DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

14 JUN 2001

MCHO-CL-P

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Special Interest Amputee Reporting

1. The Army Chief of Staff has requested notification when active duty (AD) members of any Service are hospitalized as amputees. Please establish procedures within your regional medical commands to assure the reporting of these special interest patients within the following guidelines.

a. Report all AD patients with major limb amputations hospitalized at Army military treatment facilities (MTFs) or are under the administrative control of Army MTFs in Absent Sick status. If information about AD amputees at other Services' hospitals is available to you, report these patients also.

b. For purposes of this requirement, "major limb amputation" is defined as more than fingers or toes. If in doubt, report the patient.

c. Report the patient's name, rank, social security number, and physical location (complete mailing address of hospital, ward, and telephone number).

d. The information will be considered a Commander's Critical Information Requirement (CCIR). All CCIRs will be reported to the Assistant Executive Officer, Office of The Surgeon General (OTSG), in accordance with the CCIR memorandum.

2. Our point of contact is COL Larry J. Clark, Directorate of Health Policy and Services, OTSG, DSN 761-3106 or Commercial (703) 681-3106.

JAMES B. PEAKE
Lieutenant General
Commanding

29 January 2001

MCZX (190-40)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Critical Information Requirements (CCIR)

1. References:

a. Army Regulation 190-40, Serious Incident Report, 30 November 1993.

b. Field Manual 101-5, Staff Organization and Operations, 31 May 1997.

c. MEDCOM Supplement 1 to AR 190-40, Serious Incident Reports.

2. Purpose: This memorandum supercedes DASG-ZXA memorandum, subject as above, dated 15 Nov 00. It prescribes the general duties and responsibilities of commanders and staff for reporting CCIR events to the Commander, US Army Medical Command (MEDCOM)/The Surgeon General (TSG). Commander's Critical Information Requirements identify information needed to make timely critical decisions and to visualize operations within the command. They serve as a filter for information by defining what is important to the commander.

3. Responsibilities:

a. MEDCOM/OTSG Staff develop the initial CCIR list for approval, provide periodic reviews of the list, and update as directed or as information requirements change.

b. The AXO office at OTSG serves as the focal point for collecting and submitting CCIRs to the MEDCOM CDR/TSG, for forwarding copies to the responsible staff element, and for tracking the issue to resolution.

c. MSC/RMC Commanders and Executive Agency Directors report CCIRs by exception and develop internal procedures to ensure CCIRs are reported as prescribed.

4. Concept of Operations:

a. Critical Command Information Requirements are submitted in the standard EXSUM format (**see enclosure 1**). The reporting is by exception, only when there is an occurrence of a reportable event. **Enclosure 2** lists situations requiring submission of an EXSUM.

b. All CCIRs will be reported immediately and electronically to the AXO office at OTSG on the day of the occurrence. During non-duty hours, reports will also be forwarded to the MEDCOM Staff Duty Officer (DSN 471-8445/FAX DSN 471-6118).

c. There will be times when items listed as CCIR will also be identified as a Serious Incident Report (SIR). There is no need for double reporting. Use the SIR standards in MEDCOM Supplement 1 to AR 190-40 to report the information.

5. The point of contact for this action is Mr. Michael J. Smith, Assistant Executive Officer, (703) 681-6572/3136.

FOR THE COMMANDER:

-original signed-
PATRICK D. SCULLEY
Major General
Chief of Staff

Encls

DISTRIBUTION:
MSC/RMC Commanders
DCS, Force Projection
DCS, Force Sustainment
Principal Staff
Special Staff
Personal Staff
Directors, AMEDD Executive Agencies

U N C L A S S I F I E D

EXECUTIVE SUMMARY

24 October 2000

(U) PREPARATION OF AN EXECUTIVE SUMMARY. (U) (DASG-XX) An EXSUM is a brief summary of information either in response to a question or to provide unsolicited information. The EXSUM should not exceed 15 lines. It should be prepared in concise but informal style, making full use of approved acronyms and abbreviations. The EXSUM should begin with the overall classification, followed by the subject (underlined). The originator's organization will appear next, followed by the body of the summary. Ensure that the originator is identified and the EXSUM approved as shown below. "PROVIDE MEMO" should end the summary depending whether a memo exists or not. PROVIDE MEMO_____.

COL Staffer/DASG-XX/681-XXXX
e-mail: Ernest.Staffer@otsg.amedd.army.mil

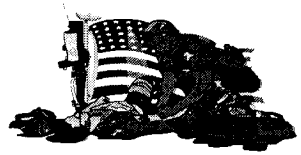
APPROVED BY _____

U N C L A S S I F I E D

ENCL 1

ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY.

COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (24 JAN 01)



PERSONNEL	SPECIAL EVENTS	OPERATIONAL ISSUES	INFRASTRUCTURE
Death of a MEDCOM/OTSG soldier/contractor/civilian employee.	AMEDD or MTF in the news or with significant news media implications.	Loss of accreditation of a major program (e.g., NRC Licensure)	AMEDD Installation and facility issues/incidents (e.g., storm damage, arson, flooding, environmental incidents).
Accidents involving MEDCOM/OTSG personnel where there is a loss of life, permanent disability, significant property loss or mission disruption.	VIPs at AMEDD sites (e.g., CSA, VCSA, Congressman, Senator, Sec Army, CJCS, Sec Def, President, Foreign Dignitaries)	Loss of significant operational bed capabilities in a MTF.	A lodged protest regarding a contract issue resulting in GAO issuing a Stop Work Order, thus negatively impacting the AMEDD mission.
A formal complaint (e.g., IG, EEO, grievance) that may potentially embarrass the Command.	International or national crisis with military medical implications	Loss of a major TRICARE network provider	Critical building system failures
Any requirement to deploy PROFIS that has a significant impact on the mission capabilities of one or more MEDCOM MTFs.	Court decisions or administrative agency legal decisions significantly affecting DOD or Army medical policies/ programs.	Deployment of MEDCOM Units and SMART teams.	Significant changes to the MHS IM/IT programs
Court decisions or administrative agency legal decisions significantly affecting senior AMEDD military / civilian personnel	External Audits and Inspections within MEDCOM/OTSG.	Short notice taskings, equipment or personnel, that impact on MTF operational capabilities	Procurement (Contracting) Fraud Alert (DIS, CID, FBI etc.) involving MEDCOM personnel or contractors
SIRs IAW MEDCOM Supplement 1 to AR 190-40	Security intrusions into AMEDD information systems (including viruses that penetrate existing security screens with potential to seriously degrade AMEDD mission performance).	Major troop deployments	A major contractor performance default or termination with AMEDD mission implications.
Unplanned admission of active duty Army General Officers will be reported as CCIR. Planned GO and other VIP admissions are reported IAW MEDCOM Reg 40-7.	Items of potentially rapid spreading bad publicity, including: pediatric deaths, wrong site surgery, impaired provider mishap and acts of gross negligence.	Sudden foodborne or animal disease outbreak.	Failure exceeding 72 hours of the Total SPS (Standard Procurement System) PD2 (Procurement Desktop Defense) system for awarding and payment of contractors.
	Unauthorized electronic release of classified information/loss of COMSEC key material or equipment	Significant increase of disease occurrence for a specific military population.	Unforeseen financial crisis
	Threats or attacks on MEDCOM facilities operations or personnel.	Infiltration of high impact viruses into our information systems	Significant emergency support missions
		Unscheduled loss of major information systems directly supporting the AMEDD for more than 6 hours.	Event that impacts MEDCOM's ability to fulfill readiness mission (e.g., change in status of prepositioned stocks).
			New Environmental Enforcement Actions/Notices of Violations