

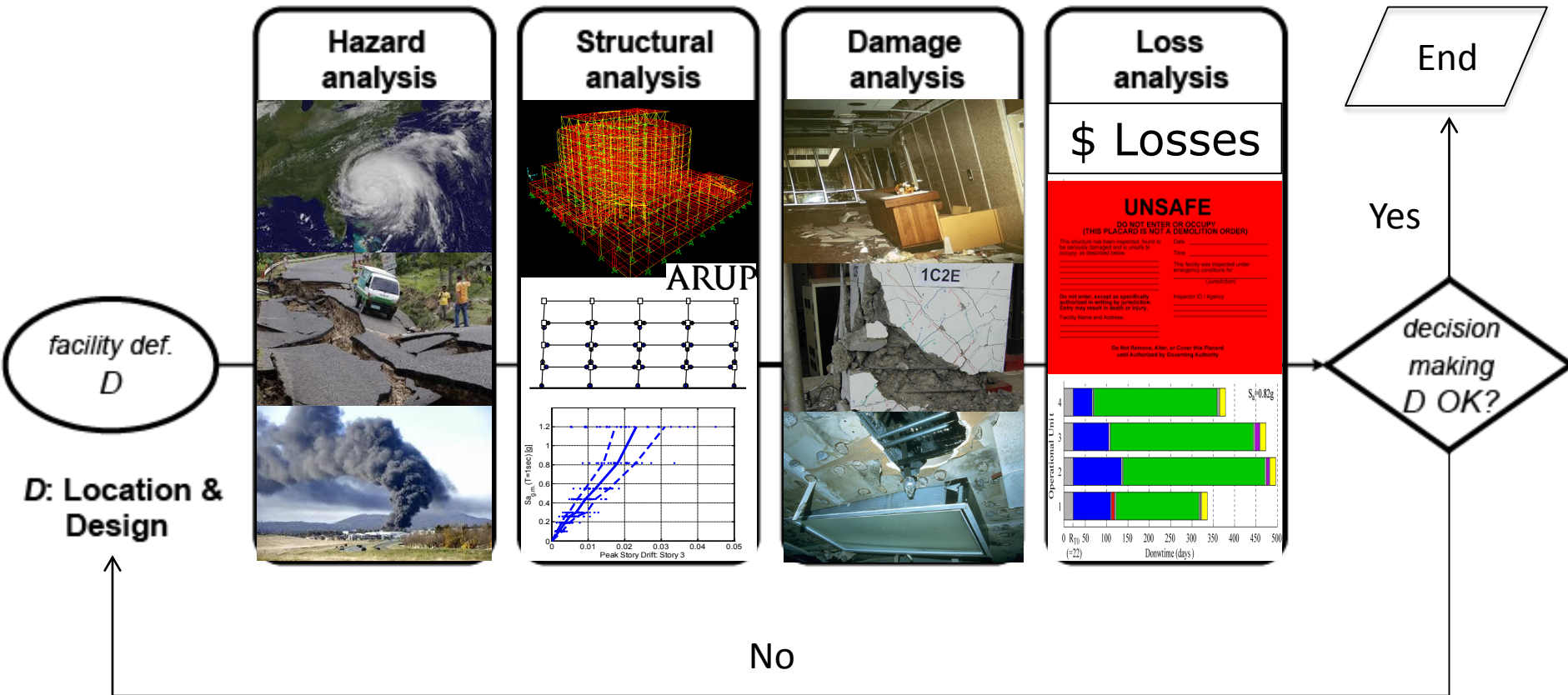
# UTAH RESILIENCY WORKSHOP

Judith Mitrani-Reiser, Ph.D.



# Performance-Based Design: Buildings

## PEER PBEE ANALYSIS METHODOLOGY



# Performance-Based Design: Downtime in Buildings

ATC-58 procedures (Mitrani-Reiser) provide the following measures of occupancy interruption:

- **The length of time necessary to conduct repairs,**
- **The need to procure items with long lead-times,**
- **The probability that the building will be placarded as unsafe for occupancy.**



## Seismic Performance Assessment of Buildings

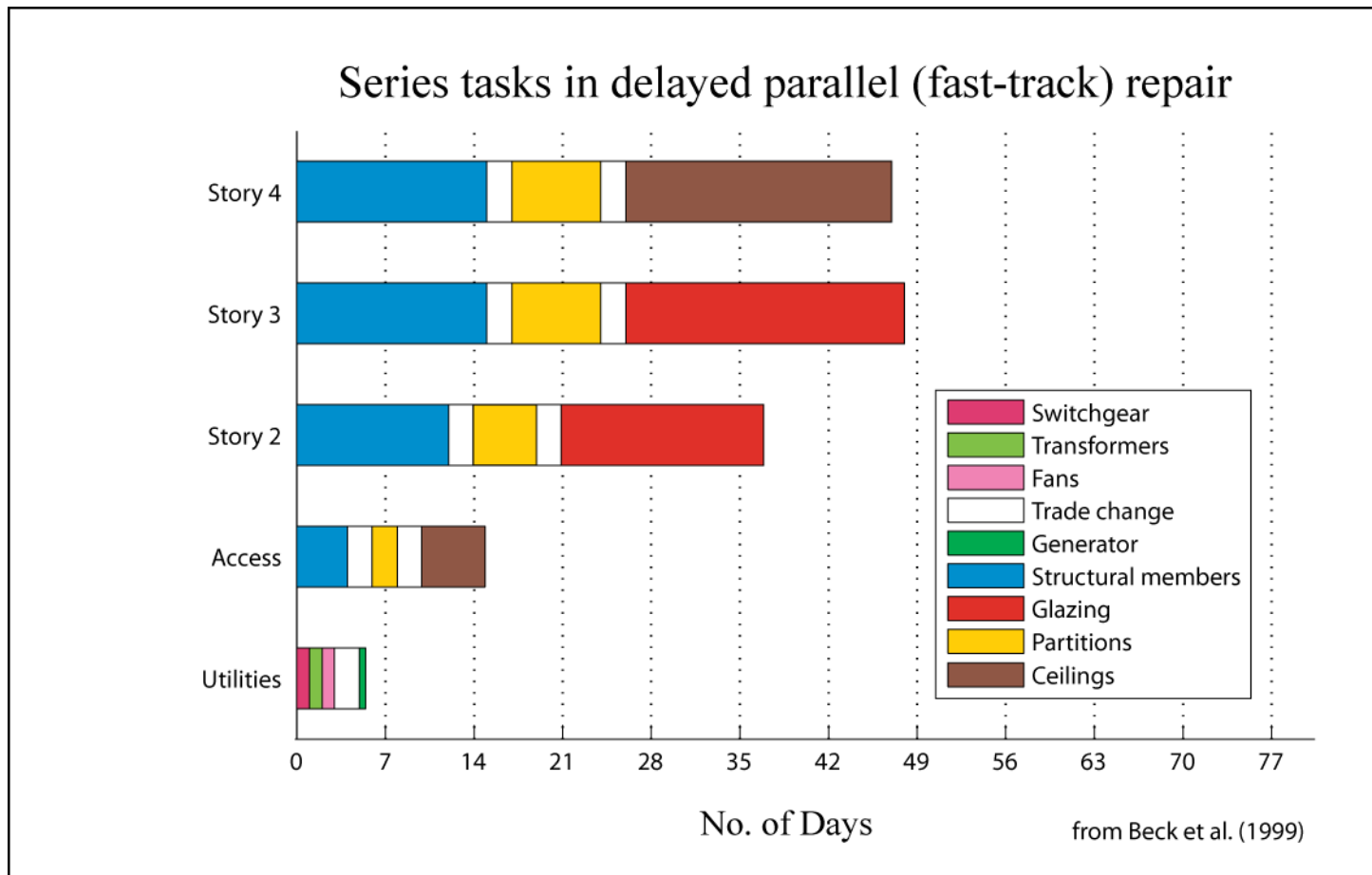
Volume 1 – Methodology

FEMA P-58-1 / September 2012



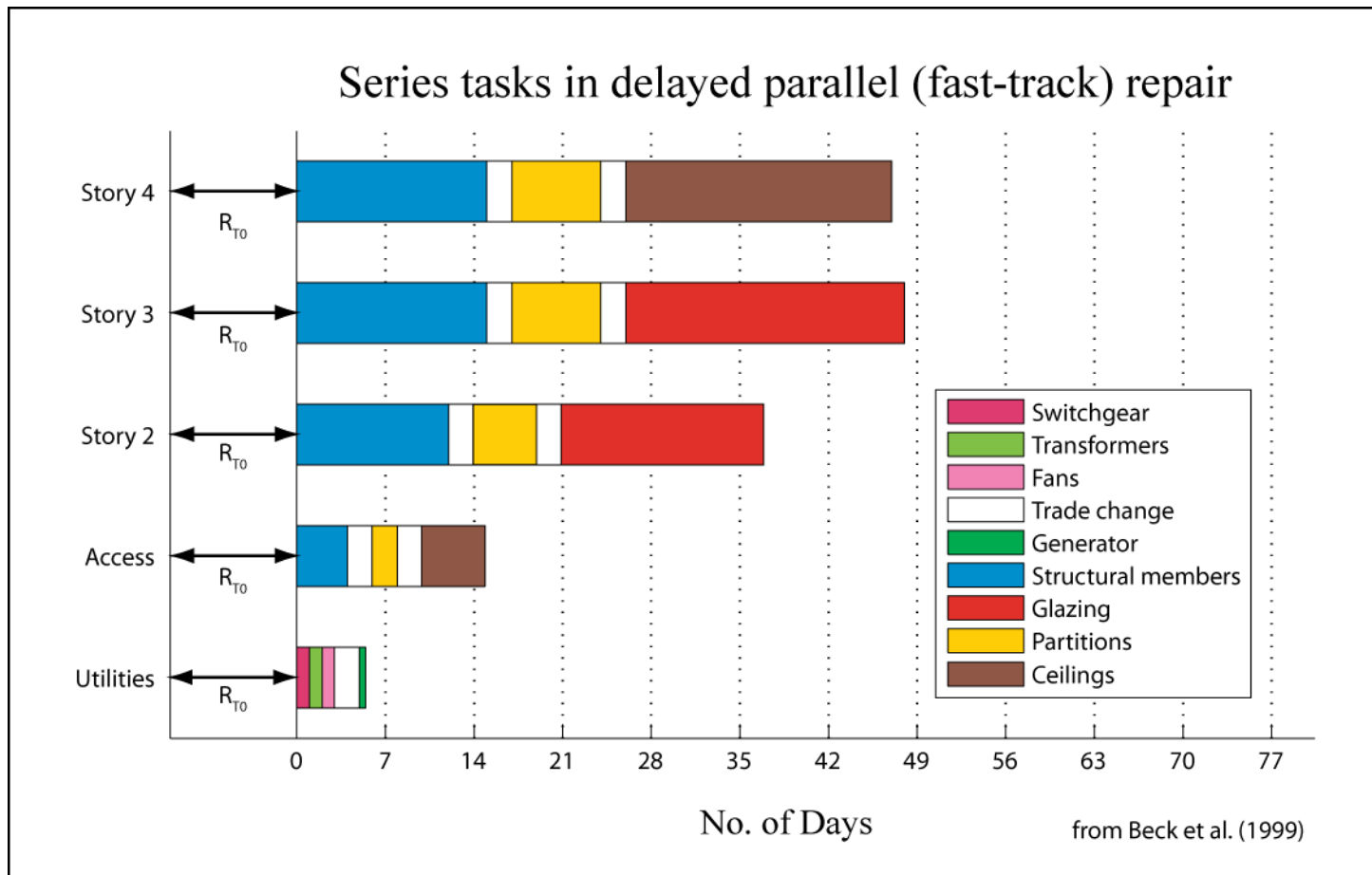
# Performance-Based Design: Downtime in Buildings

*Repair time* is the time needed to repair the earthquake damage and return the building to its pre-earthquake condition.

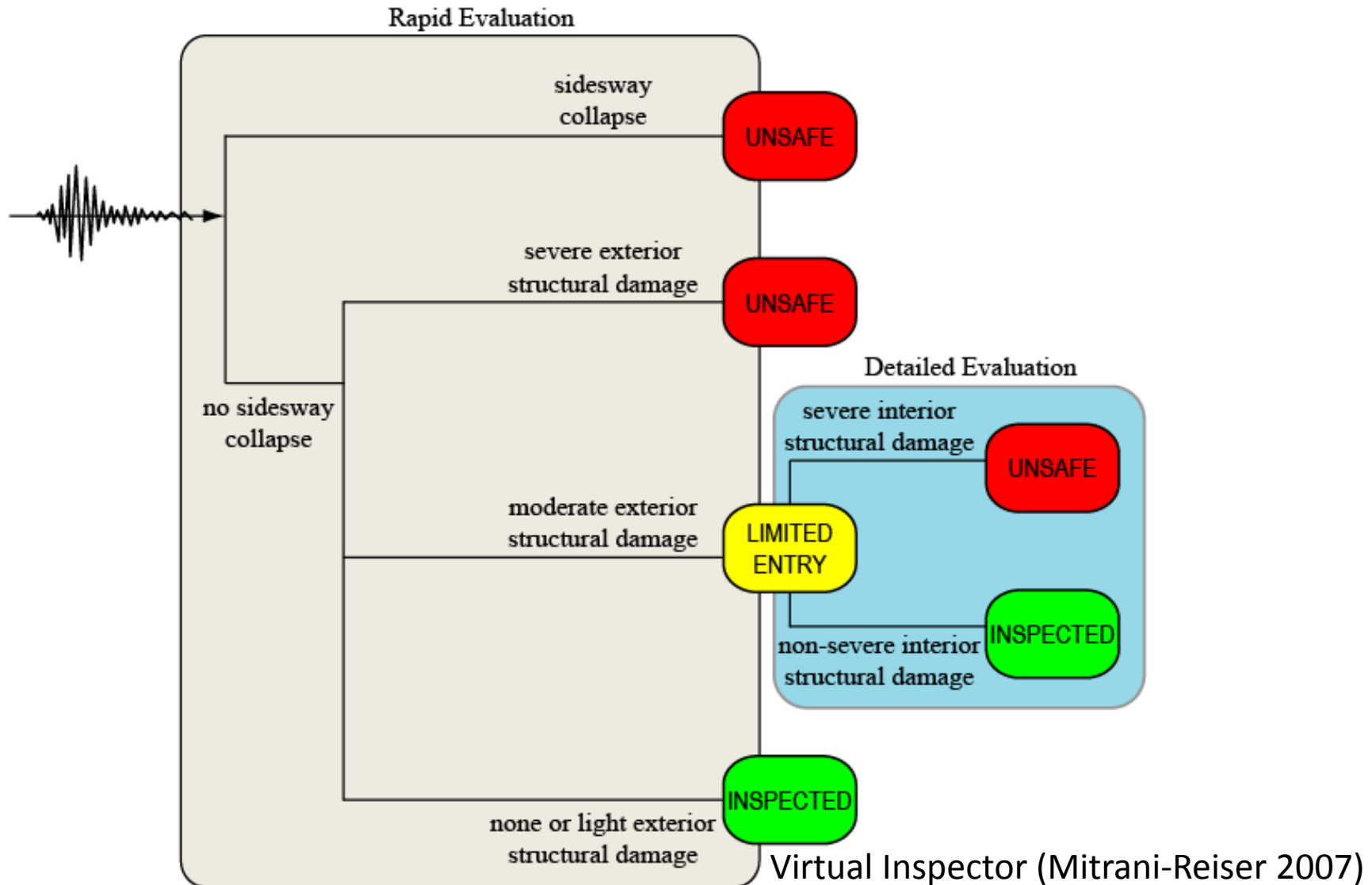


# Performance-Based Design: Downtime in Buildings

*Mobilization Time* is the delay before construction begins needed to assess damage and inspect building, time to consult with professional engineers, time for bidding process, time for clean-up, time to acquire items with long lead times.

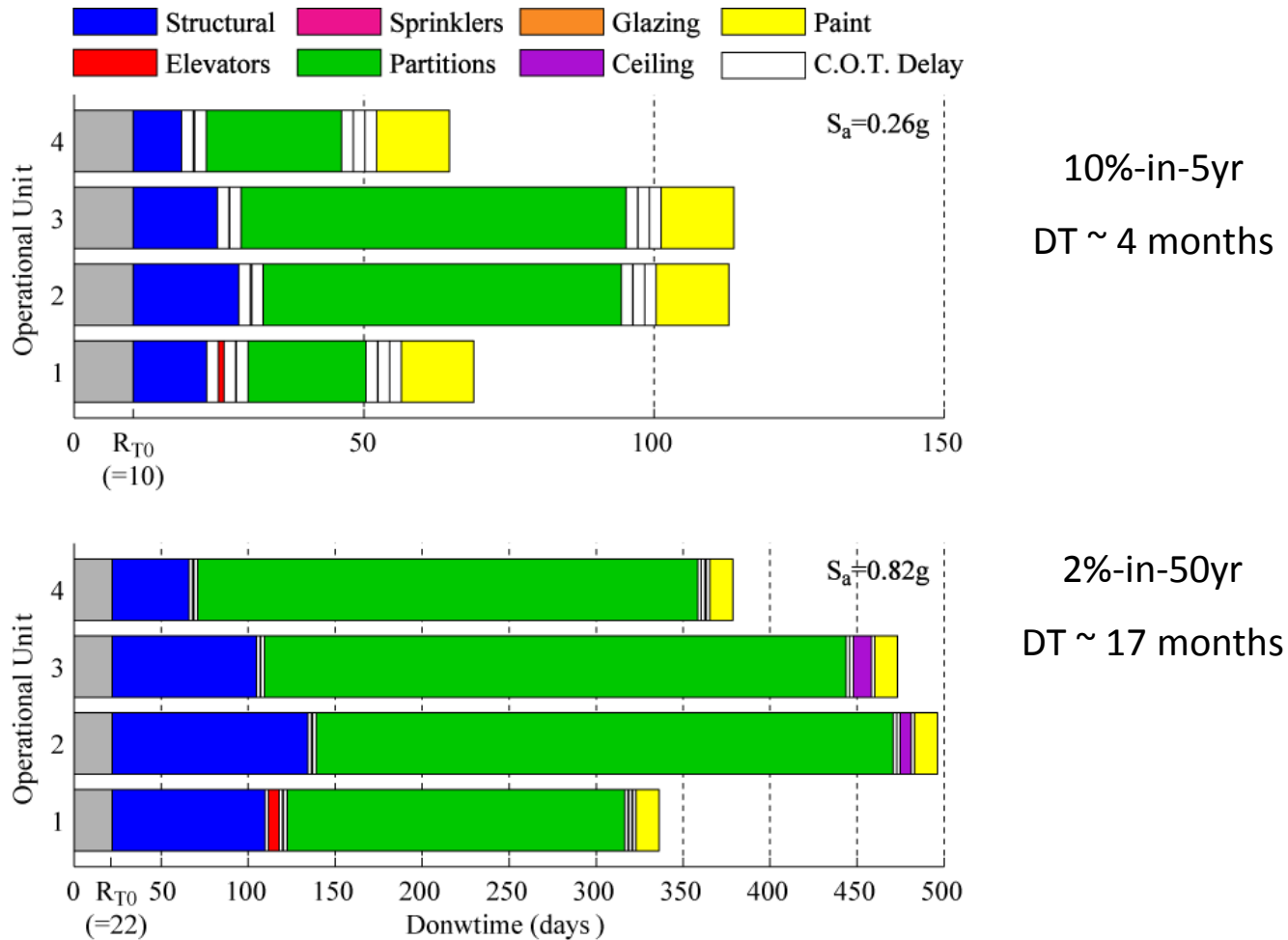


# Performance-Based Design: Downtime in Buildings



# Performance-Based Design: Downtime in Buildings

## RC Perimeter-Frame Design of Office Building



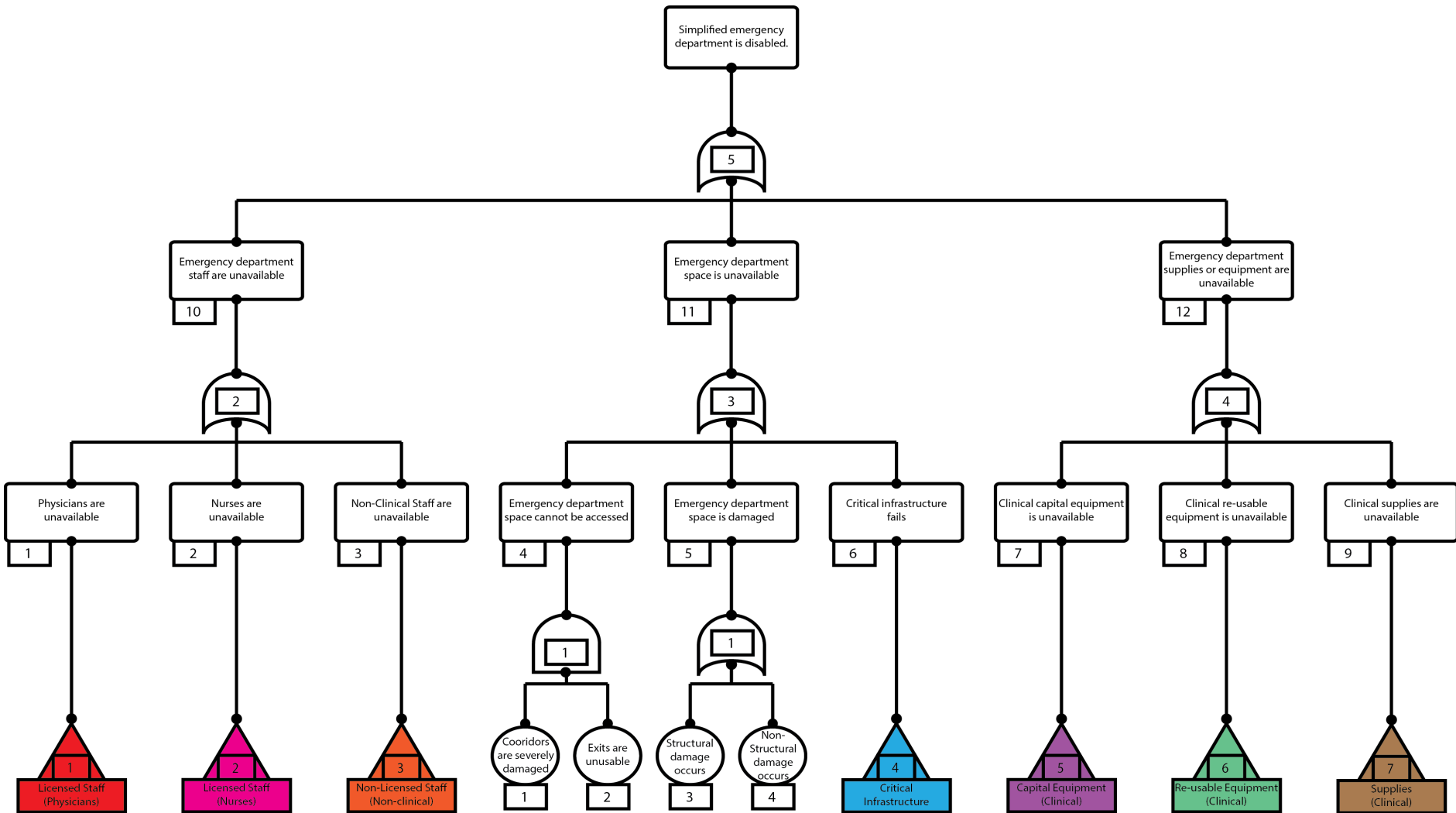
# Performance-Based Design: Summary

For some building occupancies (i.e., hospitals), the above procedures will not suffice in capturing the loss of important services:

- **Need models that include infrastructure failures outside the building.**
- **Need occupancy-specific models that incorporate human infrastructure.**
- **Need systematic procedures for capturing building damage and loss of function over time in the field (eq reconnaissance).**



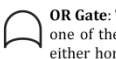
# Building Impacts: beyond physical damage



**Basic Event:** a failure in a system component and corresponds to data collected in the field study.



**Intermediate and Top Events:** The failure (e.g., complete or partial loss of function of a hospital service) that is being assessed and the system states that contribute to the top failure.



**OR Gate:** The output event associated with this gate is true if at least one of the input events exist (e.g., means of egress are impacted if either horizontal or vertical means of egress are severely damaged).



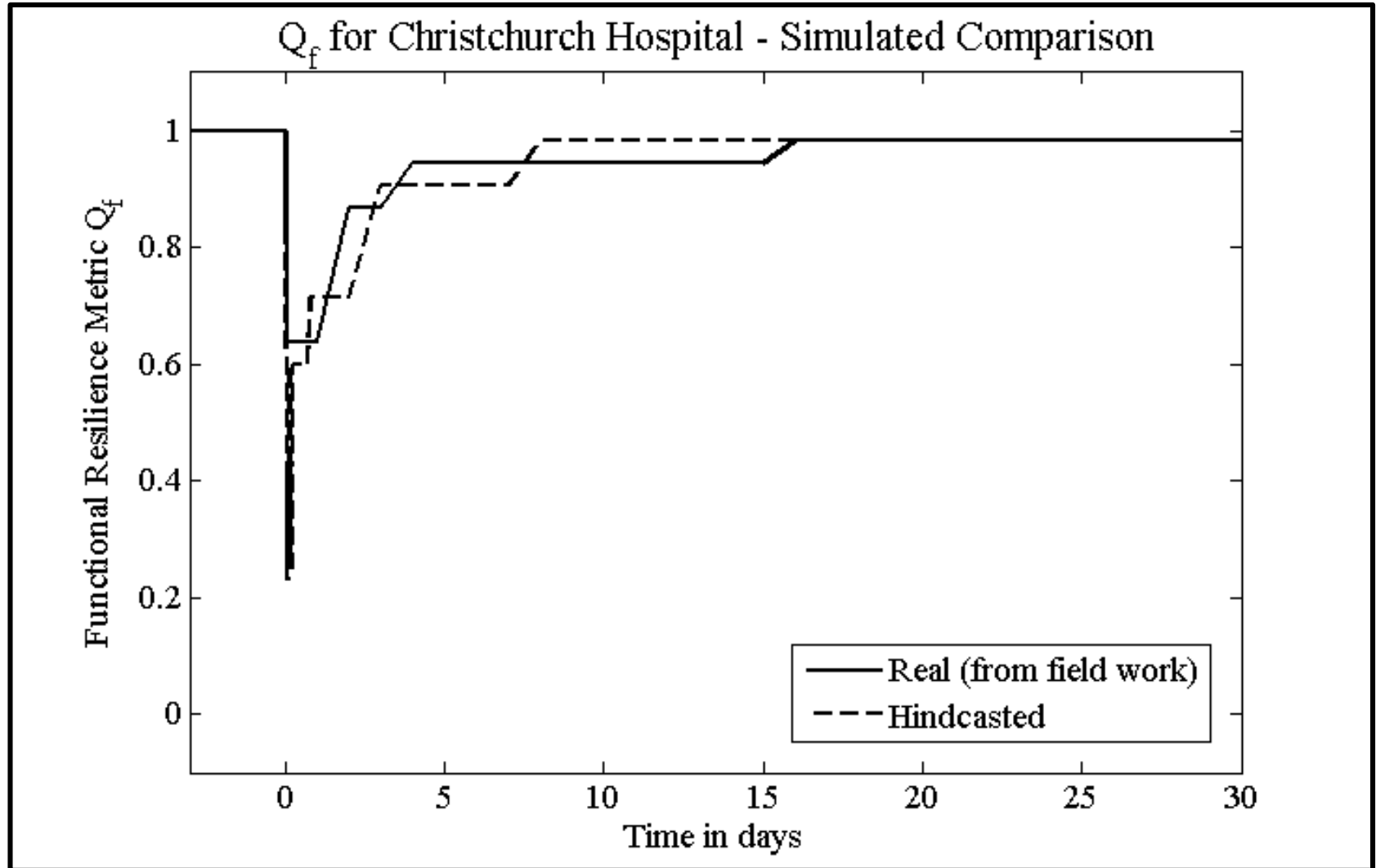
**AND Gate:** The output event associated with this gate is true if all input events exist (e.g., water infrastructure fails when the municipal water and the back-up water systems fail).

# Resilience: functioning over time

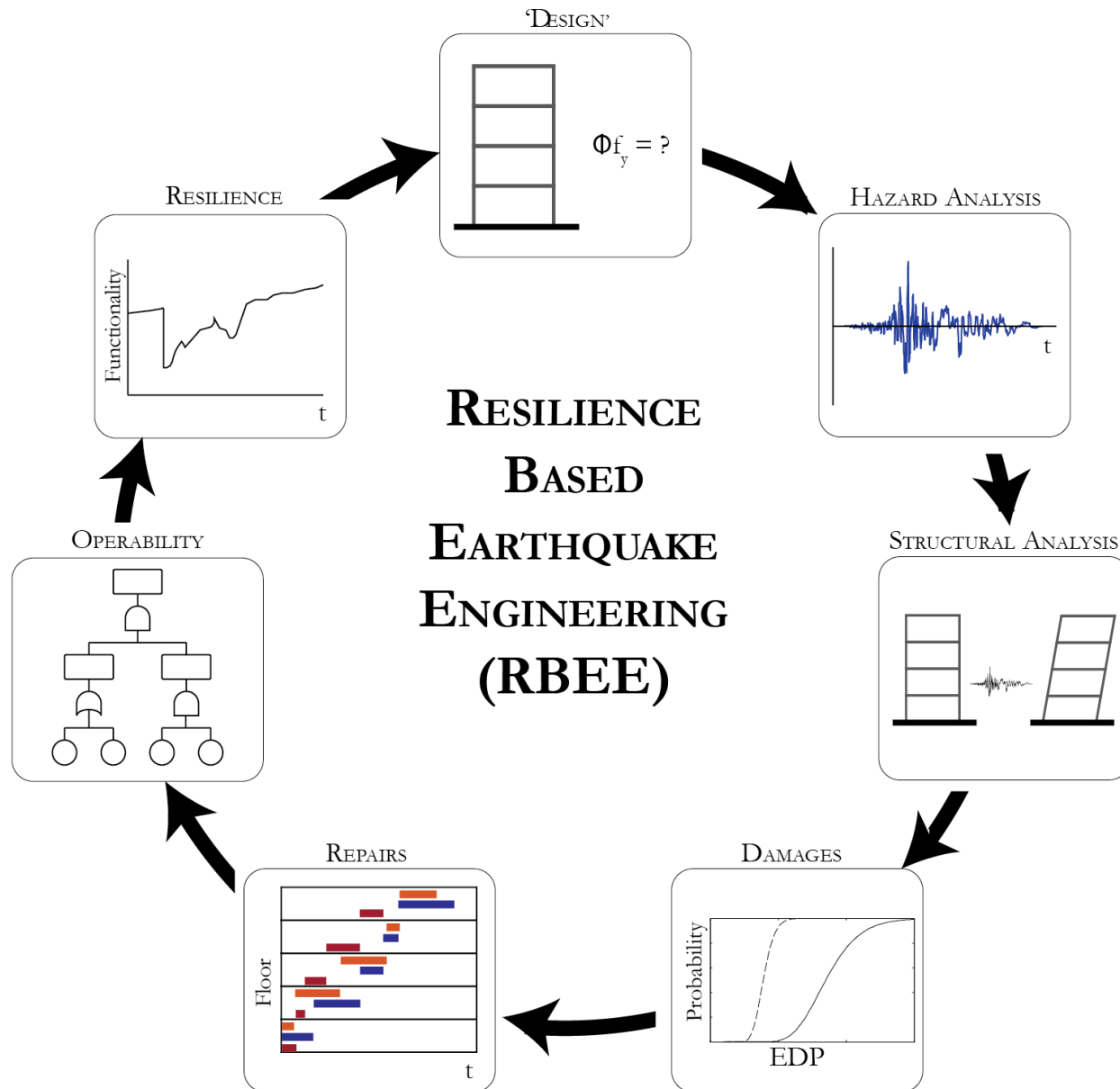
$$Q_f(t) = \frac{\sum_n w_i (1 - (1 - R_i(t))L_i(t))}{\sum_n w_i}$$

Variable	Definition
$i$	Total number of functions
$w_i$	Weight term, importance of the function
$L_i(t)$	Loss of function, range 0-1 (no loss to total loss)
$R_i(t)$	Redistribution of function, range 0-1 (no redistribution to complete redistribution)

# Resilience: functioning over time

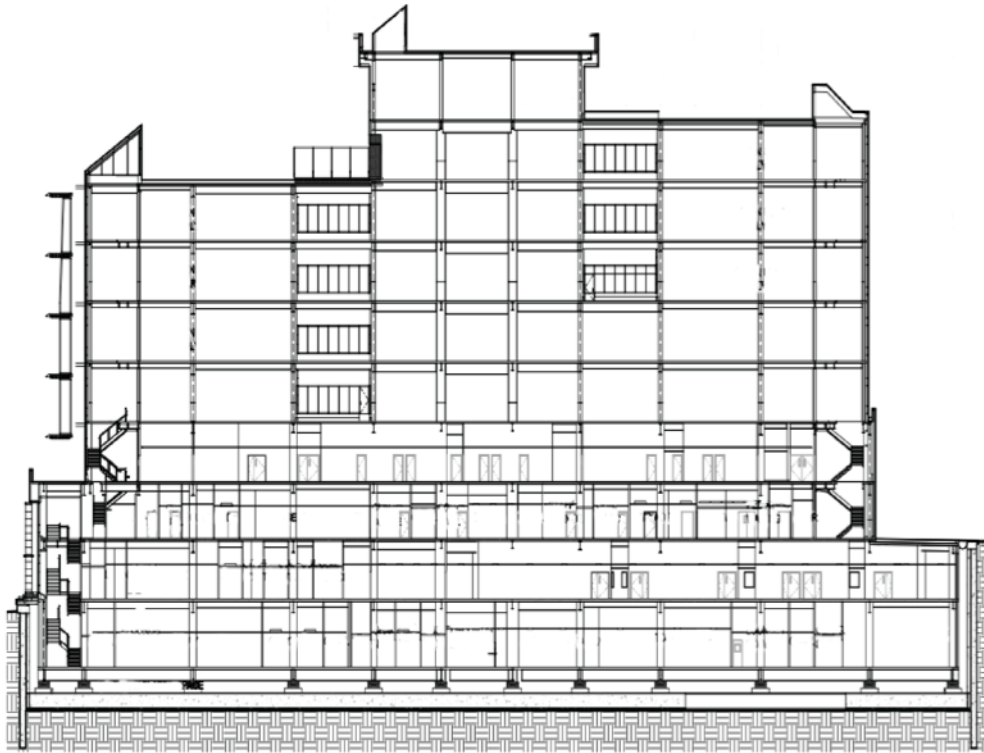


# Resilience-Based Design: Hospitals



# Resilience-Based Design: Hospitals

## Services by Floor



### **Mechanical Floor**

**Level 7:** Medical/Surgical, Acute Care for Elderly  
Palliative Care, Roof Garden

**Level 6:** Medical/Surgical

**Level 5:** Medical/Surgical Unit, Forensic Unit

**Level 4:** Step Down Medical/Surgical,  
Step Down ICU, Dialysis

**Level 3:** Intensive Care Units (ICU)

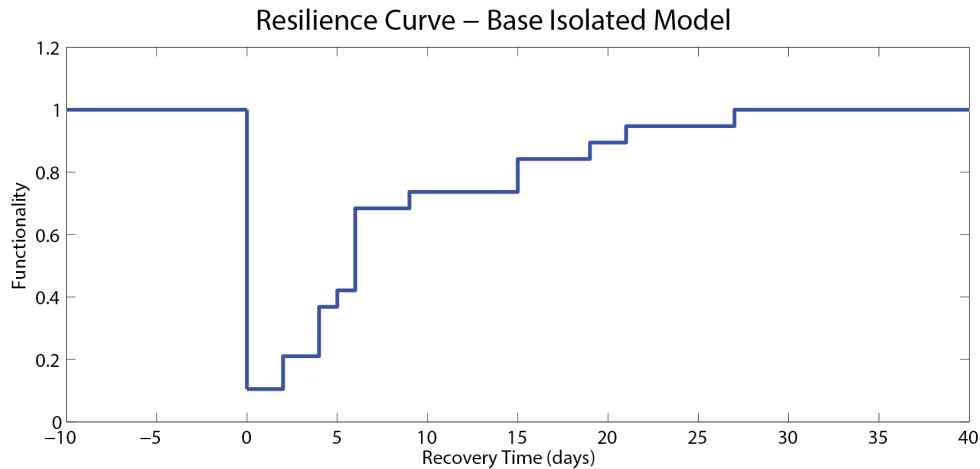
**Level 2:** Labor and Delivery, Postpartum, Pediatrics,  
Neonatal Intensive Care

**Level 1:** Emergency Department and Trauma Center

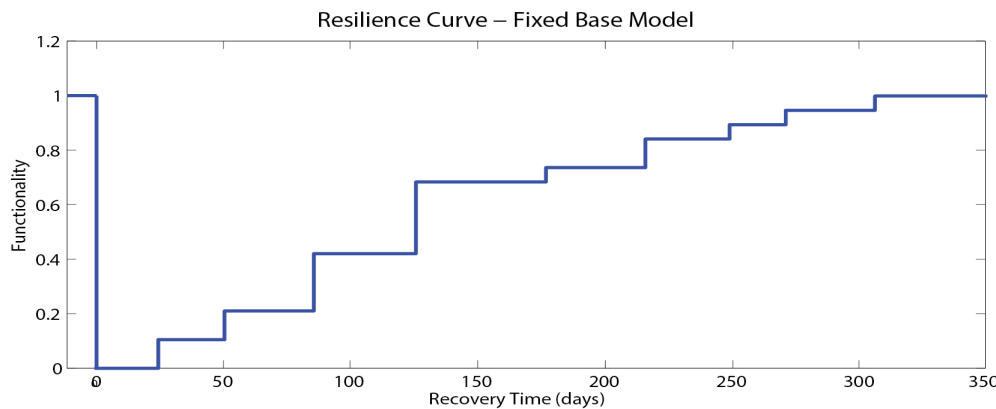
**Basement 1:** Operating Rooms, Pre-op, Post Op,  
Endoscopy, Blood Bank

**Basement 2:** Dietary, Pharmacy, Cardiology,  
Pulmonary, Diagnostic Imaging (Xray),  
Sterile Processing

# Resilience-Based Design: Hospitals



26 days until all hospital services are functional



~300 days until all hospital services are functional

# Resilience-Based Design: Summary

The above procedures, while helpful for individual buildings (nodes), will not suffice in capturing disaster impacts on important community institutions:

- **Need models that include interdependent critical lifelines and supply chains.**
- **Need to capture the ‘networked’ system of buildings that provides specific community services.**
- **Need performance metrics that are relevant to the entire system and to the stakeholders managing these institutions.**

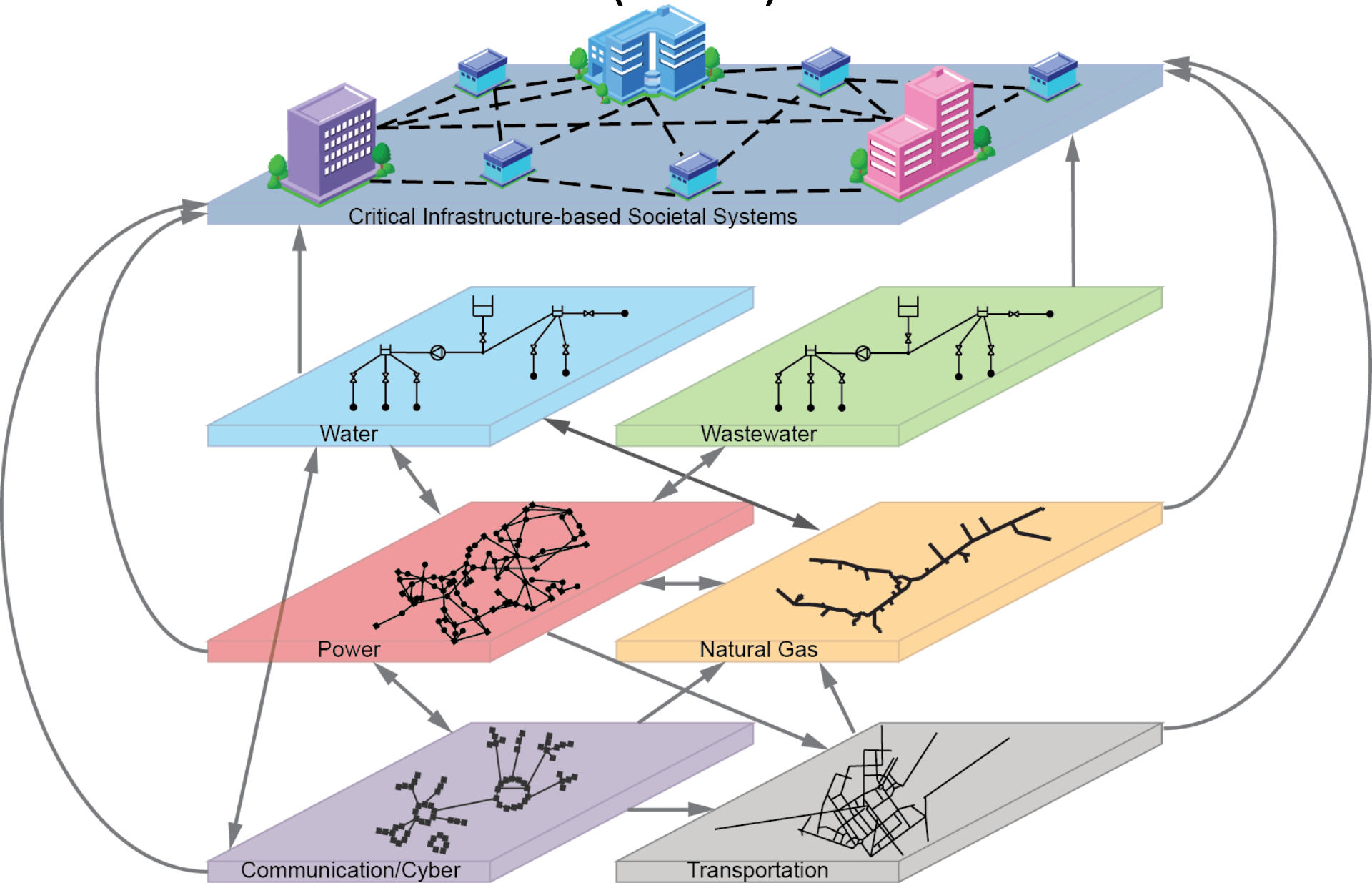
# Community Functioning Domains

Disaster sociologists explain that not all community institutions mitigate disasters, and offer a short list of disaster-relevant institutions (Aguirre et al., 2005):

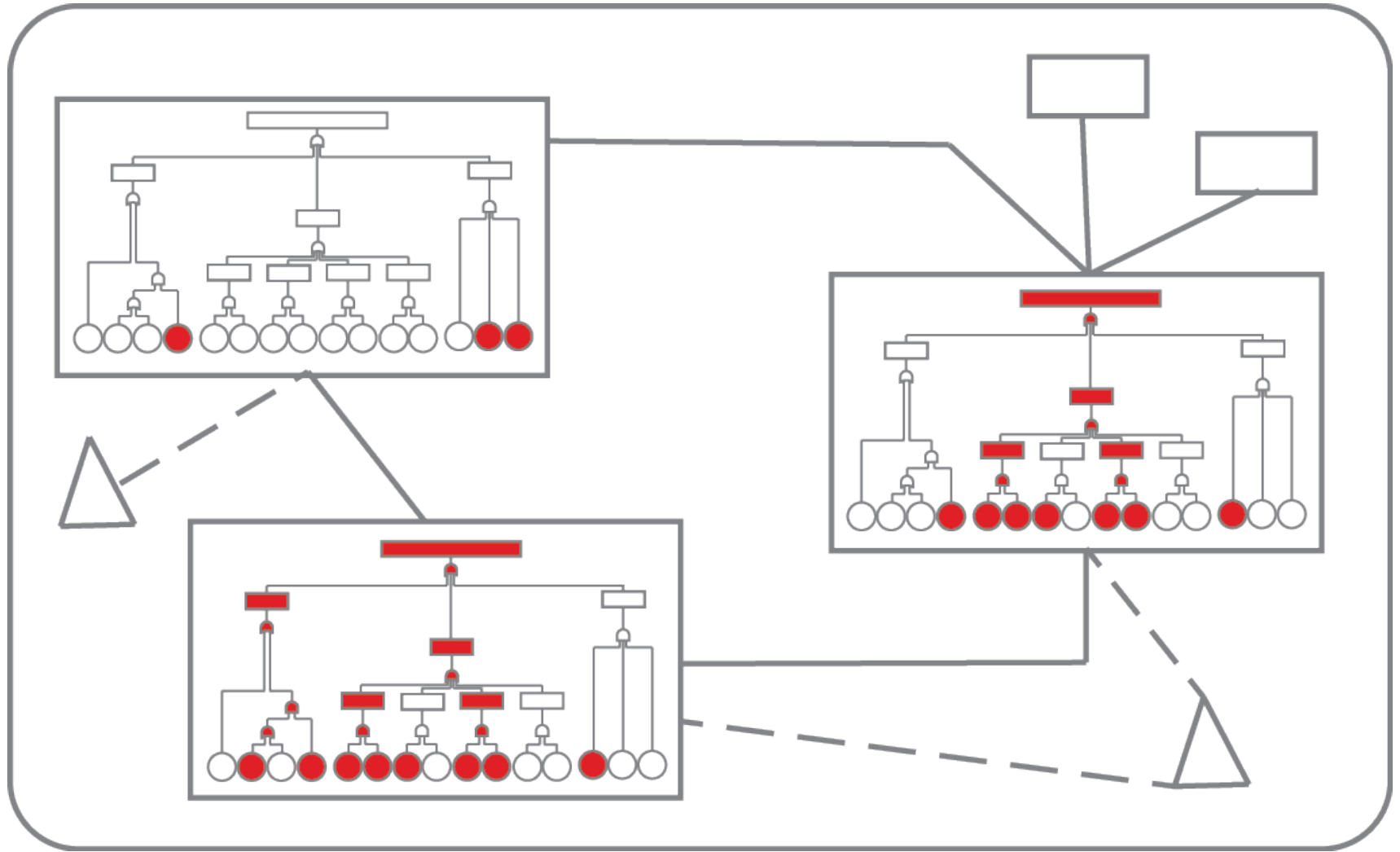
- Family
- Religion
- Politics
- Economy
- Medicine & Health
- Education
- Scientific Research
- Law & Courts
- Emergency Responders
- Communication
- Transportation
- Energy
- Food
- Water
- Entertainment
- Construction & Built Environment
- Land Use



# Critical infrastructure-Based Societal Systems (CIbSS)



# Resilience of the entire ClbSS

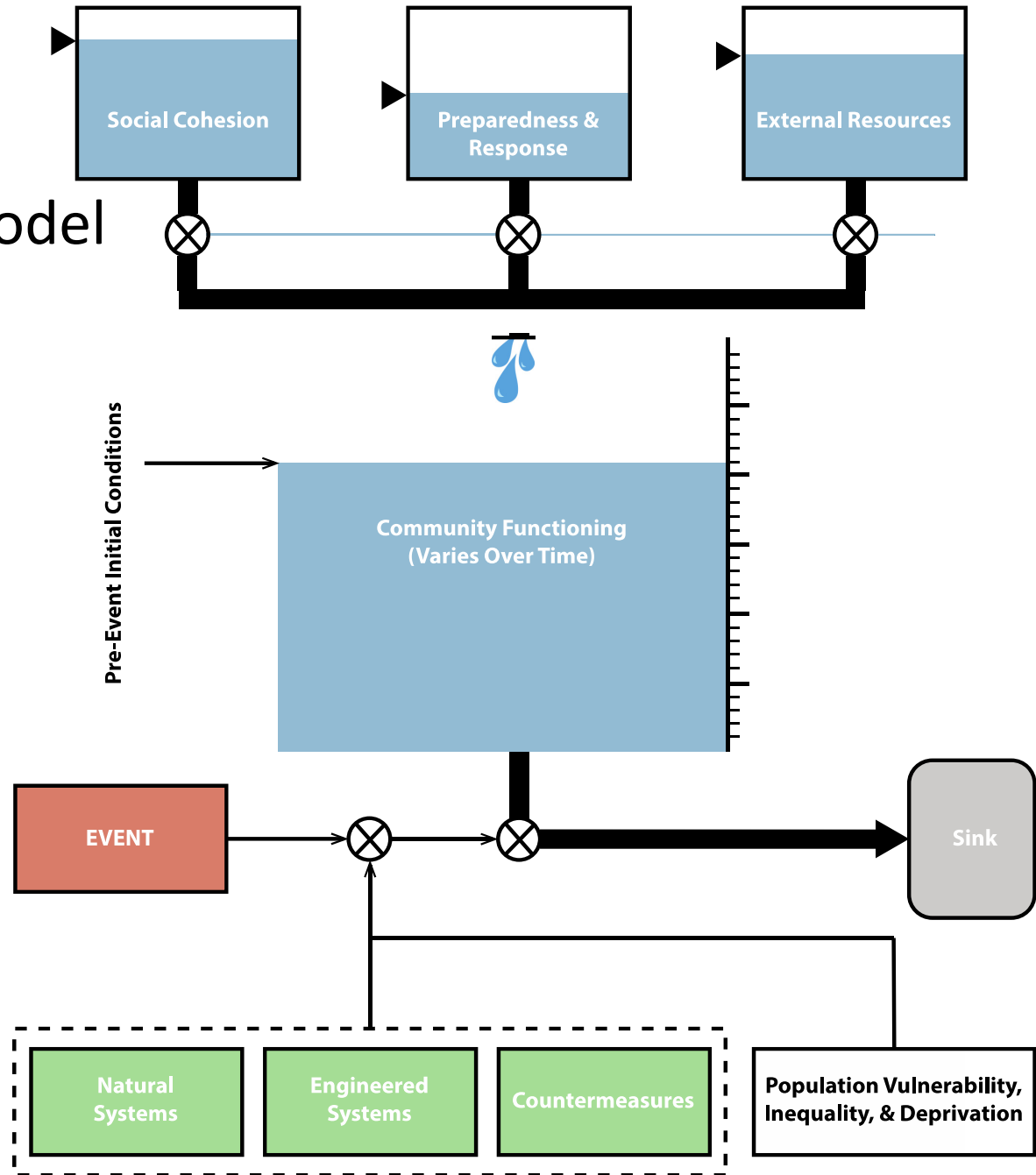


# Community Functioning Summary

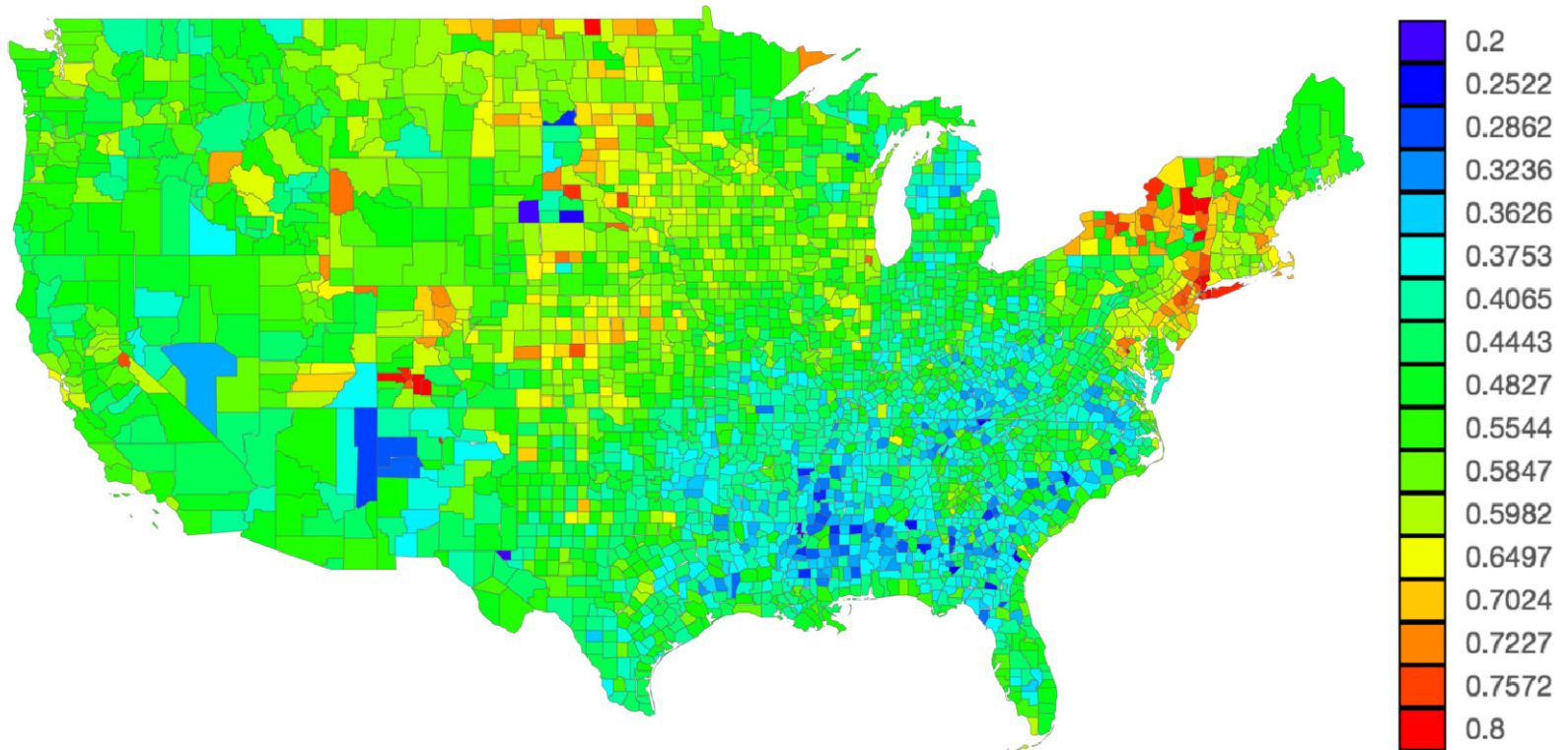
We're starting to scratch the surface of modeling the resilience of one ClbSS, but:

- **Need holistic approach to capture community functioning over time.**
- **Need models that interface multiple scales (building – institution – community).**
- **Need to effectively use data that is collected over a wide range of time scales (e.g., census, tax assessors, reconnaissance, etc.).**
- **Need models that capture the complex interactions of many community institutions.**

# Community Functioning: CoPE-Well SD Model



# Community Functioning: CoPE-Well SD Model



# STIRM Research Summary

My research is focused on using engineering tools to answer important questions at the interface of physical and societal systems:

- **Adapting PBEE methods to other hazards (e.g., FPHLPM)**
- **Designing RBEE tools to assess functionality of infrastructure that's critical to communities**
- **Modeling human interaction with compromised infrastructure (building evacuations; patient transfers)**
- **Disaster field studies (acute and longitudinal)**
- **Creating tools that are useful to practitioners (e.g., States of Oregon, Utah, and California; Ministries/Departments of Health; USGS; Arup; CIGIDEN)**

# STIRM Research Summary

## Population Displacement



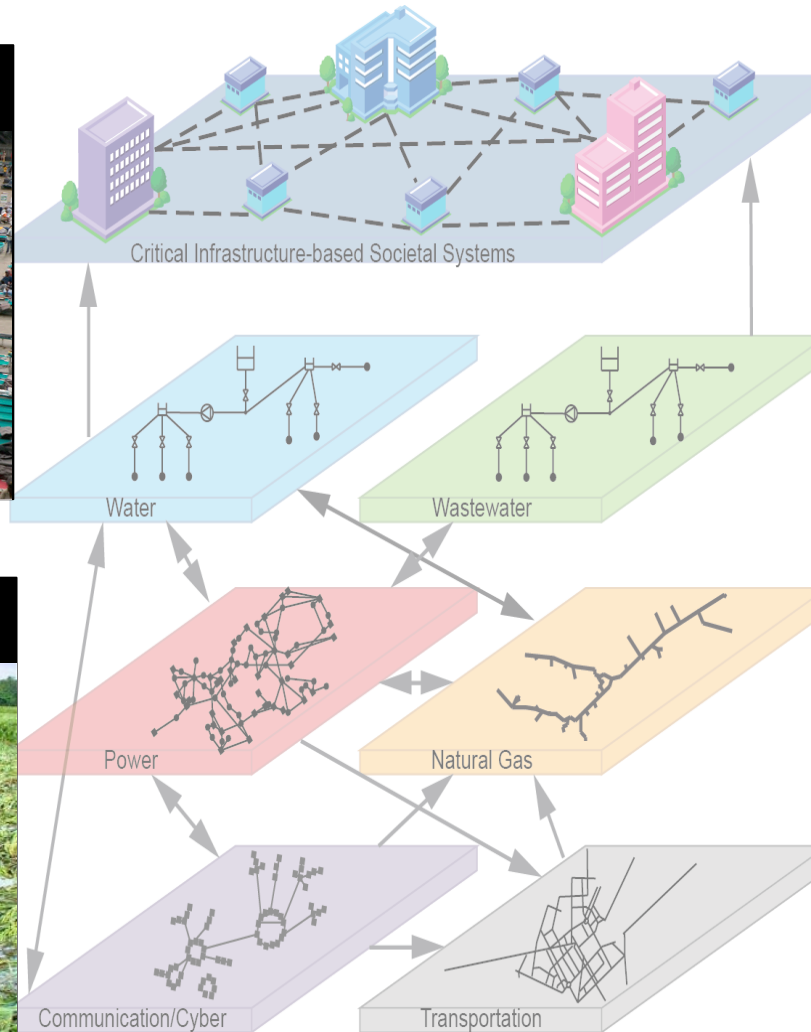
## Economic Security



## Food Security



## Healthcare Delivery



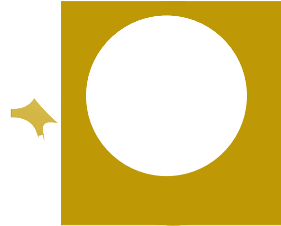


**S.T.I.R.M.**  
SENSOR TECHNOLOGY AND INFRASTRUCTURE RISK MITIGATION





# Acknowledgements



**Canterbury**

District Health Board

Te Poari Hauora o Waitaha



**JOHNS HOPKINS**  
MEDICINE

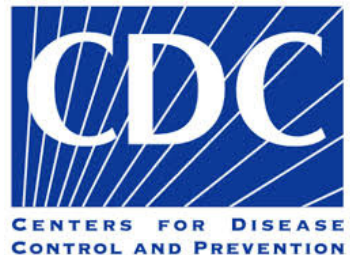


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