At 99 years of age, most people have stopped traveling and tend to keep close to home. But not Congressional Medal of Honor recipient John William Finn, who spent the better part of September in Denver, at Denver Health.

Finn was in Denver participating in the annual National Medal of Honor Winners Conference when he became ill and was transported via a Denver Health ambulance to the Emergency Department. Finn was suffering from shortness of breath and a cough – which may not seem severe, but when you are looking forward to your 100th birthday, is cause for concern.

Finn received a hero’s welcome at Denver Health. Denver Police stood guard outside his hospital room, not because he was dangerous or wanted, but because he was the hero who stood in the middle of a concrete tarmac on December 7, 1941, shooting at Japanese Zeros as they attacked Pearl Harbor.

Finn, a Navy Munitions Chief during World War II, is presumed to be the first Medal of Honor recipient of World War II and is the sole surviving member of this elite club from Pearl Harbor. His Medal of Honor nomination states that he shot down 20 Japanese planes while being shot five times.

Finn was admitted as an inpatient at Denver Health and quickly befriended many of his caretakers. Sitting in his hospital room, Finn regaled the staff with recounts of his war stories. He also shared with staff the story of receiving his Medal of Honor from Admiral Chester Nimitz onboard the U.S.S. Enterprise and how he keeps it with him at all times, like a lucky rabbit’s foot, in the front pocket of his pants. He even had it with him in his hospital room for all to see.

Upon his discharge from the hospital, Finn told a few more stories and thanked the staff for helping him in his journey to become a centenarian, July 23, 2009.

“Thank you all for taking such good care of me and for taking the time to listen to an old man and his stories. You’ve made this trip to Denver and the annual Medal of Winners Honors Conference one to remember. Thank you, and see you on my 100th birthday, you’re all invited to the party.”
The year 2008 was one of excellent progress at Denver Health. As we marched through our 148th year of service to Denver and Colorado, we once again marked some important milestones — continuing the modernization and sophistication of Denver Health, participating in a huge national event, and opening new facilities.

In this year’s annual report, we have focused attention not only on our mission, our patients and service to the community, but also we have chronicled a year dominated by the excitement of opening the brand new Denver Emergency Center for Children, playing a key role in the Democratic National Convention, bringing the “Getting It Right” transformation project to a new level, and winning several national awards.

In our supplementary annual report we also have paid tribute to the long-standing excellence of our Emergency Medicine physicians and their exemplary work in our Emergency Department, their many achievements in caring for the injured and ill, as well as training hundreds of new emergency physicians, over the past 35 years.

The superb quality of our faculty physicians continued to be recognized in 2008, with 42 Denver Health physicians named Best Doctors in America, and eight listed among a nationally-screened list of Top Doctors. Fifteen were named Top Doctors by 5280 magazine. Their work and that of their colleagues brought us national attention as quality goals were met and awards were granted.

As always, the fragility of safety net financing dominates our operations at Denver Health, presenting remarkably regular challenges that we must overcome to maintain our mission. In 2008, we faced major financial stress as the deteriorating economy brought thousands of newly-uninsured patients to our doors. This required us to reduce budgets throughout the organization. Yet, we ended the year in the black again, an achievement in which we have taken great pride since 1991.

An innovative project that began in 2005, “Getting It Right: Perfecting the Patient Experience,” has been a key factor in reducing waste in our system and improving the bottom line, while at the same time it has enhanced efficiency and ensured continued high quality of care.

Indeed, 2008 was a busy and exciting year, one in which our role in the community was “in the spotlight.” We hope you will enjoy this annual review of our accomplishments.

Patricia A. Gabow, M.D.
Chief Executive Officer
Denver Health
Once Every 100 Years

The Democratic National Convention (DNC) may happen once every four years for the rest of the country, but in Denver it had been 100 years since the Democrats last gathered to elect a presidential candidate.

The 2008 Democratic National Convention was the largest event in Denver’s history, attracting hundreds of thousands of people, numerous celebrities, and thousands of domestic and international media.

Denver Health spent more than a year preparing for the possible surge of injured, dehydrated and ill visitors to the City. Providers were prepared to care for just about any medical condition, including an upswing in volume of medical patients visiting from lower elevations suffering from altitude sickness.

Fortunately, the protests were minor, and most delegates and other attendees were in good health.

The convention did provide a great opportunity for Denver Health to put disaster plans into place, test mass casualty equipment and practice up-staffing. The convention provided a great deal of experience and opportunity in multiple areas within the organization.

For the Paramedic Division, the convention presented the challenge of covering all the venues, and having a 24-hour presence at the City’s Office of Emergency Management.

Public Health and the Rocky Mountain Poison and Drug Center were constantly monitoring and providing surveillance, and were prepared to prevent possible disease spread. They also worked to promote health and wellness, and made the necessary efforts to protect DNC participants and the general public.

Denver Cares, the City and County jails, the Emergency Department and the Adult Urgent Care Clinic were all staffed heavily, ready to provide patients/delegates with expert and efficient care.

The disaster preparedness group, the Sheriff’s Department and Security were highly visible and helpful throughout all Denver Health facilities.

The nursing staff, the physicians and all the care providers worked hard at keeping the hospital open and off divert for the entire week. All the support services kept food and supplies coming, and also kept the hospital and the grounds looking great.

The Information Technology staff was busy keeping all systems running and making sure all patient records were safe and secure.

The Public Relations staff was busy answering media calls all day and night, working to highlight Denver Health with national and international media.

Everyone throughout Denver Health pitched in to help wherever and however they were needed.

The DNC was a monumental collaboration among all health care providers throughout the Denver Metropolitan area. The week of events partnered Denver Health and the entire integrated system, including Denver Public Health, as well as all metropolitan area hospitals, the Colorado Department of Public Health and Environment, and multiple City of Denver departments including Environmental Health, the Denver Police, Denver Fire, the Office of Emergency Management and the Mayor’s Office.

The convention provided the opportunity to learn about preparedness and to strengthen the staff’s commitment to providing high quality health care.

A Once in a Lifetime Event

On August 28, the final day of the 2008 Democratic National Convention, more than 85,000 people inched their way through security operations for nearly three hours in anticipation of watching Barack Obama accept the Democratic presidential nomination at Invesco Field at Mile High.

Denver Health paramedics, nurses and physicians staffed four first-aid stations inside and outside of the stadium and treated 122 people for various illnesses, mostly heat-related. Only 15 of the 122 people needed to be transported to area hospitals.

“This was truly a once in a lifetime event,” said Chris Colwell, M.D., medical director for the Denver Fire Department and Denver Paramedics. “As care providers, we were honored to be there caring for those who needed assistance. We worked hard to make sure illnesses were treated on scene, if possible, and no one had to miss out on the historical event.”

“It was a great joy to see Denver come together to support this wonderful event,” said Colwell. “It was truly a team event with 20 EMS agencies coming together to provide health care services at one of recent history’s most significant moments.”
50,000+ Delegates

15,000+ Members of the Media

85,000 People at Invesco Field at Mile High to Witness Barack Obama Accepting the Democratic nomination

400 DNC Related Events

300 Patient Contacts

239 Calls for Emergency Medical Assistance by Paramedics

7,000 Miles Ridden by Paramedics on Bikes
As planning for the DNC began, it was realized that public health surveillance would be key to a successful event. Nearly two years before the actual event, Denver Public Health (DPH) began developing a plan to assist the DNC organizers and participants in creating a safe environment both inside and outside the multiple convention venue sites.

DPH’s goal during the DNC was to provide surveillance to prevent the spread of disease and to protect DNC participants and the general public from potentially harmful public health events.

Biosurveillance was used to monitor emergency room patterns at area hospitals that might indicate naturally occurring or bioterrorist acts.

Hospitals in the Denver metropolitan area, as well as those in Colorado Springs, participated in an electronic exchange of health information using a secure system. Information was categorized using analytic tools and syndrome categories. Data was received, processed and reported daily for review by public health and hospital officials.

During the event, there were several minor “spikes” found in the system, all of which were evaluated and found to be naturally occurring and consistent with typical seasonal patterns.

During the DNC, Denver Public Health staff members found that an ounce of prevention is worth a pound of cure, and are now working with other public health departments throughout the state and across the country to share lessons learned and help others learn public health surveillance.

Bike Medics on Patrol

The large influx of media, DNC attendees, vendors and others, as well as the high level of activity, caused crowded streets and sidewalks in downtown Denver, making it difficult for traditional emergency medical teams to get around.

So how did medics reach those in need within oversized crowds of people? The Denver Health Paramedic Division did the next best thing — they pedaled in.

During the DNC, the Denver Health Paramedic Division had a bike medic team of 18 bikes on the streets around the clock. The bike medics responded to more than 650 calls consisting of everything from twisted ankles to heart attacks, and collectively rode nearly 7,000 miles, saving Denver Health close to $2,000 in fuel costs.

The rolling paramedics had the ability to defibrillate, intubate or to simply give Tylenol if need be. Their 50 pounds of gear included IVs, mini oxygen tanks and even a portable EKG machine — in addition to lights and sirens mounted on the bikes.

“These bikes can get places other vehicles cannot,” said Kyle Roodberg, Emergency Medical Services Captain, Denver Paramedic Division, and head of the Paramedic Bike Team. “Our mobile medics have even been known to fly down flights of stairs on their bikes to respond to an emergency.”

The Democratic National Convention was a busy time for the Bike Paramedics, but it wasn’t the first time they were on the streets of Denver. The Denver Health Bike Paramedics, established 1991, now have daily patrols on the streets of Denver, and cover every large event from Colorado Rockies baseball games to Denver Broncos football games to presidential and dignitary visits.

Fully trained paramedics, the Bike Paramedics are not only tops in their medical field but tops in cycling. They must pass a yearly training course, complete with obstacles, to qualify for the cycling team.

Bike Paramedics are Denver’s two-wheeled ambulances, racing into crowds to care for those in need.
Excellence at all Levels of Patient Care

Denver Health’s focus on delivering the best in patient care is something that flows throughout the entire organization. From harnessing the power of technology to reinforcing transparency of information to key stakeholders, this area continues to evolve as part of an ongoing journey toward excellence.

“Providing safe and high quality patient care is not at all a new concept. What’s changed is that improving patient safety has become primary in providing high quality care,” said Kendra Moldenhauer, director, Patient Safety and Quality and Regulatory Compliance. “We all know that measuring our success, identifying opportunities and sharing our outcomes are critical elements of patient safety.”

To do all of these things efficiently, Moldenhauer and her staff are concentrating on developing a solid infrastructure that facilitates the transfer of information, which is key to patient safety.

“The use of data, especially electronic data, to drive improvement is important for hospital leadership and clinicians,” said Moldenhauer. “Our physicians rely on actual outcomes and what we’re doing, so they can develop and have evidence to support overall strategies.”

But patient safety isn’t just about the use of information technology to track outcomes. Denver Health has instituted numerous other patient safety initiatives to improve the delivery of care and patient outcomes, including a rapid response system for hospitalized patients who are starting to show signs of a possible cardiac arrest, called the Clinical Triggers – Rapid Response Program. It has reduced the in-hospital cardiac arrest rate by nearly 40 percent.

Denver Health’s commitment to patient safety has resulted in numerous citations and patient outcomes that have garnered national attention.

- Denver Health received the highest ranking of any public safety net hospital in the U.S. in the annual University HealthSystem Consortium (UHC) aggregate quality and safety survey. This means that Denver Health truly is a model for the nation when it comes to patient safety.

- Denver Health has achieved the lowest mortality rate after a heart attack, and after hospitalization, for heart failure in Colorado. In addition, Denver Health has the lowest mortality rate after a heart attack of any academic medical center in the UHC database, and also has the lowest C-section rate of all reporting hospitals in the UHC database.

- Sixty-two percent of Denver Health hypertension patients have their blood pressure under control compared to a national average of 35 percent; more than 65 percent of Denver Health’s diabetic patients have their cholesterol levels optimally controlled versus a national average of 40 percent; and pediatric immunization rates are well above the national average.

- The Rocky Mountain Regional Trauma Center posted a trauma survival rate that is the best of all trauma centers in the American College of Surgeons database.

Getting It Right

By the end of 2008, Denver Health had been engaged for more than four years in “Getting It Right: Perfecting the Patient Experience.” This enterprise-wide initiative aims to transform health care delivery by focusing on elimination of wasteful processes; improving communication between doctors, nurses and other care providers; designing buildings for safety and efficiency; ensuring that the highest quality employees are hired; and providing incentive for great performance.

A key aspect of this initiative is LEAN, or Toyota Production Systems, which reduces waste in the system to make health care delivery more efficient.

During 2008, Denver Health focused LEAN efforts in 14 key areas, called “Value Streams.” A Value Stream represents a broad area of process activity that is mapped in order to create a structure for initiating change. The Value Stream Analysis creates a diagram of every step, from beginning to end, involved in a health care process. Value Stream Analyses guide regular Rapid Improvement Events (RIEs), in which actual changes are made in identified areas needing improvement.

By the end of 2008, improved processes and reduced waste had saved Denver Health more than $20 million dollars.
#1 Trauma Survival — 96.8% Survival Rate

1,986 Trauma Patients in 2008 from:
• 41 Colorado Counties
• 31 States

42 Best Doctors in America

24 of Denver’s Top Docs

92% of 1-year-olds Up-to-date on Immunizations

61% of Patients have Hypertension Under Control

Perfect Cardiac Care
New Web Site

Connects Patient Care and Safety

One of the key elements in delivering a safe health care environment and high quality patient care is being completely transparent and providing information to the public that educates and informs them about the health care they are receiving.

In late 2008, Denver Health launched a new Web site focused on quality and safety. The goal of the Web site is to offer more transparency to the public while showcasing the excellent work that takes place within the organization. It also serves as an important tool to connect with patients and their families and encourages communication that leads to continuous improvement.

Some of the main features of this new Web site include:

- A profile of Denver Health's national rankings and awards such as individual doctors who have been recognized for their work, Leadership in Energy and Environmental Design (LEED) certification for facilities and being named as one of the Top 100 Most Wired Hospitals for information technology use.
- An overview of patient safety and quality practices at Denver Health that details areas such as computerized order entry systems, medication reconciliation procedures, policies that reinforce the prevention of surgical mistakes and patient accidents, safety reporting, and the use of color-coded wristbands for identification.
- Access to quality reports that evaluate and compare Denver Health's performance against other hospitals in the state of Colorado and the nation.
- Information on Denver Health's cultural competence initiatives that recognize a population where 70 percent of its patients belong to a minority group. Services addressing this issue include the use of medical interpreters and multi-language family education materials.
- A collection of actual thank-you letters from Denver Health patients.
- Charts that detail comparative costs in treating several key medical conditions.
- Links to other organizations that provide resources on health care quality such as Centers for Medicare and Medicaid Services (CMS), Colorado Department of Public Health and Environment, HealthGrades, National Association of Public Hospitals and Health Systems, and National Institutes of Health (NIH).

A special icon on the front page of www.denverhealth.org, provides a quick link to the Quality and Safety site.

There's Always Room for Improvement

In Denver Health’s Infection Control department, there are a lot of little things that result in big differences. Ongoing improvement focuses on the reinforcement of standard practices – from hand-washing to using a procedure checklist – so that simple daily habits are always top-of-mind with every employee.

In 2008, infection prevention efforts focused on reducing blood stream infections related to using central lines, tubes inserted into the vein that allow the transmissions of solutions such as IV fluids, antibiotics and medication.

Simple measures such as hand-washing, using a checklist and having a cart nearby with all the necessary supplies are elements that have been highlighted and encouraged across all departments.

In addition, a grant from the Agency for Healthcare Research and Quality (AHRQ) helped fund the creation of Health Infection Prevention Performance Improvement (HIPPI), a group of frontline staff who champion the efforts of infection prevention as part of their day-to-day interaction with co-workers.

"HIPPI has been great in getting the frontline staff involved and has helped us to see the various challenges and gain valuable insight," Connie Price, M.D., director, Infection Control, said. "The program has also been effective in empowering nurses and other care givers to stop physicians if they are not following protocol. Our HIPPIs are not policemen, they are encouragers and educators. We want our people doing it right all of the time because it's such a fundamental part of patient safety."
AWARDS
AND
ACCOMPONISHMENTS
In 2008, Denver Health presented 1,744 STAR (Special Treatment and Action Reward) awards to employees for their commitment and dedication to patients, visitors and co-workers, as demonstrated in specific actions. Each award is $50. Employees from every division, department and discipline received awards, including doctors, nurses, technicians, professionals and hourly employees. Some employees received more than one award during the year for their outstanding work.

TEAMs Excel at Denver Health

In 2008, teams of employees came together to ensure that Denver Health operates at peak performance by implementing cost-effective, efficient, LEAN processes. Because of these successful cost saving process changes, each team was rewarded with a bonus. Nearly $235,000 was paid out to members of 100 teams.

A complete listing of all Denver Health STAR and TEAM awards can be found at www.denverhealth.org in the on-line annual report.

2008 Denver Health Awards and Accomplishments

Beginnings

Denver Health opened the Denver Emergency Center for Children (DECC), an urgent care center and emergency room, in September. DECC staff include Emergency Medicine physicians specializing in pediatric medical trauma care and urgent care, nurses with special training in pediatrics, and pediatric nurse practitioners.

Colorado First Lady Jeannie Ritter helped celebrate the grand opening of the Psychiatric Emergency Department in April. The 4,400-square-foot unit is located on the hospital’s first floor, and is also home to the Mobile Crisis Service.

Milestones

House Speaker Nancy Pelosi toured Denver Health in October with Congresswoman Diana DeGette. Following the tour, Pelosi and DeGette addressed health care issues at a press conference where Pelosi praised Denver Health for being an inspiration and a model for the nation.

Awards

- 15 Denver Health physicians were named Top Doctors by 5280 magazine:
  - Daniel Bessesen, M.D., chief, Endocrinology;
  - Michael Blei, M.D., chief, Rehabilitation Medicine;
  - David Collier, M.D., chief, Rheumatology;
  - Ivor Douglas, M.D., chief, Pulmonary and Critical Care;
  - Kennon Heard, M.D., assistant director, Rocky Mountain Poison and Drug Center;
  - Robert House, M.D., director, Behavioral Health;
  - Laurent Lewkowiez, M.D., director, Cardiac Electrophysiology;
  - Stuart Linas, M.D., Nephrology;
  - John Lockrem, M.D., director, Anesthesiology;
  - Philip Mehler, M.D., chief medical officer, and director, ACUTE Center for Eating Disorders;
  - Katherine Miller, M.D., Lowry Family Health Center;
  - Ernest E. “Gene” Moore, M.D., chief, Surgery and Trauma Services;
  - John Ogle, M.D., director, Pediatrics;
  - John Peterson, M.D., director, Child and Adolescent Psychiatric Services; and
  - Wade Smith, M.D., director, Orthopaedic Surgery.
• Best Doctors in America named 28 Denver Health physicians to its 2007/2008 Best Doctors list.

  Jennifer Adams, M.D., Westside Family Health Center
  Irene Aguilar, M.D., Westside Family Health Center
  Richard Albert, M.D., director, Medicine
  Jeffrey Brown, M.D., Pediatrics
  William Burman, M.D., medical director, Infectious Disease Clinic
  Stephen Cantrill, M.D., director, BNICE Training Center
  Christopher Carey, M.D., director, OB/GYN
  David Cohn M.D., associate director, Infectious Disease
  Richard Dart, M.D., director, Rocky Mountain Poison and Drug Center
  Raymond Estacio, M.D., Westside Family Health Center
  Patricia Gabow, M.D., chief executive officer
  David Hak, M.D., Orthopaedic surgeon
  Simon Hambidge, M.D., director, General Pediatrics
  Lela Lee, M.D., director, Dermatology
  Stuart Linas, M.D., Nephrology
  Andrew Liu, M.D., Pediatrics
  Carlin Long, M.D., chief, Cardiology
  Thomas MacKenzie, M.D., director, Internal Medicine
  Jody Maes, M.D., director, Pediatric Urgent Care Clinic
  Vincent Markovchick, M.D., director, Emergency Medical Services
  Philip Mehler, M.D., chief medical officer, and director, ACUTE Center for Eating Disorders
  Howard Miller, M.D., Anesthesiology
  Ernest E. “Gene” Moore, M.D., chief, Surgery and Trauma Services
  Steven Morgan, M.D., Orthopaedic surgeon
  John Ogle, M.D., director, Pediatrics
  Randall Reves, M.D., medical director, Denver Metro Tuberculosis Control Program
  Jeanne Rozwadowski, M.D., Westside Family Health Center
  Wade Smith, M.D., director, Orthopaedic Surgery

Claire Avante, PharmD, BCPS, medication use coordinator, Inpatient Pharmacy, was selected 2008 Inpatient Pharmacy Preceptor of the Year by the University of Colorado Denver School of Pharmacy.

Dan Bessesen, M.D., chief, Endocrinology, was named to the National Institutes of Health's (NIH) Clinical and Integrative Diabetes and Obesity Study Section. Bessesen was also named the Outstanding Basic Science Teacher by the University of Colorado Denver School of Medicine for the 2007-2008 academic year.

Walter Biffl, M.D., surgeon and assistant director, Patient Quality and Safety, was accepted into the 2008 National Association of Public Hospitals (NAPH) Medical Leadership Program. The NAPH Medical Leadership Program is a one year program, designed to develop and enhance leadership skills in improving the quality, safety and efficiency of patient care.

Greg Bogdan, Ph.D., research director, Rocky Mountain Poison and Drug Center, received the Roy Cleere Distinguished Service Award from the Colorado Public Health Association, for outstanding contribution to public health in Colorado.

Kathy Buhrman, RN, director, Facility Planning, was honored in Facility Care's Who's Who in Healthcare Facilities Management. Buhrman was included for her contributions to more than $400 million worth of construction projects, including several clinics, the Rita Bass Trauma and EMS Institute, and four additions to the hospital.

Health and Human Services Secretary Michael Leavitt appointed Stephen Cantrill, M.D., director, BNICE Training Center, a member of the National Biodefense Science Board (NBSB). The NBSB provides expert advice and guidance to the Secretary on scientific, technical and other matters of special interest to the department regarding activities to prevent, prepare for, and respond to, adverse health effects of public health emergencies resulting from current and future chemical, biological, nuclear and radiological agents. Dr. Cantrill was also named a Hero of Emergency Medicine by the American College of Surgeons.

Darlene Ebert, General Counsel, was named a 2008 Health Care Super Lawyer by 5280 magazine.

Patricia A. Gabow, M.D., received the National Center for Healthcare Leadership Award honoring a lifetime of work to improve the field of health care leadership.

Paul Limberis, director, Inpatient Pharmacy, was elected 2009 Board President of the State Board of Pharmacy.

Nancy Lea, WIC counselor, and Elizabeth Sanchez, health care technician, each received a Colorado Community Health Network Health Professions Initiative Scholarship for their commitment to caring for the underserved.
Thomas MacKenzie, M.D., M.S.P.H., director, Internal Medicine, was selected as a member of the Eighth Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure and the Guidelines Implementation Work Group. This group of scientists will shape how the U.S. approaches hypertension and cholesterol control for the next 5-10 years.

Vince Markovchick, M.D., FACEP, director, Emergency Medical Services, was named a Hero of Emergency Medicine by the American College of Emergency Physicians.

Mark Scherschel, Paramedic lieutenant, received the Paramedic of the Year award from the Denver Elks Lodge #17. Scherschel received the award for his dedicated work to improving the lives of those around him, no matter what each situation entailed, and for being a model health care provider and leader to all Denver Health EMTs and paramedics.

Bill Singleton, physician assistant, Rachel Noel Middle School, and Erin Bennetts, licensed clinical social worker, Kepner Middle School, received Inspiration Awards from the Colorado Association for School-based Health Care. Singleton was named Outstanding Provider, and Bennetts was named Outstanding Mental Health Provider.

Steve Vogler, M.D., pediatrician, Westside Family Health Center, received the James Strain Community Service Award from the Colorado Chapter of the American Academy of Pediatrics.

Denver Health received the American Heart Association’s Get with the Guidelines—Coronary Artery Disease Silver Performance Achievement Award. The award recognizes Denver Health’s commitment and success in implementing a higher standard of cardiac care that effectively improves treatment of patients hospitalized with coronary artery disease.

Denver Health was one of only seven Wyoming and Colorado hospitals presented with a Medal of Honor Award by the U.S. Department of Health and Human Services for excellence in organ donation at the National Learning Congress.

Denver Health was recognized for its Health Professions Initiative Scholarship Program, the Women’s Wellness Connection, the Health Disparities Collaborative, the Healthy Woman Outreach Project, the Colorado Colorectal Screening Program and Immunization Initiative, with clinical quality awards by the Colorado Community Health Network.

Denver Health’s Community Health Services received an award from the Colorado Department of Public Health and Environment for its Immunization Outreach Project.

The National Association of County and City Health Officials honored Denver Public Health (DPH) for implementing the Sexually Transmitted Diseases Clinic Electronic Messaging and Laboratory Reporting. This is DPH’s third Model Practice Award in the past five years.

Denver Health’s Departments of Oncology and Gynecology received the Lifeline Award at the 2007 annual National Marrow Donor Program Council meeting.

Denver Public Health Program Administrator Tracey Richers Maruyama was named president-elect of the Colorado Public Health Association.
It was an exciting day in September when the brand new Denver Emergency Center for Children (DECC) at Denver Health opened. The special pediatric emergency department and urgent care center was designed first and foremost to meet the needs of children, always ensuring that they receive high quality, safe care.

“Having an emergency room just for kids serves two important needs,” said Katie Bakes, M.D., director, Denver Emergency Center for Children. “We try to focus on how a child perceives the whole emergency room experience, and we try to make it more adaptable to the kids and staff. We also have the facilities and personnel to take care of the unique needs of children.”

The Center has a separate waiting area just for children, 19 private exam rooms, each equipped with a flat screen TV, two major trauma resuscitation rooms, and a separate ambulance entrance.

“During our grand opening, we really wanted to make it a community event and one in which children could visit us and understand that we aren’t scary monsters, but are friendly doctors and nurses here to help them,” said Dr. Bakes.

The grand opening of the Denver Emergency Center for Children was celebrated with a safety fair that included tours of the new facility, free bike helmets that were individually fitted to more than 200 children and adults, the opportunity to explore an ambulance, a fire truck and a police car, and more than 140 gun locks that were given to parents. In addition, the nearly 1,000 members of the community who attended the event were treated to drawings every half hour, and Recycle Bicycle provided a free bike to the winner.

The Center also includes highly-qualified, Emergency Medicine physicians specializing in pediatric emergency, trauma and urgent care; nurses with special training in pediatrics; and pediatric nurse practitioners who work together to ensure fast-tracking patients so there is little or no wait time for children to be seen. In fact, the registration process is completed in the exam room ensuring that the child is in a safe, secure environment with care providers from the moment that he/she arrives in the DECC.

“We’re really excited about having a staff of pediatric neurosurgeons, ophthalmologists, pediatric urgent care, trauma care, child abuse specialist and anesthesiologists,” said Bakes.

Another unique feature of the Center is that it was designed and built to be flexible. For example, in the event of a mass casualty incident every exam room can become a trauma room to care for the injured.

“In a crisis, we have 19 beds in pediatric emergency, and 12 flex rooms that can double as adult emergency beds if needed,” said Dr. Bakes. “Also, the 12 flex rooms we share with the adult side of the Emergency Department are available for use when needed, like during the winter months when we see more sick children in the emergency room.”

“We want everyone to know that this is a safe, secure place for children where they are going to receive care from highly skilled doctors and nurses who are specially trained in attending to the special needs of all children,” said Dr. Bakes.

On March 9, 2008, Denver Health had a surprise visitor who turned out to be one of the year’s most generous donors.

Olusegun “Sheg” Aramolate, who was a contestant on “Oprah’s Big Give” reality television show, showed up at Denver Health because he did some research and decided that the organization was the one he found to be most worthy of his, and the show’s, support.

“Sheg’s visit to Denver Health was one of the most exciting experiences we’ve had in a long time,” said Patricia A. Gabow, M.D., CEO. “He took a sincere interest in our organization and our patients. Several of our patients who were here at the time, as well as many more who would come through our doors in the future, were able to benefit from his, and Oprah’s, generosity.”

As a result of Sheg’s visit to Denver Health, patients received gifts from Target. In addition, a brand new Ford Edge SUV was donated to the Community Voices program to assist in transporting patients to physician appointments.

“We were very fortunate to have ‘Oprah’s Big Give’ visit Denver Health and shine the spotlight on our Newborns in Need program,” said Paula Herzmark, executive director, Denver Health Foundation. “The support we’ve received from the ‘Big Give’ along with what we receive from our annual newborns campaign held throughout the Denver metropolitan area allows us to help families who sometimes have to choose between heating their homes and purchasing necessities such as diapers and car seats for their babies.”
In 1956, Dr. Winona Campbell realized that a crucial city service was missing from Denver: a place for worried parents to call when they thought a child may have ingested something poisonous. Dr. Campbell, and the administration of then-Denver General, established the Rocky Mountain Poison and Drug Center (RMPDC), which began answering calls from a small closet on the pediatrics ward.

Pediatricians on duty managed the calls using reference books and filing cards. With an annual budget of $9,000, the center answered 1,194 calls during its first year of operation.

Today, the RMPDC is one of the largest regional poison call centers in the United States, and has been certified by the American Association of Poison Control Centers (AAPCC) for 32 years, since the AAPCC's inception in 1976.

The RMPDC has grown to a 24-hours-a-day, 365-days-a-year call center managing nearly 350,000 cases each year. With a staff of 240 employees, the RMPDC is the primary resource for worried parents and others throughout all of Colorado, Hawaii, Idaho, Montana and Nevada – a combined population of more than 10 million people.

Nearly half of the calls received each year involve children under the age of five. In a matter of seconds, a young child can ingest a potentially harmful item. In such an emergency, highly skilled poison specialists – many of whom are registered nurses – answer calls and provide understanding, calming advice, and instructions for the caller on steps necessary to ensure the well-being of their loved one. All of the poison specialists are supported by board-certified physician toxicologists for case consultation 24 hours a day.

The call center staff members undergo continual training to develop and maintain the skills necessary to provide this vital service. A detailed call review process is undertaken on all calls and responses to ensure the information provided is medically accurate.

It is because of these highly specialized professionals that 98 percent of callers rate the advice and care received as good or excellent.

“We are proud to be able to offer this vital, often life saving service to the citizens of Colorado,” said Richard Dart, M.D., director, RMPDC. “We are proud to be able to not only help those in need, but also in many instances save them an unneeded, costly emergency room visit.”

Injury Prevention from the Beginning

In the United States, motor vehicle crashes are the number one cause of death for people under 21 years of age.

It is an amazing statistic, but according to Emergency Medicine physicians, approximately half of all injured children treated in the Denver Emergency Center for Children were not properly restrained while riding in a vehicle.

When car seats are properly installed and used every time a child rides in the car, they are capable of preventing severe injury and even death.

Denver Health believes that car seat safety should begin with an infant’s first ride home from the hospital. Unfortunately many patients are not able to provide a proper car seat for their newborn.

Denver Health began giving a brand new car seat to every baby born at the hospital in October 2008 and during the final three months of the year, provided more than 830 car seats to families with newborns who didn’t have a car seat when they took their child home.

“It’s the law to have a car seat,” said Robin Engleberg, program manager, Denver Health Foundation, “but if a patient has to choose between food, diapers or a safe ride home from the hospital, they’re going to choose food and diapers.

“Giving a car seat is giving a gift that will have a direct impact on the baby. Nothing’s more important than a baby’s safety.”

“We know all children need to be restrained in a car seat, so we want to make sure we’re taking care of everyone, even those with special needs,” said Engleberg.

The car seat program is funded through private donations. The cost for the short three month period in 2008 was $38,030. The free car seats provided upon discharge of newborns are convertible car seats that can be used from birth to when a child is three or four years old, depending on weight and height.
In 2004, Denver Health’s Labor and Delivery Unit was delivering an average of 3,000+ babies a year in a cramped space designed to serve around 1,800 babies. Demand for hospital care, especially labor and delivery had surged, straining the 35-year-old medical center.

A $148 million bond issue, approved by voters in November 2003, would prove to be the major force behind bringing Denver Health’s Labor and Delivery unit into the 21st century. In May of 2004, Denver Health unveiled plans for its 204,000-square-foot Pavilion for Women and Children, which included an entire floor dedicated to the birthing experience.

The new four-story Pavilion for Women and Children, which opened in August 2006, greatly eased capacity issues creating a whole new Labor and Delivery Unit, as well as a new Mom/Baby Unit, both boasting all private rooms.

Nearly two years after its grand opening, the Labor and Delivery unit saw its busiest year ever, with 3,655 babies delivered in the large private birthing suites with state-of-the-art birthing beds and private bathrooms with whirlpool tubs.

“We knew it would take a little bit of time for the word to spread about how wonderful our new facility is,” said Chris Carey, M.D., director, OB/GYN. “Now, all we hear is how wonderful we’ve made the birthing experience.”

Denver Health now offers water therapy, birthing balls, nurse midwives, and highly skilled, experienced nurses who provide labor support techniques that keep patients relaxed and focused throughout the birthing experience.

“We’re proud of what we’ve built here at Denver Health, and we’re proud that we deliver one of the safest, cleanest, newest, best birthing experiences in town,” said Dr. Carey.

Midwives Enhance the Birthing Experience

Certified nurse-midwives are highly specialized providers trained to give safe and comprehensive primary, prenatal and childbirth care to healthy women.

The midwifery model of care focuses on the normalcy of pregnancy, childbirth and breastfeeding. Midwives are trained to recognize complications early, and work closely with physicians in order to offer women safe, satisfying, high quality health care.

For many years, Denver Health has had certified nurse-midwives caring for women in the outlying clinics and the OB Screening Room. In 2005, the addition of nurse-midwives on Labor and Delivery added an alternative birth option for low-risk pregnant women.

In 2006, Denver Health’s midwifery program expanded to 24/7 coverage on Labor and Delivery, and there is now a midwife on the Mom/Baby Unit providing postpartum care and working with lactation specialists offering breastfeeding support.

In addition to the midwives working in OB Screening and at Westside and Eastside clinics, midwives who work on Labor and Delivery are also now providing prenatal care in the Women’s Care Clinic.

At Denver Health, the certified nurse midwives perform one-third of the deliveries — about 90 to 100 a month. The average Cesarean section rate from these deliveries is 3.5 percent. (The Denver Health overall Cesarean-section rate averages 20 percent, while the national average is well above 30 percent.)
3,655 Babies Delivered
17,754 Pediatric Urgent Care Clinic Visits
211 Pediatric Trauma Patients
136,873 Poison Center Calls Involving Children
17,103 School-based Health Centers Patient Visits
78,586 Pediatric Primary Care Visits
43,363 Women’s Care Visits
16,634 Nutrition and Women, Infants and Children Encounters
11,056 Immunizations Given
A Healthy Community
On November 20, 2008, a milestone in public health occurred when Denver Health went 100 percent tobacco-free throughout all of its facilities.

“We’ve made a commitment as an organization to provide a safe and healthy environment for our patients, visitors and staff,” said Chris Urbina, M.D., director, Denver Public Health.

Through an established program, Denver Health patients and employees have access to resources that include nicotine replacement therapy (patches, lozenges and gum), classes designed to help people get through their day to day activities without using tobacco and the Colorado Quit Line, a free telephone support hotline and Web site that is provided by Colorado’s State Tobacco Education & Prevention Partnership.

“We are seeing measurable results. Patients and visitors understand that they cannot light up while on Denver Health property, and our groundskeepers are picking up significantly fewer cigarette butts,” said Urbina. “Of course these are just preliminary results. It may take a few years to see the full results in the form of healthier patients and employees.”

Denver Health’s Tobacco-Free Initiative also received support from the city when the Denver City Council voted in August 2008 to pass an ordinance prohibiting smoking on public property adjoining hospitals. The City Council vote was accomplished through a coalition of all Denver hospitals with a commitment to go tobacco free in 2008.

“Our success is that we didn’t just mandate change at one location. We looked at it comprehensively and involved all of our key community partners as well as employees throughout the organization. First we created a policy based on this vision, then we offered support and we set out with the end goal of making a change in how we deliver a healthy environment for our patients and staff,” Urbina said.

Healthy People 2010

Lack of health insurance, death due to heart disease, cancer and diabetes dominate the news. Although these health issues are important and need to be addressed through greater integration of health care services, improved efficiency, greater health care coverage and expanded access, it is not sufficient to view health only in terms of disease and suffering, according to Denver Healthy People 2010.

It is crucial for communities and the public to invest in health promotion, to assume a leadership role in addressing these issues through population-based changes focused on prevention. To succeed, it is important to first understand health promotion and its benefits, the current health of Denver residents, and the health disparities among different populations.

Denver Healthy People 2010, a joint project between Denver Public Health and Denver Environmental Health, monitors the health status of Denver residents.

“We don’t want people to suffer from something that can be prevented,” said Denver Public Health Director Chris Urbina, M.D. “Healthy People 2010 works to educate people on disease prevention and healthy living.”

Healthy People 2010 strives to help individuals and their communities change their lifestyles in order to move toward optimal health: a balance of physical, emotional, social, spiritual and intellectual well-being, through:

- Health education;
- Establishing interpersonal support systems;
- Reaching people through changes at schools, worksites, and health care practices;
- Creating communities supportive of health through changes in the physical environment; and
- Developing public policy to support healthier decisions.

“It’s our job to ensure that Denver is a healthy community, and the best way to do that is through education and prevention. Those are our goals, and I’m sure we’ll soon begin to see changes throughout our community.” To view the complete Healthy People 2010 report, visit www.denverhealth.org/denverpublichealth.
In July 2008, Denver Health welcomed another international specialist to its staff when Dr. Hugo Quiroz-Mercado, M.D., a prominent ophthalmologist from Mexico City, joined the organization.

Quiroz-Mercado is known for his cutting-edge research focused on diabetic retinopathy, a disease affecting diabetics who are experiencing increasing blindness.

“The most important thing for me is working in a public health care setting and taking care of uninsured and underinsured patients,” said Quiroz-Mercado. “It is extremely gratifying when my patients can tell me how they have regained their sight and can now see their children and grandchildren.”

Because Hispanic populations have a predisposition to diabetes and diabetic retinopathy, and its prominence has increased over the last few years, Quiroz-Mercado is looking forward to establishing a successful practice providing cutting edge Level One Care for ALL – the insured, the uninsured and the underinsured.

A New Start

At the age of 29 Shashana Herron had already spent more than a year of her life bedridden due to her obesity. She weighed approximately 400 pounds and had been immobile for so long that she had given up hope.

“I just gave up,” said Shashana. “I didn’t really think it was worth it anymore.”

In February of 2008, Shashana was hospitalized at Denver Health Medical Center due to multiple medical conditions related to her weight. She was suffering from some of the worst bed sores the hospital had seen and had to be sedated for dressing changings.

At first, Shashana was untrusting and unwilling to accept help and actively participate in her own health care, which made her medical issues extremely difficult to treat. Doctors were hesitant to perform surgery on Shashana in fear that she would not contribute the effort necessary for her to rehabilitate. However, surgery was necessary in order for her to walk again.

In April, Shashana was referred to Karen Valentine, a Care Management Health Coach at Denver Health, who worked with her on being an active participant in her own care, how to make healthy food choices and portion control, which led to a weight loss of 110 pounds.

Shashana’s new hard-working attitude and her weight loss enabled her to have the surgery needed so that she could once again walk.

Today, Shashana continues to make strides of improvement. She is now able to walk, continues to lose weight by practicing healthy eating habits and has taken up swimming at her local recreation center.

Shashana now has dreams of going back to school and living in her own apartment.

“I think I want to do something to help other people,” she said. “I want to be like Karen, I want to be someone who helps people. I want to make Karen proud.”
## Denver Health and Hospital Authority
### Balance Sheets
#### December 31, 2008 and 2007

#### Assets
**Current assets:**
- Cash and cash equivalents: $50,464,113
- Short-term investments: 999,995
- Patient accounts receivable, net of contractual allowances of approximately $70,066,000 and $52,591,000, respectively, and estimated uncollectibles of approximately $36,211,000 and $32,429,000 in 2008 and 2007, respectively: 69,519,714
- Due from other governmental entities: 6,846,872
- Due from City of Denver: 534,959
- Estimated third-party payor settlements receivable: 9,621,820
- Other receivables: 12,433,147
- Interest receivable: 1,439,003
- Inventories: 1,644,204
**Total current assets:** 163,138,846

**Noncurrent assets:**
- Restricted investments: 54,675,076
- Capital assets, net of accumulated depreciation: 400,033,555
- Long-term investments: 68,117,220
- Other assets: 2,581,845
**Total noncurrent assets:** 525,407,696
**Total assets:** $688,546,542

#### Liabilities and Net Assets
**Current liabilities:**
- Current maturities of bonds payable: 3,620,000
- Current maturities of capital leases: 24,972
- Current maturities of notes payable: 155,000
- Accounts payable and accrued expenses: 19,699,482
- Accounts payable – construction: 3,242,010
- Accounts payable from restricted investments: 2,903,554
- Accrued salaries, wages, and employee benefits: 14,837,753
- Accrued compensated absences: 21,295,957
- Deferred revenue: 15,260,074
- Accrued claims: 16,487,000
**Total current liabilities:** 97,525,802

**Long-term liabilities:**
- Long-term portion of compensated absences: 568,509
- Bonds payable, less current maturities, net of deferred loss on refunding: 4,404,396
- Capital lease obligations, less current maturities: 482,697
**Total long-term liabilities:** 199,766,697
**Total liabilities:** 297,292,499

**Net assets:**
- Invested in capital assets, net of related debt: 250,600,189
- Restricted: 6,152,376
- Unrestricted: 134,501,478
**Total net assets:** 391,254,043
**Total liabilities and net assets:** $688,546,542
Denver Health and Hospital Authority
Statements of Revenues, Expenses, and Change in Net Assets
Year ended December 31, 2007 and 2006

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenues:</strong></td>
<td></td>
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<tr>
<td>Net patient service revenue</td>
<td>$261,603,726</td>
<td>219,350,931</td>
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<tr>
<td>Premiums earned</td>
<td>145,374,480</td>
<td>124,357,149</td>
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<tr>
<td>Medicaid disproportionate share and other safety net reimbursement</td>
<td>67,782,708</td>
<td>69,576,019</td>
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<td>Primary care funds</td>
<td>6,318,194</td>
<td>6,744,468</td>
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<td>City of Denver payment for hospital services</td>
<td>27,542,700</td>
<td>27,542,700</td>
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<tr>
<td>Federal and state grants</td>
<td>33,091,031</td>
<td>31,394,162</td>
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<td>Other grants</td>
<td>18,680,208</td>
<td>16,868,654</td>
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<tr>
<td>City of Denver purchased services</td>
<td>16,576,937</td>
<td>16,175,287</td>
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<tr>
<td>Poison and drug center contracts</td>
<td>23,081,767</td>
<td>21,551,811</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>16,537,354</td>
<td>17,258,931</td>
</tr>
<tr>
<td>Total operating revenues</td>
<td>616,589,105</td>
<td>550,820,082</td>
</tr>
</tbody>
</table>

| **Operating expenses:** |               |               |
| Salaries and benefits  | 342,593,402   | 311,009,466   |
| Contracted services and nonmedical supplies | 110,408,330  | 98,006,225   |
| Medical supplies and pharmaceuticals | 57,811,332   | 51,582,508   |
| Managed care administration and claims | 62,687,445   | 55,503,804   |
| Depreciation and amortization | 31,990,462   | 29,297,932   |
| Total operating expenses | 605,490,971  | 545,399,935  |
| Operating income       | 11,098,134    | 5,420,147     |

| **Nonoperating revenues (expenses):** |               |               |
| Investment income       | 7,642,018     | 8,163,071     |
| Interest expense        | (9,930,880)   | (9,139,753)   |
| Net increase in fair value of investments | 493,704      | 1,027,338    |
| Gain (loss) on disposition of capital assets | (75,271)     | (368,941)    |
| Total nonoperating revenues (expenses) | (1,870,437)  | (318,285)     |
| Income before capital contributions | 9,227,697    | 5,101,862    |
| Capital contributions   | 6,623,115     | 553,924       |
| Increase in net assets  | 15,850,812    | 5,655,786     |
| Total net assets, beginning of year | 375,403,231  | 369,747,445  |
| Total net assets, end of year | $391,254,043 | 375,403,231 |

Denver Health Net Revenues 2008

- Uncovered 3%
- Disproportionate Share Revenue and Upper Payment Limit 10%
- City Payment 5%
- Federal/State Grants 2%
- Other Safety Net 3%
- Medicare 10%
- Medicaid 35%
- Private 23%
- Other Operating and Nonoperating 9%
- Restricted Grants and Contracts 1%
- City Payment 0%