



THE AFMLL

The Air Force Medical Logistics Letter

Delivering Customer Focused Global Integrated Logistics



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MEDICAL MATERIEL

Where Do We Stand in Comparison to Industry?

In many cases, Air Force Medical Logistics sets the standard. We always have room for improvement, but we can also serve as the benchmark for many of our business process improvements and practices.

The first report published by the Efficient Health Care Consumer Response (EHCR) task force outlines the need for "high-level business network reconfiguration" to bring down materiel costs and improve service. Several Air Force hospitals participated in the EHCR survey process, which resulted in a report that calls for efficient product movement, efficient order management, and efficient information sharing. Goals for these strategies are identified as increasing electronic order transactions to 95 percent of all transactions, improving invoice accuracy to 100 percent, reducing inventories by 80 percent, reducing product stop points by 50 percent, becoming totally paperless with 90 percent of trading partners, improving service levels/fill rates to 99 percent, reducing materiel handling staff by 50 percent, and optimizing the receiving function.¹

Air Force Medical Logistics is well down the road toward meeting most of those goals. We implemented similar strategies in the Medical Logistics Business Plan long before they were published by ECHR. Demonstration projects like Automated Inventory Management System (AIMS) at Wright-Patterson and Streamlined Automated Receiving System (STAR) at Andrews, have led to standard Medical Logistics System (MEDLOG) enhancements such as Stock In Forward Area (SIFA) and Radio Frequency (RF) transactions which have been, or will soon be implemented as part of MEDLOG. These changes significantly improve supply flow, reduce stop points, improve service levels, reduce inventory, and position us to reduce the number of people required to maintain that inventory. STAR has revolutionized the receiving function and allows products to go directly to users upon check-in. The next MEDLOG release

includes SMI (Standard MEDLOG Inquiries) and VPP (View Print Products). The combination of SMI and REP will allow information retrieval and sharing that is unparalleled to date. VPP is our first step toward reducing paper products. Our MEDLOG hardware replacement program, scheduled for completion within one year, includes CD ROM towers, scanners, and large data storage capabilities that should further reduce our reliance on printed paper products. We are working on wireless technology that will allow high-speed inventory and receiving, and will eventually accommodate on-line processing of any MEDLOG transaction from a handheld PC equipped with a radio frequency transmitter.

All of these initiatives are being worked closely with the DMLSS program office to ensure the benefits and lessons learned can be used as DMLSS is developed and fielded. Whenever possible, the hardware and software we acquire for MEDLOG is compatible with DMLSS.

As you can see, we are progressing rapidly down a path of process improvements that incorporates technological advances. Most all of the ideas behind our efforts came from people like you, who understand the processes and opportunities for improvement far better than any of us in staff positions! Keep those ideas flowing.

¹*Materials Management, Stock Tips Take Shape - EHCR's First Findings, January 97, pp. 36-38*

(HQ AFMSA/SGSLP, Lt Col Jim Moreland, DSN 240-4125)

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Surgical PREPACs Available Under Defense Personnel Support Center (DPSC) Medical/Surgical (Med/Surg) Prime Vendor (PV)

The Directorate of Medical Materiel at DPSC has been working with major producers of custom surgical procedural packs (PREPACs) to make them available to DPSC PV program customers. PREPACs are widely used in civilian hospitals and their use continues to grow as hospitals form consortiums, decrease staff and reengineer practices to reduce costs.

During recent market research, DPSC learned that several DoD facilities were already purchasing custom procedural packs. To make PREPACs available to all DPSC PV customers, The Directorate of Medical Materiel adopted a concept of operations which embraces a three-step approach:

- ◆ Issue DAPAs to major manufacturers of custom procedural packs
- ◆ Include packs currently being purchased by our customers on DAPA
- ◆ Develop new customers for the PREPAC program and sign DAPAs to meet customer needs

According to DPSC, PV PREPAC prices are competitive. DPSC performs an extensive cost analysis and requires DAPA holders to certify their DoD price is equal to, or less than, their most favored commercial customer.

One attractive feature of the PREPAC program is that each customer may define what they want in

their PREPACs, and each have a unique catalog number. PREPACs can be custom configured to the MTF level, case type level, or even for specific providers.

Each PREPAC producer incorporates unique product features to consider as the end-users decide which producer to use. One manufacturer offers procedural packs in a unitized container which can be used to ship waste for later disposal by the manufacturer or the MTF. Yet another manufacturer offers device products that are completely soluble and biodegradable in water over 200 degrees F, which can be safely sent into the local water system. (Ensure the base bioenvironmental engineer and environmental manager approve of waste disposal methods.) Other manufacturers offer features each MTF must study to make informed selections.

To date, DAPAs have been issued to DeRoyal Industries, Medline Industries, and MedSurge Isolyser; three of the leading PREPAC producers in the United States. Two additional DAPAs are pending and close to completion; one with Allegiance Healthcare, and the other with Maxxim Medical.

Current DPSC PV PREPAC customers include:

- ◆ Ft. Eustis - McDonald Army Hospital
- ◆ Walter Reed Army Medical Center
- ◆ Ft. Belvoir - DeWitt Army Medical Hospital
- ◆ Charleston Naval Hospital
- ◆ Portsmouth Naval Hospital

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published monthly to provide medical materiel support data to Air Force medical activities worldwide. Our mission is to ensure all Air Force medical facilities receive the highest level of medical logistics support. In that regard, we solicit your articles for inclusion in the AFMLL to relay information for use by other activities. For additional information concerning this publication, call (301) 619-4158/DSN 343-4158 or write to the Air Force Medical Logistics Office, ATTN: FOA, Building 1423, Fort Detrick, Frederick, Maryland 21702-5006. Articles may be data faxed to (301) 619-2557 or DSN 343-2557.

The use of a name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

Matters requiring AFMLO action after normal duty hours may be referred to the AFMLO Staff Duty Officer. The Staff Duty Officer may be reached at DSN 343-2400 or (301) 619-2400 between the hours of 1630 and 0700 weekdays, and anytime on weekends and holidays.

- ◆ Beaufort Naval Hospital
- ◆ National Naval Medical Center - Bethesda
- ◆ Bremerton Naval Hospital
- ◆ 99th Medical Group, Nellis Federal Hospital, Nellis AFB NV
- ◆ Malcolm Grow USAF Medical Center, Andrews AFB MD

DPSC hopes to add to this list and is currently working with Fort Bliss and Wright-Patterson AFB to get PREPACs in use at those facilities added to DAPA.

How can you take advantage of the PREPAC program?

Step 1 is to identify PREPACs already in use to DPSC for inclusion on a DAPA.

Step 2 is to identify potential PREPACs that would further reduce the "total delivered cost" of goods. One requirement for enjoying "most favored customer pricing" is a signed agreement between the PV/manufacturer and the medical facility outlining the requirement for use of custom produced materials before changing product configuration or going to a new manufacturer. This generally represents 30, 60, or 90 days, depending on the producer. When signing the "contract", the customer agrees to inform the manufacturer or PV, in writing, when a change occurs so the manufacturer/PV does not continue ordering unnecessary components. As agreed upon, the customer will then issue a PV order totaling the maximum 30, 60, or 90 days worth of finished goods inventory, to include PV finished goods inventory, the manufacturers finished goods inventory, and the work orders in process.

The latest PREPAC information is on the DPSC web page at <http://www.dpsc.dla.mil> under "Medicine Cabinet". To access, select:

- .. "Medical Supplies & Equipment"

- .. "Products Groups"

- .. "Medical/Surgical"

- .. and finally "Med/Surg PREPACs"

DPSC points of contact are listed, as well as other PREPACs currently under DAPA. DPSC will make existing PREPACs componentry available to interested customers. This listing will serve as a basis for developing their own custom packs. The names and numbers of local representatives of the DAPA holders are also available through DPSC. DPSC can arrange a visit to your facility by DAPA holders to demonstrate their product line as well as answer questions. For questions regarding the PREPACs concept, contact the web site points of contact or Paul Bellino at (215) 737-2238 or DSN 444-2238. (HQ AFMSA/SGSL, Lt Col Jim Moreland, DSN 240-4125)

Tri-Service Medical System Support Center (TMSSC) - Help Desk

Effective 1 March 1997, all calls regarding DMLSS trouble reporting (including Prime Vendor) will be taken by the Tri-Service Medical System Support Center (TMSSC); more commonly referred to as the "Help Desk". The *Help Desk* assists system administrators in resolving problems with application software, and will relay hardware and operating software related problems to **Cordant** (hardware repair contractor). When you call the Help Desk, it is important that you clearly communicate the urgency of your problem (e.g., does it require an immediate response?) As a general rule, most software problems should be resolved within two to four hours. Some may take longer, particularly if the developer (EDS) must get involved. Under the DASH contract for equipment repair, **Cordant** should repair or replace malfunctioning equipment within four hours of being notified by TMSSC. In either case (application software or hardware) if you do not receive corrective action to your problem within four hours, follow-up with the *Help Desk*. Remember to

document all calls in the System Administrator Log Book and ensure you receive a Ticket Number from the person assisting you (this number is extremely important when tracking recurring system problems).

If you are not satisfied with *Help Desk* service, contact MSgt Tracey McDonald at the *Help Desk* numbers listed below. If you are still not satisfied and the problem is not getting resolved in a timely manner, please contact our DMLSS Deployment Team at DSN 240-3347/3363, commercial (210) 536-3347/3363, or Mr. Steve Stiles at DSN 240-4132, commercial (210) 536-4132.

The telephone number for TMSSC is:

DSN 240-4150 or 1-800-600-9332 (CONUS)

If you have trouble contacting the *Help Desk* by DSN from overseas, the following overseas toll-free numbers are available (dial the access code for the country you are in, then 800-981-5339).

<i>Country</i>	<i>Access Number</i>
Belgium	0800-100-10
Germany	0130-0010
Greece	00-800-1311
Guam	018-872
Italy	172-1011
Japan	0039-111
Korea	00-911
Netherlands	06-022-9111
Panama	109
Portugal	05017-1288
Spain	900-99-0011
UK (England)	0800-89-0011 or 0500-89-0011
Turkey	00-800-12277

If the problem requires the submission of a System/Software Incident Report (SIR), or you identify a process that may be improved, submit a Change Request (CR) to the DMLSS Configuration Manager at :

**DMLSS Configuration Manager
Six Skyline Place**

**5109 Leesburg Pike, Suite 500
Falls Church, Virginia 20041-3208**

You can also submit a SIR or CR to the DMLSS Configuration Manager via the internet at:

<http://hawwww.ha.ods.mil/projs/dmlss/dmlsshm.html>

Important reminders for DMLSS System Administrators:

- ◆ Change tapes each day for the scheduled DMLSS backups
- ◆ Process the monthly MECA tape as of the effective date of the tape
- ◆ Document all administrative actions/ problems with DMLSS in the System Administrators Log Book

(HQ AFMSA/SGSLP, Mr. Steve Stiles, DSN 240-4132)

Contracting Corner

This is the first in a continuing series of short articles addressing a variety of contracting-related topics. Some items of interest will be covered over several editions as time and editorial space allow. Any contracting questions you'd like answered? Please e-mail questions/comments to the following address:

Jacob_A@msa01.brooks.af.mil

(AFMSA/SGSLC, Mr. Tom Cook, DSN 240-3944)

The Character of Services

Medical services contracts can be for personal or non-personal services. What differentiates the two? Briefly, in a personal services contract, the contractor(s) appear to be government employees. They work next to, and are supervised by government employees in the government facility. The government is responsible for the actions of

these employees while they are on the job, and tend to provide more equipment and supplies than in a non-personal services contract. Personal services contracts tend to be with individual employees, but this is not a requirement.

In a non-personal services contract, the contractor's employees are supervised, hired, and fired by the contractor. Performance of the contract is usually on-site, but could be off-site in contractor facilities. Government coordination and direction are through a contractor's contract administrator, not the individual employee, except in cases of risk of life or property, in which case intervention would be expected. Depending on place of performance, the government would provide less of the equipment and supplies. This is the more typical type of service contract in the federal sector.

There are a number of factors influencing the choice between a personal and a non-personal services contract. A personal services contract may be more appropriate where greater control or surveillance of employees is desired, as with RNs or technicians. We also must consider the effect of the statutory pay cap of \$200,000 per year. While significantly higher than in the past, it could still affect some of the more highly paid specialties. A non-personal services contract might be a better choice for a physician, who will exercise considerably more independent judgment. The pay cap does not apply to non-personal services contracts. The contractor is free to pay whatever will retain the provider while winning the contract.

Responsibility for medical malpractice liability insurance also varies with the type of contract. In a personal services contract, the contractor does not obtain his own medical malpractice insurance; the government insures these claims. For a non-personal services contract, the contractor is required to obtain its own medical malpractice insurance. This tends to make the contract price higher than a personal services contract.

Contracting Workshop Offered!!!

HQ AFMSA/SGSLC will host a three-day contracting workshop for Medical Logistics personnel from 1-3 April 1997. The workshop is open to all ranks/grades interested in learning more about the contracting process and the logistics role as it relates to contracting. The workshop is geared toward the "working level" contracts manager, but is open to everyone. The TDY will be funded by your facility, but we believe the workshop will be time and money well spent. Refer any questions you have concerning content of the workshop to Mr. Tom Cook. To request an outline or to sign up for the workshop, contact Ms. Carmen Magner at DSN 240-3944. (AFMSA/SGSLC, Mr. Tom Cook, DSN 240-3944)

Imported Vinyl Miniblinds Lead Poisoning Hazard

The DoD Hazardous Technical Information Services Bulletin (HTIS) (Vol 7, Jan - Feb 97), published a warning on lead poisoning hazards associated with imported vinyl miniblinds. These miniblinds are mostly produced in China, Taiwan, Mexico, and Indonesia. The blinds contain lead in the vinyl. Exposure to sunlight and heat cause a deterioration in the form of lead dust. Children are particularly likely to ingest the lead by rubbing the blinds and later placing their hands in their mouths. Several manufacturers are now producing blinds without lead. HTIS recommends vinyl miniblinds containing lead be removed from all DoD facilities "where there is a potential for exposure to lead, particularly, where children ages six and younger or pregnant women may be present". (HQ AFMSA/SGSLP, Capt Paul Martin, DSN 240-4126)

List of Medical Materiel Personnel

Attachment 5 is an alphabetical list of medical materiel personnel and their current duty location. (AFMSA/SGSL, CMSgt David Rea, DSN 240-3939)

New AFMLO Conference Forum Available on the AFMLO Home Page

The Information Systems Team at AFMLO recently completed development of a "Conference Forum" section on the AFMLO home page.

The Conference Forum allows users to post questions or comments concerning Medical Logistics and have them read by all users of the forum. By using this forum, you will be able to communicate with all medical logisticians and medical facilities managers (or at least those with access to the internet and the AFMLO home page), for advice and/or input on a question or issue. The input posted by respondents will be available for all to see! The forum is not intended to be a complaint system, but a way to help share information and ideas for the advancement of the Air Force Medical Service. Once information is posted, only AFMLO's WebMaster can remove it! So be extra careful you present your question or idea in an understandable format.

The best way to learn about the conference forum is to *TRY IT OUT!!*. The AFMLO home page address is:

<http://www.medcom.amedd.army.mil/afmlo/>

Once you get to the home page, select:

"AFMLO's Information Room"

"Conferencing System"

and *"Create a New Thread"* to post a question or idea.

To view existing topics (threads), look at the list below the heading entitled, *"Thread Name."* If you need assistance click on the question mark symbol.

Be sure to include your name, phone number, and e-mail address in all items posted to the forum. This way, others can contact you "off line" to send you requested items or, if necessary, to provide additional information not applicable to everyone.

The Air Force Medical Logistics Office encourages the use of the conference forum to promote new

ideas and understanding of all areas of Medical Logistics including Medical Materiel, Biomedical Equipment Maintenance, and Facilities Management. (AFMLO/FOM-C, Capt Joe Lynch, DSN 343-4030)

Relocation of Defense Automatic Addressing System Center (DAASC)

The DAASC recently relocated their Dayton facility from Gentile Station, Dayton OH to Wright Patterson AFB OH due to Base Realignment and Closure Action (BRAC) at Gentile Station. The phone numbers at the Information Center *Help Desk* are DSN 986-3247 and commercial (937) 656-3247. The e-mail address is as follows:

infocenter@daas.dla.mil

(AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Extension of Availability and Use of the DoD Single Line Item Release/Receipt Document (DD Form 1348-1)

The scheduled nonavailability date for the DoD Single Line Item Release/Receipt Document (DD Form 1348-1), was November 1996. The new discontinuation date is January 1, 1998. This change is the result of numerous requests for waivers from customer activities. DD Form 1348-1 is being replaced by Issue Release/Receipt Document (DD Form 1348-1A). Recommend you implement use of the replacement form as soon as possible to allow complete conversion by the end of calendar year 1997. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Medical Materiel Management Report Footnotes and Problems

Footnotes are important when we analyze reports and find something that appears to be wrong. If the footnotes are available to explain the error, problem, or situation, we do not need to contact you for an explanation. The most important thing is that we know you are aware of the problem, what caused it, and what you are doing to correct it.

Footnotes need not be formal. You can either mail footnotes, fax to DSN 343-4127, or e-mail them to:

lyonsd@ftdetrck-ccmail.army.mil

Typewritten notes are easier to read, but legible handwritten notes are acceptable. Please bring huge errors to our attention immediately by e-mail or telephone.

Annotate irregular situations, including the cause of the situation and corrective action you are taking, if required. (All irregular situations do not necessarily require correction.) Also include the month the footnotes apply to, and be sure to include your FM account number and point of contact.

If you do not know how to correct a problem or transaction, call the Readiness/Logistics Analysis Team for assistance. We may not know the solution, but if we can recreate it in our MEDLOG, we can play with it without harming anything. We also rely heavily on HQ Standard Systems Group for advice. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Integrated Accounts Payable System (IAPS) Products

Last year we recommended you get four listings from your finance office on a routine basis. Some of you have had trouble getting these listings. Recently we asked the accounting and finance community why you are having problems. The following information should help you obtain these listings.

MEDLOG to IAPS Interface List, Parts II and III

Presently, the finance system prints these listings only at the OPLOC. We will request a change in their system to allow printing at the site level. In the interim, request the OPLOC mail or fax copies of the listings on a routine basis.

Outstanding Stock Fund Rejects List

Either site-level or OPLOC personnel may request this optional product. Contact your local accounting and finance office and select Option "I" on the Optional Print Screen. The screen allows them to specify the local printer.

Billed Not Received Follow-Up To Supply List

You should be getting this list routinely without having to ask for it. In their system, FM accounts include a Defense Accounting & Finance Office Identification Number (DAFO ID). The follow-up program produces a separate product of all SRANs with the same DAFO ID. Each DAFO should be receiving a single list by SRAN for each base and Medical Supply activity with their DAFO ID. If you are not receiving this list, check with your local accounting and finance office. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Retransmission of Medical Logistics System (MEDLOG) Files

Integrated Accounts Payable System (IAPS) personnel constantly request retransmission of MEDLOG files to the Defense Accounting Office (DAO). Research brought us to the following conclusions: You should never have to retransmit files if: (a) Funds Control indicate the batch was received, and (b) Funds Control indicate the batch was processed. Funds Control creates a backup copy of the file sent to IAPS.

For FTF data the file name is:

OBJ0[ALN][PLN]*ZBJOEBUNDD00

For DIF data, the file name is:

OBJ0[ALN][PLN]*ZBJOFBUNDD00

The missing cycle may be found in the backup file. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Finance System Problems

It is extremely important we know about problems you experience with the finance systems interfacing with the MEDLOG system. Capt Gino Auteri at AFMSA/SGSLP is working directly with the DFAS community to get all routine problems corrected. The only way you can ensure this happens is to report all problems. Even though the products you receive have not looked good or balanced for over a year, don't just discard them. *We need to know the problems!!* You can direct problems directly to Capt Auteri at AFMSA, to SSG, or to the AFMLO Logistics/Readiness Analysis Team. If you include problems with your MMMR footnotes, we will have a permanent record. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

AFMEDS Update

The AFMLO home page is continuously being enhanced with numerous options to choose from, and is updated daily.

Under *Air Force Only*, you may view new items that have not been advertised. Remember, the availability of excess materiel to Air Force only has been reduced to 30 days. Therefore, it is very important requests be submitted as quickly as possible.

Other DoD activities may request from Air Force after 30 days. If you cannot find what you are looking for in the Air Force section, there are links to the Army and Navy excess listings. If you order from the other services, follow the instructions on their page. (AFMLO/FOM-P, Ms. Jackie Snoots, DSN 343-4162)

Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

Pages 1 through 68 of **Attachment 3** are the quarterly consolidated list of DBPAs. Pages 69 through 72 contain an alphabetic cross reference for the current DBPAs, while pages 73 through 77 provide a category reference. A Routing Identifier Code (RIC) is included at pages 78 through 80. The DBPA program has been modified to include DBPAs negotiated by the following:

- 1) DPSC
- 2) HQ AFMSA Contracting
- 3) Veterans Affairs, National Acquisition Center

Did You Know?

The DBPA fiscal year 1996 survey has been completed. Out of the 85 medical facilities surveyed, we calculated a usage of \$103,394,844.18 for DPSC DBPAs, and \$199,338.44 for those DBPAs managed by AFMSA Contracting Division. The DBPA usage showed a decrease of a little over \$8 million from last year, primarily due to the mandatory usage of the medical/surgical Prime Vendor (PV) program.

Agreement Modifications

A copy of the modification listed below is provided on page 81 of **Attachment 3**.

(SP0200-97-A)

<u>DLA-120-97-A</u>	<u>Vendor Name</u>	<u>Mod for</u>
9236	Access/God Loves You	Name, "remit to" address, new Fed ID#

SP0 Agreement Conversions

The following agreements have been converted to SP0200-97-A.

8501	8502	8503	8504	8505	8506	8509	8510
8511	8512	8513	8514	8515	8516	8517	8518
8519	8520	8521	8522	8523	8524	8525	8526
8527	8529	8530	8531	8532	8533	8534	8538
8539	8540	8542	8543	8544	8545	8547	8548
8549	8550	8551	8552	8553	8554	8555	8556
8557	8558	8559	8560	8561	8562	8563	8564
8565	8566	8567	8568	9006	9009	9013	9018
9019	9022	9026	9027	9028	9029	9030	9038
9048	9052	9056	9057	9061	9068	9073	9074
9077	9081	9084	9085	9086	9088	9093	9094
9095	9099	9105	9107	9112	9114	9117	9125
9127	9128	9129	9130	9131	9132	9133	9135
9138	9139	9141	9143	9144	9147	9149	9150
9153	9154	9158	9159	9162	9166	9171	9172
9177	9184	9189	9194	9196	9209	9210	9213
9214	9215	9217	9219	9221	9226	9227	9228
9231	9232	9233	9235	9236	9238	9242	9243
9244	9245	9246	9250	9252	9253	9255	9259
9265	9266	9267	9269	9270	9274	9275	9276
9281	9283	9284	9287	9288	9289	9294	9296
9298	9299	9300	9303	9304	9305	9308	9310
9314	9319	9321	9322	9327	9329	9349	9350
9353	9354	9356	9360	9363	9367	9369	9370
9377	9378	9380	9383	9385	9388	9390	9391
9403	9411	9414	9416	9420	9423	9425	9433
9434	9435	9436	9438	9458	9459	9462	9463
9465	9466	9467	9468	9469	9472	9474	9475
9476	9477	9478	9479	9480	9481	9482	9483
9486	9487	9488	9490	9491	9493	9497	9499
9500							

VA0 Agreement Conversions

Agreements converted to VA0200-97-A- are listed numerically below:

4004	4005	4011	8507	8508	8528	8535	8536
8537	8546	9002	9005	9014	9017	9020	9021
9032	9035	9042	9049	9050	9059	9072	9104

9108	9111	9122	9134	9136	9152	9155	9156
9160	9161	9170	9182	9195	9202	9204	9207
9211	9212	9220	9225	9237	9239	9247	9256
9261	9271	9278	9285	9290	9293	9301	9309
9311	9316	9317	9318	9320	9323	9324	9325
9334	9342	9343	9364	9397	9402	9405	9409
9413	9419	9427	9430	9437	9439	9440	9441
9448	9452	9464	9471	9484	9489	9492	9494
9495	9496	9498					

(AFMLO/FOM-P, Mrs. Charlotte Christian, DSN 343-4164)

Information

AFMLL Medical Materiel Two-Year Alphabetical Index

Attachment 6 is an alphabetical index of Medical Materiel articles published during calendar years 1995 and 1996 (AFMLLs 1-95 through 25/26-96). The articles are listed by the title and AFMLL number, and are divided into the categories listed below:

- ◆ Medical Materiel
- ◆ WRM
- ◆ Excess
- ◆ DBPAs
- ◆ Medical Logistics in Action
- ◆ Did You Know?

If you are unable to locate specific information, call Rita Miller at AFMLO/FOA, DSN 343-4158. A computer search through the index program may quickly find your information. The current index reference is found on the front of each AFMLL. The AFMLL retention period is 24 months, unless sooner rescinded. Articles published in the Engineering, Facilities, and Equipment portion are included as **Attachment 7**. (AFMLO/FOA, Rita Miller, DSN 343-4158)

Medical Logistics in Action

On behalf of Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office (AFMLO), Colonel Morgan extends sincere congratulations to the

personnel named below for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

52nd Medical Support Squadron Spangdahlem AB GE

Crystal L. Bullock and **Traci L. Page** were promoted to **Airman**. **Cedric L. Fuller** was promoted to **Senior Airman**. **Melanie R. Dolzanie** was promoted to **Staff Sergeant**. **SSgt Todd J. Taylor** was awarded the Commendation Medal for duty performance while assigned to Lackland AFB TX. **SSgt Arthur C. House** was awarded the Commendation Medal for duty performance while assigned to the 52nd Medical Support Squadron, Spangdahlem AB GE. **TSgt Michael H. Skidmore** was awarded the Commendation Medal for duty performance while assigned to the 52nd Medical Support Squadron, Spangdahlem AB GE. **TSgt Kay Landmann** was awarded the Commendation Medal for duty performance while assigned to the USAF Academy CO. **SrA Jarrod A. Spedding** was awarded the Achievement Medal for duty performance while assigned to Travis AFB CA. **Capt James M. Smith** was awarded the Air Force Achievement Medal for duty performance while TDY to San Vita IT. **SSgt Melanie R. Dolzanie** received the Kuwait Government Award for TDY while assigned to Saudi Arabia.

82nd Medical Group Sheppard AFB TX

Shelby L. Driver was promoted to **Senior Airman** below-the-zone. **Ricky L. Doran** was promoted to **Master Sergeant**. **Ronald R. Bingham** was promoted to **Senior Master Sergeant**.

30th Medical Group Vandenberg AFB CA

TSgt Dale J. Clark was selected as the 30th Medical Group Noncommissioned Officer of the Year for 1996. **MSgt Stanley Smith** was selected

as the 30th Medical Group Senior Noncommissioned Officer of the year for 1996. Ms. Cindy Lokken was selected as the 30th Medical Group Civilian of the Year for 1996.

86th Medical Support Squadron Ramstein AB GE

TSgt Robert E. Southern was selected as the 86th Medical Support Squadron Noncommissioned Officer of the Year for 1996. **MSgt Edward E. Ring** was selected as the 86th Medical Support Squadron Senior Noncommissioned Officer of the Year for 1996.

35th Medical Group Misawa AB JA

SSgt Dennis O'Brien was selected as the 35th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Oct - Dec 96. **SMSgt Amos Moses** was selected as the 35th Medical Group and 35th Fighter Wing Senior Noncommissioned Officer of the Quarter for the period Oct - Dec 96. **Capt Mike Warwick** was selected as the 35th Medical Group Company Grade Officer of the Year for 1996.

366th Medical Group Mountain Home AFB ID

Andrea L. Carroll and **Joshua Downey** were promoted to **Airman First Class**. **MSgt Cladis D. Houston** was selected as the 366th Medical Group and 366th Composite Wing Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 96.

61st Medical Squadron Los Angeles AFB CA

Josh Adams was promoted to **Airman**. **Robin Steele** was promoted to **Airman First Class**. **First Lieutenant Sally A. Kelly-Rank** was selected as the 61st Medical Squadron Junior Company Grade

Officer of the Year for 1996. **SrA George Linder** was awarded his Associate of Arts degree in Applied Science from the Community College of the Air Force (CCAF).

469th Contingency Hospital Frankfurt GE

Bethany Donley was promoted to **Airman**. **SrA Jeannie Stamford** was selected as the 469th Contingency Hospital Airman of the Year for 1996. **TSgt Peter Leon-Geurrero** was selected as the 469th Contingency Hospital Noncommissioned Officer of the Year for 1996.

90th Medical Support Squadron F.E. Warren AFB WY

Annette M. Holland, BMET, was promoted to Senior Airman below-the-zone. She was also selected as the 90th Missile Wing Airman of the Quarter for the period Oct - Dec 96, and the 90th Medical Group Airman of the Year for 1996.

374th Medical Group Yokota AB JA

SrA Jose M. Pluguez, Jr. was selected as the 374th Medical Support Squadron Airman of the Year for 1996. **SSgt Wanita C. Williams** was selected as the 374th Medical Group Logistician of the Quarter for the period Oct - Dec 96. **MSgt David M. Johns** was selected as the 374th Medical Support Squadron Senior Noncommissioned Officer of the Year for 1996.

3rd Medical Group Elmendorf AFB AK

Felicia Muniz was promoted to **Airman**. **SrA Angela Saul** was selected as the 3rd Medical Support Squadron Logistician of the Year for 1996.

60th Medical Support Squadron Travis AFB CA

Shawn Evans, **Myrthel Maneja**, and **Michael Miller** were promoted to **Airman First Class**. **Rico Daquis** was promoted to **Senior Airman**. **Mark Saleen** was promoted to **Staff Sergeant**. **SrA Corinna Goodale** was presented the Army Commendation Medal for meritorious service while supporting the HQ 6253D U.S. Army Hospital, Santa Rosa, and the 2nd Medical Brigade during operation Joint Endeavor and annual weapons qualifications. **Mr. Thomas Markins** was selected as the 60th Medical Group Civilian Employee of the Year for 1996. **SMSgt Howard Rand** was awarded his Associate of Arts degree in Health Services Management and Air Craft Maintenance from the Community College of the Air Force (CCAF). The Equipment Maintenance Process Team was awarded a Certificate of Recognition by the AMC IG for outstanding teamwork during the AMC Quality Air Force Assessment.

AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	7028-0002	28 Jan 97	FOM-P
Last 1996 QA Message	6353-0034	18 Dec 96	FOM-P
DBPA Consolidated List	AFMLL 02-97	Feb 97	FOM-P
DBPA Messages	R052000Z R242000Z R062000Z R232000Z	5 Feb 97 24 Jan 97 6 Jan 97 23 Dec 96	FOM-P
Shared Procurement List	AFMLL 23/24-96	29 Nov 96	FOM-P
Technical Order 00-35A-39	R292000Z	29 Jan 97	FOC-T