SB 8-75-S2

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

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NOTICE

This Supply Bulletin is devoted entirely to Medical Maintenance Information

Report Documentation Page

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SECTION 1. MEDICAL MAINTENANCE INFORMATION

1-1. 10/20 STANDARDS UPDATE

The cornerstone of unit maintenance is the operator/crew performing PMCS from the applicable TM 10-series. Unit mechanics will use the TM 10- and 20-series to identify and correct faults. These statements are taken from AR 750-1, Chapter 3, paragraphs 9.b and c and have traditionally been cited in association with vehicle maintenance. However, unit maintenance covers all aspects, including medical equipment. TMs 10- and 20-series maintenance standards for reportable medical equipment will soon be published on the USAMMA webpage under the National Maintenance Point's area. Go to

http://www.armymedicine.army.mil/usamma/maintenance,

Non-reportable equipment will be posted at a later date.

1-2. ANALYZER, CLINICAL CHEMISTRY, NSN 6630-01-415-1593, MODEL PICCOLO

The manufacturer, Abaxis, Inc., publishes new software updates semi-annually for the Analyzer, Clinical Chemistry, model Piccolo. You are advised to contact Abaxis to be put on their mailing list. Call 800-822-2947 to reach the automated menu. Dial extension 6603 to reach the military customer representative who can provide your unit with all necessary software and accessory information to perform the PMCS on this unit.

1-3. ANALYZER, i-STAT, CLINICAL WITH THERMAL CONTROL, NSN 6630-01-411-2405

a. The current software for these analyzers expired 19 December 2001. Fifteen days before the software expires, a message will appear to alert the user. On the handheld analyzer "SFT" will appear on the display screen where "LCK" message is displayed.

b. If CLEW x76 has not been loaded by 19 December 2001 the analyzer will display quality check code 12- "INVALID OR EXPIRED CLEW – SEE MANUAL." Approximately every four months, i-STAT Corporation issues new software for handheld analyzers. Software update can be obtained from i-STAT customer support at 800-366-8020 or can be downloaded from the web site at www.istat.com.

c. A computer with MS-DOS access is required to load the new updates into the equipment. The i-STAT portable clinical analyzer tested at the Medical Maintenance Operations Division (MMOD) – Tobyhanna, after October 2001 had software updated.

1-4. ANESTHESIA APPARATUS, FIELD, NSN 6515-01-457-1840, MODEL NARKOMED M

Draeger Medical, Inc. has technical support available at all times. Call their technical support office at 800-462-7566 or MMOD -Hill AFB at 801-586-5045 for issues

concerning the anesthesia apparatus. There are items you will have to purchase for PMCS purposes. The following items are required for PMCS:

Oxygen Sensor	1 each
½ bottle of IsoFlorane to test vaporizer per unit	1 each
Narkomed Test Kit	1 each (call MMOD-Hill AFB for details)
N2 Adapter from the 885 Anesthesia Apparatus for D cylinder use	1 each.

1-5. CONTINENTAL SPOT FILM DEVICE, NSN 6525-01-312-2641

When calibrating the Continental x-ray unit, many unit technicians complain of chattering spot film devices (part number EXT-950-M). The cross almost always causes this and/or long sensors (part number 70-20179) being out of position. Normal motion of the cassette carrier can sometimes dislodge one or both of the sensors. As a result, the cassette carrier no longer " knows where it is," causing it to just sit there and vibrate. To reposition the sensors, refer to volume two of the service manual and follow the spot film device calibration instructions. If the spot film device cannot be calibrated, MMOD-Tracy has DX spot films available.

1-6. DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT SYSTEM (DMLSS) EQUIPMENT & TECHNOLOGY MANAGEMENT (E&TM) MAINTENANCE MANAGEMENT (MA)

a. DMLSS Release 3.01, which unveils the E&TM module, is on the move. This module includes functionality that replaces the property management and medical maintenance functions in AMEDDPAS and adds some contract management capability. As an introductory article, you'll find concise information on the 5 Ws (who, what, when, where, why) and a reference for learning more. Let's start with:

(1) WHAT: The DMLSS Program, co-sponsored by the Assistant Secretary of Defense (Health Affairs) and the Deputy Under Secretary of Defense (Logistics), is a partnership involving the wholesale medical logistics, medical information management, medical information technology, and user communities. The maintenance management & administration system provides users with a systematic approach to equipment maintenance. The work order system provides written scheduled maintenance procedures and checklists that are linked to the work order. All actions performed on equipment are input directly into the system and maintained for the life of the equipment. In addition, an automated parts module that interfaces work orders and a full function supply requisition system is on board. For more information, go to **http://www.tricare.osd.mil/dmlss/Downloads/Product_Description/Etm_all.pdf.**

(2) WHO: The Joint Medical Logistics Functional Development Center (JMLFDC) develops and sustains the DMLSS environment, in coordination with the Tri-Service Functional Operating Agencies (MEDCOM, AFMLO & NAVMEDLOGCOM). The Logistics System Branch of the United States Army Medical Information Systems and Services Agency-San Antonio (USAMISSA-SA) is the agency responsible for deploying DMLSS to current AMEDDPAS users.

(3) WHEN/WHERE: Moncrief Army Community Hospital (MACH) at Fort Jackson and Brooke Army Medical Center (BAMC) at Fort Sam Houston were converted to DMLSS release 3.01 in June and October 2001, respectively. Pending the Operational Test and Evaluation results scheduled for 2nd Qtr 2002, USAMMISA-SA will coordinate the development of a final deployment schedule.

(4) WHY: The DMLSS mission statement answers the requirement to:

(a) Dramatically improve the responsiveness of medical logistics support.

(b) Implement business innovations that significantly increase effectiveness of logistics support while reducing costs.

(c) Develop a high-quality, integrated medical logistics automated system for use by all Army, Air Force and Navy forces in both peace and war.

For more information, visit the web site at
http://www.tricare.osd.mil/dmlss/
For an interactive presentation of DMLSS, go to
http://www.tricare.osd.mil/dmlss/amsus demo.cfm.

b. How To Be Prepared for DMLSS Deployment:

(1) Primarily, run your operation according to current regulation and maintain a clean database.

(2) JMLFDC employs a data conversion team responsible for migrating your AMEDDPAS data into DMLSS. Garbage in is garbage out. Of primary concern to maintenance managers is the accuracy of nomenclatures, manufacturer names and model numbers. The conversion process is more beneficial to you if you don't have different names for the same type of equipment. (e.g., defibrillator & defillator, Hewlett Packard & H.P., or LifePak 10 & LP10)

(3) A ramp-up effort is required in order for you to identify matching ECRI device and manufacturer codes to be used during conversion. The conversion team will provide these codes, as well as the instructions for completing this critical process, a few months before your deployment. Do not begin placing ECRI codes into AMEDDPAS! This is unnecessary since the conversion process takes care of this for you.

c. DMLSS E&TM Interim Policy/procedure Guidance. The following information includes MEDCOM guidance on actions required to meet policy requirements applicable to DMLSS version 3.01. It is not a detailed step-by-step reference. Refer to the training materiel provided you at deployment, as well as the on-line help available within DMLSS, for specific steps.

(1) General:

(a) Process operational supply transactions using DMLSS. For maintenance operations, this includes the Maintenance Repair Parts module as well as the Customer Area Inventory Management (CAIM) module. One of the significant benefits of this includes automatic linking of repair parts to equipment based on manufacturer and common model. This is in addition to detailed financial logs and an accurate Average Annual Maintenance Cost Report. This report shows the

average cost, including parts, of maintaining your equipment by manufacturer and common model.

(b) Perform all necessary purchase card reconciliation processes in DMLSS. Currently, this is in addition to reconciliation processes in C.A.R.E. The flexibility and functionality built into the purchase card reconciliation module include being able to operate with only one line of accounting. In other words, it is possible to pay all obligations with one APC and still maintain detailed APC accounting of where your money is being spent. This is accomplished in DMLSS through automatic cost reallocations based on how you set up your supply catalog records. In addition, during reconciliation you can now account for and cost reallocate those additional variable costs associated with most transactions, such as shipping costs.

(2) Maintenance Intervals:

(a) In DMLSS, each-maintenance significant equipment item is associated with a maintenance plan, which specifies the maintenance interval. There are both centrally managed and locally managed maintenance plans. The centrally managed plans are resident in DMLSS and cannot be edited or changed except by way of the UDR. Locally created plans are editable by the local user.

(b) The maintenance intervals found in the central maintenance plans were established by the Tri-Service Functional Operating Agency team staffed by MEDCOM, AFMLO, and NAVMEDLOGCOM. This team established the maintenance intervals based on a risk assessment model that closely resembles the one found at Appendix G of TB MED 750-1. This model is available at the DMLSS web site under DMLSS Modules/E&TM/References (**http://www.tricare.osd.mil/dmlss/etm.cfm**).

(c) Although you may identify many valid reasons for creating local maintenance plans, do not create any with the specific purpose of extending the maintenance interval without complying with current guidance found in paragraph G-2 of TB MED 750-1.

(3) Supply Level Type:

(a) Establish all repair part catalog records with a supply level type of either static or non-stocked.

(b) There are three supply level types in DMLSS. They are core, static, and non-stocked. Establishing a repair part as core causes DMLSS to automatically adjust your level according to consumption data. When the level type is set to static or non-stocked, DMLSS provides leveling recommendations, but doesn't automatically adjust your records. For normal CAIMs, setting the level type to non-stocked causes DMLSS to automatically delete the catalog record if consumption data doesn't support maintaining the record. A maintenance CAIM, unlike normal CAIMs, has unique functionality that allows a non-stocked item to remain in the maintenance CAIM catalog for an indefinite period. Therefore, there is no appreciable difference between a level type of static or non-stocked for a maintenance CAIM.

(4) Bench Stock (BS):

(a) Assumptions: All required customer catalog records, with appropriate sources of supply, are established. You are purchasing your bench stock

supplies from an external source of supply, not the Materiel Branch. Otherwise, some steps are slightly different but the overarching concept for managing bench stock is the same.

(b) Establish a repair part location of "BS" in DMLSS. Establish "BS" as the DMLSS location for all bench stock items. This action will facilitate processing BS replenishments in the following manner.

(c) When one or more cataloged BS supply items need replenishing, pull up all BS records by searching on the location of "BS." Open each of the BS customer catalog records needing replenishment. Click on the issue button for each to open the part issue screen. In the part issue screen, simply input the correct maintenance activity and issue quantity. The issue quantity should be the same quantity you wish to order. This will decrement your quantity on-hand balance in your customer catalog record. Now click the issue button again and the transaction is completed. Repeat this step for each BS item needing replenishment.

(d) Next, perform a manual replenishment on BS items in the CAIM module. Upon initiating the manual replenishment process, select the location of "BS." This will pull up all BS items. Since your inventory method is shelf count, you will enter the quantity you currently have on your shelf for each BS item you want to purchase. Clicking the replenish button causes DMLSS to order the difference between your shelf count quantity and your level.

(e) Initiate a build, process, submit (BPS) transaction for each SOS from which you are purchasing your BS items.

(f) Initiate communication with the SOS in order to purchase the supplies and have them shipped to your location. DMLSS accommodates several methods to accomplish this step. If you've coordinated a direct electronic submission process with the SOS and set the parameters up in DMLSS, this step is already accomplished. Otherwise, contact the SOS and purchase the supplies according to local policy.

(g) Once the BS supplies arrive, simply process the receipt in the CAIM module. This transaction will automatically update the customer catalog record.

(h) Initiate this process each time a BS catalog item requires replenishment.

(i) DMLSS does include an automatic replenishment function that may be used in lieu of the manual replenishment process. With automatic replenishment, DMLSS will automatically generate orders for items meeting the order requirements as established by the level, reorder point (ROP), and quantity on-hand relationship. In other words, if DMLSS identifies a customer catalog record whose quantity on-hand balance is less than the ROP, an order is generated with a quantity equal to the difference between the quantity on-hand and the level minus any current due ins. With automatic replenishment, DMLSS does not distinguish on location, so all supplies meeting order criteria are processed. Therefore, it is imperative that all level and ROP settings are correct and your intent is to generate orders for all of your customer catalog items meeting order criteria before the automatic replenishment process is initiated.

1-7. DEFIBRILLATOR/MONITOR-RECORDER, NSN 6515-01-453-4003

There are two different power supplies for the Lifepak 10 Defibrillator/Monitor-Recorder, NSN 6515-01-453-4003. There is a civilian version (part number 806311-00) and a military version (part number 806311-07PMI). Ensure that the military version is the one ordered if you require a replacement power supply.

1-8. DENTAL HAND PIECE REBUILD PROGRAM

a. In May 2000, the MMOD, Tobyhanna, PA re-established a dental hand piece rebuild program. At that time, a list of high-density hand piece models was selected "as a starting point." The MMOD at Tobyhanna now has the capability to add to the list of models to be rebuilt to include the following:

MID EST	STAR	LARES
Shorty 1 speed	430 SWL	557
Shorty 2 speed	Titan Scaler	757
Tradition	Titan Motors	
8000I	Futura	
Nose Cones		
Prophy Angles		
Straight Attachments		
Quiet Air		
KAVO	Impact Air 45	
LUX 2		
LUX 3		

b. Please be aware that at this time the MMOD, Tobyhanna does not have the capability of rebuilding surgical hand pieces. Continue to have them serviced utilizing your present sources.

1-9. MAINTENANCE ENGINEERING AND OPERATIONS DIRECTORATE

a. The Maintenance Engineering and Operations Directorate (MEOD) is part of the USAMMA located at Fort Detrick, Maryland. The directorate is made up of the AMEDD National Maintenance Point (NMP), Maintenance Publications, and Maintenance Operations.

b. The MEOD serves as an AMEDD focal point for multiple aspects of medical materiel maintenance. Some of the directorate's responsibilities include, the AMEDD TMDE Program, the Diagnostic Imaging Acceptance Program, the TOE Repair Parts Program, the AMEDD Maintenance Sustainment Program, and developing and publishing technical literature. Additionally, the MEOD operates three depot-level biomedical maintenance operations divisions (MODs). These divisions, located at Tobyhanna, PA, Hill Air Force Base, UT, and Tracy, CA, all have the primary responsibility to support Army TOE medical equipment but also perform some limited TDA support functions.

c. Each of these divisions is a center of excellence (COE) for selected functions. The MOD at Tracy is the COE for medical imaging and x-ray tubehead rebuild, the MOD at Ogden is the COE for TOE equipment, and the Tobyhanna division is the COE for optical equipment and dental hand piece rebuild.

d. Key positions within the MEOD are identified below with their telephone numbers.

Position/Title	Area of Emphasis
Director, Maintenance Engineering and Operations Directorate (4407) Fort Detrick, MD DSN 343 / Commercial 301-619	
Administrative Assistant (4406)	Administrative Support
Directorate Sergeant Major (4383)	TMDE Coordinator
Chief, Maintenance Operations (4365)	
Division Sergeant Major (4464)	ISO 9000 Facilitator
Equipment Specialist (4382)	PACS Maintenance Specialist
Equipment Specialist (4368)	Division Work-order Reconciliation, Reimbursements
Equipment Specialist (4378)	Customer Service Coordinator, Division Project Manager
Chief, Maintenance Operations Div Hill Air Force Base, UT Commercial 801-586-4947/DSN 586-4947	Primary Focus on TOE Medical Equipment
Chief, Support Division Hill Air Force Base, UT DSN not available / Commercial 801-586-4949	Repair Parts Support for TOE
Chief, Maintenance Operations Div Tobyhanna, PA DSN 795-7744 / Comm 570-895-7744	Primary Focus on TDA Medical Equipment
Chief, Maintenance Operations Div Tracy, CA DSN 462-4556/ Comm 209-839-4556	Primary Focus on X-ray and TMDE
Chief, AMEDD National Maintenance Point (7451) Fort Detrick, MD DSN 343 / Comm 301-619	
Equipment Specialist (4376)	X-ray Specialist, CT Specialist, SF 380
Equipment Specialist (4377	TOE Unit Fieldings, Project Management
Technical Information Specialist (4374)	MARC Data Repository
Maintenance Staff Officer (4375)	TOE Equipment
Maintenance Staff Officer (4373)	APS Support Planning
Equipment Specialist (4369)	Automation Coordination
Contractor (4381)	Sample Data Collection
Chief, Maintenance Publications (4366)	
Visual Information Specialist (4370)	Maintenance Web site, TMs, Electronic Publications
Visual Information Specialist (4379)	TMs, Electronic Publications

1-10. MONITOR, PATIENT VITAL SIGNS, NSN 6515-01-423-5872, MODEL 106 EL

a. A quantity of sixty-five (65) patient vital-signs monitors have been through the Refurbishment Program at MMOD, Hill AFB, UT. All sixty-five have required new printer assembly replacements. The part number for the printer assembly replacement is 020-0475-00. The manufacturer, Welch Allen/Protocol (800-289-2501) does a printer exchange for $470.00.

b. The printer malfunctions because the unit is stored with paper threaded through the printer head. This causes deterioration of the print head. The units need to be stored in plastic bags without the paper installed. This is the method the manufacturer used to pack the unit originally. Black packing foam inside the case flakes off, contaminating the unit.

c. Additionally, batteries should be disconnected from the unit during extended storage (over one month). If batteries are left connected, the current is still drawn from the unit and causes battery damage. Before testing batteries, they should be charged at least 8 hours (12 hours if the printer unit is attached).

1-11. MONITOR, PATIENT VITAL SIGNS, NSN 6515-01-432-2711, MODEL 206 EL

The manufacturer Protocol Systems, Inc. advises making your own test kits to test the C02. Kit contents are described in section 2, page 18 of the service manual. The unit is tested with certified 4-10 percent C02, balance air medical grade C02. Biomedical repairers can perform further testing of this unit by doing a breath rate test for the C02. To verify breaths per minute (BPM), hook up the C02 test kit through an RT200 to a test lung. Then set the RT200 to display BPM. Manually pump the test lung to verify the breath rate of the monitor corresponds with the breath rate of the RT200.

1-12. MONITOR, PATIENT, VITAL SIGNS (PROPAQ), MODEL 206 EL,
NSN 6515-01-432-2707,

a. Performing the functional verification, several units failed the pump test, which is listed under the NIBP (non-invasion blood pressure) calibration. Corrective action should be to check all exterior hoses and fittings before diagnosing an internal air leak problem. Replacing the adult NIBP hose ten feet (part number 008-0238-00) and/or child blood pressure cuff (part number 008-0291-12), has solved all monitor leak problems at several Army Units.

b. If a problem still exists after checking unit externally and internally, call the manufacturer at 800-289-2501 to verify warranty. If warranty has expired, call USAMMA Hill AFB, UT, at DSN 586-4948 or Comm 801 586-4948.

1-13. NARKOMED ANESTHESIA APPARATUS POWER SUPPLY

a. Regardless of the noticed and perceived differences between the new and old Narkomed M power supply, both versions should be treated the same: both require AC to work, and the battery is only used as a backup source.

b. The Narkomed M was never intended or required to be able to be powered "ON" from battery only. The battery is only intended to provide backup power in case of AC removal or failure. It may have been noticed that older machines have this capability, though this was not intended nor publicized as such. As written in the Narkomed M operator's manual, the machine should not be powered "ON" using the battery only. To verify the integrity of the backup battery, follow the procedures in the operator's manual under "Daily Checkout."

c. There is no need for change in the service manual. The power supply is checked and replaced as an assembly. The new part has the same part number and is compatible with all Narkomed M units.

1-14. NARKOMED ANESTHESIA SYSTEM CALIBRATION

a. The Narkomed anesthesia system requires the following accessories in order to perform a proper calibration. Most of these items are included in the Test Equipment Required List on page 6-1 in the service manual. The other items are included with the unit itself. The following items can easily fit in a small plastic toolbox (about the size of a normal tackle box).

PN	ITEM	QTY
4114807	Test, Pressure Gauge ASM	1
4110425	Fresh Gas O2 Adapter	1
S010158	Fresh Gas Volume Test Device	
4113119	Fresh Gas Leak Device	1
4104389	Adapter, ASM	2
S010159	Breathing System Leak Device	1
4115043	Baromed Pressure Test Fixture (Syringe)	1
9995330	3 Liter Breathing Bag	1
4107233	"Y" Connector	1
4114312	Breathing Bag Connector	1
9995132	22mm Hose, 32" Long	1
9995123	22mm Hose, 22" Long	1

b. All items can be obtained from North American Draeger, or they can be loaned out (30 days max) from USAMMA, MMOD, Hill AFB, UT.

1-15. NEW TOOL KITS UPDATE

a. There have been three tool sets traditionally used by 91As for the repair and maintenance of medical equipment: the shop set, battalion medical maintenance; the organizational tool kit; and the individual repairer's tool kit. A review of the organizational and battalion medical maintenance tool sets identified redundancies and obsolete and/or outdated tools.

b. In the process of modernizing the shop set, battalion medical maintenance and the organizational tool kit, and in keeping with the objectives under the Medical Reengineering Initiative (MRI), a fourth tool set, the direct support level tool kit, has been created. The upgrades have streamlined the list of tools, provided durable compartmentalized cases for the tools, and simplified the inventory process. New

supply catalogs (SC) are in the editing stages. Several of the GS level tool kits have already been fielded, with more scheduled in FY02.

c. The individual repairer's tool kit is currently being considered for upgrading. If you have questions about any of the tool sets, call DSN 343-4373 or Comm 301 619-4373.

1-16. PROPOSED TMDE TO REPLACE THE RT-200

a. The VT Plus by BioTek is a general-purpose gas flow analyzer with special modes designed specifically for testing mechanical patient ventilators. It can measure bi-directional flow in both high and low ranges as well as high and low pressure ranges. It also uses an integrated sensor to measure the oxygen percent of the gas in the high flow channel. It can measure multiple parameters on each detected breath such as tidal volume, minute volume, inspiratory and expiratory pressures, lung compliance, etc. You can select the desired units for each of the measured signals. It performs leak rate tests of sealed vessels and test lungs. It can be used to perform trend testing. It can interface with a printer for printing flow and pressure values and breath parameters.

b. A standard bi-directional RS-232 serial port allows connection to a personal computer for external control and data logging. It can also be set up to emulate an RT-200 for use with existing ventilator calibration software. The unit will operate with or without a test lung.

c. Overall the VT Plus provides a larger range of test and verification capabilities for use in calibration and verification of ventilators and anesthesia equipment than the RT-200.

1-17. WEBSITE

a. The Maintenance Engineering and Operations Directorate web site is ever changing and growing. A new look will soon be available, currently located at **http://www.armymedicine.army.mil/usamma/maintenance**. It can also be accessed through a link on the USAMMA's web site.

b. Information contained on the web site includes:

Organization (contains functions and charts)
Medical Maintenance Divisions
Initiative Information Papers
Equipment Support
Contracts/BPAs
Publications
Training
TMDE
Search, Links and FAQ are also available.

c. In the future we plan to include new search options throughout our web site. With our new facelift is a new presentations/slideshows option. There are slides from the 2001 National Guard Conference and Narkomed Test Report. You can preview the slide shows or download them to your computer if you have PowerPoint. We will add new presentations as they are developed for preview.

d. Also we have a ***HOT NEWS*** section that will continually be updated with information for your interest.

e. If you have any suggestions for this site call DSN 343-4370 or Comm 301-619-4370.

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By Order of the Secretary of the Army:
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