Hospital Inspector Recertification

Code of Ethics

ISU Core Values







ISU Vision

Empower and support OSHPD Field Staff by regular, frequent and purposeful communication, training, and vision sharing so that a next generation of IORs are developed with **extraordinary proficiency and mastery** that will ultimately create an environment of improved efficiency and ultimate construction cost savings to healthcare providers.



ISU Vision

- **ADEQUATE** is a minimum level of acceptability
- **COMPETENT** is an acceptable and satisfactory, though not outstanding
- **PROFICIENT** demonstrates subject matter mastery



ISU Vision

- Can an IOR be ADEQUATE and not COMPETENT? Yes. By knowing just enough to meet code minimums.
- Can an IOR be COMPETENT and not ADEQUATE? Yes, by knowing how and what to do but choosing not to do it.
- Can an IOR be PROFICIENT and not ADEQUATE and COMPETENT? No, by definition proficiency requires adequate and competent.



ISU Influence Zone





CERTIFIED HOSPITAL INSPECTOR

IOR Roles
1. Hired by Owner
2. Directed by DPOR
3. Reports to OSHPD





PRINCIPAL DUTIES

Code Required Duties: 7-145. Continuous inspection of the work.

- The inspector shall have **personal knowledge**, obtained by continuous inspection, **of all parts of the work** of construction in <u>all stages of its progress to ensure that the work is in accordance with the approved construction documents</u>.
- The inspector shall work under the direction of the architect or engineer in responsible charge. All inconsistencies or seeming errors in the approved construction documents <u>shall</u> <u>be reported promptly to the architect or engineer in</u> responsible charge for interpretation and instructions.
- The inspector shall maintain a file of approved construction documents on the job at all times including all reports of tests and inspections required by the construction documents and shall immediately return any unapproved documents to the architect or engineer in responsible charge for proper action.





PRINCIPAL DUTIES

Code Required Duties: 7-145. Continued

- The inspector(s) of record shall maintain field records of construction progress for each day or any portion of a day that they are present at the project site location. The field record shall state the time of arrival, time of departure, a summary of work in progress and noted deficiencies in the construction or deviations from the approved construction documents. This field record shall document the time, and date of all significant correspondence with the contractor regarding incomplete work, potential deficiencies or deviations which require the contractor's attention.
- The inspector shall notify the contractor, in writing, of any deviations from the approved construction documents or new construction not in compliance with the California Building Standards Code, which have not been immediately corrected by the contractor. Copies of such notice shall be forwarded immediately to the architect or engineer in responsible charge, owner and to the Office.



Reference Manual for Hospital Construction Inspectors

PART I HEALTH FACILITY POLICY

- 1. Unjust and unreasonable demands shall not be imposed upon the contractor, the inspector or the design professionals.
- 2. The inspector shall act under the direction of the design professional and be responsible to the health facility governing board or authority.
- 3. The inspector shall maintain an impartial and unprejudiced attitude and will conduct himself/herself in an irreproachable manner both on and off the job.
- 4. The design professional will furnish information, interpretation or instructions required, accurately, justly and speedily.
- 5. Full cooperation and understanding will be expected between all parties connected with the execution of the work.





Inspector

The inspector is appointed and approved by the hospital governing board or authority, design professional and the Office of Statewide Health Planning and Development. He/she acts under the direction of the design professional but is responsible to the hospital governing board or authority. The inspectors qualifications, conduct, and duties are set forth in Part III hereof.





He/she should have a thorough current knowledge of building materials and construction procedure, as a qualified construction inspector.

He/she should have special ability in reading and understanding plans and specifications of all sorts.





Personal conduct of inspectors:

In recognition of the dignity and responsibility of his/her position, an inspector should observe the following rules governing his personal conduct:

- a. He/she should be dignified, quiet, and tactful.
- b. He/she should not talk about administrative problems connected with the project in public. Such discussion by the inspector should only be held with appropriate personnel officially connected with the project. (Loose talk produces poor relations for all concerned.)
- C. He/she should be swift and decisive in his/her actions against violence, negligence, or evidence of bad faith. He/she should be just as quick to recognize and commend good work.





- d. He/she shall have no personal connection with and should not accept a loan, gift, nor gratuity either directly nor indirectly from any individual, contractor, sub-contractor, group, company, corporation, nor public body that is in any way responsible for compliance with the terms and conditions of the contract.
- e. He/she shall not use narcotics nor intoxicating liquors while on duty, nor appear on duty under their influence.
- f. He/she shall not suggest nor recommend for employment any particular person or persons or subcontractors nor should he/she suggest or recommend the purchase of any specific material or product except insofar as the specifications may require.





- g. He/she should not give orders or instructions to the contractor or any subcontractor involving any change in the work not covered by the contract except upon instruction from the design professional with approval of the hospital governing board or authority.
- h. He/she shall not give orders and instructions to the contractor or any subcontractor that in any way involves responsibility for or gives cause for claim against the health facility. He/she shall not assume the duties of any superintendent or foreman of the general contractor or any subcontractor.





The inspector shall immediately notify the design professional in the event he/she does not feel qualified in passing judgment on questionable material or workmanship. The design professional will take the necessary action to provide additional information and/or inspection.





The inspector serves as the "eyes" for the design professional to make sure that he design is carried out as contemplated. He/she must be alert not only in nspecting the structural phase of the job but must also give careful attention to 11 phases of the finished work with particular emphasis on mechanical and lectrical systems.

The inspector should not be satisfied with merely reporting mistakes that occur on the job after they are made. He/she should become so well acquainted with the plans and specifications and with all phases of the project that he/she can anticipate and prevent costly and time-consuming mistakes and foresee bottlenecks due to delayed delivery of material or improper scheduling of the work.





In this way the inspector can perform a real service to the hospital, design professional, and to the contractor. The inspector thus becomes an important member of the team that it takes to insure a smoothly running construction job, safe and properly constructed building, and an "on schedule" delivery of an urgently needed hospital.





The inspector should keep in mind that the attitude of the public toward the hospital board and its building program is influenced by the manner in which he/she conducts himself/herself. The inspector must be just, fearless, impartial, unprejudiced and constructive.

Finally, the inspector should remember that there is a common rule of law that says, "in every contract there exists an implied covenant of good faith and fair dealing."





4.1 Certified Hospital Inspector Code of Ethics

The Office of Statewide Health Planning and Development ("OSHPD") administers the Hospital Inspector Certification Program, approves inspectors as part of the project approval process, and is authorized to examine, certify, recertify and monitor hospital inspectors within OSHPD's jurisdiction. OSHPD promotes a high standard of professionalism in the hospital inspection industry. Certified hospital inspectors are expected to adopt and uphold this Code of Ethics ("Code").

Integrity, honesty and objectivity are the fundamental principles embodied in this Code, which sets forth the obligations of ethical conduct for each certified hospital inspector of record ("Inspector").



Tip: Hospital Inspectors of Record should adopt and follow this Code to provide high ethical standards to safeguard the public, the profession and the state's physical healthcare infrastructure.



Section 4 - Inspector of Record Guidelines

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DUTY TO PROJECT: Inspectors are employed by a hospital governing board or authority, approved by OSHPD and work under the direction of the architect or engineer in responsible charge for a project. Inspectors shall avoid activities that compromise, or appear to compromise, professional independence, objectivity or inspection integrity.

- Inspectors shall not inspect facilities under contingent arrangements whereby any compensation or future referrals are dependent on reported findings or project approvals.
- b. Inspectors shall not solicit or accept gifts, meals, tickets, discounts or other privileges from contractors, material suppliers, testing laboratories, special inspectors, design professionals, construction managers or other third parties associated with a facility subject to inspection.
- c. Inspectors shall not accept compensation, including contingent fee arrangements or referral fees, for recommending contractors, services or products to inspection clients or third parties having an interest in a facility subject to inspection.





DUTY TO PUBLIC: Inspectors shall act in good faith toward clients, OSHPD, contractors and the public generally.

- Inspectors shall hold paramount the safety, health and welfare of the public in the performance of their professional duties.
- b. Inspectors shall perform services only in the areas of their competence.
- c. Inspectors shall be objective in reporting and not knowingly understate or overstate the significance of reported conditions.
- d. Inspectors shall be fair, honest, impartial, and act in good faith in the performance of their professional duties.





<u>DUTY TO PROFESSION</u>: Inspectors shall comply with all laws and avoid activities that may harm the public, discredit themselves or reduce public confidence in the profession.

- Advertising, marketing and promotion of an Inspector's services or qualifications shall not be fraudulent, false, deceptive or misleading.
- Inspectors shall continue their professional development throughout their careers.
- Inspectors shall comply with all laws, regulations and certification requirements of the State of California.
- d. Inspectors shall not discriminate in any business activities on the basis of race, color, national origin, ancestry, sex, religion, age, marital status, sexual orientation or disability, and shall comply with all federal, state and local laws concerning discrimination.
- Inspectors shall not engage in any practices that could be damaging to or discredit the hospital inspection profession.





An IOR needs to have good communication skills to minimize misunderstandings. By being consistent and providing organized documentation, an IOR can assist in keeping a project on schedule. There are no skills, however, that can replace a well-produced set of approved documents and a contractor willing to comply with them. But with foresight and a thorough understanding of the process, an IOR can pace the project, complete timely inspections, and provide notifications and documents, making for a smoother close-out process.



Office of Statewide Health Planning and Developmen Facilities Developmen



