DENVER HEALTH

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Compliance with Operating Agreement Performance Criteria

REPORT TO THE CITY OF DENVER 2016

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REPORT TO THE CITY OF DENVER 2016

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LETTER FROM THE CEO

Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock Street
Room 350
Denver, CO 80203

April 28, 2017

Mayor Hancock,

It is my pleasure to present you with the 2016 Denver Health and Hospital Authority Compliance with Operating Agreement Performance Report. This document highlights the impressive work achieved at Denver Health in 2016, including information on the accolades we received, detailed financial reports, a summary of the uncompensated care we provided to our community, and our performance measures.

Since beginning as CEO of Denver Health in March, I have witnessed the unwavering commitment of our staff and partners to fulfill our mission of providing high-quality care for all. While the health care industry continues to change and evolve, Denver Health has remained steady in providing essential programs and services to all who seek them. It is truly remarkable to view this report, with the understanding that the outcomes achieved required considerable hard work, pride, dedication and expertise.

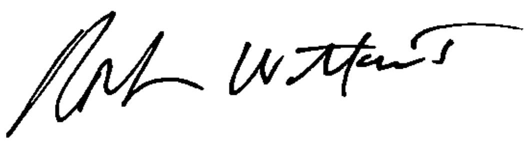
In 2016, we celebrated 50 years of Denver Health Community Health Centers, and the opportunity it affords to deliver health care directly into neighborhoods. We opened the doors to our newest family health center, the Federico F. Peña Southwest Family Health Center and Urgent Care, located in one of Denver's most underserved communities. Construction continued on a new support services building at 601 Broadway, marking progress on a critical step in our five-year master facilities plan. We launched Epic, our new Electronic Medical Record system. The launch of Epic required more than two years of planning and preparation, with the goal to improve the patient experience through enhanced continuity and quality of care. The Denver Health Foundation held its' most successful Employee Giving Campaign to date, raising $400,000 through the generosity of our staff. And for the third year in a row, Denver Health was recognized by the Human Rights Campaign Foundation as a Leader in LGBT Healthcare Equality. You'll find many additional instances of exemplary work detailed in the accompanying report.

Our organization currently has a great amount of momentum. In 2016, we introduced an internal improvement program with the objective to "Make Denver Health a place we are proud to recommend to friends and family;" and through the efforts of many, we are seeing real progress in numerous areas. As Denver Health's newly appointed CEO, my goal is to build upon the great work that is already in place, and to continue to fulfill our incredible mission and commitment to improving the health of Denver residents.

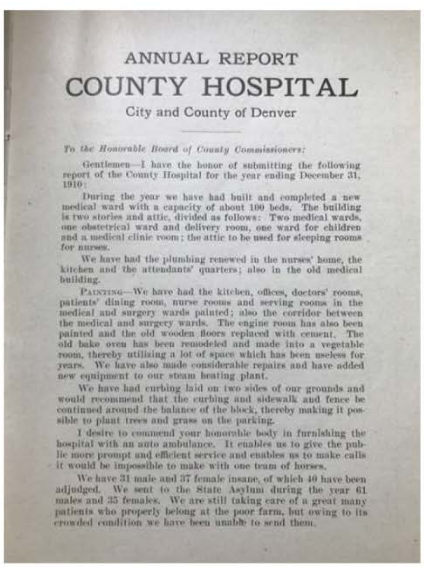
During the past 35 years, I have worked in a wide variety of health care settings and I am very excited to now call Denver Health, and Denver, home. Denver Health has an incredible reputation for providing top-notch care and exceptional outcomes. We function through a progressive approach to health care, and we are at the forefront of medical research and education. These factors, among many others, are what have drawn me here. Denver Health is in a position to stand as a model for the type of changes needed in health care delivery, and I am very excited to be involved in these efforts.

It is an honor to lead this incredible institution, and I look forward to the many successes we will enjoy together.

Sincerely,



Robin D. Wittenstein, EdD, FACHE



ANNUAL REPORT
COUNTY HOSPITAL
City and County of Denver

To the Honorable Board of County Commissioners:

Gentlemen—I have the honor of submitting the following report of the County Hospital for the year ending December 31, 1910:

During the year we have had built and completed a new medical ward with a capacity of about 100 beds. The building is two stories and attic, divided as follows: Two medical wards, one obstetrical ward and delivery room, one ward for children and a medical clinic room; the attic to be used for sleeping rooms for nurses.

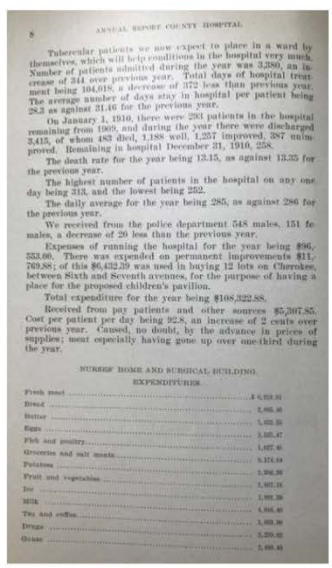
We have had the plumbing renewed in the nurses' home, the kitchen and the attendants' quarters; also in the old medical building.

PAINTING—We have had the kitchen, offices, doctors' rooms, patients' dining room, nurse rooms and serving rooms in the medical and surgery wards painted; also the corridor between the medical and surgery wards. The engine room has also been painted and the old wooden floors replaced with cement. The old bake oven has been remodeled and made into a vegetable room, thereby utilizing a lot of space which has been useless for years. We have also made considerable repairs and have added new equipment to our steam heating plant.

We have had curbing laid on two sides of our grounds and would recommend that the curbing and sidewalk and fence be continued around the balance of the block, thereby making it possible to plant trees and grass on the parking.

I desire to commend your honorable body in furnishing the hospital with an auto ambulance. It enables us to give the public more prompt and efficient service and enables us to make calls it would be impossible to make with one team of horses.

We have 31 male and 37 female insane, of which 40 have been adjudged. We sent to the State Asylum during the year 61 males and 35 females. We are still taking care of a great many patients who properly belong at the poor farm, but owing to its crowded condition we have been unable to send them.



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Tubercular patients we now expect to place in a ward by themselves, which will help conditions in the hospital very much. Number of patients admitted during the year was 3,380, an increase of 344 over previous year. Total days of hospital treatment being 104,018, a decrease of 372 less than previous year. The average number of days stay in hospital per patient being 28.3 as against 31.46 for the previous year.

On January 1, 1910, there were 293 patients in the hospital remaining from 1909, and during the year there were discharged 3,415, of whom 483 died, 1,188 well, 1,257 improved, 387 unimproved. Remaining in hospital December 31, 1910, 258.

The death rate for the year being 13.15, as against 13.35 for the previous year.

The highest number of patients in the hospital on any one day being 313, and the lowest being 252.

The daily average for the year being 285, as against 286 for the previous year.

We received from the police department 548 males, 151 females, a decrease of 20 less than the previous year.

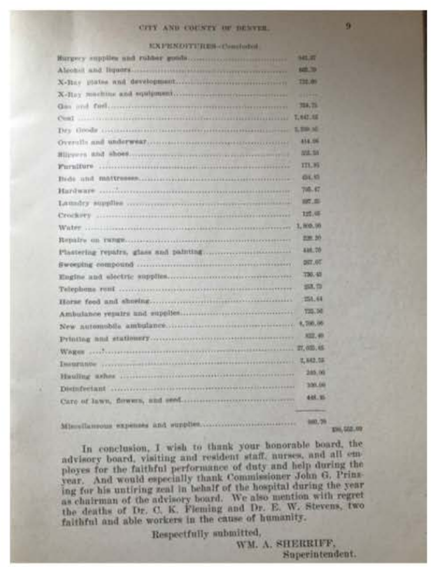
Expenses of running the hospital for the year being $96,553.00. There was expended on permanent improvements $11,769.88; of this $6,432.39 was used in buying 12 lots on Cherokee, between Sixth and Seventh avenues, for the purpose of having a place for the proposed children's pavilion.

Total expenditure for the year being $108,322.88.

Received from pay patients and other sources $5,307.85. Cost per patient per day being 92.8, an increase of 2 cents over previous year. Caused, no doubt, by the advance in prices of supplies; meat especially having gone up over one-third during the year.

NURSES' HOME AND SURGICAL BUILDING
EXPENDITURES

Fresh meat	[illegible]
Bread	[illegible]
Butter	[illegible]
Eggs	[illegible]
Fish and poultry	[illegible]
Groceries and salt meats	[illegible]
Potatoes	[illegible]
Fruit and vegetables	[illegible]
Ice	[illegible]
Milk	[illegible]
Tea and coffee	[illegible]
Drugs	[illegible]
Gauze	[illegible]



CITY AND COUNTY OF DENVER. 9

EXPENDITURES—Concluded

Surgery supplies and rubber goods	[illegible]	
Alcohol and liquors	[illegible]	
X-Ray plates and development	[illegible]	
X-Ray machine and equipment	[illegible]	
Gas and fuel	[illegible]	
Coal	[illegible]	
Dry Goods	[illegible]	
Overalls and underwear	[illegible]	
Slippers and shoes	[illegible]	
Furniture	[illegible]	
Beds and mattresses	[illegible]	
Hardware	[illegible]	
Laundry supplies	[illegible]	
Crockery	[illegible]	
Water	[illegible]	
Repairs on range	[illegible]	
Plastering repairs, glass and painting	[illegible]	
Sweeping compound	[illegible]	
Engine and electric supplies	[illegible]	
Telephone rent	[illegible]	
Horse feed and shoeing	[illegible]	
Ambulance repairs and supplies	[illegible]	
New automobile ambulance	[illegible]	
Printing and stationery	[illegible]	
Wages	[illegible]	
Insurance	[illegible]	
Hauling ashes	[illegible]	
Disinfectant	[illegible]	
Care of lawn, flowers, and seed	[illegible]	
Miscellaneous expenses and supplies	[illegible]	[illegible]

In conclusion, I wish to thank your honorable board, the advisory board, visiting and resident staff, nurses, and all employes for the faithful performance of duty and help during the year. And would especially thank Commissioner John G. Prinsing for his untiring zeal in behalf of the hospital during the year as chairman of the advisory board. We also mention with regret the deaths of Dr. C. K. Fleming and Dr. E. W. Stevens, two faithful and able workers in the cause of humanity.

Respectfully submitted,
WM. A. SHERRIFF,
Superintendent.

Photos capturing Denver Health's Annual Report to the City from 1910

DENVER HEALTH

Accolades

Denver Health Awards & Accomplishments

MILESTONES & DESIGNATIONS FROM 2016

Denver Health celebrated 50 years of community health and the opportunity it represents for everyone to access quality health care regardless of ability to pay. Over these 50 years, Denver Health's network of Community Health Centers has grown to include nine Family Health Centers and 17 School-Based Health Centers. Anniversary celebrations were held at each clinic to coincide with National Health Center Week.

Denver Health opened its doors to the **Federico F. Peña Southwest Family Health Center and Urgent Care**. Located at 1339 South Federal Boulevard, this clinic reaches some of Denver's most vulnerable members. A grand opening event was held with community members, Denver Health employees, and Denver dignitaries. The clinic was named after Federico F. Peña, former Denver Mayor, who along with his wife was instrumental in the new clinic becoming a reality. It was also because of the hard work and generous contributions of many others that this project came to fruition.

Denver Health was officially **re-verified by the American College of Surgeons as a Level I and Pediatric Level II Trauma program.** We are proud to serve the Rocky Mountain Region as the only verified academic Adult Level I and Pediatric Level II Trauma program, and as only one of two verified pediatric trauma centers in Colorado. Congratulations to Dr. Denis Bensard, Megan Strawhacker and all other staff who made this re-verification possible.

Denver Health's OB/GYN Ultrasound Unit received reaccreditation by the American Institute of Ultrasound in Medicine for Gynecology with adjunct competence in 3D and Obstetrics first, second and third trimester. Denver Health has one of only 12 ultrasound practices in all of Colorado accredited in both Gynecology and all three trimesters of pregnancy, and our unit is one of only two practices in the state accredited to perform 3D ultrasound of the female pelvis.

After nearly two years of intense planning, training and preparation, Denver Health successfully went live with **Epic**, our new electronic medical record system.

Denver Health is working to achieve accreditation as a **"Baby-Friendly Hospital"** meaning that we follow evidence-based practices that are shown to provide an optimal level of care for infant feeding and mother/baby bonding.

NEW ROLES & OPPORTUNITIES IN 2016

Dr. Bill Burman was named interim CEO of Denver Health following Art Gonzalez's retirement. He served in this role until the Denver Health Board of Directors identified and appointed Robin D. Wittenstein as CEO of Denver Health. Dr. Burman has served at Denver Health for 21 years,

as a physician executive and infectious disease specialist. He has served as director of Denver Public Health—a department of Denver Health that works collaboratively with Denver Environmental Health to provide public health services to the residents of Denver—since 2011. He also has served as president of the Denver Health medical staff since 2013.

Dr. Judith Shlay was appointed Denver Public Health's interim director as Dr. Bill Burman, former director of Denver Public Health, moved into Denver Health's interim CEO position. Dr. Shlay is a family medicine physician and has served as associate director of Denver Public Health since 2011. She is nationally known for her adolescent health research and award-winning projects on teen pregnancy prevention, reproductive health, STD and HIV prevention, tobacco prevention, and immunizations. Dr. Shlay received her medical degree from Rush Medical College in Chicago, Illinois and has been a physician with Denver health since 1987. She is the first female director of Denver Public Health and the only current female director of a Public Health Department in the Denver metro area.

Charlie Crevling was named interim executive director of the Denver Health Medical Plan. Prior to Denver Health, Crevling served as chief financial officer for Vail Valley Medical Center. He has filled many high-level financial roles and has served on several Boards of Directors in health care organizations across Colorado, including University of Colorado Hospital, Panorama Orthopedics, Vail Valley Medical Center and Exempla SCL. Crevling graduated from the University of Colorado in 2007 with a Master's in Healthcare Administration.

Tracy Johnson, director of Health Reform Initiatives, was awarded a one-year Australian-American fellowship from the Commonwealth Fund. Johnson will work closely with leading Australian health policy experts in New South Wales, conducting research on issues that are relevant to both the United States and Australia.

Melissa Migliero was named manager, Trauma Program. Migliero has served as the interim manager and has 10 years of experience with Level I trauma centers including Beth Israel Deaconess Medical Center in Boston and Harborview Medical center in Seattle. Upon moving to Denver, she began working with Rose Medical Center as the Trauma Program manager. She is also an experienced nurse reviewer for the American College of Surgeons.

Kim Carroll was named nurse manager of the new Peña Family Health Center and Urgent Care Clinic. Carroll brings more than 25 years of experience in acute care and ambulatory care settings. She helped open the ACUTE Center for Eating Disorders unit and contributed greatly to its success.

Dr. Madeleine Kane was selected as the chairperson for the Colorado Cancer Coalition.

Dr. Clay Burlew was awarded the American College of Surgeons Traveling Fellowship to Australia and New Zealand. This award is only given to a single recipient every year and will allow Dr. Burlew to

represent Denver Health on an international level at multiple different hospitals and health care systems.

Dr. Mark Glasgow accepted a position as chief for the Division of Oral Maxillofacial Surgery. Dr. Glasgow, who completed his Oral and Maxillofacial Surgery Residency at Denver Health, is working with the School of Medicine and the School of Dentistry to extend the Oral Maxillofacial Surgery training program to both campuses.

Felicia Boyd was promoted to associate director, Nursing Ambulatory Care Services Primary Care. Boyd has been at Denver Health for 23 years. Her experience includes medical/ surgical, perioperative services, critical care and ambulatory care services. Boyd has served in leadership roles of increasing responsibility in both outpatient and inpatient areas over the last 15 years. She completed her Bachelor of Science in nursing in 2006 and is currently pursuing her Master in Health Administration with a minor in organizational leadership.

Gary Bryskiewicz was named chief paramedic of the Denver Health Paramedic Division. Bryskiewicz has served with the division for 18 years in numerous roles including field trainer, dispatcher, senior paramedic, and most recently as deputy chief of Administration. Bryskiewicz has more than 21 years of experience in emergency medical services (EMS). He holds a master's degree in Business Administration and a bachelor's degree in Marketing and Communications, both obtained from Regis University. Before his career in EMS, he served eight years in the United States Air Force. He is a member of the American College of Healthcare Executives (ACHE) and is currently working toward his fellowship.

Dr. Abraham Nussbaum was named Denver Health's chief education officer. This new position was created as support for Denver Health's academic mission increases. He will develop, coordinate, and oversee the Office of Education. Dr. Nussbaum has been with Denver Health for six years. Before accepting his new role, he was the director of Adult Inpatient Psychiatry and a physician quality officer. He is the associate director of medical student education in the Department of Psychiatry at the University of Colorado School of Medicine and he is an assistant professor of psychiatry. He has co-led the education portion of Denver Health's newest Research & Education pillar. Dr. Nussbaum completed medical school and psychiatry training at the University of North Carolina and a master's degree of theological studies at Duke Divinity School. In addition to more than 20 peer reviewed publications and several book chapters, he also is an accomplished author.

Dr. Kathy Witzeman accepted the position of associate director of Women's Health for Ambulatory Care Services. Dr. Witzeman has worked at Denver Health for more than 11 years and has served as chair of the Ethics Committee, co-chair of Clinical Practice Committee, as well as chair of the OBGYN P&P

Committee. She initiated interdisciplinary Schwartz Rounds at Denver Health and serves as the physician leader for this program. She is an associate professor of OBGYN and developed the Women's Integrated Pelvic Health Program.

Cathy Kleiner was named RN Nurse Scientist. Kleiner joined Nursing Education and the Nursing Outcomes Research and Evidence (NORE) team in 2016. She has extensive nursing experience in research and quality improvement. She has served in various high-level roles, is a national presenter, and is published in multiple nursing journals and books.

Karie Poelman was selected as director, Magnet Program (and Graduate Nurse Residency). Poelman began her career in nursing as an LPN. She received her associate degree in Nursing from the Community College of Denver, and her Bachelor of Science in nursing and Master of Science from Regis University. She possesses clinical expertise spanning the continuum of care with clinical practice experience in home health, adult and pediatric inpatient care, emergency department care, school nursing, and ambulatory care clinics at Denver Health. Her most recent role at Denver Health was Ambulatory Care Services clinical nurse educator. Poelman is Board Certified in Ambulatory Care Nursing and is an affiliate faculty with Regis University.

Rob Borland was named chief marketing and public relations officer. Borland is a seasoned marketing and public relations executive with successes in various industries including gaming, breweries, and sporting. Most recently, Borland served as chief marketing officer at USA Pro Cycling and prior to that he was chief marketing officer at Molson Coors International. He brings extensive experience in growing businesses and building brands in the United States and abroad, in locations such as Japan and the United Kingdom. Borland will oversee Denver Health marketing and public relations.

Dr. Janine Young was named medical advisor, Colorado Refugee Services Program. Dr. Young will continue to work directly with the State of Colorado on issues affecting refugee health screening including developing refugee arrival screening guidelines for all four refugee arrival screening sites in Colorado; developing standardized treatment guidelines regarding relevant refugee health issues identified at screening; providing training regarding refugee arrival screening and health issues to any new state screening sites who are on-boarded; medical consults regarding Centers for Disease Control (CDC) refugee disease notifications and interpretation for state screening sites; and medical consults to three additional screening sites.

Dr. Sarah Stella was selected as one of eight new members of Team Hospitalist, *The Hospitalist's* volunteer editorial advisory board. As an academic hospitalist at Denver Health, Dr. Stella expressed in a full interview with *The Hospitalist* that she most enjoys "spending time with incredible patients and working to solve difficult problems alongside amazing colleagues."

Dr. Elizabeth Lyons Lowdermilk was reappointed to serve as a professional psychiatrist on the Mental Health Advisory Board for Service Standards and Regulations. This Board is responsible for recommending standards and regulations for the programs of mental health services in any health care facility that has separate facilities for mental health care, or those health care facilities that have as their only purpose the treatment and care of mental illness.

Dr. Kathryn Wells was appointed to the Task Force on the Collection and Security of Digital Images of Child Abuse or Neglect. The Task Force studies current laws, rules, and practices followed in the state and best practices in other states regarding the documentation of evidence or the absence of evidence of suspected child abuse through the collection and security of digital images by government employees. The Task Force also considers whether the statutes and practices concerning the collection of evidence of suspected abuse or neglect and the use of digital images are consistent with existing technologies and emerging technologies, and recommends the best practices to be used in the collection and security of digital imagery evidence of child abuse or neglect.

Dr. Edward P. Havranek was selected as Denver Health's new director of medicine. Dr. Havranek has been with Denver Health since 1991, first as the director of the Cardiac Catheterization Lab and then as acting chief of Cardiology from 1994-1998. In his tenure at Denver Health, he has chaired various committees, served as a medical staff officer, and has been the director of Health Services Research since 2010. He has been the interim director of medicine since September 2015. Dr. Havranek is a professor in the Division of Cardiology at the University of Colorado School of Medicine and the director of the Adult Program for Adult-Child Consortium for Outcomes Research & Delivery Science.

Joe Jaudon joined Denver Health as chief technology officer. Jaudon joins Denver Health with a great background in health care technology and has many exciting ideas on how to use technology to make everyone's job easier. Jaudon worked at Denver Health nine years ago running the Desktop Services team and returns with a new and expansive portfolio of experience and ideas.

Dr. Patricia Braun was named Oral Health Champion by the Delta Dental of Colorado Foundation (DDCOF). As a pediatrician, Dr. Braun has seen first-hand how poor oral health can limit children's growth and development. Over the past eight years, Dr. Braun has partnered with DDCOF on initiatives to co-locate and integrate preventive dental hygiene services in Colorado's primary care medical settings. She leads the coaching and evaluation component of DDCOF's Colorado Medical-Dental Integration Project through the Adult and Children Center for Outcomes Research & Dissemination Science at the University of Colorado School of Medicine.

Mario Harding was named chapter president for the Greater Denver Chapter of the National Association of Health Services Executives. Harding will serve a two-year term, which began October 1, 2016. As a health care executive with more than 18 years of experience, Harding has served as both administrative

director of the Department of Medicine and administrative director of Behavioral Health Services before being promoted to associate chief operating officer at Denver Health. He holds an undergraduate degree in zoology from the University of Tennessee at Knoxville and a master's degree in healthcare administration from Washington University.

Catharine Fortney was named chief compliance and audit officer. In this new and extended role, Fortney will build on the systems and processes she established as Denver Health's director of Enterprise Compliance and will assume additional duties with compliance oversight of the entire organization, including Managed Care and the Denver Health Medical Plan, Inc.

Dr. Mitchell J. Cohen was named director of surgery. Dr. Cohen comes to Denver Health from the University of California San Francisco and San Francisco General Hospital where he was the Associate Trauma Medical Director and Director of Trauma Research. Dr. Cohen earned his medical degree from the Mount Sinai School of Medicine in New York and completed his surgical residency at Rush University in Chicago.

Dr. Norma Stiglich assumed the role of interim medical director of the Denver Health Medical Plan. Dr. Stiglich will have full responsibility of all medical management functions, including Utilization Management, Pharmacy, and Behavioral Health under the Denver Health Medical Plan. Dr. Stiglich will serve in this role as the search continues for a permanent replacement.

Dr. Margherita Mascolo was named medical director of ACUTE. Dr. Mascolo has served as interim medical director since May 2016 and has been at Denver Health since completing her internal medicine residency in our program in 2008. She is an associate professor at the University of Colorado School of Medicine and is one of the country's leading experts in the medical care of patients with severe eating disorders. She has published a dozen peer reviewed articles on the topic in the past five years and lectures widely across the country.

Denver Public Schools selected Denver Health to join the **African American Equity Task Force Access Working Group**. The African American Equity Task Force Access Working Group is charged with developing a set of recommendations for improving opportunities for African- American students to attend high-quality schools and programs.

AWARDS & HONORS

The American Cancer Society recognized **Elizabeth Bibiloni** with the American Cancer Society Lane W. Adams Quality of Life Award, a prestigious national honor for cancer care and commitment. The Lane W. Adams Quality of Life Award recognizes individuals who consistently exhibit excellence and compassion in providing care to cancer patients, going beyond their duties to make a difference in the lives of cancer

patients and their families. This award also represents the concept of the warm hand off service, which is an integral part of the Society's commitment to excellence in cancer care and specifically emphasized by Lane W. Adams when he served as executive vice president of the American Cancer Society.

Rosa Laura and **Kitaya Lindsay** were selected as DAISY Award winners. The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. The Barnes Family was awestruck by the clinical skills, care and compassion of the nurses who cared for Patrick, so they created this national award to say thank you to nurses everywhere.

Dr. Ernest E. "Gene" Moore was awarded the 2015 SUS Lifetime Achievement Award, an award initiated by the Society of University Surgeons in 2005. This award recognizes individuals who have had a sustained career in academic surgery with contributions to surgical science and who demonstrate a commitment to the Society of University Surgeons. Dr. Moore was selected for this award based on his outstanding leadership in the field of trauma surgery and academic research. Dr. Moore was the chief of trauma at Denver Health for 36 years and is currently a trauma surgeon at Denver Health. He was the lead surgeon on Officer Lopez's case and is the editor of the *Journal of Trauma and Acute Care Surgery*.

For the third year in a row, Denver Health has been recognized as a **Leader in LGBT Healthcare Equality** by the Human Rights Campaign (HRC) Foundation, the educational arm of the country's largest lesbian, gay, bisexual, and transgender (LGBT) civil rights organization. This honor is given to health facilities that meet LGBT-inclusive standards that are part of the HRC Foundation's Healthcare Equality Index, a unique annual survey that recognizes institutions that are the most inclusive toward LGBT Americans. Denver Health earned top marks in meeting non-discrimination and training criteria that demonstrate commitment to equitable care for LGBT patients and their families who may face significant challenges in securing the quality and culturally responsive health care they deserve. As an organization, Denver Health works diligently to foster a culture of inclusion and acceptance for all patients, visitors, and staff, regardless of sexual orientation or gender identity. Denver Health is one of two health care facilities in Colorado to be named a Leader in LGBT Health Care Equality.

Dr. Jessica Kendrick was selected as a Department of Medicine 2016 Rising Star by University of Colorado School of Medicine. The Rising Star Award recognizes outstanding junior faculty members who exemplify the department's core values of excellence in research, clinical work, education, and community service.

Michelle Metz was named a Denver Metro Regional Nightingale Luminary Award recipient. The Nightingale Luminary Awards recognize nurses throughout Colorado who exemplify the spirit of the nursing profession through advocacy, innovation and leadership. Metz advanced to the statewide Nightingale Luminary Gala. Other Denver Health nominees included Karen Budde, Behavioral Health;

Nicole Burnet, Surgical Intensive Care Unit; Kim Carroll, Southwest Family Health Center; Angelica Chavez, Emergency Department; Jennifer Hudson, Pediatric Teen Clinic; Brendan Reiss, Surgical Intensive Care Unit; Lara Jenkins, Surgical intensive Care Unit; Lisa Krosky, Mom/Baby; Brian Richard, Surgical Intensive Care Unit.

Nearly 30 University of Colorado Denver students and their Denver Health mentors came together to celebrate the **Healthcare Interest Program's (HIP)** annual graduation ceremony. HIP is a Denver Health grassroots mentorship program for UCD undergraduate students from disadvantaged backgrounds who are interested in pursuing a career in health care.

Denver Health was selected as **Denver Public Schools (DPS) CareerConnect Partner of the Year**. Denver Health was nominated for showing incredible commitment to DPS CareerConnect programs including CareerX, internships, industry summits, and career fairs. DPS also recognized **Otis McKay**, lieutenant paramedic, with the Students First award for his work inspiring students to pursue careers in health care.

Denver Health Foundation was named Non-Profit of the Year by the Hispanic Chamber of Commerce of Metro Denver for their commitment to the community. Noble Energy presented the award at the Hispanic Business Awards Gala. Other finalists for the award included Clinica Tepeyac, Colorado Children's Campaign, Mental Health Center of Denver, and Servicios de la Raza.

Denver Health was recognized by MedAssets with the **2015 Excellence in Quality, Safety and Reliability Award** at the 2016 Healthcare Business Summit. Denver Health was honored for exemplifying the highest quality clinical outcomes that were safely and reliably delivered day in and day out throughout the course of 2015.

Peg Burnette, chief financial officer, was featured in the June issue of Forbes Magazine, Women Business Leaders. In the article, Peg highlighted some of Denver Health's services, including those provided at our newest clinic, The Peña Family Health Center.

Denver Health was recognized as a **Most Wired Hospital**. The 2016 Most Wired™ survey and benchmarking study is a leading industry barometer measuring information technology (IT) use and adoption among hospitals nationwide. More than 2,146 hospitals participated in the 2016 survey that examined how organizations are using IT to improve performance for value-based health care in the areas of infrastructure, business and administrative management, quality and safety, and clinical integration.

Dirk Van Der Vorst was one of two recipients of the 2016 Outstanding Local Leadership Award, given by the Association of Professional Chaplains. He was honored for significant leadership contributions and work in the development of professional chaplains.

Lynn Nguyen received a Preceptor of the Year award from Regis University for her work with Regis students. The award was given to Nguyen based on feedback provided by her students.

The Centers for Medicare and Medicaid Services released the list of hospitals across the nation who will be receiving readmission penalties under the Hospital Readmissions Reduction Program in the coming fiscal year. For the second time since the program began in 2012, **Denver Health received no penalties**. Denver Health is one of only two acute care hospitals in the Denver metro area with the distinction.

Twenty-six Denver Health physicians were named Top Doctors by *5280* Magazine. The top doctors were nominated and voted on by their peers throughout the Denver metro area. Many physicians have been honored with this distinction numerous times throughout their careers. Congratulations to:

Dr. Denis Bensard – Pediatric Surgery
Dr. Daniel Bessesen – Endocrinology, Diabetes and Metabolism
Dr. Michael Blei – Physical Medicine and Rehabilitation
Dr. Bill Burman – Public Health and General Preventive Medicine (interim chief executive officer)
Dr. Antonia Chiesa – Child Abuse Pediatrics
Dr. Christopher Ciarallo – Pediatric Anesthesiology
Dr. Clay Cothren Burlew – Surgical Critical Care
Dr. Frederic Deleyiannis – Plastic Surgery (Within the Head and Neck)
Dr. Ivor Douglas – Critical Care Medicine
Dr. Monica Federico – Pediatric Pulmonology
Dr. Brooke French – Plastic Surgery
Dr. Joel Hirsh – Rheumatology
Dr. Robert House – Psychiatry
Dr. Janetta Iwanicki – Medical Toxicology
Dr. John Kinsella – Neonatal-Perinatal Medicine
Dr. Claudia Kunrath – Pediatric Critical Care Medicine
Dr. Stuart Linas – Nephrology
Dr. Edward Maa – Epilepsy
Dr. John Messenger – Interventional Cardiology
Dr. Carol Okada – Pediatric Critical Care Medicine
Dr. Genie Roosevelt – Pediatric Emergency Medicine
Dr. Adam Rosenberg – Neonatal-Perinatal Medicine
Dr. Michael Schaffer – Pediatric Cardiology
Dr. Andrew Sirotnak – Child Abuse Pediatrics
Dr. Christian Thurstone – Addiction Psychiatry
Dr. Kathryn Wells – Child Abuse Pediatrics

Denver Health was recognized with a **2016 Ambulatory Care Quality and Accountability Award** from Vizient for demonstrating excellence in delivering high-quality, patient-centered, efficient, and effective outpatient care.

Dr. Bill Burman was presented the Corazón y Alma (Heart and Soul) Award at the Clinica Tepeyac's 22nd annual Fiesta on the Plaza. Dr. Burman has overseen Clinica Tepeyac's HIV program for the past 10 years and received the Corazón y Alma Award in recognition of his service.

Dr. Philip Stahel was nominated as SafeCare Person-of-the-Year 2016 by *SafeCare* Magazine. This is an incredible honor as the nomination recognizes individuals who have contributed significantly toward improving patient safety and health care quality across the globe.

The **Nursing Education Department** received full approval to be an Approved Provider of continuing nursing education (CNE) as approved by the Western Multi-State Division Accredited Approver Unit and the American Nurse Credentialing Center (ANCC). This allows nursing to offer CNEs for educational activities at Denver Health through July 1, 2019.

The Colorado Department of Public Health & Environment awarded Denver Health with **Silver Status Recognition** in the Colorado Healthy Hospital Compact. This designation was achieved through Denver Health's and Denver Public Health's efforts to improve nutritious offerings for our patients, visitors, and staff by way of healthier food, beverages, and vending, marketing, and breastfeeding support.

Michelle Chastain, Denver Health's special education teacher, was named Outstanding Teacher by the Office of Facilities Schools through the Department of Education. Chastain began her career in education more than 35 years ago. She pulls on her experience to make sure she is connecting with each of her students who often show up disengaged and lacking in their belief of success as a student. Classes offered at Denver Health are curriculum aligned, meaning students can receive credit and stay on track with their public schools' education. For some patients who may stay for several weeks throughout a year, the impact of missing traditional school can really add up.

American Sentinel University and the Colorado Hospital Association (CHA) named **Jennifer Hudson** a Colorado Health Care Stars Award winner. This award recognizes Hudson as an exceptional health care professional. Hudson joined Denver Health as part of the new Pediatric Care Management RN Program. The program is designed to exemplify the potential of RNs to impact the health of local populations. In that role, she's worked tirelessly to improve patient outcomes, decrease costs and enhance patient experiences.

In October, **Denver Health Foundation** held its Annual Board Meeting to celebrate the many accomplishments of the last year. Hosted by partners to the Foundation, Fogo de Chão Brazilian Steakhouse, retiring board members Steve Farber, Art Gonzalez, Kathleen McCall-Thompson, Dr. Phil Mehler, Cindy Peña, and Les Shapiro were recognized for their years of service. Each of these former

ACCOLADES

Board members has made an important contribution to the success of the Foundation. Additionally, some very important awards were given.

- Chairman's Award - Walter and Christie Isenberg were awarded for their selflessness and their endless generosity. The community leader couple co-chaired the 2016 NightShine Gala, an evening for Denver Health Foundation.
- Foundation of the Year - The Denver Foundation has been an important partner to the Denver Health Foundation for the last 10 years, partnering and supporting patients with no resources.
- Corporation of the Year - Icon Eye Care has been an outstanding corporate citizen. They have been major donors to the Federico F. Peña Family Health Center Capital Campaign and their providers have volunteered to serve our populations when we need them.
- Donor of the Year - Bill Saslow has had significant impact, in particular, in the work to complete our Child and Adolescent Behavioral Health Endowment.
- Physician of the Year - Dr. David Hak is not only a generous donor but he is also a skilled fundraiser. He has inspired his orthopedics colleagues to follow his philanthropic lead in the Employee Giving Campaign and has been persuasive in challenging the Department of Surgery to compete for the most enrollments.
- Employee of the year - Audrey Vincent is the administrative director for Behavioral Health Services, Correctional Care and Denver CARES—a 100 bed detox facility. She has been an energetic supporter of the Foundation's Employee Giving Campaign. This year she was responsible for raising $19,198 by encouraging her colleagues to make philanthropic contributions to support patients and programs at Denver Health.
- Department of the Year - Denver Health's Government and Community Relations Department was recognized for their role in providing essential community-wide outreach programs, while reinforcing Denver Health's role as an important and valued member of the Denver Community
- Volunteer of the Year - Eileen Minter has convinced her fellow "Hatters" of Heritage Todd Creek in Thornton that Denver Health deserves their support. The group has held the single largest Newborns in Need baby shower for the past nine years. They have collected thousands of new baby items, car seats, portable cribs and diapers, gift-wrapped a donation of 2,400 little girls running suits, gift wrapped 2,600 toddler clothing items for a Christmas in July distribution and prepared hundreds of children's presents for Snowball. Dave Watson manages the hospital's surplus supply operation—redistributing, re-purposing and liquidating the organization's vast quantities of equipment. He is always ready to support Foundation events by moving supplies from our offices to the event site, handling deliveries, and lending a hand wherever it is needed.
- Legacy/Lifetime Achievement Award - Russ Dispense was honored with the Legacy Award for his incredible and on-going commitment to Denver Health and Denver Health Foundation. Through his role at King Soopers he has made a significant impact for Denver Health's patients in a

number of areas including but not limited to Newborns In Need, Men's Health Programs and our Cancer Resource Center.

The **Denver Health School of Medical Laboratory Science** received notification of official accreditation by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). The NAACLS accreditation process was three years; after submission of a preliminary report in 2014, a lengthy self-study in 2015, and an on-site visit in March of this year, the School received the full five years for initial accreditation.

The **Denver Health Medical Plan** (DHMP) achieved the gold standard of quality health insurance carriers. The DHMP received accreditation by the National Committee for Quality Assurance (NCQA), the country's most widely recognized accreditation program and also the industry's most comprehensive evaluation.

GRANTS & RESEARCH

Denver Health's School-Based Health Center team was awarded a $1.2 million grant from the Colorado Department of Public Health and Environment. This grant will fund general operations so the team can continue the fantastic work being done across a network of 17 School-Based Health Centers.

Denver Health will receive $325,000 to combat the substance abuse epidemic that has spread across our nation. The funds are part of a larger $94 million that will be given to 271 health centers in 45 states, District of Columbia, and Puerto Rico. Health and Human Services (HHS) Secretary Sylvia M. Burwell, who visited Denver Health in 2015 to partake in a round table discussion around opioid abuse, announced the funding stating, "The opioid epidemic is one of the most pressing public health issues in the United States today. Expanding access to medication-assisted treatment and integrating these services in health centers bolsters nationwide efforts to curb opioid misuse and abuse, supports approximately 124,000 new patients accessing substance use treatment for recovery, and helps save lives." The funds are designed to improve and expand delivery of substance abuse services in health centers with a specific focus on treatment of opioid use disorders in underserved populations, increase the number of patients being screened for substance use disorders, connect those patients to treatment, and provide training and education resources to health care providers. Denver Health is honored to receive this money, and the associated responsibility to partake in the fight against opioid abuse.

Denver Health's COMBAT Study team celebrated its second year of patient enrollment with the Denver Health Paramedic Division. To show appreciation to the paramedics who enroll patients, pins were presented by the study's principal investigator Dr. Ernest "Gene" Moore. Currently, 102 patients have been enrolled since the start of the study in April 2014, and the study has a target enrollment of 150 patients. The COMBAT Study is sponsored by the Unites States Department of Defense (DOD). It is a controlled, randomized trial aiming to assess the possible benefits of administering plasma to severely

injured trauma patients prior to hospital arrival versus the current standard of care, normal saline administration.

The U.S. Department of Defense has awarded Denver Health and the University of Colorado School of Medicine a **contract that could lead to $90 million for research** to improve trauma care and survival rates for civilian and military patients. Denver Health, the CU School of Medicine, along with the University of Pittsburgh and University of Oregon, will receive an initial $10.7 million to establish a national network of trauma systems that can conduct and coordinate in-depth research into improving patient outcomes. The goal is to achieve zero preventable deaths and minimize injury-related disabilities.

Financial Statements

Denver Health and Hospital Authority

Statements of Net Position

December 31, 2016 and 2015

Assets and Deferred Outflows of Resources	2016	2015 Restated See Note 21
Current Assets		
Cash and cash equivalents	$ 57,248,886	$ 53,891,036
Restricted cash and cash equivalents	228,080	396,813
Patient accounts receivable, net of estimated uncollectibles of approximately $31,939,000 and $20,905,000 in 2016 and 2015, respectively	72,783,485	64,850,415
Due from other governmental entities	25,709,966	16,824,159
Due from City and County of Denver	2,438,897	-
Other receivables	15,698,709	19,777,499
Interest receivable	1,205,056	1,298,652
Due from and investment in discretely presented component units	1,837,697	2,048,221
Inventories	12,052,439	11,392,947
Prepaid expenses and other assets	10,524,144	10,534,400
Total current assets	199,727,359	181,014,142
Noncurrent Assets		
Notes receivable	44,393,015	44,393,015
Estimated third-party payor settlements receivable	4,258,361	6,044,891
Equity interest in joint venture	1,101,500	1,088,500
Restricted investments	48,189,266	71,733,897
Capital assets, net of accumulated depreciation	472,662,450	409,462,182
Long-term investments	204,241,242	195,269,539
Board designated investments	36,500,000	69,788,663
Other long-term assets	2,228,162	2,961,236
Total noncurrent assets	813,573,996	800,741,923
Total assets	1,013,301,355	981,756,065
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	13,499,981	14,856,023
Deferred outflows of resources related to pension benefits	33,370,998	11,459,933
Deferred outflow - acquisitions	415,667	-
Loss on refunding of debt	4,298,644	4,592,852
Total deferred outflows of resources	51,585,290	30,908,808
Total assets and deferred outflows of resources	$ 1,064,886,645	$ 1,012,664,873

Denver Health and Hospital Authority

Statements of Net Position (Continued)

December 31, 2016 and 2015

Liabilities, Deferred Inflows of Resources and Net Position	2016	2015 Restated See Note 21
Current Liabilities		
Current maturities of bonds payable	$ 11,206,429	$ 6,825,000
Current maturities of capital leases	428,147	450,456
Current maturities of notes payable	1,193,507	4,301,429
Medical malpractice liability	4,483,667	3,060,626
Accounts payable and accrued expenses	46,244,664	48,263,188
Due to the City of Denver	-	942,861
Accrued salaries, wages and employee benefits	38,291,813	38,760,316
Accrued compensated absences	25,274,146	23,591,399
Unearned revenue	22,727,784	26,179,429
Derivative interest rate swap liability	1,816,211	1,933,698
Accrued claims	9,235,000	10,957,000
Total current liabilities	160,901,368	165,265,402
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	46,000,540	29,031,456
Long-term portion of compensated absences	253,758	395,539
Bonds payable, less current maturities	272,248,981	279,350,541
Capital lease obligations, less current maturities	792,322	1,207,948
Notes payable	81,200,711	53,788,389
Derivative interest rate swap liability	11,722,144	13,021,072
Net pension liability	119,914,669	94,527,507
Postemployment benefits	6,559,526	5,694,069
Total long-term liabilities	538,692,651	477,016,521
Total liabilities	699,594,019	642,281,923
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	7,428,789	5,807,134
Total liabilities and deferred inflows of resources	707,022,808	648,089,057
Net Position		
Net investment in capital assets	111,590,723	77,825,006
Unrestricted	246,273,114	286,750,810
Total net position	357,863,837	364,575,816
Total liabilities, deferred inflows of resources and net position	$ 1,064,886,645	$ 1,012,664,873

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Denver Health and Hospital Authority

Statements of Revenues, Expenses and Changes in Net Position

Years Ended December 31, 2016 and 2015

	2016	2015 Restated See Note 21
Operating Revenues		
Net patient service revenue	$ 505,649,332	$ 508,943,529
Capitation earned net of reinsurance expense	200,897,158	167,041,601
Medicaid disproportionate share and other safety net reimbursement	114,226,738	129,493,366
City and County of Denver payment for patient care services	30,777,300	30,777,300
Federal, state and other grants	61,762,927	63,105,757
City and County of Denver purchased services	23,111,964	20,118,276
Poison and drug center contracts	22,109,647	22,228,585
Other operating revenue	31,145,980	27,324,436
Total operating revenues	989,681,046	969,032,850
Operating Expenses		
Salaries and benefits	595,508,941	525,936,197
Contracted services and nonmedical supplies	207,393,321	189,930,203
Medical supplies and pharmaceuticals	107,970,210	101,839,420
Managed care outside provider claims	49,865,526	55,666,631
Depreciation and amortization	41,773,814	39,817,690
Total operating expenses	1,002,511,812	913,190,141
Operating income (loss)	(12,830,766)	55,842,709
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	13,000	116,000
Distribution from discretely presented component unit	5,000,000	-
Interest income	8,776,396	9,038,719
Interest expense	(15,348,615)	(16,023,707)
Net increase (decrease) in fair value of investments	4,548,798	(8,840,767)
Gain on disposition of capital assets	177,446	1,073,790
Total nonoperating revenues (expenses)	3,167,025	(14,635,965)
Income (loss) before capital contributions	(9,663,741)	41,206,744
Contributions Restricted for Capital Assets	2,951,762	1,171,953
Increase (decrease) in net position	(6,711,979)	42,378,697
Total Net Position, Beginning of Year, As Previously Reported	364,575,816	370,369,661
Adjustment for restatement	-	(48,172,542)
Total Net Position, Beginning of Year, Restated	364,575,816	322,197,119
Total Net Position, End of Year	$ 357,863,837	$ 364,575,816

2015 Surplus Funds

DENVER HEALTH

April 5, 2017

To: Stephanie Adams, Budget Director, City and County of Denver

From: Peg Burnette, Chief Financial Officer, Denver Health

Subject: 2015 Surplus Funds Provided to Denver Health

The City of Denver approved Denver Health to retain a portion of the 2015 surplus dollars totaling $1,765,471. Four programs specifically received the surplus funding.

The Office of the Medical Examiner (OME) relocation project received a payment of $1,232,967. Denver Health is relocating the OME from 660 Bannock Street to 500 Quivas Street. This project is needed to facilitate Denver Health's master facilities plan resulting in increased services for our patients.

The Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center received $400,000 for a Jail Mental Health Pilot Program. This pilot program is designed to provide 24/7 mental health intake exams, pair inmates with mental health services upon release, and provide Medication Assisted Treatment Induction for inmates with opioid addiction.

Denver Health received $75,000 to contract with Jensen and Partners to complete a comprehensive feasibility study for a new Ambulatory Care Center.

The DUI Blood Draw Program received $57,504 to redesign the Emergency Department to accommodate DUI Blood Draws in a more safe and discreet location.

Denver Health acknowledges and appreciates the City of Denver allowing us to retain the surplus dollars and reinvest in our partnership.

Peg Burnette, CPA, FHFMA
Chief Financial Officer
Denver Health and Hospital Authority

Cc: Laurel Delmonico, BMO

OFFICE OF THE CHIEF FINANCIAL OFFICER
777 Bannock Street, Mail Code 0278 Denver, Colorado 80204-4507 Phone 303-602-4964 pburnette@dhha.org

DENVER
THE MILE HIGH CITY

Finance

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April 21, 2017

To: Peg Burnette, Chief Financial Officer, DHHA
From: Stephanie Karayannis Adams, Budget Director, City and County of Denver
Subject: 2015 Denver Health Operating Agreement Settle-Up

Regarding the services outlined in the 2016 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that the Operating Agreement budget exceeded actual DHHA expenditures by $791,272. And $94,114 was overpaid to DHHA by the City. The remainder was invoiced but payment was withheld due to a projected year end surplus. Please see Exhibit A for a breakdown of the shortfalls/overages per program, and a list of all of the approved 2017 surplus projects. These projects will expend the remaining overage funds, and thus the city does not request funds to be returned.

Per recent audit recommendations, DHHA and the City agree that this memo and the exhibit A will be included in DHHA's 2017 annual report to the City, and that DHHA will send supporting documentation to the City showing expenditures on the approved project costs as they are incurred. Updates on each approved item will also be included in the 2017 annual report to the City if appropriate. The City and Authority agree to continue to resolve the on-going dispute over charges related to appendices A-6 and B-5 by the May 1 reconciliation deadline referenced in A-6 1.3 (d) vii and B-5 1.4 b (ii) D. The figures represented in Exhibit A for A-6 and B-5 are preliminary at the time of this memorandum.

The City values DHHA's partnership in serving Denver's most vulnerable populations and looks forward to furthering our common goals.

Cristal DeHerrera, Deputy City Attorney, Lead Negotiator

Penny May, Deputy Chief of Staff, Lead Negotiator

Bob McDonald, Executive Director of Environmental Health, Lead Negotiator

Brendan Hanlon, Chief Financial Officer

Stephanie Karayannis Adams, Budget and Management Director

EXHIBIT A

SUMMARY OF 2016 DHHA OPERATING AGREEMENT SHORTFALLS AND OVERAGES

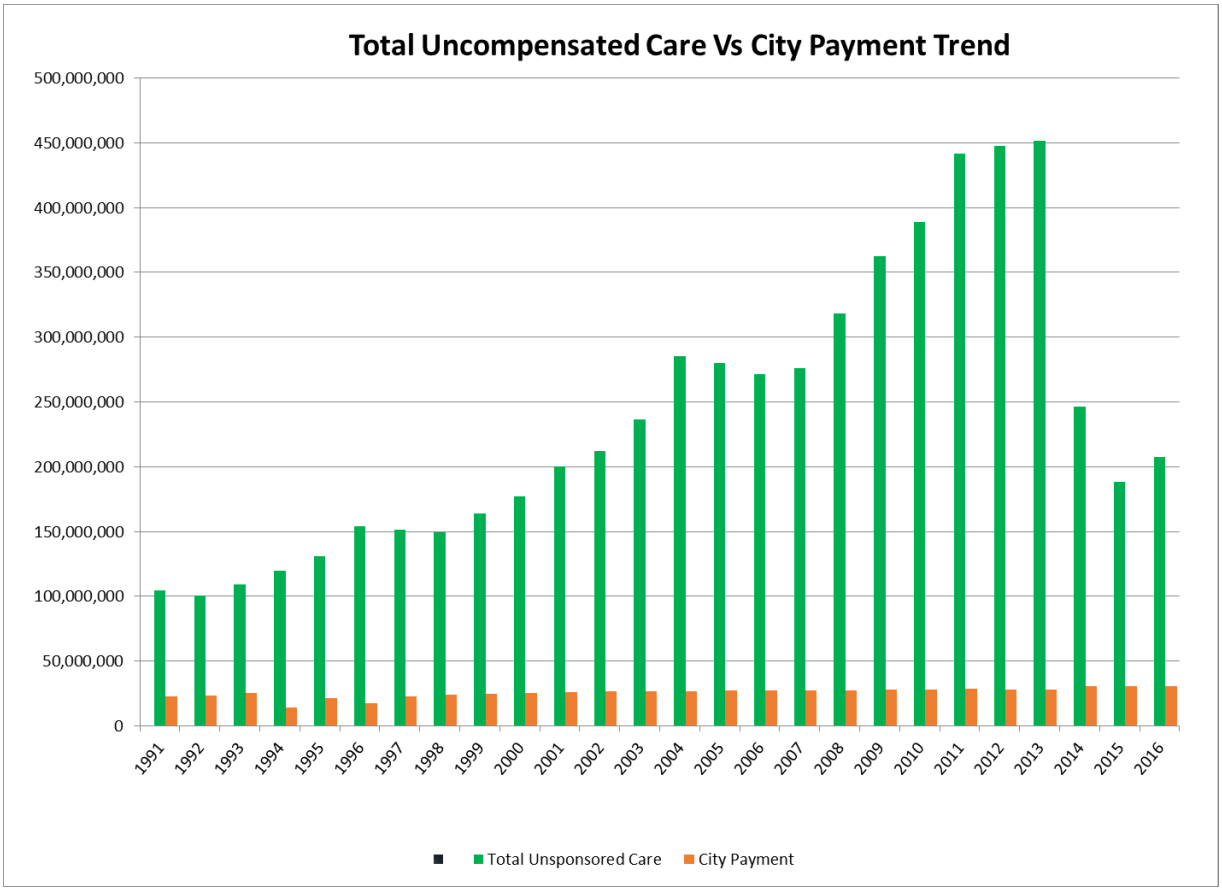
Program	Program Variance	Time Period	Notes
Denver C.A.R.E.S.	$(380,544)	2016	Shortfall (A-4, 1.2b(v): Any shortfall in funding will be reimbursed by the City. Any overage shall be returned to the City unless the City approves, in writing, the Authority retaining all or part of the overage for other services to the City.)
Public Health	$81,626	2016	Overage (A-3, 1.2b(v): same.)
Jail Medical Services	$937,661	2016	Overage (B-5,1.3b(ii)D: same.)
Prisoner Care	$(552,836)	2016	Shortfall (A-6, 1.3d(vii): same.)
Denver Fire Dept. Training	$(1,290)	2016	Shortfall (A-2, 1.2h(i): A reconciliation for the first six months will be performed by the Authority no later than August 31 of each Fiscal Year for which the payment is being made, to determine if the amount estimated in the prior year results in a shortfall or overage.
Nurseline	$9,496	2016	City overpaid for Nurseline services relative to invoices, which are provided quarterly and payment is made after validation of services rendered (B-15,1.1c)
Net City Overage	**$94,114**		
Surplus Requested and Approved Uses			
Physician Loan Repayment Program	$60,000	2017	Establishing a loan repayment program for physicians working in the county jail will increase competitiveness and retention. County jails are not included in federal loan repayment programs, reducing the attractiveness to physicians.
Office of the Medical Examiner	$18,714	2017	Funds would assist the OME relocation to its new location at DHHA. Would contribute to estimated cost overages of $2.5 million which would otherwise be requested through the annual CIP process.
Marijuana Hotline Pilot Program	$15,400	2017	Funding for a pilot program to explore the usage of a new hotline for marijuana health-related questions. Pilot program will collect and assess data to determine community interest and need for such a line separate from Nurseline and the Poison Control hotline. Funding for this pilot program is based on the following conditions: • Proposal indicates that calls that are not related to health issues potentially tied to MJ products will be referred to 311. Only those issues tied to Denver citizens, retailers, and/or manufacturers, or consumption in Denver should be referred to 311. • Any callers reporting current symptoms of illness potentially tied to marijuana products purchased and/or consumed in Denver shall be promptly reported to DPH and DEH communicable disease team contacts (Abby Davidson with DEH; Carol McDonald with DPH) • Any 2018 change request related to expanding this program or continuing the pilot into 2018 will be needed

		by the end of May from RMPCC and/or DPH along with supporting data • Monthly reporting to the City as indicated in the proposal is required • The City must approve hotline name and marketing materials • The City must approve the categories used to track calls (e.g., Referrals to 311; Referrals to State Information line (regulatory questions); Medical calls – referred to medical intervention; Medical calls - not referred; AND Denver Residents; Colorado Residents; Visitors) • The city shall have full access to the data generated by the line upon request. • If RMPDC generates a profit from the data, the revenue will offset the city's payment.
Total Approved	**$94,114**	
	$0	**Amount to be returned to the City**

Uncompensated Care

Denver Health Unsponsored Care & City Payments

UNCOMPENSATED CARE



Denver Health Performance

Article V

5.1 Annual Report of the Denver Health Hospital Authority to the City

The Authority shall deliver a written annual report to the City within six months of the end of its Fiscal Year, commencing with Fiscal Year 1998, which report shall include:

A. The latest financial statements of the Authority which have been audited by an independent auditing firm selected by the Authority.

RESPONSE:

The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2015 financial statements are presented in Section III of this report.

B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.

RESPONSE:

A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented on the next page.

C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.

RESPONSE:

All matters have been promptly resolved by the Liaison, Elbra Wedgeworth.

DENVER HEALTH REGULATORY SURVEYS

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Colorado State Board of Pharmacy	Bruce Randolph Middle School, SBHC	12/14/2015	1 Year
Colorado State Board of Pharmacy	South High SBHC	2/17/2016	1 Year
Colorado State Board of Pharmacy	Montbello	08/31/2015	1 Year
Colorado State Board of Pharmacy	Place Bridge Academy Campus	6/2/2015	1 Year
Joint Commission	Hospital, CHS, and School Based Clinics	5/6-5/9 2014	3 years
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	2/20/2017	1 Year
Signal Behavioral Health Network	Denver Cares 1155 Cherokee St	3/4/2016	1 Year
Denver Fire Department	710 N Delaware St- Bond Trailer	8/01/2016	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U05	8/01/2016	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U06	8/01/2016	1 Year
Denver Fire Department	780 N Delaware St- Pavilion B- U02	8/01/2016	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01	8/01/2016	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01- Batteries	8/01/2016	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10	8/01/2016	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10- Batteries	8/01/2016	1 Year
Denver Fire Department	677 N Delaware St- Boiler House	8/2/2016	1 Year
Denver Fire Department	777 N Delaware St- Receiving Dock	8/2/2016	1 Year
Denver Fire Department	723 N Delaware St- Pavilion M	8/2/2016	1 Year
Denver Fire Department	301 W 6th Ave- Pavilion G	8/2/2016	1 Year
Denver Fire Department	990 N Bannock St	8/2/2016	1 Year
Denver Fire Department	645 N Bannock St- Engineering	8/2/2016	1 Year
Denver Fire Department	660 N Delaware St- Delaware Parking Garage	8/2/2016	1 Year

DENVER HEALTH REGULATORY SURVEYS

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	530 N Acoma St	8/2/2016	1 Year
Denver Fire Department	605 N Bannock St- Pavilion H	8/2/2016	1 Year
Denver Fire Department	600 N Acoma St- Acoma Parking Garage	8/2/2016	1 Year
Denver Fire Department	655 N Bannock St- Pavilion I	8/2/2016	1 Year
Denver Fire Department	667 N Bannock St- Pavilion K	8/2/2016	1 Year
Denver Fire Department	601 N Acoma- Bannock Parking Garage	8/2/2016	1 Year
Denver Fire Department	550 N Acoma St	8/2/2016	1 Year
Denver Fire Department	660 N Bannock St- Administration	8/2/2016	1 Year
Denver Fire Department	190 W 6th Ave- Rita Bass	8/2/2016	1 Year
Colorado State Board of Pharmacy	LaCasa	9/17/2015	1 Year
CDPHE/MQSA	Denver Health Mammography and Mobile Mammography	10/19/2016	1 Year
Colorado State Board of Pharmacy	Lake Middle SBHC	11/4/2015	1 Year
Colorado State Board of Pharmacy	North High SBHC	11/4/2015	1 Year
Denver Fire Department	990 N Bannock St	9/4/2014	1 Year
VFC/ CDPHE Site Visit	DECC	8/3/2015	2 Years
VFC/ CDPHE Site Visit	Denver School Based Health/DHIP	6/30/2015	2 Years
VFC/ CDPHE Site Visit	LaCasa/Quigg Newton	4/2/2015	2 Years
VFC/ CDPHE Site Visit	Lowry FHC	9/9/2015	2 Years
CDPHE Nuclear Medicine	Nuclear Medicine	10/21/2015	3 Years
VFC/ CDPHE Site Visit	Westside Pediatric and Teen	8/5/2015	2 Years
VFC/ CDPHE Site Visit	Westwood FHC	9/9/2015	2 Years
VFC/ CDPHE Site Visit	Denver Health Women's Care Pav C	7/20/2015	2 Years

DENVER HEALTH REGULATORY SURVEYS

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
VFC/ CDPHE Site Visit	Denver Health Eastside Women's Care	8/31/2015	2 Years
VFC/ CDPHE Site Visit	Denver Health Westside Women's Care	8/31/2015	2 Years
VFC/ CDPHE Site Visit	Florence Crittenton	11/10/2016	2 Years
Colorado State Board of Pharmacy	Kepner Middle SBHC	12/1/2016	1 Year
Colorado State Board of Pharmacy	Kunsmiller C.A.A. SBHC	12/1/2016	1 Year
Colorado State Board of Pharmacy	Lincoln High SBHC	12/19/2016	1 Year
Colorado State Board of Pharmacy	Denver C.A.R.E.S	12/18/2015	1 Year
Colorado State Board of Pharmacy	Denver Health Acute Care RX	12/17/2015	1 Year
Colorado State Board of Pharmacy	Denver Health Central Fill	12/16/2015	1 Year
Colorado State Board of Pharmacy	ID Pharmacy	12/23/2015	1 Year
Colorado State Board of Pharmacy	Westside Pharmacy	12/28/2015	1 Year
Colorado State Board of Pharmacy	Primary Care Pharmacy	12/23/2015	1 Year

1.5 Performance Criteria

A. The Authority shall submit an annual report to the City which includes the data indicated below in the Performance Criteria tables in 1.5G and H for the year just ended, as well as the two previous fiscal years, by May 1 following the reporting year.

B. The criteria will focus on data collected reported out of the Denver Health system.

C. The criteria will focus on appropriate access and outcome of services provided.

Number	Contract	2013	2014	2015	2016	Source
I.5G	Denver Health Medicaid Choice Average Monthly Enrollment	51,061	63,061	68,361	75,767	Key Indicators
I.5G	Inpatient Admissions	24,077	25,206	25,532	24,919	MMIRs- Admissions by Hospital Service
I.5G	Inpatient Days	108,814	114,747	118,287	125,225	MMIR- Census Days by Hospital Service
I.5G	Total Emergency Room Encounters	81,142	82,975	86,601	83,874	MMIR - Emergency Medical Services
	Adult Urgent Care Visits	36,901	34,662	39,139	38,916	MMIRS- AUCC
	ER/Cost/Visit	882	831	927	985	From Jeremy Springston
	Top 25 DRGs for MI population	See chart on page 48 & 49	See chart on page 48	See chart on page 48	See Final DRG Table tab	MI Report in Epic
	NICU days	3,944	4,915	5,357	5,008	MMIR- Pav C- ICN (NICU)- Census Days
	CT Scans	16,832	19,194	21,633	38,874	MMIR
	MRIs	7,297	8,108	8,881	9,828	MMIR
	Outpatient Surgeries	5,892	6,378	6,924	7,248	MMIRS- Ancillary Srvc Op. Room- O/P Operations
	OP Pharmacy Cost/patient	42.41	59.74	73.23	67.36	From Jeremy Springston
Ambulatory Care Encounters						
	Ambulatory Care Center	132,480	133,986	148,449	192,508	MMIR- Specialty Care, AUCC, WCC
	Webb Center for Primary Care	59,345	68,809	70,108	63,613	MMIR
	Gipson Eastside Family Health Center	41,119	44,915	45,385	41,690	MMIR
	Sandos Westside Family Health Center	66,109	69,907	69,135	62,039	MMIR
	Lowry Family Health Center	18,894	23,083	34,428	29,949	MMIR
	Montbello Health Center	19,220	21,729	22,589	22,709	MMIR
	Park Hill Family Health Center	14,161	17,751	17,786	17,972	MMIR
	La Casa/Quigg Newton Family Health Center	19,242	21,538	20,996	17,911	MMIR
	Westwood Family Health Center	14,965	16,269	19,323	16,546	MMIR
	Federico F. Pena Southwest Family Health Center				16,008	
	Other	62,466	68,415	79,023	70,172	Includes all Dental clinics, School-based Health centers, Family Crisis Center, and Women's Mobile Clinic.
	OP Behavioral Health Visits	96,027	123,861	166,963	210,788	MMIR- Mental/ Substance Abuse
	TOTAL AMBULATORY ENCOUNTERS	447,036	494,963	532,139	574,905	MMIR

D. Several quality assurance reports are done to meet external payment or funding standards. The findings and assessment of quality assurance programs will be provided annually as well as the status of any recommended improvements.

RESPONSE:

The landscape of quality measures and pay-for-performance programs change multiple times per year. We have incorporated the stable and most important measures into the table below. In 2016, Denver Health was recognized by the Joint Commission for attaining the "Patient Centered Medical Home" designation for all the DH community health centers. Denver Health was also among the top 1/3 of U.S. hospitals to experience excellent performance and no financial penalty for the federal CMS Readmissions Reduction Program. Lastly, DH was recognized with the Peak Award by the Rocky Mountain Performance Excellence surveyors (state version of the Baldrige award).

E. Except when otherwise noted, all criteria are based on active patients in the Denver Health system, which is defined as a patient seen in a primary care clinic at least once in the past 18 months.

RESPONSE:

No response needed.

F. As changes in circumstances occur, such as changes in demographics and population, the Denver Health Authority will change performance criteria to the City as agreed upon by the City.

RESPONSE:

No response needed.

G. Performance Criteria- Clinical (I-U numbering follows the Authority's Annual Report)

RESPONSE:

See following table.

H. Performance Criteria-Ambulatory Encounters (1.5 numbering follows the Authority's Annual Report)

RESPONSE:

See following table.

Number	Contract Criterion	2014	2015	2016	GOAL
1.5I	**Childhood Immunization Rate**	85%	85%	89%	At least 80% of patients who have their third birthday in the measurement year, initiated care prior to their second birthday, and are active Denver Health patients will have received four DPT, three polio, one MMR, three HIB, three Hepatitis B, one Varicella, and four Pneumococcal immunizations (following guidelines of the CDC Advisory Committee on Immunization Practices).
1.5J	**Percent Women Entering Prenatal Care:**				
	1st Trimester	81%	78%	80%	70% of women will begin prenatal care within the 1st Trimester
1.5L	**Patient Satisfaction**				
	Community Health Service Adults	73%	74.1%	78%*	71% of adults seen in primary care clinics will respond with a nine or a ten ("top box") for "Overall provider rating."
	Community Health Service Pediatrics	76.6%	79.7%	79.6%	78% of pediatrics seen in primary care clinics will respond with a nine or a ten ("top box") for "Overall provider rating."
	Denver Health Medical Center	New metric in 2015	74.2%	75.5%	73% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall patient satisfaction
1.5M	**Breast Cancer Screening**	65%	60%	62%	65% of active (≥ one primary care visit in past 18 months) female patients age 51 to 74 years will have a mammogram in the past two years.
1.5N	**Cervical Cancer Screening**	75%	79%	71%	80% of active (≥ 1 primary care visit in past 18 months) female patients age 24-64, with a PAP test in the past three years or a PAP+HPV in the past five years (age 30-64)
1.5O	**Adolescent Vaccinations**	88%	89%	88%	80% of active (≥ 1 primary care visit in past 18 months) adolescent patients, age 13-17, will have both Tdap and MCV4 vaccinations.
1.5P	**Diabetes Monitoring**				A "Diabetic patient" for the diabetes measures is defined as a patient who has had at least two visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.
	Kidney Function (Monitoring Nephropathy)	78%	75%	72%	75% of diabetic patients will have appropriate monitoring of kidney function.
	Diabetes- percent of diabetics with HBA1c < 9	74%	72%	70%	70% of Diabetic patients will have an HBA1c < 9

Number	Contract Criterion	2014	2015	2016	GOAL
	Cardiovascular Disease Prevention	78%	78%	78%	50% of Diabetic patients will be treated with statin medication
1.5Q	**Hypertension Control**	69%	68%	65%	70% of patients identified with hypertension will have their blood pressure under control as defined by current standards.
1.5R	**Smoking screening Tobacco Use Status:Advise or Refer**	87%	88%	93%	Maintain smoking assessment, advice and refer for 85% of adults.
1.5S	**Flu Vaccinations**	59%	50%	51%	60% of patients, six months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive influenza vaccinations.
1.5T	**Survival with Trauma**				Survival rate for blunt and penetrating trauma will be maintained within 5% of 2009 experience:
	Blunt with DOAs	96.9%	96.7%	96.1%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.
	Blunt without DOAs	97.6%	97.7%	97.2%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 97.1%.
	Penetrating with DOAs	93%	89%	89.6%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	Penetrating without DOAs	97.1%	97.3%	94.8%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 91.9%.
1.5U	**Joint Commission Quality Measures**				
	Early Elective Delivery 37-39 weeks gestation	0%	1.7%	1.5%	The rate of elective delivery between 37-39 weeks as defined by the Joint Commission measure PC-01 will be maintained at 1.5% or lower
1.5V	**Hospital Acquired Infection Rates**				
	Adult Critical Care Central Line-Associated Blood Stream Infections (CLABSI)	Same	Same	Medical ICU: same Trauma ICU: worse	Risk-adjusted rate that is the same or better than the national rate on the most recent CDPHE report.

*1.5 L Comment: We are meeting our targets for the patient satisfaction measures. In 2016, we elected to conduct one survey across the entire primary care population and therefore do not have data separated by adults vs pediatrics. The overall performance is 78%. When we look specifically at the clinics that only care for pediatric patients, the performance is above the stated target at 79.6%.

1.5M Comment: We have experienced a small overall improvement in our performance related to breast cancer screening. Some of our individual clinics exceed the 65% goal, including Montbello and HIV earily intervention services.

1.5N Comment: We have experienced an overall decrease in performance related to cervical cancer screening. This has likely been impacted by our transition to our new electronic health record (eHR). We are engaging specialized clinical staff in reviewing external pap smear reports and hysterectomy reports to make sure that appropriate follow-up dates are reflected our new eHR.

1.5P Comment: We have experienced a decrease in performance related to diabetic kidney function monitoring. We think some of this may have been due to less robust reporting prior to our new eHR. We are still completing validation of our more robust reporting in the new eHR. Our clinic processes and standard work for diabetes care was also impacted by the eHR transition but our Quality Improvement workgroup has developed several tools for use in the new eHR including a Diabetes summary for providers to use when seeing a Diabetic patient.

1.5Q comment: We have experienced an overall decrease in our hypertension control. Some of our individual clinics are meeting the 70% target including Westwood Family Medicine, the Level One clinic, and our primary care clinic at MHCD. During our eHR transition process we lost some of our previously established paper-based standard work for medical assistants to circle slightly elevated blood pressures that were taken right after a patient walked into the clinic. Providers would see the visual cue and then re-check the blood pressure after the patient had been seated in their exam room. Previous standard work to call hypertensive patients prior to their scheduled appointments to remind them to take their medication prior to the clinic visit was also on hold for much of 2016 but is being reinstated.

1.5S Comment: We have experienced declining performance related to flu vaccination across all patients six months of age or older. Within our pediatric population (6 mo – 17 years), we achieved vaccination in 57% of patients. The goal was exceeded in several of our clinics including the Webb and Westside Pediatric clinics, the Westside Adult Clinic, the HIV early intervention services clinic and our intensive outpatient clinic for patients with frequent hospitalization. Performance is lowest (42%) in our adult (18 – 49 years) population.

1.5V Comment: During the reporting period of 8/15-7/16 a detailed review of all CLABSI cases was conducted and total parenteral nutrition (TPN) was identified as a potential cause of our increase in infections. TPN use had increased after a recent publication in JAMA. A new TPN protocol was initiated over the reporting period as well as nutrition review of TPN orders and weekly line rounds by the Infection Prevention team. Rates have been decreasing since that period. As an additional action item to continue to drive down rates, a new Vascular Access Committee has been initiated to lead all aspects of vascular access. This committee was launched in 2017.

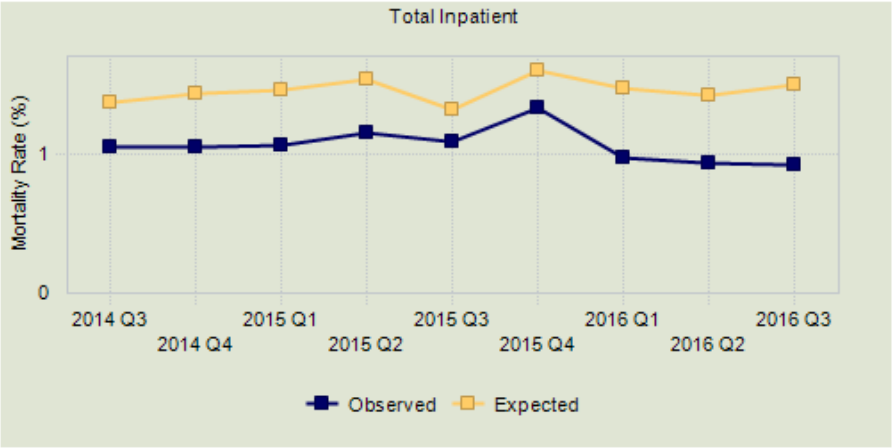
I. Denver Health Medical Center's adjusted inpatient mortality will be in the top 20 percent of all academic health centers nationally as measured by the University Health Systems Consortium (UHC), a collaboration of approximately 120 academic health centers.

RESPONSE:

Denver Health's inpatient mortality has been consistently in the best ten percent of UHC hospitals throughout 2015 and into 2016. See graph below which represents the observed to expected mortality rate across 125 academic health centers in the U.S. Denver Health is ranked #8 with significantly lower mortality than expected.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	Median	Rank
Current Quarter		5,920	0.61	0.92	5/124
Recent Year		23,453	0.69	0.95	8/125

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,920	5,768	23,453
Observed Deaths	55	54	245
Expected Deaths	89.17	82.56	353.11
Observed Mortality (%)	0.93	0.94	1.04
Expected Mortality (%)	1.51	1.43	1.51
Observed/Expected Ratio	0.61	0.65	0.69



J. Denver Health will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

RESPONSE:

Denver Health Medical Center including all campus based ambulatory services, community health clinics, the clinical laboratory, and behavioral health services have all maintained full accreditation by the

Joint Commission and hold active licenses for all services from the State of Colorado.

K. Denver Health will maintain national Residency Review Committee accreditation for its training programs.

RESPONSE:

All training programs maintained national Residency Committee accreditation.

L. Denver Health will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. Denver Health will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

RESPONSE:

See charts on the following pages.

2016 Unduplicated Users and Patient Visits by Zip Code

Zip Code	Users	Visits
80002	892	2,817
80003	1,083	3,838
80004	668	2,379
80010	4,689	14,820
80011	3,500	10,839
80012	3,052	9,336
80013	2,080	6,548
80014	1,997	6,919
80015	1,073	3,223
80016	497	1,301
80017	1,568	5,223
80018	226	731
80020	377	1,080
80022	2,619	8,015
80023	100	213
80030	903	3,008
80031	815	2,717
80033	985	3,458
80035	7	29
80045	30	51
80047	29	166
80102	70	252
80104	200	457
80110	1,913	6,821
80112	425	1,176
80113	635	2,101
80114	1	1
80120	729	2,757
80123	1,150	3,920
80127	410	1,487
80128	436	1,428
80129	191	655
80130	172	598
80201	250	1,088
80202	1,836	7,080
80203	4,541	15,887
80204	21,407	82,688
80205	11,744	46,199
80206	2,360	8,683
80207	5,080	20,091
80208	23	70
80209	2,006	6,950
80210	2,160	7,414
80211	7,514	29,614
80212	2,156	8,772
80213	1	1
80214	3,201	11,957
80215	810	2,759

Zip Code	Users	Visits
80212	2,156	8,772
80213	1	1
80214	3,201	11,957
80215	810	2,759
80216	5,953	22,526
80217	37	125
80218	3,318	12,791
80219	32,805	130,376
80220	5,685	21,405
80221	4,547	15,681
80222	3,060	11,084
80223	8,626	34,918
80224	2,736	10,378
80226	2,602	8,654
80227	3,344	12,315
80229	2,477	7,838
80230	969	3,743
80231	4,322	14,527
80232	1,129	3,758
80233	1,111	3,570
80234	557	1,475
80235	608	2,379
80236	3,601	13,952
80237	1,556	5,844
80238	863	3,112
80239	15,416	50,687
80241	439	1,339
80243	3	4
80244	4	5
80246	1,633	5,437
80247	3,739	13,865
80248	5	23
80249	5,154	17,929
80250	38	172
80256	1	1
80257	3	3
80259	3	4
80260	1,862	6,036
80261	5	26
80262	3	8
80263	1	3
80265	5	19
80266	1	4
80271	1	3
80281	1	7
80291	3	3
80294	4	8
80299	3	3

Zip Code	Users	Visits
80306	5	8
80401	907	2,817
80424	34	73
80447	30	52
80525	75	104
80549	19	30
80601	495	1,670
80602	410	1,324
80640	272	794
80907	33	77
80918	62	106
80924	8	25
81050	7	10
81069	3	5
81212	32	102
81501	15	23
81507	8	16

Total Visits	**824,390**
Total Unduplicated Users	**225,433**

* Table is an annual projection using new Epic health record data from 4/8/2016 - 12/31/2016.

2016 Unduplicated Users and Patient Visits by Colorado County*

County	Users	Visits
000 - Unknown	3,719	8,347
2 - ACADIA	1	10
6 - ADAMS	18,840	61,990
18 - ALAMOSA	29	114
60 - ARAPAHOE	21,202	71,677
62 - ARCHULETA	4	4
89 - AURORA	34	85
94 - BACA	1	1
98 - BALDWIN	1	5
129 - BAYLOR	5	11
149 - BENT	10	44
191 - BOULDER	1,227	2,794
222 - BROOMFIELD	443	1,205
311 - CHAFFEE	29	73
340 - CHEYENNE	1	3
354 - CIBOLA	1	96
369 - CLEAR CREEK	132	285
400 - COLORADO	11	71
402 - COLUMBIA	1	1
412 - CONEJOS	12	16
416 - COOK	1	3
427 - COSTILLA	12	29
450 - CROWLEY	21	37
459 - CUSTER	7	10
494 - DELTA	21	44
498 - DENVER	160,837	604,329
521 - DOLORES	11	22
530 - DOUGLAS	1,933	5,358
545 - EAGLE	155	425
564 - EL PASO	819	1,673
565 - ELBERT	73	236
578 - ERIE	1	5
581 - ESSEX	1	1
630 - FREMONT	35	112
644 - GARFIELD	49	97
668 - GILPIN	35	111
678 - GOLDEN VALLEY	1	1
692 - GRAND	525	1,286
729 - GUNNISON	17	29
792 - HIDALGO	2	2
824 - HUERFANO	5	17
864 - JACKSON	10	26
870 - JEFFERSON	17,624	63,741
871 - JEFFERSON DAVIS	3	4
934 - KIOWA	8	12
935 - KIT CARSON	11	25
951 - LA PLATA	25	25
958 - LAFAYETTE	1	1
962 - LAKE	34	75
978 - LARIMER	461	814
980 - LAS ANIMAS	33	86
1015 - LINCOLN	12	40
1023 - LOGAN	27	77
1071 - MARICOPA	1	7
1134 - MESA	58	106
1159 - MOFFAT	12	30
1170 - MONTEZUMA	12	21
1174 - MONTROSE	15	33
1179 - MORGAN	55	195
1187 - MOULTRIE	1	4
1291 - OTERO	15	26
1297 - OURAY	1	1
1314 - PARK	108	353
1338 - PEORIA	1	1
1350 - PHILLIPS	4	4
1363 - PITKIN	18	29
1409 - PROWERS	14	26
1410 - PUEBLO	214	556
1426 - RANDALL	1	3
1459 - RIO BLANCO	5	15
1460 - RIO GRANDE	23	84
1487 - ROUTT	56	111
1498 - SACRAMENTO	1	1
1501 - SAGUACHE	4	26
1540 - SAN MIGUEL	3	5
1556 - SANTA ROSA	1	1
1579 - SEDGWICK	4	10
1663 - SUMMIT	110	209
1695 - TELLER	32	95
1821 - WASHINGTON	12	36
1836 - WELD	900	2,663
1919 - YUMA	14	54

Total Patient Visits	**830,290**
Total Unduplicated Users	**230,216**

* Table is an annual projection using new Epic health record data from 4/8/2016 - 12/31/2016.

2016 Unduplicated Users and Visits by Gender and Race*

Gender	Race	Users	Total Visits
F	American Indian or Alaska Native	748	3,885
F	Asian	3,355	13,263
F	Asian Indian	199	903
F	Black or African American	16,312	70,407
F	Chinese	104	557
F	Decline to Answer	7,086	24,879
F	Filipino	75	311
F	Guamanian or Chamorro	3	15
F	Japanese	18	74
F	Korean	33	129
F	Native Hawaiian	111	347
F	Other	12,410	49,684
F	Other Asian	102	550
F	Other Pacific Islander	93	347
F	Samoan	25	56
F	Unknown	12,815	31,983
F	Vietnamese	298	1,063
F	White or Caucasian	67,131	278,572
Female Total		120,918	477,026
M	American Indian or Alaska Native	596	2,554
M	Asian	2,440	7,970
M	Asian Indian	192	550
M	Black or African American	15,054	51,454
M	Chinese	62	185
M	Decline to Answer	6,179	18,448
M	Filipino	44	176
M	Guamanian or Chamorro	3	3
M	Japanese	4	4
M	Korean	26	89
M	Native Hawaiian	91	327
M	Other	10,400	31,317
M	Other Asian	82	257
M	Other Pacific Islander	73	206
M	Samoan	8	22
M	Unknown	11,192	24,650
M	Vietnamese	174	552
M	White or Caucasian	64,683	215,104
Male Total		111,302	353,866

Grand Total		232,220	830,892

* Table is an annual projection using new Epic health record data from 4/8/2016 - 12/31/2016.

2016 Homesless Users, Visits and Charges*

Year	Gender	Users	Visits	Charges
2016	F	1759	10407	$ 19,580,410.36
2016	M	5738	47148	$ 99,025,541.70
2016	Unknown	5	19	$ 138,446.06
Grand Total		**7503**	**57574**	**$ 118,744,398.13**

* Table is an annual projection using new Epic health record data from 4/8/2016 - 12/31/2016.

2015 Homeless Users, Visits and Charges

Year	Gender	Users	Visits	Charges
2015	F	4,705	29,327	$ 57,470,547
2015	M	9,372	52,502	$ 157,546,905
Grand Total		14,077	81,829	$ 215,017,452

2014 Homeless Users, Visits and Charges

Year	Gender	Users	Visits	Charges
2014	F	4,946	30,117	$ 55,625,495
2014	M	9,540	53,593	$ 153,300,942
Grand Total		14,486	83,710	$ 208,926,437

Top 25 DRG's for Medically Indigent Population 2016		
DRG#	**DRG NAME**	**Total**
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	84
885	PSYCHOSES	53
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	46
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	38
683	RENAL FAILURE W CC	28
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	28
603	CELLULITIS W/O MCC	27
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	23
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	20
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	19
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	18
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	16
101	SEIZURES W/O MCC	14
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	14
390	G.I. OBSTRUCTION W/O CC/MCC	14
682	RENAL FAILURE W MCC	14
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	14
378	G.I. HEMORRHAGE W CC	13
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	13
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	13
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	12
812	RED BLOOD CELL DISORDERS W/O MCC	12
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	10
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	10
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	10
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	10
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	10

Top 25 DRG's for Medically Indigent Population 2015

DRG #	DRG NAME	Total
640	DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	120
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	17
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	17
682	RENAL FAILURE W MCC	10
885	PSYCHOSES	9
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	8
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	8
291	HEART FAILURE & SHOCK W MCC	7
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	6
683	RENAL FAILURE W CC	6
685	ADMIT FOR RENAL DIALYSIS	5
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	5
641	DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O M	5
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	4
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4
189	PULMONARY EDEMA & RESPIRATORY FAILURE	3
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	3
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	3
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	3
202	BRONCHITIS & ASTHMA W CC/MCC	3
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	3
378	G.I. HEMORRHAGE W CC	3
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	3
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	3

Top 25 DRGs for Medically Indigent Population 2014

DRG#	DRG Name	Total
685	ADMIT FOR RENAL DIALYSIS	44
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	27
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	23
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	14
885	PSYCHOSES	13
189	PULMONARY EDEMA & RESPIRATORY FAILURE	11
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	11
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O M	9
639	DIABETES W/O CC/MCC	9
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	8
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	7
442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	5
292	HEART FAILURE & SHOCK W CC	5
683	RENAL FAILURE W CC	5
390	G.I. OBSTRUCTION W/O CC/MCC	5
291	HEART FAILURE & SHOCK W MCC	5
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5
74	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	5
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	4
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	4
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	4
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	4
682	RENAL FAILURE W MCC	4
638	DIABETES W CC	4
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	3

Appendix A-2

1.4 Performance Criteria

A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide).

RESPONSE:

The utilization/hour rate system wide was 0.4514 for the year 2016.

B. The City and the Authority agree that changes in the performance criteria for this Appendix are needed. Denver's Emergency Medical Services (EMS) system will strive to meet the Denver Equivalent of NFPA standards as described in 2004 NFPA 1710 and 1221. The City and the Authority recognize that the emergency medical response system is a tiered, multiple component system comprised of the City's 911 Combined Communications Center ("911 Communications Center") for call taking, dispatching and administration of the record keeping system, the Denver Fire Department for Basic Life Support (BLS) first responders, and the Authority for Advanced Life Support (ALS) paramedics and transport services. The Denver Equivalent of NFPA standards for emergency (lights and sirens) calls will consist of the Total Response Time in Table 1 and the clinical performance standards set forth in paragraphs 1.4.b.5 below. Measurement of the standard shall be as set forth below.

1. Beginning April 1, 2009, the City and the Authority agree that the official timekeeper for determining response times is the City's Director of the 911 Communications Center, specifically the computer aided dispatch (CAD) administrator. The City and the Authority agree that the City will measure response times for emergency (lights and sirens) calls in total from the time that the call is answered by Denver 911 until the first responders and the paramedics arrive at the address, respectively.

2. Each component of the emergency medical response system, including the 911 Communications Center, the Denver Fire Department, and the Authority has its own independent time requirements under the NFPA standards. Each of these three components is independently responsible for its own role in the response function. All components of the system must work as a team to meet the Total response time goal for emergency (lights and siren) response times, listed in minutes and seconds, as set forth in Table 1:

Table 1

	Dispatch-95% (Call Answered to Unit Assigned)	Reponse-90% (Unit Assigned to Unit Arrived)	Total-90% (Call Answered to Unit Arrived)
Call Answering and Processing-Denver 911	**1:30**	**N/A**	
BLS-Denver Fire	**N/A**	**5:00**	**6:30**
ALS-Denver Health	**N/A**	**9:00**	**10:30**

RESPONSE:

The City's Director of the 911 Communications Center reported the following metrics for the Denver Health Paramedic Division's response times:

	Dispatch			**Response**			**Total**	
95% Goal	95% actual	compliance	90% Goal	90% actual	compliance	90% Goal	90% actual	compliance
1:30	3:58	45.7	9:00	8:59	90.2	10:30	11:23	87.0

3. Responsibility of the City 911 Communications Center:

   a. **Data Analysis** – Response data are collected from the CAD system at the 911 Communications Center. Understanding that public policy decisions must be made using data that are as accurate and precise as is possible, the 911 Communications Center will analyze the stored data to provide useful EMS system performance information excluding data that has been identified in Paragraphs B and C below.

   b. **Inaccurate data** – The CAD Administrator will analyze performance data to identify data that are verifiably inaccurate, identified by annotation within the system. The CAD Administrator shall exclude such data from the analysis to the extent that they interfere with representative analysis, including the following data filters.
   - Eliminating all negative values
   - Eliminating all zero values except for First Unit Assigned/First Unit Enroute

- Eliminating all durations in excess of 30 minutes for most data elements
- Eliminating all durations in excess of 60 minutes from answer to arrival

c. **Exclusions-** The CAD Administrator will exclude the following calls from the dataset for the purpose of analysis.

i. Bad Address – The call-taker receives incorrect location information from the caller. A bad address may result in the responding unit being sent to an incorrect location, delaying response to the correct location.
ii. Priority Change – Information changed during the response, resulting in an up- or downgrade of the response mode. Mixing non-emergency and emergency travel into a response time is unrepresentative of the response time.
iii. Out of Jurisdiction -- Calls requesting emergency assistance to a location outside of the City and County of Denver. At DIA this may also include calls outside of the defined response area for paramedics assigned to DIA.
iv. Duplicate Calls – It is not uncommon to receive and document several calls for the same incident in the CAD system. These accessory incidents are an indicator of dispatch activity, but not overall system volume or activity and artificially increase the number of incidents managed in the system.
v. Test Calls – Some calls are entered into the system purely for personnel or system testing and training.
vi. Weather – Dangerous weather conditions are beyond the control of the responding agencies. Weather exemptions are based upon a collaborative decision by the Denver Fire Department and Authority Paramedic Division command personnel that the weather conditions pose hazards during responses, necessitating high levels of caution and slow speed. The durations of these weather emergencies are tracked and response times during those periods are exempted from response time calculations in the interest of response personnel and public safety.
vii. Additional Exclusions for DIA

a. Restricted access to areas within DIA's jurisdiction that cannot be easily accessed in a timely manner or to which the paramedic does not have authorized access without escort.
b. Limited visibility operations, as defined by DIA.
c. Paramedic responses to medically diverted or scheduled flights on which there is a medical emergency. Response time for such calls will be maintained but will be reported separately

in the monthly report under excluded calls as required to be reported in Paragraph 7 below.
d. When paramedic responses are added as an additional service being requested, the time clock shall start when the paramedic is requested and not the time the event started.

4. **Authority's Performance Criteria.**
Since the Authority provides the medical direction for the entire emergency medical response system, each of the components of Denver's Emergency Medical Services system shall submit all clinical performance reports to the Authority's Paramedic Division Medical Director as requested, as part of the system's medical quality assurance.

RESPONSE:

No response necessary.

5. **Authority's Clinical Criteria.** The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:

a. The administration of aspirin to STEMI (cardiac alert) patients, unless contraindicated or a recent previous aspirin ingestion is documented.

RESPONSE:

STEMI is a medical term for a common type of heart attack. One hundred thirty-seven of these heart attack patients were transported in 2016. One hundred thirty-one (96%) received aspirin, with an on-scene to at-hospital time of 24:11.

NOTE: 100% compliance with aspirin administration is not necessarily the desired goal. Each of the eight cases in which aspirin was not given was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable contraindications to aspirin administration, in which giving aspirin would have caused the patient harm.

b. Elapsed time from when paramedics arrive at the scene until Emergency Department arrival of the transporting unit for STEMI (cardiac alert) patients, with direct transport to an identified interventional (PCI) facility.

RESPONSE:

The average time between EMS scene arrival and patient arrival to the

ED of the 137 heart attack patients was 24:11 minutes in 2016. Every patient in this group was transported to an identified facility that is specifically ready to handle heart attack victims.
ADDITIONAL COMMENTS: Aspirin has been shown to be very beneficial for heart attack victims.

c. Transport ambulance scene time for trauma patient emergency transports.

RESPONSE:

878 emergency (lights and siren) transports of trauma patients occurred in 2016. The average scene time for these patients was 9:42 minutes.
NOTE: Every call with a scene time longer than 10 minutes was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director.

d. Transport of emergency trauma patients to a designated trauma center.

RESPONSE:

Of the 878 emergency trauma patients, 878 (100%) were transported to a facility with an American College of Surgeons designation as a level I or II trauma center.
ADDITIONAL COMMENTS: Medical evidence shows that severely injured trauma patients with scene times less than 10 minutes and transport to a designated trauma center can be saved at a much higher rate. The Denver Health Paramedics perform especially well in this category, as well.
NOTE: 100% compliance with trauma center transport is not necessarily the desired goal. Each of the cases in which the patient was not transported to a trauma center was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable factors for non-transport to a trauma center (i.e. primary issue was a non-traumatic problem more appropriately handled at the closest facility to the call location).

e. Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition.

RESPONSE:

In 2016 there were 36 survivors that were discharged alive and well.

ADDITIONAL COMMENTS: The Denver Health Paramedic Division uses a database that includes cardiac arrest survival data from more than 40 cities around the nation.

6. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria either by meeting the nine minute ALS Response time of 90% from unit assigned to unit arrived or by meeting the 10 minute 30 second Total Response time from Call answered to Unit Arrived.

RESPONSE:

The Authority has met its response time performance criteria by having met the nine minute ALS response time of 90% from unit assigned to unit arrived. According to the City's Director of the 911 Communications Center Reports, the Authority's response time compliance under nine minutes was 90.2%. Please see Appendix A-2 § 1.4-B-2 above.

7. **Reporting** – Performance reports will be submitted monthly to the Monitoring Group by the Authority, not later than fifteen (15) days after the end of the month. The Monitoring Group will be comprised of City (Mayor's Office, Department of Safety and Auditor), City Council members, and Denver Health representatives. Reports will contain the following information:
Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.
Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00.
Exclusions- The count of excluded calls, by type, will be reported by month in each report.

RESPONSE:

The required reports have been submitted by the City's Director of the 911 Communications Center and the Authority has attended monthly meetings.

8. **Remedies**
The parties recognize that the tiered emergency response system does not currently meet the Denver Equivalent of the NFPA standard. The parties have implemented improvements to the system that have improved and will continue to improve overall response time. The parties set a goal of November 30, 2009 to meet the Denver Equivalent of the NFPA standard, which they did not meet. As a

consequence, each component of the system (Communications Center, Fire Department and Denver Health) shall submit a report to the Monitoring Group that sets forth their progress toward the goal, impediments to meeting the goal (if any), a plan for achieving the goal and expected time frames for meeting the goal. In addition, each component of the system will meet monthly with the Monitoring Group to report on their progress toward meeting the Denver Equivalent of the NFPA standard.

RESPONSE:

The required reports have been submitted and the Authority has attended monthly meetings.
ADDITIONAL COMMENTS: For each of the past three years, the Denver Health Paramedic Division has received more than 100,000 requests for service. For year 2016, the Paramedic Division had 119,378 total field responses resulting in 79,572 patients being transported. The providers of the Denver Health Paramedic Division assisted in the delivery of 12 infants, cared for 7,073 children, treated 14,162 alcohol intoxicated patients, performed 4 emergent surgical airway procedures and participated in 137 Cardiac Alerts. The Paramedic Division also responded to and treated 2,536 possible overdoses, 187 possible gun-shot wounds. The paramedic division had 116 ketamine administrations for patients with a suspected diagnosis of excited delirium and 48 COMBAT Study inclusions.

Appendix A-3

1.4 Performance Criteria

A. Monitor, investigate, and submit quarterly reports of the number of cases of all Colorado Board of Health reportable communicable diseases. Communicable disease and public health specialty consultation will be available 24 hours a day, 7 days per week.

RESPONSE:

Quarterly reports were submitted with the case numbers of communicable diseases based on monitoring and investigating outbreaks. Infectious disease and Public Health epidemiology & communicable disease specialty consultations were available 24 hours a day, 7 days a week.

B. Collaborate with Denver Environmental Health and other public health agencies in outbreak investigations of food borne/enteric illness, childcare facilities and long-term care facilities.

RESPONSE:

Public Health and Denver Environmental Health collaborated on the epidemiological and site-based investigations of multiple outbreaks.

C. Provide immunizations to City and County of Denver residents on a walk-in basis Monday through Friday and immunize children at the appropriate age in neighborhoods with low immunization rates to the extent available by funding. Provide comprehensive travel health services including immunizations.

RESPONSE:

Immunizations were available to the public on a walk-in basis, Monday through Friday, 8 a.m. to 4:30 p.m. Immunization clinics were conducted in various communities around the city of Denver, focusing on neighborhoods with the lowest incidence of immunization compliance. In addition, school located immunization clinics were held in select Denver Public Schools that have low immunization rates and no school based health clinic. Travel consultations and immunizations were provided to individual and group travelers.

D. Provide comprehensive HIV primary care to existing and new patients in the City.

RESPONSE:

Comprehensive care, including primary medical, prenatal, dental, pharmacy, nutritional and mental health, was provided to ongoing patients and to all newly diagnosed patients who were referred to the clinic or who entered the clinic through one of the citywide linkage-to-care programs. HIV prevention services such as treating high-risk individuals with Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) were also offered by the clinic. Additionally the Infectious Disease Clinic significantly expanded Hepatitis C treatment and assisted with other infectious disease cases.

E. Work with the Denver Office of Emergency Management and the Department of Environmental Health in developing, planning and exercising the public and environmental health support functions under the Emergency Support Function 8 and related ESFs in the City and County of Denver's Emergency Operation Plan. Contribute to the City and County of Denver Office of Emergency Management to efficiently plan and respond to events, disasters, and other public health emergencies in Denver.

RESPONSE:

Working cooperatively with city agencies, Denver Public Health participated in the development, planning and exercises of the ESF 8 functions.

F. Provide sexually-transmitted infection diagnosis, surveillance and treatment Monday through Friday in the Sexually Transmitted Disease Clinic and outreach clinics to high risk populations in the community.

RESPONSE:

STD and Family Planning clinical services were available to the public on an appointment and walk-in basis Monday through Friday, offering family planning services along with the diagnosis, surveillance and treatment of sexually transmitted infections. Linkage to care was provided for patients with HIV/AIDS or Hepatitis C along with patients interested in PrEP. HIV and STD outreach testing and clinics were provided throughout the community focusing on populations with the highest degree of risk for infection. In addition, screenings are done for blood pressure, tobacco, alcohol, and substance use. Clinical concerns identified are referred to appropriate medical or social services.

G. Ensure the timely detection, diagnosis, and treatment of patients in the City with suspected tuberculosis; identify and evaluate contacts of infectious cases; target, test and treat latent tuberculosis in high-risk populations.

RESPONSE:

Clinical services were available for testing and treatment of patients and referrals known, or suspected, to have TB. Contact investigations were conducted on all infectious cases and appropriately evaluated and treated. Outreach efforts to target, test and treat latent TB infection in high-risk populations, such as the foreign born, the homeless, and health care workers, were continued, supported by locally conducted research into developing testing and treatment alternatives.

H. Provide birth and death certificates to the public Monday through Friday.

RESPONSE:

Birth and death certificates were provided to the public Monday through Friday, on a walk-in basis. Requests were also taken by telephone, online ordering, and mail. The birth and death certificate office was relocated to 120 W. 5th Avenue to provide easier access for customers.

I. The Authority will provide an annual report by May of the following year being reported on, which includes performance statistics for the year and the two previous fiscal years, for the following items:

- Reportable Communicable diseases
  - Number of outbreak investigations and a general report on outcome of investigations
  - Number of HIV and STD high risk participants screened in outreach efforts
- Total Patient Encounters in ID/AIDS clinic
  - Percent of HIV/AIDS patients requiring hospitalization
  - Cases of perinatal HIV transmission
- Total vaccinations
  - Child less than 19 years of age
  - Adult vaccinations
  - Travel vaccinations
- Total STD clinic visits
  - Comprehensive STD visits
  - Express STD visits
  - HIV counseling and testing

- Total TB visits
  - Number new TB cases
  - Number of patients with new/suspected TB started on treatment and percent completed treatment
  - Number of high risk patients screened for latent TB
  - Number of latent TB patients started on treatment and percent completed
  - Total birth and death certificates registered
  - Certified copies issued
  - Paternity additions and corrections

RESPONSE:

Quarterly reporting of volumes previously submitted to City, yearly summary below.

PUBLIC HEALTH SERVICES	2014	2015	2016
Patient Encounters - Infectious Disease Clinic	16,224	16,875	17,361
Hepatitis C treatment encounters	38	344	349
PrEP encounters	143	627	1,144
Birth and Death Certificates Registered	4,859	5,755	5,219
Certified Copies Issued	60,531	60,700	61,916
New TB Cases	52	57	46
Patient Encounters - TB Clinic	21,203	21,754	18,893
STD Clinic Visits	15,378	15,515	16,086
Total Immunization Visits	10,604	10,908	9,729
Total Vaccinations Provided	21,752	21,850	19,129

J. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for Public Health Services by the 45th day after the end of the reporting period.

RESPONSE:

Monthly financial reports were provided instead of quarterly reports.

K. The Department of Public Health of the Authority will work with the Department of Environmental Health to collect, compile, assess, and prepare a comprehensive report on the health of Denver. This comprehensive report will be prepared and published every three (3) years. The Departments will collaborate on regular updates (every 2 months) on individual health issues through their publication,

"Denver Vital Signs". The Department of Public Health and the Department of Environmental Health will also collaborate on the development of a community health improvement plan every five (5) years. The two departments will then provide updates on key metrics of the plan at least every 6 months. The entire plan will be updated every 3 years.

RESPONSE:

A population health profile, entitled "The Health of Denver – 2014" was developed cooperatively between Denver Public Health, Denver Environmental Health, and included many city agencies and community partners. This profile was released in early 2015 and was used to provide detailed health data about Denver communities and further inform the *Be Healthy Denver* Community Health Improvement Plan (CHIP) work. The health profile highlighted the successes of CHIP Access to Care and Healthy Eating and Active Living efforts (HEAL) and identified remaining issues in both areas. To compliment this report, customized health reports for each of Denver's 11 City Council Districts were developed and published in early 2016. Directors from both agencies met with many City Council members to discuss the health issues impacting their constituents and identify opportunities for current and future partnerships. Six issues of *Denver Vital Signs* were also published in 2016. Specific areas of focus were: childhood obesity, climate change, male suicide, access to health care, childhood lead poisoning and health impacts of legalized marijuana.

L. The Authority agrees to work with the City, its Office of Emergency Management and its City-agency emergency response leads to annually review and update, as appropriate or requested by the City, the City's Emergency Response Plan, including specifically, the City's plan for Emergency Support Function (ESF) #8, Public Health and Medical Services, and related standard operating procedures (SOPs).

RESPONSE:

ESF8 SOP and related Public Health Emergency Operations Plan development and review was conducted for activities including surveillance, quarantine and isolation procedures, public health/EMS first responder prophylaxis, and point of dispensing sites for distribution of prophylaxis and medication to the community. Denver Public Health has participated in planning and exercises to demonstrate effective working relationships with all agencies involved in these efforts.

M. The Department of Environmental Health and the Department of Public Health of the Authority will jointly work to submit the county's application for accreditation.

RESPONSE:

Denver County's action plan for public health accreditation was approved by the Public Health Accreditation Board (PHAB) on Feb 16 2016. The action plan outlines the final documentation needed to receive a fully accredited status. Denver Environmental Health and Denver Public Health staff jointly created workgroups to collate, draft, and finalize all action plan documents, which were officially submitted to PHAB on Dec 23 2016. A final decision on our accreditation status will be received in March 2017.

Appendix A-4

1.4 Performance Criteria

A. One-hundred percent of the women of child-bearing age utilizing the services of Denver C.A.R.E.S. will be offered a pregnancy test and, if the test is positive, will be provided referral and follow-up.

RESPONSE:

Denver C.A.R.E.S. provides pregnancy testing at no cost to any female client. All women of child-bearing age are offered a pregnancy test; those testing positive are referred to women's services. For 2016, 1751 pregnancy tests were offered, 56 pregnancy tests were given, and 3 pregnancy tests were positive.

B. An ESP average response time of 35 minutes or less will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene.

RESPONSE:

In 2016, our average response time to calls without standby was 35:29 and the response time to clients with public safety personnel standing by was 18:31. The overall average response time to all calls was 25:46.

C. Average length of stay will be 36 hours or less.

RESPONSE:

The average length of stay in the detox was 30.83 hours for 2016 (time sample 12-1-2016 to 12-14-2016).

D. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:

- Shelter: Average Daily Census
- Detoxification: Average Daily Census
- DUI Program: Patient Encounters
- Emergency Services Patrol:
  - Average Response Time
  - Number of clients picked up per shift
- Number of clients admitted for the first time

- Number of clients admitted more than one time for the program year
- Number of admissions of homeless clients
- Number of clients who did not pay any charges due for services rendered
- Number of veterans entering Denver C.A.R.E.S.

❖ Denver C.A.R.E.S. Services	2014	2015	2016
Shelter/Detox Program: Average Daily Census	**80.6**	**77.8**	**79.05**
Outpatient Counseling: Patient Encounters	**29,422**	**28,403**	**28,854**
DUI Program: Patient Encounters	**935**	**732**	**498**
Emergency Services Patrol: Average Response Time in Minutes	**23:06**	**25:04**	**25:44**
Number of Clients Picked Up Per Shift	**13**	**13**	**13**
Number of Clients Admitted for the First Time	**5,514**	**4,746**	**4,364**
Number of Clients Admitted More Than One Time for the Program Year	**2,434**	**2,375**	**2,462**
Number of Admission of Homeless Clients	**18,783**	**19,146**	**19,238**
Number of Clients Who Did Not Pay Any Charges Due for Services Rendered	**7,313**	**6,847**	**4,737**
Number of Veterans Entering Denver C.A.R.E.S.	**2407**	**1640**	**1432**

E. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for Denver C.A.R.E.S. by the 45th day after the end of the reporting period.

RESPONSE:

The Financial Department provided regular quarterly reports to the City.

F. The Authority will provide to the City ESP van reports of shifts worked on a monthly basis by the 45th day after the end of the reporting period.

2016 Scheduled Shifts = 8247 hours; 10,722 clients were transported (13 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	31	28.75	30	29.5	30.5	30.5	31	31	30.5	30.5	29	30	362.25
Cover (V3)	10	7	8	9.5	8	7.75	6	6.25	9	9	7	10	97.5
Night (V2)	30.75	28.75	31	30	30.5	29.5	31	31	31	31	30	30.5	365
Total	71.75	64.5	69	69	69	67.75	68	68.25	70.5	70.5	66	70.5	824.75

2015 Scheduled Shifts = 8,205 hours; 10,371 clients were transported (13 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	26.5	27	32	29	30	29	30	28.5	29.5	31	29.5	30.5	352.5
Cover (V3)	9	9	9	8	10	8	8	10	7.5	9	9	9	105.5
Night (V2)	31	27.5	31	30	29.5	30	31	30	30	31	30.5	31	362.5
Total	66.5	63.5	72	67	69.5	67	69	68.5	67	71	69	70.5	820.5

2014 Scheduled Shifts = 8,205 hours; 10,371 clients were transported (13 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	26.5	27	32	29	30	29	30	28.5	29.5	31	29.5	30.5	352.5
Cover (V3)	9	9	9	8	10	8	8	10	7.5	9	9	9	105.5
Night (V2)	31	27.5	31	30	29.5	30	31	30	30	31	30.5	31	362.5
Total	66.5	63.5	72	67	69.5	67	69	68.5	67	71	69	70.5	820.5

G. For Veterans Services and 25 Housing First Units – the Authority will participate in all evaluation efforts for the Ten Year Plan to End Homelessness.

RESPONSE:

Denver C.A.R.E.S. continues to have representation on Denver's Road Home Commission and Committees. We also continue to work with

Denver Human Services to coordinate evaluation efforts regarding data being entered into the Homeless Management Information Services (HMIS) by all service providers.

H. Provide a quarterly report no later than the 15th day of the month following the end of the quarter, for data representing the previous quarter including the following:

- Number of persons entering CHARTT'S treatment program
- Number of persons successfully completing CHARTT'S treatment program
- Number of persons housed at Denver CARES
- Disposition of individuals served including, but not limited to, Involuntary Placement, Housing, Employed, Left Treatment Prior to Completion, No Longer in Program, Hospitalized, Average Daily Attendance in Detox and Treatment.

RESPONSE:

Denver C.A.R.E.S. provided regular quarterly reports to the City.

The following summarizes the activities of all programs at Denver C.A.R.E.S. contributing to Denver's Road Home during 2015:

RETURN

RETURN, a 25-bed transitional residential treatment program for men and women located at Denver C.A.R.E.S., has been providing substance abuse treatment and case management to homeless clients since November 2005.

2016 4th Quarter Outcomes

135 clients (106 unique clients) have received services since the beginning of 2016

- 24 were enrolled in the program at the end of the 4th quarter 2016.
- 41 successfully completed the program and moved into stable housing situations.
- 3 successfully completed the program and moved into a temporary housing situation.
- 14 successfully completed the program, but their destination is unknown.
- 53 were either non-compliant and/or refused treatment and left the program.

Cumulative Outcomes

818 clients (664 unique clients) have received services since the inception of the program.

- 24 were enrolled in the program at the end of the 4th quarter 2016.

- 302 successfully completed the program and moved into stable housing situations.
- 43 successfully completed the program and moved into temporary housing situations.
- 57 successfully completed the program, but their destination is unknown.
- 44 transferred to another facility for further treatment.
- 2 complied to be incarcerated.
- 346 refused treatment and left the program.

Justice TRT

Justice TRT is a 15 bed transitional residential treatment program located at Denver C.A.R.E.S. and has been in operation since September 2015. It is a treatment and case management program provided by Denver C.A.R.E.S. Clients are referred to Denver C.A.R.E.S. from Recovery Court, Court to Community and Sobriety Court.

2016 4th Quarter Outcomes

73 clients (64 unique clients) have received services since the start of 2016.

- 7 were enrolled in the program at the end of the 4th quarter 2016.
- 15 successfully completed the program and moved into stable housing situations.
- 3 successfully completed the program and moved into a temporary housing situation.
- 1 successfully completed the program, but their destination is unknown.
- 47 were either non-compliant and/or refused treatment and left the program.

Cumulative Outcomes

92 clients (81 unique clients) have received services since the inception of the program.

- 7 were enrolled in the program at the end of the 4th quarter 2016.
- 17 successfully completed the program and moved into stable housing situations.
- 5 successfully completed the program and moved into a temporary housing situation.
- 1 successfully completed the program, but their destination is unknown.
- 62 were either non-compliant and/or refused treatment and left the program.

CHaRTS

C.H.a.R.T.S. is a treatment and case management program provided by Denver C.A.R.E.S. in collaboration with the Colorado Coalition for the Homeless (CCH). Homeless clients identified as frequent users of Denver C.A.R.E.S. detox are eligible for this program and may be enrolled for up to two years, during which time they move within a continuum of care including intensive case management, mental health treatment, residential treatment and transitional housing. Case management, mental health treatment and residential treatment services are provided by Denver C.A.R.E.S. and the transitional housing vouchers are managed by CCH. The biggest hurdle for success continues to be access to affordable housing in the city of Denver.

2016 4th Quarter Outcomes

71 clients (63 unique clients) have received services since the beginning of 2016.

- 21 were enrolled in the program at the end of the 4th quarter 2016 (13 in permanent housing; 1 in transitional housing; 7 in Charts TRT)
- 19 successfully completed the Charts program and moved into stable housing
- 31 refused and/or discharged from CHARTS program services due to choice preferences and/or non-compliance

Cumulative Outcomes

290 clients (260 unique clients) have received services since the inception of the program.

- 21 were enrolled in the program at the end of the 4th quarter 2016 (13 in permanent housing; 1 in transitional housing; 7 in Charts TRT)
- 97 successfully completed the program and moved into stable housing situations.
- 1 complied with incarceration after successfully participating in Charts for nearly 14 months.
- 9 transferred to another facility for further treatment.
- 6 deceased
- 156 refused and/or discharged from CHARTS program services.

Appendix A-5

1.5 Performance Criteria

A. On the average, 60% of the methadone clients will have "clean" urine tests.

RESPONSE:

In 2016, 45% of methadone urine screens were negative for illicit substances including alcohol.
(Data obtained from OBH OMAT Monthly Reports average positive UDS divided by average patient census_2016 reports)

In 2016, 96.5% of outpatient clients reported a reduction of use at discharge.
(Data obtained from Signal BEACON Reports: Reduction in Use, Outpatient timeframe 1/1/2016 – 12/31/2016).

B. Comprehensive assessments and evaluations will be performed on 95% of patients, on a same day walk-in basis. This totals approximately 800 evaluations per year.

RESPONSE:

OBHS evaluated 713 patients. 100% of methadone patients were evaluated on the same day. 95.7% of patients admitted to outpatient were evaluated with 7-business days.
(Data obtained from Signal BEACON Reports: Admission Records and Access to Services timeframe 1/1/2016 – 12/31/2016)

C. Ninety percent of infants delivered by women in treatment as part of the Special Connections program will be free of any illicit substances. Twenty Special Connections women will be in treatment in this Fiscal Year.

RESPONSE:

The total number of pregnant women enrolled in Outpatient Behavioral Health Services substance treatment services was 65 in 2016. There were 39 reported births during this time period. Of those 20 births, 13 of them, or 51% were negative for illicit substances. In 2016, OBHS admitted 53% more pregnant women than our target.
(Data obtained from Signal BEACON Reports: Priority Populations timeframe 1/1/2016 – 12/31/2016 compared to 1/1/2015 – 12/31/2015 & internal tracking of WFS births within WFS Program)

D. Eighty percent of clients admitted to HIV Intervention Services will realize continued medical care as well as a reduction in use of either alcohol or illicit drugs. Approximately 50 to 60 clients will be admitted in this Fiscal Year.

RESPONSE:

OBHS admitted 15 HIV + individuals. 33% (5 of the 15 admissions) have a decrease in substance use post admission. All patients are supported within the Denver Health system to ensure appropriate medical, life functioning and psychiatric care is provided in addition to their substance abuse program.
(Data obtain through cross-reference Signal BEACON Admissions to DH Data Warehouse MRN to HIV + status. UDS results pulled from Redwood Toxicology)

E. The Authority will see one hundred percent of pregnant women and women with dependent children who meet eligibility criteria for Special Women's and Family Services.

RESPONSE:

One hundred percent of pregnant women and women with dependent children who met eligibility criteria for Women and Family Services (WFS) were seen. 150 women with dependent children were admitted into WFS programs in 2016. Access to PAP smears, mammograms, and immunizations were made available and encouraged to 100% of the patient population.
(Data obtained from Signal BEACON Reports: Priority Populations timeframe 1/1/2016 – 12/31/2016)

Appendix A-6

1.6 Performance Criteria and Reports

A. The CCMF is a Denver Health patient care facility and as such will comply with Joint Commission on Accreditation of Healthcare Organizations regulations and review.

RESPONSE:

The Correctional Care Medical Facility (CCMF) continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 20 beds (including 1 dedicated psychiatric observation room), five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated 6 room outpatient area are some of the key features of this facility. It is expandable to more than 28 beds if the need arises. During 2016, the CCMF unit provided care and DSD services for 950 discharges (Denver 679), 4112 total hospital days for all jurisdictions and 2980 for Denver; the average length of inpatient stay was 4.29 days for all jurisdictions and 4.39 for Denver. There were also 3983 specialty outpatient visits provided to various jurisdictions through the CCMF outpatient clinic and 1100 to Denver patients. The Emergency Department saw 4141 Denver Jail patients in 2016. CCMF is compliant with Joint Commission regulations.

B. The Authority will continue to provide the City with mutually agreed to standardized UM reports each month. In addition, the following information shall be provided to the Undersheriff or his/her designee:

(i) a daily census report for all inpatients at CCMF or DHMC;

(ii) within 60 days, monthly patient data including the patient name, medical record number, total length of stay, admit and discharge dates, DHHA charges, City Cost, patient DOB, split billing information.;

(iii) within 60 days, monthly reports including ambulance, facility and physician billing;

(iv) within 60 days monthly third party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, , name of third party payor, credits/debits to City; and,

(v) within 60 days, a monthly A-6 report and B-5 report as agreed upon by the City and DHHA.

RESPONSE:

During 2016, all of the above listed reports have been submitted to the Denver Sheriff's Department. A daily census provided. Reports on special projects are also included in the UM reports such as Specialty Clinic Utilization Report and Physician Billing.

C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.

RESPONSE:

During 2016, Denver Health continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the Denver Sheriff's Department and Denver Health.

D. If any third party payment is denied or reduced to less than full payment, the Authority shall provide detailed documentation of such (including the stated reason and any available appeal procedures) to the City within 15 days. The Authority shall timely take such action as is necessary and reasonable to challenge or appeal the denial or reduced payment, where warranted under the law and the rules of ethics as long as the City pays all necessary, reasonable and preauthorized (in writing) associated fees and expenses and the City's written preauthorization is received within three days of the Undersheriff's or his designee's receipt of written notice from the Authority of the denial or reduction. However, the City shall not pay for the processing and re-submission of third party claims that can be accomplished by Authority staff.

RESPONSE:

The Denver Sheriff's Department is notified monthly of all denials related to third-party payments. Where there are concerns; these concerns are resolved in accordance to the language outlined above.

Appendix A-8

1.3 Performance Criteria

A. The Health Plan will meet all performance standards defined by the City for other health plans offered to employees.

RESPONSE:

Two of the 11 performance standards were retired by HEDIS and therefore were not measured. The Plan met 7 of the remaining 9 standards.

From the 9 CAHPS scores, also reported in Section B, 9 CAHPS scores, Five (5) of the best seven (7) survey questions out of nine (9) performed above the national Quality Compass mean. Two (2) of the best (7) that were below the Quality Compass mean.

HEDIS Quality Score and Member Satisfaction Performance Standards

HEDIS Quality Score (Effectiveness of Care)

B. DHMP will maintain a score on the following 11 HEDIS* categories that is greater or equal to the national HMO published averages at the 50th percentile or a 3% increase compared to the previous year.

- Breast Cancer Screenings
- Adult BMI Assessment
- Childhood Immunization Status – Combo 2
- Childhood Immunization Status – Combo 3
- Comprehensive Diabetes Care:HbA1c less than 8
- Comprehensive Diabetes Care (2 measures on blood pressure: <140/90)
- Controlling High Blood Pressure
- Appropriate treatment of Children with URI
- Appropriate Testing of Pharyngitis

* DHMP will report on those measures that have a statistically significant sample size of >30. DHMP agrees to provide the City and County of Denver with all of the above HEDIS results. Failure of DHMP to meet or better the National HMO published averages at the 50th percentile or a 3% increase compared to the previous year on the best 10 out of the 11 indicators will result in a credit to the of 0.0625% per for the quarter reported.

	Effectiveness of Care Measures	HEDIS 2015	HEDIS 2016	HEDIS Percentile	≥ 50th Percentile or 3% ↑ over the past year
1.	Breast Cancer Screening (BCS)	67.76%	65.81%	10th	Did not meet performance threshold
2.	Adult BMI Assessment (ABA)	78.38%	97.08%	95th	≥ 50th%
3.	Childhood Immunization Status – Combo 2 (CIS)	82.44%	88.41%	90th	≥ 50th%
4.	Childhood Immunization Status – Combo 3 (CIS)	81.68%	88.41%	95th	≥ 50th%
5.	Comprehensive Diabetes Care – LDL < 100 (CDC)	Measure Retired	Measure Retired	N/A	Measure retired in 2015
6.	Comprehensive Diabetes Care – HbA1c <8 (CDC)	57.19%	47.73%	10th	Did not meet performance threshold
7.	Comprehensive Diabetes Care – BP <140/80 (CDC)	Measure Retired	Measure Retired	N/A	Measure retired in 2015
8.	Comprehensive Diabetes Care – BP <140/90 (CDC)	74.92%	75.53%	75th	≥ 50th%
9.	Controlling High Blood Pressure (CBP)	66.18%	62.53%	50th	≥ 50th%
10.	Appropriate Treatment of Children with URI (URI)	92.68%	95.42%	90th	≥ 50th%
11.	Appropriate Testing of Pharyngitis (CWP)	84.72%	88.54%	50th	≥ 50th%

RESPONSE: Analysis of 2015 HEDIS results:

DHMP improvement was overall satisfactory for performance standards for health benefits when compared to the 50th percentile benchmark. Out of the 11 measures CSA chose, 2 have been retired since 2015 and DHMP met performance standards on 7 of the remaining 9 measures. For the 2 measures that were retired (CDC measures BP <140/80 and LDL < 100), DHMP and the City will need to discuss replacements for next year's report that meets the requirements for the City.

For the 2 measures that did not meet the performance standard of 50th percentile or a 3% increase-

The **Breast Cancer Screening** measure (BCS) dropped from 67.76% to 65.81%, a total decrease of 1.95%. Currently, the BCS measure is at the 10th percentile and

will require a 2.55% increase to reach the 25th percentile or a 7.21% increase to reach the 50th percentile. The BCS measure will continue to be an effort for improvement for QI and the Medical Plan. The QI department follows HEDIS specifications as to who should be getting a mammogram and how often. Lists of eligible people will be generated on a monthly basis utilizing the BI portal and will be based on claims data. All eligible members who are need of a mammogram will continue to be sent a mailer reminding them to schedule an appointment. In addition, members have the option to utilize the Denver Health Women's Mobile Clinic. The Women's Mobile Clinic provides a private, comfortable and convenient setting to receive a mammogram. The BCS reminder members receive includes a calendar summary of the Mobile Clinic schedule.

The **Comprehensive Diabetes Care – HbA1c <8** (CDC) measure dropped from 57.19% in 2015 to 47.73% in 2016. Currently, this particular CDC measure is at the 10th percentile and will require a 3.61% increase to reach the 25th percentile and a 6.83% increase to reach the 50th percentile. QI will continue to participate in the Diabetes Collaborative Workgroup with the hospital and explore ways to improve diabetes care for our members, including controlling blood sugar, kidney disease monitoring, and eye exams.

Member Satisfaction Performance Standard

The 5.0 version of the CAHPS Health Plan Survey has been in use since 2013. DHMP conducts the CAHPS Adult Survey 5.0H annually.

Member Satisfaction:

CAHPS Questions	2014 CAHPS	2015 CAHPS	2016 CAHPS	2016 NCQA Quality Compass Mean	
Satisfaction with the Health Plan					
Overall Rating of Health Plan Report score of 8, 9, 10 category	62.4%	61.3%	61.4%	64.1%	2.7% below mean
Flu shot (ages 18-64) Report yes responses	85.3%	84.1%	85.2%	48.4%	36.8% above mean
Getting Needed Care					
Overall Rating of Health Care	68.0%	72.9%	68.6%	77.4%	8.8% below

CAHPS Questions	2014 CAHPS	2015 CAHPS	2016 CAHPS	2016 NCQA Quality Compass Mean	
Report score of 8, 9, 10 category					mean
Easy to get appointment with specialist Report score of always/usually	61.2%	67.1%	59.7%	83.7%	24% below mean
Easy to get care, tests, or treatment believed necessary Report score of always/usually	73.1%	77.8%	78.6%	89.0%	10.4% below mean
How Well Doctors Communicate					
Explain things in a way you could understand Report score of always/usually	96.1%	96.5%	97.2%	96.1%	1.1% above mean
Listen carefully to you Report score of always/usually	90.6%	94.6%	96.8%	94.8%	2.0% above mean
Show respect for what you had to say Report score of always/usually	93.8%	96.1%	98.8%	96.1%	2.7% above mean
Spend enough time with you Report score of always/usually	88.6%	91.4%	95.2%	93.0%	2.2% above mean

In the event that DHMP falls below the NCQA Quality Compass Mean on any of the above on the best seven (7) survey questions out of nine (9), a credit to the quarterly premiums of 0.0625%% per question or 0.4375% total for Member Satisfaction Performance Standard, for the quarter reported will be made.

RESPONSE: Analysis and Plan:

Five (5) of the best seven (7) survey questions out of nine (9) performed above the national Quality Compass mean. We will credit the 3rd quarter premium for the two (2) of the best (7) that were below the Quality Compass mean.

DHMP has made significant improvement in member experience compared to last year, when only two (2) survey questions scored above the national Quality Compass mean. These improvements are likely the result of ongoing efforts to improve access and quality of care, including the opening of a new clinic in southwest Denver; expanded hours at clinic locations, including Saturday hours; and partnerships with Ambulatory Care Services (ACS) to address quality measures.

To facilitate ongoing improvements, results of CAHPS surveys are reviewed and discussed annually with the DHMP Quality Management Committee, DHMP operational leadership, ACS and DHHA Executive Staff and the DHMP Board of Directors. The QI team completes a comprehensive Open Shopper Study annually and actively follows through on recommendations to improve access, accuracy of member materials, and customer service. DHMP QI partnerships with ACS will continue to facilitate improved access and member experience.

The Denver Health Patient Experience Workgroup combines collaboration goals and interventions to improve the patient experience in the ACS clinics. The DHMP QI team actively participates in this workgroup, to improve customer service and enhance provider and clinic communication. An organization-wide Studer initiative across all of Denver Health involves a concerted effort to improve patient experience.

Health plan customer service is a DHMP strategic pillar initiative, with increased focus for the coming year. A customer service workgroup has been formed to evaluate ways to better assist members contacting the health plan by phone. These efforts include asking callers at the end of each call whether they received the help or information needed and one-call resolution of member needs. DHMP monitors complaints related to access and availability to identify and address any nascent issues. The DHMP Member Services department is available to assist members with obtaining an appointment.

In the event that DHMP falls below the NCQA Quality Compass Mean on any of the above on the best seven (7) survey questions out of 9, a credit to the quarterly premiums of 0.01% per question, for the quarter reported will be made.

RESPONSE: Analysis of 2015 CAHPS Results

From the above 9 CAHPS scores, two (2) questions were above the Quality Compass mean and seven (7) were below the Quality Compass Mean. One question is no longer reported as a NCQA CAHPS measure, but rather as a rate. We will credit the 3rd quarter premium for 0.01% for the seven questions noted.

The results of the CAHPS surveys have been reviewed and discussed with the DHMP Quality Management Committee, DHMP operational leadership, ACS and DHHA Executive Staff and the DHMP Board of Directors. The QI team completed a comprehensive Open Shopper Study this year and is actively following up on the recommendations. We actively partner with Ambulatory Care Services (ACS) to facilitate expansion of clinic hours and evaluate ways to increase access to care and availability. A new clinic will be opening in southwest Denver in April, 2016 with expanded hours and weekend access. Productivity is an

ongoing focus for the clinics, with pilots looking at four day work weeks to support expanded hours.

The Patient Experience Group combines collaboration goals and interventions to improve the consumer experience in the ACS clinics. The Quality Improvement Director from DHMP is an active participant in that group, working to improve customer service and enhance provider and clinic communication. An organization wide Studer initiative for the past year across all areas of Denver Health involves a concerted effort to improve patient experience.

We monitor complaints related to access and availability to identify trends to be addressed. The DHMP Member Services and Care Support departments are available to assist members with obtaining an appointment.

C. The membership disenrollment rate will not exceed 10% in any given year.

RESPONSE:

The membership disenrollment rate for 2015 was 0%.
Our membership increased by 1.3%.

Appendix A-9

1.4 Performance Criteria

A. Telephone lines will be answered within six rings. The Poison Center will answer phones 24 hours a day, 365 days a year.

RESPONSE:

Telephone lines were answered within four rings. The Poison Center provides information to health care professionals and the public 24 hours a day, 365 days a year.

B. Physicians will respond to complicated, difficult or unusual cases within 10 minutes of page.

RESPONSE:

Physicians responded to complicated, difficult or unusual cases within 10 minutes of being paged in 99.9% of cases.

C. The Center will maintain certification by the American Association of Poison Control Centers.

RESPONSE:

The Rocky Mountain Poison Center was re-certified in 2012 by the American Association of Poison Control Centers. The current certification is effective through 2017.

D. The Center will provide public education in the Denver Metro Area.

RESPONSE:

In 2016, the Rocky Mountain Poison Center distributed 12,069 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area.

E. The Rocky Mountain Drug Consultation Center will answer telephone calls within six rings during working hours 8:00 a.m. to 4:30 p.m., Mountain Time.

RESPONSE:

The Rocky Mountain Drug Consultation Center answers telephone calls

within three rings and is staffed 24 hours per day, seven days per week, 365 days per year.

F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous fiscal year:

Number of calls from Denver County and total State calls for:

Poison Center
Drug Consultation Center

Total Calls	**Denver 2012**	**State 2012**	**Denver 2013**	**State 2013**	**Denver 2014**	**State 2014**	**Denver 2015**	**State 2015**	**Denver 2016**	**State 2016**
Poison Center	15,863 [2]	100,214 [2]	14,207 [2]	91,196 [2]	14,195 [2]	87,804 [2]	10,676 [2]	88,188 [2]	10,488 [2]	77,550 [2]
Drug Consultation Center	481	73,292 [**1]	278	127,845 [**1]	351	106,762 [**1]	170	68,244 [**1]	35 [3]	82,522 [**1]

**Combines Denver County, state and out-of-state calls and electronic responses

[1] Client base changes annually, since 2009

[2] Includes poison center calls and public health emergency service calls (COHELP)

[3] These calls are often handled by Denver Health's NurseLine

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for the Rocky Mountain Poison and Drug Consultation Center by the 45th day after the end of the reporting period.

2016 Denver Health RMPDC A-9 Services

Providing Drug Consultation Services for the City and County of Denver

Drug Consultation Center Program (A-9 Program)	1Q2016	2Q2016	3Q2016	4Q2016	2016 Total
Denver Drug Consultation Line Case Volume	10	12	9	4	35
All Other Drug Center Client Case Volume	20,092	20,616	21,882	19,932	82,522
Total Program Cases	***20,102***	***20,628***	***21,891***	***19,936***	***82,557***

Other RMPDC Services Benefitting Denver Residents					
Poison Center Cases from Denver county (answering calls 24/7/365 within 6 rings**)*	1,272	1,002	1,201	1,166	4,641
Poison Center Cases from All Others (only Colorado calls)*	11,762	11,212	11,798	9,471	44,243
Poison Center Public Education Pieces (English or Spanish) Distributed to Denver County*	5,262	1,898	3,302	1,607	12,069
**Poison Center is certified by American Association of Poison Control Centers thru 2017*					
***Poison Center physician escalations occur within10 minutes*					

A-9 Program Contact Center Full-Time Equivalents					
Hours of Operation Per Quarter - Answering Calls 24/7/365	2,190	2,190	2,190	2,190	8,760
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	1.2

A-9 Program Expenses					
Actual Average Quarterly Drug Center Staff Salary Cost Plus Benefits	$ 34,980.40	$ 34,980.40	$ 34,980.40	$ 35,016.80	$ 139,958.00
Staff Cost Based on Hours of Operation & Staffing Coverage	$ 10,476.90	$ 10,476.90	$ 10,476.90	$ 10,487.80	$ 41,918.49
Telephone Line Cost (for 303-389-1112)	$ 195.00	$ 195.00	$ 195.00	$ 195.00	$ 780.00
DrugDex Software License	$ 800.00	$ 800.00	$ 800.00	$ 800.00	$ 3,200.00
Total Drug Consultation Program Cost	**$ 46,452.30**	**$ 46,452.30**	**$ 46,452.30**	**$ 46,499.60**	**$ 185,856.49**
Collected Revenue Per the City Operating Agreement	**$ 24,225.00**	**$ 24,225.00**	**$ 24,225.00**	**$ 24,225.00**	**$ 96,900.00**
Variance (Discounted Amount)	***$ (22,227.30)***	***$ (22,227.30)***	***$ (22,227.30)***	***$ (22,274.60)***	***$ (88,956.49)***
% Variance (Discount)	**48%**	**48%**	**48%**	**48%**	**48%**

Common Requests on Denver Drug Consutation Line

Abuse Deterrent Centers
AA Meeting Locations
Drug Interactions
Drugs Taking While Breastfeeding
How Long Drugs Remain in System

Appendix A-10

1.4 Performance Criteria

A. Laboratory test Turn Around Time (TAT). The TAT for laboratory testing will be calculated from the date and time that a specimen is received in the Authority's Department of Pathology and Laboratory Services (DPLS).

1. The Office of Medical Examiner shall deliver specimens to DPLS.

2. Chemistry, Hematology, Blood Banking, and Special Chemistry test results shall be available within four (4) business days following receipt by DPLS.

RESPONSE:

Turnaround times were met with 24 to 72 hour completion of all assays ordered and performed in 2016.

3. Routine Microbiology culture results (excluding cultures for fungi or mycobacteria) shall be completed within five (5) business days following receipt by DPLS.

RESPONSE:

Turnaround times were met with a completion of all routine microbiology cultures in 5 days or less.

4. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.

RESPONSE:

Turnaround times were met for all routine histology slides being available within 5 days or less.

5. Molecular Diagnostics test results performed in-house by DPLS shall be available within five (5) business days following specimen receipt by DPLS.

RESPONSE:

Turnaround times were met with all in house Molecular Diagnostics tests being resulted within 5 days or less.

6. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.

RESPONSE:

There were zero incidents in which DPLS was notified of time-sensitive testing requirements.

7. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.

RESPONSE:

There were no incidents in which DPLS needed to be notified of any situations where TATs could not be met.

B. All concerns or complaints regarding laboratory services shall be directed to the Director of Pathology and Laboratory Services.

RESPONSE:

There were no incidents of concerns or complaints where the Director of Pathology and Laboratory Services was notified by the office of the Medical Examiner in 2016.

C. The laboratory code of ethical behavior ensures that all testing performed by the laboratory are billed only for services provided. All marketing and billing is performed in accordance with community standards; all billing is for usual and customary services. All business, financial, professional, and teaching aspects of the laboratory are governed by standards and professional ethics.

RESPONSE:

There were no incidents of concerns or complaints with billing where the Director of Pathology and Laboratory Services was notified in 2016.

Appendix B-1

1.5 Performance Criteria

A. The Authority will maintain a referral system that tries to accommodate the scheduling of an appointment within a thirty-day time frame. The Authority consultant and Human Services' administrator will try to maintain the capacity, within the monthly schedule, to provide evaluations for urgent client situations within two weeks of referral. If the Authority cannot accommodate these time frames, the Authority shall promptly decline the particular case and the City will seek another provider.

RESPONSE:

The Authority was able to schedule appointments within 30 days. Urgent appointments within two weeks were available.

B. A verbal report will be made available to Human Services upon request by worker or attorney on each comprehensive psychiatric or psychological evaluation within 72 hours of the evaluation.

RESPONSE:

Verbal reports were available within 72 hours of completed evaluation.

C. The Authority agrees to submit a typed report of the evaluations and diagnoses within two weeks of the referred client's actual evaluation. The Authority will provide an initial progress report and treatment plan to the caseworker within 1 month of intake and subsequent progress reports every two months or prior to court hearings, which include at a minimum; dates of attendance, dates absent, a statement of the level of participation and progress by the client, any child safety issues, client's understanding of concepts and recommendations for treatment. Providers working closely with families involved in the child welfare system are expected to be capable of discussing parental capacity to adequately and safely care for and meet the needs of the child based on their interaction and assessment of parent. It is expected that anyone providing these services will be able to testify in Court if necessary.

RESPONSE:

The Authority completed written reports for court-ordered evaluations within two weeks. For patients referred for treatment,

Authority staff provided progress reports and treatment plans within the time frames specified as requested. Authority staff were able to testify as needed.

D. The Authority will provide expert testimony at the request of the District Attorney or the City Attorney and Human Services. This includes the expectation that the experts will cooperate with the legal staff of the District Attorney's office and the City Attorney's office and will make themselves available to discuss testimony and to prepare for trial or other contested hearings. The expert will also need to testify in trials, termination hearings, or other contested matters. The expert will accept subpoenas from the City Attorneys' office by fax and will sign waivers of personal service as needed.

RESPONSE:

Authority professional staff provided expert testimony to the court as needed.

E. To the extent information is available; the Department of Human Services shall transmit the information concerning the consultation or evaluation to the Authority two weeks prior to the clinic visit. The Department of Human Services case workers shall transport or accompany the patient to the appointment for psycho-diagnostic testing or shall meet the patient at the psycho-diagnostic testing site to reduce the risk that the client will miss the appointment.

RESPONSE:

DDHS caseworkers either attended appointments for psycho-diagnostic testing with their clients or provided case notes two weeks prior to the appointment for the providers to review.

F. If the Authority has a Medicaid contract, the Authority will refer or facilitate a referral to Medicaid for payment if the family or client is Medicaid eligible and services appear to address treatment issues that meet Medicaid eligibility.

RESPONSE:

The Authority requested payment from Medicaid for Medicaid-eligible clients or referred these clients to other Medicaid providers.

G. The Authority will agree to respond to referrals within 24 hours of the phone call on week days by the caseworker.

RESPONSE:

The Authority staff coordinating services was available to caseworker requests within 24 hours.

Appendix B-2

1.4 Performance Criteria

A. Examination of Children in Residential Placement.

(i) All children in residence at the FCC will be examined at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect. The medical staff will also provide episodic care for these children as needed. The Authority will track number of youth seen for admission physicals, illness or injuries, discharge exams, consults.

RESPONSE:

- DDHS announced in March 2016 the planned closing of the FCC Residential Program effective July 1, 2016 and immediately there was a plan initiated to move the residents out of the facility as well as no further new placements in the facility – the last residents were moved from the facility in May 2016.
- 26 children were examined upon admission (admission physicals) for residence in the FCC (January – March 2016).
- 48 physician/physician assistant/nurse practitioner examinations for illness or injury were performed on children admitted for shelter or residential treatment at the FCC (January –April 2016).
- 36 discharge exams were done (January –May 2016).

(ii) All children placed in out of home care by DDHS for abuse and neglect will be examined as soon as possible at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect. The Authority will track the number of examinations done of children for entry into out of home placement.

RESPONSE:

- 389 children were examined at the FCC for entry into out-of-home placement by DDHS.

(iii) Emergency, after hours assessments will be performed as needed by the physicians at the Denver Emergency Center for Children or Emergency Department 24 hours/day, 7 days/week. The Authority will track the number of assessments done of FCC youth through the Denver Emergency Center for Children or Emergency Department.

RESPONSE:

This is done on a regular basis. Whenever a child becomes ill or injured at the Family Crisis Center (FCC) or a child goes into or out of another home placement and immediate medical concerns are identified and the regular medical team is not available (after hours or weekends), assistance is provided through Denver Health's NurseLine, and if needed, the child is seen at the Denver Health Emergency Center for Children (DECC).

B. Child Abuse and Neglect Consultation

(i) Results of all medical assessments of possible abuse/neglect will be communicated to the referring social worker from Human Services at the completion of the exam in order that decisions about protective action may be made in a timely manner.

RESPONSE:

The medical providers at the Denver Health Clinic at the Family Crisis Center (FCC) see children and youth at the FCC for evaluation of physical abuse, sexual abuse and neglect. Additionally, they see children and youth at the Denver Children's Advocacy Center's medical clinic for sexual abuse. They also regularly provide consultation support for Denver Health's Emergency Center for Children (DECC), the Denver Health Pediatric inpatient unit, and the Denver Health Community Health clinics in addition to the Denver Department of Human Services and the Denver Police Department.

- 1130 total outpatient examinations were performed at the FCC/DCAC
  - Sexual abuse – 98
  - Physical abuse - 686
  - Neglect – 346
- The FCC physicians also take Child Protection Team call with Children's Hospital Colorado's Child Protection Team so that a child abuse expert is available after hours (24 hours a day, 7 days a week) to cover child abuse consultations – 23 hospital consultations were performed by the FCC physicians in 2016. Additionally, child abuse medical experts (including FCC physicians) from the Child Protection Team provide 24/7/365 coverage for child abuse and neglect concerns for Denver Department of Human Services and other MDT partners as needed.

(ii) Results of all medical assessments of possible abuse/neglect will be communicated to the referring social worker from Human Services at the completion of the exam in order that decisions about protective action may be made in a timely manner.

RESPONSE:

This information is communicated at the end of the assessment to the Denver Department of Human Services case worker and law enforcement officer, if involved. In this way, the Denver Department of Human Services case worker is able to get all needed information from the medical staff in a timely manner.

(iii) Every effort shall be made by the Authority and DDHS administration to resolve disagreements arising between medical staff assigned under this contract and Human Services' staff regarding the need for an individual medical assessment at the earliest time available after the disagreement has been identified by either party.

RESPONSE:

The Denver Health Clinic at the FCC Medical Director/Team Lead and DDHS Child Welfare Administrator regularly meet on a bi-weekly basis (and at other times as indicated) to discuss any issues that arise. There is clear understanding on both parties' part that disagreements will be addressed in a timely manner.

(iv) Larger systems issues will be addressed at the monthly meeting of the FCC management interdepartmental team, which has representatives from the Authority, DHS, law enforcement, and the DA's office.

RESPONSE:

Over the past year, the multidisciplinary team members have formalized their collaborative work into the CARIT (Child Abuse Response Improvement Team) which includes membership from Denver Health (Denver Health Clinic at the FCC Medical Director/Team Lead), DDHS, the Denver County Attorney's Office, Denver District Attorney's Office, Denver Police Department, Denver Public Schools, and DCAC. This Team meets bi-weekly and discusses overall systems issues related to child maltreatment services in Denver.

C. Health Passport

(i) The Authority will track the creation, completion, updates and closures to health passports.

RESPONSE:

The FCC Medical Team manages health passports on children and youth in DDHS custody. This program has been limited by staffing changes including the vacancy of the Passport Coordinator position in September 2016 that was unable to be filled due to budget constraints.

- Passports requested by DDHS – 1017
- New passports completed or closed – 722 (percentage complete = 70.9%)
- Passports closed – 332 (by DDHS)

D. Court Testimony

Medical staff assigned under this contract will provide expert court testimony at the request of the District Attorney, City Attorney or Department of Human Services in regard to children evaluated by the medical staff. This includes the expectation that the experts will make themselves available to the legal staff of the District Attorney's office and the City Attorney's office to discuss testimony and to prepare for trial or other contested hearings. The expert will also need to testify in trials, termination hearings or other contested matters. The expert will accept subpoenas from the City Attorneys by fax and will sign waivers of personal services as needed.

RESPONSE:

Expert court consultation and testimony was provided by pediatric consultants as requested by the District Attorney and Human Services City Attorney's Office. The Family Crisis Center medical physicians provided consultation and expertise to attorneys on many criminal and civil cases and actually testified on 4 occasions during 2016, while the nurse practitioner testified 2 times.

Appendix B-4

1.5 **Reporting**

A. Annual Report: The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years relating to the services provided to the City under this Appendix B-4. The report shall include, but not be limited to, the following items for City employees:

Workers' Compensation Encounters:

- Initial visits;
- Follow-up visits;
- Emergency room visits;
- Number of referrals;
- Average time from initial treatment to maximum medical improvement

Center for Occupational Safety & Health	2014	2015	2016
Workers' Compensation Encounters	5,349 (total visits) 3,285 (City only)	5,119 (total visits) 3,289 (City only)	5,663 (total visits) 3,044 (City only)
Initial Visits (new workers' comp cases)	1,055 (total visits) 543 (City only)	955 (total visits) 553 (City only)	814 (total visits) 484 (City only)
Follow-up Visits (workers' comp)	4,211 (total visits) 2,742 (City only)	4,164 (total visits) 2,736 (City only)	4,849(total visits) 2,560 (City only)
Emergency Room Visits (CSA only)	165	218	144
Referrals	1,117	927	796

Time, in days, from initial treatment to Maximum Medical Improvement (MMI) Per Body Part:

- **Ankle:**
  - **Average: 49**
  - **Median: 43**
- **Arm:**
  - **Average: 51**
  - **Median: 28**
- **Back:**
  - **Average: 61**
  - **Median: 40**
- **Chest:**
  - **Average: 19**
  - **Median: 19**

- **Elbow:**
  - **Average: 61**
  - **Median: 71**
- **Eye:**
  - **Average: 3**
  - **Median: 3**
- **Finger:**
  - **Average: 35**
  - **Median: 18**
- **Foot:**
  - **Average: 8**
  - **Median: 3**
- **Hand:**
  - **Average: 27**
  - **Median: 10**
- **Head:**
  - **Average: 21**
  - **Median: 17**
- **Knee:**
  - **Average: 55**
  - **Median: 41**
- **Leg:**
  - **Average: 80**
  - **Median: 38**
- **Multiple:**
  - **Average: 95**
  - **Median: 54**
- **Neck:**
  - **Average: 34**
  - **Median: 34**
- **Shoulder:**
  - **Average: 49**
  - **Median: 29**
- **Wrist:**
  - **Average: 43**
  - **Median: 38**

Total MMI averaged days = 49
***Any MMI over 300 days has been removed from data.**

Non-Workers' Compensation Encounters:

- By Agency or Department as identified in Schedule B-4 on page B-4-12;
- Other services as requesting in the prior contract year.

Center for Occupational Safety and Health

NON WORKERS COMPENSATION ENCOUNTERS BY DEPARTMENT - 2016

Agency	Total Encounters
Animal Control	1
Art Museum	49
Arts And Venues	53
Civil Service Commission	55
City & County of Denver Court	2
Department of Safety	136
Denver International Airport	2
District Attorney's Office	2
Fire Department	194
General Services	30
Human Services	9
Marshal Division	5
Parks and Recreation	799
Police Department	193
Public Library	65
Public Works	558
Sheriff's Department	411
Social Services	2
TOTAL	2,566

All department statistics are gathered from actual bills submitted to the City
Exclusions: Does not include no-charge visits and write-offs.

B. Performance Criteria Review: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct a performance criteria review of the services provided by a consultant specialist as indicated in his/her file for each City employee for whom the physician has an open file based on an COSH referral. The COSH shall provide the completed reviews, including all raw data, to the Risk Management office quarterly at the end of the quarter in which the review was performed.
In addition, the Authority and City will jointly identify and expand the performance statistics measured and provided by the clinic for work related injuries to identify areas of improvement.

C. Other Requested Reports: COSH shall provide such other reports as requested by Risk Management office to quantify services and workloads, evaluate performance, and identify achievement of best practices.

Appendix B-5

1.7 Reporting Requirements

The Authority shall continue to provide the following reports unless modified by mutual agreement of the parties in the Utilization Management process.

A. Reports and meetings as required by the National Commission on Correctional Health Care and the American Correctional Association and to meet PREA standards;

RESPONSE:
See response D below.

B. Sheriff's Department Monthly Statistical Report on Medical Activities;

RESPONSE:
See response D below.

C. Any meetings as deemed necessary by the Jail Administrator or the Health and Hospital Authority.

RESPONSE:
See response D below.

D. Schedule C of health care personnel and specific jail assignments of specific days upon request by the Jail Administrator.

RESPONSE:

All of the above reports, meetings, schedules and statistics, were available and/or provided to a variety of stakeholders during 2016. Examples of these reports are monthly and yearly trended statistics for Inmate Health Services at the Downtown Detention Facility and the Denver County Jail; nursing; physician and mental health provider schedules; documentation of compliance with standards for the National Commission On Correctional Healthcare and American Correctional Association and Quality Improvement Committee meetings. Additional reports have also been provided to the Denver Sheriff's Department throughout 2016, including monthly reports of Denver Health and Hospital Authority hospital charges, itemized bills for third party billing, utilization management reports and various special data requests.

Appendix B-11

1.2 SANE

A. In accordance with State statute C.R.S. 18-3-407.5 which requires that the law enforcement agency referring a victim of sexual assault or requesting an examination of a victim of sexual assault pay for any direct cost associated with the collection of forensic evidence from such victims, the City hereby agrees to reimburse the Authority for the costs associated with the collection of forensic evidence of sexual assault victims, including photography services for cases of domestic violence, non-accidental trauma or other physical assaults, as requested or referred by a City law enforcement agency at the following per exam rates: $680.00 for victims and $235.00 for suspects, which is the Authority's actual cost. Forensic photography for cases of domestic violence, non-accidental trauma, or other physical assaults may also be provided by the SANE per law enforcement request and pending the availability of the examiner for a fee of $175.00. SANE expenditures are estimated at $200,000

RESPONSE:

TOTAL SANE EXAMS	Total
Victim Exams	397
Suspect Exams	11
Total	**408**

1.4 Psych Competency Examination

The Authority agrees to provide psychological competency examinations and reports as requested by the County Court. These examinations shall be performed for a per report fee of $600.00.

RESPONSE:

In 2016, 111 court competency evaluations were completed.

1.5 Blood Alcohol Draws

The Authority will perform legal blood alcohol draws for individuals brought to the Authority Emergency Department by Denver law enforcement. The Authority will follow chain of custody procedures as set forth in Denver Health Policies and Procedures P-2.040. The law enforcement officer will take immediate possession of the specimen in accordance with the policy. The City will pay the Authority $29.00 per specimen based on the monthly invoice, estimated to total $11,000.

RESPONSE:

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Total Blood Draws	38	35	37	18	36	20	17	7	16	14	7	17	262

1.8 At-Risk Intervention and Mentoring (AIM) Program

A. AIM. The At-risk Intervention and Mentoring (AIM) program is the Authority's violence intervention program based on a trauma-informed care model of intervening with youth when they present to the emergency department for care related to violence. The City will reimburse the Authority a maximum of $168,234 annually for costs associated with the AIM program.

RESPONSE:

Cost Type	Total Cost
Personnel	$162,071.71
Supplies and Services	$ 16,279.15
Total	**$178,350.86**

Appendix B-12

Operating Agreement	Status	Description of work	Materials
The Authority shall provide the following services related to monitoring the health impacts of marijuana use in the City and County of Denver. This includes, but is not limited to, the following functions:			
Monitor the use and trends in marijuana use in Denver's children and youth	Compliant	Began work (completed in February 2017) on a report examining Denver high school student responses on the Healthy Kids Colorado Survey related to use and beliefs about marijuana, alcohol, cigarettes, and other drugs. Report compared metrics from 2013 and 2015 surveys.	Report and infographic published on DPH Marijuana Reports webpage
Work to develop and maintain a set of electronic Business Intelligence Tools to collect, analyze, monitor and compare data from a variety of sources concerning use and abuse From section 1.2: By January 31, 2016, the Authority shall have completed loading the data into the data warehouse and incorporated them into the Business Intelligence dashboards for marijuana health data, and developed a Business Intelligence requirements document for the maintenance of the dashboards	Compliant	Data sources (Colorado Hospital Association, Rocky Mountain Poison Center, and National Syndromic Surveillance System) were loaded into the data warehouse and incorporated into **internal** Business Intelligence dashboards in January 2016. In November 2016, Denver Health began working toward the ongoing goal of creating **public-facing** dashboards. Requirements were gathered through discussions with end-users and presentations to City and County personnel. The requirements were used to develop a series of wireframes demonstrating what the public-facing dashboards for Colorado Hospital Association and Rocky Mountain Poison Center data on marijuana-related health events will look like. Other work toward this project included data management and transformations	Wireframes for public-facing marijuana dashboards Slides on presentation describing validation of a marijuana binning algorithm

		in the data warehouse; testing and revising the data warehouse work; and overseeing the development of prototype dashboards. Developed and validated a novel case definition for detecting potentially marijuana-related emergency department visits in syndromic surveillance data.	
Contract with vendors as needed to develop and maintain the Business Intelligence Tools	Compliant	In coordination with Denver Health technology staff, contracted with a temporary employee to conduct preliminary work on dashboard development for public-facing Rocky Mountain Poison Center dashboards. All other work on business intelligence tool development and maintenance was done by internal Denver Health staff.	
Enter into HIPAA Business Associate Agreements and other Data Use Agreements with required entities to permit the sharing of data related to marijuana use and abuse	Compliant	There are ongoing data use agreements with Rocky Mountain Poison Center and Colorado Hospital Association permitting access to the data.	

Provide analytic reports (written or verbal) to the City and County of Denver interpreting findings from the Business Intelligence Tools and separate analyses regarding trends in marijuana use and abuse From section 1.3 Reports will be generated that describe patterns of usage for all defined groups. Including… Percent of Denver children and youth reporting utilization of marijuana products; Percent of Denver children and youth reporting perceived risk around marijuana use; MJ health indicator data	Compliant	As described above, began work (completed in February 2017) on a report examining Denver high school student responses on the Healthy Kids Colorado Survey related to use and beliefs about marijuana, alcohol, cigarettes, and other drugs. Report compared metrics from 2013 and 2015 surveys. Presentation about Denver-level trends in Colorado Hospital Association data on emergency department visits and hospitalizations potentially related to marijuana. Denver Vital Signs edition entitled "Denver's Approach to Protecting Public Health Related to Legalized Marijuana." Page 2 of this report contains **Colorado Hospital Association data** describing rates in potentially marijuana-related hospitalizations over time and by age group Multivariate analysis of association between marijuana dispensary density and potentially marijuana related emergency department visits in Colorado Hospital Association data	Report and infographic published on DPH Marijuana Reports webpage Denver-level Colorado Hospital Association presentation slides Denver Vital Signs Abstract to be presented at Council on State and Territorial Epidemiologists, 2017 Conference
Provide Progress Reports to the City and County of Denver throughout 2016 regarding the development of agreements, data transfer and analysis regarding marijuana use and abuse in the City and County of Denver From section 1.2 The Authority shall submit	Compliant / Delayed	Quarterly reports about work in 2016 were submitted on 2/1/2016, 5/1/2016, 8/3/2016, and 10/28/2016	Quarterly reports

to the City quarterly reports on progress in acquisition of the data elements, establishment and maintenance of the monitoring systems and analysis of the available data in January, April, July and October 2016			
Work in concert with the Mayor's Office of Marijuana Policy to inform marijuana policy and education and to provide regular updates regarding marijuana-related information from the Colorado Department of Public Health and Environment (CDPHE) and other Authority partners.	Compliant	Development of a webpage on the Denver Public Health website to disseminate reports and resources produced by Denver Public Health, CDPHE, and other partners Presentations to the Marijuana Management Symposium and Boston Public Health Commission summarizing CDPHE reports on Colorado-level trends in calls about marijuana to the Rocky Mountain Poison Center; Colorado Hospital Association data on emergency department visits and hospitalizations potentially related to marijuana	DPH Marijuana Reports webpage Colorado-level trends presentation slides
The Authority will provide quarterly reports to the City which indicate the amount of year-to-date expenses and revenues for the Health Impacts of Marijuana Data Collection services, no later than 45 days after the end of each reporting period.	Compliant	Invoices were submitted to the City for work and costs incurred.	

Appendix B-14

1.3 Performance Criteria

A. Assessment and evaluation of children in the home.

(i) All pregnant women and children referred to the nurse visitation program will be assessed for risk and well-being within their home environment by a consistent team of nurse home visitors who would also support the establishment or maintenance of a medical home for the provision of prenatal care and/or episodic care for children (dependent upon ability to make contact and engage family). The Authority will track the number of pregnant women and children seen for nurse home visitation, evaluations, assessments, consults, referrals and discharge plans.

(ii) The anticipated length of time to reach the stated goal: time can vary from one 60 minute home visit, to four months of follow-up with the family.

(iii) Indicators of success: Nurse Assessments offer support for families as well as connections to indicated resources and services. Screening tools identify improvements in child and family conditions. Measurement of reduced or less frequent child welfare contact, improved engagement with a medical home, increased immunization rates, decreased emergency department visits.

B. The program will report on the following output indicators.

1. Number of referrals received;

RESPONSE:

- 151 total referrals were received into the program. The outcome of these referrals to the Nurse Home Visitation Program were:
  - Unable to locate bad address/phone #: 11
  - Case opened – unable to enroll in program: 4
  - Possible referrals to enroll: 136
  - Number of families consenting to program: 55
  - Refused/no response: 81
  - 40% of eligible referrals consented to the program

2. Number of onsite consults

RESPONSE:

- The Nurse Home Visitation Program team of nurses provided consultation in several ways:
  - Attended 2 VOICES meetings
  - Participated 2-3 times per week in RED Team meetings
  - Participated in CPT meetings every week
  - Attended and consulted on Medical Neglect consults on RED team as requested – 105 cases
  - Additionally, the team of nurses was available every business day to answer questions from DHS Child Welfare staff

3. Number of home visits attempted and made:

RESPONSE:

- There were a total of 203 attempted home visits, with 183 completed home visits

4. Number of unsuccessful attempts:

RESPONSE:

- There were a total of 20 unsuccessful home visits.

5. Number and type of resource connections made:

RESPONSE:

- There were a wide variety of Resource Connections made for families served by the Nurse Home Visitation Program including:
  - Clothing/diapers: 14
  - Domestic Violence services: 2
  - Family Planning: 1
  - Housing: 3
  - Immunizations: 2
  - Medicaid: 2
  - Education: 5
  - Food: 11
  - Medical Home: 14

- Mental Health: 8
- Substance Abuse: 1
- WIC: 4
- Daycare: 1
- Legal: 4
- Ongoing Programs: 8
- Growth and Development Education: 15
- Standard Safety: 39
- Miscellaneous Educational Handouts: 23

The program will report on the following outcome measures (to include, but not limited to):

1. Results on screening tools
2. Establishment of medical homes
3. Immunization rates
4. ER visits
5. Timing and rate of subsequent child welfare referrals.

RESPONSE:

To date we have not been able to access and combine data sets to evaluate these outcome measures but are working with data analysts at DDHS and Denver Health to begin to access this data. This is somewhat limited due to difficulty in identifying information about individuals and families no longer being served by DDHS.

C. Court Testimony. Nurse home visitors assigned under this contract will provide expert court testimony at the request of the District Attorney, City Attorney or the Department of Human Services as indicated. This includes the expectation that the nurse home visitors will make themselves available to the legal staff of the District Attorney's office and the City Attorney's office to discuss testimony and to prepare for trial or other contested hearings and will accept subpoenas from the City Attorneys by fax, mail or email and will sign waivers of personal services as needed.

RESPONSE:

While the nurses from the Nurse Home Visiting Program are available to provide court testimony as needed, there have been no requests for this service to date.

Denver Health and Hospital Authority: Nurse Home Visitation Program Year 2016 Budget Request

Cost Center	Personnel	Supplies Services	Visitation Referrals	**TOTAL**
Nurse Home Visitation Program	205,600	18,600	150,000	**374,200**
TOTAL Nurse Home Visitation Program	205,600	18,600	150,000	**374,200**

Appendix B-15

1.2 Performance Criteria

A. The NurseLine will respond to callers 24 hours a day, 365 days a year.

RESPONSE:

Criteria met.

B. Health Information Aides will intake calls, collect demographics, and chief complain of every call.

RESPONSE:

Criteria met.

C. Registered Nurses will provide triage utilizing Schmitt-Thompson Clinical Content to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

RESPONSE:

Criteria met.

D. ED Physicians will provide second level triage and staffing as determined necessary by the Authority.

RESPONSE:

Criteria met.

E. Language Translation will be provided for callers through CyraCom Language Line Services.

RESPONSE:

Criteria met.

F. The NurseLine will maintain Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

RESPONSE:

Criteria met.

G. The Authority will provide a quarterly report to the City through the Executive Director of the Department of Environmental Health in an agreed format. The report shall provide numbers for the total and for the target populations served that quarter and the amount of year-to-date expenses and revenues for the Denver Health NurseLine. The quarterly report shall be submitted to the City by the 45th day after the end of each quarter.

RESPONSE:

Reports have been supplied.

H. In addition to quarterly reports described below, the Authority will provide an annual report by May 1 of the year following the year being reported on to the City through the Executive Director of the Department of Environmental Health. The report shall include the following information for the year just ended and the previous fiscal year: NurseLine medical triage cases in total; medical triage cases for uninsured, medically indigent patients from the City and County of Denver; physician medical triage cases; behavior health cases; all other cases; and medical interpretation cases.

	1Q	2Q	3Q	4Q	Total
City Program Case Volumes					
Uninsured Citizen Medical Triage Cases (non-DH patients)	400	375	543	416	1,734
Uninsured Citizen Behavioral Health Cases (non-DH patients)	7	6	6	7	26
Totals	3,954	3,547	3650	3,490	14,641
Percent of all calls from Uninsured Denver Citizens	*10%*	*11%*	*15%*	*12%*	*12%*
Total Cost of Program	$101,979.41	$ 92,304.72	$ 95,878.55	$92,461.32	$ 382,623.99
Total Cost to City for Uninsured	$ 10,497.12	$ 9,914.89	$ 14,421.18	$11,206.63	$ 45,995.37