

CHAPTER 18. TECHNOLOGY ASSESSEMENT AND REQUIREMENTS ANALYSIS (TARA)

18-1. INTRODUCTION

The TARA program establishes a standardized methodology for assessing, planning, and pursuing the acquisition of technology within the AMEDD.

18-2. MISSION

To provide the MTFs and the USAMEDCOM with the management information needed to make informed decisions on the technology resources required to accomplish business plan missions and optimize clinical outcomes. This is accomplished through an unbiased assessment of radiology and laboratory functional departmental operations under the authority of the Strategic & Technology Clinical Policy Council (STCPC).

18-3. COORDINATION

a. The TARA Team Leader is responsible for coordinating the TARA with the facility to be assessed as well as the appropriate specialty consultants. There are two types of TARAs:

(1) Routine TARA: These TARA assessments are conducted on a four-year cyclic basis regionally, under the guidance of the STCPC. Each TARA consists of an assessment of requirements, current equipment, and operations as they relate to the equipment, and clinical operations. The Materiel Acquisition Directorate (MCMR-MMT), USAMMA, conducts the TARA, and the clinical consultant from the OTSG or his or her representative performs the clinical assessment. The clinical consultant from the OTSG and the MCMR-MMT-C will lead all TARAs conducted at MTFs. The results of this assessment are provided only to the requesting facility and their respective RMC to use as they see appropriate. Trends and command-wide management issues discovered during these assessments will be presented to the DIRS of the STCPC on a semiannual basis to assist in policy development and strategic planning. No specific reference will be made to issues at individual facilities except under extenuating circumstances such as serious safety or risk management issues or with the permission of the facility.

(2) Specialty TARA: The specialty TARA is conducted at the direction of the USAMEDCOM/STCPC to serve a specific function not addressed by the routine TARA. The results of this assessment must be provided to the USAMEDCOM/STCPC, as a matter of command interest.

18-4. METHODOLOGY

a. The methodology for conducting an integrated TARA is broken into two parts. The technical assessment focuses on equipment issues -- staffing and operational considerations are only assessed to the extent that they directly impact equipment utilization. The clinical assessment evaluates the correct clinical staffing based on the annual workload and patient mix. Data is gathered during a site visit by the USAMEDCOM clinical consultant (or his representative) and the technical TARA team from the USAMMA.

b. The site visit provides the assessment team the opportunity to observe departmental operations, talk to staff members, review maintenance histories, and physically inspect the equipment. Prior to the site visit, the facility will be required to provide information on the type and condition of equipment, numbers and types of procedures performed annually, clinic layouts, and existing business plans. The synthesis of this information provides a snapshot of the facility's technology utilization. This shows where improvement is possible and where capital might be expended for the greatest benefit. The technical TARA consists of three primary components:

(1) Assessment of requirements: Commercial equipment utilization factors, tempered by contingency issues unique to military hospitals, are applied to the facility's workload to determine how the MTF compares with its commercial counterparts. This comparison does not imply that Army MTFs should be held to commercial standards. However, these utilization factors provide the TARA team a yardstick with which to begin the evaluation process. An evaluation of the requirements will indirectly assess the facility's efficiency and help determine where resources might best be applied in the capital equipment program.

(2) Assessment of operations as it relates to equipment: This includes an evaluation of procedural mix, staffing, work schedule, patient flow and throughput, and quality assurance/risk management to the extent that these factors apply to the acceptability and appropriate utilization of existing equipment. This information is obtained through a combination of staff interviews and personal observation of patient scheduling and throughput patterns. The evaluation models will be determined from clinical consultant input and subject to periodic review. The staffing issues in the technical TARA relate only to use of equipment and do not imply a facility is either understaffed or overstaffed. In general, staffing observations are qualitative, not quantitative, and simply provide additional information for equipment planning. The Program, Analysis, and Evaluations Division at OTSG is responsible for quantitative staffing analysis.

(3) Assessment of equipment: This evaluation assesses whether the facility's existing equipment uses abandoned or obsolete technology and whether the equipment meets standards for acceptability. The assessment includes a market survey of current technology, a comprehensive evaluation of the state of existing equipment, an evaluation of trends and developments that will affect requirements, and contract information where pertinent. This assessment will also help determine where resources might best be expended to preserve or extend the life of equipment.

c. The clinical operations assessment is a clinical functional review by OTSG clinical consultants. The functional review will generally focus on staffing, customer service, quality and risk management, patient workflow and management, appropriate functional task performance, and integration with other care issues and areas. This review will incorporate clinical input from the assessed facility with respect to workforce design, functional success, and mission, and compare the functional operation to accepted practice models. As a full AMEDD functional review, this evaluation will also address leader development, training, and other military relevant management issues.

d. Prior to conducting the on-site assessment, the TARA team will in-brief the command group and respective specialty chiefs. At the conclusion of the site visit, an informal out-brief of the major issues and findings will be offered to the assessed facility. A final written report will be provided in 6 to 8 weeks outlining the following:

- (1) Recommended additions, deletions, and replacement of equipment and technology;
- (2) Requirements of the facility related to recommended changes;
- (3) Considerations for operational and departmental layout;
- (4) Recommended procurement methodology for new or replacement equipment; and
- (5) A discussion of the clinical issues as discussed above.

18-5. INTEGRATION

The MCMR-MMT-C, USAMMA, will ensure that the utilization factors and models used in the conduct of a TARA are consistent with AMEDD strategic plans and specialty consultant focus. The utilization factors will also be consistent with current DOD siting criteria to present a seamless interface to the assessed facility. Periodically, the MEDCOM/STCPC may direct special emphasis areas that will be integrated into the TARA but reported separately to the command.

18-6. ACCOUNTABILITY

As the purpose of the TARA program is to provide management information to MEDCOM and MTF decision makers, it is expected that TARA results will be incorporated into business and strategic plans. In the case of a Command-directed TARA, the facility will be provided the opportunity to rebut the report prior to submission to the MEDCOM. Management data from the final report will be used as a yardstick for allocation of resources to the facilities in question.

18-7. CONFIDENTIALITY

At no time will the confidential data obtained during a TARA be discussed during the allocation of resources, or will a facility's requirement be approved or disapproved based solely on the data obtained during a TARA. If a significant safety or risk management problem is discovered during the course of a TARA, this information will be provided to the USAMEDCOM at the discretion of the TARA team chief. Specific data from MTF requested TARAs will be maintained in strict confidentiality. Command-wide trends may be discovered that affect the approval process for specific types or classes of capital equipment.

18-8. PROGRAM REVIEW

The TARA program is subject to periodic (annual) review and modification by the STCPC.