

STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	17 MDG/ CC		<i>[Signature]</i> Lt Col 2 Dec 01	6	17 TRW/ CV		<i>[Signature]</i> 4 Dec 01
2	17 TRW/ CC		<i>[Signature]</i> Sgt 3 Dec 01	7	17 TRW/ CCS		
3	17 TRW/ CCE		<i>[Signature]</i> Capt 2, Capt 24 3 Dec 01	8	17 TRW/ CC		<i>[Signature]</i> 4 Dec 01
4	17 TRW/ CCC		<i>[Signature]</i> 4 Dec 01	9			
5	17 TRW/ CVS		<i>[Signature]</i> 4 Dec 01	10			

SURNAME OF ACTION OFFICER AND GRADE	SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE
Lt Col Jones	17 MDSS/CC	4-3075	kas	20011206

SUBJECT	DATE
Nomination Package for Outstanding Medical Logistics Account (OMLA) of the Year	20011203

SUMMARY

- The OMLA nomination package is at Tab 2. A letter for endorsing the 17th Medical Logistics Flight for this nomination is at Tab 1.
- The 17th Medical Logistics Flight is the backbone of the Medical Group. The flight's accomplishments have been numerous over the year. The flight designed a new Computer Based Training Program for our newcomers orientation which saved 1,624 man-hours. The flight developed two products which have been benchmarked by HQ AETC. They also redesigned our recall procedures, improving initial reporting from 62 percent to 91 percent.
- RECOMMENDATION:** 17 TRW/CC sign proposed endorsement letter at tab 1.

Cynthia R Jones

CYNTHIA R. JONES, Lt Col, USAF, MSC
Commander, 17 MDSS

- 2 Tabs
- Proposed endorsement letter
 - Nomination Package



**DEPARTMENT OF THE AIR FORCE
17th Medical Group (AETC)
Goodfellow AFB TX 76908-4902**

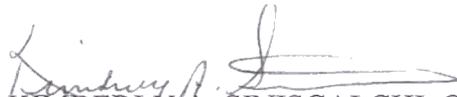
MEMORANDUM FOR 7 TRW/CC

DEC

FROM 17 MDG/CC

SUBJECT: Outstanding Medical Logistics Account (OMLA) Nomination

It is my pleasure to nominate the 17th Medical Logistics Flight (FM 3030) for the annual OMLA Nomination. This flight consistently demonstrated outstanding performance in providing medical logistics, education and training and medical readiness support for the 17th Medical Group and the 17th Training Wing. This flight is known wing - wide for it's superb customer service. The Medical Logistics Flight continually searches for better ways to accomplish its mission, while always paying close attention to both its customers' current and projected needs. This flight sets the standard for all organizations to follow. The 17th Medical Logistics Flight is forward thinking, and meets the highest standards of professionalism. The leadership within the flight and its personnel have truly earned the honor to be recognized as the Category-IV medical logistics account for AETC!


KIMBERLY A. SINISCALCHI, Colonel, USAF, NC
Commander

1st Ind, 7 TRW/CC

0 4 DEC 2001

MEMORANDUM FOR: HQ AETC/SG

The 17th Medical Group Medical Logistics Flight provided exemplary support for both the 17th Training Wing and the Goodfellow community. The 17th Medical Logistics Flight stands above all others when it comes to customer service and getting the job done. The meticulous attention to detail by the leadership within the flight directly led to two HQ AETC benchmarked products. I concur with this nomination and wholeheartedly recommend them for this award. They deserve to win...they earned it!


K.C. McClain, Colonel, USAF
Commander

**Attachment:
OMLA Nomination**

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- Our Medical Logistics Flight Commander, 2Lt James L. Jones arrived in August 2000 and assumed his duties upon completion of Health Services Administrator course in November 2000. TSgt Wayde R. Maki arrived in August 1994 and assumed the NCOIC, Medical Logistics Flight duties November 2000. They structured our flight to be flexible and responsive to customer's needs, staffing changes and mission requirements. **(Atch A)**
- **Great leadership guided our organization and reviewed organizational performance!**
- Our flight leadership established organizational direction through our tactical plan, which is aligned with the 17th Medical Group's (MDG) strategic plan. **(Tab 1)** Management held an off-site for all logistics personnel at the end of the first quarter of the Fiscal Year to develop the flight's vision, objectives and strategies for the upcoming year. The result is a tactical plan, a 17 MDG first, for our staff of reasonable and measurable customer-focused tactics.
- Effective communication promoted constant improvement and sustained performance. All flight personnel met the first Friday of each month to communicate problems, review metrics, performance data, identify trends and take necessary appropriate actions. **(Tab 2; Atch A - J)**
- We utilized every possible avenue to address concerns with current and future products, services, operations, and provided on-demand training. Our Medical Logistics newsletter, customer handbook, website, daily customer visits and custodial training provided direct and frequent contact with staff and was effective and widely disseminated. **(Tab 3; Atch A - E)**
- Our flight leadership focused on providing the best environment, personnel and resources possible to achieve our vision "Customer-Focused Logistics and Resource Utilization, while maximizing Personal Growth and Team Building"! Constant interaction with medical and executive staffs ensured our goals were united with clinics goals and achieved clinic's needs.
- We displayed and circulated our Medical Logistics Customer's Bill of Rights **(Tab 4)**. We recognized that medical logistics customers are entitled to certain rights and have certain responsibilities; practicing these rights and responsibilities achieved performance improvement. Improving performance of both internal and external customers ensured the mission was accomplished and ultimately our patients received the best healthcare possible.
- Exchange of information, expectations and concerns ensured our flight was aligned with mission objectives. Our staff was integrated into every function of the 17 MDG to include portions of the 17 Training Wing (TRW). **(Tab 5)** We attended regular meetings and were invited to meetings when logistics issues were discussed or particular areas of expertise were needed. The flight commander worked closely with 17 MDG Commander, Administrator, Squadron Commanders, Flight Commanders, Resource Management, and Systems.
- We developed a comprehensive yet simplistic Environment of Care (EOC) Handbook and Test **(Tab 6; Atch B and C)** which increased and sustained clinic personnel's awareness on the 7-EOC criteria's by 14 percent ensuring a "top-notch" EOC program. **(Tab 7; Atch F)**
- Our flight saved \$122.5K through frugal management on non-medical and medical supplies.
- **We practiced good citizenship by supporting numerous charitable and non-profit organizations benefiting our local community.**
- We encouraged our staff to participate in professional and community activities. We were active in everything from 17 MDG's booster club to the homeless in San Angelo. **(Tab 8)**
- Proof of effective leadership was shown by our customer survey Analysis metric, we achieved an overall 3.83 Grade Point Average for CY 01. **(Tab 7; Atch A)**
- Our flight leadership saved 504 man-hours through re-alignment of duties. **(Tab 13; Atch J)**

- Executive leadership, from HQ USAF on down, provided mission, vision and goals. We recognized that strategic planning facilitates us to meet these goals. We also understood the need to be proactive in our business practices and meet our customer and partner's expectations. Because the 17 MDG published a "Strategic Plan", which directly supports the SG's Parthenon and R2P2 concept, we supplement it with our own "Tactical Plan". (Tab 1)
- **Systematic strategic development process:** Since this was the first year the 17 MDG Medical Logistics Flight created a tactical plan, we benchmarked of similar methods that other military installations have used in the past to develop their own annual tactical plan:
 - ❖ Using the COPIS model (Customers, Outputs, Products, Inputs and Suppliers) we:
 - Reviewed our partners and customer's requirements, expectations and opportunities, listed what products and services the flight manages and the risks associated.
 - Listed what inputs and outputs help us produce products and deliver services
 - ❖ Reviewed and defined the key functions performed by each of our logistics elements.
 - ❖ Reevaluated and prioritized previous Strengths, Weaknesses, Opportunities and Threats.
 - ❖ Established strategies, which are part of our flights vision. Each strategy is tied to an objective. Strategies under each objective guide our efforts toward realizing our vision.
 - ❖ We then developed Tactics for each of our strategies. These tactics are specific action plans that accomplished the strategy and achieved the success of the vision. In refining tactics, we assigned points of contact, estimated completion dates and a metric if possible.
- Leadership within the 17 MDG also added objectives by taking into consideration changing business practices, supplier performance, capability, and the need for staff development.
- Once results were compiled, all flight personnel analyzed key processes, benchmarked past metrics and customer surveys and focused the tactics and strategies to meet 17 MDG's need.
- **Flight Strategy:** Optimized performance by streamlining and restructuring duty assignments.
- Our tactical plan provided every member of the flight a living document to refer back to in making daily business decisions. The tactics and metrics were understood by all and used to drive actions within our organization. By consistently updating the tactical plan quarterly, our staff recognized his or her accomplishments and built a road map for future tasks.
- We monitored performance metrics per coordination with HQ AETC/SGAL to support and validate our key strategies and to manage business operation's changes. (Tab 7; Atch A - F)
- We discussed open or ongoing tactics in monthly staff meetings and adjusted the plan quarterly with reviews and updates to reflect actions completed or changes in projected dates.
- Flight leadership briefed the status of our tactical plan and metrics to the squadron commander through weekly one-on-one meetings and to the flight during monthly meetings.
- We constantly strived to ensure our War Reserve Materiel program met our objective, "Best In Deployment Capability". We received and generated our first UTC tasking in 5-years.
- Our objective, "Best in Resource Utilization", guided us though the Region-6 Prime Vendor (PV)s bankruptcy. We were the first in Region-6 to provide new PV with our re-supply 700 line item inventory, which created a smooth transition with zero interruptions to patient care.
- After evaluating our Strengths, Weaknesses, Opportunities and Threats. We identified an opportunity as recognition and a threat as morale. After initiating our awards program, we received 5-17 TRW and 11-17 MDG prestigious awards. (Tab 8) Morale improved ten-fold.
- Of our Strategic Plan, 70 out of 71 tactics were completed, giving a 99 percent completion rate. The single tactic not accomplished was due to circumstances out side our control.

- **We designed flexible and responsive processes for our customers by knowing and anticipating their long and short-term plans and expectations.**
- We determined our customers and partner's immediate needs, expectations and preferences through daily site visits, feedback, and quarterly surveys. We redesigned Our Medical Logistics customer survey program around an academic format. We also gave the customer an opportunity to request an appointment with our Flight Commander or NCOIC of the Flight. (Tab 9; Atch A and B) Results. (Tab 7; Atch A and B)
- We developed a marketing plan encompassing all of our marketing efforts during the entire year to include newsletters, handbooks, the use of group e-mail, quarterly customer training and a medical logistics web page! (Tab 3; Atch A - E) Results (Tab 7; Atch A and B)
- Our Medical Equipment Management Office conducted semi-annual custodian visits, provided individual or specialized training and updates or changes to logistical procedures.
- We structured a Customer Service (previously non-efficient) area to provide "specialized" customer service for supplies, equipment, contract services, furniture and vehicles. Our customer service received an overall "A" letter grade from clinic personnel. (Tab 7; Atch A)
- A suggestion and customer feedback box, for both external and internal customers, was set up in the entrance of the medical logistics customer service area and checked daily. Customers and staff were free to fill out the feedback form provided if they did not desire to directly contact a staff member. Our process was to analyze feedback and take corrective action and provide feedback within 2 duty days. We would also brief the feedback that was provided to the customer and the action taken during our monthly flight meetings.
- Our non-medical supply customer service sign-in sheets allowed us to identify the nature and repetitiveness of customer concerns and track peak business cycles. Data was compiled, charted and briefed quarterly in squadron and flight meetings. (Tab 13; Atch D) We saved the clinic \$10.8K through reduction of Fraud Waste and Abuse of non-medical supplies.
- **We built customer and market relationships to achieve greater customer satisfaction.**
- We advertised our "Customer Advocate" (Tab 3; Atch A, B and C) to ensure all custodians had a point of contact for all logistics issues with our customer advocates within the flight.
- We were always available to provide emergency medical equipment repair, supply and contract services ensuring continuous, quality patient care during duty and non-duty hours.
- With reduced manning, we deployed forward logistics to the warehouse, pharmacy, laboratory and dental to increase customer responsiveness by having them manage their entire product cycle from order scan, to receipt, to daily delivery. Longitudinal studies have shown that the personnel assigned to the 17 MDG were very receptive to our new processes as indicated by our customer survey analysis results. (Tab 7; Atch A and B)
- The Bio-Medical Equipment (BMET) Repair element redesigned their section within the Logistics Handbook (TAB 6; Atch B) to aid custodians on how medical equipment repair worked. This created a partnership between BMET and our customers. (Tab 3; Atch D)
- BMET personnel hand-carried monthly custodian maintenance summaries to our customers to provide documentation of all maintenance actions taken during the previous month.
- Facility Management Branch (FMB) designed an "Annual FMB Executive Summary Booklet". (Tab 6; Atch A) This booklet outlined everything from the time the clinic was first built to special projects that occurred during FY 01. This booklet is currently being benchmarked by HQ AETC Medical Logistics and has been forwarded for benchmark by AF.

- We carefully selected, managed information and data to support overall business goals.
- We achieved successful performance with focused logistics through an adoption of a "What Ever It Takes" motto to get the job done. Delivered the right supplies, equipment or service at the right time for the right price underlined our need to measure performance. Flight management, squadron commander and administrator reviewed our flights metrics quarterly. (Tab 7; Atch A - F)
- **Medical Logistics Customer Survey Metric Scorecard** – Indicated our ability to nurture partnerships with all clinic personnel and elements. (Tab 7; Atch A)
 - ❖ The clinic responded to our customer service positively. In FY 00 we maintained an overall "Excellent" rating. We took aggressive measures to improve our service, which was noted by our clinic giving our professionalism and customer service an overall "A" letter grade, which states we "Always Exceeded Expectations". (Tab 7; Atch A)
 - ❖ 17 MDG personnel responded overwhelmingly to the many changes our flight made this year. The clinic gave us an overall 3.83 Grade Point Average. (Tab 7; Atch A)
 - ❖ We used data to set future priorities, tracked trends in key operational indicators (i.e. availability, accuracy and training), and set improvement priorities. (Tab 7; Atch A)
 - ❖ Monthly, reviewed AFMLO home page and studied our line with other AF Category-IV medical logistics accounts. Coordinated with HQ AETC/SGAL on identified problems.
 - ❖ Medical Logistics Survey allowed customers to evaluate us on eight different categories on our service provided to them by using a letter grade system. (Tab 9; Atch A)
- **Medical Logistics Flight Commander Metric Scorecard** - Analyzed the impact of our service to the overall mission of the 17 MDG, 17 TRW and the AF. Our leadership responded favorably by giving our flight an overall "A" letter grade rating. (Tab 7; Atch B)
 - ❖ We realized we were receiving feedback on our service from the duty sections themselves and was not giving our leaders a true chance to reflect on our service to support the overall medical mission. Because of this we developed a survey geared towards the flight commanders and executive staff, which provided our leadership an opportunity to respond with two-letter grade and three opinionated questions. (Tab 9; Atch B)
- **Maintenance Management Completion Rate Metrics Scorecard** - Benchmarked data from monthly Maintenance Management Reports, which provided historical data and trend analysis to track areas for process improvement. (Tab 7; Atch C)
 - ❖ Percent of Monthly Scheduled Work Orders – A JCAHO requirement to track completion rates, reflects health of medical equipment using prevention techniques. (Tab 7; Atch C)
 - ❖ BMET Incomplete Reasons – ensured flight leadership and the squadron commander was aware of reasons for incomplete work orders and tracked trends. (Tab 7; Atch D)
- **Medical Logistics Spending** - Provided journal on clinic spending trend. (Tab 7; Atch E)
 - ❖ With the establishment of the Electric Catalog (ECAT) in July 2002 we expect our PV, Blanket Purchase Agreement and IMPAC purchases to decline in FY 02.
- **Environment of Care (EOC) Test** - Presented an overview of the 17 MDG performances and knowledge of the seven key EOC areas. (Tab 7; Atch F)
 - ❖ With the development of a comprehensive yet simplistic EOC Handbook and EOC Test (Tab 6; Atch B and C) and the restructuring of EOC training. The clinic has had zero failures since March and has improved its overall average of 75 percent in January through March to 93 percent overall in April through September 2001. (Tab 7; Atch F)

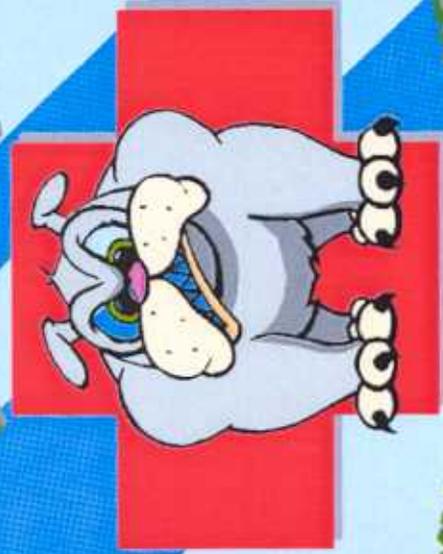
- **Our goal was for every employee to achieve higher performance through education, training, development and recognition, which they required to succeed.**
- Proper orientation of new personnel developed foundation for success. We accomplished this through our orientation checklist, covering all possible aspects of achievement. (Tab 10)
- Our training monitor, along with senior flight leadership, constantly analyzed our personnel to ensure skills to perform the job were assessed, monitored and maintained.
- To ensure our training programs hit the target we asked each NCOIC to define goals and identify problems. We then tailored our training to facilitate their needs. We focused on real, not hypothetical, situations and processes. We used a hands-on approach during monthly training sessions, with actual MEDLOG products and reports.
- Met 17 MDG need, restructured the Newcomers Orientation and Annual Training programs.
 - ❖ Returned 1.6K man-hours and 190 medical appointments to 17 MDG. (Tab 13; Atch H)
- Surgeon General's Ready Skills Verification Program (RSVP), implementation date 1 Jan 01, focused on training required for specific AFSCs. (Tab 13; Atch F)
 - ❖ Our flight created a simplistic RSVP, which continues to be benchmarked by HQ AETC, Medical Readiness and forwarded for benchmark throughout the AF. (Tab 11)
- The Medical Logistics' Flight's training program focused on quickly developing mission-critical skills while training personnel in the tasks required to advance in skill-level and rank.
 - ❖ Original equipment manufacturer's technical training was purchased with new equipment to keep our BMET's skills proficient with the newest state-of-the-art medical equipment.
- We are the test bed for the AF \$1M Combat Information Transport System program; our staff worked closely with the system management branch to ensure our personnel were trained and had the space and resources required to ensure success with this highly visible program.
- Individual recognition does not take a back seat to team recognition. Our flight took the lead by refurbishing the 17 MDG's recognition program.
 - ❖ Established "Silver Bullet" class; instructed 63 percent of 17 MDG personnel on how to write EPR's, OPR's, Awards and Decorations. (Tab 12; Atch A).
 - ❖ Developed pamphlet on how to score award packages. (Tab 12; Atch B)
 - ❖ Received 5-17 TRW and 11-17 MDG individual awards with only a staff of 10 personnel.
- We afforded all staff members the opportunity to attend one of the many local colleges and adjusted work schedules to help them succeed in completion of degree programs.
- We sought early attendance at Professional Military Education (PME) classes. Our staff members took on key leadership roles after successfully completing their PME.
- **We maintained a climate supporting our staff's well-being, satisfaction, and motivation.**
- An important strategy from our tactical plan was "Promote Espre De Corp". (Tab 1)
 - ❖ Developed flight social committee; which was responsible for creating a close knit cohesive team through quarterly flight morale events and monthly birthday recognition.
- Our account provided vast opportunities to develop our team member's professional skills. We constantly explored ways to take advantage of experiences within the "Community".
 - ❖ Ultimately our commitment was to "stretch" and support one another so that we were in the best possible position to serve our organization and customers.
- **Bottom-line, we have an environment that addresses the well being of our employees and our customers that we serve.**

- **We constantly examined how we designed, introduced, produced, delivered and improved our products and services.**
- Continuous process improvement, based on customer requirements and tactical planning, was an integral part of the Medical Logistics working environment and drove significant improvements in every section, resulting in the highest level of customer and supplier support and satisfaction. The 17 MDG gave the flight an overall 3.83 GPA. **(Tab 7; Atch A and B)**
- We embraced cutting-edge technology to provide consistent delivery, increased customer research tools, create a “shop at home” environment, and provide consistent documentation.
- **We designed, executed and managed key support processes to meet daily requirements.**
- Process: Increased information output to the 17 MDG by development and implementation of a quarterly newsletter. **(Tab 13; Atch A)**
- Process: Flight leadership developed a Medical Logistics Tactical Plan identifying primary systems, potential risks, and level of risks, potential failure modes and procedures to perform before, during and after operations. **(Tab 13; Atch B)**
- Process: Logistics Process Improvement Team redesigned our end-of-month reporting process between BMET and Medical Logistics. BMET Incomplete work Orders decreased 57 percent after implementation of the new process. **(Tab 13; Atch C)**
- **We improved and managed our processes with our suppliers and partners.**
- Process: Flight members realized we had no tracking mechanism in-place to track our non-med supplies. Developed an in-place tracking mechanism by section providing 100 percent accountability of all items purchased and reduced saved 192 man-hours. **(Tab 13; Atch D)**
- Process: We provided Forward Logistics support to Dental, Dental Lab, laboratory and Pediatrics accounts. Forward Logistics provided daily inventory of customer's on-hand supplies using hand-held scanners. Re-order quantities were inputted for one to two day delivery. Items were delivered directly to the customer's stockroom. **(TAB 13; Atch E)**
- Process: We developed a simplistic yet comprehensive Ready Skills Verification Program that was benchmarked by HQ AETC Medical Readiness. **(TAB 13; Atch F)**
- **We developed procedures to improve productivity and efficiency of the 17 MDG.**
- Process: Flight leadership noticed that 17 MDG personnel were not skilled in writing award packages. Authored and instructed “Silver Bullet Class” to 63 percent of the 17 MDG. Class enhanced 17 MDG's EPR, OPR, Awards and Decorations writing ability. **(Tab 13; Atch G)**
- Process: Flight leadership and Education and Training personnel developed a comprehensive Computer Based Training (CBT) program for 17 MDG's Newcomer's Orientation and Annual Review Training. CBT brought back 1,6K man-hours and 190 appointments back to the clinic. The CBT program will recapture \$17.2K within the 17 MDG. **(Tab 13; Atch H)**
- Process: Logistics Process Improvement Team identified a more efficient process for recalling 17 MDG personnel. Recall procedure modified. Reporting went from an average of 62 percent to 91 percent of 17 MDG personnel within the first hour. **(Tab 13; Atch I)**
- Process: Flight leadership re-organized the flight to keep in-line with mission requirements. Re-organization of duties within the flight and the 17 MDG saved logistics personnel 1.14K man-hours. **(Tab 13; Atch J)**
- Process: Flight/CC identified 17 MDG Self-Inspection program was lacking accountability. 17 MDG implemented logistics Self-Inspection documentation, which provided 100 percent accountability of all deficient inspection criteria's for JCAHO/HSI. **(Tab 13; Atch K)**

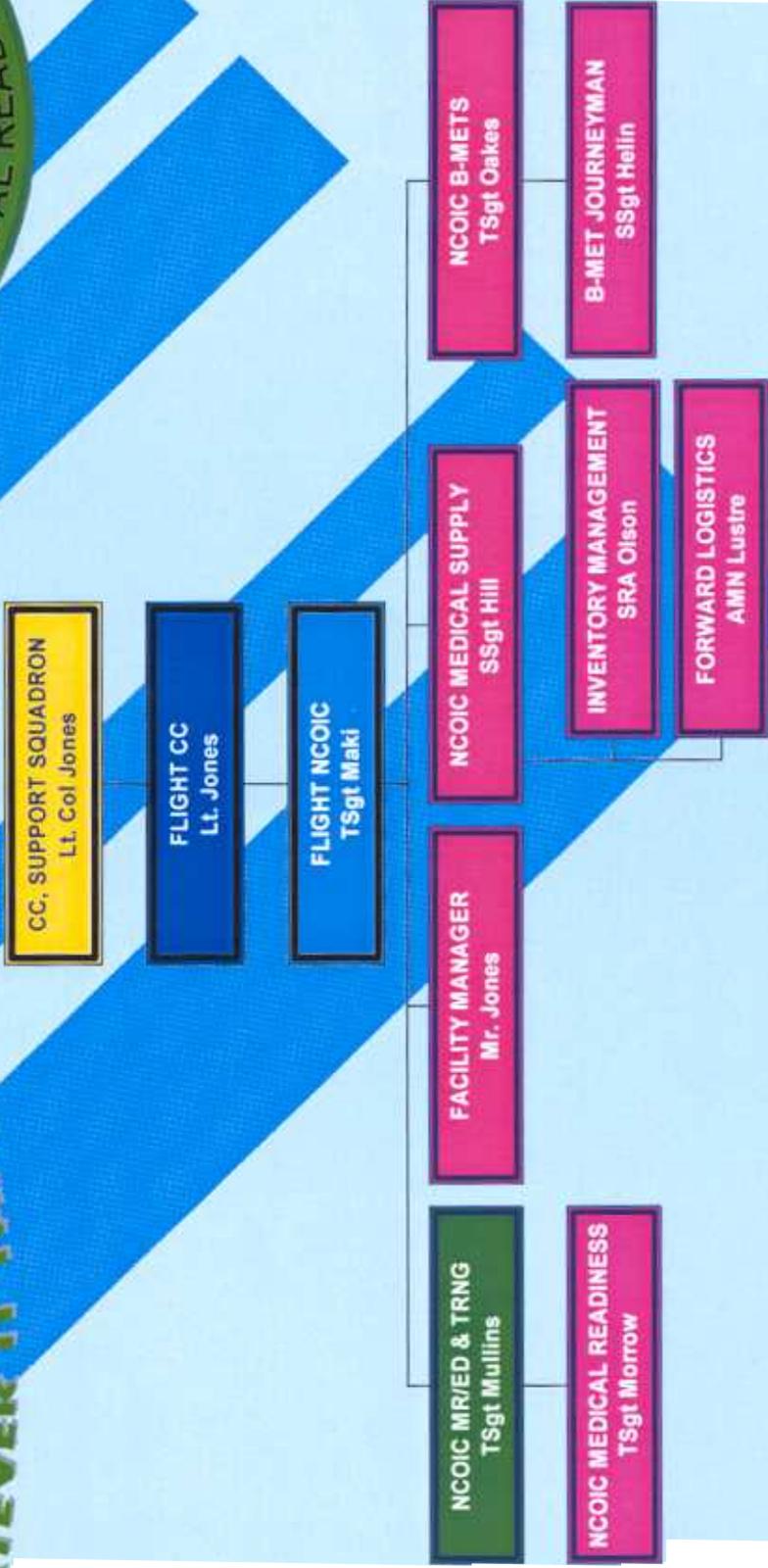
- **Our success in customer satisfaction is our ability to quickly identify dissatisfaction.**
 - ❖ Semi-annual customer visits and surveys optimized customer and leadership satisfaction levels that exceeded expectations. The Medical Logistics Flight received an overall 3.83 Grade Point Average (GPA) from our customers and 3.95 GPA from our leadership!
- **Key Financial and Marketplace Performance results.**
 - ❖ Information and Analysis- Reduced critical cycle times maximized inventory efficiency!
 - ❖ Standardized all processes and saved 1.14K medical logistics element man-hours!
 - ❖ Created non-medical supply accountability process, saved 192 medical logistics element man-hours, warehouse space reduced by 50 percent and saved the 17 MDG \$10.8K!
- **Why is Goodfellow the best? We are the best Trained, Educated, and Recognized!**
 - ❖ Members of flight received personal recognition through the 17 TRW Commander from Lieutenant General Hornburg for presentations and services provided during his visit!
 - ❖ Human Resource Focus- 100 percent of our staff eligible to reenlist or extend did!
 - ❖ Reduced Career Development Course completion time by 75 percent, achieved 100 percent End-of-Course pass rate, zero failures and eliminated need for course extensions!
 - ❖ Received 11-17 MDG and 5-17 TRW awards with a workforce of only 10 personnel!
 - ❖ Weekly leadership and monthly flight meetings significantly improved communication, advanced staff development, problem solving and facilitated 11 process improvements!
 - ❖ Instituted weekly flight training; increase on medical readiness capability 10-fold!
 - ❖ Advocate; personnel and professional development - flight accomplished 196 job related classroom hours, 96 internet hours, 36 college credits and received 2 college Degrees!
- **Our overall success was to maximize performance to our key partners and suppliers.**
 - ❖ Process Management - increased Forward Logistics (FL) by 4 accounts; now in 5 of 7 medical FL accounts which decreased customer's emergency requests by 84 percent!
- **Customer approval and operational performance through product and service quality**
 - ❖ Strategic Planning - 70 out of 71 tactics completed; 99 percent completion rate!
 - ❖ Ensured 17 MDG provided optimum patient care by being flexible in meeting AF and 12K beneficiary needs through the successful disbandment of the Ambulatory Service!
 - ❖ Successfully developed 15.9K square feet of Primary Care Optimization, Decentralized Records, Student Clinic space, and relocated the TRICARE, Business Operations Flight!
 - ❖ Developed operational plan on Physical Therapy Clinic - \$200K recaptured annually!
 - ❖ "Facility Management Summary", benchmarked by HQ AETC/Medical Logistics!
 - ❖ "Ready Skills Verification Program", benchmarked by HQ AETC/Medical Readiness!
 - ❖ "Self-Inspection Format", implemented by 17 MDG; deficient criteria now realized!
 - ❖ "New Comers Orientation and Annual Review Training", flight developed program saving 1.6K medical man-hours and returned 190 appointments back to the 17 MDG!
 - ❖ "Recall Procedures", recreated procedure, first-hour reporting from 62 to 91 percent!
- **17 TRW and 17 MDG's partnership through Medical Logistics Flight**
 - ❖ Recognized as one of the key team's who made a difference within the 17 TRW. We were "center stage" providing medical logistical support for the annual Air Show!
 - ❖ Identified 17 TRW's command post reporting of 17 MDG's SORTS inappropriately. Flight leadership identified error; took appropriate action and situation is now corrected!
 - ❖ Always energy conscious, flight personnel monitored 17 TRW's "Summer Peak Savings Plan". 17 MDG received the 17 TRW Energy Conservation Award 2 times in FY 01!

Bottom-line, 17th Medical Logistics Flight continues to be lauded by HQ AETC Medical Logistics, HQ AETC Medical Readiness, 17 TRW, and throughout the 17 MDG.

LOG DOGS



"WHATEVER IT TAKES"



17 Medical Logistics Organizational Chart

17TH MEDICAL LOGISTICS FLIGHT

TACTICAL PLAN
Original 2001



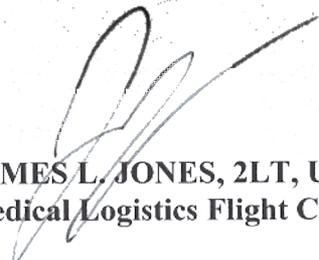
This tactical plan uses the Air Force Medical Service “P2R2” and 17th Medical Group’s mission, vision and core values as our guideline. Through key inputs from flight personnel, the plan develops tactics based on our customers, outputs, processes, inputs and suppliers, and the leadership and quality principles we operate under. This plan guides our daily actions and tactical decision-making. Our plan will be reviewed quarterly and updated as needed and engineered annually.

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APPROVAL AND REVIEW SHEET

This plan was approved on 2 March 2001.


JAMES L. JONES, 2LT, USAF, MSC
Medical Logistics Flight Commander

APPROVED:
MARCH 2001

JLS

REVIEWED:
JUNE 2001
SEPTEMBER 2001

JLS
JLS

MISSION AND VISION



17th MEDICAL GROUP MISSION & VISION

Provides comprehensive ambulatory care to over 12,000 beneficiaries and 1,900 students through a community based healthcare system integrating cost, quality, and access. Supports the 17th Training Wing deployment and training missions for intelligence, fire fighting, and special instruments. Responds to medical emergencies worldwide. Promotes health education and wellness to the Goodfellow community.

The 17th Medical Group will be ...1st Choice in Healthcare



17th MEDICAL LOGISTICS FLIGHT VISION

Customer-Focused Excellence through wise use of Resources while maximizing Personal Growth and War Time Mission.

OUR CORE VALUES

INTEGRITY FIRST, SERVICE BEFORE SELF, and EXCELLENCE IN ALL WE DO. They inspire us to go beyond the call of duty and do our very best at all times. The 17th Medical Logistics Flight strives to always be **COMPASSIONATE, LOYAL, and RESPECTFUL**.

OUR CUSTOMERS AND PARTNERS

Our customers are those whom we provide a product or manage a service. Our partners help us by providing guidance, policy, products and services.

CUSTOMERS

- The most important customer is the population served health care at Goodfellow AFB Medical Clinic. The patient is why we exist, and whom we support first and foremost.

- 17th Medical Group
- 2 Geographical Separated Units
- 17th Training Wing
- 3 Joint Service Tenant Units

PARTNERS

- OASD/Health Affairs
- HQ AF Surgeon General's Office
- HQ AF Medical Support Agency
- AF Medical Logistics Office
- Defense Reutilization and Marketing Service
- National Capital Area Federal Healthcare Council
- Defense Medical Logistics Standard System Office
- AF Standard Systems Group
- Defense Finance Accounting System
- Defense Support Center Philadelphia
- General Services Administration
- Veteran's Administration
- AF Health Facilities Office (Eastern Region)
- Blanket Purchase Agreement Vendors
- Ameri Source (Prime Vendor - Pharmaceutical)
- Owens and Minor (Prime Vendor - Medical Surgical)
- Allegiance (Prime Vendor - Office Supplies)
- Other commercial contractors/vendors
- AF Personnel Center
- TRICARE Region Six
- Local Vendors

OUR RESOURCES AND SERVICES

*We utilize our **RESOURCES** to provide and manage **SERVICES**.*

RESOURCES

Equipment Facilities Funds Information Personnel Supplies Intel Training

SERVICES

Acquisition Contracts Disposal Distribution Readiness Safety Security
Leadership Resource Protection Recognition Storage Intel
Education & Training Information Management Inventory Management
Forward Logistics Customer Relations Facility Maintenance

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

Analysis; Identifying our strengths and weaknesses, and examining our opportunities and threats can reveal changes and provide focus for tactics to accomplish strategies necessary to realize our vision.

STRENGTHS

Automation
Coordination
Creativity/Innovation
Customer Service

Dedication
Equipment Support
Experience
Flexibility

Followership
Communication
Integrity
Leadership

Initiative
Prime Vendor
Professionalism
Purchasing Methods

Readiness
Teamwork
Training

WEAKNESSES

OJT Records

Follow-Up

Facilities

Funding

Time Management

Manpower

Condition

OPPORTUNITIES

Boise Cascade
Communication
Comp Time

Customer Information
Equipment Acquisition
Experience

Education
Student Clinic
ECAT

Recognition
Standardization
Teamwork

Technology
Training
Work Environment

THREATS

Clear Objectives
Communication
Crisis Management

Deployment
Details
Disasters

Facility Constraints
Funding
Inspections

Mobility requirements
Morale
Short Suspense's

Terrorism
Staffing
Increased Ops Tempo

OUR KEY FUNCTIONS

There are many functions we must accomplish in order to provide products and services to our customers and partners. We strive to do these to the best of our ability. We believe any function that serves their needs is our highest priority at that moment. These are the "Key Functions" we manage in our elements.

ACQUISITION MANAGEMENT

BPAs
Credit Card-
Management

Customer Service
Data Analysis
Emergency Acquisitions

Follow-Up
Frustrated Items
PPC

PV Payments
PV/DLA Ordering
Research

Return Goods-
Management
www.Ordering

CONTRACT SERVICES - CUSTOMER SUPPORT

Contract Administration
Credit Card-
Management
Custodian Training
Customer Complaint-
Management

Customer Service
Data Analysis
Financial Management
Follow-Up
Funding Documents

Funds Loading
Furniture Management
Input Issues
Marketing
Medical Gases

Patient Prescriptions
Quality Assurance
Report Distribution
Research
Service Agreements

Special Reports
Survey Analysis
Turn-ins
Vendor Management
Vehicle Management

DISTRIBUTION MANAGEMENT

CAIM
Customer Service
Data Analysis
Delivery

Disposals/DRMO
Destructions
Document Control
Excess

First Aid Kits
Hazard Materials
Inventory Management
Issues

MEDLOG-
Administration
Receiving
Return Goods

Turn-Ins
Vault Management
Vehicle Management
Warehousing

TRAINING

Annual/Recurrent
CDCs/Upgrade

RVSP
Grounds Detail

Information Systems
Operations/Orientation

OJT
Readiness

Scheduled Reports
Special Reports

MANAGEMENT

Communication
Contingency Planning
Customer Service
Data Analysis
Discipline

Financial Management
Information
Management
Intern Development
Linen Control

Metrics
NCA Integration
Newsletter
Performance Appraisals
Personnel Recognition

Policy
Professionalism
Resources Management
Setting Standards
Staffing

Strategic Planning
Suspenses
Training

MEDICAL EQUIPMENT MANAGEMENT

Alternate Procurement-
Methods
Approved/Unfunded-
Program
Credit Card-
Management

Custodian Training
Customer Service
Data Analysis
Delivery
DRMO
Durables

Equipment-
Requirements
Excess Management
Financial Management
Follow-Up

Inventory Management
Monitoring 538s
OP Program
Quality Assurance
RC/CC Management

Receiving
Report of Survey
Requisitions
Shipments
Storage

MEDICAL EQUIPMENT MAINTENANCE

Acceptance Inspections
Alerts/Recalls
Consultant Services
Credit Card-
Management
Customer Service
Data Analysis
Education and Training

Evaluation of-
requirements
Hazardous Material
Initial Inspections
Installations
Loaner Equipment
Maintenance-
Administration

Management-
Assistance-Visits
Manning Assistance
Operator Training
Oxygen Testing
Parts Management
Preprocurement Surveys
Patient Movement Items

Quality Assurance-
Evaluators
Repair Services
Safety Inspections
Scheduled Maintenance
Technical Literature
Technical Support Visits
TMDE

Turn-Ins
Unable to Locate
User Tests
Unscheduled-
Maintenance
War Reserve Materiel
Work Order-
Management

WAR RESERVE MATERIEL

Deployment
Destructions
Detachment Support
Disposal
Financial Management

Inventory Management
Project Management
Quality Assurance
Receipts
Redeployment

Reporting
Requirements-
Computation
Requisitions
Return Goods

Shelf-Life Program
SORTs Reporting
Spend Plans
Training

Transportation-
Management
Turn-Ins
Warehousing

“OBJECTIVES”, STRATEGIES, AND TACTICS

Our “OBJECTIVES” are the major components of our vision and are linked to the Group Goals when possible. From these we have developed “STRATEGIES” to lead us to our vision, and “TACTICS” to set a specific plan in motion. The bullet following each strategy is the tactic to achieve success. The tactic may serve as the basis for a Metric. Legend: (In work or not started, Ongoing each year)

OBJECTIVE – CUSTOMER FOCUSED EXCELLENCE (Flight Goal #1)

STRATEGY: Market our capabilities and successes.

TACTICS:

Provide Executive Staff briefing on Medical Logistics services and issues (POC: Lt Jones – ECD: June 2001)

Publish a quarterly newsletter to our customers (POC: Lt Jones – ECD: March 2001) (Mar, Jun, Sep, Dec)

- Newcomers/Annual Orientation for MDG personnel (POC: Lt Jones, TSgt Maki & Mr. Jones - Ongoing)
- Newcomers Orientation between Logistics Flight/CC and all new providers with flyer given for immediate up-to-date provider information (POC: Lt Jones - Ongoing)

STRATEGY: Anticipate our customer’s needs and expectations.

TACTICS:

- Distribute semiannual customer questionnaire (POC: TSgt Maki & SSgt Hill – Ongoing) (March & September)
- Conduct semi-annual squadron custodian visits (POC: TSgt Maki & SSgt Hill – Ongoing) (March & September)
- Distribute Semiannual 17 MDG Flight/CC questionnaire (POC: Lt Jones – Ongoing) (March & September)

STRATEGY: Provide immediate and lasting resolutions to our customer issues.

TACTICS:

- Conduct quarterly workshops/training with customers for orientation and problem resolution (POC: TSgt Maki & SSgt Hill – Ongoing) (Apr, Jul, Oct, Jan)

STRATEGY: Treat our customers with respect and professionalism!

TACTICS: *All part of the Customer Bill of Rights (Refer to 17 MDG Logistics Flight Bill of Rights)*

Establish an official telephone protocol (including message taking) (POC: Lt Jones & TSgt Maki - ECD: March 2001)

- Promptly respond when someone enters your section, address as sir or ma'am - Ongoing
- Shown genuine concern for all customer complaints - Ongoing
- Foster an enthusiastic attitude toward customer concerns - Ongoing

STRATEGY: Delight our customers with Error-Free, On-Time delivery of Logistics!

TACTICS:

Evaluate ordering/delivery processes of non-meds to exceed customer's expectations (POC: Lt Jones & TSgt Maki - ECD: Apr 2001)

- Ensure our daily timelines achieve internal flight processes (delivery/scan/order) - Ongoing
- Track reasons for and decrease customer's supply turn-ins (POC: SSgt Hill & SRA Olson - Ongoing)
- Evaluate unscheduled versus preventive maintenance work orders for rework (POC: TSgt Oakes & SSgt Helin - Ongoing)
- Ensure support documentation is delivered with customer's supplies (POC: Everyone – Ongoing)
- Utilize most effective procurement method to meet required delivery dates (POC: Everyone - Ongoing)

STRATEGY: Explore and implement new innovations to improve customer service.

TACTIC:

- Monitor and evaluate customer service suggestions (POC: Lt Jones & TSgt Maki - Ongoing)

OBJECTIVE – ENHANCE WAR AND PEACETIME CAPABILITY

(Flight Goal #2)

STRATEGY: Enhance Readiness capabilities of all WRM projects.

TACTICS:

Seek funding and procure proper materiel handling equipment for WRM assets (POC: Lt Jones, TSgt Maki & AMN Lustre - ECD: Sep 2001)

Execute an effective annual spending plan (POC: TSgt Maki, SSgt Hill & SRA Olson - ECD: Sep 2001)

- Maximize use of direct manufacturer returns for better savings (POC: SSgt Hill & SRA Olson - Ongoing)
- Monitor dated item policy and procedures compliance (POC: TSgt Maki - Ongoing)
- Ensure accurate and timely monthly SORTS reporting to Readiness (POC: TSgt Maki & SSgt Hill - Ongoing)
- Execute an inventory schedule to ensure 100% annual inventory of all projects (POC: TSgt Maki - Ongoing)
- Continually seek improvement in the environment for WRM assets (POC: Everyone - Ongoing)

STRATEGY: Prepare to support new UTCs.

TACTICS:

- Acquire advanced notifications of new UTCs (POC: TSgt Maki - Ongoing)

OBJECTIVE – WISE USE OF RESOURCES

(Flight Goal #3)

STRATEGY: Deliver supplies, equipment, maintenance and services Effectively & Efficiently @ the BEST VALUE!

TACTICS:

Streamline our process in credit card purchases (POC: SSgt Hill & SRA Olson - ECD: Sep 2001)

Ensure smooth transition of new Prime Vendor (POC: Everyone - ECD: Sep 2001)

Employ ECAT into Medical Logistics (POC: Lt Jones & TSgt Maki - July 2001)

- Monitor the Form 56 process to ensure equipment purchases are routed through MERC (POC: TSgt Oakes & SSgt Hill - Ongoing)

- Ensure active participation in all new standardization efforts (POC: Everyone - Ongoing)
- Acquire new and improved research tools (POC: Everyone – Ongoing)

STRATEGY: Develop a long-range “Logistics” space plan.

TACTICS:

- Monitor inventories to ensure effective space utilization (POC: Lt Jones, TSgt Maki & Mr. Jones - Ongoing)
- Analyze future space requirements (POC: Lt Jones, TSgt Maki & Mr. Jones - Ongoing)

STRATEGY: Exploit technology!

TACTICS:

- Ensure training for all new technology prior to implementation (POC: TSgt Maki, TSgt Oakes, SSgt Hill & Mr. Jones - Ongoing)
- Communicate with other facilities to exploit their methods (POC: Everyone - Ongoing)

STRATEGY: Optimize staffing utilization initiatives.

TACTICS:

- BMETs; TSgt Oakes will attend the Advance X-Ray course, 16 March - 20 April 2001, to keep astride of current technology and divert service contract costs (POC: Lt Jones - Ongoing)
- Logistics; SSgt Hill will attend the Medical Management Supply course, 12 March through 2 April 2001, to build the knowledge base within Medical Supply (POC: Lt Jones - Ongoing)
- Continue to research and find courses that will benefit the Logistics Flight and the personnel that work in it (POC: Lt Jones & TSgt Maki - Ongoing)

OBJECTIVE – MAXIMISE PERSONAL GROWTH and TEAM BUILDING (Flight Goal #4)

STRATEGY: Develop Leadership & Followership.

TACTICS:

- **Monitor leadership development training for junior managers (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Lead by mentorship (POC: Everyone – Ongoing)**
- **Establish clear and realistic goals and expectations (POC: Supervisors – Ongoing)**
- **Encourage community involvement (POC: Everyone – Ongoing)**
- **Ensure mentorship of those in leadership positions (POC: Lt Jones & TSgt Maki - Ongoing)**

STRATEGY: Promote teamwork synergy.

TACTICS:

Formalize working groups and promote recognition of their accomplishments (POC: Lt Jones & TSgt Maki - ECD: Sep 2001)

- **Reward TEAM accomplishments (POC: Management – Ongoing)**
- **Address the barrier (attitude) of "Us and Them" (POC: Supervisors - Ongoing)**
- **Recognize our gains and losses at monthly meetings (POC: Everyone – Ongoing)**

STRATEGY: Emphasize Empowerment & Communication

TACTICS:

- **Schedule "In my shoes" events (POC: TSgt Maki - Ongoing)**
- **Increase efficiency of information dissemination up and down the chain of command (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Distribute minutes from weekly MDSS meeting (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Hold monthly flight meetings (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Distribute responsibility/increase ownership of processes at the lower levels (POC: Everyone - Ongoing)**

STRATEGY: Train, Educate, & Recognize!

TACTICS:

Ensure current training on Operating Instructions (POC: TSgt Maki & SSgt Hill - ECD: Apr 2001)

Validate individual section and flight OIs (POC: Everyone - ECD: Apr 2001)

Celebrate the "Medical Logistics Appreciation Week" (POC: Lt Jones - ECD: Nov 2001)

- **Implement monthly section training time (POC: Supervisors - Ongoing)**
- **Develop and implement quality rotation plan (POC: TSgt Maki & SSgt Hill - Ongoing)**
- **Ensure personnel keep up-to-date achievement tracker (POC: Lt Jones - Ongoing)**
- **Encourage supervisors to submit deserving subordinates for recognition (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Recognize personnel in AETC Logistician of the Year categories (POC: LT Jones - Ongoing)**
- **Improve recognition documentation for personnel (POC: Lt Jones & TSgt Maki - Ongoing)**
- **Announce accomplishments in flight/MDSS meetings (POC: Lt Jones & TSgt Maki - Ongoing)**

STRATEGY: Promote esprit de corps.

TACTICS:

- **Promote Logistics outings (POC: Everyone - Ongoing)**
- **Initiate competitive functions between Logistics Flight and rest of MDG (POC: Everyone - Ongoing)**
- **Recognize personal and family events at monthly staff meetings (POC: Everyone - Ongoing)**

STRATEGY: Recognition.

TACTICS:

Reengineer the 17 MDG Award/Recognition program. (POC: Lt Jones - ECD: Apr 2001)

- **EPR's are rated appropriately (POC: Everyone - Ongoing)**
- **All personnel are put in for Quarterly/Yearly Awards as appropriate (POC: Everyone - Ongoing)**
- **Medals are given, based on performance of individual (POC: Everyone - Ongoing)**



DEPARTMENT OF THE AIR FORCE
17th MEDICAL GROUP
GOODFELLOW AFB, TEXAS



3 September 01

1. PLACE: Logistics
2. DATE AND TIME OF MEETING: 7 September 01, 0730
3. ATTENDANCE:

2Lt James Jones	✓	SSgt Justin Helin	✓
SRA Kelly Olson	✓	SSgt Shiela Hill	✓
TSgt Wade Maki	✓	Amn Maria Lustre	✓
TSgt Armando Oakes	✓	Mr. Wayne Jones	✓

ABSENT:

VISITOR(S):
 TSgt Mullins 17 MDG/MDSS/SGSR
 TSgt Morrow 17 MDG/MDSS/SGSR

4. REVIEW OF PREVIOUS MINUTES: Flight reviewed and approved previous minutes; 6 August 01.
5. OLD BUSINESS:

- a. Construction for PT is still scheduled to be finished in November 01. All of the PT equipment will be ordered NLT 21 September. (SSgt Hill) (OPEN)
- b. Location for new Student Clinic will probably be within the MDG. Awaiting date for the ribbon cutting ceremony date to be provided by the 17 TRW/CC and 17 MDG/CC. (2Lt Jones) (OPEN)

End Of Year starting. Project extra hours and will have close out completed by the 26th of this month to match 17 TRW close out date. ((M)Sgt Maki) (OPEN)

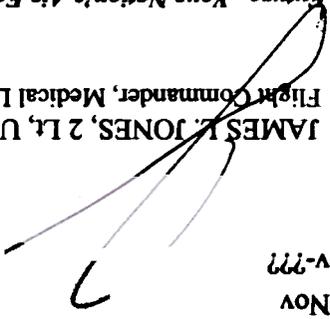
6. STANDARD AGENDA ITEMS:

This section has been changed through coordination with HQ AETC/Medical Logistics. We will only track those items that HQ AETC wants the 17 MDG/SGSL to track and additional items of interest to ensure the 17 MDG's mission is accomplished.

- a. CUSTOMER SURVEY: The 17 MDG (Airmen, NCO's, Civilians and Officers) gave the Medical Logistics the following Grade Point Average for the annual Customer Survey Analysis:

-- Availability	3.65
-- Responsiveness	3.71
-- Timeliness	3.61
-- Accuracy	3.84
-- Professionalism	4.00

JAMES L. JONES, 2 Lt, USAF, MSC
Flight Commander, Medical Logistics



9. NEXT MEETING: 5 October 01, 0730.

LVE 19-21 Nov	TSgt Maki
LVE 26-30 Nov	TSgt Oaks
LVE 12-15 Nov	SSgt Hill
TDY 11 Nov-???	SSgt Helin
	SRA Rhodes
	AIC Lustre

b. Projected Leaves/Absences/TDYs for next 90 days:

SAFETY brief was conducted by Mr. Jones covered DUI, Office and personal safety.

8. INFO ITEMS:

- a. PT is scheduled to be finished in November 01. (Mr. Jones) (OPEN)
- b. Student Clinic will be in place once we get final word for placement. ((M)Sgt Maki) (OPEN)
- c. End Of Year is on pace. ((M)Sgt Maki) (OPEN)

7. NEW BUSINESS:

- e. PROCESS IMPROVEMENT: N/A
- d. TRAINING LAST QUARTER: Will be reported next month.
- c. MEDICAL LOGISTICS SPENDING BY THOUSANDS OF DOLLARS: Will be reported next month.
- b. B-MET COMPLETE/INCOMPLETE WORK ORDERS: B-METS completed 61 work orders 1 was not accomplished due to Contract repair and 2 for Unable to Locate for the month of August.

- TOTAL

3.89	-- Do we meet your needs
4.00	-- Do we understand your needs

The 17 MG Leadership (Command Staff and Key Personnel) gave the Medical Logistics the following Grade Point Average for the annual Customer Survey Analysis.

- TOTAL

3.89	-- Training
3.97	-- Documentation
4.00	-- Customer Service

Logistics Newsletter

GOODFELLOW AFB, TX

JULY 2001

MEDICAL LOGISTICS FLIGHT COMMANDER

- We are moving closer to JCAHO/HSI so we need all custodians to turn in all unwanted supplies and equipment this month. We will not accept anything else starting August until further notice.
- End of Year is just around the corner and we still have only received a few 601s – if you have an equipment requirement please ensure you submit the package as soon as possible.
- Thank you, for responding positively to our Customer Survey. The clinic gave us an overall 3.7 Grade Point Average so far this year. We will be sending another out around August time frame.
- As a reminder our customer advocate is SSgt Hill.
- Congratulations to TSgt Maki and TSgt Oakes for their line number to MSgt.

CUSTOMER SERVICE

As a reminder our office supply ordering is done on Wednesdays from 1300-1600 hours. Only the supply custodians and their designated reps are authorized to order supplies. Since putting our new supply ordering process in-place 6 months ago we have saved the MDG \$5.2K in non-med expenditures (1 Jan - 1 Jul 00 \$13.3K) vs. (1 Jan - 1 Jul 01 \$8K). Attached you will find the 17th MDG Logistics Bill of Right's. Ensure you read this, for these are your rights as a customer within our clinic. Oh!!! Most supplies are normally received and delivered within 72 hours or in a lot of cases the next day! If you have any question, please call 4-3065.

WRM

We completed FY01 spending and are submitting the FY02 requirements. We are projecting some new UTC taskings in next month and we are making room for this new requirement.

MEMO

Fund Allocation for Approved/Unfunded Equipment Request

Funding of approved/unfunded equipment requests is based upon available in-house resources, funds received from AETC or funds received from higher authority. The Group conducts two forums dedicated to funds and funding issues. (1) The Resource Advisor's (RA) Meeting. This group meets each quarter to discuss budget issues. Each flight should have a RA and they are strongly encouraged to regularly attend this meeting and update their Squadron Commanders, Operations Officers and property custodians with information obtained from the meeting. Property custodians should know their respective RA and maintain a close working relationship with them. This is especially true if your account has approved/unfunded requirements. A schedule of the meetings is provided by RMO (Contact Capt Engle @ 3089). (2) The ERAA is scheduled to meet in August to review new equipment/furniture packages and to prioritize the approved/unfunded list. This is a closed meeting but minutes are available from your Operations Officer upon request. A copy of the approved/unfunded, with priorities, is available from MEMO (**Reminder: MEMO does not prioritize the list; plead your case through your chain of command**).

Requesting Excess Medical Equipment

Medical equipment determined to be excess must be reported in the Air Force Medical Logistics (AFML) Letter for worldwide advertisement. Requesting **reported** medical excess saves hundreds of thousands of dollars Air Force wide, annually. These items can be used to fulfill new requirements, resulting from new procedures or tasking, as well as replacing, upgrading or modernizing existing equipment. All requests for excess medical equipment must be coordinated with BMET and Facility Management through MEMO. **Any equipment received that has not been coordinated and justly approved will be processed as a Turn-In and reported as excess.** Property custodians should use the following procedures to request reported excess equipment.

1. Contact MEMO to determine the final disposition date of the requested item. Reported excess usually receives final disposition 75-150 days of initial advertisement. Re-advertisement **may** be requested for complete packages. All requests for excess are expeditiously processed due to these time constraints.
2. Complete AF Form 601, Equipment Action Request. If your request eliminates the procurement of an existing unfunded requirement, no AF Form 601 is required. Submit a letter stating that the excess item will eliminate the need to purchase an approved/unfunded requirement. Include the excess report data (i.e. stock number index number, report #, etc) from the AFML Letter.
3. 13-point justification is required for all equipment requests (initial, excess and replacement). (contact SSgt Hill @ 3065).
4. Contact BMET or MEMO for assistance in obtaining the Historical Maintenance Report (HMR) for existing in-use pieces being replaced, upgraded or modernized.
5. Sign, route for approval and forward to MEMO.

Medical Equipment Issues

Receipt and issue of medical and non-medical equipment follows a specific process. Due to quality assurance standards all equipment in direct contact with patients must be checked and certified by BMET that the item performs as designed. This process can be lengthy, depending upon the intricacy of the equipment. Other processes, such as performance of scheduled maintenance of items currently in-use, also have an impact on the time frames allotted for inspecting new equipment. MEMO/BMET put great effort into trying to get your equipment to you within 45 days of receipt, if the schedule allows. When all goes according to plan, a visual inspection of the equipment is made, checking for obvious damage within 2 working days. Then the receipt is processed to generate the initial inspection work order. This will also generate a Custodial Actions List indicating the item has been received and issued to ordering section and you will see the issue on the end of your daily Issue List (Equipment) as Issue Action Completed. Unless the item was ordered as an emergency, the initial inspection and delivery of the item will be in order of receipt. Due to our projected construction and on going restructuring of the clinic. You are required to coordination through MEMO, BMET and Facility Management as sections relocate, dislocate and isolate (my attempt at humor) almost weekly it seems. Throw in the day-to-day operations, processing new 601's, ordering equipment/supplies, receiving, processing and disposing of turn-ins, just to name a few, and we are kept very busy. **But we have not forgotten about your new equipment.** If your situation becomes critical, contact us @ 4-3066 (NCOIC) or @ 4-3065 (MEMO) and we will negotiate an agreeable resolution.

QUESTIONS OR CONERNS

If you have any questions or concerns, please contact our customer advocates.

SSgt Hill (Medical Supply) 4-3065, SSgt Helin (Medical Maintenance) 4-3993

Customer Handbook

Medical Logistics

Goodfellow Clinic



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I. INTRODUCTION

A. Introduction

This Medical Logistics Handbook has been designed to assist you in obtaining optimal Logistical support by describing procedures for various Medical Logistics functions (acquiring supplies, equipment, and services, performing repairs, etc.), and by providing management tips, a Logistics glossary, and answers to frequently asked questions. It also highlights requirements for property custodians, and outlines several Medical Logistics components: Acquisition Management, Medical Equipment Management Office, Prime Vendor, Contract Services, Biomedical Medical Repair, and Facility Management.

Most of you spend the majority of your time involved in the direct delivery of healthcare. Very little time remains for the ordering of supplies and equipment. This handbook should help ease the ordering process and answer most of your questions pertaining to Medical Logistics. The Medical Logistics staff is dedicated to meeting your needs, and encourages feedback in order to improve its customer service.

Medical Logistics Web-Page

Additional information can be found on the Medical Logistics Flight Homepage at:

<\\Spine1\data\OrientationCC\LogisticsClinicPages\Logpage.ppt>

You can access the Homepage on the clinic intranet by clicking on “Clinic Pages.” Then click on Logistics. For more EOC information, access the clinic intranet and click on Education and Training.

One advantage of having our own homepage is being able to post the most up-to-date information there, such as prioritized approved/unfunded equipment listing. We plan to continue adding products and information to assist you.

The information in this handbook will help you avoid potential problems and prevent possible delays in obtaining logistical support. Unfortunately, it cannot answer every possible question you may have, but it will get you headed in the right direction. Property custodians and personnel authorized to request and receive supplies are encouraged to contact Medical Logistics.

B. Flight Mission/Vision/Goals

- **Our Mission:** Provide comprehensive ambulatory care to over 12K and 19K students through a community-based healthcare system integrating cost, quality, and access. Support the 17th TRW deployment/training missions for intelligence, fire fighting, and special instrumentation. Respond to medical contingencies worldwide. Promote health education and wellness to the Goodfellow community.

Our Vision: Customer Focused Logistics Excellence; and Resource Utilization, while maximizing Personal Growth and team Building.

AFMAN 23-110, Vol. V - USAF SUPPLY MANUAL
ACSM 41-230 - MEDICAL LOGISTICS SYSTEM (MEDLOG) USERS MANUAL
AIR FORCE MEDICAL LOGISTICS LETTER (AFMLL) IS WEB-BASED AND CAN BE
FOUND AT [AFML.f-derrick.af.mil/AFMLO/lisserver/endus.cfm?sub](http://afml.f-derrick.af.mil/AFMLO/lisserver/endus.cfm?sub)

SOURCES

- Best in Customer Satisfaction
- Best in Deployment Capability
- Best in resource Utilization
- Best in Personal Growth/Team Building

- Our Goals:

II. MEDICAL LOGISTICS PHONE #s

- Medical Logistics Flight Commander ext.
- NCOIC, Medical Logistics ext.
 - War Reserve Material
- NCOIC, Medical Supply ext.
 - Medical Equipment Management Office
 - Acquisitions
- Biomedical Equipment Repair ext. 3069/ 3993
- Facilities Management ext. 3068/ 4193
- Warehouse ext.

III. PROPERTY CUSTODIAN

A. General

The Medical Support Squadron Commander will appoint in writing a property custodian for each medical facility account. Property custodians will keep medical logistics personnel advised of mission changes, seasonal needs, and/or unusual patient workloads. **Only the property custodian or his/her designated alternate is allowed to order supplies/equipment.**

B. Responsibilities

Property custodians are responsible for ensuring that their respective sections are stocked with needed supplies and that their equipment is in good repair to perform the section's mission.

C. Research

Custodians are responsible for finding sources of supplies, or suitable subs when the primary source cannot meet demand, and national stock numbers are not available. The UDR and FEDLOG are your primary sources for research.

D. Supply and Equipment Funding

The O&M funds are then distributed to cost centers based partly on budget submissions. The **cost center managers** are expected to stay within their budget. Except under emergency

conditions, an organization must have O&M funds available to obtain supplies or equipment. The property custodians are responsible for knowing the status of funds for their respective accounts.

E. Property Custodian/ Supply Representative

Property custodians should prepare a letter containing the authorized person's signature (military or civilian) and forward it to Medical Logistics. Property custodians must keep the appointment letter current by updating the letter if there are changes. Property custodians remain overall responsible for supplies ordered and received by his/her supply representative.

F. Turn-Ins

Items that are excess to your section of responsibility are turned in as follows:

- **MEDICAL SUPPLIES:** Excess serviceable medical supplies must be turned in to Medical Logistics. Credit will be determined during the turn-in process. Use the **DD Form 1348-6** to turn-in supplies. It may also consist of suspended or outdated items
- **NONMEDICAL SUPPLIES:** Excess serviceable nonmedical supplies can be turned in to logistics on Wednesdays from 1300 - 1500 hours. No credit will be given and no turn-in documents are required.

MEDICAL AND NONMEDICAL EQUIPMENT: Equipment to be turned in must be processed first through the Medical Maintenance Section for condition code determination. Use the **AF Form 601**, Equipment Action Request, to turn-in or transfer equipment items to MEMO. No credit for Investment equipment can be granted, and credit for expense equipment will be based on if there is a valid requirement for the equipment being turned in. **NOTE:** For equipment turned in, ensure Medical Logistics sign the AF Form 601 and you maintain a signed copy in your file.

G. Property Custodian Files

Property custodians are required to maintain certain listings and documents in their files. The following must be maintained on file:

- A copy of the property custodian appointment letter and appointment letters for any personnel authorized to request and receive materiel.
- A current copy of the Custody Receipt/Locator List (CRL).
- Using Activity Issue/Turn-in Lists for the current month. These may be destroyed after receipt of the next two listings.
- Using Activity Issue/Turn-in Summary. Keep the current fiscal year on file. Prior fiscal year listings/reports should be kept in a separate location.

- **Using Activity Backorder Report.** Keep on hand for 12 months.
- Copies of issue requests: **DD Form 1348-6**, DOD Single Line Item Requisition; printed e-mail requesting issue; local purchase requests. These files may be discarded at your discretion.
- **Current Using Activity Shopping Guide.**
- Copies of any **AF Form 601**, Equipment Action Request; new requests for issue; transfers of equipment; and turn-ins of equipment. Keep these on file for 2 years.
- A copy of this guide.

IV. ACQUISITIONS MANAGEMENT

A. General

Acquisition Management is responsible for obtaining the supplies you need to do your job. He/she manages stock control levels, which includes the monitoring and removing supplies from the inventory and helps the cost center managers with budgeting their section's supply budget.

B. Recurring Issues

A "recurring issue" is defined as an issue for an item needed more than once, every 3 months, by your activity. Recurring issues are normally processed off of a **Shopping Guide**. Shopping Guides are computer generated lists of items you have indicated you have a recurring need for in your section. Custodians will conduct at least an annual review of their shopping guide. Additions to your shopping guide may be submitted with a **DD Form 1348-6** or when requesting initial issue of a local purchase item. Custodians are expected to adhere to supply discipline and not add to the shopping guide unnecessarily. Recurring issues are processed within 48 hours. It is your duty to follow-up on status of any outstanding requisitions

C. Non-recurring Issues

Non-recurring issues are items you need on a case by case basis. They are usually submitted using the **DD Form 1348-6** or as a local purchase request via **AETC Form 1289**. As a general rule, you must have a stock number when using the DD Form 1348-6. The stock number may be a national stock number (NSN) or a local stock number (LSN). No data will exist within the Medical Logistics (MEDLOG) computer system after the issue is processed for most non-recurring local purchase items. Ask Medical Logistics, if you are not sure how to code your issue request. Non-recurring issue requests submitted for stock numbered items will be processed within 24 hours of submission to Acquisition Management. Local Purchase items are normally processed into MEDLOG within three duty days of submission.

D. Emergency Issue Requests

Emergency issue requests are those items required within 48 hours.

E. Local Purchase Materiel

Local Purchase materiel is ordered using the **AETC Form 1289**, Request for Local Purchase. The form must be completely filled out in order for Acquisition Management to process it. The form will be returned if you have not provided the complete vendor address, phone numbers, item description, part number and proper coordination/signatures.

You cannot request local purchase of the following:

- Non-stocklisted items differing only slightly from stock listed items having equal capability
- Preferred trade names and proprietary products instead of equivalent stock listed items
- Drugs not meeting the requirements of the Federal Drug Administration

F. Special Requirements

Medical Logistics personnel will coordinate with you if special requirements are needed.

G. Sources of Supply

Medical Logistics uses several different sources of supply. They include the following:

- **Prime Vendor (PV)** is a single distributor of commercial, brand name supplies for customers in a specific geographic region. The Prime Vendor program encompasses both Pharmaceutical and Medical/Surgical commodities.
 - **Pharmaceutical Prime Vendor** is AmeriSourceBergen. First time recurring items can be ordered by filling out a **DD Form 1348-6**. These items can take up to 30 days for the vendor to stock permanently. Afterwards, orders can be submitted and received from the vendor within 24 hours.
 - **Medical/Surgical Prime Vendor Allegiance Healthcare**. Customers can research items in the same manner as pharmaceutical items.

Electric Catalog (ECAT) is a contract between DSCP and other sources of dental and laboratory products. ECAT is mandated for military MTF to utilize this catalog.

- **International Merchant Purchase Authorization Card (IMPAC)**--also known as the Government Credit Card. Non-stocked items may be purchased from General Services Administration (GSA) or in certain situations, a commercial vendor.

- Blanket Purchase Agreements (BPAs) allows us to order directly from the company based on a previously established price list or catalog.
- General Service Administration (GSA) is utilized to buy non-medical supplies. The GAFB service store utilizes this source.

V. STORAGE & ISSUE OPERATIONS

A. General

This section's main function is to receive, stock, and issue supplies. Other functions include the destruction program (destroying outdated or defective stock), and to manage clinic Hazardous Material. The Warehouse is responsible for receiving, storing, issuing, and maintaining our operating, excess, and suspended stocks.

B. Issues

The warehouse will deliver the items once the shipment is received. NOTE: Notify Medical Logistics if you encounter a problem with your issue.

C. Non-Medical Supplies

Non-medical supplies are purchased at the Base Service Store on the IMPAC card. Each flight in the clinic should have a person designated to request/receive nonmusical supplies only on Wednesdays from 1300 - 1500 hours.

D. Forward Logistics (FL)

Medical Logistics will have little inventory on hand, but has a system (Prime Vendor) in place that ensures delivery within 72 hours of ordered supplies. Your personnel will check your section's on-hand stock quantity to ensure sufficient amount is on hand to accomplish the mission. This program is also known as Stock in Forward Area (SIFA). Items in this program are **shopping guide** type items and are generally recurring.

VI. MEMO

A. General

The Medical Equipment Management Office (MEMO) is responsible for the overall management of the equipment program.

B. Budgeting for Equipment

Equipment budgeting details are provided each year with the annual budget call through Resource Management Office (RMO) channels. The **Three-Year Equipment Budget Requirements List** and MEMO-approved/unfunded files are the basis for budget inputs.

C. Authorization/Funding

All equipment requests require an approved authorization prior to acquisition regardless of the method used, e.g., purchase, lease/rental, gift/donation, or excess transfer. Authorization and funding is obtained through the **Equipment Review and Authorization Activity (ERAA)**. NOTE: Approval of an equipment item does not necessarily mean it is funded.

D. Acquisitions

An **AF Form 601**, Equipment Action Request, is required to initiate acquisition action for a piece of equipment. Using activity property custodians will prepare an AF Form 601 when a change, such as a purchase, is required in equipment assets under their control. This request should be submitted when the need for a change is identified and should not be dependent on budget cycles. Include the required **13-point justification with the AF Form 601**. It is a good idea to talk to MEMO before initiating a request to get the latest information on what is required. Send the AF Form 601 and all supporting documents to MEMO for action. Failure to complete the required documentation will delay the processing of your request.

E. Reports of Survey

If at any time you find that an equipment item is lost, damaged, or destroyed, it is your responsibility to let the Medical Logistics Equipment Manager know as soon as possible. Air Force guidance (AFMAN 23-220) requires a ROS to be initiated after 15 days of the discovery of the loss, damage, or destruction of government property. If it has been more than 15 days since the item was discovered lost, damaged, or destroyed, the Commander must also accomplish a memorandum explaining why the delay occurred.

After the item is reported to Medical Logistics, MEMO will draft a Report of Survey (ROS) letter and send it to the MDG commander. The commander appoints an Initial Investigating Officer (IIO). The IIO must not only be disinterested and impartial, but also an officer, a senior non-commissioned officer (MSgt of above), or a civilian in grade GS-7 or above.

Once appointed by the commander, the IIO should contact the Report of Survey Program Manager's Office (17LS/LGSPP, Bldg. 423, ext. 3847 or 3861). There he/she will obtain briefing and a control number for the investigation and a **DD Form 200**, Report of Survey for Air Force Property. AFMAN 23-220 states that conducting the investigation will be the primary duty of the investigator until blocks 1 through 12 of the ROS (DD Form 200) are completed. The investigator will be relieved of normal duties that could impair the expeditious completion of the investigation. The IIO is also responsible for hand carrying the finished report back to 17 LS/LGSPP within 30 days of appointment.

VII. BMET

A. General

The primary role of Biomedical Equipment Maintenance (BMETs) is to repair and provide preventive maintenance, calibration, and safety testing on medical equipment. They also help ensure technicians and providers are trained to operate equipment used in their section.

B. Equipment Planning Support

Whenever clinic equipment is requested, Biomedical Equipment Maintenance evaluates the requirements. This includes reviewing installation requirements, maintenance requirements, and the cost of the equipment under consideration. A technical evaluation is also done which includes reviewing the proposed equipment system for compliance with accepted safety and performance standards, and ensuring the requested equipment is safe, reliable, and maintainable. Applicable facility and system interfaces are also reviewed and coordinated.

C. Initial Inspection Service

Biomedical Equipment Maintenance inspects all new medical equipment purchased or leased by the medical treatment facility prior to issuing the item to the using activity. During this inspection, Biomedical Equipment Maintenance ensures the item is not damaged, includes all requested accessories, operates correctly, and complies with all applicable safety and performance standards. When Biomedical Equipment Maintenance issues the equipment, operator training will be coordinated.

D. Warranty and Guarantee Management

Recently purchased or repaired medical equipment will often carry a warranty or guarantee of equipment performance. Biomedical Equipment Maintenance will administer the warranty and guarantee program for all medical equipment, and enforce the provisions of the warranty or guarantee agreement.

E. Calibrations and Preventive Maintenance

Calibration is the measurement and adjustment of various device parameters to ensure its accuracy is within prescribed standards. Preventive maintenance is the systematic servicing and inspection of equipment to maintain it in a safe and serviceable condition and to detect and correct minor faults before they develop into major defects. An effective calibration and preventive maintenance program ensures optimum performance, safe operation, minimum downtime, and maximum useful life from each piece of medical equipment. Biomedical Equipment Maintenance monitors this program and will notify you to coordinate and schedule time to perform these functions on your equipment.

F. Medical Equipment Repair Service

Equipment repair is often necessary to restore normal functionality, safety, performance, and reliability to malfunctioning medical equipment. Biomedical Equipment Maintenance personnel are the only individuals qualified to make repairs and or major adjustments to medical equipment. The user is limited to minor maintenance and adjustments as outlined in the user's manual. Most equipment is maintained by Air Force BMETs; however some equipment items require a specialized contractor to perform the required maintenance. These contracts generally come in two types: one-time repairs or adjustments, and annual preventive maintenance agreements (PMAs). All one-time repair or PMA requirements are coordinated through Biomedical Equipment Maintenance personnel.

G. Nonmedical Equipment Repair

Contact MEMO for assistance with repair on nonmedical equipment such as televisions, fax machines, typewriters, tape recorders, etc.

H. Requesting Medical Equipment Repair Service

The Biomedical Equipment Maintenance Element will provide the most timely repair service possible. Reporting procedures for equipment malfunctions are as follows: The property custodian should call the maintenance shop at extension 3069. Portable items will be brought to the maintenance shop for service. For large or installed items, a work order will be opened and a technician will respond in a timely manner. The service representative requires the following information: nomenclature of defective equipment item, index number, name of section point of contact (POC), duty phone, description of the problem, priority or urgency of repair, and the exact location of the equipment

I. User Training

Biomedical Equipment Maintenance will train equipment users on their responsibilities for user maintenance. Additionally, Biomedical Equipment Maintenance will arrange for further user training as needed. If there is a question about who should perform repairs or preventive maintenance on an item, contact Biomedical Equipment Maintenance at extension 3069.

J. Unable to Locate Equipment

If an equipment item can not be located for servicing, the Medical Equipment Management Office will be notified to initiate a **Report of Survey** (Please reference "H" in the MEMO section of this handbook for more information on Reports of Surveys) action.

K. Incident Reporting

If you encounter an equipment item or a procedure that has caused or may have caused injury to a patient, staff member or visitor, you must report the incident immediately to Biomedical Equipment Maintenance at ext. 3069/3993 and the Medical Group Safety Officer at ext.

3068/4193. Biomedical Equipment Maintenance personnel will coordinate a formal investigation, but you must assist in the accomplishment of an accurate investigation by filling out SF Form 380 and observing the following:

- Do not move the equipment unless an unsafe condition exists. Impound the item

How did the device respond when connected to the patient?

- Were consumable supplies reusable or intended for one-time use?

- Identify exact items of consumable supplies by lot number, date of manufacture, or other means, - perhaps by getting the original packing out of the trash

- Operating procedures will be made available to the investigating officer

- Include when and where the operator training was accomplished and documented

- Involved personnel should be prepared to make a statement

VII. FACILITY MANAGEMENT

A. Work Requests

Facility Management is responsible for the upkeep/repair of the entire facility. Work requests need to be put on an **AF Form 1763**, Medical Maintenance Work Order, which states the work to be done and provides a short justification. Submit this form to the Facility Management office. It is important to remember that the facility manager **only coordinates** repairs and construction on the facility, and **does not** do any repairs or construction to the facility. The Facility Manager either calls in a job order or submits an **AF Form 332**, Base Civil Engineer Work Order.

Any section desiring to rearrange a particular office must submit a description of work **BEFORE** initiating a Facility Utilization/Coordination Sheet. This sheet is used to ensure proper coordination with systems and facilities for movement of computers and phones. Minor rearrangements can be approved by the Medical Logistics Flight Commander and the Support Squadron Commander.

B. Environment Of Care (EOC)

This is a seven-plan program that provides a framework in which to manage the provision of a safe, functional, and effective environment for patients, staff members, and other individuals within the facility. The seven plans are *Safety, Security, HAZMAT, Emergency Preparedness,*

Life Safety, Medical Equipment and Utility Systems. You can obtain a copy of the EOC Handbook on the Clinic web page under Medical Logistics.

IX. APPENDIX

- A. DD Form 1348-6, Single Line Item Requisition System Document
- B. AETC Form 1289, Request for Local Purchase
- C. AF Form 601, Equipment Action Request with Instructions (SAMPLE)
- D. AF Form 601, 13 Point Justification
- E. AF Form 1763, Medical Maintenance Work Order
- F. AF Form 332, Base Civil Engineer Work Request
- G. AF Form 3215, Communications - Computer Systems Requirements Document
- H. Facility Utilization/ Coordination Sheet
- I. SF Form 380, Reporting and Processing Medical Complaints
- J. Clinic Accounts

DOCUMENT IDENTIFIER			ROUTING IDENTIFIER				M & S	ITEM IDENTIFICATION* (NSN, FSCM/Part No., Other)															UNIT OF ISSUE	QUANTITY					DOCUMENT NUMBER						
								FSCM					PART NUMBER																REQUISITIONER						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
						I	6	5	5	0	0	0	6	8	7	8	4	3	6				B	X	0	0	0	0	1	2	5	5	8	5	I
DOCUMENT NO. (Cont.)							D E M A N D	SUPPLEMENTARY ADDRESS					S I G N A L	FUND CODE	DISTRI-BUTION CODE	PROJECT CODE	PRIORITY	REQUIRED DELIVERY DAY OF YEAR	ADVICE CODE	BLANK															
DATE			SERIAL																																
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69		
4	2	5	9																							2	7	9							
										REJECT CODE (FOR USE BY SUPPLY SOURCE ONLY)		IDENTIFICATION DATA																							
										65 66		*1. MANUFACTURER'S CODE AND PART NO. (When they exceed card columns 8 thru 22)																							
												2. MANUFACTURER'S NAME																							
3. MANUFACTURER'S CATALOG IDENTIFICATION										4. DATE (YYMMDD)					5. TECHNICAL ORDER NUMBER																				
6. TECHNICAL MANUAL NUMBER										7. NAME OF ITEM REQUESTED Cult, Endo Broth																									
8. DESCRIPTION OF ITEM REQUESTED															8a. COLOR																				
															8b. SIZE																				
9. END ITEM APPLICATION															9a. SOURCE OF SUPPLY																				
9b. MAKE					9c. MODEL NUMBER					9d. SERIES					9e. SERIAL NUMBER																				
10. REQUISITIONER (Clear text name and address) Sgt J. Smith/SGPM Military Public Health Ph: 3126										11. REMARKS "Add to Shopping Guide" Monthly Usage will be _____																									

DD Form 1348-6, FEB 85 Edition of Apr 77 may be used until exhausted. DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT (MANUAL - LONG FORM)

PREPARATION INSTRUCTIONS FOR THE DD FORM 1348-6

POSITION	DESCRIPTION	INSTRUCTIONS
7	M & S	ENTER: "I" for Issue
8-22	Stock Number	ENTER: Stock Number
23-24	Unit of Issue	ENTER: Unit of Issue
25-29	Quantity	ENTER: Quantity
30-35	Requisitioner	ENTER: Account No.
36-39	Date	ENTER: Julian Date Prepared
62-64	Required Delivery	ENTER: Julian Date Required

BLOCK	DESCRIPTION	INSTRUCTIONS
	Name of Item Requested	ENTER: Item Name
	Requisitioner	ENTER: Rank, Name, Office Symbol, Section Name and Phone #
11	Remarks	ENTER: "Add to Shopping Guide" Monthly Usage will be _____

Preparation Instructions for the AETC FORM 1289, Request for Local Purchase

BLOCKS 1 - 4	- Self Explanatory
BLOCK 5	- ENTER: Complete Catalog Description
BLOCK 6	- ENTER: Name, Address & Ph of source of supply
BLOCKS 7 - 10	- ENTER: Any applicable catalog or model numbers
BLOCKS 11 - 13	- ENTER: Self Explanatory
BLOCK 14	- Check box that applies
BLOCK 15	- ENTER: Put level if item will be ordered more than once
BLOCK 16	- Check box that applies
BLOCK 17	- Mark appropriate box with X, if yes explain why sub item won't work
BLOCK 18	- Mark appropriate box with X, if Yes, why is item being replaced?
BLOCK 19	- ENTER: Stock Number being replaced, goes with block 18
BLOCK 20	- Mark appropriate box with X, if yes is Marked, form needs to be coordinated Through Bio
BLOCKS 21 - 23	- Filled out by bio, ONLY if reviewed by them, refer to block 20
BLOCK 24	- EXPLAIN reason why you need this! Be Thorough
BLOCKS 25 - 30	- Filled out by Logistics
BLOCKS 31 - 33	- Filled out by Logistics

REQUEST FOR LOCAL PURCHASE

DATE
(1)

ACTIVITY AND OFFICE SYMBOL

(2)

ACCOUNT NUMBER

(3)

TELEPHONE NUMBER

(4)

COMPLETE ITEM DESCRIPTION (include manufacturer's name, address and telephone number)

(5)

SOURCE OF SUPPLY

NDC NUMBER

(7)

CATALOG NUMBER

(8)

MODEL NUMBER

(9)

GSA OR VA CONTRACT NUMBER

(10)

UNIT OF ISSUE

(11)

PRICE PER UNIT OF ISSUE

(12)

QUANTITY REQUESTED

(13)

RECURRING PURCHASE (14)

NO YES

EST MONTHLY USAGE

(15)

ADD TO SHOPPING GUIDE (16)

NO YES

STOCK LISTED ITEM OR SIMILAR SUBSTITUTE AVAILABLE

NO YES (If yes, explain why the stock listed or similar item cannot be used)

STOCK NUMBER _____

(17)

ITEM REQUESTED REPLACING ANOTHER ITEM

(18) NO YES

STOCK NUMBER OF ITEM BEING REPLACED

(19)

REQUESTED ITEM CONSIDERED HAZARDOUS

NO YES (If yes, Bioenvironmental Engineer (BEE) review is required.)

BEE COMMENTS:

(20)

DATE

(21)

NAME AND GRADE OF BIOENVIRONMENTAL ENGINEER

(22)

SIGNATURE

(23)

(24)

I understand that if this request is for a replacement item, all on-hand quantities of the item being replaced will be issued to my section before the new item will be issued.

DATE

(25)

NAME AND GRADE OF SUPPLY CUSTODIAN

(26)

SIGNATURE

(27)

DATE

(28)

NAME AND GRADE OF DEPARTMENT CHIEF

(29)

SIGNATURE

(30)

(31)

APPROVED
 DISAPPROVED

DATE

(32)

NAME AND GRADE OF APPROVING OFFICER

(33)

SIGNATURE

(34)

THIS SECTION FOR MEDICAL LOGISTICS USE ONLY

RESEARCH CONDUCTED BY

DATE

ESD

REMARKS

ID# QTY _____ SLR _____ EVD _____
DVO QTY _____ SGR _____ LPD _____
PRIORITY _____ BCAS LOADED _____

STOCK NUMBER

DOCUMENT NUMBER

SOLICITATION NUMBER

PREPARATION INSTRUCTIONS FOR THE 13-POINT JUSTIFICATION TO BE SUBMITTED WITH THE AF FORM 601, EQUIPMENT ACTION REQUEST

JUSTIFICATION: Request wheelchair be authorized for the Medical Logistics Section, 17th Medical Group, Goodfellow AFB (SAMPLE)

- A. **REFERENCE:** Indicate which AF FORM 601 this justification applies to.
 - B. **FUNCTIONAL DESCRIPTION:** Provide a complete description of the function the item will accomplish and where it will be used.
 - C. **CURRENT METHOD:** How is the function currently being performed? Give condition of the unit currently in use, and validate condition by supplying an HMR (Historical Maintenance Report) from Maintenance.
 - D. **WORKLOAD DATA:** Specify what the current workload is. State what the projected workload will be, and how was this projection determined?
 - E. **SIMILAR ITEMS:** How many similar items are in the Clinic? If others exist, can the workload be distributed to meet the requirement?
 - F. **SAVINGS/BENEFITS:** Explain why it is advantageous and economically prudent to procure this item.
 - G. **COMPARABLE ITEMS EVALUATED:** Indicate which comparable products were evaluated. Is the competitive product acceptable?
 - H. **OPERATIONAL COSTS:** Provide actual costs of current method (e.g. supplies, personnel, maintenance, supplemental care, Champus), Project what future operating costs will be using new equipment
- QUALIFIED USERS:** Who will be authorized to use the equipment? Specify numbers and specialty.
- J. **INSTALLATION:** Briefly describe facility modification required to accommodate this unit, if required. for items other than replacement, ENTER: HMR Not required.
 - K. **MAINTENANCE SUPPORT:** Who will perform maintenance? I.E. BMETS or Contract services? If contract services, provide brief rationale for not using in house services.

HISTORICAL MAINTENANCE REPORT: If the request is for a replacement item, or for an increased authorization, MEMO will attach two copies of the HMR for the item being replaced.

- M. **HIGH COST MEDICAL/DENTAL EQUIPMENT:** Enter Yes if the unit cost is more than \$100,000.00 if not, Enter not applicable

MEDICAL MAINTENANCE WORK ORDER		1. PRIORITY	2. WARRANTY EXPIRA- TION DATE	3. WORK ORDER NO. N/A
4. NOMENCLATURE			CARD COL- UMNS	14. WORK ORDER TRANSACTION
MANUFACTURER	6. MODEL NO.	7. SERIAL NO.		STOCK NO.
8. LOCATION (Room #) Self Explanatory		9. BUILDING NO. 1001 or 1007	10. QUANTITY	15-18
11. REQUESTED BY Self Explanatory		12. PHONE NO. Self Explanatory	13. RECEIVED BY	19-24
15. WORK REQUIRED			26-29	PM MANHOURS
CONTRACT MAINTENANCE		PURCHASE ORDER NO.		30
WARRANTY REPAIR			32-35	REPAIR HOURS
COMPLAINT Short description of work that needs to be done.			36	REPAIR MINUTES
			38-43	CONTRACT COSTS
			45	REPAIRMAN'S CODE
			46	SAFETY INSPECTION RESULTS
			47-50	DATE COMPLETED
			51-52	ACTION CODE
			53-60	WORK ORDER NO.
			61-66	RC/CC
			67-69	DOWN DAYS
			70-75	QUANTITY INSPECTED
76-80	TRANSACTION CODE WOR			
REMARKS/CORRECTIVE ACTION				
17. WORK PERFORMED BY		19. USER MAINTENANCE		20. DATE RETURNED
21. VERIFIED BY		EXCELLENT		21. ACCEPTED BY
		GOOD		
		FAIR		
		POOR		

BASE CIVIL ENGINEER WORK REQUEST
(See Back of This Form Set For Instructions)

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0704-0188, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to HQ AFESC/DEMG.

SECTION I - TO BE COMPLETED BY REQUESTER

1. FROM (Organization) Self Explanatory	2. OFFICE SYMBOL Self Explanatory	3. DATE OF REQUEST Self Explanatory	4. WORK REQUEST NO. (For BCE Use) Will be assigned by C.E.
5. NAME AND PHONE NO. OF REQUESTER Self Explanatory		6. REQUIRED COMPLETION DATE Usually given 30 Days	7. BUILDING, FACILITY OR STREET ADDRESS WHERE WORK IS TO BE ACCOMPLISHED

8. DESCRIPTION OF WORK TO BE ACCOMPLISHED (Include Sketch or Plan, when appropriate)

Describe work to be done. Be thorough, not brief and to the point.

9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED (Not required for maintenance and repair)

Why do you need it? What impact will this have on your section?

Leave blocks 10-30 blank

10. DONATED RESOURCES

E. FUNDS	LABOR	MATERIAL	CONTRACT BY REQUESTER	NONE
-----------------	--------------	-----------------	------------------------------	-------------

11. NAME OF REQUESTER	12. GRADE OF REQUESTER	13. SIGNATURE OF REQUESTER (See Instructions on back)
------------------------------	-------------------------------	--

14. COORDINATION

SECTION II - FOR BASE CIVIL ENGINEER USE

15. WORK ORDER (Place an "X" in the appropriate box.)

IN-SERVICE	SELF-HELP	CONTRACT	SABER
-------------------	------------------	-----------------	--------------

16. DIRECT SCHEDULED WORK (Place an "X" in the appropriate box.)

EMERGENCY	URGENT	ROUTINE	SELF-HELP	M/C
------------------	---------------	----------------	------------------	------------

17. SELF-HELP (Place an "X" in the appropriate box.)

BRIEFING REQUIRED	ADEQUATE COORDINATION	INSPECTION REQUIRED
--------------------------	------------------------------	----------------------------

SECTION III - COMPLETE ONLY IF WORK IS TO BE ACCOMPLISHED BY WORK ORDER

18. WORK CLASS	19. PRIORITY	20. ESTIMATED HOURS	21. ESTIMATED FUNDED COST	22. ESTIMATED TOTAL COST
23. THERE IS NO NEED FOR AN ENVIRONMENTAL ASSESSMENT (AFR 19-2)	24. A WRITTEN ASSESSMENT IS BEING/HAS BEEN PROCESSED	25. APPROVED	26. DISAPPROVED	

27. REMARKS

SECTION IV - APPROVING AUTHORITY

28. NAME AND GRADE (Please Type or Print)	29. SIGNATURE	30. DATE
--	----------------------	-----------------

COMMUNICATIONS - COMPUTER SYSTEMS REQUIREMENTS DOCUMENT

1. CSRD NUMBER
Assigned by Comm

PART I (REQUIREMENT)

2. SUBJECT/PROJECT TITLE

Self Explanatory

3. ORIGINATOR

Telephone Control Officers Name (TCO)

PRIORITY Self Exp.

ROUTINE URGENT

5. ROD/POD (circle one)

Usually 30 Days

6. PROCESS CLASSIFIED

YES NO

7. SENSITIVE UNCLASSIFIED

YES NO

8.

Leave Blank

9. REQUIREMENT

Short Description of Work

10. JUSTIFICATION

Why does your section need it?

IMPACT IF DISAPPROVED

What impact will this have on your section?

Enter appropriate mission impact code

- A - Mission Failure
- B - Serious Mission Degradation
- C - Mission Impact

Self
Explan.

12.

13.

14.

15.

16. USER/POINT OF CONTACT

Telephone Control Officers Name (TCO)

17.

Commander's Signature

PART II (TECHNICAL SOLUTION AND COSTING)

18. PROPOSED SOLUTION/ALTERNATIVES

Leave Blank

Attachment

19. ACQUISITION METHOD <input type="checkbox"/> PURCHASE <input type="checkbox"/> OTHER	20. ACQUISITION STRATEGY	21. MCCR <input type="checkbox"/> YES <input type="checkbox"/> NO	22. LOCAL FUNDING AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
23. CEMPAC	24. CCN	25. COMMAND	26. PRN
27. FACILITY CODE	28. PDP NO.	29. PEC	30. EST SYSTEM LIFE
31.	32.	33.	34.
35.	36.		

37. COST DATA	PROJECTED COSTS		
	ONE TIME	ANNUAL RECURRING	ACTUAL
A. COMMUNICATIONS			
B. AUTOMATION EQUIPMENT			
C. SOFTWARE			
D. CONTRACTUAL SERVICES			
E. PERSONNEL (in house)			
F. SITE PREPARATION			
G. MAINTENANCE			
H. TRAINING			
I.			
J.			
K.			
L.			
TOTALS			

38. SCHEDULE OF EVENTS (Major Milestones)	START DATE	STOP DATE	OPR/OCR
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			

39. CSO	40.
---------	-----

PART III (VALIDATION/APPROVAL)

41. BASE CSRB APPROVAL AUTHORITY	<input type="checkbox"/> REVIEWED ONLY <input type="checkbox"/> VALIDATED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
42. MAJCOM CSRB APPROVAL AUTHORITY	<input type="checkbox"/> VALIDATED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
43. STD SYSTEMS MGR APPROVAL AUTHORITY	<input type="checkbox"/> VALID/COORD <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
44. HQ USAF CSRB APPROVAL AUTHORITY	<input type="checkbox"/> VALIDATED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

Facility Utilization / Coordination Sheet

Requesting Activity: Attach Description of Facility Utilization Request

SECTION	DATE	COMMENTS	INITIALS
Medical Maint.			
Infection Control			
Facility Management			
Squadron Commander			
Director Medical Logistics			
Med Group Commander			

Director of Medical Logistics will submit to the Executive Committee

REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/ QUALITY IMPROVEMENT REPORT			DATE Self Explanatory
			NO. Leave Blank
TO	17th MDSS/SGSL	FROM	Your Section and Office Symbol here
TYPE OF COMPLAINT ▶	1A. FOR DOD USE Leave Blank <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	1B. FOR VA USE Check Appropriate Box <input type="checkbox"/> QUALITY COMPLAINT <input type="checkbox"/> NEW ITEM <input type="checkbox"/> SIMILAR ITEM	
2. NATIONAL STOCK NO. Fill in if Known	3. ITEM DESCRIPTION Type item name		
4. NAME AND ADDRESS OF MANUFACTURER Type source where purchased from here if known		5. NAME OF CONTRACTOR (If other than the manufacturer) If contractor supplied item name of cont. here	
		6. CONTRACT NO. OR PURCHASE ORDER NO. Logistics will fill in	
7A. VA DEPOT VOUCHER NO. Logistics will fill in	7B. DOD REQUISITION NO. Logistics will fill in	8. LOT NO. Logistics will fill in	
9. CONTROL NO. Logistics will fill in	10. MANUFACTURER'S SERIAL NO. Logistics will fill in	11. MODEL NO. Logistics will fill in	
12. DATE MANUFACTURED Leave Blank	13. DATE PACKED Leave Blank	14. EXPIRATION DATE Type in if known	
15. SOURCE (Name of Depot) Leave Blank	16. QUANTITY ON HAND Logistics will fill in	17. QUANTITY SUSPENDED Logistics will fill in	
COMPLETE ITEM 18A. THROUGH 18F. FOR DOD TYPE I COMPLAINTS ONLY			
18A. TOTAL NO. PATIENTS INVOLVED Put in # of reactions here	18B. TOTAL NO. REACTIONS Same as before	18C. SEVERE OR UNUSUAL REACTIONS State answer as best as poss	
19D. REACTIONS REQUIRING HOSPITALIZATION # here	19E. LENGTH OF HOSPITALIZATION Answer question	19F. VACCINE Check appropriate box <input type="checkbox"/> INITIAL <input type="checkbox"/> BOOSTER INTERVAL _____	
19. CAUSE OF COMPLAINT (Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete 19 through 22 for ALL complaints.) Type out what happened. BE SPECIFIC! Give as much information as possible			
20A. TYPED NAME OF INITIATOR (For Type I MC/DC/NC) Name of person initiating compliant		20B. AUTOVON/FTS TELEPHONE NO. Self Explanatory	20C. COMMERCIAL TELEPHONE NO. Self Explanatory
21A. TYPED NAME OF SUPPLY OFFICER Logistics will fill in		21B. SIGNATURE OF SUPPLY OFFICER Same as before	21C. DATE Self Explanat.
21D. AUTOVON/FTS TELEPHONE NO. Self Explanatory		21E. COMMERCIAL TELEPHONE NO. AREA CODE () Self Explanatory	

REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/QUALITY IMPROVEMENT REPORT (Continued)

22. RECOMMENDATIONS AND/OR ADDITIONAL REMARKS

Put any additional information here you feel would be useful for us to know.

23. ACTION TAKEN

Logistics will fill this in

24. NAME (Action Officer)

Logistics will fill in

25. TITLE AND ORGANIZATION

Logistics will fill in

26. DATE

Self Explanatory

Medical Logistics Accounts

255178	<i>Pediatrics Clinic</i>	<i>x3114</i>
255182	<i>Life Skills</i>	<i>x3122</i>
255184	<i>Family Practice</i>	<i>x4353</i>
255240	<i>Medical Logistics</i>	<i>x3065</i>
255245	<i>Medical Material</i>	<i>x3066</i>
25524h	<i>Memo Hold(equipment)</i>	<i>x3065</i>
255493	<i>Optometry</i>	<i>x3120</i>
255511	<i>Dental</i>	<i>x3058</i>
255512	<i>Dental Lab</i>	<i>x4701</i>
255610	<i>Pharmacy</i>	<i>x3103</i>
255621	<i>Clinical Pathology</i>	<i>x3109</i>
255727	<i>Admin/Orderly section</i>	<i>x3121</i>
255730	<i>Education & Training</i>	<i>x3072</i>
255737	<i>Medical Library</i>	<i>x3139</i>
255741	<i>Facility Management</i>	<i>x3068</i>
255761	<i>Biomedical Equipment</i>	<i>x3069</i>
255851	<i>Bioenvironmental Engineer</i>	<i>x3162</i>
255852	<i>Military Public Health</i>	<i>x3284</i>
255853	<i>Immunization Clinic</i>	<i>x3145</i>
255858	<i>Environmental Compliance</i>	<i>x3162</i>
255950	<i>Urinalysis Testing Program</i>	<i>x5294</i>
255969	<i>Health & Wellness Clinic</i>	<i>x5725</i>
2D5491	<i>Student Clinic (Concho)</i>	<i>x3688</i>

Medical Logistics Home Page

*Customer Focused Logistics
Excellence*



Created by Alan Long



Inside the Dog Pound



Our Mission Statement



Introduction to Logistics



Functions of Medical Logistics



MEMO



Maintenance



Training



Metrics (Fill Rate)



Metrics (Days Stock)



Metrics (Excess)



Metrics (IMPAC)



Survey



Other Links

Created by *Mar Long*



The Doggs' Mission



To Provide All customers with the policies, strategies and operational assistance necessary to ensure Logistics excellence in support of the Air Force Medical Service



Created by Alan Long



Links



**17th Medical Group Page
Under Construction**



Logistics Handbook



AFMLO



Air Force Page



Anthrax Information



Air Force Excess



Created by Alan Long



Medical Logistics Customer's Bill of Rights



We recognize that Medical Logistics customers are entitled to certain rights and have certain responsibilities. Practicing these rights and responsibilities, both by the Medical Logistics staff and its customers, will ensure the mission is accomplished and ultimately the patient served receives the best possible healthcare.

Our customers have the right to:

- Service with a smile and personal touch
- Be addressed by name and title
- Be acknowledged and treated with respect, compassion, and honesty
- Quality service and treatment
- Information necessary to make knowledgeable decisions in the performance of their duties
- Support and available resources to include timely notification of unexpected delays
- Know the name of their Medical Logistics Customer Advocates
- Voice concerns and expect a satisfactory resolution
- Hassle-free one stop service
- Be escorted in the right direction

We will strive to understand our customer's needs, and through creative means try to predict their needs and exceed their expectations.

Our customers have the responsibility to:

- Provide accurate, current, and complete information concerning the service required
- Comply with Medical Logistics instructions and procedures
- Ensure all appropriate request are properly filled out and promptly delivered to meet service desired
- Keep appointments or give sufficient advanced notice of reasons for delay in meeting a suspense
- Maintain and safeguard all resources and equipment in their care
- Seek out alternative sources and best value products
- Reduce "Emergency" procurements with proactive planning
- Identify and notify Medical Logistics Customer Advocate of concerns, questions, complaints, and favorable comments
- Complete surveys and comment cards in a timely manner

Your commitment to these standards will allow us to better service you.

**17 TRW and MDG
involvement by members of the
Medical Logistics Flight in FY 2001**

17 Training Wing Involvement:

Organization	Description	Accomplishment
17 TRW Exercise Evaluation Team (EET)	Member base EET, provides input on base exercises ensuring MDG is exercised accurately	Increased MDG participation in base exercises by 100% and increased the evaluation of Self Aid and Buddy Care two-fold
17 TRW Deployment Working Group	Member base Unit Deployment Working Group	Suggestion was implemented by 17 TRW, deployment line now takes less time and is more efficient
17 TRW Savings Bond Campaign	Project Officer Savings Bond Campaign	100% contact with an increase of bond purchase/allotment increase of 34% over FY 00 stats
17 TRW Recall Procedure Working Group	Member of working group to re-evaluate base recall procedures	GAFB OI 10-201 "GAFB Recall Procedure" was re-written and distributed throughout 17 TRW

17 Medical Group Involvement:

Organization	Description	Accomplishment
17 MDG Executive Staff Strategic Planning	Member Strategic Planning Working Group	Provided direction to mission and future of the 17 MDG
17 MDG Student Clinic Working Group	Member Student Clinic Working Group	Ensured the development of the Student Clinic met JCAHO standards and ensured the space allotted met the needs of the patients and the medical staff
17 MDG EET	Member MDG EET	Developed/implemented MDG Alternate Medical Facility exercise
17 MDG Medical Readiness	Member Medical Readiness Team	Recall reporting to 17 TRW for first hour went from 62% to 91%

Meeting Attend:

Organization	How Often	Attendees
17 TRW EET	Weekly	All installation organizations are represented
17 MDG Board of Directors	Weekly	Key clinic personnel to include flight commanders and NCOIC's
17 MDG Compliance	Weekly	Key personnel and JCAHO/HSI appointed champions
17 MDG/MDSS Squadron Commander Meeting	Weekly	All squadron flight commanders and NCOIC's



Goodfellow Clinic



Facilities Management Branch

FY 01

San Angelo, Texas



Medical Logistics Flight Commander - 2Lt James L. Jones

e-mail: James.Jones@Goodfellow.AF.Mil

(915) 654-3067 DSN: 477-3067 / FAX 477-4788

Facility Manager - Robert W. Jones

e-mail: Robert.Jones@Goodfellow.AF.Mil

(915) 654-3068 DSN: 477-3068 / FAX: 477-4788

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Housekeeping	14
Vehicles	15
Environment Of Care	16
Summary	17

17 August 2001

FACT SHEET

Subject: Goodfellow Clinic, Phases I-IV, Goodfellow AFB

BACKGROUND

1. Phase-I (1978), building 1001, houses the clinic's headquarters, dental clinic, pediatric clinic, primary care optimization, radiology, pharmacy, Tricare, logistics functions, laboratory, and other administrative functions.
2. Phase-II (1986), building 1009, houses the dental evac system.
3. Phase-III (1988), building 1007, houses bio-environmental engineering, public health and the life skills support center. This facility is attached to Phase-I by walkways.
4. Phase-IV (1995), building 1001, addition to Medical Logistics Warehouse.
5. Phase-V (1997), building 1004, is the medical logistics warehouse. This facility is not attached to Phase-I or Phase-II by any walkway.

COMPARISON

1. Phase-I was a 39.5K square foot project and was open for business in FY 79.
2. Phase-II was a 185 square foot project and was open for business in FY 86.
3. Phase-III was a 3.5K square foot project and was open for business in FY 89.
4. Phase-IV was a 1.8K square foot project and was open for business in FY 95.
5. Phase-V was a 1.5K square foot project and was open for business in FY 98.

FUNDING

1. Goodfellow's clinic was built and equipped with congressionally-appropriated funds of the following amounts:

<u>Project</u>	<u>Actual Cost</u>	<u>Replacement Cost</u>
Phase-I	\$3.38M	\$6.5M
Phase-II	\$16.2K	\$20K
Phase-III	\$403K	\$480K
Phase-IV	\$11.6K	N/A
Phase-V	\$199K	\$200K
TOTAL	\$4M	\$7.2M

2. Goodfellow's clinic was equipped with the following amounts:

<u>Project</u>	<u>Actual Cost</u>	<u>Replacement Cost</u>
Equipment/Furniture	\$1.8M	\$2.5M

PATIENT/ADMINISTRATIVE ESTIMATED SQUARE FEET

PATIENT CARE AREAS

ADMINISTRATIVE AREAS

BLDG NO.	SQ. FT.	PRIMARY USE	SQ.FT.	PRIMARY USE
1,001	7,032	Dental Clinic	2,340	Command Staff
	7,268	Primary Care Optimization	1,089	TRICARE
	2,025	Radiology	4,067	Logistics
	1,945	Pharmacy	1,167	Business Operations
	2,627	Laboratory	1,632	Systems
	2,852	Pediatrics	426	Education & Training
	639	Waiting Room	292	Readiness
	153	Demand Reduction	404	Conference Room
	532	Optometry	2,983	Physical Exams
1,004	1,500	Warehouse		
1,007	1,960	Life Skills Support Center		
	677	Bio-Environmental Engineering		
	836	Public Health		
*1,009	185	Dental Evac System		
*340	1,975	Health & Wellness Center		

* These are not Med Groups buildings and are not maintained by Facility Management Branch (FMB).



CC, SUPPORT SQUADRON
Lt. Col Jones

FLIGHT CC
Lt. Jones

FACILITY MANAGER
Mr. Jones

Assistant Facility Manager
SSgt Helin

17th MEDICAL GROUP
FACILITY MANAGEMENT BRANCH
ORGANIZATIONAL CHART

PROJECTS

The process for each project begins when a customer turns in a job request. The next step is for FMB to make the determination on whether an accommodation can be made or if this project needs to be decided by the Facility Utilization Board (FUB). Once the decision has been made to take the Project, our Planner/Estimator provides an estimated cost. Funding may then be acquired from three different sources based on the project cost. Projects costing under \$25K are locally funded through O&M funds. Projects that range from \$25K through \$200K is funded through MAJCOM and anything above \$200K is reviewed by HFO for approval. Also, AFI 32-1032 states that a facility our size cannot exceed \$500K in minor construction and you must inform congress if you exceed \$3M in 5 years. Once funding is available, different contracting sources are considered for project award. These projects may be awarded to Base Contracting Office (BCO) or Simplified Accusutions of Base Engineering Requirements (SABR). Although we did utilized BCO, it is a possibility for future projects.

Throughout the construction, the contractors are monitored to ensure quality of completed work. Moreover, the contractors are required to provide documentation such as updates and quality assurance reports. Once the warranty period service by the contractor expires, the project will be added to the FMB preventive maintenance schedule. At that point, servicing the project becomes the responsibility of FMB.

FMB has two project lists: Major and Ash & Trash. The Major list charts projects over \$25K and we have three of these projects awaiting funding through MAJCOM. Ash & Trash projects under \$25K and funded by O&M money. Currently we have five of these type of projects awaiting funding.

In designing and prioritizing these projects, we ensure that JCAHO requirements are met as well as providing the latest technology for our facility. Furthermore, we feel that these projects are essential to the professional appearance and services we provide our customers - staff, guests, and patients.

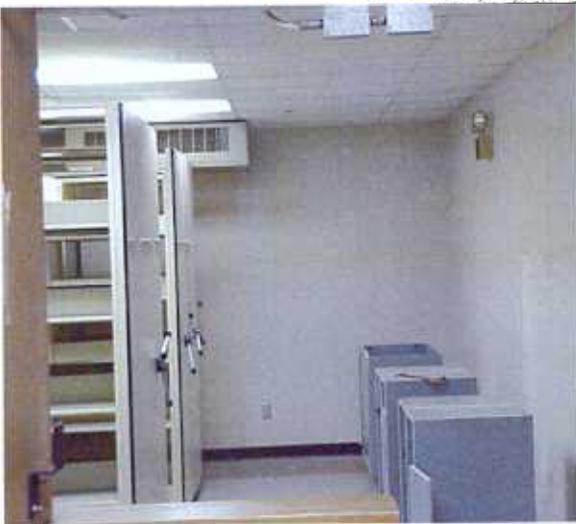


Development of Physical Therapy Clinic

FISCAL YEAR 01

SPECIAL PROJECTS

Construction of New BMET Shop





Self-Help Landscaping Project



Deployment of Decentralized Records



Installation of MDOS/CC door for secretary entrance



Installation of new Dental Shelving



Installation of Fiber to Building 1004



Deployment of PCO

Future 17th MDG Projects

1	Nb WO	Replace Air Compressor in Bldg 1007	1007	Needs Funding	\$5,000
2	WO 1274	Renovate Life Skills Center/Consolidate Aerospace Medicine	1001	Needs Funding	\$56,000
3	WO 38793	Repair roof on Bldg 1007	1007	Needs Funding	\$15,000
4	WO 38776	Install handicap ramp/install handicap doors/repair inside automatic doors in Bldg 1001	1001	Needs Funding	\$35,000
5	WO 56226	Replace emergency lighting Bldg 1001	1001	Needs Funding	\$16,000
6	WO 38781	Replace carpet in Bldg 1001/1007	1001/1007	Needs Funding	\$250,000
7	WO 81470	Install outside lighting	1001	Needs Funding	\$15,000
8	WO 38780	Install irrigation system for Bldg 1001/1007	1001/1007	Needs Funding	\$5,000
9	WO 39791	Replace vinyl wall covering	1001	Needs Funding	\$125,000
		TOTAL			\$522,000

FACILITIES BUDGET

FMB closely monitors and carefully plans its annual \$144K budget to ensure funds will be available throughout the year. Funding is available for personnel requiring specialized training, to meet JCAHO requirements, or to provide basic facility maintenance. Equipment upgrades that can be purchased at a later time are funded at year-end.

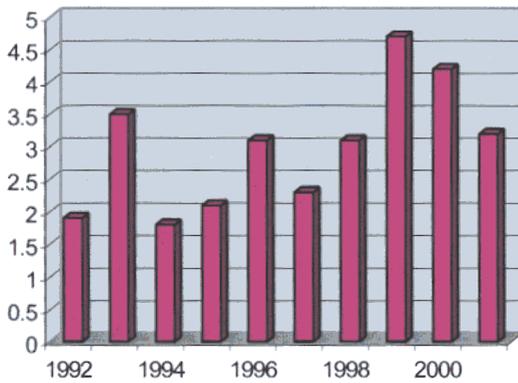
Normally, when year-end purchases have been obligated, FMB turns unobligated surplus over to Business Operations Branch (BOBS) for use within the core budget. Through stringent budget control, FMB transferred \$0K to the core budget in FY 01.

**FISCAL YEAR 2001
CONSOLIDATED ACCOUNT IN
FACILITY MANAGEMENT BRANCH**

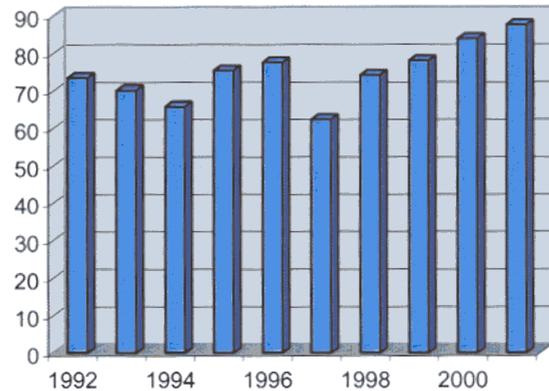
	RC/CC 255741	Housekeeping	Grounds	IMPAC	Electrical	Water	Gas	Sewage	Ash/Trash
Beginning Balance	\$149,500	\$166,300	\$4,400						
2000 October	\$9,433.71			\$69.30	\$7,828.91	\$328.78	\$252.64	\$283.31	\$670
November	\$8,638.77			\$34.30	\$5,415.71	\$53.53	\$454.93	\$283.31	\$2,396.99
December	\$8,362.80			\$19.49	\$5,587.78	\$83.50	\$671.81	\$283.31	\$1,716.86
2001 January	\$6,767.13			\$0.00	\$6,448.10	\$51.59	\$351.25	\$283.31	\$4,378.86
February	\$10,590.27			\$88.55	\$5,553.37	\$76.34	\$451.08	\$283.31	\$4,137.62
March	\$9,080.76			\$174.47	\$5,475.94	\$70.23	\$330.40	\$283.31	\$2,746.41
April	\$11,102.32			\$660.95	\$7,894.73	\$70.23	\$208.47	\$91.94	\$2,176.82
May	\$8,588.21			\$15.94	\$5,869.64	\$298.36	\$91.38	\$92.44	\$2,220.45
June	\$8,803.98			\$0.00	\$7,349.34	\$303.21	\$63.35	\$92.44	\$993.64
July	\$18,298.70			\$175.00	\$11,006.64	\$1,370.60	\$72.39	\$92.44	\$5,581.63
August	\$37,307.79			\$257.43	\$9,432.90	\$374.12	\$50.90	\$92.44	\$27,100.00
September	\$12,526.07			\$1,402.82	\$9,708.01	\$94.83	\$53.08	\$92.44	\$1,174.89
Total Expenses	\$149,500.00								
Balance Available	\$0.00								

**17th Medical Utility Usage
(10 Year History)**

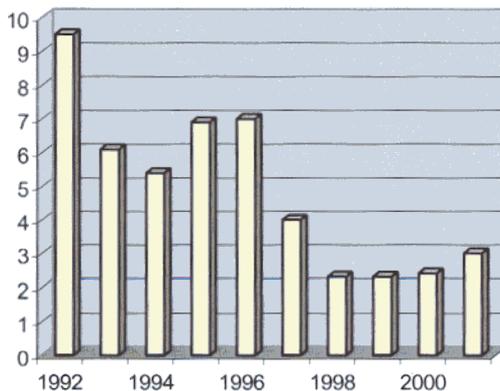
WATER



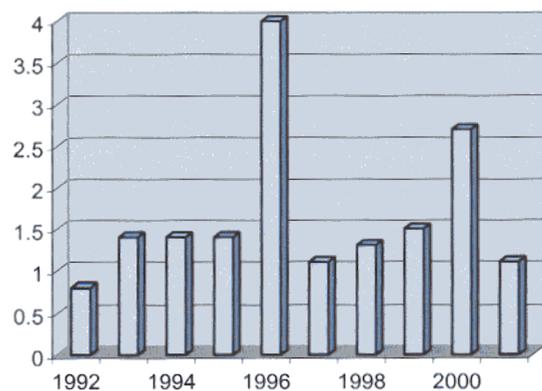
ELECTRIC



GAS



SEWAGE



HOUSEKEEPING

HOUSEKEEPING QUALITY INSPECTION PROGRAM:

The housekeeping surveillance program is mandatory to ensure contractor compliance for services accomplished. Random sampling procedures utilized by Facility Management Quality Assurance Evaluator (QAE) consists of a computer generated random numbers program, on site inspections of services, 100 percent inspection of project work, and other nonperformance work. Inspected areas consist of Bldg's 1001/1007. Inspections consist of 19 rooms per week for a total of 996 rooms inspected per year.

HOUSEKEEPING CONTRACT (for 1 April 1998 through 30 September 2001):

The housekeeping contract lists the monthly/annual rate as of 1 April 1998. The modifications are listed under the option year of its inception with the rate of the contract changing accordingly. As of 30 September 2001, end of third option year, there has been 6 modifications made to the contract.

The housekeeping contract is ending its last option year. On 1 October 2001, the clinic will have a new housekeeping contract with HAMS Corporation. This contract will provide additional services, such as, vacuuming every room daily and will include shampooing of the clinics carpet as needed. This contract will provide services above the current contract and will be at a savings of \$90K over the next three years.

VEHICLES

FMB serves as transportation coordinator for the clinic. Vehicles with low mileage are monitored for possible vehicle sharing program. Our specialized vehicle fleet, two ambulances, was turned into base motor pool in May of 2001. Our Bio-Environmental Engineering vehicle, 4x4, was replaced on 27 July 01. We currently have a fleet of four vehicles assigned.

FMB is responsible for the upkeep of the vehicle fleet, which is broken down for clinic use as follows:

Logistics Flight	- One-quarter ton pickup, 94B2355
Primary Care	- One 9-passenger van, 97B1052
Public Health	- One S-10 pickup, 95B0321
Bioenvironmental Engineering	- One 4x4 extended cab quarter ton pickup, 91B1363

Although Goodfellow AFB has not yet utilized GSA contracts for handling vehicle maintenance, emergency road repair and fuel, it is a possibility future contracts.

The clinic spent \$1K on vehicle maintenance, repairs and fuel for FY 01.

ENVIRONMENT OF CARE PROGRAM

FMB is the primary office of responsibility for the clinic's Environment Of Care (EOC) program. The seven areas of EOC were re-accomplished and signed by the committee members on 7 August 2001 and annotated in the EOC minutes.

The EOC Hazardous Waste program was inspected by Mr. Jimmy Wilcher, Base Environmental Coordinator, on 26 April 2001 and received zero discrepancies.

The last EOC self-inspection, which covered 228 inspection criteria's, was accomplished on 10 May 2001 with 2 minor discrepancies, which were corrected on the spot.

FMB developed a simplistic yet comprehensive EOC handbook and test that was approved by the EOC council on 17 August 2001. Before the implementation of this test, the FMB would conduct random tests on clinic personnel with an average score being 72%. Since reformatting the annual and newcomer's orientation and the implementation of this test, the random tests within the clinic have increased their average score by 16%

57 tests were given before 10 April 2001 with an average score of 78%

70 tests were given after 10 April 2001 with an average score of 91%

SUMMARY

The mission, vision, and goals of the FMB are aligned with the HQ USAF/SG “pillars” and the Surgeon General's P2R2 vision and are delineated in the 17 MDG Logistics Flight Strategic Plan.

17 MEDICAL GROUP MISSION STATEMENT

To provide optimal healthcare for the production of the world's best intelligence, fire protection and special instruments Mission-Ready Warriors by maintaining all areas to a high degree of working order at all times.

17 MEDICAL GROUP VISION STATEMENT

To facilitate the 17th MDG as the first in choice in healthcare.

17 MEDICAL LOGISTICS FLIGHT VISION STATEMENT

Customer-Focused logistics excellence; and resource utilization, while maximizing personal growth and team building.

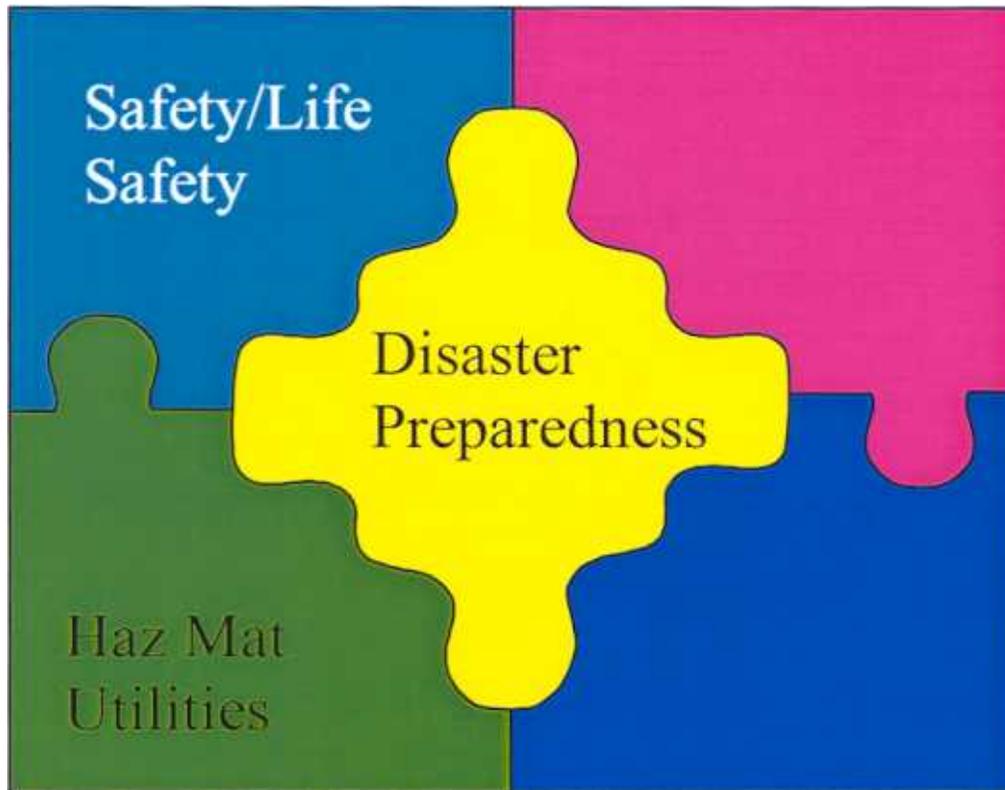
17 MEDICAL FACILITY MANAGEMENT BRANCH GOALS

- 1) Provide excellent life-safety systems support.
- 2) Sustain JCAHO accreditation.
- 3) Identify, analyze, measure, and improve key processes in the delivery of facility management.
- 4) Reduce/eliminate high-risk events that compromise the delivery of healthcare.

Attachment:

- 1) EOC Handbook
- 2) EOC Test

Environment of Care Handbook



A Note from the Commander

The primary function of medical facilities is to provide health and to heal the sick. Because our patients often come to us in a weakened condition, it is of paramount importance we provide them with a safe environment. The 17 MDG section safety monitors are charged with conducting formal inspections, but all personnel are responsible for ensuring a safe Environment of Care.

The Environment of Care within the 17 MDG can be broken down into seven key areas: Safety, Security, Hazardous Materials, Disaster Preparedness, Life Safety, Medical Equipment, and Utilities. Ensuring you are familiar with your responsibilities in each of these areas is extremely important. The following handbook provides a quick, easily understandable guide to the 17 MDG Environment of Care program. Please take the time to read it carefully. Note: your Environment of Care education does not end with this handbook. You are responsible for becoming familiar with the 17 MDG Environment of Care Plan and associated Medical Group Instructions. Please contact the Facility Management staff or your section safety monitor for additional information.

Ensuring a safe, effective, efficient Environment of Care begins with you. Thank you for your help.

(Signed)

KIMBERLY A. SINISCALCHI, Col, USAF, NC
Commander

SAFETY

Introduction. The safety of staff and patients is of vital importance. Safety begins with the individual and the following guidelines provide basic safety information for all personnel. Please use the information to incorporate safety awareness and sound safety practices into your daily routine.

Reporting Injuries. Please notify your supervisor and complete an incident report (AF FM 765) promptly when an injury is sustained. Military personnel are responsible for reporting both on and off duty injuries. In addition to the AF FM 765, active duty personnel must report off-duty incidents. On-duty mishaps are reported on an AETC Form 435. All reports must be forwarded to the Risk Manager within 24 hours or next duty day.

Identifying Safety Hazards. The clinic is a small facility and facility management needs everyone's help in identifying and correcting safety hazards. When possible, correct safety hazards on the spot. For those hazards, which cannot be immediately abated, individuals must promptly notify their supervisor.

Safety Briefings. Formal safety training is provided at Newcomers Orientation/Annual Recurring Training. Additional training is provided periodically through briefings and email.

Section Safety Monitors. Your section will have a Safety Monitor who is responsible for ensuring your section receives the appropriate safety education. This individual will conduct monthly safety inspections and act as a liaison with the clinic's safety officer. Please report any unsafe practices to this person.

Supervisors. All supervisors must ensure that safety training for their subordinates is annotated on the AF FM 55. If the supervisor has not received supervisor's safety training during his/her career, he/she must attend a training class as soon as possible after arriving. Documentation supporting training was administered at a previous base is required before training exemption is granted.

Environment of Care Committee. The Environment of Care Committee is a group dedicated to ensuring patients and staff operate in a safe environment. If you have a safety concern, that needs to be addressed at a higher level, please contact Facility Management (ext.4-3068) to have it placed on the agenda.

Section Specific Training. Each duty area has its own special safety hazards. To ensure your safety and the safety of our patients, your supervisor and section safety monitor will provide section specific training for you

The following are general safety guidelines. Please follow these guidelines and all other safety rules.

General Safety Tips

- **Lifting:** Remember to use proper lifting techniques
- **Slip/Fall Hazards:** Always use handrails and look for trip/slip hazards when walking.
- **Electrical Hazards:** Frayed electrical cords present a hazard. Report immediately to Facility Management.
- **Extension Cords:** Extension cords may only be used if approved by Facility Management. Multi-outlets may not be piggybacked.
- **Office Safety:** Furniture may contain sharp edges. If you have to move furniture, seek help
- **Seasonal Hazards.** High temperatures are present during summer months. Drink plenty of fluids. If your skin becomes clammy and moist or if you feel giddy, seek help immediately.
- **Storing Items on Shelves.** Store lighter items on higher shelves and take caution when removing them.
- **Cluttered hallways.** Items such as boxes, furniture, medical equipment (including crash carts) can't be stored in the hallways.
- **Sharp Objects:** Sharp objects/items should not be exposed and need to be stored securely away

10th MDG/SF Safety Rep: Mr. Jones: Ext. 4-3068

Additional Safety Guidance. Additional safety guidance is provided by the 17th MDG EOC plan, MDGI 91-202, AFI 91-202 and AFI 91-301.

SECURITY

Introduction. Like all organizations, the 17th MDG faces its share of security problems. All personnel have a responsibility to participate in the security management plan. This guide will provide you with the information you need to help safeguard hospital facilities, patients, visitors, staff and property from illegal acts at this medical treatment facility.

Parking Lot Safety. The security of the MDG begins at its outer boundaries. To ensure your safety, the following protocols must be followed. During evening hours, hospital staff must use the lower west parking lot. This area is lit during evening hours for safety purposes. If you feel uneasy in walking to your car during evening hours, you may request assistance from Security Forces (ext 4-3504).

Criminal Activity. If you work in an area, that dispenses drugs or maintains cash, it is designated as a controlled area. These areas include:

Pharmacy
Medical Logistics Warehouse

If a criminal accosts you, please follow these procedures:

- Cooperate with the perpetrator (s).
- If possible, activate any alarms in the area.
- Obtain a “mental picture” of the perpetrator(s) and take note of any weapons.
- After the criminal activity or disturbance:
- If not already done, alert co-workers.
- Contact the Security Forces by calling 911
- Attempt to determine the perpetrator’s mode and direction of travel.
- Protect the crime scene until Security Forces arrive.

Medical Badges. All personnel must wear a photo ID badge at all times while in the facility. Contract personnel will be given special visitor badges. If you see anyone acting in a suspicious manner, or who is clearly not a patient, confront him or her in a friendly manner and ask to see his or her ID.

Protecting Patient’s Private Property. Visitors should keep valuables on their person or within sight at all times while in the medical facilities.

Protecting Staff’s Private Property.

Clinic staff will keep personal property stored in the facility to an absolute minimum. If you bring in personal property, ensure that it is adequately secured in a staff locker or other secure place in the duty section at the end of each shift. Please note that although every effort will be made to safeguard it, the clinic staff brings personal property into the facility at their own risk. Facility Management office is the clinic’s lost and found.

Security Tips

- Ensure crash carts are secured with a locking mechanism
- Secure your office after duty hours
- Limit section cash funds
- Lock private property in you desk or locker

Reporting Security Issues/Crimes. Clinic personnel must be constantly alert for crime hazards in the clinic and on the campus property. If you are aware of a crime, or suspect one, please contact the hospital security officer or complete *AF Form 1203, Crime Hazard Report*. Although we strongly encourage you to report all security issues to the clinic’s security officer, if you prefer to contact the First Sergeant, you may do so.

MDG Security: Mr. Jones: Ext. 4-3068
Alt. Security: SSgt Helin: Ext: 4-3993



Hazardous Materials

Introduction. The 17th MDG contains several materials, which, if improperly handled, could present a hazard to the well being of patients and staff. This guideline provides critical information on the proper handling of hazardous materials and waste.

Infectious Waste: This guide provides general information on infectious waste. Additional information is provided in 17th MDG CI 44-119 and informal infection control training. See the following block for the 17th MDG definition of infectious wastes.

Infectious Waste Storage and Disposal:

- Infectious wastes will be segregated from other wastes by containment in a single red plastic bag constructed of a minimum of 10 mm thickness with a biohazard label.
- The container holding the bag will have a biohazard label visible from all lateral directions to the user.
- Bags will be tied closed and be placed inside the red BFI containers to prevent spillage leakage.
- All sharps need to be placed in designated red plastic containers found in patient care areas.
- Infectious wastes containers when full will be removed by Medical Technicians and placed in a designated holding area for temporary storage.

Chemical Wastes: Your supervisor and section safety monitor will provide information on hazardous chemicals stored in your section. A hazardous chemical inventory and **Material Safety Data Sheets (MSDSs)** are required for each hazardous chemical stored in your area. NOTE: Initial federal Hazardous Material Awareness and workplace specific FHCTF will be separately documented on the AF 55. It is imperative you know what chemicals your section stores and how contain and clean a spill.

Housekeeping is not required to handle hazardous waste spills. The Base Fire Department should be called at 911.

Material Data Safety Sheets (MSDS)

- Provide detailed information on how to handle hazardous materials and what to do in case of an accident
- A MSDS must be available for all hazardous items used/stored in your section

Infectious Waste

- Liquid or semi-liquid blood or other potentially infectious materials (OPIM).
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological waste containing blood or other potentially infectious materials.
- Animal carcasses, bedding, and body parts.

Eyewash Stations: If your section has an eyewash station, ensure that you are familiar with its use and location. You should be able to find it with your eyes closed. Note: if a co-worker accidentally gets something in his/her eyes, help him/her find the eyewash station as soon as possible. Remember, permanently installed eyewash stations require monthly activation to verify proper operation per AFOSH standard 91-32.

Hazardous Material Spill Response

- Protect yourself. If necessary use an eyewash station.
- If possible contain the spill.
- Clear the area of staff and patients
- If you are capable of cleaning the spill without placing yourself or others at risk, do so. Ensure that you use appropriate protective equipment (e.g. gloves, aprons, face shields)
- If it is a major spill, Call the Fire Department at 911
 - Review MSDS and have information ready for Fire Department
 - Do not attempt to clean spill yourself
- Notify Bioenvironmental Engineering (4-3126) and report all spills

Emergency Preparedness

Introduction. Disaster can strike at any time and all members of the 17th MDG must be ready to respond in the case of an emergency. The following guideline provides information on the 17th MDG Emergency Preparedness program.

Medical Readiness. Medical Readiness is the primary OPR for peacetime disaster preparedness and military medical readiness. This handout covers only the disaster preparedness aspects as they pertain to the Environment of Care. Information on the military readiness mission will be provided by a different source

Peacetime Mission: The 17th MDG peacetime mission is *to reduce loss of life or limb, prevent undue suffering, and provide medical care in disaster operations in the best way possible.* Our organization faces the potential of facing many disasters to include:

- Fires
- Tornadoes
- Floods
- Lightning
- High Winds
- Civilian Aircraft Accidents
- Peacetime Chemical Accidents
- Major Responses Resulting from Land Transportation Accidents

Response Teams: To ensure medical personnel are able to meet these challenges, all personnel will be assigned to a response team. Response teams include:

- Primary Response Team
- Patient Admin Team
- Radiology Team
- Laboratory Team
- Pharmacy Team
- Bioenvironmental Eng. Team
- Manpower Team
- Crises Response Team
- Facility Management Team
- Security Team
- Medical Control Center Team
- Public Health Team
- Patient Treatment Team

MCC and Squadron Commanders will assign you to an appropriate team and provide training. Training is provided on a bi-monthly basis by team chiefs. If your team has not been activated, report to the Manpower Team.

Recall Procedures

- To ensure key personnel are contacted during an emergency, recall procedures have been implemented
- Recalls are initiated at the direction of the Medical Group commander or his/her representative
- Continue recall chain until you reach a live person.
- Report immediately in BDU's.
- Sign in at MCC hallway.
- Report to Disaster Team location
- Team Chiefs are responsible for roster updates and Readiness will update.
- Ensure correct phone numbers are provided to appropriate personnel.

Alternative Medical Facility Location: Should the clinic become untenable for any reason, the Mathis Gym been designated as the alternate location.

Three Minute Wavering Tone

When you hear "Tornado" announced over the intercom, a tornado has been sighted in the local area and all personnel/patients must move to building 1001 and stay in Primary care's hallway.

Additional Information: Additional, detailed information pertaining to disaster preparedness training can be found in the Medical Contingency Response Plan (located on the shared drive under the Everyone Readiness folder)

OIC: Lt Jones, Ext. 4-3067
NCOIC: TSgt Mullins, Ext 4-3134

LIFE SAFETY

Introduction. Fire presents a very real danger to all buildings and their tenants. However, fire can be far more deadly in a clinic where patients can be incapacitated and cannot take care of themselves. To ensure the safety of patients and staff, it is incumbent on all clinic personnel to follow fire safety guidelines. The following document provides a quick fire safety reference point for staff members.

What to do if you spot a fire. If you spot a fire or see smoke, you must react immediately. Each second you delay could mean the difference in life or death. The ACE acronym provides an easy means of remembering the correct steps to take.

Activate the alarm and alert the fire department: Activate the fire alarm by pulling the fire alarm pull box. Call 911 to report the fire to the fire department.

Call 911 to report the fire to the fire department.. Contain/Confine by closing doors and windows and fight the fire if possible. Do not place yourself in danger.

Evacuate: Leave lights on and Evacuate to a safe distance.

Evacuation Procedures. When the fire alarm sounds, it will be followed by an over-head announcement; “Code Red” in “location.” The announcement will also indicate if it is a drill. Personnel must follow the proceeding measures:

All visitors, patients and non-essential staff evacuate the building immediately in accordance with posted evacuation plans.

Fire Extinguishers. Remember the location of the nearest fire extinguisher. When using the extinguisher remember the *PASS* principle:

Pull the pin
Aim at the base of the fire
Squeeze the handle
Sweep back and forth

Fire Evacuation Routes. Your fire evacuation route is posted in your duty section. Please take the time to read through it. If you can't find a posted evacuation route please contact your section safety monitor or Facility Management at ext. 4-3688.

Reporting potential fire hazards. If you notice anything, which might constitute fire hazard see below examples, please contact your section safety monitor or Facility Management

- ⇒ Frayed extension cords
- ⇒ Supplies blocking sprinkler heads
- ⇒ Piled trash,
- ⇒ Carts in hallways
- ⇒ Blocked fire doors

Decorations. Please note that the Facility Manager must approve all decorations before being displayed.

Fire Safety Rep: Mr. Jones: Ext. 4-3688
 Alt Fire Safety Rep: SSgt Helin: Ext. 4-3993

MEDICAL EQUIPMENT

Introduction. The goal of the Biomedical Equipment Technician (B-MET) department is to ensure medical equipment is operating to the highest standards of safety, functionality, design, and reliability. This role encompasses recommending the replacement of equipment, pre-purchase evaluation and selection, facility modifications, initial receipt, inspection and installation, in-service training, continuing preventive maintenance, calibrations, safety inspections, repairs, modifications, and finally disposition of the equipment. Where practical, we maintain an inventory of high-use repair parts, repair/technical manuals, and comprehensive maintenance history files for each piece of medical equipment.

Incident Reporting/Investigations of Malfunctioning Equipment

If you suspect an instrument is responsible for injuring a patient, malfunctioned causing improper diagnosis, or failed to provide life-sustaining support, remove it from service immediately. Report the problem at once to medical maintenance at ext. 4-3069. Biomedical equipment involved in or suspected of being involved in a device related incident requires proper preservation of evidence. Listed below are steps that must be followed to ensure a thorough investigation of the incident.

IMPOUND THE EQUIPMENT!

DO NOT CHANGE ANY CONTROL SETTINGS!
Leave positions of all knobs and dials, as they were when equipment failed.

INTERVIEW all involved personnel including doctors, nurses, technicians, civilians, etc. Inquire about procedures performed, equipment set-up, and any other facts available. Complete an AF Form 765, Hospital Incident Statement, and obtain written statements of occurrences.

IDENTIFY all consumable supply items by lot number or date of manufacture.

DETERMINE if the patient was on drug therapy or had any related sensitivities.

DETERMINE if control settings were appropriate for the intended diagnostic or therapeutic procedure.

DETERMINE if the consumable supplies or accessories were designed for use with the affected device.

NOTE how the device responded when connected to the patient and provide as much information as possible. When reporting equipment to Medical Maintenance, include the index number and item.

There are a number of medical devices within the medical industry, which must meet published standards. Equipment operators should always ensure that their equipment meets standards. (Devices that are calibrated have a yellow DD form 2163 Certification sticker affixed to the device.) These stickers contain the last calibration date (month and year) as well as the calibration due date. Operators should routinely review these stickers to ensure their unit's calibration is current. Air Force Instruction 41-201 lists calibration frequencies for medical devices used throughout our facility.

Non-Medical Equipment. To ensure maximum equipment safety throughout the facility all non-medical equipment must also be inspected for safety. This includes non-medical devices owned by the hospital and it's staff. These devices include, but are not limited to:

- Coffee makers, Refrigerators
- Lamps, Fans, Radios, TV, VCR
- Faxes, Printers, Computers, Copiers

Patient Care Areas: Clinic owned non-medical electrical equipment will be initially inspected by our technicians. Section safety monitors or Custodian will annually inspect their departments to ensure these equipment items have been inspected. Documentation that all items have been inspected in the department will be annotated on the semiannual Custodian/Alternate training checklist and filed in Medical Maintenance. This should also be documented on your monthly safety checklist.

Non-patient Care Areas: Clinic and staff owned non-medical electrical equipment will be inspected by the section safety monitors or Custodian. The section safety monitor or Custodian will ensure these items are initially and annually inspected and that inspections of these items are documented on the semiannual Custodian/Alternate training checklist and filed in Medical Maintenance and on your monthly safety checklist. Staff-owned no medical devices are limited to non-patient care areas.

Section Specific Training. Each duty area has its own unique equipment. To ensure your safety and the safety of our patients, your supervisor will provide section specific training on the equipment. If requested, B-MET or equipment manufacturer can provide this training. **Additional Guidance.** Provided by AFI 41-201, AFI 41-203.

UTILITIES

Introduction. All personnel should know what utilities are available in their section, how to obtain repairs when needed, and how to turn off critical utilities in the case of an emergency. This guideline provides general information on utilities at the 17th MDG.

Utilities in the 17th MDG. The clinic contains several utilities key to operations. These include Electric, Air Handling, Water, Sewer, Medical Gas, and Communications.

Requesting Utility Maintenance During Normal Duty Hours. If you experience a utility problem or outage during duty hours, call the Facility Management office at ext. 4-3068. If for some reason Facility Management personnel are out of the office, contact logistics at ext. 4-3066/67. If the utility problem is minor, it is appropriate to send email to Facility Management requesting correction of the problem. For problems with communication systems, including computers, contact the Systems department at ext. 4-3941.

Requesting Utility Maintenance After Normal Duty Hours. If you encounter a problem with utilities after normal duty hours, contact NCOD, who will in turn contact the Fire Department.

Emergency Shut Down of Utilities. There are times that a utility system must be quickly shut down to avert a crisis. For example an electrical fire or short may breakout in a piece of equipment. It is unsafe to pull the plug in this situation. The correct response is to call the fire department and contact Facility Management at ext 4-3068. He will contact the correct Civil Engineering personnel, who will cut electrical power as appropriate. If Medical Gas must be shut down, please utilize the guidelines available in your sections.

Housekeeping. To report a housekeeping discrepancy in your work are fill out AF Form 714 and send it to Facilities Management Office. You can also call Facilities Management at ext 4-3068.

Helin.Justin@Goodfellow.af.mil

Oakes.Armando@Goodfellow.af.mil





DO NOT WRITE ON THIS TEST, PLEASE USE THE ANSWER SHEET!

Environment of Care Test

This test has been designed to test the basic *Environment of Care* knowledge of 17 MDG personnel. The *Environment of Care* deals with a wide variety of issues vital to the well being of staff and patients and it is imperative all 17 MDG personnel know their role. Test scores will be placed in a database and tracked by the *Environment of Care Committee*. Thank you.

Safety

What do you do if you're injured?

- A. Tell your Commander and fill out a safety briefing report.
- B. Tell your First Sergeant and fill out an incident report.
- C. Tell your supervisor and fill out an incident report.
- D. Tell the Security Police and fill out a theft injury report.

2. What would you do if you saw a safety hazard in your section?

- A. Correct if possible; if not correctable, notify the Base Commander.
- B. Correct if possible; if not correctable, notify the Medical Group Commander.
- C. Correct if possible; if not correctable, notify Housekeeping.
- D. Correct if possible; if not correctable, notify the Supervisor/Safety Officer.

3. What form must supervisors annotate when their subordinates receive safety training?

- A. AF Form 49
- B. AF Form 55
- C. USAFA form 27
- D. DD Form 2163

4. Which of the following are General Safety Tips?

- A. Slip/Fall Hazards
- B. Electrical Hazards
- C. Office Safety
- D. All of the above

5. Within how many hours must an incident be reported to the Risk Manager (LT. COL Jones)?

- A. 12 Hours
- B. 24 hours
- C. 72 Hours
- D. Immediately

6. Who do you report to after a needle stick?

- A. Primary Care
- B. Public Health
- C. Laboratory
- D. Facility Management

7. What form do you report incidents, i.e. patient falls, needle sticks, patient threats lawsuit, medication error, etc.?

- A. AF Form 55
- B. AF Form 765
- C. AF Form 911
- D. AF Form 1098

8. Gloves, gowns and masks are examples of Personal Protective equipment (PPE)?

- A. True
- B. False

Safety Score (75% to pass)

Security

1. Who is the Medical Group Security Officer and how do you contact this person during duty hours?

- A. Mr. Jones, call Facilities Management at ext. 3068
- B. MSgt Torbett, call Security Police at ext. 911
- C. TSgt Mullins, call Medical Readiness at ext. 3231
- D. TSgt Oakes, call Security Team Chief at ext. 3069

2. How are lost or stolen items reported?

- A. Report to the Facilities Management Office
- B. Report to the Safety Officer.
- C. Report to the Security Officer.
- D. Report to the First Sergeant.

3. What do you do if you see a Medical Group staff member not wearing his/her security badge?

- A. Confront the person in a friendly manner and ask them where their badge is.
- B. Confiscate their I.D. Card and report them to Security Officer.
- C. Contact your supervisor
- D. Report them to Facilities Management.

4. What do you do if you see someone you don't recognize and they are not wearing his/her security badge in your section?

- A. Find out what their business is.
- B. Do nothing.
- C. Escort them to Logistics/Facility Management.
- D. Call Security Officer.

5. What does the term "Dr. Lilly," mean?

- A. Infant/Child abduction.
- B. Fire in the Hospital/Clinic.
- C. Assault on a staff member or a patient.
- D. Robbery in progress.

6. Sections with safe have to change their combination annually as well as when section personnel PCS/transfer out?

- A. True
- B. False

7. After receiving a bomb threat you hang up and call 911?

- A. True
- B. False

8. It is appropriate to speak to the media concerning an incident or issue involving the Air Force or the US Government without consulting with Public Affairs?

- A. True
- B. False

Security Score (75% to pass) _____

Fire Safety

1. What are your actions when you discover fire or smoke in your work area?

- A. Call 911
- B. Call Mr. Jones at ext. 3068
- C. Start A.C.E.
- D. Get a fire extinguisher.

2. If your computer were on fire, what actions would be most appropriate?

- A. Leave the room and call 911
- B. Start A.C.E. and get a class "a" fire extinguisher.
- C. Disconnect the electrical source, start A.C.E and get a class "a, b, c" fire extinguisher.
- D. Shut off the oxygen to the area and the fire will go out.

3. If there is a fire in your area and you are told to move patients from exam rooms, you?

- A. Move them to a different room in your section.
- B. Start ACE.
- C. Use section evacuation plan.
- D. Call facility management and ask for instructions.

4. What is your role in the evacuation of patients in the event of a fire?

- A. Assist others in the evacuation.
- B. Start ACE.
- C. Get your own personal property out safe.
- D. Ensure your supervisor and Commander are safe?

5. Who is responsible for fire/safety in your work area?

- A. The commander
- B. Your supervisor
- C. The NCOIC or OIC
- D. The individual taking this test

6. Anything can be placed in the hallways of the clinic, i.e. chairs, tables, boxes, etc.?

- A. True
- B. False

7. How would you contain smoke/fire in your work areas?

- A. Start ACE?
- B. Close windows and doors.
- C. Open windows and doors.
- D. Attempt to put fire out.

8. What does ACE mean?

- A. Activate, Call/Contain, Extinguish/Evacuate.
- B. Activate, Complain, Escape.
- C. Activate, Call/Confine, Extinguish/Evacuate.
- D. Activate, Contain, Extinguish/Escape.

Fire Safety Score (75% to pass)

Medical Equipment

1. If a piece of medical equipment breaks or malfunctions, what do you do?

- A. Store the equipment in a safe, secure area and contact Facility Management.
- B. Identify the equipment as broken, call Medical Equipment Management Office (MEMO), and order a replacement.
- C. Verify the equipment is broken, contact your equipment custodian, or call B-MET.
- D. Try to fix the equipment first and then call MEMO.

2. If a medical device (equipment) is involved in an incident, what should you do?

- A. Notify the Safety Office, so they can fill out an incident report.
- B. Contact Facility Management so they can perform a medical device review.
- C. Remove equipment from service, immediately contact B-MET, and initiate an incident report.
- D. Complete an incident safety report and notify Facility Management.

3. What is considered non medical equipment?

- A. Coffee Makers
- B. TV
- C. Computers
- D. All the Above

Medical Equipment Score (75% to pass) _____

Facilities/Utilities

What procedures do you follow if a utility (i.e. electricity, water) fails in your section during duty hours?

- A. Notify Mr. Jones at ext. 3068.
- B. Notify Base C.E.
- C. Notify Base Housing.
- D. All of the above.

2. How do you request facility maintenance?

- A. Contact section NCOIC.
- B. Call Zone 4 and place a maintenance request.
- C. Call orderly room and place a maintenance request.
- D. Call 17 MDG/Facility Management at ext. 3068.

3. What are the proper procedures for reporting a Housekeeping discrepancy?

- A. Complete AF Form 9 (Request for Purchase) and contact the Housekeeping Section.
- B. Complete AF Form 714 (Customer Complaint Record) and contact Facility Management.
- C. Complete AF Form 988 (Leave Request/Authorization) and contact Housekeeping Office.
- D. Complete AF Form 332 (Base Civil Engineer Work Request) and contact Hospital C.E.

Facilities Score (75% to pass)

Hazardous Waste

1. Which one of the following forms/documents does OSHA require chemical manufacturers to provide to instruct users of chemical products on the dangers of those products?

- A. AF Form 55
- B. Material Safety Data Sheets (MSDS)
- C. Manifests
- D. FDA Inspection Reports

2. Waste liquids such as petroleum oils, alcohol, paint and solvents from medical facility processes can be placed into refuse cans and dumpsters anywhere for pick-up by Refuse Contractor.

- A. True
- B. False

3. Who do you notify when you have a Hazardous Spill in your area?

- A. Facility Management
- B. Bioenvironmental Engineering
- C. Housekeeping
- D. Both B & C above

4. Duty sections with a hazard communication program, complete will have MSDSs on all hazardous materials.

- A. True
- B. False

5. The MSDS gives detailed information about a material hazard and how to control it?

- A. True
- B. False

6. Housekeeping picks up Hazardous materials spills?

- A. True
- B. False

7. You can assume the contents of an unlabeled container are harmless if there is not a chemical odor?

- A. True
- B. False

8. Who must a new request for a potentially hazardous medical material be processed through initially?

- A. Logistics/Facility Management
- B. Public health
- C. Bioenvironmental Engineering
- D. MDG/CC

Hazardous Score (75% to pass)

Emergency Preparedness

1. When is a recall initiated during peacetime operations?

- A. Annually, to test the recall system.
- B. When community resources are overwhelmed.
- C. At the direction of the Medical Readiness flight commander or designate.
- D. At the direction of the Medical Group commander or his/her representative.

2. When activating the telephone pyramid recall system, I will contact the next person in the chain and report to the Hospital/Clinic.

- A. True
- B. False

3. Once I arrive at the Clinic, and after I have signed in, I report to?

- A. PCO Waiting Room
- B. Laboratory Waiting Room
- C. Dental Clinic Waiting Room
- D. Where Team Chief designates

4. The Clinic's alternate medical facility is the Mathis Gym.

- A. True
- B. False

5. As a medic, I am required to shelter in the Bldg 1,001, Clinic, during contingency shelter operations due to natural disasters.

- A. True
- B. False

6. Through which office is all disaster response communication coordinated?

- A. Logistics
- B. Orderly Room
- C. Medical Control Center
- D. Education and Training

The location of the 17 TRW nuclear shelter is Bldg. 530 (command post)?

- A. True
- B. False

8. Where can you find a copy of the Medical Contingency response Plan (MCRP)?

- A. Logistics
- B. Medical Readiness
- C. Disaster team training binder
- D. Both b and c

Emergency Preparedness Score (75% to pass)

Environment of Care Answer Sheet

Check Applicable Squadron

17 MDSS

17 MDOS

Rank & Name: _____

Date: _____

Please mark the correct circle

- a b c d**
1. O O O O
 2. O O O O
 3. O O O O
 4. O O O O
 5. O O O O
 6. O O O O
 7. O O O O
 8. O O O O

Safety Score: _____

- a b c d**
1. O O O O
 2. O O O O
 3. O O O O
 4. O O O O
 5. O O O O
 6. O O O O
 7. O O O O
 8. O O O O

Security Score: _____

- a b c d**
1. O O O O
 2. O O O O
 3. O O O O
 4. O O O O
 5. O O O O
 6. O O O O
 7. O O O O
 8. O O O O

Fire Safety Score: _____

- a b c d**
1. O O O O
 2. O O O O
 3. O O O O

Medical Equipment Score: _____

- a b c d**
1. O O O O
 2. O O O O
 3. O O O O

Facilities/Utilities Score: _____

- | | a | b | c | d |
|----|----------|----------|----------|----------|
| 1. | O | O | O | O |
| 2. | O | O | O | O |
| 3. | O | O | O | O |
| 4. | O | O | O | O |
| 5. | O | O | O | O |
| 6. | O | O | O | O |
| 7. | O | O | O | O |
| 8. | O | O | O | O |

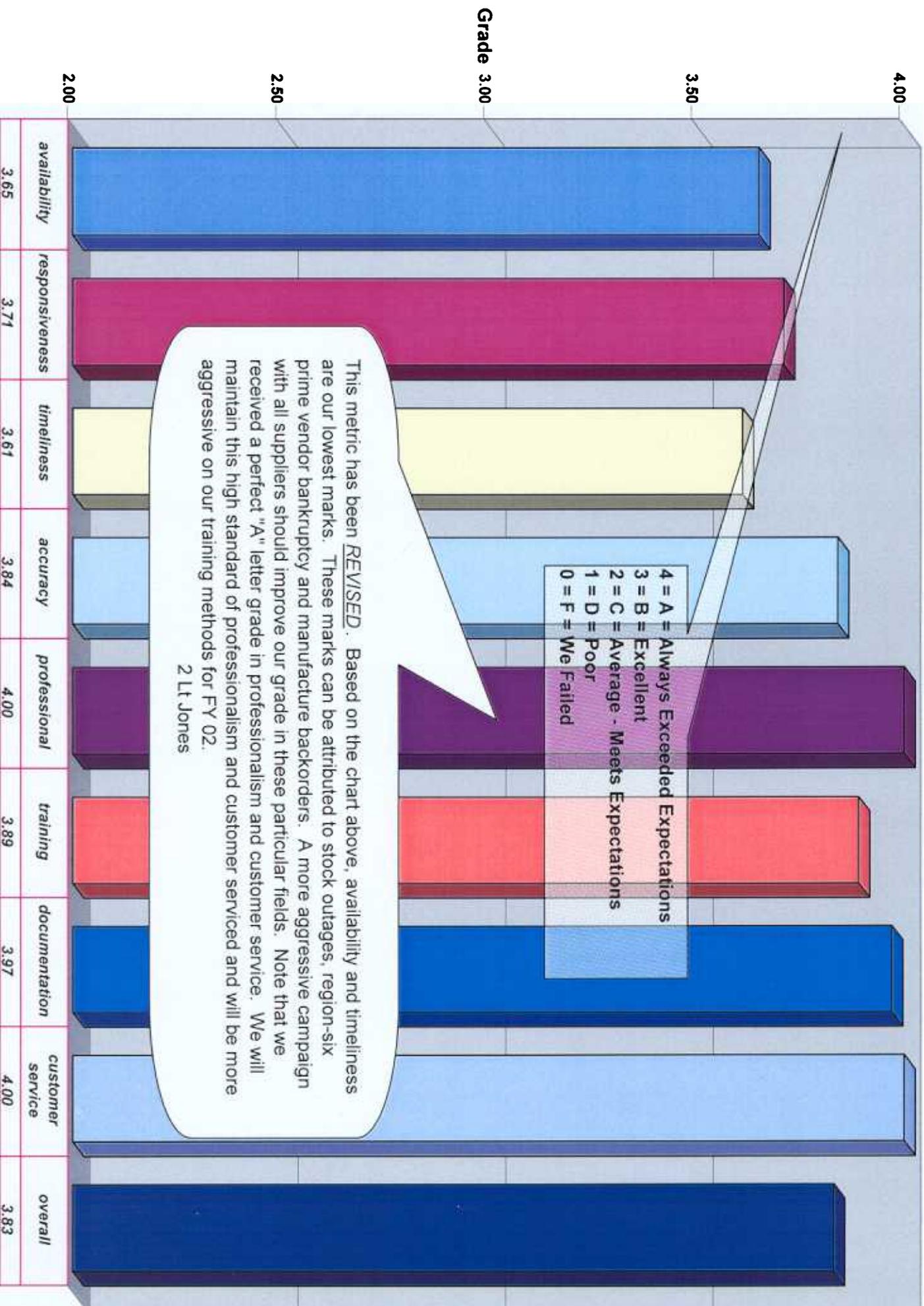
Hazardous Waste Score: _

- | | a | b | c | d |
|----|----------|----------|----------|----------|
| | O | O | O | O |
| 2. | O | O | O | O |
| 3. | O | O | O | O |
| 4. | O | O | O | O |
| 5. | O | O | O | O |
| 6. | O | O | O | O |
| 7. | O | O | O | O |
| 8. | O | O | O | O |

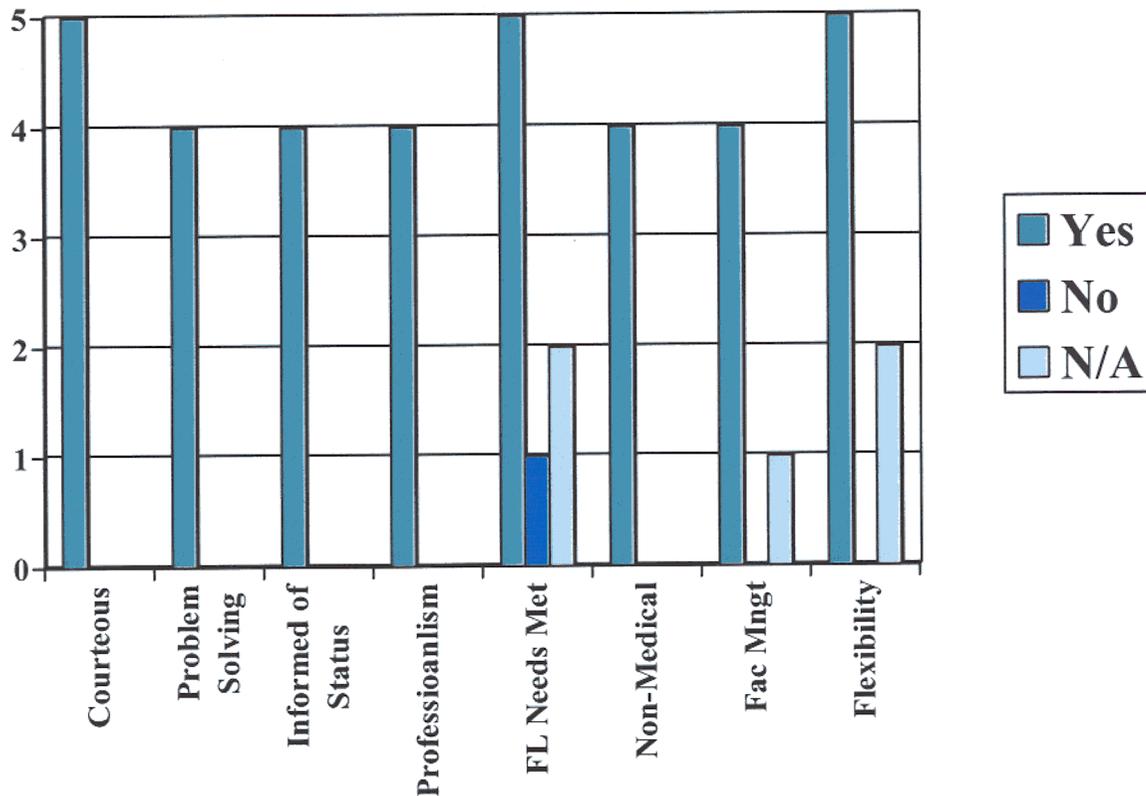
Emergency Preparedness Score: _

Customer Survey Analysis

REVISED METRIC



Metric Title: 2000 Customer Satisfaction Survey



Subject: Shows Customer satisfaction results for Medical Logistics.

Our Goal: To maintain a satisfaction rating of 5, on 8 specific categories

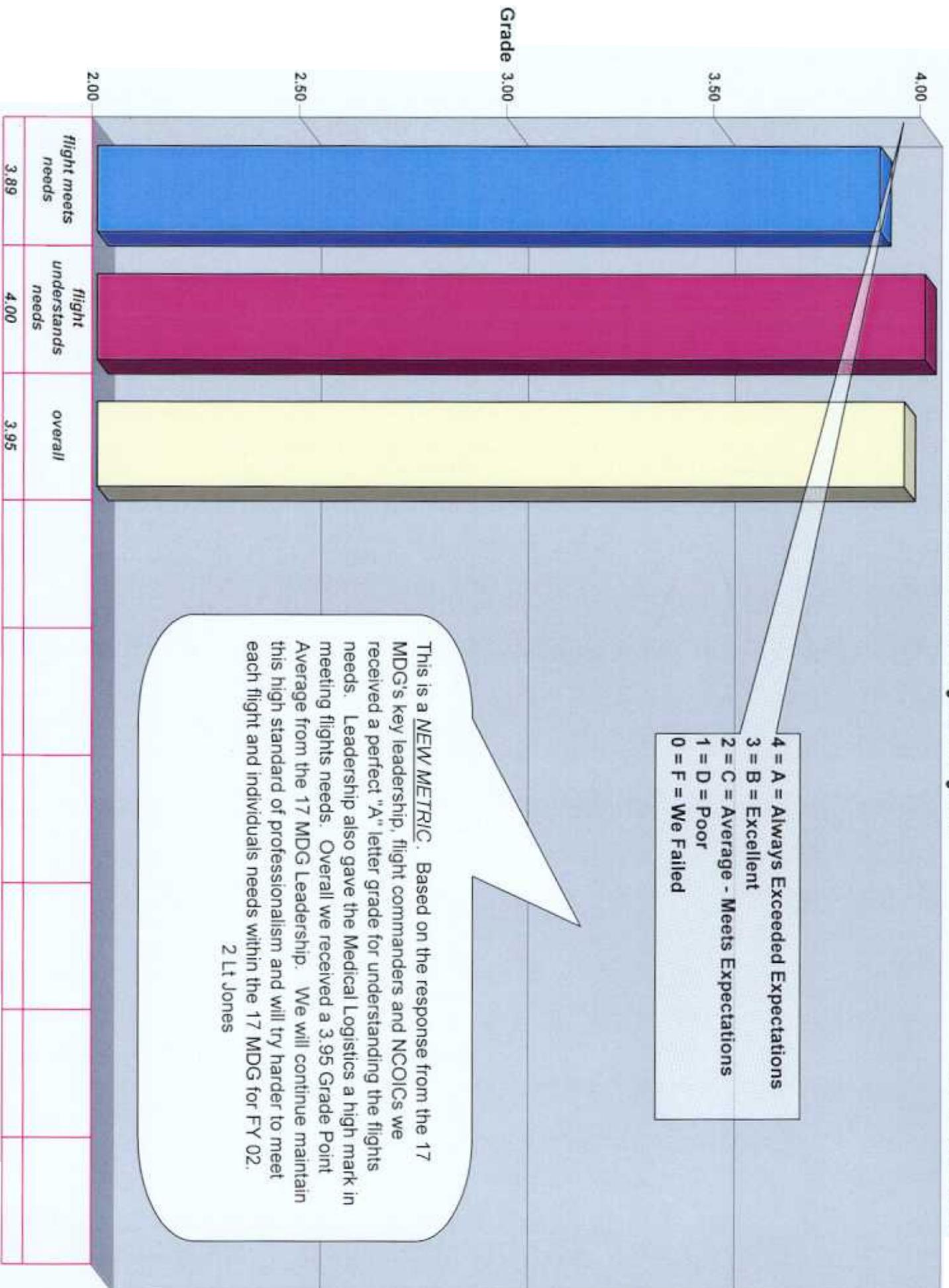
Trend Line: Our "goal" is to maintain a customer satisfaction of "5"

Trend: Overall customer satisfaction rate for 2000 is: **4.37**

Opportunity: Looking at this graph, we appear to be satisfying our customer needs. However, there is always room for improvement, so we will continue to survey, and changes our procedures as needed to better serve their needs.

Customer Survey Analysis

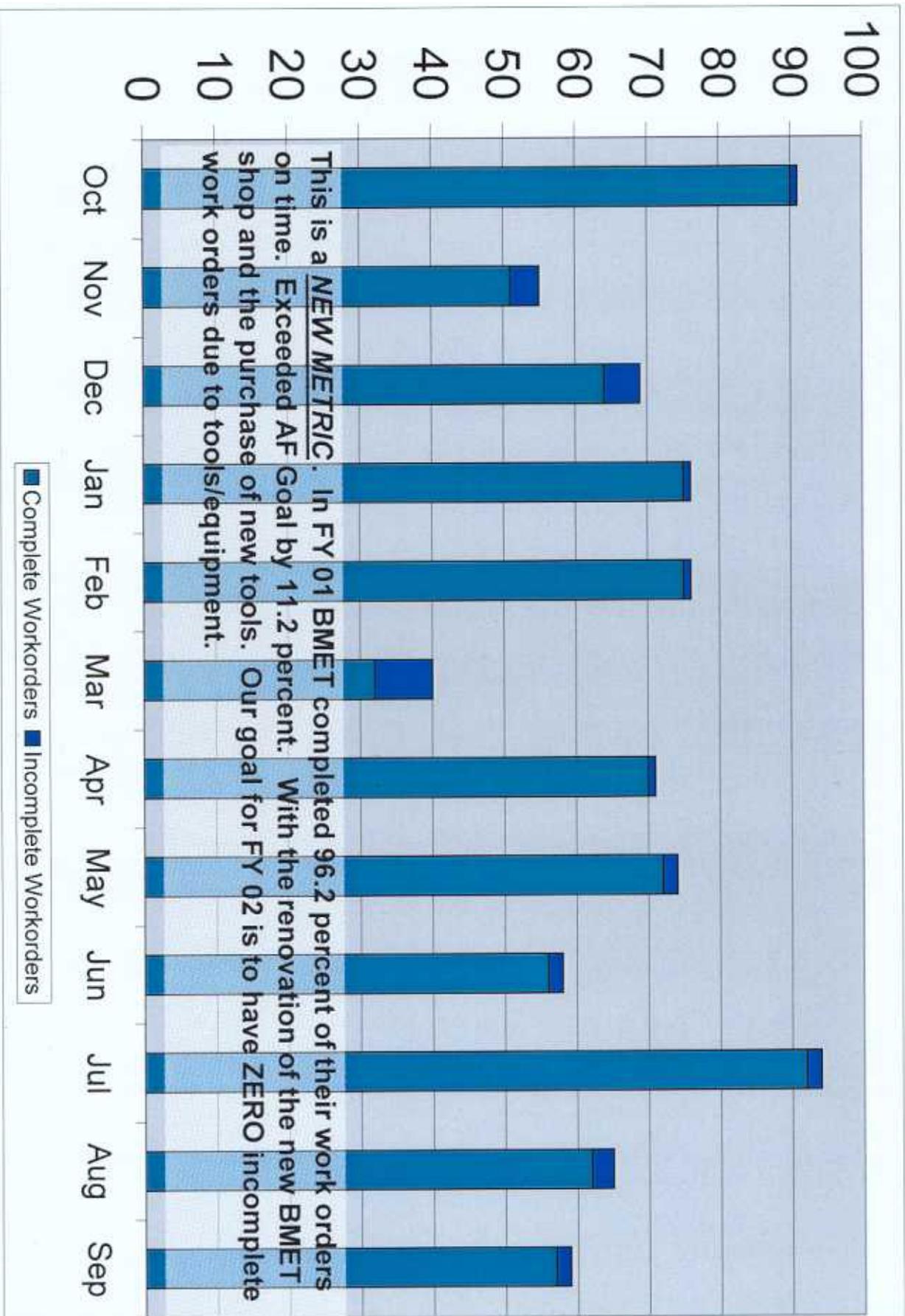
NEW METRIC



- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed

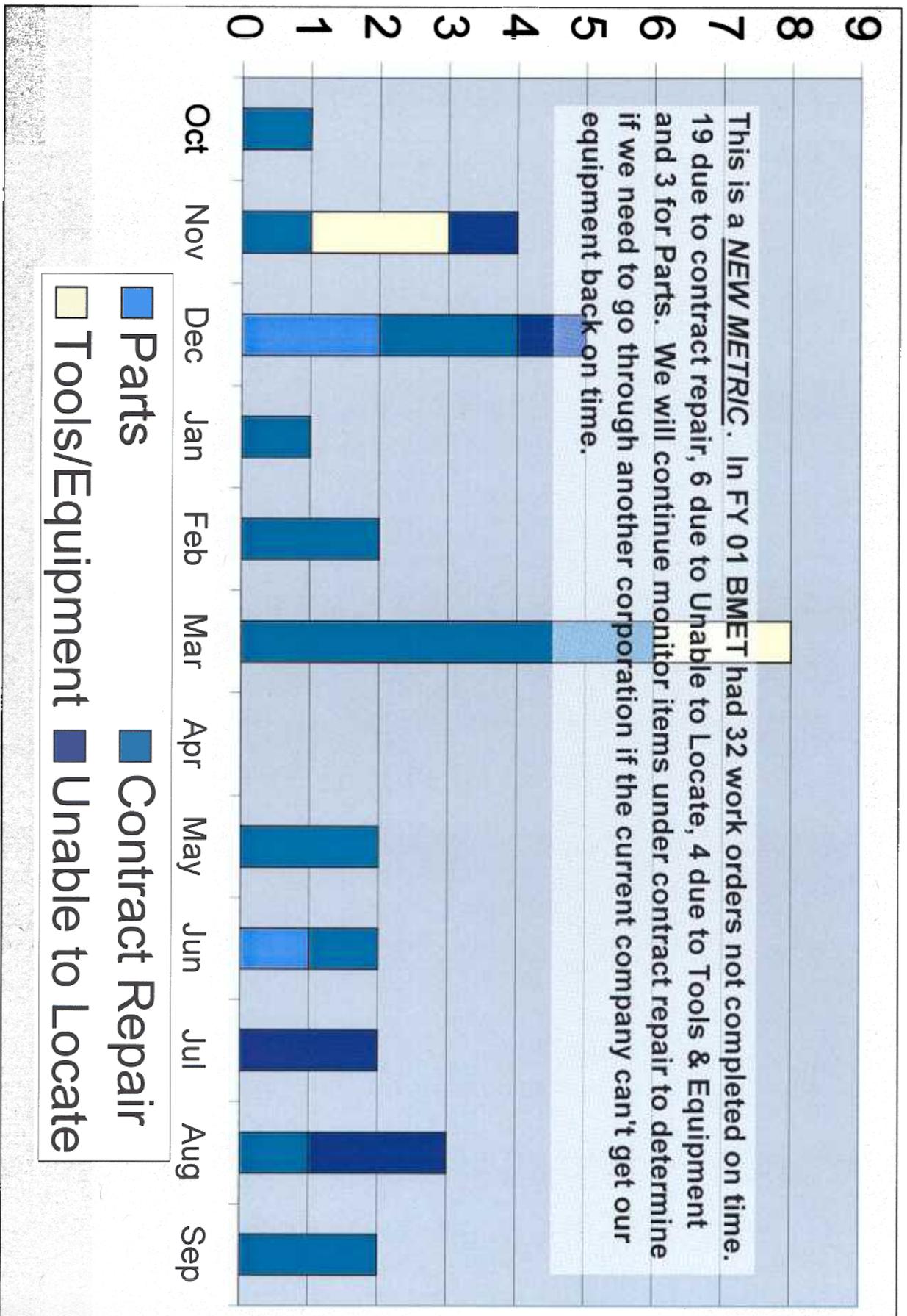
This is a **NEW METRIC**. Based on the response from the 17 MDG's key leadership, flight commanders and NCOICs we received a perfect "A" letter grade for understanding the flights needs. Leadership also gave the Medical Logistics a high mark in meeting flights needs. Overall we received a 3.95 Grade Point Average from the 17 MDG Leadership. We will continue maintain this high standard of professionalism and will try harder to meet each flight and individuals needs within the 17 MDG for FY 02.

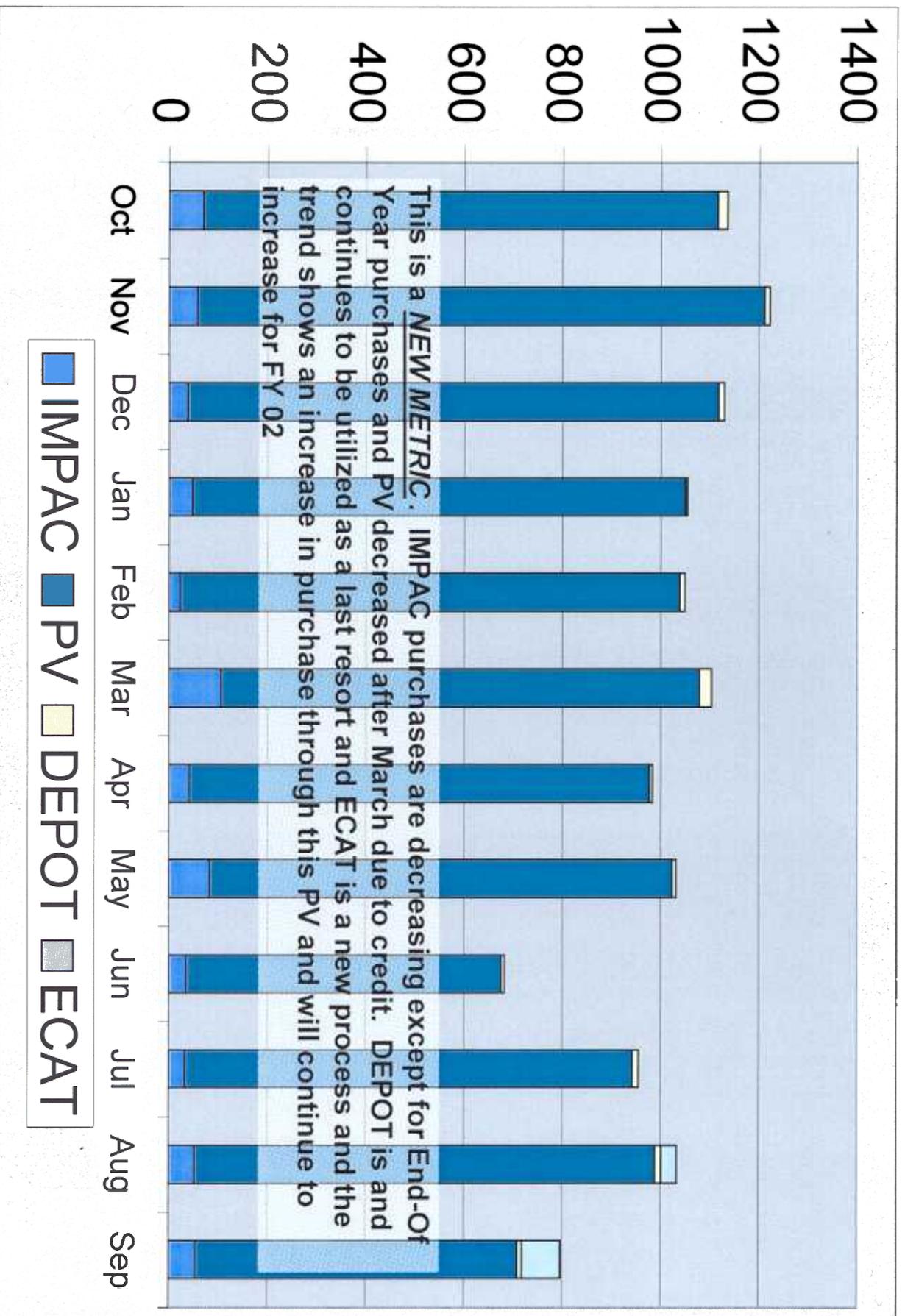
2 Lt Jones

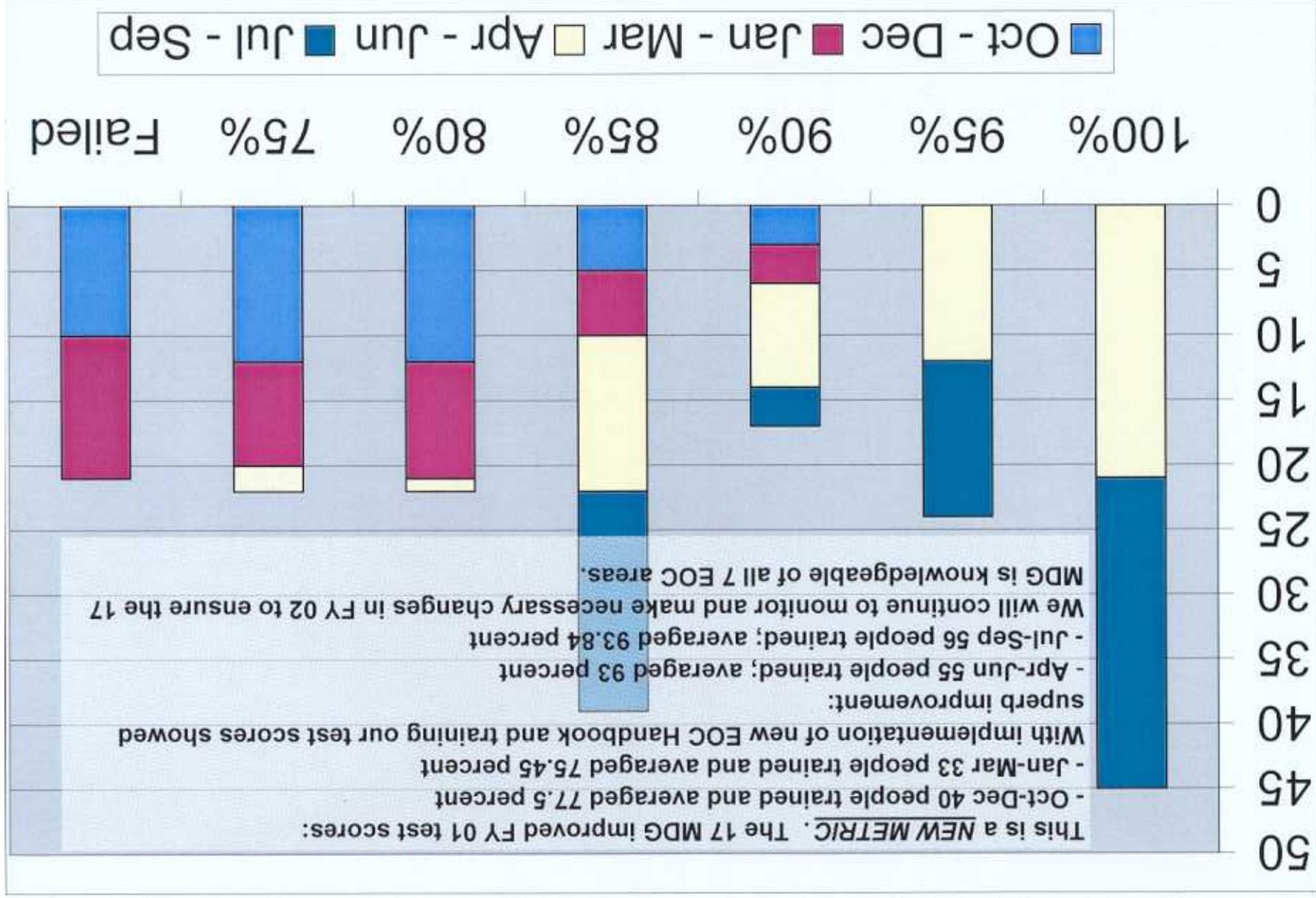


BMET Incomplete Reasons FY 01

NEW METRIC







**Professional & Community Organizations Supported by Members of the
Medical Logistics Flight in FY 2001**

Medical Logistics' Flights Accomplishments Through Recognition:

Staff Accomplishments:

- 17 MDSS, 17 MDG, 17 TRW Civilian of the Year
- 17 MDSS, 17 MDG, 17 TRW Quality Assurance Person of the Year
- 17 MDSS, 17 MDG, 17 TRW Volunteer of the Year
- 17 MDSS, 17 MDG Senior NCO of the Year
- 17 MDSS, 17 MDG Service Person of the Year
- 17 MDSS, 17 MDG, 17 TRW Company Grade Officer of the Quarter
- 17 MDSS, 17 MDG, 17 TRW Safety Person of the Quarter
- 17 MDG NCO of the Quarter; three times
- 17 MDG Hard Charger Award
- 17 MDG AMN of the Quarter
- 17 MDSS NCO of the Quarter four times
- 17 MDSS AMN of the Quarter, two times

Flight Accomplishments

- 17 TRW Energy Conservation Award, two times
- 17 MDG Section of the Quarter
- Members enrolled in off-duty education (undergraduate)

Professional/Community Involvement:

Organization	Description	Accomplishment
17 TRW	Project Officer Savings Bond Campaign	100% contact with an increase of bond purchase/allotment increase of 34% over FY 00 stats
17 TRW	60 th Anniversary Retreat	Medical Groups formation leader along with 80% of flight participated
17 TRW	Emergency Evaluation Team (EET)	Established Self Aid and Buddy Care plus EET evaluation procedures; a first within the 17 TRW
17 TRW/Chapel Community	President Protestant Lay Advisory Council	Increased weekly chapel attendance by 125 personnel
17 TRW/Chapel Community	Leader for New Life Contemporary Workshop Service	Co-leader for Revival Services and Army's 344th Battalion Breakfast
17 TRW/San Angelo Community	DoD Air Show	Provided logistical support and worked fund raising booths for base organizations
17 TRW/17MDG	Tax Advisor	Tax assistance provided for 557 17 TRW/17 MDG personnel

**Professional & Community Organizations Supported by Members of the
Medical Logistics Flight in FY 2001**

17 MDG	Booster Club President	Raised \$1.2K; kept 17 MDG's morale at all time high
17 MDG	Spanish Interpreter	Assisted staff to communicate with patients in need of medical care
17 MDG	Top-4 Treasurer	Managed money
17 MDG	Project officer; Change of Command Ceremony	Noted best to date by 17 TRW/CC
17 MDG	Silver Bullet Course	Authored/taught MDG personnel how to effectively write EPR/OPR/Awards and Dec's.
17 MDSS	Combined Federal Campaign	100% contact; essential part within 17 TRW
San Angelo Soccer Association	Coach	Taught sportsmanship, basic skills, and values in the game of soccer
San Angelo Humane Society	Public Relations	Cleaned facilities, assisted in decision making for placement of animals and provided counseling to accepted applicant for pet adoption
Multiple Sclerosis Walk-A Thon	MDG Team Captain	Raised \$7K for research
Church of Christ	Youth Caravan Leader	Church scout program for eight 7-9 year-olds; children earned badges in social, spiritual, physical and mental skilled areas
Bonham Elementary	Pre-Teen Forum	Discussed issues facing teens
Bonham Elementary	Education	Instructed 36 fourth and fifth graders on the adverse effects of Substance Abuse
San Angelo Parent Teachers Association (PTA)	President District-7 PTA	Oversees 21 different PTA organizations; worked issues with parents, teachers and principles
San Angelo Special Olympics	Volunteers	Chaperone and cheerleader for competitors
San Angelo Williams House	Project Manager	Raised \$800 for children's jungle gym and made house livable for underprivileged families
San Angelo Basketball Association	Coach	Fostered teamwork between 15 nine-year-old boys
Ozona High School	Mentor	Mentored 10 students
Central High School	Judge	Judged Speech contest which determined outcome for state competition
Boy Scouts of America	Troop Leader	Responsible for 32 scouts

Medical Logistics Customer Satisfaction Survey

Medical Logistics is dedicated to providing the highest possible support to the 17th Medical Group. In order to serve you better and understand your needs, we ask that you take a few moments to answer the following customer survey questions.

Check Applicable Squadron

17 MDSS

17 MDOS

Were supplies, services, furniture or equipment **AVAILABLE** when you expected them?

- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed

Did we **RESPOND** to your needs in a timely and effective manner?

- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed

Did you receive supplies, furniture or equipment in a **TIMELY** manner?

- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed

Did you receive all of you supply and equipment listings **ACCURATELY**?

- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed

Were you treated **PROFESSIONALLY**?

- 4 = A = Always Exceeded Expectations
- 3 = B = Excellent
- 2 = C = Average - Meets Expectations
- 1 = D = Poor
- 0 = F = We Failed



**DEPARTMENT OF THE AIR FORCE
17th MEDICAL GROUP
GOODFELLOW AFB, TEXAS**



MEDICAL LOGISTICS FLIGHT NEWCOMER'S ORIENTATION

1. CHAIN OF COMMAND

1.1 Section

- 1.1.1 Supervisor/Reporting Official
- 1.1.2 Section NCOIC
- 1.1.3 NCOIC, Logistics Flight
- 1.1.4 Flight Commander

1.2 Organization

- 1.2.1 Flight Commander
- 1.2.2 Squadron Commander (MDSS)
- 1.2.3 Group Commander

2. UNIT POLICIES AND PROCEDURES

2.1 Illness/Quarters

- 2.1.1 If you are feeling ill report to work and schedule a Sick Call appointment at extension 3149.
- 2.1.2 If the provider places you on quarters, you must notify your supervisor. Quarters **CAN'T** be authorized by civilian health care providers.

2.2 Leave Request/TDY

- 2.2.1 You must coordinate leave requests using the Clinic's coordination work sheet and then provide your supervisor with a completed AF Form 988, Leave Request.
- 2.2.2 Project your leave appropriately to avoid "use or lose" situations.
- 2.2.3 Your supervisor, Flight Commander and Squadron commander must approve TDY requests.

2.3 BDU DAY

You will wear BDUs on Warrior Day, the second Tuesday of each month.

3. SECTION POLICIES AND PROCEDURES

3.1 Duty Schedule

- 3.1.1 The normal duty schedule is Monday thru Friday 0730-1630 hours.
- 3.1.2 Non-commissioned Officer of the Day (NCOD) and Airman of the Day (AOD) as scheduled.

3.2 Dress and Appearance

- 3.2.1 AFI 36-2903, Dress and Personal Appearance of Air Force Personnel, will be adhered to at all times.
- 3.2.2 Take pride in your appearance; remember people will form their opinions of our section by our appearance.

3.3 Computer/Internet

- 3.3.1 Computers are to be used for official business only during normal duty hours.
- 3.3.2 They can be used before, during lunch, and after duty hours for authorized use such as school work or research.

3.4 Customer Service

- 3.4.1 Always be polite, whether on the phone or in person, we are here to meet our customer's needs. If you have difficulties get your supervisor.
- 3.4.2 If you begin a job complete it, follow up if necessary. Remember, it's your responsibility to ensure the customer's needs are met.

3.5 Self Improvement and Community Involvement

- 3.5.1 Take advantage of all educational opportunities.
- 3.5.2 Be involved in base and community activities as much as your schedule permits.

3.6 Section Operating Instructions/Training Program

- 3.6.1 Individuals assigned to the Logistics Flight need to be familiar with section Operating Instructions and Training Program.
- 3.6.2 Know the location of section OIs.
- 3.6.3 Know the location of section Training Binders.

NAME: _____

DATE: _____

**TALKING PAPER
ON
RSVP**

Per the memo from Brig. Gen. Schaffer dated 11 Jan 01, RSVP replaces WARSKILL competencies and is to be implemented immediately. RSVP is a complex process that the 17th Medical Group has made very simple. The commander has to appoint AFSC functional managers for each AFSC represented in your MTF.

Readiness office is the POC for RSVP and the development of the binders for all AFSC's to provide and ensure continuity within your MDG

Contact TSgt Mullins at micheal.mullins@goodfellow.af.mil for the format for the binders

When binders are complete, have a meeting with all AFSC Functional managers and go over the binders page by page explaining what and how the paperwork is filed

Use the reference in AFI 41-106, chap 5

Have the functional managers provide input to their calendar and the non-trainable items memo

--They will provide a copy of each of these to the Readiness Office by a suspense that you give them

When they start the actual training, have them fill out the training documentation form and turn in a copy to the Readiness Office

The Readiness office will file all paperwork in their RSVP master binder

-- Contact TSgt Mullins at above email address for master binder tab format

When all non-trainable item memos have been turned in to Readiness, compile one document with AFSC, task number, task statement, and reason why it can't be trained at your location

-- Present this list to MRSF and then to the Executive Committee before you send a copy up to the SG of your MAJCOM per the letter dated 4 April 01 by Col Geeze, Deputy Director, Medical Operations

All formats can be sent to you for easy implementation of this program

DEPARTMENT OF THE AIR FORCE

17th Medical Group (AETC)
Goodfellow AFB, TX 76908-4902

Date:

MEMORANDUM FOR 17 MDSS/SGSR

FROM: _____ (AFSC)

SUBJECT: Documentation of RSVP Training

Type of training _____

2. Instructor for the training: _

3. Members present for the training:

PRINT NAME

SIGNATURE

PRINT NAME	SIGNATURE

4. **Members absent:** Persons absent from training (place the date when individual will return next to their name and provide an **ECD** for make-up training)

5. **Brief summary of training conducted.** Include topic number, title and source

6 **Suggested methods to improve the training Program:**

AFSC Functional Manager: Printed Name & Rank with Signature



**DEPARTMENT OF THE AIR FORCE
17th Medical Group (AETC)
Goodfellow AFB Tx 76908**



Feb 01

MEMORANDUM FOR AETC/SG

FROM 7 MDG/CC

SUBJECT: Readiness Skills Verification Program (RSVP) Non-trainable Items

1. As mandated in AFI 41-106, this serves as a memorandum for the items that cannot be accomplished by the unit:

Additionally, all of the advanced life support training (ACLS/PALS/NRP) required by health care providers is being completed at other facilities due to lack of manning and resources at the 1MDG.

AFSC	ITEM #	SUBJECT	REASON
42E	1a 1b 1c 1d 1e	Provides vision services under austere conditions. Assembles deployable optometric team equipment Provides vision services via deployable optometric team process Prepares for transportation to higher echelon Briefs flight, squadron, group, and wing commanders	Non deployable area No UTCs
42G3	All	All	These procedures are not done at this facility. We are getting each PA scheduled to attend C4
42P/S	2a 2b 2c 2d 2e 2f	Identifies correct siting of combat stress facility Operates a combat stress facility Sets up mental health team equipment/tents Orders delivery of equipment and supplies Operates radios Operates vehicles	No materials, equipment, or ATH ro practice on/with
43E	10.2.2.2.2 10.3.1.2.3 10.3.1.2.4 19.2.2.3.5 19.2.3.2.1 19.2.3.2.2 19.2.3.3	Survey Industrial Radiographic Operations Operate RFR detection equipment Perfrom RFR measurement survey Perform the MMO-MUG method Perform field analysis for chemical, physical, radiological surveillance of drinking water Collect samples Ship samples; Pack and label	No NDI at GAFB No equipment available RF ground hazards not here No capability to perform this Purchased water by city Purchased water by city Purchased water by city
43H	2g 2k	Determines Field hygiene requirements Assists in Establishing lab based disease	Not in deployed environment.

	3b 3c 5b 6a	surveillance system Determine resource requirements Recommends site selection Conducts food vulnerability assessment Evaluates water treatment, storage and distribution systems	Only in deployed environment.
43P3	1a-b 6a-b-c-d- e-f-g-h 7c-d-e-f 9a-b-c-d	Safety and Health sets Inpatient services Credentials and Privileges Deployment Issues	No inpatient services No UTC's here
44F	1a-i 2a-b 3a-b 7c 8a	Major Procedures Minor Procedures Combat Stress/ETOH Detox Cross-Cultural Familiarization Field level Preventive Techniques	Outpatient Ambulatory clinic Outpatient Ambulatory clinic Outpatient Ambulatory clinic Outpatient Ambulatory clinic Outpatient Ambulatory clinic
44K	2a-c 3a 4a 5c 6a-f	Air Evacuation Reconizes Psychological stresses Performs Triage Performs Emergency treatment of Peds Patients Humanitarian Procedures	Not involved in AEF at this base Not in deployed location No emergency facilities here No emergency facilities here Not deployable at current base
46XX	10052	Provide blood replacement	1. Small ambulatory care facility 2. Beyond scope of facility 3. Not performed routinely
47G	3a 3b 3c 3d 4a 4b 4c 5a 6a 6b	Maintains current practice of denistry/specialty to scope of care to support UTC required skill. Management of soft tissue injuries/suture skills: Full thickness mucogingival flap Layered closure, suture lab practicum substitute if routine dental practice does not include surgical Evaluation/Initial stabilization of facial fractures Initial or skills: gowning/gloving, sterile procedure IV sedation privileges Patient assessment and triage Post mortem forensic identification Field dental unit training Field digital radiography training	No dental holding UTC billets No dental holding UTC billets GAFB uses Lackland forensics No dental holding UTC billets No dental holding UTC billets
48G3	1a-c,e- m,o-q <u>2a-f</u> <u>3a-e</u> 4b-d <u>5a-b,f,g,I,l</u> 7	Operational Medicine Human performance enhancement Air Evacuation Humanitarian Response Clinical Medicine Command and Control	No operational mission No credentialed instructors No operational mission
4A0	2b 2c 4b	Manage Inpatient Records Perfrom unit inpatient records tech duties Perform theater patient movement requirement center (TPMRC) functions	No inpatient capabilities No inpatient capabilities Unique to overseas. No DMRIS

	4c 4d	Perform staging facility functions Perform AE Command and Control functions	Not located near airhead Lack DMRIS/APES capabilities
4A1	1a 1b	Logistics details (LOGDET) Courier Functions	No mobility supplies or equipment assigned.
4A2	2a 2b 3a 3b 3c 3d 3h 3o 4b	Operate/Maintain water recovery systems Ensures fuel and potable water supplies PM, Calibrate/verify Calibration: ACT-10 Automated clinical analyzer Install, PM and repair: field sinks and field heaters Repair or calibrate anesthesia systems Repair, PM, Isolate malfunctions of refrigerated Blood Banks Perform Maintenance on Ventilators Operates Environmental Controls Operate/Maintain Ground Power: Generators/HVAC systems	Lack of necessary equipment items at this facility
4B0	10.2.2.2.2 10.3.1.2.3 10.3.1.2.4 19.2.2.3.5 19.2.3.2.1 19.2.3.2.2 19.2.3.3	Survey Industrial Radiographic Operations Operate RFR detection equipment Perform RFR measurement survey Perform the MMO-MUG method Perform field analysis for chemical, physical, radiological surveillance of drinking water Collect samples Ship samples; Pack and label	No NDI at GAFB No equipment available RF ground hazards not here No capability to perform this Purchased water by city Purchased water by city Purchased water by city
4C0	2a 2b 2c 2d 2e 2f	Identifies correct siting of combat stress facility Operates a combat stress facility Sets up mental health team equipment/tents Orders delivery of equipment and supplies Operates radios Operates vehicles	No materials, equipment, or ATH ro practice on/with

4EO	1c	1c. Evaluates aircraft	No aircraft on base to evaluate
4FO	1e 1f 4d 5a 5b 5c 5d 7h 7r	Obtains Footprints Collects DNA Waste disposal for field environment Flight operations Missile Operations Dysbarism Hypoxia/Hyperventilation A/E consultations Dental Emergencies in remote areas	No equipment available
4NO	2e 4a 4b 5a 5b 6m 6n 6o	Patient transfer techniques Assist with Exam/special procedures SPECIAL PROCEDURES: Endotracheal and tracheostomy care NUTRITION: Insert/irrigate/remove nasogastric tubes NUTRITION: Apply/insert & remove Foley Catheter Emergency meds (Epinephrine) Emergency meds (Oral Glucose) Emergency meds (Activated charcoal)	No ambulance on base Peripheral IV not done here No special procedures Endotracheal, Tracheostomy, NG tubes, & foley catheters not used at this facility Out patient clinic Out patient clinic Out patient clinic Out patient clinic
4RO	6b 3a 4a	Moves equipment to exam location Prepares solution for automatic processor Positions patient & equipment	We do not have a portable x-ray machine at this facility We don't have interventional or CT capabilities here
4TO	ALL Items	ALL ITEMS	Lab Task listing is geared towards a mobility package that is not available at GAFB

LAURA V. ALVARADO, Col, USAF, NC
Commander, 17th Medical Group



"WHATEVER IT TAKES"



17 MIDG SILVER BULLETT CLASS

Key to Writing and Processing EPRs
and Awards





OBJECTIVE

- ◆ Write powerful bullets for EPRs, Decorations, Quarterly Awards, Annual Awards and MAJCOM/AF Awards





EPPR

- ◆ Job Description
- ◆ Bullet Statements
- ◆ Step Promotions
- ◆ Samples





JOB DISCRPTION

- ◆ No two should be the same
- ◆ Responsibility
- ◆ Numbers and Percents
- ◆ Management of Personnel
- ◆ Cost Center Manager
- ◆ Additional Duties





RATERS COMMENTS

- ◆ Focus on Mission Impact
- ◆ Technical Expertise
- ◆ Training/Education Accomplishments
- ◆ Additional Duty Accomplishments
- ◆ Ask Self - So What! or Prove It!
- ◆ Last line should include Recommendation





INDORSER'S COMMENTS

- ◆ Focus on Bigger Picture, Life/Dollars saved, Committees, Group or higher level Awards and Significant Wing/Community Involvement
- ◆ Accomplishments that effected Group, Wing, MAJCOM, Community and AF
- ◆ Last Line for recommendation
(Stronger than rater's)





SAMPLE EPR

- ◆ NCO/SNCO
- ◆ Job Description
- ◆ Language a Lament Person Can Understand
- ◆ Step Promotion Recommendation





DECORATIONS

- ◆ Décor 6 Preparation
- ◆ Achievement, Commendation and MSM
- ◆ Military Outstanding Volunteer Service Medal





AMIN/NCCO/SNCCO OF THE QTR/YEAR AWARD

- ◆ Proper Format
- ◆ Points
- ◆ Documentation





FORMAT

- ◆ AF FM 1206, 200000701
- ◆ Bold vs. Non-Bold





WHATEVER IT TAKES™



POINTS

- ◆ Face Board =
- ◆ Leadership =
- ◆ Significant =
- ◆ Base =
- ◆ Total =

Points can vary depending on if it's a quarter, annual or command package.





DOCUMENTATION

- ◆ State hard hitting facts and show impact with numbers or percents
- ◆ Verbs
- ◆ Adverbs
- ◆ Adjectives
- ◆ No more than two lines (1 is preferred)
- ◆ No more than 2 sub-bullets
- ◆ KEY – answer statement
- ◆ SO WHAT? or PROVE IT!





HEADER ONE

- ◆ LEADERSHIP AND JOB PERFORMANCE IN PRIMARY DUTY
 - Bullets only include primary /additional duty accomplishments





HEADER TWO

- ◆ SIGNIFICANT SELF-IMPROVEMENT
- ◆ Include things as college, correspondence courses, computer training, up-grade training, in-services etc..





HEADER THREE

◆ BASE OR COMMUNITY INVOLVEMENT

- Many nominees loose points here because the bullets are job related
- Bullet must be **OUTSIDE** primary duty
- Put organizational/community involvement and church activities.





PRACTICE BULLET STATEMENT

- ◆ I manage an account which is worth \$4.5M on the books. I have made many improvements within the section within the last year. Our customer satisfaction for the Quarter has been at 100%. I did attend 3 in-services and volunteered for PHA day. I think I saved 12 Medical Technician hours. I also was recognized by the Top-4. I also manage a 900 line item medical equipment account.





BULLETTTE STATEMENT

- ◆ Managed \$4.5M, 900 line item Medical Equipment Account—customer satisfaction at 100%





FINAL THOUGHTS

- ◆ Complete draft two days before closeout
- ◆ Writing styles change with change in leadership
- ◆ No place for pride in authorship
- ◆ Autograph work with excellence
- ◆ If you don't care for your people than they wont care for you



Involvement with program on or off Goodfellow AFB however, the line does not demonstrate a clear commitment or impact to Goodfellow AFB or the community.

----- **2 Points**

Remember this pamphlet is to be used as a guide for the 17 MDG Quarterly Awards Board. You are to score the packages assigned to you individually and based solely on its content. By doing this, you will be a key player on ensuring that only the best of the best are rewarded and will represent the 17th MDG at the wing level.

17th MEDICAL GROUP Awards Program



This pamphlet is to provide you with the basis knowledge of how to score the awards packages assigned to you.

You are required to score each package individually and only score each package based on its content.

The awards package is broken down into three different headings: **Job Knowledge**, **Significant Self Improvement** and **Base and Community Involvement**.

The content within each heading has a maximum total score. They are as follows:

Job Knowledge can max out up to 30 points. This means on most packages this heading will have the most content or bullet statements. Usually around 13 to 16 lines are used.

Significant Self Improvement can max out up to 10 points. This means most packages will only have three to five lines are used within this category.

Base and Community Involvement can max out to 10 points. This means most packages will only have three to five lines within this category.

The following is an example that you can go by on ranking each bullet statement within the package. You will have to use your own integrity in keeping the system fair to ensure the best package is identified.

- Absolute Superior** -----3
- Outstanding** --- -----2.5
- Strong** -----2
- Higher than Average** -----1.5
- Average** -----1
- Below Average** -----.5

To assist you even further in this scoring process, we have provided you with an example of scoring points within each heading.

JOB KNOWLEDGE:

- Air Force level impact ----- 2 Points
- HQ AETC level impact -----1.5 Points
- Goodfellow AFB impact -- ----- 1 Point
- Unit impact ----- .5 Points

SIGNIFICANT SELF-IMPROVEMENT:

- College Courses/Awarded Degree - 3 Points
- Taking courses in college during the time period of the award ----- 2 Points
- CDC Completion/Skill Level Upgrade ----- 1 Points
- Improvement to Self that relates to Job ----- .5 Points

BASE AND COMMUNITY INVOLVEMENT:

- Involvement with program that demonstrated community relations or holding an office on a wing affiliated agency with some type of achievement.----- 3 Points
- Demonstrated strong involvement with a program having impact on people within Goodfellow AFB and off base community. ----- 2 Points
- Clear involvement with program on or off Goodfellow AFB which demonstrates a long term commitment. ----- 1 Point

17TH MEDICAL GROUP
PERFORMANCE IMPROVEMENT REPORT

TO: 17 MEDICAL GROUP QUALITY COUNCIL
SUBJECT: Request to Initiate Improvement
FROM: SGSL

DATE: 7 Sept 2001
X Summary Report

Current Problem or Opportunity for Improvement Statement: The Medical Logistics Flight feels that we can increase information output to 17 MDG personnel through the development and implementation of a Quarterly Newsletter.

Method of Identification: **X Self Assessment** HSI JCAHO Other

OPR: Lt Jones/TSgt Maki

Duty Phone: 3067

This Opportunity Addresses the Following Joint Commission Issues / Functions and Strategic Plan Goals:

<input type="checkbox"/> Patient/Staff Rights Organizational Ethics	<input type="checkbox"/> Patient/Family Education	<input type="checkbox"/> Surveillance, Prevention, Control of Infection
<input type="checkbox"/> Care of Patients	<input type="checkbox"/> Continuum of Care	<input checked="" type="checkbox"/> Information Management
<input type="checkbox"/> Assessment of Patients	<input type="checkbox"/> Environment of Care	<input type="checkbox"/> Leadership or Other

This Opportunity Assesses the Following Dimension(s) of Performance:

<input type="checkbox"/> <i>Efficiency</i>	<input type="checkbox"/> <i>Effectiveness</i>	<input type="checkbox"/> Respect and Caring
<input type="checkbox"/> Timeliness	<input type="checkbox"/> <i>Availability / Access</i>	<input type="checkbox"/> Safety
<input type="checkbox"/> Appropriateness	<input type="checkbox"/> Continuity	<input type="checkbox"/> Efficacy / Cost-effectiveness

What Strategic Plan Goal(s) Addressed by this:

<input type="checkbox"/> Optimize Readiness Posture	<input type="checkbox"/> Fully Integrate Managed Care
<input type="checkbox"/> 100% Medically Qualified Students	<input type="checkbox"/> Increase Overall Wellness
<input type="checkbox"/> Safe Environment of Care	<input type="checkbox"/> Solidify Quality Culture

Why is this Important?	Supports Assessment of	Data Sources
<input type="checkbox"/> High Risk <input type="checkbox"/> Problem Prone	<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Records / Log Review
<input type="checkbox"/> High Volume <input type="checkbox"/> High Cost	<input type="checkbox"/> Non-Patient Care Process	<input type="checkbox"/> Interviews / Surveys
<input type="checkbox"/> New Requirement <input type="checkbox"/> Other	<input type="checkbox"/> <i>Resource Sharing</i>	<input type="checkbox"/> Other

Project Start Date: 2 Jan 2001

Project Completion Date: Ongoing

Collection Methods Used: Retrospective Concurrent Prospective

Reference Sources / Literature Searches: N/A

Resources Utilized (manpower, \$\$, equipment, etc): One man-hour every 90 calendar days.

Approved **Disapproved**

signed (CC): _____ Date: _____

Performance / Process Improvement Outcome Tracking Log

Priority: Very High High Status Legend: R = Resolved RDP = Resolved to degree possible
 Medium Low U = Unresolved RM = Resolved, will monitor
 Very Low N/A UR* = Unresolvable

*Unresolvable issues cannot be declared until confirmed by the Quality Council

Date: 2 Jan 2001

PLAN **DO** **CHECK** **ACT**

ACTIVITY SUMMARY: Develop and design a short yet informative newsletter that will get the pertinent information to the 17 MDG personnel in a timely and efficient manner. On 8 January Lt Jones sent out the first newsletter to the 17 MDG.

RESOURCES EXPENDED: NONE

STATUS: RM

Date: 6 Apr 2001

PLAN **DO** **CHECK** **ACT**

ACTIVITY SUMMARY: Feedback that was provided by the 17 MDG was positive. After receiving our Medical Logistics Customer Survey, the 17 MDG gave us a perfect 4.0 GPA for Customer Service and Professionalism.

RESOURCES EXPENDED: NONE

STATUS: RM

Date: 7 Sep 2001

PLAN **DO** **CHECK** **ACT**

ACTIVITY SUMMARY: Feedback from our second Medical Logistics Customer Survey gave the Logistics' Flight a perfect 4.0 GPA. Totaling our Customer Survey responses for the year, the 17 MDG gave our Customer Service and Professionalism a perfect 4.0 GPA for FY 01.

RESOURCES EXPENDED: NONE

STATUS: R