



Soldiers with the 2nd Brigade Combat Team, 4th Infantry Division, inventory medical equipment during their medical reset. (Photo by Staff Sgt. Ruth Pagan)

Keeping Medical Materiel Relevant

Conducting an authorized stockage list review board can be critical to ensuring that the brigade medical supply office has only the medical supplies it needs.

■ By 1st Lt. Kathryn L. Buckland

An authorized stockage list (ASL) review board conducts a line-by-line review of an ASL to determine which items should be retained and which should be deleted. Using historical data along with their own experience, participants on a class VIII (medical materiel) ASL review board ensure that the brigade medical supply office (BMSO) stocks the items needed to meet unit readiness demands.

Benefits of the ASL Review Board

The BMSO uses the ASL review

board process to determine which class VIII line items to stock in order to meet customer demand. The process increases customer satisfaction and decreases customer wait time. It also provides cost savings to the Army by reducing inventory and providing quality assurance and quality control programs that rotate stocks to prevent expiration.

The review process enables the Army to make better use of warehouse space and build smaller facilities in theater to meet mission requirements. Medical logisticians must understand and use the ASL

review board process to synchronize class VIII stockage levels with customer demands and mission requirements.

In the first 30 days after conducting an ASL review board and redistributing excess supplies, BMSOs in theater generally have more manageable stockage levels, higher customer satisfaction ratings, and less destruction of excess class VIII supplies. BMSOs are then able to spend more time on critical tasks such as training Soldiers instead of trying to keep pace with mounting and unchecked demands.

Operational Environment

Studies by the RAND Arroyo Center have confirmed that high-performing ASLs have their greatest direct effect on equipment readiness through their impact on supply chain processes and resources. The BMSO must be responsive to all of its customers' medical materiel requirements. If it fails to have the necessary class VIII on hand or within the supply system, the health service support mission fails and units cannot sustain the fighting force.

Assessing the Situation

Noting the problems with the BMSO's large ASL, high customer wait time, and low customer satisfaction, the brigade surgeon, BMSO officer-in-charge, and support operations (SPO) medical logistician for the 4th Brigade Combat Team, 1st Infantry Division, looked into the situation. After a few hours of collaborative research they found the following facts about the current ASL.

Unmanageable stockage levels. After the relief in place/transfer of authority (RIP/TOA), the BMSO reviewed the current ASL consisting of 620 line items, of which the medical logistics company stocked only about 80 percent. The remaining 20 percent of the items were not in the class VIII supply system because the BMSO customers were ordering items that were unauthorized or not on the U.S. Central Command formulary.

To meet customer needs, the BMSO's ASL should be based on the medical logistics company's ASL. In turn, the aid stations should order items only from the BMSO's ASL unless they submit either a letter of justification or an operational needs statement. (Which document is required is dictated by the dollar amount and unit policy.)

Low customer satisfaction. With such a large ASL, less than 89 percent of customer orders were filled by items on the BMSO's ASL. Army Medical Department Supply Bulletin 8-75-11, dated Nov. 20, 2012, states that the management

level for customer demand satisfaction is between 90 percent and 98 percent, indicating that, based on request processing time and fluctuating demands, the items stocked at the BMSO were not sufficient.

Wasted resources. Items on the warehouse shelves were not consolidated based on expiration date, and class VIII was expiring. This caused unnecessary financial waste and destruction of class VIII items that could have been redistributed to other U.S. and coalition forces or Afghan National Army units through the Foreign Excess Personal Property program.

Unavailable customer demand history. The BMSO completed the RIP/TOA without any historical data on customer demand for the previous year. Class VIII had not been tracked manually or using the Logistics Reporting Tool like other classes of supply. The only automated logistics system available at the brigade combat team (BCT) level is the Defense Medical Logistics Support System Customer Assistance Module (DCAM), which cannot interface with the Battle Command Sustainment Support System (BCS3). This lack of interoperability between DCAM and BCS3 prevents real-time class VIII visibility in the supply system.

Personnel strength. The BMSO staff is authorized one officer and five enlisted Soldiers. The 4th Brigade Combat Team's BMSO deployed with one officer and four enlisted Soldiers. However, the biomedical equipment specialist was conducting battlefield circulation during the deployment, thereby reducing the staff to only three Soldiers.

These findings indicated that using the ASL was only partially effective in forecasting future demands, setting inventory levels, and meeting customer demand. Based on these findings, the brigade leaders decided to conduct an ASL review board to address the situation.

ASL Review Board Members

The ASL review board members

are the brigade surgeon, the battalion's medical service providers, the brigade support battalion commander, the BMSO, and the SPO medical logistician. The brigade surgeon and medical service providers provide insight to the clinical effectiveness of the ASL's pharmaceuticals, and the BMSO provides insight to the ASL's nonpharmaceuticals based on demand history and request processing time.

The brigade support battalion commander chairs the ASL review board, and the SPO medical logistician acts as the facilitator and mission command element. The SPO medical logistician also consults with the supply support activity accountable officer as needed for lessons learned and advice.

The Review Process

The ASL review board process does not guarantee the availability of critical class VIII items. What the process does guarantee is that class VIII items identified as additions will be placed on the ASL at a specific reorder point to maintain stockage levels. The actual availability of items at the BMSO depends on the request processing time and the consistency of demand before the next ASL review board.

The retention of a current ASL line item is based on the number of demands, the quantities ordered, the request processing time, and clinical effectiveness. A line is authorized to be added to the ASL if customers demand an item 10 times in a nine-month deployment rotation. Items demanded three or more times are authorized to be retained on the ASL. Recommendations for non-demand supported or nonessential items must be fully justified to the ASL review board for retention.

The request processing time is defined as the number of days from the date a request is received at the BMSO to the date the materiel is delivered to the customer or the customer is notified that the materiel is ready for pickup. For nonstocked items, the request processing time is



Soldiers inventory medical supplies received as part of the 2nd Brigade Combat Team's medical reset. Having an accurate ASL helps ensure that the items received are what the medical personnel will need. (Photo by Staff Sgt. Ruth Pagan)

the number of days from the date a customer request is received at the BMSO to the date the request is passed to the supply source or to the supporting contracting activity.

Items stocked at the BMSO warehouse arrive to customers within two to five days. Requests for nonstocked items are forwarded to the medical logistics company at Bagram Airfield. Nonstocked items take two weeks to receive at the BMSO and another two to five days to deliver to customers.

Items that are requisitioned from the U.S. Army Medical Materiel Center Europe-Southwest Asia in Qatar take three to four weeks to arrive at the BMSO warehouse and another two to five days to be delivered to customers. Matching customer demands with items stocked at the BMSO warehouse reduces customer wait time significantly.

Clinical effectiveness is the extent to which specific pharmaceuticals do what they are intended to do, such as maintain and improve the

health of patients. Within the current ASL consisting of 354 pharmaceuticals, the BMSO's excess inventory of both stocked and nonstocked pharmaceuticals is not supported by demands. The brigade surgeon and battalion medical service providers must agree on a formulary that will meet clinical effectiveness criteria and demand levels.

Review Process Phases

Board members execute the ASL review process in four phases using a Microsoft Excel spreadsheet exported from the BMSO's local catalog in DCAM on the Medical Communication for Combat Casualty Care server.

Phase 1. The SPO medical logistician briefs the ASL review board concept of operations to the BMSO officer-in-charge and brigade surgeon. The SPO medical logistician provides a timeline synchronizing key tasks with key dates over a span of 14 days.

Phase 2. The brigade surgeon and battalion medical service providers

review the pharmaceuticals in the current ASL to streamline quantities based on clinical effectiveness. The BMSO reviews the nonpharmaceuticals based on demand history and request processing time. The brigade surgeon and BMSO officer-in-charge decide on ASL additions and deletions.

Phase 3. The BMSO updates its local catalog by adding reorder points to all line items on the updated ASL in order to maintain stockage levels. Reorder points are not set for items deleted from the ASL so that customers can continue ordering deleted line items, clearing them from the warehouse's shelves until the on-hand balance reaches zero. When the on-hand balance reaches zero, the line item will be removed from BMSO's local catalog and will not be viewable to level I customers in their supplier files.

Phase 4. The BMSO informs customers of the ASL reduction and distributes the new ASL to customers on a Microsoft Excel spreadsheet.

Impact on Deployed Operations

In its first 30 days, the ASL review board demonstrated its benefits in five areas: stockage levels, customer satisfaction, redistribution, logistics estimates, and time management.

Stockage levels. The BMSO streamlined its ASL by more than 38 percent—from 620 line items (354 pharmaceuticals and 266 nonpharmaceuticals) to 385 line items (196 pharmaceuticals and 189 nonpharmaceuticals). The BMSO emailed its customers a Microsoft Excel spreadsheet listing the items that had been removed from the ASL, offering them as free-issue items.

Customer satisfaction. The BMSO increased its customer demand satisfaction from less than 89 percent to 95 percent in its first two weeks, indicating that customers were ordering more items from the ASL with reduced customer wait time.

Redistribution. Excess class VIII items removed from the ASL were inventoried, consolidated, and redistributed to other Department of Defense units, International Security Assistance Force adviser teams, or Afghan National Army forces to encourage consumption rather than destruction.

Logistics estimates. The BMSO now uses Microsoft Excel pivot tables to manually track customer demand history, which will be used in future ASL review boards. A pivot table is a data summarization tool that automatically sorts, counts, totals, or averages the data stored in a spreadsheet, such as requests per customer, therefore generating demand history. The SPO medical logistician works with the sustainment automation support management office to incorporate class VIII into the Logistics Reporting Tool.

Time management. The BMSO now dedicates more time to medical equipment maintenance, individual Soldier skills training, and customer-oriented service such as customer assistance visits rather than trying to keep pace with unchecked demands.



Spc. Conrad Moore and Pfc. Brittney Escamilla, both health care specialists with the 2nd Brigade Combat Team, inventory the contents of a ground ambulance set during a medical reset. (Photo by Staff Sgt. Ruth Pagan)

The BMSO ASL is not stagnant; it is a living document that continues to change based on customer demands. Accordingly, with the ongoing drawdown in Afghanistan, the ASL should be reviewed quarterly to meet changing customer demands and supplier catalogs.

As stated by the Army Medical Department lessons learned chief, retired Lt. Col. Jeffery L. McColum, “BCTs are the base for future fights . . . synchronization and tracking of class VIII is so important—the Soldier’s life may depend on it.”

In the interim, Fort Riley, Kan., has established a template for conducting a class VIII ASL review board that other units and institu-

tions can use both in garrison or forward, which will continue to benefit the 1st Infantry Division for many years to come.

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