



Change of Command Ceremonies throughout Naval Medical Logistics Command's Area of Responsibility

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NMLC holds Inaugural Lean Six Sigma Green Belt Course

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Gilbert Hovermale
Yesterday at 9:37am

Welcome, Contracting Officer's Representative (COR) students to NMLC. Thanks to instructors Tameka Davis and Art Cronk, standing in the rear.

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Julius Evans Two knowledgeable instructors and a good group of ready students. Enjoy your time at Naval Medical Logistics Command. If you Facebook, click away so we can acknowledge you as well. Yesterday at 12:10pm · Like

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Julius Evans shared NMLC PAO Specific Test Page's video
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Country	Your Fans	City	Your Fans	Language	Your Fans
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Germany	6	Washington, District of Co...	10	German	6
Iran	1	San Diego, CA	8	English (UK)	1
Japan	1	Virginia Beach, VA	1	None	1
Italy	4	Los Angeles, CA	3	Italian	1
Taiwan	4	Waltham, MA	4	Traditional Chinese	1
France	4	San Antonio, TX	4	French (France)	1
Hong Kong	4	Chickadee, VA	4	None	1
Spain	3	Madison, TN	4	Spanish (Spain)	1
Mexico	1	Wilmington, PA	4	None	1

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Page Likes 388 Total Page Likes +100 from last week

Post Reach 1.8K Total Reach +500 from last week

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08/27/2014 7:41 am	What a great opportunity.	Text	Public	1.7K	44	None
08/25/2014 10:11 am	NMLC holds Inaugural Lean Six Sigma Green Belt Course	Image	Public	1.7K	44	Promote

Are You Facebooking?

From course announcements to awards ceremonies to promotions to welcome aboard greetings, you can find all sorts of timely information through the Naval Medical Logistics Command (NMLC) Facebook page.

The NMLC Closed Group Facebook page is just as informative. If you have questions on how to lock down your personal Facebook page to prevent spillage to the NMLC Closed Group page, we've got those answers as well.

Join all those who are engaging through NMLC's strategic communication efforts and then, read the article on page 6 discussing how NMLC has adopted a strategic focus in its daily processes that include Facebook.

The NMLC Facebook page is easy to find. Just go to our homepage or place NMLC in the FB search box.



On the Cover: Since September of 2013, Naval Medical Logistics Command has conducted Change of Command ceremonies throughout its entire enterprise. Although not pictured, Lt. Cmdr. Rebecca Gels was replaced by Lt. Cmdr. John Stage, as Gels returns to the United States and reports to the Pentagon. Capt. Paul Andre relieved Capt. Matthew Newton at the Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, as Capt. Newton reports to Naval Medical Center Portsmouth. Capt. Edward Sullivan relieved Capt. Martin “Marty” McCue at the Navy Medical Expeditionary Support Command (NEMSCOM), Williamsburg, VA, as Capt. McCue reports to Quantico, VA and Capt. Mary Seymour relieved Capt. James B. Poindexter who reported to the Defense Health Agency at Fort Detrick. During the 2013-2014 season, change was certainly in the air for NMLC. Read about the NEMSCOM and NOSTRA change of command ceremonies in this issue of Logistically Speaking.

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From the Commanding Officer



Capt. Mary S. Seymour, NMLC CO

Summer is here and at NMLC, change is in the air. While we said goodbye to Capt. Edward Sullivan who departed to Williamsburg, VA, to lead the Navy Expeditionary Medical Support Command (NEMSCOM) as the Commanding Officer, we welcomed Cmdr. Michael Kemper as our Executive Officer. In addition, Lt. Cmdr. Rebecca Gels was replaced by Lt. John Stage, who will be promoted in September, as Commander Gels returns to the United States and reports to the Pentagon. Capt. Paul Andre relieved Capt. Matthew Newton at the Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, as Capt. Newton reported to

Naval Medical Center Portsmouth. Capt. Sullivan relieved Capt. Martin ‘Marty’ McCue at NEMSCOM, Williamsburg, VA, as Capt. McCue reported to Quantico, VA. These adjustments in personnel represent the progressive nature of our business and prove that once we settle into a routine, something always comes along to change the landscape. I know these highly capable officers will meet great success in their new assignments.

In other new occurrences, BUMED leveraged applicable technology through a Virtual Logistics Symposium that was held 16-19 June with briefings given by NMLC personnel. Another BUMED event we supported was the Audit Readiness Training Symposium that was held 15-17 July at the Falls Church Marriott. These two successful events were great opportunities to exchange ideas from the highest levels at BUMED to all the activities at the leading edge of providing health care to warfighters and their family members. It also served to provide world-class logistics support to those activities that require our assistance.

Our command has consistently proven that it is an agile force capable of providing logistics and acquisition support to Navy and Marine Corps customers at home and abroad, and a willing partner to our Air Force and Army counterparts, ensuring that today’s warfighters are always the first priority. We don’t stop there. Our internal stakeholders are as valuable as every other pillar of our command that ensures we are accountable to our vested mission of delivering patient centered logistics solutions for military medicine. Our vision has never been clearer: to become the Department of Defense’s premier medical logistics support activity. Our partners at NEMSCOM and NOSTRA have vital roles in assuring we continue achieving our mission and vision. For their contributions, I am truly thankful.

As we approach a rapid increase in tempo working under the uncertainty of budgetary constraints, I ask that you continue to proceed as judiciously as you have in the past, capitalizing on your astute and rational decision making processes. We rely on your capable and perceptive ability to not only be our eyes and ears on the deck plates, but to also be good stewards of U.S. tax dollars, and lead the way as Navy Medicine continues to demonstrate its successful audit readiness foresight.

Naval Medical Logistics Command

Capt. Mary S. Seymour

Commanding Officer

Cmdr. Michael J. Kemper

Executive Officer

HCMC(FMF) David L. Hall

Command Master Chief

Mr. Darin L. ‘Cal’ Callahan

Chief of Operations

Mrs. Julia P. Hatch

Counsel

Mr. Julius L. Evans

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Articles should be submitted to:

The Public Affairs Officer

From the Command Master Chief

In the past year, our command and subordinate commands have performed numerous ceremonies, ranging from the 238th U.S. Navy birthday celebration, 121st Chief Petty Officer birthday celebration, 115th Hospital Corpsman birthday celebration, three Change of Command ceremonies, one Change of Office ceremony, and one 67th Medical Service Corps Birthday. Who is available in providing assistance for making sure these ceremonies are performed with distinction and honor?

Chief Petty Officers are not just the “Backbone of the Navy”; they are the keepers of Naval Tradition and Heritage. We are entrusted through our obligation to the Navy, having that sense of heritage, to teach and assist with ceremonies which instill pride and heritage while enforcing our Navy core values of Honor, Courage, and Commitment.

We train our First Class Petty Officers throughout the year through CPO 365. This year long professional development and training program instills leadership and professional qualities through consistent training and building, developing future CPOs. Training and developing sailors is our foremost priority.

Our Naval history, heritage, and traditions survive due to the hard work and dedication our Chief Petty Officers display throughout our commands. Their involvement in ceremonies ensures the preservation by the passing of traditions and heritage to both officer and enlisted sailors while honoring the legacy of those who came before us.



HMCM(FMF) David L. Hall, NMLC CMC



Pictured from left to right are: SKCS(Ret) Noel Bondoc, DTC(Ret) Efrain Rosario, HMC(Ret) Carlo DeCastro, HMC(Ret) Michael Schomer, HMC(Ret) Melinda Scruggs, HMC(Ret) George Potak, HMC John McGilvery, HMC Amanda Doolittle, HMC(Ret) Michael Burns, YNC Christopher Howk, HMC(Ret) Darwin Pitts, HMC(Ret) Steve Burroughs, HMC Vilma Bauer, HMC(Ret) Clifford Dunlap, HMC Steve Ito, HMC Ezra Johnson, LT Shawn Dean. Not pictured: DTC(Ret) Michael Fortier, HMCS(Ret) Michael Correll, HMCS(Ret) Edlouie Ortega, HMCM David Hall, HMC Melanie Drew.



HMC John McGilvery & HMC Vilma Bauer cut the ceremonial cake during the Chief's Birthday celebration.

Above: HM2 RaShawn Lynch and HMCM David Hall cut the Hospital Corps birthday cake during NMLC's recognition of the event.

Naval Medical Logistics Command Adopts Strategic Focus in Daily Processes

Story and photo by Julius L. Evans, NMLC Public Affairs Officer

Naval Medical Logistics Command (NMLC), based at Fort Detrick in Frederick, Md., recently adopted a strategic focus in engaging its customers on social media and in other innovative ways in early 2014.

“We've undergone a complete strategic overhaul during the last six months,” said Gilbert Hovermale, Director, Acquisition Management and Analytics Directorate. “It was really necessary, considering how many things have changed and continue to change. Not only do we have new leadership here at NMLC, but we also have a new partner agency - the Defense Health Agency (DHA) - and a new way of doing business called ‘shared services.’ It was necessary to take a step back and ask ourselves how we remain relevant in this new environment and how do we continue to add value for our customers and the patients who depend on them?”

Led by Capt. Mary S. Seymour, NMLC is the Department of Defense’s premier medical logistics support activity whose mission is delivering patient centered logistics solutions for military medicine. Originally established in 1850 as the Naval Medical Supply Depot in Brooklyn, NY, the command went through several name changes throughout the years, and in 1990, became the Naval Medical Logistics Command to reflect its broader and more refined logistics mission.

In September 2013, Capt. Seymour became the commanding officer and instilled a number of strate-

gic initiatives designed to enhance NMLC’s alliances with its partners and to shape its business practices and procedures.

“NMLC has proven that it is an agile force capable of providing logistics and acquisition support to Navy and Marine Corps customers at home and abroad, and a willing partner to its Air Force and Army counterparts, ensuring that today’s warfighters are always the first priority,” Capt. Seymour said at the change of command ceremony. “As we embark on our new journey together, resource constraints and the Defense Health Agency transition will inevitably impact the way we conduct business and present us with many unique challenges and opportunities.”

Recently, NMLC integrated two ‘codes’ or directorates. As part of its strategic refocusing, the command combined the Acquisition Management Directorate (Code 02) with the Healthcare Services Strategies Directorate (Code 07) to form the Acquisition Management and Analytics Directorate (Code 05), provisionally. Code 05 has six operating divisions that reflect the full integration of the two codes. One improvement at-



NMLC personnel routinely participate with functions that help further esprit de corps among members. Here, personnel attended quarters, which also doubles as an award ceremony.

tributable to the merger is better leveraging of the healthcare analysts’ talents from the previous Code 07, and the same of the contract specialists from the former Code 02. Additionally, capabilities associated with the newly formed Code 5 will allow NMLC to achieve three objectives not previously attainable.

First, it will enable every member of the procurement team to have all actionable information about each contract requirement at the same time. Before the merger, the process was linear. Each member of the procurement team learned about the requirement from the person who had completed the previous step. “By enabling everyone to know all there is about the requirement simultane-

ously, we believe we can rapidly incorporate lessons learned and improve the quality of the end product,” Hovermale said.

“The second goal will eliminate ‘stacking-in-queue’ through cross-training and cross leveling. Using templates and training, we will learn each other’s work processes and then use agile work assignments to move requirements to those team members who have capacity to work on them sooner. This should enable us to award contracts more expeditiously,” he said.

“Finally, this merger will create a powerful analytics capability to enable better management decision making. We created a new division called the Analytics Support Division (ASD), ably led by Chris Cullen, who was the director of Code 07. In addition to improving the performance and output metrics we’re currently using, ASD is providing templates, training and information to the integrated operating divisions that will enable them (the operating divisions) to meet the first two objectives,” Hovermale explained.

In addition, various strategic focus areas have been identified that will give command personnel new opportunities to think strategically regarding their future engagements.

“Most recently, the command has adopted and empowered internal cross directorate ‘goal groups’ to assess and develop recommended approaches to achieve Executive Steering Committee (ESC) identified strategic initiatives, while simultaneously soliciting command-wide input to craft a holistic mission and vision,” said Commander Shikina Tellis, Contract Specialist, Acquisition Management and Analytics Directorate. “This example shows how the leadership here has employed the

ability to think, communicate and respond strategically.”

The senior leadership team -- the senior decision-makers -- comprises the ESC. “That body represents the core of NMLC’s most experienced experts in all facets of the command’s functions,” said Darin Callahan, NMLC’s Chief Operations Officer. “Within the ESC resides decades of experience and volumes of know-how; the ESC charts the course for the command.”

Callahan continued, “The strategic direction incorporates strategic communication which facilitates awareness of the organization’s direction; it educates staff, customers, and stakeholders on key elements of the organization’s plan; it generates engagement and commitment of stakeholders in the implementation of NMLC’s strategy; and, it encourages participation in the process. When done well, strategic communication also builds enthusiasm for the organization’s strategy and it ensures successes are shared rapidly and effectively.”

Rapid and effective success has been evident by an initial change in strategy incorporated into the business model envisioned by Capt. Seymour.

“Additional strategic communication initiatives on NMLC’s horizon include commanding officer’s webcasts through the use of social media, novel avenues of recognition and employee awards, increased command participation and vesting by book clubs and involvement in command events and diversity highlights,” said Rachel Pardo, Management and Program Analyst, Research and Services Contract Division.

While communicating with the internal audience has been a key facet of the communications strategy,

the command has not lost sight of its external audience.

“The workforce is inspired to engage agencies outside of NMLC like the Defense Health Agency Medical Logistics Directorate, as mentioned earlier, which is responsible for shaping medical standardization, procurement and joint availability,” explained Lt. Cmdr. Anthony Owens, Assemblage Management Supervisor, Operational Forces Support Directorate. “It also engages the Defense Logistics Agency (DLA). The majority of the material requirements is vetted through DLA and ensures contract vehicles are in place and fully sourced. DLA is effective in reducing material waste, cost and long delivery lead times.”

While NMLC delves into the social media stratosphere, command personnel can rest assured that over time, communication efforts will continue to be enhanced. The Internet is a quick way to reach all-hands at a moment’s notice. Its value in enhancing how NMLC communicates with its internal and external audience members is obvious. Developing and maintaining an active and effective social media strategy is one opportunity NMLC is committed to leveraging.

As Forbes magazine touts, “the web has become one of the most fertile sources for finding solutions to vexing problems, connecting with resources, building and maintaining relationships, sourcing talent and researching clients, employees and prospects.” Naval Medical Logistics Command will now be able to take advantage of these alternative communications sources for years to come. **LS**

Equipment Accountability's Role in Achieving Audit Readiness

By Cmdr. Michael Kemper, NMLC Executive Officer and Mr. Edlouie Ortega, Head, Medical Equipment and Logistics Solutions (MELS) Equipment and Technology Management Division



NAVMEDLOGCOM's Equipment and Technology Management (ETM) and BUMED Property Management Office (BUMED PMO) team: (from left to right): Mr. Robert Zak, Mr. Edgardo "Teddy" Cornejo, HN Denise Matamoro, HM1 (SW/AW) Sherwin Villagracia, Mr. George Potak, HM2 (EXW) Cheung Chung, Ms. Elyssa Polomski, Ms. Elizabeth Erdman, and Mr. Edlouie Ortega. Not pictured: CDR Michael Kemper, Ms. Margaret Ely, Mr. Joel Guajardo, and Mr. Darwin Pitts. (Photo credit Ms. Brenda Bell, USAMMA).

As you may or may not know, your Material Management Department will play a very instrumental role in helping your Activity achieve audit readiness. While Navy Medicine conducted a pretty successful personal property inventory in FY-14, there is still some room for improvement. While Navy Medicine's overall personal property existence inventory accuracy (EIA) for this inventory cycle exceeded the Department of Defense (DoD) standard of 98 percent, five Activities failed to reach this benchmark. These Activities, as well as any Activity with total acquisition cost of missing equipment exceeding two percent of its asset total acquisition cost or who failed to meet the inventory certificate submission deadline, will be required to conduct another wall-to-wall inventory during the FY-15 inventory cycle. Our goal for FY-15 is for all 54 Navy Medicine Activities to meet/exceed the DoD EIA benchmark within the prescribed

reporting period with minimum equipment losses (amounting to less than two percent of the Activity's total acquisition cost for all of its reported assets).

In August 2009, DoD developed a Financial Improvement and Audit Readiness (FIAR) plan to meet the Congressional deadline for having audit ready financial statements by 2017. The FIAR Strategy consists of four Waves (priorities) for achieving DoD Audit readiness:

Wave 1: Appropriations Received Audit

Wave 2: Statement of Budgetary Resources (SBR) Audit

Wave 3: Mission Critical Asset Existence & Completeness Audit

Wave 4: Full Audit Except for Existing Asset Valuation

Navy Medicine is in the midst of asserting (i.e., attesting a functional area is ready for a financial audit) Wave 2 and is commencing Wave 3 Mission Critical Asset Existence and Completeness

(E&C) Audit Readiness preparations.

BUMED will focus on three asset categories: general equipment (personal property); real property; and operating materials and supplies (OM&S). The Navy Medical Logistics Command (NMLC) serves as the Bureau of Medicine and Surgery Property Management Office (BUMED-PMO) and, as such, will play the lead role in helping Navy Medicine prepare to assert its audit readiness as it relates to personal property. Wave 3 will involve the following considerations:

Existence: Do all assets recorded in the Accountable Property System or Record (APSR), DMLSS-EM for personal property, actually exist?

Completeness: Are all assets accounted for and recorded in the APSR?

Rights and Obligations: Does the Activity have the right to report all assets?

Valuation: Have we completely and accurately accumulated the appropriate costs of assets and properly recorded in the APSR?

Presentation and Disclosure: Are assets consistently categorized, summarized and reported period to period?

The FIAR plan places an increased emphasis on asset accountability. This article will focus on validating the "existence" and "completeness" of personal property assets (equipment) that are on Navy Medicine's APSR. The key to success in ensuring transactional excellence for the "Equipment" piece is for Navy Medicine Activities to know their personal property inventories.

Per the Navy Medicine Equipment Management Manual (NAVMED P-5132), accountable property records shall be established in the APSR for all personal property (purchased, leased, or otherwise obtained) having an acquisition cost of \$5,000 or greater; all automated data processing (ADP) equipment, as well as all items that are considered sensitive or classified in nature. Accountable records shall also be prepared for controlled inventory items (CII) that meet all of the following criteria: pilferable, critical to



SH2 Johnnie Jackson and LSSN Christian Tinsley receiving Automated Data Processing (ADP) equipment in the warehouse at NMC San Diego. All ADP equipment is considered accountable personal property and must be gained in DMLSS, regardless of acquisition cost. (Photo credit HMC (SW/AW) Wendell Pascual, NAVMEDWEST).

the activity’s business/mission, and hard to repair or replace. Accountable property records shall be kept current and reflect the current status, location, and condition of the asset. The Defense Medical Logistics Standard Support (DMLSS) system, Equipment Management (EM) module is Navy Medicine’s APSR.

Per DODI 5000.64, “Accountability and Management of DoD Equipment and Other Accountable Property,” and SECNAVINST 7320.10A, “Department of the Navy (DON) Personal Property Policies and Procedures,” all personal property shall be inventoried at least every three years. Classified or sensitive property, on loan personal property (including government furnished equipment (GFE)), ADP equipment (which includes all laptop computers, computer systems, tablets, servers, switches, personal digital assistants (PDA), and pocket personal computers (PCs)), and all capital equipment (i.e., personal property that has an acquisition cost, book value, or an estimated fair market value equal to or greater than \$100,000) shall be inventoried at least annually. Personal property inventories are performed in a bidirectional manner. An inventory team at each Activity will conduct a “book-to-floor” inventory by visually verifying all assets on their property book actually “exist.” Conversely, the inventory team will also perform a “floor-to-book” inventory by verifying

all of the equipment located is properly captured on their property book (thereby confirming the property book is “complete”). It is imperative that the Activity ensure that all of its reportable assets are accurately recorded in the property book (DMLSS), including applicable valuation information (make, model, serial number, acquisition date, and acquisition cost, asset fund code, and accounting status). BUMED disseminates its annual “Accountable Personal Property Inventory Requirements” letter during the January time frame each year.

Upon completion of their inventory, each Activity must prepare reconciliation documentation, including performing causative research and possibly initiating a financial liability investigation on missing equipment. Upon discovery of loss, damaged, destroyed, or stolen government-owned property (of any value), the first line supervisor shall conduct an inquiry to determine if the situation warrants a more formal inquiry (i.e., investigation). An inquiry is an informal process of ascertaining the facts, circumstances, and cause of the loss, damage, destruction, or theft. An investigation is a formal proceeding that is conducted in accordance with the DoD Financial Management Regulation (FMR) using the DD Form 200 (Financial Liability Investigation of Property Loss). Once the DD Form 200 has been signed by the designated Activity Approving Officer (typically the Activity Commanding Of-

ficer), the Activity Equipment Manager will adjust the Activity property book accordingly. FY14 Logistics Guidance provides the detailed step-by-step instructions on how to properly complete a DD Form 200 using DMLSS-EM. This document is available at the following link: https://gov_only.nmlc.med.navy.mil/guidance.asp.

NMLC is spearheading the deployment of Item Unique Identification (IUID) throughout Navy Medicine. The IUID Program is the foundation for enabling the DoD to achieve enhanced item visibility, improved lifecycle item management/accountability, and clean financial audits. In a nutshell,

IUID is a national repository where pertinent information is maintained (from cradle to grave) on selected equipment. Using a system of marking selected items (typically those with an acquisition cost exceeding \$5,000) with unique item identifiers, that have machine-readable data elements, IUID will also facilitate item tracking in DoD business systems and provide reliable and accurate data for program management, engineering, and accountability purposes. IUID falls under the Automated Identification Technology (AIT) umbrella and has a DMLSS interface.

The BUMED-PMO is committed to helping Navy Medicine prepare for the upcoming existence and completeness audit of mission critical equipment. The BUMED-PMO is playing an integral role in the complete revision of the Navy Medicine Equipment Management Manual (NAVMED P-5132) to ensure its relevance in prescribing current and easily comprehended personal property policy for the Navy Medicine enterprise. The BUMED-PMO continues to maintain an active dialogue with BSO-18 equipment managers and Regional Logisticians and develop products to enhance property accountability.

Please direct any PMO-related questions to either Edlouie.Ortega@med.navy.mil, Michael.Kemper@med.navy.mil; or BUMED-PMO@med.navy.mil. **LS**

Electronic Catalog Reduces Variance and Costs in Ordering Orthopedic Implants

By Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer

The Defense Logistics Agency (DLA)—Troop Support Medical Electronic Catalog (ECAT) provides an innovative, cost-effective, efficient way to fill clinically-driven procurement requirements for medical equipment and materiel.

“With the current projected savings of \$1.2M for second quarter and \$1.6M fiscal year to date, I am confident we will reach our \$3.3M fiscal year 2014 savings target for this supply chain best practice,” said Capt. James “Bernie” Poindexter III, Acting Director, Medical Logistics Division Defense Health Agency. The ECAT is web-enabled centralized ordering, payment, and distribution mechanism that provides Department of Defense and other Federal agencies quick access to products offered by commercial manufacturers and distributors at discounted prices.

The ECAT combines shopping convenience with volume price discounts. With monthly transactions in excess of \$25 million, ECAT represents the successful implementation of e-commerce concepts and enabling technologies; ECAT signals improvement of the relationship between customers and suppliers. This tool automates much of the procurement process, from product search and selection to submitting final or-



ECAT is web-enabled centralized ordering, payment, and distribution mechanism that provides Department of Defense and other Federal agencies quick access to products offered by commercial manufacturers and distributors at discounted prices.

ders for pharmaceuticals, laboratory equipment, dental devices, optical fabrication, and surgical commercial items like orthopedic implants. The e-commerce concept for ordering implants through the ECAT represents new opportunities for medical logistics.

The Military Health System more than doubled purchase of orthopedic implants. In the first quarter purchase figure was \$2,067,225. In the second quarter, the figure was \$4,830,942. Associated with that increase are three strategic initiatives: standardization of procurement practices, reengineering of key business processes for medical acquisitions and logistics, and expanded use of e-commerce across the Navy medical

logistics enterprise. For example, in late 2012, Naval Medical Center (NMC) Portsmouth, an early adopter of ECAT and one of the first activities to use ECAT to procure orthopedic implants, leveraged DLA training and support to improve operations and to realize significant cost avoidance. The materiel management team developed standardized processes that included the Main Operating Room, a local Defense Medical Logistics Standard Support (DMLSS) System team, and the contracting shop. Lt. Cmdr. Mark Edwards, Head of Materiel Management at NMC Portsmouth, estimates that reductions from tied to using ECAT is 31% on implant costs alone. The ECAT enables additional cost reductions associated with ad-

ministrative expenses and cycle time reductions. That standardization effort resulted in some reengineered business practices.

Improved business practices include agile approaches to purchasing implants. Customers can procure orthopedic implants using several different delivery methods: Just-in-Time (or Carry-in), Consignment, or Direct Vendor Delivery (DVD). Using a Just-in-Time method, a technical representative from the orthopedic device manufacturer physically carries the implants directly to the operating room and provides support to the orthopedic surgeon before, during, and after implantation. Consignment allows large volume facilities to take advantage of having a stockpile of vendor-owned products on site, further reducing cycle time. The DVD approach resembles ECAT ordering in terms of the system's capability to connect customers directly to manufacturers in a way that allows customers to maintain reasonable stock levels on the shelves.

For "Carry-in" and Consignment situations, the ECAT orthopedic ordering process involves the issuance of one order. That approach offers an advantage over the open market ordering process, as it involves at least three actions instead of one ECAT action. The open market method calls for the issuance of a Request for Contractual Procurement—or similar ordering mechanism—and typically at least one modification for funding adjustments for either a de-obligation

action or an action to increase funds. Add to those actions the usual need for another modification for contract closeout. By using the ECAT orthopedic ordering process, sites can use DMLSS and ECAT to obligate procedural funds, input and track the exact items used, and to automatically de-obligate funds upon supplier acceptance of the order. The improved business processes also affect payment for orders.

Orders are paid via Military Standard Billing System; the invoice does not require the processing time traditionally associated with review by a voucher examiner. As a result, excess funding is returned to the customer's Operating Target sooner than they experienced before the implementation of e-commerce through ECAT. This reduces processing time for ECAT orders, as compared to placing open market purchase orders via the Standard Procurement System, driving increased cost reductions for Navy Medicine. "We expect to see continued savings as this new process matures," said Capt. Mary Seymour, Naval Medical Logistic Command's Commanding Officer. "Now that all Navy sites have been implemented in this process change, those costs could grow exponentially."

That growth in the use of e-commerce through mechanisms like the ECAT supports a common motto within the medical logistics community: "Clinically Led/Logistically Supported." That way of thinking

was adopted by the Navy as a common-sense approach to medical logistics; that mindset is helping to support programs that do a better job at fulfilling the needs of physicians and their patients. "The clinical community drives the clinical requirements for patient care and it is up to the logistics community to provide the best value (appropriate costs while still meeting clinical requirements) in an efficient and timely manner," said Cmdr. Edrion Gawaran, Director, Medical Logistics, Bureau of Medicine and Surgery. "It relates to orthopedic implants by targeting a focused commodity, getting clinician input and buy-in, and then finding the most efficient and cost-effective method to execute [using ECAT]."

As processes tied to e-commerce, like those embedded in the ECAT, mature and gain more widespread use, the acquisition and logistics communities will undoubtedly continue to guarantee fulfillment of the clinical community's requirements for patient care. It will also assure that the logistics community will continue to provide the best value in terms of speed, quality, and cost avoidance. These changes help to assure that ordering requirements are clinically driven, logistically supported, and provide the absolute best solutions for Sailors, Marines, and their Families needing orthopedic implants. **LS**

Editor's Note: Darin Callahan contributed to this article.

SMALL BUSINESS PROGRAMS



WELCOME TO BIZ BUZZ!

Biz Buzz is where you will find what's happening with NMLC's Small Business Program Office, as well as general small business information and news you can use.

What's the BUZZ?

What's the Buzz? MHS Vendor Day! Military Health System (MHS) Vendor Day is a cooperative venture by the Services' medical logistics agencies located at Fort Detrick, MD. It is an opportunity for vendors to showcase their medical supplies and products to the Defense Health Agency (DHA) and six medical materiel agencies under the Department of Defense (DoD) to include: Defense Health Agency Medical Logistics (DHA MEDLOG), US Army Medical Materiel Agency (USAMMA), US Army Medical Research and Materiel Command (USAMRMC), Naval Medical Logistics Command (NMLC), Air Force Medical Operations Agency (AFMOA), and US Marine Corps System Command (MARCORSYSCOM).

MHS Vendor Day is an event held once a month, eight times per year. Its focus is to assist the Services' medical logistics agencies with strategic market analysis of products and technologies that may be applicable to military medicine in an austere environment. Vendors go through a careful vetting process by DHA before they are approved to attend the event. Previously, oversight and management of Vendor Day events, formerly called "Fort Detrick Vendor Day", was the responsibility of an independent contractor. But when the contract ended, the defense medical logistics community agreed that Vendor Days were too important of a program

to abandon. Representatives from all Services (Army, Navy, and Air Force), under the direction of DHA MEDLOG, organized themselves to continue Vendor Days. All Services share in the administrative responsibilities associated with organizing this event.

NMLC's Small Business Advocate works with DHA MEDLOG twice a year to sponsor this event and co-sponsored the first MHS Vendor Day of 2014, held in March. The vast majority of companies who attend MHS Vendor Day are small businesses. With MHS Vendor Day located at Fort Detrick, these events are



Approximately 35 companies participated in MHS Vendor Day, April, 2014. DHA MEDLOG and representatives from Navy, Army, and Air Force medical logistics offices rotate sponsorship of MHS Vendor Days. Pictured left to right is NMLC's Small Business Advisor, Ms. Mimi McReal and DHA MEDLOG Representative, Mr. Steve Burrows.

perfect for small business outreach and networking opportunities with no additional expense to the Government.

Each vendor day is designed to host

LOGISTICALLY *speaking*

approximately 33 vendors, however, during months of inclement weather (as occurred in March), there are sometimes last minute cancellations. Approximately 15 vendors attended March's MHS Vendor Day. Despite the lower than anticipated number of vendors present, the March event was successful and well-attended. The event brought in a lot of foot traffic from medical logisticians to biomedical engineers to acquisition personnel from Fort Detrick's medical logistics agencies. The second MHS Vendor Day was held in April 2014. There were approximately 35 vendors attending and approximately 60% of these vendors were small businesses. The large number of vendors present in April demonstrate the value to industry of attending such opportunities. April's registration was full with a waiting list of approximately 10 vendors. Those who registered after the registration was filled were encouraged to register for another upcoming month's Vendor Day in 2014.

The range of products that are brought to the Vendor Days is quite varied. While the focus is to highlight vendors who have medical supplies and products best suited to an austere environment, operational medicine, or aboard ships, the products also have use in brick and mortar medical facilities. Products featured included laboratory equipment, IV infusion products and supplies, stretchers and litters, wound and burn care products, and various other state-of-the-art and easily portable medical supplies and equipment.

Vendor Day is a success story for many businesses. Whenever NMLC is contacted by a company that provides medical supplies and equipment, the

company is referred to the MHS Vendor Day website. There, the company can find out more about what types of products are featured at MHS Vendor Day and register to attend. The thoroughness of the vetting process ensures that companies who register provide a product that is applicable to military medicine and in particular, would fit well in an austere environment. While visiting with companies at Vendor Day, I meet several companies who have first contacted NMLC just to learn how to "do business with the Navy and/or military" and were referred to Vendor Day. Because of the exposure at Vendor Day, these companies are now in the process of either getting their medical products sold to DoD or have just started as DoD suppliers. They are very appreciative of the opportunity that Vendor Day gives them. Some vendors may also return and exhibit their products a second time at a future Vendor Day; however, these vendors must demonstrate that their products have undergone an update or other significant change that warrants another look.

The benefit of multi-Service involvement also support opportunities for DoD



Information for this article was obtained in part from the SBA (www.sba.gov). For any questions on this article or if you have any suggestions for future articles, please contact Ms. McReal at Mimi.McReal@med.navy.mil.

strategic sourcing. Rather than showcase medical products at Service-specific venues, the vendors have exposure to Army, Navy, Air Force and Marine Corps personnel (e.g., medical logisticians, biomedical engineers and acquisition personnel) at one event. This provides a win-win for industry and DoD.

Sullivan takes Helm of Navy Expeditionary Medical Support Command

Story and photos by Julius L. Evans, NMLC Public Affairs Officer

With his wife and other family members and supporters present, Capt. Edward J. Sullivan accepted authority over the Navy Expeditionary Medical Support Command (NEMSCOM) at Cheatham Annex, Williamsburg, Va., in a formal transfer of authority June 6.

The change of command ceremony is a time-honored tradition that signifies the transfer of responsibility from one naval officer to the next, and is symbolic of passing the responsibility, authority and accountability of command to the new leader who will be charged with the overall care of that command's human capital, financial resources and materiel.

On this day, Capt. Sullivan relieved Capt. Martin "Marty" McCue from his position of NEMSCOM's commanding officer as he departs with orders to report to the Marine Corps Systems Command, Quantico, Va.

NEMSCOM provides comprehensive, shore-based medical support to U.S. and allied forces in the event of contingency operations anywhere in the world. It is responsible for designing, procuring, assembling, pre-positioning, storing, maintaining and providing life cycle support for Expeditionary Medical Facilities (EMF). This global involvement allows NEMSCOM to support combatant commanders with the right medical resources through configured expeditionary medical logistics capabilities tailored to meet clinical missions.

As he accepted the responsibility as the newest commanding officer, Capt. Sullivan reflected on his career, his previous assignments and several

specific past tours of duty that prepared him for his current challenge.

"As I mentioned in my opening remarks, I have a few deployments under my belt and this has afforded me the opportunity to see first-hand the results of your efforts," he said, directing his comments to his new staff.

"The level of support you provide and the confidence it instills in our troops is a precious commodity. EMF 44 in Kuwait – Top Notch! And by all rights, the NATO Role III in Kandahar should be called the NEMSCOM Role III – as you were ultimately responsible for equipping this facility with the finest technology available – not just for an austere environment in



Capt. Edward J. Sullivan receives one last pinning as Naval Medical Logistics Command's executive officer, presented by Commanding Officer Capt. Mary S. Seymour. Sullivan became Commanding Officer of the Navy Expeditionary Medical Support Command June 6, 2014.

Afghanistan, but rather a level of sophistication that could go toe-to-toe with a hospital in a major metropolitan city anywhere."

In thinking of his wife's responsibilities during his previous tours of

duty, Sullivan quipped about how she handled ‘command’ of their home.

“To my lovely bride Jennifer, who tries her very best to look convinced when I tell her I did not volunteer for another deployment – it’s just the needs of the Navy and I was simply the best person to do the job,” he began his comments as the audience rumbled with laughter. “She does it because she knows this is what I love to do. It may also have something to do with her looking forward to yet another year of unsupervised shopping privileges.”

Son of Mary J. Sullivan and Edward J. Sullivan, Sr., of Kings Park, N.Y., Capt. Sullivan is a 1979 graduate of Saint Anthony's High School, formerly located in Smithtown, N.Y. In 1984, he graduated from Boston University with a Bachelor of Science degree in Economics.

In that same year, he began his military career as a United States Marine Corps motor transport officer. He was promoted to the rank of major prior to accepting a Health Science Professionals Scholarship in 1996, at which time he transferred to the United States Navy. Subsequently, he graduated from Nova Southeastern University, Fort Lauderdale, Fla., with an O.D.

Throughout his career, Dr. Sullivan served in a number of unique positions that included Deputy Surgeon of the Combined Forces Special Operations Component Command, Navy Medicine's logistics chief (M42), and as a Medical Logistics Fellow at the Center for Naval Analyses. As the Commanding Officer of 1st Medical Logistics Company his unit was responsible for procuring, staging and delivering all Class VIII (medical) supplies in support of the 1st Marine Expeditionary Force. They returned home in March 2007 from a successful, year-long deployment in Al Anbar Province, Iraq. As a direct re-



As NMLC's former Executive Officer, Capt. Sullivan shakes hands with Cmdr. Leslie K. Sias, after completing duties as the Master of Ceremonies during NMLC's change of command ceremony, September 2013.

sult of his achievements in theater, he received the Robert A. Edgar Award as the Navy's Operational Medical Logistician of the Year.

Offering opening remarks during the ceremony, Capt. Mary Seymour, Naval Medical Logistics Command's (NMLC) Commanding Officer, praised the outgoing naval officer for his accomplishments over the past two years.

“Capt. McCue, your mission here has been clear; NEMSCOM exists to save the lives of our Sailors, Marines, Soldiers and Airmen by providing the right medical resources to our combat support medical teams at the right time and at the right cost anywhere in the world,” she said. “When you look at NEMSCOM's accomplishments over the last few years, it's apparent Capt. McCue and his teams have contributed vastly to Navy Medicine's ability to meet the needs of our fleet and operational customers. Under Capt. McCue's leadership, NEMSCOM has been recognized for everything from the forward thinking concepts to top notch safety compli-

ance.”
As Capt. McCue set a course for Quantico, Va., in his remarks, he thanked his family with comments designed to prepare them for their future to come.

“In closing, I would like to believe that my greatest accomplishment was providing an environment for the staff to work in that allowed for initiative and innovation, empowering them to be a part of a team that is always moving forward. I believe in this command and am confident your evolutionary spirit will make for a successful future,” he said. “And as my favorite philosopher Jimmy Buffett said, ‘People who think too much before they act, don't act too much,’ that's not a problem for these innovators!” He then turned his attention to his family.

“As many of you know, I have been a geographical bachelor for the past two years so this has been a challenging tour in that sense, but I want to let my family know something - that is all about to change. Daddy's coming home!” **LS**

Andre Takes Command of NOSTRA

Story and photos by Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer

Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, hosted a change of command ceremony July 11, where Capt. Paul A. Andre relieved Capt. Matthew E. Newton as commanding officer.

Held at the Navy Cargo Handling Battalion ONE Auditorium at Cheatham Annex, the ceremony was well attended by family members of the departing and incoming officers, students attending the Tri-Services Optician School, NOSTRA employees, and friends of the official party.

Leaving Cheatham Annex en route to Naval Medical Center Portsmouth, Capt. Newton succinctly recapped an impressive list of accomplishments credited to NOSTRA when he addressed the audience.

“The name says it all. We provide optical fabrication support by fabricating military eyewear, prescription gas mask inserts and combat protective eyewear inserts,” he said to a keenly intent audience. “We also train military opticians and optical fabricators -- I’m referring to the Tri-Services Optician School, also known as TOPS, the Department of Defense’s only training program for Opticians and Optical Fabrication Specialists.”

Capt. Newton explained that NOSTRA has trained jointly for nearly 20 years, setting a high standard for successful inter-service cooperation. The instructors not only teach optics and fabrication, they also provide effective ‘sailorization’ and ‘soldierization.’

“Pushing through record numbers of students over the past three years and with the highest levels of professional accreditation and licensure,



Capt. Paul Andre is applauded after being instilled at NOSTRA’s newest commanding officer.

the TOPS team has revitalized the future of this technical specialty for the armed forces,” Newton said.

He then explained the optical fabrication aspect of NOSTRA which has been described as the Department of Defense’s largest and leading optical fabrication laboratory.

“With Navy as the lead service for optical fabrication and the commanding officer of NOSTRA as the executor for the Military Health System Optical Fabrication Enterprise Program, NOSTRA sets the pace for 27 Army and Navy labs worldwide. NOSTRA and its six east coast Detachments from Maryland to Florida are responsible for more than one third of the 1.7 million pairs of military eyewear produced by the Enterprise last year,” he explained.

NOSTRA is the only laboratory to deploy Sailors and Soldiers with mobile optical fabrication capability in support of National Guard and U.S. Navy Reserve missions, pre-fabricate eyewear for overseas hu-

manitarian relief and medical civic action program missions. It is the only laboratory to produce eyewear for the Coast Guard, Public Health Service, NASA, NOAA, and other Federal agencies. And it is the only laboratory to produce eyewear for the G-Eyes Program in support of warfighters deployed in the combat theater.

“It has been my pleasure to serve and work here and I’m proud to have represented NOSTRA while working with the great professionals on our own staff and at these fine commands. And I’m especially proud of the fine work accomplished by the Army, Navy and Air Force representative on our Tri-Service Optical Fabrication Advisory Board,” Newton said.

Capt. Paul A. Andre Returns to NOSTRA

Twenty-one months earlier, as the executive officer, Capt. Andre departed NOSTRA en route to 29 Palms Naval Hospital, CA, where he

was a staff doctor and a department head. In 2013 he was selected to the rank of captain.

As the crowd looked on, waiting with bated breath for Capt. Andre to address them, he did not disappoint. Having served as the former executive officer, many in the audience were well aware of Capt. Andre's ability to 'shoot off the cuff.' Without a script or notes in hand, he laid out the key points he wanted to mention in his return speech.

"I am excited to be back. I have been in the Navy for 20 years and have been assigned to nine duty stations, but have never been "back" to any of them, so this is a cool, new experience," he said. "This is a place where I know people from my previous time here. I know the landmarks and restaurants. Having been stationed here before, I already know some of the things I love about this location, such as picking fruit in Williamsburg right off trees at farms in the country."

Taking a moment to collect his thoughts, he went on to describe the second point he wanted the audience to know – and that was he felt lucky to be back.

"I am only the second commanding officer ever to relieve the CO he was under as XO. And I'm the only one to come back this quickly, so this gives me first-hand look into the incredible job this CO has done.

"I am so impressed with the staff, directors, the executive officer, and everyone, with how they have accomplished such process improvements in the last year and nine months all under the leadership of Capt. Newton," he continued. "This makes me so lucky to come in and follow on with this crew and the great policies and changes that Capt. Newton and staff are working on.

"Finally," he said, "It's an honor to

return as the commanding officer. To be the CO of 'anything' is an honor. Very few Sailors get to wear the rank of captain in the Navy, or very few people make colonel in the other branches. Even fewer of these people, ever have the opportunity to serve as a commanding officer. So to be a CO is an honor."

"You know, the Navy decided to make me a captain about a year and a half ago, and if the job of being a captain is to be the commanding officer of something, well then I could do that job as well as anyone else," Capt. Andre expressed to the audience. "In fact it does not matter rank a person holds, either HN, Senior Chief, LT, Gunny, Petty Officer, Sergeant, GS-13, CEO. Whatever rank we are; it means we are capable of doing the jobs that come with those ranks that we hold, and the most important thing for us to remember is that we should always rise up and do them."

NOSTRA History

The military ophthalmic program was established by the Navy Appropriation Act of 1942, authorizing funds for prescription eyewear to Navy and Marine Corps personnel serving abroad. In 1945, a program to provide prescription eyewear for all Navy personnel was introduced.

In June 1945, the Optical School at the U.S. Naval Medical Supply Depot was established in Brooklyn, NY. Later, the school was relocated to the Naval Medical School, National Naval Medical Center, Bethesda, MD, and renamed the Optometric Fabrication School. In 1950, the Brooklyn optical fabrication laboratory was moved to the Naval Supply Center, Edgewater, NJ, where it remained until 1954 when it was re-designated the Naval Ophthalmic Lens Laboratory and relocated to Naval Supply Center Cheatham Annex, Williamsburg, VA.

Expansion of ophthalmic support



Capt. Matthew Newton, Capt. Paul Andre and Capt. Mary Seymour.

services significantly increased demand and necessitated several additions to the Cheatham Annex facility. This change in mission resulted in the activity being re-designated as Naval Ophthalmic Support Activity in July 1964. Relocation of the optician training program from Bethesda to Williamsburg was approved and the activity was granted command status as the Naval Ophthalmic Support and Training Activity (NOSTRA) in 1968. To meet its expanding mission requirements, NOSTRA relocated to Naval Weapons Station Yorktown, VA, in 1973.

NOSTRA is a subordinate command to the Naval Medical Logistics Command (NMLC), Navy Medicine's center of logistics expertise. Led by Capt. Mary S. Seymour, NMLC supports big Navy objectives by designing, executing and administering individualized state-of-the-art solutions to meet customers' medical materiel and health care service needs. Its MISSION is to deliver patient centered logistics solutions for military medicine and its VISION is to continue as the Department of Defense premier medical logistics support activity. **LS**

NMLC Holds Inaugural Lean Six Sigma Green Belt Course

Story and photos by Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer

Naval Medical Logistics Command (NMLC) hosted its first joint Lean Six Sigma green belt training symposium in Frederick, MD, 4-8 August 2014.

This unique, joint collaboration highlighted a significant first for NMLC as Defense Health Agency (DHA) personnel, who share the floor with NMLC in the building in which they work, also participated in the training.

Spearheaded by NMLC's Chief Operations Officer, Darin 'Cal' Callahan, the training provided the

approach to improve organizational performance and to achieve strategic and operational priorities at all levels of the enterprise.

This training evolution was developed based on the mandate that all Department of Defense (DoD) agencies address internal control procedures whilst identifying and classifying control deficiencies. The mandate also instructed commands to promptly prepare and execute corrective action plans, in accordance with DoD Instruction 5010-40.

"We wanted to grow a cadre of

improvement across the organization," Callahan explained. "As part of a plan to reinvigorate the CPI program at NMLC that aligns with our current ISO Certification and our overarching strategy, I submitted a plan to establish and grow an organic capability for CPI within the command."

Callahan further explained that the plan to build a cadre of CPI practitioners aligns with the command's strategic learning and growth objectives: Increase Workforce Knowledge, Skills and Abilities, and

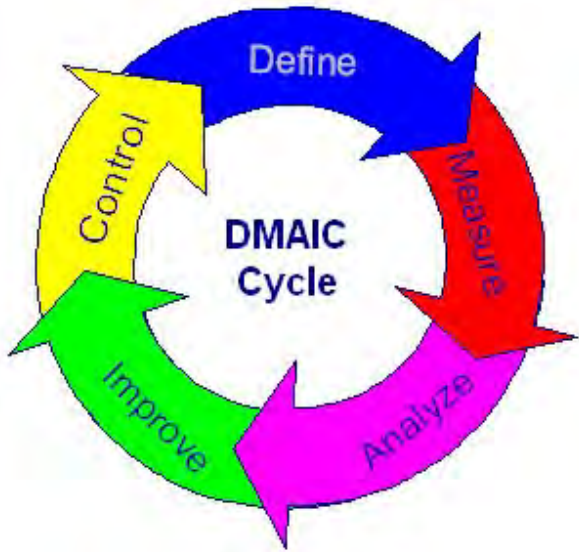
LEAN SIX-SIGMA



baseline for establishing Continuous Process Improvement through Lean Six Sigma (CPI/LSS) as an essential

process and performance improvement practitioners in an effort to inculcate a culture of continuous im-

Improve Job Satisfaction. In addition, the notion to develop in-house CPI capability derived partially from



the outcome of an important strategic initiative aimed at assessing core competencies across the workforce. That strategic initiative was formulated to help the command develop training opportunities to fill gaps in desired skills.

“Having spent the majority of my career in the private sector, I was familiar with the LSS methodology although I had never participated in a formal course,” said Maria Anthony, a Contract Specialist in NMLC’s Acquisition and Analytics Contract Support Division. “When I saw the training announced I knew I wanted to be part of the class. I have done process improvement in a less formal structure in my past but wanted to have the formal training and name recognition that goes with LSS. I had been tasked with several projects prior to the training that would lend itself to using the LSS process.”

As the only certified belt on staff at NMLC, Callahan was uniquely qualified to lead the effort to create an active training program to grow an organic CPI project leadership capability. The credentialing plan demon-

strates the command's focus on training and development opportunities for civilian and military staff.

“This course has been proven to better prepare individuals for the challenge of developing/ improving organizational best practices,” said Katrina Letman who works in NMLC’s Operational Forces Support Directorate. “I enjoyed the learning environment which included a good cross section of the military healthcare logistics community members

(contractors, logisticians, and engineers). The tools and skill sets taught in the class will serve the organization well in the coming years.”

When asked about the training in general, one participant shared her thoughts on the value of the time spent learning the processes and procedures.

“It's not always easy to be out of the office for a week at a time, especially when the pace at work is very demanding and hectic. But I thought

it was very worthwhile and I would recommend it to anyone else in the Command,” said Mimi McReal, NMLC’s Small Business Advisor and ISO-9001 Quality Management System Management Representative.

“Having a knowledgeable instructor also made the course a lot more interesting and he brought insight, enthusiasm and meaningful examples to the text/material presented. This class was well worth the time and I hope to continue to use what I've learned.”

McReal also commented on what she thought was one of the most valuable exercises in the week-long training that took place in a facility away from the normal work location.

“I particularly got added value from the process mapping exercise. While I have been a part of other process mapping exercises, doing the class exercise really underscored its importance and made it stick with me,” McReal said. “I would like to try to map some processes that I do regularly to look for ways to create efficiencies and make improvements. Through the class exercise, we were able to learn both what the facilitator





The class was held in an off-site facility and all participants got a chance to fully engage during the week long course. Pictured from left to right are Ms. Mimi McReal, Ms. Maria Anthony, Mr. Paul Fleming, standing is Mr. Darin 'Cal' Callahan, course instructor, Ms. Katrina Letman, Ms. Karen Clevenger, Ms. Clarisa Hyson (DHA Medical Logistics), Elmo, Ms. Gerrie McClarine, Mr. John Lapham (DHA Medical Logistics), Ms. Allison McCaa and Mr. Edlouie Ortega.

does and what the participants are supposed to do to make it a success.”

In discussing what someone might learn who has not previously been involved with Lean and Six Sigma, Anthony shared these comments.

“I believe the use of the LSS practices in our command is not only practicable but very necessary right now to improve or create more standardized processes. My most memorable aspect of the training was a group exercise in which our task was to define the steps to “run a load of white laundry,” she said. “It was amazing to me how involved this exercise be-

came when you break down each individual step. It was even more interesting to see how others in the group defined, organized and challenged the process steps until we were all in agreement.”

The need for CPI skills is evident across the Department of Defense (DoD). DoD Directive 5010.42 outlines the mandate for using CPI/LSS; DoD Instruction 5010.43 provides guidance on ways to employ (implement) CPI/LSS; and, DoD Instruction 5010.40 directs leaders to leverage any and all continuous process improvement project results

within the Managers' Internal Control Program under operations assessment.

The Defense Logistics Agency supports the notion that CPI is a recognized mechanism for continuously improving processes and performance within the logistics community. And, Secretary of the Navy Instruction 4200.37 states that one of the primary objectives of the Procurement Performance Management Assessment Program (PPMAP) is “...to encourage and assist contracting organizations in making continu-

ous improvement in all phases of their acquisition processes....”

Anthony concurred with SecNav’s assessment. “This training provided me with new skills to be used not only in a business environment but also in my personal life. I found the training to be very valuable and would like to see additional classes relating to LSS offered in the future. It would be wise as a command to take advantage of the great knowledge base we have here and use it to improve our workforce.”

The unique aspect of the course being offered to another command

was another element that made this symposium a success. One participant discussed the importance of inviting Defense Health Agency personnel to attend this training.

“It’s always great to meet and get to know new people in a similar working environment. While you know there are others (DHA staff) working down the hall, you may not fully appreciate what they do,” McReal said. “With the impact of DHA and its future integration with our command and other Services, it is helpful to collaborate and learn together toward making process im-

provements. I think it was very worthwhile and timely to invite DHA to be a part of our class.”

Callahan summarized the symposium most effectively. “NMLC sees now as the right time to help improve the way we do business in Navy Medicine. It’s the smart thing to do; it’s our command strategy.” **LS**



Students from the Lean Six Sigma Green Belt course check the position of the “statapult” to ensure consistency of where the ball lands each time it was released. The class conducted an exercise by launching a ball 30 times and measuring where it landed after each launch. The purpose of the exercise was to make only minor adjustments and reduce variability to ensure that there was a range of no more than six inches between the shortest landing and the farthest landing. Pictured from left to right are, Ms. Clarisa Hyson (DHA), Ms. Maria Anthony and Ms. Mimi McReal (both of NMLC), and Dr. John Lapham (DHA). In the background is Mr. Darin ‘Cal’ Callahan, course instructor (NMLC).

NMLC Holds European Promotion Ceremony via VTC

Story and photos by Julius L. Evans, NMLC Public Affairs Officer

Naval Medical Logistics Command (NMLC), located on Fort Detrick in Frederick, Md., hosted its first virtual promotion ceremony with its subordinate command in Pirmasens, Germany Sept. 3.

Capt. Mary Seymour, NMLC's Commanding Officer, promoted Lt. John Stage to Lt. Cmdr. via video teleconference. The ceremony was held in her office and was attended by as many personnel who could squeeze in. In Germany, Stage, his wife Rachel, their two children Cameron and Adrienne, and most of NMLC Detachment Pirmasens were on hand for the ceremony.

"Our comptroller couldn't authorize the resources that would allow me to be in Germany for this promotion ceremony in person, so we thought this would be the next best thing," Capt. Seymour said to the audience both near and far. "We are honored to be able to conduct this ceremony through teleconference."

This unique, first-time occurrence provided an opportunity for two commands, separated by the Atlantic Ocean, to be in the same room simultaneously despite the distance for a time-honored tradition that distinctly signifies a tremendous accomplishment in a Sailor's life.

"What a great way to join our fellow shipmate and his family who are over 4,000 miles away in Pirmasens Germany at his pinning ceremony," said Command Master Chief Hospital Corpsman David Hall. "The CO's



Through the modern advances of technology, both offices snapped to attention as the Navy officer promotion oath of office is recited by Capt. Seymour and repeated by Lt. Stage. After the applause and the pinning of the new insignia, Lt. Cmdr. Stage shared a few words with those in attendance. Standing near the door at NMLC is Expeditionary Medical Logistics Program Analyst Alejandro Taag.

office here was packed with faces both familiar and new to him as we joined in celebrating his past accomplishments, leading to his promotion. Hands down, that was video teleconferencing at its best!"

Although Stage reported to the command in June 2014 and is now thousands of miles away, several people in attendance had worked with him when he was previously stationed at NMLC. One shared a few complementary statements about their relationship.

"He really is a fine officer, a man of his word, someone you can depend upon and a friend. It may sound strange, especially if taken out of context, and I am certainly influenced

by our time together here, but he is someone who I would willingly follow into combat...and there aren't a large number of people I would put into that category," said Thomas Lipfert, a Logistics Management Specialist and Integrated Logistics Systems Coordinator for NMLC's Expeditionary Medical Facility Division.

The commanding officer also shared a few comments about his time here. "He was stationed here when he was an Ensign and started his commissioned service at NMLC. He was a prior chief and after getting commissioned, he went to the Naval Postgraduate School, earned his master's degree, finished a tour with the Marines at Marine Corps Systems



In Germany, Lt. Cmdr. John Stage, his family, friends and co-workers view his promoted ceremony. In Frederick, MD, pictured from left to right are Command Master Chief Hospital Corpsman David Hall, NMLC Executive Officer Cmdr. Mike Kemper, Bill Hartmann, Hospital Corpsman Chief John McGilvery, Mr. Thomas Jones, NMLC Commanding Officer Capt. Mary Seymour and Lt. Cmdr. Gina Morosky.

Command and is now the OIC at Pirmasens Germany,” Seymour said as she prepared to conduct the ceremony.

Through the modern advances of technology, both offices snapped to attention as the Navy officer promotion oath of office was recited by Capt. Seymour and repeated by Lt. Stage. After the applause and the pinning of the new insignia, Lt. Cmdr. Stage shared a few words to those in attendance.

“I’ve only worked with the staff here (in Pirmasens) for a short time, but they have proven to be outstanding. I’ve always said that you never get to this position (OIC) or get promoted without the support of the people that you work with,” Lt. Cmdr. Stage said. “If it weren’t for the outstanding staffs that I worked with at

my last three commands, and early in my commissioned career at NMLC; working with Bill Hartmann, Tom Lippert and Ed Dofflemyer in the Fleet Hospital Program; and working with Capt. Seymour and Capt. Hall in Rota Spain, I would never have been successful.”

“But first and foremost, I want to thank God. When I got the results, the first thing I thought was there are days in my life when I realized that I am truly blessed and don’t deserve it – that was one of those days, but by the grace of God, go I and here I am. To him goes all the recognition for where I am today.”

After sharing a few heart-felt words about several of his past duty stations and his previous promotion where he was pinned while recuperating in a hospital bed, he turned to his

family and expressed his deep gratitude for their support.

“My wife Rachel and I have been doing this for 30 years. She is definitely the CO of our house and if it weren’t for her love and support throughout all the years, the late nights spent at work, and while deployed, I definitely would not be where I am today. And for my kids, I am sure you can imagine what it was like for me to go home to tell my 13-year-old son and 17-year-old daughter – hey, we are moving to a place where you don’t speak the language and you get to leave all your friends behind. But, both of them stepped-up with no complaints and said, ‘Got it

dad, we’re there for you.’ Without their support, I wouldn’t be here... I love you guys. So for everyone that I have worked with and that has supported me throughout the years, thank you very much.”

Naval Medical Logistics Command delivers patient-centered logistics solutions for military medicine and is the Department of Defense’s premier medical logistics support activity. **LS**



Naval Medical Logistics Command, Fort Detrick, Md.

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