

HEALTH CARE CONSTRUCTION

VIDEO

Hi, my name is Stephanie Leach, Deputy Secretary of Policy and Program Development, California Labor and Workforce Development Agency.

Thanks for being here. I understand that you took time from his busy schedule. I appreciate it.

Thank you all. Let's start the morning with a general contractor to leave this session with a moderator, Chuck Queen, the Vice President of Construction, San Jose System Healthcare, and John Gillengerten, Deputy Director of the Division of Facilities OSHPD Development.

Well, thank you. I will go first. My name is John Gillengerten, and I am going to talk about some of the improvements in process that we are working on OSHPD, with so much political, development and improvements. These are exciting times in Health Care. There has been a lot of work done and a lot of work in process. I'd like to talk a little about why Health Care is different, because health care is different, for those of you who practice, know health care.

For my own information, how many people who came today, have done OSHPD work in the past? Very good. There are very few. How many of you have never done a project of health care in the past, which passes through our office? Almost nobody. That's good. I want to talk about health in the construction of California versus other states. I'd like to talk about the ideal state construction projects when we have to face reality and one of the process and some of the policies and the improvements that we finance, and then some of our thoughts on how you can have a successful project. Health care construction in California, in fact, the whole world, really is different. It is a matter of life or death. And not just rhetoric. It really is a matter of life or death. Patients and staff depend on the proper functioning of all complex systems in a hospital every day. OSHPD has often been thought of as a program of seismic, and it is. Security system is very important in California. But there are other systems that are equally vital to daily health security of people in a hospital. For example, systems to support life, energy, electrical emergency, medical gas, ventilation systems that contribute to our ability to control the infection even things like architectural finishes. You want to cover the walls and floors with things that do not grow bacteria. For example, all these are part of Health Care Construction are safe. Which are all things that make health care more complex. Then, of course, is the seismic issue. We had a very bad earthquake in China with a magnitude of 7.9. The main shock was the May 12. This is a picture of a hospital, collapsed. This is a relatively modern construction, and not coded very well. 80,000 people died. And a million homeless. This is a very real threat that we

all live. This is just a reminder of what we are trying to achieve. We're trying not to do so. So, how does that translate into health care? In California we have higher standards for performance.

The hospitals have to function after a disaster, not only earthquakes; any type of disaster. For example, our philosophy is the fire, defend in place. Patients may be too ill to evacuate. When there is a fire in the building the patients can be transported to a safe area, to some compartments during a fire, so that they can be attended to.

This is more complicated. This is a feature that you do not see in other codes models. But in California, this is what we're trying to do. For earthquakes; hospital should reasonably be able to function properly, following an earthquake. This means that we have to limit the damage and critical systems and equipment at the hospital. They must be able to function. This is a higher level that has been applied to a commercial building. Commercial buildings are designed for a single earthquake. An earthquake in a building cannot be repairable, it may not be functional, but it will not collapse. That is the goal of a commercial building. Hospital buildings are clearly very different. How can we achieve this high performance? There are three ways: The first is to complete the construction of the codes that are more complex. California building codes that apply to a hospital in Title 24 is more complex than the model code. The comprehensive plan revision that takes time and time is money. But it may be time very well spent. So is the construction inspection and quality assurance and this is more demanding for the contractors and inspectors. Therefore, to achieve a higher yield, effort was needed. And that increases the complexity of the buildings that are already quite complex.

How are things supposed to work in the ideal state? In the ideal state, the hospital's design team, the architects and engineers, first determine that all the conditions, most of our projects are remodels or renovations being carried out in an existing building. And the key to designing a project will be compatibility with the code and to have a good understanding of what already exists. Then, in the ideal state is to design a code-compatible project. In the ideal state of the OSHPD, respondents identifying each of the main code deficiencies see that they are corrected. Then the contractors are to build within the approved drawings constructed in accordance with the approved drawings, and IORS, OSPHD and staff in the field, and that is his job, only to see the drawings follow through. That would be the utmost degree of perfection conceivable. The reality is different. The hospital's design team is not compatible with a code based on the amount of time and resources and information available. They can not identify all existing conditions and cannot ever design a perfect building. We hope that the respondents and OSHPD catches all of the major weaknesses of code and key issues of coordination, but once again, we are human. And if the designer loses them, we could lose, too. The contractors have the more difficult task. They are going to build in accordance with the approved drawings, which represents all the conditions that were not foreseen. They are going to have to deal with uncertainty in the code, the uncertainty in the drawings, and they are going to find the conditions that essentially you can not build. We will work around that. The IORS OSPHD and field staff will verify conformity of

the code and by approved drawings. Once again they are identifying code issues that arise. They will try to be shaped easily, or unbuildable when complex conditions or uncertainty in the drawings or the code are identified. There is never a perfect world, and we live in an imperfect world and that requires that everyone be involved to cooperate, collaborate and to produce a code compatible in a reasonable amount of time, at a reasonable cost.

OSPHD is a part of this, but not all of it, but certainly an important part of it. We have many reforms of the process we are undertaking to try to smoothly speed the process of construction. The first is increasing in the area of any encounters of the evaluation. We are making some changes in administrative regulations to reduce the number of orders and the policy changes in the field and changes to the plans approved. These are all issues that may impact the majority of a project.

In the field and "on the desktop" reviews: The field staff conducts triage reviews the changes on the ground. So when there is a change for instruction bulletin, our field staff are the first people from the perspective of regulation to see them, and carry out Field reviews, and examinations will be conducted on the ground, and they can perform what we call 'comments parties. "There may be a change that is too big to handle for some disciplines on the field, but some may be approved on the ground, and in that case we will divide the review, revision of some of the disciplines in the field and send the balance of the revision to the office.

We give priority to examinations and change orders that are critical. We can prioritize review orders of critical path on a change that will affect the construction schedule. So if you have an agenda of change that will affect the construction schedule, we can meet with you and the fulfillment of our area of officers will meet with you and put it on a fast track and turn it around on an accelerated basis.

We've also been doing some "on the desktop" comments on the site, where we have different reviewers at the project site that go through their orders and change the process as soon as we can.

We have some revisions to the Administrative Code, which will enable us to review only the changes that substantially alter the project. And we believe this is potentially a profound effect on the amount of paper that must be processed through OSHPD.

We are defining the term "substantial modifications" to describe the type which requires OSPHD review.

These are issues that are related to issues and the security code. However, things like moving a door, put in a window, or change a leader of a wall of detail, the kinds of things, which are currently under the Administrative Code, requiring a change of order, may require still a change for the relationship between the owner, contractor and the design team, but it need not be something that will be reviewed by our staff.

We believe that this could significantly reduce the number of orders for change in the processes of OSHPD, perhaps by 50, 60, and 70 per cent.

We are also addressing the issues on changes to the plans approved. There are many different sources to changes in the plans approved. The first, i.e. the conditions unforeseen when the project as designed, does not correspond with reality on the ground. Another is the situation where the contractor does not charge that is listed in the approved plans. But there is a third source of change, and that means a change led by our field staff.

The drawings are usually 2-D (two dimensions) that the drawings are imperfect, and because they are imperfect, and because the conditions arise, we have a confirmation process on the ground, inspector of the records and Reviewer OSHPD field. But the last thing anyone wants in this complex process is to discover that one of approved drawings with a seal at OSHPD that does not mean that the drawings are actually approved, and will not be allowed to build in accordance with the approved plans.

So we have a policy that has been in force since January last year. When the field staff found a condition that has questions concerning, for example: if you consider that it is not compatible with the code, or is there some kind of mistake, the process is to get the attention immediately to your supervisor, who is the regional compliance officer. This is before giving any direction to the owner, contractor or design team. Before we ask you to modify your design or wherever you are in the building, we will make sure we have our ducks in a row.

In fact, they have a form, a ROFI, which is an internal document that we use to track these errors or inconsistencies. The RCO will consult with personnel of the plan for review, to ensure that there is not really a problem or that a problem does not exist. Often the conditions in the drawings are approved by the plan review of personnel who have determined that. While not meeting the strict letter of the code of the drawings, it shows a resounding alternative to either the media or perhaps a designer who has justified the condition during the plan review process. To the extent possible, the drawings will be approved. The only exception will be in living conditions that involve the security that need to be corrected in order to protect patients and the public. But in general, the drawings will be approved unless it is a safety issue.

Some keys to the success of the project are all from the hands of many of you, so you know these things; familiarity of the building. This is a challenge now; we have a new building code. There are some changes. Many of the changes have to do with how the code is organized, and that is going to have a learning curve. But the familiarity with the code is very important.

The coordination between the offices, the majority of orders from trade, which I would have to guess, are generated by conflicts that occur in the various trades that are in the field.

Craftsmanship: we are at the prospect of working poor. I'm sure you do not want it. Ensure that materials are being used properly, and that work is going according to plans approved and the appropriate standards. It is important. Foresight: is the coordination that can happen before you perform any physical labor. So that potential conflicts or problems in the construction can be identified, before being there in the middle of the construction and be capable of stopping and saying, "this will not fit."

Clarification of the conditions before building is a team effort. It has not always been a team effort, but it can be a team effort. No doubt it is never beneficial to be at a battle of wills. Which can sometimes go that way, but it is not our wish that you approach the projects in this way. Our executive management is committed to building a working relationship with the community with the idea that the building projects are built and to minimize confrontation. Confrontation is never the best way.

Types of problems that can be found; such as unforeseen conditions, work that does not match the approved drawings, or code deficiencies that were not captured in the plan revision which are issues of quality assurance of the design teams. Then it becomes a question of quality assurance on our part. However, as contractors are reviewing plans, preparing and planning the work, this is an opportunity to have a look and make sure it is compatible with the code. When problems occur, resources are available, such as, IORs and OSHPD field staff which are there to help those who, believe it or not, which do not always feel that way, but let me assure you that our management team is committed to helping accelerate the work and work with you to find solutions when you have a problem.

Make sure you have a building permit prior to commencing a project. I can not tell you how many times this has happened. It seems obvious, but we do see that work does not proceed without permission. Plan to approve the work that is in the design documents. Do not do work that is not on the approved documents, which alters the function. There will always be variations in construction, but whether there will be an important change; we can work with you to facilitate that process or the speed of that process, especially if it is something that is crucial to its schedule.

There will always be a need to redesign substitution or material. We are in a dynamic environment, and when the projects, provided they can health care in the construction, the business needs of the client, the owner may change, there may be changes to the team. To the extent that you can avoid that the aid process, but if they can not be avoided, sending timely changes and postponed the adoption, especially deferred its approval. It's going to take us about 60 days to make the first review and in order to keep in mind that as you are preparing your calendar submittal. The sooner we come to the delay is less likely to be an approval delay its construction.