



**DENVER
HEALTH™**
— est. 1860 —
FOR LIFE'S JOURNEY

REPORT TO THE CITY 2021





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Letter from the CEO

THE  OF
DENVER
HEALTH

LIVING OUR VALUES: EXCELLENCE

MOBILE HEALTH CENTER

Team Members: Ashley Shurley, Rosa Moran, Guadalupe Ortega

"The Mobile Health Center has served as a great ambassador for our COVID vaccine efforts. The team has worked throughout our community in rain, snow and heat vaccinating some of Denver's most vulnerable patients."

Values Award Winner for Excellence



Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock Street, Room 350
Denver, CO 80202

April 26, 2022

Dear Mayor Hancock,

I am pleased to provide to you the 2021 Denver Health and Hospital Authority Compliance with Operating Agreement Performance Report. As the nation and our community moved into the second year of dealing with the many challenges of the COVID-19 pandemic, Denver Health continued to serve its mission and demonstrate the essential value it provides to everyone in our community.

Denver Health is proud to work with organizations across the city to offer COVID-19 vaccinations. In February, we partnered with Denver Public Schools (DPS) to provide vaccinations to more than 3,000 of the district's teachers, custodians and support staff. The first mass-vaccination event was held in Denver Health's newly opened Outpatient Medical Center. It was followed by six events in April and May at Denver Health's school-based health centers across the city to vaccinate DPS students.

Overall, Denver Health administered 297,624 COVID vaccinations to 156,238 people in our family health centers, school-based health centers and mobile vaccination clinics. Of those, 36,486 vaccinations were given to children. In our commitment to care for the underserved, our mobile health centers went into Denver's poorest and most disadvantaged neighborhoods. Our outreach teams worked with community groups to address vaccine hesitancy, communicating that the vaccines were safe, effective and free, and encouraging people to protect themselves and their loved ones. Thanks to these efforts, we were able to serve 21,276 people with mobile COVID testing and vaccinations.

Denver Health was the only health care institution in Colorado to partner with the U.S. Military to administer monoclonal antibody (mAb) treatments that help keep COVID patients out of the hospital. We received the military's staffing support because of the success we demonstrated caring for underserved communities hardest hit by COVID. Through the partnership, we were able to nearly double treatment capacity.

Denver Health also expanded our "virtual hospital at home" program, allowing us to care for more patients when COVID numbers were surging. Through the innovative program, our telehealth nurses and providers monitored more than 1,300 patients in their own homes through the end of 2021. When needed, they could quickly be brought into the hospital for in-person care.

In February 2021, Denver Health opened the Outpatient Medical Center (OMC), centralizing 50 outpatient services in one convenient location. We are grateful to Denver taxpayers and the city for the \$75 million bond funding that helped construct this state-of-the-art, nearly 300,000 square foot facility. The OMC increased Denver Health's capacity to provide advanced outpatient care and meet the needs of our growing city. It includes a day surgery center, new space for our Adult Urgent Care Center, and expanded pharmacy, laboratory and radiology services.

Denver Health Community Health Services (CHS), which runs our 10 Federally Qualified Health Centers and



19 school-based health centers, is expanding its operations after receiving \$30 million in federal assistance as part of the American Rescue Plan. The funds are helping us grow our clinics' services to meet pent-up demand and provide more access care.

Our Center for Addiction Medicine (CAM) accelerated efforts to prevent substance misuse and coordinate essential health services for persons with substance use disorders. The services are critical in the growing epidemic of Opioid Use Disorder (OUD) and overall overdoses—a number that has increased 59% in Colorado since the COVID-19 pandemic began. The CAM is built on a fully integrated hub-and-spoke model, allowing mental health and addiction treatment providers to meet any person seeking help wherever they are in their journey to recovery. Addiction specialists are integrated within school clinics, community clinics and jails; on ambulances; and throughout Denver Health's main medical campus.

The Denver Health Paramedic Division responded to 122,194 emergency calls and transported 77,152 patients to hospitals. In the midst of a growing population and staffing shortages that strained the entire Emergency Medical Response System (EMRS), our Paramedic Division forged an innovative partnership with Denver 911 and the Denver Health NurseLine to triage medical calls and ensure appropriate dispatch and resource utilization. In partnership with the Mental Health Center of Denver, we increased EMS staffing and operational support to expand the STAR program, which deploys behavioral health clinicians alongside emergency responders for low-risk, low-acuity calls for service. We also graduated 71 new paramedics and 311 EMTs from our education programs.

We advanced our initiatives in Diversity, Equity and Inclusion (DEI), creating a three-year strategic plan to improve DEI in our organization and the community we serve. Our Equity Blueprint outlines four specific goals: 1. To create an engaging and inclusive workplace. 2. To improve health equity and outcomes. 3. To build partnerships that enhance opportunity and give voices to all. 4. To foster accountability in a fair and just climate. The framework was built on more than a year of research and collaboration, with input from employees, leaders, stakeholders and members of the community.

To better understand inequities and eliminate health disparities, Denver Health's Office of Research launched a new method of collecting data to identify gaps in quality of care and improve the health of everyone we serve. Race, Ethnicity and Language (REAL) data collection asks six questions about race, ethnicity, birth country and preferred language to gather accurate information about patients. The information will help us understand and meet the unique needs of our diverse patient population and deliver the best possible care regardless of race, ethnicity, birth country or language proficiency. The REAL methodology is accepted as a best practice across leading medical institutions, the National Academy of Medicine and federal agencies.

Denver Health was named the most socially responsible hospital in Colorado and the 14th most socially responsible hospital in the United States by the nonpartisan health care think tank Lown Institute. Lown ranked 3,010 hospitals across the country based on 54 metrics. Denver Health scored an A grade in the areas of equity, value and outcomes with high scores in community benefit, inclusivity, clinical outcomes and avoiding overuse. Lown also ranked Denver Health as the top hospital in Colorado for racial inclusivity. More than 3,200 U.S. hospitals were assessed in this first-ever index to consider how well hospitals serve people with lower income or education and people of color.

In serving our mission to educate the next generation of care providers and fulfilling our commitment as an Anchor Institution to hire, buy and invest locally, Denver Health initiated several Career Pathway



programs. These programs train and hire local community members and invest in our employees to address staffing shortages. Through our partnership with National Institute for Medical Assistant Advancement (NIMAA), we created a career pathway program for employees to become trained medical assistants. Also, in collaboration with Community College of Denver, we launched a Certified Nursing Assistant (CNA) pilot program. Additionally, the Denver Health Paramedic School partnered with South High School to offer medical health sciences courses that train and certify students to become emergency medical technicians (EMTs).

Denver Health is Colorado's second largest site of graduate medical education. In 2021, we partnered with the University of Colorado to train 1,004 residents and fellows and Saint Joseph's Hospital to train 67 residents. Denver Health also sponsors residencies of its own, training 83 physician residents and fellows, and 45 non-physician residents in 2021. In these programs, Denver Health trains emergency medicine physicians, pharmacists, toxicologists, among other essential health care workers. These trainees are a diverse group, with 39% of entering residents identified as underrepresented minorities.

As we made progress in the pandemic, we encountered new challenges, including staff burnout and an increase in the number of employees seeking emotional support. Denver Health's Resilience in Stressful Events (RISE) program provided our staff with much needed emotional support and psychological first aid. Across 2021, the RISE program supported Denver Health employees, contractors, residents and trainees in 107,504 interactions. Among those, RISE provided psychological first aid 4,053 times. The RISE drop-in center for staff opened a new location on the main campus. Trained RISE peer responders also support our staff through a 24/7 hotline, group sessions and mobile resources to meet staff in their own spaces.

As a mission-driven, safety-net hospital committed to caring for the underserved, Denver Health provided \$315 million in uncompensated care in 2021. According to the Colorado Department of Health Care Policy and Financing (HCPF) 2022 Hospital Expenditure Report, this was the highest proportion of overall charges out of all hospitals in the front range.

I am grateful for and proud of all our employees for their hard work in 2021. Our staff showed up day after day throughout the second year of the pandemic, despite physical and emotional fatigue. They remained committed to our mission, even while some suffered losses of their own friends or family members to COVID. Our doctors, advanced practice providers and nursing staff saved lives, administered critical treatments and provided compassionate care. Our frontline employees and support staff, including food service workers, janitorial team, IT technicians, front desk clerks, screeners, engineering personnel and countless other employees welcomed our patients, maintained our facilities and delivered world-class service.

We all look forward to continuing to serve the people of Denver and are inspired by our True North vision – to change the world by transforming the health of our patients and community.

Sincerely,

Robin D. Wittenstein, Ed.D., FACHE

An aerial photograph of the Denver Health Medical Center. The foreground shows a large brick building with a curved section and a tall, historic brick smokestack. The middle ground is filled with residential houses and trees. In the background, a range of mountains is visible under a clear sky. A blue banner is overlaid on the top right of the image.

02

Accolades



2021 MILESTONES



Denver Health opened the Outpatient Medical Center, centralizing 50 outpatient services in one convenient location in downtown Denver. The new, state-of-the-art facility increased Denver Health's capacity to provide advanced outpatient care and meet the needs of our growing city. As Denver Health provides medical care to nearly one-third of Denver's population with primary, preventative and acute care services, the expansion is part of our commitment to making our community a healthy place to live. It includes a day surgery center, new space for our Adult Urgent Care Center, and expanded pharmacy, lab and radiology services.



Denver Health created a three-year strategic plan to improve diversity, equity and inclusion (DEI) in our organization and the community we serve. Our Equity Blueprint outlines four specific goals: 1. To create an engaging and inclusive workplace. 2. To improve health equity and outcomes. 3. To build partnerships that enhance opportunity and give voices to all. 4. To foster accountability in a fair and just climate. The framework was built on more than a year of research and collaboration, with input from employees, leaders, stakeholders and members of the community.



Denver Health administered 297,646 COVID vaccinations (to 156,238 people) across the city in our family health centers, school-based health centers and mobile vaccination clinics. Of those, 36,486 vaccinations were given to children.



We brought telehealth into 15 schools that don't have a school-based health center. School nurses can connect students to a Denver Health provider remotely from the school nurse's office. Our doctors are able to virtually diagnose patients, provide treatment and prescribe medications that a school nurse can dispense. This real-time interface allows kids with mild ailments to return to class instead of missing valuable learning time.



Rocky Mountain Poison & Drug Safety (RMPDS) developed the COVAX line staffed with pharmacists and nurses to answer health care provider calls and provide information around vaccine products. The resource was invaluable in the safe and effective delivery of COVID-19 vaccines to our community.



RMPDS also started a text service to increase access, convenience, value and compliance with medical recommendations for patients requesting our services.



Our Communications team launched a weekly health segment on local television station Fox31 to educate the public on important health topics. The live segment features Denver Health physicians sharing their expertise on a range of timely issues, including concerns over COVID-19, vaccinations for all approved age levels and treatments against the virus. Station journalists approached Denver Health with the high-profile opportunity because of the value our experts provide to the community.



Our Patient Experience team enacted tier-based visitor guidelines that allow us to efficiently adjust visitor restrictions based on the COVID-19 community transmission rate and demand on our hospital and staff resources. The new, long-term visitor management plan honors the value of visitors while ensuring the safety of our patients and staff.



Denver Health expanded Infant Mental Health Services by hiring an infant mental health specialist for all primary care clinics and in our Outpatient Behavioral Health Services Department. We also hired a Neonatal Intensive Care Unit (NICU) psychologist. This expansion addresses the growing need for infant mental health services and creates an integrated care model to serve families across our health system.



Denver Health's Resilience in Stressful Events (RISE) program provided our staff with much needed emotional support and psychological first aid. Across 2021, the RISE program had 107,504 touches with Denver Health personnel, inclusive of employees, contractors, residents and trainees. Among those, RISE provided psychological first aid 4,053 times. The RISE drop-in center for staff also opened a new location for the staff on the main campus with more space, new furniture and a comforting atmosphere. Trained RISE Peer Responders also support our staff through a 24/7 hotline, group sessions and a mobile service line. RISE services are proving so critical to our community that other health care facilities and agencies in our region reached out to our support teams to for emotional help during times of crisis.



We established several Career Pathway Programs that will help to fill staffing shortages while fulfilling our Anchor Institution promise to hire local and invest in our staff. Through our partnership with National Institute for Medical Assistant Advancement (NIMAA), we created a career pathway program for employees to become trained medical assistants. The first graduates are completing their 12-month employment agreement at Denver Health. While students in the initial class were responsible for their own tuition, costs for the next class will be covered by a grant from the American Recovery Plan Act.



The Denver Health Paramedic School partnered with South High School to offer medical health sciences courses that train students to become emergency medical technicians (EMTs). After completing the program, students graduate as nationally and state certified EMTs. The partnership was created to build a career pipeline that provides opportunity for young adults and addresses staffing shortages. Also, in collaboration with Community College of Denver, we launched a pilot Certified Nursing Assistant (CNA) program. Denver Health employees, their family members and people in the community can apply to become a patient safety attendant while enrolled in the tuition-free program. It offers a flexible schedule, paid training and clinical hours, orientation and mentorship.



Dr. Gretchen Heinrichs, a specialist in Obstetrics and Gynecology, and Dr. Janine Young, pediatrician and medical director of Denver Health's Refugee Clinic, are using a \$300,000 grant from the U.S. Department of Justice to create a clinical center of excellence at Denver Health for treating female genital mutilation/cutting (FGM/C). Drs. Heinrichs and Young are assembling a multidisciplinary team of behavioral therapists, sex therapists, physical therapists, urologists, and physicians in Obstetrics and Gynecology to address the mental and physical needs of girls and women affected by cutting. In their roles with an international research group on FGM/C, the two doctors created a lecture series to train providers across the country on how to care for females who have been cut, which is not taught in medical school.



The Denver Health Paramedics Division is proud to have promoted a female paramedic into its senior command staff for the first time in history. In her 15-year career with Denver Health, Assistant Chief Julie Arellano has risen through the ranks, now overseeing paramedic operations at Denver International Airport.



Denver Health's Office of Research launched a new method of collecting data to identify gaps in quality of care to improve the health of everyone we serve. Race, Ethnicity and Language (REAL) data collection asks six specific questions about race, ethnicity, birth country and preferred language to gather accurate information about Denver Health patients. The information will help us understand and meet the unique needs of our diverse patient population and deliver the best possible care regardless of race, ethnicity, birth country or language proficiency. Tracking this information across all Denver Health locations is also a critical step to eliminate health disparities and inequities.



The Central Fill Pharmacy team cut the Pharmacy by Mail turnaround time in half — getting needed medications to patients fast. Improvement in our processes means patients now receive prescriptions by mail in just a few business days or sooner. Pharmacy by Mail, which started as a necessity to prevent gathering in pharmacy waiting areas and reduce the spread of COVID-19, has evolved into a valuable service



that we'll continue to expand.



Our Speech Therapy team grew with the addition of dedicated therapists in the Pediatrics Department and Neonatal Intensive Care Unit (NICU). The therapists also began providing care to Ear, Nose and Throat (ENT) patients in the Outpatient Medical Center. Working with ENT physicians, speech therapists implemented a specialized testing procedure that assesses patients' vocal cords and ability to swallow, providing vital information for treatment.



Denver Health's ACUTE Center for Eating Disorders began offering medically supervised refeeding to treat severely low weight patients. This includes people who have severe malnutrition as a result of cancer, severe infections, drug abuse or mental health issues such as depression and psychosis. The shift in treatment prompted the Center to change its name to ACUTE Center for Eating Disorders & Severe Malnutrition.



The IT Telecom team built a hotline in record time for patients to register for the COVID-19 vaccine. The accomplishment answered a call by Governor Jared Polis for health care facilities to launch a vaccination interest registration hotline within four days. Denver Health got the line up in running in two days.



Our Reach Out and Read program doubled its impact by providing books beginning at a newborn's very first doctor's visit. The program, which operates in all Denver Health clinics at 33 sites across our network, gifted an estimated 33,000 books to more than 17,000 patients in 2021 through the expanded outreach. Through Reach Out and Read, providers prescribe reading aloud and give pediatric patients a brand new, high quality, developmentally appropriate book at every well visit through age 5.



A ground-breaking study that looked at whether early treatment of anal cancer precursor lesions in people with HIV could prevent cancer was stopped early because of the positive findings. The Public Health Institute at Denver Health (PHIDH) was one of many sites around the country involved with Anal Cancer/HSIL Outcomes

(ANCHOR) which launched in 2015. In 2021, it was found that early treatment could in fact prevent cancer. PHIDH enrolled over 200 patients in the study.



Denver Health expanded our Correctional Care Management Facility Outpatient capacity through a re-purposing of space in the basement of Pavilion B. The expansion allows for specialty providers to care for inmates within this secured area at the main hospital rather than needing to get the patient to various locations on campus.



The Denver Health Paramedic Division implemented a new cot-fastener system in all ambulances that dramatically reduced employee and patient injuries. The division also enhanced paramedic training, created a safe respite area for employees during their downtime, and allocated funds to bring on an additional 33 paramedics to the frontlines along with four new ambulances in 2022.



2021 RECOGNITION

The Center for Addiction Medicine (CAM) received a \$2,173,000 grant from the Centers for Disease Control and Prevention (CDC) to help people with stimulant use disorders. Drs. Alia Al-Tayyib, Deborah Rinehart and Scott Simpson are investigators on a project titled, "Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth): a comprehensive systems-level secondary prevention strategy to prevent stimulant-related overdoses." The overall goal is to develop and expand a treatment program to reduce illness or death associated with the methamphetamine overdose crisis.

The CAM was also awarded a generous philanthropic donation of \$750,000 from a private donor who wishes to remain anonymous to support the establishment of a CAM Academy. The CAM Academy's goal is to provide education and consultation to health professionals and the community on how to implement comprehensive and coordinated trauma-informed treatment of substance use disorders. The CAM Academy aims to support Denver Health, Colorado, and the surrounding region in this important work.

Denver Health Community Health Services received \$30 million over 2 years in federal assistance as part of the American Rescue Plan. The funds are helping us expand our clinics' workforce and primary care services to meet pent-up demand from patients who delayed routine care due to the pandemic. The money will also enhance our virtual care model to provide more options to access care. In addition, the funding allowed Denver Health to continue efforts to equitably distribute vaccines through our clinics and Mobile Health Centers in the community.

Community Health Services also received a \$2.43 Million capital grant that is focused on construction, expansion, alterations and renovations. We are using the funds to modify, enhance, and expand clinic site infrastructure, and to upgrade our facilities for patients and employees.

Denver Health was named the most socially responsible hospital in Colorado and the 14th most socially responsible hospital in the United States by the nonpartisan health care think tank Lown Institute. In 2021, Lown ranked 3,010 hospitals across the country based on 54 metrics in three main categories: equity, value and outcomes. Denver Health scored an 'A' grade in all three of those areas, with high scores in sub-categories including community benefit, inclusivity, clinical outcomes and avoiding overuse.

Lown also ranked Denver Health as the top hospital in Colorado for racial inclusivity. More than 3,200 U.S. hospitals were assessed in this first-ever index to consider how well hospitals serve people with lower income or education and people of color. The rankings are based on how well the demographics of our Medicare patients match the demographics in our surrounding communities.

The Colorado Real Estate Journal showcased the Outpatient Medical Center (OMC) in its Health Care & Senior Housing Quarterly edition. The article detailed how the center's design helped us accomplish our vision of bringing dozens of services across campus together under one roof.

All Denver Health Specialty Clinics were re-certified and by National Committee for Quality Assurance (NCQA) and are recognized as PCSP (Patient Centered Specialty Practice) sites.

All Denver Health Primary Care Clinics were re-certified by NCQA and recognized as PCMH (Patient Centered Medical Home) sites.

The Food and Drug Administration (FDA) approved an application from Rocky Mountain Poison & Drug Safety (RMPDS) to test a new investigational drug as an antidote for acetaminophen poisoning, clearing the path for a clinical trial that may save lives.

RMPDS researchers co-authored a study that found cough and cold medicines can be deadly to young children when misused. The paper, "Pediatric Fatalities Associated with Over-the-Counter Cough and Cold Medications," was published in the November edition of Pediatrics, the official journal of the American Academy of Pediatrics.



Denver Health achieved platinum status for the third year from the State of Colorado's Healthy Hospital Compact. This top-level recognition highlights our efforts to promote breastfeeding and offer healthier food and beverage options to prevent obesity and other chronic health conditions associated with poor nutrition. We are one of only two hospitals statewide to be honored with the platinum distinction in 2021.

Our Denver Sheriff Health Services team, which provides health care within Denver's City and County jails, passed the American Correctional Association's accreditation audit for health care with 100% compliance in both the mandatory and non-mandatory standards. The audit assesses the quality of care provided to inmates based on nationally recognized performance-based health care standards. The experienced auditor referred to Denver Health as the most well-organized health care system in a jail he had ever seen.

Denver Health was asked to participate in a National Quarantine Unit (NCU) drill to test the preparedness and logistical capabilities of regional treatment centers to receive a highly infectious patient. We're one of 10 regional treatment centers across the country for special pathogens and emerging infectious diseases as identified by the U.S. Department of Health and Human Services. Our Biocontainment Unit (BCU) and High-risk Infection Team train to be ready and available to care for Ebola patients or those with or another highly infectious disease to protect our community from an outbreak.

Dr. Matthew Rustici, Denver Health pediatrician and associate professor of Pediatrics at the University of Colorado Anschutz Medical Center, is one of five clinicians in the nation to become a 2021 Macy Faculty Scholar. Dr. Rustici received funding to develop original medical school coursework that incorporates respect for all persons and honors the individual values of each patient. By creating a national set of "person-centered" curricular materials, Dr. Rustici is working to improve the education of medical student interns, leading to a better care experience for patients.

Chief Medical Officer Dr. Connie Savor Price, testified in front of national lawmakers on the need for data transparency to trace the origin of infectious disease outbreaks. Dr. Savor Price spoke alongside experts from Stanford University and the Smithsonian Institute for the Investigations and Oversight Subcommittee of the U.S. House of Representatives Committee on Science, Space and Technology. Her extensive experience in outbreak management and international expertise in emerging infections was crucial in Denver Health's COVID-19 pandemic response.

Enterprise Chief Information Security Officer (CISO) Randall "Fritz" Frietzsche made the list of top 100 CISOs by Security Current, a highly respected cybersecurity media organization. The prestigious naming put him in the same league as CISOs from Microsoft, Johnson & Johnson and Walmart. Frietzsche is also an International Distinguished Fellow with the Information Systems Security Association.

The Colorado Department of Public Health and Environment featured two of Denver Health's palliative care team members in a series of videos to raise awareness on the importance of specialized care for people living with serious or life-limiting illness. Dr. Kelly Ferraro, Palliative Medicine doctor, and Chaplain Rebecca Scull spoke about their roles at Denver Health supporting patients with complex needs. This often overlooked but important expert care significantly improves quality of life and lowers symptom burden.

Dr. Lucy Loomis, director of Family Medicine, was reappointed to serve a second two-year term on the National Association of Community Health Centers (NACHC) Board of Directors. As a board member, Dr. Loomis provides regional representation of community health centers from Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

The National Association of Community Health Centers awarded Karen Espinoza, Patient Access Supervisor for School Based Health Centers as one of 15 emerging leaders in the country.

Research by Denver Health Hospital Medicine doctors Lilia Cervantes and Maria (Gaby) Frank was published in the Journal of the American Medical Association (JAMA). Their study and its findings on the challenges faced by Latinx communities during the COVID-19 pandemic provided valuable insight to inform public health messages and policies around the Latinx experience with COVID-19 infection and treatment.



Dr. Bill Burman, 2021 executive director of the Public Health Institute at Denver Health, was inducted into the Delta Omega Honorary Society in Public Health at Colorado School of Public Health's Alpha Upsilon Chapter. The chapter inducts just one honorary member each year with exceptional qualifications and commendable distinction in the field of public health. During the pandemic, Dr. Burman was instrumental in moving our community to recovery by focusing on data-driven approaches, developing partnerships to build a more coordinated state and local response, addressing issues to safely open schools, and creating regional approaches for equitable vaccine distribution.

Dr. Burman authored a Denver Post opinion piece on how to replicate the extraordinary effort of delivering COVID-19 vaccines to 70% of Denverites. He advised that the lessons learned from a collaborative, community effort that achieved a high COVID vaccination rate can be applied to address the low immunization rates for other vaccine-preventable infections, such as whooping cough, the flu or measles.

Michelle Gaffaney, physician assistant in the Department of Behavioral Health and a leader at Denver Health's Center for Addiction Medicine (CAM), was awarded a fellowship to Johns Hopkins Bloomberg School of Public Health. The program provides world-class public health training to individuals who are already making a difference in their community and organizations. While earning her master's degree in public health under a full scholarship, she will have the opportunity to work alongside other national leaders in addiction medicine to build innovative programs, develop training, and advocate for policy changes. She will also continue her leadership role at CAM.

Denver Health Foundation staff were invited to present at two national conferences in October 2021: bbcon 2021, the premier tech gathering for organizations driving social good, and the Association of Healthcare Philanthropy (AHP) Annual International Conference, the largest gathering of health care development professionals globally. Foundation team members presented on our cloud-based funding inquiry system (bbcon) and our virtual approach to donor cultivation (AHP).

The Denver Health Epic Team achieved Epic's highest honor roll designation of summa cum laude. Denver Health is one of just six organizations worldwide with the top-level recognition for consistently meeting metrics in patient outcomes, quality of care, workflow efficiency and financial performance. It has been five years since we implemented the electronic health record (EHR) software, consolidating several different systems into one integrated system that greatly reduced paper documentation.

The Denver Prevention Training Center (DPTC), a program of the Public Health Institute at Denver Health, secured over \$3.5 Million in new grant funding from the Capacity Building Assistance (CBA) and Disease Intervention Training Center (DITC). The grants are an acknowledgment of the staff's outstanding work in addressing and adapting to the restrictions of the COVID pandemic while sustaining existing programs and expanding in new directions. The DPTC provides state-of-the-art training, consultation, and technical assistance to the health care workforce both regionally and nationally. During the pandemic when travel was restricted, DPTC staff quickly pivoted, leveraging their expertise in distance learning to transform new and existing trainings, as well as technical assistance services, into a virtual environment with online classes, webinars, learning communities, ECHO (extensions of community health outcomes) series, and podcasts efforts.

Denver Health is Colorado's second largest site of graduate medical education. In 2021, Denver Health partnered with the University of Colorado to train 1,004 of their residents and fellows and Saint Joseph's Hospital to train 67 of their residents. To advance its particular mission of health equity, Denver Health also sponsors residencies of its own, training 83 physician residents and fellows, and 45 non-physician residents. In these programs, Denver Health trains emergency medicine physicians, pharmacists, toxicologists, and more. These trainees are a diverse group, with 39% of entering residents identified as underrepresented minorities.



2021 AWARDS AND HONORS

Two Denver Health nurses received the highest state honor a nurse can receive. **Dr. Kathy Casey**, Nurse Residency Program coordinator and professional development specialist in Nursing Education and Research, and **Brian Fun**, registered nurse in Psychiatric Services, were honored with the 2021 Nightingale Award. They were among 12 Denver Health awardees honored by the Colorado Nurses Foundation. **Jama Goers**, Nursing Education, Research and Innovation director won a Denver regional Nightingale Luminary Award. Dr. Casey also received the Nurse Educator of the Year Award from the Nurse Educator's Conference (NEC) in the Rockies. The award, given to only 15 nurses in the country, recognized her improvements to our Nurse Residency Program to measure outcomes and create a welcoming environment for new nurses.

The American Academy of Pediatrics (AAP) honored Denver Health Pediatrician **Dr. Rusha Lev** with the Local Hero Award for her work in the safe return of children to in-person learning during the pandemic. Dr. Lev took a data-driven and pediatric-minded approach in advocating for policies to meet children's needs. She is one of just two doctors in the country selected for the 2021 award.

Hospitalist **Dr. Lilia Cervantes** received the Dr. Virgilio Licona Community Health Leadership Award from the Colorado Health Foundation. The award honors Dr. Cervantes for her leadership in addressing racism, eliminating unnecessary health barriers and advocating for people in Colorado with the greatest needs. The accolade recognized Dr. Cervantes' multiple studies around COVID-19 and the Latinx community, her launch of culturally and linguistically appropriate community-based COVID-19 response programs, and leadership that led to a monumental change to a Medicaid payment rule allowing outpatient dialysis coverage for patients who are undocumented. She was also honored with the Award of Excellence for Diversity, Equity and Inclusion from the Society of Hospital Medicine (SHM) for her work advocating for marginalized communities and efforts to eliminate structural inequities.

Dr. Steve Federico, director of Pediatrics, school and community programs, and **Dr. Bill Burman**, executive director of Denver Public Health in 2021, were honored with the Award for Excellence in Policy from the Colorado Public Health Association. The Award recognizes their commitment and contribution to the well-being of children by developing sound policy to keep public schools safe during the COVID-19 pandemic.

Denver Health's Adult Emergency Department (ED) earned a 2021 Emergency Nurses Association (ENA) Lantern Award for improving patient outcomes through their nurse-driven process improvements, collaborative clinical research and commitment to professional education. Our Adult ED is one of only 33 emergency departments in the country recognized with a Lantern Award and the only one in our state in 2021. We're also one of only six safety net hospitals recognized since the award's inception in 2011.

The Infectious Disease Society of America renewed Denver Health's recognition as an **Antimicrobial Stewardship Center of Excellence**. One of only 109 Centers of Excellence in the country, the designation denotes Denver Health as a leader in appropriate antibiotic use. Our judicious use of antibiotics minimizes unintended consequences of antimicrobial resistance, infection, and other adverse drug events caused by the overuse of antibiotics. Consistent with this award, our inpatient antibiotic use is about 20 percent lower than expected when compared to a national antibiotics usage metric developed by the Centers for Disease Control (CDC).

The Colorado Academy of Family Physicians (CAFP) honored **Lowry Family Health Center** with the Health Equity & Community Engagement award. The award recognizes a practice for efforts that significantly reduce health disparities and advance health equity in the patient population by addressing social determinants of health and racism within the practice of medicine. Lowry received the award for its outreach efforts by the Refugee and Immigrant Navigators, a process for gaps in care outreach during the pandemic, the creation of the Afghan Overflow clinic (which was initiated and supported initially by Lowry leadership and staff) in response to the humanitarian crisis in Afghanistan and increasing access to outpatient medication assisted treatment of substance use disorder during the pandemic utilizing telehealth in addition to increased education opportunities for residents and providers.



Pediatrician **Dr. Holly Frost and her team of researchers** received the Top Diagnostics Abstract Award for the best diagnostic abstract submitted to IDWeek, the Infectious Disease Society of America's annual international scientific conference. The team developed a rapid diagnostic test for ear infections to determine if antibiotics are needed and which antibiotic would work the best. At Denver Health and throughout the nation, ear infections are the number one reason children are prescribed antibiotics. The study, supported by a grant from The Gerber Foundation, could reduce prescription antibiotic overuse and the problems it causes.

The prestigious Chancellor's Teaching Recognition Award was given to **Dr. Jennifer Adams**, general internal medicine physician. It recognizes and rewards outstanding teaching as demonstrated by commitment to providing students with a high-quality learning experience, maintenance of high scholarly standards for both the rigor of the course content and student performance, and possession of personal attributes which make the faculty member an effective role model.

Denver Health's Women, Infants and Children (WIC) program is one of 10 in the country honored with the premiere level of the WIC Breastfeeding Award of Excellence from the U.S. Department of Agriculture Food and Nutrition Service. The award recognizes our success increasing the number of exclusively breastfed newborns for the last three years, highlighting the program's peer support model and partnership with Denver Health's Mom and Baby Unit to connect new moms with breastfeeding tools and resources.

Denver Health's Pathology and Laboratory Service Department won an award for excellence from the University of Colorado School of Medicine's Department of Pathology. Usually given to an individual, the 2021 award recognized our entire Clinical Laboratory team for their work in developing COVID-19 testing procedure.

The **Denver Health Pharmacy Department** received the 2021 Excellence in Precepting Programs Partnership Award from the University of Colorado Skaggs School of Pharmacy. The award recognizes our pharmacists and pharmacy technicians who provide exceptional learning opportunities for university pharmacy students. Denver Health increased pharmacy student rotation offerings by an astounding 50% over the past five years. In addition, Amber Cizmic, ambulatory clinical pharmacy specialist, Lance Ray, emergency medicine clinical pharmacy specialist, and Shauna Laird, manager of outpatient pharmacy operations, received individual Excellence in Precepting Award nominations.

The City of Denver's Office of Public Safety awarded Denver Health paramedics **Kyle Barrowcliff** and **Jesse Rogers** with meritorious service medals for their incredible service above and beyond the call of duty. The two are among 21 first responders honored for an extensive search for a disoriented man who suffered a stroke behind the wheel.

The University of Colorado honored **Dr. Michelle Haas**, Infectious Disease physician with the Public Health Institute at Denver Health, with the Chase Faculty Community Service Award. This distinction recognizes Dr. Haas for her community-centered scholarship, outreach and service.

Colorado Hospital Association (CHA) and American Sentinel University partnered with Denver Health in recognizing **Jesse Chavez**, disease intervention clinical specialist at the Public Health Institute at Denver Health, with a Health Care Superhero Award. The recognition highlights his work behind the scenes in bringing free COVID-19 testing to Denver metro area communities disproportionately impacted by the pandemic.

Five Denver Health physicians received the Golden Stethoscope Award out of 17 total finalists. The awards are sponsored by the Foundations of Doctoring program and the Office of Community Based Medical Education. Students nominate preceptors, and the honorees are selected through a panel review process. Congratulations to **Dr. Vishnu Kulasekaran**, Ambulatory Care Services (ACS) Adult Primary Care physician (Best Phase 3 Preceptor), **Dr. Jeremy Long**, ACS Adult Primary Care Physician, (Best Phase 4 Preceptor), **Dr. Nick Bretnauer**, an internal medicine physician/pediatric specialist (Allyship), **Dr. Chi Zheng**, Hospitalist (Fostering Curiosity), and **Dr. Maria (Gaby) Frank**, Hospitalist (Best Use of Physical Exam Skills).



03

Financial Statements



LIVING OUR VALUES: COMPASSION

ANA JACOBO CERVANTES

Operations Driver Specialist
Mobile Health Centers

"Ana is the epitome of the power of human kindness. On duty or not; whether it's her job or not; when there is a person in need, Ana is one of the first people to jump in to help."

Values Award Winnern for Compassion



Denver Health and Hospital Authority

Statements of Net Position

December 31, 2021 and 2020

Assets and Deferred Outflows of Resources

	2021	2020
Current Assets		
Cash and cash equivalents	\$ 34,764,152	\$ 71,240,026
Patient accounts receivable, net of estimated uncollectibles of approximately \$58,300,000 and \$38,092,000 in 2021 and 2020, respectively	85,793,299	73,056,520
Due from other governmental entities	39,338,502	22,203,862
Due from City and County of Denver	10,566,148	6,944,837
Other receivables	14,646,851	16,534,171
Interest receivable	1,467,962	1,717,635
Due from and investment in discretely presented component units	7,312,026	2,862,537
Inventories	16,672,270	16,423,825
Prepaid expenses and other assets	18,813,488	14,999,777
Total current assets	<u>229,374,698</u>	<u>225,983,190</u>
Noncurrent Assets		
Notes receivable	14,957,348	30,389,348
Estimated third-party payor settlements receivable	5,339,026	5,200,003
Equity interest in joint venture	1,269,500	2,015,033
Restricted investments	19,299,010	19,051,732
Capital assets, net of accumulated depreciation	657,233,365	648,251,923
Long-term investments	335,726,635	363,186,193
Board-designated investments	10,200,000	7,000,000
Other long-term assets	4,827,824	1,315,657
Total noncurrent assets	<u>1,048,852,708</u>	<u>1,076,409,889</u>
Total assets	<u>1,278,227,406</u>	<u>1,302,393,079</u>
Deferred Outflows of Resources		
Deferred outflows of resources related to pension benefits	10,799,589	9,984,737
Deferred outflows of resources related to other postemployment benefits	462,225	491,682
Deferred outflow - acquisitions	-	71,667
Loss on refunding of debt	14,571,326	15,931,093
Total deferred outflows of resources	<u>25,833,140</u>	<u>26,479,179</u>
Total assets and deferred outflows of resources	<u>\$ 1,304,060,546</u>	<u>\$ 1,328,872,258</u>

SOURCE: Denver Health and Hospital Authority Audit Report, March 31, 2022. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority

Statements of Net Position December 31, 2021 and 2020

Liabilities, Deferred Inflows of Resources and Net Position

	2021	2020
Current Liabilities		
Current maturities of bonds payable	\$ 12,483,132	\$ 11,825,000
Current maturities of capital leases	300,728	353,434
Current maturities of notes payable	1,848,036	1,848,036
Current maturities of program support liability	-	5,588,981
Medical malpractice liability	7,459,198	7,360,716
Accounts payable and accrued expenses	44,089,411	54,988,685
Accrued salaries, wages and employee benefits	39,546,269	30,475,826
Accrued compensated absences	40,578,869	33,041,927
Accelerated Medicare payments	12,881,163	8,919,516
Unearned revenue	26,731,582	39,203,872
Total current liabilities	185,918,388	193,605,993
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	23,752,700	10,650,855
Long-term portion of compensated absences	116,076	116,076
Long-term portion of accelerated Medicare payments	4,743,748	19,031,874
Bonds payable, less current maturities	283,110,305	295,808,980
Capital lease obligations, less current maturities	1,798,177	2,098,905
Notes payable, less current maturities	41,843,417	43,997,714
Net pension liability	76,277,183	78,365,464
Postemployment benefits	4,147,787	4,540,571
Total long-term liabilities	435,789,393	454,610,439
Total liabilities	621,707,781	648,216,432
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	19,350,058	32,019,253
Deferred inflows of resources related to other postemployment benefits	925,681	1,223,299
Total deferred inflows of resources	20,275,739	33,242,552
Total liabilities and deferred inflows of resources	641,983,520	681,458,984
Net Position		
Net investment in capital assets	328,335,937	302,722,723
Unrestricted	333,741,089	344,690,551
Total net position	662,077,026	647,413,274
Total liabilities, deferred inflows of resources and net position	\$ 1,304,060,546	\$ 1,328,872,258

SOURCE: Denver Health and Hospital Authority Audit Report, March 31, 2022. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority

Statements of Revenues, Expenses and Changes in Net Position

Years Ended December 31, 2021 and 2020

	2021	2020
Operating Revenues		
Net patient service revenue	\$ 866,349,897	\$ 769,673,893
Capitation earned net of reinsurance expense	10,600,000	(12,600,000)
Medicaid disproportionate share and other safety net reimbursement	123,810,297	131,245,683
City and County of Denver payment for patient care services	27,700,002	27,773,299
Federal, state and other grants	87,345,995	77,222,260
City and County of Denver purchased services	27,158,245	25,373,371
Poison and drug center contracts	20,009,515	24,303,056
Other operating revenue	56,898,400	44,328,770
Total operating revenues	<u>1,219,872,351</u>	<u>1,087,320,332</u>
Operating Expenses		
Salaries and benefits	746,896,687	685,809,148
Contracted services and nonmedical supplies	245,875,899	203,654,814
Medical supplies and pharmaceuticals	175,826,200	148,260,160
Managed care outside provider claims	-	(1,361,653)
Depreciation and amortization	60,435,376	51,622,108
Total operating expenses	<u>1,229,034,162</u>	<u>1,087,984,577</u>
Operating loss	<u>(9,161,811)</u>	<u>(664,245)</u>
Nonoperating Revenues (Expenses)		
Decrease in equity in joint venture	(955,533)	(306,600)
Nonoperating grant revenue (CARES Act/FEMA)	20,408,273	86,998,388
Interest income	15,570,917	12,352,582
Interest expense	(13,548,736)	(15,523,703)
Gain on dissolution of Southwest, Inc.	4,982,853	-
Net increase (decrease) in fair value of investments	(7,016,141)	7,495,684
Gain (loss) on disposition of capital assets	(4,166)	5,444,447
Total nonoperating revenues (expenses)	<u>19,437,467</u>	<u>96,460,798</u>
Income before capital contributions	10,275,656	95,796,553
Contributions Restricted for Capital Assets	<u>4,388,096</u>	<u>3,409,930</u>
Increase in net position	<u>14,663,752</u>	<u>99,206,483</u>
Total Net Position, Beginning of Year	<u>647,413,274</u>	<u>548,206,791</u>
Total Net Position, End of Year	<u>\$ 662,077,026</u>	<u>\$ 647,413,274</u>

SOURCE: Denver Health and Hospital Authority Audit Report, March 31, 2022. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request

04

Contract Reconciliation





April 6, 2022

To: Faraz Khan, Chief Financial Officer, DHHA
From: Meggan Parezo, Director of Shared Services & Business Operations, Denver Department of Public Health & Environment
Subject: 2021 Denver Health Operating Agreement Contract Fiscal Close

Regarding the services outlined in the 2021 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2021 came in under the initial forecasts outlined in the Operating Agreement. Any budget shortfall realized by a specific section of the Operating Agreement was absorbed within the larger City appropriation it was budgeted within. Therefore, 2021 is closed without the need for a contract budget amendment. Please see Exhibit A for a breakdown of the variance by appendix.

Per recent audit recommendations, DHHA and the City agree that this memo and the Exhibit A will be included in DHHA's 2021 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2021 close out. The City deeply appreciates DHHA's partnership in serving Denver's most vulnerable populations, and your partnership in financial management and reporting.

Meggan Parezo
Contracts & Grants Manager
Denver Department of Public Health and Environment



Exhibit A: 2021 Operating Agreement Contract Budget Variance by Appendix

Appendix	Description	2021 Final Approved Budget	2021 Type of Payment	2021 Final	Difference
A-1	Medically Indigent Patient Care	27,700,000	Flat	27,700,000	0
A-2	Training: Continuing Education	512,665	Flat	512,665	0
A-2	Training: Certification	23,232	Fee for Service	49,844	26,612
A-2	Englewood	1,182,449	Flat	1,182,449	0
A-2	DEN Paramedic	2,745,312	Actual	2,608,178	-137,134
A-2	Medical Direction and QA/QI for 911 Call Takers	104,534	Flat	Included in line below	n/a
A-2	Medical Direction Services	121,866	Flat	226,400	104,534
A-2	EMRS Oversight	86,160	Flat	86,160	0
A-2	Emergency Service Patrol	582,840	Flat	582,840	0
A-3	Public Health	2,176,165	Actual	1,628,602	-547,563
A-4	Denver C.A.R.E.S.	2,583,643	Actual	1,050,685	-1,532,958
A-6	Legally Detained Care at Hospital	4,475,000	Actual	4,446,051	-28,949
A-8	Rocky Mountain Poison Center	96,900	Flat	96,900	0
A-9	Clinical and Laboratory Services	25,000	Fee for Service	18,672	-6,328
B-1	COSH and OUCH Line	625,000	Actual	348,127	-276,873
B-2	NurseLine	60,000	Flat	60,000	0
B-3	Legally Detained Care at Jail and Detention Center	15,508,468	Actual	15,330,497	-177,971
B-7	Parkhill Financing	150,868	Flat	91,957	-58,911
B-7	South Westside Clinic CIP Payment	1,200,000	Flat	1,200,000	0
B-7	Office of Medical Examiner Waste Pick-Up	n/a	Fee for Service	3,573	n/a
B-7	OME Postage	n/a	Fee for Service	300	n/a
B-7	Treatment on Demand	387,266	Actual	325,071	-62,195
B-8	Sexual Assault Nurse Examiner (SANE)	188,000	Fee for Service	178,185	-9,815
B-8	Blood Alcohol Draws	8,000	Fee for Service	10,643	2,643
B-8	At-Risk Intervention and Mentoring (AIM)	163,993	Flat	163,993	0
B-8	First Aid CPR AED Training	n/a	Fee for Service	0	n/a
B-8	Tactical Casualty Care for Law Enforcement Training	n/a	Fee for Service	0	n/a
B-8	Fitness for Duty Psychiatric Evaluations	n/a	Fee for Service	3,000	n/a
B-9	Expert Witnesses	40,000	Fee for Service	0	-40,000
B-9	Non-Intra Familial Abuse Services	5,000	Actual	0	-5,000
B-9	Court Competency Evaluations	185,000	Fee for Service	122,550	-62,450



05

Uncompensated Care



LIVING OUR VALUES: EXCELLENCE

ASHLEY CORNELIUS

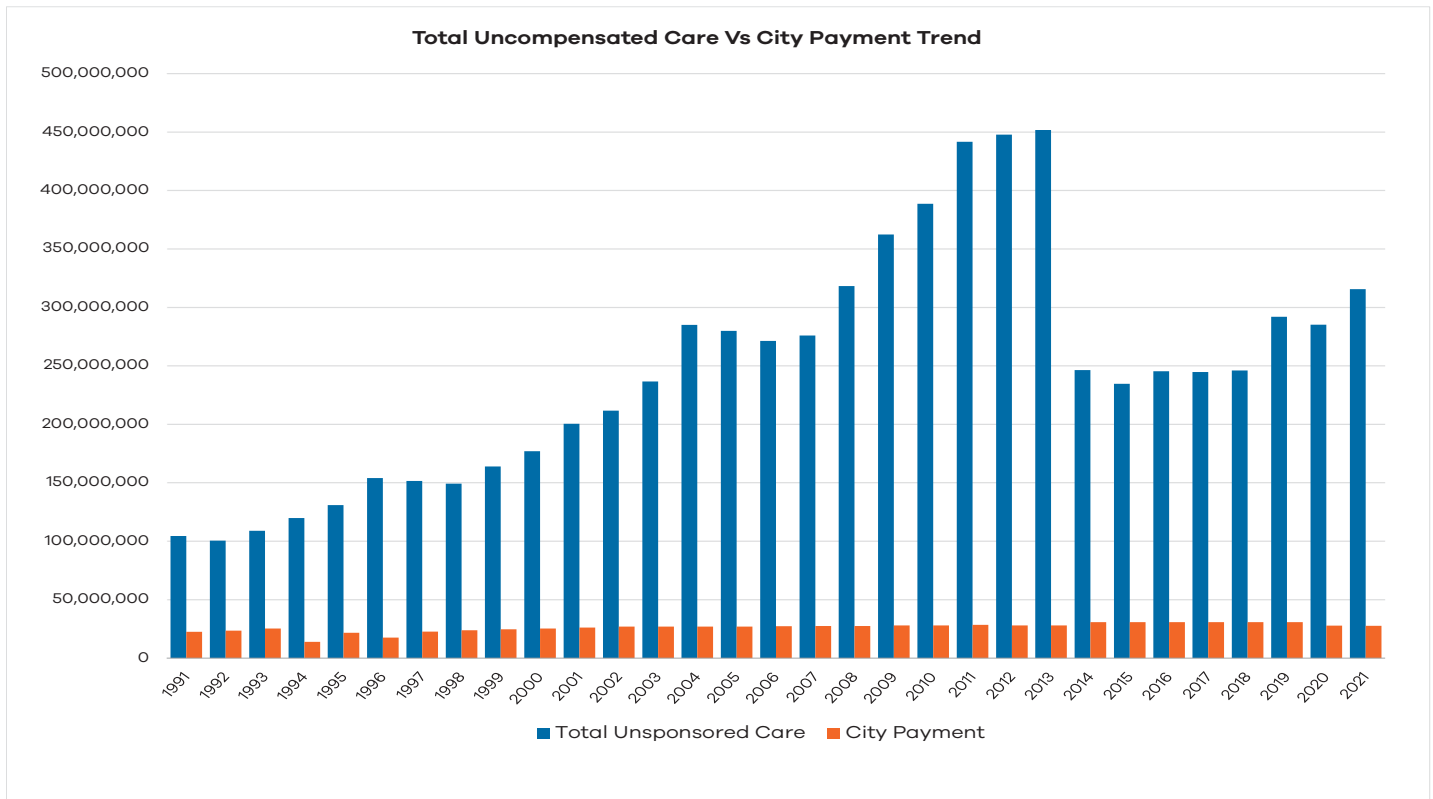
RISE Program Manager
Resilience In Stressful Events (RISE)

"Ashley shapes, elevates, coordinates and overall makes the RISE (Resilience In Stressful Events) program what it is. Her dedication to serving our Denver Health colleagues is unmatched."

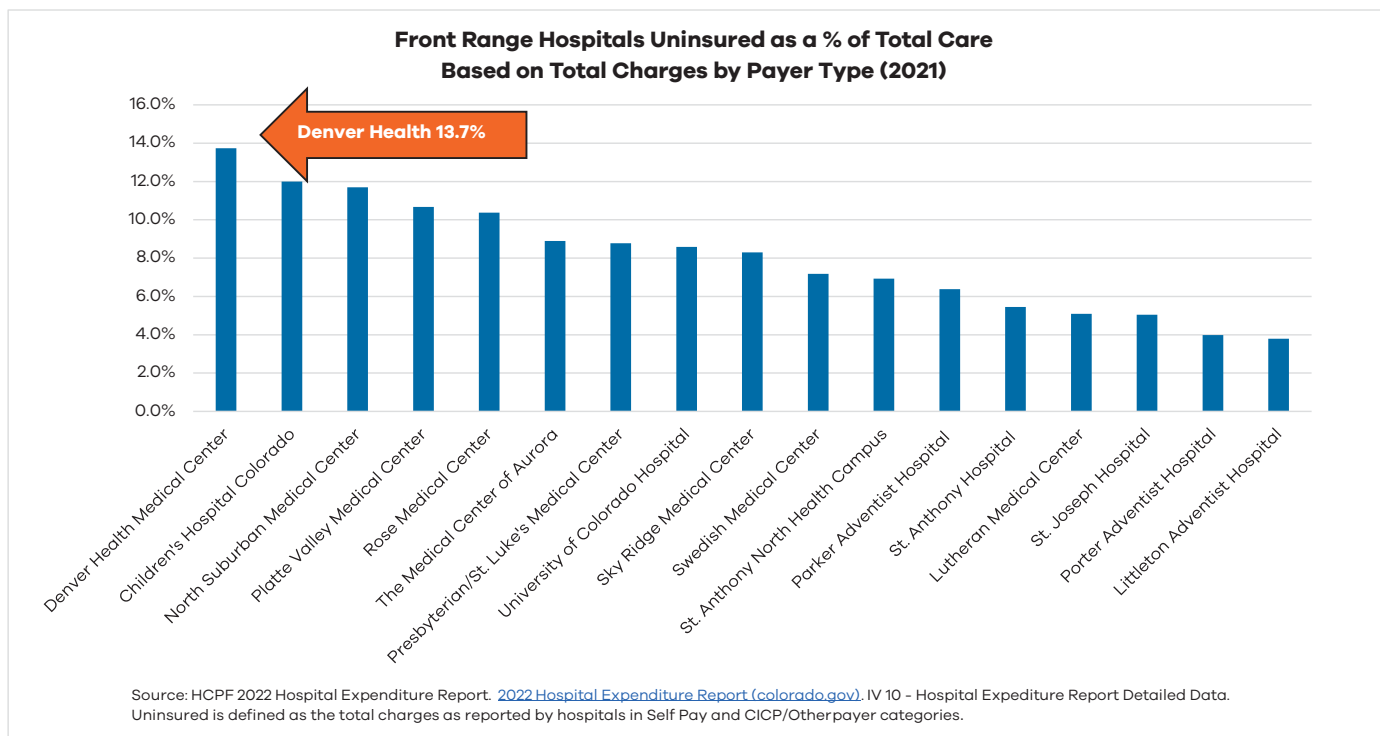
Values Award Winner for Excellence



Since becoming an Authority, Denver Health has been supported by an annual, fixed City Payment that offsets a portion of the variable Total Uncompensated Care delivered each year. For 2021, 63% of the uncompensated care population served identified a Denver County address. The City's payment of \$27.7 million covered 9% of the \$315.6 million in total uncompensated care delivered by Denver Health.



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) 2022 Hospital Expenditure Report shows that Denver Health's % of Total Care for Uninsured continues to be greater than other Front Range hospitals.



06

Denver Health Performance





Article V

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

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

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

Response: Criteria met

The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2021 financial statements are presented in Section 03 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: Criteria met

A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented in Section 06 of this report.

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: Criteria met

All matters referred to the Liaison have been promptly addressed.



DENVER HEALTH REGULATORY SURVEYS 2021

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
CDPHE/Mammography Quality Standards Act	Denver Health Mammography and Mobile Mammography "old" mobile clinic	Decommissioned 2021	1-2 years
CDPHE/Mammography Quality Standards Act	Denver Health Mammography and Mobile Mammography "new" mobile clinic	8/26/2021	1-2 years
Colorado State Board of Pharmacy	Lowry Pharmacy	4/29/2021	1-2 years
Colorado State Board of Pharmacy	La Casa Pharmacy	7/21/2021	1-2 years
Colorado State Board of Pharmacy	DH Acute Care Pharmacy/Discharge Pharmacy	9/23/2021	1-2 years
Colorado State Board of Pharmacy	Infusion Center 4th Floor OMC	10/8/2021	1-2 years
Colorado State Board of Pharmacy	OMC Pharmacy 1st Floor	10/8/2021	1-2 years
Colorado State Board of Pharmacy	Montbello Pharmacy	10/11/2021	1-2 years
Colorado State Board of Pharmacy	Primary Care Pharmacy - Pav G	11/17/2021	1-2 years
Colorado State Board of Pharmacy	Eastside Pharmacy	11/23/2021	1-2 years
Colorado State Board of Pharmacy	Westside Pharmacy	12/2/2021	1-2 years
Colorado State Board of Pharmacy	Central Fill Pharmacy	12/8/2021	1-2 years
Colorado State Board of Pharmacy	Pena Pharmacy	12/22/2021	1-2 years
Denver Fire Department	601 Broadway - Pot Belly	4/21/2021	1 year
Denver Fire Department	190 W 6th Ave - Rita Bass	7/13/2021	1 year
Denver Fire Department	660 N Delaware St - Delaware Parking Garage	7/15/2021	1 year
Denver Fire Department	667 N Bannock St - Pavilion K	7/15/2021	1 year
Denver Fire Department	700 N Delaware St - Davis Pavilion - U05	7/15/2021	1 year
Denver Fire Department	700 N Delaware St - Davis Pavilion - U06	7/15/2021	1 year
Denver Fire Department	723 N Delaware St - Pavilion M	7/15/2021	1 year
Denver Fire Department	777 N Delaware St - Receiving Dock	7/15/2021	1 year
Denver Fire Department	675 N Acoma St - Acoma Patient Parking Garage	7/16/2021	1 year
Denver Fire Department	601 N Acoma - Bannock Parking Garage	7/16/2021	1 year
Denver Fire Department	301 W 6th Ave - Pavillion G	7/16/2021	1 year
Denver Fire Department	601 Broadway - Administration	7/16/2021	1 year
Denver Fire Department	605 N Bannock St - Pavilion H	7/16/2021	1 year
Denver Fire Department	655 N Bannock St - Pavilion I	7/16/2021	1 year
Denver Fire Department	645 N Bannock St - Pavilion J	7/20/2021	1 year
Denver Fire Department	710 N Delaware St - Bond Trailer	7/20/2021	1 year
Denver Fire Department	777 N Bannock St - Pavilion A - U01	7/20/2021	1 year
Denver Fire Department	790 Delaware St - Pavilion C - U10	7/20/2021	1 year
Denver Fire Department	780 N Delaware St - Pavilion B - U02	7/20/2021	1 year
Denver Fire Department	Westwood FHC	7/22/2021	1 year
Denver Fire Department	Eastside FHC	7/22/2021	1 year
Denver Fire Department	Westside FHC	10/1/2021	1 year
Joint Commission	Hospital	3/13/2020	3 years
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	4/12/2021	1 year



DENVER HEALTH REGULATORY SURVEYS 2021

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Signal Behavioral Health Network	OBHS 667 Bannock Street (Methadone program)	4/28/2021	1 year
Signal Behavioral Health Network	Denver CARES 1155 Cherokee St	4/28/2021	1 year
Vaccines For Children / CDPHE Site Visit	Evie Dennis Campus	1/12/2021	2 years
Vaccines For Children / CDPHE Site Visit	North High School	1/15/2021	2 years
Vaccines For Children / CDPHE Site Visit	Florence Crittenton High School	1/26/2021	2 years
Vaccines For Children / CDPHE Site Visit	Denver School Based Health/DHIP	1/27/2021	2 years
Vaccines For Children / CDPHE Site Visit	MLK Jr. Early College	1/27/2021	2 years
Vaccines For Children / CDPHE Site Visit	Abramam Lincoln High School	2/1/2021	2 years
Vaccines For Children / CDPHE Site Visit	John F. Kennedy High School	2/11/2021	2 years
Vaccines For Children / CDPHE Site Visit	South High School	2/16/2021	2 years
Vaccines For Children / CDPHE Site Visit	Lake Middle School	2/16/2021	2 years
Vaccines For Children / CDPHE Site Visit	Place Bridge Academy	2/17/2021	2 years
Vaccines For Children / CDPHE Site Visit	Kunsmiller Creative Arts Academy	2/19/2021	2 years
Vaccines For Children / CDPHE Site Visit	West High School	2/22/2021	2 years
Vaccines For Children / CDPHE Site Visit	Rachel B. Noel Middle School	2/26/2021	2 years
Vaccines For Children / CDPHE Site Visit	Kepner Middle School	4/13/2021	2 years
Vaccines For Children / CDPHE Site Visit	Westside Peds, Adult, Outreach	7/21/2021	2 years
Vaccines For Children / CDPHE Site Visit	Westside Pediatric and Teen	9/27/2021	2 years
Vaccines For Children / CDPHE Site Visit	Denver Public Health Immunization Clinic	10/13/2021	2 years
Vaccines For Children / CDPHE Site Visit	Denver Public Health Immunization Clinic	10/13/2021	2 years

DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2021

Organization	DH Program/Site or Issue Surveyed	Survey/Inspection Date	Outcome
CDPHE	Survey	2/2/2021	Action plan accepted
CDPHE	Acute Care/4B Complaint Survey	5/3/2021	No findings cited
CDPHE	Adult Psych Complaint Survey	5/10/2021	No findings cited
CDPHE	4B Complaint Survey and Follow-Up	8/10/2021 10/21/2021	Condition Level finding with resolution

07

A-1 Patient Care Services



LIVING OUR VALUES: COMPASSION

EMI SANDOVAL

Speech-Language Pathologist
Rehabilitation Services

"Emi is calm and caring. She has a good way of looking at the whole picture and helping patients reach their functional goals and maximum potential."

Values Award Winner for Compassion



Appendix A-1 Patient Care Services

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 1.5(g) and 1.5(h) for the year just ended, as well as the two previous Fiscal Years, by May 1 following the reporting year.

Response: Criteria met

The Authority respectfully submits for consideration the *2021 Report to the City* dated April 29, 2022 in compliance with the 2021 Operating Agreement performance reporting requirements.

G. Performance Criteria Table - Clinical

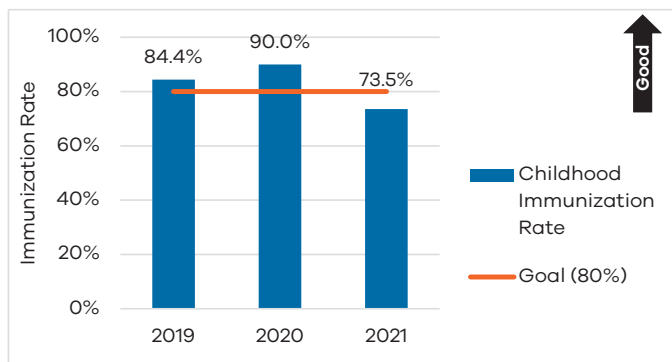
(I-W numbering follows the Authority's annual report). For all criteria, active patients are defined as empaneled patients who have had a Primary care visit in the past 18 months.

For performance criteria without goals or targets, a trend line is provided.

1.5I Childhood Immunization Rate

Goal: At least 80% of patients who have their third birthday in the measurement year, initiated care prior to their second birthday, and are active patients will have received four DPT, three polio, on MMR, three Hib, three Hepatitis B, one Varicella, and four Pneumococcal immunizations (following guidelines of the CDC Advisory Committee on Immunization Practices).

Response: Criteria not met.



Variance Explanation:

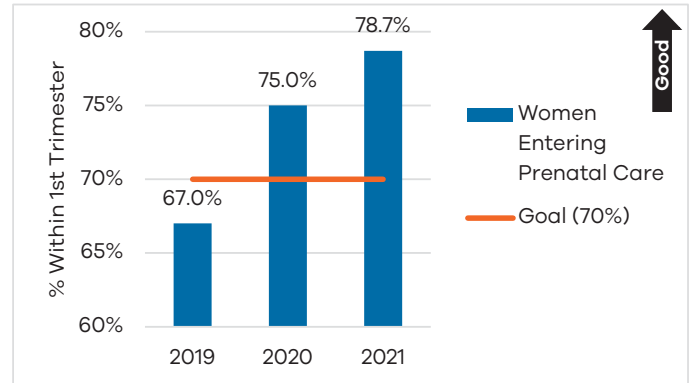
Childhood immunizations were still greatly impacted by the COVID-19 pandemic, specifically the ability to get patients into clinics in a timely manner. Improvement strategies are focused on outreach efforts to get patients in for clinic appointments.

1.5J Percent Women Entering Prenatal Care

Goal: At least 70% of women will begin care within the 1st trimester.

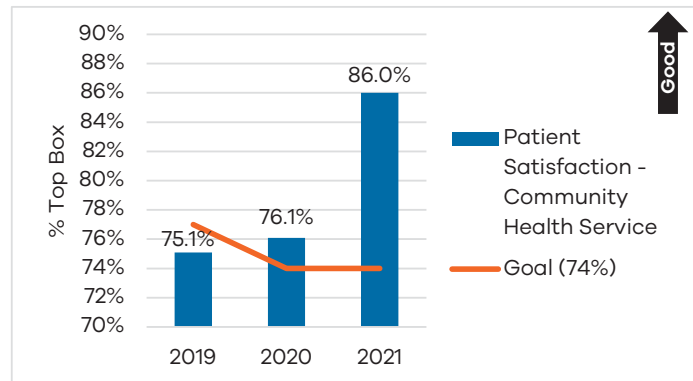
Response: Criteria met

1.5L Patient Satisfaction



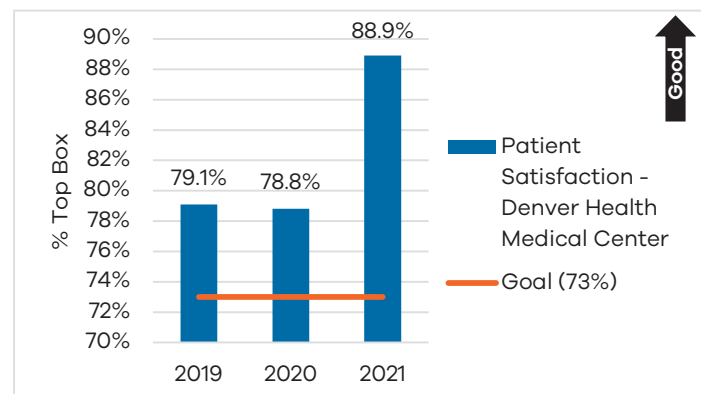
Goal - Community Health Service: 74% of patients seen in primary care clinics will respond with a 9 or a 10 ("top box") for "Overall provider rating."

Response: Criteria met



Goal - Denver Health Medical Center: 73% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall patient satisfaction.

Response: Criteria met

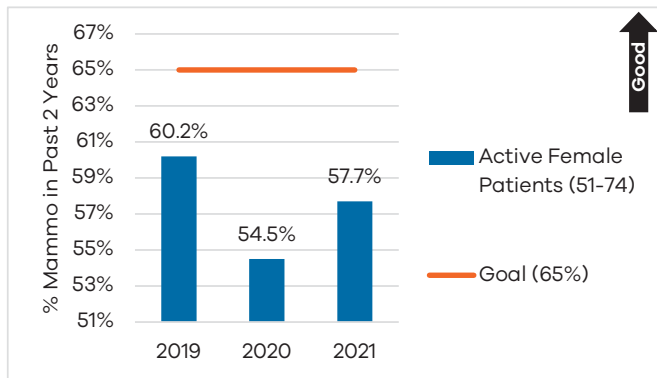




1.5M Breast Cancer Screening

Goal: 65% of active female patients age 51 to 74 years will have a mammogram in the past 2 years.

Response: Criteria not met.



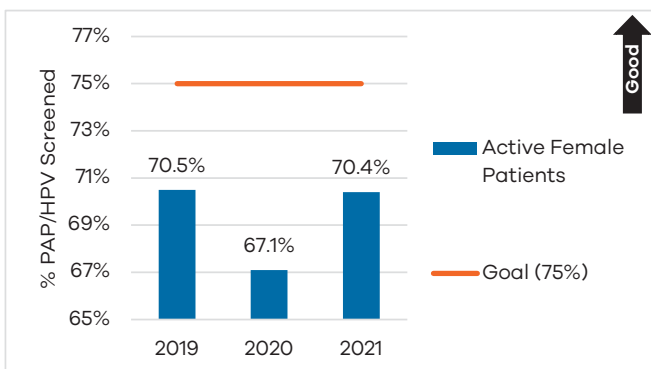
Variance Explanation:

Breast cancer screening capacity was limited by COVID-19 and an inability to schedule patients for appointments. In the last few years, the number of screening exams performed at Denver Health has dramatically increased, though demand continues to outstrip supply. With the opening of the OMC and ongoing physician and staff recruitment, we are aiming for improved access. We also have a fully operational mobile mammography screening vehicle back serving the citizens of Denver after two years of waiting for our new vehicle to be built and deployed.

1.5N Cervical Cancer Screening

Goal: 75% of active female patients age 24-64, will have had a PAP test in the past three years or a PAP+HPV in the past 5 years (age 30-64).

Response: Criteria not met



Variance Explanation:

Cervical cancer screening was impacted by both a reluctance of patients to come in and challenges related to medical assistant vacancies which hindered clinic access. There has been slow

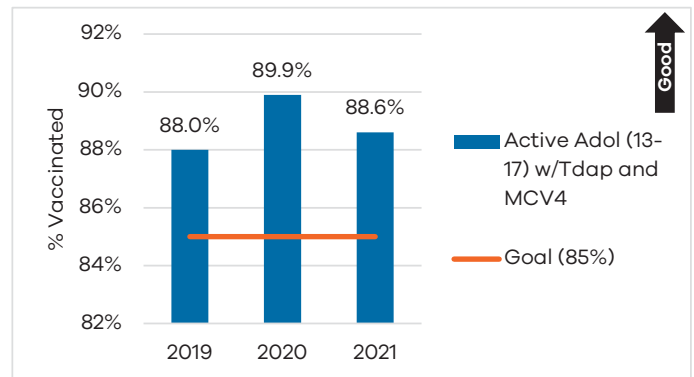
improvement throughout 2021. Denver Health will continue to monitor progress and focus on filling staff vacancies.

1.5O Adolescent Vaccinations

Goal - TDAP and MCV4: 85% of active adolescent patients, age 13-17, will have both Tdap and MCV4 vaccinations.

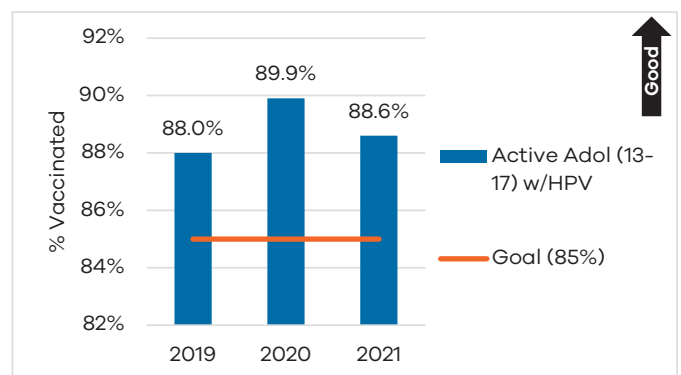
Response: Criteria met

The Ambulatory Care measure is a combined metric that includes Tdap, MCV4 and HPV. For 2021, each individual metric goal performance was met, therefore the composite performance was reported.



Goal - HPV: 85% of active adolescent patients, age 13-17, will have received at least 1 HPV vaccine.

Response: Criteria met

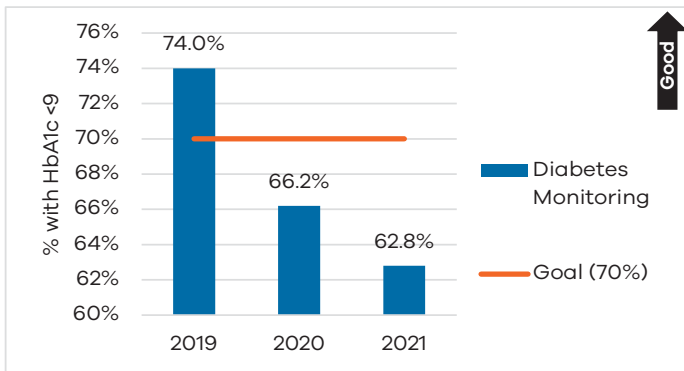


1.5P Diabetes Monitoring

A "diabetic patient" for the diabetes measures is defined as a patient who has had at least 2 visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.

Goal - Diabetes: 70% of Diabetic patients will have an HbA1c < 9.

Response: Criteria not met

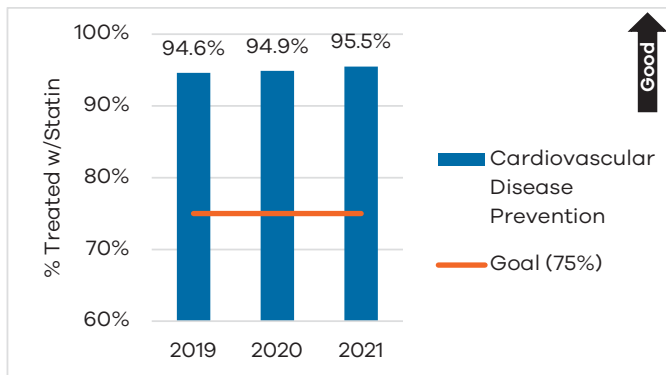


Variance Explanation:

The pandemic has continued to cause poor lifestyle choices and medication adherence. Denver Health will continue to focus on interventions that have been recently implemented and monitor the utilization of the interventions to determine its effectiveness.

Goal - Cardiovascular Disease Prevention: 75% of Diabetic patients will be treated with statin medication.

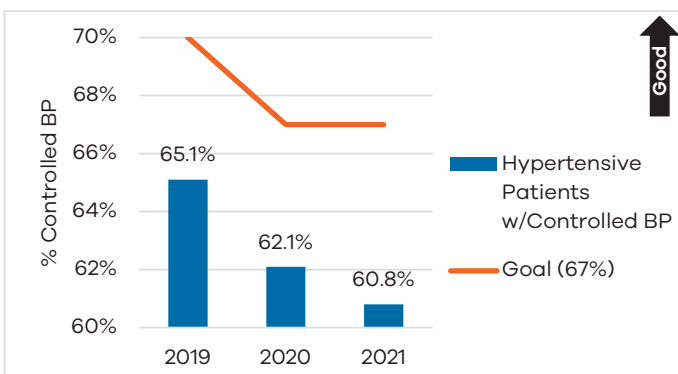
Response: Criteria met



1.5Q Hypertension Control

Goal: 67% of patients identified with hypertension will have their blood pressure under control as defined by current standards.

Response: Criteria not met



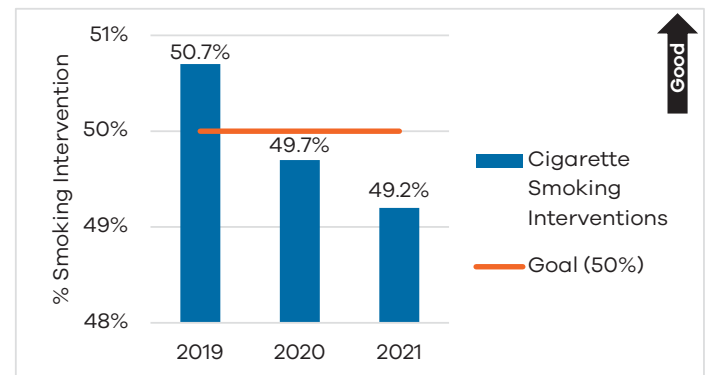
Variance Explanation:

In addition to the lifestyle impacts of the pandemic, recent analyses suggest that providers may not be intensifying (medication adjustments) as much as expected. Key interventions for this indicator include the following: (1) monitoring blood pressure rechecks at check-in, (2) monitoring implementation of an evidence-based decision aid to help providers intensify treatment, and (3) improving outreach through the central population health team. Denver Health will continue to focus on distributing home blood pressure cuffs that are integrated with Epic to help with blood pressure management.

1.5R Cigarette Smoking Interventions

Goal: At least 50% of adult smokers with at least 2 visits to a Denver Health clinic, emergency department, or hospital stay will have received one of the following interventions in the prior 6 months: referral to the Quitline, referral to a cessation clinic, counseling on quitting, or a medication for tobacco cessation.

Response: Criteria not met



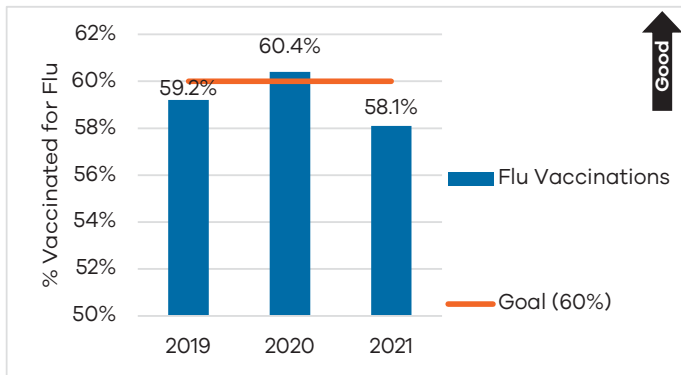
Variance Explanation:

Interventions have decreased from the past year due to the lack of documentation tools being used. Strategy going forward will bring more attention to using tools that exist to track and to stress the need through the tobacco workgroup. Prevalence of smoking has decreased at Denver health, where the rest of the state prevalence has gone up.

1.5S Flu Vaccinations

Goal: 60% of patients, 6 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 the influenza vaccine.

Response: Criteria not met



Variance Explanation:

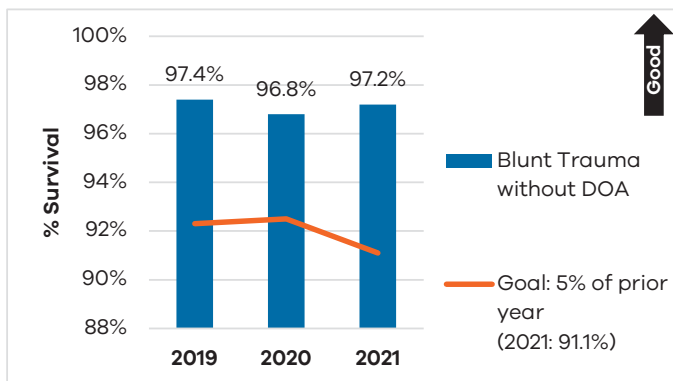
This metric is mainly measuring the end of 2020/early 2021 season which has likely been impacted by the pandemic. Patients during this time period are still staying at home and not coming into clinic. Additionally, a "positive" consequence of the pandemic is that prevalence of flu was low due to mask wearing and social distancing measures. The public knowledge of low flu vaccine rates may have potentially negatively impacted vaccination compliance in patients as they may have a false sense of security and not prioritizing getting the flu vaccine. Denver Health will continue to focus on standard of work at the check-in process by our medical assistants using Best Practice Alerts.

1.5T Survival with Trauma

Survival rate for blunt and penetrating trauma among patients who are not dead on arrival (DOA) will be maintained within 5% of prior year (2019) experience.

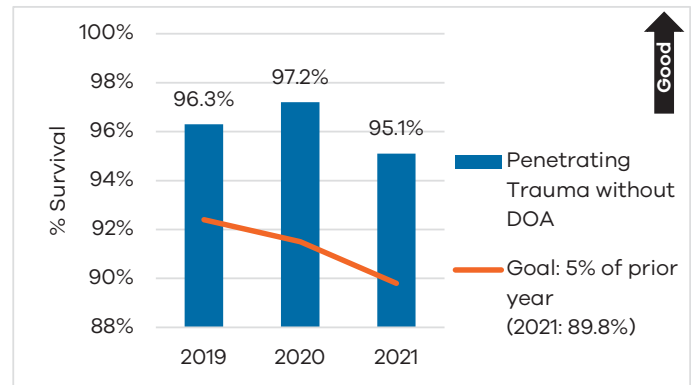
Goal - Blunt: Survival rate for blunt trauma will be maintained within 5% of 2019 experience, which was 97.4%.

Response: Criteria met



Goal - Penetrating: Survival rate for penetrating trauma will be maintained within 5% of 2019 experience, which was 96.3%

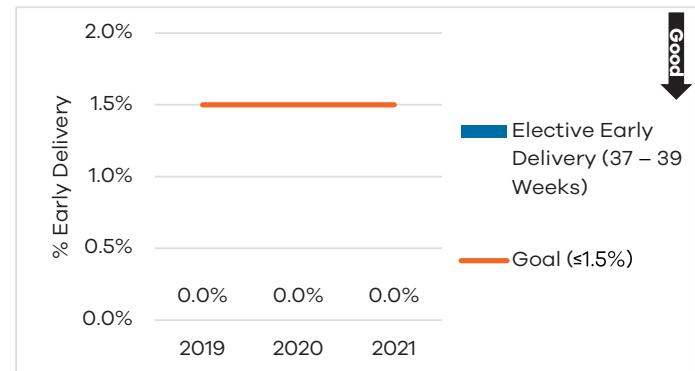
Response: Criteria met



1.5U Joint Commission Quality Measures. Early Elective Delivery between 37-39 Weeks Gestation

Goal: The rate of elective delivery between 37-39 weeks as defined by the Joint Commission measure PC-01 will be maintained at 1.5% or lower.

Response: Criteria met



1.5V Hospital-Acquired Infection Rates. Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)

Goal - Medical Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Medical ICU rate on the most recent Colorado Department of Public Health and Environment (CDPHE) report.

Goal - Trauma Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Trauma ICU rate on the most recent CDPHE report.

Response: Criteria met

Contract Criterion	2019	2020	2021
Hospital-Acquired Infection Rates			
Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)			
Medical Intensive Care Unit	Same	Same	Same
Trauma intensive Care Unit	Same	Better	Same



1.5W HIV Prevention - Pre and Post Exposure

Response: Criteria met

Contract Criterion	2020	2021
HIV Prevention - Pre and Post Exposure		
Number of persons started on Pre-Exposure Prophylaxis (PrEP) in STD Clinic/Ambulatory Care	704	724
Number of persons who receive non-occupational Post-Exposure Prophylaxis (PEP) in STD Clinic only	116	105



H. Performance Criteria Table - Ambulatory Encounters (1.5 numbering follows the Authority's annual report)

Response: Criteria met

See table below for details.

Statistic	2019	2020	2021	Trend
DH Medicaid Choice Average Monthly Enrollment	85,417	100,543	107,637	
Inpatient Admissions	24,252	23,592	21,579	
Inpatient Days (Equivalent Census Days)	129,879	132,061	135,570	
Emergency Room Encounters	86,581	71,680	91,773	
Urgent Care Visits	38,443	35,845	34,275	
ER Cost/Visit	\$1,032	\$1,144	\$908	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,650	5,825	5,707	
CT Scans	60,093	60,106	69,450	
MRIs	12,412	12,777	16,441	
Outpatient Surgeries	8,629	7,765	8,992	
Ambulatory Care Encounters				
Ambulatory Care Center ¹	221,344	225,260	250,676	
Webb Center for Primary Care ²	75,026	79,350	78,957	
Gipson Eastside Family Health Center ³	47,922	49,182	51,009	
Sandos Westside Family Health Center ³	62,172	65,875	66,782	
Lowry Family Health Center	38,771	42,739	47,395	
Montbello Health Center	28,846	36,986	35,283	
Park Hill Family Health Center	20,134	20,314	20,916	
La Casa/Quigg Newton Family Health Center	19,738	21,883	22,839	
Westwood Family Health Center	19,275	20,589	20,493	
Federico Pena Family Health Center	43,847	49,177	54,649	
Other ⁴	98,253	96,008	154,231	
OP Behavioral Health Visits	215,613	257,021	252,715	
Total Ambulatory Care Encounters	890,941	964,384	1,055,945	
OP Pharmacy Cost/per patient	\$61	\$67	\$70	
¹ Includes Specialty Visits covering Medical Specialty, Oncology, Orthopedic, Surgery, and Womens Care; new Rose Andom and Chanda clinics; Adult, Pediatric and Pena Urgent Care Clinics; and Women's Mobile clinic ² Includes Webb Adult, Family and Internal medicine, Geriatrics, Intensive Outpatient, Pediatric and Pediatric Specialty clinics; Level One Physicians (LOP) and LOP Specialty clinics ³ Includes Adult, Pediatrics, and Womens Care; Eastside also includes Primary Care at MHCD ⁴ Includes Dental, School Based Clinics, and Family Crisis Center				



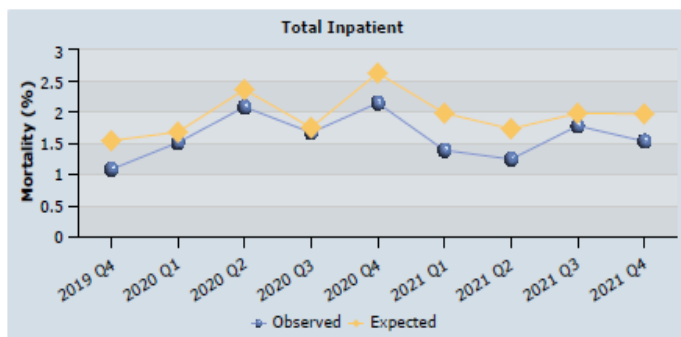
I. The Authority's Medical Center's adjusted inpatient mortality will be in the top 20% of all academic health centers nationally as measured by Vizient, a collaboration of approximately 120 academic health centers.

Response: Criteria met

See table and chart below for details.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	Median	Rank
Current Quarter		5,979	0.77	0.98	42/242
Recent Year		23,274	0.77	0.94	48/244

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,979	5,938	23,274
Observed Deaths	92	106	348
Expected Deaths	118.20	117.92	446.92
Observed Mortality (%)	1.54	1.79	1.50
Expected Mortality (%)	1.98	1.99	1.92
Observed/Expected Ratio	0.77	0.89	0.77



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

Response: Criteria met

On March 10, 2020 - March 13, 2020, The Joint Commission (TJC) arrived for the purposes of assessing compliance with the Medicare conditions of participation for hospitals through TJC deemed status survey. Denver Health welcomed 9 surveyors over 4 days with the recommendation for continued Medicare certification and Joint Commission accreditation. The Accreditation cycle is effective March 14, 2020 and is valid for up to 36 months. In addition, TJC Ambulatory Care Services (ACS) Laboratory survey was conducted from October 6, 2020 - October 9, 2020. Surveyors inspected the 10 ACS Clinic laboratories in addition to two of the School Based Health Centers that offer laboratory services. Both surveyors were complimentary of the work being done in community health clinic laboratories. Ten deficiencies were noted, three of which were addressed immediately during the survey; no deficiencies were in the high-risk category, and only one was considered widespread. Denver Health was granted Accreditation for all services surveyed under the Comprehensive Accreditation

Manual for Laboratory and Point-of-Care Testing, effective October 10, 2020.

K. The Authority will maintain national Residency Review Committee accreditation for its training programs.

Response: Criteria met

Denver Health enjoys Continued Accreditation from ACGME for its accredited medical residencies and Approval without Reporting Requirements from CODA for its dental residencies.

L. The Authority 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. The Authority 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: Criteria met

See tables on the following pages for details.



L.

Top 25 DRG's for Medically Indigent Population					
2021 Rank	DRG#	DRG NAME	Total	2020 Rank	2019 Rank
1	885	PSYCHOSES	124	1	3
2	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH	86	2	1
3	807	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITHOUT CC/MCC	68	5	7
4	806	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH CC	39	N/A	N/A
5	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	37	4	4
6	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	33	6	6
7	661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	31	N/A	17
8	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	28	N/A	N/A
9	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	25	N/A	8
10	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	24	13	N/A
10	603	CELLULITIS WITHOUT MCC	24	N/A	11
12	805	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MCC.	20	25	22
12	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC	20	22	N/A
14	189	PULMONARY EDEMA AND RESPIRATORY FAILURE	19	17	N/A
14	683	RENAL FAILURE WITH CC	19	N/A	N/A
16	637	DIABETES WITH MCC	18	N/A	N/A
16	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC	18	N/A	N/A
18	287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATETERIZATION WITHOUT MCC	17	N/A	N/A
18	329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	17	N/A	N/A
18	833	PROCEDURES WITHOUT CC/MCC.	17	N/A	N/A
21	286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATETERIZATION WITH MCC	16	22	N/A
21	378	G.I. HEMORRHAGE WITH CC	16	N/A	N/A
21	494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP,	16	N/A	N/A
24	291	HEART FAILURE AND SHOCK WITH MCC	15	N/A	25
24	832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURE WITH CC	15	N/A	N/A
24	881	DEPRESSIVE NEUROSES	15	N/A	N/A
25	340	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	14	N/A	N/A
25	743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	14	N/A	N/A



L.

Unduplicated Users and Patient Visits by Colorado County				
	2019	2020	2021	Trend
Total Unduplicated Users	224,648	213,109	282,964	
Total Visits	955,723	963,102	1,287,417	

Unduplicated Users and Patient Visits by Colorado County								
	2019		2020		2021		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	22,441	88,819	20,819	92,009	27,150	122,883		
Alamosa	27	94	22	73	30	103		
Arapahoe	22,572	84,749	24,392	106,333	33,137	142,384		
Archuleta	5	5	7	11	13	25		
Baca	2	2	1	1	3	6		
Bent	12	56	7	15	7	76		
Boulder	1,704	4,575	1,238	3,345	2,107	5,679		
Broomfield	156	497	579	2,146	941	3,591		
Chaffee	35	74	27	58	33	87		
Cheyenne	3	13	4	13	4	18		
Clear Creek	132	362	115	294	170	515		
Conejos	14	33	5	7	9	28		
Costilla	11	24	6	10	5	17		
Crowley	3	17	2	5	4	6		
Custer	5	29	10	35	10	22		
Delta	17	23	16	29	20	64		
Denver	151,728	682,826	137,906	642,649	179,606	854,392		
Dolores	0	0	2	2	5	11		
Douglas	2,428	7,736	2,346	8,142	4,476	14,482		
Eagle	176	406	168	370	174	412		
El Paso	1,176	2,745	937	2,652	1,118	3,301		
Elbert	93	242	109	281	157	510		
Fremont	42	144	35	139	48	138		
Garfield	97	160	60	155	77	143		
Gilpin	64	208	50	213	70	190		
Grand	768	2,104	1,104	2,488	1,543	3,717		
Gunnison	24	41	23	46	29	59		
Hinsdale	1	4	0	0	0	0		
Huerfano	11	23	11	36	16	57		
Jackson	5	14	5	11	6	22		
Jefferson	18,113	72,177	20,651	93,547	28,604	123,729		
Kiowa	1	1	0	0	2	4		
Kit Carson	23	72	18	82	10	62		
La Plata	27	46	18	50	30	51		
Lake	31	89	29	91	42	131		
Larimer	551	1,193	416	1,016	643	1,741		
Las Animas	22	94	12	48	19	88		
Lincoln	40	112	31	129	50	237		
Logan	47	141	53	194	45	233		



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Unduplicated Users and Patient Visits by Colorado County								
	2019		2020		2021		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	77	156	77	219	95	259		
Mineral	0	0	2	7	1	10		
Moffat	17	44	14	45	12	36		
Montezuma	11	22	7	11	21	38		
Montrose	27	58	18	33	31	59		
Morgan	84	282	99	422	98	360		
Otero	31	80	30	102	22	85		
Ouray	1	1	3	4	7	15		
Park	149	611	106	371	172	477		
Phillips	9	43	8	18	5	22		
Pitkin	24	42	17	70	23	58		
Prowers	28	93	13	55	16	85		
Pueblo	250	740	222	758	251	753		
Rio Blanco	2	2	6	15	7	15		
Rio Grande	20	50	17	52	28	48		
Routt	55	107	38	66	52	105		
Saguache	8	21	4	20	12	31		
San Juan	1	1	0	0	0	0		
San Miguel	10	19	6	8	9	12		
Sedgwick	5	8	2	7	4	11		
Summit	126	396	118	337	153	490		
Teller	45	109	24	54	32	101		
Washington	12	50	13	73	24	106		
Weld	1,042	2,816	1,023	3,609	1,458	4,982		
Yuma	7	22	8	21	18	45		
Total	224,648	955,723	213,109	963,102	282,964	1,287,417		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code				
	2019	2020	2021	Trend
Total Unduplicated Users	151,728	144,088	191,325	
Total Visits	682,826	672,257	889,841	

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2019		2020		2021		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	173	807	136	646	199	1,062		
80202	2,354	8,778	2,276	8,742	3,731	13,654		
80203	4,581	18,441	4,327	17,315	6,260	27,197		
80204	19,478	91,129	17,995	84,984	22,787	103,325		
80205	9,093	41,269	8,670	41,609	11,073	53,488		
80206	2,390	9,781	2,315	10,380	3,797	15,585		
80207	4,213	20,485	3,868	19,173	5,159	25,257		
80208	13	22	15	38	25	84		
80209	1,969	7,450	1,899	7,719	3,558	12,925		
80210	2,195	8,574	2,065	8,131	3,903	14,071		
80211	6,147	28,871	5,840	28,124	8,071	37,470		
80212	2,018	9,768	2,013	9,701	2,999	13,342		
80216	5,079	24,021	4,645	22,379	5,699	28,440		
80217	33	113	29	99	54	175		
80218	3,061	12,707	2,939	13,143	4,332	18,734		
80219	29,407	139,900	27,570	132,839	32,807	167,404		
80220	5,151	22,699	4,670	20,935	6,434	28,654		
80222	2,878	13,295	2,671	13,382	3,734	18,211		
80223	7,524	36,252	7,082	34,790	8,774	45,595		
80224	2,570	11,802	2,410	11,444	3,411	15,271		
80227	3,278	14,490	3,155	14,580	4,476	20,358		
80230	1,013	4,340	1,029	4,805	1,563	6,811		
80231	4,505	18,831	4,587	20,532	6,104	27,096		
80235	661	2,789	614	3,090	903	4,173		
80236	3,462	16,129	3,273	15,069	4,249	20,075		
80237	1,650	7,373	1,599	7,438	2,543	11,113		
80238	1,057	4,182	1,314	5,446	2,452	9,374		
80239	14,515	59,903	13,491	61,875	16,578	79,248		
80243	3	5	1	2	3	7		
80244	2	4	1	17	5	18		
80246	1,552	6,665	1,569	6,713	2,226	9,612		
80247	3,779	17,152	3,800	18,230	5,092	23,724		
80248	4	15	1	8	6	46		
80249	5,862	24,478	6,160	28,562	8,212	37,692		
80250	42	271	39	281	78	452		
80251	2	3	0	0	1	23		
80252	0	0	0	0	1	2		
80256	0	0	1	1	1	2		
80257	0	0	0	0	0	0		
80259	0	0	2	2	2	3		
80261	8	17	1	1	6	8		
80262	0	0	0	0	0	0		
80263	0	0	1	2	3	5		
80264	0	0	0	0	0	0		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2019		2020		2021		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80265	0	0	0	0	0	0		
80266	2	6	4	11	0	0		
80271	0	0	0	0	0	0		
80273	0	0	1	1	2	2		
80274	0	0	2	2	2	5		
80281	1	2	1	1	0	0		
80290	1	4	2	4	3	14		
80291	0	0	0	0	1	1		
80293	0	0	2	8	3	24		
80294	2	3	2	2	1	4		
80299	0	0	1	1	2	5		
Total	151,728	682,826	144,088	672,257	191,325	889,841		



2021 Unduplicated Users and Visits by Gender and Race* (Colorado and Out-of-State Users**)					
Gender	Race	2021		3-Year Trend	
		Users	Total Visits	Users	Total Visits
F	African-American	18,369	101,766		
F	Amer/Alaskan Native	852	5,123		
F	Asian	6,376	28,251		
F	Hispanic	71,239	401,312		
F	Native-Hawaiian	90	387		
F	Other	4,954	16,729		
F	Oth-Pacific-Islander	271	1,231		
F	Unknown	379	880		
F	White-Caucasian	51,240	213,830		
F	NULL	1,677	2,688		
Female Total		155,447	772,197		
Gender	Race	2021		3-Year Trend	
		Users	Total Visits	Users	Total Visits
M	African-American	17,159	70,913		
M	Amer/Alaskan Native	686	4,179		
M	Asian	4,786	17,818		
M	Hispanic	60,046	244,407		
M	Native-Hawaiian	72	200		
M	Other	4,987	14,124		
M	Oth-Pacific-Islander	221	707		
M	Unknown	360	832		
M	White-Caucasian	51,702	190,462		
M	NULL	1,879	2,833		
Male Total		141,898	546,475		
Gender	Race	2021		3-Year Trend	
		Users	Total Visits	Users	Total Visits
Unknown	African-American	27	88		
Unknown	Amer/Alaskan Native	6	33		
Unknown	Asian	40	82		
Unknown	Hispanic	78	344		
Unknown	Other	73	184		
Unknown	Oth-Pacific-Islander	2	3		
Unknown	Unknown	13	28		
Unknown	White-Caucasian	463	1,434		
Unknown	NULL	42	76		
Unknown Total		744	2,272		
Grand Total		298,089	1,320,944		
* Table uses Derived Race as identified by Epic					
**Out of State users and visits represent 15,125 and 33,527, respectively					



L.

HOMELESS Unduplicated Users and Patient Visits by Colorado County				
	2019	2020	2021	Trend
Total Unduplicated Users	7,793	7,262	6,486	
Total Visits	30,144	25,431	21,243	

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
	2019		2020		2021		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	172	709	149	502	131	402		
Alamosa	0	0	0	0	1	3		
Arapahoe	161	633	139	479	145	485		
Archuleta	0	0	0	0	0	0		
Baca	0	0	0	0	0	0		
Bent	0	0	0	1	1	1		
Boulder	10	41	6	23	7	27		
Broomfield	2	14	0	2	1	6		
Chaffee	0	0	0	0	0	0		
Cheyenne	0	0	0	0	0	0		
Clear Creek	1	3	2	5	1	4		
Conejos	1	2	0	0	0	0		
Costilla	0	1	0	0	1	1		
Crowley	0	0	0	0	0	0		
Custer	0	0	0	0	0	0		
Delta	0	0	0	0	0	0		
Denver	7,293	28,150	6,755	23,723	5,977	19,578		
Dolores	0	0	0	1	0	0		
Douglas	6	28	23	62	10	44		
Eagle	2	5	1	6	1	1		
El Paso	6	27	3	13	11	32		
Elbert	0	1	0	0	1	5		
Fremont	0	0	0	0	0	0		
Garfield	1	1	1	4	0	0		
Gilpin	2	11	0	0	1	1		
Grand	1	4	1	1	0	0		
Gunnison	0	0	2	6	1	1		
Hinsdale	0	0	0	0	0	0		
Huerfano	0	0	0	1	0	0		
Jackson	0	0	0	0	0	0		
Jefferson	121	458	159	518	148	496		
Kiowa	0	0	0	0	0	0		
Kit Carson	0	0	0	0	0	0		
La Plata	0	1	0	0	0	0		
Lake	0	0	0	0	1	1		
Larimer	3	12	2	15	5	12		
Las Animas	0	0	0	0	1	3		
Lincoln	1	1	0	0	0	0		
Logan	1	1	0	1	1	1		



L.

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
	2019		2020		2021		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	1	8	3	12	2	5		
Mineral	0	0	0	0	0	0		
Moffat	0	0	0	0	0	0		
Montezuma	0	0	0	0	0	0		
Montrose	0	0	0	0	0	0		
Morgan	0	0	2	6	2	5		
Otero	0	1	0	0	1	1		
Ouray	0	0	0	0	0	0		
Park	2	4	1	6	1	1		
Phillips	0	0	0	0	0	0		
Pitkin	0	0	2	3	0	0		
Prowers	0	0	0	0	0	0		
Pueblo	0	11	3	12	1	6		
Rio Blanco	0	0	0	0	0	0		
Rio Grande	0	0	0	0	0	0		
Routt	0	0	0	0	0	0		
Saguache	0	0	0	0	0	0		
San Juan	0	0	0	0	0	0		
San Miguel	0	0	0	0	0	0		
Sedgwick	0	0	0	0	0	0		
Summit	1	4	1	2	3	6		
Teller	0	0	1	1	0	0		
Washington	0	0	0	0	1	1		
Weld	5	13	6	26	3	10		
Yuma	0	0	0	0	0	0		
NULL	0	0	0	0	26	104		
Total	7,793	30,144	7,262	25,431	6,486	21,243		



L.

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code				
	2019	2020	2021	Trend
Total Unduplicated Users	7,366	6,806	6,000	
Total Visits	28,439	23,839	19,611	

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2019		2020		2021		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	13	43	8	24	14	36		
80202	34	133	39	148	38	102		
80203	75	281	83	327	64	223		
80204	5,956	22,961	5,312	18,510	4,598	15,230		
80205	519	2,107	544	1,934	613	1,918		
80206	31	121	39	114	28	75		
80207	31	135	28	127	29	73		
80208	0	4	5	10	1	5		
80209	15	46	16	70	11	48		
80210	8	53	19	73	26	70		
80211	43	172	76	301	47	173		
80212	20	73	12	48	22	71		
80216	77	263	76	270	78	243		
80217	5	8	4	17	1	1		
80218	78	342	136	372	60	185		
80219	157	538	126	485	111	361		
80220	78	352	64	244	45	115		
80222	18	66	21	71	17	43		
80223	44	124	28	105	37	126		
80224	14	41	34	102	15	48		
80227	8	34	13	42	3	16		
80230	6	12	5	25	9	17		
80231	11	49	14	56	20	53		
80235	1	1	3	7	3	10		
80236	28	93	14	56	19	57		
80237	6	21	6	17	3	11		
80238	1	8	7	19	2	6		
80239	62	255	50	185	54	185		
80243	0	0	0	0	0	0		
80244	0	0	0	0	0	0		
80246	9	39	7	21	7	28		
80247	5	11	9	30	11	40		
80248	0	0	0	0	0	0		
80249	9	30	8	26	9	27		
80250	4	22	0	3	4	13		
80251	0	0	0	0	0	0		
80252	0	0	0	0	1	2		
80256	0	0	0	0	0	0		
80257	0	0	0	0	0	0		
80259	0	0	0	0	0	0		
80261	0	1	0	0	0	0		
80262	0	0	0	0	0	0		
80263	0	0	0	0	0	0		
80264	0	0	0	0	0	0		



L.

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
	2019		2020		2021		3-Year Trend	
Zip Code	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80265	0	0	0	0	0	0		
80266	0	0	0	0	0	0		
80271	0	0	0	0	0	0		
80273	0	0	0	0	0	0		
80274	0	0	0	0	0	0		
80281	0	0	0	0	0	0		
80290	0	0	0	0	0	0		
80291	0	0	0	0	0	0		
80293	0	0	0	0	0	0		
80294	0	0	0	0	0	0		
80299	0	0	0	0	0	0		
Total	7,366	28,439	6,806	23,839	6,000	19,611		



L.

2021 HOMELESS Unduplicated Users and Visits by Gender and Race*							
Gender	Race	2021			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	191	655	\$ 4,358,200			
F	Amer/Alaskan Native	51	168	\$ 2,056,081			
F	Asian	10	26	\$ 88,261			
F	Hispanic	328	1,024	\$ 6,575,369			
F	Native-Hawaiian	2	7	\$ 69,228			
F	Other	31	87	\$ 655,376			
F	Oth-Pacific-Islander	2	3	\$ 1,579			
F	Unknown	1	8	\$ 752			
F	White-Caucasian	617	1,992	\$ 16,490,344			
F	NULL	9	31	\$ 297,283			
Female Total		1,242	4,001	\$ 30,592,474			
M	African-American	958	3,186	\$ 21,490,143			
M	Amer/Alaskan Native	286	925	\$ 5,595,309			
M	Asian	39	101	\$ 368,358			
M	Hispanic	1,256	3,948	\$ 33,733,405			
M	Native-Hawaiian	1	5	\$ 28,752			
M	Other	136	452	\$ 2,794,861			
M	Oth-Pacific-Islander	1	5	\$ 14,053			
M	Unknown	7	13	\$ 114,571			
M	White-Caucasian	2,530	8,504	\$ 68,127,708			
M	NULL	28	103	\$ 777,501			
Male Total		5,242	17,242	\$ 133,044,659			
Unknown	African-American	2	3	684			
Unknown	Hispanic	2	4	1,432			
Unknown	Oth-Pacific-Islander	1	2	900			
Unknown	White-Caucasian	1	4	11,531			
Unknown	NULL	1	2	4,294			
Unknown Total		7	15	\$ 18,841			
Grand Total		6,491	21,258	\$ 163,655,974			
* Table uses Derived Race as identified by Epic **Visits represent current process in Epic for tracking homeless population							



08

A-2 Emergency Medical Services





Appendix A-2 Emergency Medical Services

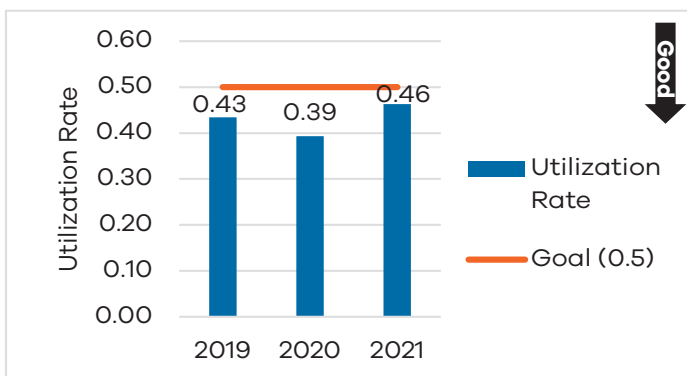
1.4 Performance Criteria

Each component of the Emergency Medical Response Services (EMRS), including the Authority and Department of Safety, and certain stakeholders, including the Mayor's Office, City Council, and the Auditor's Office, will designate representation on the EMRS Advisory Committee, which will meet regularly to monitor system performance, identify and recommend strategies for innovation and improvement, and provide the necessary collaboration and accountability to ensure continued high delivery of EMS responses and services. The performance metrics (including any data parameters or exclusions), advisory committee composition, and strategic framework will be documented in a mutually agreed-upon EMRS Advisory Committee Memorandum of Understanding. The parties have recommended changes to the system and are committed to continuing evaluation of the system that has improved and will continue to improve overall system performance. The parties further agree to monitor all aspects of EMRS performance, including response times and clinical outcomes, and to work with each other in good faith to identify potential options to achieve the desired EMRS performance, which options may include but are not limited to, revisiting the current EMRS performance metrics, staffing or scheduling changes, alternative response mechanisms, equipment and infrastructure investments.

Response: Criteria met

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

Response: Criteria met



B. The City and the Authority will strive to meet the performance goals for each system component as described in the 2016 NFPA Standards 1710 and 1221 and listed in Table 2 below. Each component of the EMRS, including Denver 911, the Denver Fire Department (DFD), and the Authority has its own

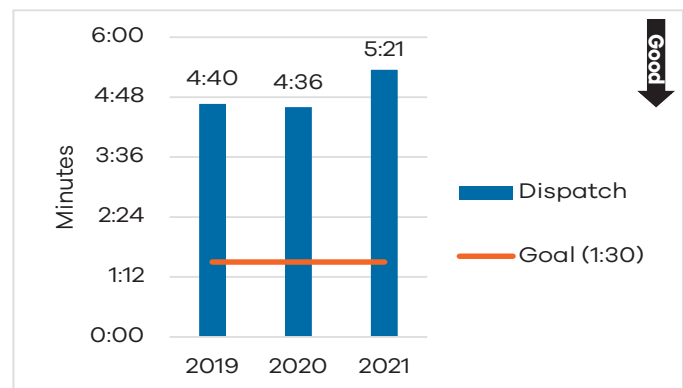
independent time requirements under the NFPA standards. Each of these three components is independently responsible for its own role in the response function, as set forth in Table 2, below. All components of the system must work as a team to meet the Total response time goal for emergency (lights and sirens) response times of 90% of the time from call answered to Basic Life Support (BLS) unit arrival of 6 minutes 30 seconds and 10 minutes 30 seconds from call answered to Advanced Life Support (ALS) unit arrival. Additional system performance metrics regarding the EMRS will be identified, monitored, and reported by the EMRS Advisory Committee, as described above.

TABLE 2: NFPA Goals by System Component

	Dispatch – 95% (Call Answered to Unit Assigned)	Response – 90% (Unit Assigned to Unit Arrived)
Call Answering and Processing	1:30	N/A
BLS Denver Fire	N/A	5:00
ALS Denver Health	N/A	9:00

Call Answering and Processing

Response: Criteria not met

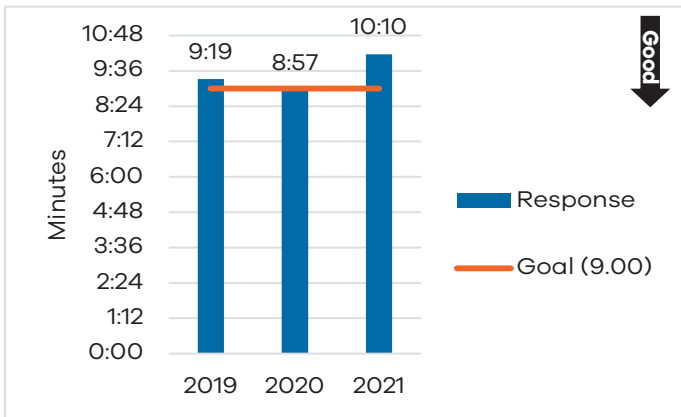


Variance Explanation:

This metric which monitors the time from a call is answered in the 911 Communications Center to the time it is assigned to a unit in the respective agency is a responsibility of the Denver 911 Communications Center. Denver Health will continue to provide quality assurance support of the process to ensure best practices are being utilized for those requesting help through the 911 system. The sole responsibility of the Denver Health Paramedic Division (DHPD) managing this metric is being removed from 2022 OA.

ALS Denver Health Dispatch

Response: Criteria not met



Variance Explanation:

During 2021, DHPD faced staffing retention and hiring challenges while experiencing increased volume. DHPD received an authorized strength increased for 2022 and is hiring to match.

C. The City and the Authority agree that the official timekeeper for determining response times is the City's computer aided dispatch (CAD) system. 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.

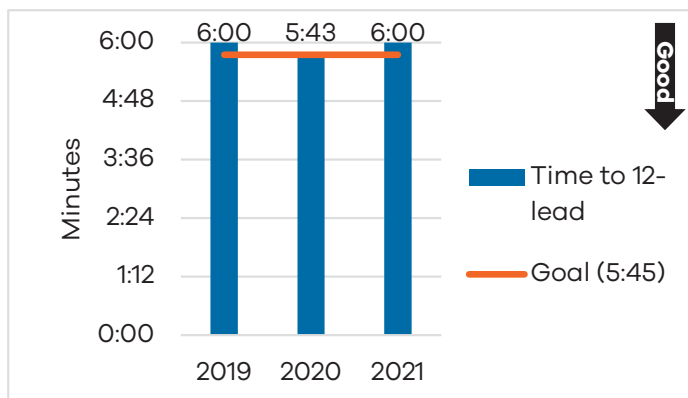
Response: Criteria met

D. Responsibility of the EMRS Data Analyst:

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

1. Median elapsed target of 5 minutes 45 seconds or fewer from paramedics' arrival time to initial recording of 12 lead ECG for suspected cardiac chest pain.

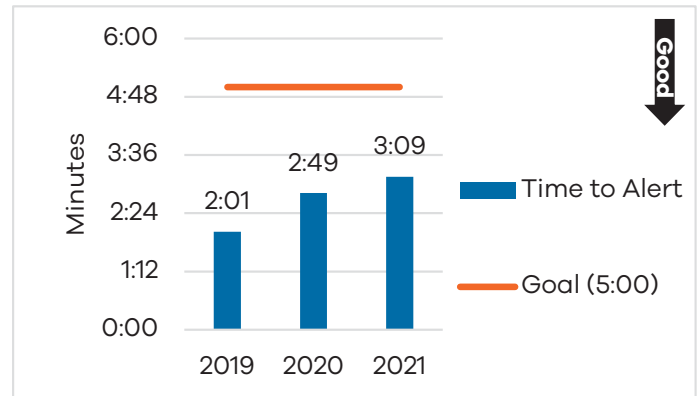
Response: Criteria not met



Variance Explanation:

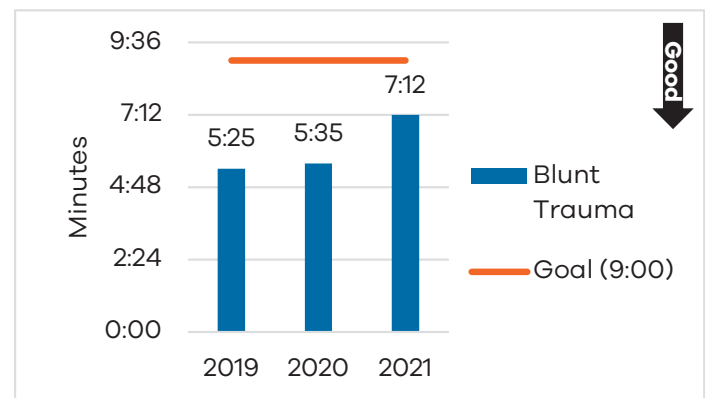
Infection control precautions related to COVID-19 slowed DHPD paramedics approach to patients.
2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria. (targets to be added).

Response: Criteria met



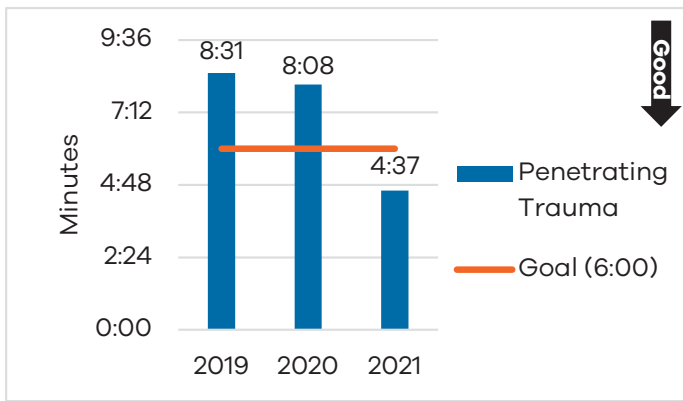
3. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response: Criteria met



4. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for penetrating trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response: Criteria met



Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition for long-term performance purposes and with appropriate identification of comparison date ranges and lags in comparison reporting.

Response:

Criteria disposition pending data availability.

Utstein	2019	2020	2021	Trend
Actual	34.8%	33.9%*		
*Data unavailable until after 4/30/2021				

5. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria by meeting the 9 minute ALS Response time of 90% from unit assigned to unit arrived.

Response: Criteria not met

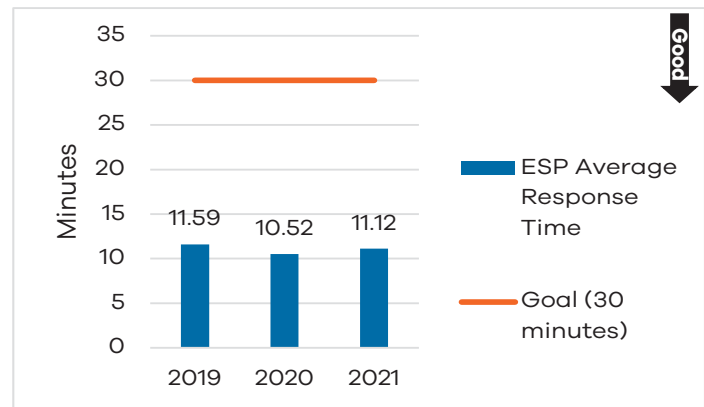
See A-2 1.4B section above for variance explanation and additional detail.

(vi) In support of the Denver Community Addictions Rehabilitation and Evaluation Services (CARES), the Emergency Services Patrol (ESP) will transport individuals experiencing substance misuse to the Denver CARES facility. If serious medical problems are evident, the client is taken by ambulance to Denver Health Medical Center. ESP van service will operate sixteen- hours/day seven days/week.

Response: Criteria met

(vii) An ESP average response time of 30 minutes or fewer 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. A goal of 30 minutes will be set for contract year 2021 based on available resources. Emergency Services Patrol:

- Average response time



Response: Criteria met

- Total calls for service
- Number of clients picked up per shift
- Number of shifts worked per month

Response: Criteria met

In 2021 DHPD prioritized staffing the 911 system during the system's busiest summer on record, which affected ESP response volume.

ESP Van Scheduled Shift Statistics	2019	2020	2021	Trend
Total Calls for Service	10,940	8,831	7,622	
Avg # Clients Transported per Shift	9	8	7	
Avg # Shifts Worked per Month	84	82	71	

(viii) Reporting – Performance reports will be analyzed continuously by the EMRS Analyst who will report to the members of the EMRS Advisory Committee at least bi-monthly regarding system performance. A system performance report will be made at least annually by the EMRS Advisory Committee to the leadership of the City and the Authority. The parties recognize that the tiered emergency response system at times may not meet one or more goals of the NFPA Standards. The parties understand and agree that coordination and cooperation will be needed to share data and provide system performance reporting.

1. 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.

2. 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 as an overall EMRS metric.



3. Exclusions – The count of excluded calls, by type, will be reported, in each report.

Response: Criteria met

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



09

A-3 Public Health Services



LIVING OUR VALUES: RELENTLESSNESS

NATHALIE SEOLDO HINMAN

Pharmacy Administrative Director Pharmacy

“Nathalie and her team secured critical medications and supplies with out-of-the-box thinking that was essential to our ability to care for the sickest COVID patients.”

Values Award Winner for Relentlessness



Appendix A-3 Public Health Services

1.4 Performance Criteria

A. 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:

Response: Criteria met

Annual report provided for the metrics listed below.

Public Health Services	2019	2020	2021	Trend
Immunization/Travel Clinic				
Total Immunization Visits with Outreach	10,565	9,267	8,652	
Total Vaccinations Provided	17,888	12,870	28,997*	
Infectious Disease Clinic				
Patient Encounters	12,094	11,384	11,171	
Dental Encounters	612	78	**	
Sexual Health Clinic				
Patient Encounters	15,206	12,332	15,399	
Tuberculosis Clinis				
New TB Cases	53	33	47	
Total TB Visits with Outreach	18,659	13,331	12,061	
Vital Records				
Birth and Death Certificates Registered	57,345	60,257	66,038	
*Increased volume due to COVID-19 vaccine administration				
**Dental Clinic closed in 2020 due to COVID-19. Patients are referred to Outpatient Medical Center Dental Clinic for care.				

B. The Authority will provide the following performance statistics which includes the goals and metrics for public health functions of DPH. The frequency of reporting is provided in the table. Metrics reported monthly will accompany the invoice.

Response: Criteria partially met

The following performance statistics were provided Monthly (N/A = statistics without goals):

Operating Agreement Monthly Measurements by Program 2021				
Program	Objective	Metric	YE Total	Result
ID-Clinic HIV	Ready access for patients	Number of in-clinic medical, psychiatric, and social work encounters provided (face-to-face or telehealth)	11,171	N/A



Operating Agreement Monthly Measurements by Program 2021				
Program	Objective	Metric	YE Total	Result
Immunization and Travel Clinic Vaccine-preventable infections	Ready access for residents and visitors of Denver to vaccines in clinical and community settings	Number of vaccines provided in the Immunization Clinic	11,858	N/A
		Number of vaccines provided in community settings (schools, Shots for Tots, and other community venues)	17,139	N/A
		Number of non-travel related in-clinic visits	7,746	N/A
		Number of unique patients seen in the Immunization Clinic	6,149	N/A
		Number of unique children immunized at outreaches	846	N/A
		Number of unique adults immunized in outreaches	9,136	N/A
	Provide travel-related evaluation and immunizations	Number of travel consults	905	N/A
		Number of travel vaccines administered in the clinic	1,164	N/A
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings	Care for possible sexually-transmitted diseases in the STD Clinic (annual goal = 10,500 visits)	15,399	✓
		Reproductive health services (family planning) in the STD Clinic (annual goal = 4,000 visits)	5,415	✓
		STD screening in community settings (annual goal = 2,000 visits)	307	✗
		Community-based testing suspended per mutual agreement with partner agencies due to COVID-19		
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis (annual goal = 80%)	93.5%	✓
	Provide HIV testing in clinical and community settings	Testing in the STD Clinic (annual goal= 5,500)	5,250	✗
		Due to COVID-19, the STD clinic switched to appointments only and is no longer seeing walk-ins which impacted visit volumes.		
TB Clinic	Provide tuberculosis (TB) testing, prevention, and treatment in Denver	Number of visits provided in community settings or outreach	6,221	N/A
		Number of total TB encounters (includes in-clinic or outreach)	12,061	N/A



Operating Agreement Monthly Measurements by Program 2021				
Program	Objective	Metric	YE Total	Result
Vital Records	Convenient access to birth and death certificates for Denver residents and visitors	Number of birth and death certificates issued for a paid fee	65,205	N/A
		Number of death certificates issued for a paid fee	26,563	N/A
		Number of birth and death certificates issued at no cost (Government Agency)	833	N/A
		Number of death certificates issued at no cost (Government Agency)	459	N/A
Epidemiology and Disease Investigation, Preparedness and Response	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable conditions in Denver County residents and visitors Report to CDPHE within appropriate timeframes	Percentage of FoodNet case reports entered into CEDRS within 5 business days after each interview or chart review completion	0%	N/A
		CDPHE took over all non COVID-19 related disease investigation for Denver after March 2020. Disease investigation was transferred to DDPHE in Q4 2021.		
		Number of animal bite reports requiring follow-up of victims, number requiring post-exposure rabies prophylaxis	231	N/A
	Develop and provide high quality monitoring and outbreak data to DDPHE and stakeholders	Reporting transferred to DDPHE in Q4 2021		
		Number of reportable illnesses assigned to and managed by DPH in CEDRS	0	N/A
		CDPHE took over all non COVID-19 related disease investigation for Denver after March 2020. Disease investigation was transferred to DDPHE in Q4 2021.		

Response: Criteria met

The following performance statistics were provided Quarterly (N/A = statistics without goals):

Operating Agreement Quarterly Measurements by Program 2021							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Provide treatment for persons with HIV disease in Denver	Number of unique patients seen with HIV (annual goal = 900)	972	1071	1077	968	✓
		Percent of ID Clinic patients with a viral load < 200 copies (annual goal = 90%)	90%	91%	90%	91%	✓
		Percent of ID Clinic patients who are immune to Hepatitis A or who have been vaccinated (annual goal = 90%)	93%	93%	93%	92%	✓



Operating Agreement Quarterly Measurements by Program 2021							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Provide evaluation and treatment of Hepatitis C for persons in Denver	Number of persons who complete treatment for Hepatitis C in the ID Clinic (annual goal = 100)	89	95	67	67	✓
Immunization and Travel Clinic Vaccine-preventable infections	Provide technical assistance to child daycare centers on improving vaccine coverage	Number of site visits to child daycare centers	0	10	13	10	N/A
		Number of trainings	0	0	0	0	N/A
		Training activities suspended per mutual agreement between DPH and DDPHE due to COVID-19					
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Access to pre-exposure prophylaxis	Number of persons started on PrEP in STD clinic (annual goal = 300)	131	149	165	135	✓
	Provide testing for Hepatitis C among persons at increased risk in the STD Clinic	Number of persons tested for Hepatitis C (annual goal = 1,600 tests)	401	487	763	1084	✓
Epidemiology and Disease Investigation, Preparedness and Response	Respond to data or analytic requests from DDPHE	Percentage of DDPHE request resolved within 60 days	100%	100%	100%	100%	N/A
	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable conditions in Denver County residents and visitors Report to CDPHE within appropriate timeframes.	Number and description of required case interviews and a general report on the outcome of investigation	0	0	0	0	N/A
CDPHE took over all non COVID-19 related disease investigation for Denver after March 2020. Disease investigation was transferred to DDPHE in Q4 2021.							



Operating Agreement Quarterly Measurements by Program 2021							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
Public Health Infrastructure	DDPHE Joint action planning	Communicate progress within point performance management system	Successful	Successful	Successful	Successful	N/A
Public Health Informatics	Provide Geographic Information Systems (GIS) expertise to produce maps and geospatial analysis at the request of the City.	Number of GIS maps for Public Health issues	254	172	144	168	N/A

Response: Criteria met

The following performance statistics were provided Semi-Annually (N/A = statistics without goals):

Operating Agreement Semi-Annual Measurements by Program 2021					
Program	Objective	Metric	6/30/2021	12/31/2021	Result
TB Clinic	Prevent TB in Denver	Number of new TB cases	19	28	N/A
		Completion of treatment within 12 months (goal ≥95%)	96%	100%	✓
	Provide evaluation and treatment of persons with latent TB in Denver	Contacts to active TB cases with newly diagnosed latent TB who start treatment (goal >90%)	91%	100%	✓
		Completion of treatment of latent TB among close contacts to active cases of smear-positive pulmonary TB (goal >80%)	100%	80%	✓



Response: Criteria partially met

The following performance statistics were provided Annually (N/A = statistics without goals):

Operating Agreement Annual Measurements by Program 2021				
Program	Objective	Metric	2021	Result
Immunization and Travel Clinic Vaccine-preventable infections	Assess risks for vaccine preventable infections in Denver	Review of opportunities to decrease vaccine-preventable infections in Denver	Completed assessment work related to the HPV vaccine and MMR for 4–6-year-olds and continued efforts to increase flu and COVID-19 vaccinations in the community.	N/A
	STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Perform culture and antimicrobial resistance testing on 360 gonorrhea isolates annually	618	✓
Epidemiology and Disease Investigation, Preparedness and Response	Produce or maintain health assessment resources (e.g., online health assessment dashboard, focused health assessment reports)	Health assessment dashboard updated	Complete. DDPHE using software (My Sidewalk) to display health assessment data and progress on health improvement plan.	N/A
		Number of focused assessment reports produced	0	N/A
	Develop and maintain efficient outbreak response data tools that integrate clinical data, disease reports, and outbreak related data collection	Number of outbreaks involving Denver residents listed by pathogen.	DPH team participated in 387 outbreaks of COVID-19.	N/A
		CDPHE took over all non COVID-19 related disease investigation for Denver after March 2020. Disease investigation was transferred to DDPHE in Q4 2021.		
	Curate monitored data to annually produce information that tracks progress on community health improvement plan	Data for the CHIP annual report	The MySidewalk website for Community Health Assessment (launched 2020) provides an easily-updatable data source of collaboratively defined data points.	N/A
	Provide staffing as public health technical specialists and ICS positions including an agency representative in the Joint Public Health and Environment Department Operations Center (DOC)	Number of exercises/trainings attended per calendar year	0	N/A
		There were no planned exercises in 2021 due to COVID-19. Large numbers of just-in-time trainings were provided for specific DPH Agency roles and functions related to the COVID-19 response.		
		Number of actual DOC activations responded to per calendar year	1	N/A
		DPH supported the COVID-19 DOC.		
		Number of staff provided to DOC per activation	1	N/A
	Ensure DPH participation in ICS training and exercises/drills	Percentage of DPH personnel with emergency preparedness functions with complete ICS training profile at end of calendar year	N/A	N/A
		Number of staff that actively participate in exercises/drills per calendar year	0	N/A



Operating Agreement Annual Measurements by Program 2021				
Program	Objective	Metric	2021	Result
Epidemiology and Disease Investigation, Preparedness and Response	Ensure DPH participation in ICS training and exercises/drills	All preparedness activities were transferred to DDPHE at the start of Q3 2021 and no exercises were held due to COVID-19 restraints.		
	Serve as the coordinator for development and distribution of Denver Health Alert Notifications (DHANs)	Number of DHANs distributed per calendar year	30	N/A
	Work transferred from DPH to DDPHE in October 2021			
	Serve as the manager of special projects-Epidemiology Surveillance and Reporting Tool (ESRT), National Syndromic Surveillance Program (NSSP)	Number of trainings for NSSP database provided to DPH and other LPHA disease investigation staff and response partners per calendar year	1 DPH employee trained. 2 DDPHE employees were set up with accounts.	N/A
		Number of Syndromic Surveillance ILI reports provided to DDPHE or DOC/EOC	Minimal flu was seen during the 2020-2021 flu season. No reports generated.	N/A
Public Health Infrastructure	Serve as Medical Officer for DDPHE	24/7 availability of the Medical Officer or designate (a physician with public health expertise)	Complete	N/A
	Support maintenance of public health accreditation and pursuit of reaccreditation	Update/create documents for prioritized domains	Complete	N/A
	DPH provided documentation for Domains 1, 2, 7. Transition of domain 3 and 10 ownership was approved by DDPHE.			
		Implement improvements based on PHAB feedback from the annual report	Annual report and feedback was mostly (95%) specific to DDPHE operation	N/A
		Completion of the annual report (goal = March 31, 2021)	Complete	✓
	Provided project management, collected and submitted example evidence of DPH progress in all PHAB report areas (e.g. MDPH, HEAT Team, EPI/DSI work in COVID-19 response.)			
	DDPHE Joint action planning	Completion of annual joint planning activities	N/A	✗
	Not done due to COVID-19 priorities			
		Completion of a roadmap to conduct joint strategic planning	N/A	✗
	Work not done due to COVID-19 priorities			
		Conduct regular Operations Committee meetings	Complete	✓
		Identify two program priority areas to enhance coordination of efforts	N/A	✗
	Not done due to COVID-19 priorities			
		Draft action plans for the two program priority areas	N/A	✗
	Not done due to COVID-19 priorities			



Operating Agreement Annual Measurements by Program 2021				
Program	Objective	Metric	2021	Result
Public Health Infrastructure	Distribute joint communications that share health data and information about the City and County of Denver	Number of joint reports published	COVID-19 data were shared/referenced on both DDPHE and DPH websites for Denver County. Updates on the DPH site were made twice each week.	N/A
Public Health Informatics	Provide data extraction and reporting expertise to support periodic community health assessments for the City and County of Denver	Number of data analytic products performed	The MySidewalk website for Community Health Assessment (launched 2020) provides an easily updatable data source of collaboratively defined data	N/A

C. DDPHE and DPH collaborate to produce the deliverables associated with the CHIP and CHA. *Be Healthy Denver* activities include completion and dissemination of the 2019-2023 CHIP and preparation for the 2020 Community Health Assessment. All work products shall be approved by the department directors. Final approval of all CHIP and CHA work product rests with DDPHE per section 1.1 (b), above.

Response: Criteria met

DDPHE now using software (My Sidewalk) to display health assessment data and progress on health improvement plan.

D. DPH will in collaboration with DDPHE create an environment that is responsive to information requests of the City's residents, visitors, and City leaders. The informatics and epidemiology groups will respond to data requests submitted by DDPHE staff using the cross-agency data request protocol that support data-driven decision making.

Response: Criteria met

Throughout the COVID-19 pandemic response during 2021, DPH provided timely and responsive follow-up to requests for data, analyses, and visualizations that informed the collective public health response for Denver. DPH had a data monitoring team which addressed the requests made and provided weekly updates which were shared with DDPHE. During the transition of COVID-19 reporting responsibilities from DPH to DDPHE, DPH held several meetings with DDPHE staff to provide technical assistance on the COVID-19 data acquisition, aggregation, and visualization processes. Summarized data files being used for visualization were shared with DDPHE so that they could utilize them when the responsibility was transferred to DDPHE. DPH responded timely to numerous COVID-19 data requests from City leaders, DDPHE staff, and Denver residents.

E. Public Health Emergency Preparedness Deliverables Include:

- (i) The City and DPH agree that one emergency response plan is best for public safety, and will continue to work to consolidate emergency response plans and annexes.
- (ii) DPH will continue to provide advice on medical aspects of emergency management and preparedness, and retain the role of Public Health Medical Director. The City will make the final determination on all emergency response measures.

Response: Criteria met

Much of 2021 was spent with activation of the DDPHE Joint Public and Environmental Health Department Operations Center (DOC) for the COVID-19 response. As per the OA, DPH led the case investigation, data management, and monitoring of the epidemic in Denver from January through September of 2021, with support from DDPHE. Official oversight and enforcement of public health orders was led by DDPHE, and coordination was required for issuing isolation orders to persons who had tested positive for COVID-19. DPH provided notifications to DDPHE about cases in workplaces, long term care facilities, jails, and among persons experiencing homelessness to facilitate field work inspections and issuance of public health orders as appropriate. Outbreaks at facilities were managed co-jointly by DDPHE and DPH staff. Through September of 2021, DPH continued to designate the Medical Director of Epidemiology, Data Science and Informatics to serve in the position as DPH liaison to work directly with the DDPHE DOC.

DPH continued to provide 24/7 Medical Officer service and also served as the Healthcare and Hospital Branch Director position in the City Emergency Operations Center



A woman with long dark hair, wearing a blue V-neck scrub top and a yellow surgical mask, is focused on her work. She is using a small tool to handle white pills in a blue pill tray. A large white pill bottle is in the foreground, slightly out of focus. The background is a soft-focus clinical or pharmacy environment.

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**A-4 Denver
Community
Addiction
Rehabilitation and
Evaluation Services
(CARES)**



Appendix A-4 Denver Community Addictions Rehabilitation and Evaluation Services (CARES)

1.4 Performance Criteria

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

Response: Criteria met

Denver CARES offers pregnancy testing at no cost to all female patients of child-bearing age. In 2021 there was one positive pregnancy test and the patient was referred to Denver Health's Women's Services.

Pregnancy Testing	2019	2020	2021	Trend
# Women of Child-Bearing Age	1,604	854	1,248	
# Pregnancy Tests Provided	24	33	14	
% of the women of child-bearing age utilizing the services of Denver CARES were offered a pregnancy test	100%	100%	100%	
% Women Who Received Pregnancy Test	1%	4%	1%	
# Positive Results	1	1	1	
% Positive Tests	4%	3%	7%	

B. The Authority will provide an annual report by May 1st 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:

Detoxification: Average Daily Census

- Number of clients admitted more than one time for the program year
- Number of admissions of clients experiencing homelessness
- Number of clients who did not pay any charges

due for services rendered.

- Number of referrals not admitted.
- Number of clients admitted for the first time
- Number of clients referred with a DUI
- Number of client to staff and client to client assaults

Response: Criteria met

See table below for details:

The Authority will provide a quarterly report to the City in an agreed upon format, which indicates the amount of year-to-date expenses and revenues for Denver CARES by the 15th day of the month following the end of the quarter after the end of the reporting period.

The report will also include the following metrics:

- Number of clients admitted more than once for the program year
- Number of total clients seen in the program year
- Number of unanticipated or negative events (seizures, assaults, and serious injuries)
- Standard demographics on clients seen in program year (age, gender, race/ethnicity, housing status, and Medicaid status)

Response: Criteria met

See table on the following page. The Denver Health Finance Department provided regular quarterly reports to the City with year-to-date expenses and revenues.

Detoxification Program	2019	2020	2021	Trend
Detoxification: Average Daily Census	96	65	64	
Number of clients admitted more than one time for the program year	2,878	1,738	5,949	
Number of admissions of clients experiencing homelessness	22,825	13,629	2,160	
Number of clients who did not pay any charges due for services rendered	995	391	7,158	
Number of referrals not admitted	771	484	535	
Number of clients admitted for the first time	4,031	1,916	2,982	
Number of clients referred with a DUI	289	350	204	
Number of client to staff assaults	10	19	10	
Number of client to client assaults	16	17	2	



Denver CARES Services	Q1 2021	Q2 2021	Q3 2021	Q4 2021	EOY 2021
Number of clients admitted more than once for the program year.	1362	1553	1542	1492	5949
Number of total clients seen in the program year	1696	1751	1698	1668	6813
Number of Seizures	12	4	4	7	27
Number of Serious Injuries	8	5	5	8	26
Number of assaults to staff	2	3	1	4	10
Number of assaults to clients	0	0	1	1	2
Demographics of clients seen in program year	Q1 2021	Q2 2021	Q3 2021	Q4 2021	EOY 2021
Age					
18-29	356	423	442	420	1641
30-39	478	485	525	506	1994
40-49	352	312	293	312	1269
50-59	333	329	300	282	1244
60+	177	202	138	148	665
Gender					
Male	1288	1353	1326	1285	5252
Female	402	396	364	380	1542
Unknown	6	2	8	3	19
Race					
White or Caucasian	1029	1047	1066	1101	4243
Black or African American	261	268	243	240	1012
Unknown	170	147	94	0	411
Other	137	192	212	247	788
American Indian or Alaska Native	69	65	54	57	245
Decline to Answer	30	32	29	23	114
Ethnicity*					
Not Hispanic, Latino/a, or Spanish Origin	1090	1122	1109	1104	4425
Hispanic, Latino/a, or Spanish Origin	349	482	474	448	1753
Unknown	196	147	115	0	458
Mexican, Mexican American, or Chicano/a	61	0	0	1	62
Housing Status					
Homeless	638	547	476	499	2160
Not Homeless	1058	1204	1222	1169	4653
Medicaid Status					
Have Medicaid	1066	1068	961	962	4057
Don't have Medicaid	630	683	737	706	2756
*Clients may identify more than one ethnicity, resulting in higher total client count by ethnicity					



11

A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates

THE  OF
DENVER
HEALTH

LIVING OUR TRUE NORTH VALUES

SHARIF ABDELHAMID

Director of Patient Experience and Advocacy
Patient Experience Department

“Sharif is relentless in creating a diverse, equitable and inclusive experience for our patients while making sure we keep the best environment for our staff.”

Sharif's Values Award Nomination for True North



Appendix A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates at Denver Health and Hospital Authority

1.6 Performance Criteria and Reports

A. The Correctional Care Medical Facility (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: Criteria met

The CCMF follows all Denver Health policies and procedures aligning with the regulations of Denver Health's accreditation by the Joint Commission on Accreditation of Healthcare Organizations. CCMF continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 20 beds (including 1 dedicated psychiatric observation room), five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated 6 room outpatient area are some of the key features of this facility. It is expandable to more than 24 beds if the need arises.

CCMF Services	2019	2020	2021	Trend
Discharges				
Denver	608	304	304	
All Jurisdictions	789	507	522	
Total Hospital Days				
Denver	1,531	1,081	1,262	
All Jurisdictions	2,188	2,031	2,220	
Average Length of Stay				
Denver	4.0	3.5	5.0	
All Jurisdictions	3.9	3.9	4.0	
CCMF Outpatient Clinic Visits				
Denver	4,447	707	831	
All Jurisdictions	5,170	3,060	2,891	
Denver Jail Patients Seen in ED				
	3,487	1,942	1,903	

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

- (i) a daily census report for all inpatients at CCMF or at Denver Health Medical Center (DHMC);
- (ii) within sixty (60) days, monthly patient data including the patient name, medical record number, total length of stay, admit and

- discharge dates, the Authority charges, City Cost, patient DOB, split billing information;
- (iii) within sixty (60) days, monthly reports including ambulance, facility and physician billing;
- (iv) within sixty (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 sixty (60) days, a monthly A-6 report and B-3 report as agreed upon by the City and the Authority.

Response: Criteria met

All above listed reports were submitted to the City within required timelines.

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: Criteria met

During 2021, the Authority 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 City and the Authority.

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 fifteen (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 (3) days of the Sheriff's or his/her 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: Criteria met

The City is notified monthly of all denials related to third-party payments. Where there are concerns,



these concerns are resolved in accordance with the language outlined above.

E. Upon completion of providing patient care services to the City and County of Denver arrestees, pretrial detainees and inmate population, it is agreed that the Authority will notify the Sheriff's Department of the final medical disposition at which time the Sheriff's Department shall arrange for transport of the detainee or inmate within the agreed upon median target of 60 minutes.

Response: Criteria met

See table below for details.

Sheriff Department Median Time to Transport (Minutes)				
From Emergency Department	2019	2020	2021	Trend
Actual	41	41	42	
Target	60	60	50	



A photograph of a medical professional, likely a doctor, wearing a white lab coat and a black face mask, leaning over and talking to a male patient. The patient is sitting, smiling, and wearing a grey sweater. The background shows a clinical setting with light-colored cabinets.

12

A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey



Appendix A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey

1.3 Performance Criteria

A. The Health Plan will meet all Performance Standards defined in the annual contract.

Response: Criteria met

At the request of the City and County of Denver, DHMP provided quarterly utilization and cost reports including data on:

- Enrollment
- Medical Claims
- Pharmacy Claims

Refer to table below for key performance metrics for the 2021 performance period.

DHMP City of Denver Reporting Package		
Enrollment		
	Total Members	Total Subscribers
Enrollment Snapshot by Group, Plan and Tier (December 2021)	1102	714
Summary: 66% of members were enrolled on the HDHP: 66% CSA, 61% DERP, 75% DPPA		
	DHMO	HDHP
Monthly Subscribers by Plan (December 2021)	253	461
Summary: HMO enrollment is relatively stable throughout the year. HDHP enrollment is higher and relatively stable throughout the year.		
	DHMO	HDHP
Monthly Enroll Change by Plan (January 2021 Open Enrollment)	-7	-61
Summary: Large decrease in enrollees for OE 2021 offset by membership growth throughout the year.		
Medical Claims		
	DHMO	HDHP
Medical Paid Claims by Month (December 2021)	\$855.08	\$446.14
Summary: As expected, the HDHP PMPM is significantly lower than the HMO PMPM by 51%. Spike in medical claims from August to October related to surge in COVID-19 over that period.		
	Total Paid	
Top 5 DRG for Inpatient Claims (December 2021)	\$1,761,795.00	
Summary: The highest cost DRGs do not change much year over year. Respiratory and Circulatory DRGs remain in the top five. Musculoskeletal DRGs dropped out of the tops five in 2021, replaced by Pregnancy and Childbirth DRGs.		



DHMP City of Denver Reporting Package

Medical Claims

	DHMO Avg Enrolled Members	DHMO Unique Visits	HDHP Avg Enrolled Members	HDHP Unique Visits
Preventive Visit Summary (December 2021)	342	81	777	157

Summary: Lower rates of preventive care services were seen in 2021 than in 2020. There is relatively low preventive utilization among Subscribers and Spouses, and as expected, there is higher preventive utilization with Dependents overall (but notably low on the HDHP plan). In 2021, there was low utilization of preventive care from non-DH providers, reflecting the change to the DH network only on the DHMP Elevate City plans.

	Denver Health (Inpatient)		Outside Denver Health (Inpatient)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
Inpatient Incurred by DH/Non-DH (December 2021)	\$115,667/ \$28.21	\$258,046/ \$29.90	\$706,275/ \$172.26	\$164,967/ \$19.12

Summary: Inpatient claims at DH were much lower than in 2020 for both the HMO and HDHP, due to the DH network only and to capitation. Non-DH inpatient claims were significantly higher than the DH claims, due primarily to the COVID-19 surge and to an expanded network.

	Denver Health (Outpatient)		Outside Denver Health (Outpatient)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
Outpatient Incurred by DH/Non-DH (December 2021)	\$915,640/ \$223.33	\$959,125/ \$80.43	\$262,149/ \$63.94	\$170,850/ \$19.80

Summary: Utilization remains high at DH. HDHP has moved back to Denver Health network. Claims amounts and PMPMs reflect migration to DH for outpatient care.

	Denver Health (Emergency Room)		Outside Denver Health (Emergency Room)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
ER Incurred by DH/Non-DH (December 2021)	\$103,344/ \$25.21	\$113,737/ \$13.18	\$240,329/ \$58.62	\$152,414/ \$17.66

Summary: ER care is obtained at more non-DH facilities (ER services are covered anywhere in the US). Relative cost of ER care is less at DH than non-DH providers.



DHMP City of Denver Reporting Package

Medical Claims

	Denver Health (Urgent Care)		Outside Denver Health (Urgent Care)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
Urgent Care Incurred by DH/Non-DH (December 2021)	\$32,154/\$7.84	\$37,196/\$4.31	\$7,204/\$1.76	\$16,189/\$1.88

Summary: More Urgent Care was provided at DH vs non-DH for HMO members (Urgent Care services are covered anywhere in the US).

	2019	2020	2021
Top 10 Member Totals by Paid Amount (# Claims >\$100K)	5	10	5
Summary: In 2021, members accrued claims costs of care over \$100K were more comparable to 2019 volume.			

Pharmacy Claims

	DHMO	HDHP
Pharmacy Claims by Month (December 2021)	\$105.38	\$47.49
Summary: DHMO: Large volatility and trending upwards. PY 2021 markedly higher than PY 2020 HDHP: Mildly cyclical, relatively flat over two years.		

	2019	2020	2021
Top 10 Paid Drugs (Total \$)	\$518,730	\$825,855	\$690,315
Summary: Antivirals remains the top category over three years.			

	2019	2020	2021
Top 10 Utilized Drugs (Total Days Supply Prescribed)	\$275,159	\$280,111	\$225,168
Summary: Decrease in 2021 of total days supply of prescribed drugs. Relatively similar distribution of drug classes.			

	DHMO Fills	HDHP Fills
Pharmacy Utilization by Tier (December 2021)	3196	4272
Summary: Both DHMP and HDHP members have decreased utilization of generic drugs and increased utilization of non-preferred brand drugs.		

	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Cost	Non-DH Pharmacy Cost
Pharmacy Utilization - Total (December 2021)	4966	2502	\$529,246	\$211,622

Summary: More utilization of DH Pharmacy in 2021 relative to other years, although overall decrease.



DHMP City of Denver Reporting Package

Pharmacy Claims

	DHMO Plan		HDHP Plan	
	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Fills	Non-DH Pharmacy Fills
Pharmacy Trends - Generic Fills (December 2021)	160	75	177	88

Summary: 2021 is closer in experience to 2019. 2020 COVID Pandemic impacts are notable.

2021 new plans on DH Network. HDHP fills at Non-DH pharmacies markedly decrease in 2021, HMO relatively the same.

	DHMO Plan		HDHP Plan	
	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Fills	Non-DH Pharmacy Fills
Pharmacy Trends - Brand Fills (December 2021)	44	23	59	29

Summary: HMO relatively flat over 3 years, notable decrease during 2020 pandemic.

HDHP brand usage increasing steadily.

B. Health Employer Data Information Set, National Center for Quality Assurance standards will be used to define the Performance Standards above.

Response:

Beginning with 2020 per mutual agreement, the HEDIS reporting and performance guarantees were retired.

1.4 The Authority - City Employee Healthcare Opinion Survey.

A. The Authority and the City agree that the Authority's Marketing and Public Relations Department will coordinate with the City's Executive Director of the Office of Human Resources to conduct a Denver City Employee Healthcare Opinion Survey ("Survey").

B. The Survey may be conducted periodically but no more than every two years with the next survey scheduled for 2021. Denver Health will provide a copy of the Survey to the City's Executive Director of the Office of Human Resources. The Executive Director has the right to review and approve the timing of publication and content design of the Survey prior to publication for coordination with other employee surveys.

C. Once the Survey is pre-approved by the Executive Director of the Office of Human Resources, the Authority will provide a link to the Survey for

publication in the City's Employee Bulletin or, if the Bulletin is no longer available, within the City's regular electronic employee communication. The survey link will be made available to employees for up to two consecutive weeks.

D. The Survey content shall be designed and prepared by Denver Health at Denver Health's sole cost and expense. The survey will be conducted and programmed by a market research organization selected and paid for by the Authority. The Survey results shall be considered proprietary and confidential to the Authority. The Authority will share an executive summary of the Survey results with the City upon request.

Response:

Beginning with 2020, per mutual agreement the CAHPS reporting and performance guarantees were retired.



A portrait of Amber Lemons, a woman with blonde hair, smiling. She is wearing a light blue patterned top. The background is a warm, out-of-focus orange-brown.

13

A-8 Rocky Mountain Poison and Drug Safety Services

The Denver Health logo, featuring a stylized heart shape with a mountain peak and a star inside.

THE OF
DENVER
HEALTH

LIVING OUR VALUES: LEARNING

AMBER LEMONS

Pharmacist – Behavioral Health
Pharmacy

“Amber has not only been an amazing advocate for our pharmacy student learners – she has also greatly enhanced Denver Health’s pharmacy student program. When one of our local pharmacy schools was in desperate need, Amber matched all of our slots, allowing every student to get the experience required to graduate on time.”

Amber’s Values Award Nomination for Learning



Appendix A-8 Rocky Mountain Poison and Drug Safety Services

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: Criteria met

Telephone lines were answered within five rings. The Rocky Mountain Poison and Drug Safety (RMPDS) 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: Criteria met

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

Response: Criteria met

RMPDS was re-certified in 2017 by the American Association of Poison Control Centers. The current certification is effective through 2022.

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

Response: Criteria met

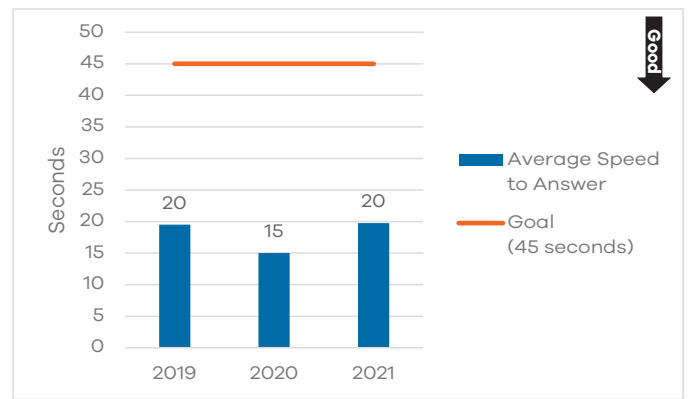
In 2021, RMPDS distributed 1,000 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. Requests for public education pieces were limited due to COVID-19. RMPDS maintains the Colorado Poison Center website (www.copoisoncenter.org), that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting).

Public Information Materials	2019	2020	2021	Trend
Pieces Distributed	3,543	1,325	1,000	

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

Response: Criteria met

RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 365 days per year.



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

Response: Criteria met

RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 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

Response: Criteria met

See table below for details.

Call Volume	2019	2020	2021	Trend
Poison Center ¹				
Denver	4,772	5,218	4,379	
State	35,065	35,482	33,032	
Drug Consultation Center ^{2,3}				
Denver	226	188	169	
State	68,507	61,129	47,244	

¹ Includes poison center calls and public health emergency service calls
² State totals combine Denver County, Colorado and out-of-state calls and electronic inquiries
³ Client base changes annually

Call Volume Trends Analysis:

In 2021, the total Denver & Colorado calls to the Poison Center returned to a pre-COVID normalization more consistent to volumes experienced in 2018 and 2019.



Suicide gestures/attempts by drug overdose reported the Poison Center have gradually increased in the past 3 years. There were 10 deaths in 2021 which is a 233% increase when compared to 2019 (3 reported) and an 11% increase over 2020 (9 reported). Case severity continues to rise. When compared to 2020 reported case volume, cases with major (life-threatening) medical outcomes increased by 16.7% (67 reported), and cases marked with a “moderate” medical outcome increased by 2% (351 reported). Straightforward cases marked with a “minor medical outcome” or No Effect decreased by 3.26% over the prior year (1,983 reported) implying that our poison center is managing more complicated or serious exposures and less exposures with minimal clinical effects. In summary, despite the slight decrease in overall call volume, the trend of case complexity continues to rise. This parallels national poison center patterns.

In 2021 we continue to meet the preferences of the community by supporting an omni-channel platform (webchat, text-to-chat, and email). This year, the Poison Center expanded this platform to include outbound text message follow-up. Since April of 2021, the Poison Center has sent 2,717 outbound texts (SMS) follow-up messages (not captured in 2021

volume report) that include post exposure reference information.

Drug Consultation Center total volumes for Denver have slightly decreased over the last year; due to promoting the service to both NurseLine and Poison Center for inquiries related to safe use of pharmaceuticals. Additional volumes can be realized by promoting the phone line to city agencies that frequently get such request for information and RMPDS would like to further that during 2022 in conjunction with DDPHE.

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 RMPDS by the forty-fifth (45th) day after the end of the reporting period.

Response: Criteria met

See table below for details.

H. Requests for consultation services to City and County of Denver regulatory agencies will be responded to within 48 business hours.

Response: Criteria met

**2021 Quarterly Denver Health Rocky Mountain Poison and Drug Safety Services (A-8)
Providing Drug Consultation Services for the City and County of Denver**

Drug Consultation Center Program (A-8 Program)	1Q2021	2Q2021	3Q2021	4Q2021	2021 Total	2020 Total	2019 Total
Denver Drug Consultation Line Case Volume	35	49	59	26	169	188	226
All Other Drug Center Client Case Volume	10,398	11,489	15,095	10,262	47,244	61,129	68,507
Total Drug Center Cases	10,433	11,538	15,154	10,288	47,413	61,317	68,733
Other RMPDC Services Benefitting Denver Residents							
Poison Center ¹ Cases from Denver county (answering calls 24/7/365 within 6 rings ²)	1,051	1,144	1,271	913	4,379	5,218	4,772
All other Medical Triage Cases (DH Patients who live in the City)	0	0	0	0	0	0	0
Poison Center ¹ Cases from All Others (only Colorado calls)	7,467	8,564	8,571	8,430	33,032	35,482	35,065
Poison Center ¹ Public Education Pieces (English or Spanish) Distributed to Denver County	0	0	0	1,000	1,000	1,325	3,543
¹ Poison Center is certified by American Association of Poison Control Centers through 2022							
² Poison Center physician escalations occur within 10 minutes							
A-8 Program Contact Center Full-Time Equivalents							
Hours of Operation - Answering Calls 24/7/365	2,184	2,184	2,208	2,208	8,784	8,784	8,760
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	1.20	1.20	1.20
A-8 Program Expenses							
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 160,493	\$ 160,493	\$ 160,493	\$ 160,493	\$ 641,972	\$ 116,157	\$ 113,235
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 40,123	\$ 40,123	\$ 40,123	\$ 40,123	\$ 160,493	\$ 139,388	\$ 135,660
Telephone Line Cost (for 303-389-1112)	\$ 195	\$ 195	\$ 195	\$ 195	\$ 780	\$ 780	\$ 780
DrugDex Software License	\$ 800	\$ 800	\$ 800	\$ 800	\$ 3,200	\$ 3,200	\$ 3,200
Total Drug Consultation Program Cost	\$ 41,118	\$ 41,118	\$ 41,118	\$ 41,118	\$ 164,473	\$ 143,370	\$ 139,640
Collected Revenue Per the City Operating Agreement	\$ 24,225	\$ 24,225	\$ 24,225	\$ 24,225	\$ 96,900	\$ 96,900	\$ 96,900
Variance (Discounted Amount)	\$ (16,893)	\$ (16,893)	\$ (16,893)	\$ (16,893)	\$ (67,573)	\$ (46,470)	\$ (42,739)
% Variance (Discount)	41%	41%	41%	41%	41%	32%	31%



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A-9 Clinical and Laboratory Services for the City's Department of Public Health & Environment





Appendix A-9 Clinical and Laboratory Services for the City's Department Environmental Health.

1.4 Specific Time Frame for Performance; Performance Criteria and Laboratory Report Delivery.

Clinical and Laboratory Services for the City are a Core Service as defined in the Operating Agreement.

A. The Authority's Department of Pathology and Laboratory Services (DPLS) shall provide service 24-hours per day, seven days per week. DPLS agrees to render Laboratory Services for the patients of the City in accordance with orders given by the physicians treating the patient.

Response: Criteria met

DPLS provided all laboratory services 24 hours per day, seven days per week, and in accordance with orders given by the physicians treating the patient.

B. DPLS shall use reasonable efforts to complete tests within stated expected turnaround times (TAT) following receipt of the specimen and the requisition. In general, TAT should be no more than four (4) days following receipt of the specimen and the requisition, unless the test is esoteric, anatomic pathology, molecular diagnostic testing, or a microbiology test which requires longer turnaround. DPLS pricing and TAT for 2021 has been distributed and accepted by the City.

Response: Criteria met

98% of all test results were resulted (reported) within their established turnaround times as stated by the laboratory. All turnaround times were met within 24-72 hours except for specialized tests performed at DPLS or tests that were sent to reference laboratories (as noted above).

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

Response: Criteria met

Turnaround times were met for 99.5% of routine histology slides being available within 5 days.

D. DPLS agrees to deliver a copy of the laboratory report in a timely manner and per the hospital laboratory TATs. The laboratory test report will include at a minimum: patient's name, date of test, test name, test result, normal values, laboratory name and address. DPLS agrees to make all records on the City patients to whom DPLS has rendered services available for the City upon request.

Response: Criteria met

Copies of laboratory reports were provided upon request according to the specifications noted and in a timely manner.

E. 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: Criteria met

There were no incidents in which DPLS was notified of time-sensitive testing requirements by the Office of the Medical Examiner or another affected City agency.

F. 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: Criteria met

There were no incidents in which DPLS needed to notify the Office of the Medical Examiner or another affected City agency of any situations where TATs could not be met.

G. All concerns or complaints regarding laboratory services shall be directed to the Director of DPLS.

Response: Criteria met

The Director of DPLS was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2021.

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

Response: Criteria met

In 2021, the laboratory utilized the updated fee schedule which is available upon request. Fees created using CMS reimbursement resulted in both increases and decreases in lab pricing and additional options, including testing for COVID-19, were included in the 2021 version.

15

**B-1 Center for
Occupational
Safety and
Health (COSH)
and Worker's
Compensation
Triage Line
(OUCH Line)**

THE  OF
DENVER
HEALTH

LIVING OUR VALUES: COMPASSION

**SONIA
PETERSON**

Pharmacist – Pediatric Pharmacy

“Sonia always exhibits exemplary compassion and care towards everyone – patients, families and co-workers. She often spends extra time with patients and families to complete medication teachings and is a role model for compassionate care.”

Values Award Winner for Compassion



Appendix B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

1.6 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-1. 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

Response: Criteria met

See table below for details.

Center for Occupational Safety & Health (City Only)	2019	2020	2021	Trend
Workers' Compensation Encounters	2,564	3,732	3,913	
Initial Visits (new workers' comp cases)	609	733	621	
Follow-up Visits (workers' comp)	1,955	2,400	2,387	
Emergency Room Visits (CSA only)	218	258	122	
Referrals	794*	1,116	1,293	
* an approximation - the system CCD used for referrals (OscarLink) was suspended July 2019				

Worker's Compensation Encounters:

- Average time from initial treatment to maximum medical improvement (MMI)

Response: Criteria met

See table for details.

Body Part		2019	2020	2021	Trend
		(Reported in Days)			
Abdomen	Average	24	80	61	
	Median	7	80	61	
Ankle	Average	50	38	35	
	Median	26	24	25	
Arm	Average	26	31	36	
	Median	6	17	5	
Back	Average	60	63	54	
	Median	43	43	36	
Chest	Average	20	47	17	
	Median	4	4	12	
Chin	Average	N/A	6	N/A	
	Median	N/A	6	N/A	
Ear	Average	6	43	4	
	Median	6	30	4	
Elbow	Average	75	87	54	
	Median	63	69	30	
Eye	Average	12	14	10	
	Median	10	5	3	
Face	Average	5	57	9	
	Median	5	57	5	
Finger	Average	43	26	42	
	Median	7	14	15	
Foot	Average	67	34	51	
	Median	55	36	37	
Forearm	Average	N/A	87	8	
	Median	N/A	4	8	
Forehead	Average	11	9	N/A	
	Median	11	9	N/A	
Genitals	Average	N/A	124	N/A	
	Median	N/A	124	N/A	
Groin	Average	62	87	90	
	Median	62	71	74	
Hand	Average	24	37	32	
	Median	13	8	15	
Head	Average	19	46	31	
	Median	7	10	13	
Heart	Average	N/A	N/A	2	
	Median	N/A	N/A	2	
Hip	Average	21	41	78	
	Median	21	41	78	
Knee	Average	72	64	75	
	Median	45	28	37	
Leg	Average	38	47	22	
	Median	26	12	9	



Body Part		2019	2020	2021	Trend
		(Reported in Days)			
Lip	Average	N/A	3	13	
	Median	N/A	3	13	
Lung	Average	N/A	94	45	
	Median	N/A	68	45	
Mouth	Average	N/A	N/A	N/A	
	Median	N/A	N/A	N/A	
Multiple	Average	76	60	28	
	Median	39	44	8	
Neck	Average	53	40	85	
	Median	52	40	86	
Nose	Average	10	6	4	
	Median	10	6	4	
Rib	Average	N/A	12	15	
	Median	N/A	12	15	
Shoulder	Average	130	40	92	
	Median	91	27	86	
Throat	Average	N/A	N/A	15	
	Median	N/A	N/A	15	
Thigh	Average	33	N/A	N/A	
	Median	33	N/A	N/A	
Thumb	Average	68	84	29	
	Median	42	83	9	
Toe	Average	6	20	47	
	Median	6	20	47	
Wrist	Average	120	57	87	
	Median	62	29	63	
Total MMI averaged days		44	48	39	
Total MMI median days		24	27	15	

Non-Workers' Compensation Encounters:

- By Agency or Department as identified below.

Response: Criteria met

See table below for details.

Agency	2019	2020	2021	Trend
Animal Control	4	0	1	
Art Museum	29	0	0	
Arts and Venues	28	5	0	
Civil Service Commission	549	1	289	
Clerks and Recorder	0	202	2	
Community Planning	11	0	2	
Department of Finance	0	0	0	
Department of Safety	36	34	1	
Denver International Airport	97	11	2	
Environmental Health	13	14	1	
Excise & License	1	0	0	
Fire Department	154	39	46	
General Services	21	6	1	
Human Services	2	0	1	
Marshal Division	1	0	0	
Parks and Recreation	416	155	214	
Police Department	159	115	120	
Public Library	206	44	30	
Public Works	581	668	561	
Sheriff's Department	169	244	221	
Social Services	2	0	0	
Tech Services	2	1	0	
TOTAL	2,481	1,539	1,492	

Other services:

- As requested in the prior contract year.

Response: Criteria met

Other services were not requested in 2021.

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.

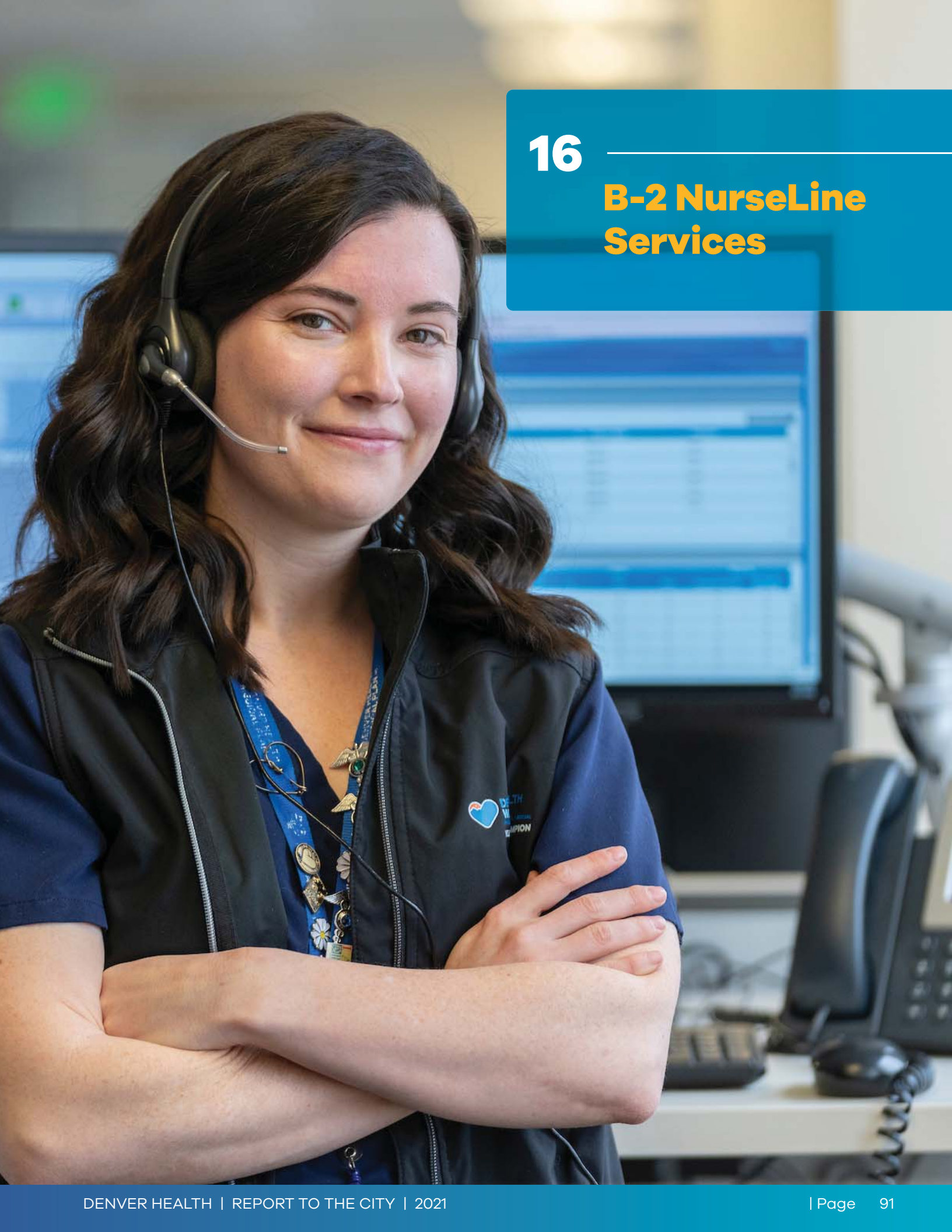
Response: Criteria met

The COSH Medical Director and City Case Manager discuss performance regularly as part of their monthly meeting.

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

Response: Criteria met

Other reports were not requested in 2021.



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B-2 NurseLine Services



Appendix B-2 NurseLine Services

1.3 Performance Criteria

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

Response: Criteria met

B. Call Center Agents will intake calls, gather chief complaint or medical question, and will collect demographics on calls where medical information is provided.

Response: Criteria met

C. Registered Nurses will provide medical triage utilizing National Guidelines to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

Response: Criteria met

D. Calls resulting in a recommendation for medical care within 24 hours may be provided second level triage by an experienced medical provider. All medical providers will be overseen and trained on DHNL procedures by a Board Certified Emergency Medicine Physician. Trained professionals will respond to the caller with medical information, provide instructions for home care, or recommend that the caller seek care at a medical facility..

Response: Criteria met

E. Language Translation will be provided for callers through Denver Health medical interpretation services or appropriate external medical language interpretation services.

Response: Criteria met

F. The NurseLine will strive to adhere to call center standards set by the Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

Response: Criteria met

G. The Authority will provide a monthly report to the City through the Executive Director of the Department of Public Health and Environment. The report shall provide numbers for the total and for the target populations served that month and the amount of year-to-date expenses and revenues for the Denver Health NurseLine. The monthly report

shall be submitted to the City by the 20th day after the end of each month.

Response: Criteria met

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

Response: Criteria met

See table on the next page for details.



City Program Case Volumes	2019	2020	2021	Trend
Uninsured Citizen Medical Triage Cases (non-DH patients)	1,912	3,403	2,327	
Uninsured Citizen Behavioral Health Cases (non-DH patients)	33	36	23	
Citizen Medical Triage Cases (non-DH patients, insured)	11,280	20,054	17,640	
Behavioral Health Cases (non-DH patients, insured)	258	186	159	
Referral Cases (offer resources in the City, non-DH patients)	1,020	1,255	703	
Totals	14,503	24,934	20,852	
Percent of all calls from Uninsured Denver Citizens	13%	14%	11%	
City Physician Medical Triage Cases (non-DH patients)	2,335	3,511	2,414	
All other Medical Triage Cases (DH patients who live in the City)	36,316	45,102	37,537	
Medical Interpretation (minutes; non-DH patients)	6,554	19,908	12,624	
Estimated Total Cost of Program	\$ 468,448	\$ 766,635	\$ 628,885	
Total Cost to the City for Uninsured*	\$ 60,000	\$ 60,000	\$ 60,000	
*This is a flat fee service contract for \$60,000 each year as per the agreement				



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B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center



**THE OF
DENVER
HEALTH**

LIVING OUR VALUES: STEWARDSHIP

ADMISSIONS AND DISCHARGE UNIT (ADU) AND ACS TEAM MEMBERS

Elizabeth La Scala, Erika Ochoa Salas Dawn Naranjo, Rachael Goucher, Ashley Sinton and Chelsea Platz (not pictured: Aaron Nelson and Tim Black)

"These teams have been invaluable in getting COVID vaccinations to our inpatients, all stepping up to help in different ways. They've used Lean principles to ensure their process is effective and efficient."

ADU and ACS Team's Values Award Nomination for Stewardship



Appendix B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center

1.7 Reporting Requirements:

The Authority shall continue to provide the following reports unless modified by written agreement of the parties in the Utilization Management (UM) process:

A. Reports and meetings as required by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and to meet Prison Rape Elimination Act (PREA) standards;

Response: Criteria met

In accordance with the Jail's NCCHC and ACA accreditation, Denver Health works collaboratively with the Denver Sheriff's office to coordinate reports and meetings. UM is managed by CCMF and Erin Ellquist is the point of contact. Denver Sheriff Health Services is NCCHA and ACA Accredited. All other reports have been submitted as requested.

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

Response: Criteria met

C. Any meetings as deemed necessary by the Sheriff or designee the Health and Hospital Authority.

Response: Criteria met

D. Schedule of health care personnel and specific jail assignments of specific days upon request by the Sheriff or designee.

Response: Criteria met

In 2021, schedule data was not requested but was available upon request.

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B-7 Miscellaneous Services for DDPHE





Appendix B-7 Miscellaneous Services for DDPHE

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2021, the Authority provided additional services when requested by the City.

1.2 Park Hill

The Authority has operated a family health center in the Park Hill neighborhood for many years. In order to assist the Authority in carrying out its mission, the City has committed to partially fund land acquisition, construction and equipping of the Park Hill clinic.

a. Pursuant to an Agreement (the Funding Agreement), the City has agreed to partially fund land acquisition and construction of the Park Hill Clinic. The City's maximum payment obligation for the land acquisition and construction of the Park Hill Clinic over the term of the Funding Agreement will not exceed \$4.788 million. The City's annual contribution is subject to appropriation by City Council and is calculated in accordance with the formula contained in the Funding Agreement. For Fiscal Year 2021 the City's annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$150,868.

Response: Criteria met

Denver Health validates this number annually with the City and the invoicing process is updated accordingly.

1.4 Office of the Medical Examiner (OME) Services

Denver Health will provide instrument sharpening for no charge utilizing the full-time onsite vendor. OME will need to either deliver the instruments to the main campus or arrange for transport via the Denver Health Courier. Biomedical waste, pathological waste, and sharps will be disposed of utilizing the vendor contracted to provide services to Denver Health. The DH Safety Department will arrange for the vendor to pick this waste up directly from the OME in coordination with the OME. The cost will be \$.19 per pound for bio-hazardous waste and sharps and \$.85 per pound for pathological waste or any

other items requiring incineration. DH will receive and process the invoices for these services and bill the charges to the OME.

Response: Criteria met

See table below for details.

Office of Medical Examiner - Waste Removal	2019	2020	2021	Trend
Biomedical and Sharps	6,945	11,821	14,390	
Pathological and Chemo (incineration required)	603	621	565	
Total	7,548	12,442	14,955	

1.5 Treatment on Demand

Performance Criteria. To promote the goals of rapid access to substance use treatment, linkage to community based substance use treatment, and recovery, Outpatient Behavioral Health Services (OBHS) will report the following performance and outcome metrics on a monthly or annual basis according to the agreed-upon templates:

- A. Treatment on Demand Access Measures
 - i. Number of persons with a substance use disorder seen by treatment on demand
 - ii. Number of persons receiving bio-psycho-social evaluation
 - iii. Number of persons receiving medication-assisted treatment (MAT) induction
 - iv. Number of persons linked to community-based care within 48-hours
 - v. Percentage retained in treatment >90-days and beyond
 - vi. Assess for increase in capacity at local OTP providers

Response: Criteria met

See table on the following page for details.



Treatment on Demand Access Measures	2020	2021
Number of Persons with a Substance Use Disorder Seen by Treatment on Demand	799	471
Number of Persons Receiving Bio-Psycho-Social Evaluation	617	413
Number of Persons Receiving MAT Induction	590	378
Number of Persons Linked to Community-Based Care within 48 Hours	362	179
Percentage Retained in Treatment >90 Days and Beyond ¹	31% (192 retained 90 days / 539 Biopsychosocial Evaluations Completed Jan-Oct 2020)	38% (86 retained 90 days / 227 Biopsychosocial Evaluations Completed Jan-Oct 2021)
Assess for Increase in Capacity at Local OTP Providers ²	13 patients were referred to partner OTPs	8 patients were referred to partner OTPs
¹ Nov/Dec 90-day retention not available yet		
² Due to COVID-19 many processes were changed to Treatment on Demand's workflow, resulting in most patients being referred to OBHS		

B. Develop and report metrics to:

- Evaluate and report linkage and retention in treatment for persons referred external to the DHHA system and for patients within the DHHA system
- Monitor the opioid continuum cascade
- Assess treatment on demand services outlined in a.i-v (above) by number of persons with an opioid-use disorder (OUD), stimulant use disorder (SUD), or alcohol use disorder (AUD)

Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2020	2021
Evaluate and Report Linkage and Retention in Treatment for Persons Referred External to the DHHA System and for Patients within the DHHA System ¹	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. For external partners, 13 patients were referred out and 8 successfully linked.	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. For external partners, 8 patients were referred out 4 successfully linked.
Monitor the Opioid Continuum Cascade	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade).	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade).
Assess Treatment on Demand Services Outlined in a.i-v (above) by Number of Persons with an OUD, Stimulant Use Disorder (SUD), or Alcohol Use Disorder (AUD) ²	The Treatment on Demand 2020 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year.	The Treatment on Demand 2021 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year.
¹ TOD has struggled to get retention information from partners		
² Nov/Dec 90-day retention not available yet		



A portrait of Deborah Aragon, a woman with light brown hair pulled back, smiling. She is wearing a blue top with a white polka-dot pattern and silver spiral earrings. The background is a warm, out-of-focus indoor setting.

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B-8
Miscellaneous
Services
for the
Department of
Public Safety

THE  OF
DENVER
HEALTH

LIVING OUR VALUES: STEWARDSHIP

DEBORAH
ARAGON

Infection Prevention Specialist
Patient Safety and Quality

“Deborah’s phenomenal stewardship over the last year has cut clostridioides difficile testing in half, significantly benefitting Denver Health from a financial and quality perspective. Her stewardship has also improved the quality of patient care by minimizing time in isolation.”

Values Award Winner for Stewardship



Appendix B-8 Miscellaneous Services for the Department of Public Safety

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2021, the Authority provided additional services when requested by the City.

1.2 Sexual Assault Nurse Examiner (SANE)

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

B. The City will purchase, prepare, and provide the evidence kits to the Authority. The completed forensic evidence kit will be transported, using proper chain of custody procedures, to the Police Headquarters building.

C. The City will reimburse the Authority a maximum of \$6,000 annually for the cost of registration and travel expenses for the training of new SANE program nurses. Requests for training must be submitted for approval at least four weeks in advance for any out-of-state travel and a minimum of two weeks in advance for in-state travel. An identified benefit to the Denver Police Department SANE Program must be included in the training request. Reimbursement for travel-related expenses will be subject to Denver Police Department and/or General Services Administration rates for reimbursement.

D. Medical forensic examinations that do not require evidence collection will have a rate of

\$400.00 for victims. This would include sexual assault examinations when a patient declines the evidence collection portion, domestic violence, and strangulation evaluations.

E. The Authority's SANE program nurses will collect and preserve forensic evidence and document the findings of victims of sexual assault. The SANE Program nurses will also conduct evidentiary exams of suspects in sexual assault cases in accordance with established protocol.

F. The Authority will bill the Denver Police Department on a monthly basis for exams. The invoice must contain all of the following information: date of exam, delineation of victim/suspect, last name and first name initial, medical record number, encounter number, city/county designation, CAD #, General Offense (GO) # and cost. The Authority agrees to provide this service without charge to the victim.

G. The Authority will be responsible for all training and travel costs above the \$6,000 annual cost for new SANE program nurses reimbursed by the City.

H. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response: Criteria met

Four quarterly reports were submitted within 45 days of the end of each reporting period. Each quarterly report provided a comprehensive summary of activities occurring that quarter and expected activities in the subsequent quarter.

Total Forensic Exams	2019	2020	2021	Trend
Victim Exams	432	407	359	
Suspect Exams	3	1	3	
Total	435	408	362	

1.3 Blood Alcohol Draws

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



invoice. This payment is characterized as a fee for service.

Response: Criteria met

See table below for details.

Blood Alcohol Draws	2019	2020	2021	Trend
Draws	594	577	524	

1.4 At-risk Intervention and Mentoring (AIM Program)

C. The Authority's AIM program will provide services to over four hundred (400) unique individuals in 2021; an estimated 250 bedside interventions with youth, one hundred and fifty (150) other community individuals, and approximately twenty (20) critical crisis interventions within the Authority and the community.

Response: Criteria met

See table below for details.

AIM Program Services	2019	2020	2021	Result	Trend
Number of bedside interventions 2021 Goal: 250	256	247	424	✓	
Critical crisis interventions 2021 Goal: 20	27	60	40	✓	
Individuals served (unduplicated)	384	827	541	N/A	

D. AIM will provide up to ten (10) trauma-informed care trainings around at-risk youth to various departments and staff members, including frontline emergency department staff, community and school-based clinic providers, and inpatient staff that care for injured patients. Trainings will be 1-3 hour blocks of interactive sessions with outreach workers, molded to fit the needs of specific departments and clinics; these activities will be eligible for continuing education credits.

Response: Criteria met

See table below for details.

AIM Program Services	2019	2020	2021	Result	Trend
Trauma-informed care trainings 2021 Goal: 10	40	17	19	✓	

F. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response: Criteria met

1.5 Heartsaver First Aid CPR AED Training

The Authority agrees to provide Heartsaver® First Aid CPR AED – Adult, Child and Infant training by a certified American Heart Association instructor(s) for up to 100 of the students attending the Denver Fire Department's Young Adult Career Exploration Camp. The course will prepare students to provide first aid, CPR, and use an automated external defibrillator (AED) in a safe, timely, and effective manner. Each student who completes the course successfully will be awarded a certificate or card which displays their newly acquired First Aid certification. The City will pay the Authority \$45.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response: Criteria met

Denver Health provides American Heart Association CPR Training through Denver Fire Department's Young Adult Career Exploration Camp which occurs on an annual basis.

CRP AED Training	2019	2020	2021	Trend
Participants	77	0	52	

1.6 Tactical Casualty Care (TCC) for Law Enforcement Training

The Authority agrees to provide Tactical Casualty Care (TCC) for Law Enforcement training for all Denver Police Department Recruits by instructors who are minimally state certified EMTs, or preferably, paramedics. The Authority will adhere to all POST mandates for the training, including the instructor ratio guidelines. The City will pay the Authority \$95.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response: Criteria met

Denver Health provides TCC for Law Enforcement for all Denver Police Recruits annually as needed through DPD's rotating academy schedule.

TCC for Law Enforcement	2019	2020	2021	Trend
Classes	8	6	6	
Participants	122	83	86	

1.7 Department of Safety Fit for Duty Psychiatric Evaluations

A. The Authority agrees to provide psychiatric evaluations at the request of the City's Department of Safety for the purpose of determining if a



Department of Safety employee is fit to return to duty.

K. Performance Criteria. The Authority will provide the City with medical services in accordance with the terms and the standard of care stated in the Operating Agreement.

Response: Criteria met

The Authority provided psychiatric evaluations in accordance with the terms stated in the Operating Agreement. In 2021, Denver Health provided 4 Fit for Duty Psychiatric Evaluations. See table below for performance details.

Performance Criteria	2019	2020	2021
# Psychological Fitness for Duty Exam	8	10	4
# Duty Exam appointments within 5 business days	8	10	4
# Full report transmissions with physician signature	8	10	4
# Psychological Testing Related to Fitness for Duty Exam	0	0	0
Total Invoiced Amount	\$4,800	\$6,000	\$2,400

1.8 Capital Improvement Plan - Correction Care Facility

A. The Authority is improving their Correctional Care facility to serve the Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through the Capital Improvement Plan funds.

B. The total project cost is \$2,621,509. In 2020, the total cost is estimated to be \$155,871. DHHA will cover the 2020 expenditures to allow for the project to get started to meet the OMC schedule.

C. The City will appropriate and pay an amount not to exceed \$2,371,509 in the 2020 CIP budget (\$2,465,638 needed in 2020 per DHHA cash flow less \$94,129).

D. The \$2,521,509 project includes 1% for public art and other city ordinance requirements.

E. The City's obligation to make this payment shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement.

Response: Criteria met

The Authority implemented improvements to the Correctional Care facility in accordance with the Operating Agreement terms. The project was completed in 2021 and is operational.

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B-9 Miscellaneous Services, Other





Appendix B-9 Miscellaneous Services, Other

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires, and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2021, the Authority provided additional services when requested by the City.

1.2 Expert Witness

The Authority agrees to provide expert witnesses to the City upon request for purposes of testifying in court and or other formal hearings involving the City. The City will reimburse the Authority up to the hourly maximum of \$150.00/hour for this service. The Denver District Attorney's Office will reimburse the Authority up to an hourly maximum of \$150.00/hour (\$80/hour for experts without advanced educational degrees consistent with the Supreme Court Directive) for prep time and expert witness testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney's Office. The witness must be qualified as an expert by the Judge in open Court prior to providing testimony. Each invoice shall include the following supporting documentation: the dates of services, information identifying the case, information identifying the activity billed for, any off-setting revenue from the City or other sources. This payment is characterized as a fee for service.

Response: Criteria met

Denver Health provides Expert Witness support to the city when requested. In 2021, there were 0 hours of Expert Witness support provided/invoiced.

1.3 Non-Intra-Familial Abuse Services

a. Scope of work. The Authority agrees to provide patient care services for victims of non-intra-familial abuse. The Department of Human Services, and the Police Department are the lead agencies for this section. The Authority will provide a medical team to include at least one licensed physician and other staff to perform the following duties:

(i) Medical examinations requested through the Order-In process.

1. Provide healthcare services including medical evaluations for children ages 0-21 years being evaluated by DDHS through the Order-In process due to concerns of abuse and/or neglect. Services

to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

2. The Authority and DDHS agree that they will work collaboratively with other agencies and organizations involved with the care of children seen at the clinic including but not limited to the Denver Police Department, the District's Attorney's Office and the Denver Children's Advocacy Center. The Authority and DDHS will share information with these agencies and organizations as needed for the timely completion of investigative and protective actions following established policies and procedures concerning release of patient medical information;

(ii) Medical Examinations outside of the Order-In process.

1. Provide medical evaluations for children ages 0-21 years being evaluated by DDHS for concerns of abuse and neglect. Services to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

Response: Criteria met

Denver Department of Human Services (DDHS) and the Denver Police Department (DPD) refer children to the Denver Health team at the Denver SAFE Center for medical evaluation to help assess concerns for abuse and neglect. Refer to table below for details.

Non-Intra-Familial Abuse Services	2019	2020	2021	Trend
FCC Evaluations for Concerns of Abuse and Neglect	706	546	616	✓
FCC Examinations for Out of Home Placement	168	146	170	✓




1.4 Competency Examination

The Authority agrees to provide competency evaluations or other investigative reports to determine competency as requested by the County Court. The Authority and the City's County Court have agreed to a new process, which includes scheduling a two (2) hour time block of time for a total of four (4) available examinations every week. These examinations shall be performed for a per report fee of \$600.00. The City will pay the Authority a \$225.00 preparation fee for each individual who fails to appear to the set examination. This payment is characterized as a fee for service.



Response: Criteria met

In 2021, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$122,550 for court competency evaluations.

Total Competency Exams	2019	2020	2021	Trend
# Completed	249	202	172	
# Failures to Appear	117	112	86	
Total Charges	\$ 175,725	\$ 145,275	\$ 122,550	



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