



# THE AFMLL

## The Air Force Medical Logistics Letter

*Delivering Customer Focused Global Integrated Logistics*



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Air Force Medical Logistics Office  
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## MEDICAL MATERIEL

### Prime Vendor (PV); Second Verse

We've been fairly consistent in the logistics business; refusing to move backward, always moving forward to make things better. We plan to maintain that method of operation. As we implement new, improved business processes, the growing pains can be tough, as I'm sure all of you know. That's what we're wrestling with on the Medical/Surgical (med/surg) PV program. Basically, the desired outcome is to have two PVs, one each for the major commodities of pharmaceutical and med/surg supplies. Based on our calculations, that could constitute as much as 75 percent of our total EEIC 604 (medical supply) expenses at each facility. Once those programs mature, inventories should decrease, allowing a continuum of transition from an inventory-based to a service-based (Forward Logistics) way of conducting business. Thus, we provide perfect service, win all the wars, cure all diseases, become

### Attachments

Engineering, Facilities, and Equipment (ATCH 1)  
Quality Assurance (ATCH 2)  
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Medical Logistics Symposium List of Workshops and  
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millionaires, and proceed with the proverbial living of life in a manner consistent with happily ever after.

However, the med/surg commodity is a much tougher nut to crack than the pharmaceutical business; no standard numbering method such as NDC; and a general lack of standardization in many medical facilities. In addition, feedback from a multitude of field activities indicates significant problems with PVs not meeting supply requirements. We cannot live with low fill rates as PVs try to spin up to support us; we cannot suffer a decrease in the quality of support to our customers. It's increased workload up front, but facilities who have made it through the growing pains contend it's well worth the effort down the road. I encourage you to give it your best shot. As we resolve the electronic interface problems cropping up, and the PVs adjust to the transfer of inventory to their warehouses, we remain confident the program will mature and grow throughout FY 97. We continue to work closely with the Defense Personnel Support Center (DPSC) to solve each problem. Capt Theresa Wood, AFMLO/FOM-P, has solicited the assistance of the DPSC Case Manager to deal with the surfacing issues. DPSC and AFMLO/FOM-P are committed to making the med/surg program work. With our combined commitment, we can make it happen.

In lieu of establishing specific goals for volume of orders placed with the med/surg PVs, we had a proposal to go strictly with an incentive system. However, the proposal to reward PV success stories with free automobiles and luxury vacations met with the same success as you probably had with your first med/surg PV order. So scratch that, and hang in there.

**NOTE:** *Subsequent to writing the article above, I sent it to a number of people in the field for comment. I do that quite often. It serves as a good barometer for how much criticism I'm going to receive after the article hits the field. The*

*following article is a verbatim review provided by Lt Col Rick Allen at Scott AFB IL. Having read his comments, and considering him to be one of the absolute experts in logistics, I decided to include it with my article. Lt Col Allen's comments strike to the heart of the issue. For those who don't go back that far (mid 1970's), Lt Col Rick Allen was the first in our business to really explore the use of Blanket Purchase Agreements. He's been on the leading edge of innovation in the logistics business for years. He agreed to let me publish his comments, and share the heat of feedback.*

Tim, your article needs to be said. My informal discussions (with other log officers and NCOs) indicate there is still considerable resistance to doing what is right. Why? Because it's a heck of a lot of work. We're working harder than we ever have before, but we are deeply appreciated. The criticisms, complaints, crisis actions, etc., have gone away. PV has enabled us to make the transition from reactive to proactive. Quite frankly, our folks do a much better job of managing using activity inventory than our customers ever did. We (senior officer and NCO leadership) need to convince our own skeptics that, in the long haul, PV and Forward Logistics will not be more or less workload, only more even workload. Yes, we can absorb it all and still have time left over at the end of the day; but our folks will be constantly busy, something they are not used to. Both programs give us the ability to control (own) the entire process, that ownership then allows us to effectively manage it, and that's the key to success.

Concerning your comments on med/surg PV, I think you need to be much stronger. We cannot afford to not aggressively work the problem of expanding coverage. The early Dover AFB experience is not acceptable. Pharmaceuticals were a piece of cake compared to med/surg. I can tell you from experience at Scott AFB, we're not even close to

being where we need to be, and we've been preparing for almost one whole year. We're still only at approximately 50 percent coverage for all med/surg products stocked (450 out of 900 NSNs) and only approximately 150 of those are now carried by our PV. We've also had major problems with our PV; they dropped inventory because we were not giving them demands, they didn't understand our system and we didn't understand theirs. Of course, we won't cut stock levels because of their poor performance, so we are not giving them more frequent demands, it's called Catch 22, but, we'll fix it and get there. Research tools are still primitive due to the lack of a standard number system; PPC helps, but it has major holes. Bottom line is--it's very labor intensive to properly research products. Couple that with lack of knowledge about the commodity and it becomes a very slow process, one many accounts will blow off; too much work! We can't allow that to happen. The message needs to be crystal clear. These programs are not optional. We must commit the time and personnel resources to ensure med/surg is as effective as pharmaceutical has been. That's why I say the message needs to be a little stronger.

Standardization is also a major problem and many of us do a dismal job of it. But we can no longer afford not to do it. A local purchase committee is not a standardization committee. We can learn a great deal from our private sector counterparts. With the projected DHP budgets, we can no longer afford to buy exactly what the customer wants without considering cost and quality. If you want a true indication of how poor a purchasing job we do, survey our accounts and find out how many have

actually accomplished an annual price review for pharmaceuticals. I think the results will be shocking. We need to remind our folks we are a contracting activity, and we have a fiduciary responsibility to save our organization's money, even if we do not have to compete purchases.

I believe these issues need to be addressed to the field. Collectively, we're doing a fair job; but, we could be doing much better, future fiscal constraints leave us no choice. (HQ AFMSA/SGSL, Col Tim Morgan, DSN 240-3946)

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## Career Advisor's Corner

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### 4A1X1 Promotion Statistics and Demographics

**Attachment 1** contains information on the 1996 4A1X1 Promotion Statistics and 4A1X1 Demographics. (HQ AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3949)

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published every two weeks to provide timely 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.

## 4A1X1 Utilization and Training Workshop Results

A Utilization and Training Workshop (U&TW) for the 4A1X1 career field was held on 13-17 August 1996 at Sheppard AFB TX to discuss training needs of the field. Attendees were:

CMSgt Dave Rea, 4A1X1 Career Field  
Manager (CFM), Brooks AFB TX  
CMSgt Joe Prejean, WHMC, Lackland AFB TX  
CMSgt Pam Morrison, HQ AETC/SGAL  
CMSgt(s) Rowland Harvey, Scott AFB IL  
SMSgt Darryl Lambert, Aviano AB IT  
SMSgt Bobby Cole, AFMLO  
MSgt Tracy Heickson, Langley AFB VA  
MSgt Tim Ingram, Holloman AFB NM  
MSgt(s) Mike Burk, HQ AMC/SGSL  
MSgt(s) Denise Morales, Barksdale AFB LA  
MSgt(s) Mike Eurich, WHMC, Lackland AFB  
TX  
TSgt Henry Stephenson, SSG, Maxwell AFB AL  
SSgt Angela Coyle, Bolling AFB DC  
384th Instructor Staff

Every aspect of the medical materiel training curriculum was reviewed in-depth by working groups. The individual elements for the three-level, five-level Career Development Course (CDC), seven-level, and the supplemental course were reviewed. Appropriate changes to the proficiency codes were recommended by the working groups and discussed by the entire group for consensus. Input from the field was taken into consideration as changes were discussed.

Some of the other issues discussed were the upcoming changes to the Medical Logistics System (MEDLOG) and how they impact training needs. There was considerable concern about training requirements of the Air Reserve Component (ARC) forces, and their attendance at the courses before upgrade qualification. This topic is being pursued through different channels to ensure the Mirror Force concept is supported. Consideration was

given to the idea of incorporating War Reserve Materiel (WRM) training elements into different categories; e.g., requisitioning WRM incorporated into Acquisition Management, etc. The group decided WRM should "stand alone" rather than be incorporated, and more emphasis placed on WRM management, WRM acquisition management techniques, and proper record maintenance.

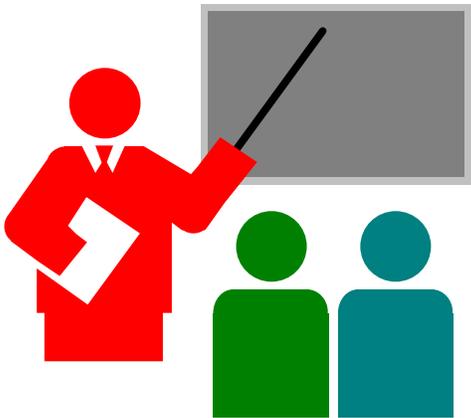
MSgt Vall Skelton, HQ AFPC Assignments Control Section, presented a very informative briefing on the intricacies of the assignment system, and led an excellent discussion of the EQUAL program.

Another topic discussed was the use of Computer Based Instruction (CBI) within the 4A1X1 training programs. SSgt Eric Ayers, 384th Training Squadron instructor for the three-level course, gave a presentation on the pros and cons of the CBI approach. The group recommended SSgt Ayers identify potential topics to be covered under CBI, and these topics be reviewed by the CFM. The drawback is that it takes approximately 200 hours of production time for every hour of CBI produced.

The draft CFETP will be sent to the major command (MAJCOM) logistics offices for review and concurrence. After coordination, it will be forwarded to the appropriate offices for publication. It is anticipated the new CFETP for the 4A1X1 career field will be distributed by January 1997, and announced in the Air Force Publications Bulletin. (HQ AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3949)

## Eligibility, Selection, and Cancellation Procedures for Seven-Level In-Residence Craftsman Courses

**Attachment 4** contains information relevant to attendance of 4A151s at the seven-level course. There are currently two seven-level courses. The first is a mandatory, 10-academic day course in which attendance is directed by HQ AFPC. The second is a supplemental, 20-day course with slots directed by the MAJCOM. (HQ AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3949)



## Carrier-Caused Damage or Loss for PV Items Overseas

Specific instructions on how overseas activities process carrier-caused damage or loss are contained in the DoD Medical Prime Vendor Desk Reference. Basically, you only sign for packages received, and after inspection, annotate on the Waybill any damage or loss. Immediately contact DPSC to report the discrepancy. DPSC will provide further instructions. Contact AFMLO/FOM-P with problems using this process, or in obtaining credit. (AFMLO/FOM-P, Capt Theresa Wood, DSN 343-4168)

## Firewall Access Authorization for Support of Medical Systems

More and more bases are installing firewalls at their base routers. The installation of firewalls is an excellent way to control unauthorized access to systems located behind the base router. However, the firewall stops people who need access, if not properly cleared by the Base Network Control Center (BNCC). Recently, the Medical Systems personnel at HQ Standard Systems Group (SSG) has experienced problems supporting medical systems via TELNET and FTP because at some bases, the BNCC has not authorized SSG access to your systems.

To resolve the firewall access problem, it is imperative the systems administrators for EAS III, MEDNET, DDS, and MEDLOG notify the BNCC that access to your medical systems is authorized from the following Internet Protocol (IP) addresses:

131.57.16.0 mask 255.255.248.0  
143.158.30.0 mask 255.255.255.0  
192.67.251.0 mask 255.255.255.0  
198.97.75.0 mask 255.255.255.0  
140.139.50.0 mask 255.255.255.0

MEDLOG systems administrators also need to provide the BNCC with the IP address of your individual finance support center and Base Contracting Automated System (BCAS).

Point of contact for network matters is SrA Gallant (EAS III, DDS, and MEDNET), DSN 596-2621, or TSgt Schiller (MEDLOG), DSN 596-3687. Contact them for further assistance. (HQ SSG/SBMA, Mr. Virgil Decker, DSN 596-4127)

**Cost-Saving Suggestion --  
*First Aid Kit, Individual***

There is an option for activities that maintain the First Aid Kit, Individual, NSN 6545-01-094-8412 in the mobility bag (Type A). First Aid Kit, Individual, NSN 6545-01-400-3397 will become available through the depot. The new kit does not contain the dated items and antichap lipstick, and meets the requirement for use in mobility bags (Type A).

Medical logistics activities using the new kit will benefit by reducing the time required to inspect and repack expired items in kits for mobility bags. If the option of using the kits without dated items is chosen, medical logistics must maintain and store the dated items separately. During a deployment, those items would be dispensed in a similar manner as for BW/CW agent antidotes. Initially, dated items can be removed from existing kits and stored in medical supply for issue to deploying personnel. Replacement items must be operation and maintenance (O&M) funded using the same medical treatment facility (MTF) funds designated for first aid kit repacking/replenishment (XX5864).

The current First Aid Kit, Individual, NSN 6545-01-094-8412, may be modified in the above manner to meet facility requirements. Technical Order 00-35A-39 will reflect this option in an upcoming change.

Implementation of this suggestion is required. Complete an AF Form 1000-1, Suggestion Evaluation and Transmittal, citing the suggestion number (EGL 930184) and forward it to the originating base suggestion program office (AFDTC/MOS, 107 North Second Street, Suite 1, Eglin AFB FL 32542-6836). Information and guidance on the Air Force Suggestion Program can be found in AFI 38-401.

We commend CMSgt Joe D. Prejean, Eglin AFB FL, for his participation in the Air Force

Suggestion Program. (HQ AFMSA/SGSL, Mr. Randy Fontana, DSN 240-4128)

**41st Annual Medical Logistics  
Symposium**

The 1996 Medical Logistics Symposium will be held 2-6 Dec 96 at the Camberley-Gunter Hotel in San Antonio, Texas. The theme this year is "Right and Ready," addressing right-sizing and readiness. In contrast to prior symposiums, Senior Noncommissioned Officers are invited to attend. If only one person can attend due to funding or other considerations, that individual should be the Officer-in-Charge (OIC). Other attendees will be considered on a case-by-case basis.

There will be a symposium check-in desk in the common area of the hotel on Sunday, 1 Dec 96, 1400-2000. A symposium notebook, to include the agenda and handouts, will be provided at the check-in desk. A \$50, non-reimbursable, registration fee (covers morning and afternoon refreshments, hor d'oeuvres at the ice breaker on Monday night, and dinner at the awards banquet on Thursday) will be collected at check-in.

The hotel, Camberley-Gunter (formerly Sheraton-Gunter) Hotel, is in downtown San Antonio, Texas. The government per diem rate of \$91 will apply. Transportation to and from the airport (\$6 each way) is available via Star Shuttle. AFMSA will provide a coupon for \$2 off a round-trip ticket as part of your course acceptance package. Parking fees at the hotel, to include in and out privileges, are \$9 per day for hotel guests. The rate for non-hotel guests is \$5 per day, with no in and out privileges.

Registration for the symposium must be completed no later than 31 Oct 96. Fax your registration to HQ AFMSA/SGSLP at commercial (210) 536-2984, DSN 240-2984, or E-mail to martin\_p@msa01.brooks.af.mil. Direct questions to Capt Martin, the project officer, at DSN 240-

4126 or at the above e-mail address. Your registration must include the list of workshops you plan to attend. The symposium will focus on workshops covering contemporary medical logistics subjects. There are 20 available workshop hours presented on Tuesday, Wednesday, and Thursday afternoons. You will have 12 hours of workshop time available. Choose the workshops you want to attend and provide this information to HQ AFMSA as part of your completed symposium registration. (NOTE: Workshop hosts should not register for any workshops; we will schedule your workshops on site.) **Attachment 3** provides the list of available workshops and the format for your registration. AFMSA/SGSLP must have credit card information to reserve your hotel room. If you do not desire to provide credit card information, contact the hotel directly at (210) 227-3241 or 1-800-222-4276. Be sure to inform the reservation desk you are attending the Air Force Medical Logistics Symposium. (HQ AFMSA/SGSLP, Capt Paul Martin, DSN 240-2984)

### **1996 Outstanding Medical Logistics Activity and Special Team Awards**

The time has arrived to start consolidating all your activity's and special team accomplishments that have occurred throughout the year for this year's Medical Logistics Activity and Special Team Awards. Like 1995, the 1996 scoring criteria is based on the general guidelines of AFI 36-2856, *Medical Service Awards*, and the Malcolm Baldrige Award Criteria. See **Attachment 5** for this year's scoring criteria and additional information.

The Outstanding Medical Logistics Award recognizes organizations for their performance excellence and competitiveness improvement. Award winners will need to demonstrate "results" and "results" improvement in a wide range of indicators--from operational to customer related. Reported "results" will need to address all

stakeholders--customers, organizational members, suppliers, and the public.

The criteria evaluation process is structured to focus on factors important to your business, strategy, and competitive success. These factors should already be established in your Business and/or Strategic Plan. The award criteria have seven categories. The criteria address key business processes and results, and are directly related to improving organizational performance.

Taking the time to submit your organization for the award also has its own benefits; it provides a diagnosis of each organization's overall performance management system. Responding to the criteria forces a realistic self-assessment of organizational strengths and weaknesses. The pace of performance improvement is often accelerated, and the knowledge gained from the process generates new and better ways to evaluate suppliers, customers, partners, and even competitors.

Scoring for the awards will be performed by using a scale of 0-100 percent. Scores will be applied in multiples of "5." When employing the scoring process, scoring begins at 40 percent, and as each item criteria is met, the scoring percentage increases. Likewise, if item criteria is not met, the percentage drops.

**Length of the narrative is not to exceed two pages, addressing each award category separately in the sequence provided. Attachments that support your statements and show results of your quality efforts are a must.** You should not have to create "new" attachments. Indicators of your efforts should already exist in metrics, a strategic and/or business plan, storyboards from process improvement efforts, etc. As in 1995, winning packages must show evidence of process improvement "results." Statements should be supported by facts and information.



8560	Hollister, Inc.	LHY
8561	Immuno-U.S., Inc.	LIS

**Did You Know?**

**DBPA Usage Survey**

It is time once again to provide AFMLO/FOM-P annual DBPA usage information for the Decentralized Blanket Purchase Agreement Usage Survey, RCS:HAF-SGH(A)9111 report. This information will enable AFMLO to compile data and report the total dollar value of DBPA purchases to DPSC. From this total, we can determine the user fee (surcharge) we must pay DPSC for their service. The report sheets are on pages 1 through 12 of **Attachment 6**. Your responses are required no later than 15 Oct 96. Please include the FM/FY account number on each page of the report sheet, and total your report sheet. Do not round off figures, and write legibly. Negative reports are required. The report must be reviewed and signed by the Director of Medical Logistics or Superintendent of Medical Materiel. Mail the report to AFMLO/FOM-P, ATTN: Charlotte Christian, 1423 Sultan Drive, Fort Detrick, Frederick MD 21702-5006 or fax to (301) 619-2557, DSN 343-2557, ATTN: Charlotte Christian. Do not forget to change the fiscal year to 97 on the DBPA agreement numbers effective 1 Oct 96.

**Approving Officials Authorized to Sign DBPA Documents**

Individuals who sign DBPA documents must have approving authority under AFMAN 23-110, Volume 5, Chapter 16 or from AFMLO. Those listed in AFMAN 23-110 are the Director of Medical Logistics (DML); Superintendent of Medical Materiel; Materiel Manager; and NCOIC, Medical Materiel. No approval from AFMLO is required for individuals who hold these positions. If there are individuals assigned to similar positions (i.e., Chief, Medical Logistics Flight,

acting as DML), approval is not required. However, if "other" individuals sign purchase documents (referred to as exceptions in AFMAN 23-110, Volume 5, Chapter 16), a letter must be forwarded to AFMLO for approval. The medical treatment facility (MTF) letter will provide the name, rank, and title of the individual, relevant experience, and a full justification for the additional approving official. FAR 13.203-1(j)(5) requires a list of individuals authorized to purchase under the DBPA, identified either by position title or by name of individual, organizational component, and dollar limitation per purchase for each position title or individual being furnished to the supplier by the contracting officer. AFMLO maintains the list of authorized approving officials and furnishes the list to DBPA suppliers. Request each MTF with "other" approving officials review their latest approval letter from AFMLO. If information is incorrect or lacks the above information, send an updated letter to AFMLO/FOM-P.

**SPO Agreement Conversions**

The following agreements have been converted to SP0200-96-A.

8501	8502	8503	8504	8505	8506	8507
8508	8509	8510	8511	8512	8513	8514
8515	8516	8517	8518	8519	8520	8521
8522	8523	8524	8525	8526	8527	8528
8529	8530	8531	8532	8533	8534	8535
8536	8537	8538	8539	8540	8541	8542
8543	8544	8545	8546	8547	8548	8549
8550	8551	8552	8553	8554	8555	8556
8557	8558	8559	9002	9005	9006	9009
9013	9014	9017	9018	9019	9020	9021
9022	9026	9027	9028	9029	9030	9032
9035	9038	9042	9048	9049	9050	9051
9052	9056	9057	9059	9061	9068	9072
9073	9074	9077	9081	9084	9085	9086
9088	9093	9094	9095	9099	9105	9107
9108	9110	9111	9112	9114	9116	9117
9122	9125	9127	9128	9129	9130	9131
9132	9133	9134	9135	9136	9138	9139

9141 9143 9144 9147 9149 9150 9152  
 9153 9154 9155 9158 9160 9162 9166  
 9170 9172 9177 9182 9184 9189 9194  
 9196 9204 9207 9209 9210 9211 9213  
 9214 9215 9217 9219 9220 9221 9222  
 9225 9226 9227 9228 9231 9232 9233  
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 9290 9293 9294 9296 9298 9299 9300  
 9301 9303 9304 9305 9308 9309 9310  
 9311 9314 9316 9317 9319 9320 9321  
 9322 9323 9325 9327 9329 9334 9338  
 9342 9349 9350 9353 9354 9356 9360  
 9363 9367 9369 9370 9377 9378 9380  
 9383 9385 9390 9391 9403 9405 9409  
 9411 9414 9416 9420 9423 9425 9433  
 9434 9435 9436 9438 9441 9458 9459  
 9462 9463 9464 9465 9466 9467 9468  
 9469 9471 9472 9473 9474 9475 9476  
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 9492 9493 9494 9495 9496 9497 9498  
 9499 9500

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

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## Information

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### Medical Logistics in Action

Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office (AFMLO) extend sincere congratulations to the following personnel for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

**74th Medical Group  
 Wright-Patterson AFB OH**

**Cynthia Kidd, Robert Pritchett, and Melissa Davis** were promoted to **Senior Airman**. **Donna Martin** was promoted to **Staff Sergeant**. **Bryan Bane** was promoted to **Technical Sergeant**. **Howard Dildy** was promoted to **Senior Master Sergeant**. **Louis Ferrucci** was promoted to **Captain**. **Lt Col Thomas Romeyn** was presented the Air Force Meritorious Service Medal upon his retirement for duty performance while assigned to the 74th Medical Support Squadron, Wright-Patterson Air Force Base OH. **MSgt John Halley** received the Air Force Meritorious Service Medal for duty performance while assigned to the 74th Medical Support Squadron, Wright-Patterson AFB OH. **SrA Donald Smith** received an Air Force Achievement Medal for his outstanding achievement while participating in the 88th ABW Honor Guard. **Calvin Wheeler** was selected as the 74th Medical Group Civilian of the Quarter - Technical Category, for the period Jan - Mar 96. **SrA Tammy Bowlds** graduated from the Airman Leadership School with the Academic Achievement Award.

The following personnel were recognized as indicated for outstanding achievement in support of the 74th Medical Group Forward while serving in Zagreb, Croatia during **OPERATION PROVIDE PROMISE**:

**Air Force Meritorious Service Medal**

**Maj Catherine Erickson  
 TSgt Francisco Cintron**

**Air Force Commendation Medal**

**MSgt Thomas Minerick  
 SSgt Edward Jones  
 SSgt Kenneth Jeter  
 SSgt Jeffrey Greene**

**Air Force Achievement Medal**

**SSgt Mark Beavers  
 SrA Cynthia Kidd  
 SrA Carrie Parsons  
 SrA Adrian Otto**

**6th Medical Support Squadron  
MacDill AFB FL**

**Steven Maull** was promoted to **Staff Sergeant**. **Sue Ann Maughmer** was promoted to **Senior Airman, Below-the-Zone**. **Carl Wyrick** and **Carrie Rowland** were promoted to **Airman**. **TSgt Michael E. Daniels** retired from the Air Force Medical Logistics career field after 20 years of faithful and dedicated service. He was also awarded the Air Force Commendation medal (4th OLC) for outstanding service to the 6th Medical Group.

**77th Medical Group  
McClellan AFB CA**

**Michael Tawney** was promoted to **Staff Sergeant**. **William Altland** was promoted to **Major**.

The following personnel were awarded the Air Force Achievement Medal for outstanding performance during the period 2-3 Jun 95. On those days, a newly constructed warehouse was completely moved into, without incident or delay.

**Maj William Altland, MSgt Jose Alfaro, SSgt Bethune, SSgt Chapter, SSgt Dotch, SSgt Lutz, SSgt Napiorkowski, SSgt Neil, SSgt Rivera, SSgt Sy, SrA Adams, SrA Hanson, SrA Tyon, A1C Fuller, A1C McCarter, A1C Porter, and A1C Whitstine**

**15th Medical Group  
Hickam AFB HI**

**Keith A. Taylor** was promoted to **Staff Sergeant**. **Cedrick L. Clark** was promoted to **Technical Sergeant**. **Amn Lori L. Stanz** was selected as the

15th Medical Group Airman of the Quarter for the period Apr - Jun 96. **SrA Britian D. Yocum** received the Air Force Achievement Medal for outstanding service while assigned to Seymour Johnson AFB NC. **SSgt Jeffrey S. Callaway** was presented the Air Force Commendation Medal for meritorious service while assigned to Little Rock AFB AR. The Medical Logistics Team received an *Excellent* rating during the Apr 96 Health Services Assessment.

**49th Medical Group  
Holloman AFB NM**

**Capt Terri Tillock** was selected as the 49th Medical Group Company Grade Officer of the Year for 1995. **MSgt Timothy Ingram** was selected as the 49th Medical Group Senior Noncommissioned Officer of the Quarter for the periods Oct - Dec 95 and Apr - Jun 96. **MSgt Kenneth Mooney** was selected as the 49th Fighter Wing Senior Noncommissioned Officer of the Quarter for the period Jan - Mar 96. In May 96, The Air Combat Command Quality Air Force Assessment Team recognized our use of the **Rolling Inventory Turns Metric** as a *Best Practice*.

**12th Medical Group  
Randolph AFB TX**

**SrA Jennifer Gruberman** was selected as the 12th Medical Group, and 12th Medical Support Squadron Airman of the Quarter for the period Apr - Jun 96.

**60th Medical Support Squadron  
Travis AFB CA**

**Jennifer Owings** was promoted to **Airman First Class**. **David S. Sterrett** was promoted to **Captain**. **SrA Kevin Peterson** completed the Career Development Course with 91 percent proficiency. **SMSgt Ernest Roy** received the Air

Force Commendation Medal for outstanding achievement while deployed to U.S. Hospital, Zagreb, Croatia, as part of *OPERATION PROVIDE PROMISE* from 10 Feb 95 - 4 Aug 95.

**384th Training Squadron  
Sheppard AFB TX**

The following personnel completed the Medical Materiel Apprentice Course, J3ABR4A131.000.

**Class :** 960730  
**Graduation Date:** 960903  
**Instructor:** SSgt Greg Pierce

AB Andrews	Moody AFB GA
AB Bills	Mountain Home AFB ID
AB Bullock	Spangdahlem AB GE
AB Calvert	Holloman AFB NM
AB Cambell	Geilenkirchen GE
AB Donley	Frankfurt GE
SSgt D'Ordine	Westover ARB MA
Amn Duncan	McClellan AFB CA
AB Jackson	Yokota AB JA
AB Muniz	Elmendorf AFB AK
AB Patron	Eglin AFB FL
AB Segan	Ramstein AB GE
Amn Starling	Barksdale AB LA
AB Stewart	Eglin AFB FL
Amn Tillman	McConnell AFB KS
Amn Tyson	Dobbins ARB GA

The following personnel completed the Medical Materiel Apprentice Course, J3ABR4A131.000.

**Class:** 960709  
**Graduation Date:** 960812  
**Instructor:** SSgt Joshua M. Mills

SrA Stephanie Abell	Will Rogers ANGB
AB David S. Brown	Langley AFB VA

AB Kathryn Buffone	RAF Lakenheath UK
AB Toye Cardenas	Offutt AFB NE
A1C Corey N. Dixson	Scott AFB IL
AB Carl R. Erhart	Eielson AFB AK
SrA Cherris L. Gray	March AFB CA
A1C Stephani Gustin	March AFB CA
AB Jason C. Heard	RAF Lakenheath UK
AB Robert D. Lopez	Grand Forks AFB ND
SrA Edward D. Neel	Patrick AFB FL
AB Laura Nieves	Elmendorf AFB AK
A1C Joyce L. Ruiz	Andrews AFB MD
A1C Elijah Straw	Will Rogers ANGB
AB Michael C. Tharp	Kirtland AFB NM
AB Jamie Williams	MacDill AFB FL
AB Michael B. Young	Ramstein AB GE

The following personnel completed the Biomedical Equipment Apprentice Course, J3ABR4A231.001, Class 960104.

A1C Aaron M. Carter*	USAF Academy CO
A1C Delia A. Connery	Lackland AFB TX
A1C Adan T. Deroche	New Orleans, LA
A1C Calvin E. Hicklin	Andrews AFB MD
A1C Tavis R. Kilian	Illinois ANG
A1C Vanessa L. Rogers	Whiteman AFB MO
Amn Donn B. Ruebush	Keesler AFB MS
A1C Jason R. Stegmeier	Shaw AFB SC
A1C David H. Trawick	Travis AFB CA

*\* Denotes Honor Graduate*

The following personnel graduated from the Health Services Administration Course in Medical Logistics.

**Class:** 96-C  
**Graduation Date:** 15 Aug 96

Lt Cannon	Cannon AFB NM
Lt Capoccia	Wright-Patterson AFB OH
Lt Goldsmith	Kelly AFB TX
Lt Grey	Goodfellow AFB TX
Lt Heighton	Travis AFB CA
Lt Looney	Peterson AFB CO
Lt Malloy	Maxwell AFB AL
Lt May	Langley AFB VA
Lt Meersman	Andrews AFB MD
Lt Murphy	Scott AFB IL
Lt Van Sant	Lackland AFB TX

## AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	6232-0022	8 Sep 96	FOM-P
Last 1995 QA Message	5326-0041	22 Nov 95	FOM-P
DBPA Consolidated List	AFMLL 14/15-96	19 Jul 96	FOM-P
DBPA Message	R282000Z	28 Aug 96	FOM-P
Shared Procurement List	AFMLL 16-96	21 Jun 96	FOM-P
Technical Order 00-35A-39	R302000Z	30 May 96	FOC-T
MEDLOG Info Message	MIM 95-05-AJ	28 Nov 95	FOC-A



## 1996 4A1X1 Promotion Statistics

<u>Rank</u>	<u>Elig</u>	<u>Sel</u>	<u>Opp</u>	<u>Cutoff</u>
SMSgt	75	5	6.66	710.00
MSgt	90	17	18.88	328.09
TSgt	272	30	11.02	329.73
SSgt	252	41	16.26	291.21

\*2 CMSgt selectees from 1995 Promotion Cycle. Statistics not available.

## 4A1X1 Demographics A/O EOM Jun 96

### *Authorized vs. Assigned by Grade*

								<b>CONUS Total</b>	<b>Overseas Total</b>
<b>AB</b>	<b>Amn</b>	<b>A1C</b>	<b>Sgt</b>	<b>SSgt</b>	<b>TSgt</b>	<b>MSgt</b>	<b>SMSgt</b>	<b>1054</b>	<b>291</b>
		251	375	354	150	109	22		
78	107	162	325	377	160	112	24		

### *Category of Enlistment*

**1st Termer**  
395

**2nd Termer**  
288

**Career**  
662

### *Sex*

**Male - 855 (63%)**  
**Female - 490 (36%)**

### *Marital Status*

**Married - 875 (65%)**  
**Other - 470 (35%)**

### *Overseas Voluntary Status*

N/VOL - 810

V/OS - 448

V/COT - 87

### *Selected Countries*

GE	SP	KS	IT	BE	PI	UK	GUAM	TH	AZORES	*OTHER
141	32	19	87	0	1	99	36	1	3	106

**Total - 535 Overseas Vol**

\* Other is VOLS for WW Long, WW Standard, and WW Short



**FOOD AND DRUG ADMINISTRATION (FDA)  
RECALLS/ALERT NOTICES**

1. **FDA MEDICAL EQUIPMENT RECALLS AND ALERTS.** The following recalls are reported in accordance with AFMLL 2-95, page CE-4, and should be treated as directed modifications in accordance with that AFMLL and AFI 41-201, Chapter 2, Section D. If you possess any of these items and have not received recall notification, you should contact the manufacturer for recall instructions. Suspension is only required for Class I items. (FOM, Capt David Zemkosky, DSN 343-4028)

**CLASS I RECALLS:** None

**CLASS II RECALLS:**

6630NS

MDC 13964

Tables, Physical Therapy

PRODUCT

Manuals for VAX-D Therapeutic Table. Recall #Z-1021-6.

CODE

All tables from US sales (sales started 1991 to 4/96) are included in the recall. The VAX-D Therapeutic Tables consist of a table and console unit. Each console and table have a unique serial number.

MANUFACTURER

VAT-TECH Inc., Palm Harbor, Florida.

RECALLED BY

Manufacturer, by letter mailed beginning on May 15, 1996. Firm-initiated field correction ongoing.

DISTRIBUTION

Nationwide.

QUANTITY

Undetermined.

REASON

The firm marketed the device without an approved 510(k) for the new intended use of decompression of the intervertebral disc identified in the device users manual.

None Present

Action Taken \_\_\_\_\_

**CLASS III RECALLS:** None

**MEDICAL EQUIPMENT SAFETY ALERTS:**

6930NS

MDC 12061

Chamber, Hyperbaric

PRODUCT

Monoplace Hyperbaric System, Model 2500B, used for hyperbaric oxygen therapy to treat ailments caused by insufficient oxygen supply. Safety Alert #N-024-6.

CODE

2500B-002 through 2500B-663.

MANUFACTURER

Sechrist Industries, Inc., Anaheim, California.

ALERTED BY

Manufacturer, by letters of February 22 and 26, 1996.

DISTRIBUTION

Nationwide and international.

QUANTITY

662 chambers were distributed.

REASON

Failure to follow labeled safety procedures resulted in an explosion with fatalities. Letters urged users to review the safety and emergency procedures outlined in the operations manual.

None Present  
 Action Taken \_\_\_\_\_  
\_\_\_\_\_

2. DRUG/SUPPLY PRODUCT RECALLS AND MEDICAL INFORMATION. The Food and Drug Administration (FDA) advises that the drug products listed below were recalled by the manufacturers or distributors concerned. The FDA has classified these recalls as follows:

CLASS I: A situation in which there is a reasonable probability that the use of, or exposure to, a violative product will cause serious, adverse health consequences or death.

CLASS II: A situation in which the use of, or exposure to, a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

CLASS III: A situation in which the use of, or exposure to, a violative product is not likely to cause adverse health consequences. Most of these items are nonstandard, and the possibility exists that medical activities may have purchased them locally. There is also a possibility that some of these items have NSNs assigned and may have been reported in earlier Q.A. messages. Activities having quantities of [AUI]these items on hand will immediately suspend the materiel from issue and use. CONUS activities will contact the nearest office of the respective manufacturer or distributor for disposition instructions. OVERSEAS activities will report quantities suspended to AFMLO/FOCO no later than 11 OCT 96 for disposition instructions. They should include nomenclature; lot number; manufacturer; quantity suspended; strength size; requisition; and DPSC purchase order number, contract number, and stock record account number (SRAN).  
(FOM-P, Bonnie Phillips, DSN (343-7445))

CLASS I RECALLS: None

CLASS II RECALLS:

NSN	6505-01-158-6361
PRODUCT	Norpace CR Disopyramide Phosphate Extended-Release Capsules, 150 mg, Rx antiarrhythmic. Recall #D-226-6.
CODE	Lot #6A482 EXP 1/98.
MANUFACTURER	G.D. Searle & Company, Caguas, Puerto Rico.
RECALLED BY	G.D. Searle & Company, Skokie, Illinois, by letter dated August 2, 1996. Firm-initiated recall ongoing.
DISTRIBUTION	Nationwide.
QUANTITY	5,791 bottles were distributed; firm estimated that 50% of product remained on market at time of recall initiation.
REASON	Some units may contain Maxaquin (antimicrobial) tablets due to packaging error. See Q. A. message 6222-0019

None Present  
 Action Taken \_\_\_\_\_  
\_\_\_\_\_

NSN 6510 Nonstandard  
 PRODUCT Various Gauze Bandage Compresses and Roller Bandages individually packaged in heat sealed clear plastic poly bags:  
 (a) Product #10-40-13 - Triangular Bandage 40" x 40" x 56"  
 (b) Product #10-50-05 - Bandage Compress 2"  
 (c) Product #10-50-07 - Bandage Compress 2" Off-Center  
 (d) Product #10-60-05 - Bandage Compress 3"  
 (e) Product #10-60-07 - Bandage Compress 3" Off-Center  
 (f) Product #10-70-05 - Bandage Compress 4"  
 (g) Product #10-70-07 - Bandage Compress 4" Off-Center  
 (h) Product #10-80-02 - 18" x 36" Gauze Compress  
 (i) Product #10-80-04 - 36" x 36" Gauze Compress  
 (j) Product #10-80-06 - 24" x 72" Gauze Compress  
 (k) Product #10-90-01 - Gauze Roller Bandage 1" x 6 yards  
 (l) Product #10-90-02 - Gauze Roller Bandage 2" x 6 yards  
 (m) Product #10-90-03 - Gauze Roller Bandage 4" x 6 yards. Recall #Z-1022/1034-6.

CODE None. All product labeled as sterile since January 1995.  
 MANUFACTURER Textus Ningbo Manufacturing Company, Ltd. Bai Dy, Fenghua Peoples Republic of China.  
 RECALLED BY Textus USA, Inc., Peoria, Illinois, by letter July 22, 1996. Firm-initiated recall ongoing.  
 DISTRIBUTION Ohio, Kansas, California, New Jersey.  
 QUANTITY 71,110 pieces were distributed; firm estimated that 10-15% of product remained on market at time of recall initiation.  
 REASON There is a lack of assurance of sterility of the bandages and compresses.

None Present  
 Action Taken \_\_\_\_\_  
 \_\_\_\_\_

NSN 6515 Nonstandard  
 PRODUCT 3/8" Proximal Barb T-Connector, Part #20688 found in the following Fem-Flex Femoral Arterial Cannulae. Catalog numbers: TF-A-020-25, TF-A-022-25, TF-A-024-25, TF-A-024-25-H, FEM II-016-A, FEM II-018-A, FEM II-020-A, DII-FEM II-020-A, ARL-2011-90TA, ARL-2211-90TA, ARL-2411-90TA, AL-2011-90TA, AL-2211-90TA, AL-2411-90TA, ARL-2011-STA, ARL-2211-STA, ARL-2411-STA, AA-020-TFTA, AA-022-TFTA, AA-024-TFTA, ARS-020-CSTA, ARS-022-CSTA, ARS-024-CSTA, DII-AL-2211-90TA, SPC1023-24, SPC1037 SPC2008-24, SPC2067-22, SPC2086-22, SPC2099, SPC653, SPC675, SPC732-22, SPC732-24, SPC946, SPC2145, FEM II-1618 KIT, FEM II-1820 KIT, FEM II-2020 KIT, FEM II-2024 KIT, FEM II-2028 KIT, KIT-036.  
 Devices are used to provide access for surgeon during cardiopulmonary procedures. Recall #Z-988-6.

CODE All products contain part #20688, 3/8" Proximal Barb T-Connector, Lot #9509152.  
 MANUFACTURER Research Medical, Inc., Midvale, Utah.

RECALLED BY Manufacturer, by fax on July 3-5, 1996, and by letter on July 8, 1996.  
Firm-initiated recall ongoing.  
DISTRIBUTION Nationwide and international.  
QUANTITY 19,428 units were distributed.  
REASON The t-connectors are leaking and cracking.

None Present  
 Action Taken \_\_\_\_\_

NSN 6515 Nonstandard  
PRODUCT Prolog Cardiac Pulse Generator, Model 688, indicated for sensing/pacing in the ventricle and atrium. Recall #Z-1004-6.  
CODE Serial numbers: 628884967, 628887028, 638805002, 68805010.  
MANUFACTURER Pacesetter, AB (formerly Siemens-Elema), Solna, Sweden.  
RECALLED BY Pacesetter, Inc., Sylmar, California, by letter on June 21, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION California, Pennsylvania, New York.  
QUANTITY 4 units were distributed.  
REASON The pacemaker may exhibit a sudden loss of output due to a corrosion bridge that forms across the feedthrough inside the battery.

None Present  
 Action Taken \_\_\_\_\_

NSN 6515 Nonstandard  
PRODUCT Ni-Med Suction Catheter Kits:  
(a) 6 Fr., Catalog #19-6000  
(b) 6 Fr., Catalog #SAM02019605-19C  
(c) 8 Fr., Catalog #19-8000  
(d) 8 Fr., Catalog #SAM02019604-19C  
(e) 10 Fr., Catalog #19-1000  
(f) 14 Fr., Catalog #19-1400.  
Recall #Z-1014/1019-6.  
CODES Lot #168-V, Exp. 3/98, Lot #273-C, Exp. 12/97  
Lot #218-C, Exp. 5/97, Lot #278-C, Exp. 1/98  
Lot #258-C, Exp. 10/97, Lot #279-C, Exp. 1/98  
Lot #259-C, Exp. 10/97, Lot #285-C, Exp. 1/98  
Lot #260-C, Exp. 10/97, Lot #297-C, Exp. 3/98  
Lot #266-C, Exp. 11/97, Lot #299-C, Exp. 3/98  
Lot #272-C, Exp. 12/97.  
MANUFACTURER Ni-Med, Inc., Park Hills, Missouri.  
RECALLED BY Manufacturer, by telephone on April 8, 1996.  
Firm-initiated recall ongoing.  
DISTRIBUTION Missouri, Illinois.  
QUANTITY The following amounts were distributed:

REASON 6 Fr. - 8,600 units distributed, 1,811 units recovered  
8 Fr. - 39,800 units distributed, 15,325 units recovered  
10 Fr. - 10,900 units distributed, 2,708 units recovered  
14 Fr. - 2,250 units distributed, 544 units recovered.  
Products were marketed without an approved 510(k).

None Present  
 Action Taken \_\_\_\_\_  
\_\_\_\_\_

NSN 6515 Nonstandard  
PRODUCT Percutaneous Stoma Measuring Device (PSMD) Tray, used to measure the  
stoma or opening created for direct patient feeding. Recall #Z-1020-6.  
CODE All codes manufactured since 1993.  
MANUFACTURER Plastofilm Industries, Inc., Wheaton, Illinois.  
RECALLED BY Applied Medical Technology, Independence, Ohio, by letters dated June 27,  
1996 and July 1, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION Massachusetts, Wisconsin, Japan, France, Israel, England, Portugal,  
Sweden, Belgium.  
QUANTITY 6,200 kits were distributed; firm estimated that approximately 4,199 kits  
may still have been in use at time of recall initiation.  
REASON A rough spot or burr in the PSMD tray could potentially cause a hole in the  
tray, thus compromising the sterility of the device.

None Present  
 Action Taken \_\_\_\_\_  
\_\_\_\_\_

NSN 6515 Nonstandard  
UPDATE Graham Field White Finger Cots, Recall #Z-1006/1009-6 which appeared in  
the August 7, 1996 Enforcement Report listed an incorrect catalog number  
for item (b). The correct number is 88-3910L. See AFMLL 18-96.

None Present  
 Action Taken \_\_\_\_\_  
\_\_\_\_\_

NSN 6550 Nonstandard  
PRODUCT DMS-250 Dual Monitor Chemical Indicator Strip, for use in steam or EO  
gas sterilization. Recall #Z-1013-6.  
CODE Lot numbers: 9402 and 9403.  
MANUFACTURER SPS Medical Supply Corporation, Rush, New York (device); Tempil  
Division, Air Liquide America Corporation, South Plainfield, New Jersey  
(ink).  
RECALLED BY SPS Medical Supply Corporation, Rush, New York, by telephone on or  
about April 29, 1996. Firm-initiated recall complete.

DISTRIBUTION Nationwide.  
QUANTITY 380 cases of lot 9403 and 96 cases of lot 9402 were distributed.  
REASON The indicator turns yellow (instead of orange) when processed in EO gas.

None Present  
 Action Taken \_\_\_\_\_

NSN 6550 Nonstandard  
PRODUCT Sceptor System Anaerobe MIC/ID Panels, a microorganism identification and susceptibility test panel which are intended for use with Sceptor Anaerobe Broths for identification and susceptibility testing of anaerobic bacteria from clinical specimens. Recall #Z-980-6.  
CODE Catalog #80305, lot numbers: 501306 EXP 2/1/95 and 408317 EXP 9/1/95.  
MANUFACTURER Becton Dickinson Microbiology Systems (BDMS), Cockeysville, Maryland.  
RECALLED BY Manufacturer, by letter on May 31, 1995. Firm-initiated recall complete.  
DISTRIBUTION Nationwide, Singapore, Taiwan, Mexico, Belgium, Canada.  
QUANTITY 108 cartons of lot 501306 and 102 cartons of lot 408316 were distributed; Firm estimates none remains on the market.  
REASON The antimicrobial agent Metronidazole in these panel lots have been found to be incorrect, with the actual panel well concentrations being twice the amount indicated in the labeling.

None Present  
 Action Taken \_\_\_\_\_

### CLASS III RECALLS

NSN 6505 Nonstandard  
PRODUCT Suprax (Cefixime) Film Coated Tablets, 200 mg and 400 mg, in bottles of 50 and 100, and in 10 tablet physician sample packages, a cephalosporin antibiotic. Recall #D-220/222-6.  
CODE 50 Tablet - 200 mg. - Codes: 362-814 (EXP 10/96); 362-815 (EXP 10/96); 368-824 (EXP 10/96) 100 Tablet - 200 mg. - Code: 368-826 (EXP 10/96)  
50 Tablet - 400 mg. - Codes: 360-812 (EXP 6/96); 376-834 (EXP 6/96); 362-802 (EXP 12/96); 368-809 (EXP 12/96); 372-823 (EXP 1/97); 368-830 (EXP 1/97); 372-829 (EXP 1/97) 100 Tablet - 400 mg. - Code: 358-801 (EXP 6/96) 10 Tablet Physician Samples - 400 mg. - Code: 368-804 (EXP 12/96); 376-817 (EXP 11/96); 382-800 (EXP 11/96).  
MANUFACTURER Lederle Laboratories, Sanford, North Carolina.  
RECALLED BY Whitehall-Robins Wyeth-Ayerst, Richmond, Virginia, by letter dated March 29, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION Nationwide, Canada, United Kingdom, Puerto Rico, Virgin Islands.  
QUANTITY Firm estimates none remains on the market.  
REASON Product subpotent near end of expiry due to change in storage temperatures

at the manufacturer.

None Present  
 Action Taken \_\_\_\_\_

NSN 6505 Nonstandard  
PRODUCT Qualitest Products brand Prednisone Tablets, USP, 5 mg, in blister-packs of 21 tablets. Recall #D-223-6.  
CODE Lot #041056A EXP 2/98.  
MANUFACTURER Vintage Pharmaceuticals, Inc., Charlotte, North Carolina (packager/responsible firm)  
RECALLED BY Qualitest Products, Inc., Huntsville, Alabama, by letter on July 25, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION Florida, Georgia, Indiana, Iowa, Kentucky, Missouri, North Carolina, Ohio, South Carolina, Tennessee, Virginia.  
QUANTITY 1,195 packs were distributed.  
REASON Dosing instructions are defaced as the blister pack is used due to inversion of the label on the pack.

None Present  
 Action Taken \_\_\_\_\_

NSN 6505 Nonstandard  
PRODUCT Glucotrol (Glipizide) Tablets, 10 mg, in bottles of 100, prescribed for the control of hyperglycemia. Recall #D-224-6.  
CODE Lot #58P021A EXP 5/98.  
MANUFACTURER Pfizer - Roerig, Inc., New York, New York.  
RECALLED BY AmeriSource Health Services, doing business as American Health Packaging (AHP), Columbus, Ohio (repacker), by electronic mail message on July 24, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION Nationwide.  
QUANTITY 2,352 bottles were distributed.  
REASON Side panel incorrectly identifies strength as 5 mg; actual strength is 10 mg.

None Present  
 Action Taken \_\_\_\_\_

NSN 6505 Nonstandard  
PRODUCT Tormalate (Bitolterol Mesylate) in 15 ml metered dose inhaler canisters, indicated for prophylactic and therapeutic use as a bronchodilator. Recall #D-225-6.  
CODE Lot #B420NC EXP 3/98.  
MANUFACTURER Sterling Pharmaceuticals, Inc., (now NYCOMED Inc.), Barceloneta, Puerto Rico.

RECALLED BY                   Dura Pharmaceuticals, Inc., San Diego, California (distributor), by  
                                  telephone on January 15, 1996. Firm-initiated recall ongoing.  
DISTRIBUTION   New Jersey, New York, Texas, Pennsylvania, Florida, Nebraska, South  
                                  Carolina, Virginia.  
QUANTITY                   516 units were distributed.  
REASON                    Incorrect expiration date; 9/96 assigned instead of 9/98.

None Present  
 Action Taken \_\_\_\_\_

\_\_\_\_\_

## SYMPOSIUM WORKSHOPS

<i><b>TOPIC</b></i>	<i><b>PRESENTER</b></i>	<i><b>LENGTH</b></i>
<b>WORKSHOP 1</b> LOGISTICS ROLE IN TRICARE: Provide a perspective on resource sharing, resource support and COTR issues.	Capt Baird & Mr Jacob	2 hr
<b>WORKSHOP 2</b> MANAGING YOUR FIRST ACCOUNT: Geared toward the new logistics officer and superintendent.	Capt Yeager & CMSgt Rea	1 hr
<b>WORKSHOP 3</b> CONTEMPORARY ISSUES: Open forum for discussion of current issues affecting medical logistics.	Col Morgan, Col Cooper, CMSgt Christian & CMSgt Rea	1 hr
<b>WORKSHOP 4</b> HAZARDOUS MATERIAL: Overview of the applicable laws governing HAZMAT and the Air Force approach to compliance.	Capt Martin	1 hr
<b>WORKSHOP 5</b> MEDLOG: A review of the changes made to MEDLOG in the last year and those currently in the works to include RF Star and SIFA.	Mr Bickerton	2 hr
<b>WORKSHOP 6</b> MEDICAL FACILITY MAINTENANCE: Update on policy and process for Toolbox program and contracted facility maintenance.	Capt Hillman	2 hr
<b>WORKSHOP 7</b> ACQUISITION MANAGEMENT: Addresses the use of the Tactical Resource Decision Tool and the DVA On-Site Buyer Program.	Capt Owen, Capt Zemkosky, & Mr Monville	2 hr
<b>WORKSHOP 8</b> PRIME VENDOR PROGRAM: An A-Z review of the program including status of upcoming coverage and tips on implementation.	Capt Wood	2 hr
<b>WORKSHOP 9</b> EFFECTIVELY MANAGING YOUR MANAGEMENT REPORTS: How to review and work the DBOF management reports.	Mr Lyons	2 hr
<b>WORKSHOP 10</b> CONTRACTING: How to successfully prepare, implement, manage, and terminate service contracts. Includes discussion on QAE responsibilities.	Maj Cooper & Mr Jacob	2 hr
<b>WORKSHOP 11</b> AFMAM: Hands on review of the AFMAM computer program and how it can benefit the MTF	Capt Gomes	1 hr
<b>WORKSHOP 12</b> DMLSS: Hands on review of the DMLSS AIS	Mr Stiles	1 hr
<b>WORKSHOP 13</b> MEDICAL FACILITY MANAGEMENT: Complying with life safety codes and preparing the facility for JCAHO surveys.	TBD	1 hr

# ***1996 MEDICAL LOGISTICS SYMPOSIUM REGISTRATION FORM***

Fax or e-mail this form to register for the symposium and to select workshops:

**fax number DSN 240-2984 or commercial (210) 536-2984  
e-mail to martin\_p@msa01.brooks.af.mil**

**NAME:** \_\_\_\_\_

**DUTY TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DUTY PHONE:** \_\_\_\_\_

**CHECK IN DATE/TIME FOR HOTEL:** \_\_\_\_\_

**CHECK-OUT DATE FOR HOTEL:** \_\_\_\_\_

**SMOKING OR NON-SMOKING ROOM:** \_\_\_\_\_

**WORKSHOPS DESIRED:** \_\_\_\_\_

**ALTERNATE WORKSHOPS:** \_\_\_\_\_

**CREDIT CARD INFORMATION:**

**TYPE OF CARD:** \_\_\_\_\_

**NAME AS IT APPEARS ON THE CARD:** \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**ELIGIBILITY, SELECTION, AND CANCELLATION PROCEDURES FOR  
7-LEVEL IN-RESIDENCE CRAFTSMAN COURSES (AIG 9689/96-23)**

THIS MESSAGE CLARIFIES THE ELIGIBILITY CRITERIA, SELECTION PROCESS, AND PROCEDURES TO FOLLOW WHEN REQUESTING CANCELLATION FROM 7-LVL CRAFTSMAN COURSES. DO NOT CONFUSE PROCEDURES OUTLINED IN THIS MESSAGE AS BEING APPLICABLE TO OTHER "7-LVL" MID-LEVEL MANAGEMENT COURSES LISTED IN AFCAT 36-2223. THE PROCEDURES IN THIS MESSAGE PERTAIN ONLY TO THE MANDATORY 7-SKILL LEVEL COURSES.

**PART I - ELIGIBILITY**

1. MEMBERS MUST MEET THE FOLLOWING BSIC CRITERIA TO BE ELIGIBLE TO ATTEND 7-LVL TRAINING IN-RESIDENCE:

A. BE IN THE RANK OF SSGT OR ABOVE

B. BE ENROLLED IN UPGRADE TRAINING (UGT) TO THE 7-SKILL LEVEL (TRAINING STATUS CODE (TSC) "C", OR "G" FOR RETRAINEES)

C. COMPLETE A MINIMUM OF 18 MONTHS IN UGT (12 MONTHS FOR TSC "G" CALCULATED FROM "DATE ENTERED TRAINING")

D. NOT POSSESS A 7-LEVEL PAFSC IN THE SAME AFSC CURRENTLY BEING CONTROLLED AT AND PERFORMING DUTY IN

E. COMPLETE ANY OTHER PREREQUISITE REQUIRED FOR UPGRADE ACCORDING TO YOUR AFSC'S CAREER FIELD EDUCATION AND TRAINING PLAN (CFETP)

F. PERSONNEL WHO ARE SERVING IN SHORT TOUR AREAS (12-15 MONTH TOURS) AND PERSONNEL WHO ARE SERVING IN LONG TOUR AREAS WITHIN 4 MONTHS OF DEROS ARE NOT ELIGIBLE. THESE PERSONNEL WILL BE SELECTED AND SCHEDULED IN CONJUNCTION WITH DEROS ENROUTE TO GAINING UNIT, OR 6 DAYS AFTER ARRIVAL AT GAINING UNIT.

2. IT IS IMPORTANT TO UNDERSTAND THAT THE 18-MONTH (12 MONTH FOR RETRAINEES) UGT REQUIREMENT IS A MINIMUM, NOT MAXIMUM. WHILE OUR ULTIMATE GOAL IS TO IDENTIFY AND SCHEDULE PERSONNEL AS CLOSE TO COMPLETION OF 18/12 MONTHS AS POSSIBLE, SOME CAREER FIELDS ARE EXPERIENCING BACKLOGS FROM 2-10 MONTHS BEYOND THE INITIAL 18/12 MONTHS REQUIRED. HOWEVER, THE DELAYS ARE PROJECTED TO EASE DURING THE LAST MONTHS OF FY96 AND INTO FY97 WITH INCREASED PROJECTIONS FOR TRAINING CAPACITIES.

## **PART II - SELECTION PROCESS**

1. WHEN AN AIR FORCE CAREER FIELD MANAGER NOTIFIES HQ AFPC THAT A COURSE IS READY TO COME ON-LINE, HQ AFPC/DEPART WILL GENERATE A MESSAGE ANNOUNCING COURSE ACTIVATION WILL DIRECT DISCOUNTING AWARD OF 7-LEVEL PACs PENDING COURSE ATTENDANCE. THE DATE OF THE MESSAGE IS THE "CUT-OFF" DATE AND DATE THE SCHOOL BECOMES MANDATORY FOR UPGRADE.
2. HQ AFPC/DEPART RUNS A LIST FROM THE HAF FILE ON PERSONNEL MEETING ELIGIBILITY AS IDENTIFIED IN PART I. PERSONNEL ARE PRIORITIZED BY TIME IN UGT, WITH THE ONE HAVING THE MOST TIME IN TRAINING BEING THE MOST ELIGIBLE. WITHIN A GIVEN MONTH, PERSONNEL ARE PRIORITIZED BY RANK. EXAMPLE: A SSGT COMPLETES 18 MONTHS AND A MSGT RETRAINEE (TSC "G") COMPLETES 12 MONTHS IN UGT AS OF JUL 96 - THE MSGT WILL HAVE PRIORITY FOR SCHEDULING. ELIGIBILITY LISTINGS ARE UPDATED ON A MONTHLY BASIS.
3. HQ AFPC/DPPAT SUBALLOCATES IN THE AIR FORCE TRAINING MANAGEMENT SYSTEM (AFTMS), WHICH PROCESSES RIPS TO THE FORMAL TRAINING FUNCTION IN EITHER THE BASE EDUCATION AND TRAINING FLIGHT OR THE MPF. THESE RIPS ARE USED TO NOTIFY INDIVIDUALS IN THE UNITS.
4. UNIT TRAINING MANAGERS MUST ENSURE AFSC'S, TSC'S, AND DATES ENTERED TRAINING ARE UPDATED CORRECTLY IN PDS FOR ASSIGNED PERSONNEL. THESE ARE THE MOST COMMON AREAS WHERE INVALID OR INCORRECT DATA RESULTS IN INDIVIDUALS BEING OMITTED FROM OUR ELIGIBLE LISTING.

## **PART III - CANCELLATION/DEFERMENT PROCEDURES**

1. IF A MEMBER REQUIRES CANCELLATION OR DEFERMENT FROM HIS/HER DESIGNATED CLASS, THE FOLLOWING MINIMUM MUST BE PROVIDED TO AFPC/DPPAT:
  - A. REASON FOR DEFERMENT/CANCELLATION
  - B. PROJECTED AVAILABILITY FOR TRAINING
  - C. COMMANDER'S CONCURRENCE WITH CANCELLATION/DEFERMENT REQUEST
2. MBR'S UNIT SHOULD ANNOTATE THE RIP AND FORWARD IT BACK TO THE BASE FORMAL TRAINING FUNCTION FOR ACTION.
3. THE BASE FORMAL TRAINING FUNCTION WILL UPDATE PT1720 (TRAINING CANCELLATION REQUEST). ALSO SEND AN OUT-OF-SYSTEM CRT (USERID 09RPSG2) OR FAX (DSN 487-5122) IF THE TRAINING BEGINS WITHIN 45 DAYS. 10 TELEPHONE CANCELLATION REQUESTS WILL BE ACCEPTED.
4. SINCE OUR GOAL IS TO ENSURE MAXIMUM USAGE OF SEATS, MPF'S MUST SUBMIT CANCELLATIONS IN A TIMELY MANNER. WE REALIZE SOME CIRCUMSTANCES RESULT IN LAST-MINUTE CANCELLATIONS, BUT THESE CASES SHOULD BE THE EXCEPTION, NOT THE RULE.

5. ONCE INDIVIDUALS HAVE BEEN CANCELLED, THEY REMAIN A PRIORITY FOR RESCHEDULING AND ARE NOT "RECYCLED" BACK TO THE END OF THE ELIGIBILITY LISTING.

#### **PART IV - GENERAL INFORMATION**

1. 7-LEVEL TRAINING IS DIFFERENT FROM OTHER AETC-FUNDED TRAINING BECAUSE UNITS, WINGS, AND MAJCOMS ARE NOT ISSUED QUOTAS FOR THEIR SPECIFIC USE. WHEN WE IDENTIFY PERSONNEL FOR THIS TRAINING, THE OPPORTUNITY IS FOR THAT INDIVIDUAL; THEREFORE, WHEN CANCELLATIONS OCCUR, THE TRAINING OPPORTUNITY REVERTS TO THE NEXT MOST ELIGIBLE PERSON AIR FORCE-WIDE AND SUBSTITUTIONS ARE NOT AUTHORIZED. EXCEPTION: IF CANCELLATION OCCURS WITHIN 30 DAYS OF CLASS START DATE, UNIT COMMANDERS CAN PROVIDE AN ELIGIBLE SUBSTITUTE TO FILL THE SHORT-NOTICE VACANCY.

2. ONCE A COURSE IS ON-LINE, TRAINING IS MANDATORY FOR ALL PERSONNEL PRIOR TO UPGRADE. IF THE DATA IS UPDATED CORRECTLY IN PDS, SCHEDULING WILL OCCUR AUTOMATICALLY; THEREFORE, SOLICITATION FOR SCHOOL SEATS IS NOT NECESSARY.

3. HQ AFPC/DPPAT DOES NOT HAVE ACCESS TO AN INDIVIDUAL'S STATUS PERTAINING TO PREREQUISITES SUCH AS CDC'S, READ-AHEAD MODULES, EXPORTABLE COURSES, OR OTHER ITEMS ON THE CFETP. UNIT COMMANDERS MUST VERIFY MEMBERS SELECTED FOR IN-RESIDENCE TRAINING HAVE MET ALL OTHER REQUIREMENTS, OR REQUEST CANCELLATION PER PART III OF THIS MESSAGE.

4. THE IN-RESIDENCE TRAINING MUST BE THE LAST ITEM ACCOMPLISHED FOR A MEMBER TO BE UPDATED TO THE 7-SKILL LEVEL. UPON GRADUATION, THE 7-LEVEL PAFSC SHOULD BE AWARDED. THIS IS NOT AN AUTOMATIC PROCESS. THE INDIVIDUAL'S SUPERVISOR MUST INITIATE UPGRADE. FAILURE TO UPGRADE THESE INDIVIDUALS UPON GRADUATION MAY RESULT IN THEIR BEING RESCHEDULED FOR THIS TRAINING AGAIN AT A LATER DATE.

5. FINALLY, BASE-LEVEL PERSONNEL ARE ENCOURAGED TO USE THE AFTMS AND/OR SURF CAPABILITIES TO DETERMINE INDIVIDUAL ELIGIBILITY AND WHETHER OR NOT A MEMBER HAS BEEN SCHEDULED FOR 7-LEVEL IN-RESIDENCE.

6. HQ AFPC/DPPAT POC IS SSGT DWIGGINS, DSN 487-2255, FAX DSN 487-5122.



## ***1996 Outstanding Medical Logistics Activity and Special Team Awards***

Outstanding Medical Logistics Activity and Special Team scoring criteria for FY 96 will be based on the Malcolm Baldrige Award Criteria. The Baldrige criteria is also the basis for "Quality Air Force". The general guidelines of AFI 36-2856, *Medical Service Awards*, still apply.

Scoring for the awards will be performed by using a scoring scale of 0% - 100% . Scores will be applied in multiples of "5". When applying the scoring process, scoring starts at **40%** and as each item criteria is met, the scoring percentage increases. Likewise, if item criteria is not met, the percentage drops. See the Scoring Guidelines portion of the attachment.

For the **Medical Logistics Activity Award**, refer to the award criteria and scoring guidelines within this attachment for an overview of the seven categories that will be scored and how the scoring is applied. Length of the narrative is limited to two pages. Ensure that each category is addressed separately in the sequence provided. Allow attachments to recount all the hard work and process improvement "results" that were accomplished throughout the year via strategic planning, metrics, process improvement efforts, group and individual accomplishments, etc.

The **Special Team Award** is an Air Force level award designed to recognize the accomplishments of Air Force medical logistics personnel who have performed above and beyond normal duty requirements. Ten or fewer members constitute a "team". Special Team awards criteria will be the same for 1996. Refer to Special Team award criteria within this attachment for an overview of those areas. Scoring guidelines for the Special Team award will remain the same. Length of narrative is limited to two pages. Ensure that each category is addressed separately in the sequence provided. Use of attachments is encouraged to show supporting metrics, and any results oriented data.

In addition, two other areas are included for informational purposes. Approach, Deployment, and Results, the three factors assessed in the scoring scale, are expanded upon, as well as Scoring Ranges. Scoring Ranges provide a brief explanation of each score in Approach, Deployment, and Results.

Feedback to the awards process is always appreciated; so if you see an area that can be improved, let us know! If there are any questions, please contact Ray Flores at DSN 240-3946, commercial 210-536-3946, fax 2984, or send an e-mail to flores\_r@msa01.brooks.af.mil.

**1.0. Leadership**

*90 points*

The *Leadership* Category examines how senior leaders and managers define and communicate the organization's mission and values, and the direction the organization will take in the future. Other areas evaluated in this category include how senior leaders promote a customer-focused culture, how quality and customer focus are linked into the way the organization conducts business, and how the organization leads in public responsibility and citizenship.

- Describe senior leaderships' effectiveness and personal involvement in setting directions and in developing and maintaining a leadership system for performance excellence.
- Describe how the organization's customer focus and performance expectations are linked to the organization's leadership system and organization.
- Describe how the organization includes its responsibilities to the public in its quality policies and performance improvement practices. Also describe how the organization contributes and supports community organizations.

**2.0. Information and Analysis**

*75 points*

The *Information and Analysis* Category examines how success in the organization is measured, and how data are used to make business decisions. This category asks how measurements are determined, and how the database has been improved. How is data gathered from other organizations (private and public) for benchmarking purposes. In addition, how is data summarized, analyzed, and used for decision making and planning.

- Describe the organization's selection and management of information and data used for planning, management, and evaluation of overall performance.
- Describe the organization's process for selecting key processes to benchmark, selection of companies/organizations to benchmark against, and, most important, how the organization uses this information.
- Describe how data related to quality, customers, and operational performance (and relevant financial data), are analyzed and used to make business decisions and planning.

**3.0. Strategic Planning**

*55 points*

The *Strategic Planning* Category examines how the organization sets strategic directions, and how it determines key plan requirements (annual and long-term planning processes). Also examined is how the plan requirements are translated into an effective performance management system (how goals and strategies are deployed or implemented).

- Describe the organization's strategic planning process (how the business plan, not quality plan is developed) for overall performance and leadership for both the short (1-3 years) and long (3+ years) term. Also describe how this process leads to the development of key business drivers (key goals and strategies) to serve as the basis for deploying business plan requirements throughout the organization.
- Summarize the organization's key business drivers and how they are deployed. Show how the organization's performance projects into the future relative to competitors and key benchmarks.

**4.0. Human Resource Development and Management**

**140 points**

The *Human Resource Development and Management* Category examines how the work force is empowered to develop and utilize its full potential, aligned with the organization's performance objectives. Also examined are the organization's efforts to build and maintain an environment conducive to performance excellence, full participation, and personal and organizational growth.

- Describe how the organization's human resource planning and evaluation are aligned with its strategic and business plans and addresses the development and well-being of the entire workforce.
- Describe how the organization has designed its structure and positions to facilitate flexibility, speed, and excellence in customer service. Also describe the process used to recognize and compensate (financial or nonfinancial) employees for achieving high performance objectives.
- Describe how the organization's education and training plans serve as a key vehicle in building/developing organization and employee capabilities. Describe how training needs and requirements (who needs training and what type) are identified, delivered, reinforced, evaluated, and improved for employee motivation, progression, and development. Include follow-up process used to ensure that the skills learned in the classroom are used on the job.
- Describe how the organization maintains a work environment and climate conducive to the well-being and development of all employees; how the organization maintains a safe and healthy work environment, what services, facilities, activities, and opportunities are available to all employees. Describe how the company determines, measures, and also improves employee satisfaction, well-being, and motivation; what process, key indicators, and information is used to measure and improve.

**5.0. Process Management**

**140 points**

The *Process Management* Category examines the key aspects of process management, including customer-focused design, product and service delivery processes, support services, and supply management involving all work units. This category also examines how key processes are designed, managed, and improved to achieve higher performance.

- Describe how new and/or modified products or services are designed and introduced (those that are driven by customer needs) and how key production/delivery processes are designed to meet key product and service quality requirements and organizational performance requirements.
- Describe the process of how the organization identifies and manages its key processes and what is measured in each. Explain the standards that are used and how process performance is kept within acceptable limits. Explain what processes are used to evaluate and identify opportunities for improvement. Describe key processes that have been reengineered/redesigned, and how extensive the changes or improvements have been.
- Describe how the organization's key support service processes (finance, purchasing, human resources, etc.) are designed and managed so that current requirements are met and that operational performance is continuously improved. Like the previous bullet, describe how opportunities to improve support processes are initiated and how key support processes have been reengineered/redesigned.

- Describe how the organization assures the quality of materials, components, and services furnished by suppliers/businesses meet the organization’s performance requirements. Also describe the organization’s actions and plans to improve supplier relationships and performance.

**6.0. Business Results**

*250 points*

The *Business Results* Category examines the organization’s performance and improvement in key business areas - product and service quality, productivity and operational effectiveness, supply quality, and financial (cost savings) performance indicators linked to these areas.

- Summarize trends and performance results for key products and services. Provide trend data that demonstrates improvements in product and/or service quality.
- Summarize trends and levels in overall organizational performance. Include benchmark comparisons if available.
- Summarize human resource results, including employee development and indicators of employee well-being and satisfaction.
- Summarize trends and results of supplier performance and performance improvement efforts using key indicators of such performance and improvement. If available, compare the organization’s supplier quality with that of benchmarks.

**7.0. Customer Focus and Satisfaction**

*250 points*

The *Customer Focus and Satisfaction* Category examines the organization’s systems for customer learning and for building and maintaining customer relationships. Also examined are the processes used to keep customers satisfied and on customer satisfaction results.

- Describe how the organization identifies near-term and longer-term requirements, expectations, and preferences of customers, and develops listening and learning strategies to understand and anticipate needs; “*Who are your customers and what do they want from your products and/or services?*”
- Describe how the organization provides effective management and tracking of its responses and follow-ups with customers to preserve and build relationships and to increase knowledge about customer expectations.
- Describe how the organization determines customer satisfaction how these processes are evaluated and improved.
- Summarize the organization’s customer satisfaction and dissatisfaction results using key measures and/or indicators of these results.

*Total Possible Score*

*1000 points*

**1.0. TEAM COMMISSION & CHARTER**

*165 points*

This is the problem identification and team establishment phase. Explain the key processes or actions that led to the establishment of the team. Describe the team's composition and if any specific criteria was used for selection. What was the team's purpose and how did that purpose align with the organization's goal's and objectives? Provide attachment of the team's charter that would include some of the following criteria: purpose, product or service to be delivered, goals and objectives, time frame, resources to be committed, and scope of authority. How, by whom, and to what degree was the team empowered?

**2.0. PROCESS INFORMATION & EVALUATION**

*220 points*

The objective here is to select a challenge/problem and set a target for improvement. Explain what tools and methods the team used to define the process and identify its boundaries. How was customer satisfaction determined? Describe the tools that were used and what conclusions were drawn from the customer satisfaction data. What were the tools and indicator measurements established to baseline the level of process performance at the start of the improvement effort and how were they obtained? Based on customer requirements, explain how the team identified, and prioritized potential areas for improvement within the process. How were potential problems outside the scope of the team addressed? Provide examples of the tools used, if not previously shown.

**3.0. PROCESS ANALYSIS**

*100 points*

Identify and verify the root cause(s) of the problem. Explain the tools/techniques that were used by the team to identify the root cause of the problem. What were the root causes and how were they verified as root causes? Which root cause(s) was (were) chosen for the greatest probable impact for process improvement?

**4.0. PLANNING & ACTIONS TAKEN**

*135 points*

Planning and implementation actions that corrected root causes are addressed within this area. Describe how the team selected the best solution for improvement or development. Explain the action plan that was developed (use attachment for action plan); what, who, how, when, resources needed. Describe how the action plan was implemented. Was there a test prior to implementation? If no, please explain. Did any factors outside the team's control impact plan implementation either positively or negatively? How was the process flow affected by the action plan?

**5.0. RESULTS**

*135 points*

The objective is to justify actions taken to achieve the desired objective/target. Tell your results. Did the action plan meet and/or exceed the team's objective(s)? Provide concrete data indicating improvement in the process or product. Provide reasons why the target was or was not met. What indicators were used in relation to the action plan to measure/track improvements to the process and its customers? Describe how the team's efforts were directly responsible for the improvements/results and how those results met the established organizational mission, goals, and objectives.

**6.0. SOLUTION STANDARDIZATION**

*190 points*

Actions taken to ensure the improved level of performance is maintained. Describe how the team communicated and integrated the process improvements into daily operations. What revised methods and/or procedures to standardize the process improvements were published? Was training given on the new process or is training being planned? If yes, to whom and by what means? Describe the methods/tools that were left in place to ensure the improved level of performance is maintained. How are results monitored to ensure continuous process improvement on an on-going basis? Describe how the team's success story was publicized and recognition given to team members.

**7.0. FUTURE PLANNING**

*55 points*

The objective here is to address any remaining unresolved problem areas in the process and evaluating team effectiveness. If there are any unresolved problems existing within the process, are they being analyzed or evaluated? If yes, what is the status of the analysis? What future actions have been planned against the process, if any? Regarding the team, describe how the team evaluated their own problem-solving skills and effectiveness along with their conclusions. How were the benefits of the team and the lessons learned communicated to other teams, management, and the rest of the organization? Have the team members' experiences in this improvement process been utilized in the organization's quality implementation efforts after the charter's fulfillment? If yes, How?

*Total Possible Score*

*1000 points*

## *Scoring Guidelines*

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The system used for scoring nomination responses to Criteria Items is based up on three evaluation measurements; Approach, Deployment, and Results.

### **Approach:**

“Approach” refers to how the organization addresses the Item requirements - the method(s) used. Some of the factors looked at to evaluate approaches are:

- Systematic, planned, logical, and tailored to your key business factors
- Prevention-based versus inspection and correction-based
- Based upon thorough analyses of needs and constraints
- Systematically evaluated and improved over time
- Innovative and unique

### **Deployment:**

“Deployment” refers to the extent to which your approach has been implemented across the organization. The key to a successful deployment is sound systematic approach. The factors used to evaluate deployment include the following:

- All transactions with customers, suppliers, and the public
- All operations, facilities, and businesses
- All products and services
- All levels and functions of employees

### **Results:**

“**Results**” refer to outcomes - no information on approach or deployment is requested. When evaluating results, the following factors are looked at:

- Current performance levels
- How your performance levels compare to competitors and to benchmarks
- Rate of improvement, or the slope of the trends in your data
- The breadth of the data, whether improvements are shown on all key measures of performance
- The degree to which results have been sustained and show continuous improvement over time

To help illustrate the three factors, every category, except for “Business Results”, is scored for Approach and Deployment. “Business Results” are scored for Results only. To demonstrate Results, you must have and present data that shows performance levels and trends.

As an example, if you have an Operating Instruction or description of a process, you have an approach to that process. If you have implemented it, it has been deployed. If you have data to show what happened, performance levels and/or trends, you have results. The score given for each depends on the extent to which you meet the scoring guidelines.

Approach and Deployment are linked together to emphasize that processes that have an approach also require a deployment. Results depend on data demonstrating performance levels and trends. Results evaluation is based on how widespread and how significant/important an organization’s improvements are. It can be stated that Results are directly related to deployment.

*Scoring Guidelines*

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<b>Category</b>	<b>Approach</b>	<b>Deployment</b>	<b>Results</b>
1.0. Leadership	x	x	
2.0. Information & Analysis	x	x	
3.0. Strategic Planning	x	x	
4.0. Human Resource Development & Management	x	x	
5.0. Process Management	x	x	
6.0. Business Results			x
7.0. Customer Focus & Satisfaction	x	x	

*Scoring Guidelines*

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<b>SCORE</b>	<b>APPROACH/DEPLOYMENT</b>
0%	<ul style="list-style-type: none"> <li>◆ no systematic approach evident; anecdotal information</li> </ul>
10% to 30%	<ul style="list-style-type: none"> <li>◆ beginning of a systematic approach to the primary purposes of the Item</li> <li>◆ early stages of a transition from reacting to problems to preventing problems</li> <li>◆ major gaps exist in deployment that would inhibit progress in achieving the primary purposes of the Item</li> </ul>
40% to 60%	<ul style="list-style-type: none"> <li>◆ a sound, systematic approach, responsive to the primary purposes of the Item</li> <li>◆ a fact-based improvement process in place in key areas; more emphasis is placed on improvement than on reaction to problems</li> <li>◆ no major gaps in deployment, though some areas or work units may be in very early stages of deployment</li> </ul>
70% to 90%	<ul style="list-style-type: none"> <li>◆ a sound, systematic approach, responsive to the overall purposes of the Item</li> <li>◆ a fact-based improvement process is a key management tool; clear evidence of refinement and improved integration as a result of improvement cycles and analysis</li> <li>◆ approach is well-deployed, with no major gaps; deployment may vary in some areas or work units</li> </ul>
100%	<ul style="list-style-type: none"> <li>◆ a sound, systematic approach, fully responsive to all the requirements of the Item</li> <li>◆ a very strong, fact-based improvement process is a key management tool; strong refinement and integration - backed by excellent analysis</li> <li>◆ approach is fully deployed without any significant weaknesses or gaps in any areas or work units</li> </ul>

*Scoring Guidelines*

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<b>SCORE</b>	<b>RESULTS</b>
0%	<ul style="list-style-type: none"> <li>◆ no results or poor results in areas reported</li> </ul>
10% to 30%	<ul style="list-style-type: none"> <li>◆ early stages of developing trends; some improvements and/or early good performance levels in a few areas</li> <li>◆ results not reported for many to most areas of importance to the organization's key business requirements</li> </ul>
<b>40%</b> to 60%	<ul style="list-style-type: none"> <li>◆ improvement trends and/or good performance levels reported for many to most areas of importance to the organization's key business requirements</li> <li>◆ no pattern of adverse trends and/or poor performance levels in areas of importance to the organization's key business requirements</li> <li>◆ some trends and/or current performance levels - evaluated against relevant comparisons and/or benchmarks - show areas of strength and/or good to very good performance levels</li> </ul>
70% to 90%	<ul style="list-style-type: none"> <li>◆ current performance is good to excellent in most areas of importance to the organization's key business requirements</li> <li>◆ most important trends and/or performance levels are sustained</li> <li>◆ many to most trends and/or current performance levels can be evaluated against relevant comparisons and/or benchmarks</li> </ul>
100%	<ul style="list-style-type: none"> <li>◆ current performance is excellent in most areas of importance to the organization's key business requirements</li> <li>◆ excellent improvement trends and/or sustained excellent performance levels in most areas</li> <li>◆ strong evidence of industry and benchmark leadership demonstrated in many areas</li> </ul>

*Scoring Guidelines*

<b>SCORE</b>	<b>APPROACH</b>	<b>DEPLOYMENT</b>	<b>RESULTS</b>
10%	Beginnings of a systematic approach but lacking in several major areas	Implementation in one or two major areas or functions	Very slight improvement, or only one data point showing improvement; data on many major indices are missing
20%	Sound, well thought-out approach (more than a beginning) that shows some evidence of being prevention-based	Deployment of system(s) to 10% - 30% of the major functions or facilities in the organization	A couple of data points showing some undramatic improvement in at least 50% of key measures. Other graphs show no improvement and some key data are still missing from the application.
30%	Early stages of a prevention-based approach based upon thorough analysis. No real integration yet; immature systems.	Deployment to at least half of the major functions or facilities in the organization	A few data points that show the beginnings of positive trends in more than half of the indices. Slow steady progress in many areas.
40%	Beyond the early stages of a preventive approach, but no refinement or integration of approach yet. Evidence of innovation in design of systems/approaches	Implementation at beginning stages in some functions and more advanced in others. Many major functions show fairly complete deployment.	Beginnings of positive trends can be seen in areas deployed, and there are no significant adverse trends
50%	Some evidence of a more refined, prevention-based approach. A fact-based improvement process in place for key areas addressed in the item. Integration beginning to occur.	Deployment to all major functions in the company; no gaps in deployment to major areas. Beginnings of deployment to several support functions.	Clear positive trends seen on many graphs of key measures addressed in the item. Some trends can be evaluated against relevant comparisons and benchmarks.

*Scoring Guidelines*

<b>SCORE</b>	<b>APPROACH</b>	<b>DEPLOYMENT</b>	<b>RESULTS</b>
60%	Systematic prevention-based approach that has been evaluated and improved at least once. Some systems may show two or more iterations based on evaluation. Integration shown across several major areas.	More than deployment to a few support functions. Most major support departments show at least the start of deployment. Deployment is more advanced in major functions than at 50% level.	Majority of graphs show slow, steady improvements over several years or sustained high levels of performance. Many graphs show competitor and/or benchmark data and applicant's performance better than at least half of these comparisons.
70%	Systematic approach with thorough evaluation and evidence of several iterations of improvement. Good integration of approach into the day-to-day operation of the company.	Deployment is complete in at least 75% of major functions and facilities, as well as more than half of all support functions. Few support areas have yet to implement approach, even though integration levels may vary.	Majority of graphs show dramatic improvements or sustained high levels of performance over several years. Few or no graphs show flat or declining performance. Many to most graphs show that performance is better than competitors' and industry averages. Benchmark level results on some key indices.
80%	Excellent integration of an approach that has been systematically evaluated and improved several times. Indication of a mature system that shows innovation.	Deployment to more than 75% of major functions and between 60% and 75% of all support functions. All departments show some deployment of Total Quality approach, and integration is complete in most areas/elements	Good to excellent trends in almost all graphs with demonstrated ability to achieve world-class results in industry over a sustained period of time. Many graphs show that company is at benchmark levels for key indices.
90%	A sound systematic approach that has gone through a number of iterations showing evaluation and improvement. Integration is near complete. World-class approach that demonstrates many innovations.	Deployment is complete to all major functions/facilities and to at least 75% of the support functions/departments. All areas of the company have implemented prevention-based approaches.	Excellent trends showing either dramatic improvements or ability to sustain benchmark level results over a number of years. Results clearly superior to all competitors on most indices.