

CLINICAL ENGINEERING

Facility Management

Toolbox Update

On 21-22 Feb 96, representatives of AFMLO, HQ AETC, and HQ ACC met with representatives of the U.S. Army Engineering and Support Center, Huntsville (CEHNC), (formerly known as U.S. Army Corps of Engineers, Huntsville Division--CEHND) for a *Toolbox* In-Process Review (IPR) meeting. The purpose of the meeting was to evaluate the current status of the Air Force *Toolbox* Program, which has been getting mixed reviews since its initial release in late 1994. Specific objectives were to obtain current financial status on open projects, review and improve processes associated with *Toolbox* projects, solve specific problems, and hear proposals to strengthen partnering between CEHNC and the Air Force Medical Service.

The meeting was successful with all parties committed to taking the actions necessary to ensure *Toolbox* remains a viable program. Specific actions to which CEHNC has committed include providing better customer support, developing standardized financial and project status reports, updating all reports on a monthly basis, developing a customer satisfaction survey form, financial "commitment" of funds against projects as they are received, and developing a marketing briefing which can be used to educate Base Civil Engineering (BCE) personnel on the *Toolbox* process. Specific actions to which AFMLO has committed include implementing and enforcing a standardized procedure for sending funds via Military Interdepartmental Purchase Requests (MIPRs) (see related article in this issue), revising the *Toolbox* Manual,

coordinating the revised *Toolbox* Manual through AF/CE, and publishing a series of AFMLL articles on *Toolbox* process changes and "lessons learned." The first two articles of this series, "*Toolbox* Projects and Base Civil Engineering Support," and "New Procedures for Transferring Funds to CEHNC," are included in this AFMLL. (AFMLO/FOM, Capt Rhonda Hillman, DSN 343-2117)

Toolbox Projects and Base Civil Engineering Support

The *Toolbox*, which is a collection of indefinite-delivery, indefinite-quantity (IDIQ) contracts for obtaining medical design and construction services, offers a unique and timely method for accomplishing remediation work, replacing real property installed equipment (RPIE), and accomplishing special studies. However, the *Toolbox* does **not** represent a way of avoiding BCE.

BCE plays a key role in every project within your facility and their involvement is critical. Remember, we are tenants in our buildings. All buildings belong to the Wing Commander, with BCE serving as the rental agent. When using the *Toolbox*, some facilities have purposely or inadvertently excluded BCE from the information circle only to find misunderstanding and hard feelings as a result.

How do you involve BCE in *Toolbox*? First, when you develop the AF Form 332 or DD Form 1391, ensure BCE knows the project is a *Toolbox* candidate. Discuss with BCE what *Toolbox* offers and what responsibilities BCE will have. It is probably a good idea to have the base civil engineer or his deputy initial the AF Form 332 indicating he/she understands this project is a *Toolbox* candidate. Once the project is accepted by CEHNC for *Toolbox*, you should be notified that a contractor and hopefully a representative from CEHNC will be visiting your

base for an initial site survey. Be sure to schedule some time with your Executive Staff and BCE during this visit so all parties understand the scope of the project, what CEHNC will provide, what BCE will provide, the timeline for the project, the areas involved, and possibly services disrupted. Throughout the project, copies of all drawings and plans will be submitted to BCE for review and comment. Depending on the complexity of the project, full coordination and reviews will also be accomplished with your Regional Health Facilities Office (HFO). BCE involvement will occur again when the "work plan" is accomplished. A project will not move forward until BCE and you, the customer, are satisfied with the "work plan" which is a streamlined "design." Final review and approval of the "work plan" is required by all parties. The last "stop" will occur when the prime contractor is selected and he, in turn, selects the sub-contractors who will actually perform the work. Again, coordination with all parties is critical so everyone is satisfied. (See flowcharts at **Attachment 1.**)

The portion of the *Toolbox* process in which the greatest amount of misunderstanding has occurred is Quality Assurance Evaluation (QAE), often referred to as inspection. BCE is staffed according to the square footage of the base (plus other factors); however, personnel for the QAE are factored into their staffing. If the project is awarded the "traditional" way through base contracting, the QAE will be performed by BCE. When a project is not completed the traditional way, however, QAE often becomes a contentious issue. BCE may refuse to perform the QAE if they are not involved in the project from the beginning. For this reason, it is critically important to get this issue clearly resolved with BCE before work begins. If you have to buy QAE services, sometimes referred to as Title II Services, from CEHNC or your local Corps of Engineers District, you can expect to add another six to eight percent of the construction cost to the grand total cost of the project. Sometimes this

will be necessary, so ensure your Executive Staff is fully aware of this cost increase. Perhaps they can influence the decision to provide BCE support.

The key is to keep the information lines open and communications clear. With the flowcharts provided, commitment by your MAJCOM to make this program work, and support of AFMLO, we believe *Toolbox* is a "win-win" proposition. You win in having timely services and flexible project contracting vehicles. BCE wins by getting projects accomplished on base in an era of very scarce resources. *Toolbox* is not a panacea; it is exactly what the name states: a tool for accomplishing projects and studies in medical facilities in which you are the tenant, but BCE is the rental agent.

For complete information on the *Toolbox* program, including step-by-step procedures for accomplishing *Toolbox* projects, please review sections one and two of the U.S. Air Force Medical Service *Toolbox* Manual, dated 31 Mar 95, or the article entitled "Air Force Medical Facility Management *Toolbox*," published in AFMLL 23-94. Remember, to accomplish **any** project via *Toolbox*, you must coordinate with your MAJCOM. Contact your MAJCOM Facilities Management Representative for specific instructions. Thanks to Maj Marc Sager, HQ AETC/SGAL, DSN 487-4742, for submitting this article. (AFMLO/FOM, Capt Rhonda Hillman, DSN 343-2117)

New Procedures for Transferring Funds to CEHNC

Effective immediately, the U.S. Army Engineering and Support Center, Huntsville (CEHNC), will no longer accept Military Interdepartmental Purchase Requests (MIPRs) directly from a medical treatment facility (MTF). CEHNC will only accept MIPRs from the major commands (MAJCOMs). This is true regardless of whether the funds are part of the Real Property Maintenance Activities (RPMA) program (which is that "piece" of operation and maintenance (O&M) money that is set aside for facility projects and managed by the MAJCOMs), or are part of the MTF's local O&M funds. If an MTF wishes to use its own local O&M money to pay for a new facility project or a price increase on an existing project, the MTF must first transfer the money to the MAJCOM. Once received, the MAJCOM will use this money to amend its central MIPR.

Effective immediately, CEHNC will accept only one MIPR per MAJCOM per year. As additional funds are needed to initiate new projects, the MAJCOM will **amend** its central MIPR rather than create new ones. (For those MAJCOMs that currently have multiple FY 95 and FY 96 MIPRs open at CEHNC for various projects, this new policy will be "grandfathered" until existing MIPRs are closed out. Price increases may be accomplished using an amendment to the original MIPR for the project, even if that MIPR was generated by an MTF. However, funds for any **new** projects must be sent via amendment to the MAJCOM's central MIPR.) While these changes may seem to be decreasing flexibility at the MTF level, they are critically needed to ensure CEHNC can effectively and efficiently manage the Air Force Medical Service's projects and funds.

How does this new policy differ from the current *Toolbox* Manual? The 31 Mar 95 edition of the U.S. Air Force Medical Service *Toolbox* Manual

states that all funds will be sent by MIPR by the MAJCOM. However, it does not specify whether the MAJCOM MIPR must be a single MIPR that is amended with each additional project, or a separate MAJCOM-generated MIPR for each project. Furthermore, it does not adequately address what should happen when an MTF wishes to use its own local O&M funds to complete a project via *Toolbox*. The new policy clarifies both of these points.

The information contained in this article augments the guidance provided in Section 2, page 4, paragraph 6h of the *Toolbox* Manual, dated 31 Mar 95. A copy of this article should be maintained with the *Toolbox* Manual. (AFMLO/FOM, Capt Rhonda Hillman, DSN 343-2117)

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 David Zemkosky, DSN 343-4028)

Medical Equipment Management

Navy Equipment Contracts Available

The Naval Medical Logistics Command (NLMC) has awarded two equipment contracts available for Air Force use in *limited quantities*. The equipment information is as follows:

Item: Defibrillator/Monitor/Pacemaker with Shock Advisory
Contractor: Zoll Medical Corp.
Model: PD2000 with options
Price: \$6,300.00 (optional external battery charger, \$835.00)

Item: Monitor, Patient Physiological, EKG/NIBP/SaO₂/2xIBP/Printer, Transportable
Contractor: Protocol Systems, Inc.
Model: Propaq 106EL with options
Price: \$5,879.00

If you are interested in using these contracts or need further information, please contact us. (AFMLO/FOM, Capt David Zemkosky, DSN 343-4028)

Shared Procurement Equipment Items Currently Available

AFMLL 06-96, Attachment 1, pages 4 and 5, contains a list of all current Shared Procurement contracts and optional contracts available through the Defense Personnel Support Center (DPSC). If you plan to order any of these items for your facility, use the specific ordering instructions and overall program guidance contained in AFMLL 4-96, pages CE-4 and CE-5. (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 current “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 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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