



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS AIR COMBAT COMMAND**  
**LANGLEY AIR FORCE BASE, VIRGINIA**

11 May 2000

MEMORANDUM FOR USACHPPM/DOHRS PMO  
ATTN: MR BILL MONK

FROM: 162 Dodd Blvd, Suite 100  
Langley AFB VA 23665-1995

SUBJECT: TIMPO Infrastructure Survey Information

My review of the subject document has identified numerous issues that require clarification before I can recommend approval to higher headquarters. As currently written, it is unclear if the plan is executable within the Air Force Medical Service. The plan requires clarification and potential changes in regards to data transition, manpower requirements, equipment requirements, business practice changes, training, and MTF deployment. I've attached my specific comments and recommendations.

I recommend you initiate a formal review process for this document. This plan makes AF commitments beyond my current authority and, in some cases, impacts AF line functions. I suggest that we resolve the attached clarifications and issues prior to a more formal coordination through Health Affairs for AF/SG coordination.

My POC is Lt Col Alan W. Dooley, DSN 574-1269

MARK A. HAMILTON, Col, USAF, BSC  
Command Bioenvironmental Engineer  
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Attachment:  
HQ ACC/SGOP Comments

cc:  
AFMOA/SGOE  
AFIERA/RS  
HQ ACC/SG

**Comments**  
**On**  
**DOHRS-IH Implementation Plan, V 1.02, 27 Mar 00**

**Item 1: Pg iv, 2<sup>nd</sup> para, states** “...*The DOHRS-IH must be installed in Industrial Hygiene Sections and pass an Operational Test and Evaluation (OT&E) before worldwide implementation can begin. The Industrial Hygiene Sections in San Diego Naval Medical Center, CA, Madigan Regional Medical Center & Fort Lewis, WA, and Hill AFB, UT, have been selected as the pre-implementation/Alpha test sites. The Industrial Hygiene Section at San Diego Naval Medical Center will serve as the OT&E site. Following successful Alpha testing and OT&E approval, DOHRS-IH will be deployed worldwide.*”

Comment: It is important that the OT&E provide a realistic test of AF business practices prior to passing the OT&E milestone. Due to the significant differences between the Navy and the AF industrial hygiene practices, in addition to the fact that a Medical Center is atypical of the AF IH base operations, performing OT&E testing only at a Navy Medical Center appears to be inadequate.

Recommendation: Clarify the specify criteria that must be passed at both the Alpha test sites and the OT&E test sites. Explain how a Navy Medical Center represents AF IH operations.

**Item 2: Pg iv, 4<sup>th</sup> para states** “*Implementation of this system requires total commitment and teamwork at all levels from the Project Management Office to the sites. The Implementation Plan describes the activities necessary for the successful implementation of the DOHRS-IH in Medical Treatment Facilities (MTFs), Industrial Hygiene Sections, Preventive Medicine Sections, and Bioenvironmental Engineering Sections worldwide. The MTF Commander, MTF Project Officer and MTF Implementation Team comprise the target audience for this Implementation Plan. Specifically, it outlines roles and responsibilities, identifies Points of Contact (POCs), specifies business process changes, details key implementation and training activities, establishes timelines, and provides the framework for site level implementation planning and preparation.*”

Comment: This document requires appropriate coordination through AFMS to ensure impacts to MTF's are identified and coordination achieved.

Recommendation: Coordinate this document through Health Affairs to AF/SG.

**Item 3: Pg 7, 1<sup>st</sup> para states** “...*The DOHRS-IH further supports elimination of redundant data collection through interfaces with clinical, environmental, safety, personnel, and financial automated information systems (AISs) within DoD, as well as systems external to DoD that provide federal standards and compliance information.*”

Comment: This statement implies there are DoD systems within the environmental and safety community that have been adopted by the various Services. With the recent change in the

DESCIM software development approach, a DoD environmental system is unlikely. The only system currently receiving some DESCIM support is the HSMS HAZMAT Tracking System. The Air Force has not adopted this system. Therefore, it is critical that the DOHRS-IH interfaces to the AF's ESOH system, Command Core, to eliminate data collection redundancies and ensure AF business practices are met.

Recommendation: Modify this statement to specify that DOHRS-IH will interface or allow interfaces to Service specific systems and not be limited to non-existent DoD systems.

**Item 4: Pg 7, 1.2, 1<sup>st</sup> paragraph states** *“The DOHRS-IH will connect individual Industrial Hygiene Departments within a given geographic region...”*

Comment: It is unclear how this regional approach can be integrated in AF business practice of decentralized execution through the various MAJCOMs.

Recommendation: Clarify.

**Item 5: Pg 9, 1<sup>st</sup> para states** *“...The SSAA is a formal agreement among the Designated Approval Authority (DAA - MHS Security Program Office), the Certifying Authority (CA – contractor under the MHS Program Office) and the DOHRS PM. The DOHRS-IH SSAA is under development and is scheduled for completion prior to full deployment. During Alpha testing the DOHRS-IH will operate under an Interim Approval to Operate (IATO) agreement with the DAA until the SSAA is finalized.”*

Comment: The above implies that an IATO will be acceptable to the AF “Line Communicators”. It is the Command Core System Program Office experience that AFCA will need to approve the system for network security and each MAJCOM must be coordinated with to receive a Certificate to Operate. Additional MAJCOM documentation is highly likely prior to CTO issue.

Recommendation: Expand this paragraph to reflect AF specific “Line Communicators” requirements and the DOHRS-PMO’s role to assure AF Comm at AF and MAJCOM levels are appropriately coordinated with to receive the appropriate certificates to operate.

**Item 6: Pg 10, 1.3.5, 1<sup>st</sup> para states** *“All necessary end-user devices for the industrial hygiene function will be centrally procured and installed. There will be one workstation for every industrial hygienist, industrial hygiene technician, and data entry clerk. Newly acquired workstations will be configured to meet the minimum DOHRS-IH configuration standards presented in appendix 2. The DOHRS-IH uses network printers with minimum performance characteristics also described in Appendix 2. There will be one DOHRS-IH printer for every five workstations. Sites with two to five workstations will receive one high capacity network printer and sites with one workstation will receive one personal printer. The DOHRS-IH mobile computers will be rugged and pen capable sub-notebook sized. There will be two rugged mobile computers per three industrial hygienists/technicians. Due to extended operation in outdoor*

*austere environments, size requirements, and pen/touch based capability; non-MHS standard notebook computers are required. Newly acquired mobile computers will be configured to meet the minimum DOHRS-IH configuration standards presented in appendix 2.”*

6.a. Comment: First sentence implies that only DOHRS purchased and configured systems will host the application.

6.a. Recommendation: Clarify. Will the application be installed on existing HW within the IH shops?

6.b. Comment: The AF/SG has spent considerable dollars upgrading all MTFs to meet minimal requirements to operate a robust Office automation suite. It is our understanding that DOHRS-IH will reside as an MS Office Access application within each IH shop. As such, we must question the validity of the Appendix 2 HW requirements and the need to utilize the AF/SG’s DOHRS-IH funding share to purchase additional HW versus applying those funds to establishing key interface requirements to the Command Core System and data migration from legacy systems.

6.b. Recommendation: Clarify and justify the minimum workstation requirements. Clarify hardware funding profile by service.

6.c. Comment: Typical AF base level operations do not require rugged notebook systems. In most cases COT office systems would be adequate. Purchasing all ruggedized systems for the AF could result in an unnecessary expense.

6.c. Recommendation: Clarify laptop requirement. Does an option exist to purchase non-rugged systems for the AF.

**Item 7: Pg 11, 2.1, 1<sup>st</sup> para states** *“The first step in planning for the DOHRS-IH implementation at a site is the acceptance of the DOHRS-IH Site Agreement (Appendix 3). Experience with system implementation has shown that a clear understanding by all participants of the roles and responsibilities and expectations is paramount to successful implementation, training, and testing activities. The Site Agreement was developed to ensure implementation participants understand the key success factors and to achieve consensual agreement to perform the required roles. The DOHRS-IH Site Agreements will originate from DoD Health Affairs, Clinical Business Area, CHCS II Program Manger. Only after signature by the CHCS II Program Manager and the Commanders of each of the participating facilities, will implementation activities begin. No implementation activities will commence at a site until the signed Site Agreement is returned to the CHCS II Program Office and forwarded to the DOHRS PMO”*

Comment: Obtaining comments through the DOHRS-IH working group is fine, but this process requires a formal AFMS coordination. Neither the working group nor the DOHRS-IH AFMOA POC can approve such a statement that establishes a relationship between a DoD organization and a MTF commander. The working group is not the appropriate level of coordination required for this type statement.

Recommendation: Coordinate this document through the appropriate channels.

**Item 8: Pgs 12-14, 2.4 MTF Project Team**

Comment: The 2.4 section identifies the MTF commander's need to assign approximately 1.4 FTE during implementation along with a permanent .25 FTE plus up. Obtaining comments through the DOHRS-IH working group is fine, but these types of statements must be coordinated throughout the AFMS. Neither the working group nor the DOHRS-IH AFMOA POC can approve such a statement that establishes a relationship between a DoD organization and a MTF commander. The working group is not the appropriate level of coordination required for this type statement.

Recommendation: Coordinate this document through the appropriate channels. Also, have these FTE requirements been identified to the appropriate Service agents?

**Item 9: Pg 15, 2.5.1 Implement New Business Processes states** *“The MTF shall: Implement DoD Exposure Assessment Strategies in accordance with DoD Policies and Directives. Determine impact on personnel management at site and take measures to minimize impact through education, planning, site preparation, and training. Implement new business processes throughout MTF and satellites as required. Perform MTF education, and marketing prior to DOHRS-IH arrival. Develop coalition with detached facilities to affect business process changes throughout the MTF.”*

Comment: It is unclear what is being asked. DOHRS-IH cannot drive the AF to change business practices and the Services' methodology they use to implement DoD Policies and Directives. This statement appears to be far outside the DORHS charter. The DOHRS-IH approach should be to meet Service business practices, not change them.

Recommendation: Clarify.

**Item 10: Pg 15, 2.5.2 Develop Site Management Plan**

Comment: Requires formal coordination throughout the AFMS.

Recommendation: Coordinate this document through the appropriate channels.

**Item 11: Pg 20, 5.1 Facility Modifications states** *“The MTF Project Officer is responsible for ensuring completion of any facility modifications that may be required prior to hardware installation. Typical site preparation may include wiring the facilities with additional electrical power outlets and reconfiguring/relocating existing computer and communications equipment.”*

Comment: This appears to contradict previous statements indicating that TIMPO was responsible for these actions.

Recommendation: Clarify.

**Item 12: Pg 23, 6.4 Data Conversion Activities**

Comment: Both the Army and Navy data conversion and migration activities are specified. It is our experience that manual and automated extraction of legacy system data is typically non-productive and very expensive especially coming from legacy systems that did not provide for standardized or normalized data. With this said, the Air Force is requesting that Command Core System data also be migrated into DORHS-IH. As a standardized AF system with significant data quality, this migration represents a significant return on investment.

Recommendation: State that the Air Force data migration will be conducted from its Command Core IH data.

**Item 13: pg 24-28, Section 7, Training Activities**

Comments: Given that the Air Force key ESOH interfaces and business practice requirements will not be met during the initial release, training should be scheduled and planned prior to adoption and not following hardware deployment.

Recommendation: Rewrite the training section to reflect AF unique situation.