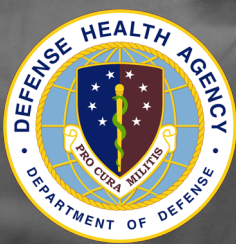


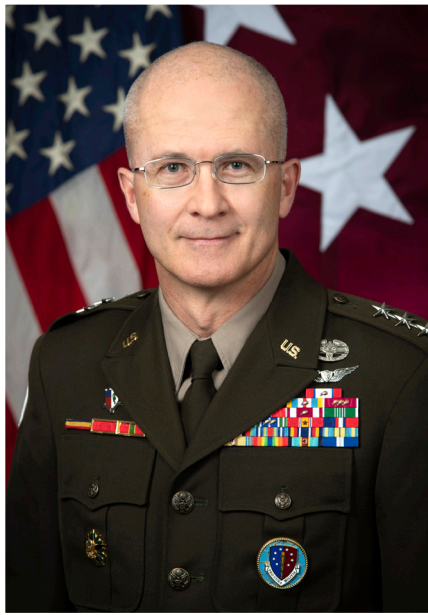
Defense Health Agency

2021

# STAKEHOLDER REPORT







MESSAGE FROM THE DIRECTOR

LIEUTENANT GENERAL RONALD J. PLACE

The Defense Health Agency (DHA) exists to support leaders throughout the Department of Defense (DoD) – in the Combatant Commands, in the Military Departments, and in the Office of the Secretary of Defense. Our mission sets are vast and complex – supporting the medical readiness of every Service member and the readiness of our medical team, delivering a worldwide TRICARE benefit, ensuring a strong public health system, and conducting groundbreaking medical research in support of our mission.

The past year – 2021 – presented an array of medical challenges to the Nation, to the Department, and to the Military Health System (MHS). The DHA was at the center of responding to and serving the needs of a broader constellation of stakeholders.

**This 2021 Stakeholder Report provides a window into the critical work that unfolded in the past year, and the value that an integrated health system provides to all of our stakeholders – the military members we serve, commanders, civilian leaders, all patients, and our civilian communities.**

Our annual TRICARE Report provides a more detailed report on the work that was performed in the MHS in 2021. This report highlights the most strategic initiatives undertaken by the DHA this past year and that resulted in the most consequential outcomes.

As in 2020, COVID-19 once again dominated the headlines and the attention of health care professionals worldwide. But this year, the story was focused on the successful launch of multiple, ground-breaking vaccines and therapeutics that reduced deaths and hospitalizations – and provided hope to people everywhere.

This report touches on that effort in the DoD, as well as other mission-critical efforts to deliver ready, reliable care, and support a medically ready and ready medical force.



MESSAGE FROM THE SENIOR ENLISTED LEADER

COMMAND SERGEANT MAJOR MICHAEL L. GRAGG

On August 20, 2021, the DHA unveiled a new organizational flag, seal, and patch. The timing of this unveiling was not a coincidence. As the agency grows into an operational agency from our origins as the TRICARE Management Activity, the new symbols represent our military identity and the operational role we play in providing health care to military members and their families and the life-saving medical support we provide for troops deployed overseas.

All Service members who are assigned to the agency will also wear the DHA patch. This patch serves as a reminder of our collective purpose, regardless of Service affiliation. It symbolizes our identity as a military organization that is in the fight.

A critical element of integrating the military medical and dental treatment facilities is building a cohesive and beloved culture. At the DHA, we aspire to build a tradition that serves as a reminder of our contributions to the country. The unveiling of our flag, seal, and patch is only a small step in building this culture and tradition. We will continue to cultivate a culture that unites us and builds a tradition that will inspire next generations to follow.

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The purpose of this report is to communicate the DHA's priorities – along with actions and plans to execute on these priorities – to our stakeholders. This report highlights the ways in which the DHA supports and is supported by our military counterparts – including Combatant Commands and Military Departments – as well as our interagency and industry partners. For the 9.6 million beneficiaries the DHA serves, this report provides information on how their health care system is evolving to better meet their health needs.

Note: This report captures actions and corresponding data in Calendar Year 2021, unless otherwise noted.



MILITARY HEALTH SYSTEM AND DEFENSE HEALTH AGENCY

# DHA PRIORITIES

**MISSION:** We Support the National Defense Strategy and Service Military Department by leading the MHS as an integrated, highly-reliable system of readiness, medical training, and health.

The DHA exists to support leaders throughout the DoD — in the Combatant Commands, in the Military Departments, and in the Office of the Secretary of Defense. Our mission sets are vast and complex:

- Delivering health care to millions of our Service members, families, and retirees, with the principal purpose to keep our forces healthy and ready
- Managing the TRICARE program that includes hundreds of thousands of civilian network providers and integrating military and private sector care
- Leading a worldwide public health system that proactively prevents injuries and illnesses, and protects our communities from environmental threats
- Conducting and coordinating essential medical research to better prepare us for known and emerging threats, both natural and man-made

The DHA accomplishes these many missions through relentless focus on four priorities:

- Great Outcomes:** Ensuring a medically ready force is everyone’s job—the Service members themselves, the units to which they belong, and the military medical teams that deliver care. We ensure that every Service member is medically ready through the delivery of safe, integrated, patient-centered care. To ensure quality and safety for our beneficiaries, we must advance toward a zero-harm environment through continued adoption of high-reliability practices.
- Satisfied Patients:** Our patients have choices in where they receive their care. We want that choice to be in military clinics and hospitals. When we deliver that care, our patients must have an exemplary experience when they receive care from the MHS.
- Ready Medical Force:** Our entire health care team needs to be ready too. And they obtain and sustain their medical skills through daily practice — in clinical settings that build their skills in their specialty area, and prepare them to deliver that service anywhere in the world, under any possible conditions.
- Fulfilled Staff:** Public service — in uniform or civilian clothes — is demanding. We ask a lot of our medical teams. In return, leaders have an obligation to provide a workplace that is fulfilling — professionally challenging, respectful, collaborative, and rewarding.

We aim to achieve ready, reliable care. This report shows how we are doing, and what work remains ahead of us.

Who We Are and Who We Serve

The DHA is responsible for managing DoD medical treatment facilities (MTF) throughout the world. Health care is delivered or arranged by Army, Navy, and Air Force military and civilian medical staff.

**\$52.7 Billion**  
Annual Military Medical Budget

**145,000**  
Military and Civilian Medical Staff

In Service To



**9.6 Million**  
Beneficiaries



**0.2 Million**  
Guard/Reserve Members



**1.4 Million**  
Active Duty Service Members



**0.8 Million**  
Guard/Reserve Families



**1.6 Million**  
Active Duty Families



**5.5 Million**  
Retirees and Families

Through

DIRECT CARE SYSTEM



**45**  
Hospitals



**617**  
Clinics

PRIVATE SECTOR



**500,000**  
Civilian Network Providers

And

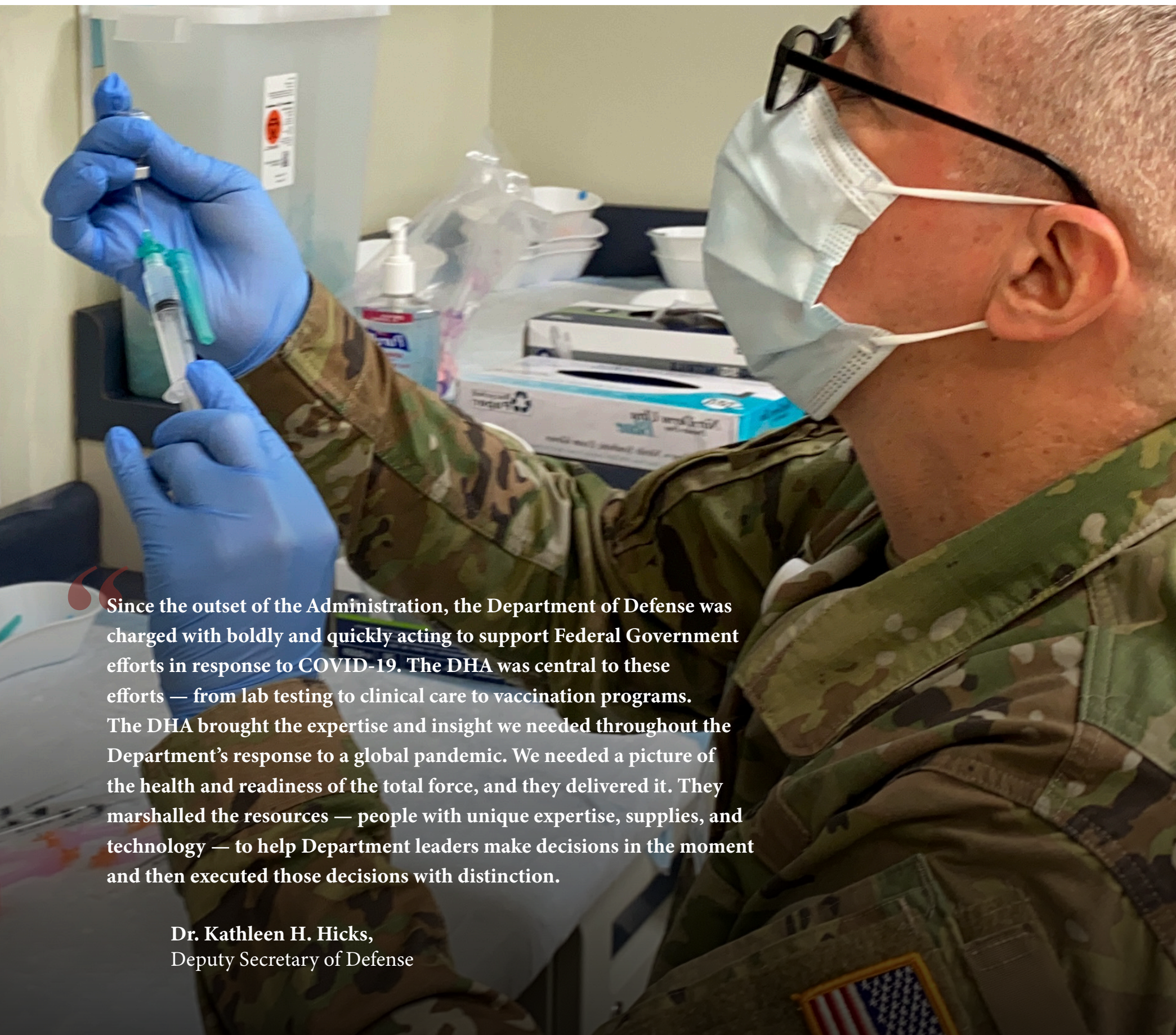


**26,000**  
Enlisted Graduates  
Mil Education System



**\$1 Billion**  
R&D Investments  
Medical R&D





# READINESS AND THE COVID-19 RESPONSE

**The past year featured great breakthroughs, temporary setbacks, and ultimately great progress in combatting COVID-19. The DHA played a central role in supporting the Department —and the Nation — to protect our workforce and families, and ensure mission requirements around the world were still met. Here's a look at the most significant milestones achieved in this multi-year fight against a deadly and changing infectious disease.**

“Since the outset of the Administration, the Department of Defense was charged with boldly and quickly acting to support Federal Government efforts in response to COVID-19. The DHA was central to these efforts — from lab testing to clinical care to vaccination programs. The DHA brought the expertise and insight we needed throughout the Department’s response to a global pandemic. We needed a picture of the health and readiness of the total force, and they delivered it. They marshalled the resources — people with unique expertise, supplies, and technology — to help Department leaders make decisions in the moment and then executed those decisions with distinction.

**Dr. Kathleen H. Hicks,**  
Deputy Secretary of Defense

## VACCINES SAVE LIVES AND REDUCE RISKS FOR EVERYONE

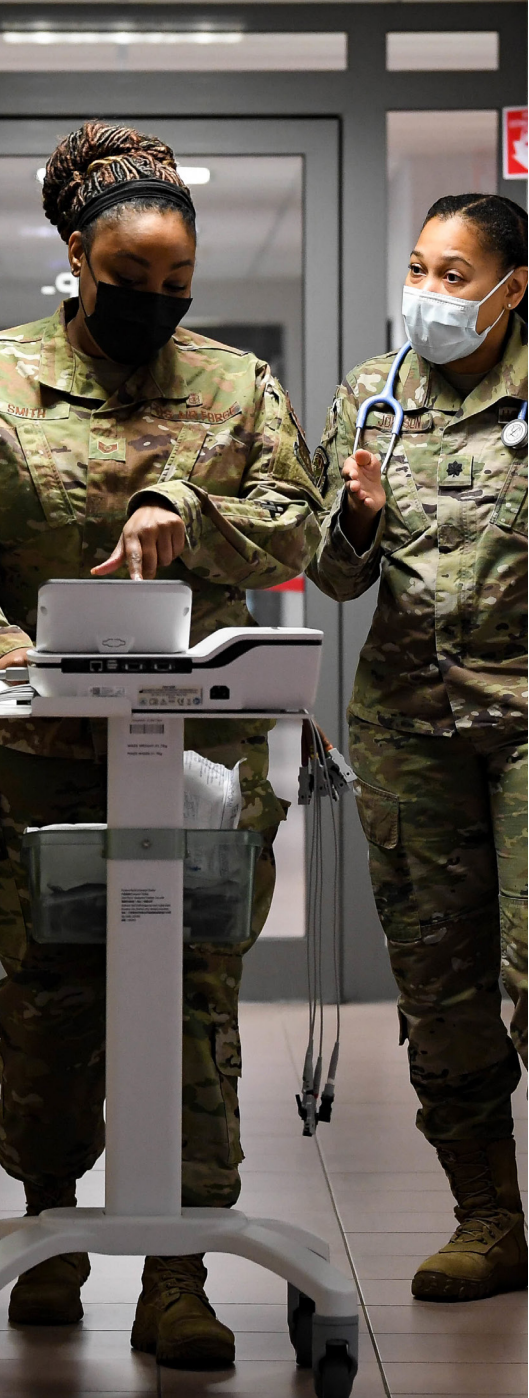
As vaccines — Pfizer-BioNTech, Moderna, Janssen (Johnson & Johnson) — received Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA), the DHA developed tailored guidelines, safety protocols, and trainings on properly receiving, distributing, storing, handling, and administering each vaccine product. And when vaccines received full licensure from FDA later in the year, the DHA initiated the mandatory vaccination program for Service members.

By the end of 2021, over 90.1 percent of active-duty Service member were fully vaccinated against COVID-19 and partially vaccinated were an additional 6.4 percent.

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U.S. Army Pharmacist Maj. Mark Olson draws a dose of COVID-19 vaccine for use in Blanchfield Army Community Hospital's COVID-19 vaccination clinic earlier this year. The hospital operates the vaccination site on Fort Campbell, Kentucky, which was recognized on June 28 for its high vaccination rate among active-duty service members in the Department of Defense. U.S. Army photo by Maria Yager.





## STANDARDIZING GUIDANCE

*As new variants emerged and as new findings for diagnosis and treatment were proven, DHA guidance was updated for the worldwide medical team.*

In March 2021, the DoD published its seventh edition of the DoD COVID-19 Practice Management Guide to provide updated information on how to prevent, diagnose and treat COVID-19. This guide included the use of monoclonal antibodies for treatment of mild to moderate COVID-19 outpatients at risk for progression to hospitalization,

incorporated medication management options for the pharmacologic management of COVID-19, and added considerations on when to resume elective surgery after COVID-19 infection.

## MTF-DRIVEN INNOVATION

*Military hospitals and clinics were quick to educate and vaccinate.*

And, in the face of misinformation and disinformation, they reached out to their local communities to share the facts and encourage them to get immunized ■

Madigan Army Medical Center in Tacoma, Washington, was just one example where local innovation drove global change. Madigan developed an online appointing tool for the Puget Sound Military Medical Market — the DHA Appointing Portal (DAP) — to allow patients to schedule their COVID-19 vaccination appointment at a day and time convenient to them.

After launching as a pilot, the DHA rapidly scaled the DAP to all military hospitals and clinics worldwide.

Airmen assigned to the 86th Medical Group discuss training for medics regarding the new ElectroCardiogram (EKG) at Ramstein Air Base, Germany. An EKG takes a snapshot of a patient's cardiac rhythms, which helps medical providers diagnose and treat dysrhythmia. (U.S. Air Force photo by Airman 1st Class Jared Lovett)

“Navy Medicine appreciates the collaborative approach DHA and the Services took to fighting the COVID virus. DHA has been coordinating COVID vaccinations across the DoD, and they have demonstrated the ability to do that extremely effectively through centralized management and single agency coordination with the Services. This team approach was very effective and allowed us to focus our efforts on delivering the vaccine to our sailors and Marines in their unique fleet and garrison work environments. The value of the Defense Health Agency is already paying off in Navy Medicine’s ability to focus on readiness. The operational tempo of Navy Medicine remains high as we transform our posture and capabilities to support Distributed Maritime Operations and Expeditionary Advanced Base Operations in today’s contested maritime environment.”

— Rear Admiral Bruce L. Gillingham, Surgeon General, United States Navy

The Department also showed its leadership on the clinical front. As part of the expansive medical research portfolio overseen by the DHA, Tripler Army Medical Center in Hawaii, William Beaumont Army Medical Center in El Paso, Texas, and Madigan Army Medical Center in Tacoma, Washington partnered with the Uniformed Services University of the Health Sciences and AstraZeneca, a pharmaceutical firm, to conduct clinical trials of a long-acting antibody product AZD7442. The clinical trial — named STORM CHASER — showed that this medical treatment reduced the risk of developing symptomatic COVID-19 in infected patients. This ground-breaking work led AstraZeneca to submit its application in late 2021 to the FDA, requesting approval under Emergency Use Authorization (EUA).





# TRICARE

QUALITY, SAFETY AND SATISFACTION

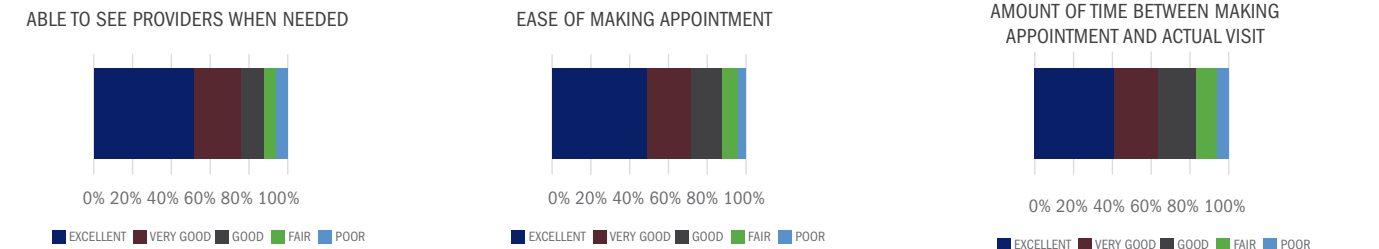
## READY RELIABLE CARE IS NOT A PROGRAM OR INITIATIVE — IT IS A MINDSET.

Whether care is delivered in MTFs or in the TRICARE civilian network, the DHA is focused on great outcomes for our patients. We monitor outcomes in surgical care, obstetric care, family medicine, preventive services... and every specialty that we offer. Central to our approach is a commitment to continuous improvement. Even when performing well, we ask the question: How do we get better?

### SURGICAL QUALITY

Every year, we assess our outcomes in surgery — ensuring we stand with the best in health care quality. One of the ways in which we assess this performance is through the National Surgical Quality Improvement Program — where over 700 leading hospitals in the U.S. voluntarily share their information on a host of measures with their peers in U.S. medicine. Table on page 8 shows those measures — and those highlighted in green display where DoD hospitals perform in the top 10 percent of all participating hospitals.

Staff Sgt. Christopher Hipsher, 332nd Expeditionary Communications Squadron small computer technician, prepares to administer intravenous fluids to a patient at the Air Force Theater Hospital here. Hipsher is an emergency medical technician volunteer and is state certified in Hawaii.



MODEL NAME	TOTAL CASES	OBSERVED EVENT	OBSERVED RATE	ADJUSTED RATE	95% LOWER CONFIDENCE LEVEL	95% UPPER CONFIDENCE LEVEL	OUTLIER**	ESTIMATED OBSERVED RATE	POPULATION RATE
ALLCASES Mortality	40,003	68	0.17%	0.74%	0.58%	0.92%	LOW	0.76%	0.97%
ALLCASES Morbidity	40,003	1,1132	2.83%	5.72%	5.39%	6.05%	LOW	0.93%	6.13%
ALLCASES Cardiac	40,003	33	0.08%	0.29%	0.17%	0.44%	LOW	0.46%	0.63%
ALLCASES Pneumonia	39,993	63	0.16%	0.53%	0.38%	0.70%	LOW	0.59%	0.90%
ALLCASES Unplanned Incubation	40,003	33	0.08%	0.33%	0.21%	0.47%	LOW	0.57%	0.58%
ALLCASES Ventilator > 48 Hours	39,993	38	0.10%	0.45%	0.31%	0.61%	LOW	0.71%	0.62%
ALLCASES Venous Thromboembolism	40,003	145	0.36%	0.75%	0.64%	0.88%		0.95%	0.79%
ALLCASES Renal Failure	39,999	26	0.07%	0.26%	0.16%	0.39%	LOW	0.57%	0.46%
ALLCASES Urinary Tract Infections	39,947	244	0.61%	1.05%	0.92%	1.19%		0.97%	1.08%
ALLCASES Surgical Site Infection	39,881	689	1.73%	2.89%	2.68%	3.09%		1.05%	2.74%
ALLCASES Sepsis	39,936	92	0.23%	0.67%	0.52%	0.83%	LOW	0.75%	0.89%
ALLCASES Clostridioides difficile infection	40,003	38	0.09%	0.28%	0.20%	0.37%		0.95%	0.29%
ALLCASES Return to Operating Room	40,003	658	1.64%	3.09%	2.89%	3.29%	HIGH	1.31%	2.38%
ALLCASES Readmission	40,003	980	2.45%	4.85%	4.56%	5.14%		1.02%	4.75%

### OBSTETRIC PERFORMANCE IMPROVEMENT

One of the concerning medical events on the rise in U.S. medicine is an increase in post-partum hemorrhage (PPH) rates, or in other words, high blood loss after delivering a baby. The DHA developed — with leadership from the U.S. Navy and MHS Women and Infants Clinical Community — policy and an implementation plan for the Maternal Health PPH Bundle. The Navy experience showed that close adherence to this integrated set of clinical practices can decrease peripartum hysterectomies, intensive care unit admissions, blood products transfusions, and maternal sentinel events.

### BETTER ACCESS TO CARE

The DHA regularly surveys patients to assess their satisfaction with care. The Joint Outpatient Experience Survey indicate that vast majority of patients are able to see their providers when needed. Similarly, most patients (87.8 percent) found the process of making appointments to be easy and 82.6 percent found the time between making appointment and the actual visit to be excellent, very good, or good. The DHA is now standardizing appointment and referral processes across markets — to provide a seamless and consistent experience for patients across the system ■

“Standardization provides a streamlined system for our health care providers and continuity of care for Airmen and Guardians who seek treatment within the MHS, especially when they PCS or visit another medical treatment facility. Together with the DHA and sister Services, we are ensuring good stewardship of taxpayer resources by increasing efficiencies, while also providing trusted care to more than 9 million beneficiaries.

—Lieutenant General Robert I. Miller, Surgeon General, United States Air Force



A woman in a U.S. Army uniform and black face mask is working at a computer. She is looking down at the screen. The background is slightly blurred, showing other people in a similar setting.

# MHS GENESIS

## A New Technology for a New Era

Maj. Cynthia Anderson, Chief Nursing Information Officer for General Leonard Wood Army Community Hospital, oversees the in-processing of trainees into MHS GENESIS—which provides a single electronic health record for service members—at the 43rd Adjutant General Reception Battalion on Fort Leonard Wood for GLWACH's Go-Live with the new system.

## The deployment of a 21<sup>st</sup> century Electronic Health Record — MHS GENESIS — continued throughout the Department in 2021, undeterred by the COVID-19 pandemic.

COVID-19 introduced challenges in preparation, training, and go-live events. Yet, the pandemic also underscored the urgency and necessity for this health system modernization:

- Providing vastly improved ability to conduct mass immunization campaigns
- Facilitating the use of telehealth and virtual health care visits. Legacy virtual health systems had technical limitations, including security risks and compatibility issues. MHS Video Connect was rolled out at all locations where MHS GENESIS was deployed in 2021, supporting over 40,000 patient encounters
- Introducing improved means for patients and providers to securely communicate with each other through the MHS GENESIS Patient Portal, making it easier to schedule appointments — whether in-person or virtual; and allowing patients and providers to view clinical summaries and medical notes

In 2021, three increasingly complex deployment “waves” converted from the legacy medical records systems to MHS GENESIS.

This complexity was driven by a number of factors:

- The largest number of new MTF sites
- The largest number of new MTF users
- The most remote locations yet in the U.S.
- A much more expansive set of specialty capabilities at military medical centers

### NOTEWORTHY DEPLOYMENTS INCLUDED:

1. **Wave SAN DIEGO** — The most complex deployment wave to date with more medical specialties, departments, and users than in previous waves. This large-scale deployment provided a crucial “stress” test of MHS GENESIS capabilities to support one of DoD’s largest medical centers.

This was also the first deployment supporting initial enlisted training location — at Marine Corps Recruit Depot San Diego. This wave demonstrated MHS GENESIS’ capabilities to support large-scale medical screening, immunizations, and processing of hundreds of new recruits, directly supporting the medical readiness mission of the Department.

2. **Wave CARSON+ (“Carson Plus”)** — This wave represented the single largest number of MTFs stood up at one time — 25 MTFs, and it represented the most expansive geographical deployment wave to date — across 11 states. The deployment, on its own, doubled the number of DoD facilities utilizing MHS GENESIS, and was executed on time and with little disruption to medical services.

3. **Wave Tripler** — Served as the most remote deployment wave to date. COVID-19 travel restrictions significantly complicated planning efforts. But preparation and “go live” activities were successfully completed. This deployment was the smoothest implementation to date due to experience gained at Waves SAN DIEGO and CARSON+ ■



# THE DHA TRANSFORMATION

## An Integrated Health System



Lt. Col. (Dr.) Young J. Honnlee, 59th Medical Wing maxillofacial prosthodontics fellow, evaluates the inside of a patient's mouth at San Antonio Military Medical Center, Joint Base San Antonio-Fort Sam Houston, Texas. Honnlee prepares to make impressions of the patient's teeth.

**In 2021, the DHA completed the transition of all military hospitals and clinics in the U.S., and all are now part of the Agency organization.**

This change unifies health system administration while decreasing unnecessary variation in health care delivery to improve outcomes for the people we serve — active duty, families, and retirees.

In large multi-Service military communities — like Washington, DC; Tidewater, Virginia; San Antonio, Texas; Colorado Springs, Colorado; Puget Sound, Washington, or Honolulu, Hawaii — the medical community now works as a singular, integrated team.

Patients will have one way to engage for medical appointments, requesting referrals, obtaining prescriptions, and other patient-oriented services.

We refer to our military communities as “markets.” In some cases, military providers may serve patients in multiple locations to better meet the needs of their patients. In other locations, the changes may be less apparent locally, where there is just one hospital or clinic, but care is standardized.

### 20 DIRECT REPORTING MARKETS

- Alaska · Augusta · Central Texas · Coastal Mississippi · Colorado · El Paso · Florida Panhandle · Hawaii · Jacksonville · Low Country · National Capital Region · North Carolina, Central · North Carolina, Coastal · Puget Sound · Sacramento · San Antonio · San Diego · Southwest Georgia · Southwest Kentucky · Tidewater



Air Force 1st Lt. Christopher Saunders, registered nurse, monitors vitals on patient, Kaileigh Moses, at Brooke Army Medical Center, Fort Sam Houston, Texas. Moses is one of the first patients admitted to BAMC's new Pediatric Intensive Care Unit. (U.S. Army photo by Jason W. Edwards)

**In 2022, the DHA will bring in the remaining hospitals and clinics overseas. Defense Health Agency Regions in Europe and Indo-Pacific will be established to integrate those facilities.**

### WAY AHEAD

Other common enterprise services — public health and the research and development programs — will also join the DHA in 2022 as critical enablers for readiness and support to Combatant Commands and the Military Departments.

This process has taken several years to unfold, but will conclude in the coming year. The future will be more integrated, more joint, and more focused on serving patients in a manner that is accessible, easy, and memorable ■

“ The DHA and Army Medicine remain partnered to optimize the MHS in providing readiness and health care delivery from the foxhole to the fixed facility. The MHS reforms consolidating the Army medical treatment facilities under the DHA allows Army Medicine to focus on optimizing the readiness of Total Army Medical Force in support of large-scale combat and multi-domain operations.

—Lieutenant General R. Scott Dingle, Surgeon General, United States Army





# DHA SEAL / REFLAGGING CEREMONY

DHA Lt. Gen. Ronald Place and Command Sgt. Maj. Reflagging & Repatching Ceremony #10.

In August, 2021, the DHA unveiled a new organizational flag and seal along with a new patch to be worn by Service members assigned to its joint medical billets.

“The reflagging symbolizes the growth and maturity of our organization,” said Army Command Sgt. Maj. Michael Gragg, the DHA’s senior enlisted leader. As CSM Gragg added, “It doesn’t matter what Service you come from — you will still identify with your Service on your left chest — but you will also have an organizational patch on your arm to signify that you belong to this family as well and that you have dual citizenship.”

The elements of the new DHA flag and seal were selected to symbolize the unity of individual services’ medical expertise under one umbrella. The symbolism of each element is as follows:

- The globe represents the health services that the DHA provides for U.S. military men, women, and their families around the world
- The gold rope and grid lines represent Navy Medicine and its requirement to provide “medical power for naval superiority”
- The blue on the shield represents Air Force Medicine and pays tribute to their ability to rapidly reach and render “trusted care, anywhere”
- The maroon on the shield represents Army Medicine and its commitment “to conserve the fighting strength”
- The eight white stars represent the eight entities served by the DHA
- The staff of Asclepius is a symbol traditionally associated with military medical units
- The motto, “PRO CURA MILITIS,” translates to “the care of the warrior”

# PRIORITIES FOR 2022 >>>

**In 2022, the DHA set eight strategic initiatives to pursue. These are:**

## **Implement Ready, Reliable Care.**

This initiative will accelerate the process of transitioning the MHS towards high reliability, and strengthen the four High Reliability Organization Domains of Change — Leadership Commitment, Culture of Safety, Continuous Process Improvement, and Patient Centeredness.

**Improve Patient Outcomes.** This initiative institutes leading clinical process improvements across the MHS to minimize or avoid system failures, prevent harm, reduce unwarranted variation, and eliminate waste. It establishes metrics that measure adoption, effectiveness, and performance outcomes of leading practices and process improvements.

**Enhance Staff Development and Growth.** This initiative instills a sense of personal value in work while being fulfilled and respected in the workplace and create an environment of care. It features timely submission of awards, career development, fairness, teamwork, and delivery of pertinent communication.

**Improve Headquarters Management and Business Performance Processes.** Achieving improvement requires a unified approach that aligns Planning, Programing, Budget, and Execution (PPBE) processes, the Quadruple Aim Performance Plan (QPP), and other DHA processes to eliminate redundancy and generate greater effectiveness and efficiency.

**Sustain Expeditionary Medical Skills.** This initiative develops the DHA’s strategy for the sustainment of expeditionary medical skills, supporting DoD’s requirement to optimize the Nation’s trauma care delivery for casualties of war and stateside victims of national disasters.

## **Optimize the Healthcare System.**

This initiative focuses on improving delivery of care and patient experience. The main lines of effort are: Market Management and Compliance · Product Line Optimization · Virtual Health Execution · Direct Care Transformation · Professional Medical Education · Integrated Referral Management and Appointing Center (IRMAC) · Standardized Patient-Facing and Patient-Experience · Integration with and support from the TRICARE network.

**Right Information at the Right Time in the Right Format.** This initiative ensures the DHA will continue to manage the implementation of MHS GENESIS across the enterprise, mature the DHA’s health information exchange, and complete the migration of enterprise systems to the DHA-managed Medical Community of Interest enclave.

**Execute Transition.** It’s time to finish what we started. As required by the National Defense Authorization Act, the DHA will conclude Market/Military Medical Treatment Facility (MTF) transition, and other enterprise services transitions ■



# RECOGNITION

We take great pride in the accomplishments of our people. In 2021, we remained grateful to be recognized for the hard work and dedication of many of our teams.

## CONTINUOUS PROCESS IMPROVEMENT

### Brooke Army Medical Center

Awarded for multiple process improvements: to reduce unnecessary responses using pediatric early warning scores; a multi-disciplinary approach to improvements in perioperative antibiotic prophylaxis.

### Naval Medical Center San Diego

Awarded for a clinical pathway for pediatric vascular access.

### United States Naval Hospital Rota

Awarded for an overseas clinical improvement in effective and imperative use of the COVID monoclonal antibody.

### Army Medical Department

#### Activity Bavaria

Awarded for integrating pharmacy into the Soldier Readiness Process.

## CULTURE OF SAFETY

### Walter Reed National Military

#### Medical Center

Awarded for medication error reduction in outpatient pharmacy.

### Naval Medical Center Portsmouth

Awarded for program changes to resident call from 24-hour call shifts to a night float system.

### 423rd Medical Squadron

Awarded for a dental instrument sterilization project.

## PATIENT CENTEREDNESS

### Walter Reed National Military

#### Medical Center

Awarded for improved follow-up of fecal immunochemical tests for colorectal cancer screening.

### Brooke Army Medical Center

Awarded for a fast-track radioactive iodine ablation therapy for Graves’ disease.

## Going Above and Beyond

### Brooke Army Medical Center /

#### Navy Medicine Readiness and

#### Training Command Portsmouth

Awarded for continuous remote patient monitoring program.

### Eisenhower Army Medical Center

Awarded for patient-guided narcotic prescriptions and preoperative pain management education to decrease excess opioid burden.

## LEADERSHIP COMMITMENT

### Walter Reed National

#### Military Medical Center

Awarded for implementation of standardized patient care hand-off communication at a military academic medical center.

### United States Naval Hospital Rota

Awarded for an overseas COVID-19 vaccination execution.

### United States Naval

#### Hospital Okinawa

Awarded for an alternative vaccination model for COVID-19 ■

# CONCLUSION

Being entrusted with the responsibility to manage the health care delivered to almost 10 million Americans — those who serve in uniform today, those who served in the past, and their families — is special; an opportunity that all who serve in the DHA value and take pride in doing.

It’s immensely rewarding, deeply personal, often complex, and sometimes painful.

While we celebrate the progress and advances achieved in 2021, we are humbled by the relentless challenges from diseases, injuries, and other crises that emerge around the world on short notice. Being “ready” is not a one-time activity, but an ever-present demand that requires us to keep skills sharp, stay informed of the latest science, and — always — put our patients’ needs first.

That’s what drives our strategy and our individual initiatives. We invest in our people and innovation in order to maintain our edge in readiness. That is our obligation and our promise ■

U.S. Navy Hospital Corpsman 3rd Class Tristan Kennemore, from Palm Beach, Fla., is a laboratory technician from Naval Medical Center Camp Lejeune attached to Camp Lemonnier, Djibouti’s Naval Medical Research Unit. “I love my job as a lab tech, because I get to learn something new everyday. There’s always problem solving and I see stuff that I have never seen before. We strive for a medically ready force to support the mission.” CLDJ serves as an expeditionary base for U.S. military forces providing support to ships, aircraft and personnel that ensure security throughout Europe, Africa and Southwest Asia. The base enables maritime and combat operations in the Horn of Africa while fostering positive U.S.-Africa relations. (U.S. Navy photo by Mass Communication Specialist 1st Class Jacob Sippel)



“ In 2021, DHA was deeply focused on the COVID-19 response, and they did that in extraordinary fashion, keeping care of our Service members and their families. Their actions demonstrated what DHA is all about: Ensuring our Service members are medically ready, guaranteeing our medical force is ready to provide care whenever and wherever they’re needed, and assuring quality care for those who have earned it. They accomplished all three mission sets in yet another trying year. As usual, DoD asked a lot of DHA- and they delivered.

—Dr. David J. Smith, Performing the Duties of the Assistant Secretary of Defense for Health Affairs





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