



JUN 14 2007

TO: Area OEHE Associate Directors
Area Facility Managers
Area Planning Officers
All Health System Planning Software Users

Through: Director OEHE *LJA 6/14/07*
Headquarters

FROM: Director
Division of Facilities Planning and Construction

SUBJECT: Release of the HSP2007 Health System Planning Software

The Division of Facilities Planning and Construction (DFPC) is pleased to announce the release of the updated Health System Planning (HSP) process software program HSP2007. This version has been tested thoroughly by a group of Area Planners and Facility Management staff, including testing of thresholds and results consistency. We believe the performance of the new version achieves increased reliability and will save you time and effort in developing Program Justification Documents (PJDs) and Program of Requirements (PORs). You are encouraged to share this announcement with the tribes in your Areas.

While we want to begin to use this new version immediately, it is recognized that this is not practical in all situations where planning is well advanced. Therefore, projects developed under the HSP2003A and HSP2005 versions which have approved health programs, including deviations, approved Resource Requirement Methodology for staffing shall continue to use the HSP2003A and HSP2005 versions to develop and finalize the POR document. For projects under development, where there is no approval of health programs or RRM staffing, etc., the HSP2007 may be used to develop the PJD and POR.

If the PJD is approved but the POR is underdevelopment with a previous version of HSP, the user may use the HSP2007 version only to include those programs now included in the new version but not found in the previous version. For example, the HSP 2005 did not include the Security Department but is now in the HSP 2007 version. The user may use the workload values in the HSP 2007.

Once the PJD has been approved, the agency will not process amendments for services, staff, space, etc., unless there is a substantial change, at least 10% in demographics that warrants reconsideration. Documents may be changed if errors of math or syntax are detected.

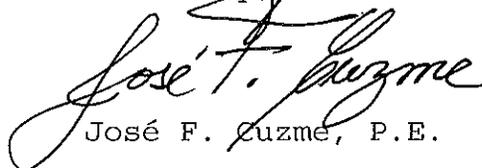
This memorandum and Attachment A which provides the major changes in the new HSP2007 version can also be viewed on the website below. The HSP2007 incorporates the 2005 user population. The HSP2007 software may be downloaded from the following website:

<http://www.dfpc.ihs.gov/HSP>

Any user encountering problems or difficulties with HSP2007 is encouraged to look first on the website above for possible solutions. You may also direct your questions to either Mr. Gerald Inglett of the Division of Engineering Services, Dallas, TX at (214)767-3898 or to CDR John Longstaff, DFPC, Rockville, MD at (301)443-1851.

I request that you provide feedback to these individuals as you use this new version. Thank you for your cooperation.

Sincerely,



José F. Cuzme, P.E.

Attachment

Attachment A

The following are changes to the HSP2005 and are incorporated into the HSP2007 version. The HSP2007 software may be downloaded from the following website: <http://www.dfpc.ihs.gov//HSP>

1. Replaced the FY2001 User Population database with the FY2005 data and modified it to include the area user adjustments. This is the first time the User Population has included the adjustments. Also, enhanced the Community Selection screen. It now indicates both the current (FY2005) and the projected user population for each community.
2. Updated the Service Population database to allow for projections to 2020. The database now includes both the service and non-service population counties. The addition of the non-service counties means the system can now project the user population of communities located in these counties. There are still some counties in the US that are not in the database but the Community Selection screen now indicates when this occurs. The Community Selection screen also indicates when a community projected population is declining.
3. The RRM data in the system used to determine staffing requirements was updated to the latest version. Formula changes (in the new RRM) will change some of the counts for staff positions. The HSP will automatically import these changes into the project when the project is recalculated.
4. The 2007 version of the HSP updated four disciplines and added one discipline. The disciplines updated include: Diagnostic Imaging, Emergency, Laboratory, and Surgery. The discipline that was added is Security. Changes in Diagnostic Imaging include adding criteria for 'Bone Density' (BMD) exams, splitting the CT/MRI grouping into individual modalities (CT and MRI), and modifying the criteria in order to allocate Procedure Rooms to be based on workload, not on templates. The Emergency Department is now based on eleven workload ranges in lieu of three, Laboratory is based on ten workload ranges in lieu of four, and Surgery is based on five workload ranges in lieu of one. Security was added to the Administration discipline group. The discipline is based on staffing and associated criteria, and functions as an out-of-template discipline.

5. The equipment data and room criterion was updated. The equipment data now includes pricing and the architectural, electrical, and mechanical attributes. The equipment needs and the room criteria requirements for the rooms used by all the disciplines in the system were updated.

6. Two new reports have been added: an equipment report that allows the viewing of expanded information on each piece of equipment, and a room criteria report that places the room function plan, room criteria, and equipment list on one page.

7. Updated and improved the Capacity Analysis which allows a comparison of key characteristics of an existing facility to the projected 'need' of the planned facility program. A new 'Functional Deficiencies' section was added to the report that allows departmental problems to be captured and reported as part of the report.

8. The RRM embedded in HSP is only an initial planning tool and is not the RRM used to staff or approve planning documents. The suggested staffing is provided to help generate more accurate space information on the initial run. Staffing is rounded differently when HSP populates the various positions and staffing within HSP will not match the RRM spreadsheet embedded in HSP. The RRM spreadsheet embedded in HSP is also subject to change when HSP updates information.

Please note that the RRM staffing for space and budget will continue to be validated through the Division of Planning, Evaluation and Research using the latest version of the stand-alone RRM found at:

<http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-facilities-planning.asp#rrm>.

Once there is a validated RRM for a project, the staffing numbers within each discipline in HSP must be overridden to match the approved RRM.