EXECUTIVE SUMMARY

Medical capability surveys provide information about how U.S. forces can coordinate with Partner Nations (PNs) and Host Nations (HNs) to leverage PN capabilities to deliver care to sick or injured U.S. service members. Rotating forces routinely conduct these surveys. Currently, medical capability surveys are conducted based on individual unit requirements and personnel expertise and stored locally on Component-specific sites or individual computers. The lack of a systematic approach and a centralized survey depot may undermine the ability to access previous surveys, leading to redundant surveys, conflicting information, and missed opportunities to collaborate effectively with PNs. At the tactical and operational level, a limited understanding of local and partner medical capabilities may have critical implications for force health protection (FHP). PN facilities could have capabilities that may be leveraged to care for U.S. service members when U.S. medical care is unavailable. A lack of understanding of medical capabilities at PN facilities may undermine the ability to plan missions that mitigate risks.

The Uniformed Services University of the Health Sciences (USU) Center for Global Health Engagement (CGHE) is developing a framework, *Medical Evaluations Describing Interoperability Capability Assessment Levels Of Partner Trauma Institutions Or Non-battle injury Services* (MEDICAL OPTIONS), for conducting and organizing surveys that support medical operations and global health engagement (GHE) planning. The CGHE team conducted a needs assessment to inform MEDICAL OPTIONS by identifying ways in which surveys could be conducted more effectively and efficiently to support planning and the delivery of expeditionary care. The needs assessment consisted of three lines of effort: (1) focus groups, (2) content analysis of surveys, and (3) literature review. The team triangulated across the results from the three lines of effort to synthesize recommendations about how the Department of Defense (DoD) could develop an enterprise-wide infrastructure for conducting and using medical capability surveys.

The team developed four recommendations that could improve the efficiency of survey processes and facilitate the collection of relevant information to support planning and operations: (1) establish guidance on how to conduct surveys, (2) create standardized survey templates to improve the effectiveness and efficiency of the survey process, (3) develop training on how to conduct surveys that is based on guidance and templates, and (4) establish a collaborative depot for storing and sharing surveys. The team developed a proposed template based on the results of the focus groups, content analysis, and literature review. While implementing a single recommendation by itself could improve efficiency and effectiveness, all four recommendations build on each other to support the creation of a knowledge management framework, as shown in Figure 1. Without formal guidance, there may be differences in how surveyors collect data, the type of data collected, and how surveyors present data in reports within and across organizations. As observed in the focus groups and content analysis, individual differences in survey methods have resulted in data quality issues, including incomplete or missing information on key capabilities. Guidance and a template would increase the likelihood that surveyors collect relevant, comprehensive information on key medical capabilities. Training on how to conduct surveys that is based on guidance and templates would provide a common understanding of how to conduct surveys and likely result in more complete and accurate surveys. The lack of a collaborative depot for medical capability surveys undermines the ability to use previous surveys to inform future surveys and, thereby, likely results in inefficiencies in how surveys are conducted. The DoD GHE enterprise should consider establishing a collaborative depot for medical capability surveys along with guidance or requirements for uploading surveys. However, as described in the content analysis, without guidance and templates a collaborative depot would likely be filled with incomplete, inaccurate, and irrelevant surveys. Collectively, guidance, templates, training, and a centralized survey collaboration depot could improve the effectiveness and efficiency of medical planning and thereby increase mission-readiness.

Figure ES1: Recommendations for improving methods for conducting medical capability surveys

