CHAPTER 71-4 DEVELOPING AND PREPARING FEPP PHASE II

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71-4.1 COVER SHEET AND TABLE OF CONTENTS

A. COVER SHEET - A sample is presented in exhibit 71-4.1-A.

The cover sheet should include:

- Title of the plan and fiscal year
- Area name, city, and state
- Signature and date prepared by the facilities manager
- Signature and date of approval by Associate Area Director OEHE

B. TABLE OF CONTENTS - Indicate the title of the various sections required in the submission in the order outlined in section 1-2B (2) above. Indicate the first page number or tab where it can be located in the report for each required section adjacent to each section title in the table.

71-4.2 STATUS OF ACCREDITATION RECOMMENDATIONS

A. PURPOSE

The purpose of this section of the FEPP is to create a tracking mechanism for the Area office to follow up on facilities engineering related accreditation recommendations. This will ensure that recommendations are corrected before the next scheduled accreditation site survey.

B. SCOPE - For each facility in the service unit, which has been surveyed by JCAHO for accreditation, provide a list of the facilities engineering related recommendations from the latest

survey. Describe the status and plan of action to comply with each of the cited recommendations that require facilities action.

C. SUBMISSION FORMAT

Provide the following information:

- Service Unit Name
- Installation Name
- Date of the Survey
- Recommendation
- Current Status of Recommendation

Continue to report on the recommendations until the action has been implemented and reported as completed in this section of the FEPP.

71-4.3 STATUS OF AREA PROGRAM REVIEW RECOMMENDATIONS

A. PURPOSE - The purpose of this section of the FEPP is to create a tracking mechanism for the Area office to follow up on the recommendations from Area and Headquarters program review reports. This will ensure actions are completed and incorporated throughout the entire Area before the next scheduled Headquarters program review.

B. SCOPE - The Area facilities office and IHS Headquarters, Office of Public Health (OPH), Division of Facilities and Environmental Engineering (DFEE), are responsible for ensuring through various management techniques that the assigned mission of the Area and national facilities engineering program is being met. This section of the FEPP generates a report of the status of program review recommendations. In this manner the Area can track the status and ultimate completion of all program review recommendations.

C. SUBMISSION FORMAT

(1) Service Unit

For each service unit which has received an Area program review provide the following:

a. Recommendation - List each recommendations from the survey review report.

b. Plan of Action - After each recommendation state the action that will correct the recommendation.

c. Status - After each recommendation describe the status of the action for correcting the recommendation.

Continue to report on each of the recommendations until each has been fully implemented and reported as completed in this section of the FEPP.

(2) Area

Attach a copy of the report required of each service unit above. Continue to report on each of the service units until each has implemented and reported completion of all recommendations.

71-4.4 UTILIZATION OF FUNDS

A. PURPOSE - The purpose of this section of is to provide a report showing the actual utilization of M&I, M&M, QR, and FS funds utilized at each service unit (for facilities management purposes) for the previous fiscal year.

B. SCOPE - The report serves to establish a data base of the spending trend for the various funding activities in the Indian Health Facilities appropriation to assist in future planning and answering question to prepare future budget requests to the Congress.

C. SUBMISSION FORMAT - This report is expected to correlate with the approved consolidated Area work plan submitted in Phase I of the FEPP for the previous completed fiscal year.

(1) Service Unit

The report format will consist of a copy of the previous year's work plan (exhibit 71-3.5-A and B) marked up with pen and ink to reflect the actual obligation of funds as of September 30 of each fiscal year.

(2) Area

The report format will consist of a copy of the previous year's consolidated work plan (exhibit 71-3.6-A and B) marked up with pen and ink to reflect the actual obligation of funds as of September 30 of each fiscal year.

71-4.5 MANAGEMENT CONTROL

A. PURPOSE - The purpose of this section is for the Area to summarize the results of their management control program.

B. SCOPE

(1) Service Unit

The report consistsof a summary of the assessments conducted by the service units during the previous fiscal year.

The facilities management programs typically includes:

a. Accreditation

b. Construction

c. Work Management

d. Training

e. Preventive Maintenance

f. Overtime Usage

g. Security of Tools and Equipment

h. Utilities Management

i. Equipment Management

C. SUBMISSION FORMAT

(1) Service Unit

In this section of the FEPP, each service unit summarizes the results of their management control program for the past fiscal year.

a. Risk Assessments - Summarize the risk assessments which were performed by the facilities manager. Include information on topics covered, number of risk assessments completed, and the status of the implementation of the recommendations.

b. Management Reviews - List the management reviews which were performed by the faciities manager. Attach a copy of the report which presents the results of the reviews.

(2) Area

Summarize the results of the management control program for the Area facilities engineering program for the past fiscal year.

a. Risk Assessments - List the number and topic of the risk assessments performed by each service unit.

b. Management Reviews - List the management reviews which were performed by the Area facilities office.

EXHIBIT 71-4.1-A
COVER SHEET FOR FEPP PHASE II

SAMPLE

FACILITIES ENGINEERING PROGRAM PLAN

PHASE II

FY 1994

INDIAN HEALTH SERVICE
NAVAJO AREA
WINDOW ROCK, ARIZONA

Prepared by:

_____
(Name)
Area Facilities Engineer

Date: _____

Approved by:

_____
(Name)
Associate Area Director OEHE

Date: _____