



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY EUROPE REGIONAL MEDICAL COMMAND
CMR 442
APO AE 09042

REPLY TO
ATTENTION OF:

MCEU-L

11 February 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ERMC Command Policy Letter 23, Capital Expense Medical Equipment Program (CEMEP)

1. References:

- a. SB 8-75 MEDCASE, 10 March 2001
- b. Operations Management Bulletin No. 1-02, 17 January 2002

2. Program Management. The Army Medical Department Property Accounting System (AMEDDPAS) automatically generates the RCS MED-250 report with the first cycle of the fiscal year (FY). The medical treatment facility (MTF) commanders should use the report as a management tool for strategic planning by forecasting long-range medical equipment replacement requirements. The report should be the base reference used in developing and defending the CEEP budget as part of the Program Budget Advisory Committee (PBAC) process. The report extracts medical equipment replacement data values, based on Life Expectancy (LE) for the current year and for the next seven years. The RCS MED-250 Report dated 1 October 2002 shows that, at ERMC we have an approximately \$20.2 million of accounted CEEP equipment that has already met or will meet its LE this FY. These items should be considered for replacement and prioritized for funding this FY. There is little or no evidence of this figure decreasing; therefore, I will closely monitor the progress of this program. It is imperative that the logistics division in conjunction with the respective clinicians identifies obsolete, non-mission capable/high maintenance cost medical equipment items for replacement. Please note that proper documentation into AMEDDPAS is essential. MTFs will submit the requirements planning lists (using the ERMC Standard CEEP Submission Format1 (see Annex 1)) to ERMC Logistics quarterly on the second working day after the FY quarter ends.

3. Medical Equipment Standardization Committee (MESC). This policy letter establishes the authority and legitimacy of the committee. The MESC consists of the ERMC Chief of Logistics, the ERMC Clinical Engineering Consultant and his subordinate personnel and the respective ERMC Clinical Consultants. The functions of this body are to research, review, test, and analyze medical equipment to be considered for standardization. Equipment selected for standardization must be submitted to me for final approval.

MCEU-L

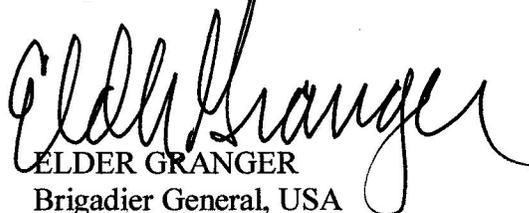
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4. Standardization. Until a standardized medical equipment database is established, like items from the requirements planning lists will be selected/considered for standardization. Cost savings can only be obtained through committed volume purchasing. Once an item is approved for standardization, I expect 100% compliance. All standardized equipment will be purchased through the ERMC Contracting Cell (ERMCCC) located in Landstuhl. Any exceptions to policy must be submitted through the ERMC Chief of Logistics to me.

5. Procedures. The ERMC CEEP standard procedures are at Annex 2.

6. Conclusion. The Army Surgeon General is programming targets for local investment in capital expense equipment to allow these expenditures to be programmatic rather than opportunistic. Our joint efforts throughout ERMC can ensure quality healthcare and improve business practices. Complete support from all levels of leadership will ensure the continued success of medical equipment standardization, replacement and utilization of the CEEP.


ELDER GRANGER
Brigadier General, USA
Commanding

2 Encls

1. CEEPRF
2. CEEPSTF

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Annex 2

SUBJECT: ERMIC Capital Expense Medical Equipment Program (CEMEP) Standard Procedures

1. PURPOSE. The purpose of this policy is to:

- a. Enforce the use of the RCS MED 250 Report.
- b. Enforce proper CEEP planning and execution throughout the Fiscal Year.
- c. Enforce proper documentation and input into AMEDDPAS.
- d. Monitor the replacement of equipment that has met its LE or will meet its LE this FY.

2. OBSERVATIONS. Equipment identified on the property books at all three Medical Treatment Facilities (MTFs) that has met and will meet its LE in FY 03 is \$20.2 million. There is currently very little evidence of decrease in the dollar amount in the replacement program. The first possible reason is that, when a requirement is generated for replacement of an existing item, in several cases in the past the replacement item MMCN is not being inputted into the requirements module of the Army Medical Department Property Accounting System (AMEDDPAS) thus not identifying replacement. The second possible reason could be that items being replaced are being retained for further use, i.e., backup, without retention authorization from the commander thus retaining values in items past its LE on the RCS MED-250 Report. On some property books the date-in-service is '1111' with LE of 05, 08 and 12 etc., this is the third possible added reason to values of items exceeding their LE and appearing on the RCS MED-250 Report.

3. Effective immediately, the following procedures will apply to all CEEP requirements:

- a. RCS MED-250 Report will be used to research those items that have met and will meet their LE this FY.
- b. Items that have passed their LE should be considered for replacement based on several factors, such as MEL, obsolete technology, downtime, etc.
- c. LE of items with Date-In-Service (DIS) equals '1111' should be changed to pass the replacement target. (i.e., LE='99' applicable to non-medical items only). DIS of Medical items "may" be extracted from the manufacturer data plate (manufacturing date) if available.
- d. **Approved requirements that identify replacements of an existing item will be turned in when the new item is received. The requestor may retain the equipment if justified (retention rational; impact if not retained; workload, etc.) and approved by the MTF commander at the time of requirement submission.**
- e. The CEEP Requirement Form (CEEPRF)(see enclosure 1) and the CEEP Support and Transmittal Form (CEEPSTF) (see enclosure 2) will be used for all equipment requirements with a unit price below \$100k.

Annex 2

SUBJECT: ERM Capital Expense Medical Equipment Program (CEMEP) Standard Procedures

f. The justification block of the CEEP forms will be completed and **will** include the impact statement if item is not acquired.

g. Every completed CEEP form will be registered with a Record Control Number (RCN) and entered in the Requirements Module of AMEDDPAS. If requirement is replacing existing asset, the replacement MMCN will be inputted into AMEDDPAS.

h. All medical equipment purchases will be processed through the **ERMCCC** located in Landstuhl. Exceptions to policy for not using ERMCC must be submitted through ERM Logistic Division to me for approval.

CEEP SUPPORT AND TRANSMITTAL FORM

(Must be completed and signed prior to turn-in of CEEP Request)

RCN-Number: _____

EQUIPMENT MAINTENANCE ACTIVITY (Clinical Engineering Branch)

1. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? (If yes, explain) YES NO

2. MAINTENANCE WILL BE PROVIDED
 IN-HOUSE SVC CONTRACT

3. ANNUAL MAINTENANCE COST:
\$

4. TRAINING TYPE:
 NONE ONE-TIME RECURRING

5. REPLACEMENT ITEM WITH MAKE AND MODEL:

6. LIFE EXPECTANCY
(YEARS)

7. DATE IN SERVICE

8. MCEL COST

9. EXPENDED COST

10. EQUIPMENT AND INSTALLATION CHARACTERISTICS:

- REQUIRES INSTALLATION Complex Routine
 REQUIRES TURNKEY INSTALLATION
 EXISTING EQUIPMENT REQUIRES DE-INSTALLATION
 ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY POWER

11. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAVE BEEN VERIFIED.

THE REPLACEMENT OF THE ITEM

IS SUPPORTED IS NOT SUPPORTED

BASED UPON MAINTENANCE CONSIDERATIONS

12. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

13. SIGNATURE

ENGINEERS (Facilities Management Branch)

14. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED?

YES NO

15. ESTIMATED SITE PREPARATION COSTS

\$

16. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

17. SIGNATURE

INFORMATION MANAGEMENT OFFICER

18. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND APPROVAL DISAPPROVAL N/A

19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

20. SIGNATURE

LOGISTICS REVIEW

21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND APPROVAL DISAPPROVAL

22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL

23. SIGNATURE OF LOGISTICS CHIEF

ACTIVITY COMMANDER'S REVIEW

24. I HAVE REVIEWED THIS REQUEST AND RECOMMEND

APPROVAL DISAPPROVAL

25. EQUIPMENT REPLACED WILL BE

TURNED-IN AS EXCESS RETAINED AS BACK-UP N/A

26. TYPED NAME AND TITLE OF ACTIVITY COMMANDER

27. SIGNATURE OF ACTIVITY COMMANDER

Encl 2