

# Hospital Building Safety Board

Full Board Meeting  
December 10 – 11, 2025



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

This meeting will be held in-person at the Department of Health Care Access and Information (HCAI) office in Sacramento, as well as by teleconference.

Board members must attend this meeting in person. HCAI staff and members of the public may fully participate from their own locations.

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## TABLE OF CONTENTS

<b>Hospital Building Safety Board Meeting Agenda: December 10 – 11, 2025 .....</b>	<b>1</b>
<b>Item 4: HCAI Update</b>	
Belinda Young, AIA, LEED BD+C, Assoc. DBIA: Architect Member .....	7
<b>Item 5: Full Board draft Meeting Report/Minutes</b>	
June 3 – 4, 2025.....	9
<b>Item 6: “Collaborative Inspection Approach to Hospital Construction” Webinar Development Subcommittee of the Education and Outreach Committee draft Meeting Report/Minutes</b>	
June 19, 2025.....	35
August 13, 2025 .....	49
November 13, 2025 .....	59
<b>Item 7: Technology and Research Committee draft Meeting Report/Minutes</b>	
August 12, 2025 .....	73
<b>Item 8: Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee of the Education and Outreach Committee draft Meeting Report/Minutes</b>	
September 23, 2025 .....	81
<b>Item 9: Codes and Processes Committee draft Meeting Report/Minutes</b>	
September 10, 2025 .....	91
<b>Item 10: Structural and Nonstructural Regulations Committee draft Meeting Report/Minutes</b>	
October 22, 2025.....	113
<b>Item 11: Instrumentation Committee draft Meeting Report/Minutes</b>	
October 28, 2025.....	133
<b>Item 12: 2026 Committee Assignments, Goals and Meeting Calendar</b>	
Draft Committee Roster .....	151
Draft Meeting Calendar .....	157
<b>2025 Board Rosters:</b>	
Committee List.....	163
Board Membership .....	169
Consulting Committee Members .....	171

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2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
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## Hospital Building Safety Board Full Board Meeting AGENDA

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

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

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

### Location:

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

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

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

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

- Discussion and public input  
*Facilitator: Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair (or designee)*

- Item #4 Department of Health Care Access and Information (HCAI) Update
- Swearing-in Ceremony for new HBSB member
    - Architect Member Representative:  
Belinda Young, AIA, LEED BD+C, Assoc. DBIA, Regional Leader of Healthcare, HOK
  - Acknowledgment of second-term appointment
    - Structural Engineer Member Representative:  
Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.
  - HCAI Update
  - Discussion and public input

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

- Item #5 Overview and approval of the June 3 – 4, 2025, Full Board draft Meeting Report/Minutes

- Discussion and public input

*Facilitator: Jim Malley (or designee)*

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

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

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

- Item #7 Technology and Research Committee

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

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

- Item 8      Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters”  
Webinar Development Subcommittee of the Education and Outreach  
Committee
- Overview and approval of the September 23, 2025, draft Meeting Report/Minutes
  - Overview of the November 20, 2025, meeting
  - Discussion and public input
- Facilitator: Facilitator: Teresa Endres, AIA, ACHA, EDAC, AAH;  
Subcommittee Chair (or designee)*
- Item #9      Codes and Processes Committee
- Overview and approval of the September 10, 2025, draft Meeting Report/Minutes
  - Discussion and public input
- Facilitator: Teresa Endres, Committee Chair (or designee)*
- Item #10      Structural and Nonstructural Regulations Committee
- Overview and approval of the October 22, 2025, draft Meeting Report/Minutes
  - Discussion and public input
- Facilitator: Jim Malley, Committee Chair (or designee)*
- Item #11      Instrumentation Committee
- Overview and approval of the October 28, 2025, draft Meeting Report/Minutes
  - Discussion and public input
- Facilitator: Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.; Committee Chair (or designee)*
- Item #12      Review and approve 2026 Committee Assignments, Goals, and Meeting Calendar
- Discussion and public input
- Facilitator: Jim Malley, Board Chair (or designee)*
- Item #13      Office of Statewide Hospital Planning and Development (OSHPD) Update
- Discussion and public input
- Facilitator: Chris Tokas, SE, F.SEAOC, CBO, Deputy Director, HCAI (or designee)*

- Item #14      Special Presentation: *Current Trends in Healthcare Design*
- Discussion and public input
- Facilitator: Teresa Endres (or designee)*
- Item #15      Comments from the Public/Board Members on issues not on this agenda  
The Board will receive comments from the Public/Board Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.  
*Facilitator: Jim Malley (or designee)*
- Item #16      Adjournment

Appointed Members: James O. Malley, SE, Senior Principal, Degenkolb Engineers;  
Board Chair  
Vacant, Board Vice-Chair  
Cody Bartley, DPR Construction  
Janice Cheung, PE, CSP, Fire Marshal, Redwood City  
Jennifer G. Cox, MHA, BSN, RN, PHN, CIC, System Director,  
Epidemiology and Infection Prevention, UC Irvine Health  
Michael L. Davis, CHI, Senior Consultant, DavisHBC, Inc.  
Gary Dunger, Executive Director, Design and Construction,  
Cedars-Sinai Health System  
Teresa Endres, AIA, ACHA, EDAC, AAH  
Mikhail Fuks, P.E., HFDP, DBIA  
John Griffiths, PE, Electrical Engineer, CONTECH-CA  
Martin B. Hudson, PhD, PE, GE, Principal Geotechnical  
Engineer, Hudson Geotechnics, Inc.  
Courtney B. Johnson, PG, CEG, Principal Geologist, Slate  
Geotechnical Consultants  
Kelly Martinez, RN, MBA, FACHE, EDAC, Co-founder, Hallsta, Inc.  
Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.  
Carl Newth, PE, CBO, LEED BD+C, Building Official and  
Director of Engineering Services, UC Los Angeles  
Noella Tabladillo, Director of Government and Community  
Relations, Kaiser Permanente National Facilities Services

Director-Appointed

Ex-Officio Members: David Bliss, MD, Faraday Microgrids  
Bert Hurlbut, VP Construction, Stanford Healthcare, Retired  
Michael O'Connor, Principal, Nichols, Melburg & Rossetto

Ex-Officio Members: Elizabeth Landsberg, HCAI Director  
Daniel Berlant, State Fire Marshal  
Vickie Sakamoto (Delegate)  
Jeremy Lancaster, State Geologist  
Jennifer Thornburg (Delegate)  
Stoyan Bumbalov, Building Standards Commission,  
Executive Director  
Irina Brauzman (Delegate)  
Kevin Day (Delegate)  
Erica Pan, MD, MPH, FIDSA, FAAP, Department of Public  
Health, Director  
Nathaniel Gilmore (Delegate)  
Chris Tokas, SE, F.SEAOC, CBO, OSHPD Deputy Director

#### HBSB

Executive Director: Veronica M. Yuke

The Hospital Building Safety Board agenda and other notices about meetings are posted online and can be found by searching for Hospital Building Safety Board and meeting month at <https://hcai.ca.gov/public-meetings>.

For further information about this meeting, please contact Evett Torres or Marcus Palmer at (916) 440-8300, [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov), or send a letter to The Department of Health Care Access and Information, 2020 West El Camino Avenue, Sacramento, CA 95833.

The Board may take action under any agenda item.

Every effort will be made to address each agenda item as listed. However, the agenda order is tentative and subject to change without prior notice. Items not listed on the agenda will not be considered. The Board may take a 30- to 90-minute break during the meeting. Members of the public are NOT required to identify themselves or provide other information to attend or participate in this meeting. If Microsoft Teams (or another platform) requires a name, you may enter "Anonymous". You may also input fictitious information for other requested information if required to attend the meeting (e.g., [anonymous@anonymous.com](mailto:anonymous@anonymous.com)).

This meeting is accessible to persons with a disability. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Evett Torres or Marcus Palmer at [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov) or sending a written request to HBSB Staff at 2020 West El Camino Avenue, Sacramento, CA 95833. Providing your request at least seven (7) business days before the meeting will help ensure availability of the requested accommodation.

If you need help understanding or translating into another language, or if you need sign language services, please contact Evett Torres or Marcus Palmer at [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Let us know at least seven (7) days before the meeting so we can set up the services you need.

### **Spanish/ Español**

Si necesita ayuda para entender esta agenda de la reunión, necesita que se traduzca en otro idioma, o necesita servicios en lenguaje de señas Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Avísenos al menos siete días antes de la reunión a fin de que podamos programar los servicios que necesita.

### **Korean/ 한국어**

이 회의 안건을 이해하는 데 도움이 필요하거나, 다른 언어로 번역이 필요하거나, 수화 서비스가 필요한 경우: Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). 필요한 서비스를 제공할 수 있도록 회의 개최 7일 전까지 알려주십시오.

### **Chinese Simplified/簡體中文**

如果您在理解本会议议程方面需要帮助，需要将本会议议程翻译成其他语言，或需要手语服务 Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). 请至少在会议前七天通知我们，以便我们安排您所需的服务。

### **Tagalog/Tagalog**

Kung kailangan mo ng tulong upang maunawaan ang adyenda ng pagpupulong na ito, kailangan itong isalin sa ibang wika, o kailangan ng mga serbisyo para sa sign language Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Ipaalam sa amin nang hindi bababa sa pitong araw bago ang pagpupulong upang mai-set up namin ang kailangan mong mga serbisyo.

### **Vietnamese/Tiếng Việt**

Nếu quý vị cần trợ giúp để hiểu chương trình nghị sự của cuộc họp này, như cần dịch sang ngôn ngữ khác hoặc cần dịch vụ ngôn ngữ ký hiệu Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Vui lòng cho chúng tôi biết ít nhất bảy ngày trước cuộc họp để chúng tôi có thể bố trí các dịch vụ mà quý vị cần

### **Chinese 繁體中文**

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### **Sacramento Office:**

Free parking is available around the building. Please do not park in reserved spaces.

# HCAI Update

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## **New Hospital Building Safety Board Member**

### **Architect Representative:**

**Belinda Young, American Institute of Architects, LEED Building Design and Construction, Associate Design-Build Professional**, has 27 years of experience in architecture and healthcare design, with 22 of those years dedicated to serving California healthcare clients. As Regional Leader of Healthcare at HOK, Inc., Ms. Young champions a culture of genuine partnership among clients, builders, design teams, and HCAI, fostering collaboration that drives successful project outcomes. Her portfolio spans a wide range of project types, from small-scale renovations to complex ground-up inpatient and outpatient facilities, including the Kaiser Permanente Inpatient Bed Tower Expansion Hospital in Roseville, and the Dignity Health Saint Francis Memorial Hospital SPC-2 Seismic Retrofit in San Francisco.

Belinda Young has been an active consulting member on four HBSB Committees, including the Codes and Processes Committee, Education and Outreach Committee, and the Technology and Research Committee. She also serves on the California Building Standards Commission, Health Facilities Code Advisory Committee as the Acute Care Hospital Representative.

Ms. Young has a Bachelor of Arts in Urban Studies from Stanford University, and a Master of Architecture from Yale University.


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# Full Board

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Draft Meeting Report/Minutes

June 3 - 4, 2025

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## **Hospital Building Safety Board Full Board Meeting**

**June 3 – 4, 2025  
10:00 a.m. – 4:00 p.m.**

### **Location:**

355 South Grand Avenue, Ste. 2000, Los Angeles, CA 90071

### **Appointed Members Present**

James O. Malley, Board Chair  
Louise Belair  
Cody Bartley  
Janice Cheung  
Jennifer Cox  
Michael Davis  
Gary Dunger  
Teresa Endres  
Michael Foulkes  
Mikhail Fuks  
John Griffiths  
Martin Hudson  
Courtney Johnson  
Kelly Martinez  
Carl Newth  
Noella Tabladillo

### **Director Appointed Ex-Officio Members Present**

David Bliss  
Michael O'Connor

### **Ex-Officio Members Present**

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

### **HCAI Staff Present**

Arash Altoonash  
Richard Tannahill  
Joe LaBrie  
Roy Lobo  
Jamie Schnick  
Nanci Timmins  
Camille Dixon, HCAI Attorney

### **HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evelt Torres

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

**Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair  
Malley called the meeting to order on June 3, 2025, at 10:00 a.m. He welcomed attendees, acknowledged new and outgoing members, and noted a packed agenda for the two-day session. He encouraged outgoing members to join the board for dinner that evening in celebration of their service.

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

**Facilitator:** Veronica M. Yuke, HCAI; HBSB Executive Director

Veronica Yuke conducted a full roll call of all board members, staff, and ex-officio representatives. A quorum was confirmed. She then reviewed meeting conduct expectations, recording notices, and logistical guidance (e.g., lunch, public comment procedure, audio/video management).

## **3. Department of Health Care Access and Information (HCAI) Update and Swearing-In Ceremony**

**Facilitator:** Elizabeth Landsberg, Director, HCAI

### **Discussion and Input**

### **Swearing-in Ceremony:**

Elizabeth Landsberg conducted the official swearing-in of three new board members:

- Mikhail Fuks, Mechanical Engineer Member
- Kelly Martinez, Public Member
- Noella Tabladillo, Public Member

After taking the oath, each member was given the floor to speak briefly about their background and reasons for joining the board.

### **Recognition of Outgoing Members:**

Elizabeth Landsberg gave a detailed tribute to Louise Belair and Michael Foulkes, describing their years of service and specific contributions to HBSB, including committee roles, authored reports, and leadership positions.

### **Departmental Update:**

Elizabeth Landsberg then provided a comprehensive update from HCAI, covering:

- State Budget projections and a newly identified \$12 billion deficit.
- Hospital Seismic Safety Standards implementation and legislation (notably AB 869).

- Clinic standards updates including support for freestanding clinics and alternative birthing centers.
- Behavioral Health Workforce Transformation, including up to \$1.9 billion in federal funding through the BH-CONNECT waiver.
- HPD (Healthcare Payments Database) continuation with long-term funding.
- Prescription Drug Pricing reforms and PBM regulation proposals.
- Office of Health Care Affordability (OHCA) cost growth targets and sector-specific benchmarks for high-cost hospitals.
- Equity and Quality Measures introduced alongside spending limits.

## **Board and Public Comment**

- Michael O'Connor asked how the public and board would access the OHCA baseline report.
  - Elizabeth Landsberg confirmed it would be available on HCAI's website and promised personal follow-up.
- Teresa Endres reported active use of HPD data in strategic planning.
  - Elizabeth Landsberg expressed enthusiasm, stating the purpose of HPD is for actionable planning. She noted regular data updates and encouraged broader usage by design professionals.

## **Informational and Action Items**

- Formal induction of three new members
- Public acknowledgment of outgoing members and their legacy
- Overview of HCAI's financial, legislative, and programmatic priorities
- Promotion of transparency tools like HPD
- Explanation of OHCA's new spending caps on high-cost hospitals

## **4. Overview and approval of the December 11 – 12, 2024, Full Board draft Meeting Report/Minutes**

### **Facilitator: Jim Malley**

Jim Malley delivered a comprehensive walkthrough of the previous Full Board meeting held December 11–12, 2024. He reviewed:

- Committee reports and motions
- HCAI budget updates
- Legislative actions (AB 869, AB 1882)
- Education initiatives including webinars and the CAP program
- A special presentation on UC Irvine's all-electric hospital

- Changes to board policies and committee assignments
- Structural and seismic compliance efforts

Jim Malley also summarized all motions approved and action items from the meeting.

During this presentation, other members made important corrections and clarifications:

- Evett Torres clarified that the number of small and rural hospital relief program applications was 38, not 3,638, referencing a typo on page 27 of the report.
- Louise Belair clarified that a referenced payback period for UC Irvine's electric hospital project was only for the steam system, not the entire electrification project. This was found on page 31.

### **Board and Public Comment**

- Evett Torres and Louise Belair made clarifications as noted above.
- Cody Bartley initiated the motion for approval and confirmed the corrections.
- Veronica Yuke clarified voting procedure and roll call requirements.
- Jim Malley acknowledged and accepted these corrections. He apologized for missed clarifications and reiterated the challenge of compressing a lengthy report into 20 presentation slides.

### **Voting**

- Motion to approve the December 11–12, 2024, full board meeting minutes as amended:
- **Motion:** Cody Bartley
- **Second:** Teresa Endres
- **Outcome:** Motion passed unanimously with no opposition or abstentions.

### **Informational and Action Items**

- Detailed summary of December 2024 meeting topics, including presentations, policy updates, and committee activities.
- Board was reminded of all prior motions passed and committee assignments approved.
- Amend the meeting minutes to reflect:
  - Correction of the rural hospital application number (38, not 3,638).
  - Clarification that the cost recovery applies to the steam system only in the UCI hospital presentation.
- Officially approve the amended minutes as the formal record.
- Continue ongoing initiatives documented in the prior meeting report, including CAP certification, webinar development, code updates, and structural compliance reviews.

## 5. Ad hoc Board Procedures Committee

**Facilitator:** Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai Health System; Board Vice-Chair

### Discussion and Input

Gary Dunger presented a summary of actions taken by the Ad Hoc Board Procedures Committee. He noted that the committee, chaired by Michael Foulkes, had held a short meeting on the morning of the December 11, 2024, Full Board session to address two pressing updates in the Board's Policies and Procedures Manual. The changes were:

- Meeting Frequency Clarification
  - The manual previously referenced fixed dates and a rigid schedule.
  - Updated language now states the board may meet “up to three times per year”
  - Reference to specific months (“April, August, and December”) was removed for flexibility.
- Division Name Correction
  - Legacy references to the “Facilities Development Division” were replaced with the correct name: “Office of Statewide Hospital Planning and Development.”

These changes appeared in:

- Section VII.A.1: Language now allows scheduling “up to three meetings per year.”
- Section V.A.1: Terminology correction for the Office name.

Gary Dunger emphasized that although the updates had been discussed at the prior meeting in December 2024, no formal vote had occurred because the committee had met only that morning, prior to the board session.

### Board and Public Comment

- None.

### Voting

- Motion to approve the December 11, 2024, Ad Hoc Board Procedures Committee meeting report.
- **Motion:** Gary Dunger
- **Second:** Cody Bartley
- **Outcome:** Motion passed unanimously with no opposition or abstentions.

### Informational and Action Items

- The board formally adopted revisions to the Policies and Procedures Manual, including:
  - Flexible meeting scheduling language (“up to three meetings per year”).
  - Updated organizational terminology (“Office of Statewide Hospital Planning and Development”).

## **6. Instrumentation Committee**

**Facilitator:** Martin Hudson, PhD, PE, GE, Principal Geotechnical Engineer, Hudson Geotechnics, Inc.

### **Discussion and Input**

Martin Hudson presented a report summarizing the January 28, 2025, meeting of the Instrumentation Committee. He began with a brief introduction to the committee’s white paper on seismic instrumentation, explaining that it aimed to demonstrate how hospitals could use accelerometers to assess structural performance after seismic events—not just for scientific data collection, but to help facilities make informed decisions in real time.

Martin Hudson explained that the committee wanted to promote the white paper to hospital owners and facilities managers by developing educational materials, including:

- A webinar to explain the white paper’s contents and the operational benefits of instrumentation.
- A two- to three-page executive summary for easy reference.
- Short videos (3–5 minutes) to highlight the practical value of seismic data.

He noted that the California Geological Survey offered to assist with the video content.

The committee had also begun coordinating with the Education and Outreach Committee to plan and deliver the webinar, which would translate technical language into plain terms for broader understanding. Martin Hudson stated that one key goal was enabling facility managers to assess the health of their buildings within five minutes after an earthquake—providing critical information before structural engineers arrive on site.

The discussion also included real-world examples of data collection, concerns about premature hospital evacuations, and how instrumentation could support operational decisions.

Martin Hudson reviewed the committee’s objectives for 2025:

- Continue collaborating with the California Geological Survey to instrument additional hospital buildings.
- Finalize and distribute the webinar and supporting materials.

- Encourage hospitals to adopt and fund their own instrumentation programs, supplementing state installations.
- Several board members contributed to the discussion.

Martin Hudson concluded the discussion by confirming the committee's direction for 2025 and reaffirming the need for continued cross-committee collaboration.

## **Board and Public Comment**

- Michael O'Connor recommended featuring existing hospitals that already use instrumentation as case studies in the educational materials.
- Jim Malley echoed Michael O'Connor's point and emphasized showcasing real-world benefits to encourage adoption.
- Noella Tabladillo asked whether the committee had presented the white paper to the California Hospital Association and suggested reaching out to CHA's full membership.
- Chris Tokas responded that while CHA staff had received a simplified briefing, it was too early to present to the broader audience until the team could translate technical material into accessible content.
- Gary Dunger added that he had personally briefed CHA staff using a simplified explanation of the white paper and that CHA now had a foundational understanding.
- John Griffiths raised a concern about existing instrumentation in residential or commercial systems (e.g., smart home accelerometers), asking whether the committee had considered integrating those lower-cost sensors into data collection.
- Chris Tokas clarified that the committee was working on correlating high-fidelity and commercial-grade instruments but noted that reliability and signal quality were key issues.
- Mikhail Fuks asked whether the committee had collected any cost data for implementing instrumentation and suggested this would help hospital administrators evaluate risk and return on investment.
- Chris Tokas explained that HCAI partially funds instrumentation for certain buildings using state budget allocations and that some owners are required to install instruments in buildings with new structural systems. He noted that broader implementation would depend on facility resources.
- Noella Tabladillo asked where the data is stored and whether the public has access to it.
- Chris Tokas responded that the data is cloud-based, accessible to various users, and that the board would receive a more detailed demonstration during the next day's session.

- Courtney Johnson asked whether the data-sharing infrastructure was being developed in parallel with the education efforts.
- Chris Tokas and Jim Malley confirmed that public data is hosted on the California Strong Motion Instrumentation Program (CSMIP) platform, and that some privately collected data remains facility-owned unless voluntarily shared.

## **Voting**

- Motion to approve the January 28, 2025, Instrumentation Committee meeting report
- **Motion:** Martin Hudson
- **Second:** Gary Dunger
- **Outcome:** Motion passed unanimously with no opposition or abstentions.

## **Informational and Action Items**

- Finalize the development of an educational webinar and supporting materials (videos, executive summary) to promote the seismic instrumentation white paper.
- Continue working with the California Geological Survey to install instrumentation in additional hospital facilities.
- Establish a correlation framework between high-fidelity instruments and low-cost commercial sensors.
- Improve public access to building seismic data via the CSMIP platform.
- Engage the Education and Outreach Committee to ensure broad dissemination and plain-language communication.

## **7. Energy Conservation and Management Committee**

**Facilitator:** Cody Bartley, DPR Construction; Committee Chair

Cody Bartley presented an overview of the committee's recent activities and priorities. He reported that the committee had convened to review and revise its charter, with a goal to better reflect its scope and responsibilities, especially in response to the state's climate and sustainability mandates.

Key discussion points included:

- Updates to the committee charter, ensuring clarity in purpose and deliverables.
- Integration of energy efficiency and climate resiliency objectives within healthcare infrastructure policy and design.
- Emphasis on equity, decarbonization, and long-term operational sustainability.
- Strategic alignment with HCAI and state energy goals.

Cody Bartley highlighted that the revised charter would allow the committee to operate with clearer direction and to address emerging energy priorities more effectively.

### **Board and Public Comment**

- Chris Tokas thanked Cody Bartley for his leadership in developing a more robust committee structure.
- Board members expressed support for the updated focus and acknowledged the importance of aligning with California's evolving climate resilience and energy efficiency policies.
- Veronica Yuke confirmed the webinar's availability on the HBSB webpage.

### **Voting**

- Motion to approve the April 2, 2025, Energy Conservation and Management Committee meeting report
- **Motion:** Cody Bartley
- **Second:** David Bliss
- **Outcome:** Motion passed unanimously with no opposition or abstentions.

### **Informational and Action Items**

- The committee will continue to:
  - Monitor AB 1347 for legislative activity.
  - Track and support ongoing energy-related code proposals.
  - Develop priorities for energy conservation strategies in the upcoming 2025 Triennial Code Cycle.

## **8. Structural and Nonstructural Regulations Committee**

**Facilitator:** Jim Malley, Committee Chair

### **Discussion and Input**

Jim Malley introduced the agenda item and led the discussion by reviewing recent activities and topics from the Structural and Nonstructural Regulations Committee.

Jim Malley presented updates regarding:

- Policy Intent Notice (PIN) 77 – which addresses steel quality assurance and quality control (QA/QC).
  - He stated that PIN 77 was finalized and posted to the HCAI website. He explained its purpose was to clarify agency roles and inspection practices, particularly with welding inspection and steel construction, and emphasized that the PIN had been in development for over two years.

- ASCE 7-22 Alignment – He discussed its relevance to upcoming regulatory shifts, stating that HCAI will continue to coordinate with the Division of the State Architect (DSA) and Building Standards Commission (BSC).
- Compliance Portal – He gave a brief update, mentioning improved upload functionalities and user accessibility.

Roy Lobo provided further detail on the implementation of Policy Intent Notice (PIN) 77, including feedback received and technical refinements. He affirmed the PIN was intended to support clearer inspection roles between HCAI and the State Fire Marshal.

Mia Marvelli offered updates from the Building Standards Unit, confirming the committee's participation in the 2025 Intervening Code Adoption Cycle, which includes proposed amendments to Title 24. She explained that these updates align with recent legislation, such as AB 869, and provided a brief overview of the state agency collaboration process.

## **Board and Public Comment**

Several board and committee members participated in the discussion:

- Michael Davis raised concerns about inspector consistency and how these clarifications would be enforced operationally.
- Mikhail Fuks suggested that educational outreach would be necessary to ensure that field professionals and design teams fully understand the updates.
- Kelly Martinez commented in support of the compliance portal enhancements and the transparency it brings to seismic compliance documentation.
- No public comments were made during this agenda item.

## **Voting**

Motion to approve the March 12, 2025, Structural and Nonstructural Regulations Committee meeting report/minutes.

- **Motion:** Jim Malley
- **Second:** Marty Hudson
- **Outcome:** The motion passed unanimously, with no abstentions or objections.

## **Informational and Action Items**

- Finalization and publication of PIN 77 on steel QA/QC.
- Updates regarding adoption of ASCE 7-22 and seismic provisions.
- Status of the seismic compliance portal enhancements.
- Overview of structural code updates in alignment with the 2025 Intervening Code Cycle and legislative mandates like AB 869.

## 9. Codes and Processes Committee

**Facilitator:** Michael O'Connor, Principal, Nichols, Melburg & Rossetto; Committee Chair

### Discussion and Input

Michael O'Connor presented highlights from the March committee meeting. He summarized discussion topics such as:

- The eTIO (Electronic Testing, Inspection, and Observation) tool pilot rollout.
- Standard details development for light wood framing.
- Updates to clinic regulations.
- Input from the committee on code cycle activities, particularly those linked to the Intervening Code Adoption Cycle.

Joe LaBrie provided a demonstration of the eTIO system, explaining its purpose to streamline project submittals and checklists. He noted that initial feedback was positive and that more implementation was expected.

Gary Dunger discussed the development of standard details for light wood framing. He reported progress in coordinating these standards with stakeholders and explained the purpose was to improve design and review consistency.

Mia Marvelli reviewed the committee's involvement in the Intervening Code Adoption Cycle. She listed regulatory efforts related to behavioral health and hospital clinics. She explained that the proposed standards included updates addressing accessibility, staff and patient safety, and new statutory requirements.

Jamie Schnick presented the upcoming regulatory changes for clinics, referencing new legislation and highlighting the public availability of comparison tools for Titles 22 and 24. He also provided an overview of planned outreach and training materials.

### Board and Public Comment

- Michael Davis asked about the timeline for wider adoption of the eTIO tool and encouraged continued integration across project types.
- Mikhail Fuks requested clarification regarding how light wood framing standard details would be distributed and adopted.
- Kelly Martinez commented on the value of aligning behavioral health regulations with operational feedback from the field.
- Noella Tabladillo asked about outreach strategies for informing designers and facility operators of updated clinic standards.

### Voting

Motion to approve the May 7, 2025, Codes and Processes Committee Meeting Report.

- **Motion:** Michael O'Connor introduced the item.

- **Second:** Carl Newth
- **Outcome:** The motion passed unanimously, with no abstentions or objections.

### **Informational and Action Items**

- Demonstration and pilot rollout of the eTIO system for electronic plan submittals.
- Development and stakeholder coordination on light wood framing standard details.
- Updates on behavioral health and clinic code proposals under the 2025 Intervening Code Adoption Cycle.
- Regulatory updates in response to SB 1382 and SB 1432, including a published Title 22/24 comparison document to assist design professionals.

## **10. Education and Outreach Committee**

**Facilitator:** Cody Bartley, Committee Vice-Chair

### **Discussion and Input**

Cody Bartley presented a detailed summary of the Education and Outreach Committee meetings held on February 13, 2025, and April 23, 2025:

- February 13, 2025, Meeting Highlights
  - Reviewed imaging procedure classifications.
  - Reviewed functional and operational program templates for CDPH approval (presented by Kelly Martinez and Teresa Endres).
  - Discussed initiation of a design professional mentorship program.
  - Deferred discussion of the 2025 Education Seminar pending budget clarity.
  - Discussed outreach regarding HCAI vs. OSHPD identity clarification.
  - Continued coordination with the Instrumentation Committee on a webinar regarding seismic instrumentation.
  - Final review of PIN 50.
  - Discussed follow-up to the preapproved fabricated components and systems webinar.
  - Updated progress on the Collaborative Inspection Approach webinar, facilitated by Michael Davis.
  - Reviewed multiple upcoming guidance documents (PINs, CANs) including:
    - Nurse stations
    - PIN 74 on lifesaving equipment

- PIN 51 on preapproved details
- PIN 78 on fire pump switches
- PIN 79 on advisory guides for Tier 4 generators
- Reviewed CDPH program flex coordination (pending finalization).
- Discussed AB 869 support for small/rural hospitals.
- Tabled discussion on creating a “Sustainability Guide for Extreme Natural Hazards.”
- April 23, 2025 Meeting Highlights
  - Discussed forming a subcommittee on seismic instrumentation (deferred to full board).
  - Reviewed success of the fabricated components webinar and the need to develop a follow-up white paper.
  - Received updates from the Collaborative Inspection Approach subcommittee on webinar/seminar development.
  - Clara Wu presented an update on the Functional Program Advisory Guide (target release October 2025).
  - Reopened discussion on forming a "Designing for Resilience" subcommittee.
  - Approved motion on the Functional Program Advisory Guide (pending public comments through May 15, 2025).

## **Board and Public Comment**

- Jim Malley requested that the committee vote first on approving the meeting minutes before forming subcommittees.
- Courtney Johnson described the importance of a subcommittee focused on seismic instrumentation.
- Martin Hudson and Courtney Johnson volunteered as co-chairs for the Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee.
- Janice Cheung and Noella Tabladillo volunteered to participate in the Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee.
- Richard Tannahill asked whether CGS needed representation; Cody Bartley clarified that they had already volunteered.
- Teresa Endres volunteered to chair the Ad Hoc “Designing for Resilience” Webinar Development Subcommittee.
- John Griffiths volunteered to participate in the Ad Hoc “Designing for Resilience” Webinar Development Subcommittee but declined to be vice-chair.

- Mikhail Fuks volunteered and accepted the role of vice chair for the the Ad Hoc “Designing for Resilience” Webinar Development Subcommittee.
- Kelly Martinez and Gary Dunger also volunteered for the Ad Hoc “Designing for Resilience” Webinar Development Subcommittee.
- Michael Davis volunteered to participate in the Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee.
- Carl Newth confirmed interest in membership of the Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee.
- Chris Tokas emphasized the national importance of a white paper follow-up to the preapproved components webinar.
- David Bliss issued a legal reminder regarding California’s open meeting laws and serial communications among board members.
- Chris Tokas supported the clarification and stressed the importance of compliance.
- John Griffiths was referenced by David Bliss as a past contributor to the microgrid white paper, used as a model.
- Veronica Yuke reminded members that subcommittee updates would be reported at future meetings.

## **Voting**

Motion to approve the February 13, 2025, and April 23, 2025, Education and Outreach Committee meeting reports/minutes:

- **Motion:** Cody Bartley
- **Second:** Michael Davis
- **Outcome:** The motion passed unanimously, with no abstentions or objections.

The board created three new Ad Hoc Subcommittees:

### **A. Ad Hoc “Designing for Resilience” Webinar Development Subcommittee**

- **Motion:** Cody Bartley
- **Second:** Jennifer Cox
- **Outcome:** Motion passed
  - **Chair:** Teresa Endres
  - **Vice Chair:** Gary Dunger
  - **Members:** Jennifer Cox, Mikhail Fuks, John Griffiths, Kelly Martinez

### **B. Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee**

- **Motion:** Cody Bartley
- **Second:** Courtney Johnson
- **Outcome:** Motion passed
  - **Co-Chairs:** Martin Hudson and Courtney Johnson
  - **Members:** Janice Cheung, Noella Tabladillo, CGS (pre-volunteered)

### **C. Ad Hoc How-to-Guide Development for Preapproved Fabricated Components and Systems Subcommittee**

- **Motion:** Cody Bartley
- **Second:** Michael Davis
- **Outcome:** Motion passed
  - **Chair:** Cody Bartley
  - **Vice Chair:** Not assigned
  - **Members:** Michael Davis and Carl Newth

### **Informational and Action Items**

- The board approved the meeting reports from February and April 2025.
- The board established three new ad hoc subcommittees.
- The board appointed chairs, vice chairs, and members for all three subcommittees.
- Legal guidance was issued regarding communication protocol for committee/subcommittee meetings.
- Future subcommittee meetings will be publicly noticed and reported.

### **11. “Collaborative Inspection Approach to Field Inspections” (formerly “Inspect-to-Pass Approach to Field Inspections”) Webinar Development Subcommittee of the Education and Outreach Board**

**Facilitator:** Michael L. Davis, CHI, Senior Consultant, DavisHBC, Inc; Subcommittee Chair

#### **Discussion and Input**

Michael Davis summarized the progress made across three subcommittee meetings. He reported that the subcommittee organized its content into thematic subsections based on stakeholder roles—Ownership, Design Professional of Record (DPOR), Contractor, Inspector of Record (IOR), and HCAI . He explained that this new framework was designed to be intuitive and accessible, aligning with the anticipated presentation flow.

During the March 27, 2025, meeting, the subcommittee:

- 1 • Proposed catchy slogans for each role:
  - 2 ○ "Design to Pass" (DPOR)
  - 3 ○ "Build to Pass" (Contractor)
  - 4 ○ "Inspect to Pass" (IOR)
- 5 • Discussed expanding OAC meetings (Owner-Architect-Contractor) to include
- 6 Inspectors, renaming them **OACI** meetings. This would recognize the IOR's
- 7 critical role in project coordination.

8 During the April 24, 2025, meeting, the subcommittee:

- 9 • Reviewed updated content and added ideas for the introduction and conclusion
- 10 of the webinar.
- 11 • Decided to delay finalizing the introduction/conclusion until core content and
- 12 format (seminar vs. webinar) were resolved.
- 13 • Considered hosting a one-day seminar; Chris Tokas leaned toward this format
- 14 depending on budgetary clarity by June 15, 2025.
- 15 • Scheduled an additional June 19, 2025, meeting to practice presenting the
- 16 content, including a full PowerPoint assembled by Cody Bartley.
- 17 • Reaffirmed the importance of including real-world examples; OSHPD committed
- 18 to supporting presenters with examples from their experience.

19 Michael Davis reported strong endorsements from Joe LaBrie and Chris Tokas, who

20 both considered the seminar "a critical advancement" for the construction industry. They

21 proposed extending the session to a full eight-hour seminar to allow for deeper

22 exploration and case studies.

23 Michael Davis confirmed that the subcommittee planned to develop both a 90-minute

24 webinar and a full-day seminar. The webinar would allocate approximately 12 minutes

25 to each main topic and include a structured introduction, conclusion, and Q&A session.

26 The full-day seminar would assign one hour per section and dedicate additional time to

27 Q&A, potentially led by a panel. Michael Davis stated that Joe LaBrie and Chris Tokas

28 supported the project's direction and recognized the initiative as a meaningful step

29 forward for the construction industry.

## 30 **Board and Public Comment**

- 31 • Jim Malley expressed appreciation for the progress and encouraged further
- 32 board input.
- 33 • Noella Tabladillo asked the subcommittee to clarify the core problem the
- 34 educational session aimed to address. She emphasized the need for clear
- 35 framing to reach a broad audience and questioned whether the webinar's title
- 36 effectively conveyed the multi-disciplinary scope.
- 37 • Michael Davis responded by identifying adversarial inspector behavior as a
- 38 recurring issue and explained that the session aimed to reframe inspection as a

collaborative responsibility that contributes to safe, functional healthcare buildings.

- Chris Tokas described the broader systemic issue as industry-wide dysfunction. He outlined historical failures, regulatory mandates, and fragmented accountability between owners, designers, contractors, and inspectors. He supported the development of this educational effort to promote aligned responsibility and performance-based collaboration.
- John Griffiths acknowledged industry issues but expressed concern that the messaging sounded overly pessimistic. He encouraged the team to focus on successful project examples and the practical benefits of attending an extended training session.
- Cody Bartley identified failed inspections and the lack of collaborative process as root problems. He affirmed the subcommittee's goal to highlight each participant's role in project success.
- Michael Davis committed to adding a defined problem statement to the next meeting agenda, ensuring the subcommittee could sharpen its message.
- Teresa Endres supported the use of role-based slogans and affirmed that they helped her engage more fully with the subject matter. She reinforced the importance of collaboration across disciplines and endorsed the proposed message that all parties work as a team.
- Gary Dunger reminded the board that owners hold ultimate project responsibility. He pointed out that design professionals must manage inspections and coordinate IORs as part of their statutory roles. He stressed that the subcommittee sought to reinforce these overlooked responsibilities.
- Kelly Martinez recommended that the webinar introduction define roles according to the California Administrative Code and dispel misconceptions about inspectors acting as enforcement figures. She also advised the group to define "continuous inspection" and clearly outline legal responsibilities early in the session.
- Noella Tabladillo reiterated that clearly articulating the central problem would help new participants understand the relevance and value of the webinar.
- Kelly Martinez agreed and proposed that definitions and context serve as a foundational entry point.
- Jim Malley encouraged the subcommittee to also define what successful implementation looks like, using it as a framing tool for the presentation.

## **Voting**

Motion to approve the February 27, March 27, and April 24, 2025, "Collaborative Inspection Approach to Field Inspections" Webinar Development Subcommittee meeting reports/minutes.

- **Motion:** Michael Davis
- **Second:** Cody Bartley
- **Outcome:** The motion passed unanimously, with no abstentions or objections.

#### **Informational and Action Items**

- The subcommittee completed content structuring for both a short-format webinar and a long-format seminar.
- Members identified June 15, 2025, as the decision date for available funding, which would determine the delivery format.
- The team scheduled the next working session for June 19, 2025, including a PowerPoint walkthrough.
- Cody Bartley volunteered to prepare and consolidate the visual presentation.
- OSHPD committed to supplying real-world examples to support presenter content.
- The board approved all three prior subcommittee meeting reports.
- The subcommittee will add a refined problem statement to its agenda for further development.
- The team agreed to consider adjustments to the session title and introduction to improve clarity and appeal.

### **12. Office of Statewide Hospital Planning and Development (OSHPD) Update**

**Facilitator:** Chris Tokas, SE, F.SEAOC, CBO, Deputy Director, HCAI

#### **Discussion and Input**

Chris Tokas opened by welcoming newly sworn board members and emphasizing the value of the board's work in guiding healthcare infrastructure in California. He provided an extensive presentation highlighting the historical context of special inspections and structural integrity in U.S. building codes, referencing notable failures from 1970 to 1981.

Chris Tokas described the evolution of special inspection protocols, tracing key events from the 1961 Uniform Building Code to the development of the 1997 UBC and the International Building Code. He questioned whether the commercial sector has improved inspection practices and emphasized HCAI/OSHPD's commitment to continuous oversight.

He introduced a three-part framework for building performance:

- Modern codes and standards;
- Design compliance and enforcement;
- Construction quality assurance (QA/QC).

Chris Tokas highlighted the development of the TIO form, crediting the Hospital Building Safety Board's role. He referenced Bert Hurlbut's 2013 concept of "Inspect to Pass" and described its 2025 transformation into a formal educational outreach program.

He emphasized collaboration with design professionals and praised recent developments in microgrid infrastructure, including demonstration projects such as Kaiser Ontario, Kaiser Richmond, and Valley Children's Healthcare Facility.

- David Bliss acknowledged OSHPD's collaborative involvement from project inception, stating it created an optimal environment for regulatory success.
- John Griffiths added that sustainable microgrids distinguish themselves from diesel-generator-based grids.

Chris Tokas discussed agency collaborations (e.g., CDPH), decentralization of program flex reviews, and recent work on A10 imaging room classifications.

He presented performance data:

- \$22 billion in active workload (with \$8B in plan review and \$11.5B in construction).
- 73 reviews per day on average in the first half of 2025.
- 62% of reviews completed within 10 days.

He presented review performance metrics and visualizations showing project delays often result from design professionals' late responses or excessive back checks.

Chris Tokas addressed change orders:

- Contractor-initiated change orders increased.
- Owner-initiated change orders decreased.
- He highlighted a problematic change order note referencing unapproved alternate methods, calling it an example of "build design" behavior.

Chris Tokas reported on recent emergency fire responses, referencing real-time data tools used to track wildfire impacts and building proximity. He shared tools developed by Hussain Bhatia and Roy Lobo for earthquake ground motion analysis.

## **Board and Public Comment**

- None.

## **Informational and Action Items**

- Kaiser Ontario microgrid recognized as the largest of its kind in the U.S.
- Data transparency measures implemented via plan review reports.
- Emergency disaster tools and mapping updates discussed.
- A10 imaging room classification finalized and incorporated into the 2025 California Building Code.

- TIO form and “Inspect to Pass” initiative adopted and under continued development.

### **13. Building Standards Unit Update**

**Facilitators:** Richard Tannahill, Architect, Deputy Division Chief, HCAI

#### **Discussion and Input**

Richard Tannahill presented an update on the Building Standards Unit’s activities:

- The unit includes architectural, mechanical, and electrical technical leads.
- It collaborates extensively with agencies like CDPH, State Fire Marshal, DSA, and CAHF.
- The unit develops Title 24 regulations, implements legislation, and participates in national codes and standards development (ICC, FGI).
- Key initiatives:
  - SB 1382 Clinic Bill: Focuses on "right-sizing" clinics like primary care and alternative birthing facilities. Work also ongoing with dialysis and counseling clinics.
  - Empath Behavioral Health & Crisis Stabilization Regulations: Scheduled for the intervening code cycle.
  - AB 2376: Allows chemical dependency recovery beds anywhere in a hospital (non-distinct parts). The team is still assessing its impacts.
- Engineering and Design-Specific Considerations:
  - Continuing work on seismic design implications, plumbing (PVC vs. cast iron), and HVAC return systems.
  - Electrical Updates: Minimum impact. Items discussed include conduit grounding, lighting levels, and emergency systems in birthing centers.
  - Functional program simplification is a priority. Large, irrelevant documentation is being reduced to project-specific scopes.
- Presentation of the Proposed Functional Program Guide (page 137 of the booklet):
  - Feedback is requested by June 13, 2025.
  - Guide aims to reduce unnecessary documentation in functional programs.
  - Examples: reopening an endoscopy unit should not require a 3-inch binder but rather 3–4 pages of relevant content.

He introduced the [regsunit@hcai.ca.gov](mailto:regsunit@hcai.ca.gov) email as a channel for stakeholders to submit code clarification questions, which are tracked in an internal task list.

1 He discussed collaborative work with DSA on accessibility standards for sleep rooms  
2 and plumbing fixture counts.

3 He described the OSHPD Share program for in-person education and feedback, noting  
4 its expansion to Southern California with help from Mia Marvelli and Michael Davis.

5 He confirmed the 2025 California Building Standards Code would be published July 1,  
6 2025, and effective January 1, 2026, and that work on the intervening code cycle was  
7 actively underway.

## 8 **Board and Public Comment**

- 9 • Teresa Endres praised slide content and asked about CDPH policy changes  
10 regarding program flex. She inquired whether resources were available online.
- 11 • Attendance and engagement at public meetings for primary care center  
12 regulations.
  - 13 ○ Richard Tannahill noted attendance was lower than hoped and attributed it  
14 to prior satisfaction from previous efforts. He mentioned the California  
15 Primary Care Association as a partner in outreach.
- 16 • Michael Davis emphasized the need to carefully consider exceptions when  
17 easing requirements, like under-slab plumbing.
- 18 • Kelly Martinez expressed interest in joining the working group and noted  
19 redundant hot water as a costly concern.
- 20 • John Griffiths asked about:
  - 21 ○ Electrical implications and was told these were minor.
  - 22 ○ Whether seismic certification requirements were increasing.
    - 23 ■ Richard Tannahill confirmed forces for some components (like partition  
24 walls and ceilings) are increasing but shake table test caps remain  
25 unchanged.
    - 26 ■ He clarified that if component changes invalidate existing certifications,  
27 retesting may be required.
  - 28 ○ Impact of structural code changes on hospital infrastructure.
    - 29 ■ Jim Malley confirmed that some structural components will require up-  
30 sizing.
- 31 • Martin Hudson proposed board members visit hospitals to support compliance  
32 with seismic deadlines.
- 33 • Noella Tabladillo raised concerns about AB 1882 and hospital reporting  
34 processes to local jurisdictions.

## 35 **Informational and Action Items**

36 Board members are requested to:

- Review the Proposed Functional Program Guide (page 137).
- Submit comments and feedback by June 13, 2025.
- Focus input on simplifying the review process and eliminating redundant documentation.

#### **14. Special Presentation: Kaiser Permanente Ontario Medical Center - Renewable Energy Microgrid System**

**Facilitator:** Chris Tokas and Seth Baruch, Kaiser Permanente

##### **Discussion and Input**

Chris Tokas introduced the presentation, noting the importance and innovation of the Kaiser Permanente Microgrid project. He praised its scale and impact, calling it “the biggest Microgrid project in the United States.”

Seth Baruch detailed his role overseeing energy systems at Kaiser and introduced the Ontario Medical Center’s Microgrid project. He described the Ontario site as an evolution of Kaiser’s earlier Richmond facility microgrid work and provided historical and organizational context.

Seth Baruch discussed how design and engineering collaboration enhanced project outcomes. John Griffiths raised a critical OSHA compliance issue regarding egress access, which the team had overlooked. They addressed it in time, underscoring the importance of including knowledgeable contributors early in design.

Seth Baruch warned about federal policy changes:

- A bill pending in the Senate could end Inflation Reduction Act tax credits for clean energy projects not already “anchored.”
- The Office of Clean Energy Demonstrations halted funding due to mass personnel cuts.
- These changes could jeopardize millions in funding for projects like Ontario’s.

Kelly Martinez asked about microgrid maintenance.

- Jamie Schnick responded: PV panels need occasional washing; fuel cells require annual maintenance.
- David Bliss estimated maintenance costs starting around \$25,000 annually, potentially increasing to \$75,000 over time.
- John Griffiths highlighted that microgrids offer 24/7 operational value, unlike standby generators, and are often more reliable because they run continuously.

John Griffiths also addressed:

- Designing systems for forward compatibility as performance of components (like solar panels and batteries) improves rapidly.

1 • Potential for seismic resilience in solar panel systems as a future discussion.

2 Nanci Timmins mentioned fire code section CFC 1207, which addresses battery  
3 maintenance and fire risks. She noted the code is evolving due to technological  
4 changes and incidents.

5 Daniel Berlant, California State Fire Marshal, commented:

6 • The 2026 fire code will include around 40 changes related to Battery Energy  
7 Storage Systems (BESS).

8 • He acknowledged the fire service's concern about BESS and announced a July  
9 24 symposium to improve awareness and coordination.

10 David Bliss emphasized growing device intelligence in buildings and the challenge of  
11 integrating diverse systems under unified supervisory controls.

12 Martin Hudson inquired about seismic design of microgrid components.

13 Jamie Schnick explained that:

14 • Current microgrids are supplemental, not replacements for diesel generators.

15 • Emergency power systems (like generators) must be seismically certified.

16 • Microgrids can replace generators only when they meet the same seismic  
17 standards.

18 David Bliss added:

19 • Elements can be tested individually or as combined systems, but complex,  
20 custom builds (like Ontario's canopy) make seismic certification harder.

21 • Carl Newth questioned whether microgrids used as normal power must meet  
22 OSHPD seismic requirements.

23 ○ Chris Tokas and Jamie Schnick clarified: because generators and utility  
24 services already meet seismic standards, supplemental microgrids do not  
25 need to.

26 • David Bliss noted that while CMS allows distributed energy systems as  
27 emergency power in hospitals, California does not, due to the lack of seismically  
28 certified alternatives to diesel.

29 • Jamie Schnick reiterated that microgrids are currently voluntary systems and not  
30 mandated for compliance under OSHPD requirements.

### 31 **Board and Public Comment**

32 • Carl Newth and Chris Tokas clarified the distinction between supplemental and  
33 replacement microgrid systems and their differing seismic certification  
34 requirements.

- Chris Tokas closed the discussion by acknowledging the value and future potential of microgrid systems. He expressed hope for improved funding opportunities and seismic compliance pathways.

#### **Informational and Action Items**

- Carl Newth and Chris Tokas clarified confusion about whether microgrids require OSHPD seismic certification. The consensus: only when they fully replace generators.
- Chris Tokas expressed optimism about ongoing efforts to secure funding and seismic certification for microgrid systems in California.
- Daniel Berlant announced a July 24, 2025, symposium focused on battery energy storage systems and fire service readiness.

#### **15. Comments from the Public/Board Members on issues not on this agenda the Board will receive comments from the Public/Board Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.**

**Facilitator:** Jim Malley

#### **Discussion and Input**

Jim Malley introduced the final agenda item by encouraging board members and the public to propose topics for future agenda items. He emphasized the value of special presentations, stating they enrich discussions. Jim Malley asked participants to consider relevant topics emerging from the broader healthcare practice community that the board should examine for long-term impact on the healthcare industry. He requested that ideas be emailed to him or Veronica Yuke for potential placement on a future agenda.

David Bliss proposed that the board discuss the changing landscape of healthcare reimbursement and healthcare economics. David Bliss expressed concern about the combined impacts of Medicare and Medicaid cuts and reductions in grant funding indirects. He explained that indirects—overhead funding taken from federal grants to cover operational costs—have been capped at 15%, a sharp reduction affecting universities significantly.

David Bliss emphasized that this change would result in hundreds of millions of dollars in lost funding annually for major California universities. He warned that this funding cut, combined with already thin hospital operating margins and high reliance on Medicaid and Medi-Cal (sometimes up to 70% of patient populations), poses a major threat to healthcare delivery. He stated that the consequences could include facility resource constraints, difficulty retaining clinicians in California, and programmatic closures—especially in mental health, which is already underfunded despite its importance.

Chris Tokas responded briefly, expressing interest in exploring those high-level ideas and suggested using some of the findings to inform board discussion.

### **Board and Public Comment**

- Jim Malley opened the floor for additional comments or questions from the public. No further comments were offered.

### **Informational and Action Items**

- Board members were encouraged to submit ideas for future agenda topics to Jim Malley or Veronica Yuke.
- David Bliss recommended addressing systemic financial challenges in healthcare, especially as they affect workforce, operations, and mental health programs.
- Chris Tokas supported future discussion on these complex issues.

### **16. Adjournment**

Jim Malley thanked all board members, Committee chairs, HCAI staff, and public participants for their engagement throughout the two-day session. He acknowledged the volume of material covered and commended the Board's professionalism, collaboration, and dedication to advancing seismic and structural safety in healthcare infrastructure.

He extended a particular note of appreciation to those board members who transitioned off the board, recognizing their service and institutional contributions.

He officially adjourned the Hospital Building Safety Board meeting on Wednesday, June 4, 2025, at 2:01 p.m.

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

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Draft Meeting Reports/Minutes

June 19, 2025

August 13, 2025

November 13, 2025

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



**Hospital Building Safety Board**  
**“Collaborative Inspection Approach to Hospital Construction”**  
**Webinar Development Subcommittee**

**June 19, 2025**  
**10:00 a.m. – 4:00 p.m.**

**Locations:**

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833  
355 South Grand Avenue, Conference Room 1901, Los Angeles, CA 90071

**Subcommittee Members Present**

Michael Davis, Subcommittee Chair  
Cody Bartley, Subcommittee Vice-Chair  
Gary Dunger  
Bert Hurlbut

**Consulting Members Present**

Belinda Young

**HCAI Staff Present**

Arah Altoonash  
Richard Tannahill  
Monica Colosi  
Joe LaBrie  
Camille Dixon

**HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres

- 1     **1. Call to Order and Welcome**
- 2     **Facilitator:** Michael Davis, CHI, CEO Emeritus, DavisHBC, Inc.; Subcommittee
- 3     Chair (or designee)
- 4     Michael Davis called the meeting to order at 10:03 AM, welcomed attendees.
- 5
- 6     **2. Roll Call and Meeting Advisories/Expectations**

1       **Facilitator:** Veronica Yuke, Executive Director

2       Veronica Yuke conducted roll call, confirming quorum. She noted that Scott  
3       Mackey had resigned as of June 10, 2025, after the agenda was posted.

4       She reviewed virtual meeting guidelines, public comment procedures, and voting  
5       protocol (by roll call, if needed). She also confirmed that Belinda Young is under  
6       consideration as Scott Mackey's replacement.

7  
8       **3. Discuss changing the name of the webinar to “Collaborative Approach to**  
9       **Field Inspections”**

10      **Facilitator:** Michael Davis (or designee)

11      **Discussion and input:**

12      Michael Davis opened the discussion by addressing the current title of the  
13      webinar, Collaborative Inspection Approach to Field Inspections. He noted the  
14      redundancy inherent in the term “inspection” appearing twice and stated that the  
15      title could benefit from simplification and greater clarity. Drawing from prior  
16      suggestions made by Chris Tokas, he recommended alternative titles that could  
17      reflect a broader educational mission. One such suggestion was Collaborative  
18      Inspection Approach to Construction.

19      Gary Dunger offered an alternative, proposing Collaborative Approach to  
20      Hospital Inspection. He questioned the necessity of the term “field” and asserted  
21      that a concise and accurate reference to hospital inspections could be more  
22      effective.

23      Arash Altoontash agreed with the removal of “field” from the title and emphasized  
24      the importance of avoiding confusion with public health inspections. He stressed  
25      the need to retain clear and specific references to “hospital construction” to  
26      accurately reflect the scope and intent of the webinar.

27      Cody Bartley suggested the title be broadened to Collaborative Approach to  
28      Inspections, arguing that it would encompass both pre-construction and  
29      construction activities. He asserted that such a title would maintain relevance  
30      across multiple phases of the project lifecycle.

31      Richard Tannahill responded with a suggestion to simplify the title further to  
32      Collaborative Approach to Hospital Construction, which he believed maintained  
33      clarity while embracing the full scope of project work. This led to further  
34      deliberation on the balance between specificity and inclusivity in the title's  
35      wording.

36      Bert Hurlbut expressed concern that by removing the explicit reference to  
37      inspection, the new title could potentially understate the core focus of the

1 webinar. He cautioned against language that might diminish the inspection-  
2 centric nature of the content.

3 Jamie Schnick inquired whether the term “hospital” sufficiently captured the  
4 broader scope of facilities overseen by HCAI, specifically skilled nursing facilities  
5 (SNFs) and psychiatric hospitals. Arash Altoontash clarified that under HCAI’s  
6 statutory and regulatory framework, the term “hospital” is inclusive of such  
7 facilities. He added that this understanding is consistent with how the term is  
8 used across state agency documentation and reporting structures.

9 Michael Davis summarized the options discussed, noting that consensus  
10 appeared to be forming around two principal title revisions: Collaborative  
11 Approach to Inspections and Collaborative Inspection Approach to Hospital  
12 Construction. He highlighted the need to select a title that is both precise and  
13 aligned with the subcommittee’s overarching goals of promoting clarity,  
14 engagement, and relevance to the target audience.

#### 15 **Committee and Public Comment**

- 16 • Among the subcommittee members present in both Sacramento and  
17 Los Angeles, verbal consensus strongly favored adopting the title  
18 Collaborative Inspection Approach to Hospital Construction. Members  
19 expressed support for the clarity, inclusiveness, and accuracy of this  
20 phrasing in representing the educational goals of the webinar.

#### 21 **Voting**

22 A formal vote was not conducted. Veronica Yuke confirmed that under applicable  
23 meeting procedures, verbal consensus was sufficient for action. The  
24 subcommittee agreed informally to proceed with the updated title.

#### 25 **Informational and Action Items:**

- 26 • Informational: The committee reached a consensus to adopt a new title  
27 for the webinar.
- 28 • Action Item: The webinar will now be referred to as Collaborative  
29 Inspection Approach to Hospital Construction in all future planning  
30 documents and official references.

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

33 **Facilitator:** Michael Davis (or designee)

#### 34 **Discussion and Input:**

35 Michael Davis introduced the agenda item by clarifying that the subcommittee  
36 would not conduct a full mock delivery as initially planned. Instead, each

1 presenter would provide a status report on the development of their assigned  
2 presentation section, including key messages, progress on slide preparation,  
3 anticipated duration, and any technical or content concerns.

4 **a. Ownership Section – Presented by Gary Dunger**

- 5 ○ Gary Dunger reported that although his slide deck had not yet been  
6 developed, he had fully outlined the content he intends to present.  
7 He acknowledged delays due to overlapping professional  
8 obligations but affirmed his commitment to completing the slide  
9 development before the next subcommittee meeting.
- 10 ○ Gary Dunger's planned content draws from the core themes  
11 outlined in the presentation materials, specifically emphasizing  
12 early engagement by ownership teams, collaborative  
13 communication with design professionals and inspectors, and the  
14 importance of project alignment with healthcare facility needs. He  
15 stated that his section would explore how ownership sets the  
16 cultural tone for project collaboration and clarified that the owner's  
17 perspective is essential for establishing trust and accountability  
18 from the outset.
- 19 ○ Michael Davis thanked Gary Dunger and noted that the  
20 subcommittee understood scheduling constraints, acknowledging  
21 that ownership's role is central to the collaborative model being  
22 promoted.

23 **b. Contractor/Subcontractor Section – Presented by Cody Bartley**

- 24 ○ Cody Bartley provided a detailed verbal walk-through of his draft  
25 presentation, titled Build to Pass, which was structured around six  
26 slides. He emphasized that his section focused on embedding  
27 quality control (QC) into every stage of the construction process,  
28 starting from design coordination to final inspections.
- 29 ○ Cody Bartley highlighted the following key points:
  - 30 ▪ QC begins at the subcontractor level, with accountability for  
31 installation standards.
  - 32 ▪ The general contractor must conduct internal reviews before  
33 inviting the Inspector of Record (IOR) to inspect.
  - 34 ▪ Predictable and transparent inspection scheduling reduces  
35 project delays and supports trust-building with IORs.

- Coordination with Design Professionals of Record (DPORs) and IORs is critical when field conditions require timely RFI responses or modifications.
  - Early engagement and mockups can prevent costly rework during close-in phases.
  - Failed inspections have a cascading impact on productivity, scheduling, and team morale—analogized through the concept of a “derailed train.”
- Cody Bartley also discussed adding visual aids, such as a quality control checklist and inspection sequence diagrams, to enhance engagement. He projected that his final presentation would run approximately 10–12 minutes once refined.
  - Joe LaBrie commended Cody Bartley for crafting a presentation that effectively captured the spirit of the collaborative inspection approach and stressed that the message was particularly valuable for general contractors and field managers.
  - Michael Davis praised the Build to Pass framework and encouraged Cody Bartley to preserve the balance between technical depth and practical storytelling.

**c. Inspector of Record and Testing Laboratory Section – Presented by Michael Davis**

- Michael Davis presented an overview of his section titled Inspect to Pass, a 12-slide segment centered on redefining the inspector’s role from gatekeeper to collaborative partner.
- He outlined the philosophical foundation of his presentation, based on three pillars:
  - Collaboration – Emphasizing that the IOR is part of the project team and shares in its success.
  - Communication – Stressing open, honest, and timely communication with all stakeholders.
  - Proactivity – Encouraging anticipatory action by IORs to identify and resolve potential issues before formal inspection points.
- Michael Davis clarified that Inspect to Pass does not mean leniency or overlooking non-compliance. Instead, it is a mindset and process alignment focused on supporting compliant outcomes. He distinguished his role as one holding ethical and legal

responsibilities to both the project owner and the public, citing relevant provisions of Title 24.

- Richard Tannahill suggested moving the slide that defines Inspect to Pass closer to the beginning of the presentation to establish the conceptual framework early. Michael Davis agreed with the recommendation and stated he would revise the order accordingly.
- Cody Bartley echoed that repositioning the definition would improve audience comprehension and continuity, especially when transitioning between presentations.
- Michael Davis also confirmed that Inspect to Pass would be reinforced during both the introduction and conclusion of the webinar to drive home the core message.

**d. OSHPD and Field Staff Section – Presented by Monica Colosi**

- Monica Colosi updated the subcommittee on the revised direction of her presentation, originally titled Observe to Pass. Based on prior feedback, she proposed renaming the segment to Support to Pass, a shift that reflects HCAI's commitment to being a proactive and constructive regulatory partner.
- Monica Colosi emphasized that the goal of her presentation is to humanize the field inspection process by promoting engagement, humility, and shared accountability. She discussed tools available to inspectors and field staff, including Construction Administration Proficiency (CAP) materials and daily report templates, to strengthen documentation and communication.
- Her key talking points include:
  - Field staff must approach inspections with a public service mindset.
  - Effective inspections require the field team to work with—not against—the contractor and DPOR.
  - Inspectors should avoid arrogance and strive for solution-oriented dialogue.
  - The inclusion of a Quality-of-Service Survey allows the public to evaluate performance and drive continuous improvement.
  - HCAI's role extends beyond enforcement to include education, support, and technical guidance.

- Joe LaBrie endorsed the term Support to Pass, stating it aligned with broader cultural shifts toward collaboration.
- Arash Altoontash, Michael Davis, and Cody Bartley also voiced strong support for the change.
- Michael Davis noted that Monica Colosi’s approach complemented the philosophical tenets of the IOR and contractor presentations.

**e. Q&A Planning**

- Michael Davis proposed allocating 20 minutes for a live Q&A session following the core presentations. He acknowledged this time limit was likely insufficient for full audience engagement but accepted as a standard window based on previous webinar formats.
- Richard Tannahill confirmed that a 20-minute block aligns with typical GoToWebinar logistics, especially if utilizing an online chat format. He suggested adjusting the number of questions answered live based on audience interest.

**Committee Comments:**

- Joe LaBrie encouraged presenters to begin their sections with a clear articulation of their goals and to emphasize shared terminology (Build to Pass, Inspect to Pass, Support to Pass) throughout the webinar to maintain narrative consistency.
- Bert Hurlbut emphasized the importance of performance metrics and proposed defining target inspection outcomes, such as achieving a 90–95% first-time pass rate. He suggested integrating these benchmarks into the conclusion to offer the audience actionable standards.
- Jamie Schnick and Richard Tannahill noted that HCAI collects inspection performance data that could be used to inform these metrics and evaluate long-term impact.

**Informational and Action Items:**

- Verbal feedback affirmed alignment with the webinar’s collaborative framework.
- Gary Dunger will complete slide development before the next meeting.
- Cody Bartley will finalize visuals and reduce slide density while maintaining key concepts.

- Michael Davis will reorder slides and reinforce Inspect to Pass during the intro and conclusion.
- Monica Colosi will rename her section to Support to Pass and finalize updates reflecting her revised messaging.
- All presentation materials are due to HBSB staff by July 18, 2025.
- Final timed run-through scheduled for August 13, 2025.

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

**Facilitator:** Michael Davis (or designee)

**Discussion and Input**

Michael Davis introduced Agenda Item #5 by reiterating the importance of crafting a strong introduction and conclusion for the webinar. He emphasized that these bookends should clearly communicate the objectives, unify the overarching themes across presenter segments, and deliver a lasting message to the audience. He acknowledged that the sections were not yet assigned and opened the floor for creative input and structural suggestions.

Joe LaBrie recommended incorporating concise, memorable language into both the introduction and conclusion. He proposed that the key terms Build to Pass, Design to Pass, Inspect to Pass, and Support to Pass be visually and verbally highlighted at the beginning of the webinar. These terms, he explained, encapsulate the philosophical and practical aims of each role in the construction and inspection process and would serve as a thematic guide for the audience.

Michael Davis agreed with the suggestion and proposed creating a “pithy” slide that would serve as an anchor for the webinar’s message. He envisioned the introduction as an opportunity to ground the attendees in the shared purpose of collaborative inspections.

Gary Dunger supported the thematic framework and proposed that the introduction include a slide displaying the photographs, names, and titles of each presenter. He noted that this visual element would establish credibility and humanize the delivery by allowing the audience to connect faces with voices.

Michael Davis responded positively to the idea and noted that it would also help differentiate the presenters' roles in the construction and inspection continuum. He suggested that the introduction be tailored to explain the rationale for this multi-perspective format, emphasizing the value of hearing from ownership, design professionals, contractors, inspectors, and regulators.

- Discussion then turned to who should deliver the introduction. Gary Dunger proposed that Chris Tokas might be an appropriate choice, given his leadership role and visibility within HCAI. Michael Davis agreed and noted that Chris Tokas' endorsement of the webinar's purpose would reinforce its importance to both internal staff and external stakeholders. Joe LaBrie also supported this suggestion, emphasizing that Chris Tokas' presence would demonstrate institutional alignment and elevate the perceived authority of the event.
- In the event that Chris Tokas is unavailable, the committee discussed backup options. Gary Dunger volunteered to deliver the introduction if needed, and Michael Davis noted that he himself could also step in.
- On the matter of concluding the webinar, Michael Davis proposed that the closing statements reinforce the themes discussed throughout the webinar, summarize each presenter's core message, and leave the audience with actionable takeaways. He emphasized that the conclusion should not simply be a recap but a unifying call to action underscoring shared accountability across all roles.

Gary Dunger and Joe LaBrie agreed that the conclusion should explicitly revisit the terms Build to Pass, Design to Pass, Inspect to Pass, and Support to Pass as a structured framework for collaboration. Monica Colosi added that reiterating these terms helps institutionalize a cultural shift and provides participants with a vocabulary to implement the concepts in their daily practice.

Michael Davis concluded the discussion by noting that further work was needed to finalize the introduction and conclusion scripts. He committed to collaborating with presenters offline to draft content and stated that the subcommittee would review a proposed version during the next meeting.

### **Committee and Public Comments**

Committee Members Supporting the Introduction Structure and Presenter Visuals:

- Joe LaBrie initiated the framing strategy based on the "to pass" terminology.
- Gary Dunger proposed including presenter headshots and credentials.
- Monica Colosi explicitly supported both the visual and thematic proposals, noting the value of humanizing the delivery.
- Michael Davis endorsed both elements as aligning with the webinar's goals.

Committee Members Voicing Support for Chris Tokas as Introductory Presenter:

- Gary Dunger first suggested Chris Tokas due to his position and recognition.
- Joe LaBrie seconded the recommendation, emphasizing its symbolic and practical value.
- Michael Davis supported the nomination and committed to reaching out to Chris Tokas to confirm his availability.
- No public comments were offered during this agenda item.

**Informational and Action Items:**

- Introduction will center on four thematic concepts: Build to Pass, Design to Pass, Inspect to Pass, Support to Pass.
- Visual slides will feature presenter photos, names, and titles.
- Conclusion will unify the core messages and reinforce shared responsibility.
- Michael Davis will contact Chris Tokas to determine his availability to deliver the introduction.
- Gary Dunger and Michael Davis will serve as backup introduction speakers if needed.
- Committee members will collaborate to draft proposed language for both the introduction and conclusion.
- Final versions of the introduction and conclusion will be reviewed and rehearsed at the next meeting on August 13, 2025.

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

**Facilitator:** Michael Davis (or designee)

**Discussion and Input**

Michael Davis initiated the discussion by reiterating the need for a final preparatory session prior to the official webinar delivery. He proposed that the next subcommittee meeting be held in early to mid-August to allow adequate time for slide development, content review, and practice presentations. He emphasized the importance of a structured and collaborative final run-through to ensure clarity, consistency, and adherence to the allotted timeframe for each speaker.

1 Michael Davis initially suggested August 5, 2025, as a tentative meeting date.  
2 However, several members reported scheduling conflicts with that week. After  
3 brief deliberation, August 13, 2025, emerged as the consensus date, with general  
4 availability confirmed by all attending members.

5 Michael Davis stated that the upcoming session would serve two distinct  
6 purposes:

- 7 • Slide-by-Slide Content Review: Each presenter will walk the  
8 subcommittee through their slides, explaining content, context, and  
9 messaging. This process will allow committee members to offer final  
10 feedback, resolve any inconsistencies, and ensure thematic alignment  
11 across all presentations.
- 12 • Mock Timed Delivery: Each presenter will rehearse their segment in  
13 real time, with an approximate target of 12 minutes per section. This  
14 timed approach will validate pacing and ensure the total webinar  
15 remains within the scheduled duration, including time for Q&A.

16 Gary Dunger supported this two-part structure and emphasized that a dry run is  
17 essential not only for timing but also for fluid transitions between speakers. He  
18 noted that the webinar's professional credibility depends on smooth handoffs and  
19 a unified tone.

20 Cody Bartley and Monica Colosi expressed agreement and confirmed their  
21 availability for the August 13 session. Cody Bartley asked whether the Q&A  
22 format and technology platform would be finalized in that meeting. Michael Davis  
23 confirmed that logistical and technical issues would also be reviewed at that time,  
24 including the webinar platform (e.g., GoToWebinar or Teams), hosting  
25 responsibilities, and the order of presentation.

26 Veronica Yuke reminded presenters that all finalized slides must be submitted to  
27 HBSB staff by Friday, July 18, 2025. She explained that this deadline allows  
28 adequate time for staff to compile, format, and return the complete presentation  
29 to subcommittee members for review prior to the August session. She  
30 emphasized that the early deadline is necessary for ensuring accessibility  
31 compliance and technical functionality across presentation platforms.

32 Michael Davis acknowledged the deadline and confirmed he would begin  
33 outreach to presenters not in attendance (e.g., Belinda Young, who is anticipated  
34 to fill the architectural representative role) to ensure they are briefed and on  
35 schedule.  
36  
37

## **Committee and Public Comments:**

- Michael Davis led the planning discussion and confirmed the revised meeting date.
- Gary Dunger supported the two-part structure and emphasized the need for transitions.
- Cody Bartley confirmed availability and raised Q&A logistics.
- Monica Colosi confirmed attendance and expressed support for the proposed plan.
- Veronica Yuke established the July 18, 2025, deadline for slide submission and outlined next steps for staff coordination.
- No public comments were offered during this agenda item.

## **Voting**

No vote was held. Agreement on the next meeting date and planning steps was reached by consensus.

## **Informational and Action Items:**

- Next subcommittee meeting scheduled for Wednesday, August 13, 2025.
- Meeting will include full content review and mock timed delivery.
- Each presenter will be allotted approximately 12 minutes.
- All final slide decks must be submitted to HBSB staff by July 18, 2025.
- HBSB staff will return compiled and formatted presentations to subcommittee members by August 1, 2025.
- Michael Davis will conduct outreach to absent presenters, including the new architect representative, to ensure alignment.
- Logistics regarding hosting, platform, and Q&A format to be reviewed and finalized during the August meeting.

## **7. Comments from the Public/Subcommittee Members on Issues not on this Agenda**

**Facilitator:** Michael Davis (or designee)

## **Discussion and Input**

Michael Davis opened the item by inviting comments from the public on matters not listed on the meeting agenda. He noted that the subcommittee values public input as part of its commitment to transparency and stakeholder engagement. He then paused to provide sufficient time for virtual or in-person attendees to submit or voice any comments.

Veronica Yuke reiterated that public comments could be submitted through the Teams platform chat or verbally requested through standard virtual meeting protocols. She confirmed that no written public comments had been received.

### **Committee and Public Comments:**

- None.

## **8. Adjournment**

Michael Davis expressed his appreciation to all committee members, presenters, and HBSB staff for their continued engagement, thoughtful input, and collaboration in advancing the development of the *Collaborative Inspection Approach to Hospital Construction* webinar.

Michael Davis then officially adjourned the meeting at 11:24 a.m.

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



**Hospital Building Safety Board  
Collaborative Inspection Approach to Hospital Construction  
Webinar Development Subcommittee**

**August 13, 2025  
10:00 a.m. – 4:00 p.m.**

**Locations:**

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833  
355 South Grand Avenue, Conference Room 1901, Los Angeles, CA 90071

**Committee Members Present**

Michael Davis  
Gary Dunger  
Bert Hurlbut

**Consulting Members Present**

Belinda Young

**HCAI Staff Present**

Arash Altoonash  
Richard Tannahill  
Monica Colosi  
Joe LaBrie

**HBSB Staff Present**

Veronica Yuke, Executive Director  
Evelt Torres  
Marcus Palmer

**1. Call to Order and Welcome**

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

Michael Davis called the meeting to order at 10:10 AM, welcomed attendees and explained that the purpose of the session was to conduct a rough run-through of the webinar presentation content.

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

2             **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director (or designee)  
3             Veronica Yuke conducted roll call, confirming quorum.

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

6             **Facilitator:** Michael Davis (or designee)

7             **Discussion and Input**

8             Michael Davis initiated the session by explaining that the goal was to evaluate  
9             how the presentation sections fit together for the upcoming public webinar. He  
10            emphasized that this was a working mock-up to assess flow and alignment, not a  
11            final draft. He acknowledged Cody Bartley's absence, noting that adjustments  
12            would be made accordingly.

13           Michael Davis prepared and proposed a draft introduction and conclusion for the  
14           upcoming public webinar. He stated the group could revise, use, or discard them.

15           **Ownership Presentation:**

16           Gary Dunger presented his slides, covering topics such as:

- 17           • Introduction: The Owner's Strategic Perspective
- 18           • Construction Team Roles
  - 19           ○ Hospital Owner
  - 20           ○ Architect/Engineer
  - 21           ○ Contractor
  - 22           ○ Inspector
- 23           • What could go wrong?
- 24           • Why Hospital Construction is Unique
- 25           • Regulatory Accountability
  - 26           ○ Statutory mandate for hospital inspection
- 27           • The Inspector's Role
  - 28           ○ Code of Ethics and Principal Duties
  - 29           ○ Key Inspection Definitions
- 30           • Types of Inspection in Hospital Construction
- 31           • Benefits of Proper Inspections and Risks of Inadequate Inspection
- 32           • Best Practices for Effective Inspections

1 Michael Davis discussed the owner's key responsibilities in a construction  
2 project: initiating, guiding, overseeing the process, and selecting the project  
3 team. He suggested a slogan such as “Lead to Pass” to represent the owner's  
4 role, drawing analogies to sports teams, positioning the owner as the team  
5 owner, the design professional as captain, and HCAI as referee.

6 Joe LaBrie supported the “Lead to Pass” idea and stated that a successful  
7 project starts with the owner. He emphasized the owner sets the tone for  
8 performance and collaboration.

9 Michael Davis expanded that early decisions made by the owner, especially in  
10 hiring, can shape either a successful or dysfunctional team.

11 Bert Hurlbut contributed that the owner should facilitate and demand good quality  
12 control, explaining that owners need to provide both resources and expectations.  
13 He tied the collaborative inspection process directly to achieving final quality  
14 outcomes.

### 15 **Design Professional of Record Presentation:**

16 Michael Davis invited Belinda Young to walk through her draft slides.

17 Belinda Young asked for clarification on whether the terminology “Inspect to  
18 Pass” was still being used or had been replaced with “Collaborative Inspection  
19 Approach.”

20 Michael Davis confirmed that although the official program name had changed to  
21 “Collaborative Inspection Approach to Hospital Construction,” they retained use  
22 of phrases like “Inspect to Pass” informally due to their memorability and  
23 motivational tone.

24 Belinda Young observed that prior draft content (particularly from Scott Mackey)  
25 focused on collaboration culture rather than specific field examples. She noted  
26 her content attempted to blend both, highlighting both behaviors that promote  
27 collaboration and practical implementation strategies.

28 Belinda Young presented a slide she generated using Copilot AI, which  
29 visualized the “Why” behind collaboration. She emphasized:

- 30 • Breaking down silos
- 31 • Open communication
- 32 • Trust, empathy, and accountability
- 33 • Advocacy among team members
- 34 • The elimination of ego-driven behavior

1 She explained that collaboration begins with individual behaviors that prioritize  
2 shared goals and team success, rather than role-based competition.

### 3 **Subcommittee and Public Comment**

- 4 • Joe LaBrie and Bert Hurlbut, both committee members, engaged directly  
5 in feedback and conceptual alignment during the ownership and design  
6 professional sections.

### 7 **Informational and Action Items**

- 8 • Presenters shared their draft webinar materials and engaged in cross-  
9 feedback.
- 10 • No new formal action items were introduced or assigned, but Michael  
11 Davis encouraged the group to reflect on integration and cohesion  
12 between sections.

## 13 14 **4. Mock delivery of webinar presentations**

15 **Facilitator:** Michael Davis (or designee)

### 16 **Discussion and Input**

17 Michael Davis transitioned the group into the next phase of the meeting, which  
18 was the mock delivery and continued review of the webinar's presentation  
19 sections.

### 20 **Contractor of Record / Subcontractor Section:**

21 Michael Davis acknowledged that Cody Bartley was not present.

22 He suggested the team skip over Cody Bartley's section during the mock review  
23 since his slides were not included in the current presentation file.

24 Michael Davis noted that Cody had previously walked through his slides at an  
25 earlier meeting and had well-developed content. He anticipated that Cody would  
26 be able to participate in a future meeting to reintegrate his portion.

### 27 **Discussion on Inspection Success and Failure Rates:**

28 Michael Davis transitioned from presentation delivery to share inspection  
29 pass/fail data from two recent projects:

- 30 • One project involved a two-story hospital expansion. The inspection  
31 success/failure rates included:
- 32 • 33% failure on decking
- 33 • 13% failure on interior framing

- 2% failure on miscellaneous metals

Another project was a recently completed hospital. He explained that when Inspectors of Record (IORs) collaborated early with contractors, failure rates dropped dramatically, sometimes to 0%.

Michael Davis emphasized that when the contractor welcomed collaboration and early involvement from the IOR, inspection outcomes improved.

He contrasted this with cases where contractors resisted collaboration, which correlated with higher failure rates.

Joe LaBrie praised Michael Davis's insight and specifically highlighted the importance of Davis's closing point about the relationship between collaboration and failure rates.

### **Subcommittee and Public Comments**

- Joe LaBrie expressed support for Michael Davis's conclusion about the strong correlation between collaboration and successful inspections.
- No public comment was submitted during this portion of the meeting.

### **Informational and Action Items**

- The committee skipped the formal contractor presentation due to the absence of Cody Bartley and the lack of his slides in the shared file.
- Michael Davis introduced real-world inspection data as a supporting narrative for the presentation's themes.
- No formal action items were assigned, but the group agreed to revisit and include Cody Bartley's presentation content in a future meeting.
- Final timed run-through scheduled for November 13, 2025.

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

**Facilitator:** Michael Davis (or designee)

### **Discussion and Input**

Michael Davis opened the discussion by proposing a structural outline for the webinar's introduction, presenter transitions, and conclusions. He stated that his intent was to ensure a smooth presentation handoff between speakers and suggested the following sequence:

- An OSHPD representative introduces the webinar and then introduces the opening presenter.

- That presenter delivers the Introduction section and then transitions to the next speaker.
- Each subsequent speaker hands off to the next (e.g., Belinda Young to Cody Bartley, Cody Bartley to Michael Davis, etc.).
- At the conclusion, the final presenter would transition back to the OSHPD representative, who would administer the Q&A panel.

Gary Dunger raised the point that the webinar schedule included Introduction, Conclusion, and Q&A components, and asked if a designated Master of Ceremonies (MC) was planned to guide the flow of these sections. He recommended that a consistent voice would help ensure cohesion, especially during the Q&A portion.

Joe LaBrie declined the MC role due to his retirement schedule, stating that he would not be available to fulfill the role.

Michael Davis acknowledged Gary Dunger's suggestion and reiterated his vision that someone from OSHPD would serve as the MC. He explained that this person would:

- Open the webinar and set expectations.
- Guide transitions between speakers.
- Administer and coordinate the Q&A portion by fielding chat questions.

Gary Dunger provided additional clarification about platform-specific functionality for webinars:

- In Microsoft Teams, all participants can see chat-based questions and hand-raise notifications.
- In GoToWebinar, only presenters can view submitted questions. The designated MC could screen and assign questions to the appropriate panelists during the Q&A session.
- He concluded that either platform would be functional as long as these responsibilities were clearly assigned.

### **Subcommittee and Public Comments**

- Joe LaBrie, Gary Dunger, and Michael Davis contributed to discussion around the introduction/conclusion structure.

### **Informational and Action Items**

- The subcommittee discussed establishing a formal MC role and having OSHPD personnel fill that position.

- No action item was officially assigned, but Michael Davis indicated he would request further input from OSHPD regarding internal protocols for chat moderation and Q&A administration.

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

**Facilitator:** Michael Davis (or designee)

### **Discussion and Input**

Michael Davis initiated discussions around future steps for refining the webinar presentation. He confirmed that the working versions of the introduction and conclusions he drafted would be used moving forward, unless the group decided otherwise. He clarified that he was not insisting on delivering those sections personally and would willingly hand them off if someone else was better suited.

Belinda Young asked whether the group should address why the webinar is being held as part of the introduction. She suggested that integrating that context could help frame the session more effectively for attendees.

Michael Davis acknowledged that he had intended to include the "why" and appreciated the reminder. He made a note to incorporate that theme in the revised version of the introduction. He referenced a previous full board meeting where a similar question was asked by a new board member.

Monica Colosi suggested that the MC or host could briefly introduce the purpose of the webinar during the initial housekeeping portion. She proposed that a deeper, motivational introduction could then follow from Michael Davis. She clarified that combining both would provide a clear objective up front and a more detailed context thereafter.

Michael Davis agreed and planned to test the structure during a future practice session, allowing the team to refine the flow based on group feedback.

He also presented a draft conclusion script, summarizing the key responsibilities of each stakeholder group (owner, designer, contractor, IOR, OSHPD) using the mnemonic themes:

- Lead to Pass
- Design to Pass
- Build to Pass
- Inspect to Pass
- Support to Pass

1 He expressed a desire to make the conclusion motivational, so attendees would  
2 leave feeling valued and aligned with the webinar's goals.

3 Joe LaBrie supported both the tone and content of the conclusion and  
4 encouraged using it.

### 5 **Subcommittee and Public Comments**

- 6 • Belinda Young, Monica Colosi, and Joe LaBrie actively contributed to the  
7 planning discussion and refinement of the introduction and conclusion.
- 8 • No public comments were offered during this agenda item.

### 9 **Informational and Action Items**

- 10 • Michael Davis confirmed the current draft introduction, and conclusion  
11 would serve as the working versions for the next practice session.
- 12 • He invited team members to review and provide feedback.
- 13 • The team agreed to revisit these elements during a future practice  
14 meeting, the date of which would be scheduled separately.

## 15 16 **7. Comments from the Public/Subcommittee Members on Issues not on this** 17 **Agenda**

18 **Facilitator:** Michael Davis (or designee)

### 19 **Discussion and Input**

20 Michael Davis opened the floor to committee members and the public, asking  
21 whether there were any comments on items not listed on the agenda.

22 He posed the question directly to OSHPD representatives, the subcommittee,  
23 and any attending members of the public, allowing a moment for responses.

24 After receiving no additional comments, he confirmed that the item was closed  
25 and transitioned the group toward the final item of the meeting.

### 26 **Subcommittee and Public Comments**

- 27 • None.

### 28 **Informational and Action Items**

- 29 • None.

## 30 31 **8. Adjournment**

32 Michael Davis reminded the group that they would reconvene on November 13th,  
33 and by that date, PowerPoint presentations should be finalized and submitted

- 1 according to OSHPD's formatting and delivery protocols as communicated by
- 2 Evett Torres.
- 3 Michael Davis officially adjourned the meeting at 12:18 p.m.

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



**Hospital Building Safety Board**  
**“Collaborative Inspection Approach to Hospital Construction”**  
**Webinar Development Subcommittee**

**November 13, 2025**  
**10:00 a.m. – 4:00 p.m.**

**Locations:**

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

**Subcommittee Members Present**

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

**Consulting Member Present**

Belinda Young

**HCAI Staff Present**

Chris Tokas  
 Arash Altoontash  
 Richard Tannahill  
 Monica Colosi  
 Jill Hosseini, HCAI Attorney

**HBSB Staff Present**

Veronica Yuke, Executive Director  
 Marcus Palmer  
 Evett Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Michael Davis, CHI, CEO Emeritus, DavisHBC, Inc.; Subcommittee
- 3 Chair
- 4 Michael Davis called the meeting to order at 10:00am.
- 5
- 6 **2. Roll Call and Meeting Advisories/Expectations**
- 7 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

1 Veronica Yuke confirmed that a quorum was present. She then reviewed the rules of  
2 engagement for the meeting.

3  
4 **3. Review and Approve the June 19, 2025, and August 13, 2025, Draft Meeting**  
5 **Report/Minutes**

6 **Facilitator:** Michael Davis

7 **Discussion and Input:**

8 Michael Davis reviewed the key points from both meetings:

9 **June 19, 2025 Meeting:**

- 10 • After opening formalities, the subcommittee held a lengthy discussion on  
11 renaming the webinar. The group agreed to rename it "Collaborative  
12 Inspection Approach to Hospital Construction."
- 13 • The subcommittee conducted its first mock delivery of the presentation  
14 outline, going through each presenter's segment:
  - 15 ○ Ownership
  - 16 ○ Design Professional
  - 17 ○ Contractor
  - 18 ○ Inspector
  - 19 ○ OSHPD
- 20 (Note: Architect section was not presented due to Scott Mackey's departure.)
- 21 • The subcommittee provided mutual feedback and input on each presentation.
- 22 • Ideas for the introduction and conclusion of the webinar were discussed;  
23 however, no final decisions were made at that time.
- 24 • The group planned a future meeting for August 13, 2025, setting goals for that  
25 session.

26 **August 13, 2025 Meeting:**

- 27 • The structure closely mirrored the previous meeting.
- 28 • The group conducted a review of the 90-minute presentation, including a  
29 PowerPoint walkthrough and accompanying talking points. This version was  
30 more refined, though not finalized.
- 31 • The agenda items for presentation review and mock delivery were effectively  
32 combined, resulting in a more fluid discussion and exchange of feedback.

- Michael Davis shared drafted versions of the introduction and conclusion, which the group approved. It was agreed that Michael Davis would deliver both the introduction and conclusion in the webinar.
- The subcommittee discussed goals for the November meeting and solidified the date based on conflicts and committee availability.

#### **Subcommittee and Public Comments**

- No public comments were made during this agenda item.
- Committee members participated in procedural and content review discussion but did not offer any objections or amendments to the draft minutes.

#### **Voting**

Motion to approve the June 19, 2025, and August 13, 2025, Draft Meeting Report/Minutes as presented.

- **First:** Cody Bartley
- **Second:** Bert Hurlbut
- **Outcome:** Motion passed unanimously via roll call vote

#### **Informational and Action Items**

- Informational:
  - The June 19 and August 13 meetings focused on refining webinar structure, presentation content, and naming conventions.
  - The introduction and conclusion drafts were approved in August, with Michael Davis designated to present them during the webinar.
- Action:
  - The subcommittee approved the draft meeting minutes for both June 19, 2025, and August 13, 2025

### **4. Mock Delivery of Webinar Presentations**

**Facilitator:** Michael Davis

#### **Discussion and Input**

Michael Davis introduced the mock delivery as the main item of the meeting. He emphasized that the goal was to present a more polished version of the webinar than in previous meetings, including both introduction and conclusion, to test the overall flow and timing (targeting 12 minutes per speaker, 5 minutes each for intro/conclusion).

## **Key Preliminaries:**

- Joe LaBrie was confirmed as the official Master of Ceremonies (MC).
- MC responsibilities will include:
  - Introducing the webinar name.
  - Explaining the importance of the topic.
  - Introducing the first speaker, Michael Davis.

## **Introduction (Michael Davis)**

Michael Davis began by framing the webinar as a joint effort by OSHPD and the California Hospital Building Safety Board, designed to promote collaboration in hospital construction inspections. He outlined three pillars of quality hospital construction:

- Code (theoretical)
- Plan review (theoretical, by OSHPD)
- Field inspection (factual and validated)

He introduced the stakeholder-based structure of the webinar and a mnemonic to guide each group:

- Ownership: Strategize to pass
- Design Professionals: Design to pass
- Contractors/Subcontractors: Build to pass
- Inspectors/IORs: Inspect to pass
- OSHPD Field Staff: Support to pass

## **Ownership Perspective (Gary Dunger)**

Gary Dunger presented the owner's responsibilities in ensuring successful inspections:

- Emphasized hiring competent teams, aligning inspection processes, and resource allocation.
- Discussed statutory obligations, including code references and ethical responsibilities.
- Highlighted the need for adequate, competent, and continuous inspection, with examples of each.
- Listed benefits of proper inspection (safety, efficiency, financial protection) and risks of failure (e.g., contaminated systems, fires).

- Stressed the importance of planning, documentation, and closeout, asserting that closeout should begin at the start of the project.

### **Design Professional Perspective (Belinda Young)**

Belinda Young focused on fostering collaboration through the design process:

- Advocated for breaking down silos, early stakeholder engagement, and including OSHPD, owners, builders, and inspectors in the design phase.
- Promoted collaborative detail reviews and leveraging trade partner expertise to avoid change orders.
- Emphasized inspection alignment, especially for prefabrication and off-site work.
- Called for accurate, updated drawings and personal jobsite knowledge to reduce RFIs.
- Discussed managing Test, Inspection, and Observation (TIO) documents as a living record, with timely updates and sign-offs.
- Concluded with a strong message about teamwork, respect, and accountability, and the significance of healthcare construction in serving communities.

### **Contractor/Subcontractor Perspective (Cody Bartley)**

Cody Bartley presented the contractor's role in quality assurance:

- Emphasized the contractor's responsibility for quality control (QC) and the necessity of performing work right the first time.
- Discussed constructability reviews, mockups, and the importance of early and continuous communication with inspectors and design teams.
- Provided practical examples, including a cautionary story about drywall screw substitution that led to project delays.
- Stressed the role of checklists, QC layers (subcontractor > GC > IOR), and empowering workers to ask questions.
- Promoted visual dashboards to track performance metrics like first-time inspection passes.
- Highlighted safety and cost implications of rework and concluded with the reminder that successful projects are driven by engaged teams at every level.

### **Inspector of Record (IOR) and Special Inspectors (Michael Davis)**

Michael Davis outlined the mental and practical framework of an "Inspect to Pass" approach:

- Stressed collaboration, communication, and proactivity.
- Rejected the idea that “inspect to pass” means approving non-compliant work; instead, it means fostering a cooperative, ethical inspection process.
- Explained the IOR’s role as a team member, with responsibilities to:
  - Owners (fiduciary duty),
  - Designers (only they interpret design intent),
  - OSHPD field staff (reporting, conduct, compliance).
- Advised against weaponizing inspections or becoming adversarial.
- Promoted:
  - Frequent job walks
  - Participation in OACIA meetings
  - Pre-installation and closeout meetings
- Encouraged early IOR involvement, especially on large projects, and use of mockups.
- Noted challenges such as uncooperative teams, pressure from ownership, and insufficient inspection staffing.

#### **OSHPD Field Staff (Monica Colosi)**

Monica Colosi presented how OSHPD (HCAI) supports projects through oversight and guidance:

- Reiterated the collaborative “team” approach to construction oversight.
- Shared OSHPD’s core values (service, equity, innovation, professionalism), focusing on respectful communication and clarity.
- Outlined OSHPD’s duties:
  - Reviewing changes (ACDs/NMAs)
  - Observing construction
  - Performing job walks with all stakeholders
  - Issuing field reports, occupancy certifications, and substantial compliance reviews
- Introduced OSHPD’s “Construction Administration Proficiency” (CAP) program and the “Tip of the Day” educational tools.
- Presented a voluntary IOR Daily Report Template to improve documentation quality.
- Encouraged feedback via public surveys and direct contact to improve performance.

- Emphasized a non-punitive, solution-oriented inspection process, and promoted transparency and early document access (e.g., updated TIOs).
- Explained OSHPD's "Observe to Pass" model, focused on timely response, proactive support, and successful project outcomes.

Michael Davis recapped the core message of each stakeholder's role using the mnemonic framework. He reaffirmed that each participant plays a critical, interconnected role in building safe, sustainable hospitals.

## **Subcommittee and Public Comments**

- Chris Tokas initiated an extensive discussion on:
  - The importance of QA/QC roles and prime vs. delegate responsibilities in design and inspection.
  - The need for senior staff engagement and the risk of underqualified team members.
  - The impact of redesigns, particularly when constructability input is absent during the design phase.
  - The importance of early contractor involvement and integration of trade partners, especially in non-IPD projects.
- Belinda Young, Cody Bartley, and Bert Hurlbut contributed additional insights, particularly on:
  - The owner's responsibility to budget for senior staff.
  - The impact of underfunding inspection and design oversight.
  - First-time inspection pass rate expectations, with consensus around a 90%+ target.

## **Informational and Action Items**

- Informational:
  - The webinar content is nearly complete and reflects a mature draft for delivery.
  - All key stakeholders presented their sections during the mock delivery with detailed content and thematic alignment.
- Action:
  - Presenters will continue refining content based on time management and clarity feedback.
  - Terminology standardization (HCAI vs. OSHPD) will be revisited for consistency.

- Discussion points raised during this session will be reviewed for possible integration into the final webinar presentation.

## **5. Discuss Feedback and Ideas to Improve Presentations**

**Facilitator:** Michael Davis

### **Discussion and Input**

Michael Davis opened the item by confirming that all mock presentations had been delivered and solicited feedback from committee members and the public. He noted that some feedback had already been shared during Agenda Item #4 but invited further suggestions.

- Belinda Young contributed several suggestions:
  - Encouraged referencing each other's presentations to improve flow and reinforce shared ideas.
  - Praised the use of real-world examples, highlighting the drywall screw story (Cody Bartley) and the unaddressed framing issue (Michael Davis) as memorable and impactful.
  - Suggested adding a slide with all presenters' names and photos for personalization and consistency.
  - Recommended standardizing how sections end, e.g., by summarizing "what works well vs. what doesn't," similar to the IOR section.
  - Offered to help review and unify PowerPoint formatting, provided all content and preferred visuals are submitted.
- Michael Davis responded:
  - He intends to develop introductory slides, including:
    - A billboard-style photo slide.
    - A preview slide to ease into the first section.
  - He is considering replacing word-heavy content with more examples to enhance clarity and engagement.
  - He supported Belinda's idea for uniform section conclusions across all speakers.
- Monica Colosi agreed with the importance of including positive and negative examples in her section, particularly where:
  - IORs overstep into the design professional's role.
  - Collaborative approaches succeed or fail on projects.

1 Michael Davis confirmed that while the 90-minute webinar limits the number of  
2 examples that can be included, presenters should enrich their sections where  
3 possible with relevant examples. If examples are needed, members are encouraged  
4 to contact HBSB support staff to work with OSHPD on gathering suitable material.

### 5 **Subcommittee and Public Comments**

- 6 • Belinda Young raised a question about visual consistency in presentation  
7 formatting:
  - 8 ○ Noted that some slides used photos, others graphics, and some had  
9 inconsistent text formatting (e.g., underlines).
- 10 • Chris Tokas agreed and emphasized the need to avoid "death by  
11 PowerPoint". He recommended:
  - 12 ○ Using more images and fewer blocks of text.
  - 13 ○ Breaking up dense slides for easier visual absorption.
  - 14 ○ Balancing visuals with explanatory content to maintain audience  
15 engagement during a webinar format.
- 16 • Michael Davis inquired whether a committee member could take on the task  
17 of standardizing slide formatting across all presentations.
- 18 • Formatting and Standardization Discussion:
  - 19 ○ Veronica Yuke noted that this issue had come up previously. Initial efforts  
20 to standardize were complicated by the need to comply with HCAI  
21 formatting requirements.
  - 22 ○ Belinda Young offered to help improve formatting after all content and  
23 images are finalized.
  - 24 ○ Cody Bartley asked for clarification on timeline expectations for submitting  
25 final slides and implementing unified formatting. Michael Davis indicated  
26 that the timeline would be addressed in Agenda Item #6.

### 27 **Informational and Action Items**

- 28 • Informational:
  - 29 ○ Presenters and committee members acknowledged that example-based  
30 storytelling is more memorable and should be incorporated into the final  
31 webinar wherever space allows.
  - 32 ○ There is a recognized need for visual and stylistic consistency across all  
33 presentations to enhance professionalism and cohesiveness.
- 34 • Action Items:
  - 35 ○ All presenters should consider enriching their sections with relevant real-  
36 world examples.

- If additional examples are needed, presenters may contact HBSB support staff, who will work with OSHPD counterparts to provide them.
- Belinda Young may assist in unifying PowerPoint formatting, pending receipt of finalized content and visual materials from all presenters.
- Slide formatting inconsistencies (e.g., underlining, styles) will be addressed as part of a broader PowerPoint unification effort.
- Michael Davis and Cody Bartley will coordinate, if necessary, to perform the initial pass at unifying slide formatting before sharing with the group for feedback and approval.
- A timeline and process for finalizing formatting and content will be discussed in Agenda Item #6.

## **6. Discuss Target Delivery Date for Webinar and Plan Accordingly for Future Meetings and Practice Sessions**

**Facilitator:** Michael Davis

### **Discussion and Input**

- Michael Davis initiated the discussion by suggesting that the group determine a target delivery date for the webinar and schedule a final polished practice session in advance. He proposed one full run-through session, simulating a real delivery, prior to going live.
- Cody Bartley agreed with having one final practice session, but warned against excessive rehearsals due to the public nature of the meetings. He supported having the slide deck finalized in advance to allow time for review and alignment.
- Chris Tokas emphasized the risk of overexposure to webinar content before the official delivery, stating that multiple public rehearsals may reduce audience interest in the actual webinar. He also noted logistical uncertainty around whether the final delivery would be done from Sacramento or Los Angeles, pending budget constraints to be clarified in early January.
- Veronica Yuke reminded the committee that a January 14, 2026, meeting had already been scheduled and could serve as the final practice session or even the actual delivery date, depending on the group's readiness.
- Belinda Young and Cody Bartley expressed readiness to move forward, with the main concern being the visual and formatting cohesion of the final presentation slides.

- Richard Tannahill advised the group not to over-practice, emphasizing the importance of authenticity and clarity over perfection. He felt the group was ready based on the quality of the mock presentations.

#### **Presentation Finalization Process Discussed:**

- All slide content will be sent to HBSB staff, then shared with Belinda Young for formatting refinement.
- Belinda will work on visual consistency, formatting, and slide transitions across all presenters' sections.
- Final slides will be circulated back to the presenters for review and approval.

#### **Slide Submission Timeline:**

- Deadline for initial slide adjustments is November 26, 2025
- HBSB staff will circulate revised slides to Belinda the first week of December.
- Belinda will complete formatting and return the unified slide deck by December 19, 2025.

#### **Target Webinar Delivery Date:**

- **January 14, 2026**  
(Confirmed by group consensus as the target date for actual webinar delivery.)

#### **Tentative Timeline Summary:**

- **November 26, 2025:** Presenters submit finalized slides to HBSB staff
- **December 1 – 5, 2025:** HBSB Staff send all materials to Belinda Young
- **December 19, 2025:** Belinda returns unified presentation slides to HBSB Staff and Staff sends to presenters
- **January 14, 2026:** Webinar delivery date

#### **Subcommittee and Public Comments**

- Belinda Young asked if direct coordination with other members was permitted during slide review.
  - Veronica Yuke confirmed this was acceptable, with the condition that no group discussions occur outside of public meetings.
- Belinda also confirmed she would review and extract “what works/doesn’t work” examples from Gary Dunger’s content to enhance consistency across sections.

- Cody Bartley and Gary Dunger agreed to work toward the November 26 deadline, with Cody noting that graphics and visuals would still be added to his slides.

#### **Informational and Action Items**

- Informational:
  - The committee has consensus to move forward with webinar delivery on January 14, 2026.
  - A single, final walkthrough is sufficient for most members; no additional practice sessions are required.
  - OSHPD will confirm location logistics in early January (Sacramento or LA office).
  - A potential full-day live version of the seminar is under consideration for future delivery to enable deeper audience engagement.
- Action Items:
  - Presenters to finalize slide decks and submit them to HBSB staff by November 26, 2025.
  - HBSB staff to forward all materials to Belinda Young for slide unification.
  - Belinda Young to complete formatting work and return the cohesive presentation by December 19, 2025.
  - HBSB support to coordinate and distribute final webinar materials to all participants in preparation for January 14.
  - Chris Tokas to confirm delivery logistics and webinar hosting location by early January.

#### **7. Comments from the Public/Subcommittee Members on Issues Not on This Agenda**

**Facilitator:** Michael Davis

#### **Discussion and Input**

Michael Davis formally opened the floor to both public attendees and subcommittee members for comments on matters not listed on the agenda.

#### **Subcommittee and Public Comments**

- None.

1   **8. Adjournment**

2       **Facilitator:** Michael Davis

3       Michael Davis officially adjourned the meeting at 12:11pm. He expressed  
4       appreciation to all participants for their contributions. Highlighting that the group had  
5       accomplished significant progress and was now approaching the final stages of  
6       webinar delivery.

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# Technology and Research Committee

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Draft Meeting Report/Minutes

August 12, 2025

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



## Hospital Building Safety Board Technology and Research Committee

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

### **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**

Gary Dunger, Chair  
David Bliss  
Janice Cheung  
Teresa Endres

### **Consulting Members Present**

Sam Staley  
Belinda Young

### **HCAI Staff Present**

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

### **HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evelt Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai
- 3 Health System; Committee Chair

1 Gary Dunger welcomed attendees to the August 12, 2025, meeting of the Hospital  
2 Building Safety Board Technology and Research Committee at 10:05 a.m. He initiated  
3 the meeting and transitioned to procedural matters.

## 4 5 **2. Roll Call and Meeting Advisories/Expectations**

6 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

7 Veronica Yuke began the roll call and confirmed that the meeting lacked a quorum and  
8 would therefore be for informational purposes only. Gary Dunger acknowledged the  
9 advisory and thanked attendees for participating despite the quorum issue.

## 10 11 **3. Presentation: Emerging Technology Futures Across Healthcare**

12 **Facilitators:** Cathy Junda, MSc Engineering, Health Sector Technologies Practice  
13 Leader, Stantec

### 14 **Discussion and Input**

15 Gary Dunger introduced Cathy Junda and explained that the committee would receive a  
16 presentation on current and upcoming innovations in healthcare technology.

17 Cathy Junda opened her presentation by describing how hospitals and health systems  
18 are evolving from reactive environments to proactive, intelligent infrastructure  
19 ecosystems. She explained that this transformation stems from industry pressure to  
20 improve operational performance, financial sustainability, and clinical efficiency.

21 She outlined several categories of emerging technologies, including:

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

30 She emphasized the importance of designing integrated, resilient systems that break  
31 down operational silos. Cathy Junda urged healthcare leaders to stop treating  
32 technologies as “one-offs” and instead develop coordinated digital master plans. She  
33 noted that healthcare should borrow lessons from sectors like aviation and automotive,  
34 where high-reliability, integrated technology systems are standard.

1 Cathy Junda cited international examples of digital health advancement, including:

- 2 • A hospital in India where patients bring their own nurses for lower-acuity care  
3 while receiving high-tech care for specialized needs.
- 4 • Remote robotic surgeries performed overseas without a physician present,  
5 which she acknowledged would face regulatory and legal barriers in the U.S.

6 She stressed that new digital strategies should focus on scalability, equity, and clinical  
7 impact, not just novelty or aesthetics. Cathy Junda described a digital readiness matrix  
8 that facilities can use to evaluate their existing infrastructure and prioritize upgrades.

9 She also addressed the need for early stakeholder alignment, ensuring that IT,  
10 clinicians, and facilities teams participate collaboratively in technology planning.

11 Cathy Junda explained how Real-Time Location Systems and intelligent dashboards  
12 improve asset tracking, staff coordination, and safety workflows. She noted that  
13 platforms like Epic tend to be “closed” ecosystems that resist integration, whereas  
14 Cerner is generally more open, particularly since Oracle’s acquisition. She  
15 recommended healthcare providers use FHIR (Fast Healthcare Interoperability  
16 Resources)-based APIs and middleware to enhance interoperability and centralize data  
17 dashboards.

18 She also discussed robotics trends, noting that robots are now being used  
19 internationally for:

- 20 • Medication and supply delivery
- 21 • Waste and linen management
- 22 • Food service
- 23 • Facilities monitoring

24 Some hospitals have even fully replaced pneumatic tube systems with robots, although  
25 she acknowledged that U.S. hospitals must address fire-life-safety and infrastructure  
26 limitations before making similar transitions.

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

### 31 **Committee and Public Comment**

- 32 • Sam Staley asked how these innovations could scale to smaller or rural  
33 healthcare systems and where leaders should prioritize investment.
- 34 • Teresa Endres asked how RTLS integrates with building systems.

- Cathy Junda responded that RTLS can use Wi-Fi, Bluetooth, or infrared, and that integration into a centralized dashboard gives it real operational value.
- Teresa Endres further asked whether most hospitals can achieve meaningful integration across existing platforms.
  - Cathy Junda replied that full integration is challenging due to the complexity of EHR (electronic health records) and BMS (building management systems) but increasingly feasible via modern interoperability standards.
- Richard Tannahill asked about cybersecurity risks and how hospitals manage exposure as more systems become cloud-based or autonomous.
  - Cathy Junda explained that risk mitigation requires architectural segmentation, layered security protocols, and infrastructure designed with fail-safes.

Gary Dunger thanked Cathy Junda for her presentation and noted the committee's appreciation for her insights. Cathy Junda emphasized her ongoing interest in learning from and contributing to the committee's work.

#### **Informational and Action Items**

- This item served as an informational presentation only. The committee did not introduce or assign any action items.

#### **4. Presentation: Electronic Testing, Inspection and Observation (eTIO) Program**

**Facilitator:** Chris Davis, SE, District Structural Engineer, HCAI

#### **Discussion and Input**

Gary Dunger introduced the next agenda item and provided context. He explained that the eTIO system emerged from discussions during the OSHPD Roadshow, and the committee would receive a formal presentation.

Joe LaBrie announced that Chris Davis, who was originally scheduled to present, could not attend due to travel obligations. However, Chris Davis had prerecorded a video demonstration of the eTIO system for the committee to view.

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

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

## **Committee and Public Comment**

- Teresa Endres asked whether the system allows users to upload documents directly and whether HCAI staff are notified in real time.
  - Joe LaBrie confirmed that the platform supports direct uploading and that notifications are automatic, ensuring timely reviews.
- Teresa Endres asked for clarification about user access and editing privileges across different stakeholder types.
  - Joe LaBrie explained that permissions are role-based and configurable. Users can be granted view-only, editing, or sign-off capabilities, depending on their project role.
- Belinda Young asked whether multiple users from the same organization can simultaneously work in the system.
  - Joe LaBrie confirmed that concurrent access is supported and that facilities teams, contractors, and inspectors can all interact with the platform dynamically.
- Richard Tannahill inquired about tagging and how the system flags locations during an inspection.
  - Joe LaBrie described how location-based tagging is integrated into the platform, allowing inspectors to associate findings with specific rooms, areas, or systems.
- Larry Enright asked whether notifications are system-generated or manual.
  - Joe LaBrie confirmed that alerts are automated based on system activity.
- Sam Staley asked how the system ensures timely compliance with inspection schedules.
  - Joe LaBrie responded that the system tracks deadlines, triggers reminders, and creates digital accountability across all participants.

Gary Dunger closed the discussion by thanking Joe LaBrie for the presentation and emphasized the importance of continuous improvements in compliance and inspection workflows.

#### **Informational and Action Items**

- This item served as an informational presentation only. The committee did not introduce or assign any action items.

### **5. Presentation: Energy Conservation and Systems Integration Using New Lighting Technologies**

**Facilitators:** Moe Goudarzi, PE, Principal, ARUP

#### **Discussion and Input**

Gary Dunger introduced the item and welcomed Moe Goudarzi to present innovations in energy conservation using integrated lighting technologies.

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

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

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

Moe Goudarzi demonstrated how sensors in lighting units track room conditions, trigger automated building responses, and interface with dashboards and BMS using digital APIs. He described how each patient room and zone can be digitally mapped, allowing seamless automation and centralized monitoring.

He emphasized that these lighting systems go far beyond illumination, acting as a scalable integration backbone capable of supporting multiple hospital technologies. He showed how lighting integrates with RTLS, access control, code blue, infection control, and clinical workflows.

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

5 Cathy Junda then added practical insight from Cedars-Sinai's deployment of integrated  
6 lighting. She emphasized the need to break down operational silos between facilities,  
7 IT, and nursing to ensure a shared digital strategy.

8 She explained that Cedars-Sinai focused on platforms that allowed modular  
9 deployment, starting in specific care areas (like maternity or radiology) and scaling  
10 across the campus. She described improved alarm management, enhanced patient  
11 control of lighting, and night-shift orientation benefits for staff.

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

## 17 **Committee and Public Comment**

- 18 • Teresa Endres asked whether the lighting system could interface directly with  
19 nurse call technologies and what cost-benefit data was available to justify  
20 implementation.
  - 21 ○ Moe Goudarzi confirmed that the systems interface with nurse call  
22 platforms and that they offer energy savings, operational visibility, and  
23 safety benefits that generate long-term ROI.
- 24 • Eric Schilt emphasized the importance of using operational data to drive  
25 technology selection and described how leadership teams benefited from  
26 visible metrics tied to efficiency improvements.

27 Gary Dunger thanked the presenters and acknowledged the complexity and future  
28 promise of these solutions.

## 29 **Informational and Action Items**

- 30 • This item served as an informational presentation only. The committee did not  
31 introduce or assign any action items.

## 33 **6. Comments from the Public/Committee Members on Issues not on this Agenda**

34 **Facilitators:** Gary Dunger  
35

1    **Discussion and Input**

2    Gary Dunger opened the floor for comments on items not listed on the agenda.

3    **Committee and Public Comment**

- 4           • None.

5

6    **7. Adjournment**

7    Gary Dunger adjourned the meeting at 12:20pm, thanking everyone for their  
8    participation.

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

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Draft Meeting Reports/Minutes

September 23, 2025

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



**Hospital Building Safety Board  
Ad hoc “HCAI Design Guide for Planning and Preparing for Disasters”  
Webinar Development Subcommittee**

**September 23, 2025  
10:00 a.m. – 4:00 p.m.**

**Locations:**

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

**Subcommittee Members Present:**

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

**Consulting Members Present:**

Abdel Darwich

**HBSB Member Present:**

Jim Malley

**HCAI Staff Present:**

Chris Tokas, Deputy Director  
Richard Tannahill  
Geoff Troutman, HCAI Attorney

**HBSB Staff Present:**

Veronica Yuke, HBSB Executive Director  
Marcus Palmer  
Evet Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDA, AAH, Senior Associate, Medical
- 3 Planning Director, Taylor Design; Subcommittee Chair
- 4 Teresa Endres called the Hospital Building Safety Board Ad Hoc “Designing for
- 5 Resilience” Webinar Development Subcommittee meeting to order on September
- 6 23, 2025, at 10:05 a.m.

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

**Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

Veronica Yuke conducted roll call for subcommittee members and confirmed a quorum. She clearly presented all meeting expectations and participation rules.

## **3. Review of the HCAI Design Guide for Planning and Preparing for Disasters**

**Facilitator:** Teresa Endres

### **Discussion and Input**

Teresa Endres led the review of the HCAI Design Guide, published on March 1, 2024, and originally presented at the ASHE PDC Conference by Richard Tannahill, Gary Dunger, and herself. The subcommittee reviewed the presentation slide deck.

Teresa Endres explained that the Emergency Design Task Force developed the guide through six working groups, with Abdel Darwich and others contributing across multiple chapters such as Ventilation and Wildfire Preparedness.

She emphasized that the guide focuses on designing beyond code, with code representing only a minimum standard. The guide supports both new construction and facility alterations and offers strategies to build resilient healthcare environments that go beyond basic compliance.

Richard Tannahill clarified that the guide is not about post-disaster response but about embedding preparedness into facility design. Teresa Endres added that during the COVID-19 pandemic, many facilities implemented unplanned adaptations, which the guide now helps anticipate and resolve through preemptive planning.

Richard Tannahill described how during COVID, the “do anything” mentality resulted in poor decisions. He stressed the need to proactively design buildings with built-in flexibility for air handling and infection control.

Teresa Endres and Richard Tannahill described how the guide integrates lessons from past outbreaks like SARS (2003) and MERS (2012), especially the Canadian response, which led to code changes and the concept of pandemic-ready units. They highlighted tools like the DORSCON matrix from Singapore as models of institutional preparedness.

The group discussed design strategies for emergency departments, triage spaces, and compartmentalization, including diagrams for acuity-adjustable patient units and respite areas for staff to mitigate burnout.

1 Richard Tannaill and Teresa Endres elaborated on HVAC system strategies,  
2 particularly for wildfire smoke filtration, infection control, and filter recommendations.  
3 Teresa Endres noted that checklist sections from the guide provide robust  
4 operational tools.

5 They showed a video from Gary Dunger's section of the guide, depicting staff  
6 evacuating patients during a seismic event. Gary Dunger also highlighted a real-life  
7 oxygen tank failure at Marina Del Rey and shared lessons from emergency work  
8 authorization processes (e.g., PIN 72).

9 Chris Tokas and others weighed in on issues like staffing shortages in field facilities  
10 and the theoretical expectation that hospitals should remain fully operational after  
11 seismic events, eliminating the need for surge hospitals — a view supported by  
12 Richard Tannahill and Teresa Endres.

13 Teresa Endres noted that many adaptations made under governor emergency  
14 orders during COVID required follow-up permits to become permanent. Chris Tokas  
15 added that some of those temporary changes remain unresolved due to resistance.

16 Chris Tokas then raised concerns about the use of the term “resilience,” explaining  
17 that the term has grown ambiguous across disciplines. He urged the subcommittee  
18 to clarify the subcommittee's identity and scope. Teresa Endres agreed, noting that  
19 even among medical planners and engineers, “resilience” means different things.

20 They proposed aligning the webinar title with the guide's existing name: “HCAI  
21 Design Guide for Planning and Preparing for Disasters” to maintain clarity and  
22 continuity. Veronica Yuke confirmed that a subcommittee name change does not  
23 require a vote.

24 Richard Tannahill responded to an earlier question from John Griffiths about  
25 audience reactions at the ASHE presentation. He described the response as  
26 extremely positive, with many attendees asking detailed project-specific questions,  
27 even after the session ended. Teresa Endres confirmed that a large crowd lingered,  
28 and the session ran overtime, demonstrating strong interest and demand for wider  
29 dissemination.

30 Abdel Darwich emphasized the importance of addressing multi-layered threats such  
31 as wildfires, pandemics, and earthquakes, especially when they overlap.

32 Teresa Endres suggested breaking the content into a series of webinars, with each  
33 focused on specific chapters or topics (e.g., HVAC, operations planning).

34 Chris Tokas supported this structure, noting that different types of events (e.g.,  
35 natural hazards vs. operational demands) require different approaches.

## Subcommittee and Public Comments

- John Griffiths asked about the audience reaction at the ASHE presentation and later raised a concern about operating facilities during extreme heat events. Teresa Endres acknowledged the relevance and scheduled that topic for Agenda Item #4.
- Abdel Darwich shared concern about handling compound disasters, such as earthquakes during a pandemic.
- Chris Tokas raised a broader concern about the term “resilience” and suggested refining the subcommittee’s focus. He supported a structured, phased approach for the webinar series.

## Voting

- Veronica Yuke clarified that naming the webinar and determining its content are informational items and do not require a formal vote.

## Informational and Action Items

- The subcommittee confirmed that all chapters of the Design Guide should be included in a future webinar series.
- Members agreed that the webinar series should carry the same title as the guide: HCAI Design Guide for Planning and Preparing for Disasters.
- Teresa Endres proposed, and the group accepted developing topical webinar segments (e.g., HVAC, layout planning) to address the guide’s wide scope.
- Chris Tokas emphasized the need to differentiate operational resilience from facility infrastructure resilience.
- Richard Tannahill, Chris Tokas, and Teresa Endres acknowledged ongoing lessons learned and the guide’s potential for future refinement.

## 4. Review Criteria for the “Designing for Resilience” Webinar (Beyond the Design Guide)

**Facilitator:** Teresa Endres

### Discussion and Input

Teresa Endres opened the item by listing hazard topics not included in the existing HCAI Design Guide (March 2024) that could become part of a future webinar series. These included:

- Power independence
- Air quality and wildfire smoke (not currently in the guide)
- Wildfire-specific design strategies
- Hazard vulnerability assessments (HVAs)
- The “Island Hospital” concept (self-sufficiency)
- Extreme heat (added by John Griffiths)
- Sustainability and equity design considerations (added by Gary Dunger)

Teresa Endres invited the subcommittee to identify any additional gaps.

John Griffiths suggested adding civil unrest, which Chris Tokas and Teresa Endres clarified, was already addressed under mass casualty events in the guide.

Jennifer Cox raised extreme wind conditions, prompting Abdel Darwich to explain that wildfire smoke and outdoor pollution require similar mitigation strategies through filtration. However, extreme winds like tornadoes are not common in California and are addressed through separate structural codes.

Gary Dunger emphasized that designers must integrate resilience, sustainability, and equity into their planning, especially for new builds. Chris Tokas agreed that if the subcommittee expands the scope to include infrastructure and operations, then the term “resilience” becomes more meaningful.

John Griffiths elaborated on the operational strain extreme heat places on mechanical systems not designed for prolonged high temperatures.

Richard Tannahill responded that power outages, not mechanical system failure, posed the greater issue, but new codes now require facilities (e.g., SNFs) to maintain air conditioning during outages.

Teresa Endres and Chris Tokas discussed including microgrids under the “power independence” theme. They confirmed the current guide lacks this content but could reference existing HCAI materials. Abdel Darwich noted the guide also omits ASHRAE's updated extreme temperature metrics, such as designing for 108°F in Sacramento for 2030 projections.

The committee agreed to structure the new content into webinar modules, each based on a specific theme or chapter. Proposed sections include:

- Wildland-Urban Interface (WUI/WIWUI)
- Infection Control (HVAC + Facility Layout)
- Power Independence (incl. microgrids, prolonged outages)

- Hazard Vulnerability Assessments (HVAs)

Janice Cheung and Gary Dunger introduced updates to California's Title 24, Part 7, which supersedes Chapter 7A and governs wildfire mitigation through:

- Ember-resistant vents
- Non-combustible materials
- Defensible space
- Regular maintenance (e.g., clearing gutters)

Abdel Darwich described how WUI fires differ chemically from wildfires due to manmade materials burning in urban zones. He and Chris Tokas warned that hospitals often lack adequate filter inventories, which caused system shutdowns during smoke events.

Abdel Darwich then presented two significant ASHRAE updates:

- ASHRAE Standard 241 (Control of Infectious Aerosols):
  - Introduces Infection Risk Management Mode (IRMM)
  - Focuses on clean airflow (CFM/person) instead of air changes per hour
  - Applies to all building types and projects
  - Uses filters, UV, and outdoor air to calculate clean airflow
  - Includes a calculator and matrix to ensure compliance
- ASHRAE Guideline 44 (Wildfire Smoke Preparedness):
  - Builds on Section 7 of the Design Guide
  - Offers new methods for operations and design, including performance-based strategies
  - Recommends filter stockpiles and highlights overlooked systems (e.g., NICU incubators, air compressors)
  - Includes a matrix ranking implementation difficulty by building type

Chris Tokas urged the group to incorporate both documents into the Design Guide and webinar.

Teresa Endres proposed that the group update the Design Guide with these new references and expand the webinar scope accordingly.

## Subcommittee and Public Comments

- John Griffiths asked about civil unrest and extreme heat.
- Jennifer Cox asked about extreme wind and joined the infection control and HVA subgroups.
- Kelly Martinez volunteered for infection control and hazard vulnerability assessments.
- Gary Dunger and Janice Cheung offered expert insight on fire hardening, WUI codes, and ember control.
- Chris Tokas advised the committee to remain cautious about Bagley-Keene Open Meeting Act compliance, suggesting limited team sizes and routing communication through HBSB staff.
- Veronica Yuke confirmed that teams must route outlines and collaboration through HBSB staff to avoid quorum issues and ensure transparency.

## Informational and Action Items

- New Topics for Inclusion in Webinar Series:
  1. Power Independence
  2. Wildland Urban Interface - 2025 Title 24, Part 7
  3. Wildland Urban Interface - HVAC (including ASHRAE Guideline 44)
  4. Infection Control- HVAC
  5. Infection Control - Operations
  6. Infection Control - Design
  7. Hazard Vulnerability Assessment
- Subcommittee Assignments (“Sub-Subs”) by Topic:
  1. Power Independence
    - John Griffiths
    - David Bliss
    - Jamie Schnick
  2. Wildland Urban Interface - 2025 Title 24, Part 7
    - Gary Dunger
    - Janice Cheung
  3. Wildland Urban Interface - HVAC (including ASHRAE Guideline 44)
    - Abdel Darwich
    - Mikhail Fuks

1  
2 4. Infection Control - HVAC

- 3 • Abdel Darwich  
4 • Mikhail Fuks  
5

6 5. Infection Control - Operations

- 7 • Jennifer Cox  
8 • Kelly Martinez  
9

10 6. Infection Control - Design

- 11 • Teresa Endres  
12 • Kelly Martinez  
13

14 7. Hazard Vulnerability Assessment

- 15 • Jennifer Cox  
16 • Kelly Martinez

- 17 • Teresa Endres and Veronica Yuke confirmed that HBSB staff would serve as  
18 the central point for all communications to avoid Bagley-Keene violations.

- 19 • Teresa Endres and Chris Tokas proposed the creation of individual webinar  
20 outlines as the next milestone.

- 21 • The group agreed to prepare these outlines and later organize them into a full  
22 webinar series framework.

- 23 • Timeline Proposal:

- 24 ○ Begin first webinar: February 2026  
25 ○ Release one webinar per month  
26 ○ Teresa Endres suggested starting with Power Independence as the first  
27 topic due to its readiness  
28

29 **5. Schedule the Next Committee Meeting**

30 **Facilitator:** Teresa Endres

31 **Discussion and Input**

32 Teresa Endres introduced the scheduling item and listed the proposed dates:  
33 October 15, October 16, and November 20, 2025.

- 34 • Teresa Endres ruled out October 16, as she would present at WIC on that  
35 day.

- The committee considered October 15 as the preferred option.

Veronica Yuke confirmed that all ad hoc committee meetings would allow virtual participation, similar to the current meeting format.

Committee members reviewed availability:

- Kelly Martinez, Jennifer Cox, John Griffiths, and Gary Dunger confirmed their availability for October 15.
- Gary Dunger and Janice Cheung clarified they were available only in the morning.
- Teresa Endres confirmed the meeting would start at 10:00 AM.
- The group noted that absent members such as Mikhail Fuks and others would be contacted separately.

Veronica Yuke and Teresa Endres agreed to proceed with October 15, 2025, as the confirmed meeting date, citing the urgency of maintaining momentum for the February 2026 webinar launch.

#### **Subcommittee and Public Comments**

- None.

#### **Informational and Action Items**

- Next Meeting Date Confirmed:
  - Date: October 15, 2025
  - Time: 10:00 AM
  - Format: Virtual (same as current meeting)
- Sub-subcommittees (“sub-subs”) may meet before October 15 to begin outlining their webinar content. Veronica Yuke confirmed they are permitted to collaborate prior to the next full meeting.

### **6. Comments from the Public/Subcommittee Members on Issues Not on This Agenda**

**Facilitator:** Teresa Endres

#### **Discussion and Input**

1 Teresa Endres opened the floor for any comments from subcommittee members or  
2 the public regarding issues not listed on the meeting agenda.

3

4 **7. Adjournment**

5

6 Teresa Endres formally adjourned the meeting and thanked all participants for their  
7 time. The meeting concluded successfully at approximately 1:38 PM.

# Codes and Processes Committee

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Draft Meeting Report/Minutes

September 10, 2025

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



## Hospital Building Safety Board Codes and Processes Committee

**Wednesday, September 10, 2025**  
**10:00 a.m. – 4:00 p.m.**

### 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, Chair  
Michael O'Connor, Vice Chair  
Gary Dunger  
Kelly Martinez  
Carl Newth  
Michael O'Connor  
Noella Tabladillo

### HCAI Staff Present

Richard Tannahill  
Brett Beekman  
Larry Enright  
Mia Marvelli  
Diana Navarro  
Jamie Schnick  
Nanci Timmins

### Consulting Members Present

Abdel Darwich  
Sam Staley  
Belinda Young

### HCAI Staff Present

Veronica Yuke, HBSB Executive Director  
Marcus Palmer  
Evet Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDA, AAH, Senior Associate, Medical
- 3 Planning Director, Taylor Design; Committee Chair
- 4 Teresa Endres formally called the meeting to order at 10:00 a.m. on September 10,
- 5 2025. She welcomed all attendees and emphasized the importance of the
- 6 committee's work during this 2025 Intervening Code Adoption Cycle, particularly in
- 7 light of:

- Recent legislation (SB 1382 and AB 130);
- The implementation timeline for the 2025 code updates (effective January 1, 2026; supplement effective July 1, 2027);
- Alignment with OSHPD program transitions and stakeholder-driven design improvements.

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

**Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

Veronica Yuke conducted the roll call and presented participation guidelines and public comment instructions. At this point, the committee did not have quorum. Several members were absent, preventing the committee from voting on action items. Teresa Endres clarified that if Belinda Young arrived later, her presence would allow the committee to establish quorum.

Belinda Young joined during the discussion of Agenda Item #3 (eTIO Development). At that moment, the committee achieved quorum and could proceed with voting on subsequent agenda items.

## **3. Update on Electronic Test, Inspection, and Observation (eTIO) Development**

**Facilitator:** Chris Davis, SE, District Structural Engineer, HCAI

### **Discussion and Input**

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

### **Key Points Presented:**

- **Role-Based Access:**
  - Design Professionals of Record (DPOR) can fully edit and manage eTIO records.
  - HCAI staff can sign off only on items that require HCAI action.
  - Inspectors of Record (IORs) can view all data and sign off on assigned items.
  - Read-only users (e.g., contractors) can view the platform without editing privileges.

1       • **System Navigation and Functionality:**

- 2           ○ Users can add and manage tests and special inspections from a master  
3           list, selecting and deselecting items unless they are already assigned or in  
4           progress.  
5           ○ Users can assign or edit default responsible entities for each task or  
6           milestone. These assignments can cascade to future milestones  
7           depending on settings.  
8           ○ Users can create and manage project stages and milestones, update  
9           names, duplicate entries, and track completion status.  
10          ○ The platform includes a detailed visual legend:  
11           ▪ Green circle: Completed  
12           ▪ Yellow circle: In progress  
13           ▪ Pencil icon: IOR signed, awaiting HCAI sign-off  
14           ▪ Red circle: Not started  
15           ▪ Green arrow (right): Offsite test or special inspection  
16           ▪ House symbol: Onsite test or special inspection  
17           ▪ Yellow arrow (right): Ready to submit the Verification of Completion  
18           Report (VCR)  
19           ▪ Green arrow (right): All requested VCRs have been received, ready for  
20           HCAI review

21       • **Change Log System:**

- 22           ○ Tracks changes with color-coded icons:  
23           ▪ Green: Added item (HCAI must acknowledge)  
24           ▪ Blue: Added item (HCAI must concur or not concur)  
25           ▪ Red: Removed item (HCAI must concur or not concur)  
26           ▪ Green Circle: Concurred/acknowledged  
27           ▪ Red Circle: Not concurred

28       • **Verification of Completion Report (VCR):**

- 29           ○ Once a milestone is completed, the system automatically prompts the  
30           DPOR to send VCR requests.  
31           ○ The system tracks VCR responses and updates the milestone status  
32           accordingly.

33       • **IOR Responsibilities Tab (New Feature):**

- 34           ○ The system now pulls IOR data directly from Accela.  
35           ○ Users can define responsibilities beyond tests and inspections (e.g., shift  
36           schedules, general oversight).  
37           ○ The system accommodates multiple IORs and identifies when each is  
38           responsible.  
39

1       • **Platform Status and Next Steps:**

- 2           ○ Transitioning from test environment to production.
- 3           ○ Team resolving minor bugs.
- 4           ○ HCAI plans to launch pilot projects soon.
- 5           ○ Joe LaBrie (not present during the meeting) has contacted HBSB
- 6           members to solicit pilot participants.
- 7           ○ The team will provide hands-on support to design professionals during the
- 8           pilot phase.

9       **Committee and Public Comment**

- 10       • Kelly Martinez asked whether project owners without a DPOR (e.g., in
- 11       repopulation projects) could still use the eTIO platform.
- 12       • Richard Tannahill responded that such one-off, non-construction projects
- 13       would revert to traditional paper-based processes. He confirmed these cases
- 14       are relatively new and often do not require TIOs.
- 15       • An interested party indicated he had a comment unrelated to this agenda
- 16       item. The committee directed him to wait until Agenda Item #9.
- 17       • No other committee members or members of the public provided comments.

18       **Informational and Action Items**

- 19       • HCAI ISU Unit demonstrated all current eTIO functions.
- 20       • Next steps: complete production transition, resolve technical issues, select
- 21       pilot projects, and support pilot participants.
- 22

23   **4. Proposed Amendments to the 2025 California Administrative Code, Part 1, Title**

24   **24**

25   **Facilitator:** Building Standards Unit staff, HCAI

26   **Discussion and Input**

27   **Code Cycle Timeline and Legislative Constraints**

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

29   amendments:

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

34   She described:

- Coordination efforts with stakeholders and other state agencies (DSA, OSFM, CDPH).
- Engagements with the Alternative Birthing Clinics (ABC) group and California Primary Care Association (per SB 1382).
- An upcoming public meeting on September 30 for primary care clinics.

Mia Marvelli addressed new legislation (AB 8130, Section 42) that restricts what types of amendments may be made during intervening code cycles:

- Amendments must only clarify, conform, or coordinate, they must not materially alter the substance or intent of existing code.
- This law applies to all future intervening code cycles.
- While the team will present the full package of changes, legal review may require postponing some for the next triennial cycle.

### **Summary of Key Proposed Amendments**

Each code change was explained by individual team members:

#### **a. §7-118: Energy Compliance Documentation** (Presented by Larry Enright)

- Added content and cross-references to Section 10-103 of the Energy Code.
- Clarified which documents must be submitted (e.g., certificates of compliance, installation, and acceptance).
- Specified who must sign each document and when (plan review vs. field inspection).

#### **b. §7-119: Functional Program Requirements** (Presented by Clara Wu)

- Required functional programs for imaging, dietary, and sterile compounding pharmacies to eliminate reviewer and provider confusion.
- Aligned functional program requirements with updated expectations from CDPH and Title 22/FGI.
- Added new functional program requirement for behavioral health observation areas, ensuring providers address patient-based assessments during submittals.

#### **c. §7-131: Deferred Submittals** (Presented by Samantha Miller)

- Clarified that HCAI needs adequate review time when deferred submittals are submitted alongside the main project.
- Confirmed that deferred submittals remain allowed, but submitters must manage timelines to ensure complete and concurrent review.

1 **d. §7-133: Time Limitations for Submittals** (Presented by Mia Marvelli)

- 2 • Removed outdated requirement for paper construction drawings (Item 3),  
3 as HCAI now uses digital processes.  
4 • Updated language in subsection B for clarity.

5 **e. §7-135: Fee-Related Amendments** (Presented by Mia Marvelli)

- 6 • Repealed Health & Safety Code Section 130060(g) reference to allow  
7 broader alignment with relevant statutes across the 130000 series.

8 **f. §7-137: Start of Construction Notification** (Presented by Samantha Miller)

- 9 • Repealed the requirement for a separate paper form.  
10 • Noted that all data formerly collected is now captured digitally during the  
11 online building permit process.

12 **g. §7-139: Dimensional Changes** (Presented by Samantha Miller)

- 13 • Removed language limiting allowance to "two rooms."  
14 • Broadened interpretation of allowable non-material dimensional changes,  
15 aligning policy with actual field questions and interpretations.

16 **Committee and Public Comment**

- 17 • Teresa Endres asked:  
18 ○ Whether the new legislation applies only to this cycle.  
19 ■ Mia Marvelli confirmed it applies to all future intervening code cycles.  
20 ○ About turnout and feedback from the primary care and ABC meetings.  
21 ■ Mia Marvelli stated that 40–50 participants attended the primary care  
22 meeting and that the clinic architects provided valuable feedback.  
23 • Veronica Yuke confirmed that the committee would vote on each part  
24 separately.  
25 • No other committee members or members of the public provided comments.

26 **Voting**

27 Motion to endorse the proposed amendments.

- 28 • Motion: Michael O'Connor  
29 • Second: Kelly Martinez  
30 • Outcome: The committee unanimously endorsed the proposed amendments  
31 to CAC Part 1, Title 24.

32 **Informational and Action Items**

- Full overview of the amendment process and content of proposed code changes.
- Detailed walk-through of legislative limitations impacting intervening code cycle amendments.
- Confirmation of stakeholder engagement and public feedback to date.
- The committee endorsed the proposed amendments to move forward for:
  - Executive review
  - Legal and agency-level assessment
  - Final submission to the Building Standards Commission by December 1, 2025

#### Next Steps:

- BSU will:
  - Finalize legal and executive review.
  - Prepare the amendment package for BSC submission.
  - Continue public engagement through upcoming meetings (e.g., Primary Care Clinic meeting on September 30).

## **5. Proposed Amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24**

**Facilitator:** Building Standards Unit staff, HCAI

### **Discussion and Input**

**Lead Presenter:** Mia Marvelli, Supervisor, Building Standards Unit

### **Primary Care Clinics (Section 1226.6)**

- Mandate Origin: SB 1382 requires HCAI to develop standards for community and rural health clinics in consultation with CPCA.
- Scope Clarification: The team reorganized and clarified the scope and licensing references for all types of clinics (e.g., hospital outpatient services, primary care, specialty, psychology clinics).
- Terminology Fixes:
  - Clarified that OSHPD 3 applies to some clinics not licensed by CDPH (e.g., FQHCs licensed by HRSA).
  - Added directional text for wayfinding and code navigation within Title 24.
- Structural Adjustments:

- Moved existing content to more appropriate subsections for clarity.
- Clarified when certain support spaces (e.g., sterilization rooms, treatment rooms) are required or optional using phrases like "when provided" or "when required".

## **General Construction and Access Issues**

- Clarified that requirements for support spaces depend on services provided.
- Changed corridor width requirements to align with use and occupancy type.
- Clarified intent for internal circulation within clinic suites and the use of adjacent suites for support spaces.
- Corrected terminology from "construction support spaces" to simply "support spaces" to prevent misinterpretation.

## **Toilet Room Doors and Safety Concerns**

- Specified that door swing requirements (i.e., swing-out for safety) apply only to patient toilet rooms.
- Committee members noted the industry practice of swinging public single-use toilet room doors outward due to safety risks for weak or sick patients.
- Members recommended clarifying guidance in the user guide, not the code itself.

## **Water Access & Drinking Fountains**

- The Committee proposed removing the strict requirement for drinking fountains, allowing for alternative water access (e.g., bottle fillers, water dispensers, bottled water).
- Members raised concerns about accessibility and sanitation, especially with water coolers.
- The discussion emphasized the need for consistency with Title 22 and FGI, and recommended clarifying options in guidance documents.

## **Specialty Clinics (Section 1226.11)**

- Minor amendments aligned language and requirements with the hospital regulations.
- Applied consistent changes to public and administrative areas across clinic types:
  - Surgical Clinics
  - Chronic Dialysis
  - Rehabilitation Clinics
  - Psychology Clinics

## **Alternative Birthing Clinics** (Presented by Clara Wu)

- Clarified licensing language and aligned with CDPH expectations.
- Birthing Room Updates:
  - Reduced minimum size from 200 ft<sup>2</sup> to 120 ft<sup>2</sup>.
  - Minimum clear dimension: 10 feet (aligned with FGI and Title 22).
- Key Changes:
  - Allowed birthing room to double as exam room.
  - Added exception for nurse call systems: ABCs with three or fewer rooms may use alternative call methods, subject to CDPH approval.
  - Replaced “crash cart” with “emergency cart” for sensitivity and accuracy.
  - Repealed redundant spaces, like “cleanup room,” due to overlapping functions.
  - Adjusted staff restroom requirement to remove confusion about location and accessibility.

## **Outpatient Behavioral Health Observation Units** (Presented by Samantha Miller)

- Reason for Development: Supported state-funded EMPATH-model facilities.
- Licensing Type: CDPH confirmed classification as outpatient observation units.
- Key Requirements:
  - Multi-patient room with 40 ft<sup>2</sup> per patient and 5’6” clear width.
  - Open nurse station with full visibility.
  - Toilet ratio: 1 per 6 patient care stations.
  - Optional exam/consult rooms; quiet and seclusion rooms included as needed.
  - Patient Safety Risk Assessment (PSRA) determines anti-ligature needs.
- Members raised questions about ligature risk, tamper-resistant hardware, and water fountain consistency, prompting agreement to refine language and guidance.

## **Miscellaneous Changes and Clarifications**

- Added definitions (e.g., “lounge chair”) to improve consistency.
- Reorganized sections for noise control, placing them under interior environments for better alignment.
- Clarified elevator requirements for clinics transporting patients by stretcher.
- Revised and aligned various language inconsistencies throughout Section 1226.

- Corrected multiple formatting and terminology issues (e.g., “clinic sink” → “clinical sink”).

### **Fire Life Safety Amendments** (Presented by Nanci Timmins)

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

### **Committee and Public Comment**

- Board members (notably Kelly Martinez, Belinda Young, Teresa Endres) raised:
  - Concerns about terminology like “general construction support spaces” and requested simplification.
  - Support for flexibility in drinking water access, including bottle refill stations.
  - Clarification around ligature risks in outpatient behavioral health settings.
  - Suggestions to move some design recommendations (e.g., door swings, nurse calls) to the guide instead of code to maintain flexibility.

### **Voting**

Motion to endorse the proposed amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24

- Motion: Michael O’Connor
- Second: Kelly Martinez
- Outcome: The committee unanimously endorsed the proposed amendments to the 2025 California Building Code, Part 2, Volume 1, Title 24

### **Informational and Action Items**

- Full walkthrough of proposed code amendments for all outpatient clinic types.
- Clarification of roles, responsibilities, and functional language in support of accessible, safe, and compliant clinic design.
- Explanation of behavioral health requirements and alignment with FGI and CDPH standards.

- Clear indication of items requiring further feedback, CDPH review, and potential guidance expansion.
- The committee endorsed the proposed amendments to CBC Part 2, Volume 1.
- HCAI staff will:
  - Integrate minor revisions discussed (e.g., terminology, formatting).
  - Prepare the package for submission to the Building Standards Commission.
  - Continue coordinating with CDPH, OSFM, and stakeholders.
  - Refine and publish a guidance document to supplement and clarify ambiguous items.

## **6. Proposed Amendments to the 2025 California Electrical Code, Part 3, Title 24**

**Facilitator:** Jamie Schnick, PE, Senior Electrical Engineer, HCAI

### **Discussion and Input**

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

Key points of discussion and rationale:

#### **Fire Pump Transfer Switches:**

- California was the only state requiring bypass isolation-type automatic transfer switches for fire pumps. These are not available for large fire pump models. The proposed amendment removes this requirement and reverts to national code to maintain equipment compatibility.

#### **Sensor-Operated Fixtures and Emergency Power:**

- The previous requirement to circuit these fixtures to the critical branch if they were “direct wired” was unclear and overly restrictive. The new language only requires connection to the critical branch if no internal battery is provided, accommodating models with battery backups or plug-in hybrids.

#### **Automatic Doors – Life Safety vs. Equipment Branch:**

- Due to an inconsistency between NEC and NFPA 99, doors were previously required to be connected to both branches. This amendment clarifies that

only doors essential to the exiting system need to be connected to the life safety branch, while all others may be on normal power.

### **Type 2 Essential Electrical Systems:**

- Banner text in Section 517.44 was corrected to remove inappropriate references to OSHPD 1 and explicitly include OSHPD 5. This aligns system requirements with applicable facility types and avoids redundant or conflicting interpretations.

### **New Requirements for Emergency Power Equipment Connections:**

- Alarm systems used for negative pressure room monitoring, medication dispensing units, and medication refrigerators/freezers must now be explicitly connected to the equipment branch of the essential electrical system. These changes align with similar requirements in Section 517.35 and reduce ambiguity during plan checks.

### **Technology Rooms:**

- The electrical code was updated to reflect recent changes made in the building code (Part 2), particularly the removal of minimum square footage requirements for technology rooms in outpatient settings. This ensures consistency across codes.

### **Fire Pump Power Source Language (Section 695):**

- The revised language clarifies that the emergency power source requirement for fire pumps applies only to OSHPD 1, OSHPD 2, and OSHPD 3 surgical clinics. It also updates terminology to “essential electrical system power source” to account for non-generator-based systems such as microgrids. The bypass isolation requirement was removed here as well for consistency.

### **Committee and Public Comment**

- No objections or modifications were raised by committee members. The presentation was well-received, and all comments were procedural in nature.

### **Voting**

Motion to endorse the proposed amendments to the 2025 California Electrical Code, Part 3, Title 24.

- Motion: Carl Newth
- Second: Kelly Martinez
- Outcome: The committee unanimously endorsed the proposed amendments to the 2025 California Electrical Code, Part 3, Title 24.

### **Informational and Action Items**

- The requirement for bypass isolation-type transfer switches for fire pumps was removed, aligning with national standards.
- Clarification was provided for sensor-operated plumbing fixtures, which only require emergency power if they lack an internal battery.
- Automatic doors that are part of exiting systems must be connected to the life safety branch; others may remain on normal power.
- Banner references for Type 2 essential electrical systems were corrected to reflect applicable OSHPD facility types.
- Negative pressure room alarms, medication dispensing units, and medication refrigerators/freezers are now required to connect to the equipment branch of emergency power.
- Electrical code references for technology rooms were aligned with building code changes eliminating minimum square footage in outpatient settings.
- Section 695 was updated to limit fire pump power requirements to critical care facilities only, replace “generator” with “essential electrical system power source”, and remove the bypass isolation switch requirement.

## 7. Proposed Amendments to the 2025 California Mechanical Code, Part 4, Title 24

**Facilitator:** Lawrence Enright, PE, Senior Mechanical Engineer, HCAI

### Discussion and Input

Larry Enright presented extensive updates to Part 4 of Title 24, focusing on ventilation, air balance, facility type distinctions, and alignment with national standards (especially ASHRAE 170). The amendments aimed to clarify technical requirements, reorganize outdated language, and enhance consistency with related sections of the California Building Code.

Key Input Areas:

### Section 320.4 – Technology Equipment Centers:

- Revisions aligned section references (from §1224 to §1225) due to prior reorganization. Off-quad facility types (2 and 5) were clarified as not subject to acute care-level mechanical requirements like C5 for continued operation.

### Section 321.1 – Operating Room Temperature Maintenance:

- A previous requirement applied only to acute care hospitals. The new language explicitly states that this does not apply to OSHPD 3 surgical clinics, addressing public confusion.

## **Section 401–403 – General Ventilation Requirements:**

- Reorganized and merged scattered amendment language to improve clarity. References to ASHRAE 62.1 were removed in favor of keeping requirements fully within the California Mechanical Code.

## **Section 402.1.2 – Ventilation for Clinics:**

- Introduced new Table 4-C, derived from ASHRAE 170 Table 8-2, tailored for licensed clinics. This separates clinic ventilation standards from general healthcare facilities and ensures specificity.

## **Section 407.3.1 – Air Balancing:**

- Introduced requirements for air balancing to be completed by a qualified independent agency, referencing certifying bodies like AABC and NEBB.
  - Carl Newth raised concern that NEBB allows installing contractors to self-certify, which could pose a conflict of interest.
  - Larry Enright countered that independence is the key factor, not just certification.
  - The language was retained with consideration of Carl Newth’s feedback for future review.

## **Sections 407.3.1.1 & 407.3.1.2 – Ventilation for Licensed Clinics:**

- Codified new table for clinic spaces (Table 4-C) and tied it to specific licensing and safety code references.
- Included corrected set-point air calculation guidance omitted during prior adoption of ASHRAE 170-2021.

## **Tables 4-A, 4-B, 4-C – Air Change Rates and Filtration:**

- Added a filtration level designation column (e.g., MERV ratings), improving granularity across specific spaces like fluoroscopy rooms, interventional imaging, compounding areas, and behavioral health spaces.
- Replaced ambiguous entries like “NR” with cross-referenced footnotes (e.g., DD for USP compounding standards).
- Clarified negative pressure/exhaust requirements for spaces like PACU and toilet rooms.
- Kelly Martinez questioned the airflow design in fluoroscopy rooms adjacent to restrooms; Larry Enright confirmed restrooms must always be more negative.

## **Footnotes and Designations:**

- Reorganized and repurposed several footnotes (e.g., R, DD, G) to reduce ambiguity.

- Clarified pressure hierarchy, exhaust rates, and special provisions for rooms like imaging, sterilizing equipment, and compounding pharmacies.

### **Section 415 & Chapter 5 Reorganization:**

- Reassigned pharmaceutical compounding provisions from Section 507 to Section 505.13, co-locating them with related ventilation and filtration standards.

### **Section 602 – Concealed Spaces (Plenums):**

- Revised language to align with updated model code. The exception for plenums in healthcare facilities sparked a detailed discussion about the definition of a healthcare facility, especially when a clinic is not licensed under OSHPD.
  - A member of the public questioned the application of plenum exceptions to unlicensed facilities.
  - Richard Tannahill clarified the broader definition includes all healthcare facilities, not just OSHPD-licensed ones.
  - Larry Enright noted ongoing discussions to refine the term and confirmed proposals are underway for stricter definitions by 2027.
  - Abdel Darwich added that ambiguity in defining facility types often leads to inconsistent application and interpretation.

### **Filtration Level Discrepancies with ASHRAE 170:**

- Abdel Darwich pointed out specific ventilation inconsistencies (e.g., V-imaging requiring MERV B instead of A) and requested alignment with ASHRAE 170 for bone surgery and imaging rooms.
- Larry Enright acknowledged and committed to reviewing discrepancies without reducing existing California-specific protections.

### **Committee and Public Comment**

- Carl Newth raised concerns about self-certification of air balancing.
- Kelly Martinez questioned pressure requirements between fluoroscopy and restrooms.
- Abdel Darwich raised multiple detailed points regarding inconsistencies with ASHRAE 170, particularly around V-imaging, class imaging designations, and filtration levels. Larry acknowledged and agreed to review those areas.
- A public attendee provided input on the independence of certified air balance agencies and raised concerns over the interpretation of "healthcare facility" in non-OSHPD contexts.

## **Voting**

Motion to endorse the proposed amendments to the 2025 California Mechanical Code, Part 4, Title 24.

- Motion: Noella Tabladillo
- Second: Michael O'Connor
- Outcome: The committee unanimously endorsed the proposed amendments to the 2025 California Mechanical Code, Part 4, Title 24.

## **Informational and Action Items**

- Updated Section 320.4 to clarify off-quad exemptions for acute care hospital provisions in technology and telecom rooms.
- Clarified that temperature maintenance requirements for operating rooms do not apply to OSHPD 3 surgical clinics.
- Reorganized Sections 401–403 to consolidate ventilation requirements and reduce external code references.
- Introduced new Table 4-C for licensed clinic ventilation, derived from ASHRAE 170 Table 8-2.
- Added filtration level designations to ventilation tables (e.g., MERV ratings) and corrected multiple entries in Tables 4-A, 4-B, and 4-C.
- Required air balancing to be performed by a qualified, independent agency, with consideration of potential conflicts of interest.
- Codified new footnotes and reorganized them to eliminate ambiguity regarding air exchange rates, pressure requirements, and filtration standards.
- Reassigned pharmaceutical compounding ventilation standards to a more appropriate section (505.13) for consistency with pharmacy regulations.
- Revised plenum use exemptions and launched broader discussion on the legal and regulatory definition of “healthcare facility,” particularly for unlicensed outpatient clinics.
- Agreed to review potential misalignments with ASHRAE 170 filtration requirements for specific room types, including bone surgery and interventional imaging.

## **8. Proposed Amendments to the 2025 California Plumbing Code, Part 5, Title 24**

**Facilitator:** Lawrence Enright

## **Discussion and Input**

Larry Enright introduced comprehensive revisions to the Plumbing Code focused on fixture requirements, drainage, water conservation, medical gas systems, and clinical facility classifications.

#### **Fixture Sizing and Layout:**

- Section 613.6 – Hot Water Length Limits for Handwashing:
  - Limited the pipe length to 2 feet to mitigate Legionella risk and maintain compliance with water temperature standards. Aligns water flow rates ( $\geq 1$  GPM) with state requirements for public lavatories, which are capped at 0.5 GPM.
- Laboratory Basin Sizing:
  - Introduced minimum fixture dimensions: 1 square foot area and 5-inch minimum width, based on Facility Guidelines Institute (FGI) standards.

#### **Drainage and Sensitive Spaces:**

- Section 310 – Drainage Over Sensitive Areas:
  - Added new prohibitions for placing drainage piping over certain spaces like procedure rooms, pharmacies, sterile processing, and class 2 or 3 imaging rooms. Reaffirmed existing rules prohibiting floor drains and waste traps in operating rooms.

#### **Fixture Counts and Occupancy Calculations:**

- Staff Fixture Counts Based on Full-Time Equivalents:
  - Introduced a new method for calculating staff fixture requirements based on FTE staffing instead of ambiguous gross floor areas, simplifying enforcement.
- Section 422.2 – Exceptions:
  - OSHPD has not adopted certain model code exceptions, specifically the allowance for combined staff and visitor fixtures.
  - Reiterated strict separation between patient, staff, and visitor fixtures.
  - Introduced a new exemption for facilities with 10 or fewer staff in a single category: one unshared toilet fixture is permitted.
- Section 422.3 – Public Waiting Areas ( $\leq 10$  persons):
  - Moved existing exception from 422.3 to a new subsection (422.3.1) to improve clarity.
- Primary Care Clinics Exception Expanded:
  - Broadened the existing 422.3.1 exception (for up to 3 exam rooms) to apply across various clinic types, incorporating Section 426.

## **Emergency Drainage & Water Conservation:**

- Section 727 – Emergency Sanitary Drainage (Water Rationing):
  - Reaffirmed tank sizing:
    - 72-hour minimum holding capacity with a 5,000-gallon minimum.
    - Allows reduction to 24 hours when a water rationing plan is in place per Section 615.4.1.

## **Medical Gas and Vacuum Systems:**

- Chapter 13 – Medical Gas Systems:
  - Revised Section 1305.3 to remove conflict with OSHPD Table in CBC Section 1224.4.6.1, which supersedes the model plumbing code's vacuum outlet requirements.

## **Table 4-2 Revisions:**

Extensive updates were made to fixture distribution requirements across clinical settings.

- Footnote 32 (New):
- Added to all staff fixture entries, referencing the new FTE-based calculation method.
- Clinical vs. Clinic Clarification:
- Replaced the ambiguous term "clinic" with "clinical" where appropriate.
- Behavioral Health Observation Units (Empath Units):
  - Added fixture ratios:
    - 1:8 for handwashing stations.
    - 1:6 for toilets.
    - Also included showers and service sinks where needed.
- Pharmacies (Sterile/Non-Sterile Compounding):
- Integrated fixture requirements based on USP compliance, tying into Section 4819 for cleanroom facilities.
- Rehabilitation Therapy Spaces:
  - Introduced requirements for training toilets and bathtubs.
- Sterile Processing – Work Areas:
  - Consolidated scattered fixture requirements into a central location, clearly identifying clean and soiled areas.
- Clinic-Specific Adjustments:
  - Primary Care and Specialty Clinics:

- Set fixture ratio to 1:15 for exam/treatment rooms and staff.
- Birth Clinics:
  - Defined requirements for birthing room toilets and adjacent waiting areas.

### **Footnote Updates:**

- Footnote 01 & 04: Removed duplicates for housekeeping sinks.
- Footnote 14–22: General clean-up for clinical entries.
- Footnote 23: Clarified drain requirements for compounding areas.
- Footnote 38: Refined requirements for birth clinic restrooms, referencing 200-foot maximum distance and exam-room proximity.

### **Committee and Public Comment**

- Carl Newth asked for clarification on the 200-foot restroom distance rule.
  - Larry Enright explained it derives from Table 4-3's previous footnote, which was based on state accessibility and assessment laws.
- Gary Dunger inquired about availability of the Express Terms and ISOR.
  - Mia Marvelli confirmed that while the Express Terms were provided, the ISOR was still under internal review.
- A member of the public requested clarity on the definition of "sensitive areas" concerning prohibited drainage overhead.
  - Larry Enright agreed to clarify the language to prevent misinterpretation in enforcement.

### **Voting**

Motion to endorse the proposed amendments to the 2025 California Plumbing Code, Part 5, Title 24.

- Motion: Carl Newth
- Second: Michael O'Connor
- Outcome: The committee unanimously endorsed the proposed amendments to the 2025 California Plumbing Code, Part 5, Title 24.

### **Informational and Action Items**

- Limited pipe length for handwashing fixtures to 2 feet to mitigate Legionella risk.
- Set 1-square-foot and 5-inch minimum dimension requirements for laboratory basins.

- Prohibited drainage above sensitive areas, including procedure rooms, imaging suites, and pharmacies.
- Introduced full-time equivalent (FTE) method to calculate staff fixture requirements.
- Clarified that OSHPD does not adopt visitor/staff/shared fixture exceptions from the model code.
- Codified exemption for facilities with  $\leq 10$  staff to have a single unshared toilet.
- Expanded clinic-type exceptions (e.g., primary care) under Sections 422.3 and 426.
- Codified minimum tank sizes for emergency drainage (5,000 gallons for 72 hours; 24-hour reduction allowed).
- Removed conflicting language in medical gas vacuum outlet standards and deferred to CBC Table 1224.4.6.1.
- Updated Table 4-2 fixture ratios and footnotes for clinical spaces, including Empath Units, pharmacies, rehab areas, and birth clinics.
- Clarified fixture requirements for behavioral health units and specialty clinical settings.
- Added or revised over 10 footnotes (e.g., 01, 04, 14–23, 32, 38) for clarity, accuracy, and regulatory consistency.

## **9. Public/Committee Comments**

**Facilitator:** Teresa Endres

### **Discussion and Input**

Teresa Endres opened the floor to comments from the public or committee members regarding non-agendized issues. Two individuals provided detailed input on unrelated but relevant industry concerns:

### **Committee and Public Comment**

- A member of the public, representing Sloan Valve Company, raised concerns about the restrictive interpretation of a Code Application Notice (CAN) that affects the use of the company's bedpan flushing device with a vertical swing arm hinge. He thanked the Building Standards Unit (BSU) and Ms. Marvelli for their engagement and preliminary response.
  - Key Issues Raised:

- The CAN prohibits splitting the rear grab bar behind a toilet, which the Sloan Valve Company product requires for proper installation.
- The company appreciates the BSU's position allowing the device in non-accessible rooms, but seeks further clarity regarding the origin, intent, and rationale behind the CAN language.
- The 2011 and 2013 CAN revisions referenced protective environment rooms as an exception, prompting questions about the broader applicability of the rule.
- Customer Feedback:
  - Anecdotal input from architects and hospital staff favors the Sloan Valve Company product due to its hands-free operation, which reduces splash and slip hazards associated with handheld spray wands.
- Next Steps:
  - Sloan Valve Company intends to submit additional written comments to the BSU and will explore whether a formal code revision is appropriate in the future.
- Teresa Endres acknowledged the comments and encouraged submission of additional feedback to the HBSB support email for further consideration by staff and potential future agenda placement.
- Another member of the public reported on a swatting incident at Loma Linda University Health that highlighted a critical code conflict. Due to delayed egress hardware, hospital staff were unable to fully secure sensitive areas, including the NICU, during the emergency.
  - Key Issue:
    - The current life safety code requirements, intended to ensure safe evacuation, conflict with the need for lockdown capability during potential active shooter or high-threat incidents.
  - Request:
    - The attendee urged the committee to examine the broader issue of life safety versus physical security, particularly in sensitive hospital environments.
  - Response:
    - Teresa Endres and Mia Marvelli thanked the attendee for bringing the issue forward.
    - Mia Marvelli noted that while HCAI collaborates with OSFM, delayed egress regulations fall under OSFM jurisdiction.
    - The attendee was encouraged to submit formal comments to the HBSB support email, which would allow coordination with OSFM for further discussion.

## **Informational and Action Items**

- Sloan Valve Company expressed concern over CAN language affecting the installation of bedpan flushing devices, and intends to provide further written input to BSU for review and potential future code revision.
- A conflict was identified between life safety egress codes and security protocols in healthcare facilities during emergencies.
  - Requested this issue be considered in future code development discussions.
- All stakeholders encouraged to submit written comments on proposed or related regulations by September 30.

## **10. Adjournment**

Teresa Endres adjourned the meeting at 1:09pm.

# Structural and Nonstructural Regulations Committee

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Draft Meeting Report/Minutes

October 22, 2025

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



## HOSPITAL BUILDING SAFETY BOARD Structural and Nonstructural Regulations Committee

**October 22, 2025  
10:00 a.m. – 4:00 p.m**

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833  
355 South Grand Avenue, Conference Room 1901, Los Angeles, CA 90071

### **Committee Members Present**

Jim Malley, Chair  
Farzad Naeim, Vice Chair  
Cody Bartley  
Michael Davis  
Mikhail Fuks  
Martin Hudson  
Courtney Johnson  
Jennifer Thornburg

### **Consulting Members Present**

Mark Hershberg

### **HCAI Staff Present**

Chris Tokas  
Arash Altoontash  
Chris Davis  
Roy Lobo  
Mia Marvelli  
Ryan Buckley, Attorney

### **HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres

## 1. Call to Order and Welcome

**Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Committee Chair

Jim Malley formally opened the HBSB Structural and Non-Structural Regulations Committee meeting on Wednesday, October 22nd, at 10:01 a.m.

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

**Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

Veronica Yuke conducted a roll call and confirmed a quorum. All attendees were briefed on meeting participation guidelines, communication protocols, and voting procedures for the session.

## **3. 2025 Intervening Code Cycle timeline on proposed amendments to the 2025 California Building Standards Code**

**Facilitator:** Mia Marvelli, Architect, Supervisor; HCAI

### **Discussion and Input**

Mia Marvelli began her presentation by greeting attendees and introducing Gina Sandoval, a newly hired District Structural Engineer in HCAI's Seismic Compliance Unit. Gina Sandoval expressed gratitude for the welcome, shared that this was her third day in the role, and explained her hybrid responsibilities, splitting her time between fieldwork and seismic compliance activities under the supervision of Ali Sumer.

Mia Marvelli then proceeded with an overview of the 2025 Intervening Code Cycle timeline for proposed amendments to the California Building Standards Code (Title 24). She reminded the committee that the 2025 edition of Title 24 had been published in July 2025 and would become effective on January 1, 2026. However, the changes under review in this meeting pertained to the intervening code cycle, which serves as a supplement to the 2025 edition. These updates, once approved through the rulemaking process, would become effective July 1, 2027.

She explained that the Building Standards Unit, which she supervises, is responsible for managing these updates across various parts of Title 24. For this meeting, the focus would be on Part 2, Volume 2 (California Building Code) and Part 10 (Existing Building Code), areas overseen by Roy Lobo's structural services section.

Mia Marvelli provided a detailed timeline for the code development process:

- The Building Standards Commission (BSC) recently held a Coordinated Council Meeting, bringing together state agencies to discuss potential amendments and their legislative impacts.
- All state agencies must submit their proposed code changes to the BSC by December 1, 2025.
- The Hospital Building Safety Board (HBSB) meeting on October 22, 2025, was scheduled to review structural and nonstructural proposals before this deadline.

- The full HBSB would meet on December 10, 2025, to finalize and endorse the committee's recommendations.

She noted that the overall process takes approximately one year. After submittal, the BSC's Code Advisory Committee reviews the proposals, followed by a public comment period and final BSC approval during the summer of 2026. The approved updates are then published and take effect on July 1, 2027.

Mia Marvelli also mentioned that several HBSB members serve on the BSC Code Advisory Committee, ensuring representation and continuity between review levels.

Next, Mia Marvelli discussed legislative changes introduced by Assembly Bill 130 (AB 130), a 2025 Housing Trailer Bill that modified the California Health and Safety Code, specifically Section 18942, which governs how building standard amendments can be proposed during intervening cycles.

She explained that AB 130 became effective on June 30, 2025, outside the typical legislative cycle. The bill permanently restricts the types of amendments allowed between major triennial code updates. Under Section 18942, intervening code changes are now limited to clarifying, conforming, or coordinating revisions that do not materially alter the substance or intent of existing code provisions.

Mia Marvelli emphasized that this new restriction eliminates the board's previous flexibility to "early adopt" model code provisions or make substantive amendments between triennial cycles. She noted that HCAI's legal office is currently reviewing the proposed code changes to determine whether any of them exceed the new legal limitations. Depending on legal feedback, some of Roy Lobo's structural code proposals might need to be withdrawn or revised before submission.

### **Committee and Public Comments**

- Jim Malley thanked Mia Marvelli for her presentation and asked for clarification on the motivation behind the legislative restrictions in AB 130. He questioned whether state officials felt "bombarded" by the volume of intervening code proposals or concerned that some updates were receiving inadequate scrutiny during interim review cycles.
- Chris Tokas responded that the measure was related to broader state efforts to manage building standards development, referencing the overarching Building Standards for Building and Construction Bill.
- Mia Marvelli elaborated that a separate bill, AB 306, initially focused solely on limiting residential building standard proposals during the triennial code cycle. However, when its content was folded into the housing trailer bill (AB 130), Section 18942 was added—unintentionally broadening its reach to include all building standards, not just residential.

- Jim Malley acknowledged the explanation, noting that he had been aware of prior residential provisions but not their unintended expansion to all building types.

#### **Informational and Action Items**

- HCAI's Building Standards Unit, under Mia Marvelli's supervision, will continue coordinating with Roy Lobo's structural team to finalize proposed amendments for submission to the Building Standards Commission by December 1, 2025.
- HCAI's Legal Office will review all proposed amendments to ensure compliance with the new statutory limits in Health and Safety Code Section 18942.
- Committee members were informed that the full HBSB board will meet on December 10, 2025, to take formal action on the proposed code changes.

#### **4. Proposed amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2**

**Facilitator:** Roy Lobo, PhD, SE, Principal Structural Engineer; HCAI

#### **Discussion and Input**

Roy Lobo opened the agenda item by acknowledging the earlier point made by Mia Marvelli regarding limitations imposed by recent legislation. He explained that all proposed changes are intended to be clarifying or corrective in nature, aligning with the requirements of Health and Safety Code Section 18942, which now restricts intervening code updates to non-substantive changes.

He proceeded to present a detailed list of proposed amendments:

- **Section 1603A.1:**  
Roy Lobo proposed adding new items to construction document requirements. These changes ensure designers include key information that aids future retrofits or evaluations of nonstructural components. For example, he emphasized the importance of including the fundamental period of the structure, especially in light of new requirements introduced in ASCE 7-22. He described these updates as editorial in nature, intended for clarity, not to change the design intent.
- **Section 1603A.1.6:**  
This change improves the clarity of geotechnical design information, differentiating between deep and shallow foundation values, to remove existing vagueness.

- 1       • **Load Combination Clarification for Masonry Structures:**  
2       Roy Lobo recommended eliminating Exception 2 of ASCE 7, Section 2.4.5  
3       when using the allowable stress design method for masonry. He explained  
4       that allowing partial dead load to resist overturning could lead to unsafe  
5       conditions, particularly since seismic loads are already reduced under this  
6       method.  
7       Jim Malley and Chris Tokas agreed this was a necessary correction.
- 8       • **Live Load Table Restoration:**  
9       Roy Lobo identified a printing error that caused live load requirements for  
10      hospital areas to disappear in the 2019 and 2022 codes. He proposed  
11      restoring this section from the 2016 CBC, classifying it as an errata  
12      correction.
- 13     • **Two-Stage Analysis Clarification:**  
14     Roy Lobo discussed a misapplication of omega amplification in two-stage  
15     analysis with Type IV irregularities. He explained that amplification was being  
16     incorrectly added to already-maximum structural forces, resulting in costly  
17     and overly conservative designs. He described this change as a clarification.
- 18     • **Spectral Response Coefficient Clarification (Section 12.8):**  
19     Roy Lobo addressed confusion around which formula applies under two  
20     different methods for calculating  $C_s$  (seismic response coefficient):  
21         ○ Method 1 (multi-period spectrum)  
22         ○ Method 2 (two-period spectrum)  
23         He proposed clarifying that either method may be used, but the result  
24         must not exceed the value from the other method, resolving a conflict  
25         and ensuring conservative design.
- 26     • **Clarification on Equation 13.3-7 – Nonstructural Components:**  
27     Roy Lobo clarified that the equation for  $F_p$  (design force) must use absolute  
28     acceleration, not relative acceleration. He emphasized that this interpretation  
29     aligns with how structural dynamics defines this value.
- 30     • **Base-Isolated Buildings – Reduction in Design Force:**  
31     Roy Lobo proposed a change allowing the design force for nonstructural  
32     components in base-isolated buildings to be no less than 50 percent of the  
33     force used for fixed-base buildings. He supported this with evidence from  
34     analytical studies and instrumented building data.
- 35     • **Drift Limits in Chapters 16 and 18:**  
36     Roy Lobo addressed an inconsistency between Chapters 16 and 18  
37     regarding maximum allowable drift. He proposed aligning these two to avoid

1 confusion when using nonlinear dynamic analysis and dampers, ensuring  
2 consistent acceptance criteria.

3 • **Clarification for Special Inspections of Glulam (Glue-Laminated) Timber:**

4 Roy Lobo proposed removing the requirement for glulam timbers to be  
5 “sourced from stock or general inventory” as a condition for waiving special  
6 inspections. He argued that procurement method should not dictate structural  
7 inspection criteria.

8 • **Updated References for ACI 318-19:**

9 Roy Lobo noted that the initial release of ACI 318-19 failed to update some  
10 reference standards. He recommended adopting the revised version, ACI  
11 318-19(22), to ensure consistency with referenced codes, though no  
12 substantive text changes are proposed.

13 **Committee and Public Comments**

- 14 • Jim Malley engaged throughout the presentation, confirming that the  
15 proposed revisions were valid and clarifying past omissions, such as the  
16 masonry exception that had not been previously removed.
- 17 • Farzad Naeim expressed appreciation for the presentation. He suggested  
18 replacing the term "total acceleration" with "absolute acceleration", which is  
19 more appropriate in structural dynamics. Roy Lobo accepted the change, and  
20 Jim Malley confirmed it would be included.
- 21 • Mark Hershberg suggested revising a formula in Section 17.17-A1(1A) to  
22 plain English for clarity. Instead of using mathematical symbols, he proposed  
23 stating that the value "does not need to exceed SDS over R/le." Jim Malley  
24 supported the suggestion, calling it good code language.
- 25 • Martin Hudson supported the change to "absolute acceleration" and  
26 recommended adding a definition of the term for clarity. He also requested  
27 clarification on why SDS was being capped in the spectral response formula.  
28 Roy Lobo explained that the multi-period method could sometimes produce  
29 slight peaks at the building's natural period, and allowing the use of the lower  
30 SDS value from the two-period method helps designers avoid unintended  
31 overdesign. Martin Hudson agreed that the clarification was reasonable.
- 32 • Kirsten Zeydel, a structural engineer and member of the public, appreciated  
33 the focus on nonstructural components. She asked for clarification on two  
34 proposed changes:
- 35 ○ The redundancy of SDS values listed in Section 1603A.1.5 and .1.6
  - 36 ○ Whether the code should explicitly reference the grade plane as it  
37 relates to nonstructural loading.

- Roy Lobo clarified that depending on whether the designer used a multi-period or SDS-based method, the values may not be redundant. He agreed with the suggestion to clarify grade plane requirements and explained that ASCE 7-28 includes a proposal to define the seismic base, which would resolve confusion around this concept. He committed to adding relevant clarifying language.

## **Voting**

- Motion to endorse the proposed amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2, with all clarifications, corrections, and editorial revisions
- Motion: Farzad Naeim
- Second: Cody Bartley
- Outcome: The committee unanimously endorsed the proposed amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2, with all clarifications, corrections, and editorial revisions

## **Informational and Action Items**

- The committee endorsed the proposed amendments to the 2025 California Building Code, Title 24, Part 2, Volume 2, with all clarifications, corrections, and editorial suggestions discussed.
- Key action items included:
  - Changing “total acceleration” to “absolute acceleration.”
  - Revising language to improve clarity, especially formula-based references.
  - Adding a definition for absolute acceleration if not already defined.
  - Clarifying spectral acceleration limits and allowing choice of method with defined caps.
  - Including language on seismic base or grade plane for nonstructural design.
- Roy Lobo will incorporate these changes into the final version submitted for review.

## **5. Proposed amendments to the 2025 California Existing Building Code, Title 24, Part 10**

**Facilitator:** Roy Lobo

## Discussion and Input

Roy Lobo introduced two proposed amendments aimed at correcting and clarifying existing structural provisions in Part 10 of the California Existing Building Code. These changes are particularly relevant to hospitals undergoing seismic retrofits and upgrades from SPC 1 or SPC 2 to SPC 4D compliance.

### Horizontal Wall Segments vs. Coupling Beams

Roy Lobo clarified that a prior amendment mistakenly categorized all horizontal wall segments as vertical wall segments for design purposes. This approach was found to be flawed, particularly because it conflicted with the intent of encouraging flexural yielding in spandrels, which is desirable for seismic resilience.

The revised amendment now distinguishes between:

- Shear-controlled horizontal wall segments, these are the only ones to be treated as vertical wall segments.
- Flexure-controlled segments — these are to be treated as coupling beams, not walls, to allow for energy-dissipating flexural behavior during seismic events.

Roy Lobo explained that this distinction is necessary because vertical wall segment design criteria are more stringent than those for coupling beams. Applying wall design criteria broadly would inadvertently reduce allowable rotation capacity and ductility, which are critical in seismic performance.

He noted that proper anchorage of vertical reinforcement using closed hoops or stirrups with standard hooks at both top and bottom is a prerequisite for a horizontal wall segment to be considered a shear wall. Without proper anchorage, shear capacity cannot be fully developed, and ductility assumptions would be incorrect.

### Penthouse Structures and Seismic Design Forces

Roy Lobo then discussed amendments related to penthouse structures, specifically addressing how to model and connect these structures when performing seismic upgrades using ASCE 41 standards (either 41-13 or 41-23).

He reiterated that:

- If the penthouse occupies more than one-third of the building footprint, it is treated as part of the building without exception.
- If it is less than one-third, it may be evaluated under Chapter 13 of ASCE 41, which addresses penthouses.

However, ASCE 41-13 does not provide an Omega factor for connection design.

Roy Lobo clarified that for purposes of compliance with SPC 4D, connections from the penthouse to the supporting structure must be designed using an Omega of 2.0,

1 even if the penthouse itself is evaluated under lower seismic demands (BSE- 1E  
2 level).

### 3 **Committee and Public Comments**

- 4 • Chris Tokas affirmed that these amendments were consistent with the  
5 broader work being done under SPC 4D compliance efforts.

### 6 **Voting**

- 7 • Motion to endorse the proposed amendments to the 2025 California Existing  
8 Building Code, Title 24, Part 10
- 9 • Motion: Cody Bartley
- 10 • Second: Michael Davis
- 11 • Outcome: The committee unanimously endorsed the proposed amendments  
12 to the 2025 California Existing Building Code, Title 24, Part 10.

### 13 **Informational and Action Items**

- 14 • The approved amendments will be submitted to the California Building  
15 Standards Commission for consideration as part of the 2025 Intervening  
16 Code Cycle.
- 17 • Roy Lobo confirmed that both versions of ASCE 41 (2013 and 2023) will  
18 reflect the clarified requirements for penthouse design and connection forces.

## 20 **6. Introduction of Wood-Frame Standard Details prepared by the HBSB Codes 21 and Processes Committee**

22 **Facilitator:** Gary Dunger

### 23 **Discussion and Input**

24 Gary Dunger opened the agenda item by providing background on the development  
25 of standardized wood-frame construction details for healthcare facilities. He noted  
26 that several years ago, the HBSB Codes and Processes Committee was tasked with  
27 producing standard details specific to wood framing. Progress on the project had  
28 stalled until Gary volunteered to lead the effort.

29 The Committee's goal was to produce standardized connection and framing details  
30 that could streamline and standardize the design, review, and construction of wood-  
31 frame components in healthcare occupancies.

32 Gary Dunger described how, at a prior meeting, a new group of framing details was  
33 introduced and subsequently flagged for further technical review. Based on that  
34 recommendation, Brett Beekman, an OSHPD structural engineer, was assigned to

1 review the proposed framing details. Brett Beekman provided a comprehensive set  
2 of plan review comments that were noted to be highly constructive.

3 After receiving those comments, Gary Dunger began the process of integrating them  
4 into revised, cleaner versions of the details. A Revit specialist is currently working  
5 with Gary Dunger to clean up the drawings and incorporate the comments for clarity  
6 and standardization.

7 He emphasized that this agenda item served only as an introduction and early  
8 briefing, not a call for feedback or decision-making. Gary Dunger previewed the draft  
9 details during the meeting via screen share to familiarize committee members with  
10 the format and scope of the updates. He stated that once the final set of details is  
11 complete, the full package will be submitted to the HBSB Structural and  
12 Nonstructural Regulations Committee for review and approval.

### 13 **Committee and Public Comments**

- 14 • Jim Malley asked whether OSHPD had already reviewed and accepted the  
15 comments made by Brett Beekman, and whether any additional rounds of  
16 review would be needed. Gary Dunger assured him that OSHPD would  
17 conduct a final review and confirmed that no further feedback loops would be  
18 required once OSHPD's review and Codes and Processes Committee's input  
19 were completed.
- 20 • Jim Malley then requested that committee members be given advance access  
21 to the updated standard detail package for review prior to the next meeting.  
22 Mia Marvelli confirmed that the documents would be included with the  
23 agenda, posted 10 days in advance of the meeting, in accordance with  
24 normal procedures. This ensures both committee members and the public  
25 have an opportunity to review materials prior to discussion and endorsement.
- 26 • Roy Lobo inquired whether the revised details could be reviewed sooner if  
27 they were already publicly available through the Codes and Processes  
28 Committee. Veronica Yuke clarified that the current versions have been  
29 revised since Brett Beekman's comments and are not yet available for public  
30 review, as they must first return to the Codes and Processes Committee for  
31 review and concurrence before distribution.
- 32 • Jennifer Thornburg confirmed that prior versions of the details were included  
33 in earlier committee materials but echoed that those are now outdated due to  
34 Brett's review.
- 35 • Jim Malley emphasized that before the Structural and Nonstructural  
36 Regulations Committee formally reviews or endorses the package, it is  
37 essential for OSHPD to re-confirm the technical accuracy and intent of the  
38 proposed details. This is to ensure alignment between the Codes and

Processes Committee, OSHPD technical staff, and the Structural and Nonstructural Regulations Committee, forming what Jim called a “three-legged stool.”

- Gary Dunger added that this initiative originally grew out of a separate project to create fire and life safety standard wood-frame details, which are also being developed. These fire-related details are being reviewed by a small team of fire and life safety officers. Although these don’t carry structural implications, they will be bundled with the full detail package for the committee’s awareness and transparency.
- Mia Marvelli confirmed that scheduling for the next Codes and Processes Committee meeting would be coordinated to allow their review and approval before the Structural and Nonstructural Regulations Committee’s formal consideration.

#### **Informational and Action Items**

- This was a preview of the wood-frame standard details, with formal review and committee action anticipated at a future meeting.
- Action Items and Next Steps:
  - The Codes and Processes Committee must review and approve the revised wood-frame standard details.
  - OSHPD will complete a final technical review to confirm structural compliance and intent.
  - The full package, including structural, and fire and life safety details, will be posted with the agenda materials at least 10 days prior to the next meeting.
  - Committee members and the public will be expected to review the package in advance, with discussion and possible endorsement to occur during the meeting.

#### **7. Update on OSHPD Preapproved Details (OPD): Standard Partition Wall, Standard Suspended Ceiling, and Standard Gypsum Board Ceiling**

**Facilitator:** Chris Davis, SE, District Structural Engineer, HCAI

##### **Discussion and Input**

Chris Davis presented extensive technical updates to OPD #1 concerning standard partition wall details in response to the updated ASCE 7-22 seismic code provisions. The primary motivation for the update stems from the significant changes in

1 nonstructural seismic force demands, specifically the FP (force on a component)  
2 calculation. Unlike prior versions, ASCE 7-22 now requires that FP calculations  
3 consider building-specific characteristics, such as building period and lateral force-  
4 resisting system, making the process more complex and less accessible to non-  
5 structural professionals.

6 Chris Davis emphasized that the revision aimed to:

- 7 • Align with the ASCE 7-22 changes.
- 8 • Preserve the accessibility of OPDs for non-structural engineers by providing  
9 default worst-case values for users who do not have access to structural data.

10 He presented comparison tables that highlight significant increases in seismic force  
11 demands for partition walls under the new equations. For example, walls under nine  
12 feet now experience a 50 percent increase in force demand, while taller walls show  
13 nearly double the prior demand.

14 To mitigate complexity, Chris Davis proposed that users work with default capped  
15 values for RMU (response modification factor) and HF (height factor). The update  
16 introduces FP/WP values (force per unit weight) instead of SDS (design spectral  
17 acceleration) to select wall details, which reflects the building's dynamic  
18 characteristics more accurately.

19 He also illustrated the structural implications of the revised OPD:

- 20 • Stud sizes must increase significantly. For instance, a 12-foot wall under  
21 condition C (upper and lower casework) now requires a 68 mil (14-gauge)  
22 stud, up from 54 mil (16-gauge), representing a 25 percent increase in stud  
23 weight.
- 24 • A 16-foot wall under similar conditions may now require 97 mil (12-gauge)  
25 studs, increasing material weight by up to 75 percent.
- 26 • These changes present practical concerns such as installation difficulties and  
27 compatibility with equipment mounting practices.

28 Chris Davis explained that the changes will also affect anchor design and  
29 installation:

- 30 • The 2013 OPD included anchors from four manufacturers, but the updated  
31 OPD eliminates one (Redhead) due to non-compliance with current cracked  
32 concrete requirements, reducing the pool to three (Hilti, Simpson, and  
33 DeWalt).
- 34 • Each anchor now has its own design tables based on its specific ICC-ES  
35 Report. This provides design flexibility and prevents penalizing any one

1 manufacturer but also results in significant table expansion (approximately 30  
2 pages compared to five previously).

3 He also addressed Power Actuated Fasteners (PAFs):

- 4 • PAFs continue to have a maximum capacity of 90 lbs., unchanged from 2013.
- 5 • Given the increased force demands, PAFs are now insufficient in most  
6 conditions, especially for taller or loaded walls.
- 7 • As a result, expansion anchors may be required for many top and bottom  
8 track connections, which could increase cost, labor, and installation time.

9 Chris Davis emphasized that real-world impact will extend beyond new construction  
10 and affect renovations and retrofits, where adding equipment to existing walls will  
11 now require opening walls to add anchors compliant with the new force demands.

12 To assist users, Chris Davis demonstrated a new online FP calculator on HCAI's  
13 website:

- 14 • It allows users to enter site seismicity and building characteristics to calculate  
15 FP/WP values.
- 16 • The tool includes default assumptions for non-engineers and detailed input  
17 options for professionals who know building period and lateral system.

## 18 **Committee and Public Comments**

- 19 • Courtney Johnson sought clarification on whether structural and nonstructural  
20 walls experienced similar force increases. Jim Malley responded that the  
21 code change specifically altered how nonstructural components are treated  
22 and was not reflective of similar changes for structural systems.
- 23 • Roy Lobo and Gina Sandoval raised concerns about material availability and  
24 procurement. Roy Lobo pointed out that walls now require thicker studs, often  
25 12-gauge, that are less common and harder to work with. Gina Sandoval  
26 added that supply chain issues and tariffs already limited material options,  
27 and this update exacerbates the problem.
- 28 • Chris Tokas expressed concern that the national code update could be a  
29 theoretical exercise lacking practical justification, asserting that it:
  - 30 ○ Lacked testing and substantiation.
  - 31 ○ Could significantly increase costs without yielding measurable seismic  
32 safety improvements.
  - 33 ○ Could create undue burden on design professionals and healthcare  
34 providers.

- Ignored real-world lessons from past earthquakes where failures were rare when code was followed.
- Farzad Naeim and Arash Altoontash echoed these concerns. Both, as experienced seismic professionals, argued that:
  - The change attempts to solve a problem that does not exist at scale.
  - It introduces unwarranted complexity by tying partition wall demands to building structural systems.
  - The cost and design burden far outweigh any benefit, especially for low-risk nonstructural elements.
- Jim Malley, Chris Davis, and Mark Hershberg acknowledged the criticism and agreed that while the theory behind the change is rational (e.g., taller buildings are more flexible), the magnitude of change is not warranted by observed damage patterns in past events.
- Public member Kirsten Zeydel provided practical feedback from industry:
  - Drywall installation into 12-gauge studs is significantly more difficult and costly.
  - The use of wider flange studs (1 $\frac{5}{8}$ " ) is more common and economical than 1 $\frac{3}{8}$ " and should become standard in the updated OPD.
  - The Z-clip connection method, while useful for steel framing, may interfere with fire-rated assemblies on concrete slabs, which must be addressed.
  - The weight assumption for casework content (33 lb/ft<sup>3</sup>) may be overly conservative and should be revisited to allow more flexibility in design.
- Marty Hudson urged the committee to remember that hospital funds should prioritize post-earthquake functionality, not nonstructural overdesign, especially if it detracts from patient care capabilities or structural resiliency.

### **Informational and Action Items**

- Major update to OPD #1 driven by seismic code changes under ASCE 7-22.
- Seismic force levels on nonstructural partition walls have increased significantly.
- Design requirements for studs and anchors have increased, impacting cost and constructability.
- Default design tables and online calculator have been developed to help designers and architects comply with updated requirements.

1       • Action Items and Follow-Up

- 2           ○ Review and finalize OPD details including stud tables, anchor details,  
3           and design tools.
- 4           ○ Evaluate industry feedback on gauge sizes, material availability, cost  
5           impacts, and installation complexity.
- 6           ○ Consider revising content weight assumptions for cabinetry and  
7           casework to reduce overdesign.
- 8           ○ Coordinate with fire and life safety authorities on Z-clip usage in fire-  
9           rated assemblies.
- 10          ○ Continue collaboration with stakeholders to balance code compliance,  
11          constructability, and healthcare facility needs.

12

13       **8. Proposed removal or revision of California Building Code exceptions to**  
14       **AISC (American Institute of Steel Construction) design specifications**

15       **Facilitator:** Jim Malley

16       **Discussion and Input**

17       Jim Malley introduced the topic by outlining the ongoing effort to evaluate and  
18       potentially eliminate long-standing exceptions made by HCAI to AISC standards  
19       in the California Building Code. He stated that over time, many of the earlier  
20       OSHPD-specific modifications have already been removed due to alignment  
21       between OSHPD's practices and updated AISC provisions. However, some  
22       discrepancies remain, particularly related to updated and newer structural  
23       systems that still require an Alternate Method of Compliance (AMOC).

24       The purpose of this presentation was to:

- 25           • Highlight those remaining systems still requiring AMOC.
- 26           • Present current research, testing, and design updates that support their  
27           reconsideration.
- 28           • Request that HCAI review the new data and potentially eliminate the  
29           AMOC requirement for these systems in the future.

30       Jim Malley focused on three structural systems currently subject to AMOC  
31       approval:

- 32           1. Special Truss Moment Frames (STMF)
- 33           2. Steel Plate Shear Walls (SPSW)

### 3. Composite Systems — specifically Concrete-Filled Steel Sandwich Panel Walls (SpeedCore)

#### 1.1 Special Truss Moment Frames (STMF)

Jim Malley reviewed the history of STMFs, first introduced into AISC provisions in 1997, and noted that OSHPD had concerns at the time—primarily regarding buckling in diagonal elements, which could give the appearance of structural failure and trigger building evacuation post-earthquake.

However, current STMF systems have evolved significantly:

- Vierendeel-style STMFs (which use rigid vertical elements without diagonals) have gained prominence.
- The systems now undergo rigorous capacity design to ensure plastic hinges form in designated yielding members while keeping columns and non-yielding members elastic.
- Extensive full-scale testing has validated behavior, including performance under drift demands up to 2.5 to 3 percent.
- Updated detailing ensures:
  - Proper plastic hinge formation.
  - Clear protected zones.
  - Reliable connections between all members.

Jim Malley emphasized that current STMF provisions are comparable in rigor to Eccentrically Braced Frames, which are accepted in the code.

Chris Tokas acknowledged that the updates address OSHPD's original concerns, particularly regarding drift and structural maturity, and agreed it was appropriate to reconsider the AMOC requirement.

#### 1.2 Steel Plate Shear Walls (SPSW)

Jim Malley then shifted to Steel Plate Shear Walls, which were also restricted under OSHPD's rules due to aesthetic and perceived performance concerns—specifically, the post-buckling appearance of thin infill plates after an earthquake.

He countered those concerns with:

- Evidence from extensive full-scale testing (e.g., at UC Berkeley and elsewhere) demonstrating that buckling is part of the intended behavior and that post-buckling strength and ductility are maintained via tension field action, similar to plate girder behavior.
- Continued advancements in detailing, including:

- Use of bolted splices to improve constructability and inspection.
- Development of “cheese-grater” configurations with perforations in the steel plates to optimize the strength more closely to the code based seismic demands.
- Fully developed capacity design principles that protect boundary elements and connections from inelastic demands.

Jim Malley argued that these systems offer a robust alternative to concrete shear walls, particularly in steel-framed hospital buildings. He noted that SPSWs have been successfully implemented in major projects, such as the LA Live Tower in downtown Los Angeles (55 stories).

### **1.3 Composite Systems – Concrete-Filled Steel Sandwich Panel Walls (SpeedCore)**

Jim Malley’s final and most detailed discussion centered on the SpeedCore system, a new composite shear wall system developed for nuclear power plant modules, and then adapted to more common structural steel building applications (initial development).

SpeedCore consists of two steel face plates tied together and filled with unreinforced concrete. It eliminates traditional rebar and minimizes erection tolerance conflicts between concrete and steel.

Key advantages:

- Significant time savings during the field erection process (e.g., one year shaved off construction at the 58-story Rainier Square Tower in Seattle).
- Improved constructability—shop-fabricated panels allow efficient assembly and efficient use of cranes.
- Eliminates the sequencing conflicts typical in concrete-core/steel-frame hybrid buildings.
- Strong alignment with hospital construction constraints, especially for elevator cores or mechanical shafts.

SpeedCore is now:

- Fully included in AISC 341-22 and ASCE 7-22.
- Supported by Design Guide 38 (published by AISC).
- Validated through P-695 FEMA studies for seismic performance.
- Backed by extensive finite element analysis, large-scale testing, and peer-reviewed research.

1 Jim Malley also discussed fire protection implications:

- 2 • In some cases, SpeedCore allows for reduced or eliminated fireproofing  
3 (e.g., San Jose office building required only minimal beam-connection  
4 protection).
- 5 • Fire testing and temperature analysis have been integrated into recent  
6 AISC research and standards.

7 He concluded that SpeedCore is a mature, tested, and code-aligned system with  
8 high potential for application in OSHPD-regulated healthcare buildings.

### 9 **Committee and Public Comments**

- 10 • Chris Tokas acknowledged the evolution and improved maturity of all  
11 three systems, expressing willingness to revisit the AMOC requirements.
- 12 • Farzad Naeim praised the presentation and requested a copy of the  
13 slides.
- 14 • Committee consensus indicated strong interest in eliminating AMOCs  
15 where substantiated by testing, design guides, and real-world  
16 implementation.
- 17 • Roy Lobo raised concerns about P-695 (the FEMA nonlinear analysis  
18 method used for system validation):
  - 19 ○ He questioned whether running thousands of simplified analyses  
20 offers better insight than performing fewer, more detailed nonlinear  
21 studies.
  - 22 ○ He emphasized the need to verify connection detailing, particularly  
23 in areas like diaphragm-to-core transitions, which are critical for  
24 hospital seismic performance.
  - 25 ○ He cited the CTV building collapse (Christchurch, NZ) as an  
26 example where connection failures—not global system failure—led  
27 to collapse.
- 28 • Committee members agreed that testing and connection-level detailing  
29 are crucial and that P-695 alone should not be considered sufficient for  
30 system approval.

### 31 **Informational and Action Items**

- 32 • STMFs, SPSWs, and SpeedCore systems have all undergone significant  
33 testing and standardization since OSHPD's original AMOC mandates.
- 34 • All three systems are now formally codified in AISC 341 and/or ASCE 7.

- These systems offer engineering, economic, and constructability benefits for healthcare facilities.
- P-695 remains a controversial but standard validation method in the industry.
- HCAI to perform technical review of the latest research and codified provisions for:
  - STMFs
  - SPSWs
  - SpeedCore composite walls
- Evaluate removing AMOC requirements where appropriate.
- Coordinate internally to determine applicability to healthcare facility projects.
- AISC (via Jim Malley) to provide technical documentation and coordinate any follow-up meetings with HCAI staff.

## **9. Comments from the Public/Committee Members on Issues not on this Agenda.**

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

**Facilitator:** Jim Malley

### **Discussion and Input**

- None.

### **Committee and Public Comments**

- None.

## **10. Adjournment**

Jim Malley formally adjourned the October 22, 2025, HBSB Structural and Nonstructural Regulations Committee meeting at 12:36 p.m.

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# Instrumentation Committee

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Draft Meeting Report/Minutes

October 28, 2025





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



## HOSPITAL BUILDING SAFETY BOARD Instrumentation Committee

**October 28, 2025**  
**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**

Farzad Naeim, Chair  
Martin Hudson, Vice Chair  
Courtney Johnson  
Jennifer Thornburg

### **Consulting Members Present**

Moh Huang  
Hamid Haddadi  
Tony Shakal

### **HCAI Staff Present**

Chris Tokas  
Arash Altoontash  
Hussain Bhatia  
Erol Kalkan  
Roy Lobo  
Ali Sumer  
Ryan Buckley, HCAI Attorney

### **HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres

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

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

Farzad Naeim officially called the HBSB Instrumentation Committee meeting to order at 10:00 AM. He greeted attendees, thanked them for their participation, and expressed optimism about the upcoming meeting.

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

**Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

Veronica Yuke conducted roll call and confirmed that a quorum was established. She then presented the rules of engagement for the meeting.

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

**Facilitator:** Hamid Haddadi, PhD GP, Program Manager, California Strong Motion Instrumentation Program, California Geological Survey; Consulting Member

#### **Discussion and Input**

Hamid Haddadi presented the annual report on the collaboration between California Geological Survey (CGS) and the Department of Health Care Access and Information (HCAI) for hospital instrumentation under the CSMIP.

- This marks the 12th agreement between CGS and HCAI since the collaboration began in 1989, with the current agreement covering July 2023 through June 2026, now in its third year.

#### **HCAI-Funded (Type 1) Instrumentation:**

- The committee previously approved instrumentation for seven wood-frame hospitals. Plans were received for six hospitals, but there were challenges securing owner participation, as explained by Roy Lobo, who noted that some hospital owners expressed uncertainty about their facility status.
- The Monterey Park Hospital project proceeded successfully, with instrumentation scheduled for early 2026.

#### **Owner-Funded (Type 2) Instrumentation:**

- Nine hospitals are participating under owner-funded programs.
  - Loma Linda University Medical Center:
    - Instrumentation for acceleration channels was completed in 2020.
    - Challenges included installing six relative displacement sensors and establishing reliable communication.
    - In September 2025, communication was transitioned from hospital networks to cellular-based systems, resolving prior issues.
    - Both string pot and acoustic sensors were installed on specific channels, and the instrumentation is now complete.
    - Chris Tokas, Roy Lobo, and Courtney Johnson discussed potential laser-based displacement measurement and the difficulty of retrofitting existing buildings.

- Testing for sensors occurred both in the laboratory and at UNR shake tables, verifying accuracy.
- Hollywood Presbyterian Medical Center:
  - Technical specifications and site markings are complete; installation is scheduled for 2026.
- Marina Del Rey Hospital:
  - Instrumentation planned for 2026; currently in coordination with the equipment manufacturer.
- La Jolla Scripps Tower II and UC Irvine Medical Center:
  - Fully prepared for 2026 installations.
- San Diego Sharp Metropolitan Medical Center:
  - Construction ongoing; instrumentation planned for 2030.
- Three additional hospitals have tentative 2028–2030 completion timelines.
  - All projects are on schedule without significant challenges.

#### **Discussion on location of Sensors:**

- Chris Tokas suggested combining factory and lower-cost sensors to increase data collection.
- Hamid Haddadi confirmed this approach will begin with Monterey Park Hospital in collaboration with UCLA.
- Roy Lobo and Hussain Bhatia discussed station numbering updates, confirming Loma Linda’s station number changed from 23M01 to 23001 for categorization consistency.

#### **System Upgrades (BCP – Budget Change Proposal):**

- 19 stations upgraded during FY 2024–25: 16 hospitals and 3 ground, response stations.
- 53 HCAI stations have been upgraded to date.
- Notable upgrades include:
  - Hemet Valley Hospital: Fully re-instrumented under BCP funding.
  - Two-story Berkeley Hospital: Instrumentation to complete in November 2025.
  - Sylmar Olive View Hospital: Expansion from 12 to 24 channels, pending HCAI compliance documentation.
- Chris Tokas confirmed positive reception of this progress by the Seismic Safety Commission and noted potential for additional funding.

### **Sensor Maintenance Discussion:**

- Emphasis placed on completing projects before contract expiration in April 2026.

### **Seismic Data Collection:**

- 15 earthquakes (magnitude  $\geq 3$ ) recorded across 30 hospitals during FY 2024–25.
  - Largest event: M7.3 Offshore Cape Mendocino Earthquake, recorded at Eureka St. Joseph Hospital (0.07g at basement, 0.20g at roof).
  - Additional significant events:
    - M3.5 Ontario Earthquake (October 2024) near Kaiser Ontario Hospital.
    - M4.4 Highland Park Earthquake (August 2024) affecting a Los Angeles County hospital.
    - M5.2 Julian Earthquake (April 2025) recorded at 11 hospitals, showing benefits of recent BCP upgrades.

### **Sensor Accuracy and Roof Data Debate:**

- Chris Tokas, Ali Sumer, Roy Lobo, Moh Huang, and Tony Shakal discussed anomalously high roof accelerations at Eureka St. Joseph Hospital.
- Ali Sumer and Roy Lobo cautioned against misinterpreting exaggerated acceleration ratios from small earthquakes.
- The committee considered temporarily disabling or relocating the roof sensor to obtain more reliable data.
- Farzad Naeim recommended using the term “disable” rather than “remove” until further analysis.

### **Additional Technical Topics:**

- Discussion of high frequency response, nonstructural component amplification, and previous CAP studies.
- Tony Shakal emphasized analyzing accumulated data to determine earthquake-dependent frequency effects.

### **Real-Time Data and Early Warning Systems:**

- Hamid Haddadi reported 23 free field stations of hospitals streaming real-time data, and two hospitals (Santa Rosa Kaiser and Lancaster Antelope Valley) actively monitored by HCAI.
- Hussain Bhatia described experimental ambient vibration analyses showing promising results.

- Over 560 real-time stations now operational; 23 contribute to the ShakeAlert early warning system.
- Implementation of Antelope telemetry system underway for real-time data acquisition, with team training scheduled for November 2025.

### **Budget Summary:**

- Remaining budget attributed to delayed one-story wood-frame hospital instrumentation.
- Hamid Haddadi suggested reallocating funds to install free-field stations for hospitals lacking them.
- Chris Tokas discussed potential coordination with early warning systems to maximize coverage.
- Hamid Haddadi displayed a real-time ShakeMap showing data integrated from 560+ stations to identify peak ground acceleration zones for rapid response.

### **Committee and Public Comment**

- Martin Hudson inquired about relative displacement monitoring for base-isolated hospitals, including St. John's Santa Monica.
  - Hamid Haddadi confirmed no significant displacement data had yet been recorded due to low shaking intensity.
- Tony Shakal and Chris Tokas discussed the lack of recent instrumentation in one- and two-story wood-frame buildings, emphasizing the importance of expanding data collection for such structures before the 2030 seismic deadline.
- Moh Huang questioned budget carryover and spending constraints, prompting Hamid Haddadi to propose using surplus for free-field station installations.
- Chris Tokas and Hamid Haddadi confirmed that real-time ground response data supports emergency mapping even if not part of the official ShakeAlert network.
- Tony Shakal commended the real-time ShakeMap and suggested creating video capture during seismic events for future analysis.

### **Informational and Action Items**

- Information presented:

- Progress on Type 1 and Type 2 hospital instrumentation.
- BCP-funded station upgrades and communication improvements.
- Real-time monitoring expansion and data visualization tools.
- Budget update and potential reallocation for free-field stations.
- Action Items:
  - Continue Monterey Park Hospital instrumentation (early 2026).
  - Evaluate roof sensor accuracy at Eureka St. Joseph Hospital.
  - Proceed with planned installations (Hollywood Presbyterian, Marina Del Rey, La Jolla Scripps, UC Irvine, Sylmar Olive View).
  - Conduct Antelope system training in November 2025.
  - Assess and implement free-field station installations for under-instrumented hospitals.

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

**Facilitator:** Hussain Bhatia, PhD, SE, Supervisor, HCAI

##### **Discussion and Input**

Hussain Bhatia presented a live demonstration of seismic data tools developed by HCAI, specifically those related to hospital seismic instrumentation and recorded earthquake data. The tools aim to facilitate immediate access and visualization of ground motion and building response data following seismic events, which is vital for emergency response and healthcare facility evaluations.

##### **Development Background:**

- Originally initiated by Chris Tokas, the need emerged for rapid visualization tools following earthquakes.
- Previous software required manual data extraction from CSMIP files, creating delays.
- In response, Hussain Bhatia developed an automated browser-based platform using Python, hosted on a cloud server (external to HCAI systems for flexibility and security).

##### **Live Demonstration (Free Field Data Tool):**

- Demonstration focused on data from Providence St. Joseph's Hospital.

- Data retrieved from CSMIP Station 89781, using >6 magnitude earthquakes.
- The interface allows users to:
  - Upload zip files from CESMD.
  - Visualize acceleration, velocity, and displacement records.
  - Analyze spectrograms, cumulative absolute velocity, duration metrics (D5–D75).
  - Generate response spectra for various damping levels (e.g., 2%, 5%, 7%) and formats (log-log, PSA vs. period).
  - Create Radial plots, Orbit plots, and Tripartite spectra.
  - Compute RotD50, RotD100, RotD0, and geometric mean spectra.
  - Export all data and spectra to Excel, supporting further analysis.

### **3D Particle Motion Feature:**

- Visualizes 3D displacement trajectories using color-coded paths for enhanced depth perception.
- Allows control over elevation angle and animation speed.
- Each ground motion yields unique animation characteristics.

### **Peer Ground Motion Compatibility:**

- The tool can now also ingest PEER NGA database records, with minor adjustments for directional interpretation.
- All original tool features are available for these peer records.

### **Live Demonstration (Building Records Tool):**

- Another browser-based tool specifically processes instrumented building motion data.
- Example used: St. Joseph's Hospital in Eureka.
- Features include:
  - Automated channel separation by direction (vertical, north, south, east, west).
  - Visualization of acceleration, velocity, and displacement by building level.
  - Fast Fourier Transform (FFT) to identify dominant building periods.
    - Example: 2.53 Hz identified for the four-story concrete shear wall structure.
  - Floor-specific response spectra generation.

- Inter-story drift analysis between floor levels using orbit plots and delta displacement.
- Transfer function analysis.
- Export of all building motion data into Excel in one click.

#### **Technical Framework:**

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

#### **Committee and Public Comments:**

- Chris Tokas emphasized the importance of these tools for statutory emergency response decisions.
- Farzad Naeim commended the development as highly valuable, urging broader public awareness and outreach.
- Roy Lobo requested a repeat demonstration of access steps, which Hussain provided, starting from HCAI's Facility Detail Page, where two tool buttons are located: one for free field data, the other for building records.
- Moh Huang suggested adding a "preferred period" value ( $T_1$ ) to each building's summary, aiding in health monitoring over time and detecting changes in seismic response characteristics.
  - Hussain noted storage and integration challenges but agreed to explore the idea.
- Moh Huang asked about data freshness from CSMIP; Hussain confirmed it is manually downloaded and noted plans to incorporate alerts for CSMIP data changes.
- Farzad Naeim and Tony Shakal praised the tools for innovation and real-time usability.
- Roy Lobo emphasized usability improvements and Excel export features.
- Moh Huang proposed a valuable enhancement for baseline period tracking as a seismic health indicator for buildings.

#### **Informational and Action Items**

- Information Presented:
  - Detailed demonstration of two web-based seismic data tools:
    - One for free field ground motion data.

- One for instrumented hospital building motion.
  - Capabilities include spectral analysis, drift estimation, FFT, 3D animation, and data export.
- Action Items:
  - Consider implementing building period tracking ( $T_1$  history).
  - Expand public awareness and access guidance for the tools.
  - Continue accepting feedback and integrating improvements via GitHub updates.

## 5. Discuss use of Earthquake Early Warning Systems (EEWS) for hospital administrators

**Facilitator:** Hamid Haddadi

### Discussion and Input

Hamid Haddadi initiated the discussion by outlining the current capabilities of hospital-based seismic stations:

- 23 out of 47 hospital free-field stations are operating in real-time, with nine of those contributing directly to California's ShakeAlert earthquake early warning system.
- The rest support tools like the real-time shaking map, offering rapid seismic situational awareness.

### Three-Phase Timeline of Data Use:

- Within 4–5 seconds of origin time (before shaking reaches hospitals):
  - Magnitude and location are determined.
  - Ground Motion Prediction Equations (GMPEs) can estimate potential shaking at hospital locations.
  - Engineers could use this for first-level structural health assessments or damage likelihood evaluations.
  - Early actions based on these estimates are possible before any local shaking begins.
- Within 60–90 seconds (after shaking reaches hospitals):
  - Free-field waveform data becomes available.
  - Though no longer “early warning,” it supports rapid post-event analysis.

- Near real-time hospital records:
  - With upcoming Antelope telemetry system, building records will stream directly and promptly for processing.
  - Data from instrumented hospital structures can support displacement and drift ratio calculations.
- Golden Gate Bridge Case Study:
  - Drift ratio-based notifications were generated within 3 minutes of a magnitude 4.3 earthquake.
- The system utilized:
  - Ground channels on both ends of the bridge.
  - Tower instrumentation to calculate longitudinal and transverse drift.
  - Email alerts were sent (per recipient preference) with essential information, including drift ratios and peak accelerations.
- A second, more detailed notification followed shortly after.
- Key takeaway is the Golden Gate model is scalable to hospitals with proper setup and staffing for monitoring and processing.

#### **Notification Strategy for Hospitals:**

- Hospitals can set custom drift ratio thresholds to limit alerts to significant events only, minimizing nuisance notifications.
- Notification types (email, text) can be customized per user.
- Drift-based notifications would rely on:
  - Synchronized channels (most hospitals already meet this requirement).
  - Accurate displacement calculations.

#### **Committee and Public Comment**

- Chris Tokas emphasized the importance of tailoring alerts to hospital-specific use cases (e.g., operating room evacuations, equipment protection).
- Moh Huang supported threshold-based notifications and suggested including Peak Ground Velocity (PGV) and PGA values for non-instrumented facilities.
- Courtney Johnson stressed the need to consider a range of sensitivities, including non-structural components and equipment mounting, in alert design.
- Farzad Naeim proposed using a pilot group of nine geographically distributed hospitals as test cases.

- Hamid Haddadi and Roy Lobo agreed to align on a final pilot hospital list.
- Chris Tokas suggested issuing a questionnaire to hospital administrators to identify their specific needs and potential use cases for EEWS data.
- Hussain Bhatia confirmed that hospitals without free field sensors (e.g., Desert Valley Hospital) can use base motion data for analysis.
- Jacob Hospital's partial channel failure was identified as a non-critical limitation; one direction is still usable.
- Drift calculations and floor interpolations will be reviewed on a hospital-by-hospital basis.
- Moh Huang encouraged making historical health monitoring part of the broader EEWS effort.

## **Informational and Action Items**

- Information presented:
  - Existing hospital real-time seismic monitoring status.
  - Integration with ShakeAlert and real-time shaking map tools.
  - EEWS implementation phases and drift-ratio notification capabilities.
  - Golden Gate Bridge case study as a successful model.
- Action Items:
  - Identify and finalize pilot hospitals (approx. 9) for rapid notification deployment.
  - Develop and distribute a hospital questionnaire to assess potential uses.
  - Determine thresholds and notification preferences for participating hospitals.
  - Review and address channel health and instrumentation readiness on a per-hospital basis.
  - Explore expansion of EEWS to hospitals lacking free field data via base motion analysis.

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

**Facilitator:** Roy Lobo, PhD, SE, Principal Structural Engineer, HCAI

### **Discussion and Input**

1 Roy Lobo stated that Hamid Haddadi had raised the question of whether free field  
2 seismic instrumentation could be added to hospital buildings that already have  
3 building instrumentation but lack a free field station. He noted that some funds  
4 initially allocated for wood frame buildings had not been spent and could potentially  
5 be redirected.

- 6 • Chris Tokas emphasized that any such decision should be evaluated based  
7 on the return on investment (ROI), comparing the value of new free field  
8 stations versus other instrumentation uses.

9 Roy Lobo presented the use of the HCAI/ASCE interactive website, which displays  
10 seismic-instrumented hospitals and related data. He shared a list of hospital sites  
11 without associated free field instrumentation and evaluated each site for installation  
12 feasibility:

- 13 • Kaiser Walnut Creek: Only potential space is a small parking lot; otherwise  
14 surrounded by buildings.
- 15 • Desert Regional (Palm Springs): Possible location in parking lot; deemed the  
16 only site with clear potential.
- 17 • Alta Bates, Children's Hospital, Good Samaritan (Los Angeles), and CPMC  
18 Van Nuys: No space; not feasible.
- 19 • St. Luke's (now CPMC Mission Bernal): Hamid Haddadi noted a possible  
20 location in an east-side parking lot.
- 21 • Oakland Hospital: No viable space identified.

22 Roy Lobo noted discrepancies between his list and the list from Hamid Haddadi. He  
23 referenced UC San Diego Jacobs Medical Center, which appeared to have free field  
24 data but potentially from a connected external building channel. Moh Huang clarified  
25 that it was instrumented before the 1994 earthquake, and some stations were not  
26 separated at that time. Hamid Haddadi agreed to verify and confirm functionality.

- 27 • Farzad Naeim questioned whether adding free field stations was necessary,  
28 given recent advancements in real-time structural response modeling that no  
29 longer depend on such data. Chris Tokas agreed and reiterated that while  
30 free field data was historically intended to study structure-soil interaction, it  
31 might now offer limited ROI. He added that some sites were previously left out  
32 due to physical limitations.
- 33 • Martin Hudson stated that while free field stations may not be critical for  
34 building warnings, they remain valuable for seismological studies such as site  
35 response. Farzad Naeim acknowledged the scientific benefit but concluded  
36 that adding free field stations was not urgent.

Roy Lobo then discussed the possibility of installing free field instrumentation at wood frame building sites, especially where building instrumentation is not possible. Farzad Naeim supported this idea, and Roy Lobo agreed to pursue it further.

#### **Committee and Public Comment**

- Hamid Haddadi confirmed the possibility of installing a free field sensor at the St. Luke's east parking lot.
- Moh Huang clarified the nature of existing instrumentation at UC San Diego Jacobs Medical Center and suggested further review.
- Farzad Naeim reiterated that there was no pressing need to add new free field stations unless there was clear scientific or practical justification.
- Martin Hudson stated that free field data remains scientifically valuable for understanding site response, even if not urgent.

#### **Informational and Action Items**

- Information presented:
  - Roy Lobo presented a feasibility review of free field station installations at select hospital sites.
  - Chris Tokas and Farzad Naeim reiterated the historical purpose of free field data and raised concerns about ROI.
  - Martin Hudson affirmed the scientific value of such data despite the low urgency.
- Action Items:
  - Hamid Haddadi will verify the functionality and classification of existing free field instrumentation at listed sites.
  - Roy Lobo will evaluate the possibility of adding free field instrumentation at wood-frame building sites, particularly where structural instrumentation is not feasible.
  - Coordination is needed between team members to align data and update instrumentation records across databases.

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

**Facilitator:** Farzad Naeim

*Agenda Items 7 and 8 were discussed together, therefore some information may appear to be duplicitous.*

## Discussion and Input

Farzad Naeim introduced the item by revisiting the committee's ongoing effort to communicate the value of instrumentation and structural health monitoring to stakeholders, including hospital administrators, public officials, and the general public. He referenced a previously developed white paper and prior discussions to hold outreach workshops, which had stalled. He now emphasized integrating the early warning capabilities presented by Hamid Haddadi with site-specific monitoring from Hussain Bhatia to form a stronger path forward.

Farzad Naeim proposed that an automated process combining both data sources, potentially using building-fragility models, could identify hospitals at risk following seismic events. He stated that this integration could eliminate the need for complex software systems and should form the basis of educational outreach.

- Martin Hudson supported this integration, stating it could simplify the requirements for hospitals and provide basic alerts understandable by staff without requiring full-scale infrastructure.

Farzad Naeim added that this solution would serve both internal HCAI decision-making during emergencies and help educate hospital administrators.

- Chris Tokas expressed concern that the existing white paper was too technical and primarily addressed engineers. He advocated for rewriting the material in simplified, accessible language aimed at end users, hospitals and public agencies.

Farzad Naeim agreed but stated that developing a working prototype or application would more effectively communicate value than a revised white paper alone.

- Chris Tokas shared an anecdote about a seismic safety commission meeting in which a commissioner was impressed by a simple map interface, reinforcing his view that technical work must be user-focused to be effective.
- Roy Lobo supported conducting a survey of hospitals to identify their information needs. Jennifer Thornburg remarked that hospitals likely do not know what they need from seismic data or how to interpret it.
- Chris Tokas responded that surveys should pose scenario-based questions to reveal what functions hospital staff want monitored, such as gas valves, elevators, or operating rooms during an event.

Farzad Naeim proposed meeting with small groups of stakeholders to learn what messaging and tools resonate with them.

- Tony Shakal recommended using video and multimedia formats to reach wider audiences. Chris Tokas supported this and reiterated the need to communicate in plain, accessible terms.
- Martin Hudson summarized the strategy as a two-part approach: trial outreach to selected hospitals, and revisions to the white paper to include practical use of new tools discussed.

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

### **Committee and Public Comment**

- Wendy Bohan from the California Geological Survey reported that a high-level video summary of the white paper was in its third draft and would be available for review at the next meeting.
- Chris Tokas referenced the 1958 "Human Centered Design" lecture, emphasizing that engineering outputs should address user needs, not just technical achievements.
- Gina Sandoval, attending her first meeting, spoke from an owner's perspective and highlighted the questions emergency response teams have after a seismic event, such as exit access, valve functionality, and inspection priorities. She emphasized the importance of addressing these operational concerns in future stakeholder engagement.

### **Informational and Action Items**

- Information presented:
  - Integration of early warning data (Hamid Haddadi) and hospital-specific instrumentation data (Hussain Bhatia) could enhance post-earthquake response and public understanding.
  - The current white paper is too technical for general audiences and must be rewritten.
  - A short educational video is being developed and will be presented at the next meeting.
- Action Items:
  - Conduct trial outreach with select hospitals to test communication strategies and gather feedback.
  - Revise the white paper to include recent system developments and reframe content in accessible language.

- Structure hospital surveys around real-world seismic event scenarios to identify information needs.
- Explore educational tools beyond written documents, including videos and simplified applications or maps.
- Coordinate with the Education and Outreach Committee and other stakeholders to align messaging and objectives.

## **8. Planning tasks and objectives for 2026 and beyond**

**Facilitator:** Farzad Naeim

### **Discussion and Input**

- Farzad Naeim outlined the committee's forward-looking plan to demonstrate the value of seismic instrumentation and structural health monitoring by integrating two key systems:
  - Hamid Haddadi's early warning data; and
  - Hussain Bhatia's site-specific application, which assesses building damage indicators.
- The committee plans to automate building assessments post-earthquake using fragility functions and building information without requiring full digital twins. This framework, based on a previously documented method by Farzad Naeim and Hussain Bhatia, will be used to identify potentially damaged hospitals in real-time and inform emergency response efforts.
- Farzad Naeim emphasized that this integrated, automated approach would serve both:
  - HCAI in prioritizing emergency response; and
  - Hospitals, by helping them assess structural integrity immediately after an event.
- Chris Tokas and Farzad Naeim agreed that the existing white paper needs to be rewritten for a broader, non-engineering audience, incorporating new developments and written in accessible, plain language.
- Roy Lobo noted that a survey of hospitals should be planned to gather input on what data or tools they find useful, in coordination with current system development.

- 1 • Farzad Naeim proposed organizing meetings with selected hospital
- 2 stakeholders to guide development of new communication tools and outputs
- 3 that resonate with real-world user needs.
- 4 • Martin Hudson proposed the following concrete objectives for 2026:
- 5 ○ Revise the existing white paper to reflect new system developments and
- 6 present them in user-friendly language;
- 7 ○ Conduct trial outreach meetings with hospitals to gather feedback and test
- 8 educational approaches;
- 9 ○ Incorporate findings into the Education and Outreach Committee's efforts;
- 10 ○ Explore whether an addendum or full rewrite of the white paper is
- 11 necessary to integrate both the updated tools and stakeholder feedback.
- 12 • Farzad Naeim agreed with the objectives and confirmed the need to integrate
- 13 Hamid Haddadi's and Hussain Bhatia's data into the updated white paper.

#### 14 **Committee and Public Comment**

- 15 • None.

#### 16 **Informational and Action Items (Planning-Focused)**

- 17 • Information presented:
- 18 ○ New system integration between early warning and structural condition
- 19 monitoring is underway.
- 20 ○ Current white paper is outdated and not suitable for external, non-
- 21 technical stakeholders.
- 22 • Action Items for 2026 and Beyond:
- 23 ○ Revise the white paper to:
- 24     ▪ Integrate new data systems (Hamid/Hussain).
- 25     ▪ Translate technical concepts into accessible language.
- 26 ○ Develop stakeholder outreach:
- 27     ▪ Trial presentations to hospital emergency management teams.
- 28     ▪ Identify useful data formats and delivery mechanisms (e.g., app alerts).
- 29 ○ Coordinate with the Education and Outreach Committee to ensure
- 30 alignment of outreach efforts.
- 31 ○ Finalize and distribute a public-facing video summarizing the white paper's
- 32 key insights.

- Use stakeholder feedback to inform additional tools (e.g., dashboards, alerts, visuals).

## **9. Comments from the Public/Committee Members on Issues not on this Agenda**

**Facilitator:** Farzad Naeim

### **Discussion and Input**

- Roy Lobo asked if another meeting had been scheduled, expressing urgency due to the workload ahead. Farzad Naeim responded that he was not aware of any meeting currently scheduled but acknowledged the need to organize one and suggested that HCAI staff coordinate scheduling.
- Chris Tokas emphasized the need for another meeting given the extensive material discussed and the target deliverables for 2026. He urged that the committee begin work promptly, stating that time was of the essence.
- Farzad Naeim proposed scheduling the next meeting during the first quarter of 2026.
- Veronica Yuke informed the committee that a planning meeting was already scheduled for November 6th, during which committee meeting dates for 2026 would be established. She confirmed that a first-quarter meeting would be included.

### **Committee and Public Comment**

- Chris Tokas and Farzad Naeim both discussed capacity and urgency for action heading into 2026.
- Veronica Yuke provided logistical updates on scheduling.

### **Informational and Action Items**

- Information presented:
  - There is a planning meeting scheduled for November 6, 2025, during which 2026 committee meeting dates will be finalized.
  - A committee meeting is expected to be scheduled for Q1 2026.

## **10. Adjournment**

Farzad Naeim formally adjourned the meeting at 12:45 p.m.

# Draft 2026 Committee Assignments, Goals, and Meeting Calendar

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## HOSPITAL BUILDING SAFETY BOARD 2026 COMMITTEES

### **AD HOC BOARD PROCEDURES COMMITTEE**

#### **Committee Members:**

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

#### **Meeting Dates:**

TBD

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

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

### **CODES AND PROCESSES COMMITTEE**

#### **Committee Members:**

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

#### **Consulting Members:**

Abdel Darwich  
Mark Hershberg  
Sam Staley

#### **Meeting Dates:**

July 9  
October 15

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

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

## **EDUCATION AND OUTREACH COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Bruce Rainey  
Bill Zellmer

### **Meeting Dates:**

February 18  
April 29  
October 7

### **Focus/Goals:**

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

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

### **Subcommittee Members:**

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

### **Meeting Dates:**

January 14- WEBINAR

### **Focus/Goals:**

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

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

<b><u>Committee Members:</u></b> Teresa Endres, Chair Gary Dunger, Vice-Chair Janice Cheung Jennifer Cox Mikhail Fuks John Griffiths Kelly Martinez	<b><u>Consulting Member:</u></b> Abdel Darwich  <b><u>Meeting Dates:</u></b> January 22
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop content for the webinar presentation</li><li>• Finalize and host webinar</li></ul>	

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

<b><u>Committee Members:</u></b> Marty Hudson, Chair Courtney Johnson, Vice-Chair Janice Cheung Jim Malley Farzad Naeim	<b><u>Meeting Dates:</u></b> January 29
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop educational opportunities to advance utilization of structural health monitoring by hospitals using seismic instrumentation</li></ul>	

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

<b><u>Committee Members:</u></b> Cody Bartley, Chair Belinda Young, Vice-Chair Michael Davis Gary Dunger Carl Newth	<b><u>Meeting Dates:</u></b> February 12
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop a how-to guide on preapproved fabricated components and systems as a follow up to the June 2024 webinar</li></ul>	

## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Abdel Darwich  
Eric Johnson  
David Lockhart

### **Meeting Dates:**

May 20  
September 16

### **Focus/Goals:**

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

## **INSTRUMENTATION COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Hamid Haddadi  
Moh Huang  
Tony Shakal

### **Meeting Dates:**

February 26  
October 29

### **Focus/Goals:**

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

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

### **Committee Members:**

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

### **Consulting Member**

Mark Hershberg

### **Meeting Dates:**

June 4  
August 26

### **Focus/Goals:**

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

## **TECHNOLOGY AND RESEARCH COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Benjamin Broder  
Eric Johnson  
Sam Staley  
Belinda Young

### **Meeting Dates:**

June 18

### **Focus/Goals:**

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

## **FULL BOARD MEETING DATES**

April 9 – Los Angeles  
August 13 – Sacramento  
December 9 and 10 – Los Angeles



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



November 20, 2025

To: Members, Hospital Building Safety Board  
From: Veronica M. Yuke, HBSB Executive Director  
Subject: 2026 Meeting Dates

Please make note of the following meeting dates. Agendas will be sent out separately.

DATE	MEETING	LOCATION
<b>January 22, 2026</b> 10 am – 4 pm	<b>Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>January 29, 2026</b> 10 am – 4 pm	<b>Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>February 12, 2026</b> 10 am – 4 pm	<b>Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>February 18, 2026</b> 10 am – 4 pm	<b>Education and Outreach Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>February 26, 2026</b> 10 am – 4 pm	<b>Instrumentation Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>

DATE	MEETING	LOCATION
<b>April 9, 2026</b> 10 am – 4 pm	<b>Full Board</b>	<b><u>In Person</u></b> HCAI Los Angeles
		<b><u>Microsoft Teams</u></b>
<b>April 29, 2026</b> 10 am – 4 pm	<b>Education and Outreach Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>May 20, 2026</b> 10 am – 4 pm	<b>Energy Conservation and Management Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>June 4, 2026</b> 10 am – 4 pm	<b>Structural and Nonstructural Regulations Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>June 18, 2026</b> 10 am – 4 pm	<b>Technology and Research Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>July 9, 2026</b> 10 am – 4 pm	<b>Codes and Processes Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>August 13, 2026</b> 10 am – 4 pm	<b>Full Board</b>	<b><u>In Person</u></b> HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>August 26, 2026</b> 10 am – 4 pm	<b>Structural and Nonstructural Regulations</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>

DATE	MEETING	LOCATION
<b>September 16, 2026</b> 10 am – 4 pm	<b>Energy Conservation and Management Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>October 7, 2026</b> 10 am – 4 pm	<b>Education and Outreach Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>October 15, 2026</b> 10 am – 4 pm	<b>Codes and Processes Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>October 29, 2026</b> 10 am – 4 pm	<b>Instrumentation Committee</b>	<b><u>In Person</u></b> HCAI Los Angeles HCAI Sacramento
		<b><u>Microsoft Teams</u></b>
<b>December 9, 2026</b> 10 am – 4 pm	<b>Two-day Full Board (Day 1)</b>	<b><u>In Person</u></b> HCAI Los Angeles
		<b><u>Microsoft Teams</u></b>
<b>December 10, 2026</b> 10 am – 3 pm	<b>Two-day Full Board (Day 2)</b>	<b><u>In Person</u></b> HCAI Los Angeles
		<b><u>Microsoft Teams</u></b>

NOTE: Individuals with disabilities may request an accommodation or modification to observe or participate in the meetings by contacting Board Staff, Evett Torres or Marcus Palmer, at (916) 440-8300, [hbsbsupportstaff@hcai.ca.gov](mailto:hbsbsupportstaff@hcai.ca.gov) or by sending a letter to 2020 West El Camino Avenue, Suite 800, Sacramento, CA 95833. Providing your request at least seven (7) business days before the meeting will help ensure availability of the requested accommodation.

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# Board Rosters

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**December 2025**

COMMITTEE LIST

BOARD MEMBERSHIP

CONSULTING COMMITTEE MEMBERS

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## HOSPITAL BUILDING SAFETY BOARD 2025 COMMITTEES

### **AD HOC BOARD PROCEDURES COMMITTEE**

**Committee Members:**

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

**Meeting Dates:**

TBD

**Focus/Goals:**

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

### **CODES AND PROCESSES COMMITTEE**

**Committee Members:**

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

**Consulting Members:**

Abdel Darwich  
Mark Hershberg  
Sam Staley  
Belinda Young

**Meeting Dates:**

February 19 CANCELED  
May 7  
September 10

**Focus/Goals:**

- Update CANs and PINs to code (ongoing)
- Evaluate standard details for SNFs
- Title 24
  - Identify code modifications to support implementation of building standards code

## **EDUCATION AND OUTREACH COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Bruce Rainey  
Belinda Young  
Bill Zellmer

### **Meeting Dates:**

February 13  
April 23  
~~August 6 CANCELED~~  
~~September 24 CANCELED~~

### **Focus/Goals:**

- Support the development of webinars
- Develop a regular curriculum and predictable calendar for webinars
- Revisions to “Guide for Working on OSHPD Projects – Tips from the Experts”
- Webinars for Imaging Classes 1, 2, & 3
- Emergency Design Guide (seminar TBD)
- Tips on how to work with OSHPD in the field (seminar TBD)
- Inspect-to-Pass (webinar)
- Work with Instrumentation Committee regarding webinar/seminar on instrumentation white paper

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

### **Subcommittee Members:**

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

### **Consulting Member:**

Belinda Young

### **Meeting Dates:**

February 27  
March 27  
April 24  
June 19  
August 13  
November 13

### **Focus/Goals:**

- Develop content for presentation for Collaborative Inspection Approach to Inspections webinar
- Finalize and host webinar

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

<b><u>Committee Members:</u></b> Teresa Endres, Chair Gary Dunger, Vice-Chair Janice Cheung Jennifer Cox Mikhail Fuks John Griffiths Kelly Martinez	<b><u>Consulting Member:</u></b> Abdel Darwich  <b><u>Meeting Dates:</u></b> September 23 November 20
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop content for a “Designing for Resilience” webinar on dealing with natural hazard events</li><li>• Finalize and host webinar</li></ul>	

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

<b><u>Committee Members:</u></b> Marty Hudson, Chair Courtney Johnson, Vice-Chair Janice Cheung Jim Malley Farzad Naeim	<b><u>Meeting Dates:</u></b> TBD
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop educational opportunities to advance utilization of structural health monitoring by hospitals using seismic instrumentation</li></ul>	

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

<b><u>Committee Members:</u></b> Cody Bartley, Chair VACANT, Vice-Chair Michael Davis Gary Dunger Carl Newth	<b><u>Meeting Dates:</u></b> TBD
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop a how-to guide on preapproved fabricated components and systems as a follow up to the June 2024 webinar</li></ul>	

## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Abdel Darwich  
Eric Johnson  
David Lockhart

### **Meeting Dates:**

April 2  
~~October 8~~ RESCHEDULED  
~~October 9~~ CANCELED

### **Focus/Goals:**

- Identify HCAI research projects for energy conservation, reduction of carbon footprint, and cost savings while maintaining health and safety alternate energy sources
  - Consider systems and monitoring devices for other environmental conditions
- Pursue indoor air quality at a lesser energy cost for healthcare
- Optimize water usage in healthcare environments; Efficiency/Sustainability
- 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
- Explore wastewater solutions

## **INSTRUMENTATION COMMITTEE**

### **Committee Members:**

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

### **Consulting Members:**

Hamid Haddadi  
Moh Huang  
Tony Shakal

### **Meeting Dates:**

January 28  
October 28

### **Focus/Goals:**

- Continue working with HCAI staff on scheduled instrumentation installations
- Consider other systems and monitoring devices
- Collaborate with CGS on prioritizing upgrades to existing instrumentation
- 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  
Michael Davis  
Teresa Endres  
Mikhail Fuks  
Martin Hudson  
Courtney Johnson  
Noella Tabladillo  
Jennifer Thornburg

### **Consulting Member**

Mark Hershberg

### **Meeting Dates:**

March 12  
October 22

### **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
- Consider new products, materials and methods that would benefit the public by early adoption rather than waiting for their incorporation in the building code

## **TECHNOLOGY AND RESEARCH COMMITTEE**

<b><u>Committee Members:</u></b> Gary Dunger, Chair Cody Bartley, Vice-Chair David Bliss Janice Cheung Jennifer Cox Teresa Endres John Griffiths Bert Hurlbut Michael O'Connor	<b><u>Consulting Members:</u></b> Benjamin Broder Eric Johnson Sam Staley Belinda Young  <b><u>Meeting Dates:</u></b> <del>June 18</del> CANCELED August 12 <del>November 5</del> CANCELED
<b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Explore subjects of telemedicine and robotics</li><li>• Discuss the effect of technologies on healthcare equity</li><li>• Address how to regulate remote services (e.g., medical records, web-based nurse call, off-site server farms, etc.)<ul style="list-style-type: none"><li>○ Define what is a medical record</li><li>○ Monitor CDPH electronic health records redundancy issues in the event of power failure and watch for potential effects to code</li><li>○ Invite industry members to address/inform the committee on the reliability of cloud-based systems (fire alarm, energy monitoring, etc.)</li></ul></li></ul>	

### **FULL BOARD MEETING DATES**

June 3 and 4 – Los Angeles  
December 10 and 11 – Sacramento

## HOSPITAL BUILDING SAFETY BOARD MEMBERSHIP

### Appointed Members (Appointed by HCAI Director)

MEMBERSHIP CATEGORIES	NAMES	APPNTMNT DATE	TERM EXP DATE	TERM OF SERVICE
2 structural engineers	James O. Malley*	8/2020	8/2028	2nd term
	Farzad Naeim	8/2021	8/2029	2nd term
2 architects	Teresa Endres VACANT	8/2023	8/2027	1st term
1 engineering geologist	Courtney Johnson	4/2024	4/2028	1st term
1 geotechnical engineer	Martin B. Hudson	12/2023	12/2027	1st term
1 mechanical engineer	Mikhail Fuks	6/2025	6/2029	1st term
1 electrical engineer	John Griffiths	8/2022	8/2026	1st term
1 hospital facilities manager	Gary Dunger	12/2022	12/2026	1st term
1 local building official	Carl Newth	8/2024	8/2028	1st term
1 general contractor	Cody Bartley	8/2022	8/2026	1st term
1 fire/life safety representative	Janice Cheung	12/2023	12/2027	1st term
1 hospital inspector of record	Michael L. Davis	8/2023	8/2027	1st term
3 public members	Jennifer Cox	4/2024	4/2028	1st term
	Kelly Martinez	6/2025	6/2029	1st term
	Noella Tabladillo	6/2025	6/2029	1st term
<b>TOTAL</b>	<b>16</b>			

### Ex-Officio Members

HCAI, Director	Elizabeth Landsberg	No Term of Office Stipulated
State Fire Marshal	Daniel Berlant Vickie Sakamoto (Delegate)	
State Geologist	Jeremy Lancaster Jennifer Thornburg (Delegate)	
Building Standards Commission, Executive Director	Stoyan Bumbalov Irina Brauzman (Delegate) Kevin Day (Delegate)	
Department of Public Health, Director	Dr. Erica Pan, MD, MPH, FIDSA, FAAP Nathaniel Gilmore (Delegate)	
OSHPD, Deputy Director	Chris Tokas	
<b>TOTAL</b>	<b>6</b>	

### Director Appointed Ex-Officio Members (Serve at pleasure of Director)

3 members	David Bliss Bert Hurlbut Michael O'Connor	No Term of Office Stipulated
<b>TOTAL</b>	<b>3</b>	
<b>TOTAL HBSB Members</b>	<b>25</b>	

\*Chair: Jim Malley 2025-2026 (1st term)

Vice-Chair: Vacant 6/10/2025

October 2025

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## 2025 CONSULTING COMMITTEE MEMBERS

<p><b>Benjamin Broder, MD, PhD, CPPS</b>  Kaiser Permanente/So. California  393 E. Walnut St. 3<sup>rd</sup> Floor NW  Pasadena, CA 91188-8034  <b>(626) 405-2501</b>  <a href="mailto:Benjamin.I.Broder@kp.org">Benjamin.I.Broder@kp.org</a>  <ul style="list-style-type: none"> <li>Technology and Research Committee</li> </ul> </p>	<p><b>Abdel Darwich, PE, LEED AP, HFDP</b>  Principal, Director of Quality Assurance  Guttman &amp; Blaevoet Consulting Engineers  800 Howe Ave., Ste. 330  Sacramento, CA 95825  <b>(916) 921-1981</b>  <a href="mailto:adarwich@gb-eng.com">adarwich@gb-eng.com</a>  <ul style="list-style-type: none"> <li>Codes and Processes Committee</li> <li>Energy Conservation and Management Committee</li> <li>Ad Hoc "HCAI Design Guide for Planning and Preparing for Disasters" Webinar Development Subcommittee</li> </ul> </p>
<p><b>Hamid Haddadi</b>  California Geological Survey  801 K Street, MS 13-35  Sacramento, CA 95814  <b>(916) 322-9304</b> FAX: (916) 323-7778  <a href="mailto:Hamid.Haddadi@consrvation.ca.gov">Hamid.Haddadi@consrvation.ca.gov</a>  <ul style="list-style-type: none"> <li>Instrumentation Committee</li> </ul> </p>	<p><b>Mark Hershberg, SE</b>  KPFF Consulting Engineers  6080 Center Drive, Suite 300  Los Angeles, California 90045  <b>(310) 665-1536</b>  <a href="mailto:MHershberg@kpff-la.com">MHershberg@kpff-la.com</a>  <ul style="list-style-type: none"> <li>Codes and Processes Committee</li> <li>Structural and Nonstructural Regulations Committee</li> </ul> </p>
<p><b>Moh Huang</b>  California Geological Survey- Retired  <a href="mailto:Moh.Huang@gmail.com">Moh.Huang@gmail.com</a>  <ul style="list-style-type: none"> <li>Instrumentation Committee</li> </ul> </p>	<p><b>Eric C. Johnson, PE</b>  President  ECOM Engineering, Inc.  1796 Tribute Road, Suite 100  Sacramento, CA 95815  <b>(916) 641-5600</b>  <a href="mailto:ECJ@ecomeng.com">ECJ@ecomeng.com</a>  <ul style="list-style-type: none"> <li>Energy Conservation and Management Committee</li> <li>Technology and Research Committee</li> </ul> </p>
<p><b>David Lockhart, CHFM, CEM</b>  National Facilities Services  Kaiser Permanente  1600 Eureka Road  Roseville, CA 95661  <b>(916) 784-5280; tie-line (8-514)</b>  <a href="mailto:Dave.Lockhart@kp.org">Dave.Lockhart@kp.org</a>  <ul style="list-style-type: none"> <li>Energy Conservation and Management Committee</li> </ul> </p>	<p><b>Bruce A. Rainey, MHA</b>  Vice President, Healthcare  Global Solutions Director, Health Advisory  Jacobs  <b>(760) 212-2438 (cell)</b>  <ul style="list-style-type: none"> <li>Education and Outreach Committee</li> </ul> </p>

## 2025 CONSULTING COMMITTEE MEMBERS

<p><b>Tony Shakal</b>  California Geological Survey- Retired  <a href="mailto:Tshakal@pacbell.net">Tshakal@pacbell.net</a>  <ul style="list-style-type: none"> <li>Instrumentation Committee</li> </ul> </p>	<p><b>Sam Staley</b>  Senior  Director of Design and Construction  1 Bush Street, Ste 200  Sacramento CA 95825  <b>(323) 533-7569</b>  <a href="mailto:sam.staley@providence.org">sam.staley@providence.org</a>  <ul style="list-style-type: none"> <li>Codes and Processes Committee</li> <li>Technology and Research Committee</li> </ul> </p>
<p><b>Belinda Young</b>  Principal  Hellmuth, Obata &amp; Kassabaum, Inc.  1 Bush Street, Ste 200  San Francisco CA 94104  <b>(415) 356-8741</b>  <a href="mailto:belinda.young@hok.com">belinda.young@hok.com</a>  <ul style="list-style-type: none"> <li>Codes and Processes Committee</li> <li>Education and Outreach Committee <ul style="list-style-type: none"> <li>Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee</li> <li>“Collaborative Inspection Approach to Hospital Construction” Webinar Development Subcommittee</li> </ul> </li> <li>Technology and Research Committee</li> </ul> </p>	<p><b>Bill Zellmer, AIA, CASp</b>  Program Manager—Physical Access  Compliance and Regulatory Affairs  Sutter Health  2200 River Plaza  Sacramento, CA 95833  <b>(916) 216-3491 (cell)</b>  <a href="mailto:Zellmeb@sutterhealth.org">Zellmeb@sutterhealth.org</a>  <ul style="list-style-type: none"> <li>Education and Outreach Committee</li> </ul> </p>