

MEDCOM PAM 700-1



HEADQUARTERS

U.S. ARMY MEDICAL COMMAND



CLRP

COMMAND LOGISTICS REVIEW PROGRAM

"Assistance first, assessment second"

PROCEDURES GUIDE

AUGUST 2005

THE COMMAND LOGISTICS REVIEW PROGRAM PROCEDURES GUIDE

This procedural guide is designed to assist team members at all command levels during the course of their logistics review. Copies of this guide are available upon request to the Command Logistics Review Team at DSN: 471-7166 or CML: (210) 221-7166. Current guidance outlined in this guide has been extracted from pertinent Federal and State laws, Army Regulations, Army Medical Command Regulations and Supplements, and the standards of the Joint Commission on Accreditation of Healthcare Organizations. A careful review of the contents of this guide can assist in improving logistics business practices and reinforcing the various logistics aspects of the management of the environment of care.

While this document provides succinct direction to aid in the management of the myriad responsibilities covering broad functional areas, it does not reveal that team members will form conclusions concerning morale, support climate, and customer service philosophy. Also, this document does not contain references to work flow administration and equity of assigning tasks.

The primary objective of medical logisticians is to support Army Medicine. The medical logistician must support his customers in a selfless manner, for there is never a reason for nonsupport.



“SUPPORTING AMERICA’S ARMY IN EVERYTHING WE DO”

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Pamphlet
No. 700-1

4 August 2005

Logistics
COMMAND LOGISTICS REVIEW PROGRAM PROCEDURES GUIDE

TABLE OF CONTENTS

	<u>PARAGRAPH</u>	<u>PAGE</u>
HISTORY	1.....	2
PURPOSE	2.....	2
REFERENCES.....	3.....	2
EXPLANATION OF ABBREVIATIONS AND TERMS.....	4	2
APPENDIXES		
A. CONCEPT OF OPERATIONS.....		3
B. AREAS OF INTEREST.....		7
C. ENTRANCE BRIEFING (OUTLINE)		8
D. EXIT CRITIQUE (OUTLINE).....		10
E. SUPPORT FROM INTERNAL/EXTERNAL ORGANIZATIONS AND MAJOR ARMY COMMANDS		11
GLOSSARY.....		13

*This pamphlet supersedes MEDCOM Pamphlet 700-1, 15 March 2000.

1. HISTORY. This issue is a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. PURPOSE. To prescribe the internal operating procedures for the conduct of the U.S. Army Medical Command (MEDCOM) Command Logistics Review Program (CLRP).

3. REFERENCES.

- a. AR 11-1, Command Logistics Review Program (CLRP).
- b. AR 40-61, Medical Logistics Policies and Procedures.
- c. JCAHO Hospital Accreditation Standards

4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this pamphlet are explained in the glossary.

APPENDIX A

CONCEPT OF OPERATIONS

1. **Purpose.** To outline the scope of the CLRP, to standardize the operations of the Command Logistics Review Team (CLRT), and to augment AR 11-1 as supplemented by this command.
2. **Responsibility.** The Assistant Chief of Staff for Logistics (ACSLOG) has overall staff responsibility for the CLRP.
3. **Scope.** The MEDCOM CLRP is not an inspection program. It is an assessment and assistance program for review of medical-based logistics operations and programs. The CLRT will evaluate all aspects of an organization that could affect its logistics support practices. The intent of the review is to pinpoint the area(s) that indicate the system's inability to respond to the organization's critical logistics requirements. The overall task is to determine how well the logistics system is working to support the healthcare mission and provide command guidance concerning compliance with regulations, statutes, laws, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
4. **Personnel.** Personnel assigned as CLRT members represent the Commander, MEDCOM and, as such, their technical proficiency and conduct reflect directly upon both the command and the U.S. Army. Team members must have a sense of cooperation and display the attitude that their mission is to assist and make an assessment of the activity's logistics readiness posture.
5. **Scheduling.** Scheduling is coordinated with the MEDCOM Logistics staff and other appropriate headquarters staff as required. In accordance with (IAW) AR 11-1, activities should be visited every 36 months at a minimum. Criteria used to create the CLRP schedule consists of the following:
 - a. Activities categorized as a Medical Treatment Facility (MTF).
 - b. Schedule site visits between 24-36 months.
 - c. Newly assigned Chiefs of Logistics.
 - d. The MTF's past performance.
6. **Previsit procedures.** CLRT members should be familiar with the organization's specific concerns and issues. To adequately perform the task, team members must review all applicable documents and reports available for the sole purpose of identifying potential areas of concern. Examples of documents to review before a visit include, but are not limited to, the following:

- a. The facility's self-assessment.
- b. Previous CLRT reports.
- c. JCAHO final reports.
- d. U.S. Army Audit Agency reports.

e. Performance Reports generated from Defense Medical Logistics Standard Support (DMLSS), Theater Army Medical Management Information System (TAMMIS), or Army Medical Department Property Accounting System (AMEDDPAS).

7. **During the visit.** CLRT personnel are responsible for researching and providing answers or recommended solutions to specific questions, procedural issues or problem areas, which arise during the assistance visit. To ensure findings are collected in a timely manner, each team member is responsible for forwarding their final reports to the Team Chief two hours before the scheduled final out brief.

8. **Conduct of review.** General procedures for conducting CLRT visits are as follows:

a. An annual schedule of CLRT visits will be published on <http://www.medlogspt.army.mil> no later than the first week of September for the following fiscal year and provided to each Regional Medical Command (RMC) electronically.

b. The Team Chief will schedule activities IAW Department of the Army (DA) and MEDCOM ACSLOG guidance and will coordinate with ACSLOG; Assistant Chief of Staff for Installations, Environment, and Facility Management; U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM); and appropriate logistics support staff throughout the command.

c. Team members will be advised of the dates of the visit, prior coordination meetings, transportation/billeting requirements, and other administrative details as deemed necessary by the Team Chief.

d. An entrance briefing will be scheduled at each activity visited. All team members will attend the entrance briefing with the Chief of Logistics and his staff.

e. Team members will meet their counterparts at the entrance briefing. After the briefing, each subject matter expert will proceed with their counterpart to begin the review process. Specific details concerning actions of the team members are outlined in paragraph 9.

f. The exit briefing will consist of a short verbal presentation of the findings presented by the Team Chief and various team members. This is given to the activity's command staff as desired by the Commander (or a designated representative) of the activity.

9. Review methodology/techniques. Each team member will be fully aware of his/her mission, the method of review, and the appropriate expertise required in their particular area of interest, specifically--

a. Team members will understand that, while the review is not an inspection as such, inspection-type functions such as reviewing records and asking technical questions concerning a particular function are necessary to uncover "systemic" problems. However, simply uncovering a problem does not end the review process. The task involves identifying exactly why the error/problem exists and what must be done to correct it. On-the-spot corrective action is encouraged, if possible, to correct minor observations/findings.

b. Checklists from the CLRP web-based program (<http://www.medlogspt.army.mil>) will be used for evaluation during the course of the review. The current version of the CLRP checklist can be obtained on the website or by contacting the CLRT Team Chief. The Team Chief may add additional areas of the review as desired and/or directed, subject to approval.

c. Each noted finding is traced upward through the unit's logistics support chain to determine the "systemic" problem. This part of the review includes querying each supporting level as to what specific corrective actions they have initiated (or intend to initiate) to solve the finding.

d. Team members will separate the observations by major areas of interest (for example, medical maintenance management, property management, medical materiel management, etc.). The Team Chief will prioritize the observations in preparation for the final brief to the command staff.

e. Each team member will provide the Team Chief a written summary of his/her findings. The summary should include all of the noted deficiencies annotated on DA Form 4965-R, (Command Logistics Review Program Observation Worksheet). The Team Chief may elect to use these summaries during the exit brief and in the development of the executive summary for the final report.

f. All team members will be present for the exit critique(s).

10. Post-visit procedures. The following procedures will be accomplished upon completion of a visit--

a. A complete summary of the observations will be provided to the Chief of Logistics.

b. Team members will forward their findings to the Team Chief within 5 working days after the visit.

c. The Team Chief will prepare a final report for review by the ACSLOG, MEDCOM and appropriate ACSLOG staff within 30 working days after the completion of the visit.

11. Final actions.

a. A final report will be forwarded to the Commander of the activity/organization within 45 days after the visit. The report will consist of the following:

(1) An executive summary outlining the functional areas reviewed, highlighting only the most serious findings, and overall readiness of the Logistics Division.

(2) A list of team members and the functional areas they reviewed.

(3) An index of observations.

(4) Summaries of observations and recommendations annotated on DA Form 4965-R.

(5) A Facilities Management Executive Summary.

b. The ACSLOG, MEDCOM, will sign the final report and forward it through the RMC, for the Commander of the activity.

c. A response letter is required for each “deficiency” and “deficiency with potential liability.” The suspense date for the reply is 60 days after the report is signed and forwarded to the RMC Commander.

d. The CLRT will review the responses and corrective actions provided by each Logistics staff member and provide feedback. There is no requirement for the activity to provide a written response to this letter.

APPENDIX B

AREAS OF INTEREST

1. **Purpose.** To outline various points to be considered by team members within applicable major areas of interest described in AR 11-1.
2. **Procedures.** Team members will refer to their respective checklists as guidelines during the process to ensure key points within their areas of interest are reviewed. These checklists do not include all possible logistics issues. Therefore, issues not covered in a particular checklist may emerge during the review process. Team members should review management reports in their area of interest to ensure MEDCOM established objectives are being met and, if not, determine why. Team members are encouraged to conduct training to facilitate on-the-spot corrective action for minor logistics findings.

APPENDIX C

ENTRANCE BRIEFING (OUTLINE)

1. Introduction.

a. Team Chief introduces him or herself and formally greets attendees on behalf of the ACSLOG, MEDCOM.

b. Introduce team members and identify their functional areas of expertise.

2. Discussion.

a. State the mission and who has overall responsibility.

b. Discuss purpose of the visit.

c. Discuss methodology and techniques.

d. Highlight categories of observation.

(1) Positive: The review team will surface any positive observations in the narrative portion of the final report and will be recognized during the out brief. Excellence is broadly defined as customer support functions, new initiatives, best business practices, accreditation successes, and money saving initiatives. The ACSLOG staff will review all positive observations and determine which ones will be shared with field activities.

(2) Deficiency: Observations of a serious nature; systemic failures, which relate directly to patient welfare, staff safety, accountability losses, or any violation of applicable statutes. These types of observations require the immediate attention of the command and will require a written reply.

(3) Deficiency with Potential Liability: Relates to violations of laws or statutes. This category is assigned when the command is in danger of a punitive fine from other Government agencies or the violation could trigger a lawsuit against the Government. Assignment of this category may result if the command is engaged in an unwise business activity (suboptimal business practices). Such observations require the immediate attention of the command and will require a written reply.

(4) Outside Finding: A finding within an outside agency not under the direct control of the Chief of Logistics of the activity. The agency/agencies provided sub-standard support, which negatively impacted the performance of the Logistics Division.

(5) Advisory: A finding purely administrative in nature, i.e., upon the review of an activity's standing operating procedure it was noted that several of the references were outdated. Advisories are only reported to the Logistics staff.

e. Discuss schedule of visit.

f. Discuss final written report (executive summary, "Deficiency with Potential Liability," "Deficiency," and "Outside" observations).

APPENDIX D
EXIT CRITIQUE (OUTLINE)

- 1. Introductory remarks by the Team Chief.**
- 2. Discussion.**
 - a. Summary of observations by team members.
 - b. Review the procedures for items requiring corrective action(s).
 - c. Preparation of final report and how it will be forwarded to the activity.
 - d. Answer any questions on procedures or conduct of the review.
 - e. Closing remarks by Team Chief.

APPENDIX E

SUPPORT FROM INTERNAL/EXTERNAL ORGANIZATIONS AND MAJOR ARMY COMMANDS

1. Purpose.

a. To emphasize the need for a “systemic” review of internal and external organizations that affect the ability of the organization under review to successfully accomplish its assigned missions effectively.

b. Units/activities are often confronted with problems beyond their organization’s ability to control, fund, or resolve. These problems are often not solvable at the activity under review, and cannot be resolved without coordination with other installation activities or Major Army Commands (MACOMs). During CLRT review, these matters are handled as “outside” observations/findings.

2. General.

a. Problems of an external nature can be addressed in the following manner to assist activities:

(1) For significant issues, address problems on the CLRP Observation Worksheet.

(2) Visit/discuss problems with the installation support activity for possible resolution.

(3) Inform the MACOM of the organization responsible for providing the necessary support.

(4) Report problems of an internal/external nature to the Team Chief for coordination/resolution.

b. Organizations listed below are some activities that can assist in the resolution of external problems that cannot be resolved by the activity under review.

(1) Installation activities:

(a) Directorate of Logistics.

(b) Installation Contracting.

(c) Installation Engineers.

- (d) Civilian Personnel Advisory Center.
 - (e) Directorate of Information Management.
 - (f) Transportation motor officer.
 - (g) Activity and Post Commanders.
 - (h) Defense Reutilization and Marketing Office.
- (2) MACOM organizations:
- (a) Storage and distribution points (depots).
 - (b) Military services wholesale level supply support (that is, *Defense Supply Center Philadelphia).
 - (c) Military services retail level support.
 - (d) Prime Vendors.
 - (e) U.S. Army Forces Command.
 - (f) U.S. Army Training and Doctrine Command.

*DSCP is responsible for medical materiel, clothing and textiles, and subsistence.

GLOSSARY

**Section I
Abbreviations**

ACSLOG Assistant Chief of Staff for Logistics
 AMEDDPASArmy Medical Department Property Accounting System
 CHPPM.....U.S. Army Center for Health Promotion and Preventive Medicine
 CLRP.....Command Logistics Review Program
 CLRT.....Command Logistics Review Team
 DA Department of the Army
 DMLSS Defense Medical Logistics Standard Support
 IAWin accordance with
 JCAHO Joint Commission on Accreditation of Healthcare Organizations
 MACOM Major Army Command
 MEDCOM.....U.S. Army Medical Command
 MTF.....Medical Treatment Facility
 RMC Regional Medical Command
 TAMMIS.....Theater Army Medical Management Information System

**Section II
Terms**

This section contains no entries.

The proponent of this publication is the Office of the Assistant Chief of Staff for Logistics. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCLO, 2050 Worth Road, Fort Sam Houston, TX 78234-6008.

FOR THE COMMANDER:



JOSEPH G. WEBB, JR.
Major General
Chief of Staff

CHARLES C. HUME
Colonel, MS
Assistant Chief of Staff for
Information Management

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