Diana Scaturro  
Carl Scheuerman  
Jamie Schnick  
Nanci Timmins  
James Yi, OSHPD Legal Council

# MEETING REPORTS:

- Meeting Date: 07/27/2022 and 11/1/2022

# Meeting Date: 07/27/22

## OVERVIEW OF TOPICS

- Cyber Security Protection
- Presenters: Gordon Lawson, CEO, and Brian Stone, Chief Revenue Officer, CONCEAL
- Mr. Stone said CONCEAL provides security through obscurity.
- CONCEAL browser scans links then isolates the link which containerizes the browsing section hence the link can not do harm to the network.

# Meeting Date: 7/27/2022

## OVERVIEW OF TOPICS

- RIB iTwo 4.0 Software
- Presenters: Brian Hewgley, Strategic Accounting Executive, and Bassem Ammouri, National Association of Manufacturers Director, Schneider Electric
- The goal of Schneider Electric is to empower the world to make most of energy and resources, bridging progress and sustainability. Schneider tries to prevent miscommunications among members of the value chain especially in construction through adoption of digital technology.
- Mr. Ammouri talked about the Building Information Modeling (BIM). This is a visual data base process which is used to visualize and store data that will define the project itself.

# Meeting Date: 7/27/2022

## OVERVIEW OF TOPICS

- RIB company:
- Cloud First – information that drives the collaboration lives in the Clouds.
- AI First – ability to use historical data from previous projects that were managed using the software to help with prediction on future projects
- Mobility First – construction projects are mobile so there is need to be a mobile access point to the BIM model.



# Meeting Date: 7/27/2022

## OVERVIEW OF TOPICS

- NPC-5 Water and Sewage Holding Tanks
- Presenter: Bruce Rainey, Committee Chair
- Mr. Hageman discussed the California Plumbing Code (CPC) 2019, NPC- 5 requirements.
- Amount of water storage should be computed based on an approved water conservation rationing plan.
- Not less than 150 gallons per licensed bed.
- Hookups that allow for the use of transportable sources to augment minimum 24 hours storage of potable and process water based on approved Water Conservation/ Water Rationing Plan.

# Meeting Date: 7/27/2021

## OVERVIEW OF TOPICS

Mr. Hageman gave the difference between single verses multiple water tanks. In single water tanks:

- Downtime for cleaning- meaning no emergency water storage
- Large capacity requires stratification prevention measures.
- Single point of failure.

Whereas in multiple water tanks:

- Tanks can be sized to allow one tank to be offline and still have minimum storage
- If all tanks are online, there is increased storage
- Expensive to build and operate

# Meeting Date: 7/27/2021

## OVERVIEW OF TOPICS

- All-Electric Campus – A Use Case
- Presenter: Becky Clift, WSP and Roger Carter, tk1sc
- Mr. Carter stated that the presentation was about how the healthcare build environment fits into decarbonization.
- Ms. Clift talked about a UC Irvine Campus Medical Complex case project that has:
  - 354,000 square feet bed hospital
  - 250,000 square feet Ambulatory Care Center Central utility plant

# Meeting Date: 7/27/2022

## OVERVIEW OF MOTIONS

- No items presented for Motion

# Meeting Date: 11/1/2022

## OVERVIEW OF TOPICS

- Presentation: The Inflation Reduction Act: What is in it for me?
- Presenter: Anne Andrew, Tax Partner, and Wendy Punches, Tax Managing Director, PriceWaterhouseCoopers
- The Inflation Reduction Act (IRA) was the largest federal investment in clean energy in the U.S. IRA reinstates and significantly expands current incentives, providing an estimated \$370 billion of energy related tax credits. IRA, in addition to significant energy provision, aimed to advance the economy, further social and government space by promoting growth in targeted areas.

# Meeting Date: 11/1/2022

## OVERVIEW OF TOPICS

- Microsoft HoloLens 2
- Presenter: Todd Van Nurden, Principal Cloud Architect, Microsoft
- Mr. Nurden talked about mixed reality or metaverse (the fourth wave of computing) which is the blending of the physical and digital world.

# Meeting Date: 11/1/2022

## OVERVIEW OF TOPICS

- Mixed reality has given opportunity for:
- Remote expertise- interaction with an expert without the need to travel via HoloLens.
- Training and learning
- Immersive meetups
- On-site information
- Design together
- Connect and create

# Meeting Date: 11/1/2022

## OVERVIEW OF MOTIONS

- Technology and Research Committee Goals for 2023
- The Committee could address remote services for patient records, options for nurses' call going web-based, and off-site base for supporting medical records.
- The committee could invite experts in industries like fire alarm systems and energy monitoring systems to talk more about their industries and how reliable they are in case of lost internet connectivity.



# Meeting Date: 11/1/2022

## OVERVIEW OF MOTIONS

- No items presented for Motion

# Meeting Date: 11/10/2021

## CONCLUSION

- Questions and Answers
- This report constitutes a MOTION to the BOARD and must be SECONDED by a Board Member who does not serve on the Committee for further ACTION.

## **7. Education and Outreach Committee**

Facilitator: Mike Hooper, Committee Chair (or designee)

- Overview and approval of the following draft Meeting Report/Minutes:
  - August 17, 2022
  - October 19, 2022
- Discussion and public input



# Education and Outreach Committee

by

Mike Hooper, CHAIR  
Scott Mackey, VICE CHAIR

## COMMITTEE MEMBERS:

Louise Belair  
Bruce Rainey  
Deepak Dandekar  
David Khorram  
Cody Bartly  
Bert Hurlbut

## CONSULTING MEMBERS

John Donelan  
Bill Zellmer  
Gary Dunger

## OSHPD STAFF

Hussain Bhatia  
Monica Colosi  
Bill Gow  
Joe LaBrie  
Cesar Ponce  
Diana Scaturro  
Nanci Timmins

## MEETING REPORTS:

- **Meeting Date: August 17, 2022**
- **Meeting Date: October 19, 2022**

# Meeting Date: **August 17, 2022**

## **OVERVIEW OF TOPICS**

- **Webinar Topics:**
  - Off-site fabrication/pre-assembled components
  - California Administration Code
  - Policy Intent Notice, PIN 50
  - Emergency Process Design Guide

# Meeting Date: **August 17, 2022**

## **OVERVIEW OF TOPICS**

- **Webinar Topics continued:**
  - Pre-approval related to Medicine dispensing units
  - OSHPD 3 Clinics
  - Testing, inspection, and observation program
  - PINs and CANs (Fire prevention unit topic)
  
- **2023 Seminar**

Meeting Date: **August 17, 2022**  
**OVERVIEW OF MOTIONS**

- **No Motions were presented.**



# Meeting Date: **October 19, 2022**

## **OVERVIEW OF TOPICS**

- **Webinar Topics:**
  - Off-site fabrication/pre-assembled components
  - California Administration Code
  - Policy Intent Notice, PIN 50
  - Emergency Process Design Guide
  - OSHPD 3 Clinics
  - Testing, Inspection and Observation Program
  - PINs and CANs (CAN 2-508 and PIN 69)

**Meeting Date: October 19, 2022**

## **OVERVIEW OF TOPICS**

- **Planning and Development for 2023 Seminar:**
  - Guide for working on HCAi projects (Tips from the Experts)
  
- **Committee Goals for 2023:**
  - **Develop Webinars as discussed**
  - **Develop the curriculum and a predictable calendar for the Webinars**
  - **Prepare a Seminar**

## Meeting Date: **October 19, 2022**

### **OVERVIEW OF MOTIONS**

- **Motion #1: Accept August 17, 2022, Meeting Minutes. Motion was unanimously approved.**
- **Motion #2: Accept O&E Committee Goals for 2023. Motion was unanimously approved.**

**Meeting Dates:** August 17, 2022, and October 19, 2022

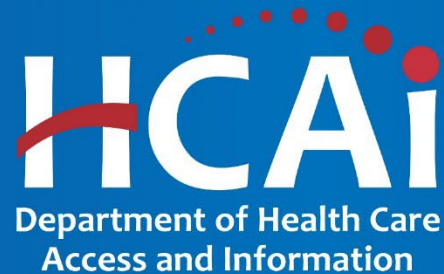
## **CONCLUSION**

- **Questions and Answers**
- **This report constitutes a MOTION to the BOARD and must be SECONDED by a Board Member who does not serve on the Committee for further ACTION.**

## **8. Energy Conservation and Management**

Facilitator: Scott Jackson, Committee Chair (or designee)

- Overview and approval of the October 4, 2022, draft Meeting Report/Minutes
- Discussion and public input



## Energy Conservation and Management

By  
Scott Jackson, Chair  
open Vice-Chair

**COMMITTEE MEMBERS:**

Louise Belair  
David Bliss  
Deepak Dandekar  
Michael Foulkes  
David Khorram  
Bruce Rainey

**CONSULTING MEMBERS:**

John Griffiths  
David Lockhart  
Eric Johnson

**PRESENTERS:**

Jamie Schnick, HCAI  
Noella Tabladillio, Kaiser Permanente, Marc Hoffman,  
Innovus Power, Peter Lillenthal, HOMER Energy

**HCAI STAFF:**

Chris Tokas, FDD Deputy Director  
Richard Tannahill  
Larry Enright  
Bill Gow  
Carl Scheuerman  
Jamie Schnick  
Nanci Timmins  
James Yi

**HBSB STAFF:**

Ken Yu, Executive Director  
Evet Torres

## MEETING REPORTS:

- Meeting October 10/4/2022

# Meeting Date: 10/04/2022 OVERVIEW OF TOPICS

## Microgrid Task Force Updates – Jamie Schnick, HCAI

Update included;

- Addressing Code updates for 2023. AB 2511, CEC 210, CEC 517.30 & CEC 517.42.
- Discussion regarding All Health care facilities are not alike “Factors in Microgrid solutions.
- Opportunities for operational cost saving.
- Increased resiliency.
- Increased sustainability.



# Meeting Date: 10/04/2022 OVERVIEW OF TOPICS

The EC&M Committee had a presentation from the following;

Introduction to Innovus Power & Microgrid Solutions – Marc Hoffman

Microgrids defined.

- Evolution over the past 20 years.
- Today's Microgrid challenges.
- Sustainable – proven microgrid technologies.

Key benefits of microgrids summary.

- CO2 Reduction.
- Economic benefits.
- Power reliability.
- Power quality using Medical Facility case examples.

# Meeting Date: 10/04/2022 OVERVIEW OF TOPICS

The EC&M Committee had a presentation from the following;

Introduction to HOMER Energy by UL Underwriters Laboratories – Peter Lillenthal  
Background review.

- The history & types of Microgrids.
- History of HOMER.
- Introduction of the HOMER Grid.

Value proposition for Microgrids

- Resilience.
- Demand Charge Reduction.
- Reduced Carbon Footprint.
- Electric Vehicle Charging (EVC).

# Meeting Date: 10/04/2022 OVERVIEW OF TOPICS

The EC&M Committee had a presentation from the following;

The unprecedented Heatwave of September 2022 – Noella Tabladillio – Kaiser Permanente.

Managing extreme heatwave at the Kaiser Healthcare facilities.

- Due to the extreme heat Kaiser was forced to run emergency generators in the afternoons to help supply power back to the grid. This action helped reduce demand on the grid.
- This helped prevent rolling blackouts during the heatwave.

Results of action prompted a meeting between Representatives from Kaiser Permanente & the California Edison Energy Commission.

- Kaiser sought reimbursement from the energy load reduction program.
- Highlighted the need for better alignment across all utility providers.

## Meeting Date: 10/04/2022 CONCLUSION

In conclusion, the EM&C committee is following up on pursuing more topics for 2023 that include the following;

- **Indoor air quality monitoring** applications for healthcare facilities.
  - Indoor air quality monitoring for reduction of air changes in operational function areas and operating room installations design.
- **Bloom Energy** future opportunities to incorporate microgrids for our California healthcare facilities agenda item for updates & progress
  - **Microgrid operations** under the new code implementations for Skilled Nursing Facilities.
- **Questions and Answers?**
- This report constitutes a MOTION to the BOARD and must be SECONDED by a Board Member that does not serve on the Committee for further ACTION.

## **9. Joint Meeting of the Codes and Processes Committee, Energy Conservation and Management Committee, and Technology and Research Committee**

Facilitator: Michael O'Connor, Codes and Processes Committee  
Chair (or designee)

- Overview and approval of the November 1, 2022 draft Meeting Report/Minutes
- Discussion and public input



# **Joint Committee Meeting: Codes & Process Committee Energy Conservation and Management Committee Technology and Research Committee**

## **CODES AND PROCESSES COMMITTEE MEMBERS**

MICHAEL O'CONNOR, CHAIR  
CODY BARTLEY  
LOUISE BELAIR  
JOHN GRIFFITHS  
SCOTT JACKSON  
MICHELE LAMPSHIRE  
FARZAD NAEIM  
SCOTT MACKEY

## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE MEMBERS**

SCOTT JACKSON, CHAIR  
LOUISE BELAIR  
DEEPAK DANDEKAR  
JOHN GRIFFITHS  
MICHELE LAMPSHIRE  
BRUCE RAINEY

## **TECHNOLOGY AND RESEARCH COMMITTEE MEMBERS**

BRUCE RAINEY, CHAIR  
DAVID BLISS  
DEEPAK DANDEKAR  
JOHN GRIFFITHS  
BERT HURLBURT  
MICHAEL O'CONNOR  
SCOTT MACKEY



# **Joint Committee Meeting: Codes & Process Committee Energy Conservation and Management Committee Technology and Research Committee**

## **CONSULTING MEMBERS**

JOHN DONELAN  
GARY DUNGER  
MARK HERSHBERG  
ERIC JOHNSON  
DAVID LOCKHART  
GARY DUNGER  
ERIC JOHNSON

## **HBSB STAFF PRESENT**

KEN YU, EXECUTIVE DIRECTOR  
PAUL DOYLE  
EVETT TORRES

## **HCAI STAFF PRESENT**

CHRIS TOKAS, FDD DEPUTY DIRECTOR  
ARASH ALTOONTASH  
RICHARD TANAHILL  
BRETT BEEKMAN  
HUSSAIN BHATIA  
LARRY ENRIGHT  
ROY LOBO  
DIANA NAVARRO  
CARL SCHEUERMAN  
JAMIE SCHNICK  
NANCI TIMMINS  
JAMES YI

## MEETING REPORTS:

- Joint Committee Meeting Date: 11/1/2022



# ASSEMBLY BILL 2511:

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** Section 1418.22 is added to the Health and Safety Code, to read:

**1418.22.** (a) The Legislature finds and declares that it is the public policy of this state to ensure the health and safety of highly vulnerable persons residing in skilled nursing facilities during power outages that may result from a public safety power shutoff, an emergency, a natural disaster, or other cause.

(b) (1) A skilled nursing facility shall have an alternative source of power to protect resident health and safety for no fewer than 96 hours during any type of power outage.

(2) For purposes of this section, "alternative source of power" means a source of electricity that is not received through an electric utility, but is generated or stored onsite, which may include but is not limited to emergency generators using fuel, large capacity batteries, and renewable electrical generation facilities.

(c) For purposes of this section, "resident health and safety" includes, but is not limited to, maintaining a safe temperature for residents, maintaining availability of life-saving equipment, and maintaining availability of oxygen-generating devices.

(d) Facilities that use a generator as their alternative source of power shall maintain sufficient fuel onsite to maintain generator operation for no less than 96 hours or make arrangements for fuel delivery for an emergency event. If fuel is to be delivered during an emergency event, the facility shall ensure that fuel will be available with no delays.

(e) Facilities that use batteries or a combination of batteries in tandem with a renewable electrical generation facility as their alternative source of power, shall have sufficient storage or generation capacity to maintain operation for no fewer than 96 hours. Facilities shall also make arrangements for delivery of a generator and fuel in the event power is not restored within 96 hours and the generation capacity of the renewable electrical generation facility is unable provide sufficient power to comply with state requirements for long-term care facilities.

(f) A facility shall comply with the requirements of this section by January 1, 2024.

# Meeting Date: 11/1/2022

## OVERVIEW OF TOPICS

**Mr. Tokas briefed the Committees that recently approved Assembly Bill (AB) 2511 requires :**

- Skilled Nursing Facilities (SNFs) to have an alternate source of power located on site to provide for no fewer than **96 hours** of alternate power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices in the event of a power outage. Mr. Tokas stated that the purpose of PIN 74 was to add code to meet the
- That Specific requirements be met based on whether a SNF used a generator, batteries, or renewable electrical generation facilities as an alternate source of power.
- The bill requires facilities to comply with these new requirements by **January 2024**.
- Mr. Tokas said that HCAI is developing Policy Intent Notice (PIN) 74 and guidelines to address code requirements and present possible design solutions to meet the new statutory requirements.

# Meeting Date: 11/1/2022

## OVERVIEW OF TOPICS

Mr. Tannahill added:

- That SNFs were previously required to provide **6 hours** of on-site fuel storage for emergency power storage such as emergency generators, and AB 2511 requires SNFs to have an alternate source of power to protect resident health and safety for no fewer than **96 hours** for power outages resulting from public safety power shutoff, an emergency, a natural disaster, or other causes.
- An alternate source of power as a source of electricity that is not received through an electric utility, but it is generated or stored onsite, which may include but not limited to, emergency generators using fuel, large capacity batteries, and renewable electrical generation facilities.

## Meeting Date: 11/1/2022

### OVERVIEW OF TOPICS

#### 1. HCAI Policy Intent Notice (PIN) 74 “Skilled nursing facilities: backup power source”

Mr. Tokas outlined the purpose of this Policy Intent Notice (PIN) is to provide a policy for the implementation of alternate sources of power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices for Skilled Nursing Facility (SNF) buildings as mandated by Assembly Bill 2511 (Chapter 788, Statutes of 2022).

# Meeting Date: 11/1/2022

## OVERVIEW OF MOTIONS

### MOTION #1 (Bliss / Naeim):

A motion was made and unanimously approved to endorse the guide and draft PIN with a margin for some modifications.

# Meeting Date: 11/1/2022

## CONCLUSION

- Questions and Answers
- This report constitutes a MOTION to the BOARD and must be SECONDED by a Board Member that does not serve on the Committee for further ACTION.

## **10. Special Presentation: Healthcare Delivery Quadrangle**

Facilitator: David Bliss, Board Member (or designee)

- Discussion and public input

# The Healthcare Delivery Quadrangle

One Physician's Vista of What Regulators Need to Know About  
Healthcare Delivery

David Bliss, MD FACS 12-07-2022



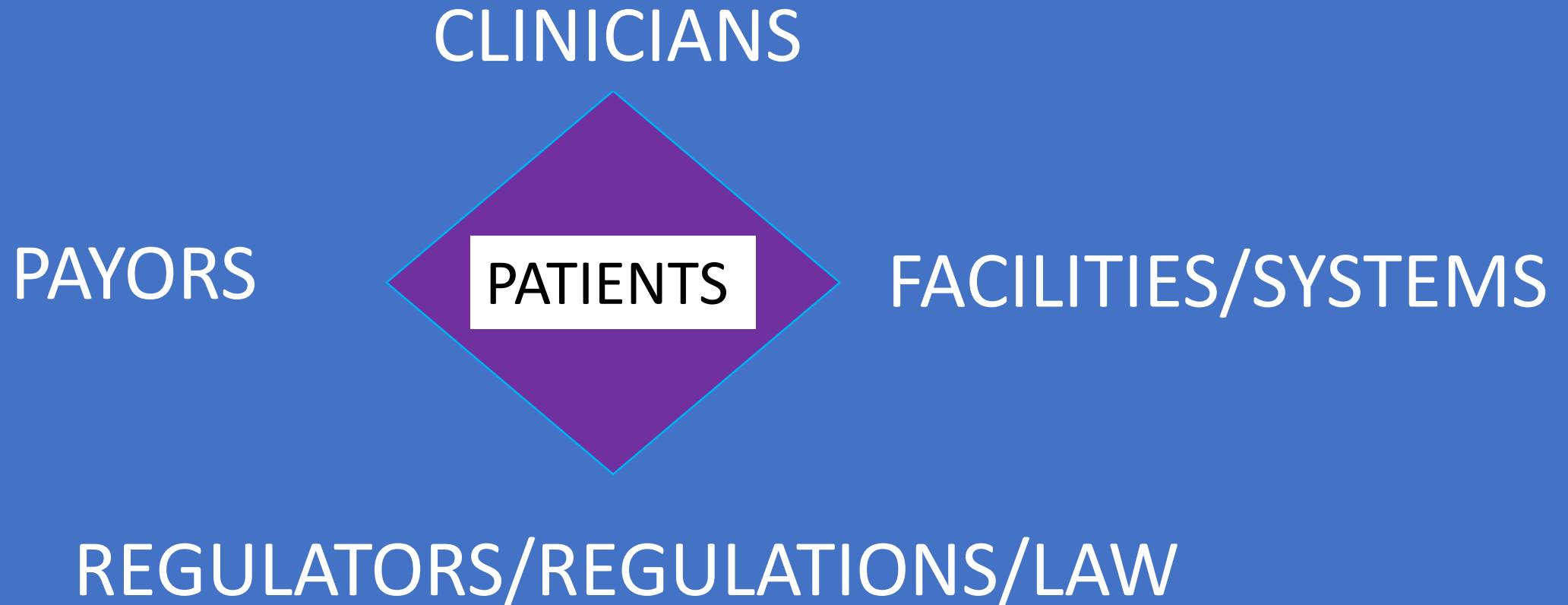


# Roles and Potential Conflicts

|                        |                             |
|------------------------|-----------------------------|
| Physician:             | Pediatric Surgeon           |
| Hospital:              | Pay line from HCO           |
| Patient:               | Aging Baby Boomer           |
| Regulator:             | HCAI HBSB Board Member      |
| Payor:                 | Federal and State Tax Payor |
| Commercial:<br>company | Owner of healthcare energy  |

# THE QUADRANGLE

THE FOCUS SEEMS  
OBVIOUS, BUT ITS NOT  
THAT SIMPLE



# STATE OF US HEALTH

The Top 25 Healthiest Countries in the World (Bloomberg Global Health Index 2019):

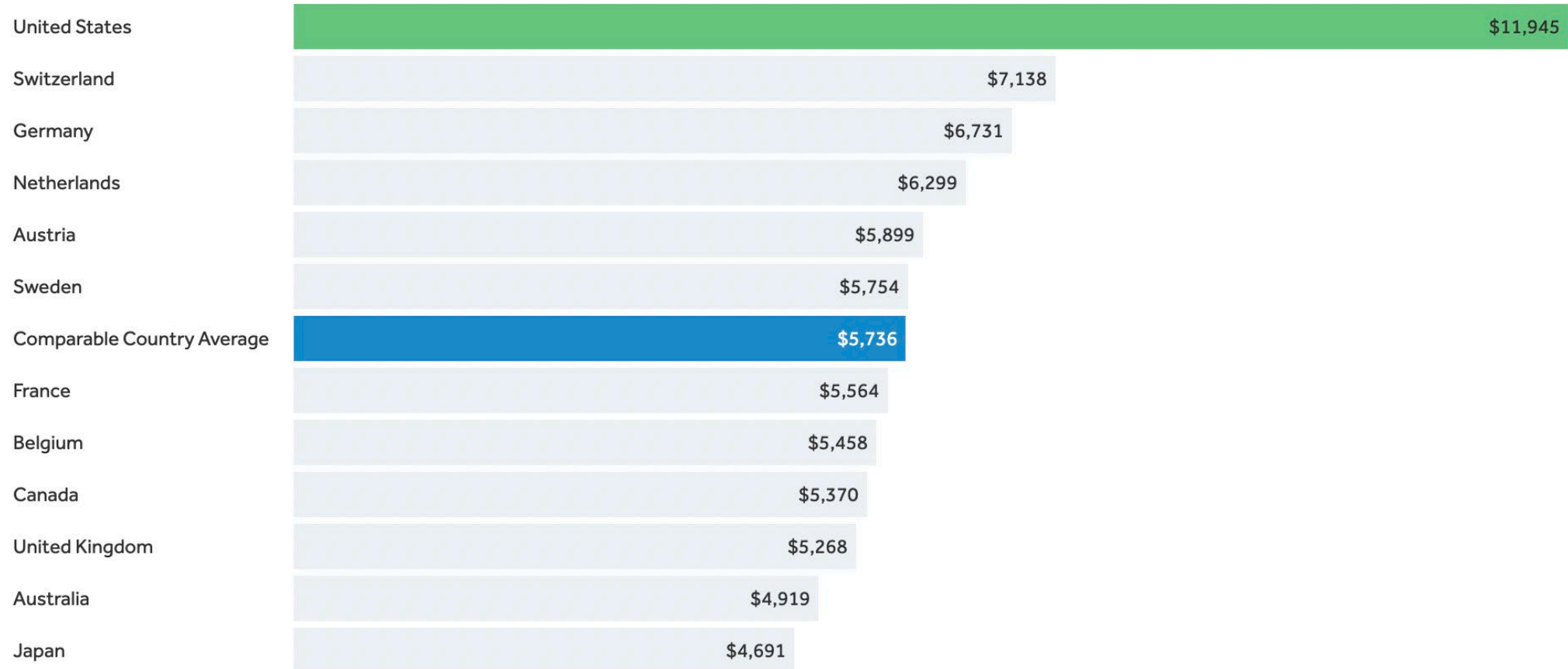
| Rank | Country     | Score | Rank | Country        | Score |
|------|-------------|-------|------|----------------|-------|
| 1    | Spain       | 92.75 |      |                |       |
| 2    | Italy       | 91.59 | 14   | Finland        | 85.89 |
| 3    | Iceland     | 91.44 | 15   | Netherlands    | 85.86 |
| 4    | Japan       | 91.38 | 16   | Canada         | 85.70 |
| 5    | Switzerland | 90.93 | 17   | South Korea    | 85.41 |
| 6    | Sweden      | 90.24 | 18   | New Zealand    | 85.06 |
| 7    | Australia   | 89.75 | 19   | United Kingdom | 84.28 |
| 8    | Singapore   | 89.29 | 20   | Ireland        | 84.06 |
| 9    | Norway      | 89.09 | 21   | Cyprus         | 83.58 |
| 10   | Israel      | 88.15 | 22   | Portugal       | 83.10 |
| 11   | Luxembourg  | 87.39 | 23   | Germany        | 83.06 |
| 12   | France      | 86.94 | 24   | Slovenia       | 82.72 |
| 13   | Austria     | 86.30 | 25   | Denmark        | 82.69 |

U.S. 35TH

U.S. BEHIND CUBA,  
CAMEROON

# STATE OF US HEALTH

## Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2020 or nearest year



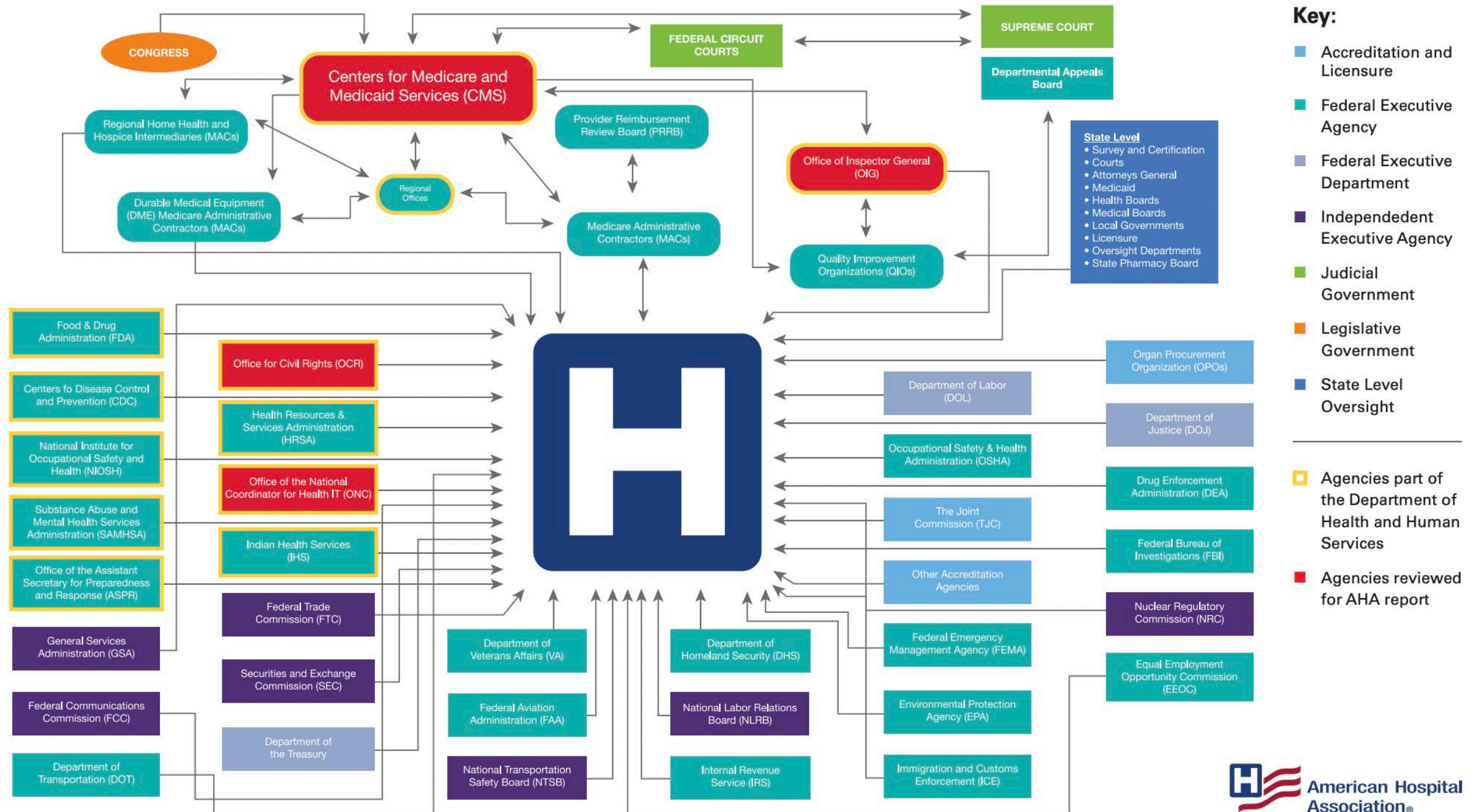
Notes: U.S. value obtained from National Health Expenditure data. Data from Australia, Belgium, Canada, Japan and Switzerland are from 2019. Data for Australia, France, and Japan are estimated. Data for Austria, Canada, Germany, Netherlands, and Sweden are provisional. Health consumption does not include investments in structures, equipment, or research.





# STAKEHOLDERS





# REGULATORS and REGULATIONS YOU MAY NOT THINK ABOUT

HIPAA

MEDICAL, NURSING, AND OTHER STATE BOARDS

NATIONAL ACCREDITING BODIES (Board Certification)

DEA

NEC/NFPA

STATE AGENCIES (HCAI - OBVIOUSLY!)

- CDPH
- CEC
- CPUC
- ARB/AQMD
- CAL OSHA

# NOT DONE YET

EMTALA

TORT

CRIMINAL PROSECUTION

CITY ORDINANCES (PASADENA)

COUNTIES (LA HEALTH FACILITY INSPECTION DIV.)

NON-GOVERNMENTAL

- JCAHO
- ACS-COT
- APSA
- Many others



**The Joint Commission**



# LEGITIMATE PROTECTION OR UNSUPPORTED MANDATE?

- PRIVACY
- DRINKING COFFEE IN PATIENT AREAS
- HAND WASHING/GEL
- NO SHOW FOLLOW-UP
- MANDATORY QUALITY IMPROVEMENT
- NURSING RATIOS

ARE WE GETTING RESULTS?

| YEAR ↕ | Procedure/Condition ↕     | Risk Adjusted Mortality Rate ↕ | # of Deaths ↕ | # of Cases ↕ |
|--------|---------------------------|--------------------------------|---------------|--------------|
| 2016   | AAA Repair Unruptured     | 1.3                            | 30            | 2358         |
| 2016   | AMI                       | 6.1                            | 3178          | 52167        |
| 2016   | Acute Stroke              | 9.1                            | 5482          | 60184        |
| 2016   | Acute Stroke Hemorrhagic  | 21.1                           | 2580          | 12210        |
| 2016   | Acute Stroke Ischemic     | 5                              | 2258          | 45141        |
| 2016   | Acute Stroke Subarachnoid | 22.7                           | 644           | 2833         |
| 2016   | Carotid Endarterectomy    | 0.5                            | 25            | 4894         |
| 2016   | Espophageal Resection     | 3.9                            | 11            | 281          |
| 2016   | GI Hemorrhage             | 2.6                            | 1412          | 54011        |
| 2016   | Heart Failure             | 2.9                            | 2763          | 95205        |
| 2016   | Hip Fracture              | 1.9                            | 497           | 26404        |
| 2016   | PCI                       | 3.6                            | 1315          | 36912        |
| 2016   | Pancreatic Cancer         | 2                              | 20            | 1021         |
| 2016   | Pancreatic Other          | 2.6                            | 24            | 937          |
| 2016   | Pancreatic Resection      | 2.2                            | 44            | 1958         |
| 2016   | Pneumonia                 | 3.2                            | 1759          | 55142        |

| YEAR ↕ | Procedure/Condition ↕      | Risk Adjusted Mortality Rate ↕ | # of Deaths ↕ | # of Cases ↕ |
|--------|----------------------------|--------------------------------|---------------|--------------|
| 2020   | AAA Repair Endo Unruptured | 1                              | 16            | 1618         |
| 2020   | AAA Repair Open Unruptured | 6.5                            | 14            | 215          |
| 2020   | AMI                        | 5.9                            | 2660          | 44767        |
| 2020   | Acute Stroke               | 8.5                            | 5089          | 59573        |
| 2020   | Acute Stroke Hemorrhagic   | 19.9                           | 2341          | 11790        |
| 2020   | Acute Stroke Ischemic      | 4.8                            | 2170          | 45165        |
| 2020   | Acute Stroke Subarachnoid  | 22.1                           | 578           | 2618         |
| 2020   | Carotid Endarterectomy     | 0.3                            | 11            | 3543         |
|        |                            |                                |               |              |
| 2020   | GI Hemorrhage              | 2.8                            | 1415          | 51109        |
| 2020   | Heart Failure              | 2.9                            | 2795          | 97448        |
| 2020   | Hip Fracture               | 1.5                            | 385           | 25657        |
| 2020   | PCI                        | 3.9                            | 1279          | 32491        |
|        |                            |                                |               |              |
| 2020   | Pancreatic Resection       | 2.3                            | 49            | 2150         |
| 2020   | Pneumonia                  | 6.3                            | 6055          | 95457        |

WHAT DOES IT LOOK LIKE WITHOUT  
REGULATION?

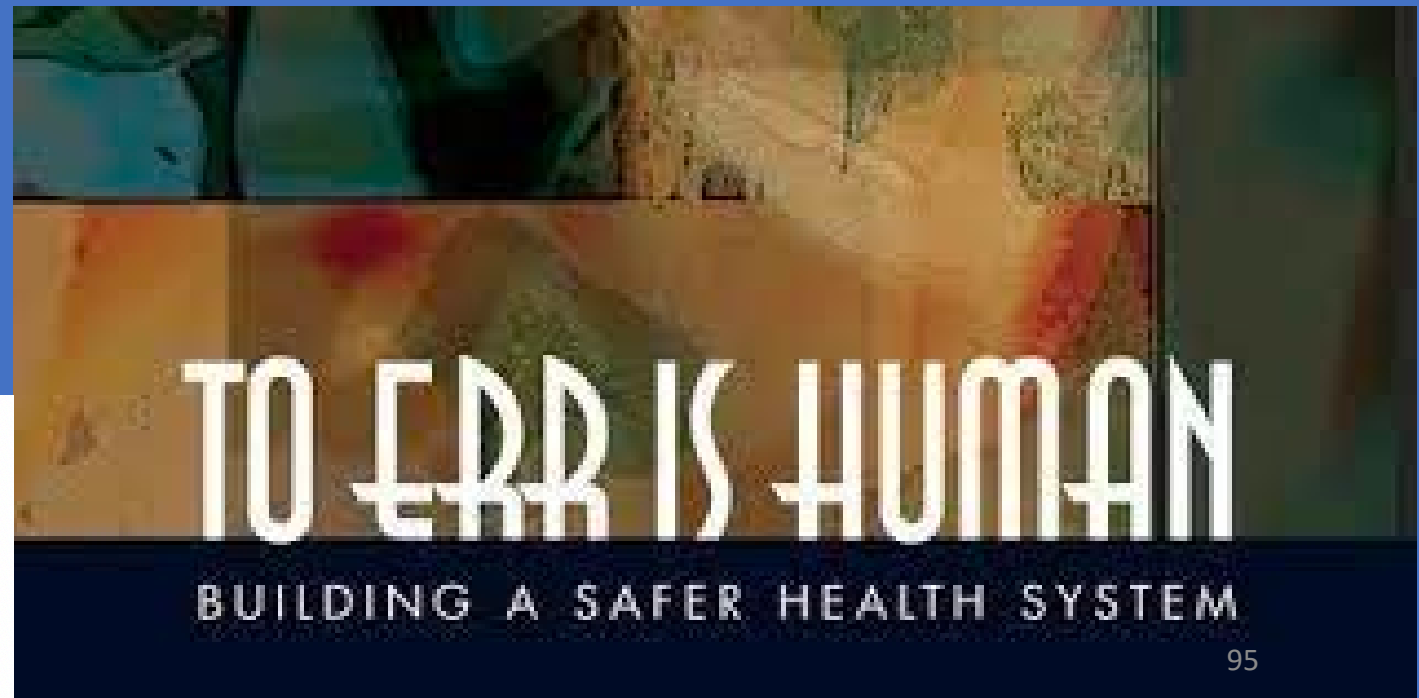


## **To Err is Human**

### **Building a Safer Health System**

Institute of Medicine (US) Committee on Quality of Health Care in America; Editors: Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson.

Washington (DC): [National Academies Press \(US\)](#); 2000.  
ISBN-10: 0-309-06837-1



WHO PAYS FOR ALL OF THIS?





# PAYORS

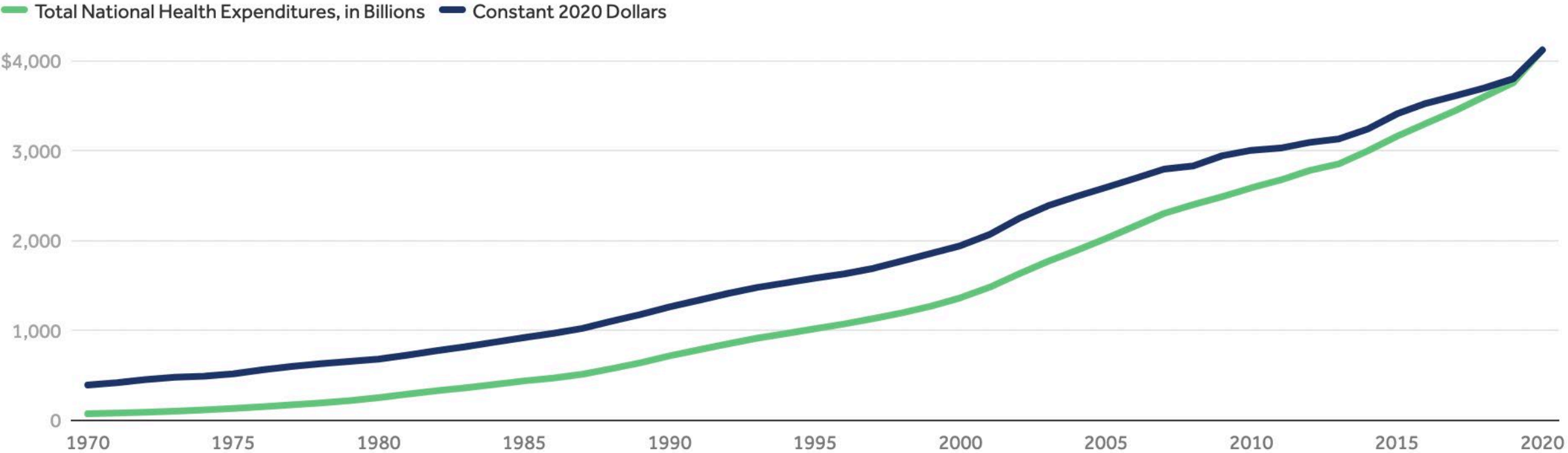
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- Cash
- Public
  - Medicare
  - Medicaid
  - Special Programs (CHIPS, CCS, etc.)
- HMO/HCO
- Indemnity



# Total health expenditures increased steeply in 2020

Total national health expenditures, US \$ Billions, 1970-2020



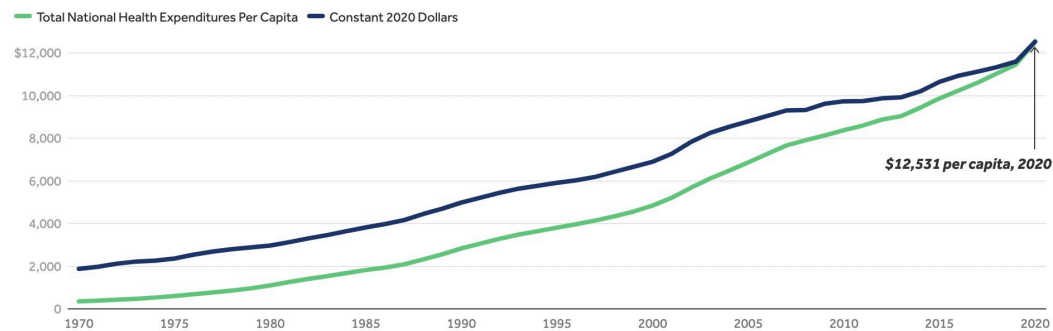
Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: [KFF analysis of National Health Expenditure \(NHE\) data](#) • [Get the data](#) • [PNG](#)



## On a per capita basis, health spending experienced an uptick in 2020

Total national health expenditures, US \$ per capita, 1970-2020

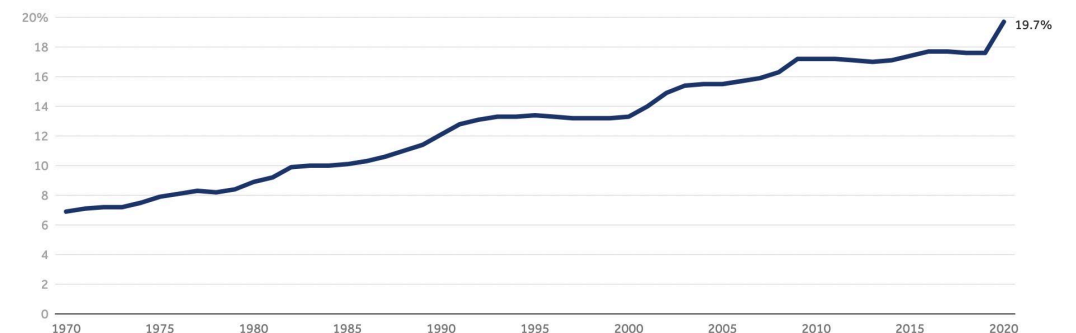


Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • PNG

Peterson-KFF  
**Health System Tracker**

## Health spending accounts for nearly one-fifth of the U.S. economy

Total national health expenditures as a percent of Gross Domestic Product, 1970-2020

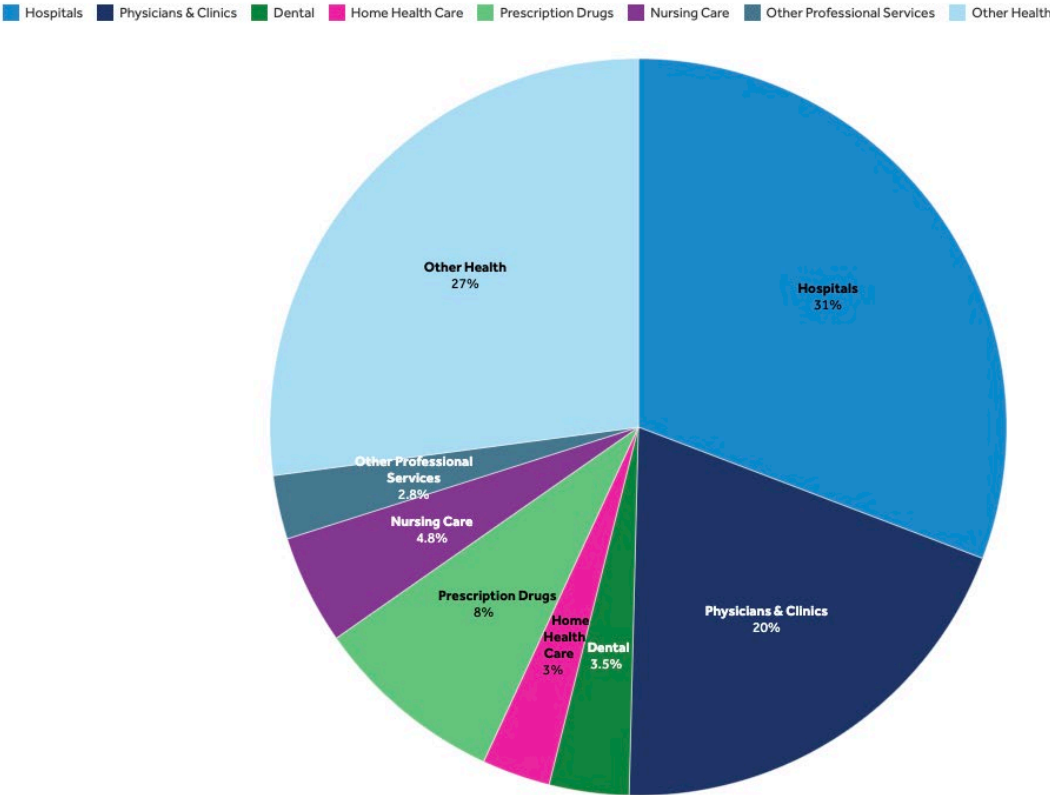


Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • PNG

Peterson-KFF  
**Health System Tracker**

# Hospital and physician services represent half of total health spending

Relative contributions to total national health expenditures, 2020



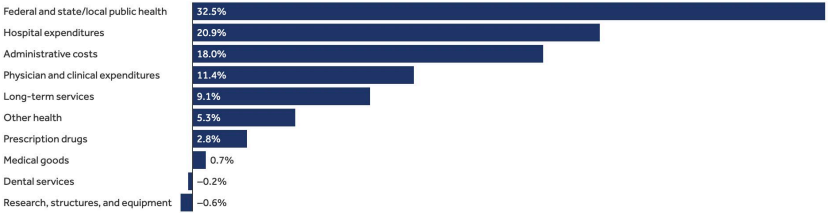
Note: 'Other Health' includes spending on durable and non-durable products; residential and personal care; administration; health insurance; and other state, private, and federal expenditures. 'Other professional services' includes spending for services provided by chiropractors, optometrists, physical, occupational, and speech therapists, podiatrists, private-duty nurses, and others. Nursing care represents expenditures for nursing care facilities and continuing care retirement communities.

Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • [PNG](#)

Peterson-KFF  
Health System Tracker

# Growth in health spending from 2019 to 2020 was driven in part by an increase in public health spending

Contribution to change in total national health expenditures, from 2019-2020, by spending category



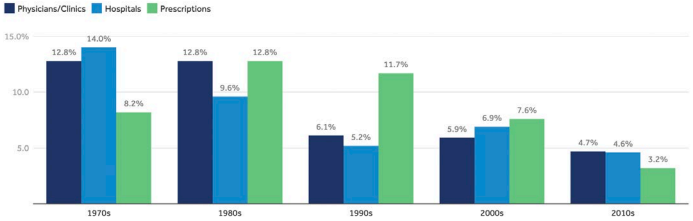
Note: Long term services consists of spending on home health care, nursing care facilities, and continuing care retirement communities. Medical goods consists of spending on durable and non-durable medical goods and equipment. Other health consists of spending on other health, residential, and personal care as well as services from other health care practitioners (such as chiropractors, physical therapists, and others). Administrative costs consist of total administration expenditures and net cost of health insurance expenditures.

Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • [PNG](#)

Peterson-KFF  
Health System Tracker

# In the last decade, spending growth on hospitals, physicians, and prescriptions has slowed

Average annual growth rate for select service types, 1970-2020



Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • [PNG](#)

Peterson-KFF  
Health System Tracker

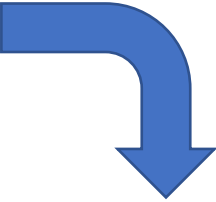
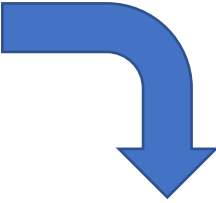
HIGH COST/POOR GLOBAL HEALTH OUTCOMES  
COMPARED TO PEER COUNTRIES

WHAT CAN BE/IS BEING DONE?

# PAYMENT MODEL “SOLUTIONS”

- Single payor – what do Kaiser Permanente, Canada, and UK have to teach us?
- Increase Federal and/or State funding for existing programs
  - Budget deficit concerns (modern monetary theory)
  - Remaining gaps (underinsured, uninsured)
- Create “bolt-on” categories to insure more people
  - Does more care availability = improved public health?
  - Disparities in availability, quality
- Set stricter payment limitations
  - Pay for performance
  - Pay for “proven” care only (Oregon model)
  - “Managed” care

# WHAT'S ACTUALLY HAPPENING

- ACA (bolt-on) 
- Payors lower reimbursements and increase requirements to receive them 
- Hospitals and Physicians maximize reimbursements through improved navigation of billing obstacles and program development

# HOSPITAL/ORGANIZATIONAL ROLE



# DIVERSE FACILITIES/NEEDS

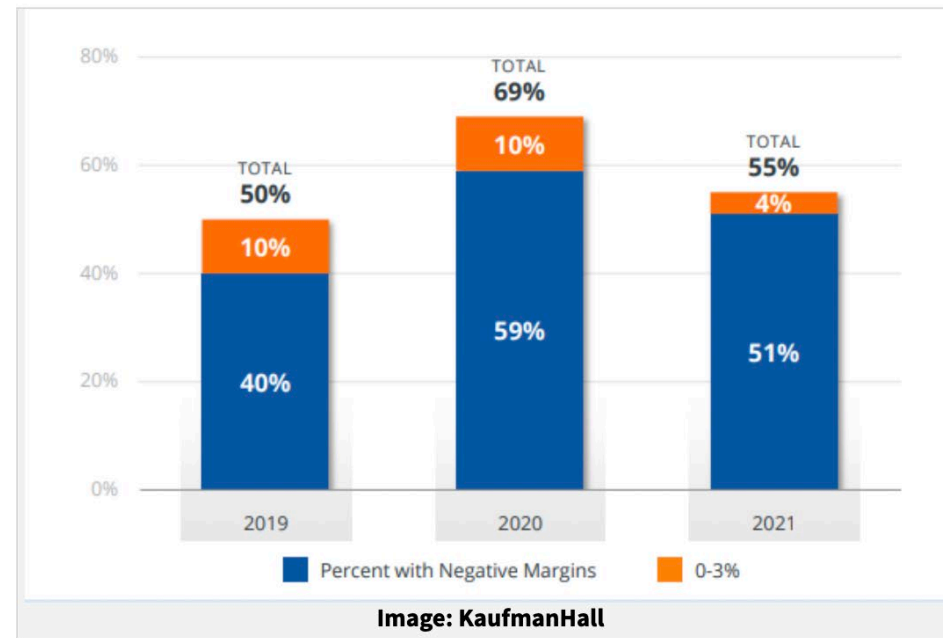
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# Times are Hard

- <https://stateofreform.com/featured/2022/05/california-hospital-profit-margins-below-prepandemic-levels-financial-analysis/>

According to the analysis, California experienced cumulative losses of \$12.1 billion in 2020 and 2021 including federal funding, and over \$20.2 billion excluding federal funding. The analysis attributes much of this loss to expenses rising faster than revenues. In 2021, total California hospital expenses rose 15%, compared to the 11% national average rise in total hospital expenses.

The profit margins of California hospitals in 2021 were 26% lower on average than pre-pandemic levels. The figure below shows a 2019-2021 comparison of the analyzed California hospitals' profit margins.







# UPWARD PRESSURES ON COST

---

- HIGHER ACUITY
  - Aging population
  - Case complexity
  - Increased LOS
- PERSONNEL [Nursing shortage, travelers, physician employment/practice acquisition]
- OPERATIONS
  - Energy
  - New services (digitization, medical technology, etc.)
- FACILITY UPGRADES, EXPANSIONS, REPLACEMENTS



## EFFECTS OF COMPETITION

- Paradoxical INCREASED costs
- Negative impacts on quality (dilution of experience)?

# INFLATION ADJUSTED DOWNWARD PRESSURE ON REIMBURSEMENT

Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. This payment system is referred to as the inpatient prospective payment system (IPPS). Under the IPPS, each case is categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.

The base payment rate is divided into a labor-related and nonlabor share. The labor-related share is adjusted by the wage index applicable to the area where the hospital is located, and if the hospital is located in Alaska or Hawaii, the nonlabor share is adjusted by a cost of living adjustment factor. This base payment rate is multiplied by the DRG relative weight.

If the hospital treats a high-percentage of low-income patients, it receives a percentage add-on payment applied to the DRG-adjusted base payment rate. This add-on, known as the disproportionate share hospital (DSH) adjustment, provides for a percentage increase in Medicare payment for hospitals that qualify under either of two statutory formulas designed to identify hospitals that serve a disproportionate share of low-income patients. For qualifying hospitals, the amount of this adjustment may vary based on the outcome of the statutory calculation.

Also, if the hospital is an approved teaching hospital it receives a percentage add-on payment for each case paid through IPPS. This add-on known as the indirect medical education (IME) adjustment, varies depending on the ratio of residents-to-beds under the IPPS for operating costs, and according to the ratio of residents-to-average daily census under the IPPS for capital costs.

Finally, for particular cases that are unusually costly, known as outlier cases, the IPPS payment is increased. This additional payment is designed to protect the hospital from large financial losses due to unusually expensive cases. Any outlier payment due is added to the DRG-adjusted base payment rate, plus any DSH or IME adjustments.



# Mixed Picture

Table 3. Payment Changes Associated With Changes in Case Mix Over Time

| DRG family   | Average weighted payment per case based on case mix, USD |        |            | 2012/2016 Payments, million USD per case/per family (% difference) <sup>a</sup> |                            |
|--|--|--------|------------|---|----------------------------|
|  | 2012   | 2016   | Difference | Owing to CMS payment difference   | Owing to coding difference |
| 870-872: Sepsis  | 10 042   | 9649   | -393       | -49/-79 (-0.51)   | -344/-556 (-3.57)          |
| 469-470: LE joint replacement                          | 11 157   | 11 615 | 458        | 490/606 (4.22)  | -33/-40 (-0.28)            |
| 774-775: Vaginal delivery                              | 2906   | 3339   | 433        | 425/1.03 (12.72) <sup>b</sup>   | 8/20 (0.25)                |
| 3-4: ECMO or tracheostomy with MV for >96 h            | 76 947   | 81 844 | 4897       | 2839/272 (3.46)   | 2057/197 (2.51)            |
| 853-855: Infectious diseases                           | 24 979   | 24 105 | -873       | -507/-143 (-2.11)   | -366/-103 (-1.52)          |
| 765-766: Cesarean delivery                             | 5155   | 5093   | -62        | -149/-181 (-2.92)   | 86/106 (1.7)               |
| 291-293: Heart failure                                 | 5897   | 6545   | 648        | 123/113 (1.88)  | 525/483 (8.03)             |
| 329-331: Bowel procedure                               | 16 089   | 15 854 | -236       | 348/124 (2.19)  | -583/-207 (-3.68)          |
| 459-460: Spinal fusion                                 | 20 689   | 22 546 | 1857       | 1625/381 (7.21)   | 231/54 (1.03)              |
| 246-247: PCI with DES                                  | 11 439   | 13 187 | 1748       | 1302/467 (9.87)   | 446/160 (3.38)             |
| 193-195: Pneumonia                                     | 5583   | 6030   | 447        | 91/68 (1.54)  | 355/263 (6.01)             |
| 682-684: Renal failure                                 | 6188   | 6179   | -9         | -182/-110 (-2.95)   | 174/105 (2.81)             |
| 791-792: Prematurity                                   | 12 583   | 14 500 | 1917       | 1438/364 (9.92)   | 478/121 (3.3)              |
| 981-983: Extensive OR                                  | 19 389   | 20 755 | 1366       | 23/4 (0.11)   | 1343/234 (6.55)            |
| 64-66: ICH or stroke                                   | 6466   | 6593   | 127        | -162/-85 (-2.46)  | 289/151 (4.38)             |
| 190-192: COPD  | 4978   | 5482   | 504        | 205/127 (3.75)  | 299/184 (5.45)             |
| 219-221: Valve surgery without cardiac catheterization | 32 333   | 33 130 | 798        | 223/22 (0.67)   | 575/58 (1.73)              |
| 207-208: Respiratory disease                           | 16 577   | 17 020 | 443        | 1043/201 (6.04)   | -600/-116 (-3.48)          |
| 391-392: Esophageal and GI disorders                   | 4062   | 4397   | 335        | 282/197 (6.42)  | 53/37 (1.21)               |
| 480-482: Hip and femur procedure except major joint    | 10 498   | 11 444 | 946        | 784/201 (6.89)  | 163/42 (1.43)              |
| Total  | NA   | NA     | NA         | 3.6 (3.10) <sup>b</sup>   | 1.2 (1.03) <sup>b</sup>    |

Abbreviations: CMS, Centers for Medicare & Medicaid Services; COPD, chronic obstructive pulmonary disease; DES, drug-eluting stent; DRG, Diagnosis-Related Group; ECMO, extracorporeal membrane oxygenation; GI, gastrointestinal; ICH, intracerebral hemorrhage; LE, lower extremity; OR, operating room; PCI, percutaneous coronary intervention.

<sup>a</sup> Based on 2016 weighted case volume and 2016 payment.

<sup>b</sup> Payments are in billions of USD.

# IMPACTS?

## #4. California

- Total rural hospitals closed since 2005: 9 (three in small or isolated rural communities)

- Total beds lost: 336

A [study](#) of the closure of 92 rural hospitals in California from 1995 to 2011 found that mortality rates rose nearly 6%. The closings of urban hospitals did not have a similar fall-out, the University of Washington researchers found. In rural areas, ambulances have to travel further to patients after a hospital closes. Plus there are fewer ambulances, meaning residents might be left waiting after a car accident, heart attack, or other emergency, Dr. Nancy Dickey, president of the Rural and Community Health Institute at Texas A&M, told [NBC News](#).



<https://sidecarhealth.com/blog/181-rural-hospitals-have-closed-since-2005-see-the-states-that-have-been-impacted/>

# CLINICIANS



## DIVERSE GROUP/ SHARED VALUES/ MOUNTING PRESSURES

- Training – 4-16 years after high school
- Self-sacrifice – consider number of healthcare worker deaths during COVID
- Unprecedented access, unprecedented responsibility
- Moral injury
- Variable compensation
- Defender of patients, but stewards of resources





# CHANGES OVER TIME

# IT WAS NEVER EASY, BUT...

- EDUCATIONAL DEBT: Avg. graduating med student debt \$250K - \$500K
- ECONOMIC PRESSURES:
  - ENTER SUBSPECIALTIES: Avg. primary care physician salary \$120K – \$200K; Avg neurosurgeon \$551K - \$926K
  - NURSING: Traveler pay may reach 3-4 fold salary; Salary no longer supports living within boundaries of major urban centers
- WORKLOAD AND INTENSITY: Increasing complexity of care, less time per patient, increasing documentation requirements, after-hours “catch-up” work, call...

# “BEST CARE” IS INCREASINGLY MUDDLED

- Resources are limited – are clinicians the best gatekeepers?
- How is “best” determined?
  - Lowest cost?
  - Shortest stay under care?
  - Lowest morbidity? Mortality? Long-term survival
  - Individual quality of life
  - Population health measures
- Though not strictly visible, there are more parties in the examination room than just the clinician and patient.

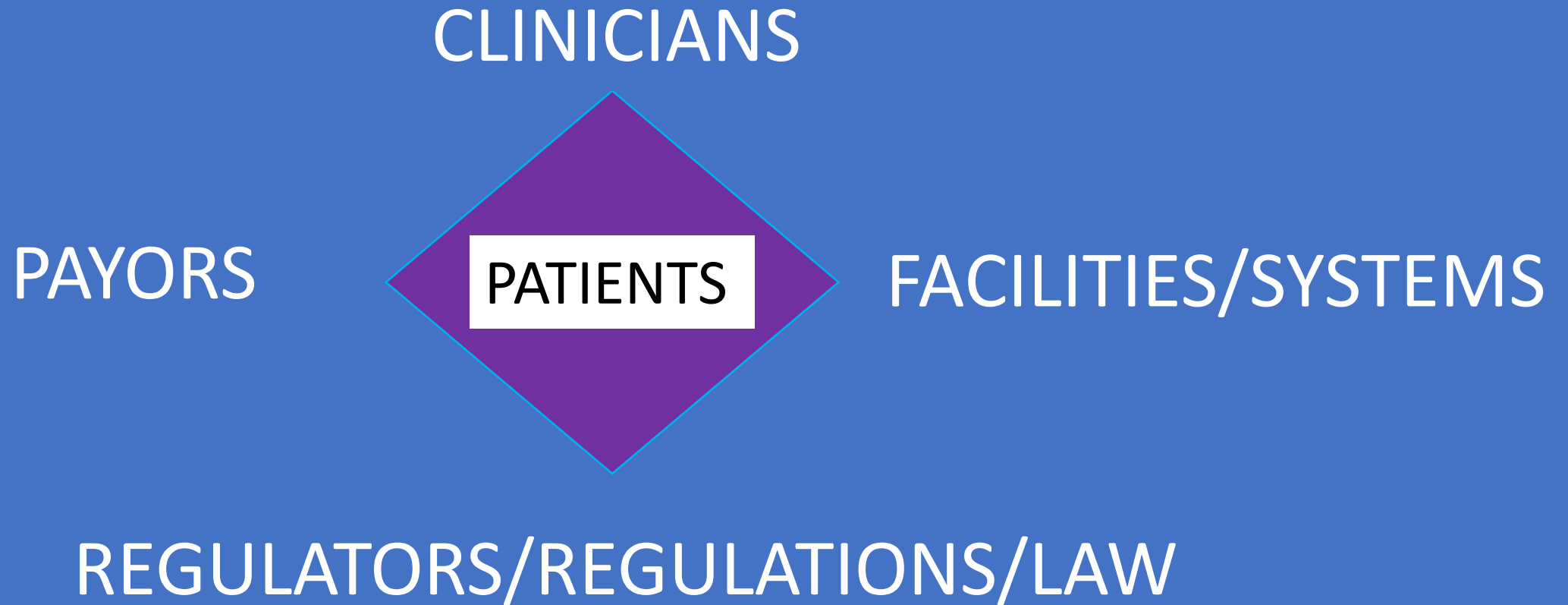
# THE GREAT RESIGNATION

- Already aging physician population retiring disproportionately
  - Under-resourced communities at greatest risk
- Nationwide Nursing and Healthcare worker shortage
  - Traveler rates  $\geq 30\%$
  - What happens when units cannot be staffed at any price?
- Administrative and support staff leaving or demanding more



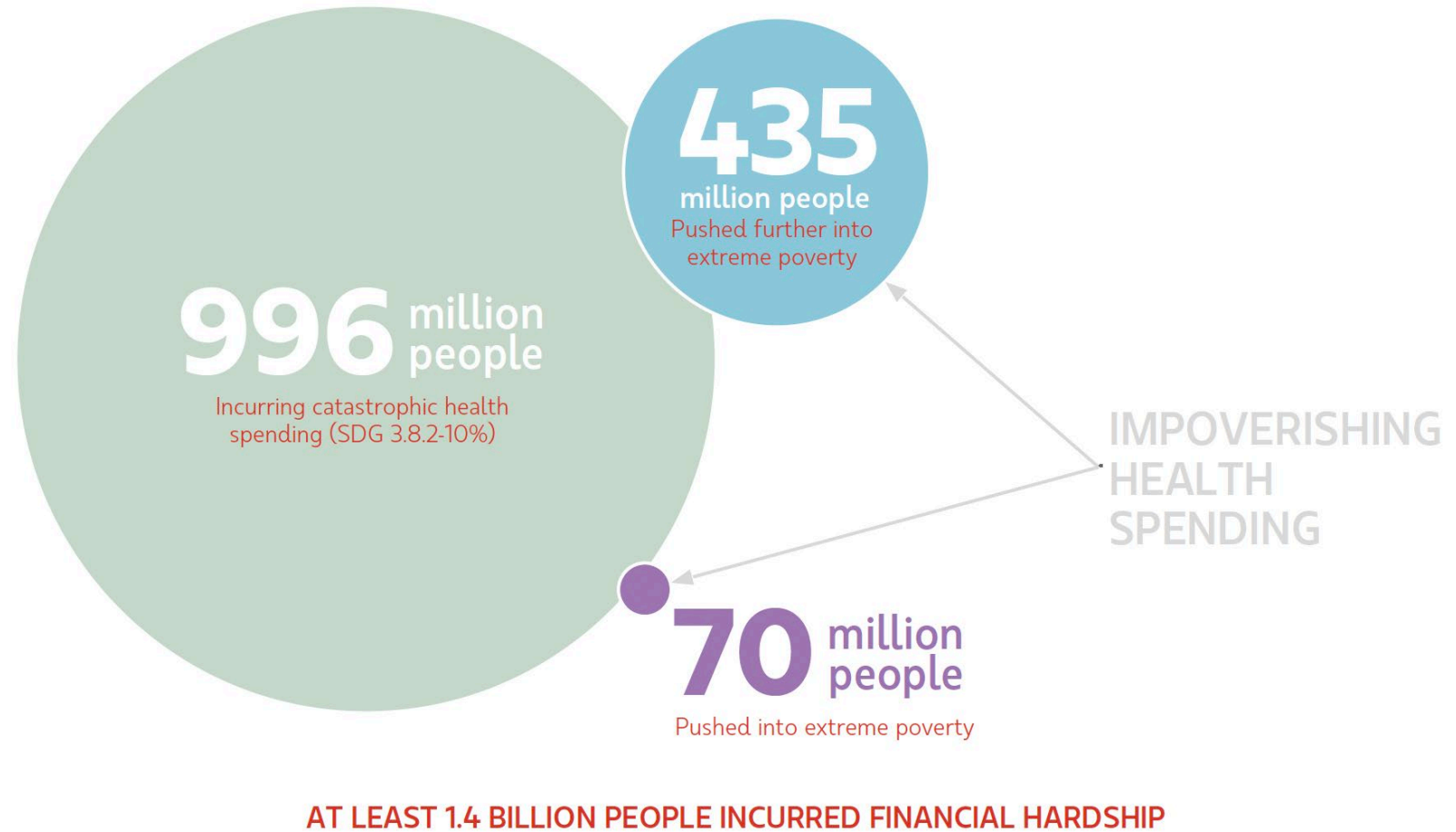
## PATIENTS “Monkey in the Middle”

# THE QUADRANGLE



WHAT DO  
PATIENTS  
WANT?  
NEED?

**Fig. 4.6.** Global financial hardship due to out-of-pocket health spending, 2017



Source: Global monitoring report on financial protection in health 2021 (2).



# WHAT DO PATIENTS WANT? NEED?

## Key Takeaways from the 2021 Report

- 1 Experience is important to consumers and it should be a priority for all providers.** Over 95% say having a good experience is "very important" or "extremely important," making this an essential strategic priority.
- 2 Impact on personal health and well-being and a desire for good outcomes are the leading reasons consumers believe a good patient experience is important.** More than 95% of consumers see their healthcare experience as grounded in a focus on their health outcomes and overall well-being.
- 3 Consumers want to be seen as humans first.** Nine out of ten consumers place great importance on being listened to and communicated with in a way they can understand, and they gauge the quality of their experiences based on those practices.
- 4 Consumers have a wholistic view of experience that has implications for how providers approach experience improvement.** Consumers see experience as encompassing safety, quality, outcomes, service, engagement, cost and the actions of the care team itself. To improve consumer perception of experience requires collaboration and coordination across the entire care continuum.
- 5 Consumers are placing significantly less importance on the physical place in which they receive care.** While the environment is important in any care experience, it is clear in the current pandemic people are placing much less significance on the physical space in which they receive care, consistent with the increasing acceptance of virtual health visits and new ways of receiving care by patients and care partners.

## SELECT CONSUMERS INSIGHTS

- |            |   |            |  |
|------------|---|------------|--|
| <b>75%</b> | of consumers see safety as an important part of experience (Up 7 pts from 2018)   | <b>50%</b> | of consumers will tell family, friends or others about their experience, whether good or bad |
| <b>61%</b> | of consumers see experience as extremely significant to the healthcare decisions they make now & in the future (Up 6 pts from 2018) | <b>26%</b> | of consumers who have a negative experience will not go back                                 |

[https://cdn.ymaws.com/www.theberylinsitute.org/resource/re-smgr/executivebrief/consumer\\_perspectives\\_execut.pdf](https://cdn.ymaws.com/www.theberylinsitute.org/resource/re-smgr/executivebrief/consumer_perspectives_execut.pdf)



Summary

Question Detail

Demographics

Patient Detail

# Patient Satisfaction

Search

Discharge Date

| 2009 |     | 2010 |     | 2011 |     |
|------|-----|------|-----|------|-----|
| Q1   | Q2  | Q3   | Q4  | Q1   | Q2  |
| Jan  | Apr | Jul  | Oct | Jan  | Apr |
| Feb  | May | Aug  | Nov | Feb  | May |
| Mar  | Jun | Sep  | Dec | Mar  | Jun |

Month-Year

Section

- Communication with Nurses
- Respect for Patient Preferences
- Access to Care
- Cleanliness / Quietness
- Communication About Meds
- Communication with Doctors
- Continuity and Transition
- Coordination of Care
- Discharge Information

HCAHP Sections Only

☐ N
 ☐ Y

Question

How often did nurses treat you with...

After you left the hospital, did you go...

After you pressed the call button, ho...

After your surgery, did the surgeon ...

Are you of Spanish, Hispanic or Lati...

Before giving you any medicine, ho...

Before giving you any new medicine...

Before giving you any new medicine...

Priority Questions Only

Discharge Unit

|     |       |
|-----|-------|
| 2NW | 5.6%  |
| 2W  | 1.1%  |
| 3N  | 3.3%  |
| 4SW | 4.6%  |
| 4W  | 12.2% |
| 5NW | 9.7%  |
| 6NW | 8.7%  |
| A4  | 11.2% |
| A5  | 12.1% |
| A6  | 11.0% |

Current Selections

Additional Filters

Updated at 12:02 on Jan 09, 2014

Patient Satisfaction By Length of Stay (Days)

Patient Satisfaction By Comorbidity Count

Patient Satisfaction By Age

Patient Satisfaction By Gender

Demographic Questions

|   |      |
|---|------|
| After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? | 0    |
| Are you of Spanish, Hispanic or Latino origin or descent?   | 0    |
| Did you have a vaginal delivery or a C-Section?   | 0    |
| Did you have surgery during this hospital stay?   | 3202 |
| Did you have surgery in the hospital?   | 0    |
| Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?"                   | 0    |
| Did you need medicine for pain?"  | 0    |

Demographic Answers

# CAN PATIENTS NEEDS/EXPECTATIONS BE MET?

- **Access:** Where are the facilities/clinicians?
- **Money:** Who pays, how much, and for what?
- **Time:** Will clinicians have sufficient time to communicate and guide?
- **Outcomes:** Are patient expectations aligned with realities of utility/futility, cost, adverse outcomes?

## *What is Healthcare Justice?*

# Summary

- Patient care is significantly impacted by at least 4 major players
- Each player is intermittently at odds with at least one other
- The current system is a hodge podge that may not be delivering the best value for what we are spending
- We are not clear on what our greatest priorities are – individual health and wellness, population health, a productive workforce, etc...
- As all parties face increasing pressures, patients could find themselves the “monkey in the middle” of the Healthcare Quadrangle

## **11. Presentation: Bagley-Keene Open Meeting Act and its Requirements for the Board**

Facilitator: James Yi, HCAI Attorney (or designee)

- An overview of the requirements of the Act
- Discussion and public input

# Item 11: Bagley-Keene Open Meeting Act and Its Requirements for the Board

James Yi, Attorney, HCAI

# Purpose of the Act

To allow members of the public to attend and participate as fully as possible in a state body's decision-making processes.

(Gov. Code section 11120; 103 Ops.Cal.Atty.Gen. 42)

# Applicability to the HBSB

The Act applies to “state bodies,” such as “every state board... that is created by statute...” (Gov. Code section 11121(a)).

- HBSB is created by Health & Safety Code section 129925.

**Committees:** The Act also applies to any advisory committee HBSB creates if the committee consists of 3 or more persons (Gov. Code section 11121(c)).

# The Act Applies to “Meetings”

Every “meeting” is subject to the Act’s requirements.

**“Meeting” Definition:** A **quorum** of the Board/committee convening, at the same time and place, to hear, discuss, or deliberate on any item within the subject matter of the Board/committee.

- A **“quorum”** is the minimum number of members who must be present for the Board/Committee to transact business and California law generally states that a quorum is a majority of members. (94 Ops.Cal.Atty.Gen. 100.)
- For the full Board, quorum is 9 appointed/voting members (out of 16).

(Gov. Code section 11122.5(a))



# Physical Presence/Location Requirements and COVID-19 Exception

**Normally**, the Act requires the physical presence of members at meetings and a physical location where the public may attend. The Act allows some teleconferencing, but still requires physical presence and location.

**Because of COVID-19**, the Legislature suspended the physical presence/location requirements until July 1, 2023. (Gov. Code section 11133.)

- The Board must still comply with the notice and public participation requirements of the Act.
- Statute urges state bodies to adhere as closely to the Act as possible to “maximize transparency and provide the public access to meetings.”

# Serial Communications Are Prohibited

- A quorum of members cannot, outside of a properly noticed “meeting”,
  - communicate in a series of communications of any kind,
  - directly or through intermediaries,
  - regarding items within the subject matter of the Board.

**Purpose:** to prevent deliberations/actions/decisions being made in secret, without public knowledge or participation.

(Gov. Code section 11122.5(b))

# “Meeting” Exceptions

- The Act does not consider the following to be “meetings”:
  - **Public Contacts:** a member of the public contacting a quorum of members if members do not solicit such contacts.
  - **Social Gatherings:** a quorum of the members may attend a purely social event, if they do not discuss Board issues among themselves.
  - **Conferences:** Conferences are exempt as long as they are open to the public and involve subject matter of general interest, and a quorum of members do not discuss Board issues among themselves, other than as part of the scheduled program.

(Gov. Code section 11122.5(c))

# Meeting Notices and Agendas

The Board must post meeting notices on the internet at least **10 days** before a meeting.

Notices must have:

- Time and place(s) of the meeting.
  - For virtual meetings, the notice must have “the means by which members of the public may observe the meeting and offer public comment”
- A **specific agenda** for the meeting that contains a brief description of all items to be discussed/transacted at the meeting.
  - The description should provide enough information to allow the public to understand what issues will be discussed or considered.
  - Generally, if an issue is not on the agenda, the Board cannot consider it. However, a new issue can be mentioned for the purpose of including it at a future meeting.

The 10-day notice requirement does not apply for “emergency” or “special” meetings as defined under statute.

(Gov. Code sections 11125 and 11133)

# Public Attendance and Participation

Generally, meetings must be **open and public**.

- Conditions on public attendance at the meeting cannot be imposed. An individual is not required to identify themselves or to sign-in to attend.

**Public Participation:** The Board must give the public an opportunity to directly address the Board on each agenda item before or during the Board's discussion or consideration of the item.

- Public criticism of the Board cannot be prohibited.

**Broadcasting/Recording of Meetings:** Members of the public are allowed to record and broadcast meetings.

(Gov. Code sections 11123, 11124, 11124.1, and 11125.7)

# Closed Sessions

“Closed sessions” are parts of meetings without the public and are allowed only for specific statutorily-stated reasons, e.g., to discuss pending litigation or to discuss employment issues.

These sessions have to be included on the agenda and the specific statutory authority allowing the closed sessions must be stated.

(Gov. Code section 11126)

# Meeting Documents

Generally, materials distributed to the Board prior to or during a meeting are disclosable public records.

- Some materials can be held confidential pursuant to certain sections of the California Public Records Act.
- Materials prepared by Board members or staff are required to be available to the public at the meeting.
- Materials prepared by others are required to be available to the public after the meeting.

(Gov. Code section 11125.1)

# Voting

The vote or abstention of each member must be publicly reported. (Gov. Code section 11123(c).)

- If a virtual meeting, votes must be taken by rollcall. (Gov. Code sections 11123(b); and 11123.5(e).)

Vote by secret ballot at a meeting is not allowed. (68 Ops.Cal.Atty.Gen. 65.)

Vote by proxy is not authorized. (68 Ops.Cal.Atty.Gen. 65.)



# Abstentions

Abstentions may complicate voting.

In general, a state body cannot act without support of at least a majority of its quorum. For the full Board, this is at least 5 members.

Members who voluntarily abstain are counted toward a quorum, but decisions will only require the majority of those members who actually vote as long as there is support from a majority of the quorum.

Members who are disqualified from voting by law are not counted toward a quorum.

(94 Ops.Cal.Atty.Gen. 100.)

# Penalties for Non-Compliance

- **Civil:**

- Any interested person, the Attorney General, or a district attorney can commence court action to stop or prevent violations of the Act. (Gov. Code section 11130.)
- Any interested person can also commence court action to declare a Board action taken in violation of the Act's notice, agenda, and public attendance requirements as "null and void." (Gov. Code section 11130.3.)
- If successful, a plaintiff can obtain a court order, court costs, and attorneys' fees. (Gov. Code section 11130.5.)

- **Criminal:**

- It is also a misdemeanor for any member to attend a meeting in violation of the act and where the member "intends to deprive the public of information to which the member knows... the public is entitled." (Gov. Code section 11130.7.)

## **12. Review and Approve 2023 Committee Assignments, Goals and Meeting Calendar**

Facilitator: Louise Belair, Board Chair and Scott Jackson, Board Vice Chair-elect (or designees)

- Discussion and public input

## HOSPITAL BUILDING SAFETY BOARD 2023 COMMITTEES

### **BOARD PROCEDURES COMMITTEE (AD HOC)**

#### **Committee Members:**

Michael Foulkes, Chair  
Scott Jackson, Vice-Chair  
Louise Belair

#### **HCAI Representatives:**

Joe LaBrie  
Carl Scheuerman

#### **Meeting Dates:**

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

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

## **CODES AND PROCESSES COMMITTEE**

### **Committee Members:**

Michael O'Connor, Chair  
Jim Malley, Vice-Chair  
Cody Bartley  
Louise Belair  
John Griffiths  
Mike Hooper  
Scott Jackson  
Michele Lampshire  
Scott Mackey  
Farzad Naeim

### **Consulting Members:**

John Donelan  
Mark Hershberg  
Kelly Martinez  
Belinda Young

### **HCAI Representatives:**

Brett Beekman  
Larry Enright  
Roy Lobo  
Diana Navarro  
Carl Scheuerman  
Jamie Schnick  
Nanci Timmins

### **Meeting Dates:**

February 7  
May 9  
August 1  
October 17

### **Focus/Goals:**

- Update CANs and PINs to code (ongoing)
- eTIO Program
- Evaluate standard details for SNFs
- Title 24, Part 3, 4, and 5
  - Identify code modifications to support Part 6 implementation of energy savings measures

## **EDUCATION AND OUTREACH COMMITTEE**

### **Committee Members:**

Mike Hooper, Chair  
Scott Mackey, Vice-Chair  
Cody Bartley  
Louise Belair  
Deepak Dandekar  
Gary Dunger  
Bert Hurlbut  
David Khorram

### **Consulting Members:**

John Donelan  
Kelly Martinez  
**Bruce Rainey**  
Bill Zellmer

### **HCAI Representatives:**

Hussain Bhatia  
Monica Colosi  
Joe LaBrie  
Cesar Ponce  
Jamie Schnick  
Nanci Timmins

### **Meeting Dates:**

January 18  
March 8  
May 24  
July 26  
August 23  
September 20  
October 11  
November 1

### **Focus/Goals:**

- Prepare for 2023 Seminar: Tips from The Experts
- Support the development of webinars
- Develop a regular curriculum and predictable calendar for webinars

## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE**

### **Committee Members:**

Scott Jackson, Chair  
John Griffiths, Vice-Chair  
Louise Belair  
David Bliss  
Deepak Dandekar  
Gary Dunger  
Michael Foulkes  
David Khorram  
Michele Lampshire

### **HCAI Representatives:**

Larry Enright  
Carl Scheuerman  
Jamie Schnick  
Nanci Timmins

### **Meeting Dates:**

March 16  
June 22  
October 5

### **Consulting Members:**

Eric Johnson  
David Lockhart

### **Focus/Goals:**

- Work with CEC to develop mutually agreeable standards for hospital building energy efficiency in 2025 code cycle
- Identify HCAI research projects for energy conservation, reduction of carbon footprint, and cost savings while maintaining health and safety
- Identify how to collaborate with CMS for implementation Microgrid demonstration project
- Pursue indoor air quality at a lesser energy cost for healthcare
- Water usage in healthcare environments. Efficiency/Sustainability

## **INSTRUMENTATION COMMITTEE**

### **Committee Members:**

Marshall Lew, Chair  
Bruce Clark, Vice-Chair  
Scott Jackson  
Jim Malley  
Farzad Naeim  
Jennifer Thornburg

### **Consulting Members:**

Hamid Haddadi  
Moh Huang  
Tony Shakal

### **HCAI Representatives:**

Hussain Bhatia  
Erol Kalkan  
Roy Lobo  
Ali Sumer

### **Meeting Dates:**

February 16  
June 1  
October 26

### **Focus/Goals:**

- Continue working with HCAI staff on scheduled instrumentation installations
- Consider other systems and monitoring devices
- Roll out white paper and identify areas for implementation
- Collaborate with CGS on prioritizing upgrades to existing instrumentation
- Work with EO Committee regarding webinar/seminar on instrumentation/white paper



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

### **Committee Members:**

Jim Malley, Chair  
Farzad Naeim, Vice-Chair  
Cody Bartley  
Louise Belair  
Bruce Clark  
Mike Hooper  
David Khorram  
Marshall Lew  
Jennifer Thornburg

### **Consulting Member:**

Mark Hershberg

### **HCAI Representatives:**

Joe LaBrie  
Roy Lobo  
David Neou  
Carl Scheuerman  
Jamie Schnick  
Ali Sumer

### **Meeting Dates:**

January 24  
April 11  
August 29  
November 7

### **Focus/Goals:**

## **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
- Seismic compliance issues related to NPC-3, NPC-4D, and NPC-5. Streamlining the process for compliance to meet the statutory and regulatory deadline.
- Review of Code amendments that are now obsolete as those issues have been addressed in model code
- Develop and implement procedures and enforceable building standards to ensure safe and sustainable healthcare facilities.
- New products, materials and methods that would benefit the public by early adoption rather than waiting for their incorporation in the building code.
- Increase IOR competency, is adequate testing and inspection happening in the field? Roles and responsibilities of the design professional and HCAI.
- Implementation of small and rural hospital relief program, increase technical assistance and awareness
- Implementation of AB 1882 requirements. Reach out to stakeholders via seminars and webinars to raise awareness.

## **TECHNOLOGY AND RESEARCH COMMITTEE**

### **Committee Members:**

Michael Foulkes, Chair  
Gary Dunger, Vice-Chair  
David Bliss  
Deepak Dandekar  
John Griffiths  
Bert Hurlbut  
Scott Jackson  
Scott Mackey  
Michael O'Connor

### **Consulting Members:**

Benjamin Broder  
Eric Johnson  
Belinda Young

### **HCAI Representatives:**

Hussain Bhatia  
Larry Enright  
Joe LaBrie  
Carl Scheuerman  
Jamie Schnick  
Nanci Timmins

### **Meeting Dates:**

April 26  
September 13

### **Focus/Goals:**

## **Focus/Goals:**

- Explore subjects of telemedicine and robotics
- Discuss the effect of technologies on healthcare equity
- 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.
- Address how to regulate remote services (e.g., medical records, web-based nurse call, off-site server farms, etc.)
  - Define what is a medical record
  - 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.)
- Explore wastewater solutions

## **FULL BOARD MEETING DATES**

April 20 – Virtual + Sacramento and Los Angeles

August 17 – Sacramento

December 6 and 7 – Los Angeles

### **13. OSHPD (formerly the Facilities Development Division) Update**

Facilitator: Chris Tokas, OSHPD Deputy Director (or designee)

- Workload and Performance
- Personnel changes
- Discussion and public input



## **Facilities Development Division California's Building Department for Hospitals**

Chris Tokas, S.E., F. SEAOC, Deputy Director  
Richard Tannahill, Architect, Deputy Division Chief  
Arash Altoontash, PHD., S.E. Deputy Division Chief  
Roy Lobo, Ph.D., S.E., Principal Structural Engineer  
Ali Sumer, Ph.D., S.E., Supervisor, Seismic Compliance Unit  
Richard Tannahill, Architect, Supervisor, Building Standards Unit  
Nanci Timmins, Fire Marshal, Chief Fire Life Safety Officer



## **Update for the Hospital Building Safety Board**

**December 8, 2022**





# The Transformation of OSHPD

- OSHPD evolution to the Department of Health Care Access and Information (HCAI)
  - Established w/ the enactment of the 2021-22 California Budget Act
- The Department of HCAI is going thru a transformation state
  - Change is a response to external influences, where modifying day-to-day action achieves desired results.
  - Transformation is about modifying core beliefs and long-term behaviors—sometimes in profound ways—to achieve the desired results.

# FDD Manager's & Sups Meetings

## Climbing the Steep Slope to Thrival

Chris Tokas, Deputy Director  
Facilities Development Division  
Department of Health Care Access and Information



# FDD Manager's & Sups Meetings

## *"Steps to Shaping Our Destiny"*

- Understanding our purpose.
- ***Develop a Customercentric Attitude officewide.***
- Identify solutions to fulfill our purpose.
- Revisit, refine, implement solutions and measure results.
- Commit and develop an attitude to "changing our destiny" and willfully participate in the process.
- The strength of our Division is our people, we are the ones that will make us succeed or fail. The blame will never be with outside forces.
  - It will be based on how we choose to respond to the challenges.

## Topics

- What Is Our Purpose?
- What Really Needs to be Fixed
- Success in Adding Value
- The Cost of Asking for Additional Information
- Key Actions to Create Value
- Directing the Work is Against FDD Policies!
- We Must Deal With The "Core" Issues
- What Are Our Priorities?
- Staying Ahead Of The Curve

# Accomplishments for 2022 to Date



# FDD's Top 3 Objectives for 2022

## 1. Successful transition and implementation of Hybrid Workplace



- March 15<sup>th</sup>, 2022, Start transitioning WFH to WFO, 40/60 Hybrid Model
- April 11<sup>th</sup>, 2022, Complete transition to 3 days per week WFO & 2 Days WFH
  - The Return-to-office policy enables FDD fulfill its public service responsibilities to the extent possible
  - FDD staff: “we put aside our individual convenience” to attain “our collective success”



Bringing back FDD's Culture

# FDD's Top 3 Objectives for 2022

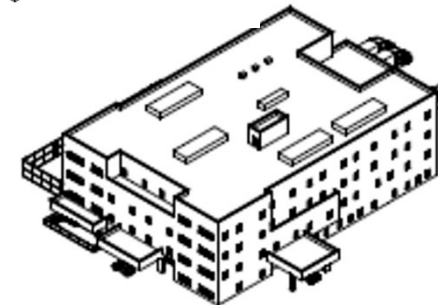
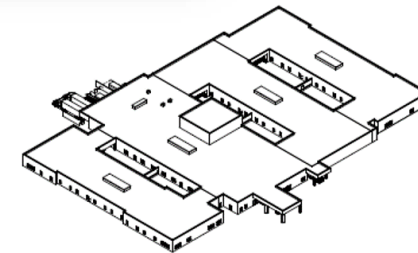
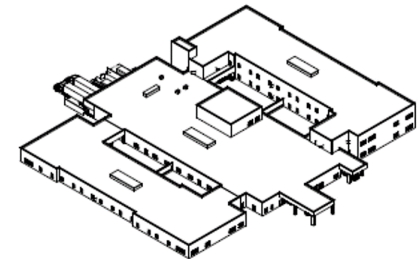
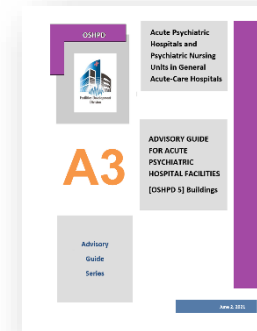
2. Improving the processes and revising the CBC requirements to be more aligned with the needs of a Behavioral Health facility.



– General Acute Psychiatric Facilities - Advisory Guide

- Checklist
- Anti-ligature products
- Patient Risk Assessment Plan, Check List and Examples
- Sample AMCs

– Templatization of Behavioral Health Facilities





# FDD's Top 3 Objectives for 2022

3. IT equipment refresh Office/Field



# FDD's Achievements in 2022

1. Successfully transitioned FDD staff to *“work-from-office”*
2. Successfully executed emergency response and expeditious assistance to accommodate and secure COVID-19/RSV surge capacity for California Health Facilities
3. Developed guides and checklists to create temporary physical environments to accommodate surge capacity for treatment of due to tri-pandemic RSV/flu/COVID-19 patients
4. Proposed and submitted cost effective building codes & standards that better align with national standards to the Building Standards Commission for adoption for the intervening cycle for the 2022 California Building Standards Code
5. 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.
6. Achieved significant progress in the Hospital Seismic Compliance Program
7. Virtual technical staff training/stakeholder meetings



# FDD's Achievements in 2022

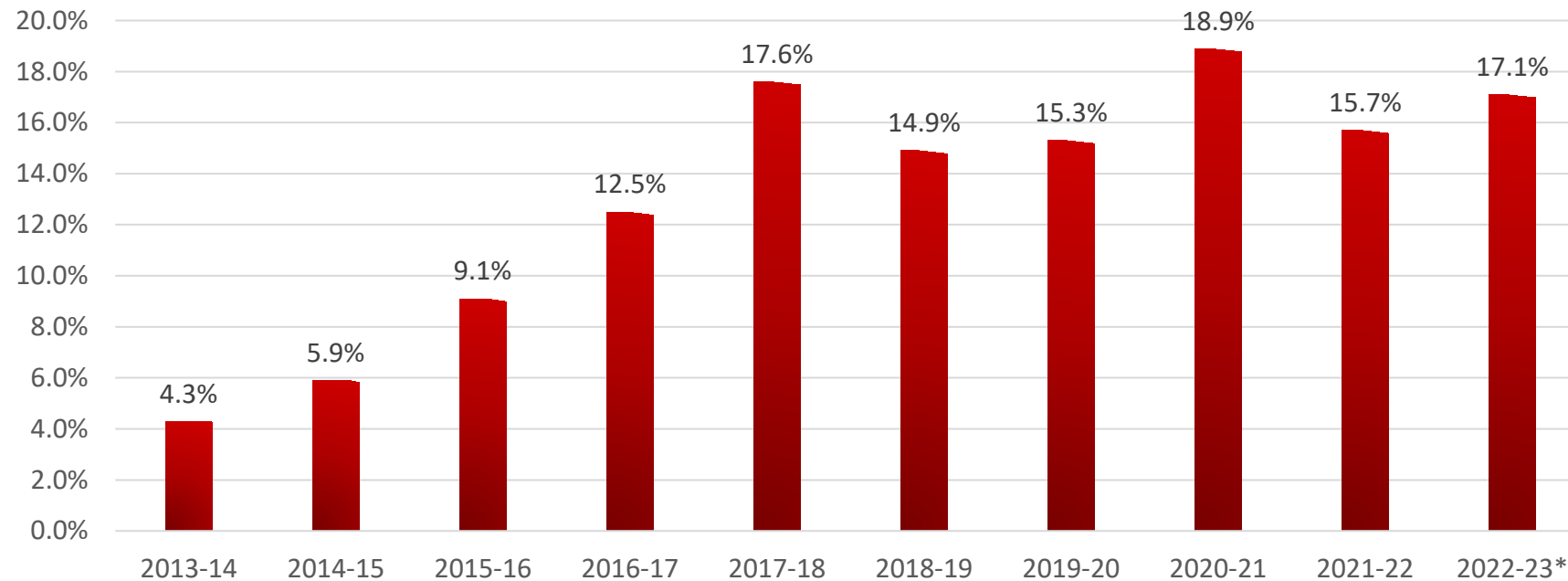
8. CAN-1-7-153 Amended-Construction-Document and clarifying and use of Non-Material Alterations (NMAs)
9. Successfully executed emergency response and expeditious repopulation of health facilities impacted by the 2022 California fires
10. Successfully worked with UHS to establish behavioral health facilities templates.
11. Added to the How-to-Guide Series w/ Guide #5 “Re-Roofing” for SNFs
12. Developed additional tools and processes to improve staff plan review efficiencies
  - Developed workload dashboards for assignments and triage that update on an hourly basis.
  - Developed reviews-at-triage dashboard to encourage reviews at triage. Continuous improvement for all active dashboards from suggestions.
13. SB 2190, Successfully assisted hospitals to meet their 7/1/22 (SPC-2) deadline due to OSHPD & CHA efforts
14. Issued Advisory Guide A5 for NPC-5 Water Rationing Plan for Hospital Facilities
15. Developed template project platforms for (Scripps La Jolla Hospital, Kaiser Permanente Riverside), using template/standard spaces, details & procedures.

# FDD's Achievements in 2022

16. 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
17. Software and Hardware upgrades to facilitate and support Electronic Plan Review:
16. Continue to further augment connection with industry using TIPS OF THE DAY and FIELD BRIEF ADVISE as a direct line of communication
17. Improved the exam and education to increase the IOR exam pass rate significantly.
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% all projects meeting their anticipated project approval dates (APAD)

# FDD Vacancy Rate (10 Year History)

FY 2022-23 Total PYs: 217.0 \*  
FY 2022-23 Vacant PYs: 37.0 \*  
(as of November 30, 2022)



\* FY 2022-23 position data as of 11/30/2022.

# FDD Arrivals, Promotions, and Departures in 2022

## **January 2022**

### **Arrivals/Promotions:**

Glen Perez, SSE, Coastal Region/AEU – new to State service 01/31/22  
Erik Hilkey, DSE, South Region/FCU – new to State service 01/18/22  
Rahul Rana, SSE, South Region/AEU – new to State service 01/03/22  
Janice Yee-Oyoung, CO, HFC, ISU-Sacramento – new to State service 01/03/22

## **February 2022**

### **Departures:**

Stephen Gray, CO, HFC, North Region/FCU – resigned 02/12/22

### **Arrivals/Promotions:**

Richard George, RCO, HFC, Central Region/FCU – promo 02/07/22

## **March 2022**

### **Departures:**

Gemma Behlow, MST, PFSU – promo to SSA & transfer to Health Care Services 03/02/22

### **Arrivals/Promotions:**

Kelie Zimmer, AGPA, SSS – Promo 03/02/22  
Michael Lollis, CO, HFC, South Region/FCU – new to State service 03/02/22

## **April 2022**

### **Departures:**

Joel Sanders, CO, HFC, South Region/FCU – Retired 04/30/22  
Kangyu (Ken) Lou, SSE, South Region/AEU - Retired 04/30/22  
Mai Her, Office Technician, DSS/BASU – promo to SSA & transfer to Social Services  
John Vaught, Sr. Architect, NLA/AEU – Resigned 04/09/22

### **Arrivals/Promotions:**

Rebecca Mark, AGPA, DSS/BASU – transfer from HCD 04/01/22  
Joseph Farag, CO, HFC, South Region/FCU – new to State service 04/01/22  
Richard Tannahill, CEAA, FDD-Exec-Sacramento – promo 04/01/22

## **May 2022**

### **Departures:**

Joanne Jolls, Office Technician, DSS/HBSB – retired 05/17/22

### **Arrivals/Promotions:**

Keith Potter, CO, HFC, Coastal Region/FCU – new to State service 05/31/22  
Mercedes Martinez, SSM I, DSS/RMRU – promo 05/01/22

## **June 2022**

### **Departures:**

Joshua Praster, CO, HFC, NLA/FCU – retired 06/01/22  
Kimberly Rhodes, SSM I, DSS/RMRU – retired 06/01/22

### **Arrivals/Promotions:**

Ken Yu, CEAA, DSS – promo 06/01/22  
Tony Ho, CO, HFC, North Region/FCU – new to State service 06/20/22

# FDD Arrivals, Promotions, and Departures in 2022

## **July 2022**

### **Departures:**

Diana Scaturro, Sup, HFR, North Region/AEU – retired 07/14/22  
Timothy Gutierrez, FLSO II, FPU – resigned 07/28/22

### **Arrivals/Promotions:**

Jamie Schnick, SEE, transfer to BSU 07/01/22  
Dzung Ha, Sr. Architect, SLA Region/AEU – transfer 07/15/22

## **August 2022**

### **Departures:**

John Schrenk, RCO, HFC, South Region/FCU – retired 08/01/22  
Phillip Hill, CO, HFC, North Region/FCU – resigned 08/02/22  
Jesus Colin, MST, DSS/LAPSU – started w/Riverside County 08/25/22

### **Arrivals/Promotions:**

Robert Lyons, DSE, ISU – new to state service 08/01/22

## **September 2022**

### **Departures:**

Jonathan Cook, FLSO II, South Region/AEU – retired 09/01/22

### **Arrivals/Promotions**

Mike Marrs, RCO, HFC, South Region/FCU – promo 09/01/22  
Ramon Sanchez, Sr. Architect, North Region/AEU – new to State service 09/01/22  
Patrick Rodgers, SSE, ISU – transfer from SSS/SCU 09/01/22

# FDD Arrivals, Promotions, and Departures in 2022

## **October 2022**

### **Departures:**

Ken Kraus, FLSO I, FPU – Retired 10/01/22

### **Arrivals/Promotions:**

Paul Doyle, SSA, DSS/HBSB – new to State service 10/03/22

Jamel Martin, CO, HFC, North/FCU – new/transfer from DGS 10/03/22

Rachel Leung, SSE, Central Region/AEU – new to State service 10/01/22

Molly Ouk, AGPA, DSS/BASU – new/transfer from DGS 10/17/22

Gaudencio Magdaloyo, SSA, DSS/RMRU – promo 10/18/22

Mark Palmer, Office Technician, DSS/BASU – new to State service 10/24/22

Bart Treis, CO, HFC, North Region/FCU – new to State service 10/24/22

## **November 2022**

### **Departures:**

James Leszinski, CO, HFC, South Region/FCU – retired 11/01/22

### **Arrivals/Promotions:**

Youlanda Williams, Office Technician, DSS/LAPSU - return from DGS 11/03/22

Nancy Rebenstorff, SSM I, DSS/LAPSU, transfer to blanket 11/01/22

Guadalupe Mora, AGPA, DSS/RMRU – promo 11/01/22

Alma Vasquez-Morales, SSM I, DSS/LAPSU – promo 11/01/22

Enrique Pena, FLSO II, FPU – promo (TAU) 11/16/22

Departures: 22

New Hires: 19

Promotions: 10

## **December 2022**

### **Departures:**

Gene Franklin, CO, HFC, Central Region/FCU – retiring 12/01/22

Mickey Fong, RCO, HFC, North Region/FCU – retiring 12/30/22

Paul Doyle, SSA, DSS/HBSB – transfer to HIS 12/16/22

Nancy Rebenstorff, SSM I, DSS/LAPSU – retiring 12/17/22

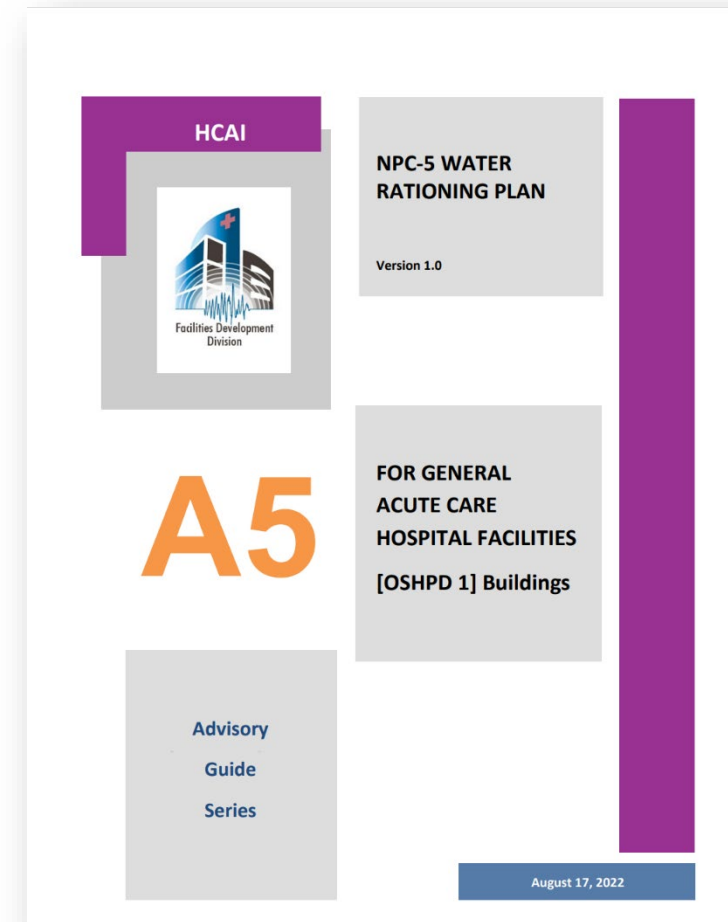
### **Arrivals/Promotions:**

Julia New, Office Technician, DSS/LAPSU – new to state service 12/01/22

Sobeida Jacobo, MST, DSS/LAPSU – new/transfer from DGS (DSA) 12/01/22

# NPC-5 Water Rationing Plan Guide

- *“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
- The Water Rationing Plan shall be based on the following:
  - Water Usage under Normal Operating Conditions
  - Source(s) of Emergency Water Supply
  - Identification of Water Uses in the Building(s)
  - Water Quality
  - Water Replenishment / Tanker Trucks
  - Temperature (Heating /Cooling)
  - Impacted Services in the Building(s)
- HCAI and CDPH approvals are required for all water rationing plans



# Meetings w/ Industry in 2022

- CAHF Quarterly Meetings
- CHA Monthly update meetings
- CDPH L&C
- Kaiser
- LLUMC
- McCarthy Construction
- Prime Healthcare
- Providence Health
- UC Health Systems
- Universal Health Services
- Clinic Advisory Committee Quarterly Meeting



# Industry Invited Seminars in 2022<sup>1</sup>

- CSHE Annual Meeting
- CSHE - Central Valley
- IOR Recertification Training Seminars (2)
- American Institute of Architects Health & Science
- AIA Healthcare Committee
- SMPS Los Angeles
- AIA Pasadena
- AIA Orange County
- AIA San Francisco & San Diego
- CDPH Seminars (2)



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

# Industry Invited Seminars in 2022<sup>1</sup>

- ePC/eSP Training to various stakeholders
- SEA OCC
- Hospital Inspector for the Fire Service Seminars (2)
- UCLA Design & Project Management Section
- Kaiser NFS Southern California
- Northern California Fire Prevention Officers
- HDR Architects
- Dignity Health



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

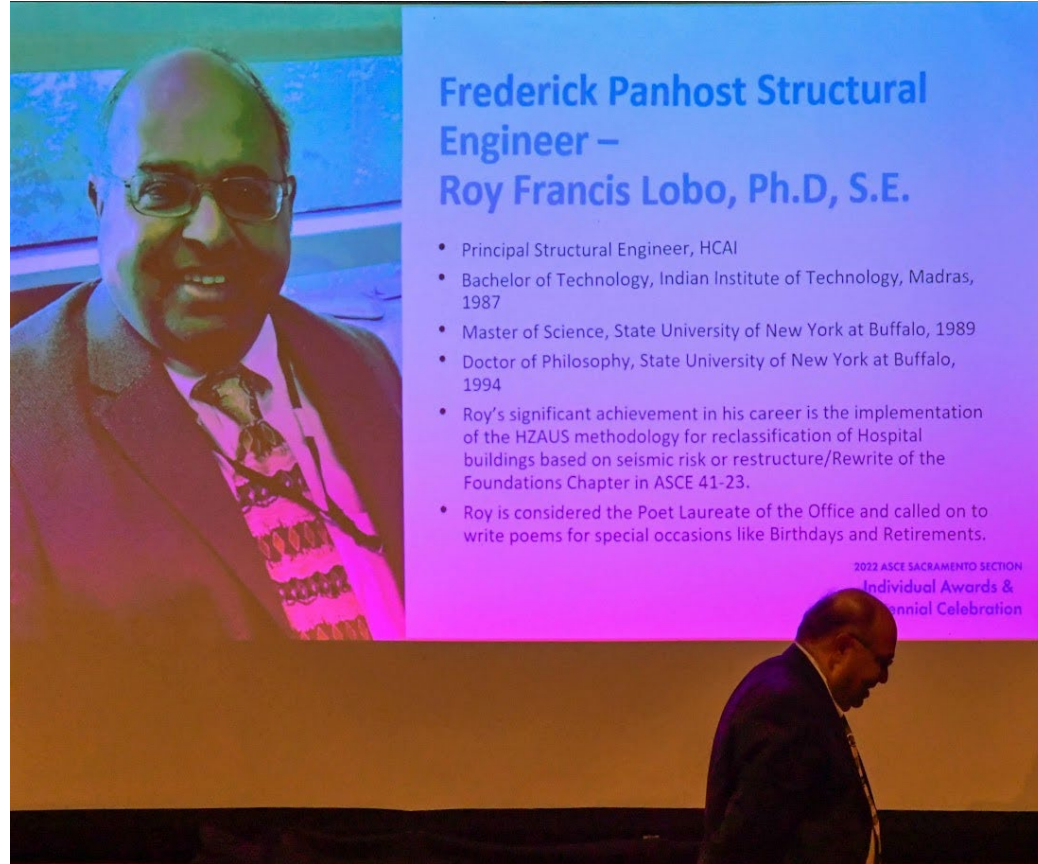
# HCAI – Educational Webinars/Seminars



- CAN 2-11B Accessibility in Healthcare – January 6, 2023
- 2019 Intervening Code – Session 1 – January 12, 2021
- Electrical Coordination Studies – March 23, 2022
- CAN 1-7-153 Amended Construction Documents – April 20, 2022
- Fire Resistive Assemblies – May 5, 2022
- Fire Resistive Assemblies – June 9, 2022
- 2022 Building Code Revision – Part 1 – completed October 5, 2022
- 2022 Building Code Revision – Part 2 – completed October 26, 2022
- 2022 Building Code Revision - Part 3 – completed December 1, 2022
- TIO Form Updates and General TIO Program Discussion November 9, 2022
- TIO Form Updates and General TIO Program Discussion November 17, 2022



# Roy Lobo Awarded the 2022 Frederick Panhorst Award





# 2022 ICC Annual Conference 9/11-9/14





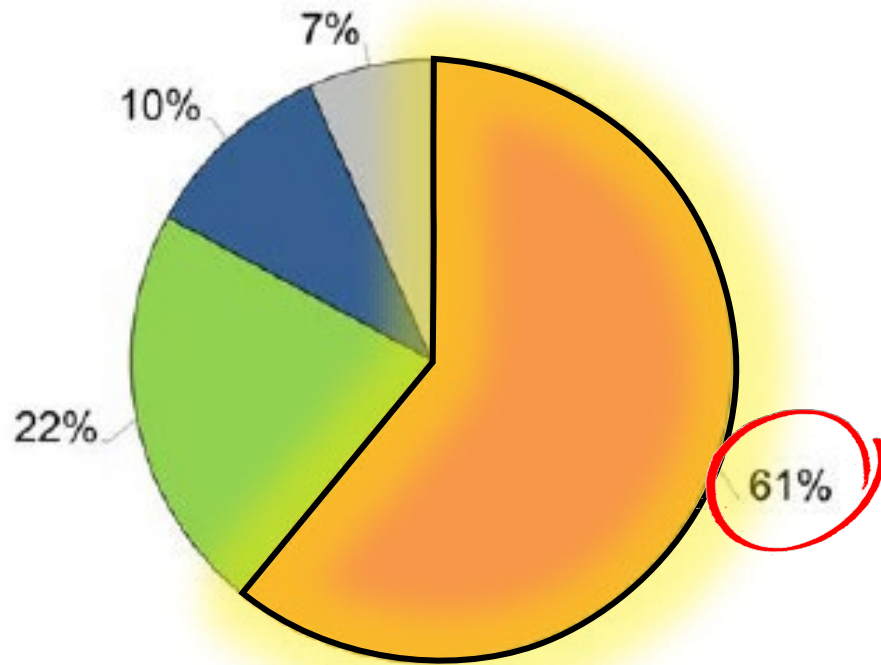


# SPONSE

## FIFTH INTERNATIONAL WORKSHOP ON SEISMIC PERFORMANCE OF NON-STRUCTURAL ELEMENTS

December 5-7, 2022  
Stanford, California, USA

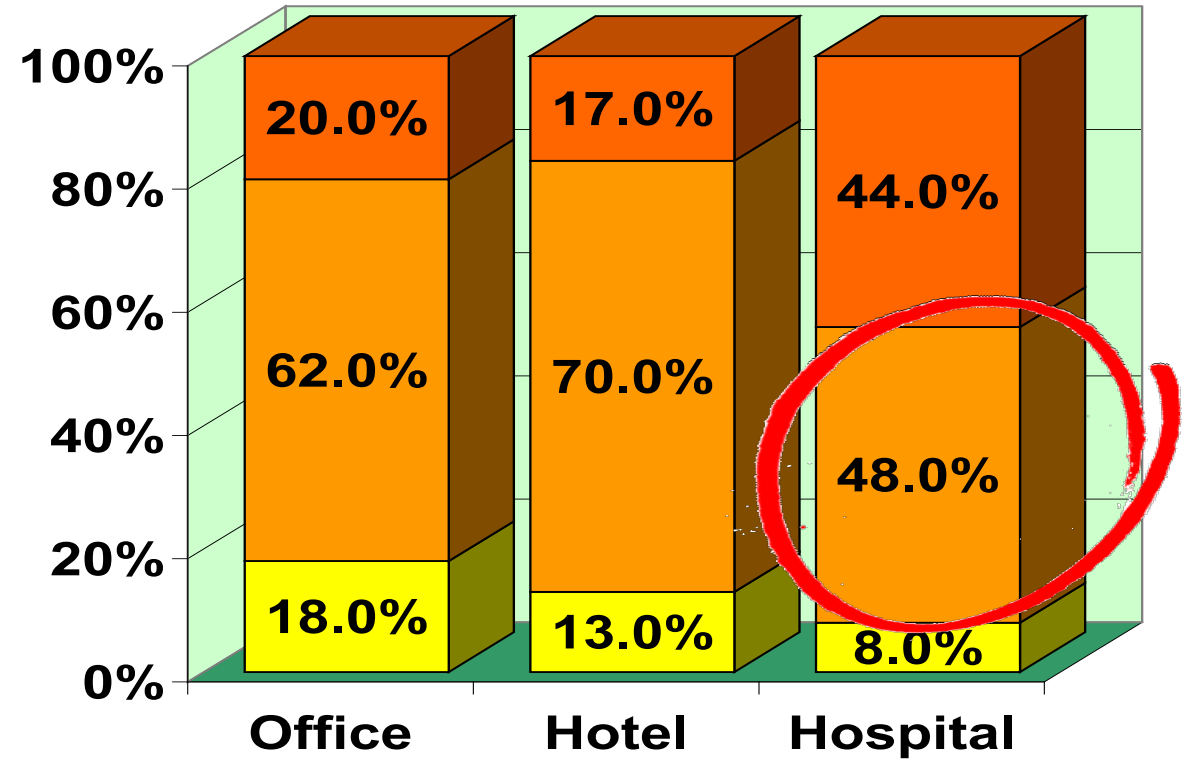




Unknown Masonry Structural

## Cause of Injuries by Building Component

(Ref. Baird and Trevor, 2016)



Contents  
Nonstructural  
Structural

## Capital Investment in Building Construction

(Ref. E. Miranda, 2003 - FEMA, 2012)

# Field Realignment

- Field Staff Academies
  - Compliance Officer Onboarding Curriculum
  - District Structural Engineer Onboarding Curriculum
- Ten Minute Field Brief Advice (FBA10) Weekly Sessions
- IOR Monitoring and Enhanced Training
- ISU Field Tip of the Day
- eTIO development
- ISU Preconstruction and Construction Advisory Seminars
- IOR /CHI Academy development
- Monthly Compliance Officer Training

## Inspection Services Unit

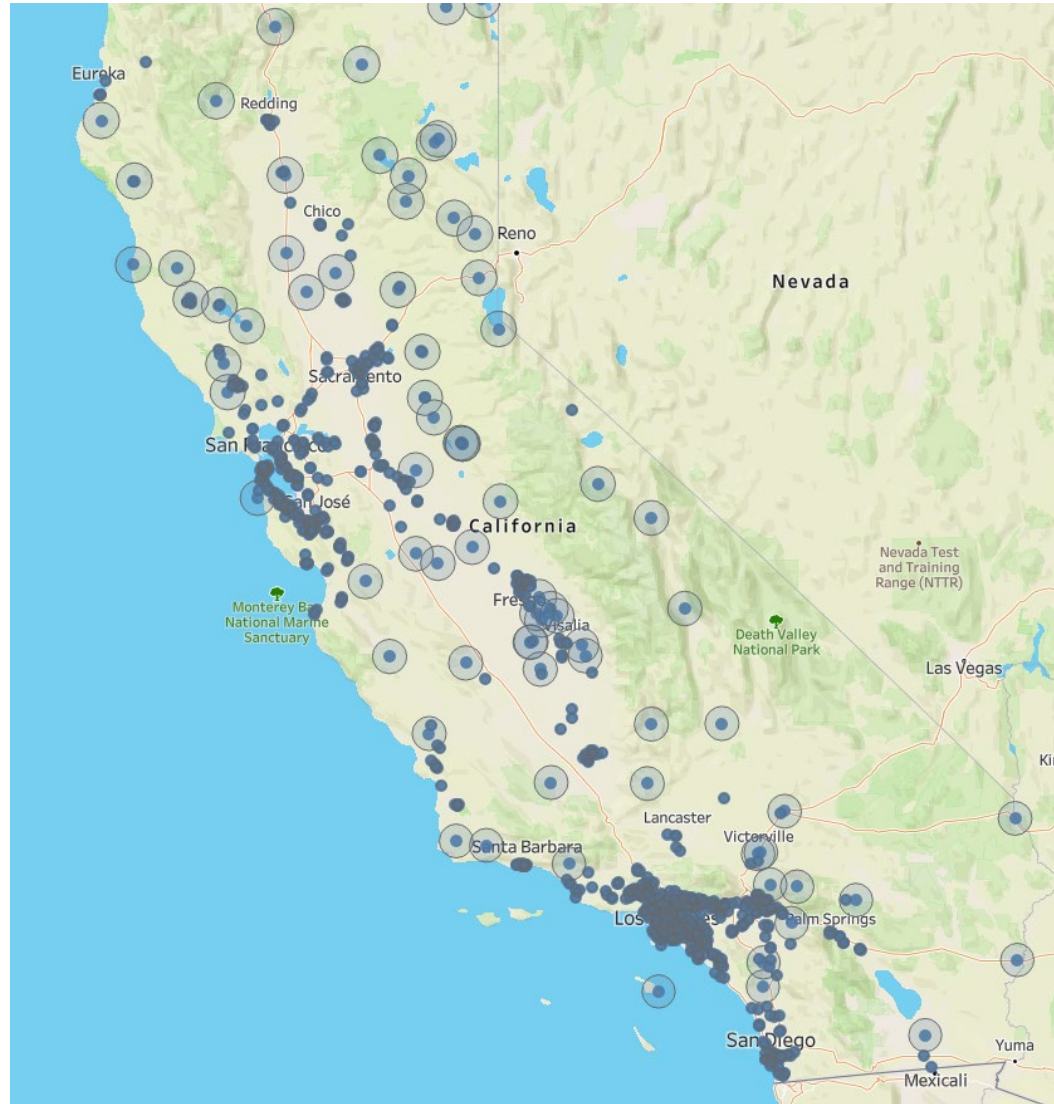
(Sacramento & Los Angeles)

- IOR Program – Testing and Recertification
- Testing Labs and Special Inspectors
- Emergency Response
- EOC/COOP/COG
- Field Compliance Technical Lead (COs and DSEs)
- QA/QC for Field Compliance (COs and DSEs)
- Field Compliance PINs, CANs and FAQs
- Field Compliance Building Standards
- Field Compliance Education/Training (COs and DSEs)
- DSA Field Compliance Liaison
- UC Designated OSHPD CO/DSE Program



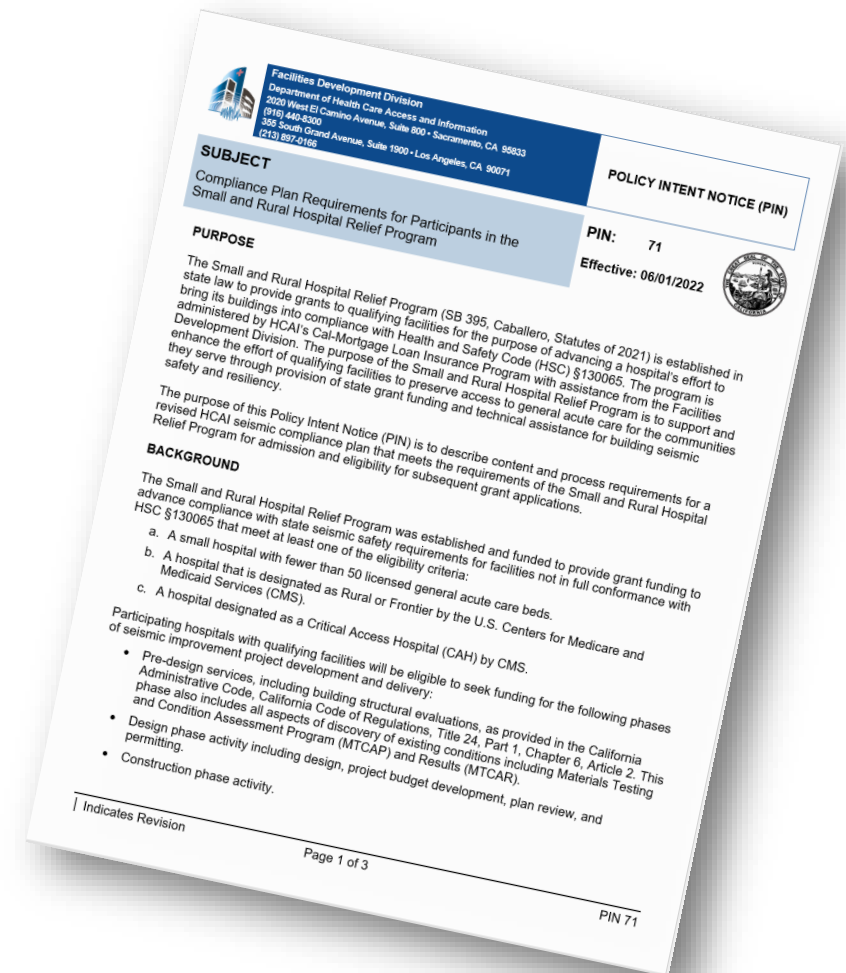


# Small and Rural Hospital Relief Program



# SB 395 - S & R Hospitals Implementation Requirements and Processes

- Policy intent Noticed (PIN) 71
  - Effective 6/1/2022
- Proposed draft regulations
  - Presented the HBSB Structural & Non-Structural Committee on 11/7/2022
    - FDD received HBSB Committee endorsement for Regs submittal to CBSC
  - 12/1/22, proposed building standards/regulations to be submitted to the CBSC (2022 Intervening building Code Cycle)



# SB 395 – SRHR Program Timeline

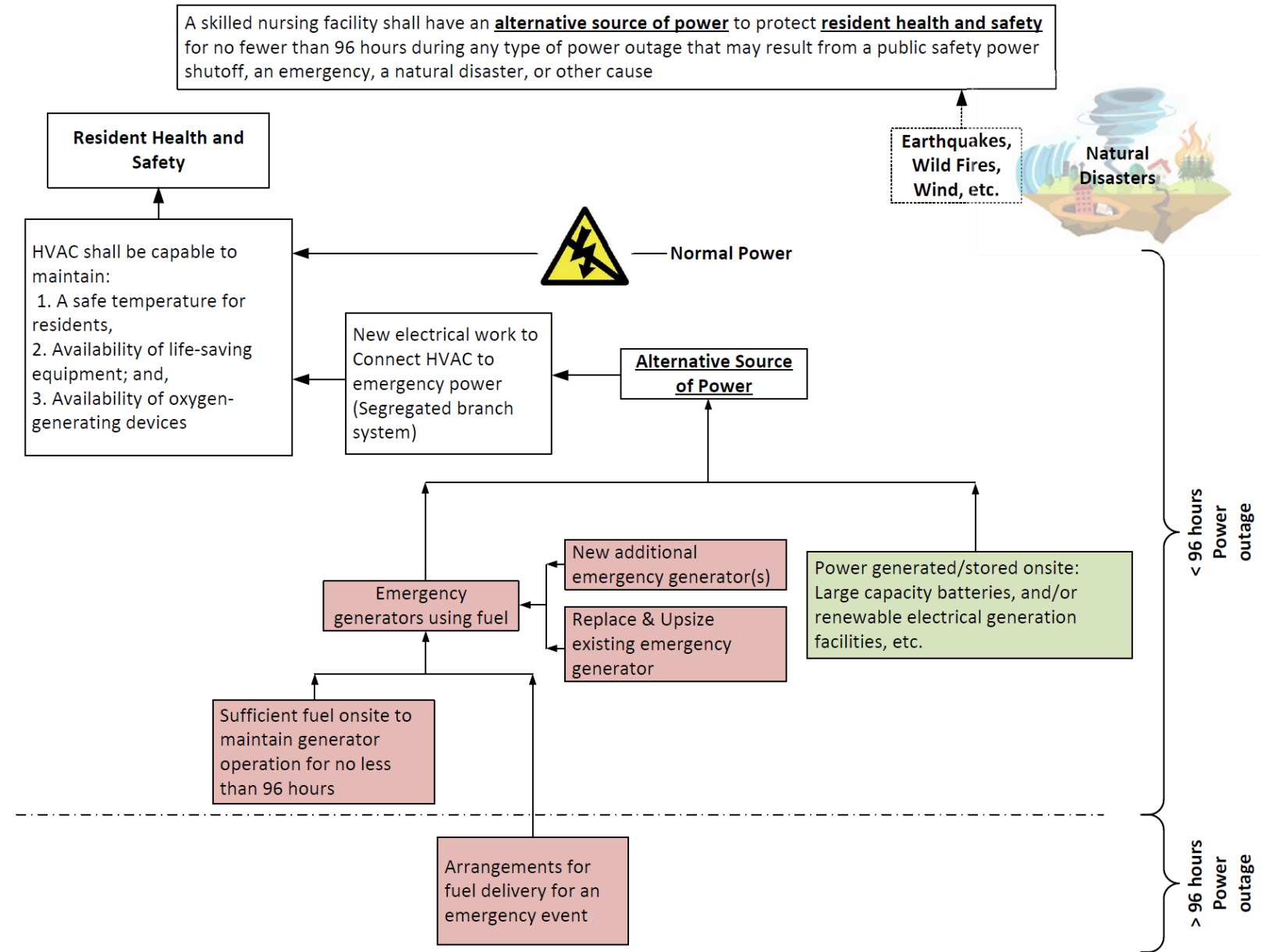
| Projected Time             | Period Program Activities   |
|----------------------------|---|
| June 2022                  | <ul style="list-style-type: none"> <li>Program eligibility contact form will be available to confirm hospital eligibility and begin receiving technical assistance from HCAI's Seismic Compliance Unit</li> </ul>   |
| July 2022 to December 2022 | <ul style="list-style-type: none"> <li>Retailers begin collecting Electronic Cigarette Excise Tax on July 1, 2022</li> <li>Grant application development continues</li> <li>Seismic Compliance Unit providing technical assistance and accepting seismic compliance plans</li> <li>Complete development of online application portal to accept electronic applications</li> </ul> |
| January 2023 to March 2023 | <ul style="list-style-type: none"> <li>Begin receiving program grant applications</li> <li>Compliance project delivery plans approved by FDD for eligible facilities</li> <li>Screening, scoring, and ranking of applicants</li> </ul>  |
| April 2023 and ongoing     | <ul style="list-style-type: none"> <li>Award initial round of grants based on funds available</li> <li>Ongoing awarding of funds as they become available, timed to meet approved compliance project schedules</li> </ul>   |

# SB 395 Application Status

| Facility                               | Application Date | Status               |
|--|------------------|----------------------|
| Mee Memorial Hospital                  | 6/14/2022        | Eligibility approved |
| Seneca District Hospital               | 7/12/2022        | Eligibility approved |
| Mountains Community Hospital           | 8/9/2022         | in process           |
| Mad River Community Hospital           | 8/26/2022        | in process           |
| Surprise Valley Community Hospital     | 8/31/2022        | in process           |
| Adventist Health Clearlake             | 9/12/2022        | in process           |
| Mayers Memorial Hospital               | 9/12/2022        | in process           |
| Adventist Health Reedley               | 9/13/2022        | in process           |
| Adventist Health Selma                 | 9/13/2022        | in process           |
| Adventist Health Rideout               | 10/3/2022        | in process           |
| Ridgecrest Regional Hospital           | 10/25/2022       | in process           |
| Eastern Plumas Hospital-Portola Campus | 10/28/2022       | in process           |
| Hazel Hawkins Memorial Hospital        | 11/14/2022       | in process           |

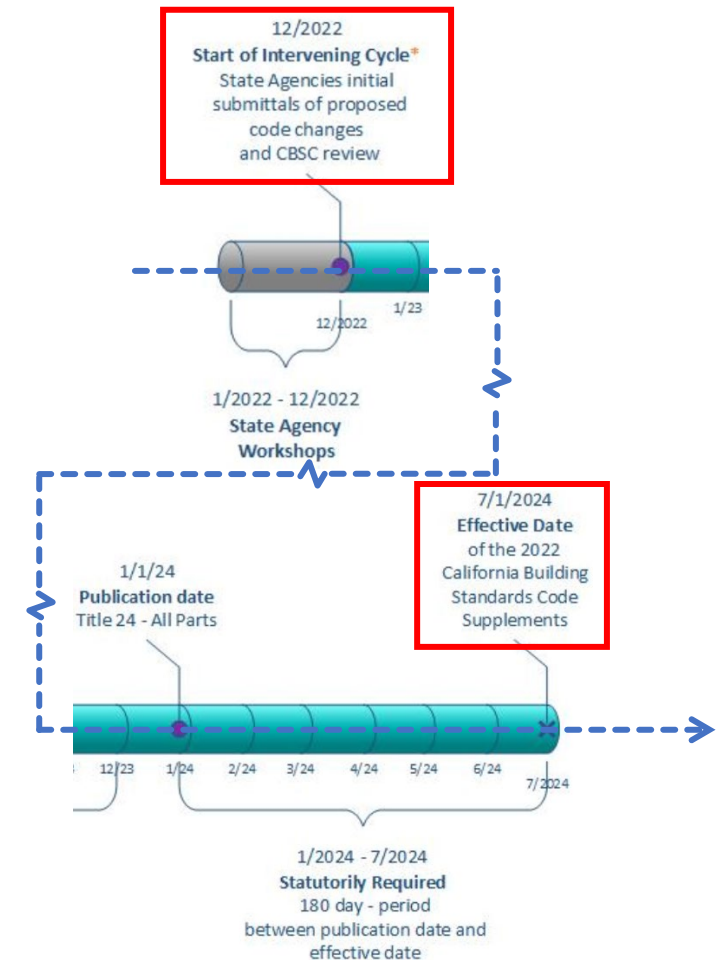
# AB 2511

- The Bill requires SNFs:
  - To have an alternative source of power, as defined, to protect resident health and safety, as defined, for no fewer than 96 hours during any type of power outage.
  - To comply with its requirements by January 1, 2024.



# AB 2511 – HCAi efforts for SNFs to Comply Successfully

- October/November 2022
  - HCAI Policy Intent Notice (PIN)
    - Endorsed by 3 HBSB Committees (Technology, Energy Conservation, and Codes and Processes, 11/1/2022)
    - Ready for Publication
- December 2022
  - HCAI publishes Policy Intent Notice
  - 12/1, HCAI submits proposed building standards/regulations to the CBSC (2022 Intervening building Code Cycle)
- January 1, 2023
  - AB 2511 requirements become enforceable
  - SNF projects submitted to HCAI
- February 2023
  - HCAI publishes Advisory Guide (How-To)
- January 1, 2024
  - Final deadline for SNFs to comply







# AB 1882 - Public Notices and Annual Status Update Reporting on Seismic Compliance Progress

- . . . *On or before January 1, 2024, and annually thereafter, . . .*
  - *Provide an annual status update on the SPC ratings of the buildings and the services provided in each hospital building. . .*
  - *Post in any lobby or waiting area generally accessible to patients or the public a notice provided by the department that the hospital is not in compliance with the seismic safety requirements . . .*
- **Preparing a Policy Intent Notice 75 (PIN 75)**
  - Presented to the HBSB Structural and Non-Structural committee on 11/7/2022
    - FDD received HBSB Committee Endorsement for PIN publication and Regs submittal
  - 12/1, proposed building standards/regulations to be submitted to the CBSC (2022 Intervening building Code Cycle)
- **Proposed code change proposal to be included in the intervening code cycle – Submittal to CBSC December 1, 2022**

# Public Notices and Annual Status Update Reporting on Seismic Compliance Progress

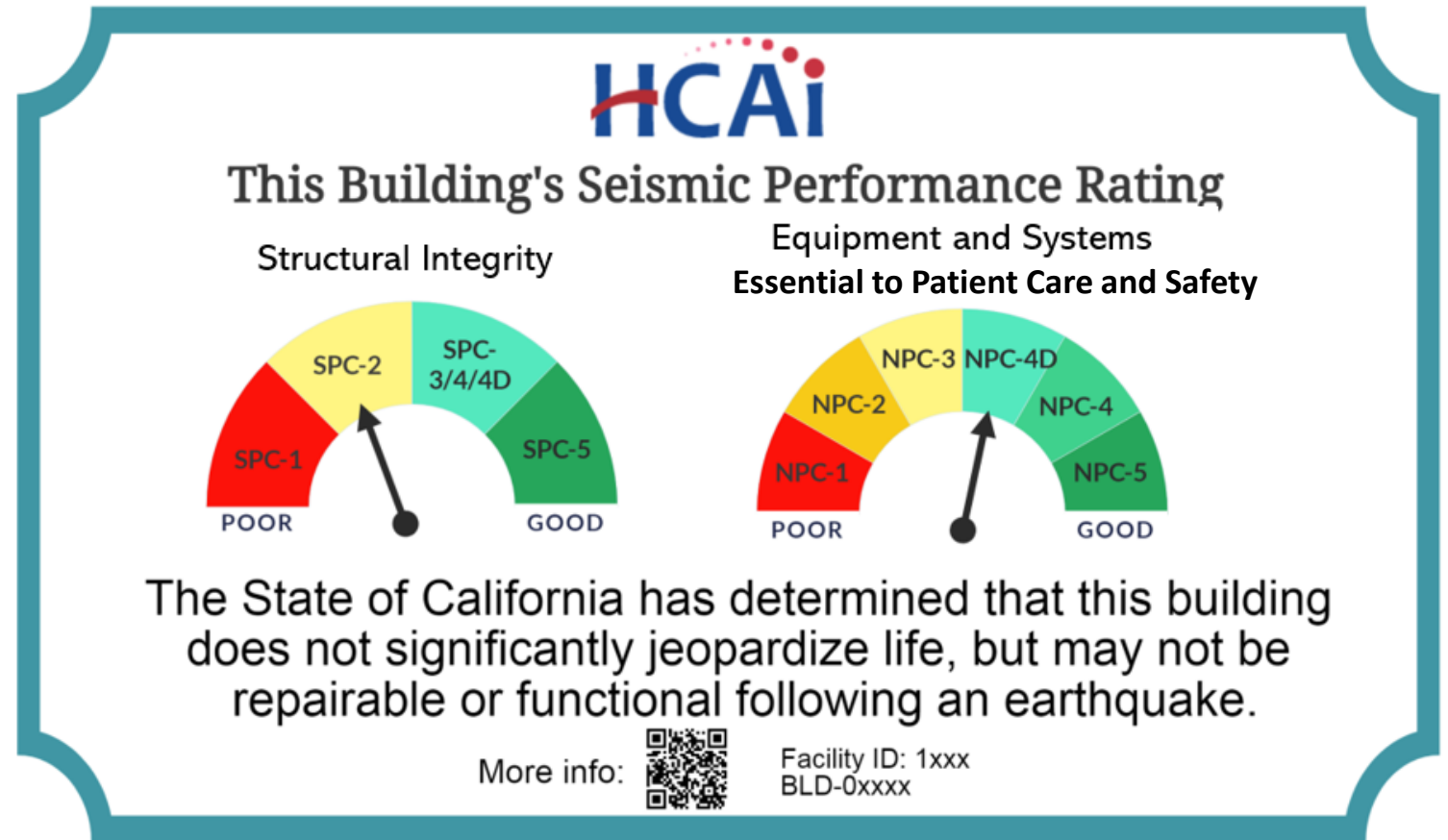
- Roll out website to accept applications . [target date February 2023]
- Applications will show services in each GAC building.
- Final deadline of applications will be Dec 15<sup>th</sup> 2023.
- Reporting period will open Dec 1<sup>st</sup>-15 every year.

|   |   |  |
|---|---|--|
|    | <b>Facilities Development Division</b><br>Department of Health Care Access and Information<br>2020 W. El Camino Ave, Suite 800 • Sacramento, CA 95833 • (916) 440-8300<br>355 S. Grand Ave, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166 | <b>POLICY INTENT NOTICE (PIN)</b><br><br><b>PIN:</b> 75<br><b>Effective:</b> XX/XX/XXXX<br> |
| <b>SUBJECT</b>  | Hospital Seismic Safety<br>Public Notices and Annual Status Update Reporting  |  |
| <b>PURPOSE</b><br><p>The purpose of this Policy Intent Notice (PIN) provides a policy for the implementation of the hospital seismic safety public notices and status updates for hospital buildings per Assembly Bill (AB) 1882 (Chapter 584, Statutes of 2022).</p> <b>BACKGROUND</b><br><p>AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until compliance is achieved.</p> <p>AB 1882 amended Health and Safety Code Section (HSC) 130055, and added Sections 130002, 130006, and 130066.5:</p> <b>130002</b><br><p>(a) The Legislature finds and declares all of the following: (a) The Legislature finds and</p> |   |  |



# Public Notices and Annual Status Update Reporting on Seismic Compliance Progress

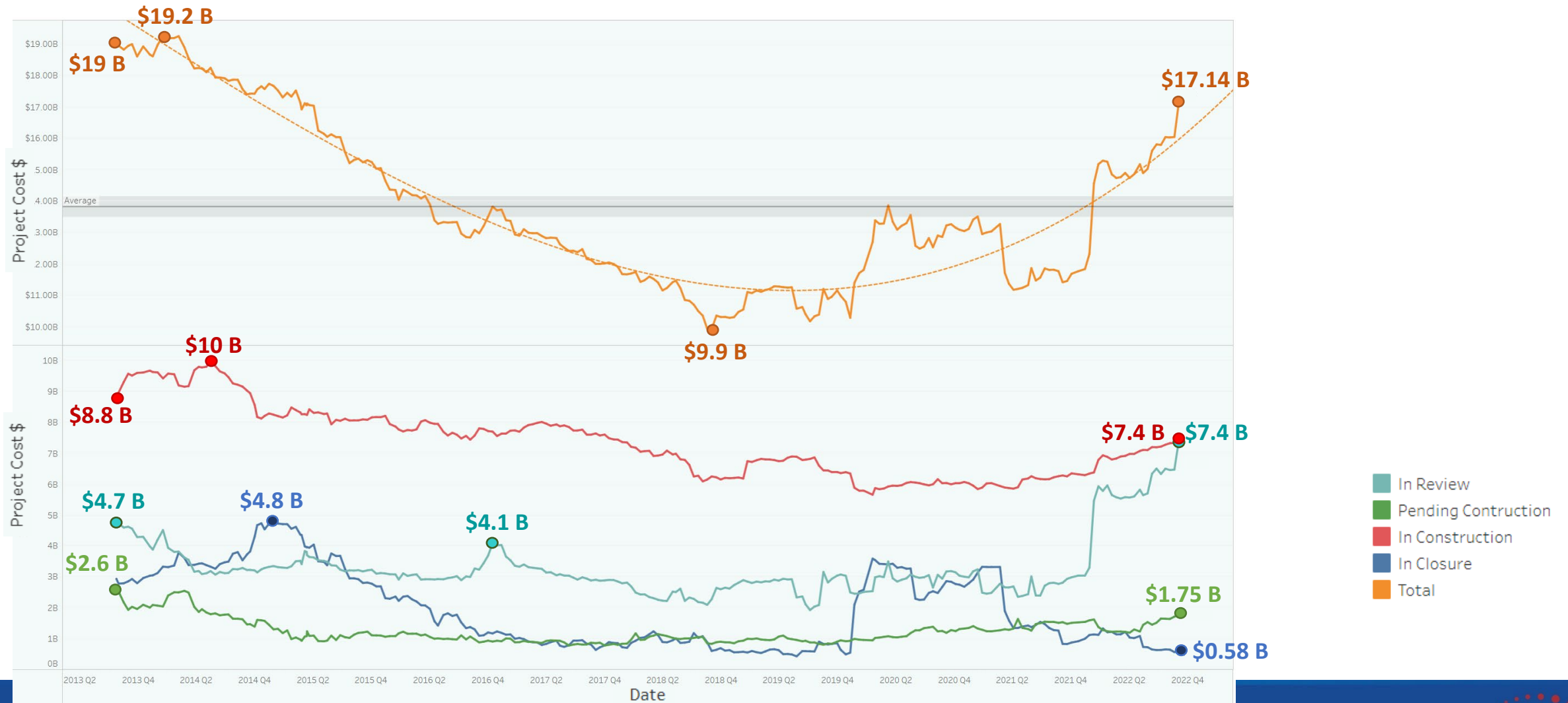
- Draft signage example.  
Format is still under development....



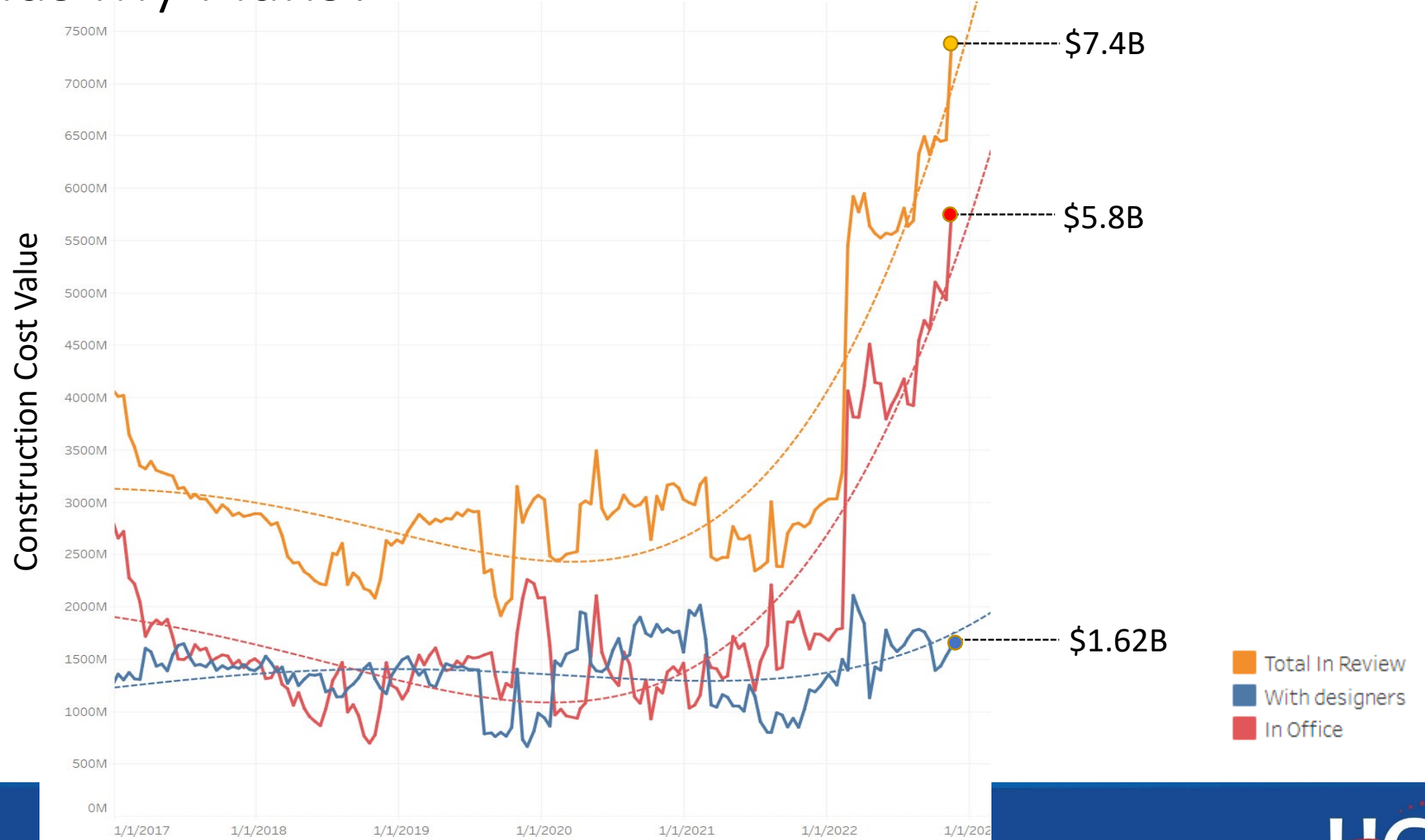
# Plan Review and Field Performance Update



# Workload in Construction Costs for Projects Over Time



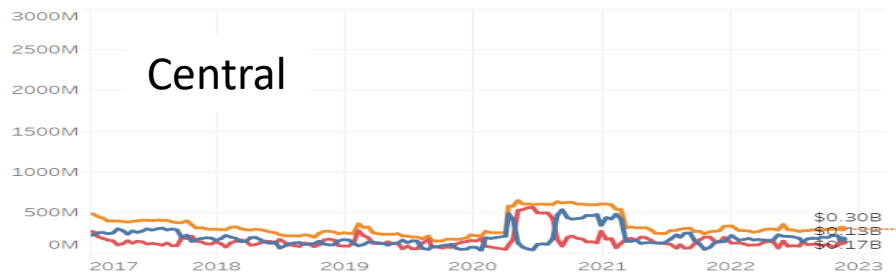
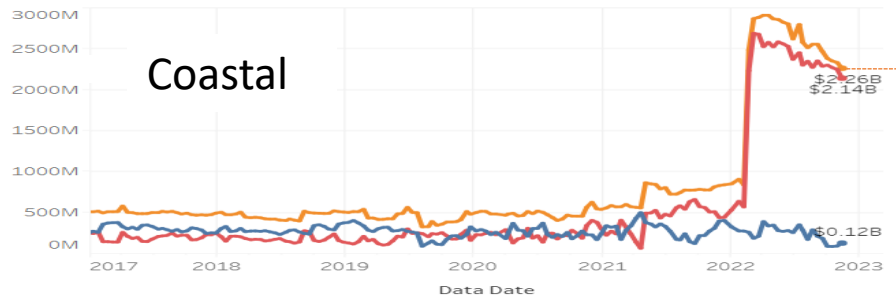
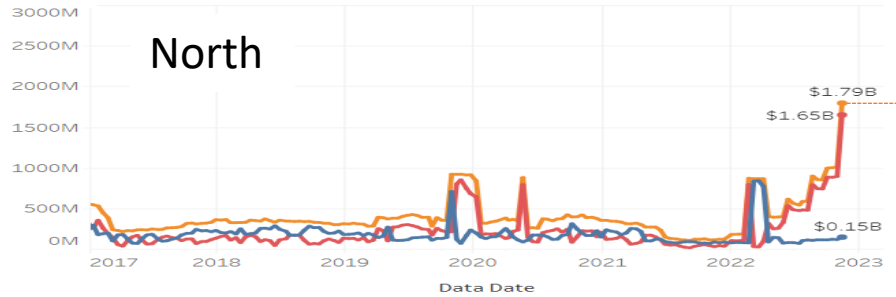
# Who Has My Plans?



# Workload per Region

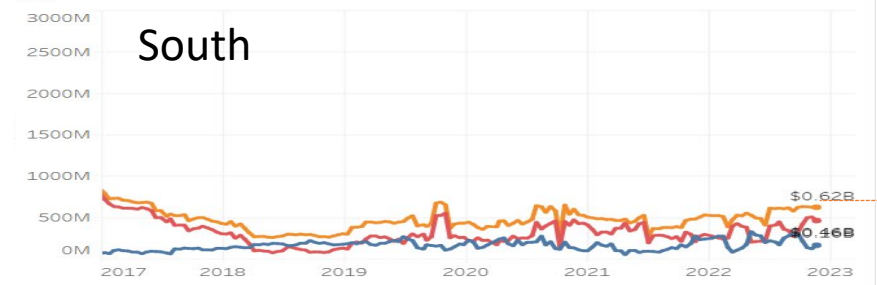
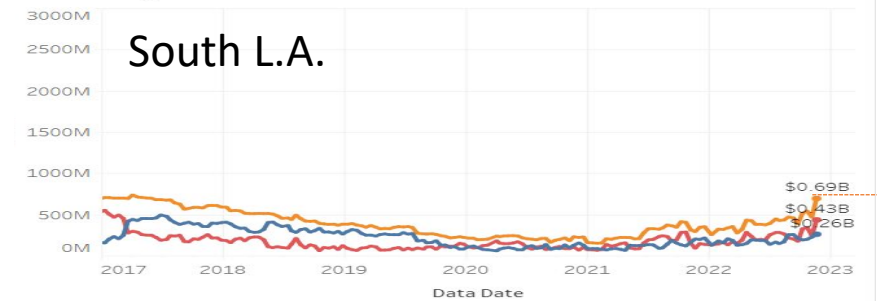
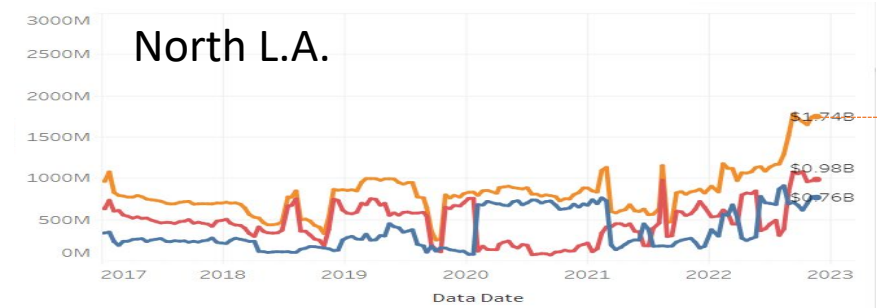
■ Total In Review  
■ With designers  
■ In Office

Construction Cost Value



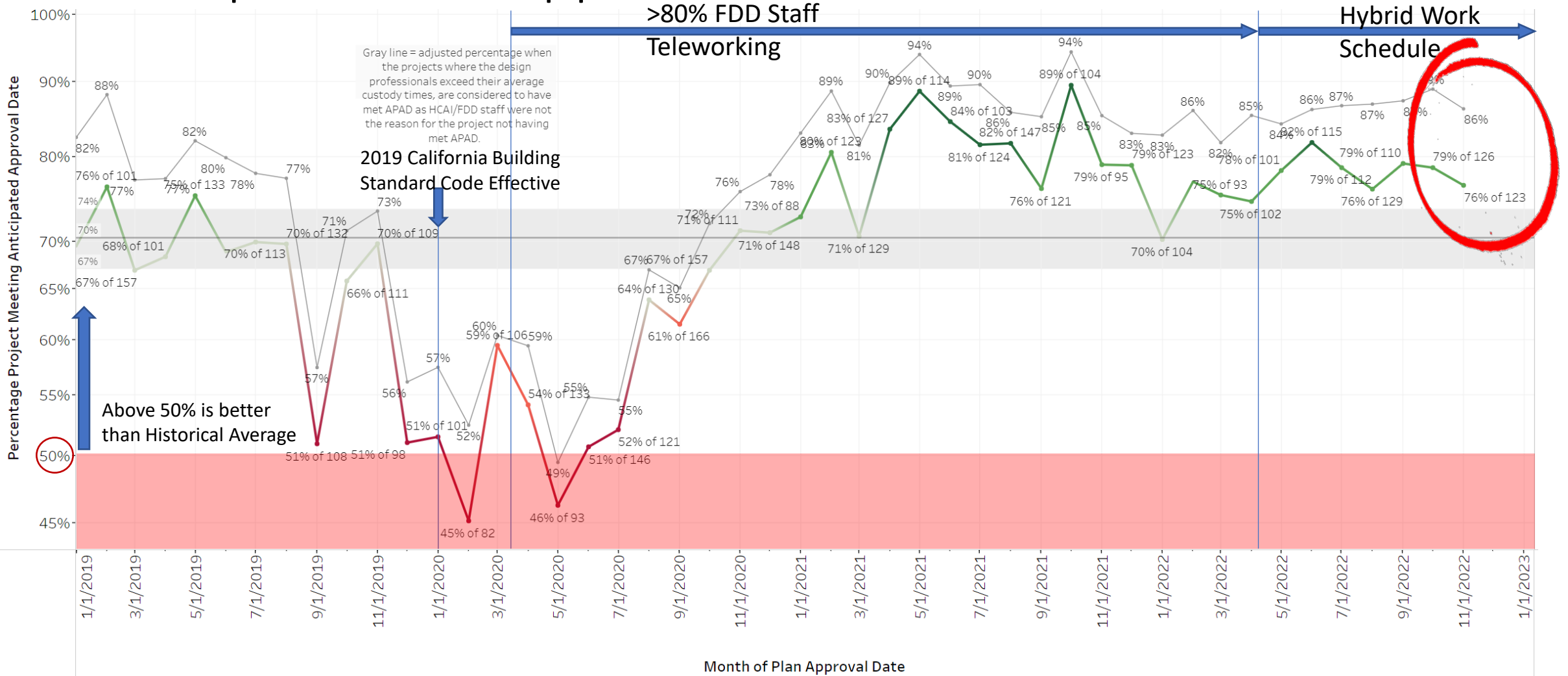
Time

Construction Cost Value



Time

# Anticipated Plan Approval Date



Percentage

45%

# Project Review Turnaround Times

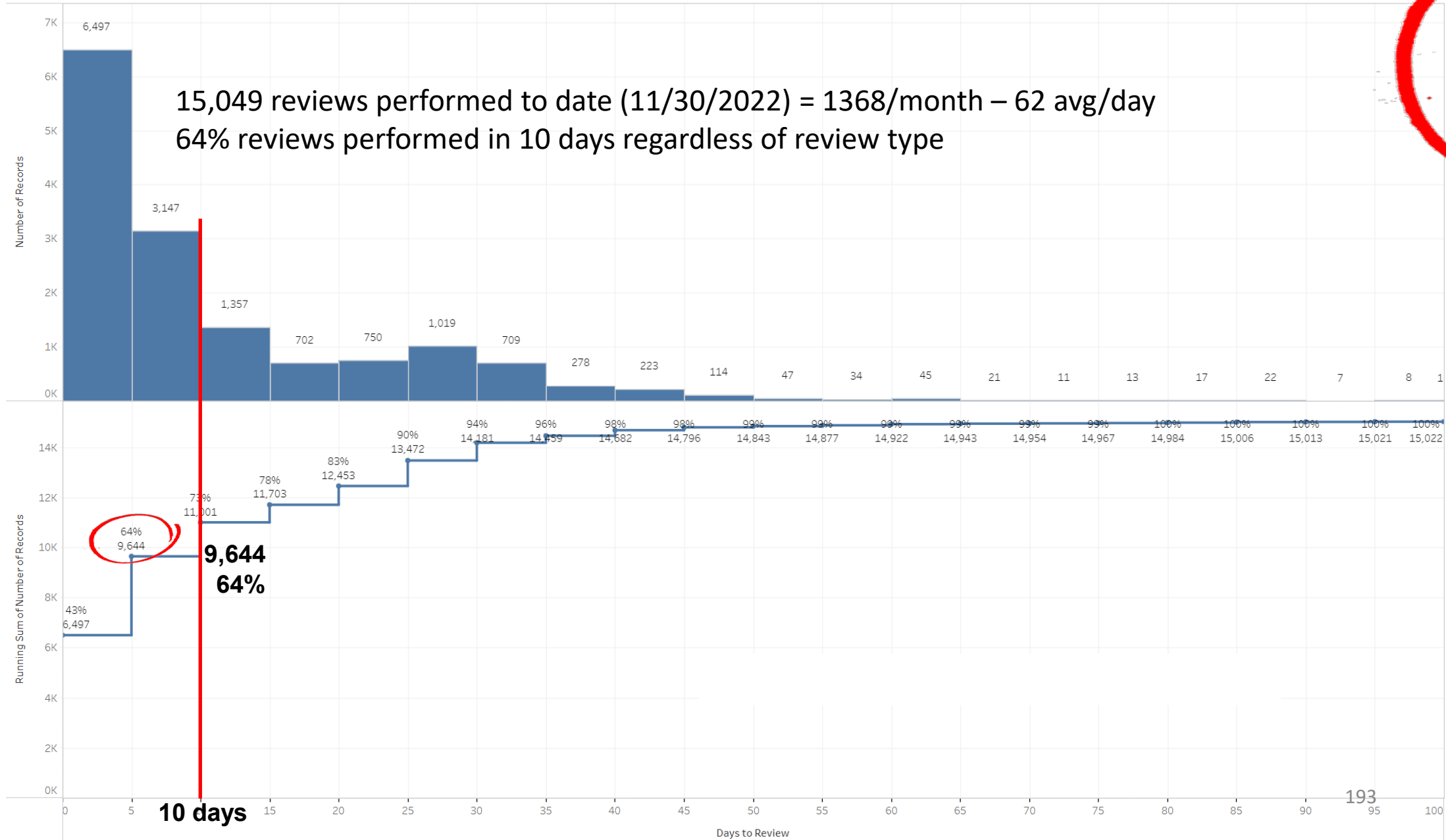
Performance for Period Selected (1/3/2022 to 11/29/2022)

# 2022

Number of Records  
15,049

Average Days to Review  
11.34

15,049 reviews performed to date (11/30/2022) = 1368/month – 62 avg/day  
64% reviews performed in 10 days regardless of review type



Results Date

1/1/2022

1/1/2022

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+

193



# Office Reviews Only

Performance for Period Selected (1/3/2022 to 11/29/2022)

# 2022

Number of Records  
9,678

Average Days to Review  
14.71

9,678 reviews done to date (11/30/2020) = 880/month – 40 avg/day  
63% reviews done in 15 days regardless of review type

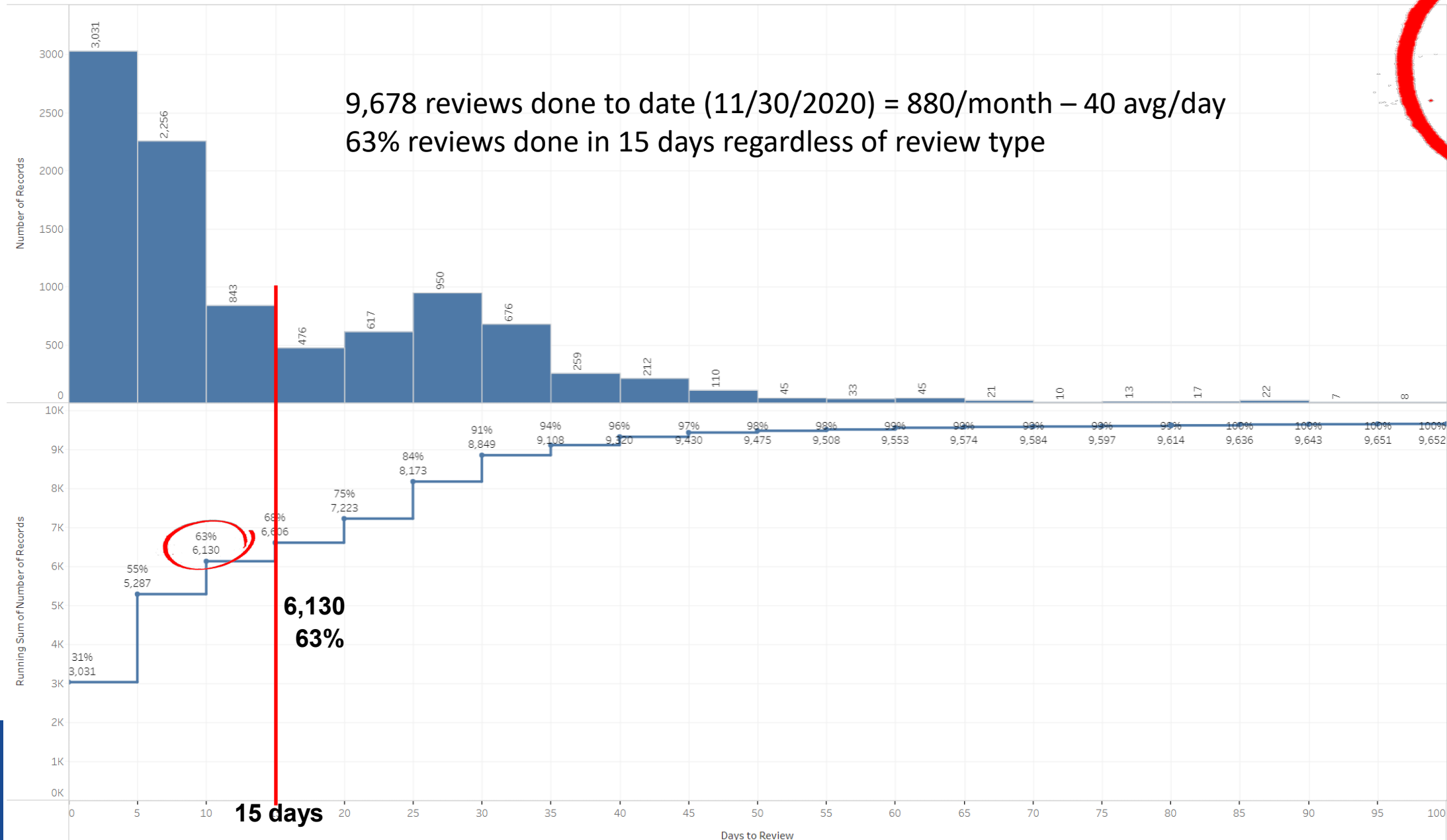
Results Date  
1/1/2022 1/1

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

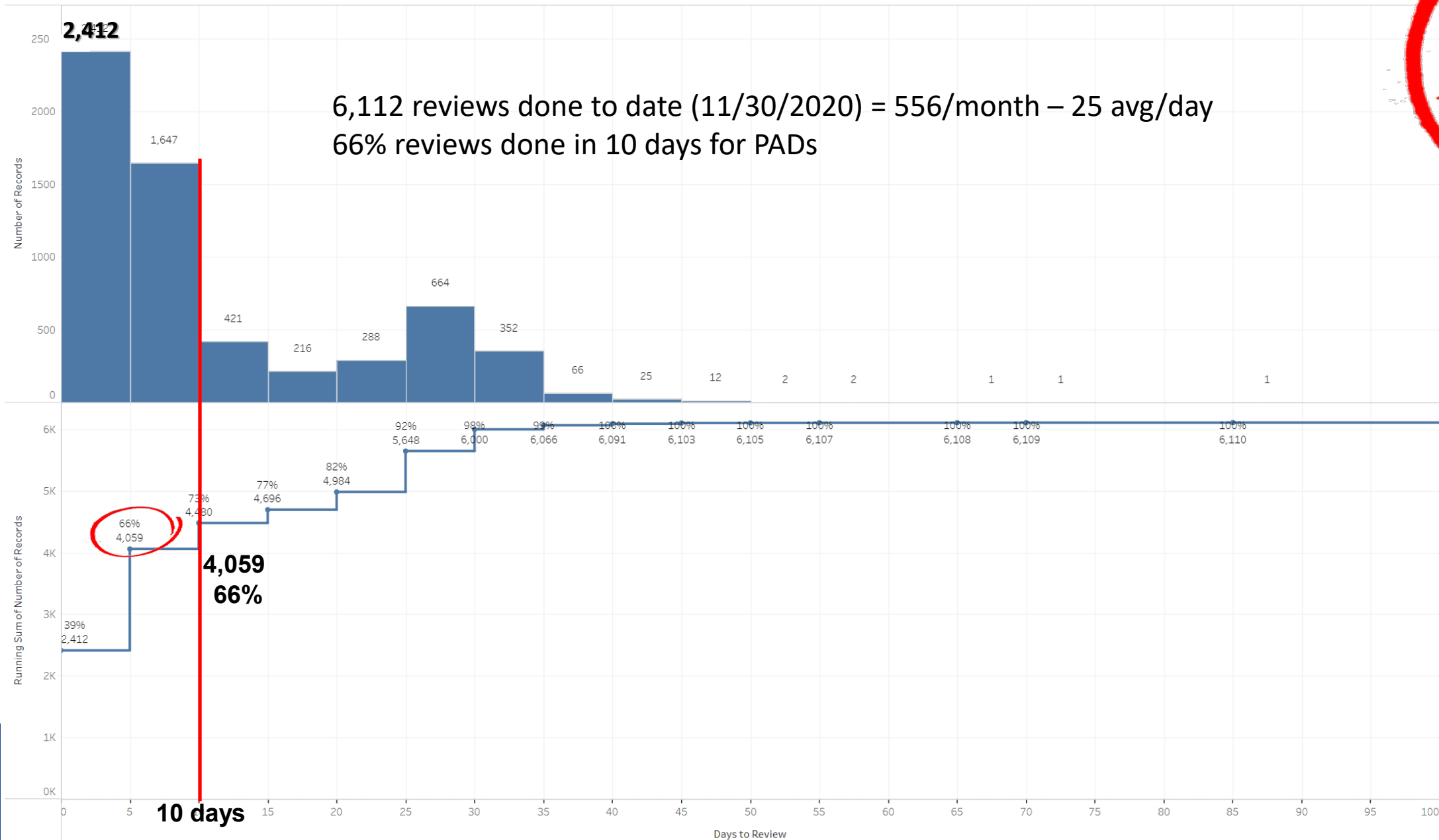
Backcheck  
☒ (All)  
☒ Backcheck 0, First Review  
☒ Backcheck 1  
☒ Backcheck 2+





# Office Reviews – Post Approval Documents

Performance for Period Selected (1/3/2022 to 11/29/2022)



# 2022

Number of Records  
6,112

Average Days to Review  
10.57

Results Date  
1/1/2022

Project Type

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

Office or Field Region

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

Assigned Region

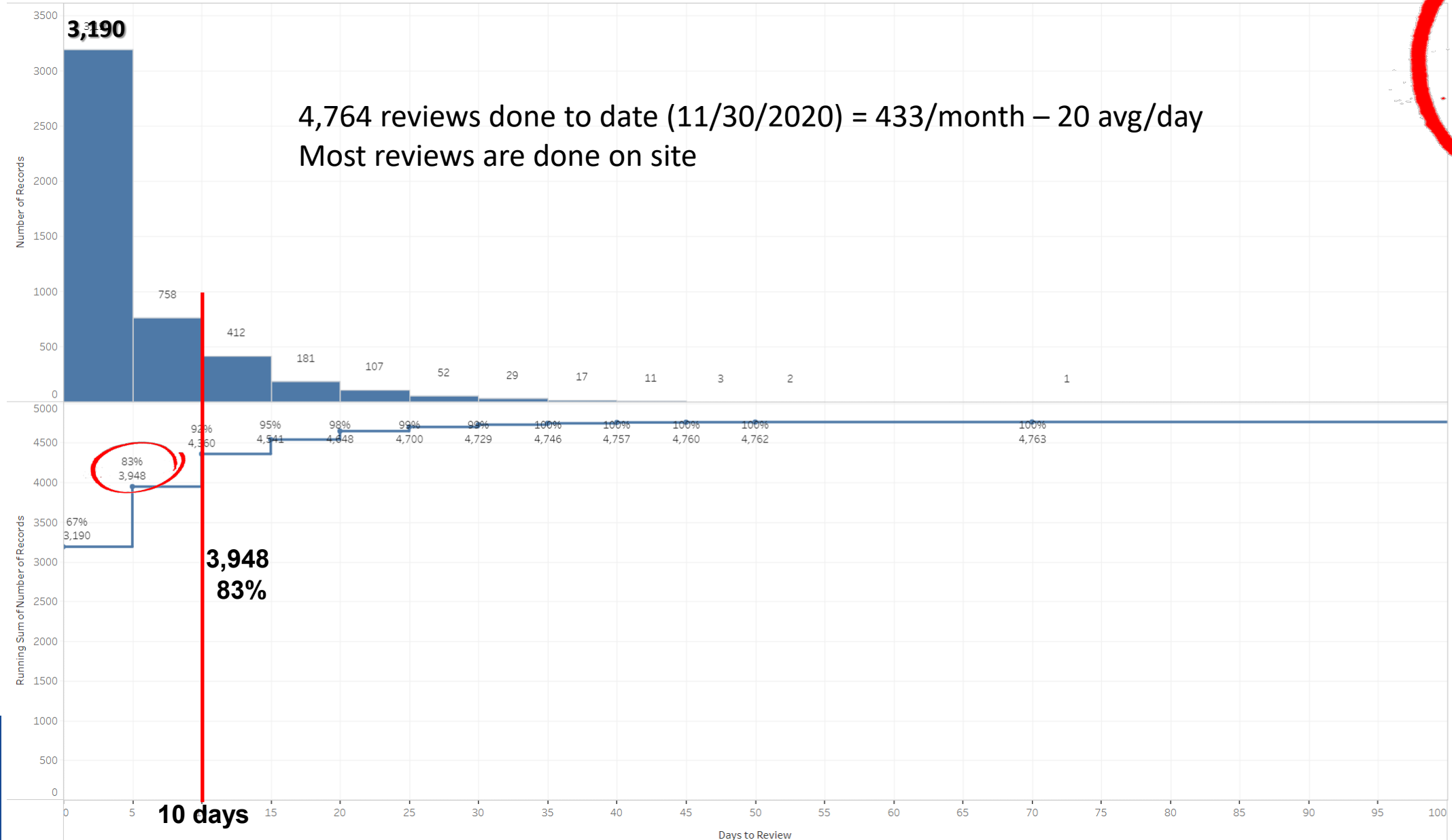
- ☒ (All)
- ☒ Central Region
- ☒ Coastal Region
- ☒ North Los Angeles Region
- ☒ North Region
- ☒ South Los Angeles Region
- ☒ South Region

Backcheck

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

# Field Reviews – Post Approval Documents

Performance for Period Selected (1/3/2022 to 11/29/2022)



2022

Number of Records  
4,764

Average Days to Review  
4.983

Results Date  
1/1/2022 1/2

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+

# Office Reviews – New Projects + Increments

2022

Number of Records  
4,173

Average Days to Review  
19.74

Results Date

1/1/2022 1/1/2

Project Type

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

Office or Field Region

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

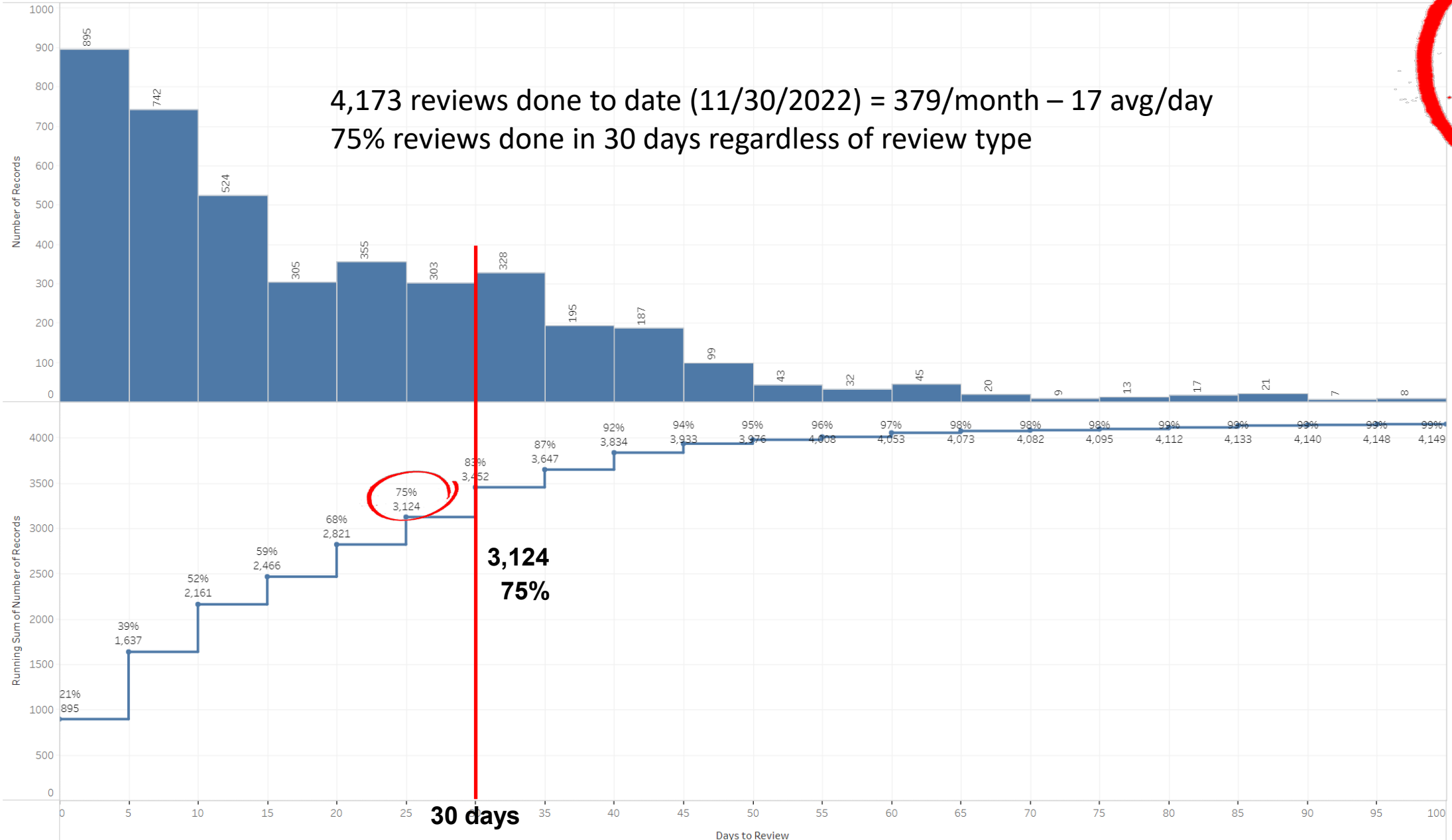
Assigned Region

- ☒ (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

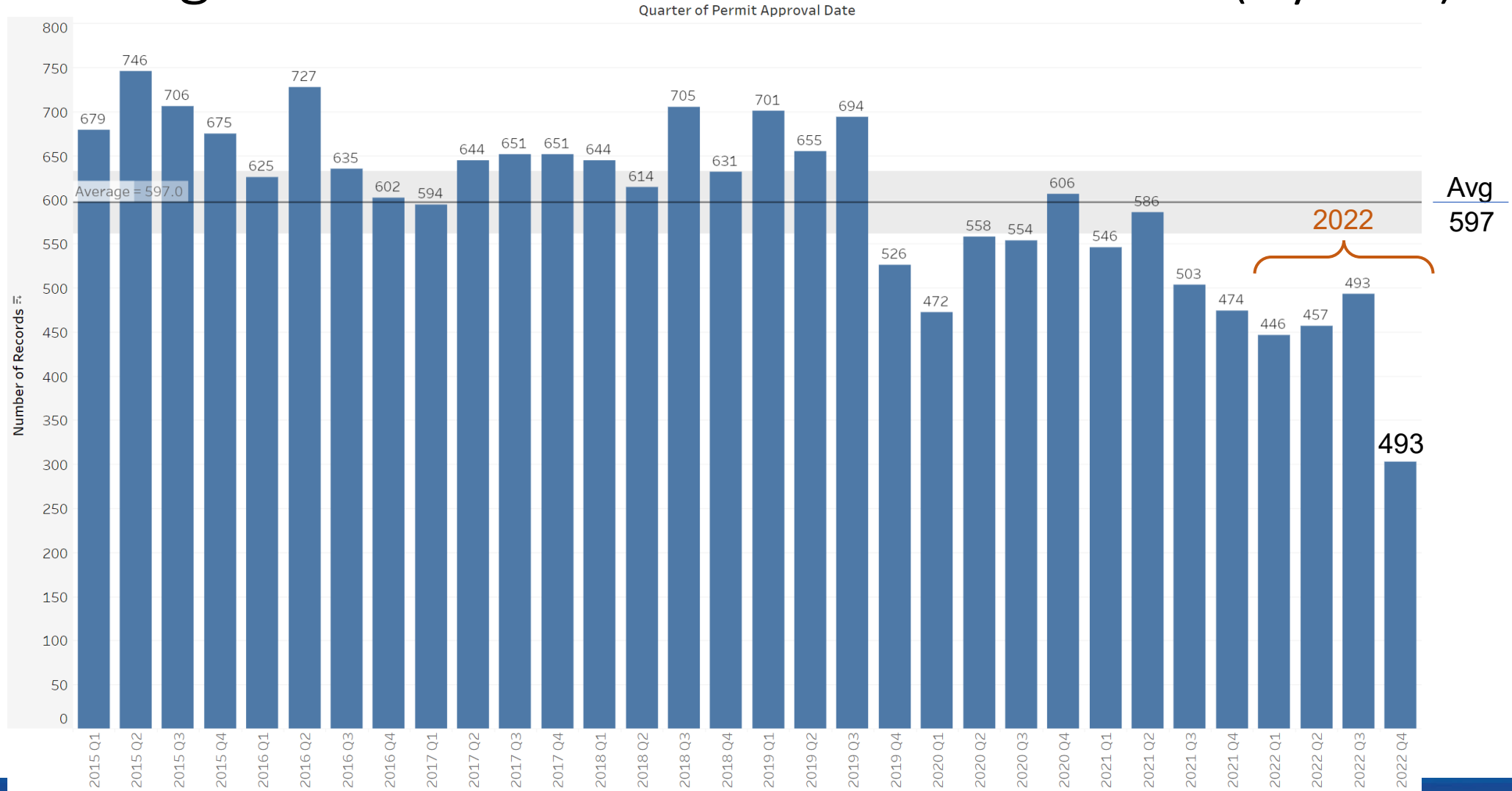
Backcheck

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

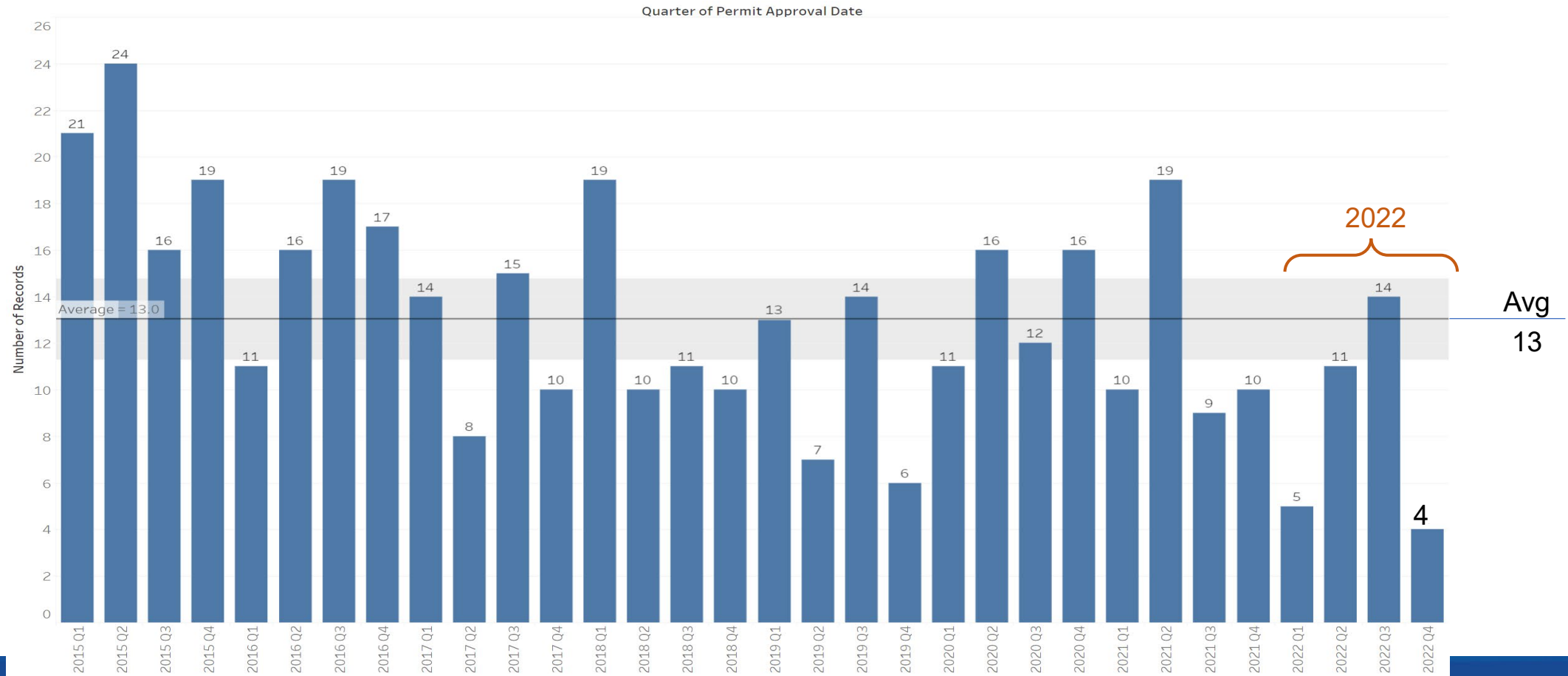
4,173 reviews done to date (11/30/2022) = 379/month – 17 avg/day  
75% reviews done in 30 days regardless of review type



# Building Permit Issuance Over 7 Year Period (by Qtr.)

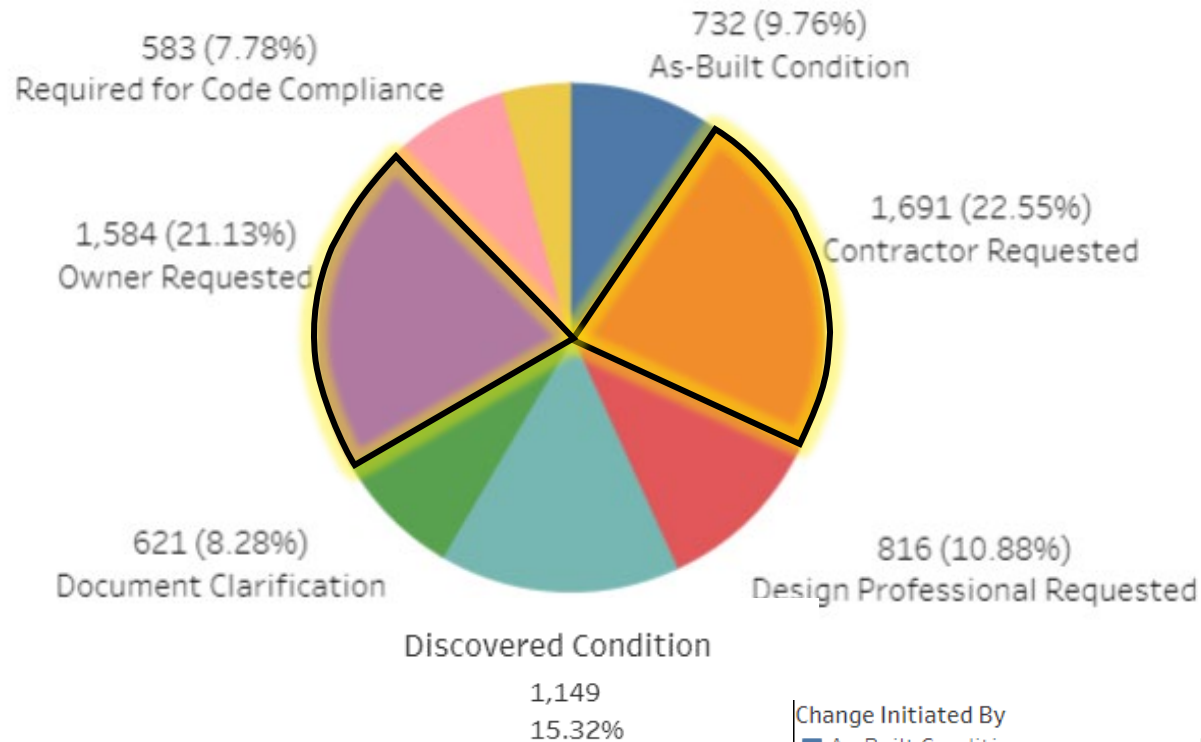


# SB 1838s Over 7 Year Period (by Qtr.)

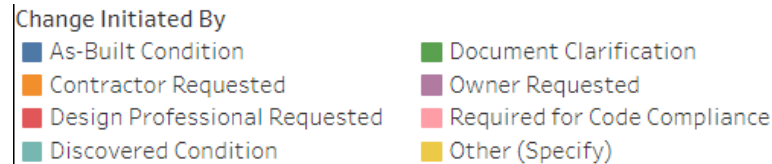
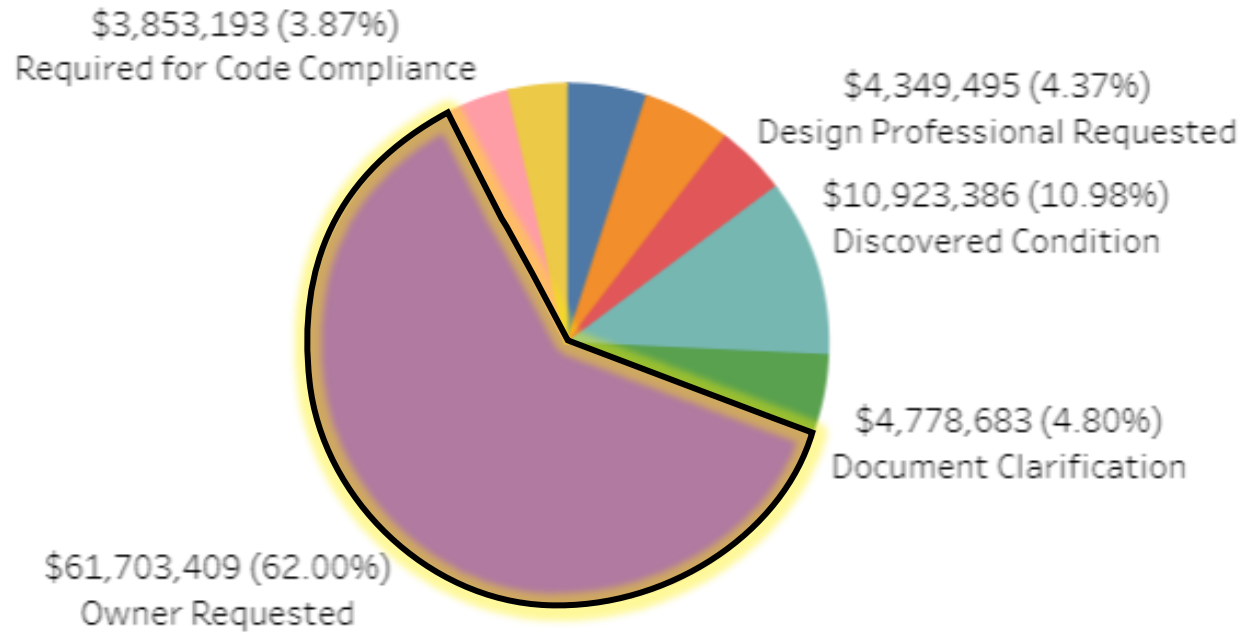


# ACDs Where Reason Provided (2022)

Based on Count

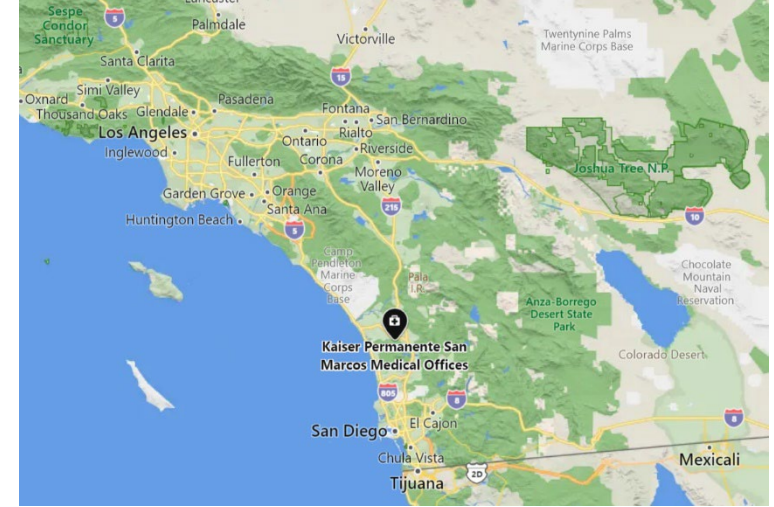


Based on Costs





# Kaiser San Marcos



January 5, 2021



June 23, 2022



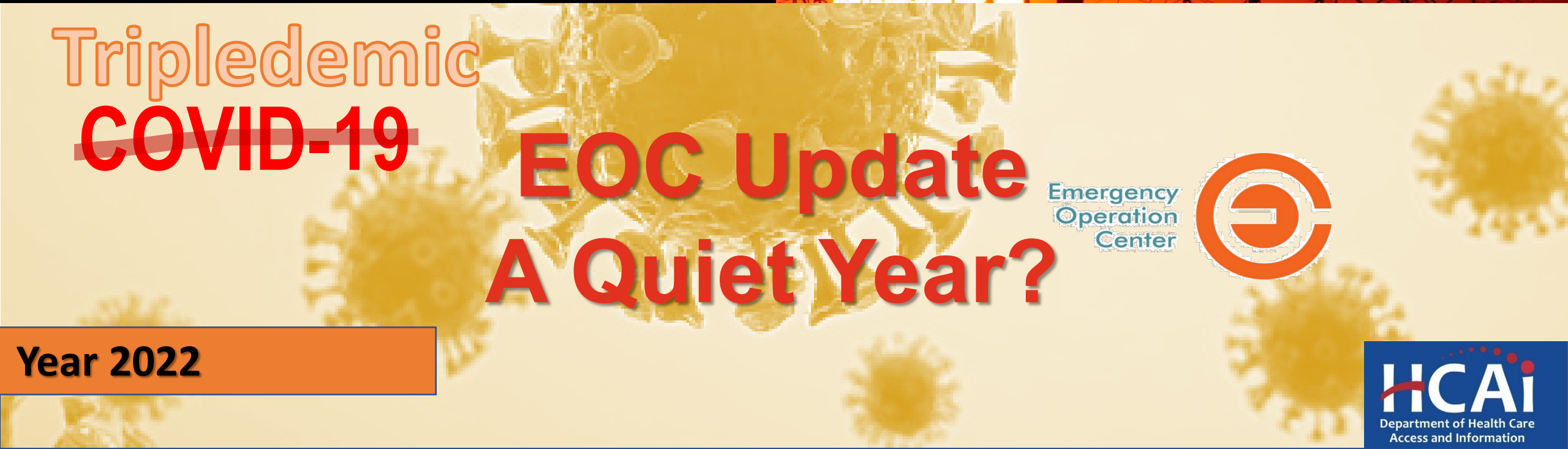




**Wildfires**



**PSPS**



**Tripledemic**  
**~~COVID-19~~**

**EOC Update**  
**A Quiet Year?**

Emergency  
Operation  
Center



**Year 2022**



# COVID-19 Related Temporary Emergency Work

**To:** All Licensed Healthcare Facilities

**Subject:** Suspension and Restoration of Temporary Conditions

Pursuant to All Facilities Letter (AFL) 20-26.13 from California Department of Public Health (CDPH), issued on June 30, 2022, **stating that CDPH is temporarily waiving specified regulatory requirements until the end of the declared COVID-19 emergency.** Facilities that have a continued need for flexibility can submit Form 5000-A (PDF) Emergency Program Flexibility request to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) or Form 5000 (PDF) Program Flexibility requests to their local district office. This AFL supersedes AFL 20-26.12 issued on March 16, 2022.

California Health and Human Services Agency

Gavin Newsom, Governor

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

2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
[hcai.ca.gov](http://hcai.ca.gov)



July 7, 2022

To: All Licensed Healthcare Facilities

Subject: Suspension and Restoration of Temporary Conditions

Pursuant to All Facilities Letter (AFL) 20-26.13 from California Department of Public Health (CDPH), issued on June 30, 2022, stating that CDPH is temporarily waiving specified regulatory requirements until the end of the declared COVID-19 emergency. Facilities that have a continued need for flexibility can submit Form 5000-A (PDF) Emergency Program Flexibility request to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) or Form 5000 (PDF) Program Flexibility requests to their local district office. This AFL supersedes AFL 20-26.12 issued on March 16, 2022.

All other temporary changes of use or modification to the physical environment must be restored to original condition no later than six weeks after expiration of the waiver in compliance with the code it was constructed under. Restoration to original conditions must be reported to HCAI so that confirmation may be made. Where such temporary changes are to be made permanent, projects must be submitted to the Department of Health Care Access and Information (HCAI) for review and approval immediately whether the changes involve construction or not. Projects intended to be made permanent must meet all current California Building Standards Code requirements and brought into full compliance. Non-compliant conditions cannot remain in use beyond the end of the waiver without approval by CDPH per the Program Flexibility procedure above.

If air pressure adjustments were made to specific rooms or areas in response to COVID-19, these areas will require documentation to show what the rooms were prior to the alteration and plans to return them to previous compliant conditions. If no pre-balance report was completed, or they cannot be substantiated, pressures must be adjusted to comply with current code requirements.

If you have any questions about this notice, please contact your region's Plan Review Supervisor or Regional Compliance Officer (RCO).

Sincerely,

A handwritten signature in blue ink, appearing to read 'P. Tokas'.

Chris Tokas, S.E., F.SEAOC, C.B.O.  
Deputy Director  
HCAI - Facilities Development Division

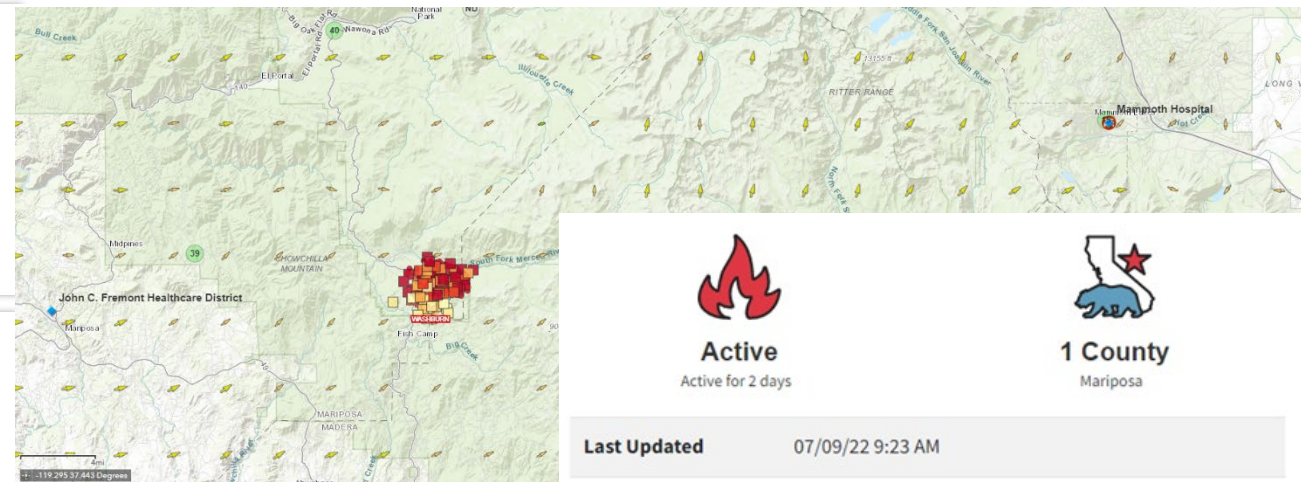
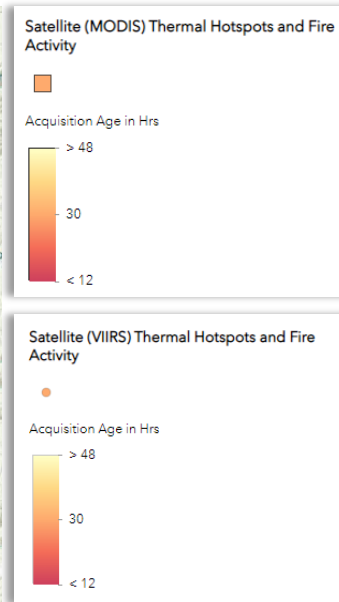
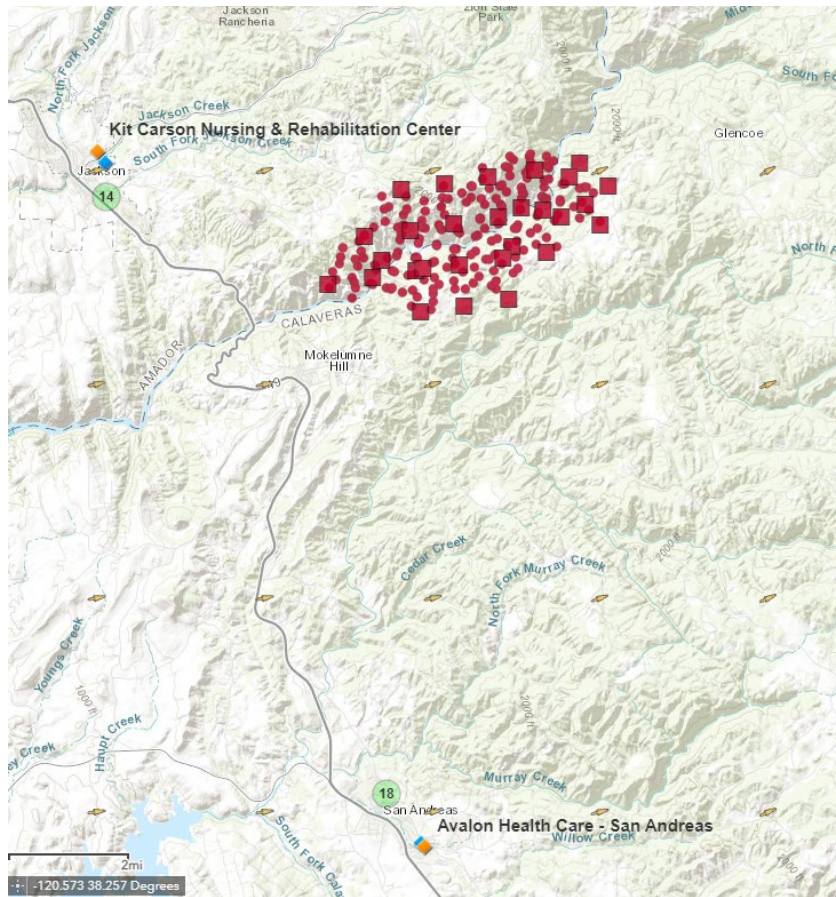
# How Can I Restore COVID-19 Related Temporary Emergency to its Pre-existing Condition?

- Such work may be restored to its pre-existing condition without plan review, or a building permit provided:
  - Hospitals must :
    1. Contact their Compliance Officer and advise them of the restoration so that a field report can be issued; and
    2. Check with CDPH to determine what steps need to be taken as part of the restoration process

# How Can I Make COVID-19 Related Temporary Emergency Changes Permanent?

- A project must be submitted to OSHPD for plan review and building permit
- Any such project must comply with the building code in effect at the time of submittal,
  - Currently, the 2019 California Building Standards Code

# Electra Fire (7/5/2022) and Washburn Incident – Yosemite (7/10/2022)



**Active**

Active for 2 days



**1 County**

Mariposa

**Last Updated** 07/09/22 9:23 AM

**Date Started** 07/07/22 2:13 PM

**Location Information** Hwy 41 and Mariposa Grove Road, Fish Camp in Mariposa County

**Lat/Long** [37.499, -119.614]

**Administrative Unit** Yosemite National Park

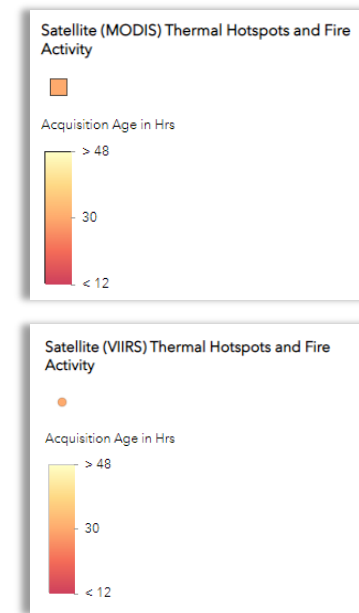
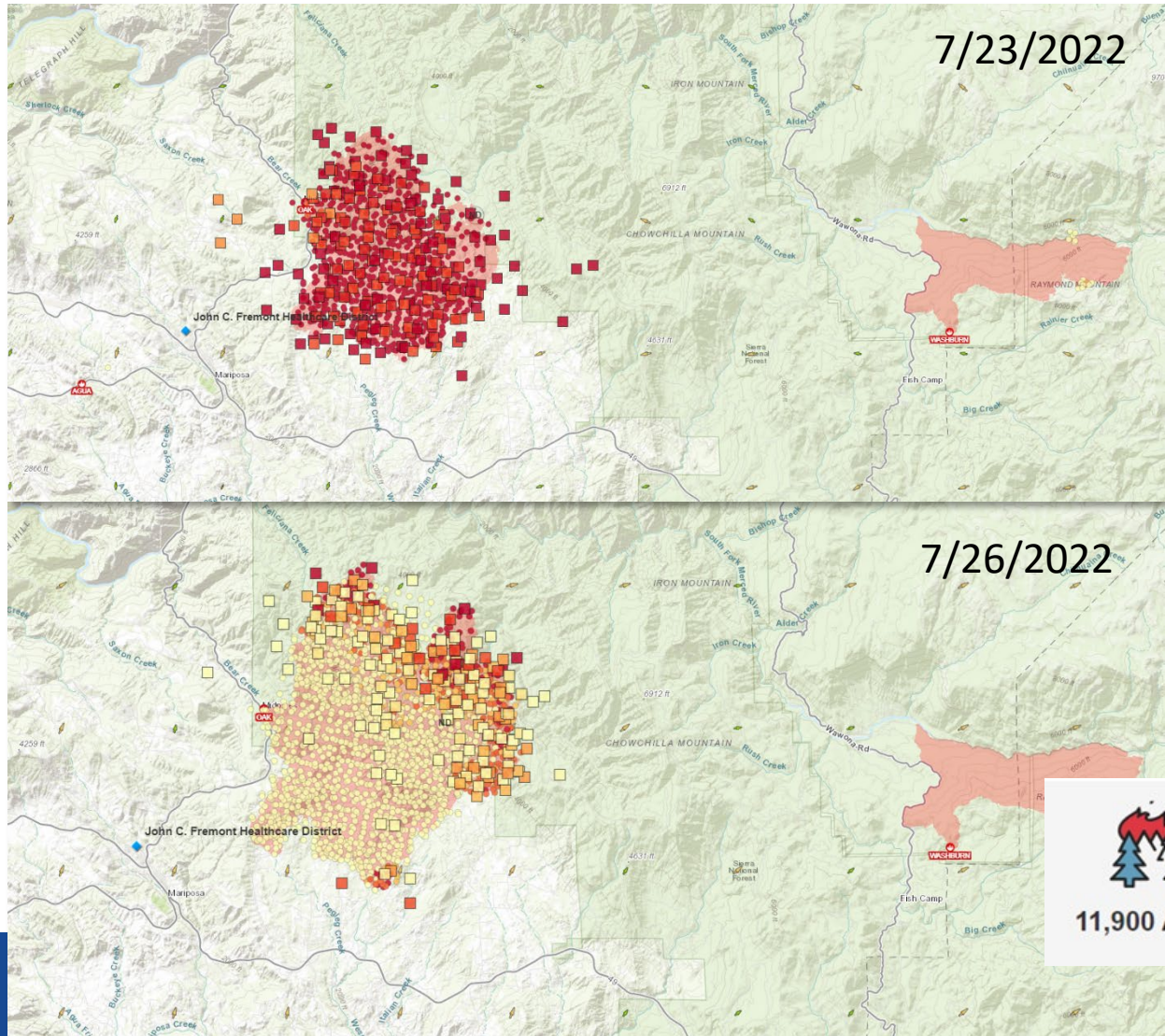
**Command Team** No team assigned

**Cause** Under Investigation

**Reports** [Click here for prior status reports](#)



# Oak Incident – Yosemite



# Governor declares emergency over wildfire near Yosemite.

## OAK INCIDENT

Type: Wildfire Daily Fire  
Perimeter

Acres Burned: 9,117.53

Current as of 7/23/2022, 6:38 PM

Proximity to John C. Freemont Hospital = 2.0 miles - Wind Speed 4 mph with gusts to 9 mph, The wind will blow from 22° (NNE). Operational

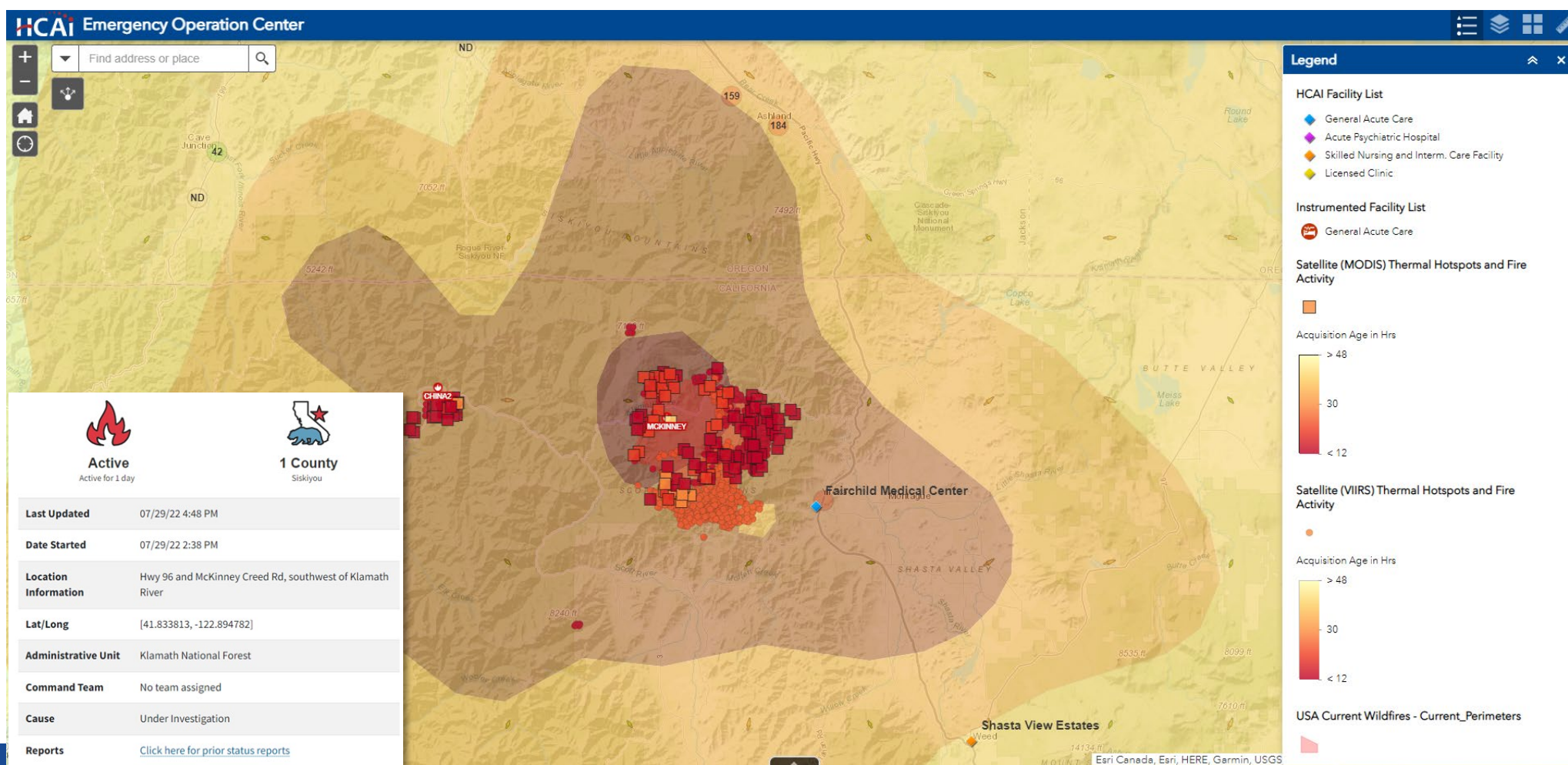




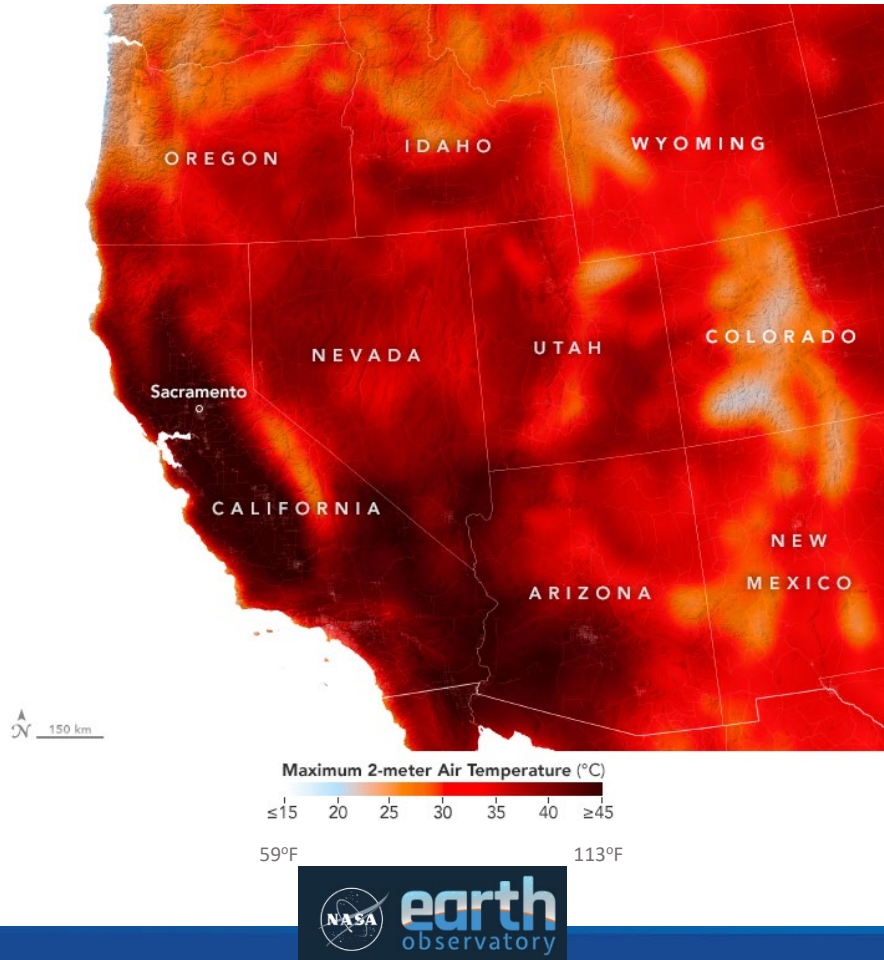
# Mckinney Incident - 7/31/2022

## Fairchild Medical Center:

The facility was no longer in any evacuation zone. The facility never stopped seeing any patients and no in-patients are being admitted. They resumed regular business on Monday August 8<sup>th</sup>. The facility had been changing all filters on a regular basis and had charcoal filters in place with a good reserve of these items. The fire was approximately 5 miles due west of the facility, and the smoke was moderate.



# Heat Emergency –September 2022

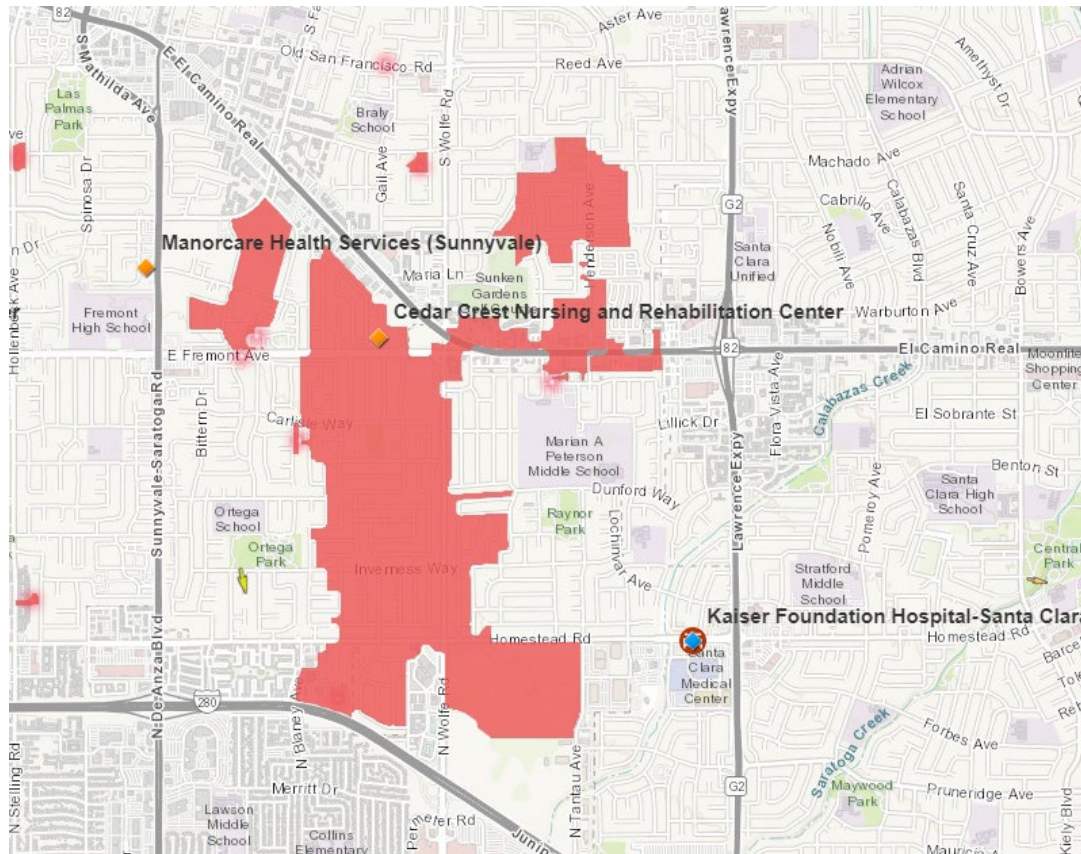


In early September 2022, a long-lasting **heat dome** settled over the U.S. West and brought scorching temperatures that set all-time record highs. The extreme heat fueled wildfires and stressed the power grid before an eastern Pacific tropical storm **moved into the region** and broke the warm spell.

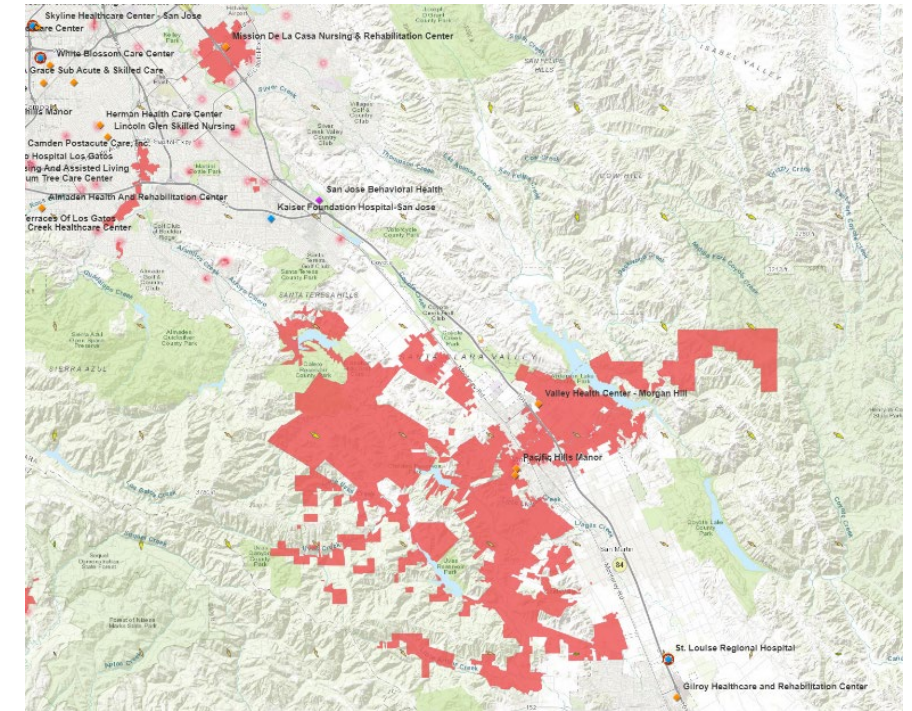
On September 7, 2022, more than **61 million people** were under active extreme heat advisories, watches, and warnings, according to the National Weather Service. Excessive heat warnings were issued for much of California and parts of western Arizona and southern Nevada. Temperatures reached well into the triple digits (Fahrenheit), with some areas exhibiting record-high nighttime lows and relatively high dew points, both of which contribute to the health effects of heat.



# Heat Emergency 9/2022



**Power Outage in Santa Clara Area 9/6/2022**



**Power Outage in San Jose/Morgan Hill Area 9/7/2022 afternoon**

Several skilled nursing facilities lost power. No issues reported to HCAI.



NEWS > HEALTH > News

# Backup generators failed at San Jose hospital during heat wave, emergency room still closed

The failure left parts of Santa Clara Valley Medical Center without power for around four hours



SAN JOSE – JANUARY 14: Registered nurse Arlene Tabada, right, talks with fellow nurse Irie Rivera, left, while tending to a patient in the intensive care unit at Valley Medical Center in San Jose, Calif., on Thursday, Jan. 14, 2021. (Randy Vazquez/ Bay Area News Group)

By **GABRIEL GRESCHLER** | ggreschler@bayareanewsgroup.com | Bay Area News Group  
PUBLISHED: September 7, 2022 at 5:03 p.m. | UPDATED: September 8, 2022 at 4:02 p.m.

SAN JOSE – A malfunctioning fuel pump triggered the failure of backup generators on Tuesday night at Santa Clara Valley Medical Center, sending healthcare workers scrambling in the dark amid a scorching heat wave.

Watch ABC7 newscasts on demand

abc 7 NEWS WATCH LIVE

HEAT WAVE

Backup generators fail at SJ hospital during blackouts, leaving workers scrambling for hours

by Amanda del Castillo via

Wednesday, September 7, 2022

BREAKING U.S. Senate votes 61-36 to codify federal protections for same sex and interracial marriages.

NBC BAY AREA LOCAL WEATHER WORLD CUP 2022 INVESTIGATIONS VIDEO SPORTS NEWSLETTERS

TRENDING Team USA Advances Free Christmas Trees Giving Tuesday Holiday Events World Cup en Español Layoff Tracker

SAN JOSE, CA

hours on Thu

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## San Jose Hospital Loses Power Amid Heat Wave

Santa Clara Valley Medical Center's emergency generator failed and it left the hospital dark for hours Tuesday.

By **Marianne Favro** • Published September 7, 2022 • Updated on September 8, 2022 at 2:03 am

THE FAST FORWARD

TFF: SF Robot Proposal, CA Gas Price ...

Forecast: Cold and Dry Day

ENERGY EMERGENCY

Trending Stories

UNIVERSITY OF CALIFORNIA

University of California Reaches Tentative Deal With Some Striking Workers

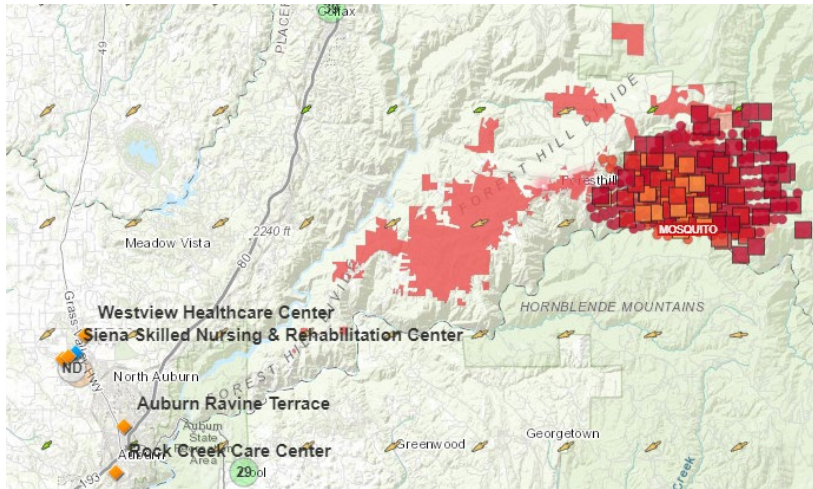
SAN JOSE

Families in SJ Neighborhood to Receive Free Cameras in Effort to Fight Crime

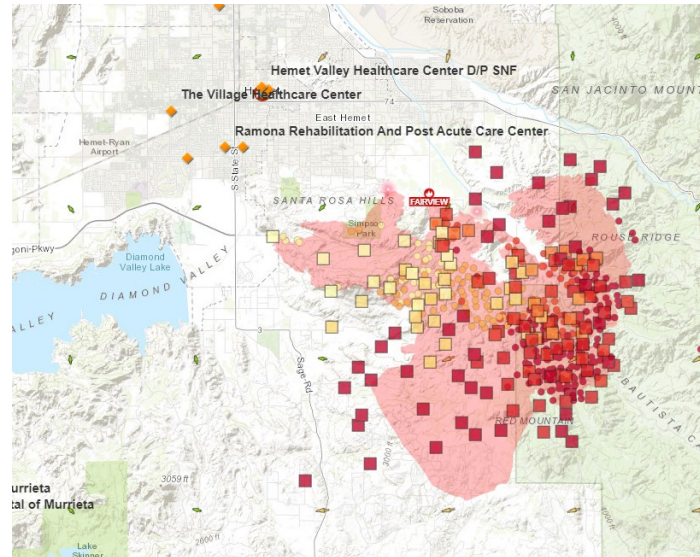
BAY AREA STORM

Bay Area Forecast: Get Ready for Rain This Week

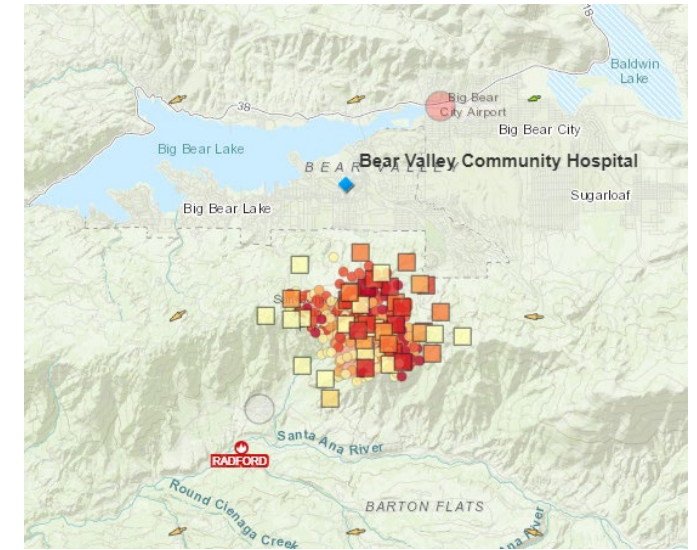
# Fires (+ Heat Emergency) 9/8/2022



**Mosquito Incident**



**Fairview Incident**



**Radford Incident**



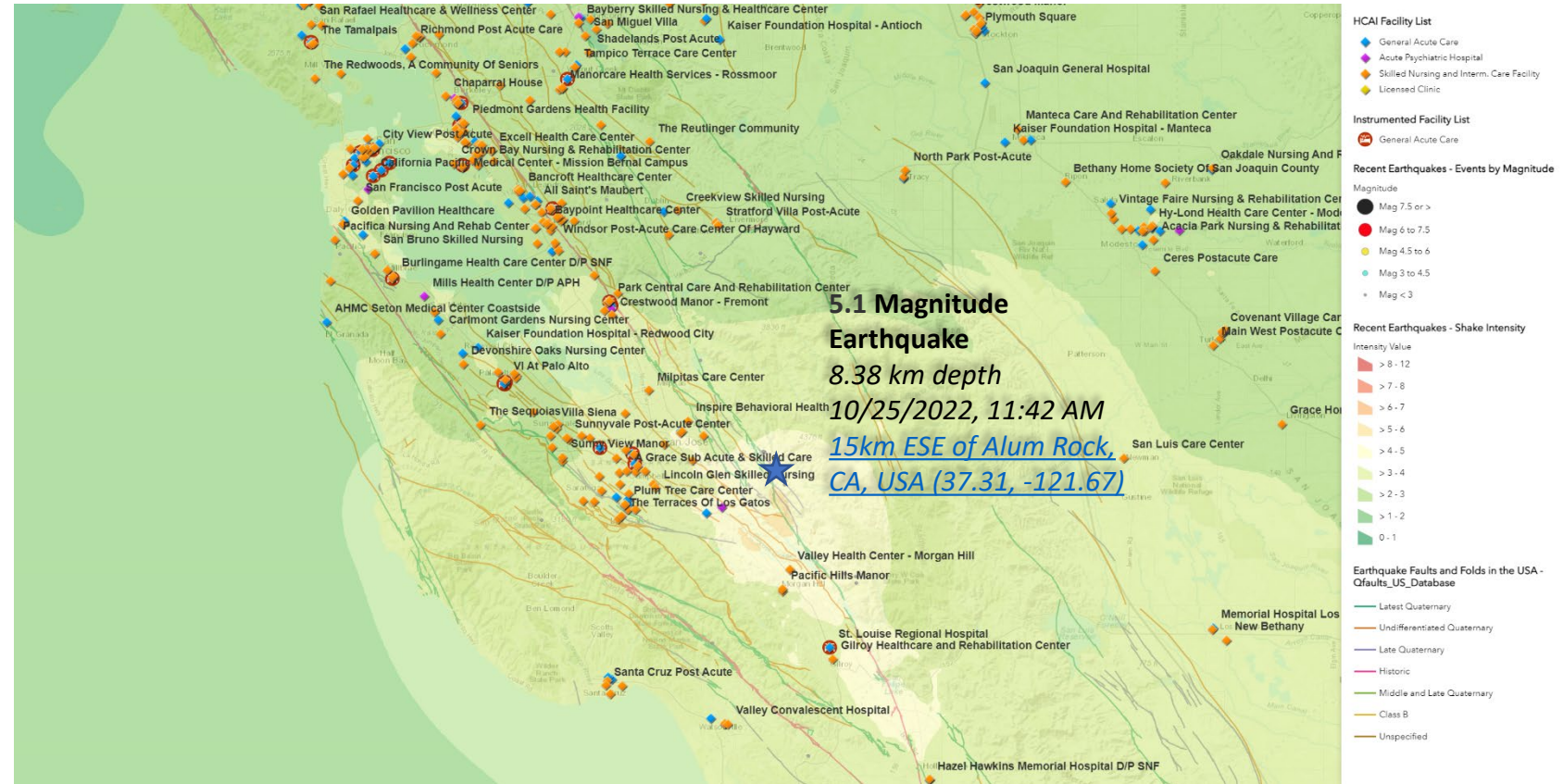
# San Jose Earthquake – M5.1 10/25/2022

## List of Potentially Impacted Facilities: CA\_HOSP,CA\_SNF

Facilities presented in the table below are sorted in order of impact potential. The list includes the top 200 facilities in the area of shaking.

| Facility Name  | Facility Type | Short Name | Distance (km) | Inspection Priority | MMI | PGA (%g) | PGV (cm/s) | PSA03 (%g) | PSA10 (%g) | PSA30 (%g) | Metric | Shaking Value |
|--|---------------|------------|---------------|---------------------|-----|----------|------------|------------|------------|------------|--------|---------------|
| San Jose Behavioral Health                           | CA_HOSP       | 16385      | 10.95         | Low                 | 4.5 | 3.474    | 2.181      | 7.054      | 2.492      | 0.3692     | MMI    | 4.5           |
| Kaiser Foundation Hospital-San Jose                  | CA_HOSP       | 12952      | 13.47         | Low                 | 4.3 | 3.026    | 1.894      | 6.331      | 2.225      | 0.3346     | MMI    | 4.3           |
| St. Louise Regional Hospital                         | CA_HOSP       | 17487      | 31.97         | Low                 | 4.3 | 2.187    | 1.688      | 5.008      | 2.211      | 0.2014     | MMI    | 4.3           |
| Gilroy Healthcare and Rehabilitation Center          | CA_SNF        | 20880      | 33.97         | Low                 | 4.3 | 2.219    | 1.603      | 4.927      | 2.156      | 0.1782     | MMI    | 4.3           |
| Hillview Convalescent Hospital                       | CA_SNF        | 20898      | 21.13         | Low                 | 4.3 | 3.911    | 2.435      | 6.323      | 2.967      | 0.2441     | MMI    | 4.3           |
| Pacific Hills Manor                                  | CA_SNF        | 25751      | 20.81         | Low                 | 4.3 | 3.911    | 2.435      | 6.323      | 2.967      | 0.2441     | MMI    | 4.3           |
| Mission De La Casa Nursing and Rehabilitation Center | CA_SNF        | 26123      | 13.24         | Low                 | 4.1 | 2.246    | 1.43       | 6.174      | 1.967      | 0.2734     | MMI    | 4.1           |

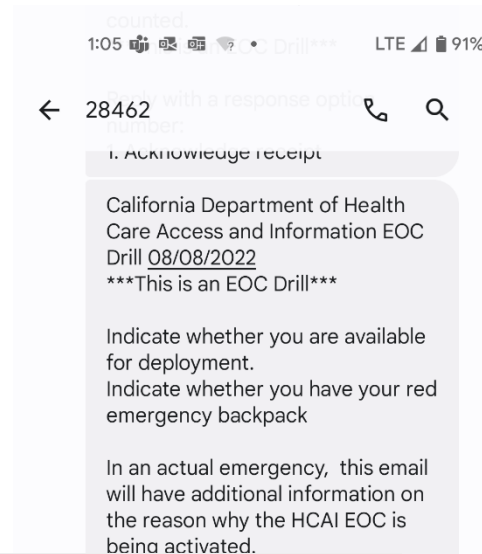
Shakecast report received a few minutes after the earthquake. Based on Shakecast report, decision to NOT activate EOC



#10856 Regional Hospital San Jose - 1 elevator inoperable due to seismic switch activation – No other damage at other neighboring facilities

# EOC Activation Drill 8/8/2022

Using new Blackberry AtHoc Software



Sent Alerts > California Department of Health Care Acc...

Advanced Reports

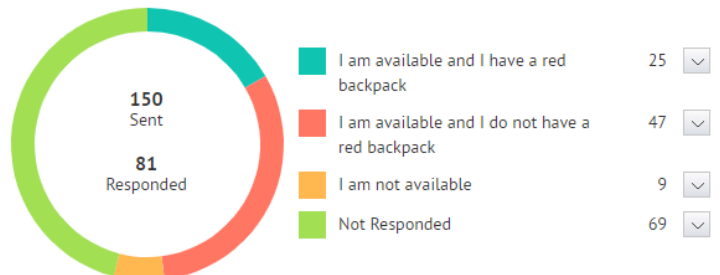
Ended (Ended at: 08/08/2022 14:01:21)  
Updated : 08/08/2022 14:01:32

Users Details

## Sent Details

|                       |     |  |
|-----------------------|-----|--|
| Targeted              | 150 |  |
| Sent                  | 150 |  |
| In Progress or Failed | 0   |  |

## Response Details



## California Department of Health Care Access and Information EOC Drill 08/08/2022

Severity: **Informational** Type: **Other**

\*\*\*This is an EOC Drill\*\*\*

Please acknowledge receipt of this Notice. In an actual emergency, this email will have additional information on the reason why the HCAI EOC is being activated.

You may receive this alert on multiple devices, only one response is needed. If you do respond from multiple devices, the last response will be counted.

\*\*\*This is an EOC Drill\*\*\*

For more info, [click here](#).

Please reply with one of the numbers below:

1. [Acknowledge receipt](#)

Published on: 08/08/2022 12:01:03 (UTC-08:00) Pacific Time (US & Canada) By: Hussain Bhatia.  
Sent by: California Department of Health Care Access and Information. To change your profile, add/delete contact numbers or email addresses, [click here](#).

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## California Department of Health Care Access and Information EOC Drill 08/08/2022

Severity: **Informational** Type: **Other**

\*\*\*This is an EOC Drill\*\*\*

Indicate whether you are available for deployment.  
Indicate whether you have your red emergency backpack

In an actual emergency, this email will have additional information on the reason why the HCAI EOC is being activated.

You may receive this alert on multiple devices, only one response is needed. If you do respond from multiple devices, the last response will be counted.

\*\*\*This is an EOC Drill\*\*\*

For more info, [click here](#).

Please reply with one of the numbers below:

1. [I am available and I have a red backpack](#)
2. [I am available and I do not have a red backpack](#)
3. [I am not available](#)

Published on: 08/08/2022 12:01:21 (UTC-08:00) Pacific Time (US & Canada) By: Hussain Bhatia.  
Sent by: California Department of Health Care Access and Information. To change your profile, add/delete contact numbers or email addresses, [click here](#).

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# Future Enhancements

- Refresh all staff emergency supplies (Red Backpacks) - **Underway**
- Update EOC Placards (Red, yellow and green placards) – **Already sent to printers.**
- Enhance EOC GIS maps using ARCGIS Online and ARCGIS Pro.
- Activate additional features in Blackberry AtHoc for use in activating and deploying selected staff in smaller events.
- Improve communication between HCAI and CDPH/CHHS via database/GIS links.

# Looking Ahead



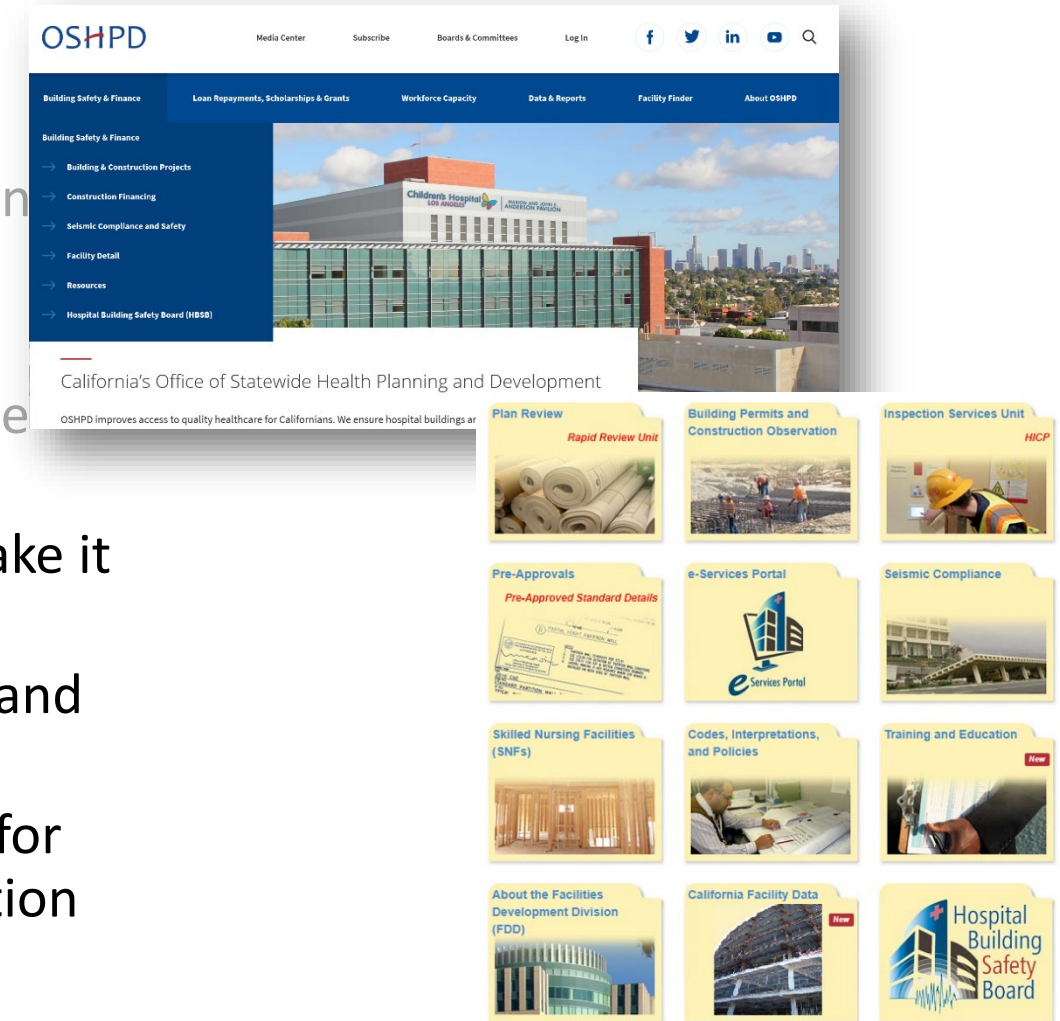
# FDD's Top 3 Objectives for 2023

1. Recruitment/Succession Planning – target critical positions
  - Vacancy rate > 17%
  - Majority of FDD staff are retirement eligible
  - Use continuous filing for additional hard-to-recruit positions
  - Use more on-line examinations
  - Anyone here want to work for HCAI/FDD? – see me after the meeting

# FDD's Top 3 Objectives for 2021

## 2. Web Page Redesign

- Web Governance team tasked with consolidating 330 web pages.
- Mobile-friendliness was mandated.
- Building Safety (FDD) was grouped with Finance (Cal Mortgage).
- Begin revisions to the HCAI/FDD website to make it more user friendly
- A draft proposal is in the staging environment and under review by FDD executive management
- **Goal:** Create a Client Information Center (CIC) for “one stop shopping” that will provide information related to the entire plan review/construction observation process



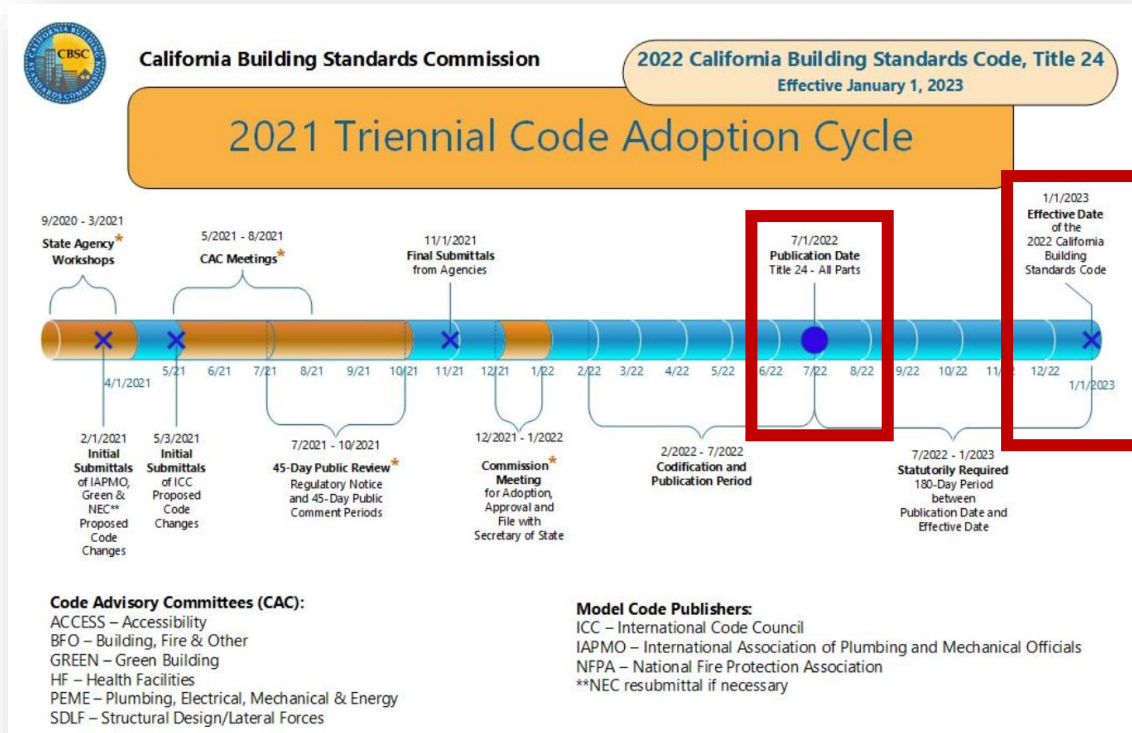
# FDD's Top 3 Objectives for 2023

## 3. Develop and integrate eTIO in eSP

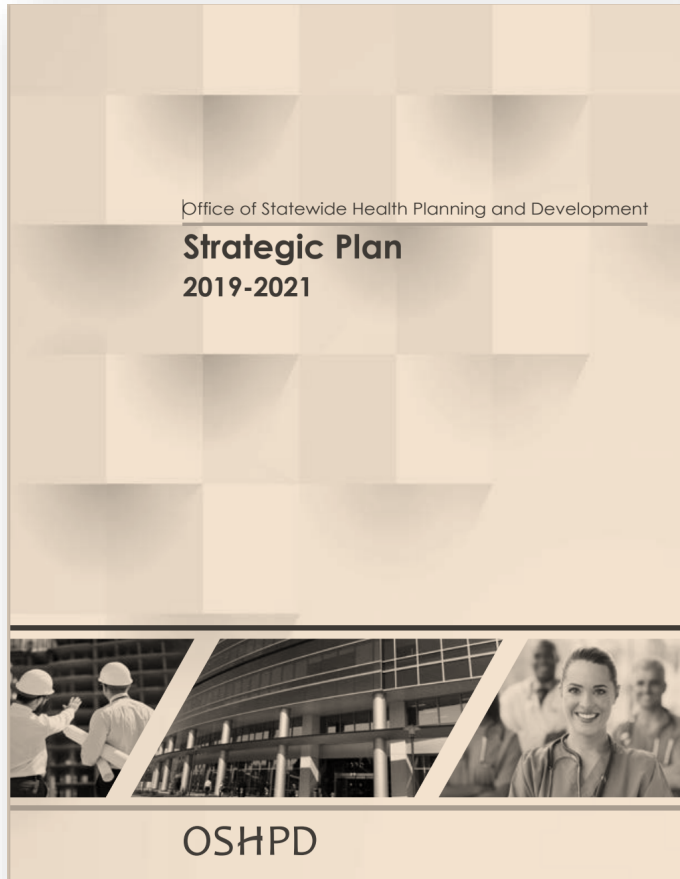
### – eTIO BENEFITS

- Security
- Versatility
- Document Control
- Expediency

# 2022 Title 24 Effective 1/1/2023



# HCAI's 2022 Strategic Plan



- Goals
- Strategy
  - Amplifying HCAI's Message
  - Key 2022 Opportunities for Raising HCAI's Profile
    - Health Workforce
    - Health Information
    - Healthcare Affordability (OHCA)





## OUR VISION

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





## OUR 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.





# OUR VALUES

## Service



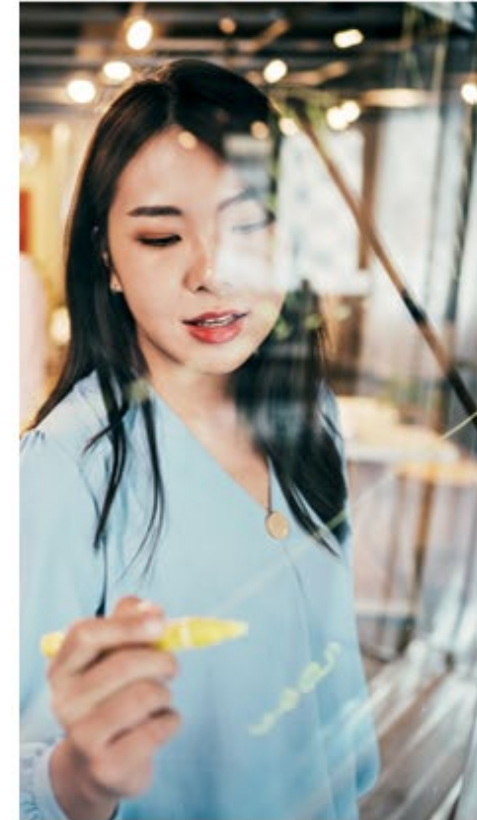
## Equity



## Professionalism



## Innovation



# OUR GOALS



**Deliver valuable public service.**



**Integrate and promote equity throughout HCAI.**



**Promote an inclusive HCAI community of professional learning and growth.**



**Maximize operational efficiency and effectiveness through innovation.**



**Optimize fiscal stewardship and transparency.**

# FDD's Operational Plan



## FDD Strategy Map

### Resilient Healthcare Facilities for Patients, Staff and Visitors

#### Our Vision

While administering the Hospital Seismic Safety Act, FDD will provide excellent service to our customers by being efficient, flexible, responsive, and accountable.

#### Our Mission

Regulate the design and construction of healthcare facilities to ensure they are safe and capable of providing sustainable services to the public.

Provide  
Valuable  
Public  
Service

Advance  
Operational  
Excellence

Foster a  
Dynamic  
HCAI  
Community

Optimize  
Fiscal  
Stewardship

Promote  
Diversity  
Equity &  
Inclusion

#### Our Products & Services

- Plan Review
- Construction Observation
- Seismic Compliance Program
- Development of Building Standards
- Emergency Response
- Research
- Hospital Building Safety Board

#### Our Values

Professionalism-Innovation-Equity-Service  
Communication-Accountability-Respect-Integrity-Teamwork-Community

| Phase              | Objectives   | Key Performance Indicators   | Measure   | Data Source  | Frequency | Coordinator                       |
|--------------------|--|--|---|--|-----------|-----------------------------------|
| Phase 1: 2022-2025 | 1.1.0 Add value to the design and construction of healthcare projects  | 1.1.1 Increase completed Quality of Service surveys to 25% of services   | 25% completion rate   | Manager/Sup  | Yearly    | Keri Blunt                        |
|                    |  | 1.1.2 Supervisors to assess how each of their staff adds value from the clients perspective to each project  |   |  |           |                                   |
|                    | 1.2.0 Develop and implement procedures and enforceable building standards to ensure safe and sustainable healthcare facilities | 1.2.1 Number of building standards, PINs, CANs and processes that have HBSB input prior to submittal to Building Standards Committee. Target - 90% | 90% completion rate   | Regs Unit  | Yearly    | Exec Staff                        |
|                    | 1.3.0 Increase IDR Competency & Adequacy   | 1.3.1 Percentage of projects with completed IDR evaluations  |   |  | Quarterly |                                   |
|                    |  | 1.3.1 IDR training - Target 2 seminars per year per location   | 2 Per year  | Inspection Services  | Yearly    | Joe LaBrie                        |
|                    |  | 1.3.2 IDR training - Target 2 videos or webinars per year  | 2 Per year  | Inspection Services  | Yearly    | Joe LaBrie                        |
|                    |  | 1.3.3 Industry training - Target 2 seminars per year   | 2 Per year  | Exec team  | Yearly    | Exec Staff                        |
|                    |  | Percentage of IDRs who pass re-certification exams. Target - 98%   | < 12 months   | eSP  |           |                                   |
|                    | 2.1.0 Analyze, optimize and simplify business processes  | 2.1.1 Identify & Update all business processes every year (i.e. SOPs, etc.)  | Number in report (Lower -> Better)  | Manuals, CANs, PINs, Codes, Law                                    | Yearly    | Chris Tokas, eSP Manager, RS&RDOs |
|                    |  | 2.1.2 Reevaluate metrics and processes for OTC by December 31, 2022  | No. of offsite OTC reviews (Higher->Better)   | eSP Report   | Quarterly | FDD Execs                         |
| Phase 2: 2026-2030 |  | 2.1.3 Reduce data entry in eSP workflow  | eSP Report: time spent in data entry (Lower -> Better)  | eSP Report providing ratio of Review Hours to hours in other tasks | Quarterly | Hussain Bhalla                    |
|                    |  | 2.1.4 Project Intake - % of projects that meet 2 business day deadline   | >= 90%  | eSP Report   | Quarterly | Ken Yu                            |
|                    | 2.2.0 Maximize appropriate technology and equipment to keep pace with technology/industry                                      | 2.2.1 Deploy major equipment & new software orders within a reasonable time (\$5,000.00 & up)  | Time from equip delivery: 0-2 mos = Excellent; 2-4 mos = Marginal; 4-6 mos = Unacceptable<br>Survey on familiarity and use of technology - 80%+ | Admin and IT Partners - One HCAI working together                  | Quarterly | Ken Yu                            |

### Message From the Deputy Director



### Facilities Development Division

Division Operational Plan  
2022 - 2025



# Happy Holidays from HCAI





- Any Questions?
- Any Answers?
- Any Additional Thoughts or Discussion?

## **14. Electronic Services Update**

Facilitator: Rob Fisher, OSHPD Compliance Officer  
(or designee)

- Update on accomplishments in electronic services year to date
- Discussion and public input



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

Robert Fisher, Compliance Officer, Building Standards Unit



## **eServices Update for the Hospital Building Safety Board**

**December 8, 2022**



# eServices 2022 Accomplishments

**HBSB eServices Update for 2022**

# eServices Accomplishments for 2022 – What to Celebrate?

- **Change Requests Completed**
- **Quick Wins**
- **Big Ticket Items**
- **Reports, Reports, and More Reports**
- **Collaboration Software**
- **Q and A**



# eServices Change Requests Statistics



**January 2022 = 205 Existing Change Request**

**December 2022 = 97 New Change Request**

**Quick Wins = 77**

**Significant = 225**

---

**Total for 2022 = 302 Change Request**

# eServices Change Requests Statistics

**Completed in 2022**

**Quick Wins = 35**

**Significant = 21**

---

**Total = 56**





OPAA Enhancements

DSE Required

OILs Popup

OSP Enhancements

NPC Review

RACS closure

Email Enhancements

Referred to Office

OPM Enhancements

Field Operations Status

Electrical  
Coordination  
Study



# HBSB eServices Update for 2022





## Change Requests Requiring Significant Effort

- XBP Enhancements
- ePR Enhancements
- Ad Hoc Tasks
- Fees
- Integrated Review
- Contacts Redesign
- PPCS
- SRHRP
- Emergency Work







# XBP (Expedited Building Permit)

- Guide #1 – Wall-Mounted TV/Monitor Bracket Replacement
- Guide #2 – Water Heater Replacement
- Guide #3 – Wall-Mounted Handrail Replacement
- Guide #4 – Roof-Mounted HVAC Unit Replacement

## • Guide #5 – Re-Roofing



- Guide #6 Installing Connection for Temp Generator – Full Building 
- Guide #7 Installing Connection for Temp Generator – Emergency Backu 
- Guide #8 Installing a Temporary Generator 
- Guide #9 Mobile Dialysis Unit Installation 

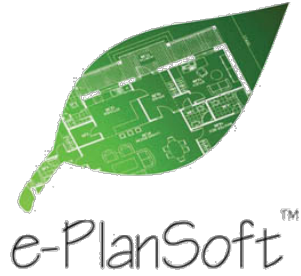


# EPR Enhancements



- **Sheet Number Data**
- **Related Project Records**
- **Overlay All Sheets**
- **Overlay Related Records**
- **Contributor Latest Response**
- **Many More Game Changer Enhancements**





# EPR Enhancements

## Sheet Number Data



Only New  
or Changed  
Sheets  
Submitted  
on  
Backchecks

| Version 1 | Version 2 | Version 3 | Version 4 | Version 5 | Resultant Plan Set |
|-----------|-----------|-----------|-----------|-----------|--------------------|
| G000      | G000      |           | G000      |           | G000               |
| G001      |           |           |           |           | G001               |
| G111      |           |           |           |           | G111               |
| G112      | G112      |           | G112      |           | G112               |
| G112(E)   | G112(E)   |           |           |           | G112(E)            |
| G112A     | G112A     |           | G112A     |           | G112A              |
| G112B     | G112B     |           | G112B     |           | G112B              |
| G113      |           |           |           |           | G113               |
| G114      |           |           |           |           | G114               |
| G122      | G122      |           | G122      |           | G122               |
| G202      | G202      | G202      | G202      |           | G202               |
| G203      | G203      | G203      | G203      |           | G203               |
| G212      |           |           |           |           | G212               |
| G214      |           |           |           |           | G214               |
| A102      | A102      |           | A102      |           | A102               |
| A112A     |           |           | A112A     |           | A112A              |
| A112B     | A112B     |           | A112B     |           | A112B              |
| A142      | A142      |           | A142      |           | A142               |
| A152A     | A152A     |           | A152A     |           | A152A              |
| A152B     | A152B     |           | A152B     |           | A152B              |
| A202      | A202      |           | A202      |           | A202               |
| A212A     |           |           | A212A     | A212A     | A212A              |
| A212B     | A212B     |           | A212B     |           | A212B              |
| A222A     |           |           | A222A     | A222A     | A222A              |
| A222B     | A222B     |           | A222B     |           | A222B              |
| A252      | A252      |           | A252      |           | A252               |



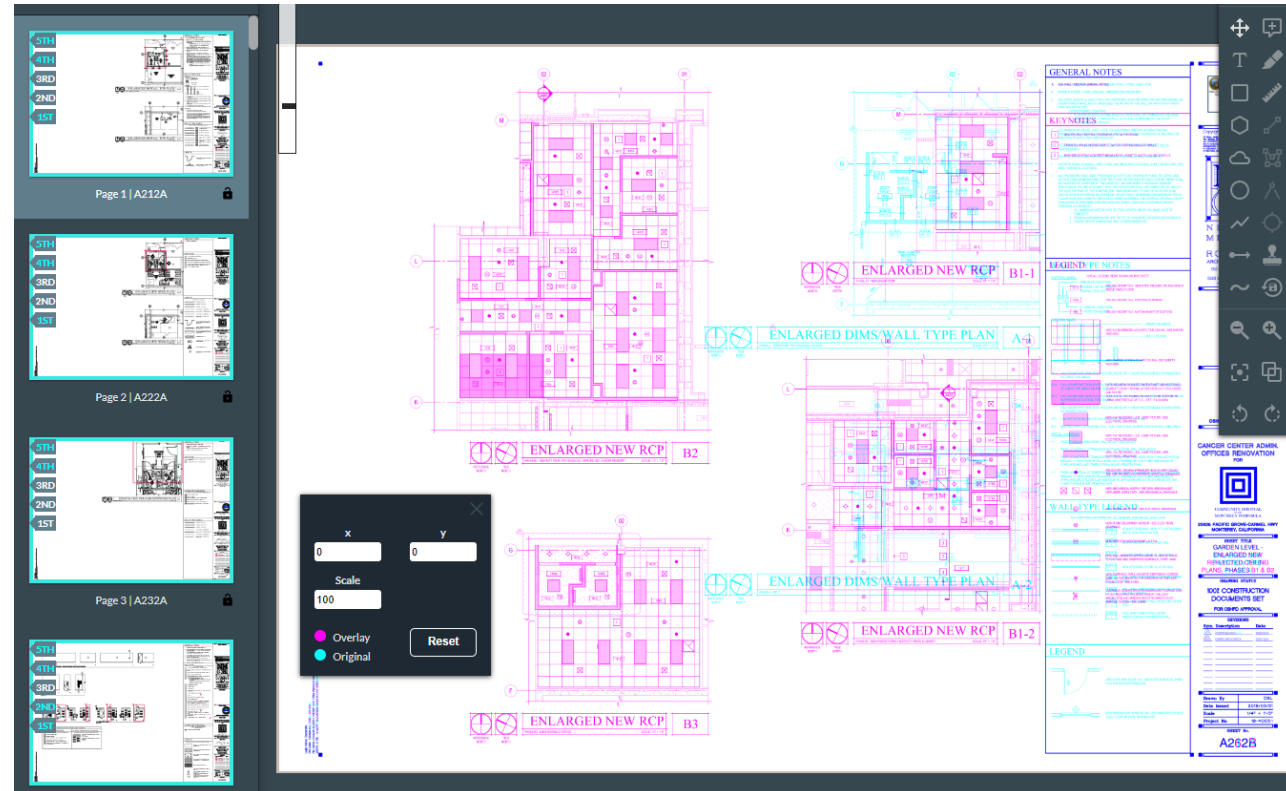
## Related Project Records

| H201524-38-00-ACD0062   |              |   |        |             |                       |           | <div> <div>Cmpl</div> <div>1ST</div> <div></div> <div></div> <div></div> <div></div> </div> |              |        |
|---|--------------|---|--------|-------------|-----------------------|-----------|---|--------------|--------|
| For Permitting - Hospital<br>401 Parnassus Avenue UCSF Medical Center at Mount Zion, San Francisco CA 94143 |              |   |        |             |                       |           |   |              |        |
| DETAILS   | DOCUMENTS    | SHEET NUMBERS   | INTAKE | ASSIGNMENTS | COMMENTS              | REVISIONS | ATTACHMENTS   | DELIVERABLES |        |
| Status  | Relationship | Name  |        |             | Project Number        |           | Start Date  | Due Date     | Action |
| Review Completed  | Master       | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00         |           | 2020-08-12T12:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0020 |           | 2022-02-01T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0030 |           | 2022-03-27T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0044 |           | 2022-05-23T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0040 |           | 2022-05-22T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0041 |           | 2022-05-23T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0043 |           | 2022-05-23T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0046 |           | 2022-06-20T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0049 |           | 2022-06-28T17:00:00.000Z  |              | →      |
| Review Completed  | Sibling      | (19-186) Langley Porter Psychiatric Institute (LPPI) Inpatient Relocation to Mount Zion-Interior Renovation |        |             | H201524-38-00-ACD0051 |           | 2022-07-18T17:00:00.000Z  |              | →      |



# EPR Enhancements

## Overlay All Sheets





# EPR Enhancements

## Overlay Related Records



③ 1459A STAFF TOILET  
10' x 10'

④ 1459B STAFF TOILET  
10' x 10'

| ADDITIONAL INFORMATION FOR STAFF TOILETS  |  |
|---|--|
| <p><b>ACCESSORY SCHEDULE</b></p> <p>SEE SHEET Q210 FOR ACCESSORY MOUNTING HEIGHTS AND REQUIRED CLEARANCES.</p> <ul style="list-style-type: none"> <li>Ⓐ SURFACE MOUNTED MIRROR, NO FRAME</li> <li>Ⓑ RECESSED SOAP DISPENSER</li> <li>Ⓒ SURFACE MOUNTED GRAB BAR - 30" (30" MIN. AT ACCESSIBLE WATER CLOSET)</li> <li>Ⓓ RECESSED PAPER TOWEL DISPENSER AND WASTE RECEPTACLE</li> <li>Ⓔ SURFACE MOUNTED GRAB BAR - 40" (40" MIN. AT ACCESSIBLE WATER CLOSET)</li> <li>Ⓕ RECESSED COMBINATION TOILET PAPER DISPENSER, SEAT COVER DISPENSER, AND SANITARY WIPER DISPOSAL</li> </ul> | <p><b>STAFF TOILET ROOM LEGEND</b></p> <p>FOR MORE INFORMATION AND FINISH COLOR SELECTIONS, SEE FINISH SCHEDULE, SHEET A300</p> <div style="display: flex; align-items: center;"> <div> <p>WALL TILE FINISH - SEE FINISH SCHEDULE, SHEET A300 FOR MORE INFORMATION</p> <p>WALL TILE FINISH - SEE FINISH SCHEDULE, SHEET A300 FOR MORE INFORMATION</p> <p>WALL TILE FINISH - SEE FINISH SCHEDULE, SHEET A300 FOR MORE INFORMATION</p> </div> </div> |

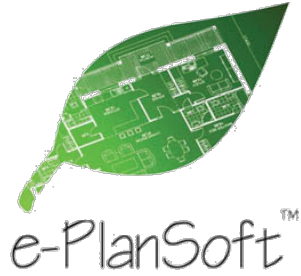
x
y

Scale

● Overlay
● Original

Reset





# EPR Enhancements

## Contributor Latest Responses

Unread  
Responses  
visible  
while  
browsing  
comments



INTAKEASSIGNMENTSCOMMENTS100REVISIONSATTACHMENTS

comments

COMMENT AS  
ELEC

# 00001Document Plan I210013-34-03-SEG3.pdf Page 33 Reviewer Warren Pottebaum GroupSTRUDispositionOPEN

This comment pertains to additional weak axis bracing of columns per detail 17/T3-S7.2.2. Per conversation on 10/14/2022, this supplemental bracing is being added to the breezeway (Grids K, L, and X1) because the first floor slab is depressed there, making the columns taller. Please provide a copy of the column strength check spreadsheet.  
Unread response from: Warren Pottebaum Date: 12/4/2022 Response: Resolved pending adjustment to 17/T3-S7.2.2 showing relationship of brace to bottom of member.

# 00002Document Plan I210013-34-03-SEG3.pdf Page 4 Reviewer Tim Kelly GroupSTRUDispositionOPEN

List all seismic design criteria for Level 6 Penthouse, Level 15 Penthouse, Helipad structures, and mechanical pop-up. CBC 1603A.1  
Unread response from: Carrie Mitchell Date: 11/5/2022 Response: Seismic design criteria have been added to drawings, sheet T3-S0.0.1. See the attached snip.

# 00003Document Plan I210013-34-03-SEG3.pdf Page 6 Reviewer Tim Kelly GroupSTRUDispositionRSLV

Add new symbol to legend for pinned connection with no special connection requirements for simple gravity beam framing into side plate joints. Include reference to CBC 1603A.1  
Unread response from: Carrie Mitchell Date: 11/2/2022 Response: Symbol added. See snip of markups on drawings.

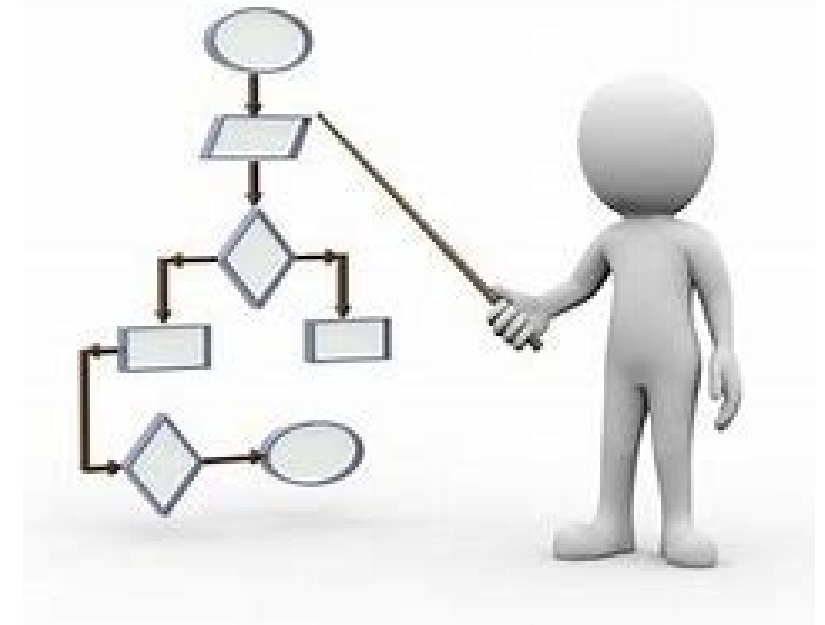


# Ad Hoc Workflow Tasks

Notifies  
CDPH

- **Functional Program – Dietary**
- **Water Rationing Plan**
- **Additional Review**

Multiple  
Staff of  
Same  
Discipline





## Fees



- **Incremental Project Schedule Fee Assessment**
- **Projects Above or Below \$250 K**
- **Integrated Review**
- **Special Fee Assessment Arrangements**



# Integrated Review



- Document Refresh
- Plan Review Comments and Responses
- Sheet Number Matrix Data
- Additional Review





# Integrated Review

## Document Refresh

Mimic  
Standard  
Review  
Cycle

| Completed Task  |   |   |   |
|---|---|---|---|
| <div><div>✓</div><div>✓</div><div>✓</div><div>✓</div></div> | <b>Architectural Review</b><br>⌚ 4.0h     | ASSIGNED Dunne Lee<br>STARTED 09/21/2022 By Dunne Lee       | <b>DOCUMENT REFRESH</b> ↗<br>DUE 09/30/2022 |
|   | <b>Structural Review</b><br>⌚ 3.0h        | ASSIGNED Haeseong Lim<br>STARTED 09/21/2022 By Haeseong Lim | <b>DOCUMENT REFRESH</b> ↗<br>DUE 09/30/2022 |
|   | <b>Phase Segment Acceptance</b><br>⌚ 0.1h | ASSIGNED Diana Navarro<br>STARTED 09/21/2022 By Dunne Lee   | <b>DOCUMENT REFRESH</b> ↗<br>DUE 03/31/2022 |



# Integrated Review

## Plan Review Comments and Responses

Unread  
Response  
in Yellow

00004 RSLV STRU Tim Kelly ×

DETAILS **RESPONSES** ATTACHMENTS LOGS ◀ ▶ 4 of 100

25 Oct 2022  
21 Nov 2022 RSLV



**Todd Kohagura**

26 Oct 2022 14:33:27

concur



**Carrie Mitchell**

11 Nov 2022 13:07:31

Notes have been clarified to describe details. See attached snip of markup of symbols.

Add note to legend explaining that 'W' indicates CJP web welded conn. CBC 1603A.1

Comment Text Content Modified At 21 Nov 2022 09:26:45



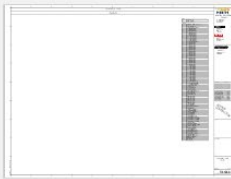





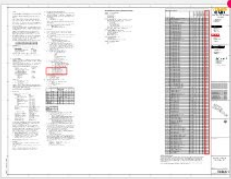




# Integrated Review

## Sheet Number Matrix Data



| DETAILS                     | DOCUMENTS  | SHEET NUMBERS                         | INTAKE   | ASSIGNMENTS   | COMMENTS 100   | REVISIONS                                    | ATTACHMENTS | DELIVERABLES |
|-----------------------------|--|---------------------------------------|--|---|--|--|-------------|--------------|
| Plan I210013-34-03-SEG3.pdf |  | Partial Submittal is turned ON        |  |   |  |  |             |              |
|                             |  | EXPORT DOCUMENT PAGE MAPPING          |  | REORDER PAGES   |  |  |             |              |
|                             |  | Plan Set 01 (09/26/2022)<br>137 Pages | →  | Plan Set 02 (11/17/2022)<br>43 Pages (43 Matched / 0 Unmatched) | =  | Result<br>137 Pages (0 Hidden / 137 Visible) |             |              |
| Page 2<br>T3-G0.0.1         |   | →                                     | Drop here to match sheet.  | =   |   |  |             |              |
|                             | T3-G0.0.1  |                                       |  |   | T3-G0.0.1  |  |             |              |
| Page 3<br>T3-G1.0.0         |   | →                                     | Drop here to match sheet.  | =   |   |  |             |              |
|                             | T3-G1.0.0  |                                       |  |   | T3-G1.0.0  |  |             |              |
| Page 4<br>T3-S0.0.1         |  | →                                     |  | =   |  |  |             |              |
|                             | T3-S0.0.1  |                                       | T3-S0.0.1  |   | T3-S0.0.1  |  |             |              |

# HBSB eServices Update for 2022



# Integrated Review

## Additional Review



Standard  
Workflow  
Task

Ad Hoc  
Workflow  
Task

|                        |   |
|------------------------|---|
| ▼                      | In progress   |
| ✎                      | Structural Review<br>⌚ 0.75h  |
| >                      | Up Next   |
| Additional Ad Hoc Task |   |
| ▼                      | In progress   |
| ✎                      | Additional Review Struc-Structural Review Part 2, 3 of 6<br>⌚ 1.0h  |
| ✎                      | Additional Review Struc2-Structural Review Part 4, 5 of 6<br>⌚ 0.0h |
| ✎                      | Additional Review Struc3-Part 6 of 6<br>⌚ 0.0h                      |



# Project Contacts Redesign

- **Defining Project Primary Contact**
- **Defining Authorized Agent**
- **Defining Facility Representative**
- **Any Other Contacts**





# PPCS

(Preapproved Prefabricated Components and Systems)



PCS0005 [🔗](#) **STATUS** > Active - Plan Review **LOCATION** > None Provided  
Tyfo FRP Systems  
Fiber reinforced polymer composite fiber w... 08/24/2022 by Kellie Zimmer

**Workflow**

- Workflow History (2)
- Related Records
- Summary
- Record Info
- Field Operations (0)
- Application History (3)
- Custom Lists (7)
- Prefab Components
- Documents (2)
- Communications (0)
- Conditions (0)
- Comments (0)
- Contacts (1)
- Professionals (1)

**Workflow Tasks**

MENU ▾ NEW SUPERVISOR TASK ACTIVATION HELP

**Completed Task**

- Project Intake** ASSIGNED Kellie Zimmer  
🕒 0.25h STARTED 08/24/2022 By Kellie Zimmer

**In progress**

- Structural Review** ASSIGNED Ali Sumer  
🕒 6.0h STARTED 10/04/2022 By Alireza Asgari

**Up Next**

- Architectural Review
- Electrical Review
- Mechanical Review



# SRHRP

## (Small and Rural Hospital Relief Program)

eServices Portal

Announcements | Eligibility Submission Online | Applications (2) | Reports (1) | Account Management | Logout

Home | Projects | Enforcement | Preapproval | **Small Rural Hosp**

Create an Application | Search Applications

Records

Showing 1-1 of 1 | [Download results](#) | [Add to collection](#)

| <input type="checkbox"/> | Date       | Record Number             | Record Type                              | Project Name  | Description   | Status | Action |
|--------------------------|------------|---------------------------|--|---|---|--------|--------|
| <input type="checkbox"/> | 06/13/2022 | <a href="#">HRPE-0001</a> | Hospital Relief Program Eligibility Tool | Facility: 00000 - Small and Rural Hospital Relief Program Eligibility | Facility #: 00000: No Facility - System use only - Client Submitted Request for Hospital Relief Fund Eligibility. | Closed |        |



# HBSB eServices Update for 2022





# Emergency Work (EAP)

## Emergency Authorization to Proceed

Emergency  
Work  
Request on  
Standard  
Project



### Step 2: Project Details > Emergency Work

Emergency work may be necessary due to permanent equipment failure, natural disaster, or other occurrences that require immediate repair or replacement to ensure jobsite or building occupant health or safety.

The Department of Health Care Access and Information (HCAI), also known as the Office of Statewide Health Planning and Development (OSHPD) and referred to as "Office", recognizes that emergency temporary construction and installation of temporary equipment is sometimes required to accommodate construction or to provide transitional solutions.

Note that an emergency is not maintenance to prevent something from failing. A true emergency is the actual disaster, event, or failure of equipment.

If you are submitting a project and requesting emergency authorization to proceed (EAP), select 'Yes' to the 'Project Includes Emergency Work'. Additional fields will be displayed for you to complete. These are the same fields as those on the form in Appendix A of PIN 72. When completing these fields within the online application, there is no need to submit the form from PIN72.

\* indicates a required field.

### Emergency Approval Request

#### EMERGENCY WORK

If the project includes emergency work, select 'Yes' on the 'Project Includes Emergency Work' field to make visible the emergency work information and justification fields. Refer to Policy Intent Notice 72 for details on what constitutes an emergency project. [PIN 72](#)

\* Project Includes Emergency Work: [?](#)

☒ Yes ☐ No

Permanent Equipment or Building Components to be Replaced: [?](#)



Temporary Equipment or Building Components to be Replaced:



Duration of Work (Days): \*

45

Equipment or Building Components 1: \*

Repair an existing [4" sanitary](#) sewer line that broke on November 10, [2022](#) in the Pathology / Autopsy area in the basement of the Hospital. Patching and repairing of the existing [non-rated](#) ceiling and wall is also anticipated in Histology Room 0606 and 0608. T





Teams

## Collaboration Software



- Staff Training
- Client Training
- Helpdesk Effectiveness
- Information Sharing
- Meetings



GoToMeeting



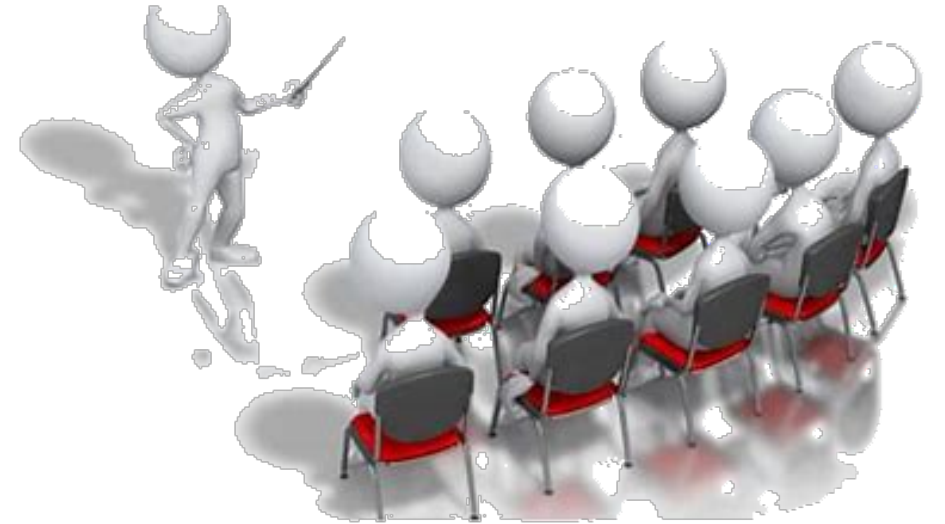


Teams

# Collaboration Software

## Staff Training

**Able to have shorter, more focused training meetings rather than traveling for a single eight-hour session.**





Teams

# Collaboration Software

## Client Training

**Ad hoc training meetings are possible whenever clients need assistance.**





Teams

# Collaboration Software

## Helpdesk Effectiveness

**Faster resolution because staff can see the staff/client screen.**





**Teams**

# Collaboration Software

## Information Sharing

**Questions, Issues, etc. are more easily handled on the spot rather than waiting for later**





Teams

# Collaboration Software

## Meetings

**More frequent face-to-face meetings to discuss and improve process and service delivery.**








# Reports, Reports and More Reports

- **Report Center Reports**
- **Facility Building Projects Report (RACS)**
- **Field Operations Reports**
- **Plan Review Comments and Responses**
- **Plan Review Comments Viewer**
- **Sheet Number Matrix Data**
- **Incremental Master Comments Reports**
- **Workload Reports**

# Reports Center



**HCAI Report Center**

Facilities Development Div:  --- SELECT REPORT ---

Facility Name (partial):  Facility Number:  Project Filter:

**Other Reports**

- Legacy Logbook Projects at Facility
- Project List by Facility
- Project List by Professional
- Functional Program List
- Invoice Aging Report
- Projects by County
- Project Invoices Report
- Functional Program List - Pharmacy
- Project List By Region, County, and Facility
- Functional Program List - Dietary
- Water Rationing Plan List

**Time Limitation Warnings**

**Projects By Facility**  
Facility:  Foothill Regional Medical Center

**Reports**  
Reports are removed from view if no data exist for report

| Project Number                | Project Name                      | Status                       | % Complete | Plan Review comments | AMC & PAD Report        | Project Closure Summary         | OILs Report          | Project Documents List    | Field Op Reports         | DPOR              | IOR                   | Primary Gravity LFRS | Kind of Project | Open Date  | Approval Date                     | BP Issue Date | Construction Start Date | Last Field Report                 | Closed Date |
|-------------------------------|-----------------------------------|------------------------------|------------|----------------------|-------------------------|---------------------------------|----------------------|---------------------------|--------------------------|-------------------|-----------------------|----------------------|-----------------|------------|-----------------------------------|---------------|-------------------------|-----------------------------------|-------------|
| <a href="#">S171338-30-00</a> | Sewer Line Repair - Clean Utility | Field Operations in Progress | 0%         |                      |                         | <a href="#">Project Summary</a> | <a href="#">OILs</a> | <a href="#">Documents</a> | <a href="#">Field Op</a> | G. Maedo - C15690 | D. Clements - A20197  | No                   | Remodel         | 6/16/2017  | Approval Might Be Void: 6/26/2017 | 1/12/2018     | 9/7/2021                | N. Steele - FV - 0% on 2022-09-20 |             |
| <a href="#">S171637-30-00</a> | ADA Restroom Remodel              | Pending Construction Start   |            |                      |                         | <a href="#">Project Summary</a> |                      | <a href="#">Documents</a> |                          | G. Maedo - C15690 | D. Deskovick - A20088 | No                   | Remodel         | 7/25/2017  | 7/28/2017                         | 1/19/2018     | 1/1/1900                | No Field Reports                  |             |
| <a href="#">S182722-30-00</a> | Lobby & Corridor Renovation       | Pending Construction Start   | 0%         |                      | <a href="#">AMC/PAD</a> | <a href="#">Project Summary</a> |                      | <a href="#">Documents</a> | <a href="#">Field Op</a> | G. Maedo - C15690 | S. Rodriguez - A20694 | No                   | Remodel         | 11/12/2018 | 12/11/2018                        | 1/2/2019      | 1/1/1900                | N. Steele - FV - 0% on 2022-11-08 |             |

If a cell is filled with Yellow or Red, contact your RCO or Compliance Officer. Yellow or Red is an indication time limits have been or are about to be exceeded or failure to submit NoSoC.

## HBSB eServices Update for 2022

# Reports Center

## Plan Review Comments



**Project:** S162882-49-00  
**Facility:** 11059 - Santa Rosa Memorial Hospital  
**BackCheck:** 0  
**Date:** 1/31/2017

**IMPORTANT NOTE(s):** The plan review comments shown in this report are a courtesy to our clients and may not be the resulting comments at the end of a review cycle. When the review cycle is complete, a plan review comments correction report will be generated and will be available via eCA. DO NOT upload revised plans until the review cycle is complete and the remarked set is available in eCA.

Only OPEN comments are displayed in this report. If a discipline review is in progress, any comments added during the current review cycle will not be displayed in this report until the review is complete. The following discipline(s) are in review: No active reviews

| PDF File               | Page No. | Sheet Title | Comment No. | Discipline | Comment Date | Comment By   | Category                    | Subcategory          | Comment  | Comment Disposition |
|------------------------|----------|-------------|-------------|------------|--------------|--------------|-----------------------------|----------------------|--|---------------------|
| Plan_S162882-49-00.pdf | 1        | Plan-001    | 0001        | ARCH       | 12/6/2016    | David Turner | General Requirements        | APPLICATION          | Please review construction cost and equipment costs. The estimated costs are to be within 5% of actual cost. If this is not a mistake, provide supplemental documentation to substantiate estimated cost (Title 24, Part 1, 7-133). The Application Form has equipment cost listed as \$5,000, but Sheet P0.1 has equipment that far exceeds this cost. Equipment costs, whether the equipment is new, leased, donated, or relocated, the amount of time to review, inspect, etc. is the same. Use fair market value cost (not monthly lease cost). This is to include the temporary O2 Supply Trailer. Revise the Application Form as necessary to revise the cost. The form needs to be taken off of OSHPD's web site, signed, and re-submitted since the original electronically submitted form cannot be changed to automatically be inputted into the system. | Open                |
| Plan_S162882-49-00.pdf | 1        | Plan-001    | 0002        | ARCH       | 12/6/2016    | David Turner | General Requirements        | INFORMATION ON PLANS | Sheet P5.1 is included twice in the submittal. Delete one of them. In accordance with instructions for the electronic review format, do not rearrange sequence of drawings at backchecks. Do not delete a drawing sheet that is no longer applicable to the work (leave a voided sheet in its place) so that overlays can be used to compare previous drawings with revised drawings and comment tags stay on the appropriate sheets (CBC 107.2.1).  | Open                |
| Plan_S162882-49-00.pdf | 1        | Plan-001    | 0003        | ARCH       | 12/6/2016    | David Turner | General Requirements        | SPECIFICATIONS       | Coordinate Project Manual Spec Table of Contents with Sections provided (e.g., 03 21 00 vs 03 20 00) (CBC 107.2.1).  | Open                |
| Plan_S162882-49-00.pdf | 1        | Plan-001    | 0022        | STRUC      | 12/19/2016   | Eric Brown   | Seismic Design Requirements | No Sub Category      | Clarify, on the approved drawings, how the temporary LOX supply complies with CAN 2-106. The temporary system requires OSHPD approval.   | Open                |

# Facility Building Projects Report (RACS)



| Facility No.                  | Facility Name  | Geo Region                    |                      | County       | RCO           | ACO              | FLSO         | DSE            | Facility Address  |                                       |
|-------------------------------|--|-------------------------------|----------------------|--------------|---------------|------------------|--------------|----------------|---|---------------------------------------|
| <a href="#">11164</a>         | Los Robles Hospital & Medical Center                 | North Los Angeles Region      |                      | 56 - Ventura | MBERNARD      | RHAGGART         | DCARTER      | JLEE           | Thousand Oaks: 215 West Janss Road - 91360, Thousand Oaks |                                       |
| Building ID                   | Building Name  |                               | Building Status      | OILs         | Year Built    | Permit Date      | Seismic Zone | Classification | NPC/SPC   | Most Recent Field Report              |
| <a href="#">BLD-00601</a>     | North Wing / Central Core                            |                               | Completed            | 0            | 1968          | 7/6/1966         | 4            | OSHPD 1        | NPC:2/SPC:1   | No Field Reports                      |
| Project ID                    | Project Name   |                               | Project State        | OILs         | Approval Date | RCP or INV Exist | Costs        |                |   | Most Recent Field Report              |
| <a href="#">G182424-56-00</a> | Geo Tech for SPC 4D Upgrade                          | <span>R</span> <span>R</span> | Approved             | 0            | 4/24/2019     |                  | Unknown      |                |   | No Field Reports                      |
| <a href="#">HS100033-0</a>    | VSI: BLD-00601, Bldg 01 & BLD-00602, Bldg 02         | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 5/2/2013      |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2015-07-01 |
| <a href="#">S131467-56-00</a> | LRHMC - One Voice Refresh                            | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 8/1/2013      |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2013-11-27 |
| <a href="#">S131700-56-00</a> | LRHMC-Wireless LAN Refresh                           | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 8/13/2013     |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2014-06-09 |
| <a href="#">S132893-56-00</a> | Voluntary Accessibility Improvement Project          | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 5/22/2014     |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2017-02-13 |
| <a href="#">S151732-56-00</a> | Medical Staff Office Remodel                         | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 7/14/2015     |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2015-10-19 |
| <a href="#">S152088-56-00</a> | Verizon Wireless AWS Antenna and Power Plant Upgrade | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 10/23/2015    |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2017-03-16 |
| <a href="#">S170763-56-00</a> | LRHMC Pharmacy Relocation and Renovation             | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 1/2/2018      |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2020-10-06 |
| <a href="#">S171261-56-00</a> | HOSPITAL & MEDICAL CENTER POWER UPGRADE              | <span>R</span> <span>R</span> | Construction         | 0            | 8/20/2018     |                  | Unknown      |                |   | B. Haggarty - FV - 82% on 2022-11-21  |
| <a href="#">S181324-56-00</a> | Chiller Replacement                                  | <span>R</span> <span>R</span> | Closure              | 0            | 5/31/2019     |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2021-09-14 |
| <a href="#">S183067-56-00</a> | AWS3 Antenna and Equipment Upgrade                   | <span>R</span> <span>R</span> | Construction         | 0            | 4/26/2019     |                  | Unknown      |                |   | B. Haggarty - FV - 99% on 2022-09-26  |
| <a href="#">S183078-56-00</a> | SPC-4D Seismic Upgrade                               | <span>R</span> <span>R</span> | Closed in Compliance | 0            | 3/14/2019     |                  | Unknown      |                |   | B. Haggarty - CF - 100% on 2021-02-26 |
| <a href="#">S193194-56-00</a> | GI Lab Relocation                                    | <span>R</span> <span>R</span> | Construction         | 0            | 9/11/2020     | RCP Exist: Yes   | Unknown      |                |   | J. Lee - FV - 20% on 2022-12-01       |
| <a href="#">S211334-56-00</a> | Young (L-sub6)                                       | <span>R</span> <span>R</span> | Approved             | 0            | 9/9/2021      |                  | Unknown      |                |   | B. Haggarty - FV - 0% on 2021-10-07   |



# Reports, Reports and More Reports

## Field Operations Report (Field Staff's Bible)

Multiple Alerts  
and Notices

| Projects by County, City, and Facility: <b>No Focus - Multiple Users Selected</b> |  |   |   |                                     |                  |            |            |                                   |                                   | <a href="#">Guide</a>                 | <a href="#">Video</a> | <div>Red<br/>&gt; 365</div> | <div>Yellow<br/>&gt; 180</div> | <div>Blue<br/>&gt; 90</div> |
|---|--|---|---|-------------------------------------|------------------|------------|------------|-----------------------------------|-----------------------------------|---------------------------------------|-----------------------|-----------------------------|--------------------------------|-----------------------------|
| Facility Number   | Facility Name  |   |   | Geographic Region                   | County           | RCO        | ACO        | FLSO                              | DSE                               | Address                               |                       |                             |                                |                             |
| 11386   | Alhambra Hospital Medical Center<br>Miles From Reference: 243.3700 |   |   | North LA Region                     | 19 - Los Angeles | MBERNARD   | SMCKEY     | JHICKOK                           | JPAN                              | Alhambra: 100 S. Raymond Ave. - 91801 |                       |                             |                                |                             |
| Project Number  | Project Name   |   |   | IOR                                 | Open Date        | Approval   | BP Issue   | Const Start                       | Most Recent Field Report          |                                       |                       |                             |                                |                             |
| <a href="#">S171944-19-00</a>   | D  | INPATIENT PHARMACY REMODEL<br>(A-E-M-F-S)         | R | <a href="#">O. Ostlund - A10787</a> | 8/28/2017        | 03/26/2018 | 05/14/2018 | 01/21/2019                        | S. McKey - FV - 70% on 2022-07-22 |                                       |                       |                             |                                |                             |
| <a href="#">S210836-19-00</a>   | D  | LAB ANALYZER EQUIPMENT REPLACEMENT<br>(A-E-M-F-S) | R | <a href="#">O. Ostlund - A10787</a> | 5/5/2021         | 08/03/2021 | 08/23/2021 | 11/01/2021                        | S. McKey - FV - 80% on 2022-09-16 |                                       |                       |                             |                                |                             |
| <a href="#">S212414-19-00</a>   | D  | Medivator Replacement<br>(A-E-M-F-S)              | R | -                                   | 12/17/2021       | 03/15/2022 |            | % Complete > 0 and No Const Start | No Field Reports                  |                                       |                       |                             |                                |                             |
| 11388   | BHC Alhambra Hospital<br>Miles From Reference: 245.0100            |   |   | North LA Region                     | 19 - Los Angeles | MBERNARD   | SMCKEY     | JHICKOK                           | BLIAO                             | Rosemead: 4619 Rosemead Blvd. - 91770 |                       |                             |                                |                             |
| Project Number  | Project Name   |   |   | IOR                                 | Open Date        | Approval   | BP Issue   | Const Start                       | Most Recent Field Report          |                                       |                       |                             |                                |                             |
| <a href="#">S192849-19-00</a>   | D  | Water Heater Anchorage<br>(A-E-M)                 | R | <a href="#">C. Canez - A20806</a>   | 11/19/2019       | 06/02/2020 | 04/09/2021 | 4/12/2021                         | S. McKey - FV - 85% on 2022-01-18 |                                       |                       |                             |                                |                             |
| <a href="#">S192921-19-00</a>   | D  | Window Replacement<br>(A-M-F-S)                   | R | <a href="#">C. Canez - A20806</a>   | 11/26/2019       | 08/19/2020 | 02/16/2021 | 8/2/2021                          | S. McKey - SC - 92% on 2022-07-29 |                                       |                       |                             |                                |                             |

# HBSB eServices Update for 2022

# Reports, Reports and More Reports

Multiple  
Filters

## Plan Review Comments and Responses

Contributor  
Responses

|  |  |  |   |
|--|--|--|---|
| Enter Parent or Child Record ID: <input type="text" value="I210013-34-00"/>  |  | Select One or More Project Number(s): <input type="text" value="I210013-34-00, I210013-34-01, I210013-34-02"/> |   |
| Discipline: <input type="text" value="Structural"/>  | Plan Reviewers: <input type="text" value="Chris Davis, David Hutchinson, Do"/> |  |   |
| Disposition: <input type="text" value="Open"/>   | Only Comments Entered After: <input type="text" value="11/13/2022"/>           |  | Only Responses Entered After: <input type="text" value="12/16/2022"/> |
| <div><div><div>1 of 22 of 22</div><div>100%</div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div>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# HBSB eServices Update for 2022





# Reports, Reports and More Reports

## Plan Review Comments Viewer

Filters for Date, Discipline, Projects, and Staff

Easy access to plans with comment tags

|            |   |                     |   |                          |   |
|------------|---|---------------------|---|--------------------------|---|
| Start Date | <input type="text" value="11/5/2022"/>  | End Date            | <input type="text" value="12/5/2022"/>      | Search Value (Optional): | <input type="text"/>                                      |
| Group      | <input type="text" value="Mechanical"/> | Select One or More: | <input type="text" value="David Castillo"/> | Select One or More:      | <input type="text" value="S221116-19-00, S221545-19-00"/> |

1 of 1

100%

Find | Next

| project Number                | comment Number | sheet Number | page Number | group Label | Comment Content   | created At | created Byname | created Byname | filename                                     | version Current | cycle Label |
|-------------------------------|----------------|--------------|-------------|-------------|---|------------|----------------|----------------|--|-----------------|-------------|
| <a href="#">S221116-19-00</a> | 00062          | M4.0         | 10          | Mechanical  | This detail states that POC is by Plumbing Contractor. There is not Plumbing Contractor on this project. Please remove reference to plumbing contractor or provide plumbing drawings on project.                    | 11/18/2022 | David          | Castillo       | <a href="#">Plan_S221116-19-00.pdf</a>       | 20221109 A      | Plan Set 02 |
| <a href="#">S221116-19-00</a> | 00063          | M3.0         | 9           | Mechanical  | No response for comment 43 shown. Comment remains.  | 11/18/2022 | David          | Castillo       | <a href="#">Plan_S221116-19-00.pdf</a>       | 20221109 A      | Plan Set 02 |
| <a href="#">S221545-19-00</a> | 00005          | M4.01-2A     | 38          | Mechanical  | Please show all outdoor air intakes are located a minimum of 10' above ground level [407.2.1, 2019 CMC].  | 11/7/2022  | David          | Castillo       | <a href="#">Plan_S221545-19-00 Vol 2.pdf</a> | 20220913 A      | Plan Set 01 |
| <a href="#">S221545-19-00</a> | 00006          | M4.02-2A     | 39          | Mechanical  | Please show all outdoor air intakes are located a minimum of 10' above ground level [407.2.1, 2019 CMC].  | 11/7/2022  | David          | Castillo       | <a href="#">Plan_S221545-19-00 Vol 2.pdf</a> | 20220913 A      | Plan Set 01 |
| <a href="#">S221545-19-00</a> | 00007          | M9.01-2A     | 46          | Mechanical  | Please show an impervious liner is installed in all VAV boxes to isolate insulation material from conditioned air [602.6.1, 2019 CMC].  | 11/7/2022  | David          | Castillo       | <a href="#">Plan_S221545-19-00 Vol 2.pdf</a> | 20220913 A      | Plan Set 01 |
| <a href="#">S221545-19-00</a> | 00008          | M9.02-2A     | 47          | Mechanical  | Please show pipe connections less than 2.5" to cooling/heating coils have flexible connectors or 3 90 degree offsets in close proximity of the connection for thermal expansion and contraction [1210.2, 2019 CMC]. | 11/7/2022  | David          | Castillo       | <a href="#">Plan_S221545-19-00 Vol 2.pdf</a> | 20220913 A      | Plan Set 01 |

# Reports, Reports and More Reports

## Sheet Number Matrix Data



How many versions and what sheet number on what record

**Sheet Number Matrix for H201524-38-00**

| sheet Number | Latest Version                                 | Prior Version1                                 | Prior Version2                                 | Prior Version3                                 | Prior Version4                                 | Prior Version5                                 | Prior Version6                                 | Prior Version7                                 | Prior Version8                                 | Prior Version9                                 | Prior Version10                                | Prior Version11                                | Prior Version12                        |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A2.12        | H201524-38-00-ACD0068 (In Review - 2022-11-29) | H201524-38-00-ACD0064 (Approved on 2022-11-02) | H201524-38-00-ACD0063 (Approved on 2022-10-14) | H201524-38-00-ACD0047 (Approved on 2022-08-24) | H201524-38-00-ACD0043 (Approved on 2022-06-21) | H201524-38-00-ACD0040 (Approved on 2022-07-13) | H201524-38-00-ACD0036 (Approved on 2022-05-10) | H201524-38-00-ACD0022 (Approved on 2022-02-10) | H201524-38-00-ACD0019 (Approved on 2022-03-28) | H201524-38-00-ACD0008 (Approved on 2022-05-20) | H201524-38-00-ACD0003 (Approved on 2021-12-21) | H201524-38-00-ACD0002 (Approved on 2021-11-09) | H201524-38-00 (Approved on 2021-06-10) |
| A2.12        | H201524-38-00-ACD0068 (In Review - 2022-11-29) | H201524-38-00-ACD0064 (Approved on 2022-11-02) | H201524-38-00-ACD0063 (Approved on 2022-10-14) | H201524-38-00-ACD0047 (Approved on 2022-08-24) | H201524-38-00-ACD0043 (Approved on 2022-06-21) | H201524-38-00-ACD0040 (Approved on 2022-07-13) | H201524-38-00-ACD0036 (Approved on 2022-05-10) | H201524-38-00-ACD0022 (Approved on 2022-02-10) | H201524-38-00-ACD0019 (Approved on 2022-03-28) | H201524-38-00-ACD0008 (Approved on 2022-05-20) | H201524-38-00-ACD0003 (Approved on 2021-12-21) | H201524-38-00-ACD0002 (Approved on 2021-11-09) | H201524-38-00 (Approved on 2021-06-10) |
| A2.21        | H201524-38-00-ACD0054 (In Review - 2022-08-29) | H201524-38-00-ACD0050 (Approved on 2022-08-31) | H201524-38-00 (Approved on 2021-06-10)         |  |  |  |  |  |  |  |  |  |  |
| A2.21        | H201524-38-00-ACD0054 (In Review - 2022-08-29) | H201524-38-00-ACD0050 (Approved on 2022-08-31) | H201524-38-00 (Approved on 2021-06-10)         |  |  |  |  |  |  |  |  |  |  |
| A2.22        | H201524-38-00-ACD0064 (Approved on 2022-11-02) | H201524-38-00-ACD0054 (In Review - 2022-08-29) | H201524-38-00-ACD0050 (Approved on 2022-08-31) | H201524-38-00-ACD0039 (Approved on 2022-05-24) | H201524-38-00 (Approved on 2021-06-10)         |  |  |  |  |  |  |  |  |

# Reports, Reports and More Reports

## Incremental Master Comments Report



eServices Portal

Announcements Logged in as: Robert Fisher

Home **Projects** Enforcement Preapproval Small Rural

Create an Application Search Projects

Project I210013-34-00:  
Incremental - New Building - Master  
Record Status: Active

Record Info ▼ Payments ▼ Attachments

Reports (5):  
AMC and PAD  
Invoice Aging Report  
**Master Project Comments and Responses**  
Project Application Summary  
eCA Payment Receipt

Every Plan Review  
Comment for Project



## All Active Plan Reviews

[illegible]

- **Plan Review Staff Effectiveness**
- **Field Staff have the information they need**
- **Clients and Staff have talented helpdesk**



**Everyone has the tools they need to be successful**







# HBSB eServices Update for 2022

## **15. Inspection Services Unit Update**

Facilitator: Joe LaBrie, OSHPD Inspection Services Unit Supervisor  
(or designee)

- Inspection Services Unit to provide an update on accomplishments year-to-date
- Discussion and public input



# **HOSPITAL BUILDING SAFETY BOARD** **Full Board Meeting**

December 7, 2022

Inspection Services Unit (ISU)



Inspection Services Unit



# “Elephant in the Zoom”



# Inspection Services Unit (ISU)



**LaBrie, Joe@OSHDPD**  
Regional Compliance Officer



**Ponce, Cesar@HCAI**  
Compliance Officer, Health Facilities



**Colosi, Monica@HCAI**  
Compliance Officer, Health Facilities



**Rucobo, Suzy@HCAI**  
Associate Governmental Program Manager



**Lachica, Michelle@HCAI**  
Associate Governmental Program Manager



**Tran, Hoa@HCAI**  
Compliance Officer, Health Facilities



**Kringle, Kris**  
Santa Clause



**Pan, James@HCAI**  
District Structural Engineer



**Lyons, Bob@HCAI**  
District Structural Engineer



**Davis, Chris@HCAI**  
District Structural Engineer



**Yee-Oyoung, Janice@HCAI**  
Compliance Officer, Health Facilities



**Rodgers, Patrick@HCAI**  
Senior Structural Engineer



# ISU Activities

- Temporary Support of Field Compliance Units (South, North, Central, Coastal)
- SNF Site Assignments for ISU COs for Field Compliance Units North
- IOR Monitoring and Enhanced Training
- Webinars
- Ten Minute Field Brief Advice (FBA10) (Suspended)
- ISU Field Tip of the Day
- Field Operations Manual Update
- TIO & eTIO
- ISU Preconstruction and Construction Advisory Seminars
- IOR / CHI Academy (Suspended)
- Field Staff Onboarding Curriculum
- Monthly Compliance Officer Training
- IOR Certification and Recertification





# IOR Recertification 2022

## 2022 INSPECTOR OF RECORD RECERTIFICATION

| 240 participants | LOS ANGELES - 134 | SACRAMENTO - 106 |
|------------------|-------------------|------------------|
| Passed           | 133               | 105              |
| Retests          | 4                 | 3                |
| Failed           | 1 (Class C)       | 1 (Class C)      |
| Delinquent       | 36                | 30               |
| Closed Inactive  | 31                | 23               |



# IOR Exams 2022

| HICE EXAMS 2022 |             |         |         |            |         |         |           |         |         |
|-----------------|-------------|---------|---------|------------|---------|---------|-----------|---------|---------|
|                 | LOS ANGELES |         |         | SACRAMENTO |         |         | STATEWIDE |         |         |
|                 | Class A     | Class B | Class C | Class A    | Class B | Class C | Class A   | Class B | Class C |
| Passed          | 32          | 7       | 3       | 16         | 8       | 1       | 48        | 15      | 4       |
| Failed          | 16          | 2       | 0       | 8          | 4       | 0       | 24        | 6       | 0       |
| Section Retest  | 8           | 4       | 0       | 3          | 3       | 0       | 11        | 7       | 0       |
| Pass Rate       | 67%         | 78%     | 100%    | 67%        | 67%     | 100%    | 67%       | 71%     | 100%    |
| Total           | 48          | 9       | 3       | 24         | 12      | 1       | 72        | 21      | 4       |



# IOR Certification and Recertification

- What is the current pass rate for the HICE Exam? 67% (notable increase)
- What is the current number of IORs in the HCAI System?
  - NCal: 297
  - Scal: 456
  - Total: 753
- What is the reduction in IOR resources in 2022? 26 (3%)

Total Certified Inspectors in 2015 = 914  
(Current trend shows 15% lower than 2015)

## CONCLUSION:

1. More Certified Inspectors are needed in the industry
2. A significant number of IORs do not have active projects.



# IOR Recertification 2023

## SPRING

| RECERTIFICATION   |                          |              |
|-------------------|--------------------------|--------------|
| SACRAMENTO        |                          | LOS ANGELES  |
| March 8 (WED)     |                          | March 14-16  |
| Conference Center | Final Filing Date: Feb 1 | Conf Rm 2000 |

## FALL

|                   |                          |              |
|-------------------|--------------------------|--------------|
| SACRAMENTO        |                          | LOS ANGELES  |
| August 30 (WED)   |                          | Sept 12-14   |
| Conference Center | Final Filing Date: Aug 1 | Conf Rm 2000 |



# IOR Exams 2023

**SPRING**

| HOSPITAL INSPECTOR CERTIFICATION |                          |                    |
|----------------------------------|--------------------------|--------------------|
| <b>SACRAMENTO</b>                |                          | <b>LOS ANGELES</b> |
| April 25-27                      |                          | April 11-13        |
| ISD Training Lab 901             | Final Filing Date: Feb 1 | Conf Rm 2000       |

**FALL**

|                      |                          |                    |
|----------------------|--------------------------|--------------------|
| <b>SACRAMENTO</b>    |                          | <b>LOS ANGELES</b> |
| October 17-19        |                          | October 24-26      |
| ISD Training Lab 901 | Final Filing Date: Aug 1 | Conf Rm 2000       |



# Most Important Improvements Needed in 2023

## HARD COLD FACT FORMAT

ISU Identifies

10... M...ads

9... R...at includes good construction detail

8... B...ents required during construction

7... M...ommunication and coordination

6... U...ograms during construction

5... V...ce Program

4... M...project team performance

3... C...ent during construction

2... I...

1... B...



During Construction:

## FESTIVE FORMAT

ISU's Christmas

10... M...des good construction detail

9... F...quired during construction

8... B...ommunication and coordination

7... M...during construction

6... U...gram

5... V...t team performance

4... M...ing construction

3... C...

2... I...

1... B...





# ISU's Christmas Wish List for 2023

- 10... More reasonable IOR workloads
- 9... Regular IOR Daily Reports that includes good construction detail
- 8... Better maintenance of documents required during construction
- 7... More thorough project team communication and coordination
- 6... Use of GC Quality Control Programs during construction
- 5... Well-planned Quality Assurance Program
- 4... Mobilization of inactive IORs
- 3... Owner established culture for project team performance
- 2... Increased Designer engagement during construction
- 1... Better TIO Management



# Q&A



# ISU Identified Top 10 Challenges During Construction:

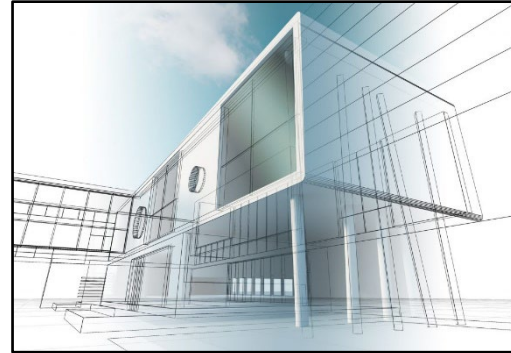
- 10... More reasonable IOR workloads
- 9... Regular IOR Daily Reports that includes good construction detail
- 8... Better maintenance of documents required during construction
- 7... More thorough project team communication and coordination
- 6... Use of GC Quality Control Programs during construction
- 5... Well-planned Quality Assurance Program
- 4... Mobilization of inactive IORs
- 3... Owner established culture for project team performance
- 2... Increased Designer engagement during construction
- 1... Better TIO Management



## **16. Building Standards Unit Update**

Facilitator: Richard Tannahill, OSHPD Deputy Division Chief (or designee)

- Building Standards Unit to provide an update on accomplishments year-to-date
- Discussion and public input



# Building Standards Unit Update December 7&8, 2022

# *Building Standards Code Update*



# 2022 Estimated CBSC Timeline



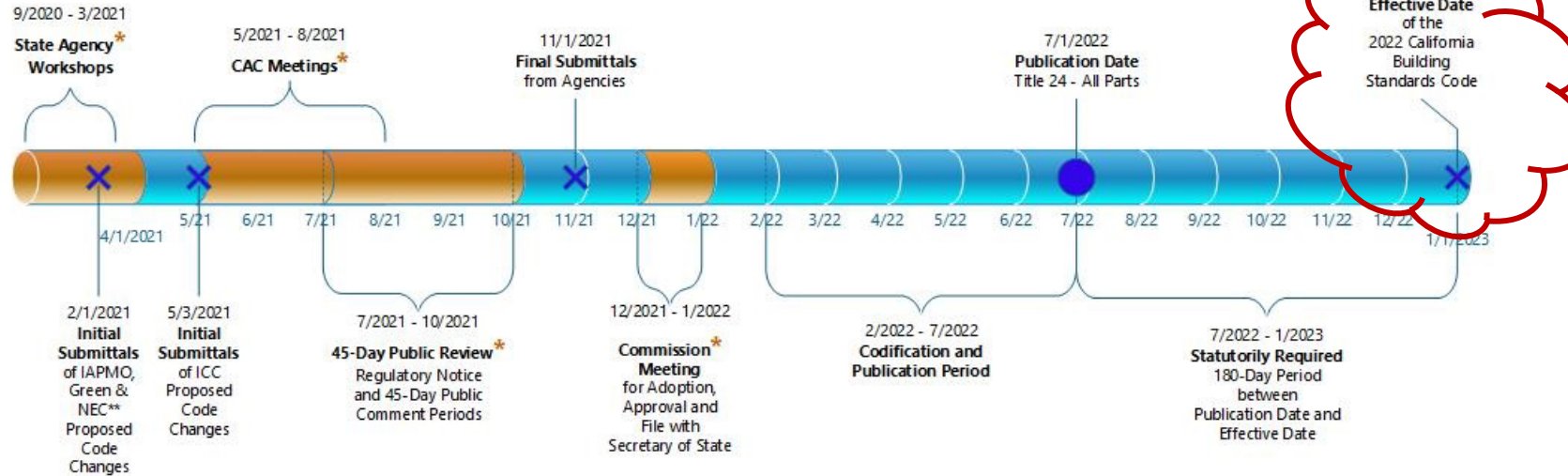
California Building Standards Commission

2022 California Building Standards Code, Title 24

Effective January 1, 2023

## 2021 Triennial Code Adoption Cycle

- Published July 2022
- Enforcement: January 1, 2023



### 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

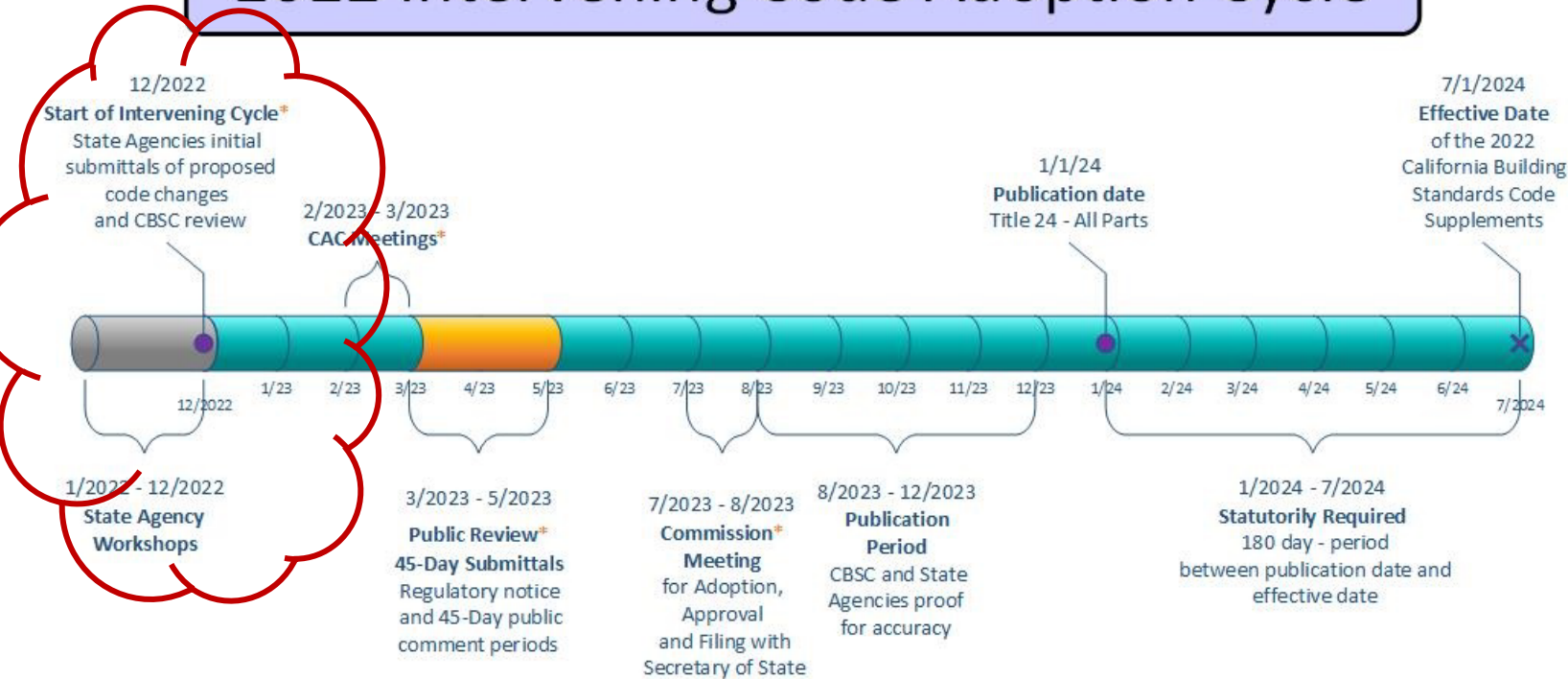
# 2022 CBSC Intervening Timeline



California Building Standards Commission

Amendments to the 2022 California Building Standards Code,  
Title 24 Supplement July 1, 2024 Effective Date

## 2022 Intervening Code Adoption Cycle



- Initial Express Term due to Building Standards Commission December 1, 2022
- Publish Date: January 2024
- Enforcement Date: July 1, 2024

### Code Advisory Committees:

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

# *INTERAGENCY COORDINATION*

# HCAI / CDPH Coordination

- **Title 22 Rewrite ongoing (assisting)**
- **Water Rationing Plans**
- **Methods of Procedures Guidance**
- **Processes for survey discovery of unauthorized projects**
- **Functional Program Rewrite**
  - CDPH Review Process revised
  - Timeframes for approving Functional Programs and AMCs ongoing
- **Dietary Functional Program/Guide – complete**
- **COVID Reset coordination and other emergency/disaster operations**
  - Pushed out to February 2023 to align with Governor's Emergency Declaration
- **RSV coordination for Children's Hospitals**

# HCAI / CAC Coordination

## Clinic Advisory Committee

- **Quarterly Meetings ongoing**
  - **Looking at specific concerns of the clinic community**
- **Clinic Plan Review Checklist has been updated**
- **Outpatient Surgery Checklist added**
- **OSHPD 3 Clinic Webinars completed**
- **Clinic standards as compared to outpatient services of a hospital being reviewed**

# HCAI / CAHF Coordination

## California Association of Health Facilities

- Reinitiated quarterly meetings
- Working with HCAI webinars planned
- Outreach



# HCAI / AIA Coordination

## HCAI Share with AIA

- **AIA Central Valley Chapter**
- **AIA Pasaadena Chapter**
- **AIA Orange County Chapter**

# *OUTREACH*

# 2022 OSHPD Webinars

## ➤ Complete

- Can 2-11B Accessibility in Healthcare – January 6, 2022
- 2019 Intervening Code – Session 1 – January 12, 2021
- Electrical Coordination Studies – March 23, 2022
- CAN 1-7-153 Amended Construction Documents – April 20, 2022
- Fire Resistive Assemblies Part 1 – May 5, 2022
- Fire Resistive Assemblies Part 2 – June 9, 2022
- 2022 Building Code Revision – Part 1 – completed October 5, 2022
- 2022 Building Code Revision – Part 2 – completed October 26, 2022
- 2022 Building Code Revision - Part 3 – completed December 1, 2022

## ➤ Upcoming

- Working with OSHPD – TBD
- PIN 72 Emergency Work Authorization – January 5, 2023
- Integrated Review (PIN 50) – early 2023
- PIN 74 SNF Alternate Source of Power scheduled for December 2022 and January 2023
- Emergency Design Guide – TBD
- Construction Project Responsibilities - TBD

# CANs/PINs/Guides

- PIN 72 Emergency Work Authorization
- PIN 73 Treatment and Class 1 Imaging Rooms
- PIN 74 SNF Alternate Source of Power

## Expedited Building Permits

- Bedside Dialysis – SNFs
- Emergency Generator - umbilicals – SNFs x2
- Generator Replacement – SNFs
- Reroofing Guide - SNFs

## Guides

- Electrical Coordination
- Psychiatric Facilities
- SNF Alternate Source of Power
- Medications Dispensing Units
- Bedpan Washers



# Plan Review & Recruitment

## Plan Review Support:

- ✓ Quality Assurance
- ✓ CPR/AMC Assistance
- ✓ *Architectural, Mechanical and Electrical Technical Lead Support for all Regions*
- ✓ *Staff Training*
- ✓ *Public Outreach and Support*



## BSU Recruitment:

- ☐ Supervisor x1
- ☐ Senior Architects x2

*PIN 74*

*SNF Alternate Source  
Of Power*



# PIN 74

Skilled Nursing Facility (SNF) alternate source of power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices.



**Facilities Development Division**  
Department of Health Care Access and Information  
2020 W. El Camino Ave, Suite 800 • Sacramento, CA 95833 • (916) 440-8300  
355 S. Grand Ave, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166

## POLICY INTENT NOTICE (PIN)

### SUBJECT

Skilled Nursing Facility (SNF) alternate source of power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices.

**PIN:** 74

**Effective:** XX/XX/XXXX



### PURPOSE

The purpose of this Policy Intent Notice (PIN) is to provide a policy for the implementation of alternate sources of power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices for Skilled Nursing Facility (SNF) buildings as mandated by Assembly Bill 2511 (Chapter 788, Statutes of 2022).

### BACKGROUND

SNFs have previously been required to provide 6 hours of on-site fuel storage for emergency power system sources such as emergency generators. AB 2511 requires that SNFs have an alternative source of power to protect resident health and safety for no fewer than 96 hours for power outages that may result from a public safety power shutoff, an emergency, a natural disaster, or other cause. An alternative source of power is defined as a source of electricity that is not received through an electric utility, but is generated or stored onsite, which may include, but is not limited to emergency generators using fuel, large capacity batteries, and renewable electrical generation facilities. The Centers for Medicare & Medicaid Services (CMS) may have additional certification requirements that will still need to be met by a SNF. These requirements are enforceable by the California Department of Public Health (CDPH) by January 1, 2024.

# PURPOSE

The purpose of this Policy Intent Notice (PIN) is to provide a policy for the implementation of alternate sources of power to maintain safe temperatures, maintain availability of life-saving equipment, and maintain oxygen-generating devices for Skilled Nursing Facility (SNF) buildings as mandated by Assembly Bill 2511 (Chapter 788, Statutes of 2022).

# BACKGROUND

SNFs have previously been required to provide 6 hours of on-site fuel storage for emergency power system sources such as emergency generators and have not been required to provide emergency power for cooling systems. AB 2511 requires that SNFs have an alternative source of power to protect resident health and safety for no fewer than 96 hours for power outages that may result from a public safety power shutoff, an emergency, a natural disaster, or other cause. An alternative source of power is defined as a source of electricity that is not received through an electric utility, but is generated or stored onsite, which may include, but is not limited to emergency generators using fuel, large capacity batteries, and renewable electrical generation facilities. The Centers for Medicare & Medicaid Services (CMS) may have additional certification requirements that will still need to be met by a SNF. These requirements are enforceable by the California Department of Public Health (CDPH) by January 1, 2024.

## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** Section 1418.22 is added to the Health and Safety Code, to read:

**1418.22.** (a) The Legislature finds and declares that it is the public policy of this state to ensure the health and safety of highly vulnerable persons residing in skilled nursing facilities during power outages that may result from a public safety power shutoff, an emergency, a natural disaster, or other cause.

(b) (1) A skilled nursing facility shall have an alternative source of power to protect resident health and safety for no fewer than 96 hours during any type of power outage.

(2) For purposes of this section, “alternative source of power” means a source of electricity that is not received through an electric utility, but is generated or stored onsite, which may include but is not limited to emergency generators using fuel, large capacity batteries, and renewable electrical generation facilities.

(c) For purposes of this section, “resident health and safety” includes, but is not limited to, maintaining a safe temperature for residents, maintaining availability of life-saving equipment, and maintaining availability of oxygen-generating devices.

(d) Facilities that use a generator as their alternative source of power shall maintain sufficient fuel onsite to maintain generator operation for no less than 96 hours or make arrangements for fuel delivery for an emergency event. If fuel is to be delivered during an emergency event, the facility shall ensure that fuel will be available with no delays.

(e) Facilities that use batteries or a combination of batteries in tandem with a renewable electrical generation facility as their alternative source of power, shall have sufficient storage or generation capacity to maintain operation for no fewer than 96 hours. Facilities shall also make arrangements for delivery of a generator and fuel in the event power is not restored within 96 hours and the generation capacity of the renewable electrical generation facility is unable provide sufficient power to comply with state requirements for long-term care facilities.

(f) A facility shall comply with the requirements of this section by January 1, 2024.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

# POLICY

This PIN implements the requirements specified in HSC §1418.22. The Department of Health Care Access and Information (HCAI) will provide a technical basis from which a SNF can create a plan for identifying existing conditions that are already in compliance with the statute or to develop a construction project to achieve a compliant condition as required for acceptance by CDPH. The methods outlined and details described in this PIN indicate acceptable methods and details for achieving compliance with the law. These may be approved by HCAI in either the office or the field. Other methods proposed by the design professional of record to solve a particular problem shall be reviewed by HCAI and, if approved, may also be an acceptable solution.



# DEFINITIONS/REQUIREMENTS

## **Safe Temperature for Residents**

“Comfortable temperature” under normal operating conditions: Title 22, California Code of Regulations, Section 72657, Mechanical Systems, requires that "heating, air conditioning and ventilation systems shall be maintained in normal operating conditions to provide a comfortable temperature and shall meet the requirements of Section T17-105, Title 24, California Administrative Code.”

Title 24, California Code of Regulations, California Mechanical Code, Chapter 4, VENTILATION AIR, Table 4-A lists temperature range requirements for locations in the building based on use and function. Patient areas are required to have mechanical systems designed to maintain temperatures between 70°-75°F.

“Safe temperature” under emergency conditions: Federal Code of Regulations, Title 42, §483.73(b)(1)(ii)(A), CMS emergency preparedness requirements, states, "alternate sources of energy to maintain - Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions." Title 42, §483.10(i)(6) requires "comfortable and safe temperature levels. Facilities initially certified after October 1, 1990, must maintain a temperature range of 71 to 81 °F." Furthermore, CMS requires facilities to establish procedures that determine how heating and cooling of their facility will be maintained during an emergency, including when there is a loss of the primary power source. It is noted that facilities are not required to heat and cool the entire building evenly but must ensure safe temperatures are maintained in areas deemed necessary to protect patients, other persons and for stored provisions. (This is to be determined by the facility risk assessment.)

# DEFINITIONS/REQUIREMENTS

## **Life-saving Equipment**

Life-saving equipment, where provided, shall have power provisions for a period of 96 hours from an alternate source of power. Life-saving equipment may include but shall not be limited to ventilators, AEDs, crash carts with defibrillators, intravenous therapy equipment, feeding pumps, IV pumps, nebulizer machines, suction equipment, power beds/pressure mattresses, and medication dispensing machines.

## **Oxygen-generating Devices**

Oxygen-generating devices, where provided, shall have power provisions for a period of 96 hours from an alternate source of power. Oxygen-generating devices may include but shall not be limited to concentrators and positive pressure apparatus as identified in Title 22, California Code of Regulations, Section 51511.

# ANALYSIS

## Power Source

Any new or existing onsite essential and alternate power source shall conform to one or more of the following requirements as applicable:

- 1) Title 24, California Electrical Code, Part 3, ARTICLE 517.29 through 517.30 for SNF Subacute units
- 2) Title 24, California Electrical Code, Part 3, ARTICLE 517.40 and 517.41 Essential Electrical Systems for Nursing Homes and Limited Care Facilities
- 3) Title 24, California Electrical Code, Part 3, ARTICLE 701 for legally required standby systems
- 4) Title 24, California Electrical Code, Part 3, ARTICLE 705, Interconnected Electric Power Production Sources

# ANALYSIS

## **Power Source** (continued)

### **Application Code Sections and Approvals**

The following requirements are applicable:

- 1) Special seismic certification of equipment, Title 24, California Building Code, Part 2, Volume 2, Section 1705.13.3  
and
- 2) 96 hours of on-site fuel storage (or an approved Emergency Preparedness plan).

### **Acceptable Outage Durations**

- 1) Life-Saving Equipment and Oxygen Generating equipment will be required to be restored to back up power within 10 seconds of failure of normal power source.
- 2) Cooling and heating equipment will be restored to power within sufficient time to maintain temperature between 70-81 degrees Fahrenheit.

# ANALYSIS

## **96 Hours of On-Site Fuel Storage**

Where generators are used as an alternative source of power, sufficient fuel onsite shall be maintained to sustain generator operation for no less than 96 hours or contract arrangements shall be made for fuel delivery for an emergency event. If fuel is to be delivered during an emergency event, the facility shall ensure that fuel will be available with no delays. On-site fuel storage shall not be less than 6 hours capacity in a minimum of one tank. For instances where 96 hours of on-site fuel is not provided, CDPH must approve any alternate arrangements that have been made for the delivery of fuel to meet this requirement.

# ANALYSIS

## **Alternative Source of Power**

Facilities that use batteries or a combination of batteries in tandem with a renewable electrical generation facility as their alternative source of power shall have sufficient storage or generation capacity to maintain operation for no fewer than 96 hours. Facilities shall also make arrangements for delivery of a generator and fuel in the event power is not restored within 96 hours and the generation capacity of the renewable electrical generation facility is unable to provide sufficient power to comply with state requirements for long-term care facilities. For all options a minimum of 6 hours of on-site fuel is required.



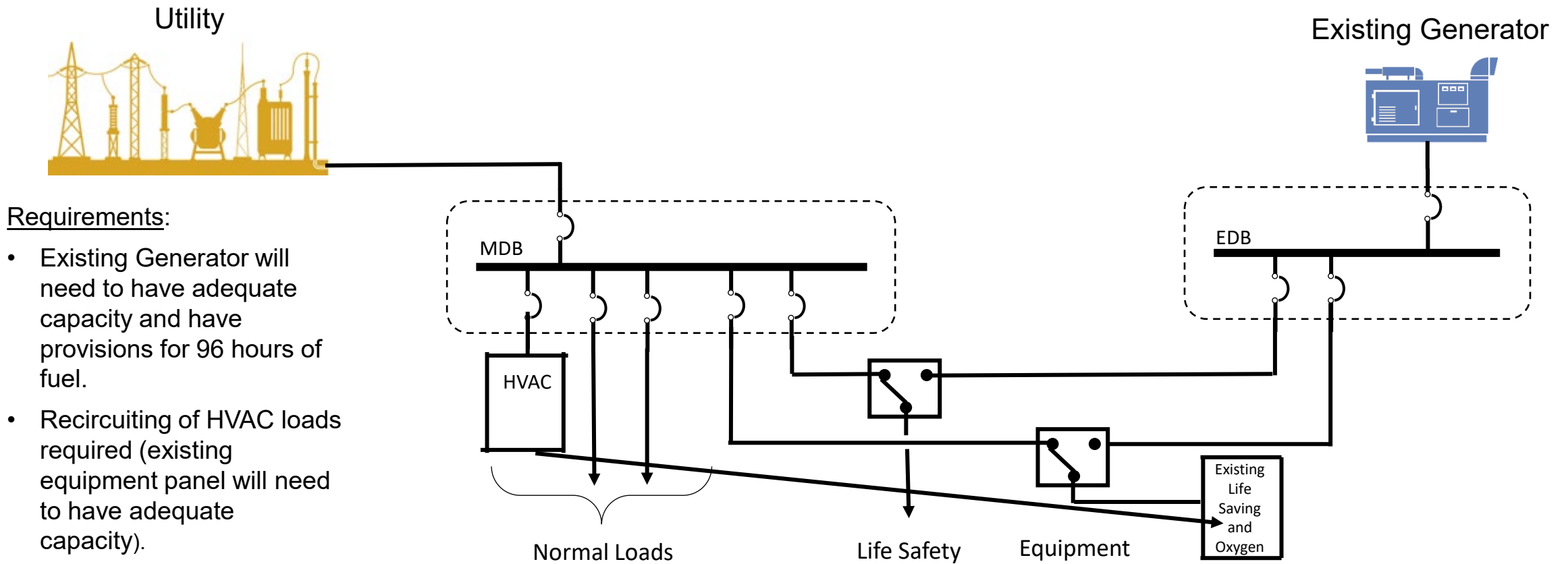
# ANALYSIS

The following three scenarios provide compliance options for existing SNFs to meet HSC §1418.22:

- 1) Add New Loads to Existing or Replacement Emergency Generator: Where an existing or replacement emergency generator meets Title 24, California Electrical Code, Part 3, ARTICLE 517 (Health Care Facilities) requirements and has adequate capacity to support the loads required to maintain 96 hours of operation, the existing system could be considered compliant if confirmed or modified to meet HSC §1418.22 for safe temperatures, life-saving equipment, and oxygen-generating devices as identified above. A replacement emergency generator and distribution equipment including any new panels feeding the required loads would need to be seismically certified. The emergency generator(s) will need to have provisions for 96 hours of fuel.

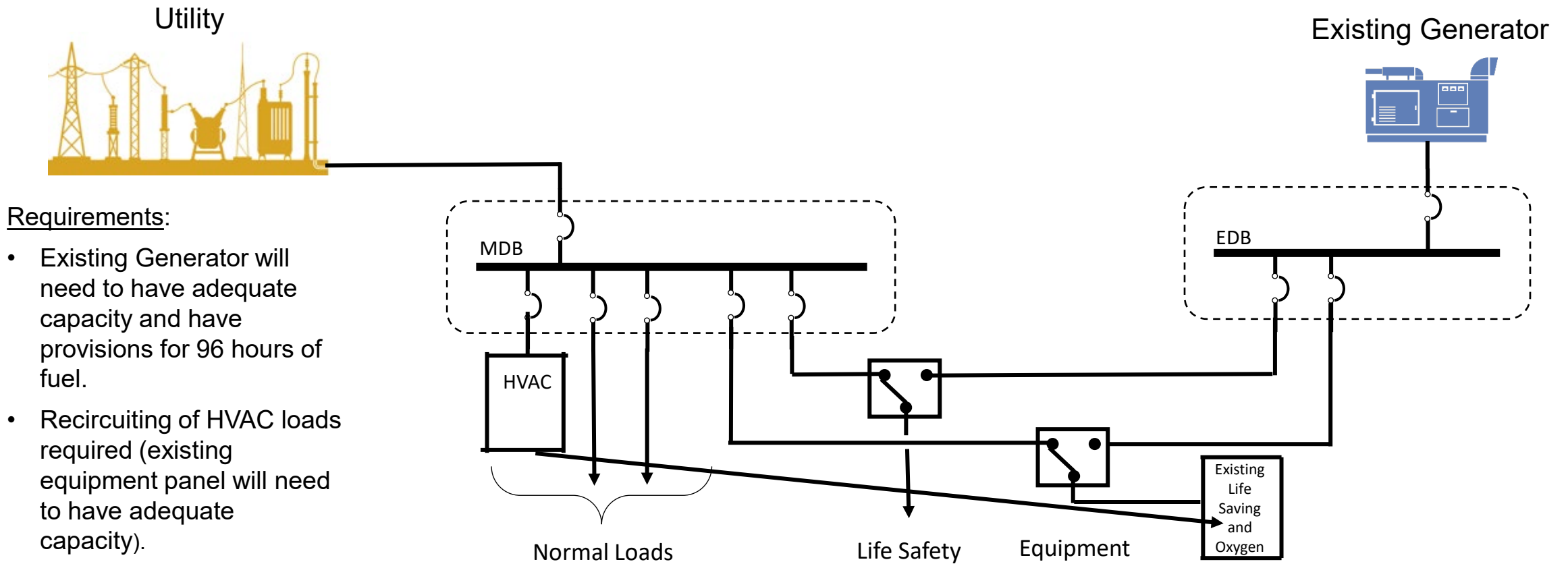
# 1) Standard SNF–Existing Generator

Existing SNF: No life-saving equipment or oxygen-generating systems.



# 1A) Subacute SNF–Existing Generator

Existing SNF: Life-saving equipment and/or oxygen-generating systems.

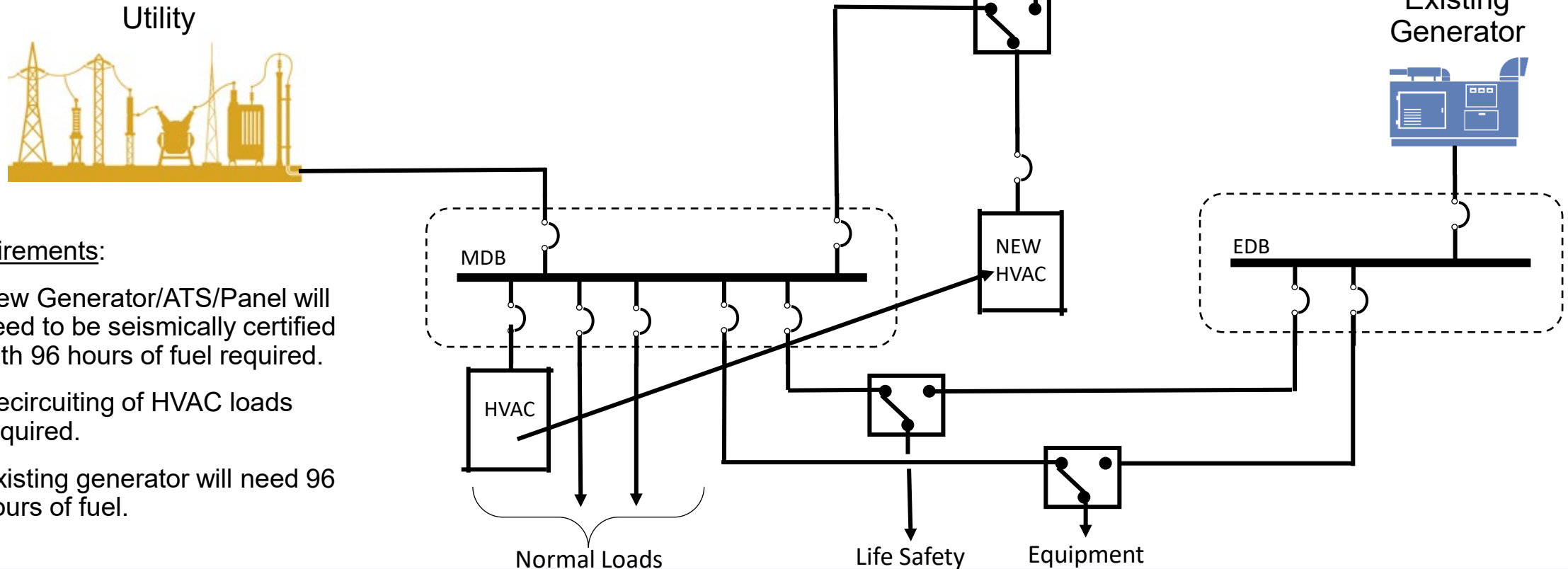


# ANALYSIS

- 2) New or Additional Generator: A new alternate generator and associated equipment could be introduced into the system to feed new or additional loads necessary to meet HSC §1418.22 requirements. The new generator and equipment shall meet Title 24, California Electrical Code, Part 3, ARTICLE 701 (Legally Required Standby Systems) requirements, have special seismic certification, and fulfill the 96-hour on-site fuel requirements. The new standby system would need to feed the cooling equipment, life-saving equipment, and oxygen-generating devices as identified above. In this scenario, the existing distribution system would need to be modified to transfer all loads from existing equipment to new equipment. If some loads identified in HSC §1418.22 are to remain on existing facility emergency system, the existing emergency generator would need to have 96 hours of fuel provisions.

## 2) Standard SNF–New Generator

Existing SNF: No life-saving equipment or oxygen-generating systems. New Generator



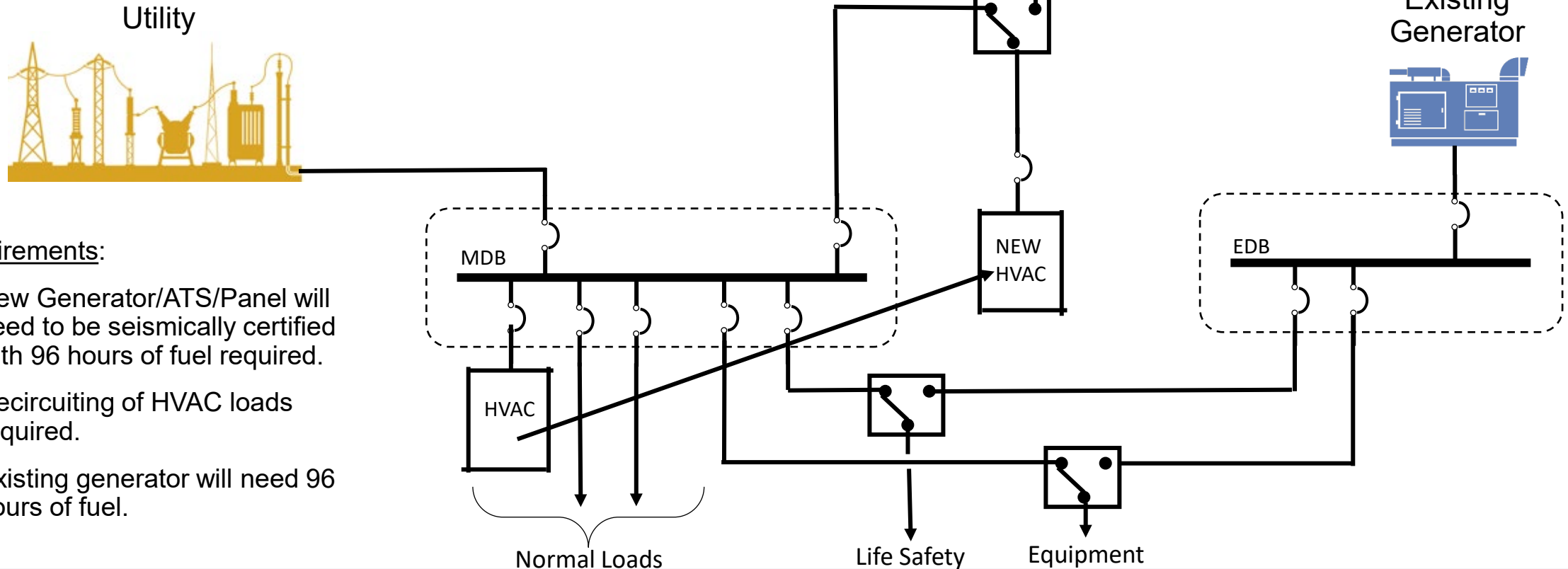
### Requirements:

- New Generator/ATS/Panel will need to be seismically certified with 96 hours of fuel required.
- Recircuiting of HVAC loads required.
- Existing generator will need 96 hours of fuel.

# 2A) Subacute SNF–New Generator

## Existing SNF:

- Life-saving equipment or oxygen-generating systems.
- Seismically certified electrical system.



## Requirements:

- New Generator/ATS/Panel will need to be seismically certified with 96 hours of fuel required.
- Recircuiting of HVAC loads required.
- Existing generator will need 96 hours of fuel.



# ANALYSIS

- 3) New Healthcare Microgrid: A new healthcare microgrid could be introduced to the system with any combination of generator(s), turbine(s), fuel cell(s), photovoltaics, battery storage system, or other on-site Distributed Energy Resources (DER's) and be configured to parallel with a normal distribution board at the facility. The new system components shall meet requirements of Title 24, California Electrical Code, Part 3, ARTICLE 705 (Interconnected Electric Power Production Sources), have special seismic certification and fulfill the 96-hour fuel requirement. For this scenario, all new equipment including energy producers will need to be seismically certified. This approach would utilize the existing normal distribution system backed up by the alternate power source (microgrid) to feed all loads including the cooling equipment, life-saving equipment, and oxygen-generating devices. The existing Essential Electrical System (Title 24, California Electrical Code, Part 3, ARTICLE 517.42) will need to remain as is.

- Any Questions?
- Any Additional Thoughts or Discussion?



## **17. Structural Services Section Update**

Facilitator: Roy Lobo, OSHPD Principal Structural Engineer (or designee)

- Structural Services Section to provide an update on accomplishments year-to-date
- Discussion and public input

# Facilities Development Division

## California's Building Department for Hospitals

### STRUCTURAL SERVICES SECTION UPDATE

Roy Lobo, Ph.D., S.E., Principal Structural Engineer

Ali Sumer, Ph.D., S.E., Supervisor Seismic Compliance Unit



## HBSB Full Board Meeting

December 08, 2022

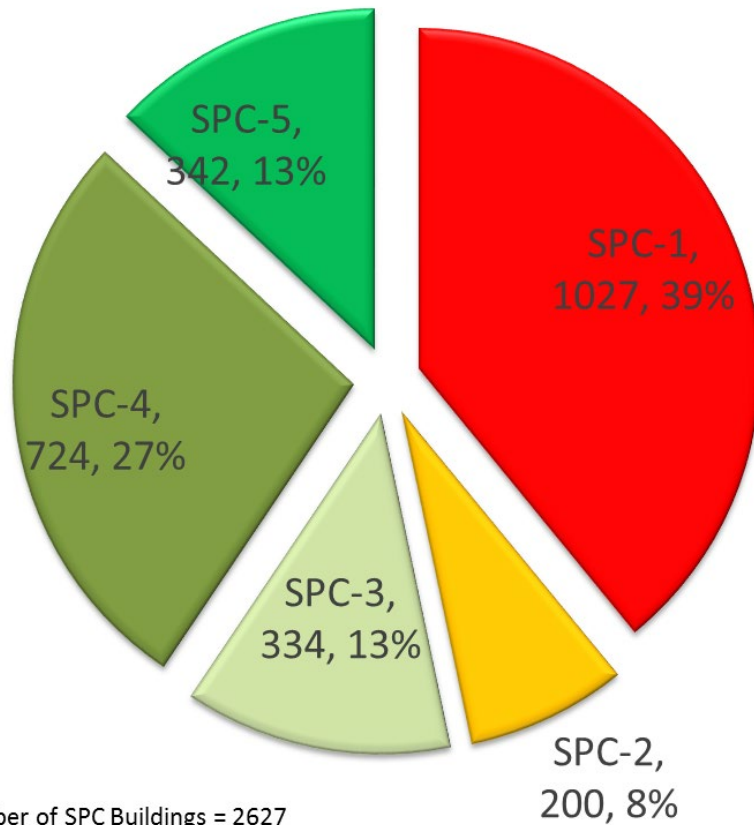
# Seismic Compliance Update

Ali Sumer, Ph.D., S.E.

# Structure Performance Categories

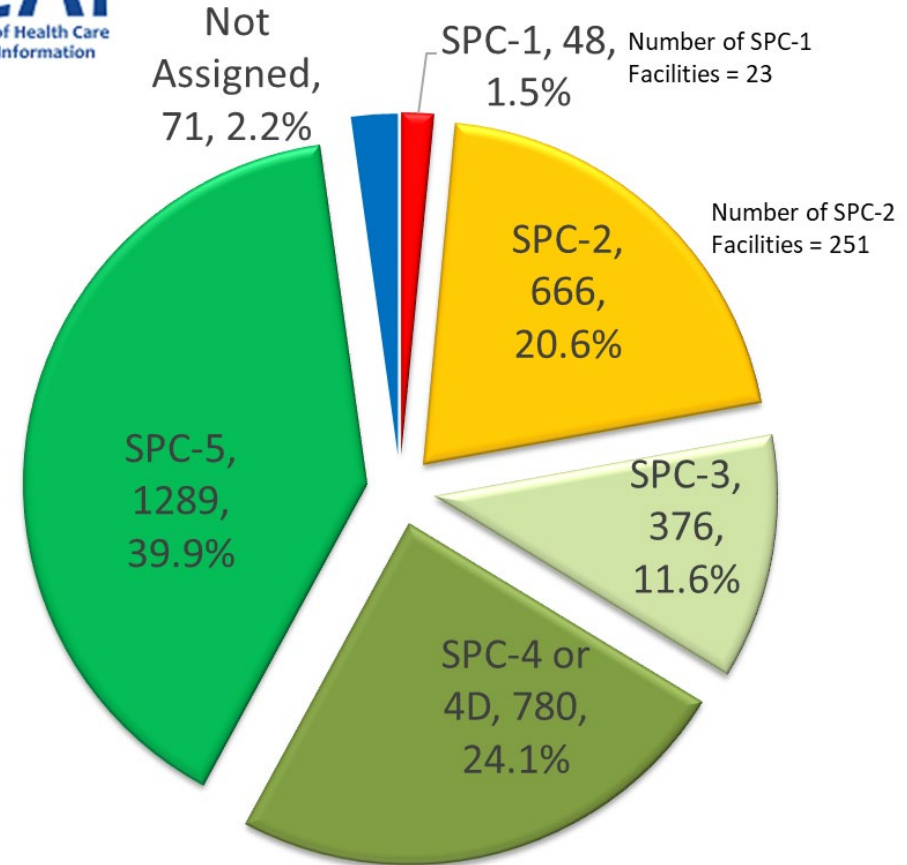
OSHDPD

2001\*



HCAi  
Department of Health Care  
Access and Information

12/1/2022\*\*



Total number of SPC Buildings = 3230 in 415 Facilities

\* Based on 2001 Hospital Survey Results based on hospital "self-report" and then "state-of-the-art" FEMA 178 standards from 1996

\*\* SPC-5 includes buildings currently under construction

For SPC - "Not Assigned" is for non-building structures such as equipment yards, cooling towers etc that are still under construction

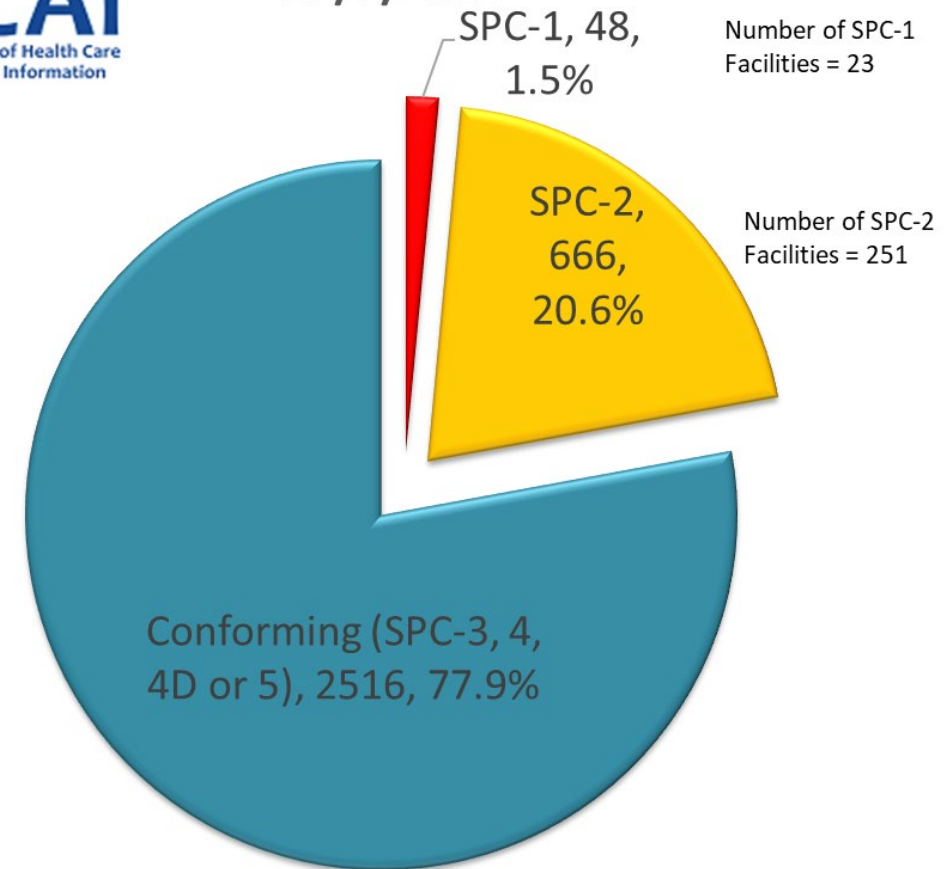
[OSHDPD's Website Visualization](#)



# Structure Performance Categories Today



12/1/2022\*\*



Total number of SPC Buildings = 3230 in 415 Facilities

# AB 2190 – SPC 1 Extension Program

- AB 2190 is a seismic compliance program unlike many of its predecessors. While deadlines have been the primary characteristic of all extension programs adopted from SB 1953 onward, AB 2190 includes enforcement mechanisms seldom available to HCAI.
- Fixed dates are set as milestones subject to fines for failure to meet. Milestones proposed by the facility and accepted and enforced by HCAI include plan approval, permit issuance, construction commencement and completion, along with a minimum of two construction milestones.

# AB 2190 Extension Categories

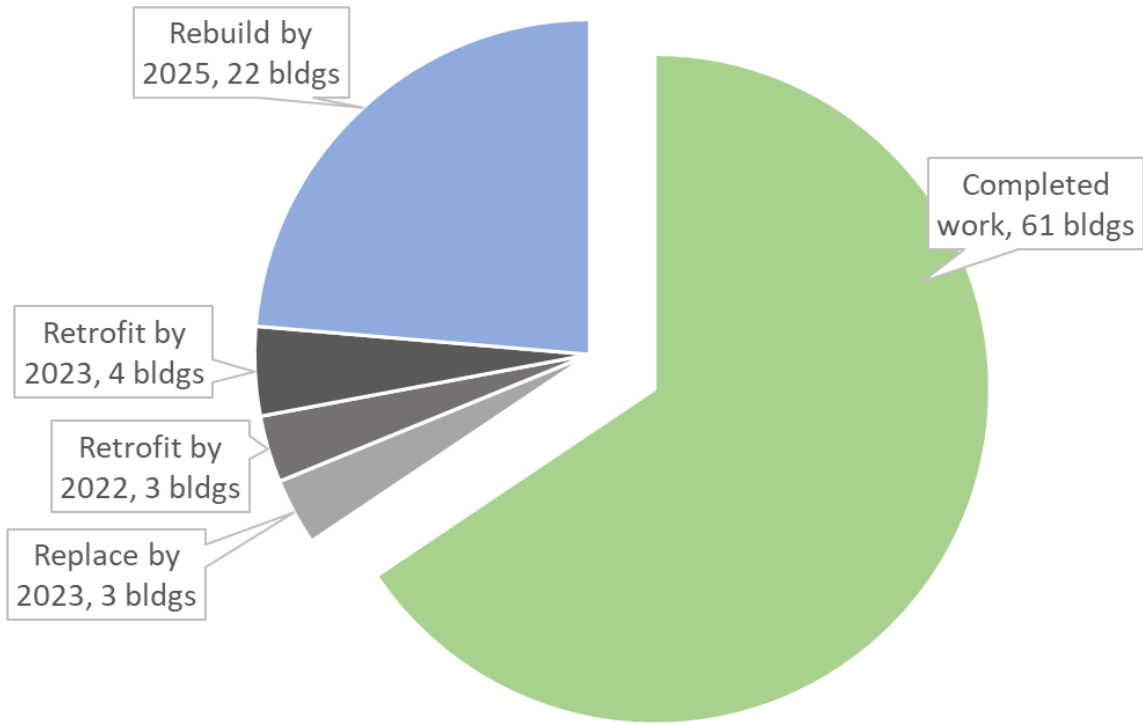
|                             |                                       |
|-----------------------------|---------------------------------------|
| <del>AB 2190 Retrofit</del> | <del>Completion by July 1, 2022</del> |
| <del>AB 2190 Replace</del>  | <del>Completion by July 1, 2022</del> |
| AB 2190 Rebuild:            | Completion by January 1, 2025         |

## Facility Specific Extensions:

|                                     |                               |
|-------------------------------------|-------------------------------|
| AB 1527 Seton                       | Completion by July 1, 2023    |
| SB 564 Santa Clara Valley/ O'Connor | Completion by July 1, 2023    |
| AB 2404 Pacifica                    | Completion by January 1, 2025 |

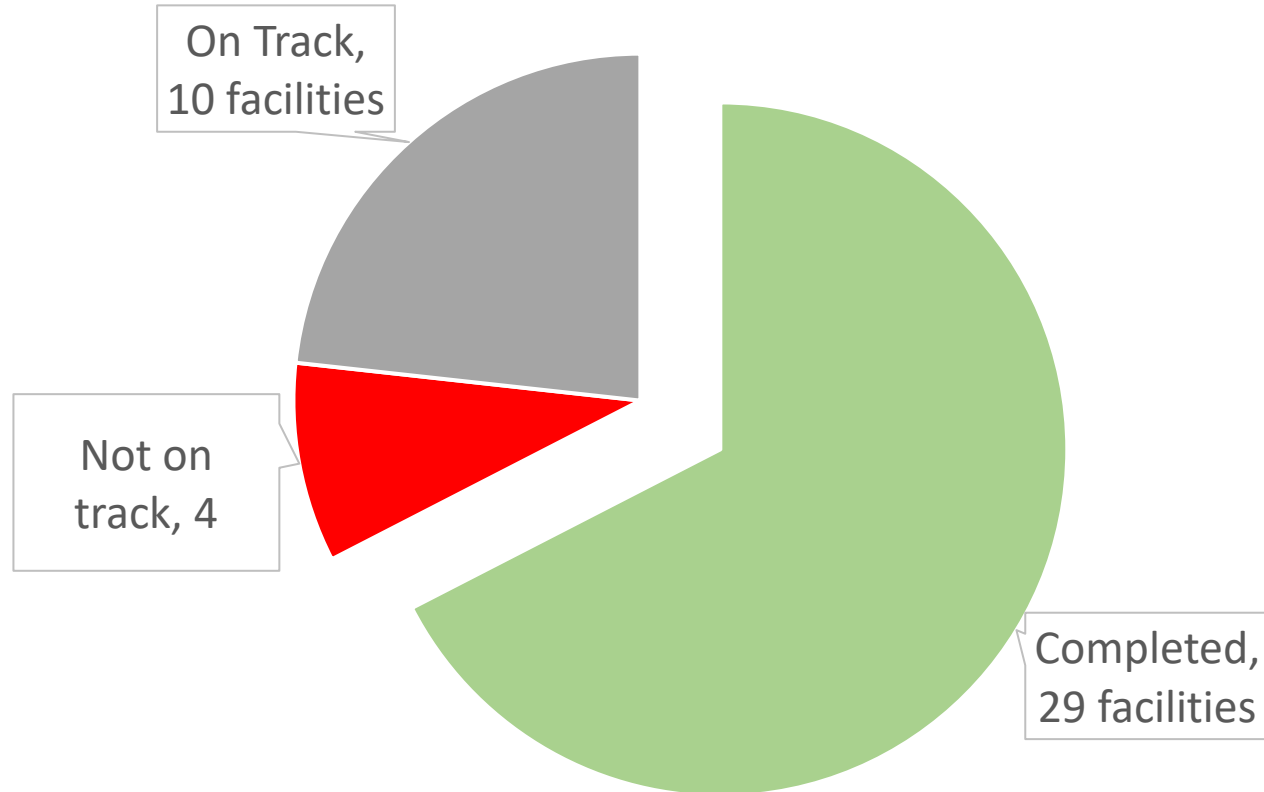
# AB 2190 Status

AB2190 Status, **By Building**  
12/01/2022

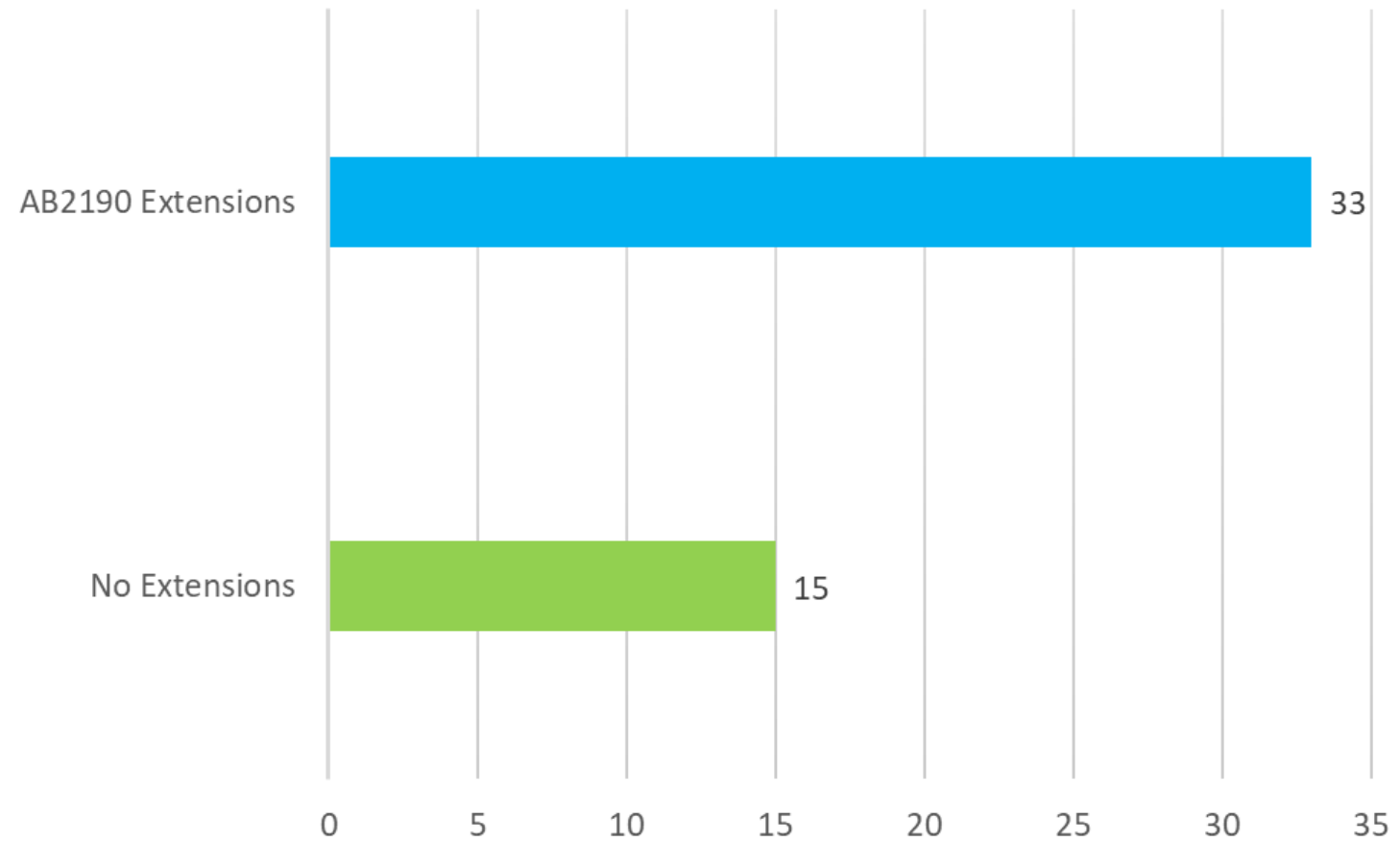


Total: 93 Buildings

AB2190 Status, **By Facility**  
12/01/2022



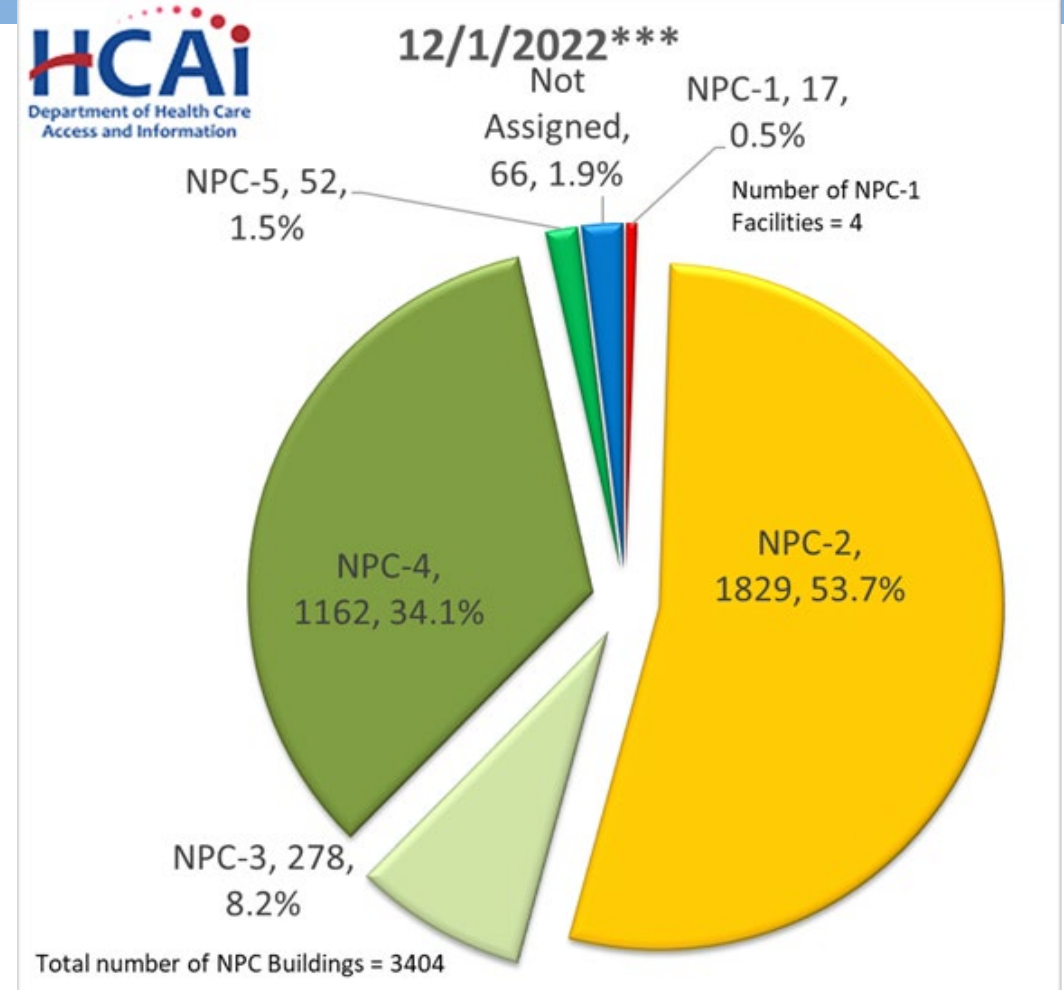
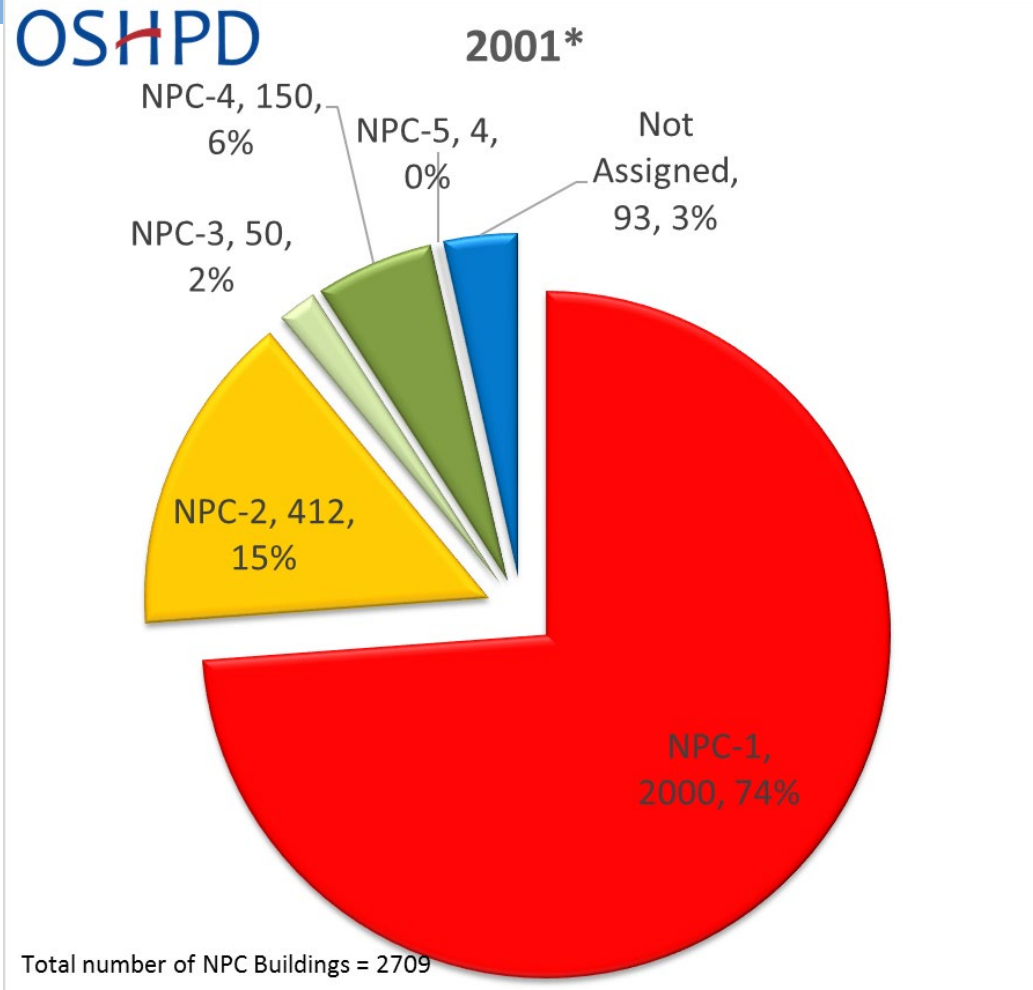
## 48 SPC-1 BUILDINGS IN 23 FACILITIES



# SPC-4D as of 12/01/2022

- Received SPC-4D related seismic retrofit projects for 175 buildings at 73 facilities
  - 8 buildings (7 facilities) have been upgraded to SPC-4D
  - 25 SPC 4D (15 facilities) retrofit reviews are complete and accepted by SCU. These buildings are in process of getting permit from the region or under retrofit construction.
  - 123 active projects for SPC 4D upgrade (58 facility)
  - 231 projects for SPC 4D Material Testing Condition Assessment (213 approved – 66 facility)

# Nonstructural Performance Categories



\*\*\*Includes buildings under construction, tunnels and equipment yards

For NPC - "Not Assigned" are for buildings and nonbuilding structures either under construction or where the nonstructural performance category has not been verified

Buildings under construction or just built are assigned a preliminary NPC of 4





## Small and Rural Hospital Relief Program

- Accela portal opened for facilities to file applications to join the program and establish eligibility
- 14 Small and Rural Hospitals applied to date.

eServices Portal

[Announcements\(2\)](#) ▼

[Home](#) [Projects](#) [Enforcement](#) [Preapproval](#) [Small Rural Hosp](#)

[Advanced Search](#) ▼



**Facilities Development Division  
Project Status Search**

### Project Search

To search a project's status, use the Search Projects link. You will be able to find projects by entering your Project Nur  
professional license number.



Small and Rural Hospital  
Relief Program



## Small and Rural Hospital Relief Program

Proposed Seismic Regulations 2022 Intervening code cycle

- Integrated review for seismic compliance project
- State grant programs

Small and Rural Hospital Relief Program



Small and Rural Hospital  
Relief Program

# AB 1882: Public Notices and Annual Status Update Reporting

AB 1882 - Public Notices and Posting of seismic compliance status and expected structure performance

- Lobbies and waiting area
  - Documents required to include building identification
- 
- Proposed Seismic Regulations 2022 Intervening code cycle
  - Draft PIN 75 presented at the HBSB meeting.

# PCS: Prefabricated Components and Systems

## New Preapproval Program

- 4 Applications received.
- 2 approved, 2 in review.
- 3 more in discussions

| PCS Number               | Manufacturer         | Product Name                                    | Approval Date | Version Number | Comments       |
|--------------------------|----------------------|---|---------------|----------------|----------------|
| <a href="#">PCS-0002</a> | Simpson Strong-Tie   | Simpson Strong-Tie Yield Link Moment Connection | 6/15/2022     | v1.0           | See Attachment |
| <a href="#">PCS-0003</a> | SurePods             | SurePods Prefabricated Bathroom Pods            | 3/21/2022     | v1.0           | See Attachment |
| PCS-0004                 | DuraFuse Frames, LLC | DuraFuse Frames                                 | In Review     |                |                |
| PCS-0005                 | FyfeFRP, LLC         | Tyfo FRP Systems                                | In Review     |                |                |

Showing 1 to 4 of 4 entries

[Previous](#) [Next](#)

# Structural Support Unit Update

# Overview

- OSHPD preapproved programs
- Structural/nonstructural California amendments
- Geotechnical reviews
- Seismic instrumentation
- Review of alternate methods of compliance
- Structural training and support to the regions
- Management of contract out plan reviews

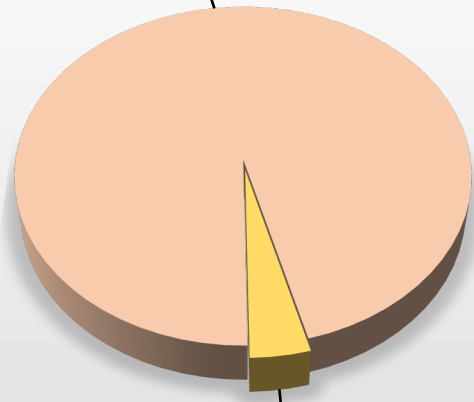
# Preapprovals



# OSP Status

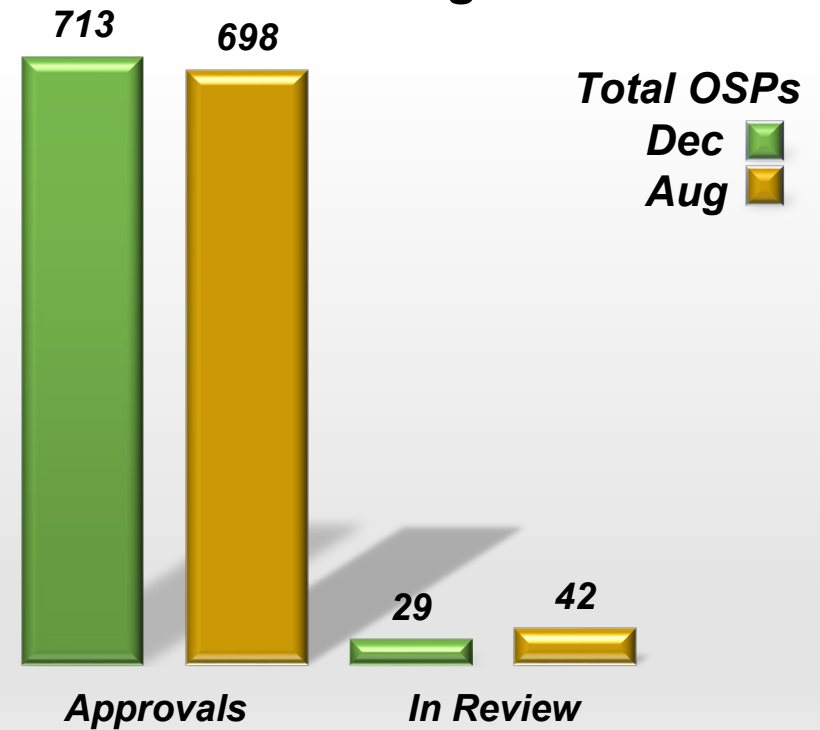
## Current Overall OSP Status

Total Approvals,  
713



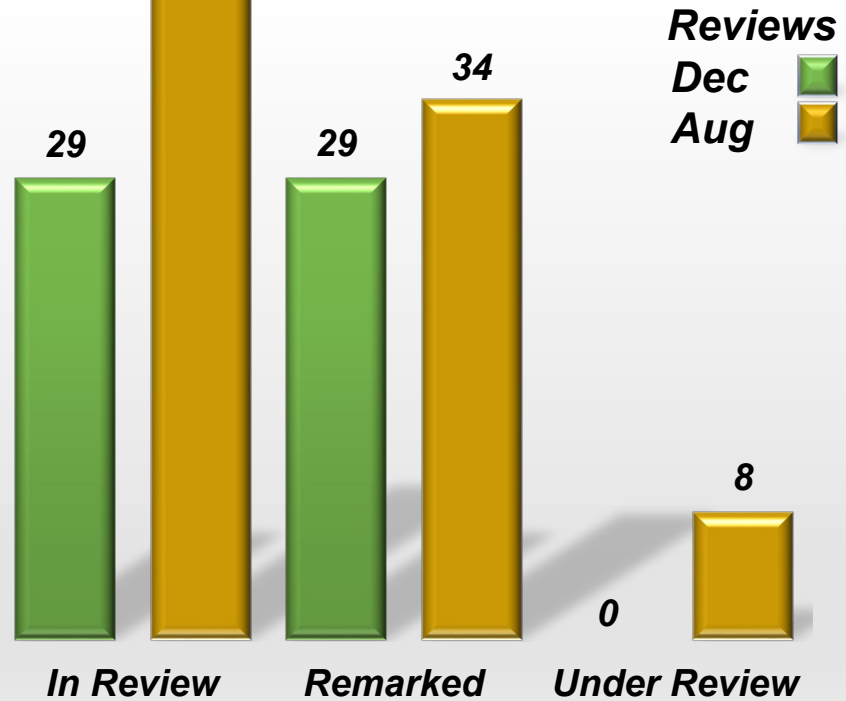
Total in Review,  
29

## Current Overall OSPs Dec vs August

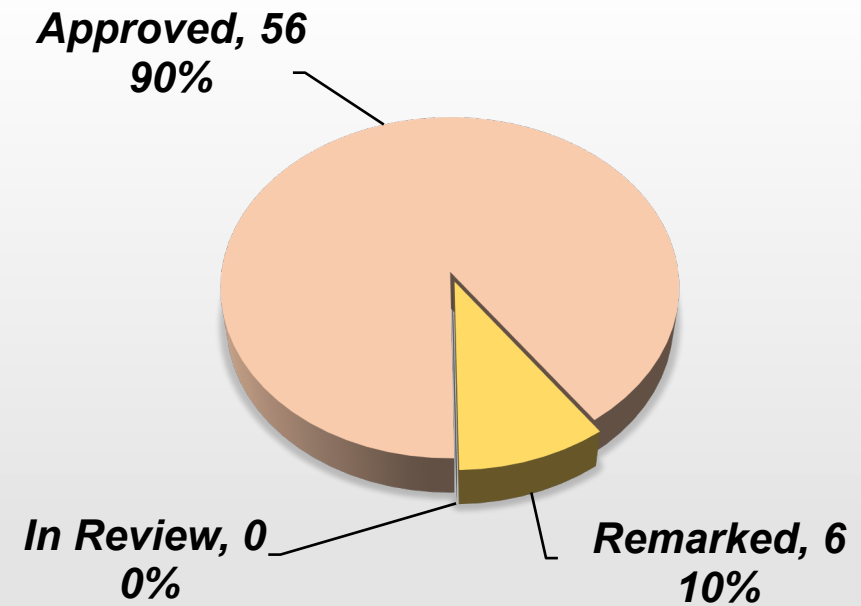


# OSP Status

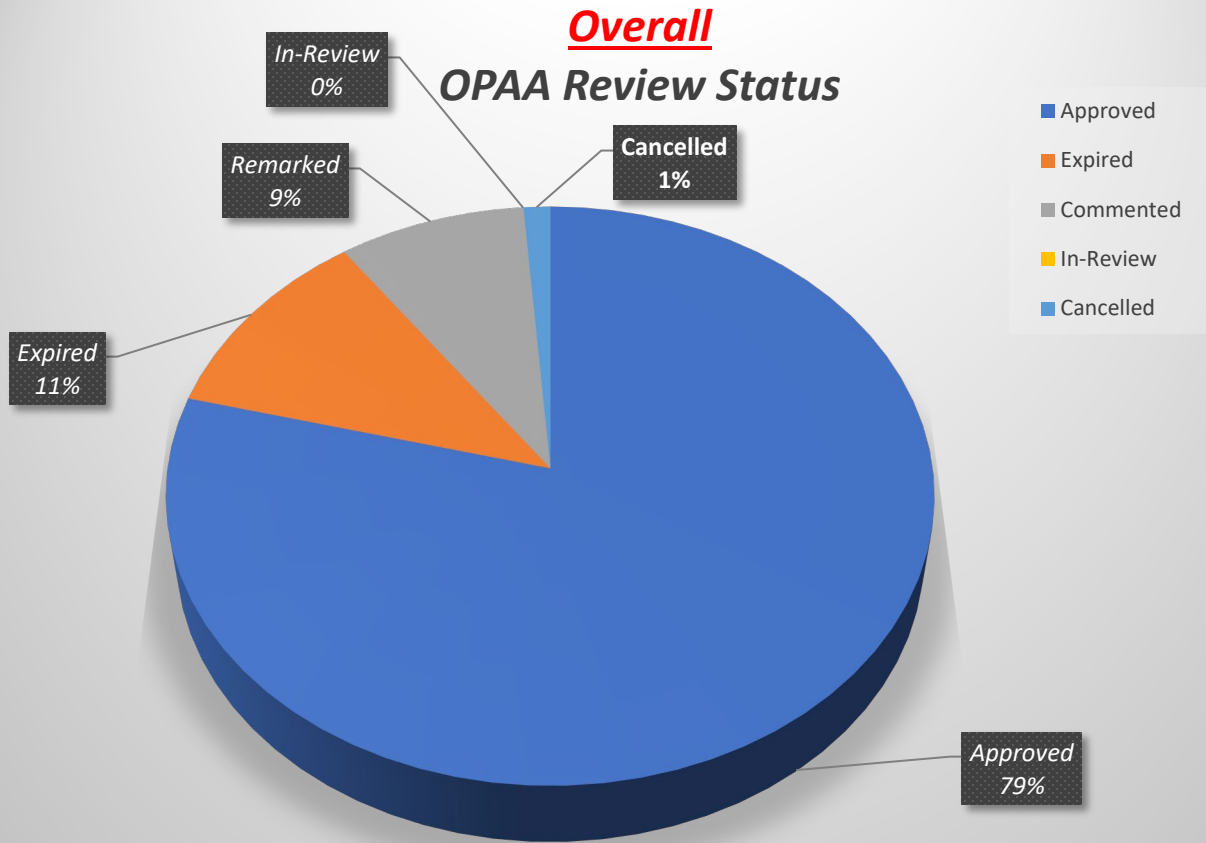
**Current Review Status  
Dec vs August**



**August to December  
OSP Submittals = 62**



# OPAA Review Status



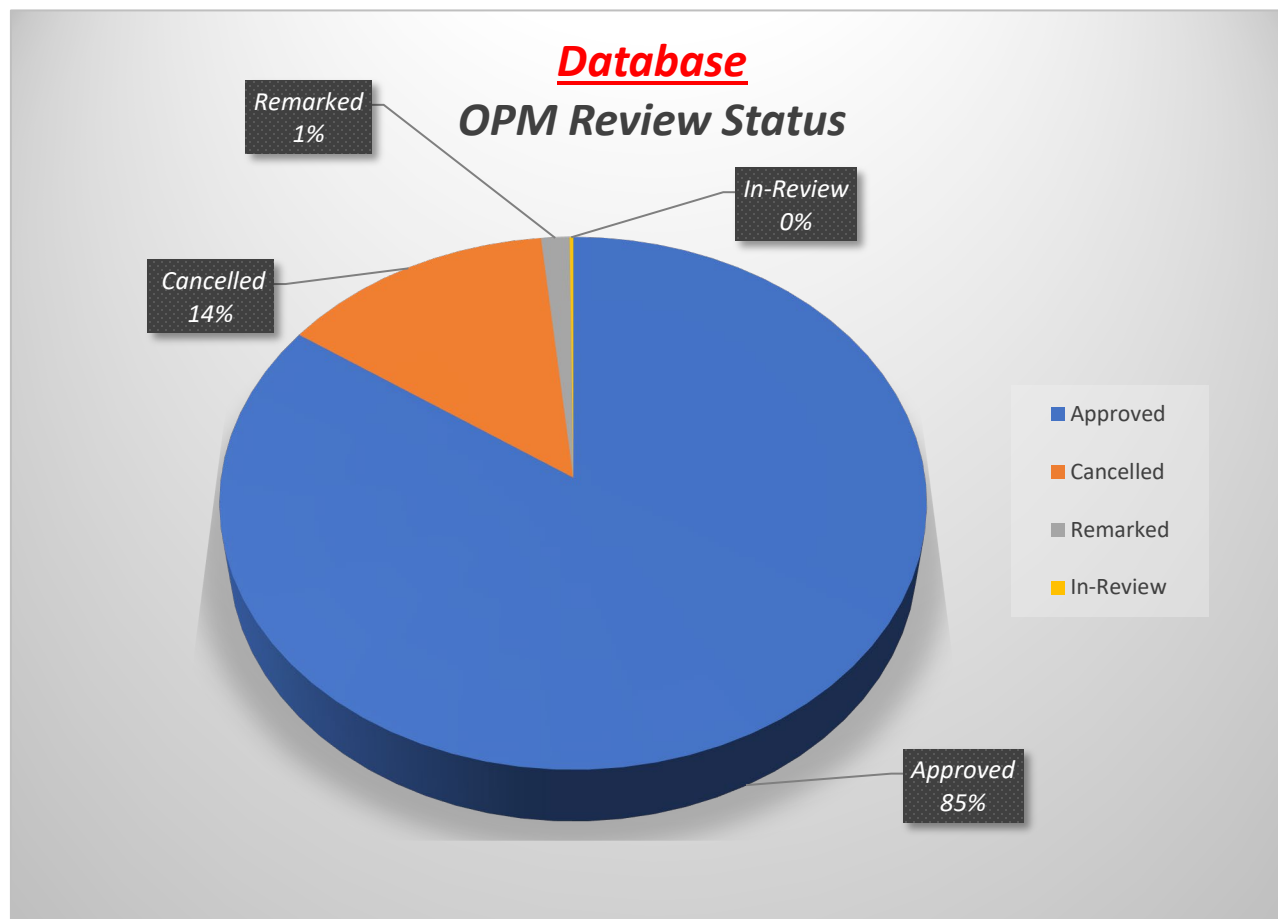
## December

| <u>Overall</u>     |    |
|--------------------|----|
| OPAA Review Status |    |
| Total              | 81 |
| Approved           | 64 |
| Expired            | 9  |
| Remarkd            | 7  |
| In-Review          | 0  |
| Cancelled          | 1  |

## August

| <u>Overall</u>     |    |
|--------------------|----|
| OPAA Review Status |    |
| Total              | 76 |
| Approved           | 54 |
| Expired            | 14 |
| Remarkd            | 7  |
| In-Review          | 0  |
| Cancelled          | 1  |

# OPM Status – Manual Database Entry



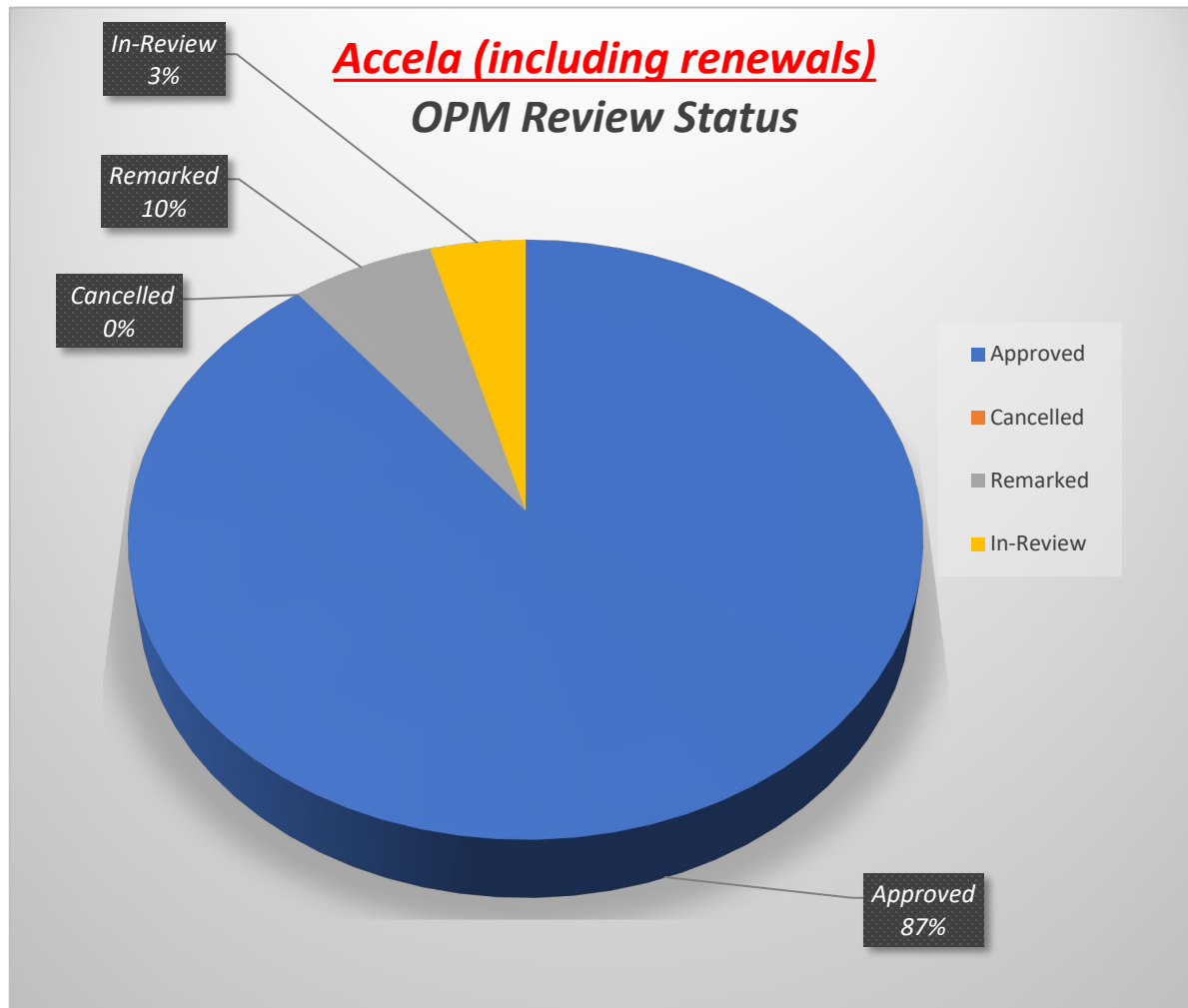
December

| TOTAL     | 561 |
|-----------|-----|
| Approved  | 475 |
| Cancelled | 77  |
| Remarkd   | 08  |
| In-Review | 01  |

August

| TOTAL     | 561 |
|-----------|-----|
| Approved  | 473 |
| Cancelled | 77  |
| Remarkd   | 07  |
| In-Review | 04  |

# OPM Status – eServices Portal



## December

| TOTAL     | 199 |
|-----------|-----|
| Approved  | 174 |
| Cancelled | 0   |
| Remarked  | 19  |
| In-Review | 06  |

## August

| TOTAL     | 188 |
|-----------|-----|
| Approved  | 168 |
| Cancelled | 0   |
| Remarked  | 12  |
| In-Review | 08  |

# PIN 58



**Facilities Development Division**  
Department of Health Care Access and Information  
2020 W. El Camino Ave, Suite 800 • Sacramento, CA 95833 • (916) 440-8300  
355 S. Grand Ave, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166

## POLICY INTENT NOTICE (PIN)

### SUBJECT

HCAI Preapproved Agency for Structural Tests and  
Special Inspections

**PIN:** 58

**Effective:** 7/20/2014

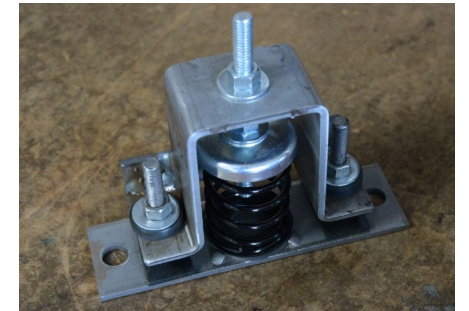
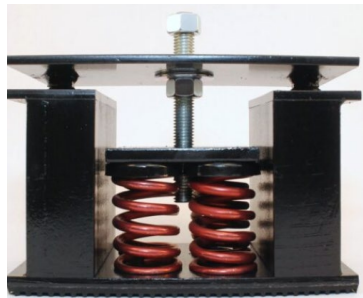
**Revised:** 8/03/2022



- PIN 58 now posted on HCAI website
- New requirements added that each Preapproved Agency have an Engineering Manager. Duties and responsibilities of the engineering manager are given in items 8 and 10 of the PIN.

# What is Coming?

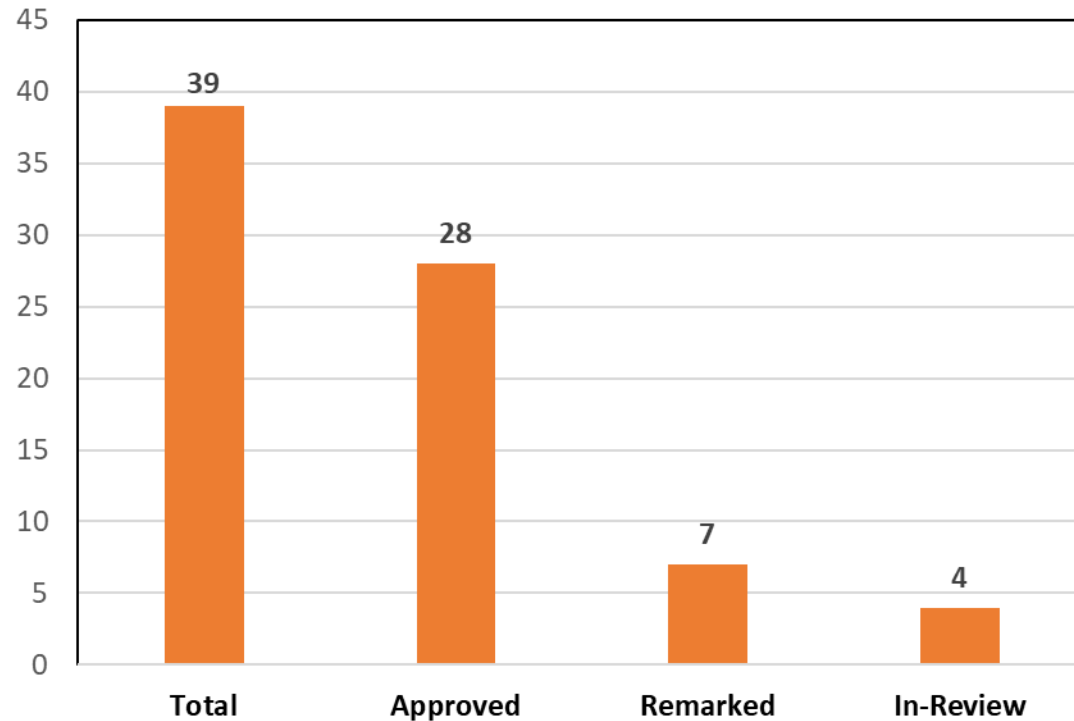
- Working with vibration isolator manufacturers on testing criteria to optimize the testing required for seismic rating of their isolators.



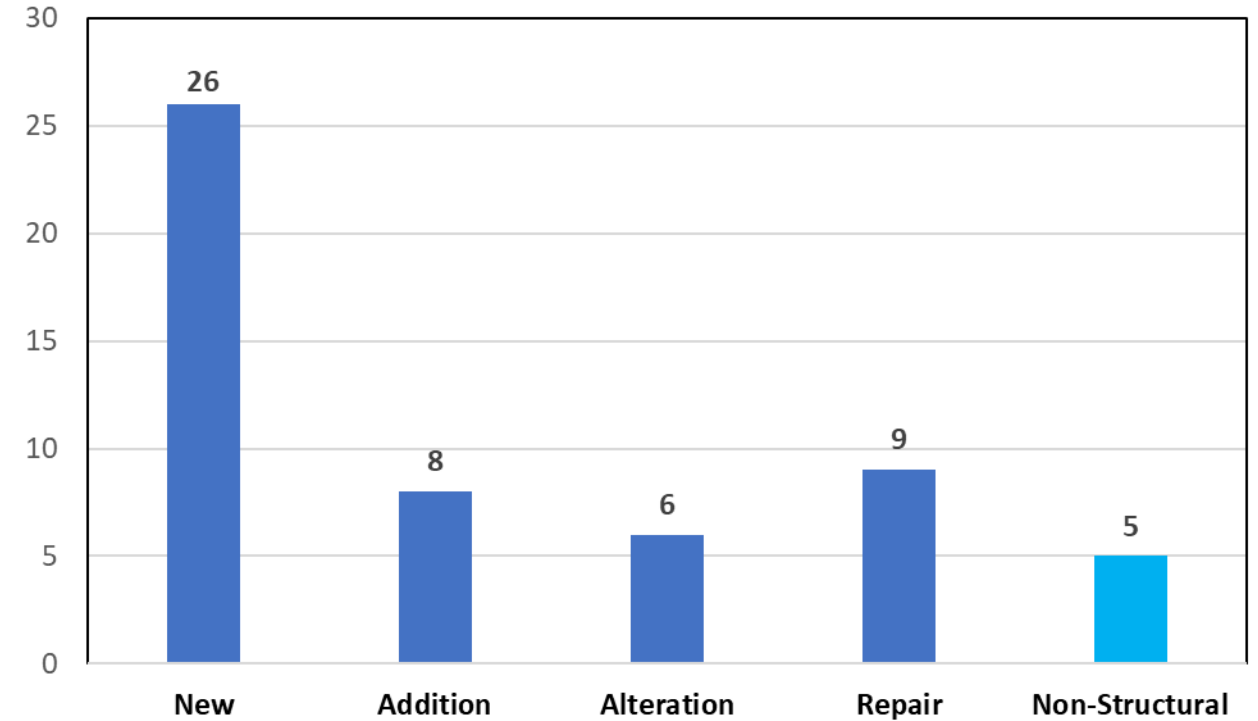


# Geotech Report Review Status

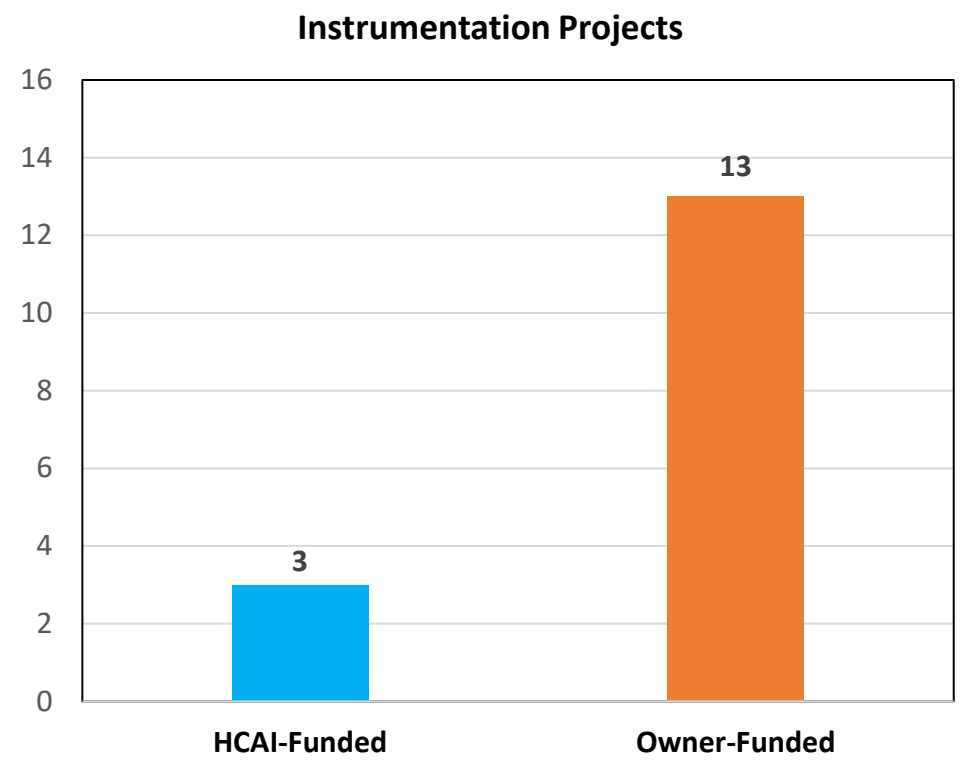
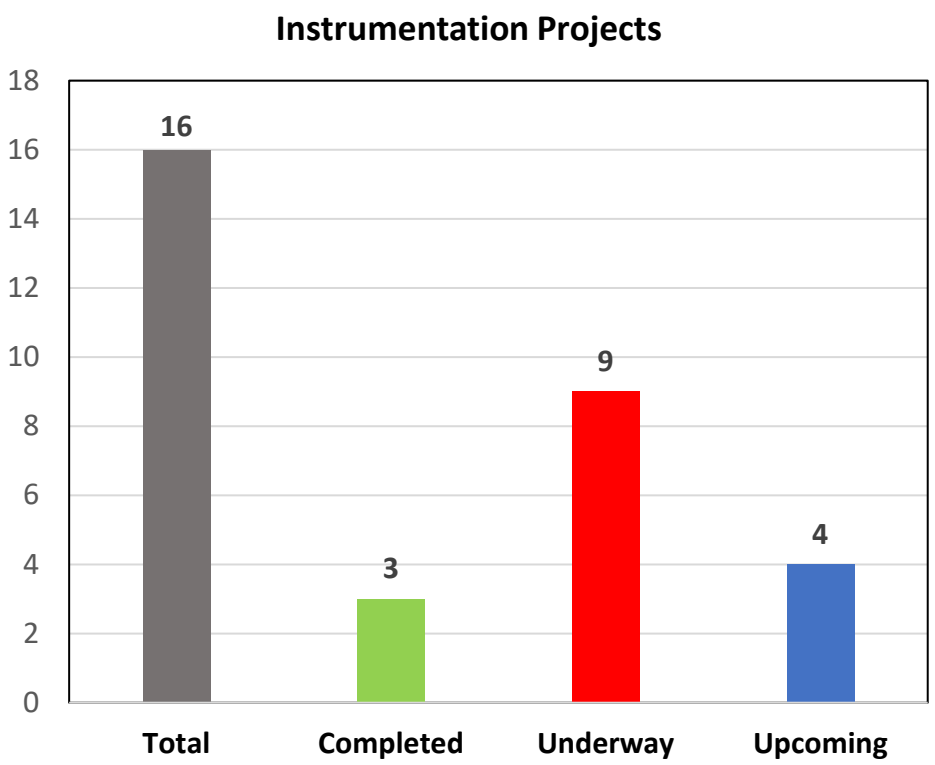
Geotech Reports Review Process (2022 Projects)



Construction Type (2022 Projects)



# Seismic Instrumentation (Fy 20 – 23)



Majority of the instrumented hospitals were funded by owners

# Proposed 2022 Intervening Code Amendments

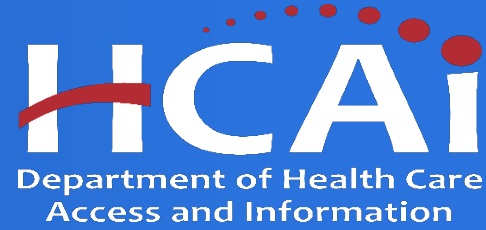
- **Initial Express Terms for Structural and nonstructural amendments to Title 24, Part 1, Part 2 and Part 10 have been submitted to the Building Standard's Commission.**



## **18. Fire Prevention Unit Update**

Facilitator: Nancy Timmins, OSHPD Chief Fire Life Safety Officer  
(or designee)

- Fire Prevention Unit to provide an update on accomplishments year-to-date
- Discussion and public input



# FPU UPDATE HBSB FULL BOARD DECEMBER 2022

Nanci Timmins, Chief Fire and Life Safety Officer



Team

Fire  
Prevention  
Unit





# ACHIEVEMENTS

# Fire and Life Safety Plan Review

- FPU FLS Plan Reviews-1251
  - Regional FLS Plan Review-3776
- Total=5027

FPU FLS Plan Review=33%

# Fire and Life Safety Field Review

- FPU FLS Field Reviews-953
  - FLS Regional Field Review-1723
- Total=2676

FPU FLS Field Review=36%

# Fire and Life Safety Field Visits

- FPU FLS Field Visits-2368
  - FLS Regional Field Visits-5537
- Total 7905

FPU FLS Field Visits=30%



"TRY NOT TO BECOME A PERSON OF SUCCESS,  
BUT RATHER TRY TO BECOME A PERSON OF VALUE."

ALBERT EINSTEIN

# 2022 MID- CYCLE CODE CHANGE SUBMITTALS

FPU, CSFM and BSU



## A Brief Summary

### CBC

Deletes Group I-2.1

Removes conflicts regarding fireplaces

Provides proper requirements for sprinkler and detection requirements for delayed egress

### CFC

Removes conflicts regarding fireplaces

Provides proper references to NFPA

Provides language for construction barriers

Provides clarification for applicable sections for flammable and combustible liquid tank storage





## A Brief Summary

### CMC

Revises HVAC provisions for HVAC shutdown

Provides proper references for liquid fueled engines and gas turbines

Provides proper references to NFPA

### CPC

Provides proper references to NFPA for fuel oil piping connected to generators



EDUCATION,  
OUTREACH  
AND  
NETWORKING



# WEBINARS AND OTHER TRAINING

CBC and CFC 2022  
Updates

Fire Resistance Rated  
Assemblies Part 1

Fire Resistance Rated  
Assemblies Part 2

Fire Resistance Rated  
Assemblies Part 3...

Engineering Judgements

IOR Recertification

Emergency Responder  
Radio Coverage

Field visit reports

QA/QC

PIN 67/58



# DELETION OF PIN 67-FIRE RESISTANT PENETRATIONS AND JOINTS- SPECIAL INSPECTIONS

Firestopping as we know it now- using properly installed tested and certified products, has been around since 1980.

The MGM Grand fire in which 85 people were killed and 650 injured, including employees and firefighters kickstarted this movement.

A major code change in 2012-adopted requirement for special inspections for firestop penetrations and joints.

Hospitals are compartmentalized to help stop the spread of fire and smoke. Think of the occupants in our facilities who are relocated, and which take more time than ambulatory evacuation.

2016-OSHPD created a PIN to address training requirements for special inspectors....



# WEBINARS AND OTHER TRAINING

Concealed spaces

Smoke detectors/Elevator Hoistway

Construction types

Survivability

Special Requirements based on Occupancy

Delayed egress

Occupancy Types

Listed penetration systems

Area and Height allowances

Fire alarm testing

HVAC shutdown

Sprinklers

Continued Academy and UC training

Dampers

Roll down doors

Door hardware, louvers, ratings, widths

Waiting Areas

Solar photovoltaic structures



**Assembly Bill No. 2511**

**CHAPTER 788**

A Certified Unified Program Agency (CUPA) is a local agency certified by CalEPA to implement and enforce six state hazardous waste and hazardous materials regulatory management programs.







CAFAA Annual State Agency Meeting





**13<sup>TH</sup> ANNUAL NORCAL SEMINAR**

**OCTOBER 20, 2022**

- Automatic Shutoff HVAC
- Smoke Damper Actuation
- Detection at the Air Handling Unit
- Fire Safety Function
- Med Gas and covid
- Vaccine Freezers
- Automated Vehicle Guided Systems



Architecture in Healthcare  
Committee



# ***FIRE/LIFE SAFETY KEY ISSUES & HCAI UPDATES***

**MAY 18, 2022**



# CALIFORNIA FIRE PREVENTION INSTITUTE

Providing Excellence in Community Risk Reduction Education since 1991

March 14-18, 2022  
Santa Ynez Marriott  
Buellton, CA

32nd Annual

For more  
information and  
registration visit



**NANCI TIMMINS**  
Chief Fire and Life  
Safety Officer  
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[Nanci.Timmings@hcai.ca.gov](mailto:Nanci.Timmings@hcai.ca.gov)

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**GARY DUNGER**  
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**CRYSTAL SUJESKI**  
Deputy State Fire  
Marshal III, Specialist

CAL FIRE,  
Office of the State Fire  
Marshal

[Crystal.Sujeski@fire.ca.gov](mailto:Crystal.Sujeski@fire.ca.gov)

(510) 846-1276

## CLINICS AND OSHPD 3

I-2.1 OCCUPANCIES FOR THE FIRE SERVICE



CALIFORNIA FIRE CHIEFS ASSOCIATION  
FIRE PREVENTION OFFICERS





# COMMITTEES

NFPA

ICC Healthcare Committee

Fire Alarm Advisory Board

SFM- Multiple committees



ICC CODE  
DEVELOPM  
PROCESS  
HOW IT WORK

GREAT FIRE OF ROME

64 AD

FIRST AMERICAN FIRE  
ORDINANCE

1631

FIRST AMERICAN FIRE  
WARDENS

1648

GREAT FIRE OF LONDON

1666

GREAT CHICAGO FIRE

1871

GREAT BOSTON

1872

SPRINKLER SYSTEM

CONCEPT 1812, NOT

AUTOMATIC, 1872, FIRST  
AUTOMATIC



# IROQUOIS THEATRE FIRE

## 1903

602 People died

Code changes-This fire created federal and state standards for exiting pathways, exit doors, exit signs and markings, maximum seating, and the use of the panic bar.



CLEVELAND CLINIC HOSPITAL  
FIRE  
1929

121 People Died

# ST. ANTHONY HOSPITAL FIRE 1949

Fire Department on scene with 10 minutes

74 people died, including 11 newborn infants

Code change results-

Fire Barriers

Smoke Barriers

Fire resistance stair enclosures



# HOSPITAL FIRES

## Hospital Fires (2012-2014)

For each year from 2012 to 2014, an estimated 5,700 medical facility fires were reported to fire departments in the United States. Nearly a fifth of those (1,100 fires) were in hospitals. It is estimated that these fires caused fewer than five deaths, 25 injuries and \$5 million in property loss per year.<sup>1</sup>

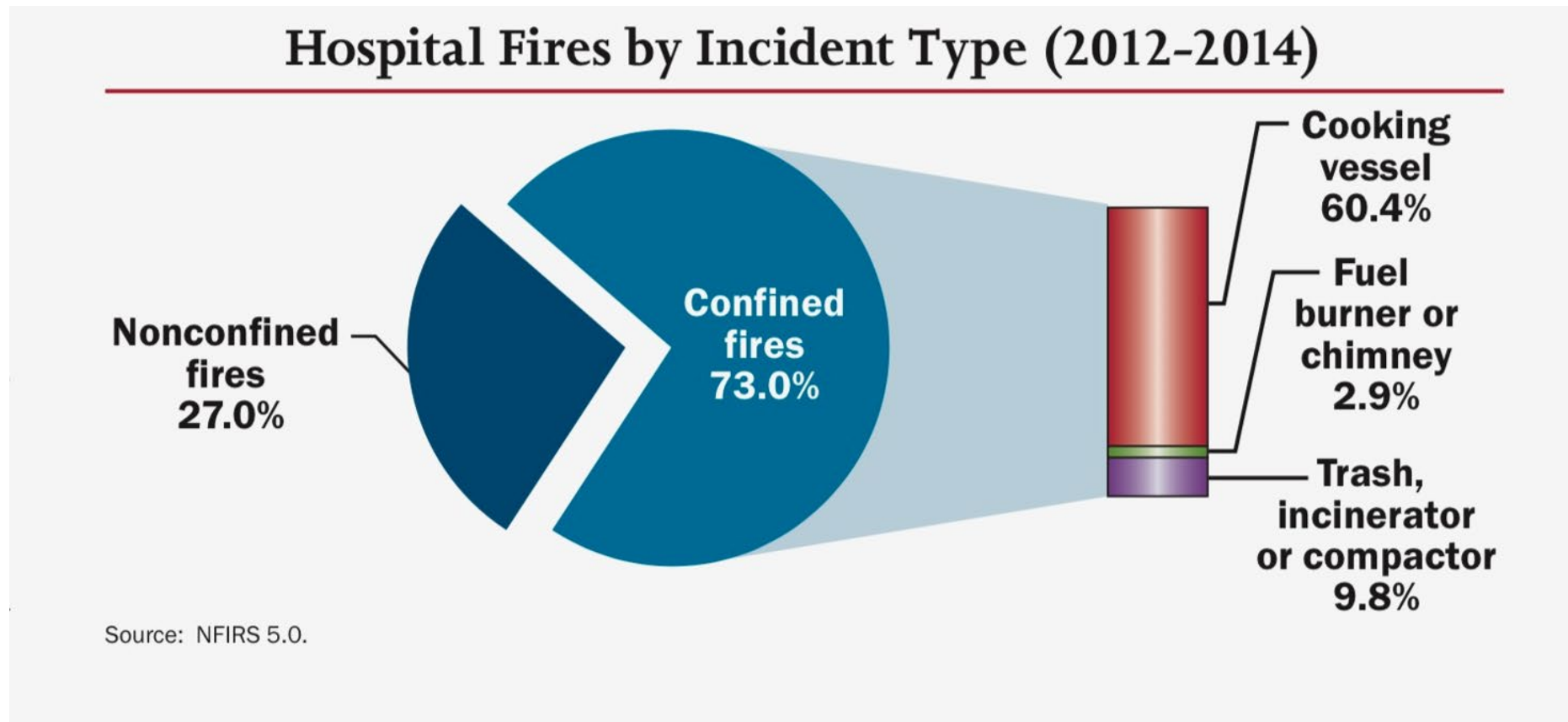
### Loss Measures for Hospitals and All Other Medical Facility Fires (Three-Year Average, 2012-2014)


| Loss Measure           | Hospital Fires | All Other Medical Facility Fires |
|------------------------|----------------|----------------------------------|
| <b>Average Loss:</b>   |                |                                  |
| Fatalities/1,000 Fires | 0.4            | 0.6                              |
| Injuries/1,000 Fires   | 17.3           | 19.6                             |
| Dollar Loss/Fire       | \$6,030        | \$11,290                         |

Source: National Fire Incident Reporting System (NFIRS) 5.0.

The average number of fatalities per 1,000 hospital fires was lower than the same measure for all other medical facility fires. In addition, the number of injuries was also lower than that of other medical facilities.<sup>2</sup>

# HOSPITAL FIRES BY INCIDENT TYPE





# Thank You!

[Nanci.Timmins@hcai.ca.gov](mailto:Nanci.Timmins@hcai.ca.gov)

## **19. Comments from the Public/Board Members on issues not on this agenda**

Facilitator: Louise Belair, Board Chair (or designee)

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.