

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

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FROM: EXECUTIVE OFFICE

SUBMITTAL DATE: July 30, 2002

SUBJECT: Response to Grand Jury Report: Riverside County Regional Medical Center

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve with or without modifications, the attached response to the Grand Jury's recommendations regarding the Riverside County Regional Medical Center.
- 2) Direct the Clerk of the Board to immediately forward the Board's finalized response to the Grand Jury, to the Presiding Judge, and to the County Clerk-Recorder (for mandatory filing with the State).

BACKGROUND: On June 18, 2002, the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding the Riverside County Regional Medical Center.

Section 933(c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to matters under the control of the Board, and that a response be provided to the Presiding Judge of the Supervisor Court within 90 days.

Consent Policy
 Consent Policy

TONY CARSTENS
Deputy County Executive Office

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FINANCIAL DATA:

CURRENT YEAR COST	\$	ANNUAL COST:	\$	
NET COUNTY COST	\$	IN CURRENT YEAR BUDGET:	Yes/	No/
		BUDGET ADJUSTMENT FY:	Yes/	No/

SOURCE OF FUNDS:

C.E.O. RECOMMENDATION: APPROVE.

County Executive Officer Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Wilson and duly carried by unanimous vote,
IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Venable, Wilson and Mullen
 Noes: None
 Absent: None
 Date: July 30, 2002
 xc: RCRMC, Grand Jury, E.O., Presiding Judge, Co. Clerk-Recorder(2)

Nancy Romero
 Clerk to the Board

 Deputy

3.4

Department Recommendation:
 Per Executive Office:

SPECIFIC FINDINGS AND RECOMMENDATIONS

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINDINGS:

1. After construction completion, the Board of Supervisors entered into a settlement agreement with the Contractor, that left many construction issues incomplete, or not completed properly. Some were included in the "Post Occupancy Projects" fund established by the Board of Supervisors in December 1999 (balance as of March 31, 2002 was \$3,185,205). The following projects were included and remain uncompleted:

- emergency generator ventilation and exhaust modification
- ADA compliance – elevator access upgrades
- unfinished spaces – ultrasound and reading rooms

The following is a representative list of construction warranty issues that have been subsequently identified, but were not included in the "Post Occupancy Projects", and remain uncompleted and not funded:

- alarm and other accessories to improve safety of the fire shutters at the pharmacy and admitting counters
- isolation room fan redundancy
- flooring repairs due to faulty installation
- improve poorly designed entry airlocks
- perform building-wide air test and balance
- window and building exterior washing not done due to incorrectly aligned roof anchors

X

---- **Respondent disagrees partially with the finding.**

It is important to note that from \$3,185,205, a total of \$1,660,000 was used to pay fees to the Office of Statewide Health and Planning Development during budget year 2001-2002.

Facilities Management is working with the RCRMC facilities planner to prioritize the "Post Occupancy Projects" and construction warranty issues. These items will be completed according to a priority status based on life-safety issues and their impact on delivery of patient care.

2. The above projects and others are identified as concerns in 2001 reports prepared by the National Institute for Occupational Safety and Health, County Department of Facilities Management, and ISES Corporation, a facilities focused engineering and management company. The ISES report concluded, "The Hospital maintenance staff

needs to move beyond the theory that original construction defects are thwarting maintenance efforts and take ownership of the problems.”

X

---- Respondent agrees with the finding.

3. The Office of Statewide Health and Planning Development (OSHPOD) governs all construction, changes, or improvements to all hospitals in the state. The approval process is detailed and time consuming. Healthcare industry standards demand that hospital management is expected to understand, schedule, and complete the OSHPOD process in a timely manner.

X

---- Respondent agrees with the finding.

4. There is an ongoing tendency among RCRMC management and plant operations staff to attribute “Post Occupancy Project” delays, and many other maintenance related problems to:

- the turmoil surrounding the end of RCRMC construction
- the subsequent lack of communication and coordination with the Department of Facilities Management

X

---- Respondent disagrees partially with the finding.

The lack of training on the part of Plant Operations individuals, coupled with the “Can’t Do” attitude, has created the environment which has not been conducive to productivity in this department. With a proposed reorganization and change of personnel, and the execution of an MOU with Facilities Management, recovery from this problem is anticipated.

5. The long delays in completing “Post Occupancy Projects” and other priority projects are due, in part, to the lack of policies and procedures delineating responsibilities and coordination requirements between RCRMC and other appropriate agencies.

X

---- Respondent disagrees partially with the finding.

The policies and procedures have been in place but not utilized. Under a planned reorganization and the MOU between RCRMC and Facilities Management, we anticipate this problem to be corrected.

6. During the past year, efforts to coordinate draft Memorandums of Understanding (MOU) concerning maintenance projects and procedures between the Department of Facilities Management and RCRMC, have failed to produce a mutually agreed upon policy.

X

---- Respondent disagrees wholly with the finding.

- RCRMC and Facilities Management have been working on the MOU during the last few months.
 - The MOU between RCRMC and Facilities Management was signed in effect July 3, 2002.
7. RCRMC enjoys a fine reputation within the community for delivering quality healthcare to the population of Riverside County.
- X
 --- Respondent agrees with the finding.

RECOMMENDATIONS:

**Riverside County Regional Medical Center
 Department of Facilities Management
 Riverside County Board of Supervisors**

1. RCRMC Director immediately prioritize uncompleted "Post Occupancy Projects", and initiate an expedited completion schedule.

X
 --- The recommendation has not yet been implemented, but will be implemented in the future.

The RCRMC Director is working with Facilities Management to prioritize the "Post Occupancy Projects" and construction warranty issues. These items will be completed according to a priority status based on life and safety issues and their impact on delivery of patient care. Listed below is a status of projects mentioned in the report:

- Emergency Generator Ventilation and Exhaust Modification

The project to divert the exhaust emission fumes from the generators is currently awaiting design approval at the OSHPD office in Sacramento after completing and studying the necessary research regarding prevailing wind direction over the past twelve to eighteen months. Due diligence regarding this research was key to determining the appropriate design solution so that we would spend the estimated dollars for remediation only once. We are expediting this approval to the extent we are able through the design engineer, HMC, and are ready to move forward with construction in accordance with County building regulations and practices once OSHPD approves the plans. Estimated cost \$128,791.

Priority 2, Sequence 11, based upon Facilities Management Report.

- ADA Compliance – Elevator access upgrades (1.1.6 FR)

Two small elevators do not meet ADA compliance. Six elevators are ADA compliant, which more than meets the ADA standards. There are compliance issues dealing with the emergency communication system in

these elevators. The estimated cost to resolve these issues is \$15,000. To be completed Fiscal Year 2002-2003.

Priority 2, Sequence 5, based upon Facilities Management Report.

- Unfinished spaces – Ultrasound and Reading rooms

Under the current budget and need for patient care, these areas will not be completed. The priorities and need currently are to convert the 4th Floor, A wing to Neurosurgery Rehab Unit.

- Alarm and other accessories to improve safety of the fire shutters at the pharmacy and admitting counters

To complete this project, it is estimated that design, permit, and construction will cost approximately \$34,603. It is currently unbudgeted. Start date will be immediately following design, funding authorization and bidding process. With cooperation with Facilities Management, the correction will be done in Budget year 2002-2003.

Priority 1, Sequence 1, based upon Facilities Management Report.

- Isolation room fan redundancy

The isolation rooms are stacked in several areas of the hospital. These stacks of rooms are each connected to a single isolation room fan that has no redundancy. There is also no way to shut off rooms that are not in use without shutting down all the rooms in that stack. There is an additional problem with the placement of these fans on the roof. Roof placement of these fans is done in such a manner as to cause concern that building fresh air intakes pull in the exhaust from these isolation room fans. One fan in particular is placed where it blows on the roof access elevator as the doors open. Access walkways for the maintenance staff are routed between the fans, and there is no exhaust stack to ensure the exhausted air blows far enough away from personnel walking on the roof. With no exhaust stacks, the outlet for the isolation room air is below the high parapet walls. It is recommended that a redundant fan system and individual, Phoenix type, controlled room dampers be placed in the exhaust system.

The cost to correct this design deficiency is estimated at \$175,000. This project will be completed during Fiscal Year 02-03.

Priority 1, Sequence 2, based upon Facilities Management Report.

- Flooring repairs due to faulty installation

A program to train maintenance staff in repairs to these floors has begun and the appropriate equipment to do so was purchased. Due to the enormity of the area involved, this project will be ongoing for several months. The cost of this remediation will approximate \$150,000.

Priority 2, Sequence 15, based upon Facilities Management Report.

- Improve poorly designed entry airlocks (Page 1.1.3FR)

This project will be corrected after reconfiguration of the airlock system. A proposal to improve this situation has been presented. Due to the cost of this fix, and the increase in the cost of energy during last year tied with budgetary concerns, it was determined this project be revisited at a later date. Total Cost \$482,086

Priority 2, Sequence 19, based upon Facilities Management Report.

- Perform building-wide air test and balance (Page 1.1.3)

This was performed and completed on September 28, 2000. Follow-up and further testing will be done based on recommendation of Facilities Management and the needed air testing for selected areas.

It is recommended that an air balancing report to be done once every 5 years.

- Window and building exterior washing not done due to incorrectly aligned roof anchors

Window washing can be accomplished from the ground using a snorkel, scissors or platform lift along with a "Tucker" window washing system. The other option for window washing is outsourcing to a private vendor. RCRMC is working with Facilities Management to identify the most efficient method of window maintenance. A system of scheduled window and exterior washing will be implemented.

Priority 2, Sequence 8, based upon Facilities Management Report.

2. RCRMC Director immediately prioritize and request funds for newly identified warranty projects (consider use of any unused "Post Occupancy Projects" monies).

X

--- The recommendation has not yet been implemented, but will be implemented in the future.

A preliminary list along with funding strategies has been developed.

3. Board of Supervisors immediately fund all remaining warranty projects as requested by RCRMC Director.

X

--- The recommendation has not yet been implemented, but will be implemented in the future.

The department is expecting to submit a request to the Board of Supervisors in the near future.

4. RCRMC Director immediately begin an in-depth analysis of current RCRMC maintenance planning, programming, and staffing to determine how best to insure that proper plant maintenance is accomplished on schedule and within budget.

X

---- **The recommendation has been implemented.**

The RCRMC director is working with the RCRMC leadership, CEO, and HR personnel to implement a reorganization plan to accomplish proper plant maintenance.

5. RCRMC Director instill, in personnel at all levels, the need to take ownership of the facility along with all of its challenges.

X

---- **The recommendation has been implemented.**

The RCRMC director is working with the RCRMC leadership and department managers to accomplish proper plant maintenance.

6. RCRMC Director must address the management of the plant operations program, and the feasibility of contracting or outsourcing all or part of RCRMC plant maintenance and capital improvement projects.

X

---- **The Recommendation will not be implemented because it is not warranted or is not reasonable.**

Due to the unique requirements of accrediting organizations such as JCAHO, it would be very difficult to outsource the plant maintenance portion of the plant operations program.

7. The Directors of RCRMC and Department of Facilities Management, immediately and jointly, refine and finalize the draft MOU providing direction and guidance for all future operations between the two agencies.

X

---- **The recommendation has been implemented.**

