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Hospital Building Safety Board Education and Outreach Committee

July 22, 2026
10:00 a.m. – 4:00 p.m.

Meeting Locations:

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833
355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071

Committee Members Present

Teresa Endres, Committee Chair
Cody Bartley, Committee Vice-Chair
Gary Dunger
Courtney Johnson
Kelly Martinez
Noella Tabladillo
Belinda Young

HCAI Staff Present

Chris Tokas
Richard Tannahill
Nanci Timmins

HBSB Staff

Veronica Yuke, Executive Director
Rajveer Dhaliwal
Marcus Palmer
Evet Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDAC, AAH, Principal & Senior Medical
- 3 Planner, HOK; Committee Chair (or designee)
- 4 Teresa Endres welcomed everyone and called the July 22nd HBSB Education and
- 5 Outreach Committee meeting to order at 10:00 a.m.
- 6
- 7 **2. Roll Call and Meeting Advisories/Expectations**
- 8 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director (or designee)
- 9 Veronica Yuke conducted roll call and confirmed a bare quorum of committee members.
- 10 She reviewed meeting expectations and roll call voting.

1 **3. Review and approve the April 29, 2026, draft meeting report/minutes**

2 **Facilitator:** Teresa Endres (or designee)

3 **Discussion and Input**

4 Teresa Endres reviewed the highlights of the April 29th, 2026, draft meeting report. She
5 recalled that the committee reviewed and prioritized its goals for the year, received an
6 update from the Ad Hoc Design Guide for Planning and Preparing for Disasters Webinar
7 Development Subcommittee on two topics:

- 8 1. The Power Resilience Regulatory Compliance and Future of Healthcare
9 Infrastructure webinar; and
- 10 2. The Wildfire and Wildland Urban Interface Readiness for Healthcare Facilities
11 webinar.

12 She also reviewed the Q&A from the January 14th, 2026, Collaborative Inspection
13 Approach to Hospital Construction webinar.

14 **Committee and Public Comments**

- 15 • None.

16 **Voting**

17 Motion to approve the April 29th, 2026, draft meeting report and minutes.

- 18 • **Motion:** Cody Bartley
- 19 • **Second:** Courtney Johnson
- 20 • **Outcome:** The motion passed unanimously, with no opposition or abstentions.

21 **Informational and Action Items**

- 22 • The committee approved the April 29th, 2026, draft meeting report and minutes.

24 **4. Discuss email marketing announcements and how HBSB can help get the**
25 **word out when there is an upcoming webinar, newly published advisory guide,**
26 **etc.**

27 **Facilitator:** Teresa Endres (or designee)

28 **Discussion and Input**

29 Teresa Endres introduced the item as a 2026 goal and asked the committee to move
30 beyond naming organizations to assigning a specific person to contact each one,
31 drawing on board members' networks to help publicize webinars and advisory guides.

- 32 • Chris Tokas noted that HCAI maintains a listserv of roughly 6,000 members and
33 that staff welcome board help without wanting to burden members.

- 1 • Teresa Endres described her AIA approach of sending a brief form email with a
2 link to organization leads.
- 3 • Noella Tabladillo asked whether the RSVP process could capture where
4 attendees come from and how they learned of events, so the committee could
5 target outreach more strategically rather than blanketing.
- 6 ○ Chris Tokas explained that the current listserv lacks that capability and that
7 staff blanket broadly because the seminars appeal to owners, design
8 professionals, and inspectors alike, but he agreed the idea warranted
9 exploring a different delivery platform.
- 10 ○ Teresa Endres offered to ask AIA partners about platforms, noting the
11 Academy of Architecture for Health Central Valley chapter recently changed
12 platforms to capture that information, and said she would reach out to Kelly,
13 the AIA Central Valley executive director.
- 14 Members identified organizations and volunteers. Mikhail Fuks suggested collaborating
15 with Sam Staley of AMFP Southern California.
- 16 • Gary Dunger volunteered to take AMFP as a vice president of its Southern
17 California chapter.
- 18 • Abdel Darwich described promoting the emergency design guide during a talk in
19 British Columbia, where healthcare system representatives requested copies to
20 share, and volunteered for CISHI while noting his ASHRAE involvement.
- 21 • Courtney Johnson took Earthquake Engineering Research Institute (EERI).
- 22 • Belinda Young suggested board members follow and repost HCAI's LinkedIn
23 posts to reach their networks and offered to cover DBIA.
- 24 • Nanci Timmins suggested adding Cal Chiefs, FPO, the IOR listserv, and CAHFA.
25 She volunteered for CAHFA, with Mike Davis (coordinating through Todd Davis of
26 Davis Inspections) assigned to the IOR groups.
- 27 • Noella Tabladillo asked whether Cal Chamber of Commerce could distribute to
28 local chambers as a catchall.
- 29 ○ Chris Tokas said the groups are likely already covered but staff would check.

30 **Committee and Public Comments**

- 31 • Kristen Stefan Zoncias, regional director of workforce planning for the
32 Permanente Medical Group, Northern California, addressed the committee as a
33 member of the public. She stated she oversees educational partnerships and over
34 430 affiliation agreements, joined the listserv while researching California's efforts,
35 and offered to support the committee's work where alignment exists, noting the

1 Permanente Medical Group employs 47,000 people in Northern California as
2 potential stakeholders.

- 3 ○ Chris Tokas and Teresa Endres welcomed her and offered to keep her
4 informed of relevant webinars.

5 **Informational and Action Items**

- 6 • The committee assigned organization contacts as follows:
 - 7 ○ Teresa Endres, AIA Academy of Architecture for Health;
 - 8 ○ Gary Dunger, AMFP; Noella Tabladillo, CHA;
 - 9 ○ Chris Tokas, CISHI and SEAOC;
 - 10 ○ Abdel Darwich, ASHRAE;
 - 11 ○ Courtney Johnson, EERI;
 - 12 ○ Nanci Timmins, CAHFA;
 - 13 ○ Mike Davis, IOR groups;
 - 14 ○ and Belinda Young, DBIA.
- 15 • Board members agreed to follow and repost HCAI's LinkedIn content.
- 16 • Teresa Endres will ask Kelly of AIA Central Valley about alternative outreach
17 platforms,
- 18 • Staff will keep Kristen Stefan Zoncias informed and check whether the Cal
19 Chamber of Commerce is already covered.

21 **5. Update from the Ad Hoc “HCAI Design Guide for Planning and Preparing for 22 Disasters” Webinar Development Subcommittee on the remaining webinars: 23 Facilitator: Teresa Endres (or designee)**

24 **Discussion and Input**

25 Teresa Endres reported on the subcommittee's two remaining webinars and reviewed
26 the draft slides. Mikhail Fuks clarified that the work will produce two separate
27 presentations with two decks, one covering design and HVAC and one covering
28 operations. Teresa Endres reported that the committee is partnering with AIA to offer
29 CEUs for the design and HVAC webinar, "Beyond Code Minimums: Crafting Resilient
30 Healthcare Facilities," and that Kelly Martinez is replacing Abdel Darwich as a presenter
31 on it.

32 Teresa Endres walked through the design and HVAC deck, which she and Kelly
33 Martinez are reviewing. The deck opens with the OSHPD "why the guide matters"

1 section, then covers the history behind the design diagrams (including the failed
2 Singapore DORSCOM example), planning for surge with color-coded hazard types,
3 healthcare resiliency, emergency department planning diagrams, hospital entries and
4 arrival, compartmentalization and redundancy, acuity-adaptable patient units, HVAC
5 case studies, pandemic patient unit and anteroom design, retrofit versus new
6 construction, flexible donning and doffing solutions (drawn from the 2004 Canadian
7 code and requiring coordination with CDPH), designing for staff wellbeing as a
8 recruitment and retention measure, and ASHRAE Standard 241. She carried the
9 "designing beyond code minimums" theme throughout and noted the deck still needs
10 standardized formatting, some sections reordered, and intro and outro slides from
11 OSHPD.

12 Discussion followed on how the guide is being applied in practice.

- 13 • Chris Tokas asked whether emergency departments are now being designed
14 around the 2020 lessons learned.
 - 15 ○ Teresa Endres described the guide as a menu of options that facilities adopt
16 to varying degrees, some implementing redundant HVAC and
17 compartmentalization, others only separating people in waiting areas, and
18 stressed that these choices must be discussed during programming. She tied
19 this to the importance of publicizing the guide, citing the Canadian Ministry of
20 Health's interest, and said OSHPD can help by raising the guide during early
21 project conversations.
 - 22 • Chris Tokas connected the effort to the seismic compliance program's evolution
23 toward modernization and resilience and to the roughly \$26 billion in new
24 construction underway.
 - 25 ○ On acuity-adaptable units, Teresa Endres reported growing client appetite
26 and three of her own projects moving in that direction, identifying the Title 22
27 requirement that a unit flex as a whole rather than room by room, and the
28 need to involve licensing, as the main challenge.
 - 29 ○ Richard Tannahill and Chris Tokas noted Davis's early adoption and rising
30 inquiries.
 - 31 ○ Evett Torres recommended replacing hyperlinks with QR codes since
32 attendees cannot click links, and volunteered to create them, with Teresa
33 Endres supplying the links.

34 Kelly Martinez then presented the infection control operations deck, opening with the
35 concern that the operational content must be framed to deliver value to an audience of
36 design professionals, inspectors of record, contractors, and hospital staff. The deck
37 presents infection prevention as a design and operational strategy embedded from
38 programming through occupancy rather than an afterthought, and covers the infection

1 control risk assessment; the governing regulatory framework (FGI, ASHRAE 170 and
2 188, CDC, OSHA, CMS, and Joint Commission or DNV); the built environment,
3 including airflow and pressurization, cleanable materials and finishes, hand hygiene
4 infrastructure, and early EVS involvement; flexibility and surge capacity through
5 convertible units; temporary isolation, traffic separation, and mortuary surge planning;
6 ventilation and water systems, including Legionella and stagnation risks, ASHRAE 188
7 alignment, and the CDPH AFL; clinical operations during outbreaks; staff
8 decontamination and PPE; visitor management and space for temporary structures;
9 sterile processing and perioperative redundancy; waste and biohazard handling;
10 technology validation and real-time monitoring; supply chain preparedness (a
11 vulnerability exposed by COVID); facilities and emergency coordination; commissioning
12 and validation; construction and renovation controlled through ICRA; and governance
13 with defined decision points. Kelly Martinez closed that infection prevention is a cross-
14 functional design and operational strategy, not a single department.

- 15 • Teresa Endres identified the value of the presentation as raising awareness
16 among design professionals and general contractors, who she said are least
17 familiar with the operational side, characterizing medical planning as "making
18 architecture out of operations".

- 19 ○ Chris Tokas likened this to human-centered design.

20 Kelly Martinez next presented the HVA deck, framing the HVA as hospital-specific
21 design input that justifies project scope, budget, and infrastructure upgrades and
22 satisfies accreditation requirements (Joint Commission, DNV, CMS). The deck explains
23 the HVA as a structured six-step risk assessment convening the team, listing hazards,
24 scoring probability and severity, computing risk, and building a mitigation plan, across
25 four hazard families (natural, technological, human-caused, and operational). It details
26 the scoring scale, in which probability and human, property, and business impacts score
27 one to three while preparedness and internal and external response score inversely
28 (referencing SPC building ratings) and presents a risk priority matrix and a sample HVA
29 in which earthquake ranked highest at 78%. It then covers translating scores into
30 mitigation, the HVA's role in infrastructure and capital planning, operational
31 preparedness (surge capacity, staging, and incident command through HICS),
32 compliance and accreditation alignment, and continuous improvement, concluding that
33 the HVA is a living document and a cornerstone of hospital resilience.

- 34 • Chris Tokas asked how many facilities incorporate this failure-mode analysis into
35 their capital planning and design.

- 36 ○ Kelly Martinez replied that every hospital has an HVA because accreditation
37 and CMS require it, but that few integrate it into design, and she questioned
38 whether the webinar needs to cover the HVA in such detail.

- Chris Tokas contended it should, invoking designing with the end in mind; that failing to accommodate failure modes is planning for failure.
 - Teresa Endres framed the issue as awareness, noting many design professionals do not know the HVA exists.
- Chris Tokas advised distinguishing true SPC2 buildings from SPC2H buildings (elevated from SPC1+) when scoring probability.
 - The committee confirmed that the infection control and HVA presentations will combine into one webinar requiring its own intro and outro slides and updated links to the pins, cans, and advisory guide page, to be coordinated with OSHPD.

The committee then addressed scheduling. With the other webinars complete and these two being the last, the committee agreed to schedule both in the fall.

- Chris Tokas favored September for attendance, but Teresa Endres preferred October to avoid the crowded back-to-school period.
- Evett Torres identified October 7th, 15th, and 29th as committee meeting dates to avoid, leaving the rest of October open, and the committee agreed to schedule both webinars in October, one early and one late, with Evett Torres circulating available dates for a committee poll.
- Teresa Endres also raised Mikhail Fuks's suggestion that HCAI tag presenters in its LinkedIn webinar posts so presenters can repost to their networks, as conference organizers do, and Richard Tannahill agreed HCAI could be asked to do so.

Committee and Public Comments

- Richard Tannahill praised the "words of wisdom" at the bottom of the slides and noted both decks are word-heavy and would benefit from pictures and examples.
- Noella Tabladillo asked that the event description explicitly call out the infection control and operational content so she could share it with her organization's operational staff.
 - Teresa Endres agreed to shape the OSHPD flyer and registration description to convey that value.
- Belinda Young suggested adding a case study on the Tracy Medline warehouse fire, which disrupted hospital supply chains, forced in-house repackaging, and caused procedure cancellations affecting Stanford and UCSF.
 - Teresa Endres added that the fire delayed end-user meetings and project schedules, and Kelly Martinez agreed to add photographs and the case study to both decks.

- Abdel Darwich joked about the difficulty, as an HVAC engineer, of saying the acronym "HVA."
- There were no questions or comments raised by members of the public on this agenda item.

Informational and Action Items

- The committee will combine the infection control and HVA presentations into a single webinar and schedule both remaining webinars in October, avoiding the October 7th, 15th, and 29th committee meeting dates, with Evett Torres circulating dates for a committee poll.
- Both decks require standardized formatting, section reordering, intro and outro slides from OSHPD, and QR codes to the guide and the pins/cans/advisory guide page, with Evett Torres creating the QR codes and Teresa Endres providing the links.
- Kelly Martinez will add photographs and examples, including the Tracy Medline warehouse fire case study, and the committee will coordinate with OSHPD to tag presenters in LinkedIn webinar announcements and to craft event descriptions that convey the operational and infection control value.
- At the 90-minute mark, Veronica Yuke offered a break, and the committee chose to continue.

6. Discuss lessons learned from the webinars already presented by the "HCAI Design Guide for Planning and Preparing for Disasters" Webinar Development Subcommittee:

Facilitator: Teresa Endres (or designee)

Discussion and Input

Teresa Endres led a review of lessons learned from the three webinars already delivered in the series.

Gary Dunger, who presented the Wildfire and Wildland Urban Interface Readiness for Healthcare Facilities webinar with Janice Cheung and Nanci Timmins, identified two lessons: one person should advance slides, and attendance was low because the topic reaches only the roughly dozen hospitals in the Wildland Urban Interface.

- Teresa Endres and Nanci Timmins countered that wildfire readiness is broadly relevant, because local jurisdictions add zones and requirements that the State Fire Marshal map does not capture, placing more facilities at risk than the map shows.

1 Abdel Darwich and Mikhail Fuks reported that the Designing Hospitals for Wildfire
2 Smoke: HVAC Strategies webinar succeeded, drawing about 250 registrants and 130
3 attendees, including out-of-state participants, with strong timing and Q&A. They drew
4 two lessons: presenters should appear on camera, and promotion should be repeated in
5 the weeks and days before each event to reach registrants who forget or have conflicts.

6 John Griffiths, reflecting on the Power Resilience, Regulatory Compliance and Future of
7 Healthcare Infrastructure webinar, reinforced the camera and promotion lessons and
8 added several engagement recommendations: produce more engaging, multi-channel
9 promotional material rather than a single PDF flyer; use live polls during presentations;
10 tag presenters and board members in LinkedIn posts so the content reaches their
11 networks; and rely on the HCAI/OSHPD YouTube channel, which draws the most
12 engagement.

- 13 • Mikhail Fuks and Noella Tabladillo endorsed the polling and LinkedIn-tagging
14 approaches.
- 15 • Nanci Timmins suggested short promotional reels on HCAI's Instagram, and the
16 committee discussed clarifying HCAI versus OSHPD branding in outreach, so
17 audiences recognize the source.

18 **Committee and Public Comments**

- 19 • Committee and board members and HCAI/OSHPD staff provided the input
20 reflected above.
- 21 • There were no questions or comments raised by members of the public on this
22 agenda item.

23 **Informational and Action Items**

- 24 • The committee agreed that presenters will use cameras in future webinars, that
25 promotion will be more frequent and repeated (including a reminder directed to
26 those already registered), and that presenters and board members will be tagged
27 in LinkedIn announcements.
- 28 • The committee will explore live polls during webinars and short promotional reels
29 on HCAI's Instagram and will work toward consistent HCAI/OSHPD branding in
30 outreach materials.
- 31 • Evett Torres will email the attendee comments from all three webinars to the
32 committee members.
- 33 • John Griffiths's webinar recording will be posted to the HCAI/OSHPD YouTube
34 channel once transcript corrections are complete.

1 **7. Discuss the AIA + HCAI OSHPD HBSB “Road Show,” a collaboration with the**
2 **American Institute of Architects (AIA) Central Valley Academy of Architects for**
3 **Health and HCAI 3**

4 **Facilitator:** Teresa Endres (or designee)

5 **Discussion and Input**

6 Teresa Endres recalled that the prior year's event, correctly titled the HCAI HBSB plus
7 OSHPD Roadshow, was a joint venture between the AIA Academy of Architecture for
8 Health LA chapter and OSHPD. She proposed repeating it with the local Central Valley
9 AIA Academy of Architecture for Health, since OSHPD is based in Sacramento, and
10 stated it would take place in the spring of 2027 rather than the current year because of
11 the committee's workload. She said presenter coordination would begin in late 2026 or
12 early 2027, and noted a lesson learned from the LA event: the roadshow would benefit
13 from greater HBSB member participation, as Gary Dunger and others attended but were
14 not heavily involved in presenting. She added that the committee would coordinate
15 which board members and OSHPD staff will present and would use the existing deck as
16 a starting point.

17 **Committee and Public Comments**

- 18 • Belinda Young asked whether the Central Valley was chosen as the location and
19 raised reaching the many practitioners in the Bay Area.
 - 20 ○ Teresa Endres explained that the LA event was publicized through the HCAI
21 listserv and coordinated with Orange County, and that the Central Valley AIA,
22 which serves 17 Northern California counties, coordinates with other Northern
23 California chapters, including San Francisco and East Bay, which lack an
24 Academy of Architecture for Health but have counterpart bodies such as the
25 San Francisco Health and Science Committee.

26 **Informational and Action Items**

- 27 • The committee will hold the AIA and HCAI/OSHPD HBSB Roadshow with the
28 Central Valley AIA Academy of Architecture for Health in spring 2027, beginning
29 coordination of HBSB members and OSHPD staff presenters in late 2026 or early
30 2027 and using the existing deck as a starting point.
- 31 • Publicity will run through the HCAI listserv and coordination with other Northern
32 California AIA chapters.

34 **8. Reschedule the October 15, 2026, meeting**

35 **Facilitator:** Teresa Endres (or designee)

36 **Discussion and Input**

1 Teresa Endres introduced the item to reschedule the next meeting due to scheduling
2 conflicts.

3 • Evett Torres clarified that the agenda's reference to October 15th was a typo and
4 that the meeting being rescheduled was the originally set October 7th date. She
5 proposed November 3rd or 4th.

6 • The committee settled on November 4th.

7 **Committee and Public Comments**

8 • Beyond the scheduling input reflected above, there were no additional questions
9 or comments raised by committee members on this agenda item.

10 **Informational and Action Items**

11 • The committee rescheduled the October 7th, 2026, meeting to November 4th,
12 2026.

13

14 **9. Comments from the Public/Committee Members on Issues not on this Agenda**
15 **the Committee will receive comments from the Public/Committee Members.**
16 **Matters raised at this time may be taken under consideration for placement on a**
17 **subsequent agenda.**

18 **Facilitator:** Teresa Endres (or designee)

19 Teresa Endres invited comments from the public or committee members on issues not
20 on the agenda. Veronica Yuke confirmed none were received.

21

22 **10. Adjournment**

23 Teresa Endres wished attendees a good rest of their day and formally adjourned the
24 meeting at 12:06 p.m.