Facilities Development Division
California’s Building Department for Hospitals

Paul A. Coleman, Architect, Deputy Director
Chris Tokas, S.E., Deputy Division Chief
Gordon Oakley, Fire Marshal, Deputy Division Chief
Roy Lobo, Ph.D., S.E., Principal Structural Engineer
Hussain Bhatia, Ph.D., S.E., Supervisor, Seismic Compliance Unit
Diana Scaturro, Supervisor, Building Standards Unit
Nanci Timmins, Fire Marshal, Chief Fire Life Safety Officer
Gary Dunger, Fire Marshal, eServices Manager

Update for the California Healthcare Association
February 13, 2018
Facilities Development Division
California’s Building Department for Hospitals

Plan Review and Field Performance Update
Workload in Construction Values 2012+
Plan Review Workload

![Graph showing plan review workload over time with various metrics including percent of reviews meeting goal, number of PADs, number of projects, and dollars under construction and in review.](image-url)
Yearly Average Review Days

Yearly Average Review Days for OSHPD Projects

No of Reviews: 974, 973, 2333, 4677, 4788, 5047, 5486, 6062, 5373, 5746
Percentage of Projects Meeting Goals

- 2008: 93% of 974
- 2009: 76% of 973
- 2010: 71% of 2333
- 2011: 83% of 4677
- 2012: 91% of 4788
- 2013: 95% of 5047
- 2014: 96% of 5486
- 2015: 96% of 6062
- 2016: 96% of 5373
- 2017: 97% of 5746
Performance Index

Performance Index (weighted by number of projects reviewed)

*Index is calculated by multiplying fraction of projects meeting goals by number of projects reviewed, normalized to 2013.
Workload

- 61.5%
- 65.3%
- 64.7%
- 63.0%
- 94.6%
- 93.8%
- 84.4%
- 72.3%
- 94.6%
- 66.2%

\[ \sum = 14,940 \]

\[ \approx 60 \text{ reviews/day} \]
Workload

*Total cumulative project costs of all documents reviewed for each year.
Where reviews span multiple years, the project cost is counted for each year in which it is reviewed.
2015 numbers are year to date 11/30/2015.
2019 California Building Standards Code
Proposed OSHPD Amendments

California Department of Public Health - February 6, 2018

Paul Coleman, Deputy Director
Chris Tokas, Deputy Division Chief
Diana Scaturro, Supervisor HFR

Facilities Development Division, OSHPD
2019 CBSC Timeline

2019 California Building Standards Code, Title 24

2018 Triennial Code Adoption Cycle

Effective Date: January 1, 2020

1/2020 Effective Date of the 2019 California Building Standards Code

1/1/2020

7/2019 Publication Date
Title 24 - All Parts

7/2019

11/2018
Final Submittals from Agencies

11/2018

12/2018 - 1/2019 Codification and Publication Period

12/2018

45-Day Submittals Regulatory Notice and 45-Day Public Comment Period(s)

9/2018

7/2018 - 8/2018 CAC Meetings*

7/2018

5/2018

5/2018

3/2018

3/2018

1/2018

1/2018

Apr 18 - Jun 18
Initial Submittal of NEC**, ICC, IAPMO & GREEN Proposed Code Changes

Apr 18

2018 Triennial Code Adoption Cycle

Code Advisory Committees (CAC):
SDLF – Structural Design/Lateral Forces
PEME – Plumbing, Electrical, Mechanical & Energy
HF – Health Facilities
GREEN – Green Building
BFD – Building, Fire & Other
ACCESS – Accessibility

*Public Participation Opportunity
**NEC resubmittal if necessary

All dates are subject to change

Rev. 7/17
(916) 263-0916
www.bsc.ca.gov
2019 CBSC Proposed Topics

• Included Items
  - OSHPD 1 & 1R / OSHPD 2 / OSHPD 5 Alignment
  - Outpatient Observation Unit
  - Pharmacy Requirements
    - Sterile Compounding
    - Less than 100 Beds – Drug Room Permit Option
  - Modify Table 4A to more closely align w/ ASHRAE 170
  - I-2 (with restraint): Class I Flooring
  - Surgical Suite Staff Changing Areas – Flow Improvement
  - Energy Conservation Enhancements and Enforcement
OSHPD 1, 1R, 2 and 5 Alignment

[OSHPD 1] = Chapter 1224
General Acute-Care Hospitals including those that provide Rehabilitation Services

[OSHPD 1R] = Varies
Non-conforming Hospital Building removed from General Acute-Care services

[OSHPD 2] = Chapter 1225
Skilled Nursing Facilities and Intermediate Care Facilities

[OSHPD 3] = Chapter 1226
Clinics, including those under H&S Code Section 1200 and Hospital Outpatient Clinical Services provided in a freestanding building un H&S Code Section 1250

[OSHPD 4] = Chapter 1227
Correctional Treatment Centers

[OSHPD 5] = Chapter 1228
Acute Psychiatric Hospitals
OSHPD 1 Support Areas

• Nursing Unit Designated *versus* Shared Support Areas

- Designated
  - Administrative area / Nurse Station
  - Nurse/Supervisor Office
  - Separate Clean and Soiled Utility Rooms, Clean linen storage
  - Medication Station
  - Equipment & Emergency Storage, gurneys & wheelchairs
  - Nourishment area & Ice Machine

- Shared
  - Staff toilet rooms
  - Housekeeping rooms
  - Special bathing facilities

- Optional
  - Exam &/or treatment rooms are optional
  - Multipurpose rooms may be shared with other departments
1253.7. (a) For purposes of this chapter, “observation services” means outpatient services provided by a general acute care hospital and that have been ordered by a provider, to those patients who have unstable or uncertain conditions potentially serious enough to warrant close observation, but not so serious as to warrant inpatient admission to the hospital.
Outpatient Observation Unit

• SB 1076 Intent

Definition and Purpose:

• SB 1076 defines “observation services” as “outpatient services… to those patient who have unstable or uncertain conditions potentially serious enough to warrant close observation, but not so serious as to warrant inpatient admission to the hospital.”

• Observed acuity should be less than what would be readily apparent for immediate inpatient admission.

Potential Use:

➤ **Patient Type 1 - New patient:**
  o Outpatient Observation only (with no admission)
  o Outpatient Pre-Admission

➤ **Patient Type 2 - Existing patient:**
  o Outpatient Post-Discharge
Outpatient Observation Unit

• SB 1076 Intent

Required Services – may include the use of:

• A bed
• Monitoring by nursing and other staff
• Any other services that are reasonable and necessary to safely evaluate a patient’s condition or determine the need for a possible inpatient admission to the hospital

Question:

What is implied by “reasonable and necessary” for patients currently at an outpatient status with the potential for inpatient admission?
Outpatient Observation Unit

• **SB 1076 Intent**

**Analysis - Patient Station:**

<table>
<thead>
<tr>
<th>Nursing Unit</th>
<th>1988 - 2001 CBC (effective thru 12/31/2006)</th>
<th>2016 CBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Patient Room</td>
<td>110 sf (3 feet clear @ sides and foot of bed)</td>
<td>120 sf</td>
</tr>
<tr>
<td>Multi-Patient Room</td>
<td>80 sf / bed (3 feet clear between beds &amp; 4 feet @ foot of bed)</td>
<td>100 sf / bed (3 feet clear between beds &amp; 4 feet @ foot of bed)</td>
</tr>
</tbody>
</table>

**Emergency Services**

| Treatment Room        | 80 sf (the least dimension shall be 8') | 120 sf single or 80 sf/multi-gurney (3 feet clear @ sides and foot of bed/gurney) |
| Observation Room      | No Stated Size                           | 120 sf   |
Outpatient Observation Unit

• Proposed Requirements - General

Location:
Must be located in *conforming* or *non-conforming* hospital building
May be located in hospital building removed from acute care services

Connection to Hospital Services:
Corridor systems shall connect unit to all Basic and Supplemental Services
Patient access to unit shall not pass through public lobbies, waiting areas, other departments, or inpatient units

Utility Services Infrastructure:
Nurse call
Emergency power
Portable oxygen
• Proposed Requirements - Patient

Patient Treatment Station:

110 sf single or 80 sf multiple patients
Bed clearances per 2001 CBC (3’ @ sides / 3’ or 4’ @ foot of bed)

Patient Toilet:

1 Accessible Toilet / 6 Patients
1 Accessible Shower / 12 Patients

Negative Pressure Isolation:

Optional patient isolation provisions defined

Utility Services Infrastructure:

Nurse call, emergency power, and portable oxygen
Proposed Requirements – Service Areas for Unit

- Supervisor Office
- Staff Toilet(s)
- Multipurpose Room(s)
  - Conferences, Reports, Training, Consultation
- Examination or Treatment Rooms
- Medication Room or Stations
- Nourishment Areas and Ice Machine(s)
- Clean and Soiled Utility Support Spaces
- General and Emergency Equipment Storage
- Gurney & Wheelchair Storage
Outpatient Observation Unit

• Next Steps

- CDPH Review
- HBSB Review
- PIN Development
- CBSC Comment Period
- CBSC Adoption

1224.39.6 OUTPATIENT OBSERVATION UNIT

1224.39.6.1 General. If provided, outpatient observation unit(s) shall comply with the following:

1224.39.6.2 Location. Unit shall be located outside of any inpatient unit and not part of the Emergency Department. Location shall be in compliance with Section 1224.4.3. Corridor systems shall connect unit to all basic and applicable Supplemental Services.

1224.39.6.3 Signage. Unit shall be marked with a sign identifying the unit as an outpatient unit. The sign shall use the term “outpatient” in the title of the designated area.

1224.39.6.4 Patient care stations. Each patient station shall provide minimum clear area that includes space at each bedside for visitors. Provision for visual privacy from observation by other patients and visitors shall be provided. Patient care stations shall have the following:

1224.39.6.4.1 Space requirements:

1. Single-patient rooms: 110 square feet (10.2m²). A minimum distance of 3 feet (914mm) shall be provided between the sides and foot of bed/gurney and any or other fixed obstructions.

2. Multi-patient rooms or areas: 80 square feet (7.4 m²) per patient station. A minimum distance of 3 feet (914mm) shall be provided between beds and 4 feet (1219mm) between the foot of beds and walls or other fixed obstructions.
• CDPH / Board of Pharmacy Alignment

- Alignment with CBC Section 1250 – restructured by California Board of Pharmacy

- Drug Room (less than 100 beds)
  - Receiving/breakout/inventory
  - Handwashing station
  - Storage – bulk, refrigerated, secured, etc.
Pharmacy

• Basic Pharmaceutical Services (100 beds or more)
  ➢ Dispensing Facilities
    • Receiving/breakout/inventory
    • Dispensing work counters
    • Non-sterile compounding work stations/handwashing/utility sink
    • Recording – counter and electronic workstations
    • Storage – temporary, bulk, active, refrigerated, secured, etc.
  ➢ Sterile Compounding Requirements
  ➢ Support Areas
    • Office Space
    • Staff Toilet and Lockers
    • Outpatient Consultation (as needed)
• Remove Non-Patient Spaces for alignment with ASHRAE 170

- Administrative
- Dining Room
- Dishwashing Room
- Multipurpose Room
- Staff Sleep Room

(May use model code for these areas – ASHRAE 62.1)
2019 CBSC Proposed Topics

- Pending Items
  - 2 – Bed Rule: SNF *versus* Hospital
  - 72 hour *versus* 96 hour storage
  - Onsite EHR Retention Requirements
  - Signage for Buildings Removed from Acute Care Services
  - Medication Dispensing Stations
    - Sinks
    - Acceptable Locations (alcove placement limitations)
  - Comprehensive Emergency Services – Reserved Operating Room
  - Dialysis *and* Infusion Therapy – Capable of Unassisted Self-Preservation
Energy Commission - 2019 Code

Highlights:

- Building Envelope Minimum Requirements
- Equipment Energy Efficiency Ratings
- LED Lighting

Formal Rulemaking Comment Period:

- Started January 19, 2018
- Concludes March 5, 2018 @ 5 pm

http://www.energy.ca.gov/title24/2019standards/rulemaking/
Facilities Development Division
California’s Building Department for Hospitals

Update on the proposed structural/non-structural 2019 Building Code Changes (California Amendments) and adoption of the 2018 International Building Code with updated reference standards
Major Reference Standards Updated

1. ASCE 7-16: Minimum Design Loads
2. AISC 360-16: Steel Design
3. AISC 341-16/358-16: Seismic Design of Steel
4. TMS-402/602-16: Masonry Design
5. NDS-18: Wood Design
Major Reference Standards Not Updated

1. ASCE 41-13: Seismic Evaluation and Retrofit of Existing Buildings
2. ACI 318-14: Concrete Design
Major Reference Standards Not Updated

1. ADM1-15: Aluminum Design
2. SDPWS-15: Special Design Provisions for Wind and Seismic
New Definitions/Requirements

Fixed equipment vs Moveable equipment
vs Mobile equipment

and

Anchored equipment vs Restrained equipment
This Chapter applies to:

- OSHPD 1R: Non-conforming buildings removed from service but are in OSHDP jurisdiction.
- OSHPD 2 – Skilled nursing and intermediate care buildings
- OSHPD 5 – Acute Psychiatric Building
Amendments to Chapter 16
Structural Design

- **Risk Category of Buildings and Other Structures**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Buildings and other structures except those listed in Risk Categories I, III and IV.</td>
</tr>
</tbody>
</table>
| III | Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to:  
- Buildings and other structures whose primary occupancy is public assembly with an occupant load greater than 300.  
- Buildings and other structures containing Group E occupancies with an occupant load greater than 250.  
- Buildings and other structures containing educational occupancies for students above the 12th grade with an occupant load greater than 500.  
- Group 1-2, Condition 1 occupancies with 50 or more care recipients.  
- Group 1-2, Condition 2 occupancies not having emergency medical surgery or emergency medical treatment facilities.  
  - [OSHPD 2] Skilled Nursing Facilities, Intermediate Care Facilities with 50 or more care recipients,  
  - [OSHPD 5] Acute Psychiatric Hospitals with 50 or more care recipients.  
- Group 1-3 occupancies.  
- Any other occupancy with an occupant load greater than 5,000.  
- Power-generating stations, water treatment facilities for potable water, wastewater treatment facilities and other public utility facilities not included in Risk Category IV.  
- Buildings and other structures not included in Risk Category IV containing quantities of toxic or explosive materials that exceed maximum allowable quantities per control area as given in Table 307.1(1) or 307.1(2) or per outdoor control area in accordance with the International Fire Code; and are sufficient to pose a threat to the public if released. |
| IV | Buildings and other structures designated as essential facilities, including but not limited to:  
- Group 1-2, Condition 2 occupancies having emergency medical surgery or emergency medical treatment facilities.  
- Ambulatory care facilities having emergency medical surgery or emergency medical treatment facilities.  
- Fire, rescue, ambulance and police stations and emergency vehicle garages.  
- Designated earthquake, hurricane or other emergency shelters.  
- Designated emergency preparedness, communications and operations centers and other facilities required for emergency response.  
- Power-generating stations and other public utility facilities required as emergency backup facilities for Risk Category II buildings and other structures |

OSHPD
Office of Statewide Health Planning and Development
Component Importance Factors

\[ I_p = 1.5 \text{ for:} \]

1. Components required for life-safety purposes after an earthquake, including emergency and standby power systems, mechanical smoke removal systems, fire protection sprinkler systems and fire alarm control panels.

2. For medical device components, mechanical and electrical components and components required for life support for patients in sub-acute bed(s).

Requirements for Special Seismic Certification will apply
<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>NATURE OF OCCUPANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Group I-2, Condition 1 occupancies with an occupant load of 50 or more resident care recipients.</td>
</tr>
<tr>
<td></td>
<td>• Group I-2, Condition 2 occupancies not having emergency surgery or emergency treatment facilities.</td>
</tr>
<tr>
<td>IV</td>
<td>Buildings and other structures designated as essential facilities, including but not limited to:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Group I-2 occupancies having surgery or emergency treatment facilities.</td>
</tr>
<tr>
<td></td>
<td>• [OSHPD 1 &amp; 4] General Acute-care Hospital Buildings, General Acute-care Hospital Buildings providing only acute medical rehabilitation center services, as defined in the California Administrative Code, Section 7-111 and Correctional Treatment Center Buildings and all structures required for their continuous operation or access/egress.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seismic Instrumentation and Monitoring

- Require seismic instrumentation for buildings with a seismic isolation or damping systems.

- Require monitoring and inspection of isolators and dampers after an earthquake when ground motions or building response exceed certain thresholds.
Chapter 17 Special Inspections & Tests

Approved agencies to perform special tests and inspections for:

(OSHPD 1R, OSHPD 2 & OSHPD 5) buildings when required for the work as listed in the building code and are monitored through the Testing, Inspection and Observation program (TIO).
Special Seismic Certification [OSHPD 1R, 2, 5]

1705.13.3.1 Special seismic certification. [OSHPD 1R, 2 and OSHPD 5]

Required for:

1. Life-safety components, such as emergency and standby power systems, mechanical smoke removal systems, and fire sprinkler/fire protection systems.

2. Medical, mechanical and electrical equipment and components required for life support for patients in sub-acute bed(s).
Chapter 17A Special Inspections & Tests

1705A.13.2 Nonstructural components.

*Permit alternate testing protocols for capacity determination of seismic sway bracing components.*

*Not limited to FM 1950 loading protocols only.*
705A.13.3 Special seismic certification.

... Permit shake table testing in accordance with ICC-ES AC 156 or equivalent shake table testing approved by the building official.
OSP Renewal Fees

CAC 2019 §7-133 Fees: §7-133.1 OSHPD Special Seismic Certification preapproval (OSP).

➢ Fees to review OSHPD Special Seismic Preapprovals (OSP) will now be charged on a Time and Materials (T&M) basis.

➢ Will no longer be $5000 for new applications or $1000 for renewals,

➢ The total cost paid for these services are nonrefundable.
Amendments in Chapter 34A
Existing Structures

ONLY Applies to OSHPD 1 Buildings

Now Relocated to
Chapters 2A, 3A, 4A and 5A
**Delineation of OSHPD Buildings**

**OSHPD 1: Application** – General acute care hospitals buildings.

**OSHPD 1R: Application** – General acute care non-conforming hospital buildings removed from acute care service remaining under OSHPD jurisdiction.

**OSHPD 2: Application** – Skilled nursing facilities and intermediate care facility buildings.

**OSHPD 5: Application** – Acute psychiatric hospital buildings.
Adoption of 2018 IEBC for OSHPD 1R, 2, 4 and 5 Buildings

Relocation of Chapter 34A to CEBC with amended “A” Chapters “2A”, “3A”, “4A” and “5A” for OSHPD 1 buildings.
## 2019 CBC - IEBC Section Relocation

<table>
<thead>
<tr>
<th>2016 CBC Chapter 34A</th>
<th>2019 CEBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Section</td>
</tr>
<tr>
<td>Additions, alterations and repairs</td>
<td>3401A.1.1</td>
</tr>
<tr>
<td>Maintenance</td>
<td>3401A.2</td>
</tr>
<tr>
<td>Compliance</td>
<td>3401A.3</td>
</tr>
<tr>
<td>Building material, equipment and Systems</td>
<td>3401A.4</td>
</tr>
<tr>
<td>Existing seismic force resisting systems</td>
<td>3401A.4.3</td>
</tr>
<tr>
<td>Definitions</td>
<td>3402A</td>
</tr>
<tr>
<td>Additions</td>
<td>3403A</td>
</tr>
<tr>
<td>Alterations</td>
<td>3404A</td>
</tr>
<tr>
<td>Repairs</td>
<td>3405A</td>
</tr>
<tr>
<td>Glass Replacement</td>
<td>3407A</td>
</tr>
<tr>
<td>Change of Occupancy/Function</td>
<td>3408A</td>
</tr>
<tr>
<td>Seismic Retrofit Pre-1973 buildings</td>
<td>3411A</td>
</tr>
<tr>
<td>Compliance Alternatives for Seismic Retrofit</td>
<td>3412A</td>
</tr>
<tr>
<td>Modifications to ASCE 41</td>
<td>3413A</td>
</tr>
<tr>
<td>Peer Review Requirements</td>
<td>3414A</td>
</tr>
<tr>
<td>Earthquake Monitoring Instruments</td>
<td>3415A</td>
</tr>
<tr>
<td>Compliance Alternatives for Services/Utilities</td>
<td>3416A</td>
</tr>
<tr>
<td>Compliance Alternative for Means of Egress</td>
<td>3417A</td>
</tr>
<tr>
<td>Removal of Hospital Buildings from GAC</td>
<td>3418A</td>
</tr>
<tr>
<td>Hospitals Removed from GAC</td>
<td>3419A</td>
</tr>
</tbody>
</table>
Facilities Development Division
California’s Building Department for Hospitals

NPC Requirements Revisited
What non-structural anchorage and bracing of equipment and systems is practical in an existing hospital building constructed prior to 1983?
<table>
<thead>
<tr>
<th>TIMEFRAMES</th>
<th>NONSTRUCTURAL PERFORMANCE CATEGORY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| January 1, 2002  | NPC 2                              | The following systems are braced or anchored in accordance with Part 2, Title 24:
• communications systems,
• emergency power supply,
• bulk medical gas systems,
• fire alarm systems and
• emergency lighting equipment and signs in the means of egress. |
| January 1, 2008  | NPC 3/NPC 3R                       | The building meets the criteria for NPC “2” and in critical care areas, clinical laboratory service spaces, pharmaceutical service spaces, radiological service spaces, and central and sterile supply areas, the following components meet the bracing and anchorage requirements of Part 2, Title 24:
• Nonstructural components, listed in the 1995 CBC, Part 2, Title 24, Table 16A-0.
  **Exception:** For NPC 3R, lateral bracing of suspended ceiling systems may be omitted in rooms with a floor area less than 300 square feet, provided the room is not an intensive care or coronary care unit patient room, angiography laboratory, cardiac catheterization laboratory, delivery room, operating room or post-operative recovery room.
• “Equipment,” as listed in the 1995 CBC, Part 2, Title 24, Table 16A-0, “Equipment,” including equipment in the physical plant that service these areas.
  **Exceptions:**
  1. Seismic restraints need not be provided for cable trays, conduit and HVAC ducting. Seismic restraints may be omitted from piping systems, provided that an approved method of preventing release of the contents of the piping system in the event of a break is provided.
  2. Only elevator(s) selected to provide service to patient, surgical, obstetrical and ground floors during interruption of normal power need to meet the structural requirements of Part 2, Title 24.
• Fire sprinkler systems comply with the bracing and anchorage requirements of NFPA 13, 1994 edition, or subsequent applicable standards.
  **Exception:** Acute care hospital facilities in both a rural area as defined by Section 70059.1, Division 5 of Title 22 and Seismic Zone 3 shall comply with the bracing and anchorage requirements of NFPA 13, 1994 edition, or subsequent applicable standards by January 1, 2013. |
<p>| January 1, 2030  | NPC 4                              | The building meets the criteria for NPC “3” and all architectural, mechanical, electrical systems, components and equipment, and hospital equipment meet the bracing and anchorage requirements of Part 2, Title 24. This category is for classification purposes of the Office of Emergency Services. |
| January 1, 2030  | NPC 5                              | The building meets the criteria for NPC “4” and onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72 hours emergency operations, are integrated into the building plumbing systems in accordance with the California Plumbing Code. An onsite emergency system as defined in the California Electrical Code is incorporated into the building electrical system for critical care areas. Additionally, the system shall provide for radiological service and an onsite fuel supply for 72 hours of acute care operation. |</p>
<table>
<thead>
<tr>
<th>ELEMENTS OF STRUCTURES, NONSTRUCTURAL COMPONENTS AND EQUIPMENT</th>
<th>VALUE OF $C_p$</th>
<th>FOOTNOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elements of structures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Walls including the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Unbraced (cantilevered) parapets</td>
<td>2.00</td>
<td>2</td>
</tr>
<tr>
<td>b. Other exterior walls above the ground floor</td>
<td>0.75</td>
<td>11</td>
</tr>
<tr>
<td>c. All interior bearing and nonbearing walls and partitions</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>d. Masonry or concrete fences over 6 feet (1829 mm) high</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>2. Penthouse (except when framed by an extension of the structural frame)</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>3. Connections for prefabricated structural elements other than walls, with force applied at center of gravity</td>
<td>0.75</td>
<td>4,12,5</td>
</tr>
<tr>
<td>4. Diaphragms</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>2. Nonstructural components</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Exterior and interior ornamentations and appendages</td>
<td>2.00</td>
<td>12</td>
</tr>
<tr>
<td>2. Chimneys, stacks, trussed towers and tanks on legs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supported on or projecting as an unbraced cantilever above the roof more than one half their total height</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>b. All others, including those supported below the roof with unbraced projection above the roof less than one half its height, or braced or guyed to the structural frame at or above their centers of mass</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>3. Signs and billboards</td>
<td>2.00</td>
<td>10,17</td>
</tr>
<tr>
<td>4. Storage racks (include contents) with upper storage level more than 5 feet (1524 mm) in height</td>
<td>0.75</td>
<td>12,16,17</td>
</tr>
<tr>
<td>5. Anchorage for permanent floor-supported cabinets and book stacks more than 5 feet (1524 mm) in height (include contents)</td>
<td>0.75</td>
<td>4,6,7,11,18,19</td>
</tr>
<tr>
<td>6. Anchorage for suspended ceilings and light fixtures</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>7. Access floor systems</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>8. Wall hung cabinets and storage shelving (plus contents)</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>3. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Tanks and vessels (include contents), including support systems and anchorage</td>
<td>0.75</td>
<td>12,16</td>
</tr>
<tr>
<td>2. Electrical, mechanical and plumbing equipment and associated conduit, ductwork and piping, and machinery. In hospitals and essential services buildings, this includes all piping, electrical conduits, cable trays and air-handling ducting necessary to the continuing operation of the facility</td>
<td>0.75</td>
<td>8,12,14,15</td>
</tr>
<tr>
<td>3. Anchorage of emergency power supply systems, essential communications equipment, battery racks and fuel tanks necessary for operation of such equipment</td>
<td>1.0</td>
<td>12,13</td>
</tr>
<tr>
<td>4. Anchorage of hospital equipment when permanently attached to the building utility services such as surgical, morgue and recovery room fixtures, radiology equipment, medical gas containers, food service fixtures, essential laboratory equipment, TV supports, etc</td>
<td>0.75</td>
<td>12</td>
</tr>
<tr>
<td>5. Power cable-driven elevators or hydraulic elevators with lifts over 5 feet (1524 mm):</td>
<td></td>
<td>20,21</td>
</tr>
<tr>
<td>a. Hotway structural framing providing the support for guide rail brackets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Guide rails and guide rail brackets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Car and counterweight auxiliary guiding members or retainer plates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Driving machinery, pump unit tanks operating devices and control equipment cabinets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Nonstructural components
   1. Exterior and interior ornamentations and appendages
   2. Chimneys, stacks, trussed towers and tanks on legs:
      a. Supported on or projecting as an unbraced cantilever above the roof more than one half their total height
      b. All others, including those supported below the roof with unbraced projection above the roof less than one half its height, or braced or guyed to the structural frame at or above their centers of mass
   3. Signs and billboards
   4. Storage racks (include contents) with upper storage level more than 5 feet (1524 mm) in height
   5. Anchorage for permanent floor-supported cabinets and book stacks more than 5 feet (1524 mm) in height (include contents)
   6. Anchorage for suspended ceilings and light fixtures
   7. Access floor systems
   8. Wall hung cabinets and storage shelving (plus contents)
3. **Equipment**

1. Tanks and vessels (include contents), including support systems and anchorage

2. Electrical, mechanical and plumbing equipment and associated conduit, ductwork and piping, and machinery. *In hospitals and essential services buildings, this includes all piping, electrical conduits, cable trays and air-handling ducting necessary to the continuing operation of the facility*

3. Anchorage of emergency power supply systems, essential communications equipment, battery racks and fuel tanks necessary for operation of such equipment

4. Anchorage of hospital equipment when permanently attached to the building utility services such as surgical, morgue and recovery room fixtures, radiology equipment, medical gas containers, food service fixtures, essential laboratory equipment, TV supports, etc.

5. **Power cable-driven elevators or hydraulic elevators with lifts over 5 feet (1524 mm):**
   a. Hoistway structural framing providing the support for guide rail brackets
   b. Guide rails and guide rail brackets
   c. Car and counterweight auxiliary guiding members or retainer plates
   d. Driving machinery, pump unit tanks operating devices and control equipment cabinets
NPC Requirements Revisited

• 2016 CBC
  – SPC-4D (Damage Control Category)

*HSSA § 130005*

(f) The office, *in consultation with the Hospital Building Safety Board*, shall develop regulations to identify the most critical nonstructural systems and to prioritize the timeframes for upgrading those systems that represent the greatest risk of failure during an earthquake.

• 2019 CBC
  – NPC-4D?
• Delete regulations in Chapter 6, Part 1 that are no longer valid, such as extensions to 2008 to 2013 and beyond that are past. Make Chapter 6 current with on-going extensions, new extensions, etc.

• Revisit SB 499 NPC 3/3R “exemptions” and “extensions”

• Modify NPC 3/3R to delete specified anchorage/bracing, such as cabinets, shelving, etc. not in the patient vicinity or exit way
  ○ Review Table 16A-O for what to keep and what to exclude
NPC 4D Framework

• Should NPC 3R be allowed to continue beyond 2030 or should they comply with NPC 3?
  o Evaluate load path
    o New equipment weighing 400 lbs. or more at a new location
    o Replaced equipment that weighs more than equipment it replaces
    o Floor or roof equipment weighing more than specified weight
  o Exception for suspended ceilings in rooms less than 300 sq. ft. with exceptions for certain rooms

• Modify NPC 4 to delete specified anchorage/bracing, such as cabinets, shelving, etc. not in the patient vicinity or exit way
  o Review Table 16A-O for what to keep and what to exclude
NPC 4D Framework

- Create new nonstructural performance level: NPC 4D
  - Three levels
    - Common elements to all three levels:
      - Must comply with NPC 3/3R as modified in this code cycle
      - Must file an action plan with the Office for bringing all unanchored/unbraced equipment and systems back online, or to provide them in an alternative manner, after a seismic event. This plan will be posted on OSHPD’s website
        - What should be included in the plan?
NPC 4D Framework

Level 1:
• Equipment and services needed to provide emergency services, including diagnostic, treatment, and surgery, shall be anchored and braced, with specified exceptions. The hospital shall determine which services they want to provide after a seismic event in addition to the emergency services. Equipment and services for identified services, with specified exceptions, shall be anchored and braced in accordance with the 1995 CBC or later editions of CBC.
Level 2:

- Equipment and services needed to provide emergency services, including diagnostic, treatment, and surgery, shall be anchored and braced, with specified exceptions, in accordance with the 1995 CBC or later editions of CBC.
Level 3:
  • Shall comply with all common elements specified above
NPC 4D Framework

- Deadlines:
  - By January 1, 2024, the hospital owner shall submit to the Office a complete nonstructural evaluation up to NPC 4 or 4D and NPC 5, for each building to remain in acute care service beyond January 1, 2030.
  - By January 1, 2026, the hospital owner shall submit to the Office construction documents for NPC 4 or 4D or NPC 5 compliance, that are deemed ready for review by the Office, for each building to remain in acute care service beyond January 1, 2030.
By January 1, 2028, the hospital owner shall obtain a building permit to begin construction for NPC 4 or NPC 4D, and NPC 5 compliance of each building that the owner intends to use as a general acute care hospital building after January 1, 2030. Hospitals not meeting the January 1, 2028 deadline set by this section shall not be issued a building permit for any noncompliant building except those required for seismic compliance in accordance with the California Administrative Code (Chapter 6), maintenance, and emergency repairs until the building permit required by this section is issued.
NPC 4D Framework

- Hospitals must be NPC 4D or NPC 4 and NPC 5 by 2030
  - After January 1, 2020, all remolds and renovations, or other construction work, shall include anchorage and/or bracing of all equipment and services within the scope of the work that is not in compliance with NPC 4, as modified in this code cycle. **Exception:** If the hospital has obtained an extension for SPC compliance, the NPC compliance deadlines shall coincide with the approved SPC extension deadlines.
# NPC Compliance Deadlines

<table>
<thead>
<tr>
<th>SPC Rating</th>
<th>2002 to 2020</th>
<th>2020 to 2030</th>
<th>2030 and beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SDC D</td>
<td>SDC F</td>
<td></td>
</tr>
<tr>
<td>SPC -1</td>
<td>NPC-2, Remove GAC Services by 2020</td>
<td>NPC-2</td>
<td>NPC-4D, L3 min</td>
</tr>
<tr>
<td>SPC-2</td>
<td>NPC-2</td>
<td>NPC-2</td>
<td>NPC-4D, L3 min</td>
</tr>
<tr>
<td>SPC-4D</td>
<td>NPC-2</td>
<td>NPC-2</td>
<td>NPC-4D, L3 min</td>
</tr>
<tr>
<td>Pre-83 SPC-3 &amp; SPC-4</td>
<td>NPC-2</td>
<td>NPC-2</td>
<td>NPC-4D, L3 min</td>
</tr>
<tr>
<td>Post 83 SPC-3, SPC-4 &amp; SPC5</td>
<td>NPC-2</td>
<td>NPC-2</td>
<td>NPC-4D, L3 min</td>
</tr>
</tbody>
</table>
Utilities Serving Compliant Buildings

- Utilities serving compliant hospital buildings (SPC 3, SPC 4, SPC 4D, and SPC 5) through noncompliant buildings (SPC 1 and SPC 2)
  - Must have a reliable essential electrical system
  - Normal power ok to run through SPC 1 and SPC2 if buildings remain under OSHPD jurisdiction
  - Potable water ok to run through SPC 1 and SPC if compliant building is NPC 5 compliant
Utilities Serving Compliant Buildings

- Chilled water, hot water, steam, etc.??
  - Heating and cooling
- Medical gases??
  - Use portable systems in compliant building until permanent systems are provided/rerouted by some date or when changes/modifications are made to the systems??
- Other utilities??
Facilities Development Division
California’s Building Department for Hospitals

Seismic Compliance Update
Structure Performance Categories

* Based on 2001 Hospital Survey Results based on hospital “self-report” and then “state-of-the-art” FEMA 178 standards from 1996
** SPC-5 includes buildings currently under construction
For SPC - "Not Assigned" is for non-building structures such as equipment yards, cooling towers etc that are still under construction

Total number of SPC Buildings = 2627
Total number of SPC Buildings = 3076 in 422 Facilities
Location of SPC-1 and SPC-2 Buildings
Hospital Seismic Compliance to Date

1/1/2001
1313 Max. No of Buildings classified as SPC-1 @ Some point in time
1027
1097 @ Start of HAZUS 2007
6/30/2009
825
Last date HAZUS 2007
677
411
337
1/1/2014
1/1/2015
1/1/2020
< 1.9 years left
1116 Buildings 85%
197 2/8/17
0
Number of SPC-1 Buildings
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC-1 Buildings with Approved SB 90 Extensions (142 without Certificate of Occupancy /Construction Final)</td>
<td>155</td>
</tr>
<tr>
<td>SPC-1 Buildings with only SB 1661/AB2557/SB81 Extensions</td>
<td>6</td>
</tr>
<tr>
<td>SPC-1 Buildings with only SB 306 Extensions</td>
<td>26</td>
</tr>
<tr>
<td>SPC-1 Buildings that currently have an extension</td>
<td>187</td>
</tr>
<tr>
<td>SPC-1 Buildings that do not have any extension beyond 2013*</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>214</strong></td>
</tr>
</tbody>
</table>

*No acute care services – some of these building have removal-of-acute-care-services projects – all have been sent a letter urging removing building from inventory.*
Nonstructural Performance Categories

**2001***
- NPC-1, 2000, 74%
- NPC-2, 412, 15%
- NPC-3, 50, 2%
- NPC-4, 150, 6%
- NPC-5, 4, 0%
- Not Assigned, 93, 3%

Total number of NPC Buildings = 2709

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

**2/8/2018***
- NPC-1, 164, 5%
- NPC-2, 1817, 57%
- NPC-3, 238, 7%
- NPC-4, 907, 28%
- Not Assigned, 68, 2%
- Number of NPC-1 Facilities = 32

Total number of NPC Buildings = 3215

***Includes buildings under construction, tunnels and equipment yards
For NPC - "Not Assigned" are for buildings and nonbuilding structures either under construction or where the nonstructural performance category has not been verified
2017 SB499 Report Timeline

- Building Inventory/SB499 Preparation Letter – 6/27/17
- Building Inventory/SB499 Preparation Reminder Letter – 7/25/17
- Building Inventory Revisions cutoff deadline – 7/28/17
- Release of Online Report with passwords – 8/21/17
- Online Report Reminder Letter – 9/25/17
- Online Report Warning Letter – 10/16/17
- Online Report Submittal deadline – Wednesday, 11/1/17
- OSHPD Website Final Report posting deadline 2/1/18

COMPLETED

All Reports posted
January 24th, 2018
SB 499 requires General Acute Care Hospital Facilities to report when SPC-1 buildings (which may be at risk of collapse during a strong earthquake) are present on their campuses. Some facilities have multiple SPC-1 buildings.
Facilities Development Division
California’s Building Department for Hospitals

eServices Update
Electronic plan to paper plan submittal comparison:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Field Review Requested</th>
<th>Kind of Project</th>
<th>Review Type</th>
<th>Electronic</th>
<th>Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Electronic</td>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Application for New Project</td>
<td>N</td>
<td>Addition</td>
<td>113 day(s)</td>
<td>184 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17 projects</td>
<td>85 projects</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td></td>
<td>129 day(s)</td>
<td>123 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>332 projects</td>
<td>1,122 projects</td>
<td></td>
</tr>
<tr>
<td>New Building</td>
<td></td>
<td></td>
<td>189 day(s)</td>
<td>243 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 projects</td>
<td>90 projects</td>
<td></td>
</tr>
<tr>
<td>Remodel</td>
<td></td>
<td></td>
<td>145 day(s)</td>
<td>161 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>826 projects</td>
<td>5,282 projects</td>
<td></td>
</tr>
</tbody>
</table>
‘Addition’ projects approved nearly 40% faster
‘Maintenance’ projects approximately 5% longer
‘New Building’ projects approved more than 20% faster
‘Remodel’ projects approved about 11% faster (bulk of the workload)

For:
• Application for New Project
• Office review only (no field)
• Only projects with clean workflow records dating back to January 1st, 2012
OSHPD is working with Irvine-based ePlanSoft to deploy **ePlanReview**

- Web Portal
- Trackable Document Versioning
- Multiple Views and Overlays
- Mobile Device Access
- Flexibility in the way plans are submitted, received and reviewed
- Multiple view options to quickly and easily identify and accommodate comments anywhere in the plan
- Collaboration is easier and more secure by access to whole or partial project teams or individuals
ePlanReview

Plan File “Scout” analyzes plans at upload and blocks files with errors (validation of submittal quality)
Real-time collaboration between reviewer and designer (at Reviewer’s discretion)
Cloud Computing

The ePlanReview program will be hosted in the Amazon Web Services (AWS) cloud. AWS offers a virtual processor feature called Lambda that will speed the plan upload and rendering process exponentially.

This translates to significant improvement in rendering time since AWS uses an event-driven server-less computing platform called Lambda that can spawn an infinite number of processes on-demand. For instance, if 25 plans were uploaded simultaneously, each having 25 sheets, Lambda would create 25 virtual processors to manage each plan and 25 additional processors per plan to render each sheet individually.
Enterprise Data Warehouse

- Links databases
- Facilitates Dashboard creation
- Management tools
- Metrics/Performance
Change of Goals/Metrics

Eliminate 60/30/30, etc. goals. Got to a goal for overall review time.

Automated email to Hospital Owner/Facility Representative that will advise them of the average time it takes for projects similar to theirs to be approved and ready to commence construction.

- Planned roll-out March 2018
When plans are approved, Owners will receive a Project Assessment Report indicating how their project fared compared to projects of comparable size, type, cost, submittal type, etc.
What Lies Ahead?

- ROCC Revamp
- Mobile Gateway
- Mobile App Development
- Invoicing Revamp
- Emailing Invoices
- Refund Process Redesign
- Upgrade Accela to v9.2.4
- New UI and Enhanced Usability
- AMC Redesign
- Optimizing the field staff’s workflow
Facilities Development Division
California’s Building Department for Hospitals

Hospital Building Safety Board
# Administrative Processes, Code Changes, and Standard Details Committee

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Materials</th>
</tr>
</thead>
</table>
| February 15, 2018     | **Sacramento:**
|                       | Office of Statewide Health Planning and Development                       | 📄 Agenda       |
|                       | **Los Angeles:**
|                       | Metropolitan Water District Headquarters                                 |                 |
| May 3, 2018           | **Sacramento:**
|                       | Office of Statewide Health Planning and Development                       |                 |
|                       | **Los Angeles:**
|                       | Metropolitan Water District Headquarters                                 |                 |
| September 13, 2018    | **Sacramento:**
|                       | Office of Statewide Health Planning and Development                       |                 |
|                       | **Los Angeles:**
|                       | Metropolitan Water District Headquarters                                 |                 |
|                       | 355 S. Grand Avenue, 20th Floor, Los Angeles                             |                 |
## Education and Outreach Committee Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 8, 2018</td>
<td>Sacramento</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>April 19, 2018</td>
<td>Sacramento</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>June 7, 2018</td>
<td>Sacramento</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>September 27, 2018</td>
<td>Sacramento</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
</tbody>
</table>

355 S. Grand Avenue, 20th Floor, Los Angeles
## Energy Conservation and Management Committee Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location 1</th>
<th>Location 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 28, 2018</td>
<td><strong>Sacramento:</strong></td>
<td><strong>Los Angeles:</strong></td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Office of Statewide Health Planning and Development</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>May 23, 2018</td>
<td><strong>Sacramento:</strong></td>
<td><strong>Los Angeles:</strong></td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Office of Statewide Health Planning and Development</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>October 3, 2018</td>
<td><strong>Sacramento:</strong></td>
<td><strong>Los Angeles:</strong></td>
</tr>
<tr>
<td>10:00AM - 4:00PM</td>
<td>Office of Statewide Health Planning and Development</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
</tbody>
</table>

355 S. Grand Avenue, 20th Floor, Los Angeles
### Structural & Nonstructural Regulations Committee Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 22, 2018</td>
<td><strong>Sacramento:</strong></td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td><strong>Los Angeles:</strong></td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>March 6, 2018</td>
<td><strong>Sacramento:</strong></td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td><strong>Los Angeles:</strong></td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>August 29, 2018</td>
<td><strong>Sacramento:</strong></td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td><strong>Los Angeles:</strong></td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>355 S. Grand Avenue, 20th Floor, Los Angeles</td>
</tr>
</tbody>
</table>
### Technology Committee Meetings

**April 25, 2018**  
10:00AM - 4:00PM  
**Sacramento:**  
Office of Statewide Health Planning and Development  
**Los Angeles:**  
Metropolitan Water District Headquarters

**August 16, 2018**  
10:00AM - 4:00PM  
**Sacramento:**  
Office of Statewide Health Planning and Development  
**Los Angeles:**  
Metropolitan Water District Headquarters  
355 S. Grand Avenue, 20th Floor, Los Angeles
# Board Procedures and Instrumentation Committees

## Board Procedures Committee Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 12, 2018</td>
<td>10:00AM - 12:00PM</td>
<td>TBD</td>
</tr>
</tbody>
</table>

## Instrumentation Committee Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 24, 2018</td>
<td>10:00AM - 4:00PM</td>
<td>Sacramento: Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Los Angeles: Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>355 S. Grand Avenue, 20th Floor, Los Angeles</td>
</tr>
</tbody>
</table>
### HBSB Full Board Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 28, 2018</td>
<td>Sacramento:</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>June 21, 2018</td>
<td>Sacramento:</td>
<td>Office of Statewide Health Planning and Development</td>
</tr>
<tr>
<td></td>
<td>Los Angeles:</td>
<td>Metropolitan Water District Headquarters</td>
</tr>
<tr>
<td>December 12-13, 2018</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>
Facilities Development Division
California’s Building Department for Hospitals

2017 in Review, 2018 in Focus
Industry Seminars in 2017

- CSHE Annual Meeting
- CSHE - Central Valley
- California Hospital Association – Webinars
- IOR Recertification Training Seminars (2)
- Hospital Association of S. California
- American Institute of Architects Health & Science
- AIA Healthcare Committee
- AIA San Francisco & San Diego
- CDPH Seminars (2)

1 Co-sponsored by the HBSB Education and Outreach Committee
Industry Seminars in 2017

- ePC/eSP Training to various stakeholders
- SEAOCC
- Hospital Inspector for the Fire Service Seminars (2)
- UCLA Design & Project Management Section
- Kaiser NFS Southern California
- Northern California Fire Prevention Officers
- HDR Architects
Quarterly Meetings with Industry in 2017

- CAHF Quarterly Meetings
- CHA Quarterly Task Force Committee
- CDPH L&C
- CPMC
- LLUMC
- St. Joseph Health System
- UC Health Systems
- Prime Healthcare
- Kaiser
- Providence
- Hospital Association of Southern and Northern California
FDD’s Achievements in 2017

1. OSHPD Office headquarters relocation successfully completed
2. Propose and submit cost effective building codes & standards that better align with national standards to the Building Standards Commission for adoption for the 2016 Intervening Cycle of the California Building Standards Code
3. New regulations pertaining to Locked I-2 occupancies for CBC mid-cycle continues with State Fire Marshal
4. Assisted hospitals with achieving significant progress in the Hospital Seismic Compliance Program
5. Developed project assessment/performance dashboards
6. Made further advancements in migrating the FDD data to Electronic Data warehouse
7. Migrated FDD datasets to new CHHS OpenData Portal (https://data.chhs.ca.gov/)
   - FDD website and CHHS OpenData Portal updated every two weeks
FDD’s Achievements in 2017

8. Linked FDD Hospital and SNF data pages to OSHPD Report Center for seamless navigation

9. Created the framework for a complete web redesign scheduled for 2018
   - Training for user centric design and surveys of key demographics completed

10. Responded to the October 2017 N. California Wild Fires disaster and successfully assisted impacted health care facilities to expeditiously repopulate patients and staff

11. SB 499, all reports filed timely and met the deadline due to OSHPD &CHA efforts

12. Increased project size for RRU qualifying projects to $250k

13. Continue to work and publish Advisories and Guides for the industry

14. Created coalitions/partnerships with other State Agencies responsible for the licensure of healthcare related services to establish a coordinated path for projects to be completed successfully and become operational expeditiously
FDD’s Achievements in 2017

15. Developed additional tools and processes to improve staff plan review efficiencies
16. Maintained plan review goals above 95%
17. Developed template project platform for Kaiser Hospitals fuel cell projects w/standard details & procedures
18. Software and Hardware upgrades to facilitate and support Electronic Plan Check:
   – Accela/ePC upgrades/patches
   – Interactive drafting boards
   – Large format touch displays for eOTC
19. Developed web based USGS ground motion mapping tool, ASCE 41-13 & ASCE 7-16
20. Virtual technical staff training/stakeholder meetings
FDD’s Achievements in 2017

Fire Prevention Unit (FPU) Achievements in 2017

- 8 FPU Staff; 4 FLSO II; 2 FLSO I; 1 SSA; 1 CFLSO
- 2 Academy Members (FLSO I); 1 in Sacramento and 1 in LA
- 6 Regions Supported in Plan Review and Field Observation
- 13 Months of Classroom Training
- 1,700 Hours of Plan Review
- 483 Projects Plan Reviewed
- 780 Field Visits
- 18 Construction Finals
- Inner Agency FLSO II QA/QC Reports
- Multiple Interagency Presentations
FDD’s Top 3 Objectives for 2018

1. Develop automation tools, manuals, checklists, guides, and provide staff training for FDD’s Emergency Operations duties and responsibilities

2. Develop and promulgate cost effective codes and code changes, utilizing national standards to the extent possible, for the 2019 California Building Standards Code, such as:
   a. Change SNF structural requirements to be model code
   b. Revise testing protocols for bracing components
   c. Revisit NPC requirements
   d. Use the International Existing Building Code (IEBC) instead of Chapter 34A
   e. Modifications to elevator requirements
   f. Building standards for out-patient Observation Units
   g. Building standards for out-patient Cath Labs
   h. Consider adopting ASHRAE 62.1 for non-patient care areas
   i. Develop Pharmacy standards for hospitals with fewer than 100 beds

3. Begin a new session of the Fire Life Safety Academy training program
1. Have office-wide meetings in Sacramento and in Los Angeles
2. Move from ePC (electronic Plan Check) to eCPR (electronic Plan Review), a new program that will enhance electronic plan review capabilities
3. Web site redesign
4. Set up Webinar Room to facilitate more Webinar training opportunities
5. Move the LA office
6. Begin issuing Project Assessments to clients at completion of plan review
7. Establish overall turnaround goals from project submittal to approval
8. Establish the IOR Training Academy
9. Continue to implement OSHPD’s Succession Plan
Other Objectives for 2018

10. Continue to recruit for and fill essential vacant positions
11. Continue with quarterly meetings with healthcare providers, state departments, and associations
12. Continue with HBSB meetings
13. Develop more Expedited Building Permits for SNFs
14. Develop standard details for SNFs
15. Develop more “How-to” Manuals, Advisory Guides, and other tools for the healthcare industry