



Department of Defense INSTRUCTION

NUMBER 6015.17

March 17, 1983

ASD(HA)

SUBJECT: Planning and Acquisition of Military Health Facilities

- References: (a) DoD Instruction 6015.17, "Technical Procedures and Criteria for Planning and Acquisition of Military Health and Medical Facilities," September 24, 1968 (hereby canceled)
- (b) DoD Instruction 7041.3, "Economic Analysis and Program Evaluation for Resource Management," October 18, 1972
 - (c) Office of Management and Budget (OMB) Circular No. A-95, "Evaluation, Review, and Coordination of Federal and Federally Assisted Programs and Projects," January 2, 1976 (revised)
 - (d) through (h), see enclosure 1

1. REISSUANCE AND PURPOSE

This Instruction:

1.1. Reissues reference (a) to update the procedures used by the Military Departments to prepare project proposals for military health facilities and to secure approvals that such projects meet planning criteria.

1.2. Establishes the Health Facility Planning Review Committee (HFPRC).

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense (OSD) and the Military Departments.

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

4. POLICY

It is the policy of the Department of Defense to program and plan modern, efficient, and safe health facilities that sustain an effective combat force and that contribute significantly to the DoD wartime medical mission.

5. PROCEDURES

5.1. Health Facility Planning

5.1.1. Long-Range Plans

5.1.1.1. Each Military Department shall develop and annually update a Long-Range Plan identifying planned construction and acquisition of health facilities proposed for inclusion in the Five-Year Defense Program. Each Long-Range Plan shall include the information shown in enclosure 3.

5.1.1.2. The Long-Range Plan shall be submitted to the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) by February 15 of each year and shall be subject to approval by the OASD(HA) and review by the HFPRC.

5.1.2. DoD Health Facility Inventory. Each Military Department shall prepare and submit with the Long-Range Plan an updated display of its portion of the DoD Health Facility Inventory. (See enclosure 4 for format.) Any changes required in the format for this data shall be provided by the OASD(HA) in the annual preparation instructions issued to the Military Departments.

5.1.3. DoD Health Facility Planning Review. A Health Facility Planning Review meeting shall be conducted annually, or by special session, to consider the health facility projects proposed by each Military Department. The extent of project review shall depend upon the project's status in the Long-Range Plan and the Five-Year Defense Program. The annual schedule is shown in enclosure 5.

5.2. Project Proposals

5.2.1. Approval. The Military Department concerned shall submit a project proposal for each health facility project with an estimated cost of more than \$1 million

proposed for inclusion in the Five-Year Military Construction Program. The project proposal shall be approved by the OASD(HA) before the initiation of concept design. Once the project proposal is approved, scope changes only as approved by the OASD(HA) shall be made to the ongoing design except those required for technical reasons. Approvals of nontechnical scope changes shall be obtained from the OASD(HA) before submission of concept design to the Office of the Assistant Secretary of Defense (Manpower, Reserve Affairs, and Logistics) (OASD(MRA&L)) for concept approval.

5.2.2. Schedule for Submission of Project Proposals. Project proposals to be considered for the 2nd planning year of the Five-Year Defense Program shall be submitted to the OASD(HA) by January 31 of each year. For example, by January 31 of Fiscal Year (FY) 19XX, the Military Departments shall submit project proposals for FY 19XX (+3). Proposals for projects that require additional design time may be submitted ahead of the above schedule.

5.2.3. Project Proposal Documentation. The project proposal normally shall consist of two separate but interrelated documents: the Format B document and the Space Programming Study.

5.2.3.1. The Format B document is a project description and analysis that provides the data used to define the health facility requirements of the proposed project (see enclosure 6).

5.2.3.2. The Space Programming Study provides a basis for the preparation of concept designs and preliminary cost estimates. The Military Department concerned shall prepare a Space Programming Study that describes how health facility requirements will be met for the proposed project in terms of building floor space.

5.2.3.2.1. The Space Programming Study shall display the net assignable floor space proposed for each function as determined by the application of DoD medical space planning criteria.

5.2.3.2.2. For construction of new or replacement health facilities, the Space Programming Study shall include a floor space summary to show the net assignable floor space for each function; the total net assignable floor space for the total project; the floor space for mechanical equipment, circulation, and walls and partitions; and the gross floor space for the entire project.

5.2.3.2.3. For modernization, major alteration, or rehabilitation projects, the floor space summary shall show the proposed net assignable floor space for each function. If construction of a major addition or a partial replacement of existing facilities is proposed as a part of the project, new construction shall be identified as described in subparagraph 5.2.3.2.2., above. In these instances, the study shall include a listing of existing, altered, and new construction space to indicate the basis for requesting new construction requirements.

5.2.4. Other Documentation to Support the Project Proposal

5.2.4.1. Economic Analysis. The Military Department concerned, as a minimum, shall prepare and submit to the OASD(HA) an economic analysis when the proposed project involves a new or replacement health facility or when significant additions to or deletions from the existing health care delivery capability are planned. Guidance for the preparation of this analysis is contained in DoD Instruction 7041.3 (reference (b)).

5.2.4.1.1. The economic analysis shall be used to select the most cost-effective alternative to meet the forecasted demand for health care. Beneficiary population characteristics, personnel and financial resources considerations, workload trends, civilian and other federal facilities sharing potentials, and similar elements addressed in the Format B document shall be thoroughly evaluated.

5.2.4.1.2. A summary of the major conclusions of the economic analysis shall be included with the project proposal submission. In certain instances, the OASD(HA) may request the complete economic analysis.

5.2.4.2. Health Systems Agency Review. OMB Circular No. A-95 and DoD Directive 4165.61 (references (c) and (d)) require the DoD planning agencies to coordinate with state or appropriate health planning agencies before expending design funds on a project that will result in capital expenditures exceeding \$1,000,000. When required, the Military Department concerned shall provide evidence of this coordination with the project proposal. If the state or appropriate health planning agencies do not provide comments within 60 days of notification by the Military Department concerned, the Department instead may forward copies of its original notification to the OASD(HA).

5.2.4.3. Mobilization Planning. The project proposal shall include data describing existing and proposed mobilization capabilities such as current and

proposed in-hospital bed expansion capacity, proposed source and number of staff to support peak mobilization periods, and a brief description of the medical mission during mobilization periods.

5.3. Project Proposal Planning

5.3.1. Beneficiary Population Data. Beneficiary population data documented by the Resource Analysis and Planning System shall be used in developing medical facility requirements. Catchment area definitions and boundaries shall be obtained from the Catchment Area Directory. Exceptions (including justification) to this procedure shall be noted in the project proposal.

5.3.2. Space Planning Criteria. The space planning criteria to be used in planning health facilities shall be developed and maintained by the OASD(HA). These criteria shall be used for planning all military health facilities for the Military Departments.

5.3.3. Planning for Beds. Planning for hospital bed requirements shall be based upon the eligible population served (see DoD Directive 6015.16, reference (e)).

5.3.4. Outpatient Facilities. Space planning for outpatient health facilities shall be based upon the eligible population served (see reference (e)) within the catchment area of the proposed facility and may not exceed published OASD(HA) space planning criteria.

5.3.5. Dental Facilities. Planning for dental facilities shall be based on the population served (see reference (e)) within the catchment area and as prescribed by OASD(HA) space planning criteria.

5.3.6. Ancillary and Support Facilities. Space planning for these facilities shall be based on the projected workload and as prescribed by OASD(HA) space planning criteria.

5.3.7. Development and Revision of Space Planning Criteria. Each Military Department shall advise the OASD(HA) of proposed criteria changes. Such changes shall be considered by the DoD Medical Space Planning Panel, and revisions shall be published as appropriate.

5.3.8. Special Studies. To adequately plan for varied and specialty medical missions of the Military Departments, it may be necessary to deviate or plan beyond the limits of approved space planning criteria. Whenever this situation occurs,

deviations and special planning shall be clearly indicated and justified in the appropriate planning document submitted to the OASD(HA) for review and approval.

6. RESPONSIBILITIES

The Secretaries of the Military Departments shall comply with this Instruction.

7. HEALTH FACILITY PLANNING REVIEW COMMITTEE

7.1. Organization and Management

7.1.1. The HFPRC shall be chaired by the Principal Deputy ASD(HA).

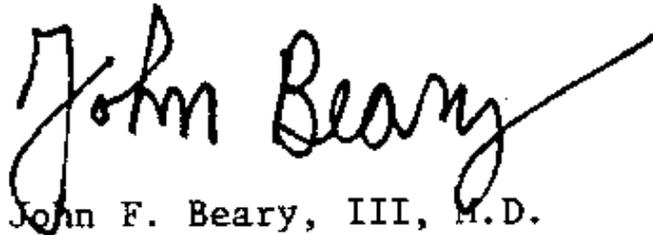
7.1.2. The HFPRC shall consist of representatives of the ASD(HA); ASD(MRA&L); Assistant Secretary of Defense (Comptroller); OMB; and Surgeons General of the Military Departments.

7.1.3. Meetings generally shall be held annually; however, special sessions may be required by the Chair. The meeting shall consist of an open session with all representatives and a closed session (Executive Session) composed of OASD representatives and the OMB representative. The recommendations of the Executive Session shall be published and provided to the Military Departments.

7.2. Functions. The HFPRC shall review and validate the health facility construction projects proposed for inclusion in the Five-Year Military Construction Program.

8. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

A handwritten signature in black ink that reads "John Beary". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

John F. Beary, III, M.D.
Acting Assistant Secretary of Defense
(Health Affairs)

Enclosures - 6

1. References
2. Definitions
3. Long-Range Plan
4. DoD Health Facility Inventory
5. DoD Health Facility Planning Review Schedule
6. Format B

E1. ENCLOSURE1

REFERENCES (continued)

- (d) DoD Directive 4165.61, "Intergovernmental Coordination of Department of Defense Land and Facility Plans and Projects," December 16, 1976
- (e) DoD Directive 6015.16, "Technical Military Health and Medical Facilities Requirements," September 24, 1968
- (f) DoD 4270.1-M, "Department of Defense Construction Criteria," June 1, 1978, authorized by DoD Directive 4270.1, "Construction Criteria," February 16, 1978
- (g) DoD Instruction 7040.4, "Military Construction Authorization and Appropriation," March 5, 1979
- (h) DoD Instruction 6015.1, "Classification, Nomenclature and Definitions Pertaining to Fixed Medical Treatment Facilities," September 22, 1977

E2. ENCLOSURE 2

DEFINITIONS

E2.1.1. Budget Fiscal Year. The next consecutive fiscal year following the current fiscal year. The year following the budget fiscal year appears as the 1st year in the proposed Five-Year Military Construction Program.

E2.1.2. Catchment Area. The geographical area of responsibility assigned to a health care facility providing services to the eligible population as listed in the Catchment Area Directory.

E2.1.3. Concept Design. See DoD 4270.1-M (reference (f)).

E2.1.4. DoD Medical Space Planning Panel. A panel that is responsible for developing health facility sizing criteria and for programming policy recommendations. The panel includes representatives of the Surgeons General of the Military Departments, the ASD(HA), and the ASD(MRA&L).

E2.1.5. Five-Year Defense Program. Includes all military construction projects proposed by the Military Departments for the next 5 years. The program is updated annually.

E2.1.6. Health Facility Planning Review (HFPR). An HFPRC annual review of health facility construction projects proposed in the Five-Year Defense Program.

E2.1.7. Installation Medical Master Plan. A general site plan showing all existing medical structures proposed for retention or abandonment and all proposed project sites required to accomplish the projected medical mission.

E2.1.8. Long-Range Plan. A listing of proposed health facilities construction considered appropriate for inclusion in the Five-Year Defense Program that reflects total health facilities requirements.

E2.1.9. Military Construction Programming. The annual processing, review, and approval of military construction project proposals by the Military Department Secretaries, the OSD, and the OMB for submission to the Congress. See DoD Instruction 7040.4 (reference (g)).

E2.1.10. Onsite Survey. A visit by representatives of the OSD, OMB, and other

interested agencies to the site of a proposed military health facility project. Its purpose is to validate the medical requirements and to evaluate local existing and planned facility capabilities.

E2.1.11. Resource Analysis and Planning System. A regression analysis of data to project health resources, such as personnel, and demand for services.

E3. ENCLOSURE 3

LONG-RANGE PLAN
(RCS DD-HA(A) 1590)
FY19XX

Region 1

<u>Location</u>	<u>Military Department</u>	<u>Project Title</u>	<u>Estimated Cost (\$000)</u>
List name of installation and state or country (if outside the United States)		Descriptive title	Current estimated cost, stated in thousands of dollars

Continue listing project according to regions within the Continental United States (CONUS) (1-9), Alaska and Hawaii, Pacific, and Europe.

Repeat this listing for FYs 19XX(+1), 19XX(+2), 19XX(+3), and (19XX(+4).

E4. ENCLOSURE 4

DOD HEALTH FACILITY INVENTORY

(RCS DD-HA(A) 1590)

Region a
 Department b

Data Period	Title	Facility Location	Catchment Population	Yr. of Construction	Modis. Previ-ous 5 Yrs.	Normal Beds	Oper-ating Beds	Expan-sion Beds	Dental Treat-ment Rms.	Physi-cian/Pro-vider Offices	Physi-ADPL	Annual Admis-sions	Annual ALOS	Annual Clinic Visits	Annual Dental Proce-dures	Referral Facility	Facility Condi-tion Code
c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.	q.	r.	s.	t.

NOTES:

- a. Identify DoD regions 1 through 9 within CONUS, Alaska and Hawaii, Pacific, and Europe and list all facilities in each of these areas.
- b. Identify Military Department.
- c. Identify time period used to collect data (that is, FY XX or CY XX).
- d. List the facility being described by official name (such as NRMHC San Diego or USAF Clinic, McChord).
- e. List the name of the installation and state or country (if outside the United States).
- f. Provide the current catchment population of the listed facility based upon the Resource Analysis and Planning System.
- g. List the calendar year during which the facility was originally occupied.
- h. List the calendar year during which a Military Construction-funded project was completed if such alteration occurred in the past 5 years.
- i. List the number of normal beds (see DOD Instruction 6015.1, reference (h)) currently reported.
- j. List the number of operating beds (see reference (h)) currently reported.
- k. List the number of expansion beds (see reference (h)) for the hospital buildings reported. Include only beds in hospital structures. Do not report beds in expansion facilities such as barracks.
- l. List the number of currently existing dental treatment rooms (DTRs). Report DTRs included in medical clinics and hospitals within other data for these facilities. Report DTRs in free-standing dental clinics as separate listing apart from data for hospitals and medical clinics.
- m. List the number of physician and health-provider offices and combination office and exam rooms currently existing in reported facilities. Health providers include physician assistants and other physician extenders.
- n. List the average daily patient load (ADPL).
- o. List the annual admissions.
- p. List the average length of stay (ALOS).
- q. List the annual number of clinic visits for each facility being reported. Do not include workload for satellite clinics with the workload of servicing hospitals. Workload for each free-standing clinic shall be reported separately.
- r. List annual dental procedures for each dental facility reported. If DTRs are located in both a hospital and a free-standing dental clinic and the workload cannot be separated, report annual dental procedures for the free-standing dental clinic.

- s. If the facility is a referral facility, state yes; if not, state no.
- t. Facility condition codes are determined as follows:

First Entry

- A - Adequate -- No MCP required in the next 5 years.
- B - Adequate -- Requires minor renovation in the next 5 years.
- C - Inadequate -- Requires major renovation or alteration within the next 5 years.
- D - Requires replacement in the next 5 years.

Second Entry

- P - Programed.
- NP - Not Programed.

Third Entry

FY (198X)

Examples:

- BNP - Requires minor renovation - not programed.
- CP4 - Requires major renovation or alteration - programed for 1984.

E5. ENCLOSURE 5DOD HEALTH FACILITY PLANNING SCHEDULE

<u>PLANNING REVIEW</u>	<u>MILITARY DEPARTMENT PREREQUISITES</u>	<u>PURPOSE AND RESULTS</u>
Fourth planning year (FY19XX(+5))	Basis for programming and planning requirements	Approve in principle
Third planning year (FY19XX(+4))	Advance schedule project proposals	Review planning status of projects and identify onsite survey requirements
Second planning year (FY19XX(+3))	Project proposals (Format B and Space Programming Study)	Review planning status of projects
First planning year (FY19XX(+2))	Concept plans under development by June 15 (per par. 3-14, DoD 4270.1-M (reference (f)))	Develop recommendation for annual DoD budget review Approve projects appropriate for further programming.
Budget fiscal year (FY19XX(+1))	Working drawings nearing 30 percent completion by October 15	Approve projects for further programming
Current fiscal year (FY19XX)	Bid or construction status	Approve

¹ Onsite surveys may be scheduled at any time depending on the interest in a particular project. In all cases, the schedule shall be coordinated with the Military Department concerned in sufficient time to permit appropriate preparation.

E6. ENCLOSURE 6

FORMAT B

E6.1. PROJECT IDENTIFICATION

E6.1.1. Project title (as shown on the DD Form 1391, "FY ____ Military Construction Project Data").

E6.1.2. Base or installation name.

E6.1.3. Location (DoD medical region, nearest city, county, and state or country).

E6.1.4. Estimated project cost.

E6.1.5. Estimated project scope (gross square feet/net square feet).

E6.1.6. Brief description of proposed project.

E6.2. BASIS OF REQUIREMENTS

E6.2.1. Mission and specialty services (indicate whether changes result from the proposed project).

E6.2.2. Catchment population served (current and projected).

E6.2.2.1. Active duty members.

E6.2.2.2. Dependents of active duty members.

E6.2.2.3. Retired members.

E6.2.2.4. Dependents and survivors of retired members.

E6.2.2.5. Other.

E6.2.3. Designation and location (city, state, and zip code) of other units served by the proposed facility.

E6.2.4. Bed requirements (both existing and proposed bed requirements by

medical specialty and by beneficiary category).

E6.2.5. Outpatient workstation requirements.

E6.2.5.1. Current and projected workload by clinic specialty and by beneficiary category.

E6.2.5.2. Current and projected physician and health provider staffing by clinical specialty.

E6.2.5.3. Current and projected number of outpatient workstations by specialty.

E6.2.6. Dental treatment room requirements.

E6.2.6.1. Current and projected workload by beneficiary category.

E6.2.6.2. Current and projected dental officer staffing by dental specialty.

E6.2.6.3. Current and projected number of dental treatment rooms and dental specialty.

E6.2.7. Other workload factors (current and projected) used to project health facility requirements.

E6.2.7.1. Radiology.

E6.2.7.2. Pharmacy.

E6.2.7.3. Medical laboratory.

E6.2.7.4. Food service.

E6.2.7.5. Medical logistics.

E6.2.7.6. Other.

E6.2.8. Teaching and training requirements (current and projected).

E6.2.8.1. Teaching programs by specialty and number of interns and residents.

E6.2.8.2. Training programs by type of program and number of students.

E6.3. EXISTING FACILITIES AND RESOURCES

E6.3.1. Copy of Installation Medical Master Plan.

E6.3.2. Community medical resources, including the federal, state, and civilian facilities within the catchment area. Show the name and location of each facility, driving time from the proposed facility, number of beds, future construction plans, and brief descriptions of special medical capabilities they provide.

E6.3.3. List affiliations with civilian and federal medical facilities or agencies.

E6.3.4. Major deficiencies in the existing facility.

E6.3.5. Proposed remedies of these deficiencies.

E6.4. SUPPORTING DOCUMENTATION (IF APPLICABLE)

E6.4.1. Health System Agency comments.

E6.4.2. Summary of the economic analysis.

E6.4.3. Mobilization planning data.