REPORT TO THE CITY OF DENVER 2014

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I. Overview

2014 was a year of growth for Denver Health. As the organization focused on executing the first stages of its long-term strategic plan, the organization made significant advances in increasing access to quality health care.

Our areas of focus are:

- Growth;
- Workforce engagement;
- Patient experience;
- Community;
- Financial vitality; and
- Patient Safety & Quality.

Access

Denver Health has always had a strong dedication to providing high-quality care to the City and County of Denver. In 2014, the organization worked diligently to increase access to such care. In fact, the wait list for primary care at Denver Health decreased from 10,000 people to zero! Denver Health now has more than 139,000 primary care patients – an 11 percent increase from 2013. These patients generate more than 350,000 visits across the Denver Health primary care system.

Denver Health is keenly aware that health care coverage is linked to improved access to care. In 2014, Denver Health's Enrollment Services Site, which can enroll Medicaid on-site at the patient's convenience, made significant contributions to improving patient access at Denver Health by shifting approximately 19,000 patients from an uninsured status to Medicaid or another form of coverage. Denver Health now has a total of 142,899 Medicaid patients compared to the 70,344 that existed at the beginning at 2014. The shift in coverage provides critically needed funding that helps Denver Health continue its mission of providing quality care regardless of a patient's ability to pay.

Additionally, Denver Health expanded capacity to specialty clinics by more than 15,000 appointments in order to meet patient needs. There were approximately 136,000 patient visits to specialty clinics in 2014.

Growth

Denver Health demonstrated its dedication to patient access with several new construction projects in 2014. One of the most significant of these projects was the opening of its newly remodeled Lowry Family Health Center. This 31,530 square foot clinic includes:

- 27 exam rooms;
- A dental clinic, which serves adults and children;
- A women, Infants and Children (WIC) office;
- A larger pharmacy, which provides full pharmacy services;
- A new classroom space to educate family medicine residents from the University of Colorado; and
- On-site laboratory services and enrollment services.

Additionally, Denver Health officially announced that it will build its ninth Community Health Center in southwest Denver – one of the most underserved communities in Denver.

In May, Denver Health issued $80 million in bonds for the construction of the Southwest Clinic and other campus-wide projects. Denver Health issued these bonds in conjunction with "new market tax credits" which resulted in additional construction funds of $4 million. The City of Denver is an important partner in the construction of this clinic, and rating agencies referenced the relationship with the City as an important factor in re-affirming Denver Health's bond rating for this issue.

The clinic will have 40 exam rooms, 10 rooms for urgent care with extended hours, a pharmacy and dental clinic.

Further, Denver Health cut the ribbon to the new Oasis Transitional Care Unit (OTCU) in August. The OTCU, which was opened in partnership with Vivage Quality Health Partners, is an acute care medical/surgical unit focused on providing innovative care to patients with multiple barriers to a safe discharge. This unit has proven successful by decreasing the average length of stay for these patients from 108 days to 37.5 days!

Finally, in light of the Ebola Virus outbreak in West Africa, Denver Health worked diligently in 2014 to create a bio containment unit specifically designed to stop the spread of highly contagious diseases like Ebola. Denver Health's bio containment unit was toured by both the Colorado Department of Public Health and the Centers for Disease Control and prevention (CDC). The impressive unit, along with the organization's thorough Ebola preparedness plan, landed Denver Health on the highly prestigious list of official Ebola treatment centers.

Workforce Engagement

In 2014, Denver Health's workforce grew from 5,571 to 6,110 employees. In order to gauge employee satisfaction, Denver Health began surveying its workforce annually with a "pulse" survey mid-year. Each department developed an engagement plan based on the results of the survey.

Additionally, the organization revamped its compensation structure in order to be more competitive in the marketplace. Specifically, pay ranges were restructured in order to reduce turnover among employees who have worked within the organization between two and five years.

In May 2014, Denver Health cut the ribbon to its newest employee parking garage. The new garage provides 695 parking spaces and two dual charging stations for electric vehicles. This new garage eliminated the wait list for employee parking.

Denver Health has also stayed true to its commitment to meeting the needs of our patients through diversity. In 2014, the Denver Paramedic Division, working in conjunction with the Denver Health Diversity Committee, implemented the Denver Paramedic Scholarship Program to encourage diverse candidates to be trained as Emergency Medical Technicians (EMTs) and Paramedics for the Division.

Additionally, Denver Health became one of only two hospitals in the state of Colorado to receive the Human Rights Campaign Designation for meeting all the Core Four Criteria for Lesbian, Gay, Bisexual and Transgender (LGBT) patient-centered care. The Healthcare Quality Index (HEI) is the national LGBT benchmarking tool that evaluates health care facilities' policies and practices related to the quality and inclusion of their LGBT patients, visitors and employees.

Patient Experience

In 2014, Denver Health made significant advancements in improving the patient experience by decreasing wait times for urgent and emergent care. In June, Denver Health used a strategic planning event to redesign the way the Adult Emergency Department, Denver Emergency Center for Children and Adult Urgent Care Center functioned in order to increase efficiency. Since the redesign, the Emergency Department average wait time has decreased from 89 minutes to 16 minutes, and patients leaving prior to receiving care went from 7.5 percent to 2.8 percent. The overall number of patients being treated in the Adult Urgent Care Unit has also increased by 20 percent since implementation. Waiting rooms throughout the first floor are frequently empty, and patients are receiving quality care in a timely and efficient manner.

Denver Health also has worked hard to meet National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Program standards. In the fourth quarter of 2014, All Denver Health Community Health Centers, including their 146 primary care providers, were awarded recognition by the NCQA for meeting the program's standards which emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement.

Additionally, as part of the New Markets Tax Credit financing plan for the Southwest Family Health Center construction project, Urban Research Park CDE, LLC in Maryland awarded the Denver Health Foundation a $200,000 grant to support Denver Health's Patient Assistance Fund. The Patient Assistance Fund is a resource of last resort for low-income Denver Health patients who need help to access the medical care and supplies they need to get better. The grant from Urban Research Park CDE will position the Patient Assistance Fund to help 10,000 needy patients in 2015.

Finally, in order to improve the patient experience, Denver Health implemented free patient and visitor parking in 2014!

Community

In 2014, Denver Health was honored to host singer-songwriter, humanitarian and child author Michael Franti on April 26 for a special yoga session with Denver Health employees and their children. This special event was held to showcase the importance of adults' role modeling healthy eating and active living to their children.

Michael Franti also performed at the Nightshine Gala where philanthropists, business executives and community leaders enjoyed a glamorous night out in support of Denver Health.

As always, the Denver Health Foundation's NightShine Gala proved successful as it raised more than $1,383,932, which will help support patient-centered programs. In addition, the foundation's annual Employee Giving Campaign raised more than $204,071, which will help support the patient assistance fund at Denver Health.

Financial Vitality

2014 was also a pivotal year for Denver Health financially. Through a combination of growth, changes in payer mix, and continued focus on productivity and expense management, Denver Health had a year of unprecedented financial results. In 2014, Denver Health had a net income, before capital contributions, of $44,175,220.

As part of the long-term strategic plan, Denver Health outlined several foundational strategies that are key to future success. One of these is the adoption of a new electronic health record (EHR). Following an extensive process, Denver Health contracted with Epic. Epic is the preferred electronic health record system used by more

than 295 health care organizations nationwide. To date, roughly 51 percent of Americans have an Epic record.

Upon implementation at Denver Health, Epic will allow for one chart to follow patients throughout the multiple areas in which they receive care. Patients will also have access to their health records through the MyChart function.

MILESTONES

First "Shark Tank" Program Opens at Denver Health
The first "Shark Tank" program, the Integrated Vascular Center, opened on May 23 on the 2nd Floor of the Davis Pavilion. Originally the program was a Laser Vein Care program, which quickly transitioned into a larger collaborative effort. By joining forces, our vascular surgeons and cardiologists are able to diagnose and treat conditions affecting veins and arteries largely on an outpatient basis. With early intervention, patients can avoid in-patient stays and serious health conditions such as stroke. Our goal is to become a one-stop center for vascular patients. In one location, we offer patients advanced, minimally invasive technology to pinpoint circulation problems for the most accurate diagnosis and treatment. Conditions treated include chronic venous insufficiency, varicose veins, peripheral vascular disease and aortic aneurysms. Special to the program is our on-site vascular laboratory, which provides rapid diagnostic results. Travis Herndon, RVT, our certified vascular technologist, uses non-invasive ultrasound and Doppler to precisely identify blood flow issues to aid the team in planning the least invasive and most effective treatments. Through "Shark Tank," our new business incubator, we are identifying programs that differentiate us and bring needed resources to the community. These new programs are integral to our short and long-range strategic plan!

New Lowry Family Health Center Opened on May 16
Denver Health opened the Lowry Family Health Center on Friday, May 16. The newly remodeled, 31,530 square foot, Lowry Family Health Center includes:

- 27 exam rooms
- A dental clinic, which serves adults and children
- A Women, Infants and Children (WIC) office
- A larger pharmacy, which provides full pharmacy services to our patients
- A new classroom space to educate family medicine residents from the University of Colorado
- On-site laboratory services and enrollment services

Denver Health Opened New Oasis Transitional Care Unit
On August 18, Denver Health cut the ribbon to the new Oasis Transitional Care Unit (OTCU), located on 5W in Pavilion A. The OTCU, which was opened in partnership with Vivage Quality Health Partners, is an acute care medical/surgical unit focused on providing innovative care approaches to patients with multiple barriers to a safe discharge.

Tobacco Cessation Clinic Opened on Main Campus
Denver Public Health is focused on decreasing adult tobacco use in Denver by five percent by 2020, from 18 to 13 percent. To achieve this goal, Denver Public Health is working specifically within Denver Health to reduce tobacco use among adults seen in Denver Health's Community Health Services clinics by five percent (from 25 to 20 percent), also by 2020. One of the tactics to achieve this goal is providing easy access to cessation clinics at Denver Health. This past year, Denver Health opened its first Tobacco Cessation Clinic on its Main Campus. At the clinic, patients receive counseling and a wide variety smoking cessation medication options with little or no copay. For many people, quitting smoking can lead to an additional 10 years of life," says Ali Zirakzadeh, MD, who oversees the clinic. "We designed our service to offer customized, affordable and flexible options to really help people stick with their commitment to quit."

New Employee Parking Garage Opens
Denver Health opened a new 600+ space parking garage (now named Acoma Parking Garage). This provided much needed parking for our patients who visit the main campus as we relocated employees from the Delaware

garage to Acoma. This new garage also eliminated the wait list for employee parking. There are also two dual charging stations providing the capability to charge four electric vehicles.

Denver Health Now Serving Thomas Jefferson High School
Denver Health celebrated the grand opening of the 16th School-Based Health Center at Thomas Jefferson High School, Wednesday, September 3. School-Based Health Centers expand access to care, provide preventive medicine and help students stay in school while offering an affordable and convenient way for parents to ensure their children get quality physical and mental health attention. Denver Health operates the Denver School-Based Health Centers in collaboration with Denver Public Schools, Jewish Family Service and other community programs.

The Five Points Neighborhood Dedicates Building to Elbra Wedgeworth
On Friday, August 15, friends, family, colleagues and an impressive list of current and former elected officials gathered at 2855 Tremont Place in the Five Points neighborhood for a dedication of the Elbra M. Wedgeworth Municipal Building. Elbra Wedgeworth, chief, Government and Community Relations began her public service career with the City and County of Denver in 1989 and is the only person (male or female) in recent memory to serve in all three branches of city government in Denver, including: City Council, City Auditor's Office and the Mayor's Office. In 2007, she was hired as the chief of Government and Community Relations at Denver Health, where she is responsible for hospital policy matters on the local, state and federal level and also for community outreach initiatives. The building dedication was the culmination of a formal citywide renaming process that involved the collection of close to 650 signatures and more than 20 letters of support from community leaders and organizations.

WIC Celebrates their 40th Anniversary
WIC, the supplemental nutrition program for Women, Infants and Children celebrated their 40th anniversary in 2014. In celebration of their 40th Anniversary, Denver Health WIC educators and dietitians canvassed the community on December 12 to bring awareness to the program and reach out to potential participants. They visited grocery stores, community centers, and other locations to communicate the benefits of WIC. WIC began serving low-income families in 1974 as a response to the prevalence of nutrition-related disease in impoverished areas. Over the past 40 years, WIC has been strengthening families by providing nutrition counseling, lactation support, supplemental food and referrals to other assistance programs. WIC has continually grown into what it is today - the third largest domestic food assistance program in the U.S. One in every two infants born in the U.S. receives WIC, and more than 13,000 families are served annually in Denver County alone! Denver Health has four WIC Clinics located inside Denver Health Community Health Clinics; Eastside, Lowry, Montbello and Westside.

Denver Health Participates as Title Sponsor at the Vida en Salud Health Fair
Denver Health participated as a title sponsor at the Vida en Salud Health Fair, at both the inaugural event in the spring and again in the fall. There were 13 programs from Denver Health and 6 programs from Denver Public Health were showcased. Everything from blood pressure screenings to whooping cough vaccines were displayed in the Denver Health zone. In addition to being a title sponsor, Rodrigo Banegas, MD, orthopedic surgeon, served as medical director of the health fair. Dr. Banegas presented a breakout session on hand and nerve problems while the event hosted a town hall-style question and answer session on the main event stage. These health fairs brought in almost 9,000 attendees from the Latino community and allowed people to take charge of their own health and have access to many health resources all in one place, in one day.

State-of-the-Art Denver Health Urology Center Opens
On January 28, The Denver Health Foundation hosted a grand opening for the state-of-the-art Denver Health Urology Center. The Division of Urology at Denver Health is recognized as one of the preeminent programs in the country. Patients from around the world have sought surgical treatment for kidney cancer, bladder cancer, prostate cancer and traditional urological symptoms. Dr. Fernando Kim, MD, chief of Urology, is an internationally renowned surgeon for pioneering the development of complex minimally invasive surgery in cancer, stone and reconstructive diseases and cryoblation.

Denver Health One of three Colorado Hospitals Designated as an Ebola Care Provider
On Monday, December 8, members of the Colorado Department of Public Health and Environment (CDPHE) toured Denver Health to see the hospital's Ebola plan in action. In an effort to further prepare for a possible Ebola case in Colorado, members of CDPHE and Denver Health's Ebola task force walked through and discussed each step of the Ebola plan from the initial 911 call to arrival and transfer to the designated inpatient unit. Denver Health is one of three Colorado hospitals designated to provide care in the event of a confirmed case of Ebola.

Denver Health Reduces ER Length of Stay through Re-engineering of Patient Flow
The "first floor" of the hospital embarked on a significant re-engineering of their patient flow. The first day changes eliminated patients in the waiting room, reduced the overall ER length of stay by more than an hour and reduced the time it took to treat and discharge patients by more than an hour. All of this on a day with strong census and ambulance traffic. This is an example of the impact of using data analysis and process mapping to create real change for our patients. The team was a multi-disciplinary group of physicians, nurses, HCPs, administrative support and ancillary departments working together with an outside throughput expert.

Lean Academy Hosts a One-Day Symposium for Members of the Brazilian Cancer Society
The Denver Health Lean Academy hosted a one-day symposium for 40 members of the Brazilian Cancer Society to discuss and teach Lean tools and principles. Fernando Kim, MD, FACS, along with multiple members of the executive staff shared their stories and successes of Lean throughout the day. The group also toured multiple areas of the hospital's main campus to observe employees using Lean tools and concepts in their day-to-day activity.

Safety Data Sheets Now Available Online
As always, Denver Health is committed to staff safety. As part of this, Denver Health has now contracted with 3E Online to provide immediate, online access to Safety Data Sheets (SDS, formerly MSDS) and replace the hard copy MSDS books in your work areas. This database will provide the most current and up-to-date information on each chemical and will help Denver Health comply with Joint Commission and Occupational Health and Safety Administration (OSHA) standards around hazardous materials.

Denver Public School's Students Now Receiving Medical & Mental Health Services Free of Charge
With an ever-growing need to provide children with medical services in Denver, Denver Health School-Based Health Centers (SBHC) rose to the occasion by providing all Denver Public Schools (DPS) students with access to three "regional" locations. This unique service of Denver Health provides medical and mental health care to DPS students free of charge and also helps families enroll in health insurance programs. All children need is their DPS identification number and a signed parental consent to start receiving vital primary care services such as vaccinations, physicals, and care for illnesses. With a network of three regional locations and 12 additional locations in Denver, the SBHC system is a convenient option for all DPS students and their parents.

Chronic Opioid Therapy Registry Goes Live
Dr. Thomas MacKenzie announced the go-live of the Chronic Opioid Therapy Registry. More than two years of development effort on the part of multiple DH clinical and electronic health services (eHS) staff resulted in a successful rollout and closeout of phase I of the new Chronic Opioid Registry in March. This is an important tool available to all providers to improve the quality and safety of care provided to patients with chronic pain.

Denver Health Co-Sponsors Annual Rocky Mountain Inter-Professional Research & EBP Symposium
Denver Health was a co-sponsor of this year's annual Rocky Mountain Inter-professional Research and Evidence-based Practice (EBP) Symposium. 29 DH employees participated (including staff from Nursing, Medicine, Nursing Informatics, Chaplaincy, Social Work, Adult Urgent Care Clinic (AUCC), Ambulatory Care Services (ACS), DECC, and Respiratory Therapy). Nine other DH employees volunteered at the event. Chief Nursing Officer, Kathy Boyle, PhD, RN, NEA-BC provided opening/welcome remarks. There were a total of 11 presentations by DH teams (4 podium presentations, 7 poster presentations).

Denver Health Implements the Purposeful Leader Rounding Tool
The Purposeful Leader Rounding Tool was implemented, using an electronic tool to query patients and families regarding their care experience. The tool is easy to use and is automatically downloaded directly to our Chief Patient Experience Officer for review of trends. Patients and families have the opportunity to give a rating on how well they feel staff are meeting their needs.

Lowry Family Health Center Holds Graduation Ceremony for Class of Family Medicine Residents
The Lowry Family Health Center recently held a graduation ceremony for their first expanded class of four family medicine residents. Until recently, the clinic was only able to accommodate two residents a year, but in 2011 they were awarded a primary care residency expansion grant from Human Resources and Services Administration (HRSA) as part of the Affordable Care Act, which allowed the clinic to add two additional residents a year. Three of the four residents are staying on at the Lowry Family Health Center to help expand services at the new facility.

Dr. Christian Thurstone Travels to Vienna to Present Findings Related to Marijuana Legalization
Dr. Christian Thurstone, attending physician for Denver Health's adolescent substance treatment program, traveled to Vienna in March to present his findings related to marijuana legalization and its public health impact to the U.N. Commission on Narcotic Drugs.

Dr. Kimberly Nordstrom Now President of the American Association for Emergency Psychiatry
On May 5, Kimberly Nordstrom, MD officially took the reins as President of the American Association for Emergency Psychiatry. Dr. Nordstrom also spoke at the World Psychiatric Association in Madrid, Spain.

National Trauma Institute Appoints Dr. Gregory Jurkovich Chairperson to its Board of Directors
The National Trauma Institute (NTI), a nonprofit organization that advocates for increased federal funding for trauma research and research infrastructure to reduce death and disability, appointed long-time board member Gregory J. ("Jerry") Jurkovich, MD, FACS to lead its Board of Directors as Chairperson. Dr. Jurkovich serves as our Chief of Surgery.

Dr. Laura Hurley Published in the Annals of Internal Medicine
Research led by Denver Health's Laura Hurley, MD, MPH, was published in the *Annals of Internal Medicine.* The study, which is based on a survey of 607 general internists and family physicians in the U.S., is the first to examine several important aspects of adult vaccinations and reveals numerous barriers to achieving the

recommended vaccination schedule for adults. Every year, 30,000 people on average die of vaccine preventable illnesses, almost all of them adult.

Dr. Eric Lavonas Appears on Dr. Oz Show
Eric Lavonas, M.D., associate director of the Rocky Mountain Poison & Drug Center and program director for the Medical Toxicology Fellowship appeared on the Dr. Oz show to discuss the dangers associated with e-cigarettes. During the interview, Dr. Lavonas discussed the toxic stimulant, liquid nicotine, and the potentially fatal risks that it poses, especially for children.

Dr. Abraham Nussbaum Receives Rights to His First Book
Abraham Nussbaum, MD received the rights to his first book; "The Pocket Guide to the DSM-5 Diagnostic Exam" has been purchased for translation into Chinese, Dutch, Hungarian, Italian, Japanese, Korean, Portuguese and Turkish. Dr. Nussbaum also co-organized an international, interdisciplinary conference called "Walking Together" which explored how faith communities have (and can) respond to persons with mental illness in their midst. He delivered the keynote address of this year's meeting of the Alberta Psychiatric Association (in Banff, Alberta, Canada). The topic was "From IV to 5: What Psychiatrists Need to Know about DSM-5." In April, Dr. Nussbaum also led a workshop at the annual meeting of the College of Psychiatric and Neurologic Pharmacists in Phoenix called "DSM-5: Hands-On Tools for Its Incorporation into Clinical Care and Research."

NEW BEGINNINGS

Stephanie Thomas, Chief Operations Officer, Retires After a 37 Year Career
Long-time chief operating officer Stephanie Thomas retired after a 37 year career at Denver Health. Stephanie began at Denver Health in 1977 and through her remarkable career accomplished much for this organization. She held various administrative roles before becoming chief operating officer in 1997. She has had far reaching impact on the health industry, co-founding the Colorado Community Health Network in 1981 and serving on various boards and in elected positions over the years. She is the recipient of many awards including "The 911 Award" and "The Vincent J. Markovchick Residency Director's Award." Stephanie has a bachelor's degree in Economics from the University of Denver School of Business and a master's degree in Business Administration from the University of Colorado.

Dr. Paul Melinkovich, Director, Community Health Services, Retires After a 37 Year Career
Dr. Melinkovich began with Community Health Services at Denver Health and Hospitals in 1977 as a staff Pediatrician. He served in a variety of positions with Denver Health and became of director of Community Health Services in 2006. He served as the President of the Colorado Chapter of the American Academy of Pediatrics (AAP) and the Chair of the Committee on Community Health of the national AAP. He also served on the Colorado Board of Medical Services and on the Steering Committee of the Colorado Commission for Improving Value in Health Care. Dr. Melinkovich served as President of the Colorado Medical Services Board. Among many other awards, he received the Lifetime Achievement Award from the Colorado Association for School-Based Health Care for his 20 years of dedication and contributions to school-based health.

Dr. Philip Mehler, Chief Medical Officer, Retires After Nearly Three Decades of Service
Dr. Philip Mehler, Chief Medical Officer, retired in 2014 after nearly three decades of service to our patients and community. Dr. Mehler has been a friend, colleague and mentor to many staff here at Denver Health. He worked to ensure that our medical staff and administrative leaders are engaged in building our strategic future. Dr. Mehler's commitment to Denver Health and the quality of care provided to our patients is unwavering. We are delighted that he will continue to care for our eating disorders patients as the Medical Director of the Acute Eating Disorders Center following his official retirement.

Dr. Kenneth Bellian New Chief of Clinical Operations
Kenneth Bellian, MD, MBA, was appointed to the position of chief of Clinical Operations (CCO). Dr. Bellian has an extensive background in quality improvement initiatives, leadership, strategic planning, integrating information technology to support patient care flow, and has experience in being a facilitator moving individuals with different interests toward a common goal. In his role as CCO, he will lead our medical staff toward the goal of achieving our overall organizational performance in each of our foundational pillars as well as education and research.

Dr. Simon Hambidge New Chief of Ambulatory Care Services
Simon Hambidge, MD, Ph.D., accepted the position of chief of Ambulatory Care Services at Denver Health. This is the position formerly held by Dr. Paul Melinkovich. Dr. Hambidge came to Denver Health nearly 20 years ago during his residency in pediatrics when he trained at Westside Family Health Center. He has served as a staff pediatrician at Denver Health's former Kids Care Clinic and in Urgent Care, and currently leads the General Pediatrics team for Denver Health. In addition to his clinical and management duties, Hambidge also serves as a professor of pediatrics and professor of epidemiology at the University of the Colorado School of Medicine. Dr. Hambidge is a board certified pediatrician and holds a Certificate of Public Health from the University of Colorado. Dr. Hambidge also shares a love for research having led numerous large multi-institutional grants, and has earned a strong track record in publishing. In this new role Dr. Hambidge will oversee the Ambulatory Care Services group, which is comprised of the Community Health Clinics, School-based Health Centers and the Specialty Care Clinics. He will work closely with the chief clinical officer, chief operating officer, chief nursing officer and the Denver Health Community Health Board.

Jeff Pelot New Chief Information Officer
Jeff Pelot was selected as Chief Information Officer (CIO) at Denver Health. As CIO, Pelot oversees all of the infrastructure, the non-clinical systems (such as Lawson), the Help Desk and the Siemen's group transition. In addition, he is working in partnership with Dr. Andrew Steele on the implementation of Epic.

Dr. Steve Federico New Director of Service of General Pediatrics
Steve Federico, MD, was named director of Service of General Pediatrics. In addition to his new leadership role, Dr. Federico will continue as director of School and Community Programs as part of Denver Health's reorganization to consolidate leadership from a patient-centered perspective. An associate professor in the Department of Pediatrics at the University of Colorado School of Medicine, Dr. Federico obtained his MD from the University of Arizona and completed his internship and residency in Pediatrics at the University of Colorado. He joined Denver Health as a staff pediatrician in 2002, became the medical director for Denver Health's School Based Health Centers in 2007, and associate director of School Based Health Care and Community Programs in 2012. Dr. Federico has served numerous regional and national professional organizations, including the American Academy of Pediatrics (Colorado president 2010-2012), the American Board of Pediatrics, and the National Association of School Based Health Care.

Andrea Ellis Promoted to Director of Pulmonary Services
Andrea Ellis was promoted to director of Pulmonary Services. Ellis has been employed at Denver Health for more than 10 years and served as a supervisor of Respiratory Therapy prior to becoming director of Respiratory Therapy. During her tenure, Ellis has assumed responsibility for the Pulmonary Function Lab and Pulmonary Rehab Program. In addition, she was instrumental in the creation of an Ambulatory Sleep Program by working collaboratively with Dr. Ivor Douglas.

Leslie Ness Promoted to Administrative Director of Perioperative Services
In January, Leslie Ness was promoted to the position of administrative director of Perioperative Services. Ness has an extensive history in health care, including many years in military service. She recently served at the Air Force Academy (AFA) as the Chief Operating Officer. Under her leadership, the AFA received several awards from the Department of Defense, including the Patient Safety Award. In addition to her health care experience, Ness has experience in Lean concepts and utilizing these concepts for financial and productivity determinations.

Dr. Andy Steele Promoted to Chief Medical Information Officer
Dr. Andy Steele accepted the offer to be the Chief Medical Information Officer (CMIO). He was been acting CMIO for several months. His duties include among other things the implementation, oversight and optimization of our clinical systems, including the implementation of an electronic health record (EHR).

Brad Membel New Director of Enrollment Services
Brad Membel was named director of Enrollment Services. Membel is responsible for our Enrollment/ Medical Assistance Site. This department enrolls eligible persons into Medicaid, CHP+, ConnectForHealth Colorado (Insurance Exchange) and other programs for which they may be eligible and is located in Pavilion M and in our community health clinics. Membel has more than 15 years of experience in health care administration and management in the U.S. Army and VA Healthcare System. He most recently served as assistant chief for Health Administration Service for the Eastern Colorado division of the VA Healthcare System with responsibility for registration, eligibility, admissions, patient flow, insurance capture, revenue cycle management and several other related programs. He holds a Masters in Healthcare Administration and an MBA and is a Fellow in the American College of Healthcare Executives.

Joshua King New Manager of Cardiovascular Services
Joshua King was named manager, Cardiovascular Services. Josh was acting manager since May 2014 and has worked collaboratively with Dr. Carlin Long, division chief, as well as the administrative, clinical and technical staff to enhance patient care. In November 2012, Josh was hired as a cardiovascular tech and promoted to lead cardiovascular tech in June 2013. Prior to his arrival to Denver Health, he worked as a cardiac catheter lab technician at Inova Fairfax Hospital in Fairfax, VA. He also has worked at Southern Maryland Hospital in Clinton, MD, University of California, Irvine and UPMC Presbyterian Shadyside Hospital in Pittsburgh, PA. He has an associate's degree in Radiologic Sciences from Western School of Health and Business in Pittsburgh and is currently completing a bachelor's degree in Healthcare Administration and Informatics at Colorado Technical University in Colorado Springs.

Dr. Rebecca Hanratty New Director of General Internal Medicine
Rebecca Hanratty, MD, accepted the position of director of General Internal Medicine. Dr. Hanratty has provided excellent physician leadership at the Eastside Adult Clinic and within the General Internal Medicine division of Ambulatory Care Services (ACS) and now provides that leadership with a larger scope of responsibility. With this change, Holly Batal, MD, MBA, accepted the position of associate medical director for Integrated Behavioral Health Services in ACS and provides leadership in our continued development, growth and implementation of integrated behavioral health care in ACS.

Lisa Vogel, BSN, RN, New Director for Emergency Services
Lisa Vogel, BSN, RN, was selected as the nursing director for Emergency Services, which includes leadership for the adult Emergency Department (ED) and the Denver Emergency Center for Children (DECC). Vogel, who has worked at Denver Health since 1999, has held a variety of positions including: staff/charge nurse in

Pediatrics/Pediatric Intensive Care Unit (PICU), the psychiatric ED, adult ED, Critical Care Transport, Denver Emergency Center for Children (DECC) and as DECC nurse manager.

Leslie Gale, RN, MHS/MSN New Director of Utilization Management
Leslie Gale, RN, MHS/MSN was selected as director of Utilization Management at Denver Health. Gale comes to Denver Health with more than 10 years of experience in utilization management-related work including most recently manager of Review Services at Colorado Foundation for Medical Care, the Quality Improvement Organization (QIO) for the State of Colorado.

AWARDS

Denver Health Ranks #1 with UHC in Mortality in Managing Sepsis
Denver Health received notice that we again ranked #1 with the University Healthcare Consortium (UHC) in (observed: expected) mortality in managing sepsis. This is a true team effort and our results mean our patients are receiving superior medical care. Severe sepsis is a life threatening clinical syndrome of infection plus organ dysfunction, including shock and respiratory failure that affect 1.16 million patients per year in the US. Sepsis is a major public health challenge with an estimated mortality rate between 20 percent and 45 percent. Care for patients with sepsis is costly and resource-intensive, with many or most patients requiring intensive care during a hospitalization. Survivors experience serious and long-term morbidities that limit function and economic productivity. Denver Health is a national leader in sepsis care and is the principal site for the High Value Healthcare Collaborative (HVHC) sepsis improvement collaborative that include 18 major health systems across the nation. Using Lean strategies and tools, the Denver Health multidisciplinary sepsis team including clinicians from critical care and emergency medicine along with pharmacy, lab and IT have developed an early detection and alert system for immediate implementation of a sepsis bundle to stabilize patients and deliver potentially life-saving care in the ED and on the floor.

Denver Health Receives Top Supply Chain Award
Denver Health again received the top Supply Chain award among the public hospitals at the annual University Health Consortium (UCH) meeting. UHC Supply Chain is comprised of top performers in the areas of operating margin; supply utilization in cardiology, surgical services, and inpatient medication; and overall supply utilization. This is a true team effort in our organization! Additionally, the UHC Annual Quality and Accountability Rank was also released. This award is a composite of mortality, supply chain, quality metrics, equity and patient satisfaction. We have made a substantial improvement and now rank in the top quartile (#26 out of 104 academic medical centers). Our target next year is to be in the top 10!

Public Relations/Marketing Awarded Multiple Awards at Gold Leaf Awards Dinner
The Public Relations/Marketing team was awarded the Bronze Leaf Award for our Lowry Grand Opening Event, the Gold Leaf Award for our ACA materials/campaign, and the Gold Leaf Award for our "I Am A Smoke-Free Zone" campaign at the Colorado Health Communicators (our state's society of healthcare marketing/PR professionals) Gold Leaf Awards. They also received the Grand Golf Leaf (top award in the state) for the "I Am A Smoke-Free Zone" campaign. This campaign was selected out of 141 entries from around the state of Colorado!

Denver Health achieved the Mission: Lifeline® Receiving Center- SILVER Level Recognition Award.
This award is based upon our Mission: Lifeline achievements through the ACTION Registry®-GWTG™ data submitted for the 2013 calendar year. Achieving the Mission: Lifeline Silver award establishes eligibility for Denver Health to apply for Mission: Lifeline Referring Center Accreditation and earn the accreditation as a Mission: Lifeline Heart Attack Receiving Center.

Denver Health Department of Surgery has Three 2014 Peak Performers Award Winners
Denver Health had three 2014 Peak Performers Award winners within the DH Department of Surgery, Dr. Cothrn Burlew, Dr. Stoval and Dr. Beauchamp. Peak Performer Awards are voted on by the providers of Colorado and recognize those that embody characteristics of team-based care, professionalism and clinical experience.

Denver Health Receives Most Wired Hospitals Award
For the eighth time, Denver Health has been recognized with a Most Wired Hospitals award. The award is given annually by Hospitals & Health Networks magazine to the top hospitals in the country to demonstrate progress in the adoption of health information technology. The hospitals that were awarded Most Wired status met a set of rigorous criteria across operational categories which includes infrastructure and administrative management, clinical quality and safety and care continuum.

Denver Public Library Honors Elbra Wedgeworth
The Denver Public Library honored Elbra Wedgeworth as one of five African American community leaders at the Juanita Gray Community Service Awards and the Blacks in Colorado Hall of Fame induction ceremony. Wedgeworth was one of two community leaders to be inducted into the Blacks in Colorado Hall of Fame. The event was held at the Ford-Warren Branch Library and kicked off the library's celebration of Black History Month. The Hall of Fame honor is bestowed upon a Coloradan who has been the first African American to accomplish a professional goal in their field and/or who has actively supported the African American community while achieving his or her goal.

Two Nurses were the first Recipients of DAISY Award
Loretta Robb, BSN, RN, charge nurse, Operating Room and Lily Holguin, BSN, RN, Post Anesthesia Care Unit (PACU) were the first recipients of the DAISY Award. 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, caring and compassion of the nurses who cared for Patrick, so they created this national award to say thank you to nurses everywhere. Each year, Denver Health will honor eight nurses (two people per quarter).

Denver Health had five nominees for the Nightingale awards this year with three state-wide finalists,
Robert Varney, Doug Warnecke, MS, BS, CRNA and Laraine Guyette, CNM. Doug Warnecke, MS, BS, CRNA, supervisor for Certified Registered Nurse Anesthetists (CRNA) became one of the six statewide Nightingale winners.

Two Paramedic Supervisors Receive a Patriotic Employer Award
Assistant Chief, Gary Bryskiewicz, and Lieutenant Mike Morris, Denver Paramedic Division, received a Patriotic Employer Award from the Employee Support of the Guard and Reserve. The award is given to individual supervisors for support provided directly to a military active duty or reservist employee. The Patriot Award reflects the efforts made to support Citizen Warriors through a wide-range of measure including flexible schedules and time off prior to and after deployment. Bryskiewicz and Morris were presented the award for contributing to national security and protection of liberty and freedom by supporting Adam Wehrle, paramedic, as he participated in the Colorado Army National Guard.

Dr. Paul Melinkovich Receives Multiple Awards
Dr. Paul Melinkovich, director, Community Health Services, received the inaugural 2014 Stanley J. Brasher Community Health Gratitude Award. The award, named in honor of Jerry Brasher, retired CEO of Salud Family

Health Centers and a leader in the Community Health Center movement in Colorado and nationally is given to an executive who has done something extraordinary as it relates to Community Health Center's National Association of Community Health Centers (NACHC) priorities during their career. Dr. Melinkovich was honored for advocating on behalf of Colorado Community Health Center (CHC) at both the state and national levels, ensuring Denver Health staff and board members understand and support the policy priorities selected on behalf of the CHCs by Colorado Community Health Network (CCHN) and the NACHC each year. Additionally, Dr. Melinkovich has developed and maintained important relationships with Colorado's members of Congress and state representatives that have led to important policy achievements at the state and national levels.

In August of 2014, Dr. Paul Melinkovich received the 2014 Samuel U. Rodgers Achievement Award for outstanding achievements and commitment to health center mission and community health in general, a national award. He also received the 2014 Job Lewis Smith Award which recognizes outstanding career achievements in community pediatrics. The national award recognized Paul's contribution in the field of community health and pediatric medicine.

Dr. Art Davidson Named as One of "26 Smartest People in Health IT"
Dr. Art Davidson, Public Health Informatics, was named as one of "26 smartest people in healthcare IT" by Becker's Healthcare (CIO) Magazine. This list is compiled via an independent editorial review process. He currently serves on the meaningful use workgroup of the Office of the National Coordinator for Health Information's (ONC)'s Health IT Policy Committee.

Dr. Ernest E. "Gene" Moore, received the 2014 American College of Critical Care Medicine (ACCM) Distinguished Investigator Award, ACCM's highest recognition given to an individual who's scientific and educational contributions to the art and science of critical care demonstrate career commitment and excellence.

Dr. Stuart Linas was Selected as the 2014 Recipient of the Robert G. Narins Award
Stuart Linas, MD, senior physician, Department of Medicine, was selected as the 2014 recipient of the Robert G. Narins Award. The Robert G. Narins Award honors individuals who have made substantial and meritorious contributions in education and teaching. This award is named for Robert G. Narins, who is also the first recipient of the award.

Dr. Randall Reves Receives the William Stead Clinician Award
Randall Reves, MD, Denver Metro Tuberculosis (TB) Control Program, received the William Stead Clinician Award at the National Tuberculosis Controllers Association (NTCA) meeting on June 12. Dr. Reves was nominated and selected by his peers in the National Society of TB Clinicians (NSTC). This is the fifth year for the award that recognizes outstanding commitment and performance by a clinician providing tuberculosis care, leadership, or mentoring. Dr. Reves has exemplified outstanding performance in all three during his career. "Despite retiring in 2013, Dr. Reves continues to volunteer weekly as a clinician at the Denver Metro TB Clinic, was elected as the incoming president for the International Union against TB and Lung Disease (IUATLD), North American Region, and continues to be a mentor for me and other physicians in Denver," said Robert Belknap, MD, director, Denver Metro Tuberculosis Control Program.

Eliza Burelle, CNM received the Outstanding Preceptor Award
The Outstanding Preceptor Award is presented annually by the American College of Nurse Midwives. The award is given to a midwife who has shown outstanding leadership and teaching skills, mentors multiple students and repeatedly promotes standards of midwifery education.

Laraine Guyette, CNM, received the Dorothea M. Lang Pioneer Award
The American College of Nurse Midwives Foundation presents this prestigious award annually to a Certified Nurse Midwife (CNM) who has been certified for ten years or more and has demonstrated vision and leadership.

Midwives Receive Great Recognition form the American College of Nurse Midwives
Denver Health's midwives (and Dr. William Brown) received great recognition from the American College of Nurse Midwives following their national meeting which was held in Denver. Our program was again recognized in conjunction with not only our low C-section rate, but overall commitment to midwifery practice.

Article Wins 2014 American Academy of Ambulatory Care Nursing ViewPoint Writer's Award
Darlene Datkuliak's, BSN, RNC, CLC article, "Keeping the Cold Chain Strong through a Multidisciplinary Approach" was selected as the winner of the 2014 American Academy of Ambulatory Care Nursing (AAACN) ViewPoint Writer's Award.

Dr. Elizabeth Lowdermilk received the Clinical Faculty House staff teaching award from the University of Colorado School Of Medicine, Department of Medicine.

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. The 26 Top Doctors are:

- Mark Anderson, Pediatrics
- Daniel Bessesen, Endocrinology, Diabetes and Metabolism
- Denis Bensard, Pediatric Surgery
- Susan Biffl, Pediatric Rehabilitation Medicine *(contractor)*
- William Burman, Public Health and General Preventive Medicine
- Antonia Chiesa, Child Abuse Pediatrics
- Christopher Ciarallo, Anesthesiology
- Susan Davidson, Gynecologic Oncology *(contractor)*
- Ivor Douglas, Critical Care Medicine
- Monica Federico, Pediatric Pulmonology (contractor)
- Kennon Heard, Medical Toxicology
- Kent Heyborne, Maternal and Fetal Medicine
- Robert House, Psychiatry
- Claudia Kunrath, Pediatric Critical Care
- Stuart Linas, Nephrology
- Edward Maa, Epilepsy
- John Messenger, Interventional Cardiology
- John Ogle, Pediatric Infectious Disease
- Genie Roosevelt, Pediatrics Emergency Medicine
- Adam Rosenberg, Neonatal-Perinatal Medicine
- Michael Schaffer, Pediatric Cardiology
- Judith Shlay, Public Health and General Preventive Medicine
- Andrew Sirotnak, Child Abuse Pediatrics
- Christian Thurstone, Addiction Psychiatry
- Sterling West, Rheumatology
- Andrew White, Child Neurology

Awards Presented at Annual Medical Staff Dinner
The annual Medical Staff Dinner brought Denver Health physician and peers together to recognize colleagues for their outstanding commitment to patients and students. The following physicians were recognized at the annual dinner:

- **Career Service Award** – Paul Melinkovich, MD director, Community Health Services
- **Career Service Award** – John Ogle, MD director of Pediatrics
- **Academic Excellence Award** – Eric Schmidt, MD Pulmonary/Critical Care
- **Outstanding Teaching Award** – Robert Stovall, MD Surgery
- **Outstanding Clinician Award** – Kathryn Beauchamp, MD chief of Neurosurgery
- **Outstanding Volunteer Award** – William Brown, MD Gastroenterology

GRANTS

Komen-Colorado Awards Three Grants to the Denver Health Foundation
Komen Colorado awarded three grants totaling $243,892 to the Denver Health Foundation for the screening, treatment and support of underserved women with breast cancer.

Caring for Colorado Awards Two Grants to the Denver Health Foundation
Caring for Colorado awarded two grants to the Denver Health Foundation, a $50,000 grant for the Encompass substance treatment program, and a $96,293 grant for the Health Education Program (HEP) in the School Based Health Clinics. Started in 2009, the HEP provides one-on-one confidential visits with students in Denver's 15 School-based Health Centers to address reproductive health. Nearly 3,000 students are seen each year through more than 6,500 visits. In the 2012-2013 school year, 64 percent of students referred for birth control received a method and, of those students, 33 percent chose the most effective birth control methods (LARC). Denver's team of eight health educators has provided more than 22,000 student visits since the program began in 2009. The HEOP is a grant-funded program currently supported by four foundations.

Delta Dental of Colorado Foundation Launches Statewide Initiative
In 2014, Delta Dental of Colorado Foundation launched a statewide initiative to incorporate preventive dental care into medical settings. Denver Health's School-Based Health Centers and our Eastside Clinic have been selected to participate in this cutting edge initiative, and our oral health champion Dr. Patricia Braun will be the principal evaluator of the project. This multi-year commitment represents hundreds of thousands of dollars to be invested in Denver Health for the well-being of our community.

Dr. Lily Cervantes Awarded Multi-Year Grant from the Robert Wood Johnson Foundation
Lily Cervantes, MD, was awarded a multi-year grant of $419,937 from the Robert Wood Johnson Foundation (RWJF), made under RWJF's Harold Amos Medical Faculty Development Program, in support of the doctor's project to improve palliative care outcomes for Latinos with end-stage renal disease. This prestigious award is very competitive, and Dr. Cervantes was invited by RWJF to apply for consideration.

Public Health was awarded $5,250,000 from the Centers for Disease Control and Prevention (CDC) for a five year grant to provide capacity building assistance to Health Care Organizations. Emphasis will be placed on HIV screening and linkage to care, motivational interviewing/sexual risk assessment, third-party billing, culturally competent care of Methylsulfonylmethane (MSM), integration of (HIV, STD, hepatitis and tuberculosis services, HIV pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP), and retention in care and antiretroviral therapy (ART) adherence.

Cardiology Receives Grant to Help Prevent Pediatric Heart Failure
The Division of Cardiology received an award of $411,904 from the National Institute of Health for Molecular and Functional Mechanisms of Pediatric Heart Failure. The purpose of this project is to use our existing adult and pediatric explanted heart tissue banks to: [1] identify key myocellular changes in signaling cascade and effector proteins downstream from cardiac 2-adrenergic receptors of pediatric patients with heart failure (HF) and in a mouse model of pediatric HF, [2] determine mechanisms for the regulation of 2-adrenergic receptor expression in the pediatric heart, and [3] determine differences in the myocardial mechanical response to adrenergic signaling in isolated Ppdiatric cardiac sarcomeres and 2-adrenergic receptor subtype contribution to force generation in isolated trabeculae between failing and non-failing pediatric hearts. Understanding the unique pathophysiology of HF in children will facilitate novel clinical trials to improve clinical outcomes in this vulnerable population.

Health Services Research Receives Grant for $973,577
Health Services Research received an award from the Agency for Healthcare Research and Quality (AHRQ) for Developing Infrastructure for Patient-Centered Outcomes Research at Denver Health in the amount of $973,577. This Center for Health Systems Research at an integrated safety net health system, predicated on the view that the safety net can provide lessons about efficiency that the entire heathcare system can learn from. The Center's theme will be system design for the disadvantaged in the context of the resource constraints that are unique to the safety net, thus emphasizing both reduction of health disparities in the underserved and comparison of delivery systems designs.

DENVER HEALTH AND HOSPITAL AUTHORITY

Statements of Net Position

December 31, 2014 and 2013

Assets and Deferred Outflows of Resources

	2014	2013
Current Assets		
Cash and cash equivalents	$ 44,542,202	$ 43,508,784
Restricted cash and cash equivalents	565,940	733,045
Patient accounts receivable, net of estimated uncollectibles of approximately $26,491,000 and $29,578,000 in 2014 and 2013, respectively	64,470,534	68,903,884
Due from other governmental entities	50,560,277	55,334,511
Due from City and County of Denver	-	1,247,356
Other receivables	18,632,104	13,503,600
Interest receivable	1,205,076	991,746
Due from and investment in discretely presented component unit	1,356,235	1,088,068
Inventories	9,808,583	10,382,435
Prepaid expenses and other assets	7,488,859	5,254,479
Total current assets	198,629,810	200,947,908
Noncurrent Assets		
Note receivable	44,393,015	28,961,015
Estimated third-party payor settlements receivable	13,821,457	12,165,669
Equity interest in joint venture	972,500	768,000
Restricted investments	76,697,034	16,841,593
Capital assets, net of accumulated depreciation	397,222,513	411,774,928
Long-term investments	162,485,240	111,894,686
Board designated investments	36,995,714	-
Other long-term assets	1,277,401	939,794
Total noncurrent assets	733,864,874	583,345,685
Total assets	932,494,684	784,293,593
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	15,083,811	9,575,704
Loss on refunding of debt	4,887,059	5,181,267
Total deferred outflows of resources	19,970,870	14,756,971
Total assets and deferred outflows of resources	$ 952,465,554	$ 799,050,564

DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Net Position (continued)
December 31, 2014 and 2013

Liabilities and Net Position

	2014	2013
Current Liabilities		
Current maturities of bonds payable	$ 4,455,000	$ 4,240,000
Current maturities of capital leases	436,510	88,856
Current maturities of notes payable	2,768,036	578,000
Medical malpractice liability	2,634,638	1,869,342
Accounts payable and accrued expenses	40,497,760	39,363,515
Due to the City of Denver	137,054	-
Accrued salaries, wages and employee benefits	33,640,490	23,979,246
Accrued compensated absences	22,501,080	20,702,504
Unearned revenue	4,013,728	4,069,560
Derivative interest rate swap liability	2,194,840	2,262,031
Accrued claims	9,177,000	5,188,000
Total current liabilities	122,456,136	102,341,054
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	6,847,756	7,379,143
Long-term portion of compensated absences	300,249	369,434
Bonds payable, less current maturities	286,192,102	204,687,474
Capital lease obligations, less current maturities	1,653,269	-
Notes payable	58,039,817	59,924,231
Derivative interest rate swap liability	13,070,589	7,603,795
Postemployment benefits	4,637,369	3,864,680
Total long-term liabilities	370,741,151	283,828,757
Total liabilities	493,197,287	386,169,811
Net Position		
Net investment in capital assets	65,345,766	168,216,323
Restricted expendable	-	447,517
Unrestricted	393,922,501	244,216,913
Total net position	459,268,267	412,880,753
Total liabilities and net position	$ 952,465,554	$ 799,050,564

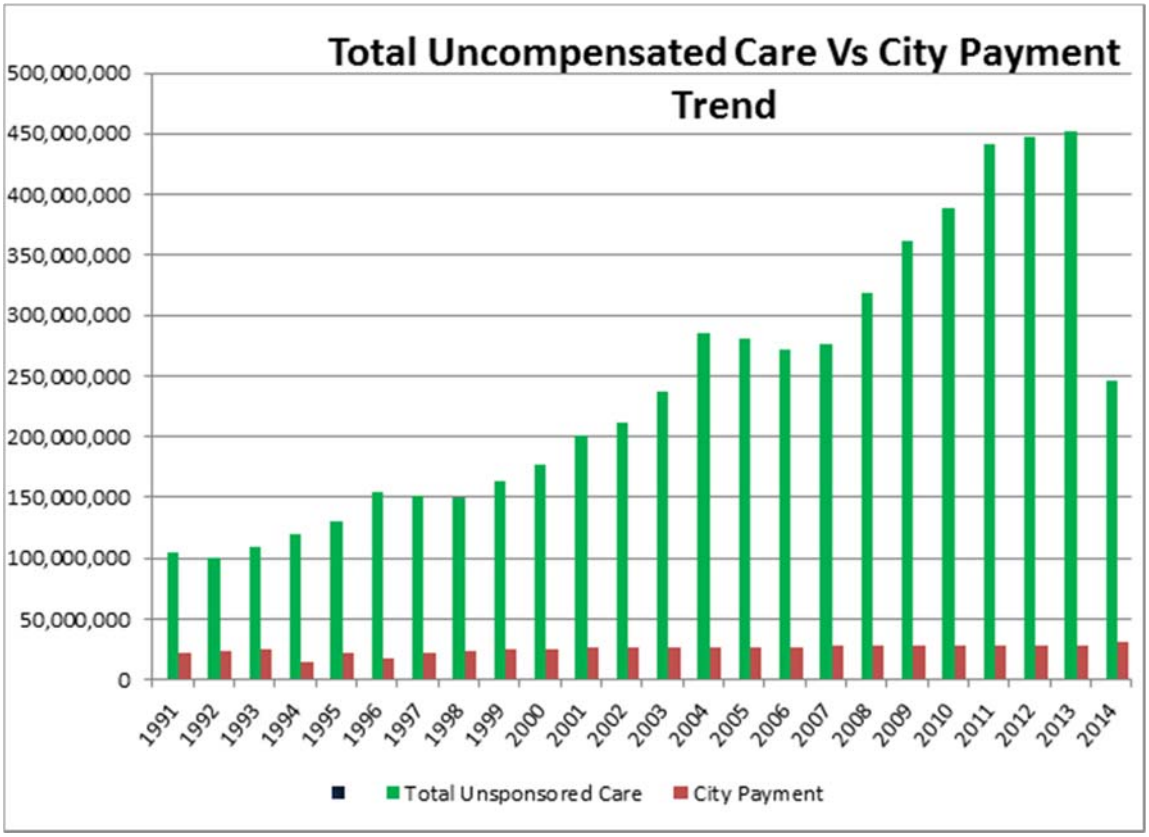
DENVER HEALTH AND HOSPITAL AUTHORITY

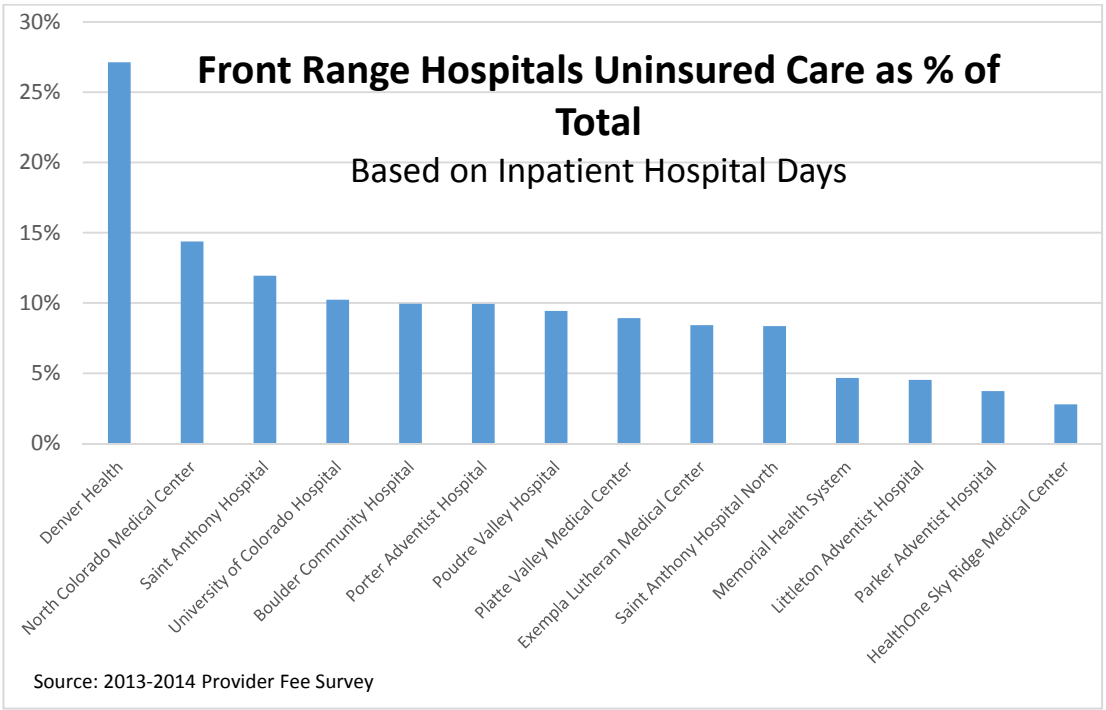
Statements of Revenues, Expenses, and Changes in Net Position
Years ended December 31, 2014 and 2013

	2014	2013
Operating Revenues		
Net patient service revenue	$ 449,814,246	$ 368,610,938
Capitation earned net of reinsurance expense	147,394,223	129,185,021
Medicaid disproportionate share and other safety net reimbursement	126,880,378	125,002,310
City and County of Denver payment for patient care services	30,777,300	27,977,304
Federal, state and other grants	65,003,762	71,688,004
City and County of Denver purchased services	19,040,933	19,410,933
Poison and drug center contracts	24,959,447	20,839,018
Other operating revenue	26,376,835	30,640,599
Total operating revenues	890,247,124	793,354,127
Operating Expenses		
Salaries and benefits	483,393,656	461,601,916
Contracted services and nonmedical supplies	171,995,784	159,100,698
Medical supplies and pharmaceuticals	84,563,712	72,102,699
Managed care outside provider claims	53,289,427	44,532,898
Depreciation and amortization	46,300,056	49,184,278
Total operating expenses	839,542,635	786,522,489
Operating income	50,704,489	6,831,638
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	204,500	149,000
Bond issuance costs	(805,627)	-
Gain on early extinguishment of debt	-	1,047,926
Distribution from discretely presented component unit	-	7,100,000
Interest income	6,380,661	4,772,791
Interest expense	(14,910,031)	(11,460,677)
Net increase (decrease) in fair value of investments	2,533,258	(6,142,037)
Gain (loss) on disposition of capital assets	67,970	(5,536)
Total nonoperating revenues (expenses)	(6,529,269)	(4,538,533)
Income before capital contributions and loss on contract restructuring	44,175,220	2,293,105
Contributions Restricted for Capital Assets	2,212,294	418,216
Special Item - Loss on Contract Restructuring	-	(18,500,000)
Increase (decrease) in net position	46,387,514	(15,788,679)
Total Net Position, Beginning of Year	412,880,753	428,669,432
Total Net Position, End of Year	$ 459,268,267	$ 412,880,753

IV. Uncompensated Care

Denver Health Unsponsored Care & City Payments





Source: 2013-2014 Provider Fee Survey

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 2014 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	Park Hill FHC	1/8/2014	1 Year
Colorado State Board of Pharmacy	Bruce Randolph Middle School, SBHC	1/8/2014	1 Year
Office of Behavioral Health	OBHS 667 Bannock St	1/28/2014	1 Year
Office of Behavioral Health	Denver C.A.R.E.S, 1155 Cherokee Street	1/28/2014	2 Years
Colorado State Board of Pharmacy	South High SBHC	2/11/2014	1 Year
Colorado State Board of Pharmacy	Lowry FHC	3/17/2014	1 Year
Colorado State Board of Pharmacy	Montbello High SCHC	4/10/2014	1 Year
Colorado State Board of Pharmacy	Rachel Noel Middle SBHC	4/10/2014	1 Year
Colorado State Board of Pharmacy	Montbello	4/11/2014	1 Year
Colorado State Board of Pharmacy	Place Bridge Academy Campus	4/24/2014	1 Year
Colorado State Board of Pharmacy	Evie Dennis Campus SBHC	5/1/2014	1 Year
Joint Commission	Hospital, CHS, and School Based Clinics	5/6-5/9 2014	3 years
DEA	OBHS 667 Bannock Street (Methadone program)	5/7/2014	3 Years
The Joint Commission	OBHS 667 Bannock Street (Methadone program)	5/8/2014	3 Years
VFC/ CDPHE Site Visit	Martin Luther King Jr Early College	5/13/2014	2 Years
VFC/ CDPHE Site Visit	Bruce Randolph Middle School	5/13/2014	2 Years
Signal Behavioral Health Network	OBHS 667 Bannock Street (Methadone program)	5/15/2014	1 Year
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	6/3/2014	1 Year
Grant per diem Veterans Administration	Denver C.A.R.E.S 1155 Cherokee Street	6/5/2014	1 Year
CDPHE	PHI Branch/ Environment/ Discharge Process/ Mental Health Holds	7/1-7/2 2014	N/A
Denver Fire Department	710 N Delaware St- Bond Trailer	7/1/2014	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U05	7/1/2014	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U06	7/1/2014	1 Year
Denver Fire Department	780 N Delaware St- Pavilion B- U02	7/1/2014	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01	7/1/2014	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01- Batteries	7/1/2014	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10	7/1/2014	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10- Batteries	7/1/2014	1 Year
Denver Fire Department	677 N Delaware St- Boiler House	7/1/2014	1 Year
Denver Fire Department	777 N Delaware St- Receiving Dock	7/1/2014	1 Year
Denver Fire Department	723 N Delaware St- Pavilion M	7/1/2014	1 Year
Denver Fire Department	301 W 6th Ave- Pavilion G	7/1/2014	1 Year
CDPHE	Histology	7/1/2014	N/A
Denver Fire Department	990 N Bannock St	7/4/2014	1 Year
Denver Fire Department	645 N Bannock St- Engineering	7/23/2014	1 Year
Denver Fire Department	660 N Delaware St- Delaware Parking Garage	7/23/2014	1 Year
Denver Fire Department	530 N Acoma St	7/23/2014	1 Year
Denver Fire Department	605 N Bannock St- Pavilion H	7/23/2014	1 Year

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	600 N Acoma St- Acoma Parking Garage	7/23/2014	1 Year
Denver Fire Department	601 N Broadway St	7/23/2014	1 Year
Denver Fire Department	655 N Bannock St- Pavilion I	7/23/2014	1 Year
Denver Fire Department	667 N Bannock St- Pavilion K	7/23/2014	1 Year
Denver Fire Department	601 N Acoma- Bannock Parking Garage	7/23/2014	1 Year
Denver Fire Department	550 N Acoma St	7/23/2014	1 Year
Denver Fire Department	660 N Bannock St- Administration	7/23/2014	1 Year
Denver Fire Department	190 W 6th Ave- Rita Bass	7/23/2014	1 Year
VFC/ CDPHE Site Visit	Denver Public Health Immunization Clinic	7/30/2014	2 Years
SAMHSA-CSAT	OBHS 667 Bannock Street (Methadone program)	7/30/2014	3 Years
CDPHE	Elopement/ Patient Belongings	8/12-8/13 2014	N/A
Colorado State Board of Pharmacy	Martin Luther King Jr. Early College, SBHC	8/28/2014	1 Year
Colorado State Board of Pharmacy	LaCasa	8/29/2014	1 Year
Colorado State Board of Pharmacy	Lake Middle SBHC	8/29/2014	1 Year
Colorado State Board of Pharmacy	North High SBHC	8/29/2014	1 Year
VFC/ CDPHE Site Visit	Family Crisis Center	9/3/2014	2 Years
Denver Fire Department	990 N Bannock St	9/4/2014	1 Year
VFC/ CDPHE Site Visit	Webb Pediatrics	9/4/2014	2 Years
VFC/ CDPHE Site Visit	DHMC Inpatient Pediatrics	9/8/2014	2 Years
VFC/ CDPHE Site Visit	DHMC Newborn Nursery	9/8/2014	2 Years
VFC/ CDPHE Site Visit	Eastside Pediatric and Teen	9/18/2014	2 Years
VFC/ CDPHE Site Visit	Thomas Jefferson High School	9/22/2014	2 Years
CDPHE/FDA	Mammography Quality Standards	9/29/2014	1 Year
Colorado State Board of Pharmacy	John Kennedy High School Based Health	10/1/2014	1 Year
VFC/ CDPHE Site Visit	Montbello FHC	10/2/2014	2 Years
VFC/ CDPHE Site Visit	Montbello High School	10/2/2014	2 Years
VFC/ CDPHE Site Visit	Rachel B. Noel Middle School	10/2/2014	2 Years
VFC/ CDPHE Site Visit	John F. Kennedy high School	10/3/2014	2 Years
VFC/ CDPHE Site Visit	Abraham Lincoln High School	10/3/2014	2 Years
VFC/ CDPHE Site Visit	Kunsmiller Creative Arts Academy	10/9/2014	2 Years
CDPHE	Restraints/Patient Care	10/14-10/15 2014	N/A
VFC/ CDPHE Site Visit	North High School	10/15/2014	2 Years
VFC/ CDPHE Site Visit	Lake Middle School	10/15/2014	2 Years
VFC/ CDPHE Site Visit	South High School	10/17/2014	2 Years
VFC/ CDPHE Site Visit	West High School	10/17/2014	2 Years
VFC/ CDPHE Site Visit	Manual High School	10/21/2014	2 Years
Colorado State Board of Pharmacy	West High SBHC	10/24/2014	1 Year
VFC/ CDPHE Site Visit	Kepner Middle School	10/24/2014	2 Years

Denver Health Regulatory Surveys

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Colorado State Board of Pharmacy	Kepner Middle SBHC	10/28/2014	1 Year
Colorado State Board of Pharmacy	Kunsmiller C.A.A. SBHC	10/28/2014	1 Year
Colorado State Board of Pharmacy	Lincoln High SBHC	10/28/2014	1 Year
Colorado State Board of Pharmacy	Westwood FHC	10/28/2014	1 Year
Colorado State Board of Pharmacy	Denver C.A.R.E.S	11/6/2014	1 Year
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	11/24/2014	1 Year
Colorado State Board of Pharmacy	Denver Health Central Fill	11/25/2014	1 Year
Office of Behavioral Health 27-63 Annual Designation Survey	Behavioral Health	12/6/2014	1 Year
Colorado State Board of Pharmacy	Denver Health Metro Clinic	12/18/2014	1 Year
Colorado State Board of Pharmacy	ID Pharmacy	12/18/2014	1 Year
Colorado State Board of Pharmacy	Westside FHC Teen Clinic	12/18/2014	1 Year
Colorado State Board of Pharmacy	Westside Pharmacy	12/18/2014	1 Year
Colorado State Board of Pharmacy	Primary Care Pharmacy	12/18/2014	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 and reported out of the Denver Health system.

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

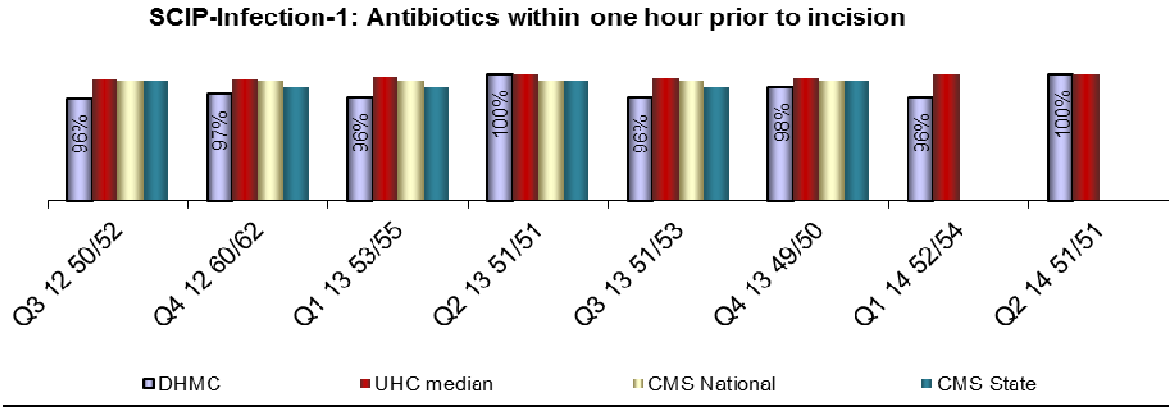
Number	Contract	2012	2013	2014
I.5G	Denver Health Medical Choice Average Monthly Enrollment	47,498	53,096	63,061
I.5G	Inpatient Admissions	25,244	24,077	25,206
I.5G	Inpatient Days	110,786	108,814	114,747
I.5G	Emergency Room Encounters	78,506	80,838	82,975
	Urgent Care Visits	37,361	36,897	34,846
	ER/Cost/Visit [1]	853	882	831
	Top 25 DRGs for MI population	See chart on page 49	See chart on pages 48 & 49	See chart on page 48
	NICU days	3,774	3,944	4,915
	CT Scans	15,307	16,832	16,194
	MRIs	6,600	7,297	8,108
	Outpatient Surgeries	5,637	5,887	6,378
Ambulatory Care Encounters				
	Ambulatory Care Center	137,093	132,480	133,986
	Webb Center for Primary Care	64,192	59,345	69,086
	Gipson Eastside Family Health Center	41,333	41,302	44,518
	Sandos Westside Family Health Center	68,265	65,085	68,952
	Lowry Family Health Center	19,822	18,894	23,083
	Montbello Health Center	15,794	19,220	21,729
	Park Hill Family Health Center	14,875	14,161	17,751
	La Casa/Quigg Newton Family Health Center	20,445	19,242	21,538
	Westwood Family Health Center	14,835	14,965	16,269
	Other[2]	58,953	62,466	68,415
	OP Pharmacy Cost/patient [3]	$32.34	$42.41	$59.74
	OP Behavioral Health Visits	99,424	96,021	123,861
	TOTAL AMBULATORY ENCOUNTERS	455,607	447,160	485,949

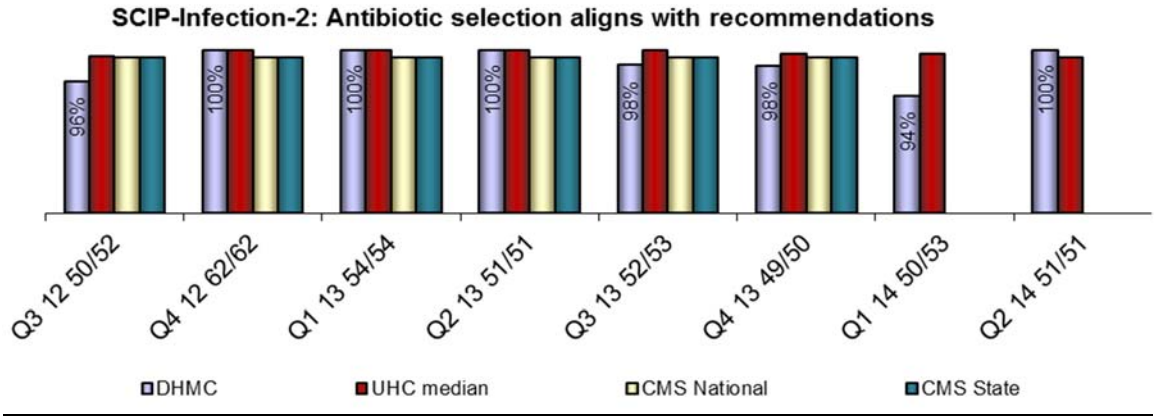
[1] Restated due to updated methodology
[2] Includes all dental clinics, school-based health centers, Family Crisis Center and the Women's Mobile Clinic
[3] Restated due to updated CCR and Charges

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: In order to ensure quality of health care, define areas of focus for improvement efforts, and to meet accreditation and funding requirements, Denver Health Medical Center participated in Core Measures data collection for acute myocardial infarction, heart failure, surgical care and pneumonia. The ongoing studies are sponsored by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission.

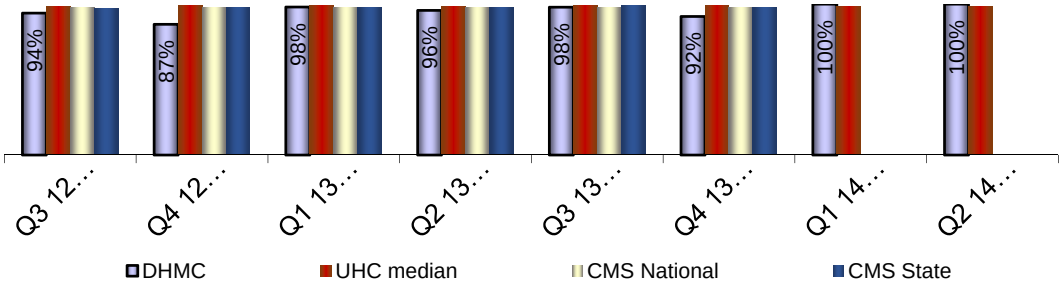
In order to assess the quality of health care services for Denver Health Medical Plan, Inc. members, Denver Health reported the Health Employer Data and Information Set (HEDIS) using the National Committee for Quality Assurance (NCQA) certified data collection methodology and reporting results to NCQA.

Surgical Measures

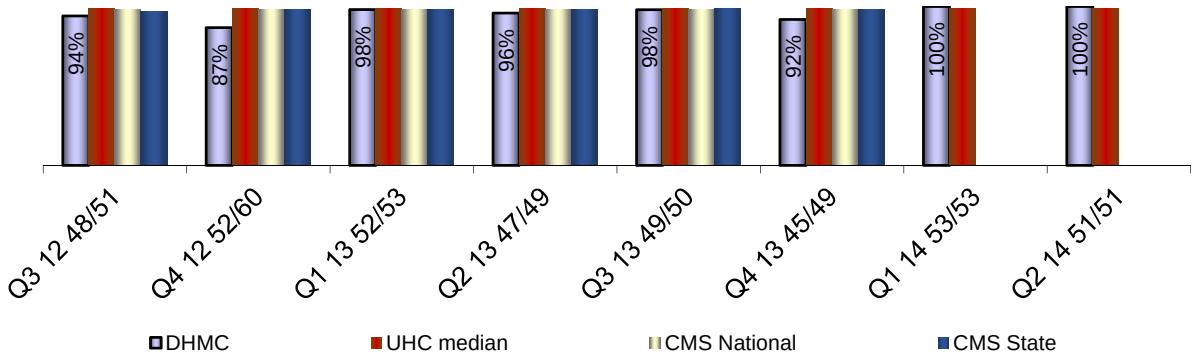




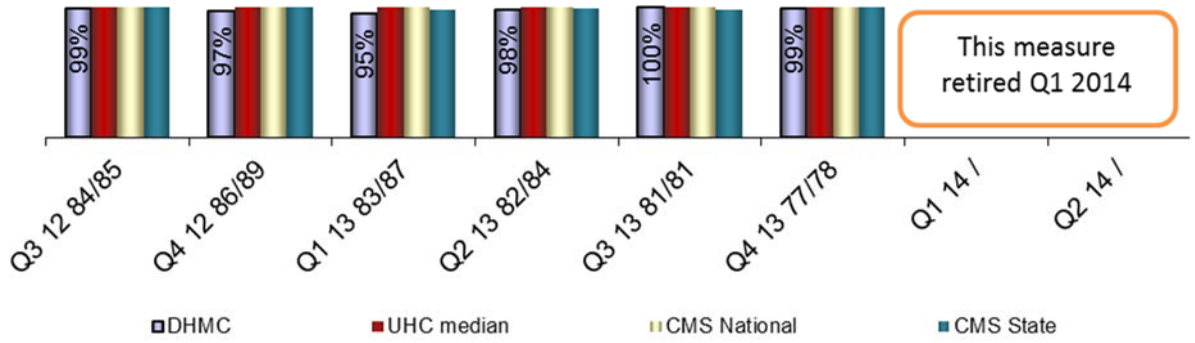
SCIP-Infection-3: Antibiotic discontinued within 24 hours surgery end



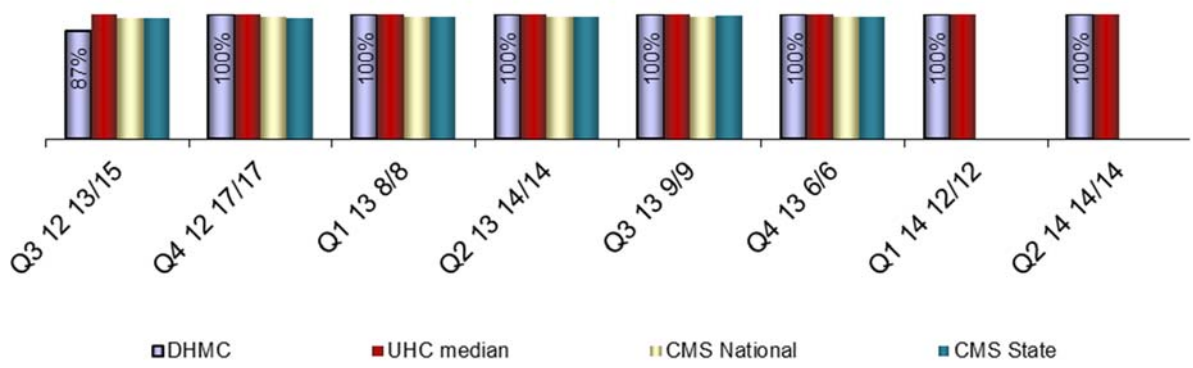
SCIP-Infection-6: Appropriate hair removal



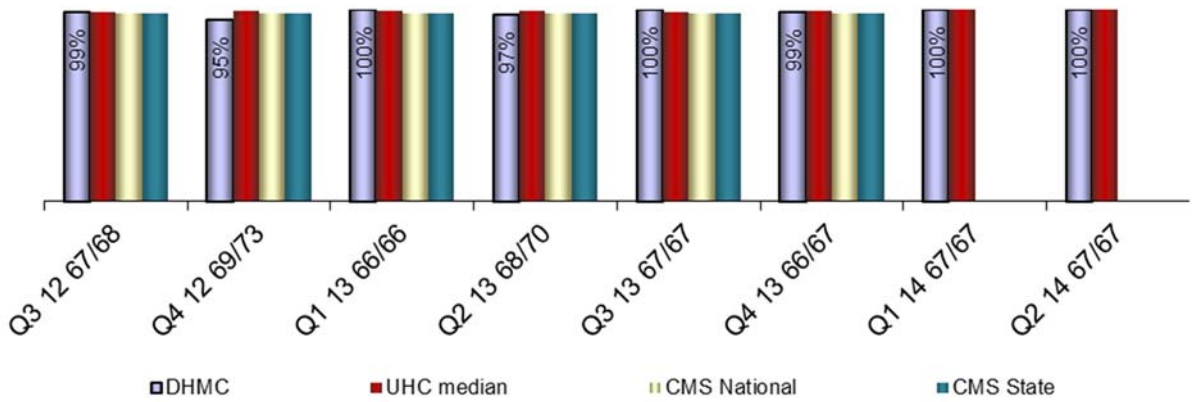
SCIP- Infection-10: Temperature Management



SCIP-Cardiac-2: Surgery patients on home beta blocker receive beta blocker within 24 hours prior to surgery and before anesthesiologist discharges patient from recovery room

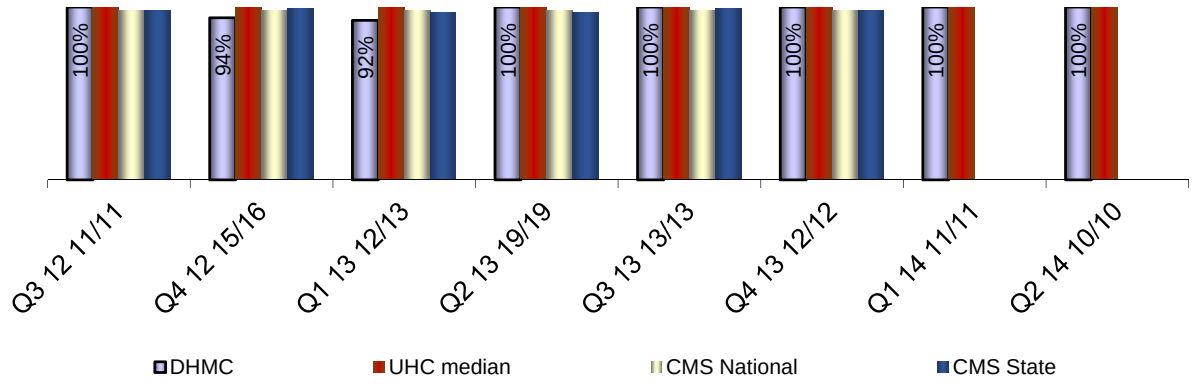


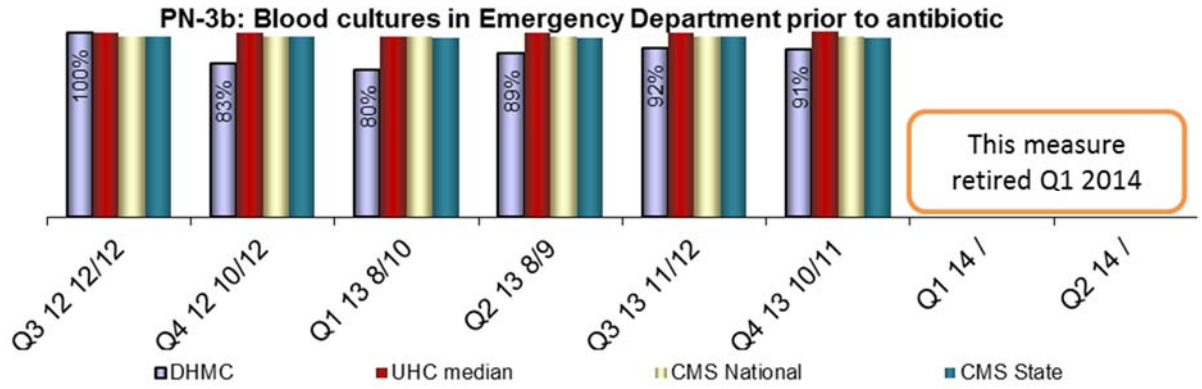
SCIP-VTE-2: Recommended Venous Thromboembolism prophylaxis applied

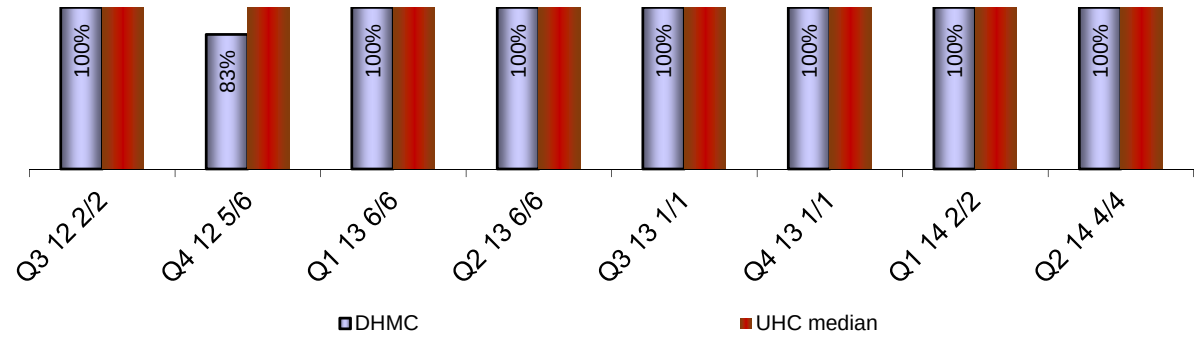


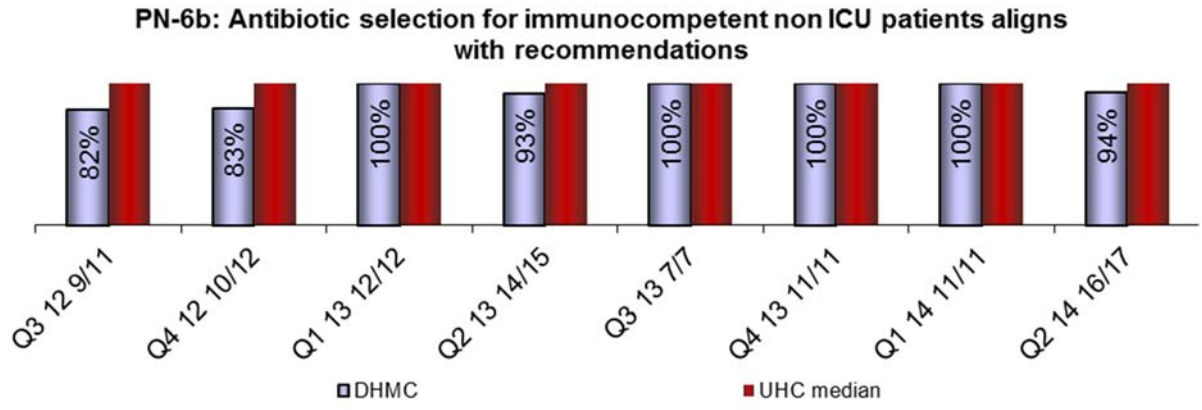
Pneumonia (PN) Measures

PN-3a: Blood culture within 24 hours for Intensive Care Unit

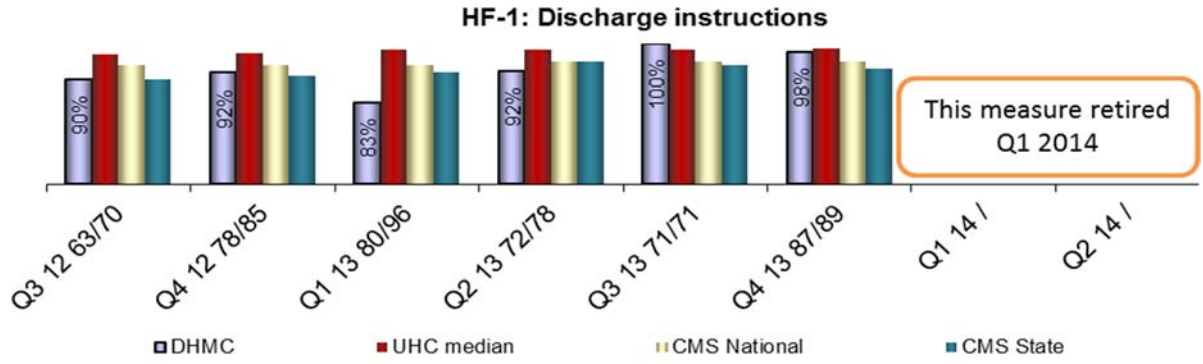


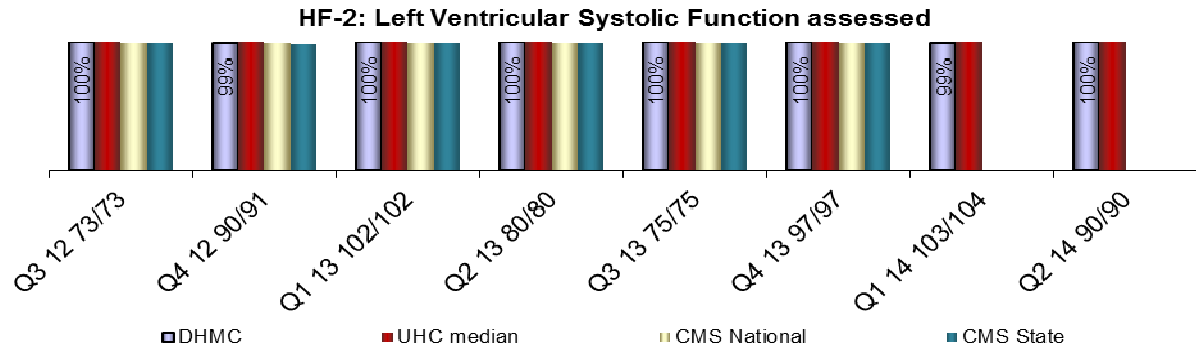

PN-3b: Blood cultures in Emergency Department prior to antibiotic
100%
83%
80%
89%
92%
91%
This measure retired Q1 2014
Q3 12 12/12
Q4 12 10/12
Q1 13 8/10
Q2 13 8/9
Q3 13 11/12
Q4 13 10/11
Q1 14 /
Q2 14 /
DHMC
UHC median
CMS National
CMS State

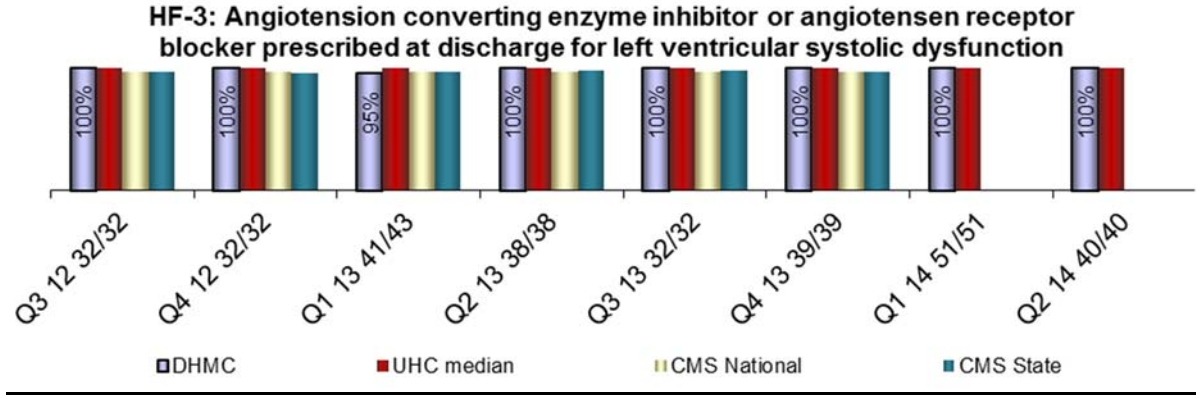

PN-6a: Antibiotic selection for immunocompetent ICU patients
100%
83%
100%
100%
100%
100%
100%
100%
Q3 12 2/2
Q4 12 5/6
Q1 13 6/6
Q2 13 6/6
Q3 13 1/1
Q4 13 1/1
Q1 14 2/2
Q2 14 4/4
DHMC
UHC median


PN-6b: Antibiotic selection for immunocompetent non ICU patients aligns with recommendations
82%
83%
100%
93%
100%
100%
100%
94%
Q3 12 9/11
Q4 12 10/12
Q1 13 12/12
Q2 13 14/15
Q3 13 7/7
Q4 13 11/11
Q1 14 11/11
Q2 14 16/17
DHMC
UHC median

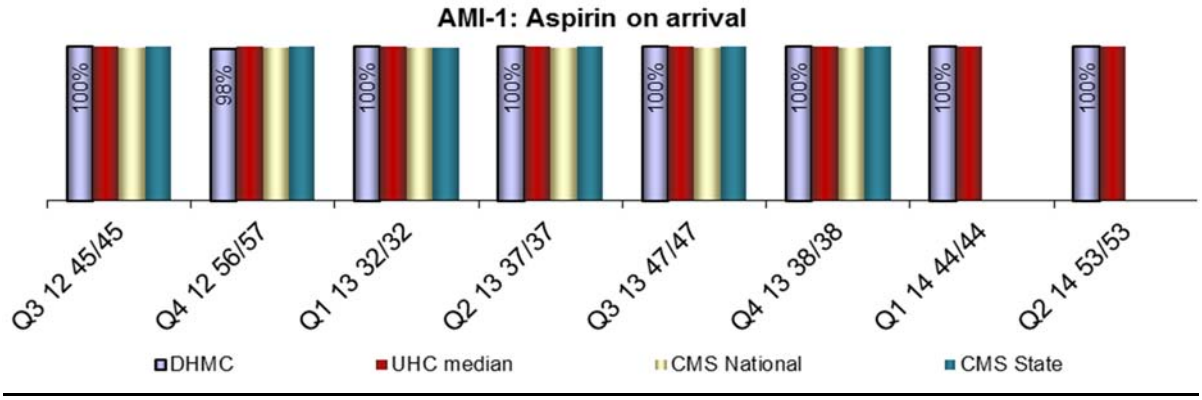
Heart Failure (HF) Measures

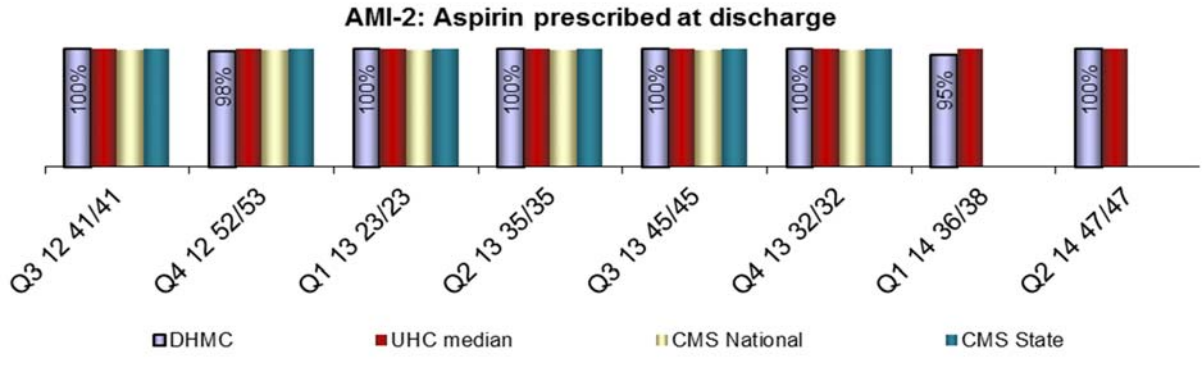


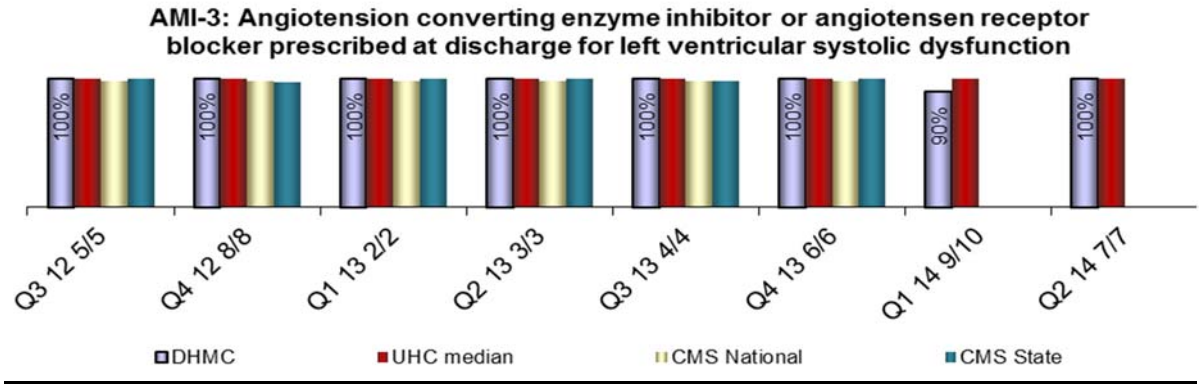


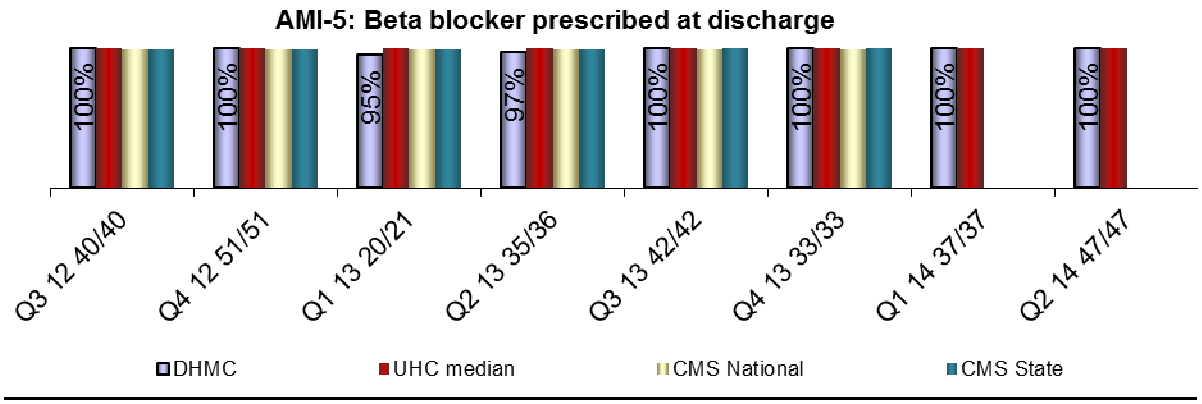


Acute Myocardial Infarction Measures

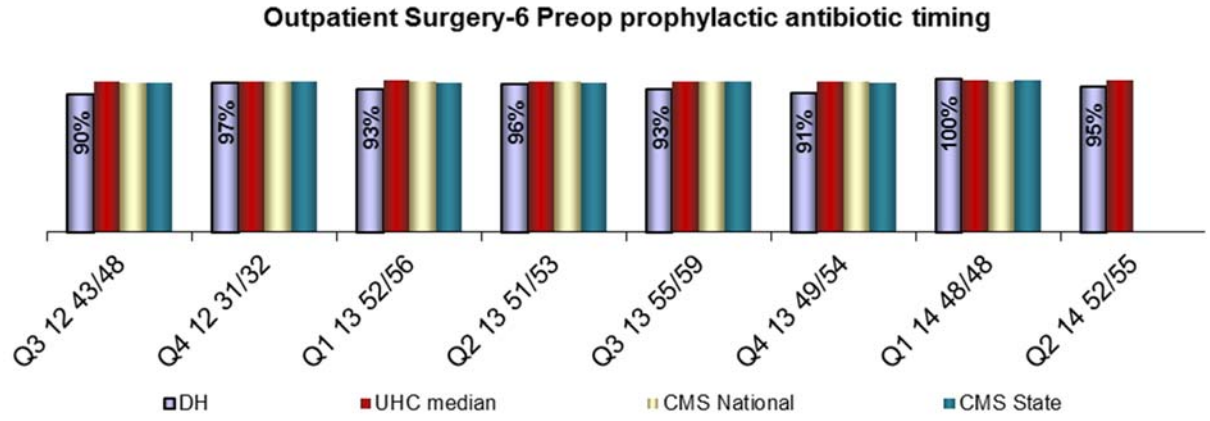


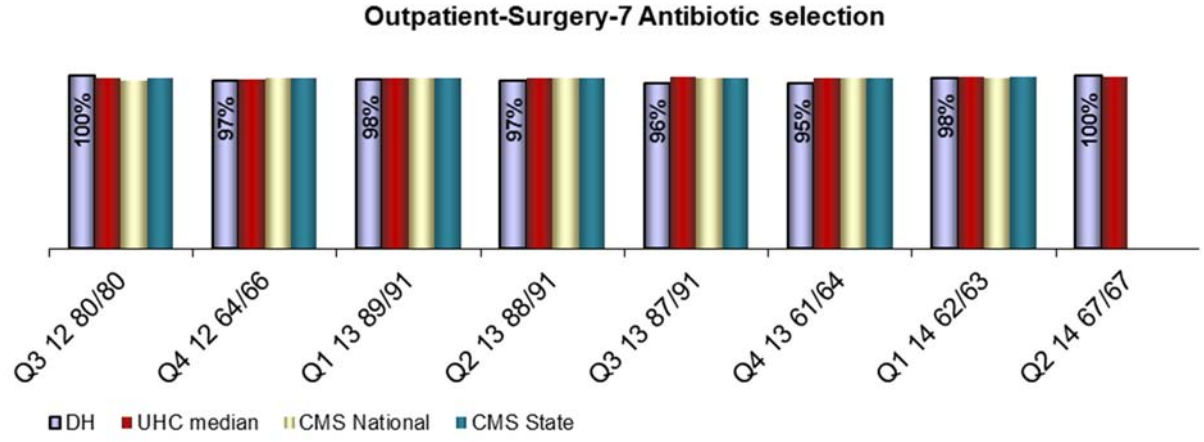




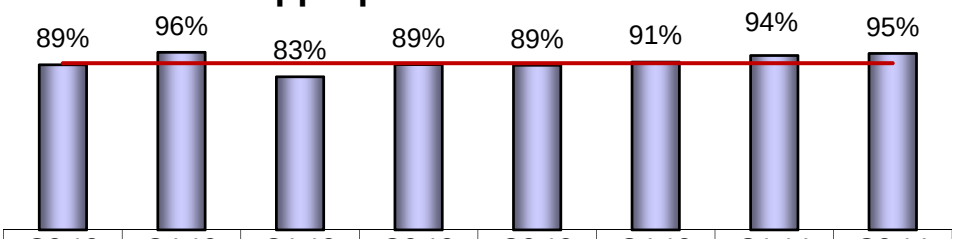


Outpatient Surgery Measures





CMS Appropriate Care Measures

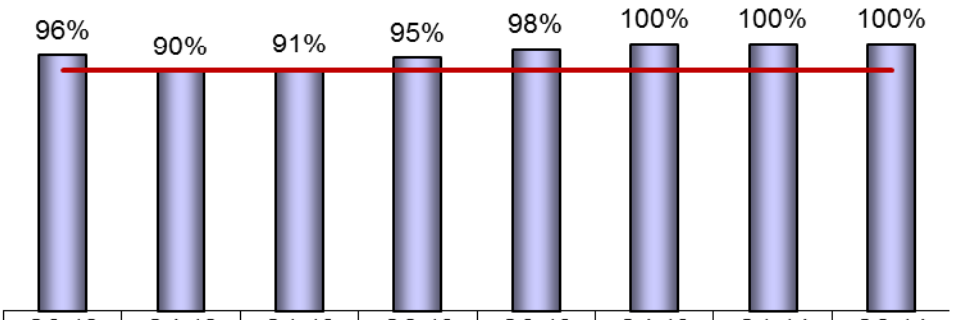


	Q3 12 n=230	Q4 12 n=678	Q1 13 n=705	Q2 13 n=370	Q3 13 n=494	Q4 13 n=663	Q1 14 n=649	Q2 14 n=406
DH	89%	96%	83%	89%	89%	91%	94%	95%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on the CMS required Hospital Inpatient Quality Reporting (IQR) program measures. The composite includes 32 core measures: AMI-2 Aspirin at discharge; AMI-7a Fibrinolytic therapy within 30 minutes; AMI-8a PCI therapy within 90 minutes; AMI-10 Statin prescribed at discharge; HF-1 Discharge instructions; HF-2 Evaluation of LVS function; HF-3 ACEI or ARB at discharge; PN-3b Blood cultures in ED; PN-6 Antibiotics for CAP (PN-6 is a combination of PN-6a and PN-6b); SCIP-Inf-1a Antibiotics within one hour before the first surgical cut; SCIP-Inf-2a Appropriate prophylactic antibiotics; SCIP-Inf-3a Stopping antibiotics within 24 hours; SCIP-Inf-4 Cardiac patients with 6AM postoperative blood glucose; SCIP-Inf-9 Urinary catheter removed; SCIP-Inf-10 Surgery patients with perioperative temperature management; SCIP-VTE-2 Receiving VTE medicine/treatment; SCIP Card-2 Beta-blocker patients who received beta-blocker perioperatively; VTE-1 VTE medicine/treatment; VTE-2 VTE medicine/treatment in ICU; VTE-3 VTE patients with overlap therapy; VTE-4 VTE patients with UFH monitoring; VTE-5 VTE warfarin discharge instructions; STK-1 Stroke patients with VTE medicine/treatment; STK-2 Discharged on antithrombotic therapy; STK-3 Anticoagulation therapy for atrial fibrillation/flutter; STK-4 Thrombolytic therapy; STK-5 Antithrombotic therapy by end of hospital day 2; STK-6 Discharged on statin medication; STK-8 Stroke education; STK-10 Assessed for rehabilitation; IMM-1a Pneumococcal immunization; IMM-2 Influenza immunization.
Denominator: The number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).

Target: 90% compliance rate

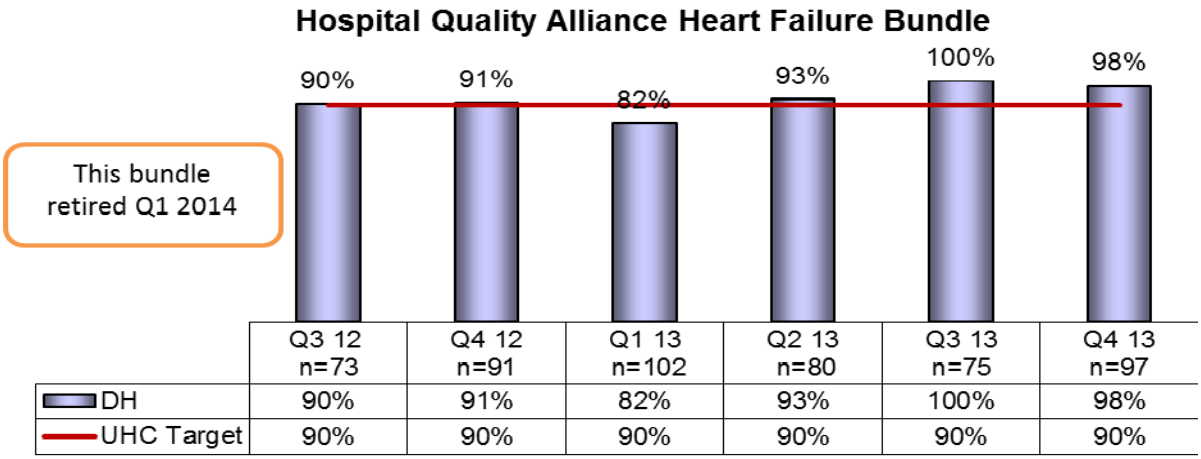
Hospital Quality Alliance AMI Bundle



	Q3 12 n=45	Q4 12 n=58	Q1 13 n=32	Q2 13 n=38	Q3 13 n=47	Q4 13 n=32	Q1 14 n=11	Q2 14 n=12
DH	96%	90%	91%	95%	98%	100%	100%	100%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

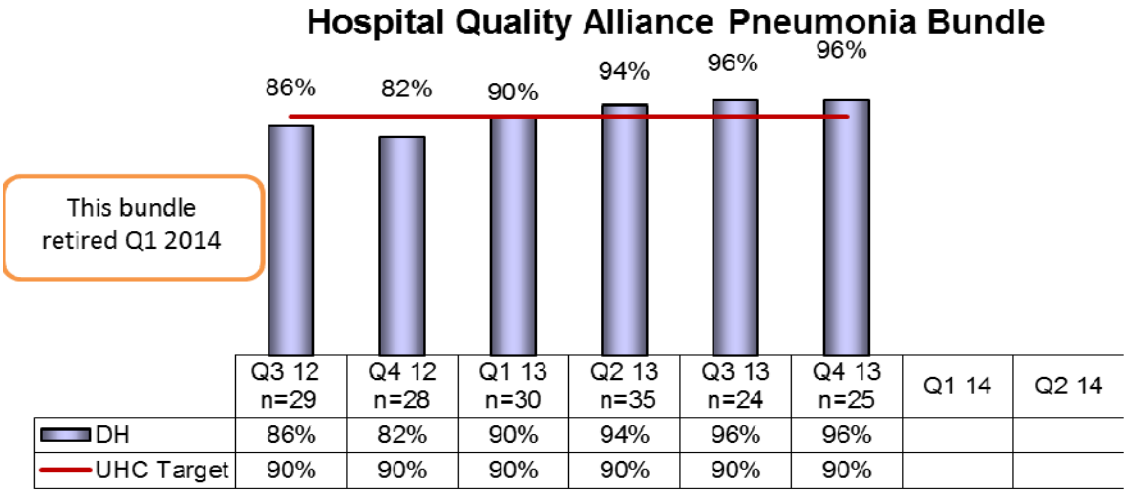
Definition: Composite metric based on 7 AMI hospital quality measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: AMI-1 Aspirin at Arrival; AMI-2 Aspirin at Discharge; AMI-3 ACEI or ARB for LVSD; AMI-5 Beta Blocker at Discharge;

AMI-7a Fibrinolytic Therapy Received Within 30 Min. of Arrival; AMI-8a PCI Received Within 90 Min. of Arrival; AMI-10 Statin Prescribed at Discharge.
Denominator: The total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate



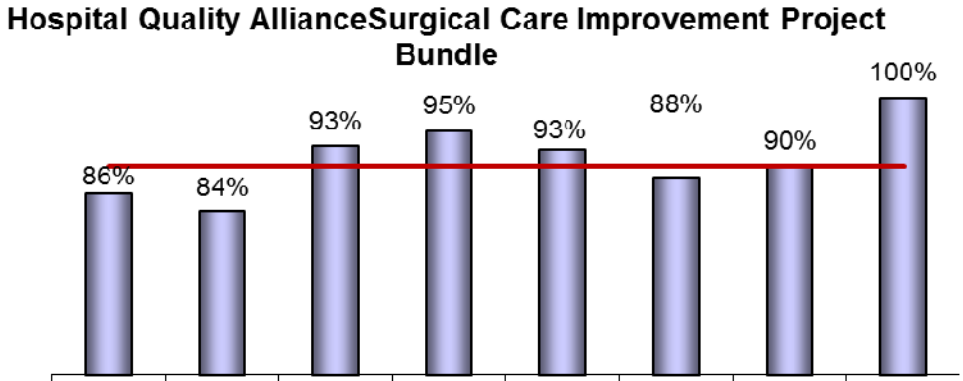
	Q3 12 n=73	Q4 12 n=91	Q1 13 n=102	Q2 13 n=80	Q3 13 n=75	Q4 13 n=97
DH	90%	91%	82%	93%	100%	98%
UHC Target	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 3 HF Hospital Quality Measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: HF-2 Evaluation of LVS Function; HF-3 ACEI or ARB for LVSD.
Denominator: The total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate



	Q3 12 n=29	Q4 12 n=28	Q1 13 n=30	Q2 13 n=35	Q3 13 n=24	Q4 13 n=25	Q1 14	Q2 14
DH	86%	82%	90%	94%	96%	96%		
UHC Target	90%	90%	90%	90%	90%	90%		

Definition: Composite metric based on 4 PN Hospital Quality Measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. The set includes the following measures: PN-3a Blood Cultures Performed Within 24 Hrs. of Arrival for Patients Transferred/Admitted to ICU; PN-3b Blood Cultures in ED Prior to Antibiotic; PN-6a Antibiotic Selection for CAP in Immunocompetent ICU Patient; PN-6b Antibiotic Selection for CAP in Immunocompetent Non-ICU Patient.
Denominator: total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate



	Q3 12 n=87	Q4 12 n=91	Q1 13 n=87	Q2 13 n=84	Q3 13 n=81	Q4 13 n=78	Q1 14 n=81	Q2 14 n=75
DH	86%	84%	93%	95%	93%	88%	90%	100%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 9 SCIP hospital quality measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: SCIP-Inf-1a Antibiotic Received 1 Hour prior to Surgical Incision; SCIP-Inf-2a Antibiotic Selection for Surgical Patients; SCIP-Inf-3a Antibiotics Discontinued within 24/48 Hours after Surgery End; SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 AM Postop Serum Glucose; SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal; SCIP-Inf-9 Urinary Catheter Removed on Post-Op Day 1 or 2; SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management; SCIP-Card-2 Surgery Patients on Beta Blocker Therapy; SCIP-VTE-2 Surgery Patients with VTE Prophylaxis Received.
Denominator: The total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate

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	2012	2013	2014	GOAL
1.5I	**Childhood Immunization Rate**[1]	82%	86%	85%	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	68%	71%	81%	70% of women will begin prenatal care within the 1st Trimester
1.5L	**Patient Satisfaction**				
	Community Health Service Adults	New metric in in 2014	71.8%	73%	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[2]	New metric in in 2014	New metric in in 2014	76.6%	78% of parents with children seen in primary care clinics will respond with a 9 or a 10 ("top box") for "Overall provider rating."
	Denver Health Medical Center[2]	72.1%	71.3%	71.9%	73% of hospitalized patients will respond with a 9 or 10 ("top box") for overall patient satisfaction.
1.5M	**Breast Cancer Screening**	66%	68%	65%	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**[3]	80%	80%	75%	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**	N/A (did not measure)	88%	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%	79%	78%	75% of diabetic patients will have appropriate monitoring of kidney function.
	Diabetes-percent of diabetics with HBA1c < 9	75%	75%	74%	70% of Diabetic patients will have an HBA1c < 9
	Cardiovascular Disease Prevention	New Metric in 2014	New Metric in 2014	78%	50% of Diabetic patients will be treated with statin medication
1.5Q	**Hypertension Control**[4]	71%	71%	69%	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**	94%	95%	87%	Maintain smoking assessment, advice and refer for 85% of adults.

Number	Contract Criterion	2012	2013	2014	GOAL
1.5S	**Flu Vaccinations**[5]	57%	58%	59%	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	96.20%	97.3%	96.9%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.
	Blunt without DOAs	97.40%	98.4%	97.6%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 97.1%.
	Penetrating with DOAs	89.00%	91.8%	93%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	Penetrating without DOAs	95.30%	96.6%	97.1%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 91.9%.
1.5U	**CMS Core Measures**	Q3 2011 - Q2 2012	Q3 2012 - Q2 2013	Q3 2013 - Q2 2014	
	Surgical Care	97%	97%	97%	100% of surgical patients will receive antibiotics within 1 hour before surgery.
	Congestive Heart Failure[6]	100%	99%	100%	100% of patients with congestive heart failure will have an ACE-inhibitor prescribed at discharge for systolic dysfunction.
	Acute Myocardial Infarction[6]	100%	99%	99%	100% of patients with an acute myocardial infarction will have aspirin prescribed at discharge.

[1] We are presently tracking by top box score which is a different methodology than used in the past. The present goal is to improve the Overall Rating of the Hospital by 1.5%.

[2] We have seen improvement over 2013 in terms of our patients' overall rating of their provider and of the hospital. Denver Health has engaged the Studer Group for consulting expertise in how to improve the patient experience. The organization has implemented several changes in 2014 including creating the position of Chief Patient Experience Officer, Leadership Rounding, and AIDET (Acknowledge, Introduce, Duration, Explain, Thank) training for all staff.

[3] We have experienced declining performance related to cervical cancer screening. We think this has been impacted largely through two unrelated phenomena. First, our recent CMMI-funded focus on high risk patients has directed patient navigator care coordination away from preventive care. Second, **the 2014 influx of newly Medicaid eligible patients into our system has increased the number of patients who have been historically less engaged in care or potentially receiving previously fragmented care and are less compliant with prevention.** When we stratify our cervical cancer screening measure by patients who have been engaged in the Denver Health primary care system for more than six months versus less than six months, we see a striking disparity in our performance as 77% versus 49%, respectively. We expect that as these new patients become more engaged in primary care and have more time to catch up on their lacking care or transfer historical medical records, their screening rate will improve. We also track cervical cancer screening as an opportunistic, visit-based measure and according to that methodology, 81% of patients seen in December were up to date with screening. We have also secured a three year grant with the CDPHE Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) program to support team-based care including patient navigator care coordination with an emphasis on improving cancer screening and chronic disease management.

[4] Our 2014 performance was just below our 70% target at 69%. We continue to see seasonal variation in this measure and were above the 70% target May through November. We have recently been recognized nationally for our performance controlling high blood pressure through the Department of Health and Human Services' Million Hearts Initiative.

[5] We have experienced gradual improvement over the last few years and have almost reached our goal of 60% of patients vaccinated for the flu. Several of our individual clinics exceeded this goal, including all three of our pediatric sites and our high risk adult clinics including Geriatrics, HIV early intervention services and our intensive outpatient clinic for patients with frequent hospitalization

[6] CMS retired this component of the quality measures as of 1/1/2014 for all hospitals in the U.S. We no longer abstract this information from the charts given consistent excellent performance in prior years.

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.
Denver Health's inpatient mortality has been consistently in the best five percent of UHC hospitals throughout 2013 and into 2014. See graph below which represents the observed to expected mortality rate across 119 academic health centers. Denver Health is ranked #5.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank
Current Quarter	⊙⊙	5,777	0.51	0.89	3/119
Recent Year	⊙⊙	22,908	0.61	0.88	5/119

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,777	5,763	22,908
Observed Deaths	59	64	280
Expected Deaths	114.82	117.53	458.77
Observed Mortality (%)	1.02	1.11	1.22
Expected Mortality (%)	1.99	2.04	2.00
Observed/Expected Ratio	0.51	0.54	0.61

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 following pages

Zip Code	Users	Visits
80002	3	4
80007	1	2
80010	8	8
80011	4	8
80012	596	2,364
80013	1	2
80014	783	3,500
80016	2	2
80017	2	2
80021	3	3
80022	1	4
80023	10	24
80026	2	3
80027	1	2
80029	3	6
80030	4	5
80033	3	4
80039	1	1
80043	1	1
80100	1	8
80110	524	2,361
80111	1	1
80112	64	213
80113	2	2
80115	1	1
80120	1	4
80123	643	2,780
80126	1	1
80134	1	1
80136	1	1
80139	2	3
80141	1	3
80164	1	5
80200	1	1
80201	116	631
80202	1,390	6,944
80203	3,388	16,139
80204	20,372	105,055
80205	9,645	52,202
80206	1,994	9,088
80207	4,942	25,362
80208	18	107
80209	1,569	6,855
80210	2,026	8,007
80211	7,062	35,850
80212	1,797	8,974
80213	44	152
80214	790	3,705
80215	1	2
80216	5,090	25,371
80217	34	141
80218	2,625	12,799
80219	26,795	130,164
80220	5,161	26,158
80221	2,527	11,120
80222	2,409	11,471
80223	6,993	35,479
80224	2,431	11,891
80226	686	2,743
80227	2,125	9,278
80228	1	2
80229	3	13
80230	817	3,832
80231	3,206	13,497
80232	263	1,213
80233	2	2
80234	1	7
80235	398	2,133
80236	2,806	13,376
80237	1,385	5,850
80238	679	2,752
80239	14,649	59,443
80240	13	38
80243	3	3
80244	2	3
80245	3	16
80246	1,235	5,559
80247	2,565	12,761
80248	2	15
80249	3,981	16,429
80250	14	39
80251	2	6
80260	2	2
80261	7	27
80262	1	1
80263	2	2
80264	3	4
80265	1	11
80266	4	5
80267	2	3
80269	1	17
80271	1	35
80281	1	1
80287	3	14
80291	1	3
80292	2	3
80294	3	29
80299	2	8
80318	1	11
80325	1	1
80326	1	2
80327	1	2
80333	1	1
80336	1	3
80341	1	3
80357	1	2
80364	1	1
80403	1	1
80408	1	1
80413	1	1
80433	1	1
80439	1	1
80443	1	1
80464	1	1
80465	1	6
80482	1	1
80505	1	1
80516	2	3
80521	2	2
80526	1	1
80550	1	8
80601	1	1
80603	1	1
80604	1	1
80609	1	4
80626	1	3
80634	1	1
80702	1	1
80707	1	1
80863	1	1
80902	1	1
80906	1	1
80931	1	1
81003	1	3
81140	1	1
81204	1	6
81205	1	13
81219	1	2
81306	1	12
81362	1	1
81401	1	2
81507	2	5
81621	1	1

2014 Denver County Unduplicated Users and Visits by Zip Code

Total Visits **704,290**

Total Unduplicated Users **146,818**

- **Excludes Denver Public Health Clinics (TB and STD clinics) and conversion accounts**

2014 Unduplicated Users and Patient Visits by Colorado County

County	Users	Visits
000 - Unknown	1,369	2,595
001 - Adams	12,716	49,994
002 - Alamosa	35	118
003 - Arapahoe	13,578	52,534
004 - Archuleta	6	10
005 - Baca	1	1
006 - Bent	24	52
007 - Boulder	1,267	3,166
008 - Chaffee	31	62
009 - Cheyenne	4	9
010 - Clear Creek	125	441
011 - Conejos	13	25
012 - Costilla	11	26
013 - Crowley	39	95
014 - Custer	7	10
015 - Delta	30	51
016 - Denver	146,818	704,290
017 - Dolores	44	115
018 - Douglas	1,908	5,552
019 - Eagle	188	454
020 - Elbert	86	186
021 - El Paso	707	1,449
022 - Freemont	32	78
023 - Garfield	58	92
024 - Gilpin	42	145
025 - Grand	739	1,877
026 - Gunnison	25	45
028 - Huerfano	7	33
029 - Jackson	5	28
030 - Jefferson	11,509	45,949
031 - Kiowa	53	74
032 - Kit Carson	12	17

County	Users	Visits
033 - Lake	22	57
034 - La Plata	37	69
035 - Larimer	430	801
036 - Las Animas	21	50
037 - Lincoln	15	50
038 - Logan	42	98
039 - Mesa	70	116
040 - Mineral	1	1
041 - Moffat	10	17
042 - Montezuma	14	20
043 - Montrose	20	31
044 - Morgan	62	200
045 - Otero	20	41
046 - Ouray	3	4
047 - Park	82	211
048 - Phillips	7	7
049 - Pitkin	19	29
050 - Prowers	10	17
051 - Pueblo	207	478
052 - Rio Blanco	3	3
053 - Rio Grande	18	47
054 - Routt	67	136
055 - Saguache	5	21
057 - San Miguel	3	6
058 - Sedgwick	3	3
059 - Summitt	101	150
060 - Teller	16	37
061 - Washington	5	8
062 - Weld	789	2,158
063 - Yuma	9	13
064 - Broomfield	426	1,633
098 - Out of State	5,221	7,189

Total Patient Visits	**883,274**
Total Unduplicated Users	**199,247**

- **Excludes Denver Public Health Clinics (TB and STD clinics) and conversion accounts**

2014 Users and Visits by Gender and Race

Gender	Race	Users	Inpatient Visits	Outpatient Visits	Total Visits
Female	African-American	14,581	1,734	78,130	79,864
	Amer/Alaskan Native	633	126	3,601	3,727
	Asian	3,707	382	18,326	18,708
	Hispanic	47,689	5,659	253,118	258,777
	Native Hawaiian	86	3	296	299
	Other Pacific Islander	67	11	340	351
	Unknown	2,214	95	3,459	3,554
	White	34,231	4,688	136,253	140,941
Female Total		**103,208**	**12,698**	**493,523**	**506,221**
Male	African-American	13,603	1,644	56,225	57,869
	Amer/Alaskan Native	542	115	3,490	3,605
	Asian	2,843	249	11,066	11,315
	Hispanic	37,611	4,199	153,367	157,566
	Native Hawaiian	79	-	247	247
	Other Pacific Islander	46	2	202	204
	Unknown	2,259	118	3,533	3,651
	White	39,056	5,960	136,636	142,596
Male Total		**96,039**	**12,287**	**364,766**	**377,053**
Grand Total		**199,247**	**24,985**	**858,289**	**883,274**

Homeless Care and Costs

2014 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	4,946	30,117	$55,628,495
Male	9,540	53,593	$153,300,942
Totals	**14,486**	**83,710**	**$208,929,437**

2013 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	5,125	32,096	$60,689,730
Male	9,464	54,868	$151,913,075
Totals	**14,589**	**86,964**	**$212,602,805**

2012 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	5,236	32,562	$60,294,818.00
Male	9,669	56,367	$149,807,633.13
Totals	**14,905**	**88,929**	**$210,102,451.93**

Top 25 DRGs for Medically Indigent Population 2014 *

DRG#	DRG Name	
685	MDC 11M,ADMIT FOR RENAL DIALYSIS	44
871	MDC 18M,SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	27
640	MDC 10M,MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	23
470	MDC 08P,MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	14
885	MDC 19M,PSYCHOSES	13
189	MDC 04M,PULMONARY EDEMA & RESPIRATORY FAILURE	11
872	MDC 18M,SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	11
641	MDC 10M,MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O M	9
639	MDC 10M,DIABETES W/O CC/MCC	9
847	MDC 17M,CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	8
392	MDC 06M,ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	7
442	MDC 07M,DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	5
292	MDC 05M,HEART FAILURE & SHOCK W CC	5
683	MDC 11M,RENAL FAILURE W CC	5
390	MDC 06M,G.I. OBSTRUCTION W/O CC/MCC	5
291	MDC 05M,HEART FAILURE & SHOCK W MCC	5
309	MDC 05M,CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5
74	MDC 01M,CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	5
439	MDC 07M,DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	4
282	MDC 05M,ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	4
896	MDC 20M,ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	4
742	MDC 13P,UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	4
682	MDC 11M,RENAL FAILURE W MCC	4
638	MDC 10M,DIABETES W CC	4
839	MDC 17M,CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	3

* Top 25 DRGs for MI Population in 2014 is lower as a result of the Affordable Care Act more patients qualifying for Medicaid

Top 25 DRGs for Medically Indigent Population 2013

DRG #	DRG NAME	Total
885	PSYCHOSES	238
685	ADMIT FOR RENAL DIALYSIS	112
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	92
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	77
603	CELLULITIS W/O MCC	67
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	54
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	53
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	47
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	45
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	41
881	DEPRESSIVE NEUROSES	33

DRG #	DRG NAME	Total
638	DIABETES W CC	32
291	HEART FAILURE & SHOCK W MCC	26
189	PULMONARY EDEMA & RESPIRATORY FAILURE	25
292	HEART FAILURE & SHOCK W CC	25
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	24
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	24
639	DIABETES W/O CC/MCC	23
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	22
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	22
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	21
313	CHEST PAIN	19
683	RENAL FAILURE W CC	19
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	19
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	18

Top 25 DRGs for Medically Indigent Population 2012

DRG #	DRG Name	Total
885	PSYCHOSES	248
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	89
685	ADMIT FOR RENAL DIALYSIS	71
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	65
603	CELLULITIS W/O MCC	61
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	59
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	53
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	50
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	50
638	DIABETES W CC	45
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	45
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	44
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	40
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	40
313	CHEST PAIN	36
189	PULMONARY EDEMA & RESPIRATORY FAILURE	33
639	DIABETES W/O CC/MCC	30
881	DEPRESSIVE NEUROSES	30
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	29
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	28
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	27
291	HEART FAILURE & SHOCK W MCC	27
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	27
193	SIMPLE PNEUMONIA & PLEURISY W MCC	27
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	26

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 0.5090 for the year 2014.

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)	**Response – 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	4:44	31.8%	9:00	8:50	90.96%	10:30	11:49	83.76%

The compliance target for call processing/dispatch time was not met. This target is a combined metric that is the responsibility of Denver 911 and Denver Health and is impacted by numerous factors including inaccurate information, language barriers, and provider safety issues. The City's EMRS Monitoring Group is continually evaluating this metric and evaluating areas for improvement.

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. **Clinical 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. Seventy four of these heart attack patients were transported in 2014. Sixty four (87%) received aspirin, with a door to scene time of 23:24.
   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.
   ADDITIONAL COMMENTS: Aspirin has been shown to be very beneficial for heart attack victims.

   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 74 heart attack patients was 23.3 minutes in 2014. Every patient in this group was transported to an identified facility that is specifically ready to handle heart attack victims.

   c. Transport ambulance scene time for trauma patient emergency transports.
   RESPONSE: 836 emergency (lights and siren) transports of trauma patients occurred in 2014. The average scene time for these patients was 9:35 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 836 emergency trauma patients, 93.3% were transported to an American College of Surgeons designated as a 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. **In 2014 there were 17 survivors that were discharged alive with good neurologic outcomes.**
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 90.9%. 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 have 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 2014, the Paramedic Division had 105,893 total field responses resulting in 70,685 patients being transported. The providers of the Denver Health Paramedic Division assisted in the delivery of 8 infants, cared for 6,374 children, treated 12,453 alcohol intoxicated patients, performed one emergent surgical airway procedures and participated in 74 Cardiac Alerts. The Paramedic Division also responded to and treated 2,095 possible overdoses and 137 possible gun-shot wounds. The paramedic division had 62 ketamine administrations for patients with a suspected diagnosis of excited delirium and 36 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, Public Health epidemiology and 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.

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 exercising 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: Clinical services were available to the public on an appointment and walk-in basis Monday through Friday, offering the diagnosis, surveillance and treatment of

sexually transmitted infections and the linkage to care of those with HIV/AIDS. Outreach testing and clinics were provided throughout the community focusing on populations with the highest degree of risk for infection.

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.

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 submitted to City. Yearly summary below.

PUBLIC HEALTH SERVICES	2012	2013	2014
Patient Encounters - Infectious Disease Clinic	17,295	16,376	16,224
Birth and Death Certificates Registered	4,461	4,379	4,859
Certified Copies Issued	61,503	54,497	60,531
New TB Cases	44	49	52
Patient Encounters - TB Clinic	10,140	8,244	9,606
STD Clinic Visits	15,735	15,774	15,378
Total Immunization Visits	9,294	9,621	10,604
Total Vaccinations Provided	19,028	18,759	21,752

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 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 develop and maintain a regularly-updated landing page which will provide an overview of public and environmental health services within Denver County. This website will provide the appropriate contacts for specific services. DEH will take the lead in developing the landing page and both organizations will be responsible for maintaining their corresponding information.
RESPONSE: DEH took the lead on this initiative. A contractor has been engaged to develop a landing page, and DPH has provided comments on the initial draft of the page.

L. 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.
RESPONSE: A health profile, entitled "The Health of Denver – 2011" was developed cooperatively between Denver Public Health, Denver Environmental Health, and many community partner agencies. This profile was released in early 2012 and was used as the foundation to gather input for the Community Health Improvement Plan (CHIP). Access to Care, including Behavioral Health Care, and Healthy Eating and Active Living (HEAL) were identified as the two top priorities for the CHIP which was formalized in 2013 and released in early 2014. A new health profile entitled "The 2014 Health of Denver Report" was completed, with its release to the public in February 2015. Six issues of Denver Vital Signs were also published in 2014. Specific areas of focus were: access to healthy foods and beverages, childhood/adolescent asthma and air pollution, prescription drug overdose, progress in expanding coverage and improving access to care, race and infant mortality, and teen birth rates.

M. 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: A collaborative effort on the ESF8 SOP has developed a continuity of operations for several activities including DIA surveillance, quarantine and isolation procedures, and point of distribution sites for distribution of prophylaxis. Denver Public Health has jointly participated in planning and exercises to demonstrate a working relationship.

N. 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 application for public health accreditation was submitted to the Public Health Accreditation Board (PHAB) on Jan 23rd 2015 after many hours of collectively finding and providing all the necessary documentation from the two agencies.

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 2014, 377 pregnancy tests were offered, 53 pregnancy tests were given, and seven 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 2014, our average response time to calls without standby was 31:13 and the response time to clients with public safety personnel standing by was 19:34. The overall average response time to all calls was 23:06.**

C. Average length of stay will be 36 hours or less.
RESPONSE: **The average length of stay in the detox was 23.67 hours for 2014 (time sample 12-1-2014 to 12-14-2014).**

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.
- Number of veterans admitted to the Denver Veterans 1st program
- Number of veterans completing the Transitional Residential Treatment part of the Denver Veterans 1st program and Denver C.A.R.E.S.

❖ Denver C.A.R.E.S. Services	2012	2013	2014
Shelter/Detox Program: Average Daily Census	**75.5**	**78.0**	**80.6**
Outpatient Counseling: Patient Encounters	**27,643**	**28,478**	**29,422**
DUI Program: Patient Encounters	**537**	**910**	**935**
Emergency Services Patrol: Average Response Time in Minutes	**25.08**	**25:27**	**23:06**
Number of Clients Picked Up Per Shift	**11.3**	**12**	**13**
Number of Clients Admitted for the First Time	**5,310**	**4,964**	**5,514**
Number of Clients Admitted More Than One Time for the Program Year	**2,463**	**2,485**	**2,434**

❖ Denver C.A.R.E.S. Services	2012	2013	2014
Number of Admission of Homeless Clients	18,171	18,442	18,783
Number of Clients Who Did Not Pay Any Charges Due for Services Rendered	7,297	8,777	7,313
Number of Veterans Entering Denver C.A.R.E.S.	2231	2267	2407
Number of Veterans Admitted to the Denver Veterans 1st Program	44	55	39
Number of Veterans Completing the Transitional Residential Treatment Part of the Denver Veterans 1st Program and Denver C.A.R.E.S.	25	30	31

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.

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

2013 Scheduled Shifts = 8,350 hours; 10,020 clients were transported (12 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	31	28	31	30	31	30	31	31	30	31	30	31	365
Cover (V3)	9	8	8	10	8	8	10	8	9	9	8	10	105
Night (V2)	31	28	31	30	31	30	31	31	30	31	30	31	365
Total	71	64	70	70	70	68	72	70	69	71	68	72	835

2012 Scheduled Shifts = 8,350 hours; 9,448 clients were transported (11.3 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	31	28	31	30	31	30	31	31	30	31	30	31	365
Cover (V3)	9	8	8	10	8	8	10	8	9	9	8	10	105
Night (V2)	31	28	31	30	31	30	31	31	30	31	30	31	365
Total	71	64	70	70	70	68	72	70	69	71	68	72	835

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 2014:

RETURN
RETURN, an 18-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.

2014 4th Quarter Outcomes
82 clients (63 unique clients) have received services since the beginning of 2014
- **14 were enrolled in the program at the end of the 4th quarter.**
- **28 successfully completed the program and moved into stable housing situations.**
- **8 successfully completed the program and moved into a temporary housing situation.**
- **5 successfully completed the program, but their destination is unknown.**
- **0 transferred to another facility for further treatment.**
- **0 voluntarily complied with a brief incarceration.**
- **27 were either non-compliant and/or refused treatment and left the program.**

Cumulative Outcomes
- **594 clients (459) unique clients) have received services since the inception of the program.**
  - **14 were enrolled in the program at the end of the 4th quarter.**
  - **223 successfully completed the program and moved into stable housing situations.**
  - **36 successfully completed the program and moved into temporary housing situations.**
  - **32 successfully completed the program, but their destination is unknown.**
  - **40 transferred to another facility for further treatment.**
  - **1 complied to be incarcerated.**
  - **248 refused treatment and left the program.**

Denver Homeless Veterans First *(DHV1st!)* / Cherokee House
***DHV1st!*, also known as Cherokee House, is located at Denver C.A.R.E.S. and has been in operation since April 2007. This longer-term, 14-bed residential treatment program (average stay is six months) provides substance abuse treatment and case management to homeless veterans.**

2014 4th Quarter Outcomes

- **39 clients (35 unique clients) have received services since the beginning of 2014.**
  - **0 were enrolled in the program at the end of the 4th quarter 2014**
  - **19 successfully completed the program and moved into stable housing situations.**
  - **5 successfully completed the program and moved into a temporary housing situation.**
  - **7 successfully completed the program, but their destination is unknown.**
  - **0 complied to be incarcerated**
  - **2 transferred to another facility for further treatment**
  - **0 transferred to psychiatric hospital.**
  - **6 were either non-compliant and/or refused treatment and left the program.**

Denver Homeless Veterans First *(DHV1st!)* / Cherokee House

Cumulative Outcomes

- **301 clients (256 unique clients) have received services since the inception of the program.**
  - **0 were enrolled in the program at the end of the 4th quarter 2014.**
  - **91 successfully completed the program and moved into stable housing situations.**
  - **33 successfully completed the program and moved into a temporary housing situation.**
  - **32 successfully completed the program, but their destination is unknown.**
  - **3 complied to be incarcerated.**
  - **8 transferred to another facility or GPD site for further treatment.**
  - **3 transferred to psychiatric hospital.**
  - **130 were either non-compliant and/or refused treatment and left the program.**
  - **1 client was deemed ineligible by the VA and chose to leave rather than wait for further treatment placement in the RETURN 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, residential treatment and transitional housing. Case management and residential treatment services are provided by Denver C.A.R.E.S. and the transitional housing vouchers are managed by CCH.

2014 4th Quarter Outcomes

- **52 clients (48 unique clients) have received services since the beginning of 2014.**
  - **10 were enrolled in the program at the end of the 4th quarter 2014 (2 in transitional housing; 1 in sober living; 7 in RETURN TRT)**
  - **18 successfully completed the Charts program and moved into stable housing**
  - **17 moved into stable housing while in RETURN and enrolled in Charts**
  - **06 refused and/or discharged from CHARTS program services due to choice preferences and/or non-compliance**
  - **1 deceased**

Cumulative Outcomes

- **191 clients (177 unique clients) have received services since the inception of the program.**
  - **10 were enrolled in the program at the end of the 4th quarter 2014**

(2 in transitional housing; 1 in sober living; 7 in RETURN TRT)

- **46 successfully completed the program and moved into stable housing situations.**
- **22 moved into stable housing while admitted in RETURN and while enrolled for CHARTS**
- **1 complied with incarceration after successfully participating in Charts for nearly 14**
- **9 transferred to another facility for further treatment.**
- **6 deceased**
- **97 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.
In 2014, 52% of urine screens were negative for illicit substances including alcohol. This decrease in performance is due to clinic expansion. In 2014 OBHS' methadone clinic increased enrolled patients by 13%. Standard time to abstinence is typically 90-days – with increased volumes of new patients our rates of abstinence have decreased.

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.
OBHS evaluated 608 patients. 59% of patients were evaluated on the same day. 79.1% of patients admitted to outpatient were evaluated within 3-business days.

C. Ninety percent of infants delivered by women in treatment as part of the Women and Family Services program will be free of any illicit substances. Twenty or more pregnant women will be in treatment in this Fiscal Year.
The total number of pregnant women enrolled in Outpatient Behavioral Health Services substance treatment services was 45 in 2014. There were 20 reported births during this time period. Of those 20 births, 16 of them, or 80% were negative for illicit substances. In 2014, OBHS admitted 32.4% more pregnant women than our contractual requirement.

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.
OBHS admitted 17 HIV + individuals. 71% (12 of the 17 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.

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.
128 women with dependent children were admitted into the Women and Family Services (WFS) programs in 2014. Access to PAP smears, mammograms, and immunizations were made available and encouraged to 100% of the patient population.

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. 21 beds, 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 29 beds if the need arises. During 2014, the CCMF unit provided care and DSD services for 856 discharges (Denver 431), 3612 total hospital days for all jurisdictions and 1949 for Denver; the average length of inpatient stay was 4.07 days for all jurisdictions and 4.0 for Denver. There were also 2898 specialty outpatient visits provided to various jurisdictions through the CCMF outpatient clinic and 3416 to Denver patients. The Emergency Department saw 1468 Denver Jail patients in 2014.

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 2014, all the above listed reports have been submitted to the Denver Sheriff's Department. A daily census is 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 2014, 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: The Health Plan met all 11 HEDIS performance standards as noted in Section B below.
The Health Plan CAHPS scores, also reported in Section B, contained one (1) question 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 premium for 0.01% for the seven questions noted.

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 achieve 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: LDL less than 100
- Comprehensive Diabetes Care (2 measures on blood pressure: <140/80 and <140/90)
- Controlling High Blood Pressure
- Appropriate treatment of Children with Upper Respiratory Infection
- Appropriate Testing of Pharyngitis

DHMP agrees to provide the City and County of Denver with all of the above HEDIS results on an annual basis. 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 0.01% per measure for the quarter reported.

HEDIS Quality Score and Member Satisfaction Performance Standards (Analysis after table)

HEDIS Measures	2012 HEDIS Results	2013 HEDIS Results	2014 HEDIS Results	2014 HEDIS 50th percentile	≥ 50th percentile or 3% ↑ over past year
1. Breast Cancer Screening (42-69 years of age)	61.3%	58.00%	65.22%	73.6%	3% ↑ over past year
2. Adult BMI Assessments	78.3%	81.75%	88.56%	76.64%	≥ than 50% & 3%↑ over past year
3. Childhood Immunizations Combo 2	81.5%	83.56%	82.44%	78.91%	≥ than 50%
4. Childhood Immunizations Combo 3	78.9%	82.88%	81.68%	77.63%	≥ than 50%
5. Diabetic HbA1c <8	46.28%	48.94%	57.19%	59.13%	3% ↑ over past year
6. Diabetic LDL <100	44.6%	48.94%	52.29%	46.29%	≥ than 50% & 3%↑ over past year
7. Diabetic BP < 140/80	49.1%	56.80%	54.43%	40.49%	≥ than 50%
8. Diabetic BP < 140/90	68.2%	74.62%	74.92%	65.04%	≥ than 50%

HEDIS Measures	2012 HEDIS Results	2013 HEDIS Results	2014 HEDIS Results	2014 HEDIS 50th percentile	≥ 50th percentile or 3% ↑ over past year
9. Controlling High Blood Pressure 18-85 y/o	63.7%	64.72%	67.40%	63.66%	≥ than 50%
10. Appropriate Treatment of Children with URI	91.5%	91.95%	94.07%	86.07%	≥ than 50%
11. Appropriate Testing of Pharyngitis	92.5%	82.61%	93.42%	84.02%	≥ than 50% & 3%↑ over past year

Response: Analysis of 2014 HEDIS results: DHMP has made notable improvements in all HEDIS metrics measured. We have met all our HEDIS contractual standards and will continue our work in increasing measure scores to improve care to DHMP members.

We increased our breast cancer screening rates by 7.22%, but are still falling short of the 50th percentile by 8.38%. The breast cancer screening rate is an active goal for our 2015 commercial work plan, working actively with the cancer screening workgroup in ACS and with our POS Cofinity providers.

For Adult BMI assessments, DHMP performs well above the 50th percentile by 11.92%. In both childhood immunizations – Combo 2 and Combo 3, we performed above the 50th percentile by 3.53% and 4.05%, respectively. These measures reflect important preventive care for both our adult and pediatric populations.

Reviewing our four comprehensive care diabetes measures, we achieved the following results:

- Rate of diabetics with a HbA1c less than 8, (a blood test used to measure blood sugar) increased compliance with this measure by 8.25% from 2013 to 2014. We fell short of the 50th by only 1.94% this year.
- Diabetic LDL (cholesterol) less than 100 increased compliance by 3.35% in 2014. This measure was 6% above the 50th percentile.
- Diabetic blood pressure (a reading of equal to or less than 140/80) was 13.94% higher than the 50th percentile.
- Diabetic blood pressure (a reading of equal to or less than 140/90) was 9.88% higher than the 50th percentile.

We will continue to strive for good preventive care compliance and improve care for our diabetic members.

Controlling high blood pressure for members 18 to 85 years of age was 3.74 % above the 50th percentile.

Appropriate screening of children with upper respiratory infections (URI) was 8% above the 50th percentile.

Appropriate testing of pharyngitis was 9.4% above the 50th percentile.

We have met all our HEDIS contractual standards and will continue our work in increasing measure scores to improve care to DHMP members.

Member Satisfaction Performance Standard

In 2013, AHRQ replaced the CAHPS 4.0H Adult Survey with the CAHPS® Health Plan Survey 5.0H as part of its Ambulatory CAHPS initiative. The 5.0 version of the CAHPS Health Plan Surveys incorporates some minor changes into the wording of core items, a change in the placement of one core item that also resulted in the deletion of a screener item and the addition of a new item on self-reported mental health. DHMP will conduct the NCQA CAHPS Adult Survey 5.0H annually.

CAHPS Questions	2011 CAHPS	2012 CAHPS	2013 CAHPS	2014 NCQA Quality Compass Mean	
Satisfaction with the Health Plan					
Question 42 Overall Rating of Health Plan- based on 0-10 with ten being the highest Report score: 8, 9, 10 category	65%	61.97%	62.41%	66.21%	3.8 % below mean.
Question 45 ~~% respondents who responded "yes" to the question: had a flu shot since September 2012?~~ New for H2014 Have you had either a flu shot or flu spray in the nose since July 1, 2013? ~~Report Score: Always/Usually~~ Score is now reported as a rate.	81%	85.23%	85.25%	NA – Revised Measure for H2014	The measure is no longer under the NCQA Quality Compass measurement. Flu shot has become a standard of care for most health plans, so it will be reported as a rate moving forward.
Getting Needed Care					
Question 13 Overall Rating of Health Care Report Score: 8, 9, 10 category	68.5%	64.21%	67.96%	78.14%	10.18 % below mean.
Question 25 Easy to get appointment with Specialist: Report Score: Usually/Always	59.6%	57.55%	61.21%	85.26%	24.05 % below mean.
Question 14 Easy to get care believed necessary Report Score: Usually/Always	77.8%	71.47%	73.08%	90.89%	17.81 % below mean.
Doctor Communication					
Question 17 In the past 12 months, how often did your personal doctor explain things in a way that was easy to understand? Report Score: Usually/Always	94.6%	94.79%	96.09%	95.89%	0.2 % above mean.
Question 18 In the past 12 months, how often did your personal doctor listen to you carefully?	92.4%	92.94%	90.55%	94.86%	4.31 % below mean.

Report Score: Usually/Always					
Question 19 In the past 12 months, how often did your personal doctor show respect for what you had to say? Report Score: Usually/Always	94.6%	96.63%	93.79%	96.1%	2.31% below mean.
Question 20 In the past 12 months, how often did your personal doctor spend enough time with you? Report Score: Always/Usually	88%	90.85%	88.56%	92.9%	4.34 % below 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 9, a credit to the quarterly premiums of 0.01% per question, for the quarter reported will be made.

Response: Analysis of 2014 CAHPS results:
From the above 9 CAHPS scores, one (1) question was 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 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 Access Committee, DHHA Executive Staff and the DHMP Board of Directors.

Quality Improvement continues to refine our Open Shopper Study to capture accurate, useful information to draw interventions from. Our plan is to continue use of member focus groups to obtain additional information to support analysis, conclusions and interventions.

We actively partner with Ambulatory Care Services (ACS) to facilitate expansion of clinic hours. Four clinics, including the Level One Provider clinic, now have Saturday hours. Evaluation continues of staffing at ACS, with expansion planned for this year and next year, as need dictates. Expectations of productivity are evaluated with appropriate refinements.

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 a member of that group and actively works with ACS clinical staff and the Director of Patient Experience from DHHS to improve customer service and enhance provider and clinic communication.

We monitor complaints related to access and availability to identify trends to be addressed. The DHMP Member Services department is 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 2014 was 0%. Our membership actually went up 12%.

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 all 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 2014, the Rocky Mountain Poison Center distributed more than 49,000 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**
Poison Center	15,863 [2]	100,214 [2]	14,207 [2]	91,196 [2]	14,195 [2]	87,804 [2]
Drug Consultation Center	481	73,292 [**1]	278	127,845 [**1]	351	106,762 [**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)

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.
RESPONSE: The Authority provided quarterly expense and revenue reports to the City within the required time.

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 2014.

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 five 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 seven 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 seven days.

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 no incidents in which DPLS was notified of any 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 2014.

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.

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.

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:

- **134 children were examined upon admission (admission physicals) for residence in the FCC**
- **212 physician/physician assistant/nurse practitioner examinations for illness or injury were performed on children admitted for shelter or residential treatment at the FCC**
- **56 discharge exams were done**

(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:

- **282 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) 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 Emergency Center for Children (DECC).

- **In 2014, 2 FCC youth needed to be seen at the DECC due to the decreased DH FCC Medical Staff hours**
- **Youth needed to be transported to an outside medical facility (DECC or other Emergency Department if necessary) a total of 21 times:**
  - **3 Alcohol/Drug incidents (that required outside medical attention)**
  - **8 Serious Physical Injuries (broken bones, stitches, concussions, etc)**
  - **9 Mental Health Holds**
  - **1 3rd Party Assault (incident occurred while youth was on pass, but youth was sent to the ER upon return to the facility)**

B. Child Abuse and Neglect Consultation

(i) Medical evaluations for purposes of assessing child abuse or neglect will be performed upon the request of Human Services at pre-established locations agreed upon by both parties. These evaluations will be performed within time frames established by program administrators from Human Services and the Authority. These time frames will include a plan for responding to urgent requests. The Authority will track the number of children seen for physical abuse, neglect, sexual abuse evaluations and hospital consultations.

RESPONSE: The medical providers at the Family Crisis Center (FCC) 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.

- **707 total outpatient examinations were performed at the FCC**
  - **Sexual abuse – 41**
  - **Physical abuse – 491**
  - **Neglect – 175**
- **197 consultations (formal and informal, inpatient and outpatient) were performed by the FCC medical staff upon request of agency physicians, law enforcement and Denver Department of Human Services workers**
- **The FCC physicians 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 – 25 hospital consultations were performed by the FCC physicians in 2014**

(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: A formal management team which includes membership from Denver Department of Human Services Intake Team, FCC management, and Denver Health has been established and meets monthly. The FCC physician/team leader and program manager are both members of this management team. There is clear understanding on all 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.
No response needed.

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 reductions including the vacancy of a Passport Clerk II position in August 2014 that was

unable to be filled due to budget constraints. It is our belief that these constraints account for the >31% decrease in passports done in 2014 compared to 2013.

- **Passports requested by DDHS – 1485**
- **New passports completed – 964**
- **Passports updated (prior passport) – 181**
- **Passports closed – 255**
- **Total passports managed – 1,400**

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 physicians provided consultation and expertise to attorneys on many cases and actually testified on 11 occasions during 2014, while the physician assistant testified 4 times, and the nurse practitioner testified 7 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, 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	2012	2013	2014
Workers' Compensation Encounters	**5,910 (total visits) 3,852 (City only)**	**5,226 (total visits) 3,070 (City only)**	**5,349 (total visits) 3,285 (City only)**
Initial Visits (new workers' comp cases)	**1,476 (total visits) 770 (City only)**	**1,270 (total visits) 540 (City only)**	**1,055 (total visits) 543 (City only)**
Follow-up Visits (workers' comp)	**4,434 (total visits) 3,082 (City only)**	**3,956 (total visits) 2,530 (City only)**	**4,211 (total visits) 2,742 (City only)**
Emergency Room Visits (CSA only)	**173**	**163**	**165**
Referrals	**1,455**	**1,112**	**1,117**

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

- **Abdomen:**
  - **Average: 39**
  - **Median: 1**
- **Ankle:**
  - **Average: 1**
  - **Median: 1**
- **Arm:**
  - **Average: 9**
  - **Median: 1**
- **Back:**
  - **Average: 10**
  - **Median: 1**
- **Ear:**
  - **Average: 160**
  - **Median: 1**
- **Eye:**
  - **Average: 1**
  - **Median: 1**
- **Foot:**
  - **Average: 6**

    - **Median: 1**
- **Hand:**
    - **Average: 4**
    - **Median: 1**
- **Knee:**
    - **Average: 5**
    - **Median: 2**
- **Leg:**
    - **Average: 2**
    - **Median: 1**
- **Multiple:**
    - **Average: 8**
    - **Median: 1**
- **Neck:**
    - **Average: 5**
    - **Median: 1**
- **Shoulder:**
    - **Average: 5**
    - **Median: 2**
- **Wrist:**
    - **Average: 2**
    - **Median: 1**

Total MMI averaged days = 9

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.

OHSC

NON WORKERS COMPENSATION ENCOUNTERS BY DEPARTMENT - 2014

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
ANIMAL CONTROL					3			3					6
ASSESSMENT DIVISION													0
AUDITOR													0
BUDGET MANAGEMENT													0
BUILDING MANAGEMENT													0
CITY ATTORNEY													0
CITY COUNCIL													0
CIVIL SERVICE					27	28	15	13	13	14	1	55	166
CLERK & RECORDER										1			1
COUNTY COURT													0
CP&D													0
CSA													0
DAM		1								1	7		9
DDHS	6	3	5		3	1	1			3	2	4	28
DEH		1				1					1		3
DENVER FIRE	14	6	19	10	35	11	11	5	6	8		13	138
DENVER LIBRARY	2	3	3	5	2	3	9	8	1	8	6	13	63
DENVER POLICE	20	29	18	10	7	12	9	14	17	16	17	15	184
DENVER SHERIFF	16	4	7	4	25	19	15	15	16	7	6	6	140
DEPT OF LAW													0
DISTRICT ATTORNEY													0
DMV													0
EXCISE & LICENSE													0
GENERAL SERVICES		1					1	3	1	8	1	2	17
MANAGER OF SAFETY										2			2
MAYOR'S OFFICE													0
MISCELLANEOUS					1		1						2
PARKS & REC	16	49	105	100	139	133	78	51	30	48	23	17	789
POB													0
PUBLIC WORKS	53	43	50	60	69	47	34	27	50	56	31	30	550
PURCHASING													0
RISK MANAGEMENT													0
SAFE CITY													0
TECHNOLOGY SERVICES													0
TELE SVCS CHANNEL 8													0
THEATRES & ARENAS		11		8		8		1	10	1		1	40
TREASURY													0
WELLNESS CENTER													0
TOTAL	**127**	**151**	**207**	**197**	**311**	**263**	**174**	**140**	**144**	**173**	**95**	**156**	**2138**

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.
RESPONSE: Quarterly reports submitted to City.

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.
RESPONSE: No reports were requested from the Risk Management Office.

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 2014. 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 2014, 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.