

U.S. Army
Medical
Command

**TOOLBOX
Manual
v.7.1**

Medical Facility Support Program

U.S. ARMY MEDICAL COMMAND

TOOLBOX MANUAL v.7.1

1. WHAT IS THE TOOLBOX? The U.S. Army Medical Command (MEDCOM) TOOLBOX is a collection of contracts and services available to the facility manager (FM) and other facility professionals to help them perform their job. The MEDCOM has established a Medical Facility Support Program (MFSP) to ensure that all FMs and MEDCOM Directorates of Public Works (DPWs) have tools available to operate and maintain their medical facility. The MFSP is supported by dedicated MEDCOM Support Teams. These dedicated professionals stand ready to support the FM and our DPW's. The TOOLBOX manual provides guidance on planning, executing, and administering work within the MFSP. The TOOLBOX handbooks (developed for each current contracts) provide detailed information and procedures for each contact.

2. WHO PROVIDES THE SERVICES IN TOOLBOX? The Medical Facility Support Program (MFSP) has many contributing members. They are the U.S. Army Engineer Districts (especially Mobile, Fort Worth, and Omaha), U.S. Army Engineering & Support Center - Huntsville, DPWs, Health Facility Planning Agency (HFPA), MEDCOM Technical Assistance Team (TAT), MEDCOM Center of Expertise (CTX) - Madigan Army Medical Center, MEDCOM Central Contracting Office (CCO) - Facility Support Section, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), other FMs, contractors and suppliers.

(a) The Deputy Chief of Staff for Installations, Environment, and Facility Management (DCSIE&FM) has program proponentcy for strategic sustainment functions. The DCSIE&FM provides program evaluation and analysis and approves the annual operating budget for the MFSP. The DCSIE&FM determines if the program meets the needs of the medical community.

(b) The Health Facility Planning Agency (HFPA) provides for sustainment functions that are "operational". Operational functions generally have one year planning horizon and influence sustainment events directly on a daily basis. HFPA is in direct support of activity sustainment functions. HFPA

manages the MFSP, which includes all sustainment services. HFPA prepares the MFSP annual budget. HFPA provides support and guidance to the FMs on the proper use of TOOLBOX contracts and is responsible for identifying and implementing changes to the program and updating the TOOLBOX manual. HFPA provides the "BOX" the tools are placed into.

(c) MEDCOM Technical Assistance Team (TAT) provides assistance to the FM in accessing the tools of the MFSP. The TAT works for HFPA, Director of Sustainment. The TAT receives, directs, and processes all requests for services under the MFSP. The TAT provides technical assistance to the FM on projects and development of operational requirements. The TAT has program responsibilities over the MEDCOM Support Teams. The TAT assists the FMs and MEDCOM DPWs on how to use the tools in the TOOLBOX and ensures the right tools are used.

(d) Contracting Offices which administer contracts as part of the MFSP are responsible for establishing the contracts, conducting pre-delivery order actions, issuing delivery orders, enforcement of quality assurance plans and closing out orders.

(e) MEDCOM Support Teams are responsible for the execution of work issued under their contracts. These teams are a link between the TAT and the contracting officer. The teams are responsible for project management, construction management, contract administration and quality assurance for each project.

(1) MEDCOM Support Team - Huntsville. Support services include but are not limited to major repairs, fire protection services, energy audits, renewal, and operation and maintenance engineering enhancement (OMEE). Access to these services is through the TAT.

(2) MEDCOM Support Team - Mobile. Support services include but are not limited to Architect Engineer (A/E) services, renovation and minor construction, preventive maintenance/equipment inventory, facility assessments, duct cleaning, electrical testing, modular building construction, asbestos abatement, and interior finishes. Access to these services is through the TAT office.

(3) MEDCOM Support Team - Central Contracting Office (CCO). Support services include but are not limited to medical gas testing and environmental monitoring, project support services, signage systems, energy savings performance, plant management systems, integrated medical modular support systems,

approval of the MTF commander. The FM can go directly to the MEDCOM Support Team for assistance.

Services include but are not limited to:

- * Installation Service Support Agreement scope and negotiation support
- * Memorandum of Agreement (MOA)
- * Development of annual work plan
- * Estimating projects and support
- * Inspection and feasibility services
- * Supplies, equipment, and parts
- * Operations & maintenance (O&M) studies & analysis
- * Inspection & quality assurance (QA) services
- * Develop/review DD Form 1391
- * Develop/review design criteria documents
- * Preparation of project development brochures
- * Studies and reports including cost reports
- * Equipment procurement for new & renovated facilities
- * Furniture procurement for MEDCOM facilities
- * Master planning (coordination with HFPA is recommended)
- * Studies & analysis

Services can be provided by the following MEDCOM Support Teams (see attachment C for listing of contracts): CCO, Huntsville, Mobile.

(b) **Studies and Assessments.** This category provides planning and programming services that lead to project definition. The service helps the FM to identify critical parts of a project and how it can be packaged for approval and funding. The services include facility assessments and feasibility studies. The facility assessment can identify a single complex project which needs a detailed estimate or multiple facility projects. A feasibility study can determine the alternatives and costs associated with a specific project. These services are normally funded with facility operating funds and are expended with the commander's approval. The FM can go directly to the MEDCOM Support Team for assistance.

Services include but are not limited to:

- * Facility assessments (facility utilization survey, space evaluation, real property inventories, facility condition assessment)
- * Feasibility studies
- * Project definition and estimating
- * Electrical surveys - Prime Power
- * Transformer inspection & test analysis - Prime Power
- * Energy analyses/studies

installed building equipment, and systems. Included in this category are all the services encompassed in time and material contracts for major repairs and the JOC for minor repairs. Many other task specific contracts are also available. The FM must go to the TAT to access these services.

Services include but are not limited to:

- * Major repairs and renovation
- * Minor repairs
- * Minor construction
- * Duct cleaning and repair
- * Electrical testing
- * Modular building (design, procurement and set-up)
- * Asbestos abatement/remediation
- * JOC
- * Mechanical including HVAC systems and components, chiller replacements, incinerators, sterilization systems, boiler replacements, plumbing systems involving water, solid and hazardous waste control, medical gas/vacuum systems and elevator repair/replacement
- * Electrical, including power and service supply, distribution and utilization systems, power generation, and uninterrupted power supply
- * Instrumentation, including energy monitoring and control systems, fire alarm systems, medical nurse call, and communications systems
- * Plant management system (digital HVAC controls, fire alarms, intrusion detection, and security systems)
- * Security, including medical facility security systems
- * Safety, including review and upgrade of life safety, inflammatory gases, medical safety and hygiene, and fire protection systems
- * Roof replacement, kitchen alterations/updates, asbestos removal/abatement, dental laboratory renovation, and pharmacy renovation
- * Building and utility systems energy modifications or replacement
- * Repair, replacement, or retrofit of facility equipment/systems

Services can be provided by the following MEDCOM Support Teams (see attachment C for listing of contracts): Huntsville, Mobile, Fort Worth, and CCO.

(e) Maintenance. This category provides maintenance on facility equipment (real property) and prepares/updates maintenance records on a one-time basis in order to baseline a maintenance program and validate existing programs. Development
Omaha, and CCO.

(d) Major Repair and Minor Construction. This category provides for major and minor repairs of facilities,

of a scope of work for contracting out the O&M of the facility are also included in this category. The FM must go to the TAT to access these services.

Services include but are not limited to:

- * Preventive maintenance and equipment inventory
- * Maintenance program development (assess adequacy of O&M program)
- * Utility management program
- * Maintenance program validation
- * Development of specifications (SOW) for new O&M contracts
- O&M design and related services
- O&M contract award (annual maintenance contracts)
- * OMEE
- * Maintenance and repair of prime power distribution systems and components
- * Prime power circuit breaker and protective relay maintenance
- * Transformer inspection and test analysis
- Electrical surveys

Services can be provided by the following MEDCOM Support Teams (see attachment C for listing of contracts): Huntsville, Mobile, 249th Engineer Battalion (Prime Power), and CCO.

(f) Joint Commission on Accreditation of Healthcare Organization (JCAHO)/Compliance. This category provides specialty services related to compliance with JCAHO and environmental standards. The FM must go to the TAT to access these services.

Services include but are not limited to:

- * Medical gas inspection and services
- * Fire protection engineering services (surveys)
- * Environmental compliance services
- * Asbestos services (inspections)
- * Elevator certification (testing and servicing)
- * Prime power surveys and tests
- * Tests and inspections and/or witness evaluation tests on new/existing fire protection systems
- * Fire safety evaluation system and/or Life Safety Code surveys, compliance reviews, statements of conditions, plan for improvement
- * Develop and update maintenance master plans for fire protection systems
- * User and maintenance personnel level training in the operations, testing, and maintenance of fire protection systems

- * Budget cost proposals for types and kinds of fire protection systems to correct NFPA code deficiencies
- * Pre-JCAHO assistance (review of life safety management and/or utilities management programs and other environment of care programs). Contact USACHPPM directly for these services. See attachment C.
- * JCAHO survey assistance (on-site support from 2-3 days prior to survey, during survey, and review of surveyor's findings). Contact USACHPPM directly for these services. See attachment C.
- * OSHA compliance surveys, especially compliance with OSHA's indoor air quality rules
- * Safety program evaluations/assistance
- ASHRAE Standard 62, indoor air quality surveys
- Accessibility compliance reviews IAW Uniform Federal Accessibility Standards and Americans with Disabilities Act Accessibility Guidelines (ADAAG).

Services can be provided by the following MEDCOM Support Teams (see attachment C for listing of contracts): Huntsville, USACHPPM, and CCO.

(g) **Emergency Requirements.** When a FM encounters an emergency problem involving installed building equipment (real property) requiring the use of services not available either at the MTF or within the resources of the installation, the Medical Facility Support Program is available to resolve the emergency condition. After notification for life threatening emergencies, the MEDCOM Support Team can have contractors on-site in 8 hours. The FM should contact the TAT directly for emergency services.

4. HOW TO OBTAIN A SPECIFIC TOOLBOX HANDBOOK?

Many of the tools in the TOOLBOX have handbooks which provide contract/service specific information. The FM may request a handbook(s) for a specific contract or service from the TAT or the MEDCOM Support Team providing the service.

5. HOW TO ACCESS A TOOLBOX CONTRACT?

The Medical Facility Support Program can support you in almost any action you may require. If you are unsure if there is a tool to meet your need, call the TAT office direct and discuss your needs with them. Keep in mind that TOOLBOX provides alternatives for accomplishing facilities work. When DPW resources are

available the work should still be accomplished using in-house capabilities.

Step 1: Establish a Work Request (DA Form 4283), preliminary scope of work, sketches, and rough cost estimate. Obtain DPW proprietary approval on the DA Form 4283 to get service from a source other than the DPW. Note: This should be clearly stated on the DA Form 4283. Obtain DCSIE&FM or your Regional Medical Command (RMC) approval on OMD Funded Minor Construction and Major Repair Program Data Sheet (MEDCOM Form 234-R) based on the project cost, if required.

Step 2: Decide to use the TOOLBOX. The decision should be based on the level of expertise required (quality), the urgency for accomplishing the work (schedule), and the cost effectiveness of the service (cost). The TAT can provide you with information and costs needed to make this decision.

Step 3: Obtain funding for the project and prepare a Military Interdepartmental Purchase Request (MIPR) (DD Form 448) or Purchase Request and Commitment (DA Form 3953) as required to transfer the funds. Provide a "Bona Fide" need statement on the funding document. Obtain from the TAT information and data required on these forms and where to send them.

Step 4: Request the work from the TAT or MEDCOM Support Team by phone, email, or letter. With the request provide a copy of 1) approved DA Form 4283, 2) scope of work, 3) sketches, 4) rough cost estimate, and 5) funding document.

Step 5: Determine which QA and inspection resources will be used. Provide this information to the TAT. See attachment B for developing a Quality Assurance Process for your project. MST's are prepared to assist you in developing a QA plan.

Step 6: Coordinate and approve the final scope of work as prepared by the MEDCOM Support Team. Revise the DPW's approval and classification of work on the DA Form 4283 based on the final cost. Provide a copy to the TAT.

Step 7: Coordinate all installation reviews and provide comments within the required timeframe. See Facility Information Bulletin (FIB) Number 96-016 for requirements on reviews of work plans.

Step 8: Oversee the work in progress using your QA resources as stated in the approved quality assurance plan. Certify partial and final payments for work accomplished.

Step 9: Provide an evaluation to the TAT on the performance of the contractor and the MEDCOM Support Team.

6. HOW TO OBTAIN PROJECT STATUS INFORMATION?

The TAT will provide the current status of your project upon request. The 1-800-WORK-TAT (967-5828) (to be on-line in FY97) will give you access to a central project database that will document progress of your project. Status during construction should be obtained from your QA person on-site, if one has been provided. For those projects where service was obtained directly from the MEDCOM Support Team, obtain status from that project manager. The use of electronic mail (E-mail) should be the primary tool to request status of your project.

7. HOW TO RESOLVE PROBLEMS OR ISSUES ON PROJECTS?

No matter how good the process or the people are, problems and issues will arise that must be addressed in a timely manner to keep your project on schedule. Our goal is a successful project completed within the quality, time, and costs parameters set forth at the beginning of the project.

If the problem can not be resolved on-site or by phone with key people then the problem should be documented in writing with recommended solutions and forwarded to the TAT project manager for resolution.

ATTACHMENTS.

- A. LISTING OF ACTIVITIES AND ADDRESSES
- B. QUALITY ASSURANCE PROCESS
- C. CURRENT CONTRACTS

ATTACHMENT A
LISTING OF ACTIVITIES AND ADDRESSES

DCSIE&FM, MEDCOM

U.S. ARMY Medical Command
Deputy Chief of Staff, MEDCOM
ATTN: MCFA-M (Gregory Christensen)
2050 Worth Road, Suite 22
Fort Sam Houston, TX 78234-6022
Telephone: 210-221-7154 DSN 471-7154 Fax: 210-221-6672

MEDCOM Technical Assistance Team

MEDCOM Technical Assistance Team, HFPA
Fort McPherson Health Clinic (Bldg. 162)
ATTN: HSHF-HC-MCP-TAT (Tim Thomas)
Fort McPherson, GA 30330-5000
Telephone: 404-464-3231 DSN 367-3231 Fax: 404-464-2055
1-888-WORK-TAT (967-5828)

MEDCOM Support Team
Huntsville, Corps of Engineers

U.S. Army Engineering & Support Center, Huntsville
4820 University Square
ATTN: CEHNC-PM-MP (Rick Suever)
4820 University Square
Huntsville, AL 35816-1822
Telephone: 205-895-1460 Fax: 205-895-1172

MEDCOM Support Team
Mobile District, Corps of Engineers

U.S. Army Engineer District, Mobile
ATTN: CESAM-PM-SP (Eric Auyang)
PO Box 2288
Mobile, AL 36628-0001
Telephone: 334-694-4060, Fax: 334-690-3080
1-800-543-2031

MEDCOM Support Team
Fort Worth District, Corps of Engineers

U.S. Army Engineer District, Fort Worth
ATTN: CESWF-PM-J(MED) (Al Khatena)

819 Taylor Street

PO Box 17300

Fort Worth, TX 76102-0300

Telephone: 817-978-4831, Fax: 817-978-0074

1-888-MED-TEAM

MEDCOM Support Team

Central Contracting Office, MEDCOM

Central Contracting Office, MEDCOM

Facility Support Section

ATTN: MCAA-C (Leo Sleight)
Building 2015
1105 Beebe Loop Suite 39
Fort Sam Houston, TX 78234-6039
Telephone: 210-916-7080 DSN 429-7080 Fax: 210-916-7663

U.S. Army Center for Health Promotion and Preventive Medicine

USACHPPM

ATTN: Health Care Hazards Program (LTC Jim Horne)
Aberdeen Proving Ground, MD 21010-5422
Telephone: 410-671-3040 DSN 584-3040 Fax: 410-671-3665

249th Engineer Battalion (Prime Power)

ATTN: CECPW-M-OP
7701 Telegraph Road
Alexandria, VA 22315-3862
Telephone: 703-704-1513 Fax: 703-704-1529

Omaha District, Corps of Engineers

U.S. Army Engineer District, Omaha
ATTN: CEMRD-ED-ME (Bill Rafferty)
216 17th Street
Omaha, NE 68102-4978
Telephone: 402-221-4332 Fax: 402-221-4828

Health Facility Planning Agency

U.S. Army Health Facility Planning Agency
ATTN: MCMR-FPC (Seth Wilson -Construction, Nathan Chong -Renewal,
LTC Thomas Kurmel -Master Planning)
5109 Leesburg Pike, Suite 679
Falls Church, VA 22041-3258
Telephone: 703-681-8241 DSN: 761-8241 Fax: 703-681-8226

ATTACHMENT B
QUALITY ASSURANCE PROCESS

The Medical Facility Support Program QA is a very important part of your project execution. The Medical Facility Support Program has established a QA process to ensure that a quality assurance plan is developed for each TOOLBOX project.

The basic premise of the process is that Notice to Proceed (NTP) will not be issued by the contracting officer for actual work at a facility until a project QA plan is approved and the organization performing the QA has signed the QA plan. The steps are described in the following paragraphs.

The process begins when the contractor submits a draft work plan. One of the sections included in the work plan is the contractor's quality control plan. Using this quality control plan, the contracting office and the TAT jointly prepare a Project Quality Assurance Plan. The TAT and FM prepare a cost estimate for the QA effort based on this plan which is used as a cost target for this effort.

The TAT coordinates the project QA plan with the FM who approves the plan by signing on the cover sheet. At this point, the FM may decide to perform QA with his staff. If so, the personnel qualifications are forwarded to the contracting officer for approval. If not, the FM and the TAT coordinate the QA plan with the installation DPW. If the DPW has qualified personnel available and can meet the project schedule and cost targets, they agree to take on the work by signing the QA plan cover sheet. The QA plan cover sheet with the required signatures and the QA personnel qualifications are returned to the contracting officer and, if approved, a NTP is issued.

If the DPW is not able to support the QA effort, the TAT and/or the FM take the QA plan to the geographic Corps of Engineers district. The decision process for using the local district is the same as outlined above. The district must have qualified personnel available and meet project schedule and cost targets.

If the local Corps of Engineers' office cannot perform the work, the contracting office or the TAT may send someone to perform QA. Once the project begins, the contracting officer will issue the appropriate level of Contracting Officer's Representative (COR) authority to the government personnel performing the QA. The appropriate level of authority will be at the discretion of the contracting officer. The QA role, whether by government

personnel or contractor, is to monitor construction performance and job site safety, provide progress reports to the project manager and the TAT, and verify the completion and quality of the work. The QA representative (or the FM in the case of QA being performed by a TAT contractor) will also sign pay request certifications to substantiate the contractor's invoices. Finally, the QA representative may be called upon to assist in the preparation of delivery order close-out documentation at the completion of the project.

Every TOOLEBOX project presents great opportunities and challenges. The FM must ensure that resources are available to administer the project from start-to-end. In addition to these responsibilities, the FM must ensure daily operation, maintenance, and minor repair activities are not compromised.