2006 Current Fiscal Year Report: Amputee Patient Care Program Board

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1. Department or Agency 2. Fiscal Year

Department of Defense 2006

3b. GSA Committee
3. Committee or Subcommittee

No.

Amputee Patient Care Program

Board

21501

14c.

4. Is this New During 5. Current 6. Expected 7. Expected Fiscal Year? Charter Renewal Date Term Date

No 07/06/2006 07/06/2008 07/05/2008

8a. Was Terminated During 8b. Specific 8c. Actual Termination Term Date

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Yes Agency 09/30/2006

Determination

9. Agency 10b. 10a. Legislation

Recommendation for Next Req to Terminate?

FiscalYear Legislation Legislation Pending?

Terminate No

11. Establishment Authority Agency Authority

12. Specific 13. 14.

Establishment Effective Commitee Presidential?

Authority Date Type

Secretary of Defense

O5/01/2004 Continuing No

Determination

15. Description of Committee Non Scientific Program Advisory

Board

16a. Total

No Reports for this FiscalYear

Reports

17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts	\$0.00	\$0.00
to Non-Federal Members	40.00	Ψ0.00
18a(2). Personnel Pmts	\$0.00	\$0.00
to Federal Members	Ψ0.00	ψ0.00
18a(3). Personnel Pmts	\$7,000,00	\$7,000.00
to Federal Staff	ψ1,000.00	Ψ1,000.00
18a(4). Personnel Pmts		
to Non-Member	\$0.00	\$0.00
Consultants		
18b(1). Travel and Per		
Diem to Non-Federal	\$3,100.00	\$10,000.00
Members		
18b(2). Travel and Per		
Diem to Federal	\$0.00	\$3,500.00
Members		
18b(3). Travel and Per	\$1.570.00	\$2,500.00
Diem to Federal Staff	ψ1,070.00	
18b(4). Travel and Per		
Diem to Non-member	\$0.00	\$0.00
Consultants		
18c. Other(rents,user		
charges, graphics,	\$300.00	\$300.00
printing, mail, etc.)		
18d. Total	\$11,970.003	\$23,300.00
19. Federal Staff Support	0.10	0.10
Years (FTE)	0.10 0.1	

20a. How does the Committee accomplish its purpose?

Serve in an advisory capacity to broaden the scope of vision for the U.S. Army amputee patient care program. Serve as an advisory body and monitor amputee patient care programs and services, and provide advice to the Walter Reed Health Care System regarding programs, services and effective organizational planning

20b. How does the Committee balance its membership?

Committee members will be diverse and qualified with training and/or experience in patient care, psychosocial issues, and family issues relevant to amputees. Members will include professionals in relevant amputee patient fields, immediate family members of amputees, and actual recipients of amputee patient care.

20c. How frequent and relevant are the Committee Meetings?

New Committee: Estimated Number of Meetings per Year - 2 Estimated Total Meetings - 4

20d. Why can't the advice or information this committee provides be obtained elsewhere?

To ensure that amputee patient care provided by the U.S. Armed Forces is state of the art and delivered in a cost effective manner. This Board will provide the Amputee Care Program with views and information specifically related to the care of soldiers injured in military conflict. The typical combat injured amputee patient is generally younger and has a more involved wounding pattern than the typical civilian sector amputee. No existing organization has the expertise required to advise the U.S. Army on these matters

20e. Why is it necessary to close and/or partially closed committee meetings? Meetings will be open.

21. Remarks

Based upon a top-to-bottom review of the DoD Federal Advisory Committee Management Program, the US Military Amputee Patient Care Program Board of Directors will become a sub-committee/panel of the newly established Defense Health Advisory Board. The Board will now be known as the Panel on the Care of Individuals with Amputation and/or Functional Limb Loss. The committee's charter was refiled in July 2006, no committee members have been appointed nor has any committee work been done. Committee member appointments are pending and the Department of Defense anticipates that committee members will be approved and in place prior to a first meeting in 2007. Since no committee members were appointed in FY06, there were no meetings and no reports submitted by the committee. The expenditure of FY06 funds have been for DoD Federal employees who are engaged in setting up the committee's infrastructure. These employees will have no impact whatsoever on the independence of the committee once it is operational. Their purpose in setting up the committee's infrastructure is to enable the committee members, once appointed, to immediately focus on their important mission to the Department of Defense, service members, and the Amputee Patient Care Program.

Designated Federal Officer

William C. Doukas Chief, Department of Orthopaedics and Rehabilitation, WRAMC

Narrative Description

Serve in an advisory capacity to broaden the scope of vision for the U.S. Army amputee patient care program. Serve as an advisory body and monitor amputee patient care programs and services, and provide advice to the Walter Reed Health Care System regarding programs, services and effective organizational planning. Awaiting the final JAG review and appointment of members prior to

holding a formal meeting.

What are the most significant program outcomes associated with this committee?

	Checked if
	Applies
Improvements to health or safety	✓
Trust in government	
Major policy changes	
Advance in scientific research	
Effective grant making	
Improved service delivery	✓
Increased customer satisfaction	Y
Implementation of laws or regulatory	
requirements	
Other	
Outcome Comments	
NA	
What are the cost savings associated with t	his committee?
	Checked if Applies
None	
Unable to Determine	Y
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

Cost Savings Comments

The committee's functions are being transferred to another discretionary advisory committee.

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

Number of Recommendations Comments

Committee did not make any recommendations this fiscal year. The committee's functions are being transferred to another committee.

What is the approximate $\underline{\text{Percentage}}$ of these recommendations that have been or will be $\underline{\text{Fully}}$ implemented by the agency? 0%

% of Recommendations Fully Implemented Comments

Committee did not make any recommendations this fiscal year. The committee's functions are being transferred to another committee.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Committee did not make any recommendations this fiscal year. The committee's functions are being transferred to another committee.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes	No 🗔	Not Applicable

Agency Feedback Comments NA

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	
Reallocated resources	
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	✓

ne informal meeting was held to determine next steps needed, especially with regard to committee membership.			
Is the Committee engaged in the review of applications for grants? No			
Grant Review Comments NA			
How is access provided to the information	for the Committee's documentation?		
	Checked if Applies		
Contact DFO	✓		
Online Agency Web Site			
Online Committee Web Site			
Online GSA FACA Web Site	✓		

Access Comments

Publications

Other

Action Comments

Information on the committee is available through the Designated Federal Officer or the General Services Administration FACA Web Site.