

CLINICAL ENGINEERING

Engineering, Facilities, and Equipment Branch Welcomes New Deputy Chief

Lieutenant Colonel Larry B. Van Cleave

Colonel Van Cleave has joined the AFMLO staff as Deputy Chief, Engineering, Facilities, and Equipment. Colonel Van Cleave was previously assigned to the Defense Medical Standardization Board as Chief, Deployable Medical Systems Analysis Branch, and as Assistant Staff Director, Medical Readiness and Logistics Support Division. He assumed his current position on 2 January 1996.

As Deputy Chief, Engineering, Facilities, and Equipment, he is responsible for developing and executing programs and procedures for the management of materiel, equipment, and facilities to ensure logistical support for the missions of the USAF Medical Service; provide consultant and specialized support services; and establish policy for medical equipment and facilities management.

We welcome Colonel Van Cleave and his family to AFMLO. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

Facilities Management

What's Happening at AFMLO/FOMF?

Facility Management Symposiums

We completed a package requesting approval to host all future Medical Facilities Management Symposiums in conjunction with the American Society for Healthcare Engineering (ASHE) annual conference and technical exhibition. This requires a course designation change from J3 (military hosted) to J5 (civilian hosted). We gained approval for the previous two years to host our symposium in conjunction with the ASHE conference and based on overwhelmingly positive feedback, decided to pursue permanently holding our symposium with ASHE. Both the Army and Navy will attend this year. The Army already committed to continually host their symposium with ASHE and the Air Force. The next ASHE conference will be held in Orlando FL 24-28 June 1996. Mark your calendars now; more to follow later.

Toolbox Update

A meeting is scheduled in February, with the Huntsville Division of the U.S. Army Corps of Engineers (CEHND), to discuss problems with the Toolbox contracting process. If you are experiencing difficulties working with the CEHND, please document the problems and provide copies to your major command (MAJCOM) representative. You may also forward a copy to FOMF.

Project Money

It looks like project money will be extremely tight for FY96 and FY97. Be sure of your priorities and stay in contact with Base Civil Engineer (BCE) programming and your MAJCOM representative.

Be sure to document your backlog of maintenance, repair, and construction projects, and get these lists to your MAJCOM as soon as possible. We will soon be requesting each MAJCOM to provide a list of backlog projects to help in our fight for funds. Keep your lists current and periodically send updates to your MAJCOM. Remember, the MAJCOM holds what little funds we have; therefore, it is in your best interest to ensure your project lists are kept up-to-date.

O & M Construction Project Roles

We are working with the Health Facilities Division and MAJCOMs to define each of our roles in operation and maintenance (O&M) construction projects. We understand personnel in the field are sometimes confused as to who they are supposed to keep informed on construction projects. If you are experiencing difficulties and/or have suggestions, please call us. Our goal is to clearly define the roles and responsibilities of each organization to streamline current processes and eliminate duplication.

JCAHO Compliance Articles

AFMLL 01-96 contained an article on JCAHO Statement of Conditions. The article requested suggestions for future JCAHO compliance articles. We received two: (1) How many performance standards do you need and what are they?; and (2) What does bio-environmental engineering need to do to support facilities management as they prepare for a JCAHO inspection? If you have any advice on these two subjects, please contact us. (AFMLO/FOMF, 1Lt Dennis Ford, DSN 343-4119)

Quality Assurance

Food and Drug Administration (FDA) Recalls/Alert Notices

Attachment 2, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM, Capt William Wood, DSN 343-4024)

Safety Alert -- Defibrillator/Monitor/Pacemakers, MDC 17882, Zoll PowerChargers used with Zoll Model PD/D 1400, Model PD/D 2000 and Model 1600 Defibrillator/Monitor/Pacemakers, Zoll Medical Corp.

Reference *ECRI Health Devices Alerts* Number 1996-A1, 5 January 1996, Accession No. A2937. The PowerChargers have a potential for short circuiting. If short circuiting does occur, the resulting heat may melt, deform, or discolor the PowerCharger housing, and smoke may be produced. However, the short circuit does not prevent operation of the defibrillator on battery power. The manufacturer initiated a field correction by letter dated 21 December 1995, requesting that customers modify their units by following the disassembly, tape application, and reassembly instructions provided. Users should verify receipt of the 21 December 1995 letter from Zoll. Complete and return the postage-paid reply card to Zoll when the modification has been completed. If you require assistance or further information, contact the Zoll Recall Coordinator at commercial (800) 348-9011. (AFMLO/FOM, Capt William Wood, DSN 343-4024)

Safety Alert -- Physiologic Monitoring Systems, Acute Care, MDC 12647, Eagle Monitors, Marquette Electronics Inc.

Reference *ECRI Health Devices Alerts* Number 1996-A2, 12 January 1996, Accession No. A2939. Marquette Eagle monitors can fail to alarm and alert staff to an infant in distress. If provider does not admit the patient to the monitor, the alarms on the unit are defeated. On Marquette monitors, admitting the patient consists of pressing an *ADMIT/DISCHARGE* key, thereby activating or deactivating respectively, the monitoring alarms. The only indication that a patient is not admitted to the monitor is a small *DISCHARGE* message displayed in the corner of the screen. Compared with other manufacturers' monitors, which generally have clear indications of inactive alarms (e.g., an *obvious ALARMS OFF* message), the Eagle monitor's message is subtle and may be overlooked by users. Software Version 4A (released on 23 January 1995) and later versions incorporate additional on-screen messages when the Eagle monitor is in the discharge state. In addition to the *DISCHARGE* message, this software displays a message below the center of the screen showing *ALL ALARMS OFF*. Below this message will be another message stating *ADMIT PATIENT TO ACTIVATE ALARMS*. Users should ensure all Marquette Eagle monitors are equipped with Software Version 4A or a later version. The software upgrade is available upon request at no cost, but hospitals may be charged for installation. To receive the software upgrade or for further information, CONUS customers should contact Marquette Electronics Monitoring Order Management at 800-558-5120. Overseas customers should contact Marquette Electronics Monitoring Order Management at commercial (414) 355-5000. (AFMLO/FOM, Capt William Wood, DSN 343-4024)

Medical Equipment Management

Air Transportable Clinic (ATC) (3kW) Generator Instructions

Attachment 1, pages 1 and 2, contains instructions for establishing uniform generator electrical installation for ATCs (3kW). (AFMLO/OL-2, Mr. Bill Synder, commercial (817) 885-6961)

Tip for Biomedical Equipment Technicians (BMETs) - Newport Medical Instruments Ventilators

The following tip is for Biomedical Equipment Technicians (BMETs) and users of the Newport Medical Instruments Model E100I ventilators. One item recommended by the manufacturer for annual replacement is the jar filter kit (part number JKF100P). Newport charges \$45.00 for this jar filter kit. The same kit can be purchased from Parker (part number PS446P) directly, or through one of their distributors for approximately \$12.50. The telephone number for Parker/Pneumatic Division in Richland, Michigan is commercial (616) 694-9411. (77th Medical Group, McClelland AFB CA, Mr. Richard Davis, DSN 633-7166)

Shared Procurement of Medical Equipment Ordering Procedures

Shared Procurement is a congressionally mandated central purchase program created for the purpose of saving money in the procurement of medical equipment by consolidating the purchasing power of the Department of Defense (DoD) and other government agencies. In support of the Shared Procurement program, the Defense Personnel

Support Center (DPSC) initiates contracts for the purchase of various equipment items. Your requirements become a delivery order against these contracts and, therefore, can be filled quickly. If you are in need of an equipment item included in the Shared Procurement program, you must order the item through this program, unless a waiver is granted in accordance with paragraph e below. Ordering procedures are as follows:

a. Prior to ordering a Shared Procurement item, you must obtain authorization, approval, and funding in accordance with AFMAN 23-110, Vol. 5, Chapter 18.

b. After obtaining authorization, approval, and funding for a medical equipment item, you must submit a Shared Procurement requisition to DPSC-MQ. A Shared Procurement requisition consists of three copies of DD Form 1348-6, "DoD Single Line Item Requisition System Document," and three copies of the completed Customer Order List (COL). The requisition must be submitted "off-line" by First Class mail to:

DPSC-MQ (SHARED PROCUREMENT)
Directorate of Medical Materiel
2800 South 20th Street
Philadelphia PA 19145

A sample DD Form 1348-6 and directions for completing the form are provided in **Attachment 1**, pages 3 and 4.

c. COLs for each Shared Procurement item are provided in the AFMLL as they become available. COLs provide the item nomenclature, the assigned NSN, an abbreviated item description, contract data, and exception data including electrical power requirements and equipment options (if any). The COL must be completed in its entirety. The space identified as "Activity" should include your full logistics address. The "Quantity Required" should indicate the total quantity being ordered. The "Total Cost" should include the contract price of the basic piece of equipment, plus the cost of any options selected, and the current DPSC surcharge (5.6% for AAC H items, 9.8% for AAC L items).

d. Emergency requests can be filled using the Shared Procurement program by placing a high priority on the DD Form 1348-6 in the priority block (columns 60-61). The requisition should have a letter attached which requests accelerated delivery and explains the urgency of need. The requisition can be mailed, or faxed to DSN 444-4113. A

follow-up by phone to DPSC-MQ, Maj Yoder at DSN 444-7182, is recommended to ensure urgent processing.

e. Waivers for exemptions from Shared Procurement must be obtained if you wish to procure the same type item from a source other than those listed on mandatory Shared Procurement. The following guidelines apply:

(1) A request for waiver must be submitted by message or letter to the applicable MAJCOM medical logistics office with an information copy to AFMLO/FOM. **AFMLO/FOM will not act on exemption requests until advised of MAJCOM approval.** MAJCOMs have the following options:

(a) Recommend approval to AFMLO/FOM;

(b) Instruct the base to provide additional justification with an information copy to AFMLO/FOM; or

(c) Disapprove the request and send an information copy to AFMLO/FOM.

(2) The request for waiver must include the CMEMO number of the approved AF Form 601, "Equipment Action Request," authorizing the item (if it is investment equipment); the quantity for which the exemption is requested; and a concise justification stating the need for the exemption. Waivers will only be granted if the Shared Procurement contract delivery dates will not meet your urgency of need, if the request is due to a valid quality assurance/risk management (QA/RM) problem, or if functional requirements cannot be met with the Shared Procurement item.

f. We are directed to participate in the Shared Procurement program to the maximum extent possible. Exemptions may be subject to future audit; therefore, justifications must be clear, accurate, and fully substantiated. (AFMLO/FOM, Capt David Zemkosky, DSN 343-4028)

Shared Procurement Equipment Items Currently Available

Attachment 1, pages 5 and 6, contains a list of all current Shared Procurement contracts and optional contracts available through the DPSC. If you plan to order any of these items for your facility, use the specific ordering instructions and overall program

guidance contained on pages CE-4 and CE-5 of this AFMLL. (AFMLO/FOM, Capt David Zemkosky, DSN 343-4028)

“Piggyback” Contracts Currently Available

AFMLL 02/03-96, Attachment 1, pages 1 and 2, contains a list of all “piggyback” contracts currently available through DPSC. These contracts will allow facilities to “piggyback” requirements onto existing orders placed for specific quantities. Many of these contracts are designed to buy large quantities at reduced prices, and are written with the option of buying additional quantities at the same price. The list in AFMLL 02/03-96 includes available quantities and “Order By” dates. To order, send your requisitions to DPSC (using the MILSTRIP process), Attn: Mr. J. Gallagher/DPSC-MQA, and reference the contract number (from the listing) in the notes section. (AFMLO/FOM, Capt David Zemkosky, DSN 343-4028)

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