

CLINICAL ENGINEERING

Facilities Management

New Medical Facilities Management Web Page

Looking for good examples of Environment of Care (EC) management plans? Or what about some sample EC training material to incorporate into your program? You can now find sample “best practices,” and more, by going to the newly revised Medical Facilities Management web page at <http://afml.ft-detrick.af.mil/afmlo/facilities.htm>.

We have completely revised the Medical Facilities Management web page to provide you more useful and up-to-date information. Here you will find information on everything from facilities planning and programming to such items as Toolbox, DMLSS-FM, and training opportunities, to name a few. As mentioned, you will also find sample “best practices” submitted from the field. We particularly want to thank the folks at Davis-Monthan AFB and Misawa AB for helping get our list of “best practices” started.

If you have something you are particularly proud of that other Facility Managers can benefit from too, we encourage you to share it with the rest of the field. Send your inputs as well as any web page suggestions you may have to Maj Weston at gil.Weston@ft-detrick.af.mil. (AFMLO, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, gil.weston@ft-detrick.af.mil).

Building System Evaluations

Sound preventive building maintenance is a key element in maintaining a safe, suitable, and energy efficient medical treatment facility (MTF). The recent trend towards outsourcing these services in our medical facilities has greatly improved their upkeep. An equally important element in a facilities maintenance program is proactive identification and correction of building system deficiencies.

Building systems can be defined as the infrastructure and utility services necessary for the delivery of health care. Building systems include the following categories: heating, ventilation, and air conditioning (HVAC); electrical power and distribution; plumbing; medical gas; communications; and building structure, shell and architecture.

Building systems must be periodically evaluated to ensure operational efficiency and compliance with code and criteria standards. Unchecked building deficiencies may lead to systems failure, disruption of patient services, unsafe conditions, excessive utility costs, and expensive repair projects.

Traditionally, medical groups have relied on Base Civil Engineering (BCE) for building maintenance and repair work determinations; however, with BCE staffing cuts, they may no longer be able to provide these services. Facility managers will need access to building system evaluations (BSE) that identify infrastructure deficiencies, and develop cost effective project solutions that not only fix the problem at hand but which are also compatible with the MTF's overall engineering scheme. The following paragraphs describe BSE options available to Air Force Medical Facilities Managers:

Engineering Assessment: Consists of a basic evaluation of MTF building systems. Includes a review of existing MTF real property maintenance (RPM) projects to ensure current code and criteria compliance. This option is most suitable for evaluation of HVAC, electrical, building shell, and

medical gas systems. As problems are identified, follow-on strategies for corrective action are developed and prioritized. Engineering assessments are recommended for older facilities and/or when building system problem symptoms have become evident. Since the study is resourced through the HFO Sustainment Branch, there is no cost to the medical group for this service.

Civil Engineering Maintenance, Inspection, and Repair Team (CEMIRT): An Air Force team that provides HVAC and electrical system troubleshooting, maintenance, and repair support. Special skills include HVAC air balancing, generators, and electrical thermoscans. Advantages include low cost, minor RPM work during troubleshooting, and quality assurance on contractor work. CEMIRT's downside is their limited manpower resources and extended scheduling lead-times on non-emergency support requests. CEMIRT is best suited for financially strapped MTFs with problem areas that match up with CEMIRT skill sets or as a quality assurance team on large repair projects. An engineering assessment, as described earlier, is strongly recommended before requesting CEMIRT support.

Contract Building System Survey: An in-depth evaluation of a single building system, which identifies specific problem areas and provides detailed corrective actions. The survey concludes with an executable contract proposal for correcting deficiencies and a "not to exceed" project cost estimate. Survey advantages include their relatively low cost, flexible approach, minor RPM work during the assessment, and an executable project at survey's end. Survey contractors have been quality screened for past performance and usually fall under a pre-established contracting vehicle (i.e. IDIQs, GSA contracts, small business, etc.). Surveys do not include quality assurance of the contractor's proposal, so the Facility Management staff, BCE, HFO, CEMIRT, or a contract supplement must provide this service. The survey is most suitable when a major building system deficiency has been identified but not yet fully explored. An engineering assessment as

described earlier is recommended before the contract survey.

Contract Deficiency Tabulation (DEFTAB): A comprehensive evaluation of the medical facility which identifies all building system deficiencies, code and criteria references, and corrective project actions. The DEFTAB's primary advantage is that its broad scope provides solid background justification for a Military Construction (MILCON) or large scope repair project. Disadvantages include the study's relatively high cost, its diluted evaluation focus, and the requirement for follow-up design work (i.e. project recommendations are not immediately executable). A DEFTAB is most appropriate for an older MTF that has wide ranging building system problems making it a good candidate for a MILCON or large repair project.

Statement of Conditions (SOC): The SOC is a documented assessment of MTF compliance with National Fire Protection Association (NFPA) Life Safety Codes. The Joint Commission requires a SOC for inpatient facilities and ambulatory health care centers. Ideally the MTF Facility Management staff will conduct the SOC. The Regional HFO can provide life safety technical assistance at no cost to the medical group.

The services listed above may also be available through Toolbox or SABER contractors. Please contact your Regional Health Facilities Office (HFO) for more information and coordination assistance, or visit the Air Force Health Facilities Division web site at <http://sg-www.satx.disa.mil/sgsf/>. (AFMSA/SGSFS, Maj Dan Morgan, DSN 240-4147, commercial (210)536-4147, dan.morgan@usafsg.brooks.af.mil)

Status of GS-1600 Position Series Revision

The GS-1600 job series revision is almost complete. The series includes positions such as GS-1600 (Equipment Facilities, and Services), GS-

1601 (General Facilities and Equipment Series), and GS-1654 (Printing Management Series). The GS-1640 position (Facility Management Series) is also included, which is used to characterize civilian Facility Managers who are working in Air Force medical facilities.

The GS-1640 position description has been pending review and changes by the Civilian Personnel Office since 1997. The changes to the final draft are now complete. This will be the first major revision to the job description since 1973. After careful evaluation, the new description will capture many of the additional duties and responsibilities that Air Force Medical Facility Managers have accumulated. Some of these duties include increased knowledge in the areas of federal/state/local codes, NFPA regulations, JCAHO Environment of Care accreditation standards, and contract monitoring.

The next step in upgrading the position description is the final review and release phase. In discussing the situation with Civilian Personnel Offices at USAF Headquarters and the Department of Defense, draft GS-1600 Job Series will go out for comments in Spring 2001. At the earliest, the final version will not be released until Fall of 2001. All of the GS-1600 positions will be reviewed and released at the same time. However, there are other job series classifications that have been given a higher priority review date. After several attempts of trying to obtain a higher priority, we were informed that the release timeframe for the series will not be changed. Therefore, the final formal release will not occur until late next year.

Once released, the revised standard will be a more accurate reflection of the actions and work performed by Facility Managers. However, Facility Manager positions will not automatically be upgraded as a result of the new standard. Upgrade actions require the joint effort between civilian personnel classifiers and supervisors. (AFMLO/FOM-F, 1Lt Robert Foote, DSN 343-2117, commercial 301-619-2117, robert.foote@ft-detrick.af.mil).

AFMLO Welcomes Capt David Schlevensky

We would like to welcome Captain David Schlevensky to the Facilities Management Team at AFMLO. He begins work with us in October 2000, and will be primarily responsible for Facilities Management training and education. He brings a wealth of clinical engineering knowledge and experience and is an excellent addition to our staff.

Capt Schlevensky obtained a B.S. degree in Biomedical Engineering from Milwaukee School of Engineering. Upon graduating in 1995, he received a commission in the Air Force. His first assignment was at Wilford Hall Medical Center, where he served as Chief of Technology Assessment, Chief of Medical Equipment Management, and as the Medical Materiel Flight Commander. After his first assignment, he was selected for AFIT training, where he attended Marquette University. He recently graduated with a Master's degree in Healthcare Technology Management. Capt Schlevensky is married and has one daughter.

You can contact Capt Schlevensky at DSN 343-4081, commercial 301-619-4081, or david.schlevensky@ft-detrick.af.mil. Please help us welcome him to the team. (AFMLO/FOM-F, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, gil.weston@ft-detrick.af.mil).

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-E, Capt P.J. Toth, DSN 343-7445, commercial 301-619-7445, paul.toth@ft-detrick.af.mil)

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