



# *Denver Health*



*2007*

# *Annual Report*





# *Respect* for people and for our world

For 147 years Denver Health has been committed to deep and meaningful respect for people. This commitment is reflected in the patients we serve every day — the uninsured, minorities, victims of violence and infectious disease, prisoners and many others.

This commitment is reflected in the \$276 million of care we provided to the uninsured in 2007.

This commitment is reflected in the state-of-the-art buildings we provide for our work force and our patients.

This commitment is reflected in the high quality providers we employ to serve our community. Among whom are 30 physicians who have been named Best Doctors in America, and 16 who are considered Top Docs in Denver.

This commitment is reflected in educating of the next generation of health care providers.

In recent years, we have broadened this commitment of respect for people and added a commitment to respect for our world in two very significant ways: elimination of waste through the use of Toyota Production Systems or LEAN, and working on becoming a greener enterprise.

It may seem strange to say that elimination of waste is about respect, but the president of Toyota has said just that: “waste is disrespectful of humanity because it squanders scarce resources, and waste is disrespectful of the individual because it asks them to work with no value.” At Denver Health, we have added that “waste is disrespectful of our patients because it makes them endure processes with no value.”

Our Green effort is embodied in our new Pavilion for Women and Children which was awarded LEED Silver designation by the U.S. Green Building Council, making us the first public safety net hospital in the country to receive such a designation.

This report details both our long standing commitments as well as our new commitments. In January, we celebrated our 10th anniversary as a public authority, a bold transition that has enabled Denver General to become Denver Health and to grow dramatically to better serve Denver and Colorado, and to become a model for the nation.

We are proud of sustaining our traditional missions by expanding innovation and entering new territory. We hope you share our pride in this unique health care resource that Denver and Colorado has.



Patricia A. Gabow, M.D.  
Chief Executive Officer and Medical Director



# LEAN *Green* Health Care Machine

**Denver Health** has a long history of taking responsibility for the health care needs of society's many disenfranchised groups. Since its inception in 1860, Denver Health has focused on providing access to high quality care to those who are unable to pay for the services they need to remain healthy, productive citizens. This mission embodies our respect for all individuals.

Throughout its history, the organization gradually added more services, and now Denver Health has a nationally renowned integrated system that serves the Rocky Mountain West. Denver Health has grown to care for nearly 150,000 individual patients each year. In addition, Denver Health touches the lives of millions of people each year through its many programs, including the Rocky Mountain Regional Poison and Drug Center, Denver Public Health and the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics.

This annual report will demonstrate the many ways that Denver Health has been innovative and energetic in carrying out its many important responsibilities.

## Perfecting the Patient Experience

A few years ago, Denver Health was faced with serious challenges to its financial viability, as were public hospitals throughout the nation, most of which suffered financial setbacks as millions of uninsured patients streamed into their facilities each year. Denver Health knew that in

order to not only survive, but also to thrive, it needed to do what it has always done: innovate.

Rather than cutting the number of uninsured patients, Denver Health tackled the need for transformation and initiated a comprehensive redesign project. Denver Health's leaders began to develop innovative new ideas for reducing waste to reduce cost and improve quality and to seek ways to respect resources.

For the past three years, an intensive effort has been under way, involving hundreds of employees, to transform health care delivery processes at Denver Health.

"Getting It Right: Perfecting the Patient Experience" was launched. In 2007, the project surged forward with remarkable results.

Illustrated in the puzzle above, the organization decided on five primary components of system transformation and the tool to be used for each component: Of all the tools, Lean, or Toyota Production System



(TPS) for process transformation (the Right Process) has generated the most widespread activity and the broadest organization-wide change. The Lean tools for seeing and eliminating waste are employed in a structured way in the Rapid Improvement Event (RIE), which pulls together a team of employees with the goal of fixing a process problem in one week. In addition, we have trained one hundred employees, including doctors and nurses, as Black Belts in Lean. In this manner, Denver Health eliminates wasteful steps and processes, improving efficiency and quality by engaging hundreds of employees. As a result, Denver Health employees have become very savvy about waste.

The Getting It Right project has received national, and even international, attention because it is the only health care transformation program anywhere that has taken the comprehensive, all-encompassing approach.

### LEAN in 2007

- Savings within the Denver Health system reached \$11 million.
- 100 employees were trained to be Black Belts in LEAN
- 130 RIEs held
- 704 employees involved
- 191 different departments effected change through RIEs

### Healthy Patients, Healthy Planet

2007 was a year to celebrate the many ways Denver Health respects our world. The Denver Health Paramedic Division started the Emergency Medicine Services (EMS) Green Initiative and put into place a program that saved fuel, water, paper and improved waste management and recycling. The Engineering Department developed extensive programs for energy and water conservation.

In August, Denver Health's newest hospital addition was recognized by the U.S. Green Building Council for its environmentally responsible ("green") design and construction. Denver Health's Pavilion for Women and Children was honored with a LEED Silver Certification.

Denver Health's project is the first public safety net hospital project in the country to be designated as LEED Silver. LEED stands for Leadership in Energy and Environmental Design. The U.S. Green Building Council, a national nonprofit with 10,000 members including architects, corporations, builders, universities, and government agencies, promotes the construction of "green" buildings. Working to transform the way buildings are designed, built and operated, the U.S. GBC certifies new and remodeled buildings that meet stringent requirements based on a points system. The LEED certification, awarded to applicants meeting GBC criteria, is a prestigious recognition of a building's attention to preservation of the environment.

## 30 Years and Still Going Strong



In 2007, Stephanie Thomas, chief operating officer, hit a milestone in her career, she had her 30th anniversary at

Denver Health. And what an amazing 30 years it has been.

Thomas began her Denver Health career as a Community Health Services Assistant Administrator in 1967, and from

there it was a steady climb upward in an organization that grew and changed, and, with her capable help, became a sophisticated operation, increasingly respected throughout the nation.

Thomas' progressive responsibilities have included 13 years in outpatient and community health administration, and 17 years in hospital administration. She served as Acting Hospital Director and then Associate Administrator in the early 1990s, after which she was the lead coordinator for the development of the new Denver Health and Hospital Authority. When Denver General became Denver Health in 1997, Thomas was named Chief Operating Officer.

"We've always had a commitment to high quality care, and the business functions have improved significantly,"

she said. "However, the loss of the integrated mental health system, home health program, and environmental health were among the losses that have been regrettable for Denver Health over the 30-year period."

As the person who oversees the \$318 million in facility construction and continued remodeling of recent years, the services in a 477-bed acute care hospital and trauma center, the Paramedic Division and Denver CARES, Thomas is on the go every minute of every day.

In 2007, she saw the completion of the first Denver Health Master Plan and the development of a new 2007-2013 master plan. She headed up several major LEAN projects, and tutored a multi-hospital system in Singapore in the tools of LEAN. Also in 2007, her largest

project, the \$126 million Pavilion for Women and Children, received national honors as an environmentally responsible "green" facility.

"We opened new beds in 2007 to meet growing demands emanating from the loss of other hospitals within the city, and began the expansion of the Emergency Department and Urgent Care Clinics," she said. "It was a good year, and we are moving ahead with plans to handle the increased numbers of patients who will be coming our way."

***"Denver Health has always been special. It's a great place to work and its mission is unique and vital to our community."***

**— Stephanie Thomas**

# Saving

## Cold Hard Cash the LEAN Way

**When Denver Health** embraced LEAN, or Toyota Production System, it began an intensive series of activities that has gradually removed waste from many processes. The actual dollar savings topped \$11 million in 2007.

Achieving this extraordinary feat of reducing waste and saving millions in “cold, hard cash,” was the result of hundreds of employees reviewing numerous processes and finding a way to think LEAN, streamlining processes and reducing overhead. All of this was done without eliminating jobs.

Denver Health employees have become very savvy about waste. They constantly come up with ideas for Rapid Improvement Events (RIEs) that have the potential to enhance the patient experience, solve problems, reduce waste, and save money in just one week.

- Hospital length of stay for patients initially admitted to the Medical Intensive Care Unit reduced by one day.
- Clinic visits per provider increased, adding revenue without adding cost and increasing patient access.
- The time from initial bed request to room assignment reduced by more than 33 percent.
- Patients receiving antibiotics within one hour of surgical cut reached nearly 100 percent, thereby reducing the number of hospital acquired infections.
- Patient appointment reminder calls initiated with a 75 percent patient contact rate.
- Collection of unused pagers resulted in a savings of more than \$4,000 per year.
- Infusion Center redesigned to add patient care space thereby increasing revenue by nearly \$200,000 in just one year.

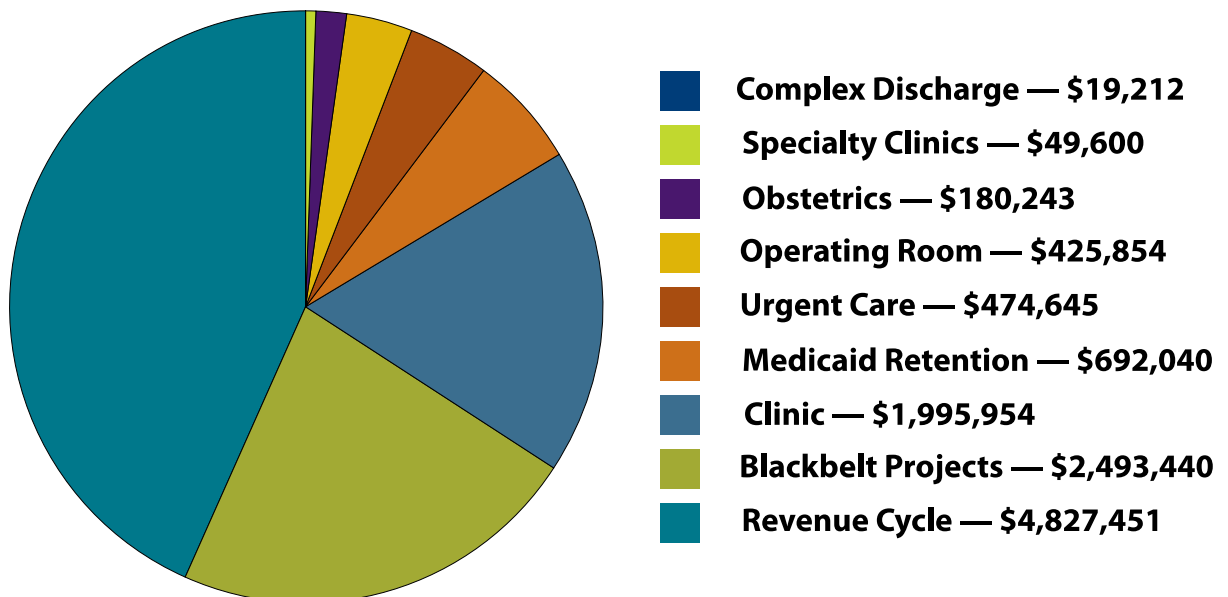
Because of successes like these, Denver Health’s LEAN initiative Getting It Right: Perfecting the Patient Experience has received national and international attention because it is the only health care transformation program anywhere that has taken a comprehensive, all-encompassing multifaceted approach. And, the organization has saved more than \$11 million in cold, hard cash.

Denver Health Black Belts are employees from all levels of the organization who have undergone 100 hours of training in the principles of LEAN.

### Black Belts

Denver Health Black Belts maximize the benefits of LEAN by working to eliminate the eight deadly wastes; defects; overutilization; waiting; non-utilized or mis-utilized knowledge, skills and abilities; transportation; inventory, motion; and excess processing. This is accomplished through Rapid Improvement events and departmental projects.

### RIE and Blackbelt Project 2007 Total Savings Chart





# Denver's Other

## Orange and Blue — and Green — Team

## The Denver Health Paramedic

Division has a long-standing reputation for providing high quality advanced life support and emergency services to the citizens of Denver. In 2007, it added a focus of environmental conscientiousness to its mission of exemplary pre-hospital care.

Determined to serve the planet, as well as its patients, the Denver Health Paramedic Division's Green Initiative focuses on four specific areas for improvement: fuel consumption, water consumption, paper consumption and waste distribution.

### Fuel consumption

The Denver Health Paramedic Division converted its entire fleet from using petroleum-based diesel fuel to B20 biodiesel. Biodiesel creates less carbon pollution than conventional diesel, thereby reducing pollutants in the air and helping those with chronic breathing problems. Denver Health's ambulance fleet consumes 140,000 gallons of fuel per year.

While biodiesel can be more costly than regular fuel, paramedics found other ways to save money and offset the added expense. In addition, the secondary benefits of better air, and in turn better public health, is priceless.

### Water consumption

A baseline analysis found that the Denver Health Paramedic Division was using 4,464 gallons of water and 55 gallons of detergent every week to wash ambulances. Ambulances were being washed after every shift, regardless of external conditions.



## Denver's other great orange and blue team!



Denver Health Paramedics respond to nearly 80,000 emergency medical calls every year.



A program was developed to wash only the outside of the vehicles on alternate days based on vehicle number — odd number ambulances are washed on certain days, even number ambulances on the other.

Through this program the Paramedic Division has reduced water consumption by 30 percent.

The inside of each ambulance is cleaned between patient transports, and sterilized and re-stocked after every shift.

### Chemical use reduction

While evaluating its ambulance washing practices the Paramedic Division also found that it could significantly reduce its use of chemicals in this process. By diluting the detergent used to wash the vehicles, the Division went from using a 55-gallon drum per week to wash ambulances to using one drum per month.

The result is fewer chemicals discharged into the municipal wastewater system, and an annual savings of \$11,760.

### Recycling efforts

The Denver Health Paramedic Division has configured all of its printers and copy machines to only allow for two-sided printing. The Division has gone from using about 764 sheets of paper each day to an average of 278 sheets per day — a savings of about a ream of paper every day.

Reuse trays have also been added to all printers and copy machines to ensure maximum utilization of all paper products, and trash cans have been replaced with recycling bins around the copiers and printers. In addition, the Division purchases only post-consumer recycled paper.

Aluminum and plastic recycling bins have been placed throughout the Paramedic Division's headquarters and garage, and the numerous cardboard boxes used to deliver medical supplies to the Division are also being recycled.

The Denver Health Paramedic Division has managed to reduce the environmental impact of its operation while still maintaining a commitment to providing high quality care for all.



*78,002 Calls for Emergency Medical Assistance*

*47,670 Patients Transported to 12 Area Hospitals*

*880,000 Miles Traveled on the Streets of Denver  
(35 times around the world)*

*91,316 Emergency Department Encounters  
(includes Urgent Care visits)*



*Denver Health Paramedics*



# Reducing

## Denver Health's Carbon Footprint

### For the past decade

the Engineering Department at Denver Health has been committed to enhancing the reliability and efficiency of its systems. This has been accomplished by replacing older less efficient equipment, using energy saving control strategies, and maintaining the equipment to ensure that it continues to run as efficiently as possible.

These efforts have saved Denver Health hundreds of thousands of dollars every year while at the same time making the hospital a responsible steward of the planet. This is all done without ever compromising the safety of the patients Denver Health serves.

#### Conserving Electrical Energy

The old high energy consuming T12 florescent light bulbs have been replaced with newer more efficient T8 ones for an eight watt savings per bulb. As there are nearly 50,000 of these light bulbs throughout all Denver Health facilities, this is an enormous savings for both Denver Health and the planet.

#### Saving Water

Through several water conservation projects, including the replacement of water cooled medical air compressors with air cooled air compressors, and replacing water cooled medical vacuum pumps with air cooled vacuum pumps, Denver Health has been able to save more than five million (5,411,568) gallons of water every year, and has even received rebate checks from the water department for its conservation efforts.

#### Staying on Top of the Leaks

Denver Health has a team of plumbers who are committed to ensuring that the West has more water because of their conservation efforts. They have committed themselves to repairing leaky faucets and toilets as soon as the problem is identified. A leaky faucet that drips every second will waste about 2,000 gallons annually, and a leaky toilet can waste up to 73,000 gallons annually. Considering all the sinks and toilets in an organization as large as Denver Health, these plumbers are saving millions of gallons of water, and have single-handedly tried to ensure that a lack of water in the West will not be because of a leak at Denver Health.





# Keeping Denver Health Facilities LEAN and Green



## John Thompson

As Associate Chief Operating Officer, John Thompson has a daunting task. He is responsible for the Engineering Department, Food Services, Environmental Services, Safety Department, Security, Biomedical Services, Vehicle Management and Parking, and has more than 350

employees reporting to him. He also oversees the Laboratory, Radiology and Pharmacy which also total more than 300 staff who care for thousands of patients each year.

“I enjoy the challenge and diversity of a large, urban hospital. I have the opportunity to contribute to an organization that does something good in the community,” Thompson says of his vast responsibilities.

“Hospitals are complex organizations, and mine is a challenging and interesting job,” said Thompson. “I thrive on the excitement of a public safety net hospital, and enjoy making sure we are serving our patients in the safest, most efficient manner possible. At Denver Health we are making history while serving the health care needs of our community.”



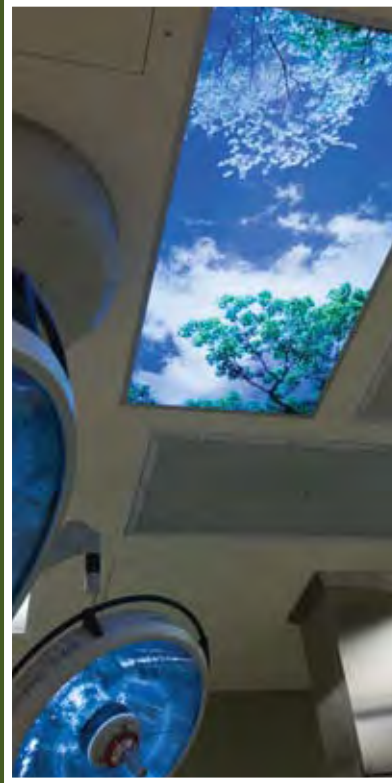
## Jon Clark

Just before 7 a.m. every morning, Jon Clark opens his office door, turns on his computer and starts to check his e-mails and the work orders on the Engineering Department’s automated work management system.

As Director of Engineering, Clark manages more than 70 employees which include plumbers, painters, electricians, carpenters, finishers, heating and air conditioning mechanics, fleet mechanics, parking personnel and grounds keepers, all of whom work to ensure Denver Health’s 27 different facilities are operating at peak performance.

Clark and company make sure everything functions, from life safety (fire alarms and building sprinkler systems) to support systems (medical air and vacuum systems).

“We’ve come a long way since I started working at Denver Health in 1987, but there’s still a lot left to do,” said Clark. “I like the people and the challenges, and I will continue to be at my desk at 7 a.m., and here on Saturdays to ensure our patients are comfortable, and have beautiful facilities in which to receive their care.”



*1,323,771 Laboratory Tests Performed*

*162,840 X-rays Read*

*640,790 Prescriptions Filled*

*482,786 Inpatient Meals Served*

*2,550,761 Pounds of Laundry Processed*



*Denver Health Engineering*



# Taking a Byte

## Out of Virtual Clutter at Denver Public Health

**Storing massive** amounts of documents, spreadsheets, databases, information on ongoing studies and e-mails electronically takes a vast amount of storage space on Denver Health's servers.

In 2007, Information Services was spending a lot of time at Denver Public Health (DPH) troubleshooting an overloaded system and backing up files in case of a crash. The Help Desk also began to be overwhelmed with the number of DPH requests for computer assistance.

Eliminating clutter and realizing that disc space is a limited resource, DPH embarked on an effort to "take a byte out of the virtual clutter" as they nicknamed the 5S (Sort, Set In Order, Shine, Standardize and Sustain) project. 5S is a standard LEAN tool.

DPH set a one month timetable to purge outdated files and e-mails from the server. In a massive effort by all of DPH's 150 plus employees, the number of files on the server were reduced by more than 30 percent. More than 260,000 e-mails, or 80 percent of the total e-mails being stored, were deleted.

The total server space recovered equaled 34 gigabytes, or more than six million pages of single-spaced text on a sheet of paper.

"Cleaning the 34 gigs of space was great, but we cleaned the clutter out of the living room to the point that we can now see what we have and how we want to arrange the furniture to better use the room," said Barbara Shecter, administrator, DPH.

There were additional successes that DPH employees came to realize. For instance, employees learned that rather than creating duplicate files they could share files with colleagues and save time. They also learned how to better manage their electronics files and e-mails so they are more easily retrieved.

"This was a real life intervention. The process was painful to begin. We were able to accomplish four of the 5S standards," explained Shecter, "but, now, the key is to ensure we are able to Sustain."

## Committed to the Community



After Arthur Urbina finished his day job as a postal carrier in Pueblo, Colo., he would often spend time helping neighbors with odd jobs such as painting, cleaning yards and minor construction work. He also spent weekends and evenings at the local church volunteering his time. His son, Chris, would often tag along and experience first-hand the joy and commitment that his father brought to the community in his

hometown.

“At Stanford in the 1970s, I had the chance to meet Caesar Chavez and Dolores Huerta of the farm workers movement, and I knew then that I wanted to work out in the communities with the people who needed me most.

“I watched my father making a difference in the lives of others and wanted to do the same, and being a doctor was the best way I could accomplish this goal,” said Urbina.

While in medical school at the University of Colorado, Urbina was part of a growing effort to provide care in communities by working in rural Colorado. He worked at clinics in Ft. Lupton, and in the Arkansas River Valley serving migrant farm worker communities. He experienced first-hand the value of bringing health care into communities.

“I had the chance to interact with the community and loved it,” said Urbina.

After medical school Urbina moved to Albuquerque, N.M., for his family practice residency at the University of New Mexico School of Medicine. He soon was in trouble with the medical school Dean for telling him that the medical school needed to be in the community providing health care to people.

“Eventually I helped get students and residents in the community to help maintain the cultural and neighborhood ties that we had developed,” said

*“My dad delivered the mail for 37 years. He always knew what was happening in our community. He always made time for others, and he taught me to do the same.”*

— Chris Urbina, M.D.

Urbina. “We worked with the city and the head of the UNM hospital to establish new health clinics in Albuquerque.”

Armed with a strong commitment to both public and community health, Urbina, with a wife and young child in tow, moved to Baltimore, Md., to attend Johns Hopkins University to earn his Master’s degree in public health. He knew he had to have more credentials and additional population skills to improve the health of communities.

In 2005, Chris Urbina, M.D., MPH, joined Denver Health as the Director of Denver Public Health.

“I have been fortunate to have a job that allows me to do what I have wanted to do for so many years – bring care to people in the areas in which they live,” said Urbina. “I am also fortunate to work with an organization like Denver Health that mirrors my long-standing commitment to working with the community.”

*57,151 Patient Visits*

*11,249 Immunizations Provided*

*11,129 Infectious Diseases/Aids Clinic Visits*

*18,563 STD Clinic Visits*

*16,210 TB Clinic Visits*



*Denver Public Health*



# Perfecting

## The Patient Experience One Step at a Time

**A Rapid Improvement Event** at Westside Family Health Center found that if clinics create tighter connections using a standard work model it was possible to decrease cycle times and increase the number of patient visits per month. The model was designed to pair people in the work environment for the purposes of enhanced efficiency. (In a Rapid Improvement Event a team of employees gather for a week of “hard labor” aimed at improving efficiency by implementing new processes in just one week.)

The model creates a more LEAN working environment for both providers and patients. It eliminates multiple trips and several steps that were previously required by patients, Health Care Partners (HCP’s) and providers for each patient visit.

Traditionally, a normal patient visit would consist of the patient sitting in the waiting room, then moving to a patient room to first be seen by an HCP who takes weight, blood pressure and other vital signs. The patient then waits to be seen by a doctor or mid-level provider. If medication or additional tests are needed, the doctor places an order with the HCP, who then works with the patient, once again. Usually, the patient is left waiting in between each of the stages.

Using this standard work system, the HCP and the doctor meet with the patient in the same room at the same time, eliminating prolonged wait times by the patient, and delayed communication among health care providers.

A typical patient visit to a clinic using this standard work model occurs in these steps:

1. Provider (doctor, physician assistant or nurse practitioner) reviews patient’s history prior to start of day, knowing that the patient is scheduled for a visit that day.
2. Provider uses Vocera (an electronic communications device on a lanyard around the care providers’ neck) to alert the HCP about what might be needed during the upcoming visit.
3. Patient arrives and is taken to an exam room by the HCP who conducts normal screenings — eyes, hearing, weight, height.

4. Provider meets HCP in exam room and together they review the patient's medical history, including vaccinations, etc.

At this same time, the patient's medical record is retrieved electronically on the computer in the exam room, is reviewed by all, and updated with new information from the current visit.

5. The provider performs the physical exam.

6. The provider, HCP and patient discuss the patient's plan of care, and the patient is provided with any necessary forms and educational

materials needed.

7. The HCP escorts the patient from the exam room and schedules next appointment with Registration.

"It's revolutionary," said Mary O'Connor, M.D., a pediatrician at Westside, and a participant in the RIE. "We've seen a 12 percent increase in patient visits, so about one a day, or 20 a month. And, I think our patients are much happier, and are receiving better care."

## A Commitment to Caring for the Underserved



Thomas MacKenzie, M.D., M.S.P.H., director of Internal Medicine, and Ambulatory Quality Improvement at Denver Health, worked his first rotation at Denver Health as a resident,

and knew immediately that caring for the underserved was his calling.

"As a resident I knew Denver Health served an important and special function for this diverse community, and I wanted to be a part of its mission.

"One of my favorite things about being a part of Denver Health is the medical home I have at Westside Family Health Center," said

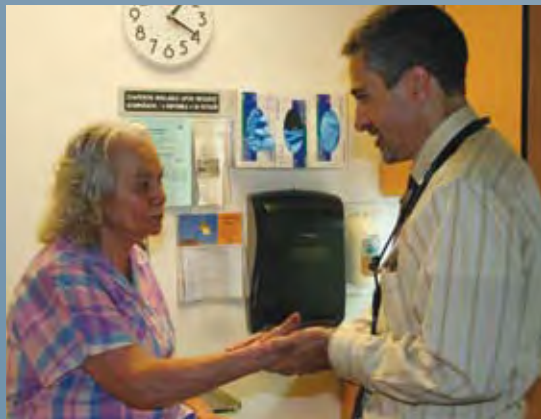
MacKenzie. "There are five physicians at Westside who have been there 12 to 18 years, and all have a very loyal patient base. We all have the same goal, to ensure that the people living in some of Denver's poorer communities have access to the care they need. Like me, they too have a medical home."

MacKenzie's views on Denver Health, and his enthusiastic approach to medicine, teaching and quality can be contagious, creating pride and joy in the work place, not found most places.

"So many of our staff are here because of the mission," said MacKenzie. "Our patients are grateful for the care they receive, and definitely deserving of barrier-free access to medical care. At all of our community health centers, patients get the care they need, whether they have insurance, or not."

*"Our patients are grateful for the care they receive, and definitely deserving of barrier-free access to medical care."*

— Thomas MacKenzie, M.D.



*400,579 Patient Visits*

*31,359 Dental Clinic Visits*

*76,776 Pediatric Visits*

*40,870 Women's Care Clinic Visits*

*17,964 School-based Health Center Student Visits*

*62,144 Specialty Care Encounters*



*Community Health Services, Inc.*

*Denver Health Delivers...*



# Kids Care Plus so much more

## 303-436-KIDS

[www.DenverHealth.org/kids](http://www.DenverHealth.org/kids)



Medicaid Choice

Denver Health Medical Plan, Inc.

# Access

## To Patient Care for ALL

**Denver Health Medical Plan, Inc.** (DHMP) works to provide the Denver community with access to high quality, cost-effective, locally-managed health care. As Denver Health's insurance company, the employees who work in DHMP are not only employees of Denver Health, but also users of the health care plan and care givers to plan members. It's through this arrangement that a unique understanding for plan members' and their families' needs and concerns are realized and managed. Members include Medicaid, Medicare, City and County of Denver employees and Denver Health employees

Growth continued to be key for the DHMP. In 2007, the lives cared for climbed to more than 16,000 Medical Plan members and more than 36,000 Medicaid Managed Care members.

DHMP offers members several different options when accessing health care. This way, each member can decide how, where and when to obtain care.

A commercial plan offered to Denver Health and City of Denver employees allows for access to quality care by those they know and trust.

For children, Child Health Plan Plus (CHP+) is a low cost health plan health insurance program for children from birth through age 18.

To care for our most vulnerable and poorest women and children, Denver Health Managed Care offers Medicaid Choice. This plan has no cost to the members, allows members to have prescriptions filled at no cost and provides a group of over-the-counter medications, also at no cost.

Two Medicare Advantage plans – Choice and Medicare Select – offer care for the senior and disabled populations.

A special club for children between the ages of three and 13, Healthy Heros, offers health education and safety tips, health focused activity sheets, and invitations to special events to promote a healthy lifestyle beginning at an early age.

But DHMP doesn't stop there. In 2007, as part of the Getting it Right: Perfecting the Patient Experience at Denver Health, DHMP held a series of focus groups and RIEs to determine what members wanted from their health insurance plan, and how best to provide it. A Care Management

program was developed.

Care Management is a free program providing Health Coaches for members. Health Coaches help members make healthy lifestyle changes, while at the same time manage chronic health issues. The program focuses primarily on members who have one or more chronic diseases such as asthma, diabetes, chronic obstructive pulmonary disease (COPD) and congestive heart failure. Health Coaches also work with members who have had recent hospitalizations, ER visits or other complicated health care issues.

Health Coaches are trained professionals who partner with members to identify goals and an action plan to achieve those goals. Most coaching is done over the telephone and through e-mail. The primary objective is to empower members to better participate in their own health care.

“It’s been an exciting year at Denver Health,” said LeAnn Donavon, executive director of Managed Care. “We love the idea of involving our members in their care, and look forward to continuing to work together in the future to ensure that not only is our organization LEAN, but it also is ‘Perfecting the Patient Experience.’”

## Ensuring Access to Care for ALL



Delia Valdez, or Grandma to many of her clients, is dedicated to ensuring that the members of her community know their options when it comes to accessing health care. The feisty 72-year-old has worked at Denver Health as an enrollment specialist for more than 19 years, and has no plans of retiring any time soon.

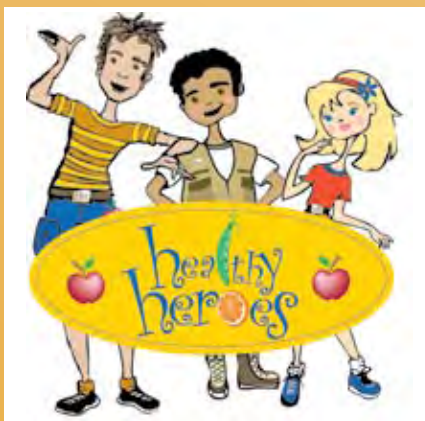
“I love Denver Health. We take care of all kinds of people. All races, all classes and all genders. We don’t discriminate,” she said. “We help people in need, who can’t help themselves. And it’s not just basic health care that we provide, it’s high quality health care.”

Valdez began her career at Denver Health as a clerk at the LaCasa/Quigg Newton Family Health Center. She then moved to Member Services in 1996, where she began enrolling patients into Denver Health Managed Care plans, including the two Medicare lines, Medicaid Choice and both employee health plans.

“My job is to educate patients, and treat them with respect, no matter who they are or how much money they have,” Valdez said. “I work to find available resources, and ensure that everyone is receiving what they are entitled to.”

Quality being a priority, Valdez is known to spend long hours meeting the needs of her patients, who most of the time are members of her own community.

“I try to give the patients comfort and get them to whomever they need to see to get the right treatment. I can relate to everything my clients are going through because I’ve been there. I’ve walked in their shoes.”



**4,347 CHP + Members**

**36,471 Denver Health Medicaid Choice Members**

**1,959 Denver Health Medicare Choice Members**

**16,868 Healthy Heroes Club Members**



*Denver Health Medical Plan, Inc.*



# NurseLine

Improves Efficiencies of Delivering Health Care

**Denver Health's NurseLine** was added to the Rocky Mountain Poison & Drug Center's services in 1997 to provide medical triage services to the city's most vulnerable population, 24 hours a day, 365 days a year. Since that time, NurseLine has expanded to include providing telephone triage and health care information to public and private clients to manage illnesses and injuries that occur at home or on the job.

Highly trained and experienced registered nurses obtain information from the caller and perform an assessment using a computerized health care software system and database. Recommendations are then made to the patient for potential home health care, or referral to the appropriate level of care at a medical facility.

Studies show that the use of the NurseLine shifts patient utilization to the home rather than to the emergency department. A recent study showed that the majority of callers, whose original inclination was to visit a health care facility, actually sought alternative options for care after speaking with a nurse at the NurseLine.

## Adding Needed Services

In 2002, Denver Health expanded its NurseLine services to include an in-house Spanish interpreting service for medical professionals throughout all Denver Health facilities. Specially trained, medically proficient interpreters are available during normal business hours, Monday through Friday, to assist medical staff conversing with patients. The service is also available for all Denver Health and RMPDC staff, including those in Admissions and Patient Billing trying to converse with patients over the telephone.

Realizing that the NurseLine has the ability to fulfill multiple needs throughout the organization, a Denver Health appointment center was established in 2004, to provide centralized scheduling for increased access to care for Denver Health patients. Housed within the NurseLine operation, patients call a centralized number where an appointment is scheduled in any Denver Health clinic, insurance is verified, and the patient is pre-registered for the visit.

Originally intended to provide Denver Health patients with the right level of care in the right venue at the right time, NurseLine has expanded throughout the years to provide invaluable services to all Denver Health patients and clients, in multiple languages.



*40% of health care needs managed at home*

*70% of callers changed plans (did not go to the emergency room)*

*16% planned home care but 47% confirmed home care was appropriate after calling*



## Increasing Efficiency All Around

Anna Seroka, Operations Manager for the Rocky Mountain Poison and Drug Center (RMPDC), began her Denver Health career five years ago when she integrated the Colorado Health Line for the Public (COHELP) into the Center to make the program more cost-effective for the state of Colorado.

“I am always in awe of our organization because it is able to cost-effectively integrate a Poison Center, Drug Center, Nurse Advice Line, Appointment Center and Spanish interpretation center, and efficiently serve all of our clients. This is the first organization I have ever known that can offer clients “one stop shopping” for their contact center needs. I felt a very strong attraction to the mission and vision of this organization,” said Seroka.

As Operations Manager, Seroka is responsible for the general operations of the Poison Center, and oversees the Public Health Emergency Preparedness Program that supports the Colorado Department of Public Health and Environment’s HELP line.

Motivated by the ability to support the public and make a difference, Seroka’s goal is to make the Poison Center infrastructure so successful that it can “run by itself,” and help the NurseLine and the Appointment Center move to the “next level” of service delivery.

“I am very passionate about change and have been empowered to make changes in the Poison Center that enable us to serve our patients and clients in a more effective and efficient manner. We now have the capability to support our state with public information during an emergency event and surveillance to identify potential public health and bioterrorism events in near real time.”

*87,740 NurseLine calls*

*120,510 poison exposures  
handled by the Rocky Mountain Poison & Drug Center*

*101,304 poison exposures handled  
over the phone without hospitalization*



*Rocky Mountain Poison & Drug Center*



# Working Smarter With Standard Work

## At Denver Health

the Information Technology Department is always working to find ways to keep Denver Health on the cutting-edge of technology, while at the same time helping employees to work smarter, deliver better care, and, in the long run, save money.

Even though the learning curve can often be extremely steep, staff and leadership alike support the technological enhancements made every day at Denver Health. Recent new applications such as computerized physician order entry, medication administration check and integrated billing improve the quality of care provided, as well as enhance the bottom line through increased efficiencies.

Denver Health's ability to view laboratory and radiological results at the point of care

(bedside or in the exam room in the clinic) save the organization time and money, while enhancing the delivery of care for the patient.

*“Denver Health possesses many of the essential components of a high-performance health system. The lessons learned from the significant barriers it has overcome can form a “learning laboratory” — a potential model — from which other states and the nation may benefit.”*

— The Commonwealth Fund

These systems also allow physicians to have a centralized repository that provides up-to-date information on every patient. This means that clinical staff have all the information necessary to care for their patients in real time.

### Data Warehouse

Keeping patient information in an electronic medical record allows for disease registries, intelligent data mining and reporting tools that can reveal trends in care, find patient outliers and assist those patients who may need more attention to gain control of a chronic disease.

By using a data warehouse in an integrated system, the cost of care is reduced and care givers are able to ensure that those patients with the most need are identified

quickly and appropriate interventions are made.

### The Technologically Savvy Physician

Denver Health's newest clinical application — Computerized Physician Order Entry (CPOE) and Medication Administration Check — reduces errors and provides real time information at the point of care, thereby making the delivery of health care safer for the patient.

CPOE reduces call-backs for order clarification, makes for accurate and legible orders, checks orders for allergies, eliminates drug-drug and drug-lab interactions, and ensures weight-based dosing. All of this means a safe environment for the patient.

It also improves the providers' knowledge base, and reduces errors, especially when workloads increase. It also eliminates the repeat keying of information and reduces the steps necessary to process orders, which

means quick results for the provider.

### Medication Administration Check

Medication Administration Check (MAK) aims to ensure that the right patient receives the right medication and the right dosage at the right time. MAK documents the medication delivery and creates an electronic medication record that can be viewed across the organization. This technology combines the safety, delivery and documentation of administration process into one function. Denver Health patients are sure that their medication is delivered in a same manner so that they can get well sooner.

Denver Health has invested wisely in information technology over the past decade, which has made it one of the safest hospitals in the country, and a model for the nation.

## A Career of Standard Work



"When I started in 1997 there was no standardization of work," said Gregg Veltri, chief information officer.

Veltri has been instrumental in

creating the foundation for the present day Information Technology (IT) Department that is widely recognized as a national leader in managing patient information. IT manages patient information for each and every one of the nearly 150,000 individuals Denver Health

cares for each year.

"I like it when I can see the long term vision and put things into place," said Veltri.

As one of the largest integrated health systems in the U.S., Denver Health is on the cutting edge of many technologies using advanced computer systems to manage pharmaceuticals, laboratory results, radiology with digital X-rays, physician orders, electronic health records and many more cutting edge technologies and applications. Also, the Denver Health network is up and

running 99.999 percent of the time with few unplanned network outages.

"Almost every area of the hospital has had some kind of technology implemented to assist in the care of patients," says Veltri. "Furthermore, automated billing and financial systems have been implemented aiding in the recovery of revenue and helping to grow the business.

"What drives me each day is the challenge and belief that technology solutions can be integrated into the care process and assist in improving patient outcomes and quality of care."



*22,341 Hospital Admissions*

*149,356 Individual Patients*

*2.4 million CPOE Orders*



*Denver Health Information Technology*



# High Quality, Safe Care

**Denver Health's** remarkable achievements in patient care quality — despite the vulnerable status of a large portion of its patient population — have become widely known throughout the United States and in many parts of the world.

Evidence of quality emanates from every area of medical service at Denver Health. This includes the all-important preventive care that keeps patients out of the hospital, the management of chronic diseases or conditions such as diabetes or high blood pressure, and acute care, ranging from the most severe trauma cases to the medical intensive care unit pulmonary patients.

To patients, quality is an elusive concept. A strong tendency is to perceive the quality only as good as the communications skills, bedside manner, kindness, concern, attention, or being seen right away. But clinicians and clinical outcomes researchers pay attention to the data that scientifically measures quality outcomes.

Denver Health is involved in quality reporting with such organizations as the Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid, The Joint Commission (hospital accrediting organization), the University Healthcare Systems Consortium, the Institute of Healthcare Improvement, and the National Institutes of Health. The Colorado Hospital Association also gathers data for the Colorado Report Card. These agencies, and others in the public and private sector, seek measurements that provide statistical comparisons of care provided in various disease areas.

## Quality Measures

It could be said that the ultimate measure of a hospital's quality is its mortality data. Recent Clinical Outcomes Reports from the University Healthcare Consortium (UHC) on mortality rates within service lines showed that Denver Health continues to be a leader in quality. Mortality information is displayed as expected-to-observed, with the standard being one to one — one expected death, one observed death.

At Denver Health, the ratio dropped to as low as 0.47, meaning that less than half the expected deaths occurred. The ratio was consistently below 1.0 during the entire previous three years. Areas having an observed-to-expected mortality rate less than 0.6 were gastroenterology, gynecology, medical

oncology, neonatology, orthopedics, pediatrics, plastic surgery, rheumatology, spinal surgery, surgical oncology, general surgery, urology, and vascular surgery. Areas consistently below the 1.0 expected mortality rate were cardiology, general medicine, neurology, and ventilator support.

Another “core measure” of quality care looks at the series of actions required for high quality treatment of heart attack patients. To provide high quality care, hospitals must take five primary actions – beta blocker on arrival, for example – for every single patient. Denver Health provided perfect cardiac care (100 percent compliance with the measures) in 2007.

Utilizing an information technology system to prompt care-givers, Denver Health successfully immunizes more than 90 percent of one-year-olds, a record significantly above the national average. Blood pressure control exceeds the national average by more than 20 percent. And the overall trauma survival rate continues to be 94 percent, one of the best in the nation.

Denver Health has developed a series of registries, designed to ensure careful maintenance of information important to quality care. Besides immunizations, Denver Health physicians electronically keep track of diabetes indicators, hypertension, and colorectal cancer screening.



**Kendra Moldenhauer,**  
BSN, Director, Patient Safety and Quality and Regulatory Compliance, has been at Denver Health since 1984 except for a short stint at the University of Colorado Health Sciences

Center in 2001. Kendra earned her bachelor of science in nursing at the University of Northern Colorado in Greeley, and served in increasingly responsible roles in nursing management, risk management, and trauma services management before assuming her current role in 2005.

*“It has been gratifying to work with so many dedicated doctors, nurses and other care-givers in the development of our patient safety and quality program. Denver Health has made progress in these areas a high priority, and I love having the opportunity to be a contributor.”*

— Kendra Moldenhauer



**Philip S. Mehler, M.D.,** is Chief Medical Officer and head of the Department of Patient Safety and Quality at Denver Health. The mission of his department is to improve patient care

and promote patient safety. Dr. Mehler has been at Denver Health since 1983 when he trained at the hospital in internal medicine and served as Chief Medicine Resident. He earned his bachelor’s degree at the University of Colorado, and his medical degree at the University of Colorado School of Medicine, where he is now a Professor of Medicine, and holds an endowed chair.

*“Denver Health’s record in quality is quite remarkable, and is pursued with energy and determination throughout our organization. I am very proud of our achievements. In addition to the commitment of our employees, we have our sophisticated information technology system to thank for our excellent record.”*

— Philip Mehler, M.D.

Widely known for his expertise in the medical complications of eating disorders, Dr. Mehler runs the ACUTE eating disorders program at Denver Health. He has published two books on eating disorders, 157 research articles in a variety of publications, as well as many book chapters and abstracts. He is deeply committed to patient safety and quality.

### *Quality Care at Denver Health*

- **Trauma Survival: 93%**
- **One-year-old immunizations: 92%**
- **Overall Mortality: Less than half expected**
- **Blood pressure control: 51% (national average is 30%) with no ethnic disparity**
- **Perfect cardiac care**



*Denver Health Patient Safety*

# Denver Health

## 2007 and 2006 Financials

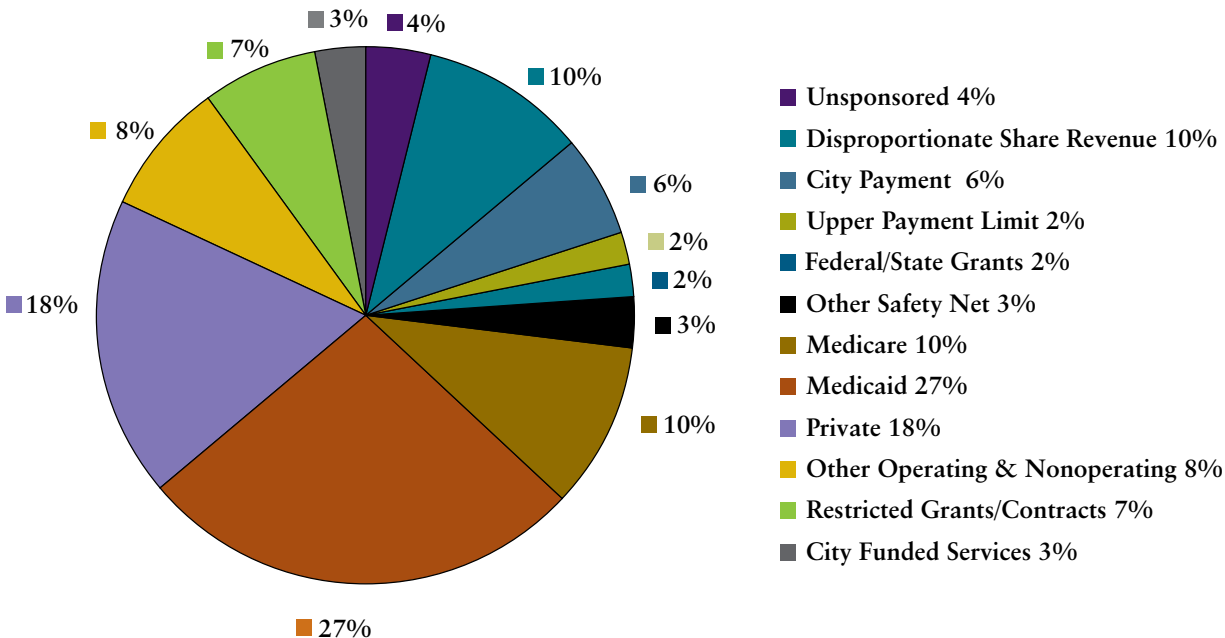
Denver Health and Hospital Authority  
Balance Sheets  
December 31, 2007 and 2006

	2007	2006
<b>Assets</b>		
<b>Current assets:</b>		
Cash and cash equivalents	\$ 51,212,526	74,066,249
Short-term investments	3,344,003	6,218,166
Patient accounts receivable, net of contractual allowances of approximately \$52,591,000 and \$44,581,000, respectively, and estimated uncollectibles of approximately \$32,429,000 and \$28,714,000 in 2007 and 2006, respectively	56,885,870	51,048,787
Due from other governmental entities	9,073,570	7,716,707
Due from City of Denver	1,133,192	681,111
Estimated third-party payor settlements receivable	7,921,263	8,248,321
Other receivables	12,904,116	9,587,539
Interest receivable	1,913,224	1,594,574
Inventories	7,128,031	7,064,836
Prepaid expenses and other assets	2,596,895	468,434
<b>Total current assets</b>	<b><u>154,112,690</u></b>	<b><u>166,694,724</u></b>
<b>Noncurrent assets:</b>		
Restricted investments	87,216,182	47,916,346
Capital assets, net of accumulated depreciation	368,032,631	334,187,228
Long-term investments	53,081,800	43,670,287
Other assets	2,764,481	2,628,441
<b>Total noncurrent assets</b>	<b><u>511,095,094</u></b>	<b><u>428,402,302</u></b>
<b>Total assets</b>	<b><u>\$665,207,784</u></b>	<b><u>595,097,026</u></b>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities:</b>		
Current maturities of bonds payable	\$3,450,000	2,230,000
Current maturities of capital leases	116,212	72,761
Accounts payable and accrued expenses	17,618,036	21,229,918
Accounts payable – construction	3,250,500	1,907,691
Accounts payable from restricted investments	6,016,749	2,005,406
Accrued salaries, wages, and employee benefits	11,451,555	19,993,395
Accrued compensated absences	19,879,482	17,918,396
Deferred revenue	15,839,978	16,579,466
Accrued claims	12,498,000	13,000,327
<b>Total current liabilities</b>	<b><u>90,120,512</u></b>	<b><u>94,937,360</u></b>
<b>Long-term liabilities:</b>		
Long-term portion of compensated absences	640,643	661,416
Bonds payable, less current maturities	206,421,157	129,663,308
Capital lease obligations, less current maturities	24,972	87,497
Other long-term debt	1,200,000	—
Other post employment benefits	260,853	—
Deferred loss on refunding	(8,863,584)	—
<b>Total long-term liabilities</b>	<b><u>199,684,041</u></b>	<b><u>130,412,221</u></b>
<b>Total liabilities</b>	<b><u>289,804,553</u></b>	<b><u>225,349,581</u></b>
<b>Net assets:</b>		
Invested in capital assets, net of related debt	240,550,946	214,229,147
Restricted	13,549,115	35,383,659
Unrestricted	121,303,170	120,134,639
<b>Total net assets</b>	<b><u>375,403,231</u></b>	<b><u>369,747,445</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$665,207,784</u></b>	<b><u>595,097,026</u></b>

**Denver Health and Hospital Authority**  
**Statements of Revenues, Expenses, and Change in Net Assets**  
 Year ended December 31, 2007 and 2006

	<u>2007</u>	<u>2006</u>
<b>Operating revenues:</b>		
Net patient service revenue	\$219,350,931	228,441,411
Premiums earned	124,357,149	85,299,471
Medicaid disproportionate share and other safety net reimbursement	69,576,019	76,861,901
Primary care funds	6,744,468	7,015,549
City of Denver payment for hospital services	27,542,700	27,270,000
Federal and state grants	31,394,162	28,702,884
Other grants	16,868,654	14,550,503
City of Denver purchased services	16,175,257	15,423,491
Poison and drug center contracts	21,551,811	17,603,769
Other operating revenue	<u>17,258,931</u>	<u>13,383,912</u>
Total operating revenues	<u>550,820,082</u>	<u>514,552,891</u>
<b>Operating expenses:</b>		
Salaries and benefits	311,009,466	282,452,840
Contracted services and nonmedical supplies	98,006,225	91,705,418
Medical supplies and pharmaceuticals	51,582,508	48,383,821
Managed care administration and claims	55,503,804	45,782,128
Depreciation and amortization	29,297,932	24,433,715
Total operating expenses	<u>545,399,935</u>	<u>492,757,922</u>
Operating income	<u>5,420,147</u>	<u>21,794,969</u>
<b>Nonoperating revenues (expenses):</b>		
Investment income	8,163,071	7,323,435
Interest expense	(9,139,753)	(7,706,958)
Net increase in fair value of investments	1,027,338	353,551
Gain (loss) on disposition of capital assets	(368,941)	179,069
Total nonoperating revenues (expenses)	<u>(318,285)</u>	<u>149,097</u>
Income before capital contributions	5,101,862	21,944,066
Capital contributions	553,924	353,094
Increase in net assets	5,655,786	22,297,160
Total net assets, beginning of year	<u>369,747,445</u>	<u>347,450,285</u>
Total net assets, end of year	<u>\$375,403,231</u>	<u>369,747,445</u>

**Denver Health Net Revenues 2007 — Audited**



# 2007 Denver Health

## Awards & Accomplishments

### *Beginnings*

A new inpatient rehabilitation facility for homeless veterans opened February 1 in Denver CARES. Homeless veterans identified by Denver Human Services are eligible for the Homeless Veterans First (HVF) 14-bed transitional housing unit. The HVF inpatient program integrates health care and mental health treatment. After the initial program at Denver CARES, the clients live in a residential home and then transition into a place of their own.

Denver Public Health (DPH) opened a new Travel Clinic providing comprehensive travel health consultations, education, immunizations and expert advice for individuals, families and groups traveling abroad.

The Connections for Kids Clinic, a primary care clinic for children in foster care, opened in Denver Health's Gibson Eastside Family Health Center. The clinic is funded through a grant from the Maternal and Child Health Bureau 2007 Healthy Tomorrows Partnership for Children.

Denver Health added Interventional Cardiology services in July. In the past, when a patient required a cardiac intervention, they were sent to the University of Colorado Hospital for all necessary procedures, then transported back to Denver Health for recovery. The new program is integrated with the University to provide 24/7 coverage with day coverage now performed at Denver Health.

Denver Health launched the Screening, Brief Intervention and Referral to Treatment (SBIRT) Project in the Emergency Department and Women's Care Clinic in August. Through SBIRT, clinical staff screen patients for tobacco, alcohol and other drug use. Patients who screen positive for risky substance use are offered a short motivational session to help them make healthy choices about substance use. SBIRT is a statewide federally-funded service project scheduled to run through 2011. Denver Health is the largest SBIRT site in Colorado.

### *Milestones*

Denver Health and Hospital Authority celebrated its 10th birthday as an Authority in 2007. Since 1997, Denver Health has:

- Become the state's largest Medicaid provider;
- Provided more than \$2.5 billion in services to the uninsured;
- Generated physician billing of more than \$18.2 million;
- Increased grant funding from \$24.2 million per year to nearly \$40 million per year;
- More than doubled total patient revenue to nearly \$320 million;
- Increased cash on hand from \$33 million to \$125 million;
- Nearly tripled gross revenue to more than \$800 million;
- Increased net operating revenue from \$251 million to \$518 million;
- Become a 477-bed hospital with private rooms and wireless Internet;
- Established the Denver Health Paramedic School housed in the Rita Bass Trauma and EMS Institute which was built using private and federal funding in 2002;
- Expanded correctional care to include surrounding county, state and federal institutions;
- Established a partnership between the Rocky Mountain Regional Trauma Center and Vail Valley Medical Center;
- Undertaken a federally-funded project to transform the delivery of health care, eliminate waste and create a delivery model to ensure the highest level of patient safety and quality;
- Transformed facilities through the construction of 8 new buildings, and 8 new operating suites;
- Had stable and strong leadership;
- Become a major business that contributes to the economy through a work force of more than 4,500 employees, and an annual payroll of more than \$261 million;
- Become a clinical training site for more than 3,000 students every year.

The most recent University Health System Consortium third quarter report on quality showed Denver Health among the top hospitals in the nation when it comes to low levels of mortality. When measuring mortality, the ratio of "observed" (actual) deaths to "expected" deaths is used. Denver Health's ratio is half of what is expected.

### *Awards*

Denver Health's Pavilion for Women and Children was recognized by the U.S. Green Building Council for its environmentally responsible ("green")



design and construction, with a LEED Silver designation. The Pavilion for Women and Children is the first public safety net hospital project in the country to receive this designation. LEED stands for Leadership in Energy and Environmental Design.

The Commonwealth Fund Commission on a High Performance Health System recognized Denver Health as a “learning laboratory” for the nation.

Denver Health was named to *Hospitals & Health Networks* 2007 Most Wired list. This is the first year Denver Health has made the 100 Most Wired list. Denver Health ranked on the *Hospitals & Health Networks* Top 25 Most Improved list in 2005 and 2003.

Denver Health was finalist for the El Pomar Foundation’s annual award acknowledging outstanding nonprofit organizations for their exemplary commitment to the communities they serve.

Denver Health’s Center for Occupational Safety and Health (COSH) was awarded membership into the Association of Occupational and Environmental Clinics. Denver Health’s COSH is one of only three clinics in Colorado to have been awarded membership.

Denver Health’s Department of Oncology and Gynecology received the Lifeline Award from the National Marrow Donor Program Council.

Denver Health’s Office of Public Relations and Marketing received a Gold Award from Hermes Creative Awards for “Your Answer Guide,” the Denver Health inpatient handbook; and a Silver Award from Aster Awards for “Celebrating Everyday Triumphs,” Denver Health’s 2005 Annual Report.

Patricia A. Gabow, M.D., chief executive officer and medical director, Denver Health, was named to *Modern Healthcare* magazine’s 50 Most Powerful Physician Executives in Healthcare 2007 list. Dr. Gabow also received the 2007 Unique Woman of Colorado Award during the *Denver Post* Unique Lives & Experiences lecture series; and received the Spirit of Denver Award at the League of Women Voters of Denver Education Fund Visions of the City Dinner.

Sixteen Denver Health physicians were named Top Doctors by *5280* magazine – John Bealer, M.D., Pediatric Surgery; Daniel Bessesen, M.D., Endocrinology; John Carroll, M.D., Interventional Cardiology; David Collier, M.D., Rheumatology; Richard Dart, M.D., Ph.D., Toxicology; Taru Hays, M.D., Pediatric Hematology, Oncology; Kevin Lillehei, M.D., Neurological Surgery; Stuart Linas, M.D., Nephrology; John Lockrem, M.D., Anesthesiology; Richard Meehan, M.D., Rheumatology; Philip Mehler, M.D., Internal Medicine; John Mitchell, M.D., Thoracic Surgery; David Patrick, M.D., Pediatric Surgery; Michael Schaffer, M.D., Pediatric Cardiology; Sterling West, M.D., Rheumatology; and Robin Yasui, M.D., Geriatric Medicine.

Magdalena Aguayo, PA, Sandos Westside Family Health Center, received the Lena L. Archuleta Community Service Award from the Denver Public Library Commission.

Bobbi Barrow, Chief Communications Officer, received the National Association of Public Hospitals’ Community Engagement Award for the Denver Health Political Clout Initiative.

Andrew Bjork, assistant director, Inpatient Pharmacy, received the Distinguished Young Pharmacist of the Year award from the Colorado Pharmacists Society.

Bill Burman, M.D., medical director, Denver Public Health Infectious Disease Clinic, has been listed as one of the authors most cited in Tuberculosis research papers, according to *Nature Medicine*.

Stephen Cantrill, M.D., director, BNICE Training Center, was appointed a member of the National Biodefense Science Board by Health and Human Services Secretary Michael Leavitt.

Steve Federico, M.D., director, School-based Health Centers, was appointed by Colorado Governor Bill Ritter to the Advisory Committee on Covering All Children in Colorado.

Fernando Kim, M.D., director, Urology, was appointed as director of the first national faculty for the Urological United States Committee. Dr. Kim also received recognition as the most accomplished Korean urologist by the Korean Urological Association, and was elected director of the first International Portuguese-speaking Urological Meeting for American Urological Association.

Chadrise Knight, occupational therapist, Outpatient Rehabilitation Services, was named a certified hand therapist. Only five percent of all registered occupational therapists hold this title.

Joyce Kobayashi, M.D., psychiatrist, Behavioral Health Services, received the Outstanding Achievement Award from the Colorado Psychiatric Society.

Anita Kreider, ANP, CDE, NP, diabetes educator, Denver Health Community Health Services, was named the 2007 Rocky Mountain Association of Diabetes Educators, Educator of the Year.

Michael Lepore, M.D., F.A.C.S., director, Otolaryngology, was named one of the Top Surgeons in America for 2007 by the Consumers’ Research Council of America. Dr. Lepore was also appointed to serve on the National Republican Congressional Committee Physician’s Advisory Board.

Dafna Michaelson, director, Volunteer Services, passed the Certified Administrator of Volunteer Services (CAVS) exam to become the first certified administrator of Volunteer Services in Colorado.

Ernest E. “Gene” Moore, M.D., chief, Surgery and Trauma Services, was appointed Vice Chair for Research in the Department of Surgery at the University of Colorado Denver School of Medicine.

**Keri Reiner and Gabe Romero**, Denver Health paramedics, were recognized at the Goodwill Volunteers Rock breakfast for their volunteer work at career fairs educating high school students about health care careers.

**Linda Stackhouse, C.P.P.**, senior Human Resources Information systems analyst, Employee Services, received the American Payroll Association's Payroll Citation of Merit.

**LaVonna Walker, RN**, assistant chief nursing officer, and **Teresa Trabert, RN**, Infusion Center, were inducted into the Sigma Theta Tau International Nursing Honor Society.

**Kathryn Wells, M.D., F.A.A.P.**, pediatrician, and medical director of the Denver County Family Crisis Center, received the inaugural National Leadership Award at the Putting the Pieces Together for Children and Families National Conference on Substance Abuse, Child Welfare and the Courts.

**Jennifer Wieczorek**, administrator, Health Promotion Program, Denver Public Health, received the Excellence in Public Health Education award from the Colorado Society Health Education.

### *Grants*

**Kerry Broderick, M.D.**, Emergency Medicine, was awarded a \$1.9 million, four-year grant to study substance abuse and mental health services through peer assistance, and to provide screening, brief treatment and referral for substance abuse in Denver Health clinics.

**Art Davidson, M.D.**, Denver Public Health, was awarded a two-year, \$963,000 grant from the Agency for Health Care Research and Quality for the Colorado Associated Community Health Information Exchange to design, develop, implement and evaluate an interoperable quality information system for a collaborative network of community health centers that permits real-time and synchronous quality reporting on patient care, quality interventions and health policy and advocacy efforts.

**David Cohn, M.D.**, Denver Public Health, was awarded an \$860,000 grant from the National Institute of Allergy and Infectious Disease, through the Institute for Clinical Research and George Washington University, to carry out HIV/AIDS clinical research studies through the International Network for Strategic Initiatives in Global HIV Trials.

**Brian Stauffer, M.D.**, Medicine, was awarded a five-year, \$491,265 grant from the National Heart, Lung and Blood Institute for a diet, sex, steroids and cardiomyopathy study to focus on the biochemistry and molecular biology of sex differences in cardiac disease.

**Connie Price, M.D.**, Infectious Diseases, was awarded \$399,917 from the Agency for Health Care Research and Quality to implement three multidisciplinary tools for reducing hospital associated infections.

**Sheri Eisert, Ph.D.**, Health Services Research, was awarded \$393,575 from the Agency for Healthcare Research and Quality to improve asthma care in an integrated safety net through a commercially available electronic medical record.

**Henry Fischer, M.D.**, Community Health Services, was awarded \$357,543 from the Agency for Healthcare Research and Quality to explore how disease registries can be used to support more sophisticated care delivery, and to improve the quality of care for Denver Health patients with diabetes.

**Patrick Bosque, M.D.**, Medicine, was awarded a two-year, \$322,821 grant from the National Institute of Neurological Disorders for stroke identifying pathogenic protein aggregates in amyotrophic lateral sclerosis through autocatalytic misfolding.

**Bill Burman, M.D.**, Denver Public Health, was awarded \$320,774 from the Centers for Disease Control, through the Colorado Department of Public Health and Environment, to expand Ryan White services. Specifically, this funding is to be utilized to perform HIV-related testing, improve retention in HIV care and treatment adherence, and to assist patients with transition from initial HIV diagnosis to ongoing care, including people living with HIV who are incarcerated in city and county jails.

**Mark Anderson, M.D.**, Community Health, was awarded \$176,445 from the Amendment 35 tobacco tax money to develop an approach that focuses on the education of the most poorly controlled asthma patients and their providers, and proposes a pilot study of a new approach to pediatric asthma care.

**Stephen Cantrill, M.D.**, Emergency Medicine, was awarded \$150,000 from the Agency for Healthcare Research and Quality to review and revise the alternative care site selection tool that was developed under The Rocky Mountain Regional Model for Bioterrorist Events.

**Brian Stauffer, M.D.**, Medicine, was awarded a two-year, \$132,000 grant from the American Heart Association to study metabolic syndrome and endothelial t-PA release in older adults.

**Chris Urbina, M.D.**, Denver Public Health, was awarded \$103,000 from Live Well Colorado to provide a comprehensive approach to promote physical activity and nutrition.





# Denver Health's

## 1,452 STARs Shine Brightly

**In 2007** Denver Health presented 1,452 STAR (Special Treatment and Action Reward) awards to employees for their commitment and dedication to patients, visitors and co-workers. Each award is \$50. Employees from every division, department, and discipline received awards, including doctors, nurses, technicians, professionals and hourly employees. Some employees received more than one award during the year for their outstanding work.

- |                 |                    |                    |                   |                  |                   |                   |                  |                   |
|-----------------|--------------------|--------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|
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# Teamwork

Makes the Difference

**In 2007, 36 teams** came together to find a way to make Denver Health more efficient, or LEAN. And they received a portion of the savings they achieved for the organization in the form of a bonus.

In total, more than \$77,000 was awarded to more than 300 employees for their involvement in projects ranging from improving diabetes care to implementing a time and attendance technology program.

Project Title	Project Team Members
Orthopaedic Surgical Supply Cost Savings	Angelina Lampkin, Ashley Schneider, Stacey Mclardy, Holly Ringsdale, Pierre Wood, Holly Pino
In House Record Destruction	Michelle Peterson, Linda Trujillo, Wendy Ritzdorf, Frank Fresquez
Post-RIE Improvements at Lowry Family Health Center	Bettina Schneider, Gina Feng, Sherry Kerbs, Gloria Martinez, Brenda Quatrochi, Tina Quintana, Ana Reyes, Amie Staudenmaier, Julie Entwistle, Patty Brewis, Sylvia Cooper, Gilda Griffin, Pat Jacobson, Heidi McCotter, Andy Nill, Jennifer Pando
Inpatient Enrollment	Carol Lovsth, Christine Lassiter, Nancy Holtzmaster, Richard Castro, Cesar Rodriguez, Luz Collins, Rafael Gomez-Gaitan, Sara Richardson, Vera Stelter
Operating Room RIE – Room Turnover for Ophthalmology	Nicole Archuleta, Ann Andis, Kenneth Hill, John Lockrem, Malgorzata Ptasznik, Steve Scharton, Savita Sharma, Ryan Tedrow, Jessica Vastola
Accounting Unit Close-Outs	Julie Potocnik, Jeanette Lesser, Tanya Weinberg, Darla Skidmore, Pamela Durk, Judy Richmond, Art Pierce, Nikki Pham, Julie Caine, James Henshaw
Financial Counseling	Cheryl Stephenson, Rafael Gomez-Gaitan, Carol Lovseth, Luis Picardo, Bettina Schneider, Amit Karkhanis, Nancy Klock, Tom McCloskey, Nancy McDonald, Jennifer Jefferson
Orthopaedic Inventory Reduction and Control	Stewart Layhe, Kathy Clasen, Steve Kenyon, Denise Rosnick

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Operating Room RIE – Room Turnover for Ophthalmology	Nicole Archuleta, Ann Andis, Kenneth Hill, John Lockrem, Malgorzata Ptasznik, Steve Scharton, Savita Sharma, Ryan Tedrow, Jessica Vastola
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Financial Counseling	Cheryl Stephenson, Rafael Gomez-Gaitan, Carol Lovseth, Luis Picardo, Bettina Schneider, Amit Karkhanis, Nancy Klock, Tom McCloskey, Nancy McDonald, Jennifer Jefferson
Orthopaedic Inventory Reduction and Control	Stewart Layhe, Kathy Clasen, Steve Kenyon, Denise Rosnick
Speech Therapy Productivity Project	Tricia Gudridge, Liliana Stagakes, Emi Sandoval-Kimura, Linda Roberts, Iris Ticas Montoya
Leaning the Contract Signature Process	Jean Holzgart, Julie Wilson, Scott Hoye
EMS Benchmarking Project	Mike O'Malley, Mike Nugent, James Robinson, James Manson, John Watson
Duplicate Claim Reduction	Deb Markson, Nancy Klock, Jorge Chaves, Holly Anthony, Shirlee Davis, Charlotte Duran-Walker, Louis Beauchamp, Pam Senneff
Denver Public Health Vital Records Improvement Plan	Karen Martinez, Peggy Ballew, Lorraine Rivera, Sharon Rhazi, Dolores Shuster, Mayra Villalobos
Handoff: Patient brought from the Emergency Department to the Floor	Mark Wright, Donna Balshaw, Rob Leeret, Lisa Babbit, Priscilla Reinhart, Scott Gorseger, Doug Clinkscales, Darlene Ebert, Mark Reid, MD
Standardized Quality Assurance Process for Denials and Rejections	Nancy Klock, Cheryl Stephenson, Dana Ballai, Richard Castro, Terri Brown, Ana Reyes, Rhonda Rivera
Sterile Processing/Operating Room Biological Testing Cost Savings	Stephanie Hood, Nina Smith, Gloria Damian, Joe Benavidez, Lea-Dawn Oldham, Dasia Lively, Ken Dupre, Katrina Hillinski, Ashley Castro, Lorinda Velazquez, Rachel Treado, Julia Morrison, Mike Rosenbaum, Brian Sprague, Betty Dyke, Steve Kenyon
Electronic Medical Records Audits	Sarah Branish, Jeff McNally, Marc Blasi
Improving Patient Flow Utilizing the RIE Concept – Westside Adult Clinic	Vickie Leger, Mary O'Connor, Tricia Mestas, Jolynn Garcia, Christina Gibson, Tara Edick, Sharon Salazar, Jan Johnson, Amie Staudenmaier, Pete Gutierrez, Shirley Anaya, Erika Moreno, Jill Jordan, Nancy Holtzmaster, Julie Entwistle, Richard Castro, Mary O'Connor, Tricia Mestas, Cherie Spinks, Perla Garfio, Jenny McCoy, Jeff McNally, Vickie Leger, Dana Ballai
Mapping of Perioperative Storage Areas	Raul Martinez, Kathy Clasen, Stewart Layhe
Change in Cystoscopy Pack Requirements	Maura McHugh, Carolina Chavarria, Regina Natividad, Jennifer Newby
Improve Claims Processing Efficiency for Services Requiring Authorization	Pam Senneff, Jan Tucker, Charlotte Duran-Walker, Ron Aguilar, Deb Markson
Physician Query Tool for Internet Protocol Charges	Louis Beauchamp, Brian Leary, Melissa Lord, Deb Linehan, Ryan Birkmaier

## Project Title

## Project Team Members

**Streamline Payroll and Vacancy Report Preparation and Distribution**

Lynn Fortney-Walker, Jennifer Jankovich, Fred Novy, Laura Lucero, Cathleen Collins, Erin Whitrock, Raylene Taylor

**Instrument Tracking System**

Steve Kenyon, Rachel Treado, Dasia Lively, Ken Dupre, Leah-Dawn Oldham, Julia Morrison, Betty Dyke, Joe Benavidez, Mike Rosenbaum, Katrina Hilinski, Lorinda Velasquez, Brian Sprague, Megan Morris, Ed Stibitz, Gloria Damian

**Operating Room Schedule Distribution**

David Dailey, Cory Ray, Stephanie Higgins

**Subscriber Quarterly Report Generation**

Elise Bailey, David Daley, Pete Stoller

**Westside Peds/Teen Clinic Provider Flow Cell**

Vickie Leger, Amie Staudenmaier, Dana Ballai, Mary O'Connor, Tricia Mestas, Cherie Spinks, Perla Garfio, Jenny McCoy, Jeff McNally

**Time and Attendance Implementation**

Cesare Merriman, Adam Medford, Linda Stackhouse, Charlene Childs, Tim Allen, John Gisi

**Self-Management Goal — Raising the Bar**

Anita Marley, Morris Askenazi, Neil Dobson, Pat Jacobson, Nora Rico, Valerie Escalera, Camilla Robles, Matt Beno, Julie Entwistle, Jeri Gartner

**Quality Improvement: Diabetes Care**

Lara Penny, Susan Macaskill, Louise Ortiz, Linda Hansen, Paul Moore, Chis Bryant, Oddie Kennedy, Veronica Zuniga, Betty Washington, Ruby Cooper, Gaby Suarez, Juan Banuelos, Silvia Hernandez







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Elizabeth Hoagland  
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Denver Public Schools  
Glennon Heights Mennonite Church Women  
Lutheran Family Services  
Mental Health America of Colorado  
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# Denver Health Foundation

## 2007 and 2006 Financials

The Denver Health and Hospitals Foundation  
Statements of Financial Position  
December 31, 2007 and 2006

	2007	2006
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	\$ 1,170,616	\$ 822,425
Beneficial interest in assets held by third party	9,461,221	8,520,893
Contributions receivable	31,242	111,580
Inventory	63,975	67,411
Prepaid expenses and other assets	37,796	9,634
<b>Total assets</b>	<b>\$ 10,764,850</b>	<b>\$ 9,531,943</b>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities</b>		
Accounts payable (including approximately \$321,000 and \$166,000, respectively, due to Denver Health and Hospital Authority)	\$ 686,934	\$ 514,808
Deferred revenues	10,000	5,000
<b>Total current liabilities</b>	<b>696,934</b>	<b>519,808</b>
<b>Net assets</b>		
Unrestricted	708,784	562,057
Temporarily restricted	3,580,956	2,939,879
Permanently restricted	5,778,176	5,510,199
<b>Total net assets</b>	<b>10,067,916</b>	<b>9,012,135</b>
<b>Total liabilities and net assets</b>	<b>\$ 10,764,850</b>	<b>\$ 9,531,943</b>



# Denver Health Foundation

## 2007 and 2006 Financials

	Year Ended December 31, 2007				Year Ended December 31, 2006			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenues, gains and other support</b>								
Contributions	\$77,864	\$1,937,405	\$261,152	\$2,276,421	\$96,993	\$1,469,389	\$184,878	\$1,751,260
Special events	618,476	33,033	—	651,509	243,216	176,534	—	419,750
Less direct benefit costs	(150,475)	(15,241)	—	(165,716)	(46,874)	(90,855)	—	(137,729)
Net revenue from special events	468,001	17,792	—	485,793	196,342	85,679	—	282,021
Investment income								
(net of investment expenses)	76,139	118,598	—	194,737	50,069	77,931	11,672	139,672
Realized gains on investments	42,885	146,210	—	189,095	105,308	358,380	5,155	468,843
Unrealized gains on investments	117,665	408,882	—	526,547	104,038	341,310	—	445,348
Stipulation changes by donor	(24,884)	18,059	6,825	—	—	(213,208)	213,208	—
In-kind gifts and services	384,400	83,959	—	468,359	408,476	170,846	—	579,322
Net revenues, gains and other support	596,205	775,708	6,825	1,378,738	667,891	735,259	230,035	1,633,185
Total Revenues, gains and other support before restrictions	1,142,070	2,730,905	267,977	4,140,952	961,226	2,290,327	414,913	3,666,466
Net assets released from restrictions	2,089,828	(2,089,828)	—	—	1,917,657	(1,917,657)	—	—
<b>Total revenues, gains and other support</b>	<b>3,231,898</b>	<b>641,077</b>	<b>267,977</b>	<b>4,140,952</b>	<b>2,878,883</b>	<b>372,670</b>	<b>414,913</b>	<b>3,666,466</b>
<b>Expenses</b>								
<b>Program services</b>								
Trauma prevention and care	78,565	—	—	78,565	149,389	—	—	149,389
Women, children and adolescents	470,283	—	—	470,283	334,647	—	—	334,647
Community health services	933,199	—	—	933,199	504,855	—	—	504,855
Behavioral health	4,565	—	—	4,565	4,000	—	—	4,000
Patricia A. Gabow Endowment for Vulnerable Populations	57,025	—	—	57,025	49,666	—	—	49,666
Volunteer auxiliary	54,750	—	—	54,750	209,553	—	—	209,553
Rocky Mountain Poison and Drug Center	81,183	—	—	81,183	76,277	—	—	76,277
Emergency medicine	5,578	—	—	5,578	2,500	—	—	2,500
Employee services	334,780	—	—	334,780	302,133	—	—	302,133
Health services research	42	—	—	42	14,489	—	—	14,489
Medicine	1,028	—	—	1,028	1,411	—	—	1,411
Nursing	—	—	—	—	30,693	—	—	30,693
Orthopedics	162,689	—	—	162,689	15,517	—	—	15,517
Pediatrics	—	—	—	—	150,016	—	—	150,016
Poison center	250	—	—	250	—	—	—	—
Public health	526	—	—	526	—	—	—	—
<b>Total program services</b>	<b>2,184,463</b>	<b>—</b>	<b>—</b>	<b>2,184,463</b>	<b>1,845,146</b>	<b>—</b>	<b>—</b>	<b>1,845,146</b>
<b>Supporting services</b>								
General and administrative	583,127	—	—	583,127	313,293	—	—	313,293
Fundraising	317,581	—	—	317,581	384,818	—	—	384,818
<b>Total supporting services</b>	<b>900,708</b>	<b>—</b>	<b>—</b>	<b>900,708</b>	<b>698,111</b>	<b>—</b>	<b>—</b>	<b>698,111</b>
<b>Total expenses</b>	<b>3,085,171</b>	<b>—</b>	<b>—</b>	<b>3,085,171</b>	<b>2,543,257</b>	<b>—</b>	<b>—</b>	<b>2,543,257</b>
Change in net assets	146,727	641,077	267,977	1,055,781	335,626	372,670	414,913	1,123,209
Net assets at beginning of year	562,057	2,939,879	5,510,199	9,012,135	226,431	2,567,209	5,095,286	7,888,926
Net assets at end of year	\$ 708,784	\$ 3,580,956	\$ 5,778,176	\$ 10,067,916	\$ 562,057	\$ 2,939,879	\$ 5,510,199	\$ 9,012,135

# Message

## From the Board of Directors



It was another banner year at Denver Health, with 2007 marking the important milestone of 10 years as a public authority. It was a time to celebrate the many achievements attributable to the independent governance granted us in 1997. As a political subdivision of the state, we had the ability to be innovative and flexible, respond quickly to marketplace pressures or opportunities, access the private bond market, and engage in national purchasing consortia. We improved facilities, expanded services, and enhanced information technology capability. It had been an exciting 10 years, and the Board was pleased that Denver Health remained in the black during the entire decade.

At the same time we were celebrating this anniversary, we continued our historical commitment to the highest quality health care, access for the vulnerable citizens in our society and service to Coloradans and others in the region through our Level I care provided in the Rocky Mountain Regional Trauma Center and Rocky Mountain Poison and Drug Center.

As a key player in the health care community, in 2007 Denver Health began meeting the challenges inherent in the departure of two major hospitals from Denver. We remodeled spaces that had been vacated in 2006 upon the completion of the Pavilion for Women and Children, and opened dozens of new beds in order to expand capacity and meet increased demand.

As a safety net organization with a huge mission, we were challenged as always to operate within a narrow margin of profitability. We were successful in doing so in 2007, as the financial statements in this report will attest.

Among the several reasons for this success is the innovative project we have had under way at Denver Health. Using LEAN principles, we began the transformation of our processes. An effort well into its fourth year, this project is now contributing significantly to the financial stability of the organization. As a board, we remain proud of the continuous progress in waste reduction that has saved us millions of dollars, and the determination to “perfect the patient experience” through improved delivery processes, newly-designed facilities, and a strong and satisfied work force.

On behalf of the entire Denver Health and Hospital Authority Board of Directors, I want to thank the dedication and hard work of our physicians, nurses, other health care providers and staff, all of whom demonstrate their commitment to our mission on a daily basis. They are the heart and soul of Denver Health, and as such, serve the community in a unique and significant way. Because of their consistent effort, we were able to provide \$276 million in care to 69,000 individual uninsured patients in 2007, and also serve 61,000 Medicaid patients.

The Board applauds the solid level of financial performance and the outstanding record of quality at Denver Health, and is pleased to extend congratulations as well as thanks for a productive and successful year.

Bruce Alexander  
Chair, Denver Health and Hospitals Authority  
Board of Directors





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