



Army Medical Equipment Reset Information Brief

US Army Medical Materiel Agency
(USAMMA)

October 2010





Purpose



To provide customers, stakeholders and partners an overview of the MEDCOM / USAMMA Medical Equipment Reset Program in support of Army Force Generation (ARFORGEN).



Introduction & Background



❖ ARFORGEN:

- “a process — enhancing the Army’s ability to provide combatant commanders with whole, cohesive, ready units while increasing predictability and reducing uncertainty for Soldiers and their Families.” *ACP 2008 PLANORD, 29 FEB 08*
- USAMMA is the Medical Equipment integrator for ARFORGEN

❖ Reset:

- Major component of ARFORGEN process; is rapidly evolving
- Requires tremendous administration, reporting and coordination with Army-wide stakeholders and customers

❖ Funding:

- FY07: Army spent \$17.1B on Army Reset Programs, \$13.6B in FY 08
- FY08: MEDCOM established first ever, Sustainment-Level Reset Program
\$73.1M Sustainment-Level program initially focused on BCT / Enabling BDE Reset
- FY09: Equipment/Set Induction and Reset at Home Station Based on 8 Fielded IMSAA LINs and 87 Sustainment Line Item Number (LIN)-based strategy cost spent at \$89 Million. As of: **OCT 2010**



Medical Reset FY10 to FY11



Medical Reset Future...

- ❖ **FY 10 USAMMA revised its business rules for Reset, since most units have been fielded within the previous two years. In FY10, Medical Equipment Reset focused on improving efficiency by changing from a total replacement concept to that of a maintenance-focused strategy at the sustainment level which maximizes the repair and refurbishment of all clinically acceptable LINs and Reset of all maintenance significant items with the most appropriate level of effort based on usage and materiel condition.**
- ❖ **Exceptions to this include Resetting only those durable items which have changed because of authorization updates, replacing non-clinically acceptable assemblages (older than 2006) and only reconstituting expendable items for units with 12 months or less of projected dwell time. These changes helped reduce unnecessary costs, maximize patient care and avoiding waste in the process.**
- ❖ **These procedures will continue through the FY11 Reset fielding year, but continue to grow and change with units feedback from units and lessons learned.**



Commodity Considerations



Care and Maintenance of Materiel On Hand

Rapid Technological Obsolescence/Washout of Equipment On Hand

Magnitude and Complexity of Medical System



Lifepak 10



Zoll Defib



Most medical materiel / \$ is in SKOs, and not major end items

Challenged by low density / high complexity equipment; requires maintenance specialists

Commercial products; no one market for pharmaceutical, medical surgical, dental, lab, vet, etc.

Quality control (potency dating, sterility, temp control) makes reuse challenging

Low materiel readiness is common, units scramble to deploy/Reset

Only 1 Medical Repairer per BCT; DOLs have no Med Maint capability





Old Medical Reset Strategy



FY09 Equipment/Set Induction and Reset at Home Station

Line Item Number (LIN)-based strategy

❖ Unit:

1. Claims / executes Reset plan using Automated Reset Management Tool (ARMT)
2. Redeploys to home station with all medical equipment
3. Conducts Field Level Reset (IMSA) on 8 LINs/21 NIINs (variants)
Involves mostly expendables / durables; low potential for Recapitalization (next slide)
4. No in-theater Reset induction; continue home station induction at Reset Fielding
5. Only LINs deployed/redeployed to OIF/OEF and validated through ARMT are eligible for Reset
For example, 7 Trauma Sets O/H, but only 3 deploy; 4 Trauma Sets do not deploy, therefore ineligible for Reset
6. Units exercise core capability to line item requisition select LINs (i.e., Sick Call Sets) from their IMSA

❖ USAMMA:

1. Provides disposition instructions to redeploying units via ARMT
2. Conducts Sustainment Level Reset (USAMMA) of 84 LINs/177 NIINs (variants)
Based on complexity and potential for Recapitalization
3. Conduct Reset of Sustainment LINs at home station
4. Provide disposition instructions for old sets / equipment and induct recapitalization items back to depots for refurbishment
5. Reset Sustainment-level LINs to latest equipment using new and recapitalized items

All redeploying units (BCTs, Enabling BDEs, and IBUs) Sustainment and Field Level Reset done by LIN, regardless of unit type or compo



Medical Reset Strategy



FY10/FY11 Medical Equipment Reset transitions from a LIN based Sustainment/Field Level strategy to a LIN and NIIN strategy based on current unit assemblages
(Focus efforts on resetting medical maintenance significant items).

All re-deploying units are Reset based on the LIN/NIINs currently being fielded by USAMMA

❖ **Unit:**

- 1. All units requesting Reset support must claim plans (NLT Rtn-120) and must EXECUTE their Reset plans in the Automated Reset Management Tool (ARMT) NLT Rtn-90 and USAMMA will provide disposition instructions within 72 hrs. Units who fail to do so will jeopardize the Medical Reset of their equipment and sets.**
- 2. Redeploys to home station with all medical equipment; Unless equipment has been properly transferred as Theater Provided Equipment (TPE) (which requires TPE directive)**
- 3. All post-Reset expendable shortages are a unit level responsibility, to be requisitioned**
- 4. Reconstitution of assemblage consumables for units with greater than 12 month projected dwell is the responsibility of the unit using operational and maintenance funding and overseas contingency operations (OCO) funding prior to deployment.**
- 5. Only LINs deployed/redeployed to OIF/OEF and validated through ARMT are eligible for Reset**
For example, 7 Trauma Sets O/H, but only 3 deploy; 4 Trauma Sets do not deploy, therefore ineligible for Reset
- 6. Units exercise core capability to line item requisition select LINs (i.e., Sick Call Sets) from their IMSA**



Medical Reset Strategy



❖ **FY10/FY11 USAMMAs Responsibilities: Focused on medical maintenance significant items.**

❖ **USAMMA:**

1. Provides disposition instructions to Redeploying Units via ARMT within 72 hrs of Units execution request for verification.
2. USAMMA will Reset medical LINs/NIINs via simultaneous equipment/set induction and Reset-Fielding/Direct Exchange (DX) at Home Station by Rtn+180 for Compo 1 and Rtn+360 for COMPO II & III unit.
3. Regardless of the current vintage of LIN/NIINs on-hand, USAMMA will provide a direct exchange of all Maintenance Significant Equipment (TIC Code: C) items for each authorized Set, Kit, & Outfit (SKOs) in accordance with the latest Unit Assemblage (UA) in order for unit to achieve a minimum of S2/R2 USR reporting standards by the end of the Reset phase **using new and recapitalized items**
4. USAMMA provides a Reset Materiel Fielding Team (MFT), with the primary purpose to induct medical maintenance significant items at home station and to simultaneously field new or re-furbished/re-capitalized medical equipment and sets, when required.
5. Provide disposition instructions for old equipment and induct recapitalization items back to depots for refurbishment



Medical Reset Strategy



❖ **FY10/FY 11 USAMMAs Responsibilities: Focused on medical maintenance significant items(cont)**

❖ **USAMMA:**

Additionally USAMMA will Reset field eligible units all sets and equipment that

- a) Are newly authorized since the unit's previous Reset or modernization fielding and have not been purchased by the unit,
 - b) Have been left as Theater Provided Equipment (TPE) (requires TPE directive forwarded to USAMMA EOC),
 - c) Have been destroyed or lost due to battle or Financial Liability Investigation of Property Loss (FLIPL).
- All post-Reset expendable/durable shortages will be a unit level responsibility, to be requisitioned and filled utilizing operational resources and filled through your local IMSA (Installation Medical Supply Activity) .

For more information and Answers to Frequently Asked Questions as well as POCs visit USAMMAs information center

(https://www.us.army.mil/suite/portal/index.jsp;jsessionid=8B696767A49F70B322EA075C722FFB16.a_ppd04_1).

As of: **OCT 2010**



Maintenances Significant Items Current Set NIIN Per UAs



1. This is an Example of the Total List: If a Unit has one of the Following LINs With the NIIN in column C, They will only receive the Maintenances Significant Items from USAMMA that are associated with that LIN on Sheet 2.
2. If you have a LIN from this Chart but the NIIN is not the same, the Unit will receive the whole set complete LIN to bring the LINs up to the newest UAs. All Items Inclusive

Example: **(A)** Unit has D39228- and the NIIN is 01-529-4225, The Unit will receive from USAMMA during the RESET Fielding

- (1ea) 01-398-6299 SONIC PROPHYLAXIS UNIT DENTAL
- (1 ea) 01-446-4170 LIGHT DENTAL OPERATING FIELD COMMAND AIR PORT LIGHT 115/230 V
- (4ea)01-531-0886 MOTOR DENTAL HANDPIECE 0-600 AND 30000 RPM 4 HOLE CONNECTION
- (1ea)01-549-0030 ULTRASONIC PROPHYLAXIS UNIT DENTAL 30K W/HARDENED CASE
- (1ea) 01-566-1979 DENTAL FIELD TREATMENT AND OPERATING SYSTEM(DEFTO):

The Unit is required to replace all Expendables and Consumables through operational and maintenance funding

Example: **(B)** Unit has D43641- and the NIIN is "NOT" 01-529-5182, Then the Unit will receive from USAMMA during the RESET Fielding a Replacement LIN "D43641" with the NIIN of "01-5290-5182" the New NIIN, This is issued as a Complete Set.

SHEET 1

LIN	UA	NIIN	NOMEN	PRICE
D39228	179A	015294225	DES DENTAL HYGIENIST FIELD:	51,399.91
D39478	270A	015294443	DES DENTAL X-RAY FIELD:	47,016.98
D43641	278A	015295182	DES ENDODONTICS:	30,050.31
D43802	174A	015294218	DES COMPREHENSIVE DENTISTRY FIELD	81,324.97
D95343	274A	015294449	DES DENTAL SUPPORT:	19,366.23

SHEET 2

SET LIN	SET NOMEN	ITEM NIIN	ITEM NOMEN	ARC	Ea	Qty	Extended	TIC
D39228	DES DENTAL HYG-2005	013986299	SONIC PROPHYLAXIS UNIT DENTAL	N	907.65	1	907.65	C
D39228	DES DENTAL HYG-2005	014464170	LIGHT DENTAL OPERATING FIELD COMMAND AIR PORT LIGHT 115/230 V	N	1,274.35	1	1,274.35	C
D39228	DES DENTAL HYG-2005	015310886	MOTOR DENTAL HANDPIECE 0-600 AND 30000 RPM 4 HOLE CONNECTION	N	831.60	4	3,326.40	C
D39228	DES DENTAL HYG-2005	015490030	ULTRASONIC PROPHYLAXIS UNIT DENTAL 30K W/HARDENED CASE	N	4,680.27	1	4,680.27	C
D39228	DES DENTAL HYG-2005	015661979	DENTAL FIELD TREATMENT AND OPERATING SYSTEM(DEFTO):	N	20,843.00	1	20,843.00	C



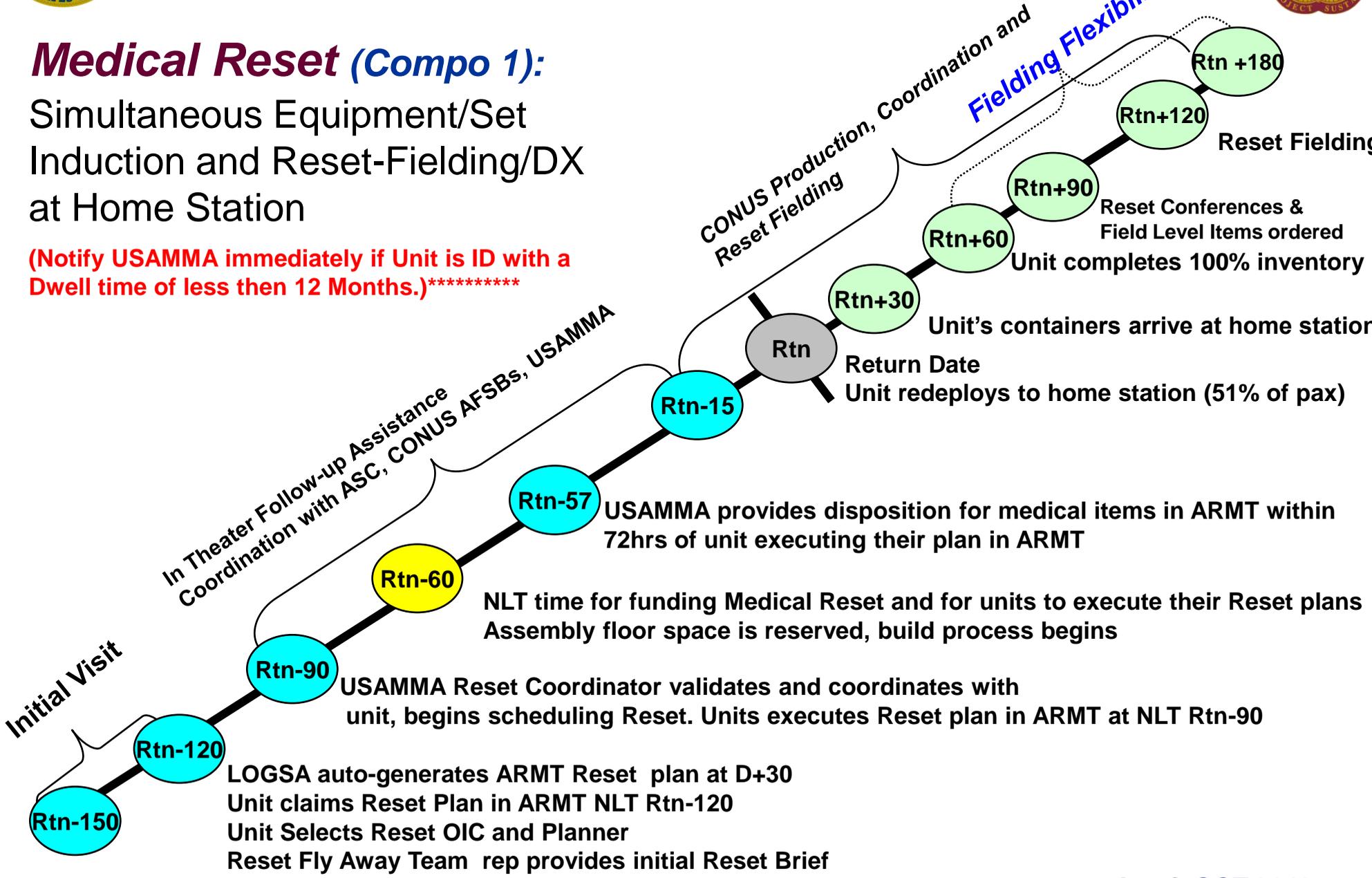
Compo 1 Sustainment Medical Reset Timeline



Medical Reset (Compo 1):

Simultaneous Equipment/Set Induction and Reset-Fielding/DX at Home Station

(Notify USAMMA immediately if Unit is ID with a Dwell time of less then 12 Months.)*****





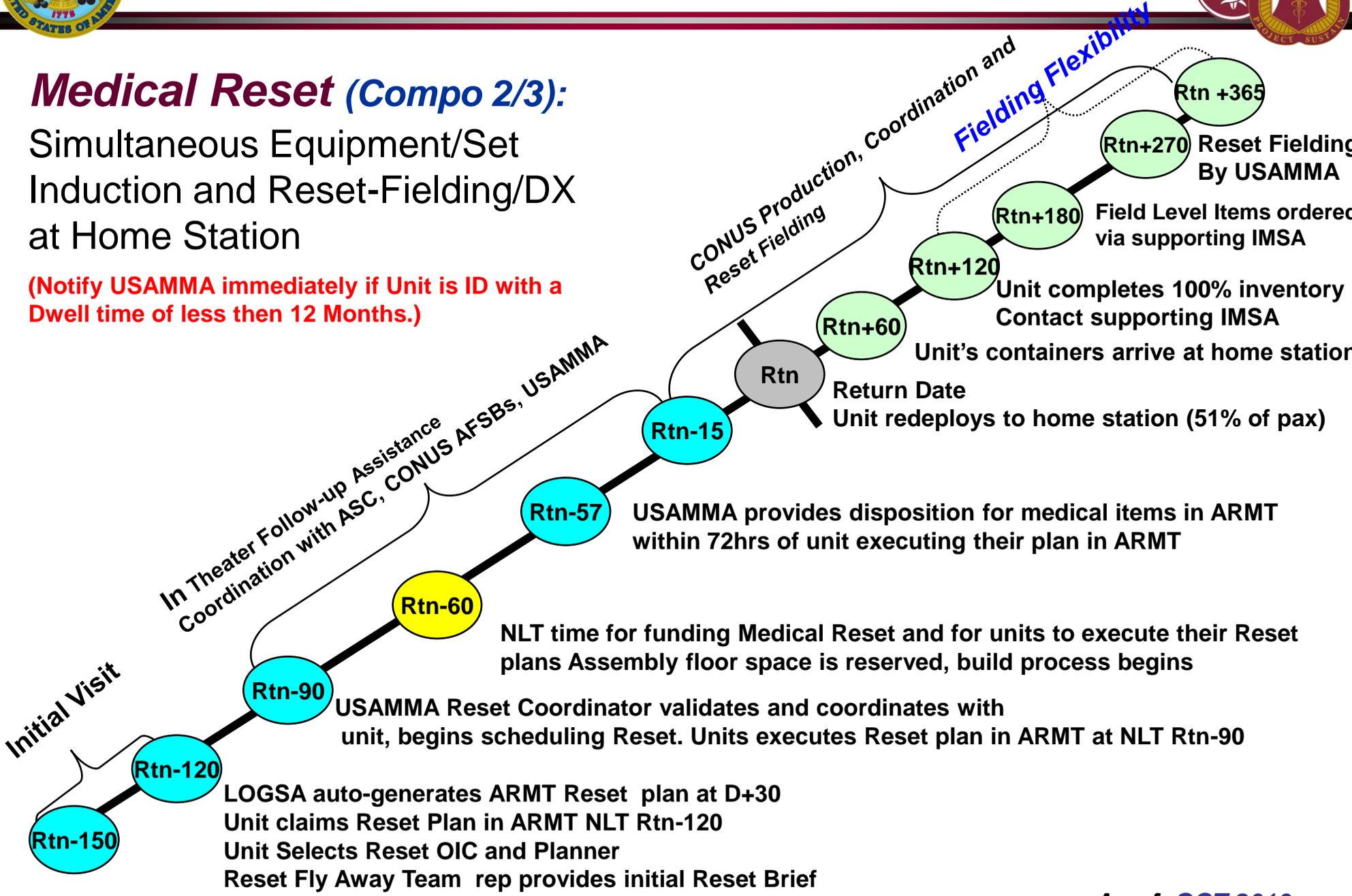
Compo 2/3 Sustainment Medical Reset Timeline



Medical Reset (Compo 2/3):

Simultaneous Equipment/Set Induction and Reset-Fielding/DX at Home Station

(Notify USAMMA immediately if Unit is ID with a Dwell time of less than 12 Months.)





Medical Reset Summary



Medical Reset Strategy will...

- ❖ Synchronize OTSG/MEDCOM with ARFORGEN Model
- ❖ Synchronize USAMMA with AMC/ASC as another supporting Life Cycle Management Command
- ❖ Integrate with AMC's system (ARMT), teams (AFSBs/LSEs) and processes
- ❖ Provide the highest state of readiness by resetting units with the current medical equipment capabilities
- ❖ Track and manage processes for accountability, speed, quality, and cost-effectiveness
- ❖ Evolve business rules and processes into a single ARFORGEN focused medical equipping forecasting process
- ❖ Prepare units for future contingency operations



Conclusion



Medical Equipment Reset is an evolving part of a larger ARFORGEN process. As an LCMC, USAMMA will continue to work and coordinate with ASC to further refine these and other ARFORGEN equipping processes and procedures.



Questions?



❖ Medical Equipment Reset Info:

▪ USAMMA Website

http://www.usamma.army.mil/army_medical_reset_information.cfm

▪ AKO <https://www.us.army.mil/suite/kc/9725124>

❖ USAMMA Emergency Operations Center:

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