

Chapter 4.1 Health Facilities Advisory Committee

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4.1.1 Introduction.

4.1.1.1 Purpose. The HFAC is established for the purpose of reviewing, evaluating, developing, and issuing technical criteria requirements used in the planning, design, construction, operation, and maintenance of IHS health care facilities and staff quarters as determined by the respective health care facilities program Division Directors. The HFAC's major thrust is in developing generic standards to provide continuity and consistency in IHS health care facilities. The standards will minimize the need to "reinvent the wheel." Recommendations by the HFAC will be documented and will be based on past experience, sound judgment, deductive risk management, and suitability for standardization in the IHS arena. The HFAC operates in a staff capacity, and does not substitute for line management or in any way exercise the prerogatives of the operating programs. Management of the programs is under the line authority of the Area Directors with management guidance set by IHS Headquarters and documented in the OEHE Technical Handbook and other documentation issued by the Headquarters program directors.

4.1.1.2 Applicability. Reserved.

4.1.1.3 Background. The IHS OEHE is charged with implementing the planning, design, construction, operation, and maintenance programs for health care facilities and staff quarters serving American Indians and Alaska Natives as authorized and funded by the Congress. This requires coordination and communication among many different disciplines to stay current with changes in technology, model codes, and federal/state and local technical requirements. Because of the unique nature of IHS health care facilities (e.g., remote locations, cultural sensitivity, etc.), the model codes and standard practices of the regular government entity often do not adequately address all issues. These are the types of matters brought before the HFAC for evaluation and resolution.

4.1.2 Definitions.

4.1.2.1 Health Facilities Advisory Committee (HFAC). The Health Facilities Advisory Committee (HFAC) is an interdisciplinary body of eight professionals versed in matters related to the design, construction, operation and maintenance of health care facilities and facilities in-general. The body advises the Director, Office of Environmental Health and Engineering (OEHE), Indian Health Service (IHS), and the recommendations are recorded in HFAC decision documents. If approved,

these recommendations will be implemented through the Technical Handbook for Environmental Health and Engineering (OEHE Technical Handbook) and through occasional Technical Memoranda, when appropriate. The HFAC operates in a senior staff capacity, as it identifies and establishes best-practices, standards and guidelines for IHS to utilize in planning, design, construction and operation, and maintenance of facilities. The HFAC does not substitute for the authority and priorities of the Area Directors over Area program management. The HFAC does not establish IHS management and/or operational policy.

4.1.3 COMMITTEE MEMBERSHIP AND METHOD OF OPERATION

4.1.3.1 Composition of Committee. The HFAC is composed of eight members selected from representative programs that deal with the planning, design, construction, operation, and maintenance of IHS health care facilities and staff quarters. Members are not expected to represent their organization or program, rather they are selected because they are knowledgeable professionals who represent a cross section of the interests, concerns, and responsibilities of IHS health care facilities and staff quarters programs. The HFAC will consist of the following eight members:

- Three IHS OEHE Headquarters Division Directors: Division of Facilities Operations (DFO), Division of Facilities Planning and Construction (DFPC), and Division of Engineering Services (DES);
- One At-Large IHS representative from an Area Office institutional environmental health program. Typically this will be the National Institute Program Manager; and
- Four At-Large Area facilities engineers, who occupy a position of Area Facility Director or equivalent, or serve as a facility program head/director/chief from an in-patient health care facility.

All members shall designate an alternate to represent them at all HFAC meetings on their behalf during their absence, as well as to attend all HFAC meetings if the member is present. Members may delegate their HFAC responsibilities to their alternate representative within the same groupings indicated above.

HFAC members, and their alternates, are to be registered, licensed, and/or accredited professionals in their fields. Acceptable accreditations include Registered Architects (RA), Professional Engineers (PE), Certified Healthcare Facility Managers (HCFM), and certified institutional environmental health professionals. Other relevant accreditations may be considered for inclusion by the HFAC at any time.

It is desirable to rotate membership between those eligible within the groupings as each term expires.

4.1.3.2 Term of Appointments.

- 1) Three OEHE HQ Division Directors – Permanent.
- 2) Five At-Large Area Members – Two years; however, the HFAC membership may approve a second consecutive term. At-Large members may serve no more than two consecutive terms. When the term of an At-Large Area member has expired or that person no longer serves in an Area facilities engineer or institutional environmental health position, replacement members are jointly selected and appointed by the HFAC membership.
- 3) Chairperson and Vice-Chairperson – The term of the Chairperson and Vice-Chairperson is three years. A person may not serve more than two consecutive terms in either one of these positions. Only OEHE HQ Division Directors (DFO/DFPC/DES) may serve as Chairperson.
- 4) Succession of the Chairperson will be determined by the OEHE HQ Division Directors (DFO/DFPC/DES) when a term ends.
- 5) If the Chairperson must vacate that position because they leave their Director position, the remainder of the term will be served by the appointed acting Division Director and/or permanent replacement.
- 6) If the Vice Chairperson must vacate that position for any reason, the remainder of the term will be served by a member as agreed to by the HFAC.

4.1.3.3 Nominations. Upon a vacancy, the Chairperson shall solicit nominations from the HFAC membership.

4.1.3.4 Method of Operation. The HFAC shall develop its own internal procedures relative to its method of conducting business. These shall include, at a minimum, consideration of the following:

- 1) A meeting shall be held quarterly and may be conducted as conference calls. When possible, HFAC meetings should be scheduled in conjunction with workshops, conferences, etc., which are attended by HFAC members.
- 2) In accord with the HFAC procedures, the Chairperson may appoint an executive secretary. If an executive secretary is not appointed, then the responsibilities described below for this position shall be assumed by the Chairperson.
- 3) The executive secretary will solicit proposed agenda items from the HFAC membership and distribute the agenda prior to the meeting.
- 4) Minutes of each HFAC meeting will be drafted and distributed by the executive secretary. The HFAC membership will vote whether to approve, disapprove, or amend the minutes.
- 5) A quorum consists of at least 50 percent of the HFAC voting membership. A person attending as an alternate representative of a member who is not in attendance shall be counted in determining the quorum requirement.
- 6) An alternate representative of a member can vote for the member in their absence.

- 7) Where voting is required or appropriate, (e.g., approval of Technical Handbook Chapters, election of the HFAC At-Large members, election of HFAC officers, etc.) action will be determined by the simple majority of the HFAC voting membership. Consensus is the method preferred in determining HFAC actions.
- 8) Tie votes will be broken by the Chairperson casting a second vote.
- 9) The HFAC may elect to establish standing or ad hoc subcommittees, which may include non-HFAC members provided that the chairperson of that subcommittee is a voting or an alternate member of the HFAC.
- 10) The HFAC will adopt and follow an established procedure to develop, review, and issue standards or guidelines. This includes the following items:
 - The HFAC will establish specific priority areas where standard guidelines are needed. Written suggestions and concerns for topics to be considered by the HFAC are encouraged from any personnel involved in the planning, design, construction, operation, and maintenance of health care facilities. Specific assignments may be made by the Chairperson and performed by individual members, alternates, or subcommittees for later presentation and approval by the HFAC.
 - The HFAC member or alternate assigned to specific tasks should prepare a completed draft guideline, which will be distributed to the HFAC members and alternates and reviewed for editorial comments. The comments will be mailed to the preparer by the individual members. Then, the preparer will revise or correct the completed draft guideline and distribute to the HFAC members. The preparer will present the corrected draft guideline for discussion at the HFAC meeting.
 - After the discussion, the HFAC membership could accept or reject the corrected draft. If the draft is acceptable, the Chairperson will ask for a motion to adopt or follow the draft. If the draft is rejected, due to incomplete write-ups, or because it needs additional information, etc., the Chairperson will ask for resubmission at a later date.
 - The Chairperson is responsible for assuring that appropriate personnel have an opportunity to review and comment on the proposed guidelines, and the HFAC membership have considered these comments before they are approved by the HFAC.
 - The executive secretary will record the approved motion; prepare a decision notice outlining the HFAC position; the actions taken; and the issue, decision, reference, and date when the guideline was voted by the HFAC membership. The decision notice may include a draft technical handbook chapter prepared by HFAC members or subcommittee or others. The decision notice may also include or reference a published guideline or standards used by the Federal government or private sector.
 - The Chairperson will review and sign the decision notice, and the executive secretary will distribute this notice to the HFAC membership and Area offices together with a draft of any affected guidance subject to editorial revision.

- The signed decision notice will be filed on the HFAC website. If the decision involves preparation of a Technical Handbook chapter, it will be prepared and processed in accordance with the guidance in Chapter 2-1, “Technical Handbook Implementation.”

End of Chapter 4.1 Health Facilities Advisory Committee

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