



Defense Health Agency

PROCEDURES MANUAL

NUMBER 6430.09

April 27, 2022

DAD-MEDLOG

SUBJECT: Medical Logistics (MEDLOG) Customer Support Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (n), implements policy, assigns roles, and responsibilities and establishes the Defense Health Agency's (DHA) procedures to:

a. Provide a direct channel of communication between the DHA Medical Logistics (MEDLOG) Directorate, Direct Reporting Organization (DRO) MEDLOG accounts, DRO Directors, Direct Reporting Market (DRM) Directors, and assist DHA MEDLOG accounts in executing the MEDLOG mission across the Enterprise.

b. Establish DHA MEDLOG Customer Support Teams (CST) under the Chief, DHA MEDLOG Business Operations Division.

c. Create standard, repeatable customer support processes to:

(1) Disseminate MEDLOG policy and procedures and provide managerial and technical support to DHA DRO.

(2) Monitor DHA DRO MEDLOG account performance.

(3) Report account status to the Deputy Assistant Director (DAD) for MEDLOG, DHA DRO MEDLOG Chiefs, DHA DRO Directors, DHA Market Directors, and the Defense Medical Logistics Proponent Committee (DMLPC).

2. APPLICABILITY. This DHA-PM applies to the DHA, DHA Activities (under the authority, direction, and control of DHA), and all personnel assigned to such organizations to include: assigned or attached active duty and reserve members, federal civilians, members of the Commissioned Corps of the Public Health Service, contractors (when required by the terms of

the applicable contract), and other personnel assigned temporary or permanent duties at DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (n), that the DHA MEDLOG Directorate, in collaboration with Military Department's MEDLOG, establish standard MEDLOG standard procedures across the Military Health System.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the DAD-MEDLOG. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to DAD-MEDLOG to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
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LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018, as amended
- (d) DoD Instruction 6430.02, “Defense Medical Logistics (MEDLOG) Program,” August 23, 2017
- (e) DHA-Procedural Instruction 6430.02, “Defense Medical Logistics (MEDLOG) Enterprise Activity (EA),” September 27, 2018
- (f) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011, as amended
- (g) DHA-Procedures Manual 6025.13, Volume 5, “Clinical Quality Management in the Military Health System, Volume 5: Accreditation and Compliance,” August 29, 2019
- (h) 10 U.S.C. §1073c
- (i) DHA-Administrative Instruction 6430.06, “Medical Logistics (MEDLOG) Customer Support Teams (CST),” August 31, 2020
- (j) DHA-Procedural Instruction 3700.01, “Director’s Critical Information Requirements (DCIR), Situation Report (SITREP),” October 4, 2019, as amended
- (k) DHA Administrative Instruction 088, “Office of the Inspector General (OIG),” August 27, 2019
- (l) DHA Administrative Instruction 106, “Organizational Inspection Program (OIP),” August 27, 2019
- (m) DHA Procedural Instruction 6000.02, “Healthcare Technology Management (HTM) Medical Devices and Equipment (MDE) Requirements Management for Military Medical Treatment Facilities (MTFs),” June 15, 2020
- (n) DHA Procedural Instruction 6430.04, “Use of Defense Medical Logistics Standard Support (DMLSS) as the Authoritative Information System (IS) of Record for Medical Logistics (MEDLOG) Enterprise Activity (EA),” December 20, 2019

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will assign DAD-MEDLOG to implement this DHA-PM in accordance with Reference (b).

2. DAD-MEDLOG, DHA. The DAD-MEDLOG must:
 - a. Establish and monitor DHA MEDLOG business processes, management, and performance metrics.

 - b. Review effectiveness of the DHA MEDLOG CST program.

 - c. Establish improvement goals for DHA MEDLOG core functions.

3. CHIEF, BUSINESS OPERATIONS DIVISION, DHA MEDLOG. The Chief, Business Operations Division, DHA MEDLOG will:
 - a. Establish the DHA MEDLOG CST Program.
 - (1) Ensure the effectiveness of the DHA MEDLOG CST Program.

 - (2) Assign DHA MEDLOG CST Managers.

 - (3) Ensure defined roles and responsibilities for DHA MEDLOG CSTs are followed.

 - (4) Ensure DHA MEDLOG CSTs are adequately staffed and team personnel receive all required training.

 - b. Establish and be responsible for customer support reporting requirements to DHA MEDLOG Directorate, DHA DRO MEDLOG accounts, DHA DRO Directors, DHA Market Directors, and the DMLPC.

 - c. Develop a set of standard performance measures to indicate effectiveness of the CST Program and the health of DHA DRO MEDLOG accounts.

 - d. Approve requests from Directors of DHA DRO for Special Inspections (SI).

 - e. Approve closure of DHA Direct Reporting Organizations corrective action plans (CAP).

 - f. Develop travel and training budgets for CST personnel.

- g. Resolve disputes between DHA MEDLOG CSTs and their supported DRM.

5. DIRECTORS, DRO WITH DHA MEDLOG ACCOUNTS. The Directors, DRO with DHA MEDLOG Accounts will:

- a. Ensure the DRO DHA MEDLOG account provides effective support to their organization and in accordance with current federal and DoD statutes and regulations, and DHA MEDLOG policy guidance and instruction.
- b. Ensure the DHA MEDLOG account is adequately resourced and trained.
- c. Attend MEDLOG CST site visit in-briefs and out-briefs.
- d. Ensure deficiencies observed during site visits, Performance Verification Reviews (PVRs), and unit self-inspections are appropriately addressed in a timely manner.

6. DIRECTORS, DRM. The Directors, DRM will:

- a. Ensure effective DHA MEDLOG support within their Market.
- b. Designate a DHA MEDLOG Point of Contact (POC) from their staff in accordance with paragraph 8 of this enclosure. This will not apply to the Small Market and Stand Alone Military Treatment Facility Organization (SSO) or NCR Market that will have organic DHA MEDLOG personnel assigned to their staff.
- c. Request SI from DHA MEDLOG as required.

7. CST MANAGERS, DHA MEDLOG. The CST Managers, DHA MEDLOG will:

- a. Interpret and communicate DoD and DHA policy and procedures to DHA DRO.
- b. Formally monitor and communicate DRO DHA MEDLOG account performance to DHA MEDLOG Directorate, DRO DHA MEDLOG leadership, DRO Directors, SSO/NCR MEDLOG Advisors or Market MEDLOG POCs, and the DMLPC.
- c. Perform scheduled Staff Assistance Visits (SAV) no less than every 36 months in accordance with paragraph 2.a. of Enclosure 3.
- d. Perform SIs as required in accordance with paragraph 2.c. of Enclosure 3.
- e. Author and communicate site visit Observation Reports.
- f. Perform regular PVRs with DRO DHA MEDLOG accounts in accordance with Paragraph

5 of Enclosure 3.

g. Assist DRO DHA MEDLOG accounts with completion of CAPs following SAVs, SIs, PVRs, and self-inspections.

h. Conduct a semi-annual review of the SAV/Self-Inspection Checklist.

i. Maintain a current list of key DRO DHA MEDLOG POCs, Market DHA MEDLOG Advisors, DRO DHA MEDLOG POCs, and Market Administrators in accordance with paragraph 6 of Enclosure 3.

j. Evaluate and provide recommendations for improvement to DRO DHA MEDLOG personnel on DHA MEDLOG policy, procedures, and training programs.

k. Support DHA MEDLOG knowledge management and training through the sharing of best practices and provision of technical and management training to address common deficiencies observed during SAVs, SIs, PVRs, and self-inspections.

(1) Utilize DHA MEDLOG data and content repositories to disseminate key DHA MEDLOG notifications to include, but not limited to, management and technical guides and policy, procedural and system changes, key dates, and checklists.

(2) Facilitate functional area-specific workshops and DHA-wide MEDLOG symposiums.

l. Provide CST travel and training requirements for the DHA MEDLOG portfolio management spend plan.

m. Contribute to the development of DHA MEDLOG policy and procedures.

n. Routinely review the CST program with the Chief, DHA MEDLOG, Business Operations Division to determine overall effectiveness and compliance with applicable laws, regulations, and policies.

o. Review and analyze Defense DHA MEDLOG Enterprise automated information systems, products, and interfaces.

p. Communicate and coordinate with DRM to address manning assistance needs for DHA MEDLOG accounts within their Markets.

q. Coordinate support from other DHA MEDLOG Directorate subject matter experts for issues relating to Healthcare Technology Management (HTM), Supply Management, Environmental Services, and Logistics Plans and Readiness.

r. Coordinate with DHA functional area managers including Resource Management, Facilities, Health Information Technology, Contracting, Readiness, and Clinical Communities on

matters affecting DHA MEDLOG operations.

8. DRO CHIEF, DHA MEDLOG. DRO Chiefs, DHA MEDLOG will:

a. Maintain the DRO DHA MEDLOG account and business processes in accordance with current federal and DoD statutes and regulations, and DHA MEDLOG policy guidance and instruction.

b. Provide MEDLOG support to internal customers, and external customers that may include DHA activities operating as customers of their Defense Medical Logistics Standard Support (DMLSS) account.

c. Monitor key performance indicators and understand business actions that affect them.

d. Ensure DHA MEDLOG has current DRO DHA MEDLOG POCs.

e. Maintain routine, open, and timely communication and coordination with DHA MEDLOG CSTs.

f. Ensure DRO has the appropriate number and specialty mix of logistics staff.

g. Submit manning assistance requests to the DRM Director following the procedures established by their Market.

h. Ensure DRO DHA MEDLOG staff have adequate training.

i. Provide administrative support for Site Visit Teams, to include:

(1) Compiling documents requested by the CST for use during on-site visits.

(2) Submitting documentation required by the CST for pre-site visit virtual assessments.

(3) Ensuring a workspace, phone, and network connectivity are available for the team's use.

j. Ensure appropriate DHA MEDLOG staff availability during SAVs, SIs, and PVRs, and other communications between the CST and the DRO DHA MEDLOG account.

k. Develop CAPs and communicate progress to the CST.

9. DRO/SSO/NCR DHA MEDLOG ADVISORS AND DHA MEDLOG POCS.

DRO/SSO/NCR DHA MEDLOG Advisors and DHA MEDLOG POCs will:

- a. Advise the DRM Director on issues relating to DRO DHA MEDLOG operations within their Market.
- b. Act as a conduit between the DHA MEDLOG Directorate and the DRM Director on current issues within the DHA MEDLOG Enterprise, such as changes to policies and procedures, upcoming training opportunities, and staffing shortfalls at DHA MEDLOG accounts within their Markets.
- c. Review SAV and SI Observation Reports, PVR, and self-inspection results, and other indicators of MEDLOG account performance (e.g., metrics) from within their Markets, and interpret results for the DRM Director.
- d. Review status of MEDLOG CAPs generated by DRO DHA MEDLOG accounts within their Market.
- e. Coordinate on Director's Critical Information Requirements responses relating to DHA MEDLOG issues within their Market.
- f. Action manning assistance requests from DRO DHA MEDLOG accounts within their Market.
- g. Support CSTs in the execution of their responsibility to provide day-to-day management and technical support, resolution of policy and procedural questions, PVRs, and on-site visits for DHA DRO MEDLOG accounts in their Markets.
- h. DRM DHA MEDLOG personnel may augment DHA MEDLOG Site Visit Teams at the request of the CSTs.

ENCLOSURE 3

PROCEDURES

1. INTRODUCTION

a. DHA CSTs will be assigned to support DHA DRO. See Appendix 1 for the alignment of CSTs and DRO and Appendix 2 for a list of “full service” MEDLOG accounts and the CSTs assigned to support them.

b. To ensure clarity and reduce communication issues, each Market will be supported by a single CST — e.g., all full service MEDLOG accounts in a Market will all be assigned to the same CST.

c. DHA Direct Report Organization MEDLOG accounts and the CSTs will work together to generate value as an Enterprise for the benefit of the DoD. DHA DRO MEDLOG accounts are defined as activities reporting to DHA that manage supplies and/or equipment in DMLSS system, operating under a DHA Department of Defense Activity Address Code. This could include, but is not limited to, DRO, research centers, laboratories, training centers, and administrative offices.

d. The Customer Support program is structured as a four-level hierarchy:

(1) DHA MEDLOG CSTs provide day-to-day customer service and site visit support for DHA DRO MEDLOG accounts.

(2) DHA DRO full-service MEDLOG accounts provide MEDLOG support to internal customers and external customers that may include DHA DRO MEDLOG activities operating as customers of their DMLSS account. Full service MEDLOG accounts are defined as utilizing multiple DMLSS modules for their business activities on their own DMLSS server.

(3) Small Market and Stand Alone Military Medical Treatment Facility Organization (SSO)/National Capital Region (NCR) MEDLOG Advisors and DHA Market MEDLOG points of contact (POC) advise Market Directors and DHAR on issues relating to MEDLOG operations within their Market/Regions.

(4) DHA DRO MEDLOG personnel who augment CST Site Visit Teams when required.

2. CUSTOMER SUPPORT ON-SITE VISIT PROCEDURES

a. CSTs will conduct SAVs no less than every 36 months to:

(1) Assess compliance with DoD, federal, state, and local regulatory and statutory requirements.

(2) Provide mentorship, training, and feedback.

b. CST Managers will:

(1) Publish an annual SAV schedule as part of the development of the Directorate fiscal year travel budget submission.

(2) Publish a notional 3-year SAV schedule for CST, DHA Market, and DHA DRO planning purposes.

(3) Coordinate site visit schedules (SAVs and SIs) with the DHA Organizational Inspection Program Coordinator.

c. CSTs will also conduct SIs as required.

(1) SIs include unscheduled on-site visits that may be requested by Headquarters DHA, DHA MEDLOG, and DHA DRO Directors.

(2) Unscheduled visits will be scheduled as quickly as possible after receipt of the request and will be funded by the requesting agency.

d. Pre-on-site visit procedures are outlined in Appendix 5.

e. On-site visit procedures are outlined in Appendix 10.

f. Post-on-site visit procedures are outlined in Appendix 12.

3. CUSTOMER SUPPORT ACTION REQUESTS

a. Responses to customer support requests will be documented and archived if the request requires coordination with agencies outside of DHA MEDLOG, has impact across the Enterprise, and/or is significant enough to include in PVRs, training programs, etc.

b. CST members will screen all requests for support and determine if they can be resolved by the CSTs or require coordination with: DHA MEDLOG Division POCs, other DHA Directorates, and/or outside agencies such as the Defense Logistics Agency, The Joint Commission, Occupational Safety and Health Administration, Environmental Protection Agency, Drug Enforcement Administration, and/or the Food and Drug Administration.

c. The CST will not be responsible for MEDLOG system hardware and software issues. Account System Administrators will identify system problems through the DHA.

4. DHA MEDLOG PERFORMANCE INDICATORS

a. The CSTs will contribute to the development and maintenance of the DHA MEDLOG performance measure and data dashboard program. This list of approved performance indicators is required for use by all DRO, and DHA MEDLOG Directorate personnel.

b. The MEDLOG performance measures and data dashboards provide a common operating picture across the DHA MEDLOG Enterprise, reflect compliance with published DHA MEDLOG policies and procedures, communicate DHA MEDLOG priorities and performance standards, and are a critical tool for SAVs, PVRs, and DHA DRO MEDLOG self-inspections.

c. The approved list of metrics is dynamic and will continue to be adjusted and improved as necessary. The current list of approved measures is available from the DHA MEDLOG data and content repositories.

5. DHA MARKET PVRs

a. The CST will be responsible for conducting a quarterly PVR for all supported DHA MEDLOG accounts. The CST will include representatives of other DHA MEDLOG Divisions as needed. The SSO/NCR MEDLOG Advisor or DHA Market MEDLOG POC will be invited on an optional basis.

b. The CST, along with MEDLOG account leadership will:

(1) Establish a dialogue on subjects such as:

(a) Explanations for dashboard/metric items not meeting pre-determined standards.

(b) Resource constraints (e.g., staffing, space, automation).

(c) Training shortfalls.

(d) Training opportunities (e.g., workshops, symposiums).

(e) Status of open CAPs.

(f) Supply chain problems.

(g) Upcoming site visits (if scheduled).

(h) Upcoming policy and procedures revisions.

(i) Issues with accreditation organizations and state/federal regulatory agencies such as The Joint Commission, Occupational Safety and Health Administration, Environmental Protection Agency, Drug Enforcement Administration, Food and Drug Administration, etc.

- (j) Best practices.
 - (2) Evaluate approved MEDLOG metrics and identify instances where the account is not meeting pre-determined targets.
 - c. The CSTs will:
 - (1) Coordinate PVR observations with DHA MEDLOG Division Chiefs for action when appropriate.
 - (2) Communicate PVR observations to the Chief, DHA MEDLOG Business Operations Division using the example within Appendix 3.
 - (3) Courtesy copies of the report will be provided to the DRO MEDLOG Chief and the DRO MEDLOG Advisor or POC.
6. DRO MEDLOG POCS. CSTs will create and maintain a current list of POCs at their assigned DHA DRO (Market, SSO, or DHAR Staffs), using the example within Appendix 4.

APPENDIX 1ALIGNMENT OF CUSTOMER SERVICE TEAMS TO DRO

NOTE: The number of “full service” MEDLOG accounts in each Market (see Appendix 2) is noted in parentheses

Continental United States (CONUS) East CST Supported Direct Reporting Organizations (51 total)	
New England (2)	West Point (1)
Upstate New York (1)	Garden State (1)
NCR (7)	Tidewater (3)
Central Virginia (1)	Central Kentucky (1)
Southwestern Kentucky (1)	Great Lakes (1)
North Carolina Coast (2)	Central North Carolina (2)
Central South Carolina (2)	Low Country (4)
Augusta (1)	Jacksonville (1)
Florida Panhandle (4)	Southwest Georgia (1)
Coastal Mississippi (2)	Plus 13 Stand Alone MTF accounts
CONUS West CST Supported Direct Reporting Organizations (56 total)	
Central Louisiana (1)	Ozarks (1)
Little Rock (1)	Corpus Christi (1)
San Antonio (2)	Central Texas (1)
El Paso (2)	Kansas (3)
Central Oklahoma (3)	Colorado (4)
Las Vegas (1)	San Diego (2)
Los Angeles (1)	California Desert (1)
Sacramento (1)	Puget Sound (3)
Alaska (3)	Plus 25 Stand Alone MTF accounts
Outside the continental United States Europe CST Supported Direct Reporting Organizations (10 total)	
United Kingdom (1)	Central Europe (4)
Iberia (1)	Northern Italy (1)
Mediterranean/Bahrain (3)	
Outside the continental United States Indo-Pacific CST Supported Direct Reporting Organizations (14 total)	
Hawaii (3)	Guam (2)
Japan (4)	Okinawa (2)
Korea (3)	

APPENDIX 2“FULL SERVICE” DRO DHA MEDLOG ACCOUNTS

DHA DRO	Market	Assigned CST	SSO or DHAR
New England Naval Health Clinic (NHC)	New England	CONUS East	SSO
Hanscom Air Force Base (AFB) Medical Squadron (MDS)	New England	CONUS East	SSO
West Point Army Community Hospital (ACH)	West Point	CONUS East	SSO
Fort Drum ACH	Upstate New York	CONUS East	SSO
McGuire AFB Medical Group (MDG)	Garden State	CONUS East	SSO
Walter Reed Army Medical Center (AMC)	NCR	CONUS East	
Fort Belvoir ACH	NCR	CONUS East	
Fort Meade Army Ambulatory Center	NCR	CONUS East	
Annapolis NHC	NCR	CONUS East	
Quantico NHC	NCR	CONUS East	
Patuxent River NHC	NCR	CONUS East	
Andrews AFB MDG	NCR	CONUS East	
Fort Eustis Army Health Clinic (AHC)	Tidewater	CONUS East	
Portsmouth Naval Medical Center (NMC)	Tidewater	CONUS East	
Langley AFB MDG	Tidewater	CONUS East	
Fort Lee AHC	Central Virginia	CONUS East	SSO
Fort Knox AHC	Central Kentucky	CONUS East	SSO
Fort Campbell ACH	Southwestern Kentucky	CONUS East	
North Chicago Federal Health Care Center	Great Lakes	CONUS East	SSO
Camp Lejeune Naval Hospital (NH)	North Carolina Coast	CONUS East	
Cherry Point NH	North Carolina Coast	CONUS East	
Fort Bragg AMC	Central North Carolina	CONUS East	
Seymour Johnson AFB MDG	Central North Carolina	CONUS East	
Fort Jackson AHC	Central South Carolina	CONUS East	SSO
Shaw AFB MDG	Central South Carolina	CONUS East	SSO

Fort Stewart ACH	Low Country	CONUS East	
Beaufort NH	Low Country	CONUS East	
Charleston NH	Low Country	CONUS East	
Charleston AFB MDG	Low Country	CONUS East	
Fort Gordon AMC	Augusta	CONUS East	
Jacksonville NMC	Jacksonville	CONUS East	
Pensacola NH	Florida Panhandle	CONUS East	
Eglin AFB MDG	Florida Panhandle	CONUS East	
Hurlburt AFB MDG	Florida Panhandle	CONUS East	
Tyndall AFB MDG	Florida Panhandle	CONUS East	
Fort Benning ACH	Southwest Georgia	CONUS East	
Keesler AFB MDG	Coastal Mississippi	CONUS East	
Dover AFB MDG	Stand-Alone MTF	CONUS East	SSO
Wright-Patterson AFB MDG	Stand-Alone MTF	CONUS East	SSO
Scott AFB MDG	Stand-Alone MTF	CONUS East	SSO
Whiteman AFB MDG	Stand-Alone MTF	CONUS East	SSO
Redstone AHC	Stand-Alone MTF	CONUS East	SSO
Fort Rucker AHC	Stand-Alone MTF	CONUS East	SSO
Guantanamo Bay NH	Stand-Alone MTF	CONUS East	SSO
Robins AFB MDG	Stand-Alone MTF	CONUS East	SSO
Moody AFB MDG	Stand-Alone MTF	CONUS East	SSO
MacDill AFB MDG	Stand-Alone MTF	CONUS East	SSO
Patrick AFB MDG	Stand-Alone MTF	CONUS East	SSO
Maxwell AFB MDG	Stand-Alone MTF	CONUS East	SSO
Columbus AFB MDG	Stand-Alone MTF	CONUS East	SSO
Fort Polk ACH	Central Louisiana	CONUS West	SSO
Fort Leonard Wood ACH	Ozarks	CONUS West	SSO
Little Rock AFB MDG	Little Rock	CONUS West	SSO
Corpus Christi NHC	Corpus Christi	CONUS West	SSO
Fort Sam Houston AMC	San Antonio	CONUS West	
Lackland AFB Medical Wing	San Antonio	CONUS West	
Fort Hood AMC	Central Texas	CONUS West	
Fort Bliss AMC	El Paso	CONUS West	
Holloman AFB MDG	El Paso	CONUS West	
Fort Riley ACH	Kansas	CONUS West	

Fort Leavenworth AHC	Kansas	CONUS West	
McConnell AFB MDG	Kansas	CONUS West	
Fort Sill AHC	Central Oklahoma	CONUS West	SSO
Sheppard AFB MDG	Central Oklahoma	CONUS West	SSO
Altus AFB MDG	Central Oklahoma	CONUS West	SSO
Fort Carson ACH	Colorado	CONUS West	
Buckley AFB MDG	Colorado	CONUS West	
Peterson AFB MDG	Colorado	CONUS West	
USAF Academy MDG	Colorado	CONUS West	
Nellis AFB MDG	Las Vegas	CONUS West	SSO
San Diego NMC	San Diego	CONUS West	
Camp Pendleton NH	San Diego	CONUS West	
Los Angeles AFB MDS	Los Angeles	CONUS West	SSO
Fort Irwin ACH	California Desert	CONUS West	SSO
Travis AFB MDG	Sacramento	CONUS West	
Fort Lewis AMC	Puget Sound	CONUS West	
Bremerton NH	Puget Sound	CONUS West	
Oak Harbor NHC	Puget Sound	CONUS West	
Fort Wainwright ACH	Alaska	CONUS West	
Elmendorf AFB MDG	Alaska	CONUS West	
Eielson AFB MDG	Alaska	CONUS West	
Barksdale AFB MDG	Stand-Alone MTF	CONUS West	SSO
Dyess AFB MDG	Stand-Alone MTF	CONUS West	SSO
Goodfellow AFB MDG	Stand-Alone MTF	CONUS West	SSO
Laughlin AFB MDG	Stand-Alone MTF	CONUS West	SSO
Cannon AFB MDG	Stand-Alone MTF	CONUS West	SSO
Kirtland AFB MDG	Stand-Alone MTF	CONUS West	SSO
Tinker AFB MDG	Stand-Alone MTF	CONUS West	SSO
Vance AFB MDG	Stand-Alone MTF	CONUS West	SSO
Minot AFB MDG	Stand-Alone MTF	CONUS West	SSO
Grand Forks AFB MDG	Stand-Alone MTF	CONUS West	SSO
Ellsworth AFB MDG	Stand-Alone MTF	CONUS West	SSO
Offutt AFB MDG	Stand-Alone MTF	CONUS West	SSO
FE Warren AFB MDG	Stand-Alone MTF	CONUS West	SSO
Fort Huachuca AHC	Stand-Alone MTF	CONUS West	SSO

Twenty Nine Palms NH	Stand-Alone MTF	CONUS West	SSO
Lemoore NHC	Stand-Alone MTF	CONUS West	SSO
Hill AFB MDG	Stand-Alone MTF	CONUS West	SSO
Mountain Home AFB MDG	Stand-Alone MTF	CONUS West	SSO
Luke AFB MDG	Stand-Alone MTF	CONUS West	SSO
Davis-Monthan AFB MDG	Stand-Alone MTF	CONUS West	SSO
Beale AFB MDG	Stand-Alone MTF	CONUS West	SSO
Vandenberg AFB MDG	Stand-Alone MTF	CONUS West	SSO
Edwards AFB MDG	Stand-Alone MTF	CONUS West	SSO
Fairchild AFB MDG	Stand-Alone MTF	CONUS West	SSO
Malmstrom AFB MDG	Stand-Alone MTF	CONUS West	SSO
RAF Lakenheath MDG	United Kingdom	Europe	Europe
Landstuhl AMC	Central Europe	Europe	Europe
USAMEDDAC-Bavaria	Central Europe	Europe	Europe
Ramstein Air Base (AB) MDG	Central Europe	Europe	Europe
Spangdahlem AB MDG	Central Europe	Europe	Europe
Rota NH	Iberia	Europe	Europe
Aviano AB MDG	Northern Italy	Europe	Europe
Naples NH	Mediterranean/Bahrain	Europe	Europe
Sigonella NH	Mediterranean/Bahrain	Europe	Europe
Incirlik AB MDG	Mediterranean/Bahrain	Europe	Europe
Tripler AMC	Hawaii	Indo-Pacific	Indo-Pacific
Hawaii NHC	Hawaii	Indo-Pacific	Indo-Pacific
Hickam AFB MDG	Hawaii	Indo-Pacific	Indo-Pacific
Guam NH	Guam	Indo-Pacific	Indo-Pacific
Andersen AFB MDG	Guam	Indo-Pacific	Indo-Pacific
Yokosuka NH	Japan	Indo-Pacific	Indo-Pacific
Yokota AB MDG	Japan	Indo-Pacific	Indo-Pacific
Misawa AB MDG	Japan	Indo-Pacific	Indo-Pacific
Camp Zama AHC	Japan	Indo-Pacific	Indo-Pacific
Okinawa NH	Okinawa	Indo-Pacific	Indo-Pacific
Kadena AB MDG	Okinawa	Indo-Pacific	Indo-Pacific
Yongsan ACH	Korea	Indo-Pacific	Indo-Pacific
Osan AB MDG	Korea	Indo-Pacific	Indo-Pacific
Kunsan AB MDG	Korea	Indo-Pacific	Indo-Pacific

APPENDIX 3

PVR REPORT EXAMPLE

Performance Verification Review Report

Direct Reporting Organization:

Date:

Direct Reporting Organization Participants:

CST Participants:

Summary of Performance Measure and Data Dashboard Reviews:

Status of Open Corrective Action Plans:

Resource Constraints (staffing, space, automation, training):

Best Practices:

Discussion:

Staff Assistance Visit Scheduled In Next 90 Days: Yes/No

Dates:

Special Inspection Requested: Yes/No

SI Purpose:

Internal Coordination: (Signature, Date, and Comments)

CST Manger:

Medical Supply:

HTM:

Log Plans and Readiness:

Environmental Services:

Business Operations:

Approval: (Signature and date)

Chief, DHA MEDLOG Business Operations

APPENDIX 4

DRO AND MARKET DHA MEDLOG POCS

NOTE: The following is an example to define the individuals to be listed on the DRO DHA MEDLOG account and Market POC lists. It will be updated when the standard DRO is implemented.

DRO	POC	POSITION	PHONE	EMAIL
DRO		Chief, Logistics Division		
		Administrative Assistant		
		NCOIC, Logistics Division		
		Chief, Supply Chain Management		
		Chief, Facilities Mgmt Branch		
		Chief, Environmental Services		
		Chief, Equipment Mgmt Branch		
		Chief, Supply & Services Branch		
		Systems Analyst		
		Chief, Readiness		
		PBO		
		NCOIC, Optical Fabrication		
		Transportation Coordinator		

DRO	POC	POSITION	PHONE	EMAIL
SSO		MEDLOG Advisor		
		SSO Administrator		
NCR		MEDLOG Advisor		
		NCR Market Administrator		
Name of Market		MEDLOG POC		
		Market Administrator		
Name of Market		MEDLOG POC		
		Market Administrator		
Name of Market		MEDLOG POC		
		Market Administrator		
Name of Market		MEDLOG POC		
		Market Administrator		
Name of Market		MEDLOG POC		
		Market Administrator		

APPENDIX 5

CUSTOMER SUPPORT PRE-ON-SITE VISIT PROCEDURES

1. SITE VISIT PREPARATION. The Site Visit Team Lead will:

a. Create team composition.

(1) Determine the composition of site visit teams based on the type and scope of the DHA DRO MEDLOG functions to be evaluated and availability of CST personnel.

(2) Coordinate manpower augmentation from other DHA DRO MEDLOG accounts as required (see Appendix 6).

b. Identify Site Visit Team POCs for the on-site visit and share with DHA DRO MEDLOG staff.

c. Request DHA DRO MEDLOG POCs for each function to be assessed.

d. Schedule team travel.

e. Develop a schedule of events and ensure the DHA DRO sends out as part of the in-brief and out-brief calendar invites (see Appendices 7 and 8).

f. Prepare in-brief and attach to the Introductory Email in accordance with Appendices 7 and 8.

g. Prepare a list of required documents for the DHA DRO to compile and have ready at the DRO prior to the team's arrival.

(1) Documents required by the Site Visit Team for a pre-visit virtual assessment will be identified on the document list. These documents will be submitted by the DHA DRO 45 days prior to the visit.

(2) Attach the document list to the Introductory Email in accordance with Appendices 7 and 8.

2. COMMUNICATIONS

a. An introductory email will be provided to the DHA DRO MEDLOG Chief in accordance with Appendix 7 (SAVs) and Appendix 8 (SIs).

(1) For SAVs, the email will be forwarded 60 days prior to the visit using the example at Appendix 7.

(2) For SIs, the email will be forwarded immediately following scheduling of the visit using the example at Appendix 8.

b. For all site visits, the DHA DRO Administrator, SSO/NCR MEDLOG Advisor or DRM MEDLOG POC, and Chief, DHA MEDLOG, Business Operations Division will be copied on the communication for awareness purposes.

c. The introductory email will include a request for the DHA DRO Chief to send out in-brief meeting and out-brief meeting calendar invites 30 days prior to an on-site SAV and immediately on receipt for SIs. The DHA DRO Administrator, SSO/NCR MEDLOG Advisor or DRO MEDLOG POC, and Chief, DHA MEDLOG Business Operations Division will be copied on the meeting invites for awareness, but their attendance is optional.

3. VIRTUAL ASSESSMENT

a. The SAV Team will complete a virtual assessment of the DHA MEDLOG account's performance no later than (NLT) 30 days prior to the on-site visit in accordance with Appendix 9.

b. Virtual assessments will not be accomplished prior to SIs.

APPENDIX 6DRO DHA MEDLOG ON-SITE VISIT TEAM AUGMENTATION

1. Large Medical Center MEDLOG account personnel may participate in site visits to MEDLOG accounts at smaller DHA DRO. In some cases, the DHA MEDLOG CST will conduct the visits and be augmented by personnel from the supporting MEDLOG account.
2. The relationship between augmentees and the DRO they visit will be limited to site visit support. The CST retains responsibility for oversight of CAP development and completion, as well as day-to-day help desk support.
3. Travel will be scheduled and funded by DHA MEDLOG.
4. For planning purposes, the following relationships have been developed:

Supporting MEDLOG Account	Supported MEDLOG Account	DRO	Servicing CST
Walter Reed AMC	Annapolis NHC	NCR	CONUS East
	New England NHC	New England	CONUS East
	Hanscom AFB	New England	CONUS East
Portsmouth NMC	Langley AFB	Tidewater	CONUS East
	Fort Eustis	Tidewater	CONUS East
	Fort Lee (Central VA)	Central Virginia	CONUS East
Wright-Patterson MDG	Dover AFB MDG	Stand Alone MTF	CONUS East
	Scott AFB MDG	Stand Alone MTF	CONUS East
	Whiteman AFB MDG	Stand Alone MTF	CONUS East
Fort Bragg AMC	Seymour Johnson AFB MDG	Central North Carolina	CONUS East
	Camp Lejeune NH	Coastal North Carolina	CONUS East
	Cherry Point NH	Coastal North Carolina	CONUS East
Fort Gordon AMC	Fort Jackson AHC	Central South Carolina	CONUS East
	Shaw AFB MDG	Central South Carolina	CONUS East
	Robins AFB MDG	Stand Alone MTF	CONUS East
Jacksonville NMC	Eglin AFB MDG	Florida Panhandle	CONUS East
	Hurlburt AFB MDG	Florida Panhandle	CONUS East
	Patrick AFB MDG	Stand Alone MTF	CONUS East
Keesler AFB MDG	Tyndall AFB MDG	Florida Panhandle	CONUS East
	Columbus AFB MDG	Stand Alone MTF	CONUS East
	Pensacola NH	Florida Panhandle	CONUS East
Fort Hood AMC	Fort Sill AHC	Central Oklahoma	CONUS West
	Shepherd AFB MDG	Central Oklahoma	CONUS West
	Altus AFB MDG	Central Oklahoma	CONUS West
Lackland AFB MW	Barksdale AFB MDG	Stand Alone MTF	CONUS West
	Laughlin AFB MDG	Stand Alone MTF	CONUS West
	Goodfellow AFB MDG	Stand Alone MTF	CONUS West

Fort Sam Houston AMC	Cannon AFB MDG	Stand Alone MTF	CONUS West
	Dyess AFB MDG	Stand Alone MTF	CONUS West
	Fort Riley AHC	Kansas	CONUS West
Fort Bliss AMC	Holloman AFB MDG	El Paso	CONUS West
	Fort Leavenworth	Kansas	CONUS West
	McConnell AFB MDG	Kansas	CONUS West
San Diego NMC	Camp Pendleton NH	San Diego	CONUS West
	Fort Irwin ACH	California Desert	CONUS West
	Los Angeles AFB MDS	Los Angeles	CONUS West
Travis AFB MDG	Beale AFB MDG	Stand Alone MTF	CONUS West
	Edwards AFB MDG	Stand Alone MTF	CONUS West
	Vandenberg AFB MDG	Stand Alone MTF	CONUS West
Fort Lewis AMC	Bremerton NH	Puget Sound	CONUS West
	Oak Harbor NH	Puget Sound	CONUS West
	Fairchild AFB MDG	Stand Alone MTF	CONUS West
Tripler AMC	Hawaii NHC	Hawaii	Indo-Pacific
	Hickam AFB MDG	Hawaii	Indo-Pacific
Guam NH	Andersen AFB MDG	Guam	Indo-Pacific
Landstuhl AMC	USAMEDDAC-Bavaria	Central Europe	Europe
	Ramstein AB MDG	Central Europe	Europe
	Spangdahlem AB MDG	Central Europe	Europe

APPENDIX 7

SAV INTRODUCTORY EMAIL EXAMPLE

From: [CST Manager]

Subject: MEDLOG Customer Support Team (CST) Staff Assistance Visit (SAV)

Date: [Date]

To: [DHA Direct Reporting Organization (DRO) Director]

CC: [DHA Direct Reporting Organization MEDLOG Chief]
[DHA MEDLOG Customer Support Team Members]
[Chief, DHA MEDLOG Business Operations]
[SSO/NCR MEDLOG Advisor or DHA Direct Reporting Market MEDLOG POC]

Greetings from the DHA MEDLOG Directorate.

A DHA MEDLOG CST will be conducting a Staff Assistance Visit (SAV) at your organization [SAV dates]. The team will present an in-brief to you (or your designee) on [first day/date of visit] and conclude with an out-brief on the final day of the visit.

It is requested that your staff schedule both meetings and invite your MEDLOG Chief and their MEDLOG Functional Leads. Additionally, it is suggested they include your DRO Administrator and SSO/NCR MEDLOG Advisor or DHA DRO MEDLOG POC on the invite as optional attendees.

The visit agenda, inspection checklist, in-brief meeting agenda, and requested document list are attached. Documents identified as required by the SAV Team for their pre-site-visit virtual assessment must be provided NLT 45 days prior to the visit.

In preparation for the SAV, please ensure a workspace, phone, and network connectivity are available for the team's use for the duration of the visit.

We greatly appreciate your cooperation and hope the SAV is a productive experience for both your MEDLOG team and my CST Members. Please contact me if you have any questions.

NAME, RANK/RATING
DUTY TITLE
PHONE NUMBERS (WORK AND CELL)
EMAIL

APPENDIX 8

SI INTRODUCTORY EMAIL EXAMPLE

From: [CST Manager]

Subject: MEDLOG Customer Support Team (CST) Special Inspection (SI)

Date: [Date]

To: [DHA Direct Reporting Organizations (DRO) Director]

CC: [DHA DRO MEDLOG Chief]
[DHA MEDLOG Customer Support Team Members]
[Chief, DHA MEDLOG Business Operations]
[SSO/NCR MEDLOG Advisor or DHA DRO MEDLOG POC]

Greetings from the DHA MEDLOG Directorate.

A DHA MEDLOG CST will be conducting a Special Inspection (SI) at your organization [visit dates]. The team will present an in-brief to you (or your designee) on [first day/date of visit] and conclude with an out-brief on the final day of the visit.

It is requested that your staff schedule both meetings and invite your MEDLOG Chief and their MEDLOG Functional Leads. Additionally, it is suggested they include your DRO Administrator and SSO/NCR MEDLOG Advisor or DHA Market MEDLOG POC on the invite as optional attendees.

The visit agenda, inspection checklist, in-brief meeting agenda, and requested document list are attached.

In preparation for the SI, please ensure a workspace, phone, and network connectivity are available for the team's use for the duration of the visit.

We greatly appreciate your cooperation and hope the SI is a productive experience for both your DHAMEDLOG team and my CST Members. Please contact me if you have any questions.

NAME, RANK/RATING
DUTY TITLE
PHONE NUMBERS (WORK AND CELL)
EMAIL

APPENDIX 9

PRE-ON-SITE VISIT VIRTUAL ASSESSMENT

1. The CST will conduct a virtual assessment of the DRO DHA MEDLOG account's performance NLT 30 duty days prior to a SAV. Virtual assessments will not be accomplished for SIs.

2. Compliance with the SAV/Self-Inspection Checklist will be assessed through a review of three sets of data:
 - a. Approved DHA MEDLOG metrics (see Enclosure 3, paragraph 4.).
 - b. Data pulls from the account's DMLSS server by CST personnel.
 - c. Documents provided by the DRO.

3. The Site Visit Team will review select metrics, and data pulled from the DMLSS server for indicators of the DRO's performance. Any deficiencies identified will be validated with DRO DHA MEDLOG personnel during the on-site visit.

4. The following documents will be provided by the DRO DHA MEDLOG account:
 - a. Copies of all local policies and standard operating procedures being used by the DRO DHA MEDLOG account.

 - b. Documents identified for virtual assessment use on the requested document list provided with the Introductory Email (Appendix 7).

5. Virtual assessment findings will be validated with the DRO DHA MEDLOG staff during the on-site visit. Validated deficiencies will be summarized and communicated during the out-brief meeting.

APPENDIX 10

CUSTOMER SUPPORT ON-SITE VISIT PROCEDURES

1. IN-BRIEF. The Site Visit Team Lead will present an in-brief to the DRO Directors (or their designee) on the first day of the visit.

a. The purpose of the in-brief is to introduce Site Visit Team members, provide details of the DHA MEDLOG Directorate structure, provide a visit schedule, and address any questions or concerns DRO personnel may have.

b. Invitees include:

(1) The DRO DHA MEDLOG Chief and their functional leads will be invited.

(2) The DRO Administrator and the SSO/NCR MEDLOG Advisor or DRO DHA MEDLOG POC will be invited on an optional basis.

(3) Other members of the DRO Staff will be invited as required.

c. Agenda:

(1) The DHA MEDLOG Site Visit Team Lead will:

(a) Introduce DHA MEDLOG Site Visit Team members.

(b) Explain the purpose of the site visit.

(c) Discuss methodology and techniques for conducting the assessment, to include the visit schedule and business areas to be observed.

(d) Outline the out-brief meeting agenda and explain the purpose of the post-visit Observation Report.

(2) The DRO DHA MEDLOG Chief will:

(a) Introduce key DRO DHA MEDLOG personnel.

(b) Provide an overview of local unique mission requirements, resource constraints, performance issues, and training gaps by the DRO DHA MEDLOG Chief.

(3) Closing remarks and questions.

2. ASSESSMENT. The Site Visit Team will:

a. Tour the facility with DRO MEDLOG personnel to assess effectiveness of DRO DHA MEDLOG space utilization and stakeholder's perception of the support provided by the DHA MEDLOG account.

b. Conduct the on-site assessment with DRO DHA MEDLOG POCs utilizing the SAV/Self-Inspection Checklist at Appendix 11.

c. Research and provide answers or solutions to specific questions, procedural issues, or problem areas that may arise during the visit.

d. Participate in a daily hot wash to keep the Site Visit Team Lead informed of daily activities. The discussion will include, but not be limited to:

(1) Assessment progress.

(2) Areas reviewed, and significant findings, and observations.

(3) Issues observed with potential for liability.

(4) Recommendations, best practices, and outstanding performers.

3. OUT-BRIEF. The Site Visit Team Lead will:

a. Provide an informal pre-out-brief to the DRO DHA MEDLOG Chief to address any high priority concerns before the out-brief findings are socialized to the DRO Director (or their designee).

b. Present a formal out-brief to the DRO Director (or their designee) and the DRO DHA MEDLOG Chief on the final day of the on-site visit.

(1) See paragraph 1.b. for attendees.

(2) Site Visit Team members will provide support and clarification as necessary.

c. Agenda:

(1) Purpose.

(2) Assessment summary — total number of deficient checklist items.

(3) Detailed observations of deficiencies requiring CAPs (if any).

(4) Best practices observed.

- (5) Outstanding performers.
- (6) Post-visit actions such as the Observation Report, CAPs, and the 30, 60, and 90-day follow-ups.
- (7) Feedback from DRO.
- (8) Closing remarks and questions.

APPENDIX 11

SAV/SELF-INSPECTION CHECKLIST

1. INTRODUCTION. The DHA MEDLOG SAV/Self-Inspection checklist will be used for all SAVs and DRO DHA MEDLOG self-inspections. It will be reviewed and updated semi-annually by the DHA MEDLOG CSTs and made accessible to DRO DHA MEDLOG accounts and DRM personnel via the DHA MEDLOG data and content repositories.

2. PURPOSE. The DHA MEDLOG SAV/Self-Inspection Inspection Checklist has three primary purposes:

- a. For DHA MEDLOG CSTs to conduct SAVs, SIs, and PVRs.
- b. For DRO DHA MEDLOG leadership to conduct self-inspections.
- c. For DHA MEDLOG Directorate to communicate expectations, priorities, and standards.

3. CHECKLIST STRUCTURE

a. The DHA MEDLOG SAV/Self-Inspection checklist contains approximately 300 items covering six main MEDLOG functional areas.

- (1) DHA MEDLOG Administration.
- (2) Medical Materiel Management.
- (3) Assemblage Management.
- (4) HTM.
- (5) Environmental Services.
- (6) Transportation.

b. Inspection items are fully grounded in DHA policy and procedures, as well as DoD Policy and federal statutory and regulatory requirements.

c. Checklist is organized as follows:

(1) Column A: "Item Number" — simple reference number comprised of two letter functional area identifier plus three digit identification number (e.g., MM 001 is the first Medical Materiel item).

- (2) Column B: “Corrective Action Plan (CAP) Required?” — “Yes/No” drop down.
- (3) Column C: “Reference” — non-editable field that outlines the specific policy, procedural or statutory requirement from which the checklist item is derived.
- (4) Column D: “Description” — non-editable field that defines specific checklist requirements.
- (5) Column E: “Compliant?” — “Yes”/“No” drop down.
 - (a) 100% of the requirement must be observed for a “Yes” finding.
 - (b) The “Observation” column (Column H) is used to describe the degree of non-compliance if partially compliant.
- (6) Column F: “Self-Identified?” — “Yes/No” drop down.
- (7) Column G: “Repeat Finding” — “Yes/No” drop down to document whether the MEDLOG account was non-compliant for this item during the most recent SAV or self-inspection.
- (8) Column H: “Observation” — free text field for documenting specific details of compliance or non-compliance.
 - (a) Fully describe the level of compliance for partially compliant programs (e.g., “20 of the 50 property custodian appointment letters were not on file”).
 - (b) Outline mitigating factors that may shed light on a non-compliant rating (e.g., isolated issue, manning shortages, etc.).
- (9) Column I: “Recommendation” — free text field used to describe:
 - (a) Specific actions required by DHA DRO MEDLOG personnel to bring this item into compliance.
 - (b) Recommendations should be specific as possible — this will be the post-visit road map to correct shortfalls.
- (10) Column J: “Corrective Action Plan (CAP) Initiated” — “Yes/No” drop down.
- (11) Column K: “Corrective Action Plan (CAP) Status” — “Open/Closed” drop down.
- (12) Column L: “Corrective Action Plan (CAP) Estimated Completion Date (ECD)” — free text field to input estimated CAP completion date.

(13) Column M: “Best Practice?” — “Yes/No” drop down which provides:

(a) DHA MEDLOG Directorate visibility of outstanding programs and performers to share with other DRO during site visits, training workshops, etc.

(b) Positive reinforcement for individuals and teams doing outstanding work.

(c) Information for DRO Leadership to use in awards packages, performance evaluations, etc.

APPENDIX 12

CUSTOMER SUPPORT POST-ON-SITE VISIT PROCEDURES

1. ON-SITE VISIT OBSERVATION REPORT

a. An official Observation Report will be drafted by the DHA MEDLOG Site Visit Team Lead using the example at Appendix 13.

b. The report will be forwarded to the DHA DAD-MEDLOG (via the Chief, DHA MEDLOG Business Operations Division) for signature NLT five duty days after completion of the visit.

(1) When signed, the report is sent to the DRO Director.

(2) The DRO Administrator, DRO DHA MEDLOG Chief, and SSO/NCR MEDLOG Advisor or DRO MEDLOG POC will be copied.

c. The Observation Report will consist of the following:

(1) A list of Site Visit team members.

(2) Dates of the on-site visit.

(3) A summary of observations and recommendations.

(4) A copy of the SAV/Self-Inspection Checklist annotated with the assessment findings.

d. The DRO MEDLOG Chief is responsible for forwarding required CAPs to the DHA MEDLOG CST Team Lead NLT 15 duty days from receipt of the Observation Report in accordance with Appendix 14.

2. POST-SITE VISIT COORDINATION

a. Policy and procedural recommendations and MEDLOG systems changes will be forwarded to the DHA MEDLOG Division POCs for consideration.

b. Training program changes/additions will be forwarded to the DHA MEDLOG Training Team for consideration.

c. The Site Visit team may identify requirements for manning assistance to address operational and/or manpower deficiencies observed during the visit. Manning assistance recommendations will be submitted to the DRM Director for review and action.

3. CAPS

a. The DRO DHA MEDLOG Chief will submit CAPs listed in the Observation Report to the CST Manager NLT 15 duty days from receipt of the Observation Report using the example at Appendix 14. The SSO/NCR MEDLOG Advisor or DRM MEDLOG POC will be copied on CAP submissions from their MEDLOG accounts.

b. CAPs are mandatory for all checklist items identified as “CAP Required — Yes” in Column B of the SAV/Self-Inspection Checklist (see Appendix 11). These items have been identified as having the potential to significantly impact the mission of the DHA DRO if deficient.

c. DRO leadership and/or DHA MEDLOG have the discretion to require CAPs for non-compliant items not identified as requiring CAPs on the inspection checklist.

d. Plans will include all milestones associated with the corrective action, as well as POCs and estimated completion dates for each CAP.

e. DRO DHA MEDLOG accounts will provide all documentation in support of CST verification of CAP closure. Accounts are not required to submit reports, metrics, etc., which are accessible in DHA MEDLOG automation systems such as DMLSS, LogiCole, the Theater Enterprise Wide Logistics Systems, or the Joint Medical Asset Repository.

f. The CST and DRO DHA MEDLOG leadership will assess CAP status 30, 60, and 90-days after completion of the visit to validate compliance.

g. The CST will coordinate CAPs with the appropriate DRO DHA MEDLOG Divisions to provide guidance and assistance in resolving non-compliant items as required, or to support development or correction of training or training materials.

APPENDIX 13SITE VISIT OBSERVATION REPORT EXAMPLE

Date

ATTENTION: [DHA Direct Reporting Organization Director]
 [DHA Direct Reporting Organization Name]
 [DHA Direct Reporting Organization Address Line 1]
 [DHA Direct Reporting Organization Address Line 2]

SUBJECT: DHA MEDLOG Customer Support Team Medical Logistics Site Visit Observation Report, [DHA Direct Reporting Organization Name], [Installation Name]

FROM: Defense Health Agency Medical Logistics (DHA MEDLOG) Directorate
 693 Neiman Street
 Fort Detrick, MD 21702

PURPOSE: A DHA MEDLOG Site Visit Team evaluated the effectiveness of the [DHA Direct Reporting Organization]'s Medical Logistics programs. Additionally, the team provided specific training and mentoring to DHA Direct Reporting Organization MEDLOG personnel based on their observations.

TRAVELERS: [Site Visit Team Lead], [Site Visit Team members]

ITINERARY: The Site Visit Team visited the [DHA Direct Reporting Organization Name] from [day, month to Day month, year].

DISCUSSION: [Total Number of Deficiencies] items were identified as deficient. The following deficiencies will require Corrective Action Plans: [Summarize deficiencies requiring CAPs].

RECOMMENDATIONS/CONCLUSIONS: A detailed out-brief with specific observations and recommendations was presented and discussed with [DHA Direct Reporting Organizations MEDLOG Chief or designee]. It is my recommendation that [name of the DHA Direct Reporting Organizations MEDLOG Chief or designee] provide you with a briefing on the specific observations outlined in that report.

A follow-up visit [is/is not] recommended [DELETE or add "at a time to be arranged between the SAV Team Lead and your MEDLOG Chief"]. In addition, follow-up teleconferences will be held with your MEDLOG leadership team 30, 60, and 90 days after completion of the visit to assist your Logisticians with any deficiencies noted during the on-site visit.

As always, my team is available to support if further assistance is required. If you have any further questions or concerns, feel free to contact me at (XXX) XXX-XXXX, DSN XXX-XXXX.

[DAD Name]
[Rank, Military Service Affiliation]
Deputy Assistant Director for Medical Logistics

Attachments:

1. Out-brief slides
2. Checklist

DISTRIBUTION:

[DHA Direct Reporting Organization Administrator Name], [DHA Direct Reporting Organization Name]
[DHA Direct Reporting Organization MEDLOG Chief], [DHA Direct Reporting Organization Name]
[SSO/NCR MEDLOG Advisor or DHA Direct Reporting Organization MEDLOG POC] [Direct
Reporting Organization Name]

APPENDIX 14

CAP EXAMPLE

Corrective Action Plan
Medical Logistics

Date Initiated:

Estimated Completion Date (ECD):

Inspection Type: Self-Reported

SAV

DHA DCIR Required: Yes No

MEDLOG Chief Name/Rank/Email:

Action Officer (AO) Name/Rank/Email:

Checklist Item Number: ..

Description of Deficiency

Root Causes:

Action Plan:

#	Milestone	Action Officer (Name/Rank)	ECD	Status
	ADD ADDITIONAL MILESTONES AS NEEDED			

DHA Component/Market Review:

	Name/Rank	Signature	Date	Comments
DHA Component MEDLOG Chief				
DHA Component Administrator				
DHA Market MEDLOG POC				

DHA MEDLOG Internal Review:

	Name/Rank	Signature	Date	Comments
CST Manager				
Environmental Services				
Healthcare Technology Mgmt				
Logistics Plans and Readiness				
Supply Management				

Completion Verification:

	Name/Rank	Signature	Date	Comments
Action Officer				
Chief, Component MEDLOG				
DHA MEDLOG CST				

GLOSSARYABBREVIATIONS AND ACRONYMS

AB	Air Base
ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
CAP	corrective action plan
CONUS	continental United States
CST	Customer Support Team
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PM	Defense Health Agency-Procedures Manual
DHAR	Defense Health Agency Region
DMLPC	Defense Medical Logistics Proponent Committee
DMLSS	Defense Medical Logistics Standard Support
DRO	Direct Reporting Organization
HTM	Healthcare Technology Management
MDG	Air Force Medical Group
MDS	Air Force Medical Squadron
MEDLOG	Medical Logistics
MTF	Military Medical Treatment Facility
NCR	National Capital Region
NH	Naval Hospital
NHC	Naval Health Clinic
NLT	no later than
NMC	Naval Medical Center
POC	Point of Contact
PVR	Performance Verification Review
SAV	Staff Assistance Visit
SI	Special Inspection
SSO	Small Market and Stand-Alone Military Medical Treatment Facility Organization

PART II: DEFINITIONS

DRM. Markets that report directly to the DHA (this term does not include Markets that report to SSO).

DRO. DRM, SSO, and DHAR reporting to the DHA.