

Denver Health



150 Years of Level One Care for ALL

Denver Health Firsts

- 1887 Denver Health's Nursing School opens – *First* nursing school west of the Mississippi
- 1966 Gipson Eastside Health Center opens in Five Points neighborhood – *First* Community Health Center west of the Mississippi, and second in the country
- 1976 Dr. Ben Eiseman and Dr. Ernest E. “Gene” Moore formalize a Trauma/Surgery Service, the *First* in the Rocky Mountain Region
- 1988 Denver Health opens *First* School-based Health Center in Denver
- 2006 *First* Neonatal Intensive Care Unit in Denver with private rooms
- 2007 Denver Health opens the Wellington E. Webb Center for Primary Care, the *First* community health center immediately adjacent to acute medical care center in the country
- 2008 Denver Health's Pavilion for Women and Children receives LEED Certified Green designation, the *First* in the country for a public safety net project
- 2008 The Denver Emergency Center for Children opens, the *First* emergency department in the region to provide emergency and urgent care under the same roof

The Early Years: 1860 - 1910





1860 – A New Hospital and a New President

150 years ago, before a crowd of 600 people, two men stood 30 paces apart and aimed double-barreled shotguns at each other's chests. Dr. J.S. Stone, judge of the Central City miner's court, shot first and missed. F.W. Bliss, acting governor of the Jefferson Territory, returned fire and hit his mark.

After the duel at the corner of Larimer Street and Cherry Creek Drive, Dr. Stone was taken to the City Hospital, which at that time was a log cabin near the corner of what is now 8th Avenue and Lawrence Street.

Dr. Stone became the first patient to undergo surgery in Denver. His arm was amputated, and after fighting complications of the surgery for seven months, he eventually succumbed to his injuries and died.

Since that year — the year Abraham Lincoln was elected President of the United States, and the Pony Express made its first run from Saint Joseph, Missouri to Sacramento, California — Denver Health has been an integral part of the history of Denver and the Rocky Mountain region.

1858

Colorado Gold Rush brings more than 100,000 people to Colorado

1860

Abraham Lincoln is elected the 16th president of the United States

1860

Denver Health established as the first hospital in the region, on the corner of 8th Ave. and Lawrence St.

Over Time

The health demands of Denver in the late 1800s were just as significant and momentous as they are today. Violence, crime, poverty and sickness were rampant. After arduous weeks of crossing the country in covered wagons families, prospectors, settlers and gamblers arrived in Denver exhausted and sick; the majority with no money in their pockets.

These “bummers,” as they were coined, wreaked havoc on the Denver territory after going bust in the gold mines of the Rocky Mountains. Claims wars, murders, shoot-outs and looting became commonplace on the dirt packed streets of Denver. It was those violent crimes, along with the fear of a smallpox epidemic, typhoid and other rampant contagious diseases, that encouraged a pair of newly arrived physicians to open the first city hospital – what we know today as Denver Health.

Dr. John F. Hamilton and Dr. O.D. Cass officially opened the first city hospital in June of 1860. With Dr. Hamilton’s departure to Civil War service for the Union Army, the once semi-private hospital became fully funded by the local government, which paid the city’s physicians for their services.

After many years, and several failed attempts by the city government to stop funding the physicians and the hospital, a petition from the residents of Arapahoe and Denver counties resulted in the formal appointment of Dr. John Elsner as the county physician in 1870.

With the backing of the county commissioners, Dr. Elsner tackled his first objective of creating enough beds for the sick and injured — an objective that became an annual endeavor with the ever-increasing influx of patients. He moved the original City Hospital and located the 29-bed, brick hospital at the corner of what is now 9th Avenue and Champa Street. Because of a lack of funding, he used dry grass found along the banks of Cherry Creek to stuff the mattresses that were poised on top of dry goods boxes that he used as beds.

By October of 1873, Dr. Elsner’s City Hospital had again met its capacity and he once again convinced the county commissioners to appropriate \$8,000 for land, equipment and construction. Dr. Elsner chose the intersection of 6th Avenue and Cherokee for the new City Hospital, the same location where Denver Health stands today.

For 150 years, Denver Health has remained a landmark in the City and County of Denver, meeting the medical needs of the Rocky Mountain region and providing high quality health care for all.

“Today, we still stand firm with the visions of Drs. Hamilton, Cass and Elsner, ensuring that the citizens of Denver and Colorado have access to the best possible care,” said Denver Health CEO Patricia A. Gabow, M.D.



Denver's Baby Doctor Brings New Beginnings to a Fledgling City

Widely known in the Denver community as the “baby doctor,” Justina Ford, M.D., was an integral part of Denver’s medical history. Dr. Ford, who practiced at Denver Health during the early days of the hospital, broke through racial boundaries to provide a much needed service for the citizens of a relatively new frontier town.

Born in 1871 in Knoxville, Illinois, just six years after the civil war ended, Dr. Ford enjoyed playing doctor with her mother who was a nurse. In 1899, she was awarded a

medical degree and was issued a medical license to practice medicine in the state of Illinois.

Dr. Ford and her husband arrived in Denver in 1902. She immediately applied for, and received, a Colorado medical license making her one of only five African-American physicians in Colorado, and the only female African-American physician licensed to practice in the state.

During this time, membership in the Colorado Medical Society (CMS) and American Medical Association

Over Time

1861

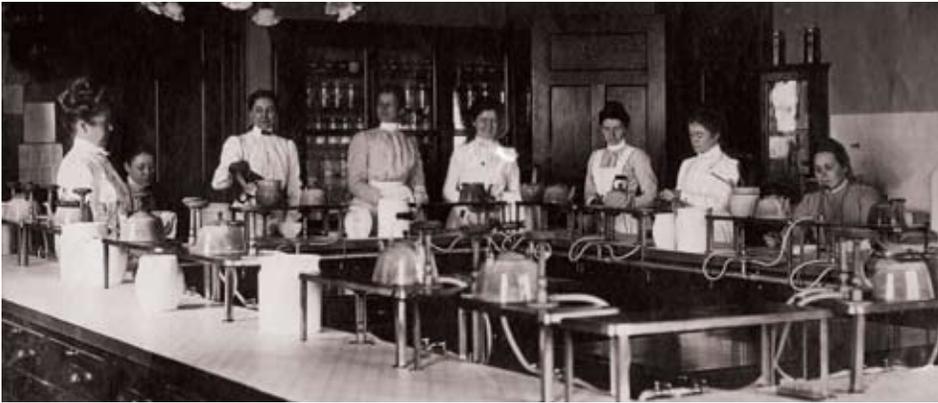
The Civil War begins

1870

First Trains arrive in Denver

1875

Denver's population is 23,856



(AMA) was required to practice medicine at a hospital. Dr. Ford's expertise was welcomed at Denver Health, but unfortunately, due to her race, Dr. Ford was denied membership in both medical organizations, and was unable to practice medicine at Denver Health with full hospital privileges. Instead, she was allowed to practice as an alternate, annually-appointed adjunct professor in 1928, 1930 and 1932.

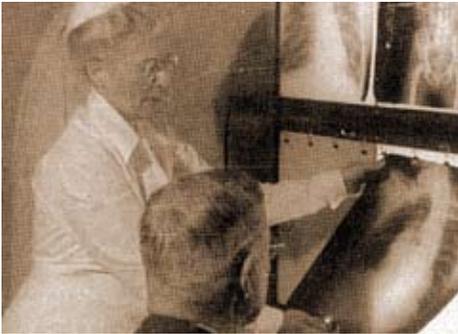
Dr. Ford overcame the setback and opened a medical practice in her home in Denver's Five Points neighborhood, where she cared for pregnant women and their children. It is estimated that she delivered more than 7,000 babies during her career.

For decades, Dr. Ford regularly applied for membership in

the CMS and AMA, so that she could take care of her sickest patients in the hospital and continue her medical training.

Finally, in 1950 and after many years of diligence, both medical societies granted her membership, and Dr. Ford was granted full hospital privileges at Denver Health and was appointed to a faculty position. Dr. Ford was nearly 80 years old at the time, but her unrelenting perseverance had broken down the walls that had held back generations of women in medicine.

Dr. Ford established a strong legacy of persistence, resilience and one of serving all races as well as educating the next generation of medical professionals regardless of race or sex. Denver Health has upheld this commitment for generations.



The White Plague — Tuberculosis

The white-capped snowy peaks of the Rocky Mountains, the lure of prosperity from striking it rich in the gold mines of the foothills, and the heralded climate of the valley below the sun-drenched slopes of unexplored peaks all became reasons for thousands of people to settle in Colorado.

Among the first settlers to establish claims in Denver was Andrew Sagendorf, who read about the highly publicized

explorations of both Lt. Zebulon M. Pike and Major Stephen H. Long.

Sagendorf, who arrived by ox team in Denver on November 6, 1858, may have brought the first case of tuberculosis to the area. Tuberculosis and many other contagious diseases quickly spread uncontrollably throughout the region.

Sagendorf survived and contributed to the development of the state for the next 54 years of his life. Word of his

1876

Colorado becomes a state

1880

One-third of the population of Denver has tuberculosis

1882

P.T. Barnum purchases 760 acres in Denver for circus' winter respite

Over Time

recovery spread and scores of other tuberculosis patients began to make their way to Colorado with the hope of recovery. People with tuberculosis began flocking to Denver and Denver Health, where the high altitude and the hospital became well known for treating and healing tuberculosis patients.

It was estimated that in 1880 that one-third of the population of Denver had been afflicted with tuberculosis.

By 1901 tuberculosis was one of the leading causes of death, accounting for 1,303 deaths in Denver. Typhoid fever, scarlet fever and diphtheria were also diseases listed on the Board of Health's first complete mortality report. With all of these diseases invading the community, it was evident that the ill needed to be quarantined.

In the early 1900s a municipal clinic was formed by Denver Health to identify immigrants to Denver who were suffering from tuberculosis. The hospital's clinic also established the County Farm, a place where people with tuberculosis who were not sick enough to be admitted to the hospital, but not well enough to remain at home, worked and lived.

"The County Farm was really the first community garden," said Chris Urbina, M.D., MPH, director, Denver Public Health. "The tuberculosis patients who cultivated the farm

were able to work off their medical bills while at the same time providing sustenance for the hospital's patients."

Dr. Johanna Gelien, director of the TB section of the hospital around 1915, stated, "Denver is being overwhelmed by people with tuberculosis who come unprepared. These people come from all sections of the country, lured by stories of a magic climate. They are without friends or funds, unable to create for themselves a proper domestic environment; and they expect to recover, when the fundamental factors of a cure are rest, good food, good air and peace of mind."

In 1921, Denver Health completed construction of the Tubercular Hospital at the corner of 7th Avenue and Cherokee Street to care for victims of the "white plague."

By 1930, a regular course of treatment was readily available for tuberculosis patients, with Denver Health physicians playing a key role in the disease's treatment and therapies.

Throughout the years, Denver Health has remained steadfast to its dedication of helping and healing the community, and continues to lead the nation with highly specialized physicians and epidemiologists providing quality health care for tuberculosis, HIV/AIDS patients and others with communicable infectious diseases.



Ambulances on Streets of Denver from the Very Beginning

In a frontier town where six-guns were the custom, and duels were commonly used to settle disputes, it is no surprise that the city hospital found the need to establish an emergency medical system (EMS) to respond to casualties and quickly transport patients to the hospital for life-saving care.

Initially, the idea of an ambulance service was far fetched — especially since an organized ambulance service did not exist anywhere in the United States at the time. However,

the Civil War forced the nation and its leaders to rethink how emergency services were provided to wounded soldiers and how they could be safely transported out of danger.

At Denver Health, the first horse-drawn ambulance was put into service in 1892. This first ambulance was staffed by a nurse and a physician who responded to calls from a system of bells and worked closely with the police.

Realizing that horse drawn carriages were not the best way to transport the ill and with Ford revolutionizing the auto

Over Time

1884

Denver has 37 hotels and public boarding houses

1884

Cost of patient care at Denver Health is 75¢ per day

1886

Last legal hanging in Denver



industry, Denver Health purchased its first automobile ambulance in 1910, and immediately put it into service. The transportation of ill and injured patients was now changed forever.

In 1947, the arrival of Florence Sabin at Denver Health marked a new era for the EMS system. City leaders supported Sabin as she campaigned for a new 911 EMS response system. The first task was to establish a centralized phone line where residents would call for help — this line was operated in conjunction with the City of Denver, and police dispatchers answered the calls.

By 1972, the city ambulance service expanded in an effort to reduce response times, and a new training program was implemented for 911 operators and paramedics. These new 911 operators replaced the police dispatchers,



who had previously answered the phone. As trained medical professionals the new 911 operators were able to provide medical assistance over the phone to callers while paramedics were en route.

Today, the Denver Health EMS system operates 31 ambulances equipped to provide advanced life-saving, critical care services for patients; employs 180 paramedics and health care professionals; and the 911 Call Center, still operated in conjunction with the City, has 24 highly skilled emergency medical dispatchers. Paramedics can be seen across Denver in ambulances, on bikes throughout the downtown area, and even at Denver International Airport providing care to those in need, responding to more than 85,000 calls every year, and caring for, and transporting, more than 50,000 patients.

A Time of Turbulence: 1911 – 1960







The Great Depression

In 1923, Denver's County Hospital was officially renamed Denver General Hospital, and a new era of growth and advancement began. Construction and expenditures increased, and the hospital began providing more services and treating more people.

Then came Black Tuesday — October 29, 1929 — when the New York Stock Exchange collapsed. Stock prices plummeted and the market lost \$14 billion in value in one

day, and a total of \$30 billion in one week. The United States was devastated and slid into the longest, deepest, most widespread depression in its history.

The crash affected Denver Health as well. In 1929, inpatient admissions at Denver Health climbed to more than 9,000 a year, an unprecedented growth of people with nowhere else to turn.

In 1931, amidst the ever-growing poverty, unemployment

Over Time

1888

Denver Health
grows to 35 beds

1889

Denver Health
grows to 91 beds

1891

Denver Health
grows to 150 beds

and homelessness, Denver Health strained to meet the needs of the public. The jobless and homeless could not afford regular visits to their doctors, they had no formal means of preventing illness and maintaining health, and they needed a place to go when they were too sick or too injured to stay at home. Like it had during its years as the County Hospital, Denver Health stepped up to provide for the needs of the public, regardless of ability to pay.

The Emergency Department was the largest in the area and consisted of an admitting room and a poison room. When an ambulance approached the hospital gate, the driver gave one siren blast for a sick person, two blasts for an accident, and three blasts for a poisoning. The gateman then pressed a button that flashed a message to the hospital telephone operator, who then flashed a light in the Emergency Department — white for sick, red for an accident, and blue for a poisoning.

By 1933, the worst year of the Depression, one out of every four adults in Denver was out of work. Shanty towns sprung up along the Platte River, and homeless took up residence in abandoned buildings and warehouses. With despair and poverty on the rise, Denver Health continued to invest in its infrastructure in order to meet the increasing needs of the community.

Along with matching funds from the federal government, bequests from the estates of Senator Samuel Nicholson and the ever-increasing demand for health care, Denver Health was able to insulate itself from the Great Depression.

Construction of a new operating pavilion, a new service building and total capital investments of \$800,000 allowed Denver Health to survive the lean years of the 1930s. Inpatient admissions soared to 17,181 in 1934, close to double that seen only five years prior.

Denver Health grew to include a detention home, the public health department, the Steele Hospital for contagious diseases, a tuberculosis hospital and the general hospital.

Also, with this contradictory growth during the Great Depression, a children's hospital was built and named after its magnanimous donor, Mayor Robert W. Speer.

Some of these buildings may not be standing today, but Denver Health still has the same moral foundation of the past — providing the best and most advanced treatment for the sick and injured. Denver Health still provides care to those down on their luck, and is ready for any injury or illness that walks through its doors, lands on its roof in a helicopter, or is transported by ambulance.



Florence Sabin: A Revolutionary in Health Care

Highly regarded as a public health visionary, Florence Sabin, M.D., found her third career at Denver Health at the age of 76, and played an important role in shaping the organization's history and providing the foundation for the integrated health care delivery system that has become Denver Health.

A Colorado native, Dr. Sabin was born in Central City in 1871, but spent her childhood in Denver, Chicago and

Vermont. She graduated from Smith College in 1893, and then went to Johns Hopkins University, eventually becoming a tenured professor at Johns Hopkins.

She was a pioneer for women in science; not only was she the first woman to hold a full professorship at Johns Hopkins School of Medicine, she was also the first woman elected to the National Academy of Sciences, and the first woman to head a department at the Rockefeller Institute for Medical Research.

Over Time

1892

Steele Hospital for contagious diseases opens

1892

Denver Health obtains two horse ambulance

1893

George H. Stover, M.D., Denver Health, is first X-ray doctor in Denver

Besides medicine and teaching, Sabin found a second calling in research and went on to conduct ground-breaking tuberculosis research at the Rockefeller Institute until 1938, when she retired and returned to Denver. However, her retirement was short lived.

In 1944, at the age of 73, Sabin was asked to chair the Health Committee of Colorado's Post-War Planning Committee. She accepted, and drafted six health bills working tirelessly to ensure that the bills were passed. Then, in 1947, Sabin was asked to serve as chair of an Interim Board of Health and Hospitals of Denver.

While at Denver Health, Sabin was considered a public health activist. She separated out the Department of Welfare, so that health care was the sole focus of the Department of Health and Hospitals. She also helped to create a system dedicated to serving the Denver community for all of its health care needs, from preventing disease through citywide health promotion programs to providing acute care for injuries. Sabin recognized the gamut of health care challenges and sought to create an organization capable of providing prevention and treatment for all.

City leaders supported Sabin's plan to create a more modern 911 emergency response system, and also supported the creation of a poison center. She was

paramount in creating an agreement with the Regents of the University of Colorado to designate Denver Health a teaching hospital. Today, Denver Health is regarded as one of the best academic medical centers in the nation.

Under Sabin's leadership, the quality safety rating of the milk in the city improved from 62 percent to 99 percent; the restaurant rating increased from 49 percent to 74 percent; and the tuberculosis rate was lowered from 54.7 per 100,000 to 27 per 100,000. These accomplishments received national recognition.

In response to these outstanding improvements, Sabin commented, "It all comes of everybody working together for the same end."

Though she arrived at Denver Health late in life, Sabin pumped new life into the hospital and pushed it into a modern era in just four years.

Sabin retired in 1951 to care for her ailing sister, until her own health conditions disabled her. She died October 3, 1953.

For her great contributions to medicine and public health, in 1959 the Colorado Legislature dedicated a bronze statue in her honor. Today, the statue is on display in the U.S. Capitol building in Washington, D.C., serving as a reminder to all that research and caring for everyone in the community are paramount for creating change.



Nurses Play Pivotal Role in WWII

“Uncle Sam, we are ready” is printed below a black and white drawing of a nurse standing in the foreground of eclipsed aircraft carriers and fighter planes in the 1945 yearbook of the Colorado Training School of Denver General Hospital.

This motto resonated with every student nurse in the training school as they strived to learn how to care for both the sick and injured civilians and military of World

War II. As resources were minimal, manpower was stretched and fear was at an all time high, the nurses at the Colorado Training School dedicated themselves to learning, practicing and becoming the best nurses in the nation.

During World War II, in addition to fulfilling the traditional health care needs for the people of Denver, Denver Health also served as the 31st Army Hospital Unit and provided a learning residence for the Cadet Nurse Corps.

Over Time

1896 Typhoid fever epidemic in hospital staff — Physician and Chief Nurse die

1898 Cost of patient care at Denver Health is 93¢ per day

1898 Spanish-American War begins

As the nation entered WWII, it quickly became clear that Denver would face a critical nursing shortage. As the war intensified, the demand for nurses increased dramatically. Civilian nursing schools, including Denver Health's, were at capacity, training and graduating nurses as quickly as possible. The United States Public Health Service realized this increase in demand for nurses and, as the war progressed, began developing plans to develop a special training program — the Cadet Nurse Corps.

In exchange for free tuition and medical training, members of the Cadet Nurse Corps agreed to provide military or other federal governmental or essential civilian (nursing) services for the duration of the present war.

Dorothy Ellison, a junior at the Colorado Training School for Nurses in 1945, was excited about becoming a member of the Cadet Nursing Corps, and said nurses in the corps “have an excellent opportunity in their choice of affiliations to serve where they are especially needed.”

In 1947 Denver Health contributed two of its nursing graduates to the War effort, both of whom actively served alongside 42 of the hospital's military doctors.

On May 7, 1945, Germany signed an instrument of surrender in Reims, France, and the nearly decade long war was ended. The postwar years in Denver quickly

focused on the creation of public health services in Colorado. A new State Department of Health was created and health conditions of the Denver populous became major issues in the mayoral elections of 1947. Mayor Quigg Newton, after defeating Ben Stapleton, reorganized the City Charter and set up the Department of Health and Hospitals that remained the organizational structure of the hospital until 1997.

During the late 1930s and early 1940s the world saw many changes. Disease, starvation and depression affected people from every town, in every city and across every continent. Sickness and injury were more pronounced and as the resources to care for the needs of these people were being expended rapidly across the globe. Denver Health continued to serve the community by training nurses who would save the lives of countless Americans for years to come.

The Colorado Training School for Nurses continued as the primary nursing school in Colorado, training the best nurses in the Rocky Mountain Region, until 1949, when the school was moved to the University of Colorado Health Sciences Center.



Saving Lives with Answers

One of the oldest poison control centers in the nation found its humble beginnings inside a closet located on the Pediatric Ward at Denver Health.

While conducting a public health study about childhood poisonings in 1956, Dr. Winona Campbell, a pediatrician at Denver Health, found that a vital health care service was non-existent in Denver; parents were in need of a poison center to answer calls.

The first poison control call center was staffed by pediatricians using reference books and filing cards to assess and answer callers' questions and provide advice 8 a.m. to 5 p.m., daily. The total annual budget was \$9,000, and the call center answered 1,194 calls during its first year of operation.

By 1970, the poison center staff physicians recognized the need to create an academic base for diagnosing and treating poisonings. The Denver Health physicians united

Over Time

1903

Electrocardiograph (EKG) is invented

1908

Democratic National Convention held in Denver

1910

Denver Health acquires first auto ambulance

with physicians from other developing poison control centers across the country to form the American Academy of Clinical Toxicology.

Throughout the 1970s, Denver's poison center expanded, and eventually grew to serve the entire state of Colorado, 24 hours a day seven days a week. Nurses started answering calls and providing information, and physicians provided advice and trained the nurses while at the same time conducting ground-breaking research in toxicology.

In 1976, the first fellowship in medical toxicology in the country was created at the poison center. Today, it is one of the most sought after fellowship programs for medical students in the nation.

In 1977, the poison center was officially named the Rocky Mountain Poison and Drug Center (RMPDC).

The 1980s and 1990s also brought major growth to the RMPDC when the poison center's services expanded to include other states — Montana and Clark County, Nevada — making it one of the first poison centers to regionalize its services.

In the 1990s, the RMPDC expanded to include a research department, nurse line and medical toxicology department; and added Idaho to its service area.



Then came the new millennium, and the RMPDC once again expanded to include a language line to provide translation services, and a new emergency line dedicated to providing vital information to the public regarding health-care epidemics such as West Nile Virus and H1N1.

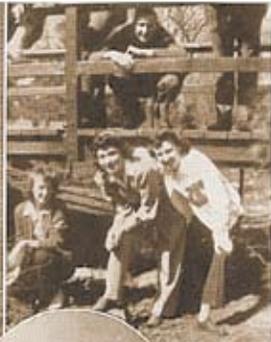
Through poison center visionaries like Dr. Campbell, Dr. Barry Rumack (1974 - 1992), Dr. Richard Dart (1992 to present), and devoted employees such as

Kathy Wruk (1980 - 2010), the RMPDC will remain a vital resource for families throughout the Rocky Mountain West.

Often called the “accidental poison center,” the Rocky Mountain Poison and Drug Center has become one of the most well-known and world-renowned centers in the nation.

A Time of Growth: 1961 - 1997







Another First: Taking Health Care into the Community

In an era when civil rights and poverty were at the center of political discussions, medical leaders at Denver Health identified the important role of wellness in transforming a community.

With the passage of the Economic Opportunity Act of 1964, and the establishment of the Office of Economic Opportunity (OEO), hospital administrators quickly identified an opportunity to finally bridge the gap between

acute hospital care and preventive medicine.

As part of some of the OEO initiatives, many in the community were given free physical exams. These examinations revealed a large disparity in health between the more privileged and those who were unable to afford health care. This discovery quickly forced the OEO to rethink the role of health care in relation to poverty and community wellness.

Over Time

1924

Hospital name changes to Denver General, and receives full accreditation from the American College of Surgeons and the American Medical Association

1928

First antibiotics are invented

1932

Defibrillator is invented

The first grant for health care delivery from the OEO was given to Tufts University Medical School. Health officials at Denver Health, led by Mayor Tom Currigan, were not far behind. In 1965 a proposal was accepted by the OEO and the first community health center west of the Mississippi was established in Denver. It was only two days behind the Boston grant.

After some review of census data, Denver Health identified the Five Points neighborhood as the site of the first health center. At the time, approximately 200,000 people lived in the area, earned low wages and lived in substandard housing. It was no surprise that the residents also suffered from serious health conditions.

Only 17 percent of five-year-olds had up-to-date polio and diphtheria immunizations, and infant mortality rates were 37 percent higher than in other more affluent Denver neighborhoods.

A dilapidated bakery in the neighborhood was purchased and transformed into the Eastside Family Health Center.

Staffed by primary care physicians and other specialists, the health center was designed to treat a number of diseases and

to educate the community about wellness and the importance of preventing disease through regular check-ups.

The clinic opened its doors on March 7, 1966, and in the first 14 days of operation the health center served 1,200

people. Within the first year, more than 14,000 patients were seen at the center.

The response was unprecedented and Denver Health was well on its way to becoming an integrated system providing care for everyone in Denver, regardless of income, class, race or gender.

Today, Denver Health's community health center

network has grown to include eight family health centers and 12 school-based health centers. These centers are highly utilized by members of the community during more than 375,000 patient visits annually.

• <i>Eastside Family Health Center</i>	<i>1966</i>
• <i>Westside Family Health Center</i>	<i>1969</i>
• <i>Westwood Family Health Center</i>	<i>1972</i>
• <i>La Casa-Quigg Newton Family Health Center</i>	<i>1972</i>
• <i>Park Hill Family Health Center</i>	<i>1973</i>
• <i>Montbello Family Health Center</i>	<i>1993</i>
• <i>Lowry Family Health Center</i>	<i>1995</i>
• <i>Wellington E. Webb Center for Primary Care</i>	<i>2007</i>



Emergency Medicine and Trauma Care the Mile High Way

In the late 1800s a new code of conduct developed. A departure from British Common Law allowed individuals to protect themselves with deadly force, with “no duty to retreat” further than “the air at his back.” It was this philosophy that the pioneers, panhandlers and bandits adhered to, and it was this philosophy that eventually coined Colorado as part of “The Wild West.”

Since the first patient seen at the County Hospital for a

gunshot wound in 1860, Denver Health has always been at the forefront of emergency medicine and trauma. And, although it took nearly a century for this type of medicine to be formally recognized by the public, Denver Health has been there every step of the way.

The formation of Emergency Medicine is one fueled by the demographic and social necessities of the public. Denver Health had the foresight and intuitiveness to establish one of the first Emergency Medicine Residency Programs

1944

Sunscreen is invented

1947

Florence Sabin
arrives at Denver
Health

1948

Minimum wage is
40¢ per hour

Over Time

in the United States. In 1973, six years before emergency medicine was formally recognized as a medical specialty by the American Medical Association in 1979, Denver Health was already training doctors to become highly specialized experts in this new field of medicine.

Contrasting the practicing physicians of today, those who pursued Emergency Medicine residency training in the early 1970s faced an uncertain future. They had no opportunity to be certified by a specialty board and had no guarantee their chosen field of medicine would be around in the future. They were medical pioneers and mavericks in both character and belief.

In 1977, Dr. Peter Rosen, one of the founding fathers of Emergency Medicine, assumed the Director of Emergency Medicine position and quickly staffed the Emergency Department at Denver Health with knowledgeable and competent physicians who were eager and able to tend to the city's injured and wounded.

"We've come a long way in the last 34 years," said Vince Markovchick, M.D., retired, who spent 20 years as Director

of Emergency Medicine at Denver Health. "Over the years, we've trained emergency medicine physicians who now hold directorships at some of the most prestigious and busiest Emergency Departments across the country."

As the Denver Health Emergency Medicine program grew, so did the Trauma/Surgery services. Under the direction of Ernest E. "Gene" Moore, M.D. the Rocky Mountain Regional Trauma Center was established in 1976. The Center quickly became known as the place to go for treatment of severe injuries.

Today, according to the American College of Surgeons, the Rocky Mountain Regional Trauma Center is recognized as the best in the country for trauma survival.

With the history of such an amazing medical community as its foundation, Denver Health today, has become a world-renowned and recognized Level I Trauma Center that not only serves the needs of Colorado, but patients across the nation.



On the Forefront of Responding to a Worldwide Pandemic

The first case of acquired immune deficiency syndrome (AIDS) was identified in the United States in 1981, and first diagnosed in Colorado in 1982.

AIDS quickly grew to pandemic proportions. In 2007, it was estimated that 33.2 million people lived with the disease worldwide, and that AIDS had killed an estimated 2.1 million people, including 330,000 children, since the early 1980s.

Researchers and physicians at Denver Health and Denver Public Health have been committed to the treatment, both medically and emotionally, of Denver residents diagnosed with communicable diseases, including HIV/AIDS.

“There was no clinic for AIDS in the early 1980s,” said David Cohn, M.D., associate director of Denver Public Health, and a practicing physician in the Infectious Diseases Clinic at Denver Health. “I started seeing the AIDS patients because I was one of the only physicians

Over Time

1951

The artificial heart valve is invented

1952

Cost of patient care at Denver Health is \$13.80 per day

1953

The heart-lung machine is invented

available at the time, and we started doing some research studies. Many people were afraid of the disease because we knew so little about it.”

It wasn't until 1983 that the first AIDS patient was admitted to Denver Health. Since then, the Infectious Diseases Clinic and HIV/AIDS research at Denver Health have grown and evolved with this ever-expanding pandemic. Denver Health and Denver Public Health have worked closely over the last few decades conducting research and treating this disease.

“Thirty years ago, when we diagnosed someone with AIDS it really was a death sentence,” said Cohn. “We would often tell them they didn't have long to live.

Over the years, Denver Public Health, a part of Denver Health, and Denver Health researchers and physicians applied for grants in order to offer HIV prevention outreach programs and operate an HIV/STD prevention training center. The prevention outreach program provides education, outreach, sexual health screenings and referral services to those who are at risk for sexually transmitted diseases and HIV. The prevention training center focuses its efforts on interventions at the individual, group and community level.

In 2009, there were 10,796 people living with HIV/AIDS

in Colorado, and Denver Health cared for the majority. In addition, its Denver Public Health department provided HIV/STD screening to thousands of clients; diagnosed new HIV infections; provided medical care and prevention counseling; and delivered evidence-based intervention courses to patients.

In its 150 years, Denver Health has been witness to many epidemics and pandemics. Diseases like typhoid fever, tuberculosis, smallpox, measles, influenza, HIV/AIDS and H1N1 have all threatened the community at one point or another; however, the integration of Denver Public Health into the Denver Health system has allowed for swift, aggressive response and action in the face of these infectious, life-threatening adversaries.

“We are lucky here in Denver. We now have the expertise and resources to tell our patients, especially those living with AIDS, that they have many years ahead of them. We can provide our patients with the most current, advanced therapies so that they can live long, normal, happy lives,” says Cohn.

In 2009, Denver Health and Denver Public Health received nearly \$20 million in research and prevention funding from local and federal agencies, of which every dollar went to improving the health and education of the residents of the State of Colorado.



Bringing Health Care into the Schools

Building off of the successful premise of its Community Health system — go where the need is — Denver Health quickly realized that an efficient and effective place to provide health care for children was where they go to school.

Established in 1987 in partnership with Denver Public Schools and the University of Colorado, and with funding from the Robert Wood Johnson Foundation, Denver Health was one of the first health care organizations in the country to deliver comprehensive physical and mental

health care services to children and adolescents while they are in school.

The School-based Health Centers were designed to increase access to primary care and help keep children out of the emergency rooms. In addition, the centers enabled parents to have their children seen by a health care professional without the need to take time away from work, or taking children out of class for extended periods of time.

The first School-based Health Centers were established at

1959

Vietnam War
begins

1964

Civil Rights Act signed
into law

1966

Eastside Family
Health Center
opens

Over Time

East High School and Lincoln High School.

Complementing the services of the school nurse, the School-based Health Centers function like traditional doctor’s offices right in the schools. Students might be referred for services by the school nurse, or students might use the clinic as their medical home; clinics often function as a medical home or sole site of care for many students.

Due to the overwhelming success of the two inaugural clinics, Denver Health was able to expand the School-based Health Center program to 10 additional schools.

Services offered in each of the 12 School-based Health Centers include physical exams, immunizations, minor illness care, care of chronic conditions such as asthma and depression, and behavioral health counseling.

In the event that a student requires additional or specialized care, referrals can be made to Denver Health or any of its associated clinics.

Today, School-based Health Centers serve elementary, middle and high school students across Denver through several successful partnerships between Denver Health, Denver Public Schools, Mental Health Center of Denver,

Colorado Department of Public Health and Environment, Colorado Health Foundation, Rose Community Foundation, Great-West Life, Morgridge Family Foundation, Denver Great Kids Head Start, and Temple Hoyne Buell Foundation. School-based Health Centers use the same

electronic medical records as the entire Denver Health system, which allows providers to track patients across the Denver Health system providing safe, efficient state-of-the-art care while avoiding duplication, cost and errors.

“Denver Health School-based Health Centers provide high quality primary care that students need to reach their full potential,” said Steve Federico, M.D. director of the School-based Health Center

program. “I am incredibly proud to be a part of a team that is committed to eliminating barriers to health faced by many of Denver’s youth.”

Over the years, health care services have been provided to more than 87,000 students while they were in school. During the 2008 - 2009 school year, more than 7,700 students received services at more than 30,300 clinical visits, and more than \$3.8 million in free care was provided to uninsured and underinsured students.

• <i>Lincoln High School</i>	<i>1987</i>
• <i>North High School</i>	<i>1995</i>
• <i>John F. Kennedy High School</i>	<i>1996</i>
• <i>Lake Middle School</i>	<i>1997</i>
• <i>West High School</i>	<i>1998</i>
• <i>Rachel Noel Middle School</i>	<i>2002</i>
• <i>Bruce Randolph School</i>	<i>2005</i>
• <i>Kepner Middle School</i>	<i>2005</i>
• <i>Kunsmiller Creative Arts Academy</i>	<i>2006</i>
• <i>South High School</i>	<i>2006</i>
• <i>Martin Luther King Early College</i>	<i>2007</i>



Establishment of the Denver Health and Hospital Authority

Wedged between the business philosophies of the private world and the public health ideas of the government, Denver Health has always struggled to care for the special needs of all populations while also caring for the needs of special populations.

In the early 1900s two former health commissioners were elected mayor, one after another. Under the new mayors and their administrations, the hospital became a division

of the Department of Social Welfare, along with public schools, the coroner's office, corrections, libraries and health departments.

Denver Health had many identities. The hospital's name progressed from City Hospital, the Poor House, County Hospital, Arapahoe County Hospital, to Denver General Hospital in 1923, and finally Denver Health.

After 137 years as an agency of the City of Denver, Denver

Over Time

1969

Westside
Family Health
Center opens

1969

Denver Health
opens new
hospital

1971

Cigarette
advertising is
banned on TV
and radio

Health was facing massive deficits and growing concern about its ability to continue to provide care for all in need. Rising costs, along with capitation reimbursement, increasing uninsured patients and the inflexibility of working within the City government, prompted the need for change.

“We were at a crossroads,” said Patricia A. Gabow, M.D., CEO, Denver Health. “I went to then-Mayor Wellington Webb to plead our case. I told him that this wasn’t a divorce, but in order for Denver Health to continue to serve the people of this great city, we needed to separate from the city and become an independent authority.”

In response, Mayor Wellington Webb appointed a panel of community leaders to consider whether there was a way to govern the health care system more effectively. After exploring how other public hospitals across the country operated, the leaders recommended creating an Authority as the best way to give Denver Health the operational flexibility it needed to respond to the changing health care environment.

On May 14, 1996, Mayor Webb announced that the Department of Health and Hospitals would make a full transition to an independent authority effective January 1, 1997. Changing the governance structure gave Denver Health the flexibility to remain viable far into the future. “Serving all the citizens of Denver, regardless of their

ability to pay, has been, and will continue to be, the main mission of this institution,” Webb said.

In January 1997, after much work with city and state officials, Denver Health officially began operating as a political subdivision of the State of Colorado. This new arrangement allowed Denver Health to have its own purchasing and personnel system, and also allowed for expanded grant applications, medical partnerships and the establishment of its own fund raising foundation.

“All of us who have had the good fortune to be members of the growing Denver Health family since 1997 are proud of our achievements,” said Gabow. “We have developed a productive and caring work force, and a health care system that serves our many patients with high quality and compassionate care. We could not have been as successful had we not had the wonderful opportunity to transition to the Authority model.”

Today, Denver Health is a nationally recognized, integrated health care system, renowned for its mission and quality. And, just as it stood on the banks of the Cherry Creek in the late 1800s, it still stands in that same location.



Denver Voters Speak Out: Denver Health is Our Medical Home

As the first and oldest hospital in Denver, Denver Health has had to build and re-build many times over to keep up with the growing population and its ever changing health care needs. Throughout the years, the continued modern day improvements would not have been possible without the support of Denver voters.

By the 1950s, Denver Health had outgrown its location at 6th Avenue and Cherokee Street and was finding it harder to provide care to the constant stream of patients walking

through the doors. Change was needed and a new medical facility would have to be constructed to care for the growing population of Denver.

Attempts to build a new Denver Health were rejected by the city for three years, but in 1963, with the election and support of Mayor Tom Currigan, a \$9 million bond issue to build a nine-story hospital and medical center was approved. The brand new hospital which opened in 1969, incorporated the most sophisticated medical equipment of the time.

Over Time

1973

Car airbags are
invented

1991

World Wide Web
becomes available
to the masses

1997

Denver Health
establishes NurseLine

This new, much needed facility was quickly operating at capacity, and by 1999 had reached a breaking point. Once again, something needed to be done to help the hospital expand so it could continue to care for everyone who came through its doors. With its newly-established operating flexibility, Denver Health was able to borrow funds in the private bond market to construct a new hospital tower which opened in 2003.

This new addition, houses a new pulmonary function lab, an orthopedic clinic, a rehabilitation clinic, two inpatient floors with all private rooms and a state-of-the-art medical intensive care unit.

Also in May of 2003, 65 percent of Denver voters approved a \$148 million bond that would help construct a new building that would be dedicated to the care of women and children, as well as a new community health center. Both of the new buildings would be built eco-friendly with patient safety and quality health care as the foundation to all design and construction.

In 2006, Denver Health opened the Pavilion for Women and Children, a four-story, completely secure facility with private labor and delivery rooms, private postpartum rooms and the first private neonatal intensive care rooms in Denver. The Pavilion was built for quality, built for safety, built for efficiency, built for Denver. Shortly after its opening the building was designated as a LEED Silver

facility for its energy efficiency and conservation. Denver Health was the first public safety net hospital project in the country to receive the prestigious LEED certification.

Also in 2006, the Wellington E. Webb Center for Primary Care was opened on the Denver Health campus. This was the first community health center in the country to be opened immediately adjacent to an acute care hospital. Another first for Denver Health!

In 2007, Denver's citizens passed the ballot initiatives that established The Better Denver Bond Program (formally the Neighborhood Bond Program), a comprehensive effort to invest in the enhancement of city facilities. Denver Health, along with other City agencies, participated in this program in which the City funded one-half of the new Westwood Family Health Center, under the Neighborhood Bond Program.

Today, all exam rooms in all of the community health centers, and 95 percent of the inpatient hospital rooms are private.

Denver Health understands the importance of community support and involvement. With every grand opening, Denver Health and its employees enjoy a great sense of pride knowing that Denver residents support its mission and willingly voice their support at the polls and elsewhere — it is a fine testament to the Denver community and we are proud to have their support.



September 11, 2001 Changes Everything

Where were you on September 11, 2001?

That infamous day changed not only the lives of millions of people, but set into motion a new public health, safety and emergency readiness philosophy that is still growing today.

What was once an ideal that was only exhibited on the big screen in action films has become an unfortunate way of life. Buildings became targets, commercial airliners became weapons and the unknown lurking around the

corner had become even more frightening.

With the advent of these new threats, Denver Health stepped up and immediately took a leadership role in emergency preparedness and response. As an established leader in emergency medicine and trauma care, the region looked to Denver Health for guidance. Denver Health established the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics (RMCME), a new center that brought

Over Time

2001

iPod debuts

2003

Denver Health
opens new
hospital addition

2003

65% of Denver
voters support
\$148 million
Denver Health
bond initiative

together all disciplines of public health preparedness and emergency response — Emergency Medicine, 911 System, Trauma Center, Public Health, Poison Center, education, telemedicine and community health. It was up and running by the end of October 2001 as a Denver Health and City of Denver cooperative effort.

The goal of the RCMCR was to operate as “an effective medical response to terrorist events, mass casualties and epidemics.” Through improved education of both the public and health care professionals, improved methods of public health surveillance and collaboration with a multitude of external agencies to coordinate medical response in times of need, RCMCR chartered new and unexplored ground related to coordinating large scale emergency responses.

The RCMCR has received more than \$18 million in federally-funded grants. With this money, the organization conducted training, research, stockpiled supplies and educated health care professionals. The RCMCR established new emergency preparedness and response protocols that ensure Denver and Colorado are ready to meet the needs of the public when threats arise.

The world has come a long way since those shotgun duels at high-noon on a dirt street in the middle of Denver. Nowadays, whether it be a biological or chemical attack, a mass casualty incident, or an act of terrorism, Denver Health once again has shown the world that it is dedicated to improving how we care for victims of violence.





Health Information Technology Moves Denver Health into the Future

Coupling medical expertise with technology was no easy task and it was virtually unheard of in the early 1990s, but visionaries were able to see how this unique partnership could change the health care delivery system for millennia to come.

In late 1997, after stumbling into a small data closet that housed most, but not all, of the servers in use at Denver Health, and cautiously walking through the wires strung together by 11 power strips, Gregg Veltri, chief information

officer quickly realized that technology at Denver Health had a long way to go, and his new job was not going to be easy.

With four separate and distinct servers — housed in as many locations — only a select few employees had e-mail accounts. The first information technology (IT) projects begun at Denver Health were to create a single network and to link employees together through an e-mail system.

“Those first projects weren’t so bad, they were a place for us to get started,” said Gregg Veltri. “The real challenges

Over Time

2007 Denver Health opens Pavilion for Women and Children

2007 Wellington E. Webb Center for Primary Care opens

2008 Denver Emergency Center for Children opens

came later on when we started thinking of ways to use technology to help doctors and improve patient care.”

By the mid 1990s, medical records at Denver Health were electronic, but record retrieval was slow, taking as much as four hours for doctors to receive a single patient record. Given this slow, cumbersome process, doctors often didn’t even use the electronic medical records.

Veltri and his team quickly identified the need for a complete overhaul of the system and began to work on creating an electronic medical records system that would make records immediately accessible by any provider in any Denver Health facility.

Today, the medical records system has patient records from 1996 forward and has approximately 3,000,000 unique records available to specialists, primary care physicians and emergency medicine physicians.

Over the years, Denver Health has undertaken a massive technological overhaul, and with the implementation of each new technological advancement the result is better patient care and a savings of millions of dollars that previously were wasted on duplicative tests and labs.

Denver Health has invested more than \$300 million in ground-breaking information technology solutions since 1997, enhancing patient care through quality health care and efficiency.

Today, there is a computer in every patient room and exam room, outside of every inpatient room and in every office. In fact, there are more computers in use at Denver Health than there are employees. In addition, most processes utilized by the hospital are electronic — vaccinations, prescriptions, laboratory tests and x-rays are all electronically monitored and are available within minutes of entry into the system.

So what does Denver Health’s electronic future hold, and how will Denver Health continue to lead the country in health information technology?

“What we want is for our technology to help both patients and clinicians so that they can quickly, efficiently and effectively identify and monitor symptoms and diseases to provide the best high quality care in the country,” said Veltri. “Information technology is still in its formative years when it comes to health

care. We still have many, many iterations to complete before we even reach our current goals — and even those goals expand every day. We want to continue to be a leader in health information technology, teaching the rest of the country through our expertise and experience.”

Denver
Health
Medical
Center

Family
Health
Centers

Correctional
Care

Rocky
Mountain
Regional
Trauma
Center

Rocky
Mountain
Poison &
Drug
Center

Denver
CARES

Denver
Health
Paramedics

School-
based
Health
Centers

Denver
Health
Foundation

Denver
Public
Health

Center for
Medical
Response to
Terrorism

Denver
Health
Medical
Plan

Level One Care for ALL

Denver Health has a rich, 150 year history of caring for the special needs of all populations while compassionately meeting the health care needs of special populations.

In 2009, Denver Health cared for 164,243 individual patients, and managed more than a million patient contacts.

Denver Health remains steadfast in its mission of providing high quality care for all, from birth to the end of life, and will continue to do so for another 150 years.



*150 Years of
Level One Care for ALL*

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