

Terms of Reference for Independent Review Group to Report on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center

Introduction:

The Independent Review Group (IRG) is established as a subcommittee of the Defense Health Board to review, report upon, and provide recommendations regarding any critical shortcomings and opportunities to improve rehabilitative care, administrative processes, and quality of life at Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC).

Overarching Goal:

Identify any critical shortcomings and opportunities to improve the rehabilitative care, administrative processes, and quality of life for injured and sick members of the armed forces at WRAMC and NNMC, and make recommendations for corrective actions.

Specific Objectives:

- Determine what services and support are most important to injured and sick members and their families during the process of recovery, rehabilitation and transition, and how the Military Services and DoD should ensure they are properly delivered.
- Identify what improvements are needed in the maintenance and management of housing facilities for injured and sick members.
- Ascertain what improvements are needed in the administration of the Disability Evaluation System.
- Address what improvements are needed in the provision and coordination of rehabilitative care for ambulatory injured and sick members.
- Find what command climate issues are impacting the rehabilitative care, administrative processes, and quality of life for injured and sick members.

Scope of Review:

This review may include, if indicated in the judgment of the IRG, other sites where large volumes of casualty rehabilitative care, disability review, and processing are conducted.

The review should include:

- Policies and procedures for routine evaluation and maintenance of facilities where injured and sick members are housed.
- Accountability and empowerment of personnel responsible for correcting deficiencies in upkeep of facilities.
- Appointing and scheduling processes for rehabilitative care, including performance standards.
- Case management policies and procedures for injured and sick members.
- Process and accountabilities for determining when an Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) are initiated.
- MTF administrative processes and performance standards for creating and processing an MEB report prior to submission for review by the PEB.
- Physical Evaluation Board standards and procedures.
- Provision of support and educational materials for family members of injured and sick members (e.g., financial assistance, social services, counseling, housing).

Review should focus on those Military Department and DoD directed and controlled medical, administrative and personnel processes relevant to these issues.

The IRG shall also have access to special advisors not serving as members of the group who can provide advice and expertise in the area of social work, rehabilitation, psychological counseling, family support and legal issues. The IRG shall be able to call upon other relevant advice or expertise in the government regarding medical facilities, disability review processes, housing and other pertinent matters. The IRG shall be given free and unrestricted access to facilities and personnel, and be able to call upon the assistance and administrative support of the Department of Defense to execute its responsibilities.

Report:

The IRG shall conduct its work and report its findings and recommendations through the Defense Health Board, a Federal Advisory Committee, to the Secretary of the Army, the Secretary of the Navy, and the Assistant Secretary of Defense for Health Affairs. The IRG may recommend locations and issues meriting further study. The Report is due not later than April 16, 2007. The Report will include:

- An assessment of current processes and procedures involved in the rehabilitative care, administrative processes, and quality of life of injured and ill members, including analysis of what the injured and ill members and their families consider essential for a high quality experience during recovery, rehabilitation and transition.
- Alternatives and recommendations, as appropriate, to correct deficiencies and prevent them from occurring in the future.

Approved:

William Winkewald
Assistant Secretary of Defense for Health Affairs
(Sponsor, by delegation, of the Defense Health Board)

1 March 2007
Date

Concurred in by:

James H. ...
Secretary of the Army

3/1/07
Date

D. ...
Secretary of the Navy

3/1/07
Date