

ENGINEERING, FACILITIES, EQUIPMENT, AND PROCUREMENT

Biomedical Equipment Maintenance

This article has been reprinted due to a printing error in AFMLL 08-97.

War Reserve Materiel (WRM) Spare Parts Kits

Background

Spare parts kits for the various WRM assemblages are a very essential but confusing part of the BMET's Readiness responsibility. This article will attempt to clarify the process by which spare parts kits are identified and acquired.

In order to understand the entire process, you must first understand the Acquisition Advice Code (AAC) W to J relationship. A "W" NSN represents a generic item, such as a Defibrillator. The item description for this NSN will contain all the Essential Characteristics (EC's) that have been defined by the Services and the Defense Medical Standardization Board (DMSB). Throughout the history of this NSN, several contracts may be awarded against this NSN. In order to keep track of the various manufacturers and model numbers that may meet the EC's, additional stock numbers are assigned. These AAC "J" stock numbers are manufacturer and model specific, such as Physio-Control Lifepak 10-59. As a rule, AAC "W" stock numbers are loaded on the TA for the various WRM assemblages. This process also applies to spare parts kits.

The difference between equipment items and spare parts kits is that spare parts kits cannot be ordered using the NSN unless it is done at the initial purchase of the equipment. At this point, the NSN is nothing more than a placeholder on the TA.

Procedures

Currently BMETs must contact this office (TSgt Walker DSN 343-4039) and provide a complete listing of the equipment for which they need kits. This listing **must** include the ACC "J" NSN, Nomenclature and Model Number. Without this information, the proper kit cannot be identified. A complete listing of all spare parts kits is now available on the Clinical Engineering Page at the AFMLO web site (<http://140.139.13.36/afmlo>). In the near future, a database will be accessible from this page. TSgt Walker is attempting to compile an accurate equipment inventory of all WRM assemblages. With this information, he will be able to make the database site specific. This information will also make it easier to identify equipment that needs to be replaced.

Once the listing is received, the local BMET must procure each component individually. After the parts are received, due to the limitation of MEDLOG, manual inventory procedures must be used.

If a spare parts kit is authorized on the TA but one has not been developed here at AFMLO or by one of the other Services, the local BMET is authorized to create a kit on their own. It is recommended that the cost of the kit not exceed 15 percent of the equipment cost. This threshold may not apply to items such as x-ray systems and high cost laboratory equipment.

Once the kits are built, the local BMET has ability and authority, based on equipment history and experience, to modify the makeup of the kit. This does not mean that the kit can be eliminated in order to conserve WRM funds.

Problem Areas

When ordering an item to fulfill a TA requirement, the current policy is that the customer must order an AAC "W" NSN. This means that the contracting office, DPSC or the AFMLO VA buyer will purchase an item that meets the EC's. In an effort to get what they want (and accelerate the process), many customers order "suitable substitute" items local purchase without verifying with medical maintenance or AFMLO as to the true "suitability" of the item. This is detrimental to both the standardization and provisioning processes as well as the mission. A spare parts kit may not be identified for these items and may lead to an increase in downtime, which will have a direct impact on mission capability.

Another problem is manual inventory procedures. Typically, the parts end up in a box located in the corner of the shop. It is recommended that a separate cabinet be used to store the parts and an increased emphasis be placed on manual record keeping. You may know what all the parts are but your replacement may not have a clue. Always keep in mind that someone else may use your assemblage.

For a current copy of the Spare Parts Kit listing or the W to J Equipment list, go to the Clinical Engineering page via the AFMLO homepage, press the appropriate HTML link. These are both large files and may take a while to download.

If there are any questions, please contact TSgt Stephen "Steve" Walker at DSN 343-4039 or by e-mail at walkers@ftdetrck-ccmail.army.mil. (AFMLO/FOM-E, TSgt Steve Walker, DSN 343-4039)

Quality Assurance

Materiel Complaints - Information Exchange

A summary of the most recent medical materiel complaints involving medical equipment is listed below. This summary is provided for information only. Please note the complaints *are not validated*. They do not constitute a recall, nor do they require you to perform the sort of inspection and reporting associated with equipment hazards. If you have experienced a similar problem locally, please submit an SF 380 in accordance with AFMAN 23-110, Vol. 5, Chapter 19. It is important we receive documentation of equipment problems since severity and impact of a materiel defect is frequently judged by the number of separate complaints received.

Defibrillator/Monitor, MDC 11128, PD2000, Zoll Medical Corporation.

Complaint: An activity reports that during a cardiac arrest, a code was called, and using a model Zoll PD2000 defibrillator with internal paddles, an attempt to defibrillate the patient was made. Providers involved in the code inadvertently attempted to use a handle and cable assembly, PD1200/D900 (Part #8002-004) which cannot be used with the PD2000. A local investigation revealed:

1. the operator's guide for ZOLL Internal Handles and Electrodes, page 1 states "The internal handles are designed to operate with the ZOLL D900, PD1200, PD1400, D1400, PD2000 and D2000.";

2. the Operator's Manual for the ZOLL PD2000 Pacemaker/Defibrillator and D2000 Defibrillator with Advisory Option, page 19, Subject: OPTIONAL ACCESSORIES, lists "Internal Defibrillator Handles and Cable

Assembly,” “NTP-3002 Pacer Output Cable (PD2000) only,” and “NTP-4450 Output verification units for noninvasive pacer (PD2000 only).” Note that the “Internal Defibrillator Handles and Cable Assembly,” NTP-3002, and NTP-4450 are model specific;

3. the use of and/or warnings pertaining to the use of internal paddles are not covered in the defibrillator’s operator’s manual; and

4. the only visible difference between the handle/cable assemblies for the ZOLL PD1200 and the ZOLL PD2000 are the connector that plugs into the defibrillator.

To prevent another occurrence, the reporting facility has placed all internal handle/cable assemblies for PD1200 defibrillators in secure storage and placed labels on all PD1200 external paddles plug assemblies stating “FOR USE ON PD1200 ONLY.”

Chairs, Dental, MDC 10792, AS3000AE, DEN-TAL-EZ, Inc.

Complaint: An activity reports the following problems with the dental delivery system:

1. **umbilical cord under seat**, cord bends in half causing intermittent drive air to handpieces

2. **cavitron quick disconnects**, air and water lines are not supported and are hanging freely from the control head with 80 psi of air pressure and 60 psi of water pressure on them

3. **control box**, lines in the floor box are not securely fastened; high pressure lines continue to pop off

4. **solenoid valves**, sporadic valve malfunction causing intermittent chair operation

5. **handpiece hose quick disconnect**, inadequate locking design causing hoses to fall off

6. **pinch valve block**, poor design provides for periodic flow and leak problems within the control head

7. **seat**, designed too short, tall patients complain they are uncomfortable during treatment

8. **assistant arms**, too low to the floor causing a tripping hazard and the arms to get caught under the counter top and break

The activity reports several unsuccessful attempts have been made to have the manufacturer look at these problems. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

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-P, Capt David Zemkosky, DSN 343-4028)

Medical Equipment Management

Shared Procurement Equipment Items Currently Available

AFMML 04-97, Attachment 1, pages 1 and 2, 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 AFMML 04-96, pages CE-4 and CE-5. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

“Piggyback” Contracts Currently Available

AFMML 16-96, Attachment 1, pages 4 and 5, 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 reduced prices, and are written with the option of buying additional quantities at the same price. The list includes available quantities and “Order By” dates. To order, send your MILSTRIP requisitions to DPSC, and reference the contract number (from the listing) in the notes section. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

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