CHARTER OF THE HEALTH FACILITIES STEERING COMMITTEE

1. PURPOSE: This charter establishes the Health Facilities Steering Committee (HFSC) to serve as the working body for Military Health System (MHS) facility-related policy development, program analysis and advocacy, issue resolution, and TMA/Service coordination and collaboration. The HFSC will review issues and resources, make recommendations, and take appropriate action on the broad spectrum of issues relating to facility acquisition, sustainment, restoration, and modernization. The HFSC shall address, but not be limited to, the following:

- Review, update, and execute the provisions of the MHS facilities life cycle management strategic plan.
- Continually assess and proactively respond to anticipated changes in the healthcare environment.
- Review and establish priorities for committee and subcommittee action.
- Monitor and evaluate progress of HFSC permanent and temporary subcommittees.
- Establish additional permanent and temporary subcommittees for specific subject areas as may be deemed appropriate.
- Ensure medical policy and criteria are updated on a recurring basis.
- Review planning, programming, design, construction, and operation and maintenance policies, procedures and criteria and take action or make appropriate recommendations for continuous improvement.
- Investigate, develop and recommend specific actions leading to improved standardized tools and processes.
- Prepare a briefing, at least annually, to the Resource Management Steering Committee on status of the MHS medical facility inventory and issues associated with facilities acquisition, sustainment, restoration, and modernization.
- Approve and monitor metrics to evaluate effectiveness of MHS capital investment processes.
- Establish liaison with other Federal agencies that have healthcare facilities or regulatory responsibilities and related organizations for the purpose of exchanging mutually beneficial information.
- Undertake, or recommend to OSD components, studies or investigations of systems, methods, materials and equipment relating to medical facility acquisition or operations and maintenance.
- Periodically select hospitals proposed by the Military Departments and other Federal agencies for on-site, post-occupancy evaluation.

2. MEMBERSHIP: The HFSC is a working body intended as a forum for representatives of all stakeholders in DoD medical facility acquisition and maintenance processes.

- TMA/RM – Director, Military Medical Facility Life Cycle Mangement*
- TMA/RM - Director, Defense Medical Facilities Office (DMFO) *
- TMA/RM - Director, Medical Military Construction Operations (MMCO) *
- TMA/RM – O&M Facilities Analyst *
- DoD Installations & Environment representative
- Army Medical - Director, Facilities, MEDCOM *
- Army Engineering - Chief, Defense Agencies and Support for Others Branch, USACE/(CEMP-MD) and Director, Medical Facilities Center of Expertise. (CEHNC-MX)
- Navy Medical - Chief, Health Facilities Division, BUMED-33 *
- Navy Engineering - Director, Medical Facilities Design Office, NAVFAC
- Air Force Medical - Chief, Health Facilities Division, HQ USAF/SGMF *
- Air Force Engineering - Chief, Medical Division, AFCEE/DCM
- Department of Veterans Affairs facilities representative (non-voting)

** Defines voting status as described in Paragraph 3 below.*

Chair of the HFSC will rotate on an annual basis among the following:

- TMA – Director, Medical Military Construction Operations
- TMA – Director, Defense Medical Facilities Office
- Army – Director, MEDCOM Facilities
- Navy – Chief, Health Facilities Division, BUMED-33
- Air Force – Chief, Health Facilities Division, HQ USAF/SGMF

Responsibilities of the Chair will include preparing the meeting agenda, monitoring the activities of the subcommittees, recording, reviewing and distributing meeting minutes, and representing the HFSC before the Resource Management Steering Committee (RMSC). Other advisors, consultants, or contractors may be invited to attend meetings as appropriate, including additional, non-voting service representatives.

3. VOTING: The HFSC will operate on a consensus basis. If voting is required, each permanent member, or his/her representative, will have one vote. However, if the issue being voted on concerns financial resourcing related to TMA or Surgeon General prerogatives, then only the medical membership annotated above with a "*" in Paragraph 2 will vote.

4. ORGANIZATIONAL STRUCTURE: The HFSC shall sponsor the permanent sub-committees depicted in Figure 1. Other permanent or temporary sub-committees may be established at the discretion of the HFSC. Subcommittees are intended to bring TMA and Service subject matter experts together to jointly address planning, programming, design, construction, and sustainment issues. The subcommittees serve as the instruments for policy development, program analysis, issue resolution, program coordination and increased

collaboration. Each subcommittee shall establish appropriate charters subject to review and approval of the full HFSC.

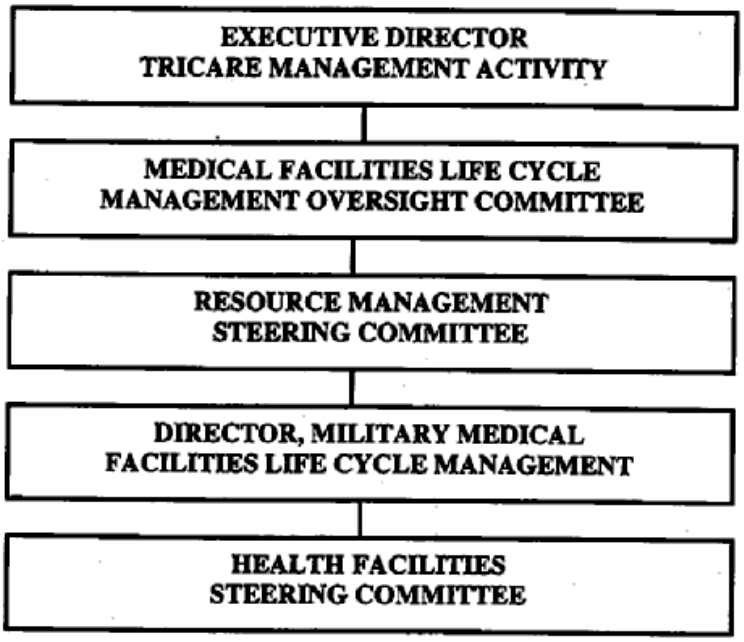
Figure 1

5. MEETINGS: Future meeting dates and primary agenda topics will be discussed at the close of each regular HFSC meeting. At a minimum, meetings will be held quarterly. Minutes will be prepared by the designated recorder, reviewed and signed by the Chair, and approved by the Director, TMA Resource Management, prior to distribution to HFSC members. The minutes from each meeting will also be provided to the RMSC. HFSC members shall review the minutes at the beginning of the next meeting.

6. OVERSIGHT AND CONFLICT RESOLUTION: The HFSC is aligned under the Resource Management Steering Committee. The HFSC and its subcommittees will not usurp or undermine the authorities of any individual organization or agency. Although the HFSC is envisioned as a consensus body, if concerns or issues arise beyond the purview of this charter, the resolution chain is depicted in Figure 2.

Figure 2

OVERSIGHT/CONFLICT RESOLUTION CHAIN



7. DELIVERABLES: Not less than annually, the HFSC will prepare a briefing on the "State of MHS Medical Facilities" to be presented to the RMSC. This presentation will include an overview of HFSC activities and issues, including appropriate assessments and recommendations. While consensus on the briefing is the goal, provision will be made for dissenting views.

8. CHANGES AND DURATION: Changes to this charter may be made by a unanimous vote of the permanent members subject to approval of Director, TMA RM. The HFSC and its established sub-committees will serve as a standing committee under the guidelines of DoDI 6015.17 (under revision).

Approval:

Jean Storck
Director, Resource Management
TRICARE Management Activity

3/15/02
Date