



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
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IN REPLY REFER TO

BUMEDINST 11110.8A
BUMED M-41
11 January 2011

BUMED INSTRUCTION 11110.8A

From: Chief, Bureau of Medicine and Surgery
To: All Navy Medicine Activities

Subj: HEALTH FACILITY PLANNING AND PROJECT OFFICER PROGRAM

Ref: (a) DoD Instruction 6015.17 of 17 March 1983
(b) NAVMED P-5132, Equipment Management Manual

1. Purpose. To establish the authority and duties of Health Facility Planning and Project Officers (HFPPO).
2. Cancellation. BUMEDINST 11110.8.
3. Background. The construction of health care facilities is a lengthy, complex process involving several years from identifying the initial medical military construction (MILCON) requirement to occupancy of a complete and usable facility. Medical MILCON projects and large Operations & Maintenance Navy (O&MN) recapitalization projects may include new construction, major renovation, additions to existing facilities, or a combination of these construction types. The HFPPO serves as the appropriate end-user agent and builder liaison during health facilities planning, design, and construction. The HFPPO provides the necessary coordination between the Bureau of Medicine and Surgery (BUMED), Navy Medical Regional Commanders, and Naval Facilities Engineering Command (NAVFACENGCOM), and its supporting Facility Engineering Commands (FEC) for end-user matters involving health facility requirements, planning, construction, initial outfitting and transition to the new facility. The HFPPO represents the Chief, BUMED as the subject matter expert in issues relating to health facility planning, programming, and execution as required. The HFPPO will liaison with NAVFACENGCOM, the United States Army Corps of Engineers, or other design and construction agents as required. The HFPPO is responsible to perform duties as the "end-user agent" and interface with civilian architectural-engineering firms and construction contractors as required. HFPPOs are commissioned officers in the Medical Service Corps and are appointed by Chief, BUMED. Billets are provided by BUMED to Navy Medicine Regions and are often re-billeted to detachments or jobsites for regional support of medical construction projects. Billets are relocated back to the appropriate Navy Medicine Region upon project conclusion or other assignments.
4. Discussion. The Commander, NAVFACENGCOM is responsible for the design and construction of complete and usable facilities for the naval shore establishment. The development of a modern health care facility requires constant surveillance, meaningful cooperation, communication, and a broad spectrum of expertise to keep abreast of the continual changes in the state-of-the-art medical and dental functional design philosophy, equipment, procedures, and techniques. Architectural and engineering (A&E) firms qualified in health facility design are placed under contract by the FEC to develop plans and specifications for new

facilities, additions, and renovations. The HFPPO coordinates medical and dental end-user input into this process. The BUMED Facilities Directorate (BUMED-M41) provides guidance for the HFPPO and MILCON interface.

5. Action. The following duties and support responsibilities are assigned:

a. Chief, BUMED will appoint HFPPOs.

b. Navy Medical Regional Commanders shall:

(1) Provide support services to the HFPPO, such as secretarial or clerical support, space, equipment, office utilities, and appropriate funding for travel, to include but not limited to Civil Engineer Corps Officer's School (CECOS) courses and design or construction conferences.

(2) Use the HFPPO to plan, coordinate, and execute MILCON and large recapitalization projects that greatly alter existing medical spaces throughout their area of responsibility.

c. The Commander, Commanding Officer (CO), or Officer in Charge (OIC). As primary user, the commander, CO, or OIC shall become thoroughly knowledgeable with the MILCON process. The commanding officer shall:

(1) Participate, through maximum use of the HFPPO, in the design of the project and development of technical equipment requirements.

(2) Provide personnel resources for the procurement, storage, and necessary installation of equipment.

(3) Identify existing equipment eligible for relocation to the new facility, assuring all plant property not relocated is properly examined, condition coded, and reported for redistribution or for disposal.

(4) Provide for adequate planning and execution of the relocation and transition to the new facility.

(5) Forward identification of all construction and design deficiencies (coordinated by the HFPPO) to the FEC during the initial and final acceptance inspection of the facility.

d. Health Facility Planning and Project Officer. The HFPPO is appointed by Chief, BUMED. The HFPPO shall be assigned to BUMED, Navy Medical Regions, or Navy Medicine Region Detachments responsible for the facility under planning, design, or construction. The HFPPO shall:

(1) Obtain minimum additional education by completing the Shore Facilities Planning System Course and Construction Contract Administration and Management Course offered at the CECOS. The courses shall be completed within 24 months of appointment.

(2) Contribute to project development during the project planning stage by preparing and reviewing MILCON supporting documentation including, but not limited to; DD 1391s, health care requirement analyses, construction estimates, facility deficiency tabulations, project books, data input worksheets, program for designs, economic analysis and National Environmental Policy Act requirements.

(3) Participate in design conferences and meetings for purposes of transmitting information from the A&E and design agent to the commander, CO, OIC, the region, and BUMED; and, in coordination with BUMED-M41, provide advice and assistance on medical design criteria and functional aspects of medical and dental design necessary to meet local requirements.

(4) Responsible for overall project management in the development and continuous update of technical and non-technical equipment requirements, defined to include medical equipment and furnishings under references (a) and (b). The HFPPO is responsible to identify and direct all resources required for executing initial outfitting and transition (IO&T) activities associated with a MILCON or large recapitalization O&MN projects as required. The HFPPO is further responsible for developing equipment requirements lists for each functional space within the project. After command review, the HFPPO coordinates all comments and forwards any list changes to BUMED via Regional Facilities Directorates with adequate justification.

(5) Maintain close liaison with BUMED to develop and continuously update necessary equipment requirements to provide the most current cost estimates for initial equipment outfitting. The HFPPO coordinates the procurement, storage, and installation of collateral equipment. Funds for IO&T are budgeted and monitored by BUMED-M41 for procurement, refurbishment and transition into a replacement facility or space within an existing building.

(6) Assist the activity CO to identify existing equipment eligible for relocation to the new facility. To avoid unnecessary duplication of procurement and ensure a complete and usable facility, the following considerations shall be used in the identification process:

(a) Remaining useful life per current condition and historical maintenance and repair record with respect to the projected occupancy date of the new facility.

(b) Compatibility with project sizing, utilities, structural requirements, and design concepts.

(c) Conformity with projected command mission upon occupancy of the new facility.

(d) Current and projected state-of-the-art medical practice and acceptable community standards for health care delivery.

(e) Requirement for continued availability of the provided function during transition from the old to the new facility.

(f) Obtain any formal documentation and or approvals from boards or community managers that may be required for highly specialized equipment. For example; radiology, informatics technology, and pharmacy automation systems require approval before procurement.

(7) Document user requests for changes to the project with full justification. Changes shall be requested only when considered absolutely necessary and must be held to a minimum. Approved requests for changes totaling less than \$50,000, which do not involve a change in the approved space program, the approved concept design, or functional relationships may be submitted by the HFPPPO to the FEC, resident officer in charge of construction or other authorized design and construction agent without formal approval by BUMED. All other change requests must be forwarded to BUMED-M41 for approval and authorization.

(8) Provide advice on operational aspects of the project during construction. Through close liaison with the construction agent (CA) maintain a constant awareness of the progress of the project. As primary communications link between the CA, BUMED, and the CO, the HFPPPO is responsible for keeping all parties apprised of significant problems or delays in the construction schedule.

(9) Coordinate the orientation of personnel in the use of new equipment, concepts of the new facility built-in systems, and planning for the transfer of functions. Whenever possible, new equipment and systems operation and maintenance training shall be documented for future use.

(10) Participate in the initial and final acceptance inspection of the facility. The HFPPPO coordinates the preparation and submission to the construction agent a list of construction deficiencies noted by the activity for correction. As part of the pre-acceptance inspection, the HFPPPO shall document inspection of all medical systems prior to final acceptance of the facility as a BUMED asset. The inspection documentation shall be submitted to the CA with copies to BUMED and the FEC.

(11) Participate in the post occupancy evaluation upon completion of the project. The HFPPPO shall coordinate with BUMED and NAVFACENGCOM on correction of deficiencies and will provide input to a "lessons learned" package for improving future projects.



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