



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 11014.5
BUMED-41
10 Sep 2010

BUMED INSTRUCTION 11014.5

From: Chief, Bureau of Medicine and Surgery

Subj: SUSTAINMENT, RESTORATION, AND MODERNIZATION OF CLASS 2 REAL PROPERTY

Ref: (a) OPNAVINST 11000.16A
(b) Annual Special Project Program Guidance
(c) Medical Facility Manager Handbook
(d) Annual Maintenance Action Plan (MAP) Guidance
(e) BUMED Standard Operation Procedure Manual, DMLSS Facilities Management and VFA facility Programs
(f) Bureau of Medicine and Surgery Financial Improvement Program: Standard Operating Procedure (SOP) for Real Property Management
(g) Strategic Energy and Water Management Plan
(h) OPNAVINST 11010.20G
(i) NAVMED P-5132, Equipment Management Manual

Encl: (1) Bureau of Medicine and Surgery Sustainment, Restoration, and Modernization (SRM) Process Flow Chart

1. Purpose. To establish comprehensive Bureau of Medicine and Surgery (BUMED) policy for the Sustainment, Restoration, and Modernization (SRM) of Class 2 real property for which BUMED is assigned maintenance responsibility.

2. Cancellation. BUMEDINST 11010.6.

3. Scope. This instruction applies to all echelons within BUMED who are assigned maintenance responsibility for Class 2 real property. Enclosure (1) provides workflow of the SRM process. References (a) through (i) provide detailed procedures.

4. Background

a. Reference (a) defines SRM of Class 2 property as a primary command responsibility. Class 2 property is a significant investment and shall be managed accordingly. Class 2 properties will be programmed and funded to satisfy specific mission requirements, sustained through planned maintenance programs, and restored, modernized, replaced, or disposed as appropriate.

b. Medical property must evolve to satisfy the needs of the 21st Century Navy. Given the extensive lead time required to program construction and repair projects, prompt and accurate planning of future needs is critical.

c. Proper sustainment and periodic investment in restoration and modernization projects will enable existing facilities to function indefinitely. Conversely, absence of this investment will cause accelerated deterioration and resultant mission impact, safety hazards, and undesirable appearance.

d. The Joint Commission expects all accredited hospitals to maintain a facility that is safe for all patients, staff, and visitors. This environment requires that all life safety systems are tested and maintained per applicable National Fire Protection Association Codes; that all construction and related work is performed in a safe manner and conforms to appropriate infection control standards; and that the physical environment remains conducive to the effective practice of medicine.

5. Responsibilities

a. Chief, BUMED shall:

- (1) Issue SRM policy, guidance, and instructions consistent with references (a) through (i).
- (2) Set special projects priorities annually and convene the Special Projects Programming Board, to establish the annual Program of Record for the Future Year Defense Plan (FYDP). The projects will be approved per references (b) and (h).
- (3) Monitor and report the overall condition, readiness, safety, and appearance of Navy Medicine's medical centers, hospitals, medical and dental clinics, veterinary clinics, and all other facilities within its cognizance through facilitation of annual inspections or through a centrally managed Facility Condition Assessment Program.
- (4) Develop training requirements for facility staff at Navy Medicine commands.
- (5) Establish controls and provide oversight to ensure the proper use of SRM related databases such as Vanderweil Facility Advisors (VFA).facility, Defense Medical Logistics Standard Support Facilities Management (DMLSS-FM), and Internet Naval Facilities Assets Data Store (iNFADS).
- (6) Program and budget for SRM requirements through facilitation of annual Maintenance Action Plans (MAPs) per reference (d).
- (7) Ensure property record card maintenance per reference (f).
- (8) Monitor and report annual energy consumption and develop an Energy Conservation Investment Plan (ECIP) projects for ECIP funding.
- (9) Ensure regions and activities are budgeting for Initial Outfitting and Transitioning (IO&T) for applicable special projects.

(10) Ensure that processes are planned in advance such that obligations of SRM funding occur as early as practical in the execution of the fiscal year.

b. Navy Medicine Region Commanders shall:

(1) Establish internal controls to ensure facility compliance with SRM policy.

(2) Review and prioritize activity SRM projects annually in order to provide oversight, monitoring, evaluation, and identification of outstanding critical requirements. Regions will contact BUMED for any emergent facility condition which cannot be corrected before mission capability is degraded.

(a) Ensure cost-effective resource expenditures by:

1. Prioritizing projects in the VFA.facility database.
2. Identifying candidate special projects at least 12 months in advance of planned construction start so that design programs can proceed on an orderly basis.
3. Identifying projects which can be funded if additional funds become available.
4. Establishing fiscal and other internal controls to ensure SRM funds are not used as a hedge against execution uncertainties in other accounts.

(b) Participate in the annual Special Projects Programming board.

(3) Per reference (c), conduct continuing review of facility management practices of subordinate commands. Visit each command at least once every 3 years.

(4) Establish controls to ensure that all subordinate commands complete all training established by BUMED. Report training dates for the upcoming fiscal year to BUMED-M4 no later than 30 September of the previous fiscal year. Regional Commanders will identify and fund required training budgets.

(5) Ensure BUMED established internal controls are in place and adhered to at the activity level with respect to maintenance of the SRM databases to include the review of all Defense Medical Logistics Standard Support (DMLSS) and VFA utilization reports. Ensure facility managers are held responsible and accountable for the use, accuracy, completeness, and timeliness of the VFA.facility database, DMLSS-FM, and iNFADS.

(6) Review and submit annual MAPs to BUMED.

(7) Conduct Basic Facility Requirements and Program for Design studies, as required to maintain iNFADS requirement data.

- (8) Review and approve annual Energy Management Data Call and ECIP submission.
- (9) Review and approve all submissions from activities in response to BUMED Data Calls.

(10) Ensure activities budget for IO&T Special Project Requirements.

c. Commanders, Commanding Officers, and Officers in Charge, Navy Medicine activities shall:

(1) Organize and staff the facilities department as needed to execute the policy and requirements of this document.

(2) Prepare and submit SRM documentation using VFA to their respective Navy Medicine Regional Commander for review and approval. Establish a plan to correct the outstanding critical facilities deficiencies by requesting expedited funding to correct them while prioritizing patient care related unfunded requirements first.

(3) Perform controlled inspections using VFA.auditor to promptly determine SRM requirements including annual medical treatment facility inspections.

(4) Facilities department shall have, at a minimum, one person trained in data entry (e.g., VFA, DMLSS, iNFADS databases) and an engineer or engineering technician depending upon activities budget.

(5) Discontinue the use of legacy SRM tracking systems (Excel, whiteboards, etc). Populate the VFA.facility database with any SRM requirements which require local or special project funding that cannot be executed in current fiscal year. Utilize the DMLSS-FM database to execute current year projects and repair requirements.

(a) Ensure the accuracy of VFA.facility and DMLSS-FM data. These databases must be reviewed and corrected no later than the 10th of each month to reflect the previous month's work.

(6) Prepare and submit MAPs to the appropriate Navy Medicine Region for review and approval.

(7) Ensure property record card maintenance per reference (f).

(8) Prepare and submit annual Energy Management Data Call and ECIPs results to the appropriate Navy Medicine Region for review and approval.

(9) Ensure SRM compliance per reference (c).

(10) Prepare and submit all documents as requested by BUMED Data Calls.

(11) Work with applicable medical staff and command decision makers to ensure completeness of entire scope of special project submission to include capturing new IO&T/CE requirements for renovation, restoration, and modernization projects. Activities are encouraged to work with their respective Navy Medicine Region health facility planners to capture space planning criteria and collateral equipment requirements that support the activity commander's, commanding officer's, and officer's in charge special project that alters the space to meet the upgraded medical mission. If IO&T/CE is required to complete the special project, each activity must ensure that IO&T/CE is programmed and budgeted for through the activity Comptroller.

(12) Carry out assigned duties in support of the Command Environment of Care Management Plan(s) using the guidance and references set forth in the Joint Commission Standards Manual Hospital Accreditation Standards, current edition or Standards for Ambulatory Care, current edition.

d. All Navy Medicine installations will work with Naval Facilities Engineering Command on SRM technical project reviews as detailed in reference (h).

6. Reports. The requirements contained in the instruction are exempt from report control per paragraph 7j of SECNAV M-5214.1 of December 2005.


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BUREAU OF MEDICINE AND SURGERY SUSTAINMENT, RESTORATION, AND MODERNIZATION
(SRM) PROCESS FLOW CHART

P1:
Requirement
ID

The Requirement Identification process is where the facility manager identifies a requirement and documents it in the appropriate database.

P2: Special
Projects
Documentation
& Approval

The Special Projects Documentation and Approval process is where an identified project is validated for technical feasibility and compliance with an approved business plan (if required) and submitted through the chain of command for approval.

P3:
Programming

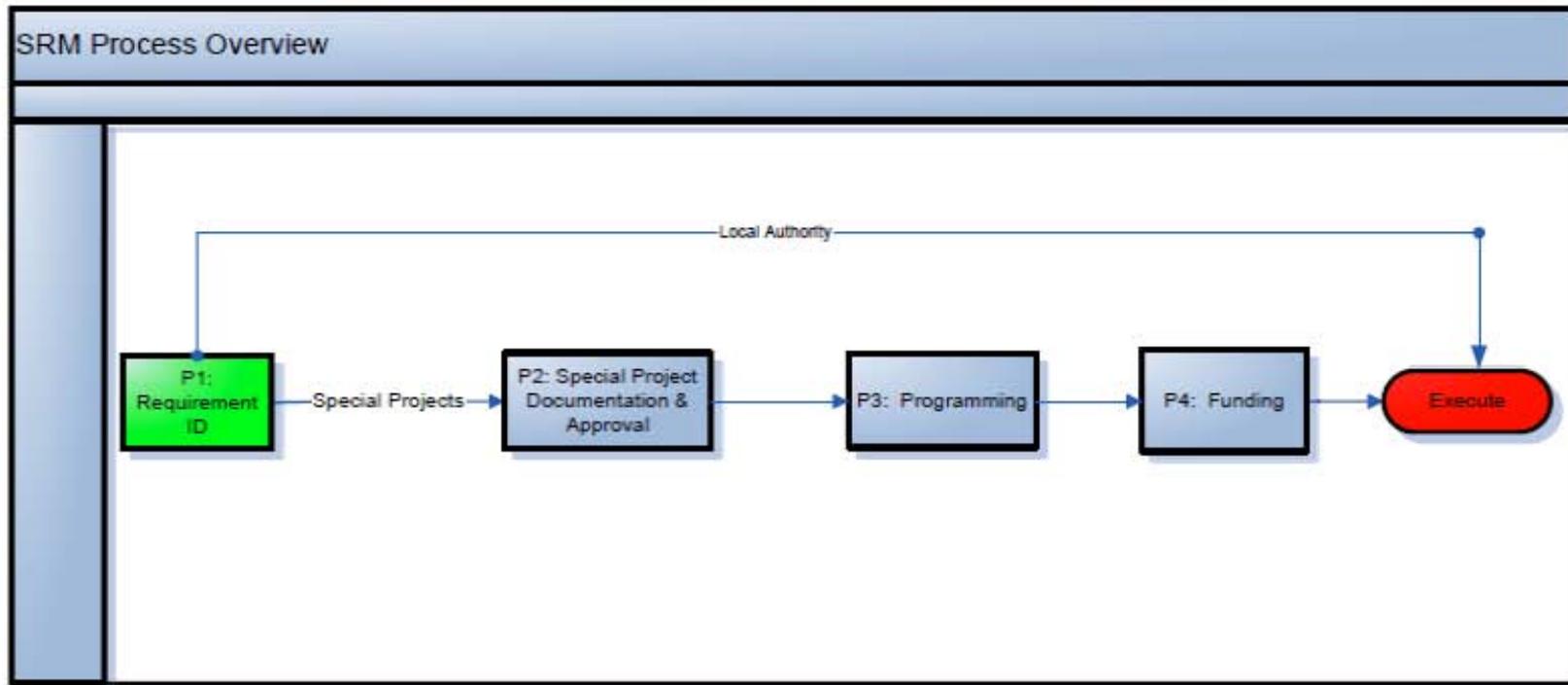
The Programming process is where approved special projects are reviewed by the Special Projects Board and prioritized for execution in the 6-Year Defense Plan (SYDP).

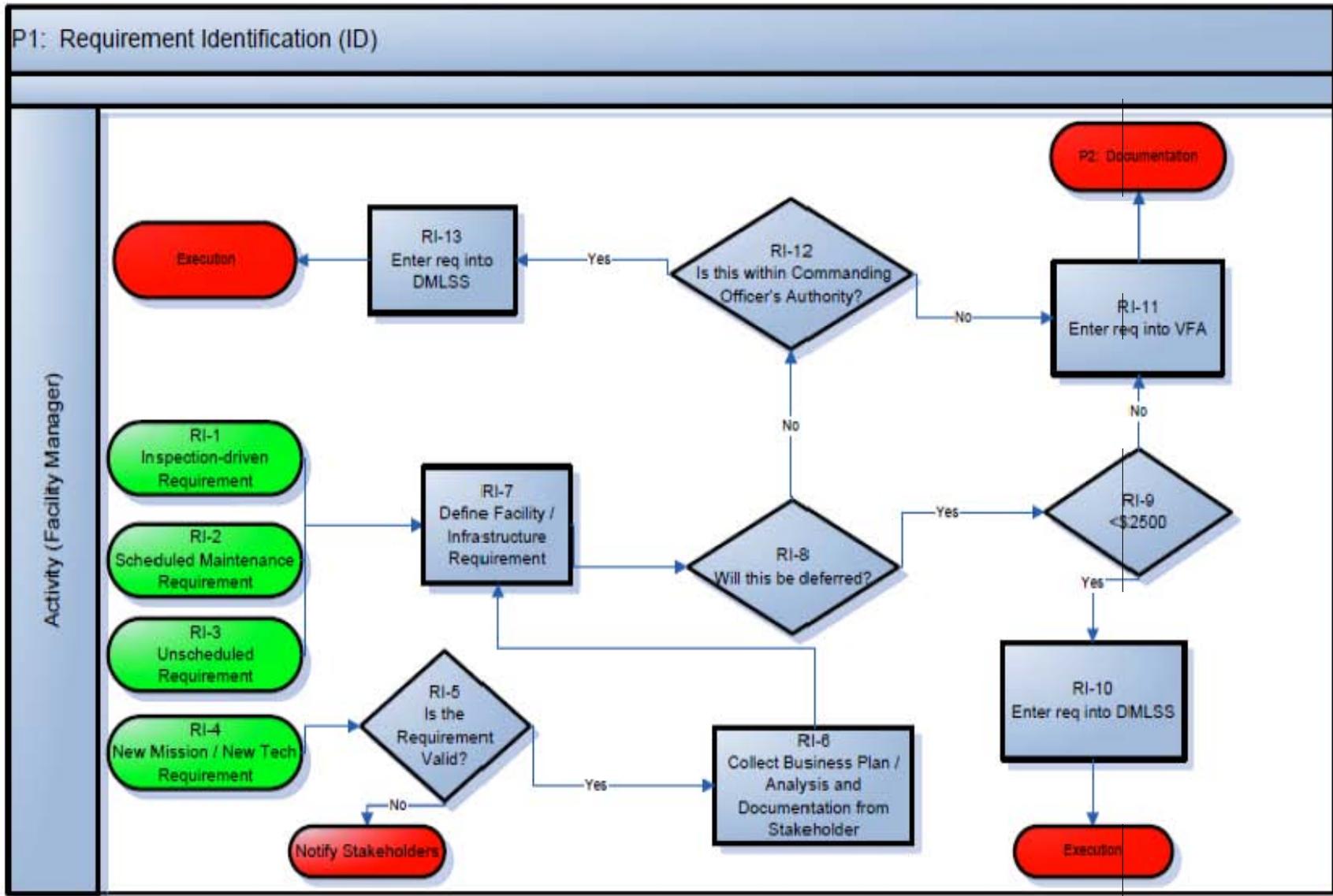
P4: Funding

The Funding process is where a programmed special project receives funding for execution.

Execution

Execution is where the special projects is awarded on contract and the project is executed.





P2: Special Project Documentation & Approval

