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Applying Techniques
from Army Medical
Facilities Projects to
Your Projects

SURVIVAL
For **FITTEST**

Army Medical Facilities Management



Serving to Heal
Honored to Serve

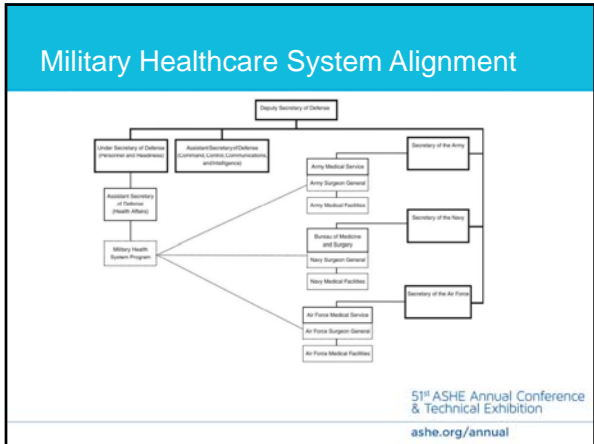
Brian Prediger P.E.
CHFM
Mark Trudzinski M.Ed.
CHFM

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Briefing Outline

- Background: Army Medical Facilities
- Company Operating Model Philosophy
- Programming of Operations and Maintenance Funds
- Planning, Prioritization, and Development of Projects
 - Timeline for development and submission
 - Formulation for prioritization
- Technical Development and Award of Projects
- Resources Available After Award

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Army Medicine: Inventory at a Glance

The infographic displays three categories of Army medical facilities, each accompanied by a circular image of a facility:

- 8 Medical Centers**
- 14 Army Community Hospitals**
10 Army Health Centers
107 Army Health Clinics
- 187 Dental Clinics**
51 Veterinary Clinics
29 Research and Development Laboratories

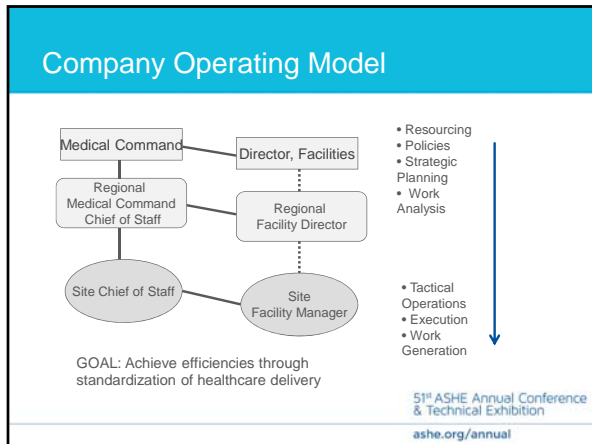
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Army Medical Real Property Assets

- **Resources**
 - 1,104 real property assets
 - Facilities sustained on three continents
 - 24.9 million square feet of inventory
 - \$12 billion plant replacement value
 - 6 Hospitals currently undergoing complete repair by replacement

640 Acres of Real Property, Equivalent to 46 Cowboys Stadiums

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- ### Project Resourcing
- **Military Construction (MILCON)**
 - By-Project Line Items in the "Military Construction and Veterans Affairs and Related Agencies Appropriations Act"
 - Projects Classified as "new work" above the \$750,000 threshold
 - Long-term strategic investments
 - **Operations and Maintenance Funds**
 - Sub-section of the Defense Health Program, not project specific
 - Repair of existing facilities and new work below \$750,000
 - Facilities O&M lifecycle investments and tactical response
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- ### Operations and Maintenance Funds
- Used for the Sustainment, Restoration, and Modernization of Military Healthcare Facilities
 - Annual Cycle, Defense Appropriation Bill
 - Programmatic evaluation conducted to forecast out 5 years
 - Requires real property data accuracy
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Operations and Maintenance Funding Execution Levels

MEDCOM	-Receives O&M Funding -Executes Projects over \$500,000 -Distributes Sustainment Funding
Regional Offices	-Programs/executes projects between \$25,000 and \$500,000
Local Facilities	-Executes sustainment contracts - Programs/executes projects under \$25,000

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Planning and Prioritization of Projects

- Requirements are updated on a yearly cycle
- 3-Year Cycle of requirements for each medical treatment facility.
- Company Operating Principles:
 - Define the prioritization details
 - Define high-level Command initiatives
 - Define criticality levels of infrastructure
- Balance critical infrastructure and mission enhancement (same pot of money).

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Programming Timelines (Year Cycle)

- August-September, Fiscal Year (+1) programming conducted throughout enterprise.
 - Unknown factor: Government year-end funding
- October, Fiscal Year starts, priority list is sent through approval channels.
- November – end of September, facilities develop and execute projects based on Surgeon General approved list.

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Corporate Scoring Criteria

Criteria	Weight
Criticality of Infrastructure	35%
Army Medicine 2020 Initiative	35%
Regional Command Prioritization	15%
MEDCOM Facilities Prioritization	15%

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Criticality of Infrastructure

Criteria	Weight
Regulatory Compliance (TJC, Life Safety, Lab Accreditation Impact)	10
Priority 1 Repair (System that has reached life expectancy and has failing conditions)	8
Major Scheduled Repair (System within 1-2 years of end of life cycle)	6
Critical Infrastructure, 3 years or greater life cycle remaining	4
System enhancement (includes utilities upgrade, corporate mission enhancements)	4
Other Modernization	2

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Army Medicine 2020 Mission Enhancements

Criteria	Receives 15% Weight
Traumatic Brain Initiative / Behavioral Health Project	YES
Pain Management Initiative	YES
Soldier Medical Readiness Campaign Plan(SMRCP)	YES
Disability Evaluation System (DES)	YES
Patient Centered Medical Home (PCMH)	YES
Mission Enhancement Not Supported by Company Operating Model	NO

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Other Scoring Criteria

- Regional Command and MEDCOM Facilities Factors are reaffirmation of two larger factors.
- End State – equal weighting of critical infrastructure to mission enhancements with ability to maneuver.
- Calculations are completed using MEDCOM Project Management Database.
- Surgeon General has ability to override.

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Project Development: Basic Requirements

- Execution Vehicle
 - Design-Build
 - Design-Bid-Build
- Approval Documents
- Scope of Work
- Designated Execution Agent (EA)
 - U.S. Army Corps of Engineers
 - Local Directorate of Public Works
- Local FMs have choice of EA

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Scopes of Work

- Developed at the Local Level
- Submitted for contractor proposals through execution agents
- Detailed Information:
 - Program for Design (PFD) – include for transition space if required
 - Project Room Contents Report (PRCR)
 - As-Builts (at least existing architectural)
 - Conceptual Layout (if on hand)
 - Master Planning Information
 - Hazardous Materials Reports/Information
 - Building Deficiency Reports from Previous Surveys

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Corporate Technical Assistance

- Subject Matter Expertise to assist in SOW development
 - Ensures corporate consistency across mission enhancements
 - Includes engineers, nurse methods analysts, planners, and other facilities professionals.
- Initial programming of pre- and post-award costs
- Corporate liaisons to assist with inter-agency requirements

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Award Process

- Executor issues Request for Proposal (RFP) to contractors
- Proposals received back from contractors
- Source Selection held
 - Includes members from Facility, Higher Command, Executor's Office
- Negotiations for Firm Fixed Price (FFP)
- Request funds – Email with confirmation of signed approval documents
- Award Project

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Post Award Protocol

- Immediately after award – site investigation.
- Site Investigation (SI) Report
 - Lays out expectation of user group to complete SOW
 - Includes user interface
 - Develops the baseline for subsequent work plan
- Work Plan submittals (35/90/100)
- Corporate online review program
- Pre-construction
 - ICRA, ILSMs
- Construction
- Initial Outfitting / Transitioning

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Resources Available After Award

- Corporate Construction Quality Management Program
- Subject Matter Expertise
 - MEDCOM (Command and Regional Level)
 - Executing Agent (USACE)
 - Other Agencies (Military Healthcare System)
- Corporate Line Item Reviews
- Corporate Database Tracking

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Future Project Management Initiatives

- Enhancements to PM Database
 - Multilevel interface
 - Tri-Service Standardization
 - Facilitate ease of operation with multiple information systems
- Use of enhanced design-build practices to continue to process quality SOWs.
- Enhancements to expedite contract modifications and resource processing.
- Using revenue and profitability as criteria in prioritization without hindering mission.

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A Day in the Life of Army Medicine

- 41,986 Clinic Visits
- 374 Patients Admitted
- 1,214 Beds Occupied
- 26,600 Dental Procedures
- 1,961 Veterinary Visits
- 5,879 Immunizations
- 64 Births
- 57 Beds Occupied in Deployed Field Units
- 19 Dispositions (Discharges, Evacuations)



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Contact Information

E-mail: Gary.B.Prediger.civ@mail.mil
Mark.A.Trudzinski.civ@mail.mil

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