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REPORT
TO THE CITY
OF DENVER
2015

Operating Agreement Performance Report

DenverHealth.org



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Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock St
Room 350
Denver, CO 80203

April 28, 2016

Mayor Hancock,

It is my pleasure to provide you with the 2015 Denver Health and Hospital Authority Compliance with Operating Agreement Performance Criteria. Denver Health and Hospital continued to flourish in 2015 while maintaining excellence in clinical areas, and staying committed to our mission to provide access to the highest quality healthcare for all.

In 2015 we expanded our successful pillar approach to include a new Research and Education pillar to show our recommitment to training the very best in medicine and encourage continued participation in important research initiatives. We also are proud to be home to 26 “5280 Top Doctors”. Ranging in specialty from surgery to family medicine, Denver Health is proud to be able to provide the best of the best to Denver and its residents and visitors.

Included in the accompanying report you will find details of our recent accomplishments and accolades, our detailed financial reports, a summary of the uncompensated care that we continued to provide and our performance measures.

I am proud to be able to represent this outstanding organization that is truly committed to its mission to serve those in the City and County of Denver.

Sincerely,

A handwritten signature in black ink that reads "Art Gonzalez". The signature is written in a cursive, flowing style.

Art Gonzalez

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Overview

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Denver Health enjoyed another successful year in 2015. As the organization continued to focus on executing the long-term strategic plan, significant advances were made in growth, delivering high quality health care, and focusing on an exemplary patient experience.

Key areas of focus (represented by a pillar framework) are:

- Financial Vitality;
- Workforce Engagement;
- Patient Experience;
- Research & Education;
- Growth;
- Patient Safety & Quality;
- Community.



As an academic institution committed to advancing our scholarly mission, Denver Health announced the addition of a seventh strategic pillar, Research and Education, in 2015. As stated in the mission, Denver Health is committed to participate in the education of the next generation of health care professionals and to engage in research that enhances our ability to meet the health care needs of our patients.

Multiple stakeholders came together to develop an initial “pillar plan” within our Long Range Strategic Plan (LRSP). In order to support Denver Health’s ability to conduct high-quality research, evaluation, and programmatic work, there will be focused attention on developing central infrastructure, including permanent leadership to be identified in 2016, specific to Research and Education.

In December 2015, Denver Health formally launched the Baldrige Journey of Performance Excellence. The Malcolm Baldrige National Quality Award (MBNQA) is an award established by the U.S. Congress in 1987 to raise awareness and recognize performance excellence. Thousands of organizations use the Baldrige Excellence Framework and its associated criteria to guide their enterprises. This lauded improvement and innovation framework offers the organization an integrated lens by which they can evaluate progress as a lean enterprise.

Growth

Denver Health achieved all three of its organizational growth goals in 2015:

- Goal 1 - Unique Medicaid Patients ended the year at 152,000 against a goal of 150,000.
- Goal 2 - Net Income from new business development ended the year at \$6.2 million against a goal of \$5.7 million.
- Goal 3 - Denver Health Medical Plan growth met its targets for both Denver Health and the City and County of Denver employee enrollees.

In addition, Denver Health demonstrated its dedication to patient access with several new construction projects identified in the Master Facilities Plan. One of the most significant of these projects is the construction of the Southwest Family Health Center and Urgent Care, located in one of the most underserved communities in Denver. Under this project we will construct a 45,000 square foot facility on 2.7 acres, located at 1339 South Federal Boulevard, three miles south of the existing Westside Family Health Center. The new clinic design was based on a lean framework, which supports optimal patient flow and experience. It will house 40 exam rooms, 10 rooms for urgent care with extended hours, enrollment specialists, a pharmacy, a clinic for the Supplemental Nutrition Program for Women, Infants

and Children (WIC), and a dental clinic.

Additionally, Denver Health broke ground on a new support services building. By consolidating support services departments, critical space in the existing core campus and historic buildings can be made available for patient care. The new building will feature levels of structured parking, retail and amenities space, and a conference center. Twenty support services departments will be relocated to this building with a total occupancy of more than 700 employees. The project is scheduled to be completed in the first quarter of 2017.

Denver Health implemented an extensive plan to accommodate external referrals based on more than ten Lean events and multiple project plans. This capability allows for providers and patients outside of the City and County of Denver to refer patients appropriately for needed patient care and enables continued growth.

Several other programmatic enhancements contribute to Denver Health's successful growth strategy. For example, in response to increased demand, the Women's Care Clinic - located in Pavilion C - expanded obstetrical ultrasound services.

Behavioral Health developed plans for a total of three expansions including:

- Adult Psychiatry five bed expansion in the first quarter of 2016
- Adolescent Psychiatry five bed expansion slated for the fourth quarter of 2016
- Long range planning event for 14 more beds in Pavilion M for Adult Psychiatry available in the second quarter of 2017

Behavioral Health also began an Adolescent Psychiatry Partial Hospitalization Program (PHP) pilot in June 2015 and has provided 66 patient days of services since that date. The PHP pilot program operated without additional resources as personnel refined registration, billing, and tracking methods in preparation for a recommendation to move forward with a full program. The Psychiatry team continues to optimize the psychiatric Emergency Department which added eight bays in September 2015, in order to accommodate the high volumes of patients. Lastly, the team will implement Electroconvulsive Therapy (ECT) services, expected to go-live in June 2016, following our enterprise-wide electronic health record (Epic) implementation.

In collaboration with Rehabilitation Services and Orthopedics leadership, Denver Health leased property to house the Denver Health Alpine Clinic in Fraser, Colorado. To support our long-range trauma strategy, this clinic will provide Occupational and Physical Therapy services to the mountain community and was welcomed by local businesses during a successful open house event held in November 2015. The clinic started seeing patients on December 2, 2015.

Patient Experience

In 2015, one of Denver Health's key priorities was patient experience. By improving the patient experience, Denver Health will achieve a focus on improved quality, safety, and outcomes, as well as increased employee/provider engagement. The following new initiatives aided in furthering Denver Health's progress and the achievement of meeting our 2015 improvement goals for Overall Rating of the Hospital and Overall Rating of the Provider in our pediatric clinics.

2015 marked the beginning of Denver Health's journey with the Studer Group, a collaborative partnership

to engage employees and improve processes to benefit patients and families. During the year, a variety of evidence-based practices were implemented, and engagement was demonstrated on multiple levels. We found success with a variety of rounding initiatives. These initiatives required the engagement of employees across the organization, while increasing face time, improving communication, and positively impacting outcomes.

In 2015, the restructured Patient and Family Centered Council convened. The council, which serves as the voice of the patient, is a partnership of patients, community members, and hospital personnel committed to ensuring an excellent patient care experience through the delivery of patient and family-centered care in all aspects of development and delivery.

Furthering the commitment to leadership growth with a focus on the patient experience, Denver Health designed and executed four full-day leadership development institutes (LDIs). These sessions, attended by more than 500 leaders, included inspiring keynote presentations, the launch of key best practices, valuable training, and testimonies from Denver Health patients. These LDIs represent the first learning sessions of its kind in Denver Health history.

Workforce Engagement

In 2015, Denver Health refreshed its stated values to trust, respect and excellence. Standards of Behavior were identified as a way to guide employees on how to role model the values of trust, respect and excellence. Denver Health also transitioned to Accountability Based Performance, to better reflect these values in the performance management system.

Denver Health's workforce grew from 6,056 to 6,641 employees. In order to measure employee engagement, Denver Health surveys its workforce annually, with an additional mid-year "pulse" survey. Each department developed an engagement plan based on the results of the survey.

Several Human Resources actions were implemented to support improved workforce engagement. This included revisions to existing policies to recognize continuous years of service provided by employees who have intermittent status at Denver Health. Improvements to the Denver Health Retirement Plan were also made and communicated to the employee population.

In 2015, Human Resources was acknowledged for generating substantial cost savings for the organization by in-sourcing Short Term Disability, contacting every employee at home during their first week of leave, assisting employees in returning to their work areas, changing the Family Medical Leave (FML) calculation to reflect best practice, and pairing employees who experience chronic conditions with a health care coach from Denver Health Medical Plan.

The Recruiting Center implemented multiple improvements from a Lean planning event to improve both staff and provider recruitment practices. Two of these improvements included Behavioral Interviewing which assists hiring managers to better determine the likelihood of a candidate's success on the job, and an employee referral program which increases the number of employee referrals.

Parking rates for employees were significantly reduced and free bus passes were offered to employees, encouraging the use of public transportation and positively impacting parking on the main Denver Health campus.

Denver Health continues to focus on leadership development as part of engaging the workforce. Approximately 50 leaders completed a leadership simulation as part of a leadership assessment process. The purpose of the assessment was to identify the leaders' readiness to execute on the organizational strategies. The organization developed a coaching plan or an individual development plan for everyone who completed the assessment and strategy to promote engagement, growth, development, and learning. The organization offered extensive leadership development through the Lean Academy and in Financial Management.

Efforts to encourage wellbeing and increase engagement began with four key areas of wellbeing:

- Physical and Environment
- Mental and Emotional
- Financial
- Social and Community

Some wellness activities included financial workshops and a Financial Fitness Challenge, group fitness classes, a water drinking challenge, a Denver Health Kickball League, participation in the Tobacco Free Campus and the Colorado Healthy Hospital Compact, and resiliency sessions for providers.

Diversity and inclusion efforts continue with some initiatives to expand workforce diversity, and to value, respect and support our diverse workforce. The Medical Careers Collaborative (MC2) provides high school students from diverse backgrounds the opportunity to explore healthcare as a career choice.

Community

The Denver Health Foundation has been the fundraising arm for Denver Health Medical Center since 1998, securing private funds to support Denver Health in its mission to sustain and advance the health and wellbeing of residents of Denver and the Rocky Mountain region.

As in previous years, the Denver Health Foundation's NightShine Gala proved successful in 2015, raising more than \$1,383,932, which will support the Southwest Capital Campaign. The NightShine Gala produced a wonderful evening and featured a lively performance by The Doobie Brothers.

In 2015, The Denver Health Employee Giving Campaign, "I Am Denver Health" raised \$328,253. This campaign asks every Denver Health employee to make a personal financial contribution to one of the many programs that support patient care, scholarships and research within the organization. Denver Health surpassed the goal of \$300,000 and proved, once again, that Denver Health Employees care deeply about the organization. A total of 1,380 employees from all quarters made donations.

The Foundation finished the year at 50 percent of the capital campaign goal with various strategies in place to complete the \$11 million goal by end of 2016.

Denver Health was notified by the Colorado Department of Public Health and Environment (CDPHE) that our organization received one of the HHS (Health and Human Services) grants from the Hospital Preparedness Program. Denver Health expects to receive \$3.25 million over a five-year period. Denver Health Medical Center will serve as a regional treatment center for patients with Ebola or other severe, highly infectious diseases.

Denver Public Health and Denver Environmental Health hosted a two-day site visit by the Public Health Accreditation Board (PHAB) in August. More than 50 staff from the two departments participated in meetings. Site visitors highlighted three strengths and three opportunities for improvement in the final session. Work with the Department of Environmental Health is taking place to develop an action plan that should result in accreditation within the next year. The Department also drove city-wide efforts to sign on to a global effort to end the AIDS epidemic by 2020.

Denver Health planned the 50th Anniversary of the Federally Qualified Community Health Centers 2016 resource fairs planned at each clinic site in celebration with the community. A City Council proclamation was issued on March 7, 50 years to the day of the Gibson Eastside Clinic Opening.

Denver Health engaged Directors of Services (Denver Health provider leadership) to be senior advisors and champions for focused diversity efforts. This included a \$10,000 donation from Dr. Chris Colwell (Emergency Department Director of Service) to the Community Outreach Fund established through the Denver Health Foundation.

Denver Health coordinated with Human Resources, Councilman Lopez, Councilman Flynn, Denver Office of Economic Development, Denver Libraries, and community and business leaders to host mini job fairs in southwest Denver for new hires for the Southwest Family Health Center and Urgent Care. A phased-in approach to staffing will commence with the clinic opening in April 2016.

For the second consecutive year, Denver Health implemented the job shadow program “CareerConnect” with Denver Public Schools (DPS) and Denver Health clinic staff, exposing approximately 300 high school students thus far to medical career pathways in Emergency Medicine, Radiology and BioMed.

Denver Health co-hosted the first ever Denver Public School MedConnect Summit at Mile High Unity Way, where *FACES for the Future* introduced their successful medical pipeline program serving underrepresented inner city youth in California. Expansion of this model is slated for Denver in 2017.

Focus was placed on a marketing program targeting the community for the Denver Health Paramedics Diversity Scholarship Program.

Denver Health implemented a collaborative partnership with the Certified Nursing Assistance Program at the Emily Griffith Technical College.

Efforts were dedicated to establishing a working group with the University of Colorado on Diversity and Inclusion efforts. We reviewed Equality of Care (a toolkit for eliminating Health Care Disparities from the American Hospital Association) and identified opportunities for diversity and inclusion, which was presented as part of a comprehensive hospital approach and business plan for diversity and inclusion.

Denver Health dedicated time in partnership with the community on At-Risk Intervention and Mentoring (AIM) efforts and reducing youth violence, including hiring a third outreach worker that responds to at-risk youth presenting to the Emergency Department with shootings, stabbings, and assaults. AIM provided approximately 200 bedside interventions, 8 crisis interventions, and supported 4 community events. Approximately 120 hospital employees and 60 community partners received training on at-risk or gang-involved youth.

The Denver Health Community Affairs Department has also been actively involved in outreach for Globeville-Elyria Swansea and Northeast Denver, as first choice neighborhood targets for addressing health disparities.

In collaboration with community partners (e.g. The Stapleton Foundation, Clinica Tepeyac, and Focus Points, Denver Health has an opportunity to develop a Provider Community Outreach Group (PCOG), which would provide multi-disciplinary outreach to address the health-related concerns in the Globeville-Elyria Swansea and Northeast Denver neighborhoods. While working toward closing health disparity gaps, this effort also has the potential to enhance diversity pipeline programs, build interdepartmental collegiality, and raise awareness of Denver Health's commitment to the neighborhoods we serve.

Denver Health developed a neighborhood plan with the Golden Triangle Neighborhood Work Group.

Financial Vitality

In 2015, Denver Health had a net income, before capital contributions, of \$37,831,839.

Federal and State officials have announced funding reductions. Denver Health anticipated certain reductions and with the support and expertise of the finance team, 2015 was a strong year for the organization. The finance team was thorough with financial planning, placed the required reserves, and obtained actuarial analysis and third party validations to confirm internal assumptions. The challenge to Denver Health is to ensure that the organization is in a continuous state of evolution and improvement; where improvement is not as a casual action, it is an everyday element of operations.

In 2015, Denver Health Care Management was created. As part of the restructured model the Emergency Department Care Management program was implemented, which has realized substantial savings by avoiding inappropriate admissions and providing patients with an alternate level of care.

The organization created a "Supply Chain Optimization" tool designed to improve transactional efficiency with suppliers, routinely conducts online transactions and embeds supply chain resources in the myriad patient care areas that span clinical and non-clinical departments, tightly managing 12 inventory turns per year by accounting unit. Wired up and wedded to GS1 Healthcare US supply data standards, Denver Health posts some of the lowest supply and drug costs per patient day among peer organizations.

As part of the long-term strategic plan, Denver Health outlined several foundational strategies that are critical to future success. One of these is the adoption of a new electronic health record (EHR). Throughout 2015, the Epic team has been working with operations to design and build the new system. In December 2015, the team completed the 120 day Pre-Go Live Readiness Assessment, a comprehensive review of approximately 750 criteria for a successful go-live. Eighteen percent of the items were complete, 53 percent were on track to be complete, 26 percent were off track to be complete, and 3 percent were seriously off track. Action plans have been created to address all items not on track. Denver Health continues to be on track for the April 9 go-live with 95 percent of the system built.

Patient Safety and Quality

In 2015, University HealthSystem Consortium (UHC) published the year-end 2014 mortality rankings in their "clinical outcomes report." Once again, Denver Health has one of the lowest observed to expected mortality rates in the country (Ranked #10 out of 126 academic health centers). Denver Health has been in the best 5 percent for six years in a row.

In 2015, University HealthSystem Consortium (UHC) released their annual clinical quality rankings:

- On the Quality and Accountability Annual Scorecard (inpatient), Denver Health achieved four out of five stars placing it in the top third of academic health centers in the U.S.
- Denver Health has achieved at least four stars for 10 straight years.
- This year's score includes Top 10 rankings in the domains of mortality and efficiency.
- On the first-ever Ambulatory Care Quality and Accountability ranking, Denver Health also achieved four out of five stars (top quartile) among participating academic health centers.
- This ranking is focused on quality, access, and appropriate utilization of specialty care and ED services.
- This includes a rank of #1 for the domain of "Quality and Efficiency."

In 2015, Denver Health was recognized as part of The Joint Commission's 2015 annual report "*America's Hospitals: Improving Quality and Safety*," for attaining and sustaining excellence in accountability measure performance for Heart Attack, Heart Failure, Pneumonia, Surgical Care, Immunization and Perinatal Care. Denver Health is one of only 1,043 hospitals out of more than 3,300 eligible hospitals in the United States to achieve the 2014 Top Performer distinction.

The Department of Health and Human Services' Million Hearts Initiative has recognized Denver Health as a Hypertension Control Champion for their success in helping patients control high blood pressure in their family health centers. The Million Hearts® Hypertension Control Challenge is a "competition" to identify practices, clinicians, and health systems that have excelled in achieving blood pressure control for their patients.

In 2015, Denver Health reached the Medication Reconciliation target, a key quality target established in 2014.

The Denver Health Center for Occupational Safety & Health (COSH) received a Four Star Rating from Pinnacol Assurance. That organization's Clinical Performance Initiative (CPI) measures medical providers' clinic performance, publicly shares measurement results, and rewards those clinics that meet or exceed specified performance standards.

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Accolades Denver Health Awards & Accomplishments

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MILESTONES

Denver Health contributes to declining teen birth rates in Denver

Since 2004, Denver has seen a dramatic decline in teen birth rates. Between 2004 and 2013, birth rates for 15-19 year-old women fell from 80.3 per 1,000 families to 33.3 per 1,000 families – a 59 percent decrease. Among youth of color, impressive declines were also seen. The birth rate among Hispanic teens declined 65 percent and 60 percent among Black teens living in Denver.

Denver Health's School-Based Health Centers play a critical role in this prevention. Located within 17 Denver Public Schools, these health centers conveniently offer many services to teens including primary care and reproductive health education.

Denver Health remains a Level I Trauma Center

Denver Health completed the American College of Surgeons (ACS) and Colorado State Department of Health survey on performance and verification of our status as a Level I Trauma Center. These external reviews are similar to Joint Commission visits, and are conducted every three years. The purpose of the visit is to ensure that Denver Health has the resources, processes and expertise required to care for the most critically injured patient at the highest level.

Denver Health was praised for outstanding morbidity and mortality rates, clinical breadth, innovative care, and excellence in the care of the injured. Additional strengths were cited including trauma research and publication activities, which shape trauma care throughout the nation. Denver Health will remain certified as an Adult Level I Trauma Center, and Pediatric Level II Trauma Center.

Dr. Dart authors study in the *New England Journal of Medicine*

Richard Dart, MD, Ph.D., director, Rocky Mountain Poison and Drug Center (RMPDC), authored a study on deaths and opioid analgesic abuse in the U.S. in the *New England Journal of Medicine* suggesting that the U.S. "epidemic" of opioid (prescription painkiller) abuse may be starting to reverse. The study, "Trends in Opioid Analgesic Abuse and Mortality in the United States" looked at data collected between 2002 and 2013 from substance-abuse treatment centers, poison centers, college students and drug diversion investigators.

Dr. Dart's study was done through The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System which is an independent, nonprofit operation of the Rocky Mountain Poison and Drug Center (RMPDC), a division of Denver Health.

Southwest Clinic groundbreaking event

Denver Health held a groundbreaking event on April 2, 2015 at the site of the future Southwest Clinic. Passionate messages were delivered by many noteworthy guests including Mayor Michael B. Hancock, Dr. Art Gonzalez, CEO of Denver Health, former Mayor Federico Peña and his wife Cindy Peña, Councilman Paul D. Lopez of Denver District 3, and others. Featured foods came from local restaurants, paying tribute to the community's rich ties to Asian, Latino, and Native American cultures. Scheduled to open in 2016, the new 45,000-square-foot clinic will feature the first urgent care location outside of Denver Health's main campus, primary care, a full service pharmacy, WIC, and health insurance enrollment services.

Doug Warnecke helps pass Senate Bill 15-197

Gov. John Hickenlooper signed Colorado Senate Bill 15-197, which improves access to care by restructuring an entry into practice process for advanced practice registered nurses (APRNs). The new process fits with the Institute of Medicine Report on The Future of Nursing, Leading Change, Advancing Health recommendations.

The Nurse Physician Advisory Taskforce for Colorado Healthcare (NPATCH), a governor appointed taskforce in existence since 2009, has been advocating for changes associated with this bill. Doug Warnecke, BS, BSN, MS, chief certified registered nurse anesthetist at Denver Health and co-chair of NPATCH played an instrumental role in crafting recommendations and testifying in support of the bill.

Denver Health selected to participate in NIH funded training and mentoring program

The Denver Health Palliative Medicine application was selected to participate in the inaugural training and mentoring program for palliative care programs. The training is designed to bring together physicians, nurses, social workers, psychologists, health educators and business administrators to help create supportive care programs of excellence.

Jackie Zheleznyak accepted to America's Essential Hospitals Government Relations Academy

Jackie Zheleznyak, manager, Government Relations was accepted to America's Essential Hospitals Government Relations Academy. The Academy enhances the federal advocacy abilities of government relations professionals by advancing understanding and development of skills. Jackie was welcomed into the Academy as a member of the 2015 Academy Class.

Excellence in lactation care services

The International Board of Lactation Consultant Examiners (IBLCE) and the International Lactation Consultant Association (ILCA) recognized Denver Health for excellence in lactation care. Denver Health received the IBCLC Care Award in acknowledgement for staffing professionals who hold the prestigious International Board Certified Lactation Consultant certification (IBCLC) and for providing a lactation program that is available five to seven days a week for breastfeeding families.

Denver Health selected as regional Ebola treatment center

Officials from the U.S. Department of Health and Human Services (HHS) announced that Denver Health will serve as a regional treatment center for patients with Ebola or other highly infectious diseases. Denver Health is one of only nine hospitals in the nation to be selected.

Denver Health will receive about \$3.25 million over a five-year period as part of \$339.5 million in emergency funding from Congress to improve local and state public health care systems in the wake of the first Ebola cases treated in the U.S.

Additionally, HHS has awarded \$20 million through its Hospital Preparedness Program to enhance their capabilities and \$9 million will be given to each center over the next four years to sustain the program. Other regional treatment centers are in Boston; New York City; Baltimore; Atlanta; Minneapolis; Galveston, Texas; Omaha; and Spokane, Washington.

CEDS certifications

The ACUTE Center for Eating Disorders at Denver Health recognized Amy Winkelman, Debbie Andersen, and Susan Bennett - three clinical team members of Denver Health who attained the Certified Eating Disorder Specialist credential (CEDS). This credential is awarded by the International Association of Eating Disorder Professionals (IAEDP), recognizing years of experience, supervisory responsibilities, contribution to the field, and ongoing learning engagement in the field of eating disorders. There are fewer than 500 CEDS credentialed clinicians in the United States, and attainment of this credential is a marker of quality and expertise.

Research & Education added to the Denver Health Pillars

A seventh pillar focused on Research & Education was added to the Denver Health foundational pillars. Research & Education will follow the same processes as other pillars which include developing an annual plan and strategic imperatives/metrics.

WIC program recognized by USDA

The United States Department of Agriculture recognized the Supplemental Nutrition Program for Women, Infants, and Children (WIC) for its outstanding work to empower mothers to breastfeed.

Denver Health midwives surpass 10,000 births

The Denver Health midwives attended their 10,000th birth in 2015. Annually, midwives attend a third of the total Denver Health births.

Pledge of support - Equity of Care

Denver Health pledged support and commitment to Equity of Care and the National Call to Action. In signing this pledge, Denver Health will demonstrate a powerful, public commitment to provide optimal care for a changing patient population.

Seventeenth School-based Health Center opens

Denver Health's Florence Crittenton School-Based Health Center (SBHC) opened. This opening marks the 17th SBHC that Denver Health operates. Florence Crittenton, commonly referred to as "Flo Crit", is a school for pregnant and parenting students.

Denver Health Employee Giving Campaign

Denver Health Employee Giving Campaign, "I Am Denver Health", raised \$328,253, surpassing the goal of \$300,000.

Denver Health recognized as a 2015 Joint Commission Top Performer on Key Quality Measures

Denver Health was recognized as part of The Joint Commission's 2015 annual report "America's Hospitals: Improving Quality and Safety," for attaining and sustaining excellence in accountability measure performance for Heart Attack, Heart Failure, Pneumonia, Surgical Care, Immunization and Perinatal Care.

Denver Health is one of only 1,043 hospitals out of more than 3,300 eligible hospitals in the U.S. to achieve the 2014 Top Performer distinction.

Denver Health opened a location in Fraser, Colorado

Denver Health opened a new location in Fraser, Colorado. The new Denver Health Alpine Clinic provides Physical Therapy and Occupational Therapy services to the community. The new staff members at the location include Lance Maloney, MS, OTR, CHT, Valerie Rzepka, PT, DPT, and Aja Harding.

Dr. Arthur J. Davidson appointed to State Innovation Model Advisory Board

Dr. Arthur J. Davidson, MSPH, was appointed by Governor John Hickenlooper to the State Innovation Model Advisory Board. The Board provides advice, guidance and oversight to the Office of State Innovation Model, which is charged with implementing and testing Colorado's state health care innovation plan. This plan includes providing access to integrated care, applying value based payment structures, expanding tele-health programs and establishing a partnership between public health, behavioral health and primary care sectors to improve the overall health of Colorado residents.

Construction progress

Demolition and ground breaking took place on the new six-story support services building, located at 601 Broadway. This building will house administrative offices, an employee yoga and fitness center, and a mix of retail tenants on the first floor. A private drive will connect Broadway to Acoma, representing the first time that our patients and staff can access the campus directly from Broadway, providing easy access to the new Ambulatory Care Center which is targeted to be completed in 2019. The 601 Broadway building is scheduled for completion in the spring of 2017.

The lobby of Pavilion A reopened after an extensive project which included new flooring, molding, lighting and ceiling tiles. This project resulted in a more modern and updated look in a location that often serves as a first exposure to the hospital.

The new Cardiopulmonary Rehabilitation Exercise Center opened which will allow for the expansion of Invasive Cardiology.

Way finding building letters were placed on the exterior of main campus pavilions to help patients, visitors and staff locate their desired locations more easily.

Denver Health introduces referral rewards program

Denver Health implemented a referral rewards program, "Catch that Star", in which employees at Denver Health can refer star-quality candidates to open positions and get rewarded for doing so. At top-performing firms, 46 percent of all new hires are referrals. Currently at Denver Health, 10 percent of all new hires are referrals. This new program follows industry best practices to assist in finding and hiring the best possible talent for open positions.

Denver Health sponsored Entravision Health Fair

Denver Health partnered with Entravision Communications and Clinica Tepayac to host the Entravision Health Fair. The event helped more than 685 adults gain access to important health information, immunizations and screenings.

Denver Health opens new Interfaith Chapel

Denver Health celebrated the opening of the new Interfaith Chapel with a grand opening event. Elements from the "1971" chapel were thoughtfully preserved and incorporated into the new chapel's design,

including three floor-to-ceiling original stained glass pieces and teak wall coverings. The relocation of the Interfaith Chapel will allow for the expansion of Invasive Cardiology.

Renewed Smoke-Free Campus Efforts

In support of Patients First and the Community Pillar, Denver Health renewed its efforts to keep its campuses smoke-free. All employees, contractors, students, volunteers and visitors are expected to not smoke on any Denver Health location. Support has been made available through the Wellness team to help those who smoke uphold this policy. New signage was posted throughout campus.

Retirees with significant years of service

- Tadalla Ambaw, Environmental Services, retired after 26 years of service
- Drew Brocesky, database administrator III, eHS, retired after 34 years of service
- Alison Givens, emergency services supervisor, Denver CARES, retired after 35 years of service
- David Kvapil, director, Risk Management, retired after 13 years of service
- James Manson, assistant chief paramedic, retired after 27 years of service
- Dr. Malcolm Packer, Anesthesiology, retired after 16 years of service
- Bob Trumbly, systems analyst, eHS, retired after 14 years of service
- Nancy Quintana, supervisor, RMPDC, retired after 22 years of service

NEW BEGINNINGS

Cyril Mauffrey named director, Orthopedic Trauma

Cyril Mauffrey, MD, FACS, FRCS, accepted the nomination as director, Orthopedic Trauma. Dr. Mauffrey will officially represent the Department of Orthopedics at Trauma Council and the Trauma & Acute Care Strategy task force. Dr. Mauffrey came to Denver Health in 2011 after completing his Orthopedic Trauma Fellowship at University of Louisville Hospital. He received his medical education from University of Turin Medical School, Italy, and speaks four languages: French, Italian, Spanish and English.

Dr. Waseem Akhter named director, Newborn Services

Waseem Akhter, MD, was welcomed into his new role as director, Newborn Services. Dr. Akhter completed his Pediatric Residency from Woodhull Medical Center, affiliated with State University of New York at Brooklyn, and his fellowship in Neonatal Perinatal Medicine from St. Christopher’s Hospital for Children and MCP Hahnemann University. Dr. Akhter comes to Denver Health from Philadelphia where he most recently provided patient care in the Neonatal Intensive Care Unit and was the attending neonatologist at St. Luke’s Hospital and Health Network.

Adrienne Bauer named nurse manager, Level 1 Physicians

Adrienne Bauer, RN, was named the nurse program manager, Level I Physicians. Adrienne has worked at Denver Health for the past four years in the Emergency Department. She brings with her 16 years of nursing experience in various units such as Neonatal Intensive Care Unit, Pediatrics, Medical Intensive Care Unit, and Interventional Radiology.

Catharine Fortney named director, Enterprise Compliance Services

Catharine Fortney was named director, Enterprise Compliance Services. Catharine comes to Denver Health from Boulder Community Hospital where she held a similar position. Prior to her time in Boulder, Catharine worked for both Centura Health and Children’s Hospital Colorado. Catharine brings ten years of extensive experience in health care compliance and business experience to Denver Health. In addition to holding a certificate in Healthcare Compliance, she also earned a master’s degree in Health Administration from CU and a bachelor’s degree in Business Administration from Emory University.

Eric Smith named director, Security Services

Eric Smith was named director, Security Services. Eric comes to Denver Health with experience in health care security, emergency management, and operational leadership. He has held the role of Assistant Director of Operations at Denver HSS since 2006, and Director of Security at Denver-region SCL Health System (SCLHS, formerly Exempla Healthcare) since 2011. Adding to his experience, Eric was Director of Security for Exempla Saint Joseph Hospital for four years and served for 10 years as a police officer at the Boulder Police Department.

Eric holds a bachelor’s degree in Business Administration, concentrated in International Business and Marketing from the University of Colorado at Boulder. He has authored and edited numerous publications and two books, distinguishing himself as an industry expert.

Mary Ann McEntee named director, Patient Safety & Quality

Denver Health welcomed Mary Ann McEntee, director, Patient Safety & Quality and Regulatory Compliance. Mary Ann brings more than 15 years of focused experience in health care quality and safety, has a nursing background and a master’s degree in Health Administration. She spent the last six years at Vail Valley Medical Center in various roles including four years as vice president, Quality and Risk Management. She has experienced several Joint Commission surveys and multiple other regulatory site visits.

Dr. Connie Price named chief medical officer

Dr. Connie Price was named chief medical officer at Denver Health. Dr. Price came to Denver Health in 2002 and has been involved in critical aspects of our success as part of the Joint Strategy Team and the Medical Operations Council. She is board certified in internal medicine, infectious disease and medical microbiology and is referred to frequently as a national media spokesperson on infectious disease topics. She is a professor of medicine at the University of Colorado’s School of Medicine, and most recently led Ebola preparedness efforts at Denver Health.

Mario Harding named associate chief operating officer, Ancillary Services

Mario Harding was named associate chief operating officer, Ancillary Services. Harding has been with Denver Health for nine years, most recently as the Department of Medicine’s administrative director. Harding received the CEO Commendation Award in the Department of Behavioral Health in 2010. He is a fellow with the American College of Healthcare Executives (ACHE) and holds a master’s of Health Administration from Washington University, School of Medicine.

Haddas Lev named administrative director, Ambulatory Care Services

Haddas Lev was named administrative director, Ambulatory Care Services. Lev has a variety of skills accumulated through her varied background which began as a career in industrial engineering. Since coming to Denver Health, Haddas has been a Lean facilitator, senior Lean facilitator, and operations

coordinator in Ambulatory Care Services. Haddas has experience with specialty clinics, revenue cycle, and peri-operative value streams. She holds a master's degree in Business Administration and Operations Management.

Dr. Kelsey Gray named medical director of the MICU

Kelsey Gray, MD, pulmonary critical care physician, joined Denver Health as the associate medical director for the Medical Intensive Care Unit and director of Respiratory Therapy and Pulmonary Rehabilitation Services.

Dr. Katie Bakes named clinical director, Community Affairs

Katie Bakes, MD, was named clinical director, Community Affairs. Dr. Bakes joined the Government and Community Relations Department while continuing in her role as attending physician, Emergency Department.

Tricia Mestas named director, Women and Children's Services

Tricia Mestas, BSN, was named director, Women and Children's Services. Mestas received her BSN from Loretto Heights College and is completing her master's degree in Healthcare Administration from Colorado State University. Tricia has experience in the neonatal intensive care unit, pediatric nursing care, and various leadership roles.

Susan Moore, Ph.D., MSPH named lead research development officer

Susan Moore, Ph.D., MSPH accepted a six month position as lead research development officer for Denver Health. Susan has been involved in research at Denver Health since 2007.

Brad Membel named associate chief financial officer

Brad Membel was named associate chief financial officer. Brad most recently served as director, Enrollment Services at Denver Health since 2014. He previously worked for Veterans Affairs as assistant chief, Administration Services and has a background in the Army, serving from 1998-2010 in various roles. Brad has a Master's degree in Healthcare Administration, a Master's in Business Administration, and he is obtaining his accounting degree.

Ann-Marie Stuart named director, Risk Management

Ann-Marie Stuart was named director, Risk Management. Ann-Marie worked as a senior RN Risk Manager for Denver Health since 2009. She is a certified professional in Healthcare Risk Management and she is currently working toward a Master's degree in Healthcare Administration and Management.

Dr. Abraham Nussbaum named interim education director

Abraham Nussbaum was named interim education director. Dr. Nussbaum has been with Denver Health for six years, currently as director, Adult Inpatient Psychiatry. A physician quality officer and Epic physician builder, Dr. Nussbaum is also the associate director of Medical Student Education in the department of psychiatry at the University of Colorado School of Medicine.

Rafael Troche named director of finance, Ambulatory Care Services

Rafael Troche was named director of finance, Ambulatory Care Services. Rafael has been at Denver Health for three years, during which he served in different financial capacities. Prior to coming to Denver Health, Rafael worked as a senior risk analyst for the Managed Care Department at Tufts Medical Center in Boston, MA.

Karen Mendel, MD, named director of HIV/STD/Viral Hepatitis Prevention

Dr. Karen Wendel was named director, HIV/STD/Viral Hepatitis Prevention. Dr. Wendel previously directed an STD and HIV Clinic at Oklahoma Health Science Center and has been practicing at Denver for several years.

Nicole Stafford to oversee nursing practices in perioperative areas

Nicole Stafford, MBA, MSN, RN, director, Critical Care was promoted to oversee nursing practice in the perioperative areas.

Deb Gardner named associate chief nursing officer, Ambulatory Care

Deb Gardner, BSN, MSN, was named associate chief nursing officer, Ambulatory Care. She has been the interim associate chief nursing officer since fall. Gardner received her Bachelor of Science in nursing from Colorado University School of Nursing and her Master of Science in nursing from Regis University. She has 26 years of nursing experience and began her career at Denver Health in 1999.

AWARDS

HCAHPS and CAHPS Winners

4th Quarter 2014, announced in 2015:

HCAHPS Winner – 4B

CAHPS Winner – Webb Pediatrics

1st Quarter 2015:

HCAHPS Winner – Critical Care, MICU/ PCU/SICU

CAHPS Winner – Westside Pediatrics

2nd Quarter 2015:

HCAHPS Winner – Mom/Baby

CAHPS Winner – Eastside Pediatrics

3rd Quarter 2015:

HCAHPS Winner – Critical Care, MICU/PCU/SICU

CAHPS Winner – Eastside Adult Clinic

Dr. Carlton Barnett receives Education Award

Dr. Carlton Barnett received The Academy of Medical Educators Education Award. Dr. Barnett was recognized for his achievements in mentoring and advising students.

Dr. House presented with Patriotic Employer Award

Robert House, MD, director, Behavioral Health Physician Services, was presented with the Patriotic Employer Award (Patriot Award). Christian Thurstone, MD, who returned to Denver Health after a 97-day deployment to Camp Arifjan in Kuwait, presented Dr. House with the award. The Patriot Award "...reflects the efforts made to support Citizen Warriors through a wide-range of measures including a flexible schedule, time off prior to and after deployment, caring for families and granting leaves of absence if needed," states the Award's official website.

Dr. Thurstone is a psychiatrist who worked overseas with the 21st Combat Support Hospital, providing preventive and treatment services to 15,000 military personnel. During his time in Kuwait, Dr. Thurstone worked with 350 patients from many countries including Jordan, Qatar, UAE, Iraq and Egypt. Dr. Thurstone received an Army Commendation Medal for his dedication, exemplary performance and selfless service.

2015 DAISY Award recipients

- Dawn Green, RN, Psychiatry
- Stephanie Peer, RN, Psychiatry
- Bethany James, RN, Medical/Surgical
- Jamie Bach, RN, Critical Care
- Jennifer Hudson, RN, Pediatric Clinic
- Deb Bell, NP, Denver Public Health

Jill Groulx awarded with the Nursing Excellence in Healthcare Award

Jill Groulx, RN, Eastside Pediatrics was selected as the first recipient of the Nursing Excellence in Healthcare Award, recognizing her work as a nurse case manager at the Connection for Kids Clinic. Jill was one of four finalists out of 23 nominees in this category, and the only recipient of the award.

Lora Melnicoe, MD, nominated for the Innovation in Healthcare Award

Lora Melnicoe, MD, was nominated for the Innovation in Healthcare Award. These awards, sponsored by the Denver Post, recognize Colorado's top healthcare professionals. Nearly 300 people were nominated in eight separate categories.

Six Denver Health nurses nominated for the 2015 Colorado Nightingale and Luminary Award

Denver Health had six nurses nominated for the 2015 Colorado Nightingale and Luminary Award. The nominees were:

- Sara Richardson, BSN, RN, nursing research and quality specialist
- Kathy Uran, MHA, RN, NEA-BC, director of Nursing, Ambulatory Care Services
- Phil Willis, BSN, RN, clinical nurse educator, Center for Patient Flow
- Joe Gerardi, MHA, BSN, RN, associate chief nursing officer, Acute Care and Behavioral Health Services
- Heather Escudero, BSN, RN, nurse manager, Surgical Intensive Care Unit (SICU)
- Somphit Radhakrishnan, BSN, RN, AUCC

Lowry Graduate named CAFP resident of the year

Kari Mader, MD, one of the Lowry Family Medicine graduating residents was named the Colorado Academy of Family Physicians (CAFP) Resident of the Year. Mader joined fellow students in creating a Primary Care Progress chapter in Colorado, working to revitalize primary care and address the shortages of primary care providers in the United States.

Judith Shlay, MD honored with the Kathleen Ann Mullen Memorial Award

Judith Shlay, MD, MSPH, a family medicine physician and associate director of Denver Public Health, received the Kathleen Ann Mullen Memorial Award from the Rocky Mountain Regional Chapter Society

for Adolescent Health and Medicine (RM-SAHM) for her outstanding contributions in the field of adolescent health in the Rocky Mountain Region.

Dr. Shlay is nationally known for her adolescent health research and award-winning projects on teen pregnancy prevention, reproductive health, STD and HIV prevention, tobacco prevention and immunizations.

Dr. Schmidt received Early Career Research Achievement Award

Dr. Eric Schmidt received the Early Career Research Achievement Award from the American Thoracic Society Pulmonary Circulation Assembly. This award was given in recognition of Dr. Schmidt's ongoing research in pulmonary vascular diseases, specifically septic lung injury.

DHMP receives quality improvement award

The Denver Health Medical Plan received the Quality Improvement Award from the Pharmacy Quality Alliance. This award is in recognition of having achieved the highest improvement in Part D Star Ratings of all Medicare Advantage Prescription Drug plans nationwide. The team is led by Michelle Beozzo, PharmD, director, DHMP Pharmacy.

Congratulations to Hon. Elbra Wedgeworth, chief government relations officer

Hon. Elbra Wedgeworth, chief government relations officer, was one of five community leaders recognized by the Denver Business Journal at the Legacy Awards Dinner for making significant contributions to local business and the community.

Denver Health named a *Most Wired Hospital*

Denver Health was named a *Most Wired Hospital*, a distinction that acknowledges hospitals and health networks that are committed to achieving clinical and operational excellence through the use of information technology.

Heather DeVries presented with Kaiser Permanente Loan Repayment Award

Heather DeVries, RD, clinic supervisor, Eastside WIC Clinic was the recipient of the Kaiser Permanente Loan Repayment Award. This award recognizes Heather for her commitment to Denver Health's Community Health Services and for providing care to the underserved population. Heather was one of 25 recipients selected from 120 applicants.

Denver Health nurse named Colorado Diabetes Educator of the Year

Tamara Swigert, RN, was selected as the Colorado Diabetes Educator of the Year by the Rocky Mountain chapter of the American Association of Diabetes Educators. Swigert was one of only four nominees. She was nominated by fellow Denver Health nurses and diabetes educators Dana Paine and Anita Kreider. Swigert was honored with this award for her involvement in multiple diabetes initiatives, mentoring of nurses seeking certification as diabetes educators, authorship of three journal articles, and meeting with Colorado legislators to advocate for improved patient access to diabetes self-management education.

ACEP Award presented to Stephen Cantrill

Dr. Stephen Cantrill, emergency medicine physician at Denver Health, was honored by The American College of Emergency Physicians. Dr. Cantrill was one of only 13 individuals honored at the event for outstanding contributions in emergency medicine. Dr. Cantrill was presented the John A. Rupke Legacy Award for his lifelong commitment to the ACEP and the field of emergency medicine. Dr. Cantrill

pioneered the use of computers in emergency medicine and was an early leader in bringing principles of quality and safety to the emergency department protocol.

Greg Thress honored with HR Visionary Leader Award

Greg Thress, HR operations director, was presented with the national HR Visionary Leader Award which recognizes an ASHHRA member who models the five HR Leader Competencies in health care human resources including: Community Citizenship; People Strategies; HR Delivery; Healthcare Business Knowledge; and Personal Leadership. Greg was the only nominee chosen for the award.

26 Denver Health physicians were named Top Docs by 5280 Magazine

The top doctors were nominated and voted on by their peers throughout the Denver metro area. The 26 Top Doctors are:

- Kathryn Beauchamp, MD, Neurological Surgery
- Denis Bensard, MD, Pediatric Surgery
- Daniel Bessesen, MD, Endocrinology, Diabetes and Metabolism
- Susan Biffel, MD, Pediatric Rehabilitation Medicine
- Michael L. Blei, Physical Medicine and Rehabilitation
- Jennie Buchanan, MD, Medical Toxicology
- Clay Cothren-Burlew, MD, Surgical Critical Care
- Bill Burman, MD, Public Health and General Preventive Medicine
- Christopher Ciarallo, MD, Pediatric Anesthesiology
- Ivor S. Douglas, MD, Critical Care Medicine
- Daniel Handel, MD, Hospice and Palliative Medicine
- Rebecca Hanratty, MD, Internal Medicine
- Joel Hirsh, MD, Rheumatology
- Claudia Kunrath, MD, Pediatric Critical Care Medicine
- Stuart L. Linas, MD, Nephrology
- Edward H. Maa, MD, Epilepsy
- Michelle C. Mang, MD, Family Medicine
- Ernest E. Moore, MD, Surgical Critical Care
- Carol Okada, MD, Pediatric Critical Care Medicine
- Connie Price, MD, Infectious Disease
- Genie Roosevelt, MD, MSPH, Pediatric Emergency Medicine
- Philip F. Stahel, MD, Orthopedic Surgery
- Christian Thurstone, MD, Addiction Psychiatry
- Kathryn Wells, MD, Child Abuse Pediatrics
- Andrew White, MD, PHD, Neurology (special qualifications in child neurology)
- Robin Yasui, MD, Geriatric Medicine

GRANTS

Denver Health received 100 new grants and sponsored program awards in 2015, awarded to a total of 54 different principal investigators and project directors. Selected highlights include:

Denver Health to receive \$12.25 million as a regional treatment center for patients with Ebola

Denver Health will receive about \$3.25 million over a five-year period as part of \$339.5 million in emergency funding from Congress to improve local and state public health care systems in the wake of the first Ebola cases treated in the U.S.

Additionally, HHS has awarded \$20 million through its Hospital Preparedness Program to enhance their capabilities and \$9 million will be given to each center over the next four years to sustain the program. Other regional treatment centers are in Boston; New York City; Baltimore; Atlanta; Minneapolis; Galveston, Texas; Omaha; and Spokane, Wash.

\$4.2 million grant to support prenatal hospital-based healthy relationship education

Denver Health received a five-year, \$4.2 million dollar grant from the US Department of Health and Human Services, Administration for Children and Families to support prenatal hospital-based healthy relationship education.

Five million dollar grant awarded to Denver Health

The Infectious Disease team at Denver Health was awarded a five-year, \$5 million research grant from the National Institutes of Health. This grant will fund research to create a three-hour rapid test for the “super bug”, or carbapenem resistant Enterobacteriaceae (CRE). This bug was the cause of a lethal outbreak spread at UCLA Medical Center from difficult-to-clean medical scopes.

Adolescent behavioral health grant

The Adolescent and Behavioral Health Program, working in conjunction with the Denver Health Foundation, secured a grant to implement substance abuse treatment programs in three Denver Health School-based Health Centers. This grant will help facilitate the support students need by providing convenient treatment inside the school. Supporters of this program include the Office of Behavioral Health, Denver Health Foundation, and the Daniels Fund.

Grant awarded for Prenatal Hospital-based Healthy Relationship Education

Sara Mazzoni, MD, MPH, was awarded a grant from the Department of Health & Human Services Administration for Children and Families. Dr. Mazzoni was presented the grant along with co-Principal Investigator, Galena Rhoades, Ph.D., research associate professor in the Department of Psychology at University of Denver. The grant is for Prenatal Hospital-based Healthy Relationship Education and totals \$4.2 million which will be given over the course of five years.

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Financial Statements

DenverHealth.org



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Denver Health and Hospital Authority
Statements of Net Position
December 31, 2015 and 2014

Assets and Deferred Outflows of Resources

	<u>2015</u>	<u>2014</u>
Current Assets		
Cash and cash equivalents	\$ 53,891,036	\$ 44,542,202
Restricted cash and cash equivalents	396,813	565,940
Patient accounts receivable, net of estimated uncollectibles of approximately \$20,905,000 and \$26,491,000 in 2015 and 2014, respectively	64,850,415	64,470,534
Due from other governmental entities	47,737,679	50,560,277
Other receivables	19,777,499	18,632,104
Interest receivable	1,298,652	1,205,076
Due from and investment in discretely presented component units	2,048,221	1,356,235
Inventories	11,392,947	9,808,583
Prepaid expenses and other assets	6,496,668	7,488,859
	<hr/>	<hr/>
Total current assets	207,889,930	198,629,810
Noncurrent Assets		
Notes receivable	44,393,015	44,393,015
Estimated third-party payor settlements receivable	6,044,891	13,821,457
Equity interest in joint venture	1,088,500	972,500
Restricted investments	71,733,897	76,697,034
Capital assets, net of accumulated depreciation	409,462,182	397,222,513
Long-term investments	195,269,539	162,485,240
Board-designated investments	69,788,663	36,995,714
Other long-term assets	2,961,236	1,277,401
	<hr/>	<hr/>
Total noncurrent assets	800,741,923	733,864,874
Total assets	1,008,631,853	932,494,684
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	14,856,023	15,083,811
Deferred outflows of resources related to pension benefits	11,459,933	-
Loss on refunding of debt	4,592,852	4,887,059
	<hr/>	<hr/>
Total deferred outflows of resources	30,908,808	19,970,870
Total assets and deferred outflows of resources	<u>\$ 1,039,540,661</u>	<u>\$ 952,465,554</u>

Denver Health and Hospital Authority
Statements of Net Position (Continued)
December 31, 2015 and 2014

Liabilities, Deferred Inflows of Resources and Net Position

	2015	2014
Current Liabilities		
Current maturities of bonds payable	\$ 6,825,000	\$ 4,455,000
Current maturities of capital leases	450,456	436,510
Current maturities of notes payable	4,301,429	2,768,036
Medical malpractice liability	3,060,626	2,634,638
Accounts payable and accrued expenses	52,732,419	40,497,760
Due to the City and County of Denver	942,861	137,054
Accrued salaries, wages and employee benefits	38,760,316	33,640,490
Accrued compensated absences	23,591,399	22,501,080
Unearned revenue	3,788,349	4,013,728
Derivative interest rate swap liability	1,933,698	2,194,840
Accrued claims	10,957,000	9,177,000
	<hr/>	<hr/>
Total current liabilities	147,343,553	122,456,136
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	29,031,456	6,847,756
Long-term portion of compensated absences	395,539	300,249
Bonds payable, less current maturities	279,350,541	286,192,102
Capital lease obligations, less current maturities	1,207,948	1,653,269
Notes payable	53,788,389	58,039,817
Derivative interest rate swap liability	13,021,072	13,070,589
Net pension liability	94,527,507	-
Postemployment benefits	5,694,069	4,637,369
	<hr/>	<hr/>
Total long-term liabilities	477,016,521	370,741,151
	<hr/>	<hr/>
Total liabilities	624,360,074	493,197,287
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	5,807,134	-
	<hr/>	<hr/>
Total liabilities and deferred inflows of resources	630,167,208	493,197,287
Net Position		
Net investment in capital assets	77,825,006	65,345,766
Unrestricted	331,548,447	393,922,501
	<hr/>	<hr/>
Total net position	409,373,453	459,268,267
	<hr/>	<hr/>
Total liabilities, deferred inflows of resources and net position	\$ 1,039,540,661	\$ 952,465,554
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III. FINANCIAL STATEMENTS

Denver Health and Hospital Authority
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2015 and 2014

	2015	2014
Operating Revenues		
Net patient service revenue	\$ 508,943,529	\$ 449,814,246
Capitation earned net of reinsurance expense	167,041,601	147,394,223
Medicaid disproportionate share and other safety net reimbursement, net of expense	124,870,486	126,880,378
City and County of Denver payment for patient care services	30,777,300	30,777,300
Federal, state and other grants	63,105,757	65,003,762
City and County of Denver purchased services	20,118,276	19,040,933
Poison and drug center contracts	22,228,585	24,959,447
Other operating revenue	27,324,436	26,376,835
Total operating revenues	964,409,970	890,247,124
Operating Expenses		
Salaries and benefits	525,936,197	483,393,656
Contracted services and nonmedical supplies	188,682,228	171,995,784
Medical supplies and pharmaceuticals	101,839,420	84,563,712
Managed care outside provider claims	55,666,631	53,289,427
Depreciation and amortization	39,817,690	46,300,056
Total operating expenses	911,942,166	839,542,635
Operating income	52,467,804	50,704,489
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	116,000	204,500
Bond issuance costs	-	(805,627)
Interest income	9,038,719	6,380,661
Interest expense	(16,023,707)	(14,910,031)
Net increase (decrease) in fair value of investments	(8,840,767)	2,533,258
Gain on disposition of capital assets	1,073,790	67,970
Total nonoperating revenues (expenses)	(14,635,965)	(6,529,269)
Income before capital contributions	37,831,839	44,175,220
Contributions Restricted for Capital Assets	1,171,953	2,212,294
Increase in net position	39,003,792	46,387,514
Total Net Position, Beginning of Year, as Previously Reported	459,268,267	412,880,753
Adjustment for adoption of new accounting standard (Note 10)	(88,898,606)	-
Total Net Position, Beginning of Year, Restated	370,369,661	412,880,753
Total Net Position, End of Year	\$ 409,373,453	\$ 459,268,267

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2014 Surplus Funds

DenverHealth.org



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March 22, 2016

To: Stephanie Adams, Budget Director, City and County of Denver

From: Peg Burnette, Chief Financial Officer, Denver Health

Subject: 2014 Surplus Funds Provided to Denver Health

The City of Denver approved Denver Health to retain a portion of the 2014 surplus dollars totaling \$1,318,618. Two programs specifically received the surplus funding.

The At-Risk Intervention and Mentoring (AIM) program received \$159,000 for operations in fiscal year 2015. AIM is Denver Health's hospital based violence intervention program that targets youth and young adults ages 10-24. AIM provides a unique opportunity to positively impact the life choices at-risk youth.

The Office of the Medical Examiner (OME) relocation project received a payment of \$1,159,618. Denver Health is relocating the OME from 660 Bannock Street to 500 Quivas Street. This project is needed to facilitate Denver Health's master facilities plan resulting in increased services for our patients.

Denver Health acknowledges and appreciates the City of Denver allowing us to retain the surplus dollars and reinvest in our partnership.

A handwritten signature in blue ink, appearing to read "P. Burnette".

Peg Burnette, CPA, FHFMA
Chief Financial Officer
Denver Health and Hospital Authority

Cc: Laurel Delmonico, BMO



Finance

Dept 1010
201 W Colfax Ave.
Denver, CO 80202
p: 720-913-5500
f: 720-913-5599

www.denvergov.org

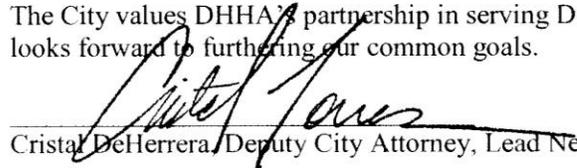
March 24, 2016

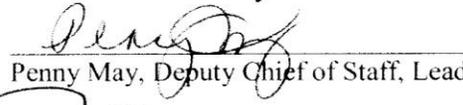
To: Peg Burnette, Chief Financial Officer, DHHA
From: Stephanie Karayannis Adams, Budget Director, City and County of Denver
Subject: 2015 Denver Health Operating Agreement Settle-Up

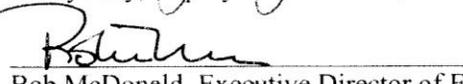
Regarding the services outlined in the 2015 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that the amount provided to be paid in the Operating Agreement exceeded actual expenditures by \$4,099,074 (surplus), and \$2,456,241 (overage) was actually overpaid to DHHA by the City. Please see Exhibit A for a breakdown of the shortfalls/overages per program, and a list of all of the approved 2015 surplus projects. The City kindly requests the amount due back to the City, \$275,770, is returned by May 1, 2016.

Per recent audit recommendations, DHHA and the City agree that this memo and the exhibit A will be included in DHHA's 2015 annual report to the City, and that DHHA will send supporting documentation to the City showing expenditures on the approved project costs as they are incurred. Updates on each approved item will also be included in the 2016 annual report to the City if appropriate. For the approved mental health pilot programs, DHHA shall document the cost of the projects and any surplus variance between the approved amount and actual amount spent shall be carried forward as a credit to be applied to the City's payment obligation under the 2017 Operating Agreement.

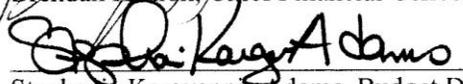
The City values DHHA's partnership in serving Denver's most vulnerable populations and looks forward to furthering our common goals.


Cristal DeHerrera, Deputy City Attorney, Lead Negotiator


Penny May, Deputy Chief of Staff, Lead Negotiator


Bob McDonald, Executive Director of Environmental Health, Lead Negotiator


Brendan Hanlon, Chief Financial Officer


Stephanie Karayannis Adams, Budget Director

IV. 2014 SURPLUS FUNDS

EXHIBIT A SUMMARY OF 2015 DHHA OPERATING AGREEMENT SHORTFALLS AND OVERAGES

Program	Program Variance	Time Period	Notes
Denver C.A.R.E.S.	\$1,767,885	2015	Overage (A-4, 1.2b(v): Any shortfall in funding will be reimbursed by the City. Any overage shall be returned to the City unless the City approves, in writing, the Authority retaining all or part of the overage for other services to the City.)
Public Health	\$24,240	2015	Overage (A-3, 1.2b(v): same.)
Jail Medical Services	\$543,368	2015	Overage (B-5, 1.3b(ii)D: same.)
Prisoner Care	\$1,763,581	2015	Overage (A-6, 1.3d(vii): same.)
Denver Fire Dept. Training	\$0	2015	Of the \$25,000 set aside for fee for service recruit training, \$23,420 was not used due to lack of demand (recruits).
Net City Overage	\$4,099,074		
<u>Less Payment Adjustments</u>			
Prisoner Care Payment	(\$1,642,833)	2015	DSD withheld payment September through December in anticipation of a surplus. This adjustment reduces the overage paid to Denver Health.
Quiet Room Remodel for C.A.R.E.S.	(\$400,000)	2015	Pursuant to patient safety concerns, the quiet rooms are being removed and replaced with a communal quiet area. The cost of remodel is credited to the 2015 C.A.R.E.S. overage.
340B Lobbying Effort	(\$15,000)	2015	The city is funding a lobbying effort to keep Jail Medical facilities eligible for 340B pricing for inmate prescription medication. The cost is credited to the 2015 Jail Medical overage.
Ambulatory Care Center Feasibility Study	(\$75,000)	2016	Denver Health is contracting with Jensen & Partners to complete a comprehensive feasibility study for a new Ambulatory Care Center.
Office of the Medical Examiner	(\$1,232,967)	2016	DHHA and the City have entered a construction cost payback and lease agreement for the Office of the Medical Examiner. This adjustment represents an early payment, which is allowed for in the agreement. This does not represent a commitment for future early payments.
ED Remodel – DUI Blood Draws	(\$57,504)	2016	This cost represents the city's contribution for a remodel to the Emergency Department to accommodate DUI Blood Draws in a more safe and discreet location. Original requested amount was \$77,504. The approved amount does not include the \$20,000 cost of relocating displaced DHHA personnel.
CCMF Remodel	\$0	2016	\$150,000 requested. At the time of request project plans have not been made. The City wishes to partner on the project design and approve the cost out of 2016 contract savings (if available), or the 2017 budget process.

IV. 2014 SURPLUS FUNDS

Jail Mental Health Pilot Programming	(\$400,000)	2016	Funding for 3 pilot programs through 12/31/2016: <ol style="list-style-type: none"> 1. Psych Nurse FTE (includes relief factor) for 24/7 intake mental health evaluation at the Downtown Detention Center. 2. A program to pair inmates with mental health services upon release. – Together with #1 for \$384,000 3. Medication Assisted Treatment Induction for inmates with opioid addiction. - \$16,000.
Total Adjustments	(\$3,823,304)		
TOTAL NET 2015 OPERATING AGREEMENT (SHORTFALL)/OVERAGE	\$275,770		Amount to be returned to the City (General Fund Revenue)

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Uncompensated Care

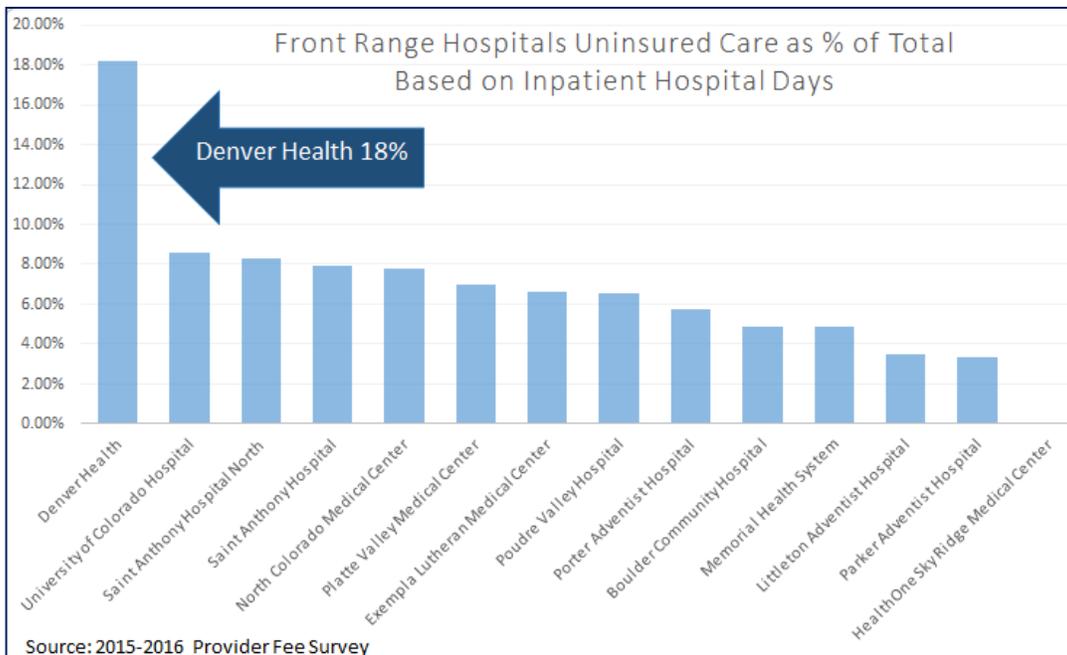
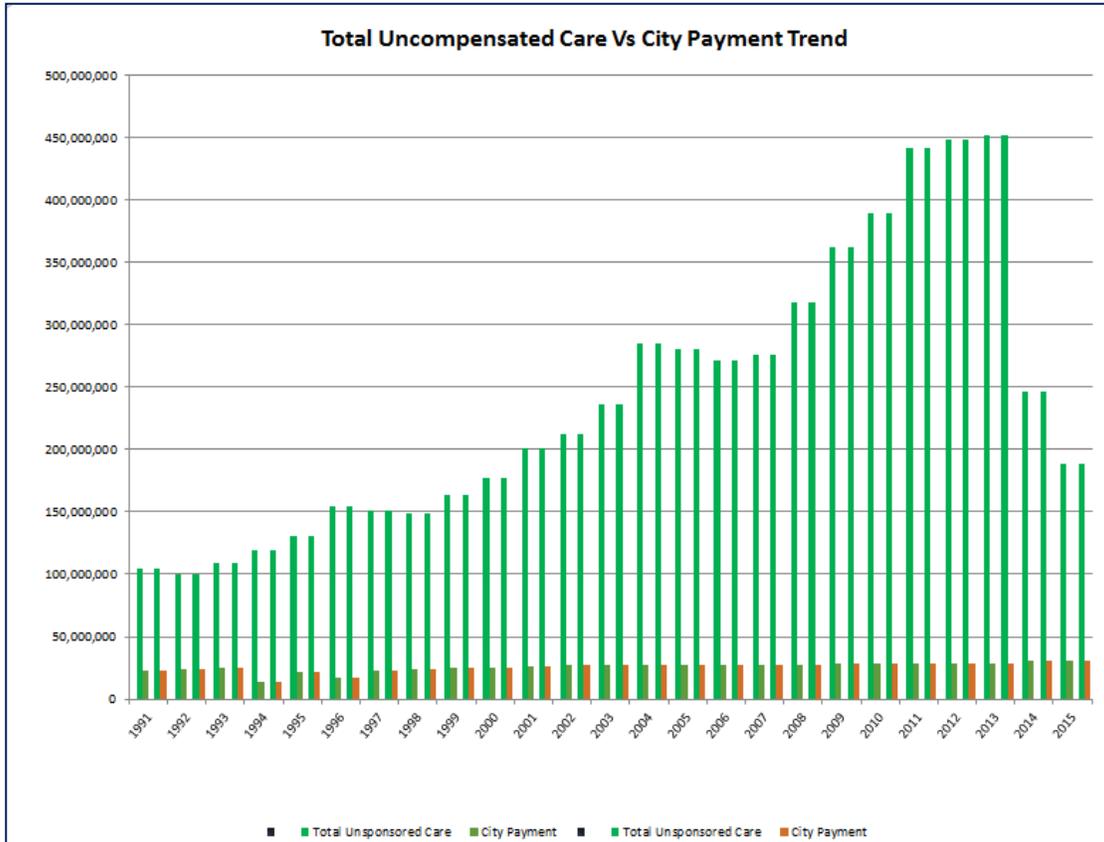
Denver Health Unsponsored Care & City Payments

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Denver Health Performance

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Article V

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

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

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

RESPONSE: The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2015 financial statements are presented in Section III of this report.

- B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.

RESPONSE: A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented on the next page.

- C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.

RESPONSE: All matters have been promptly resolved by the Liaison, Elbra Wedgeworth.

DENVER HEALTH REGULATORY SURVEYS

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Colorado State Board of Pharmacy	Bruce Randolph Middle School, SBHC	12/14/2015	1 Year
Colorado State Board of Pharmacy	South High SBHC	2/17/2015	1 Year
Colorado State Board of Pharmacy	Montbello	08/31/2015	1 Year
Colorado State Board of Pharmacy	Place Bridge Academy Campus	6/2/2015	1 Year
Joint Commission	Hospital, CHS, and School Based Clinics	5/6-5/9 2014	3 years
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	4/15/2015	1 Year
Signal Behavioral Health Network	Denver Cares 1155 Cherokee St	12/18/2015	1 Year
Denver Fire Department	710 N Delaware St- Bond Trailer	6/22/2015	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U05	6/24/2015	1 Year
Denver Fire Department	700 N Delaware St- Davis Pavilion- U06	6/24/2015	1 Year
Denver Fire Department	780 N Delaware St- Pavilion B- U02	6/17/2015	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01	6/17/2015	1 Year
Denver Fire Department	777 N Bannock St- Pavilion A- U01- Batteries	6/17/2015	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10	6/17/2015	1 Year
Denver Fire Department	790 Delaware St- Pavilion C- U10- Batteries	6/17/2015	1 Year
Denver Fire Department	677 N Delaware St- Boiler House	6/22/2015	1 Year
Denver Fire Department	777 N Delaware St- Receiving Dock	6/22/2015	1 Year
Denver Fire Department	723 N Delaware St- Pavilion M	6/22/2015	1 Year
Denver Fire Department	301 W 6 th Ave- Pavilion G	6/22/2015	1 Year
Denver Fire Department	990 N Bannock St	6/24/2015	1 Year
Denver Fire Department	645 N Bannock St- Engineering	6/24/2015	1 Year
Denver Fire Department	660 N Delaware St- Delaware Parking Garage	6/23/2015	1 Year

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	530 N Acoma St	6/23/2015	1 Year
Denver Fire Department	605 N Bannock St- Pavilion H	6/23/2015	1 Year
Denver Fire Department	600 N Acoma St- Acoma Parking Garage	6/23/2015	1 Year
Denver Fire Department	655 N Bannock St- Pavilion I	6/23/2015	1 Year
Denver Fire Department	667 N Bannock St- Pavilion K	6/24/2015	1 Year
Denver Fire Department	601 N Acoma- Bannock Parking Garage	6/23/2015	1 Year
Denver Fire Department	550 N Acoma St	6/23/2015	1 Year
Denver Fire Department	660 N Bannock St- Administration	6/23/2015	1 Year
Denver Fire Department	190 W 6 th Ave- Rita Bass	6/23/2015	1 Year
Colorado State Board of Pharmacy	LaCasa	9/17/2015	1 Year
CDPHE/MQSA	Denver Health Mammography and Mobile Mammography	9/18/2016	1 Year
Colorado State Board of Pharmacy	Lake Middle SBHC	11/4/2015	1 Year
Colorado State Board of Pharmacy	North High SBHC	11/4/2015	1 Year
Denver Fire Department	990 N Bannock St	9/4/2014	1 Year
VFC/ CDPHE Site Visit	DECC	8/3/2015	2 Years
VFC/ CDPHE Site Visit	Denver School Based Health/DHIP	6/30/2015	2 Years
VFC/ CDPHE Site Visit	LaCasa/Quigg Newton	4/2/2015	2 Years
VFC/ CDPHE Site Visit	Lowry FHC	8/19/2015	2 Years
CDPHE Nuclear Medicine	Nuclear Medicine	10/21/2015	3 Years
VFC/ CDPHE Site Visit	Westside Pediatric and Teen	8/5/2015	2 Years
VFC/ CDPHE Site Visit	Westwood FHC	9/9/2015	2 Years
VFC/ CDPHE Site Visit	Denver Health Women's Care Pav C	7/20/2015	2 Years

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
VFC/ CDPHE Site Visit	Denver Health Eastside Women's Care	8/31/2015	2 Years
VFC/ CDPHE Site Visit	Denver Health Westside Women's Care	8/31/2015	2 Years
VFC/ CDPHE Site Visit	Florence Crittenton	10/21/2015	2 Years
Colorado State Board of Pharmacy	Kepner Middle SBHC	10/29/2015	1 Year
Colorado State Board of Pharmacy	Kunsmiller C.A.A. SBHC	12/3/2015	1 Year
Colorado State Board of Pharmacy	Lincoln High SBHC	12/3/2015	1 Year
Colorado State Board of Pharmacy	Denver C.A.R.E.S	12/18/2015	1 Year
Colorado State Board of Pharmacy	Denver Health Acute Care RX	12/17/2015	1 Year
Colorado State Board of Pharmacy	Denver Health Central Fill	12/16/2015	1 Year
Colorado State Board of Pharmacy	ID Pharmacy	12/23/2015	1 Year
Colorado State Board of Pharmacy	Westside Pharmacy	12/28/2015	1 Year
Colorado State Board of Pharmacy	Primary Care Pharmacy	12/23/2015	1 Year

1.5 Performance Criteria

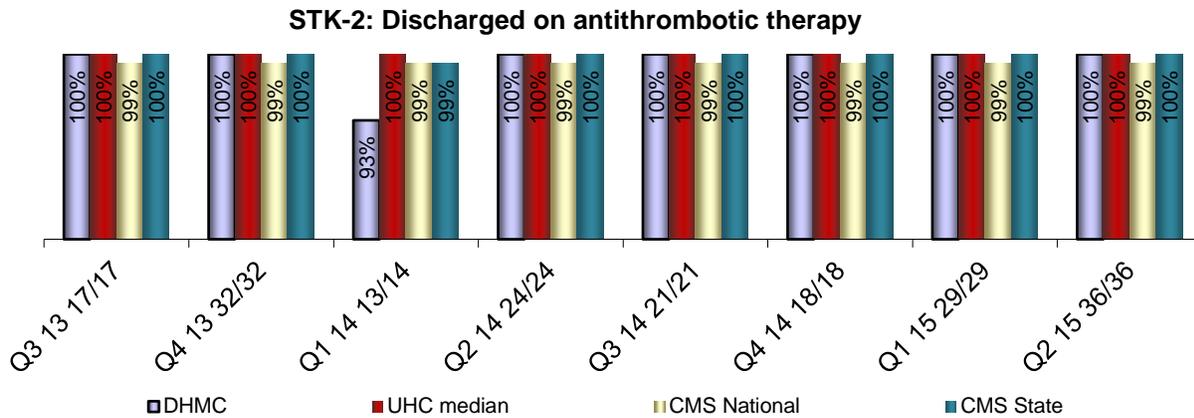
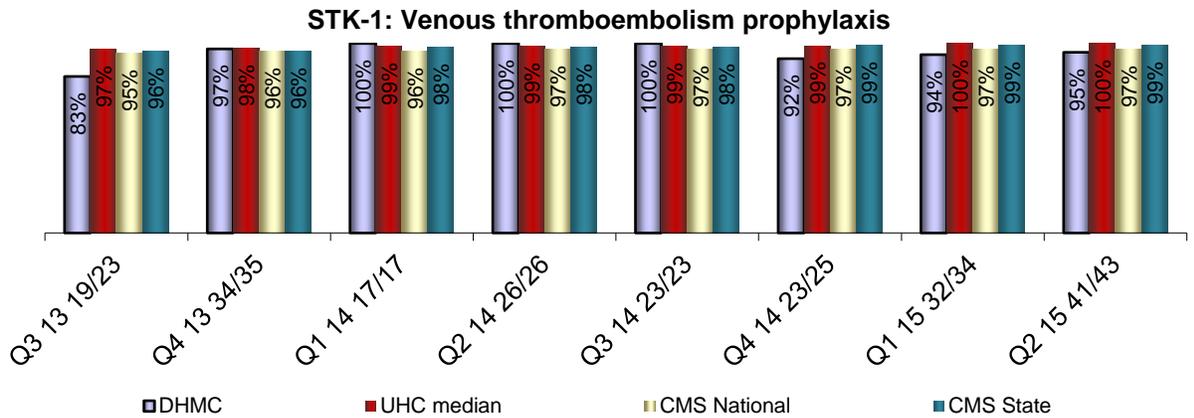
- A. The Authority shall submit an annual report to the City which includes the data indicated below in the Performance Criteria tables in 1.5G and H for the year just ended, as well as the two previous fiscal years, by May 1 following the reporting year.
- B. The criteria will focus on data collected and reported out of the Denver Health system.
- C. The criteria will focus on appropriate access and outcome of services provided.

Number	Contract	2013	2014	2015	Source
I.5G	Denver Health Medicaid Choice Average Monthly Enrollment	51,061	63,061	68,361	Key Indicators
I.5G	Inpatient Admissions	24,077	25,206	25,532	MMIRS- Admissions by Hospital Service
I.5G	Inpatient Days	108,814	114,747	118,287	MMIR- Census Days by Hospital Service
I.5G	Total Emergency Room Encounters	81,142	82,975	86,601	MMIR - Emergency Medical Services
	Adult Urgent Care Visits	36,901	34,662	39,139	MMIRS- AUCC
	ER/Cost/Visit	882	831	927	From Jeremy Springston
	Top 25 DRGs for MI population	See DRG Chart	See DRG Chart	See DRG Chart	DSS provides
	NICU days	3,944	4,915	5,357	MMIR- Pav C- ICN (NICU)- Census Days
	CT Scans	16,832	19,194	21,633	MMIR
	MRIs	7,297	8,108	8,881	MMIR
	Outpatient Surgeries	5,892	6,378	6,924	MMIRS- Ancillary Srv- Op. Room- O/P Operations
Ambulatory Care Encounters					
	Ambulatory Care Center	132,480	133,986	148,449	MMIR- Specialty Care, AUCC, WCC
	Webb Center for Primary Care	59,345	68,809	70,108	MMIR
	Gipson Eastside Family Health Center	41,119	44,915	45,385	MMIR
	Sandos Westside Family Health Center	66,109	69,907	69,135	MMIR
	Lowry Family Health Center	18,894	23,083	34,428	MMIR
	Montbello Health Center	19,220	21,729	22,589	MMIR
	Park Hill Family Health Center	14,161	17,751	17,786	MMIR
	La Casa/Quigg Newton Family Health Center	19,242	21,538	20,996	MMIR
	Westwood Family Health Center	14,965	16,269	19,323	MMIR
	Other	62,466	68,415	79,023	Includes all Dental clinics, School-based Health centers, Family Crisis Center, and Women's Mobile Clinic.
	OP Pharmacy Cost/patient	42.41	59.74	73.23	From Jeremy Springston
	OP Behavioral Health Visits	96,027	123,861	166,963	MMIR- Mental/ Substance Abuse
	TOTAL AMBULATORY ENCOUNTERS	447,036	494,963	532,139	MMIR

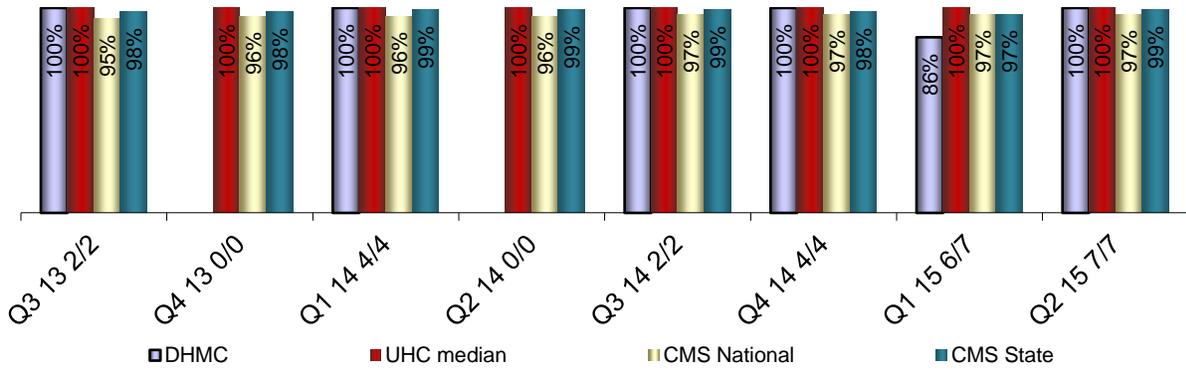
D. Several quality assurance reports are done to meet external payment or funding standards. The findings and assessment of quality assurance programs will be provided annually as well as the status of any recommended improvements.

RESPONSE: In order to ensure quality of health care, define areas of focus for improvement efforts, and to meet accreditation and funding requirements, Denver Health Medical Center participated in Core Measures data collection for stroke, immunizations, and venous thromboembolism. The ongoing measures are sponsored by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission.

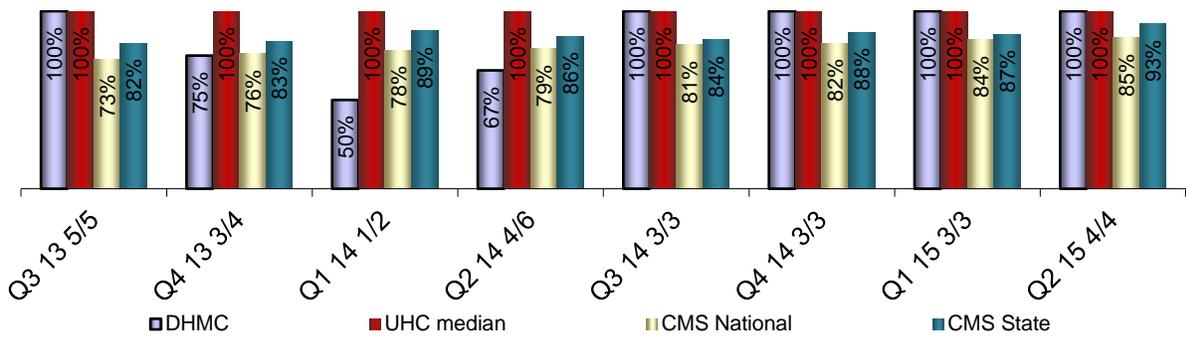
Stroke Core Measures



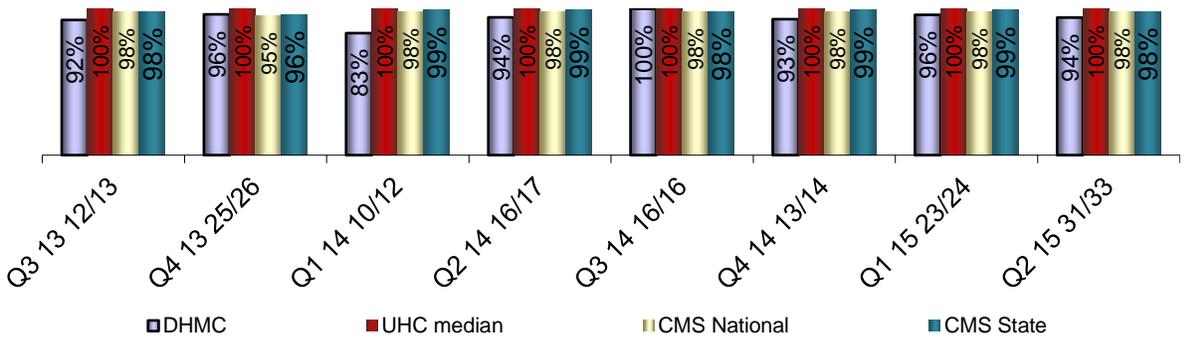
STK-3: Anticoagulation for atrial fibrillation



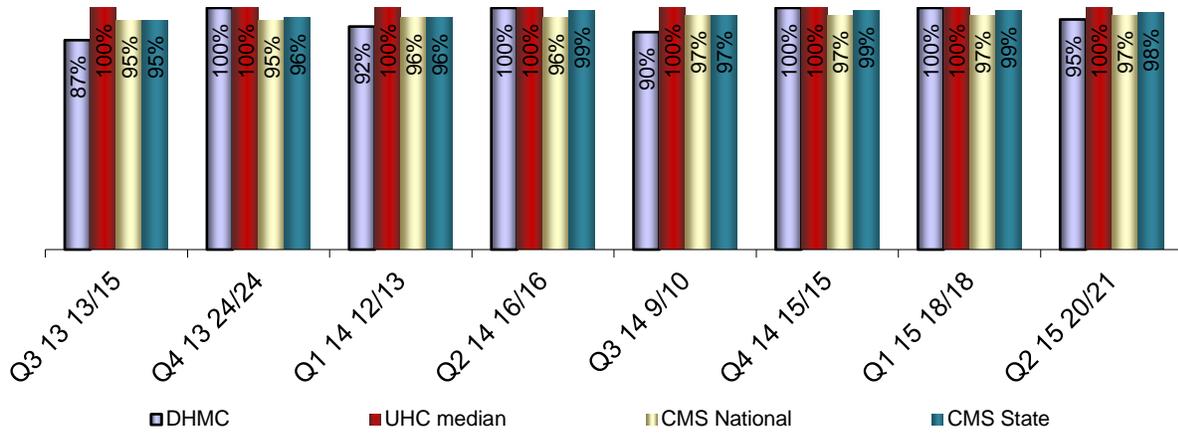
STK--4: Thrombolytic therapy



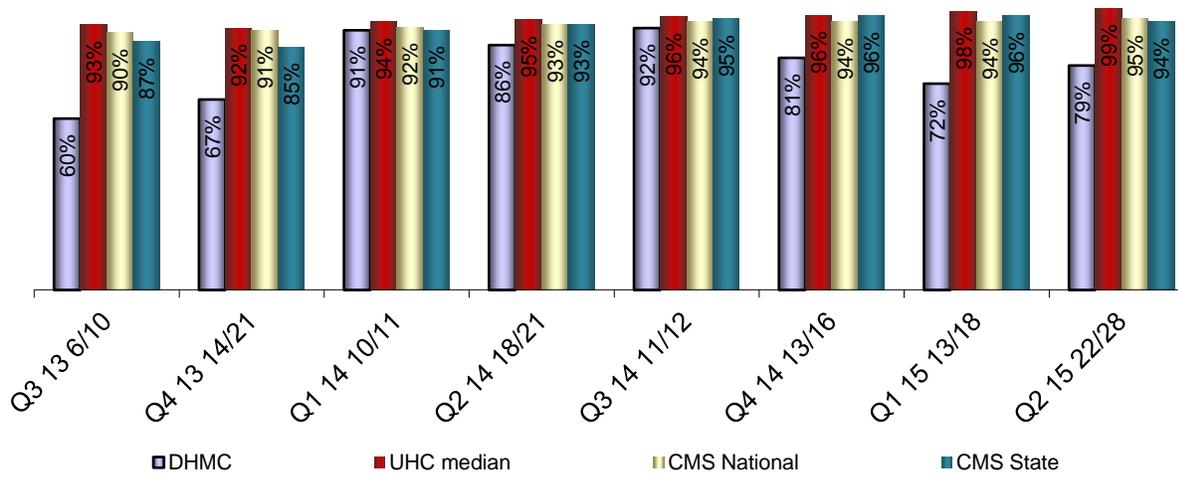
STK-5: Antithrombotic by end of hospital day two



STK-6: Discharge on statin

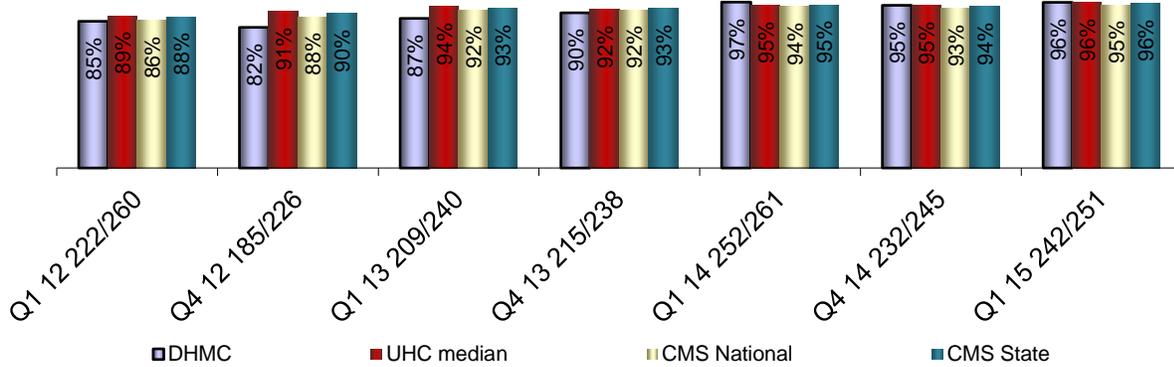


STK-8: Stroke education



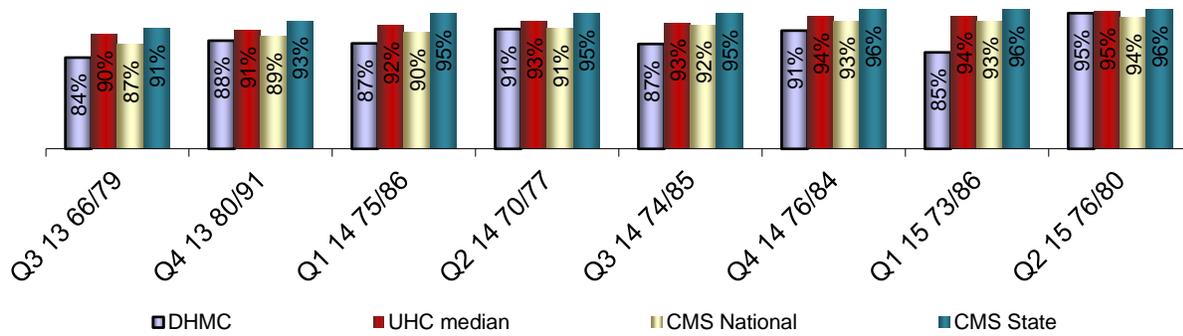
Influenza immunization measure

IMM-2: Influenza immunization status screening during flu season

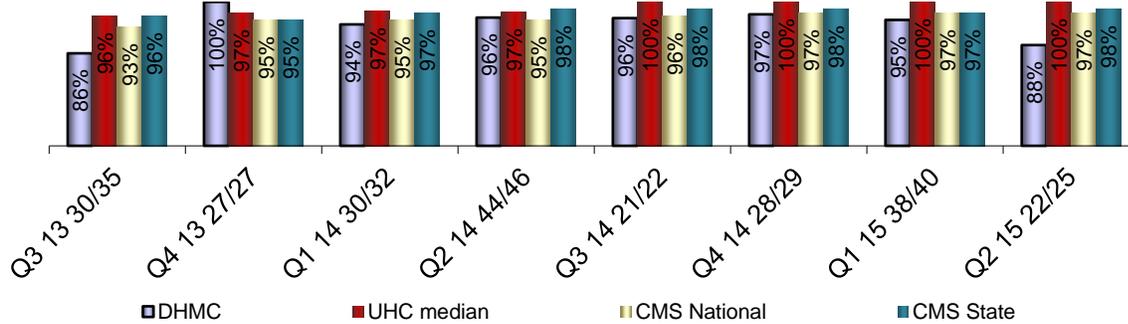


VTE Measures

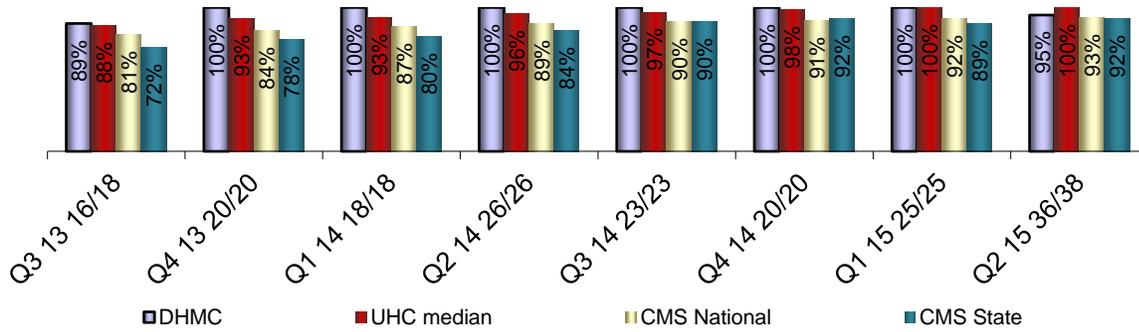
VTE-1: Non-ICU venous thromboembolism prophylaxis



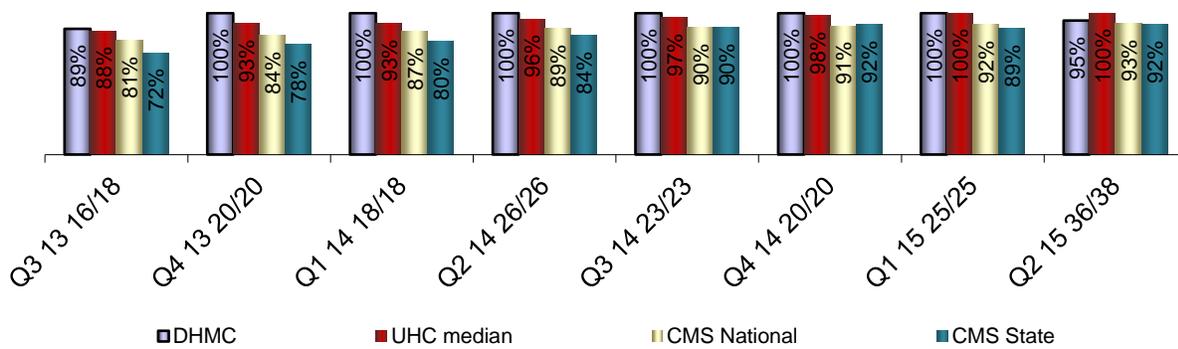
VTE-2: ICU venous thromboembolism prophylaxis



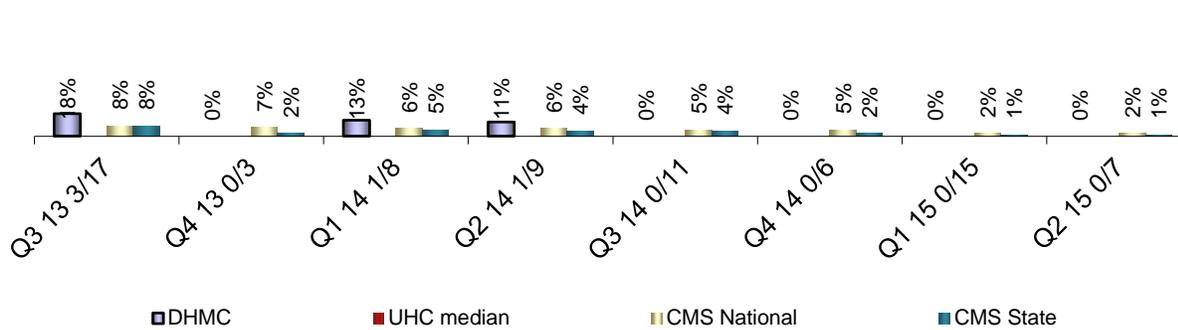
VTE-3: Venous thromboembolism anticoagulation overlap therapy



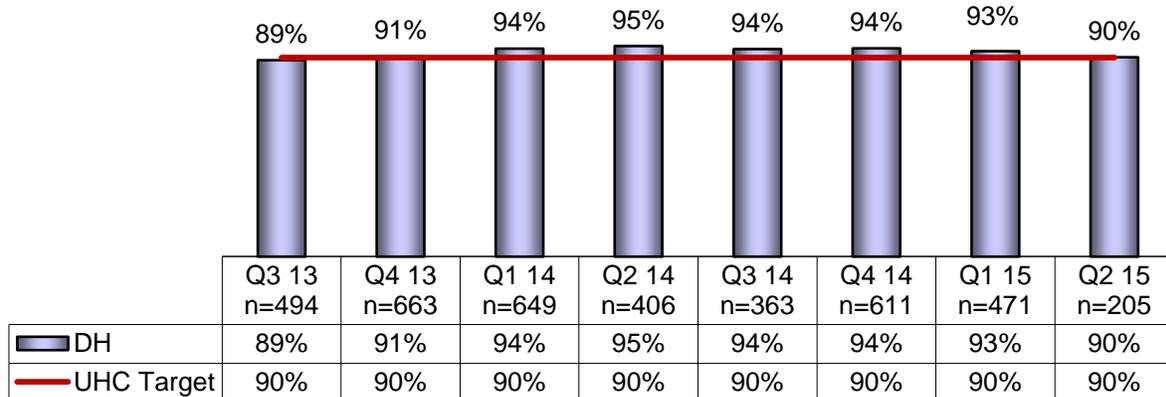
VTE-5: Venous thromboembolism discharge instructions



**VTE-6 Potentially preventable venous thromboembolism
(Lower performance is better)**



CMS Appropriate Care Measures



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

Denominator: The number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).

Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).

Target: 90% compliance rate

- E. Except when otherwise noted, all criteria are based on active patients in the Denver Health system, which is defined as a patient seen in a primary care clinic at least once in the past 18 months.

RESPONSE: No response needed.

F. As changes in circumstances occur, such as changes in demographics and population, the Denver Health Authority will change performance criteria to the City as agreed upon by the City.

RESPONSE: No response needed.

G. Performance Criteria- Clinical (I-U numbering follows the Authority's Annual Report)

RESPONSE: See following table.

H. Performance Criteria-Ambulatory Encounters (1.5 numbering follows the Authority's Annual Report)

RESPONSE: See following table.

Number	Contract Criterion	2013	2014	2015	GOAL
1.5I	Childhood Immunization Rate	86%	85%	85%	At least 80% of patients who have their third birthday in the measurement year, initiated care prior to their second birthday, and are active Denver Health patients will have received four DPT, three polio, one MMR, three HIB, three Hepatitis B, one Varicella, and four Pneumococcal immunizations (following guidelines of the CDC Advisory Committee on Immunization Practices).
1.5J	Percent Women Entering Prenatal Care:				
	1 st Trimester	71%	81%	78%	70% of women will begin prenatal care within the 1 st Trimester
1.5L	Patient Satisfaction				
	Community Health Service Adults	New metric in 2014	73%	74.2%	71% of adults seen in primary care clinics will respond with a nine or a ten ("top box") for "Overall provider rating."
	Community Health Service Pediatrics	New metric in 2014	76.6%	79.7%	78% of parents with children seen in primary care clinics will respond with a 9 or a 10 ("top box") for "Overall provider rating."
	Denver Health Medical Center	71.3%	71.9%	74.2%	73% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall patient satisfaction
1.5M	Breast Cancer Screening	68%	65%	60%	65% of active (> one primary care visit in past 18 months) female patients age 51 to 74 years will have a mammogram in the past two years.
1.5N	Cervical Cancer Screening	80%	75%	79%	80% of active (> 1 primary care visit in past 18 months) female patients age 24-64, with a PAP test in the past three years or a PAP+HPV in the past five years (age 30-64)
1.5O	Adolescent Vaccinations	88%	88%	89%	80% of active (\geq 1 primary care visit in past 18 months) adolescent patients, age 13-17, will have both Tdap and MCV4 vaccinations.

Number	Contract Criterion	2013	2014	2015	GOAL
1.5P	Diabetes Monitoring				A "Diabetic patient" for the diabetes measures is defined as a patient who has had at least two visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.
	Kidney Function (Monitoring Nephropathy)	79%	78%	75%	75% of diabetic patients will have appropriate monitoring of kidney function.
	Diabetes-percent of diabetics with HBA1c < 9	75%	74%	72%	70% of Diabetic patients will have an HBA1c < 9
	Cardiovascular Disease Prevention	New Metric in 2014	78%	78%	50% of Diabetic patients will be treated with statin medication
1.5Q	Hypertension Control	71%	69%	68%	70% of patients identified with hypertension will have their blood pressure under control as defined by current standards.
1.5R	Smoking screening Tobacco Use Status: Advise or Refer	95%	87%	88%	Maintain smoking assessment, advice and refer for 85% of adults.
1.5S	Flu Vaccinations	58%	59%	50%	60% of patients, six months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive influenza vaccinations.
1.5T	Survival with Trauma				Survival rate for blunt and penetrating trauma will be maintained within 5% of 2009 experience:
	Blunt with DOAs	97.3%	96.9%		Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.
	Blunt without DOAs	98.4%	97.6%		Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 97.1%.
	Penetrating with DOAs	91.8%	93%		Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	Penetrating without DOAs	96.6%	97.1%		Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 91.9%.
1.5U	CMS Core Measures	Q3 2012 - Q2 2013	Q3 2013 - Q2 2014	Retired	
	Surgical Care	97%	97%	Retired	100% of surgical patients will receive antibiotics within 1 hour before surgery.

Number	Contract Criterion	2013	2014	2015	GOAL
	Congestive Heart Failure	99%	100%	Retired	100% of patients with congestive heart failure will have an ACE-inhibitor prescribed at discharge for systolic dysfunction.
	Acute Myocardial Infarction	99%	99%	Retired	100% of patients with an acute myocardial infarction will have aspirin prescribed at discharge.

1.5M Comment: We have experienced overall declining performance related to breast cancer screening. Some of our individual clinics exceed the 65% goal, including Montbello and HIV early intervention services. We believe this is attributable to the influx of new patients in both 2014 and 2015 as a result of the Affordable Care Act. We often experience delays in obtaining and documenting results from mammographies done at other facilities before patients become enrolled at Denver Health.

1.5N Comment: We have experienced improved performance related to cervical cancer screening and our 2015 performance is just below our 80% target at 79%. We also track cervical cancer screening as an opportunistic, visit-based measure and according to that methodology, more than 80% of patients were up to date with screening in March through December.

1.5Q comment: Our 2015 performance was just below our 70% target at 68%. That represents hypertension control as of December. We continue to see seasonal variation in this measure and were above the 70% target May through October. We have recently been recognized nationally for our performance controlling high blood pressure through the Department of Health and Human Services' Million Hearts Initiative.

1.5S Comment: We have experienced declining performance related to flu vaccination across all patients six months of age or older. Within our pediatric population (6 mo – 17 years), we met the goal of 60% of patients vaccinated. The goal was also exceeded in our HIV early intervention services and our intensive outpatient clinic for patients with frequent hospitalization. We continue to support aggressive recommendations for all patients to be immunized but many refuse the vaccine, nonetheless.

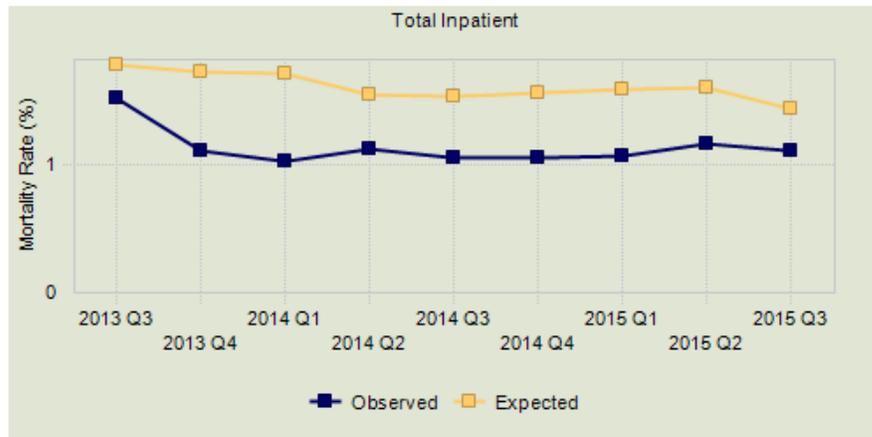
1.5U Comment: CMS retired this component of the quality measures as of 1/1/2014 for all hospitals in the U.S. We no longer abstract this information from the charts given consistent excellent performance in prior years.

- I. Denver Health Medical Center's adjusted inpatient mortality will be in the top 20 percent of all academic health centers nationally as measured by the University Health Systems Consortium (UHC), a collaboration of approximately 120 academic health centers.

Denver Health's inpatient mortality has been consistently in the best ten percent of UHC hospitals throughout 2014 and into 2015. See graph below which represents the observed to expected mortality rate across 126 academic health centers. Denver Health is ranked #10.

Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank
Current Quarter	6,117	0.72	0.89	17/126
Recent Year	24,158	0.69	0.94	10/126

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	6,117	6,074	24,158
Observed Deaths	71	65	262
Expected Deaths	97.93	95.74	378.09
Observed Mortality (%)	1.16	1.07	1.08
Expected Mortality (%)	1.60	1.58	1.57
Observed/Expected Ratio	0.72	0.67	0.69



- J. Denver Health will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

RESPONSE: Denver Health Medical Center including all campus based ambulatory services, community health clinics, the clinical laboratory, and behavioral health services have all maintained full accreditation by the Joint Commission and hold active licenses for all services from the State of Colorado.

- K. Denver Health will maintain national Residency Review Committee accreditation for its training programs.

RESPONSE: All training programs maintained national Residency Committee accreditation.

- L. Denver Health will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. Denver Health will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

RESPONSE: See charts on the following pages

2015 Unduplicated Users and Patient Visits by Zip Code

Zip Code	Users	Visits	Zip Code	Users	Visits	Zip Code	Users	Visits	Zip Code	Users	Visits
80002	2	2	80203	3,629	17,786	80256	1	1	80549	1	2
80003	1	3	80204	20,681	107,460	80257	2	2	80600	1	1
80004	4	7	80205	9,600	52,058	80259	2	3	80601	2	6
80010	5	20	80206	2,018	8,895	80260	4	11	80602	1	8
80011	7	38	80207	4,877	26,076	80261	5	23	80604	1	2
80012	755	3,172	80208	18	77	80262	4	5	80609	2	14
80013	1	1	80209	1,802	7,833	80263	2	12	80613	1	3
80014	974	4,552	80210	2,040	8,472	80265	7	11	80616	1	2
80015	2	3	80211	6,950	35,309	80266	3	5	80627	1	1
80016	1	12	80212	1,804	9,145	80267	2	6	80640	1	4
80017	5	16	80213	56	279	80269	1	5	80704	1	5
80018	4	4	80214	1,002	4,926	80270	1	16	80716	1	2
80020	3	8	80215	2	2	80271	1	14	80907	2	2
80022	3	7	80216	5,040	25,780	80277	1	1	80918	1	6
80023	20	46	80217	49	184	80281	1	7	80924	1	1
80029	2	2	80218	2,681	13,911	80283	1	3	80991	1	8
80030	3	3	80219	27,225	136,164	80284	1	6	81050	1	1
80031	2	4	80220	5,051	26,129	80285	1	2	81069	1	1
80032	1	5	80221	2,727	12,201	80287	1	1	81205	1	5
80033	1	1	80222	2,525	12,404	80289	1	1	81212	1	1
80035	1	2	80223	6,996	36,420	80290	1	3	81219	2	7
80039	2	2	80224	2,502	12,992	80291	3	8	81246	2	7
80045	1	1	80226	788	3,115	80292	2	3	81357	1	1
80046	1	2	80227	2,158	10,099	80294	2	34	81501	1	1
80047	1	11	80229	6	6	80299	3	12	81507	1	2
80063	1	2	80230	870	4,027	80306	1	3			
80072	1	10	80231	3,546	15,775	80312	1	1			
80074	1	3	80232	322	1,385	80316	1	1			
80100	2	25	80233	1	1	80320	3	9			
80102	1	4	80234	2	3	80325	1	2			
80104	1	1	80235	423	2,124	80326	1	7			
80110	607	2,910	80236	2,861	14,360	80327	1	1			
80112	90	359	80237	1,432	6,590	80330	1	1			
80113	3	26	80238	762	3,239	80331	1	15			
80114	3	8	80239	14,704	62,666	80336	2	5			
80115	1	10	80240	7	24	80349	2	5			
80119	2	6	80241	1	1	80367	1	3			
80120	3	3	80242	2	3	80401	1	1			
80123	659	3,052	80243	5	18	80406	1	1			
80127	1	1	80244	6	24	80410	1	1			
80128	1	1	80245	2	5	80411	1	1			
80129	1	1	80246	1,250	5,620	80424	1	1			
80130	1	1	80247	2,677	13,559	80447	1	3			
80141	1	1	80248	2	4	80464	1	4			
80158	1	1	80249	4,394	18,490	80499	1	1			
80200	1	1	80250	22	128	80505	1	2			
80201	158	993	80254	1	1	80509	1	9			
80202	1,571	8,175	80255	2	2	80525	1	2			

Total Visits	739,657
Total Unduplicated Users	150,544

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

2015 Unduplicated Users and Patient Visits by Colorado County

County	Users	Visits
000 - Unknown	1,732	3,615
001 - Adams	14,708	62,281
002 - Alamosa	38	124
003 - Arapahoe	14,572	61,653
004 - Archuleta	7	7
005 - Baca	2	3
006 - Bent	11	39
007 - Boulder	1,259	3,629
008 - Chaffee	42	69
009 - Cheyenne	2	2
010 - Clear Creek	128	551
011 - Conejos	14	40
012 - Costilla	9	29
013 - Crowley	41	150
014 - Custer	4	5
015 - Delta	22	50
016 - Denver	150,544	739,657
017 - Dolores	55	146
018 - Douglas	2,112	6,766
019 - Eagle	182	451
020 - Elbert	98	374
021 - El Paso	795	1,620
022 - Freemont	40	134
023 - Garfield	48	111
024 - Gilpin	42	127
025 - Grand	800	2,173
026 - Gunnison	22	52
028 - Huerfano	11	22
029 - Jackson	12	54
030 - Jefferson	12,556	52,756
031 - Kiowa	43	64
032 - Kit Carson	13	40

County	Users	Visits
033 - Lake	36	84
034 - La Plata	25	46
035 - Larimer	514	1,091
036 - Las Animas	27	105
037 - Lincoln	18	58
038 - Logan	40	134
039 - Mesa	76	157
041 - Moffat	22	28
042 - Montezuma	8	24
043 - Montrose	16	29
044 - Morgan	75	231
045 - Otero	31	59
046 - Ouray	2	3
047 - Park	122	637
048 - Phillips	6	10
049 - Pitkin	27	34
050 - Prowers	13	25
051 - Pueblo	215	577
052 - Rio Blanco	1	1
053 - Rio Grande	20	59
054 - Routt	68	121
055 - Saguache	2	10
057 - San Miguel	4	5
058 - Sedgwick	6	43
059 - Summitt	120	246
060 - Teller	25	89
061 - Washington	15	29
062 - Weld	851	2,581
063 - Yuma	17	29
064 - Broomfield	477	1,744
098 - Out of State	5,705	8,523

Total Patient Visits	953,606
Total Unduplicated Users	208,548

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

2015 Unduplicated Users and Visits by Gender and Race

Gender	Race	Users	Inpatient Visits	Outpatient Visits	Total Visits
F	African-American	14,871	1,726	83,448	85,174
F	Amer/Alaskan Natine	637	132	3,954	4,086
F	Asian	4,035	407	20,261	20,668
F	Hispanic	43,685	4,801	242,019	246,820
F	Native Hawaiian	94	6	400	406
F	Unknown	2,813	192	5,374	5,566
F	White	41,992	5,763	178,806	184,569
Female Total		108,127	13,027	534,262	547,289
M	African-American	14,217	1,582	61,634	63,216
M	Amer/Alaskan Natine	534	127	3,298	3,425
M	Asian	3,017	248	12,627	12,875
M	Hispanic	33,272	3,438	141,287	144,725
M	Native Hawaiian	80	6	280	286
M	Unknown	3,047	181	5,405	5,586
M	White	46,254	6,686	169,518	176,204
Male Total		100,421	12,268	394,049	406,317
Grand Total		208,548	25,295	928,311	953,606

Homeless Care and Costs

2015 Homeless Users, Visits and Charges

Year	Gender	Users	Visits	Charges
2015	F	4,705	29,327	\$ 57,470,547
2015	M	9,372	52,502	\$ 157,546,905
Grand Total		14,077	81,829	\$ 215,017,452

2014 Homeless Users, Visits and Charges

Year	Gender	Users	Visits	Charges
2014	F	4,946	30,117	\$ 55,625,495
2014	M	9,540	53,593	\$ 153,300,942
Grand Total		14,486	83,710	\$ 208,926,437

2013 Homeless Users, Visits and Charges

Year	Gender	Users	Visits	Charges
2013	F	5,125	32,096	\$ 60,689,730
2013	M	9,464	54,868	\$ 151,913,075
Grand Total		14,589	86,964	\$ 212,602,805

Top 25 DRG's for Medically Indigent Population 2015

DRG#	DRG NAME	Total
640	DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	120
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	17
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	17
682	RENAL FAILURE W MCC	10
885	PSYCHOSES	9
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	8
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	8
291	HEART FAILURE & SHOCK W MCC	7
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	6
683	RENAL FAILURE W CC	6
685	ADMIT FOR RENAL DIALYSIS	5
494	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	5
641	DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O M	5
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	4
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4
189	PULMONARY EDEMA & RESPIRATORY FAILURE	3
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	3
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	3
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	3
202	BRONCHITIS & ASTHMA W CC/MCC	3
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	3
378	G.I. HEMORRHAGE W CC	3
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	3
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	3

Top 25 DRGs for Medically Indigent Population 2014

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

Top 25 DRG's for Medically Indigent Population 2013

DRG #	DRG NAME	Total
885	PSYCHOSES	238
685	ADMIT FOR RENAL DIALYSIS	112
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	92
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	77
603	CELLULITIS W/O MCC	67
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	54
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	53
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	47
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	45
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	41
881	DEPRESSIVE NEUROSES	33
638	DIABETES W CC	32
291	HEART FAILURE & SHOCK W MCC	26
189	PULMONARY EDEMA & RESPIRATORY FAILURE	25
292	HEART FAILURE & SHOCK W CC	25
494	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	24
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	24
639	DIABETES W/O CC/MCC	23
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	22
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	22
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	21
313	CHEST PAIN	19
683	RENAL FAILURE W CC	19
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	19
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	18

Appendix A-2

1.4 Performance Criteria

- A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide). **RESPONSE: The utilization/hour rate system wide was 0.4692 for the year 2015.**
- B. The City and the Authority agree that changes in the performance criteria for this Appendix are needed. Denver’s Emergency Medical Services (EMS) system will strive to meet the Denver Equivalent of NFPA standards as described in 2004 NFPA 1710 and 1221. The City and the Authority recognize that the emergency medical response system is a tiered, multiple component system comprised of the City’s 911 Combined Communications Center (“911 Communications Center”) for call taking, dispatching and administration of the record keeping system, the Denver Fire Department for Basic Life Support (BLS) first responders, and the Authority for Advanced Life Support (ALS) paramedics and transport services. The Denver Equivalent of NFPA standards for emergency (lights and sirens) calls will consist of the Total Response Time in Table 1 and the clinical performance standards set forth in paragraphs 1.4.b.5 below. Measurement of the standard shall be as set forth below.
1. Beginning April 1, 2009, the City and the Authority agree that the official timekeeper for determining response times is the City’s Director of the 911 Communications Center, specifically the computer aided dispatch (CAD) administrator. The City and the Authority agree that the City will measure response times for emergency (lights and sirens) calls in total from the time that the call is answered by Denver 911 until the first responders and the paramedics arrive at the address, respectively.
 2. Each component of the emergency medical response system, including the 911 Communications Center, the Denver Fire Department, and the Authority has its own independent time requirements under the NFPA standards. Each of these three components is independently responsible for its own role in the response function. All components of the system must work as a team to meet the Total response time goal for emergency (lights and siren) response times, listed in minutes and seconds, as set forth in Table 1:

TABLE 1

	Dispatch – 95% (Call Answered to Unit Assigned)	Response – 90% (Unit Assigned to Unit Arrived)	TOTAL – 90% (Call Answered to Unit Arrived)
Call Answering and Processing- Denver 911	1:30	N/A	
BLS – Denver Fire	N/A	5:00	6:30
ALS – Denver Health	N/A	9:00	10:30

RESPONSE: The City’s Director of the 911 Communications Center reported the following metrics for the Denver Health Paramedic Division’s response times:

	Dispatch			Response			Total	
95% Goal	95% actual	compliance	90% Goal	90% actual	compliance	90% Goal	90% actual	compliance
1:30	3:59	48.04	9:00	8:48	91.01	10:30	11:11	86.84

3. Responsibility of the City 911 Communications Center:
 - a. **Data Analysis** – Response data are collected from the CAD system at the 911 Communications Center. Understanding that public policy decisions must be made using data that are as accurate and precise as is possible, the 911 Communications Center will analyze the stored data to provide useful EMS system performance information excluding data that has been identified in Paragraphs B and C below.
 - b. **Inaccurate data** – The CAD Administrator will analyze performance data to identify data that are verifiably inaccurate, identified by annotation within the system. The CAD Administrator shall exclude such data from the analysis to the extent that they interfere with representative analysis, including the following data filters.
 - Eliminating all negative values
 - Eliminating all zero values except for First Unit Assigned/First Unit Enroute
 - Eliminating all durations in excess of 30 minutes for most data elements
 - Eliminating all durations in excess of 60 minutes from answer to arrival

- c. **Exclusions** – The CAD Administrator will exclude the following calls from the dataset for the purpose of analysis.
 - i. **Bad Address** – The call-taker receives incorrect location information from the caller. A bad address may result in the responding unit being sent to an incorrect location, delaying response to the correct location.
 - ii. **Priority Change** – Information changed during the response, resulting in an up- or downgrade of the response mode. Mixing non-emergency and emergency travel into a response time is unrepresentative of the response time.
 - iii. **Out of Jurisdiction** -- Calls requesting emergency assistance to a location outside of the City and County of Denver. At DIA this may also include calls outside of the defined response area for paramedics assigned to DIA.
 - iv. **Duplicate Calls** – It is not uncommon to receive and document several calls for the same incident in the CAD system. These accessory incidents are an indicator of dispatch activity, but not overall system volume or activity and artificially increase the number of incidents managed in the system.
 - v. **Test Calls** – Some calls are entered into the system purely for personnel or system testing and training.
 - vi. **Weather** – Dangerous weather conditions are beyond the control of the responding agencies. Weather exemptions are based upon a collaborative decision by the Denver Fire Department and Authority Paramedic Division command personnel that the weather conditions pose hazards during responses, necessitating high levels of caution and slow speed. The durations of these weather emergencies are tracked and response times during those periods are exempted from response time calculations in the interest of response personnel and public safety.
 - vii. **Additional Exclusions for DIA**
 - a. Restricted access to areas within DIA’s jurisdiction that cannot be easily accessed in a timely manner or to which the paramedic does not have authorized access without escort.
 - b. Limited visibility operations, as defined by DIA.
 - c. Paramedic responses to medically diverted or scheduled flights on which there is a medical emergency. Response time for such calls will be maintained but will be reported separately in the monthly report under excluded calls as required to be reported in Paragraph 7 below.
 - d. When paramedic responses are added as an additional service being requested, the time clock shall start when the paramedic is requested and not the time the event started.

4. **Clinical Performance Criteria.** Since the Authority provides the medical direction for the entire emergency medical response system, each of the components of Denver's Emergency Medical Services system shall submit all clinical performance reports to the Authority's Paramedic Division Medical Director as requested, as part of the system's medical quality assurance.
RESPONSE: No response necessary.

5. **Authority's Clinical Criteria.** The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:
 - a. The administration of aspirin to STEMI (cardiac alert) patients, unless contraindicated or a recent previous aspirin ingestion is documented.
RESPONSE: STEMI is a medical term for a common type of heart attack. Ninety-eight of these heart attack patients were transported in 2015. Eighty-six (90.0%) received aspirin, with a door to scene time of 23:30.
NOTE: 100% compliance with aspirin administration is not necessarily the desired goal. Each of the eight cases in which aspirin was not given was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable contraindications to aspirin administration, in which giving aspirin would have caused the patient harm.

 - b. Elapsed time from when paramedics arrive at the scene until Emergency Department arrival of the transporting unit for STEMI (cardiac alert) patients, with direct transport to an identified interventional (PCI) facility.
RESPONSE: The average time between EMS scene arrival and patient arrival to the ED of the 98 heart attack patients was 23:30 minutes in 2015. Every patient in this group was transported to an identified facility that is specifically ready to handle heart attack victims.
ADDITIONAL COMMENTS: Aspirin has been shown to be very beneficial for heart attack victims.

 - c. Transport ambulance scene time for trauma patient emergency transports.
RESPONSE: 780 emergency (lights and siren) transports of trauma patients occurred in 2015. The average scene time for these patients was 9:18 minutes.
NOTE: Every call with a scene time longer than 10 minutes was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director.

- d. Transport of emergency trauma patients to a designated trauma center.
RESPONSE: Of the 780 emergency trauma patients, 761 (97.5%) were transported to an American College of Surgeons designated as a level I or II trauma center.
ADDITIONAL COMMENTS: Medical evidence shows that severely injured trauma patients with scene times less than 10 minutes and transport to a designated trauma center can be saved at a much higher rate. The Denver Health Paramedics perform especially well in this category, as well.
NOTE: 100% compliance with trauma center transport is not necessarily the desired goal. Each of the cases in which the patient was not transported to a trauma center was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable factors for non-transport to a trauma center (i.e. primary issue was a non-traumatic problem more appropriately handled at the closest facility to the call location).
- e. Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition. **In 2015 there were 41 survivors that were discharged alive and well.**
ADDITIONAL COMMENTS: The Denver Health Paramedic Division uses a database that includes cardiac arrest survival data from more than 40 cities around the nation.
6. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria either by meeting the nine minute ALS Response time of 90% from unit assigned to unit arrived or by meeting the 10 minute 30 second Total Response time from Call answered to Unit Arrived.
RESPONSE: The Authority has met its response time performance criteria by having met the nine minute ALS response time of 90% from unit assigned to unit arrived. According to the City's Director of the 911 Communications Center Reports, the Authority's response time compliance under nine minutes was 91.0%. Please see Appendix A-2 § 1.4-B-2 above.
7. **Reporting** – Performance reports will be submitted monthly to the Monitoring Group by the Authority, not later than fifteen (15) days after the end of the month. The Monitoring Group will be comprised of City (Mayor's Office, Department of Safety and Auditor), City Council members, and Denver Health representatives. Reports will contain the following information:

Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.

Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00.

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

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

8. **Remedies**

The parties recognize that the tiered emergency response system does not currently meet the Denver Equivalent of the NFPA standard. The parties have implemented improvements to the system that have improved and will continue to improve overall response time. The parties have set a goal of November 30, 2009 to meet the Denver Equivalent of the NFPA standard, which they did not meet. As a consequence, each component of the system (Communications Center, Fire Department and Denver Health) shall submit a report to the Monitoring Group that sets forth their progress toward the goal, impediments to meeting the goal (if any), a plan for achieving the goal and expected time frames for meeting the goal. In addition, each component of the system will meet monthly with the Monitoring Group to report on their progress toward meeting the Denver Equivalent of the NFPA standard.

RESPONSE: The required reports have been submitted and the Authority has attended monthly meetings.

ADDITIONAL COMMENTS: For each of the past three years, the Denver Health Paramedic Division has received more than 100,000 requests for service. For year 2015, the Paramedic Division had 111,751 total field responses resulting in 74004 patients being transported. The providers of the Denver Health Paramedic Division assisted in the delivery of 17 infants, cared for 6516 children, treated 13712 alcohol intoxicated patients, performed one emergent surgical airway procedures and participated in 98 Cardiac Alerts. The Paramedic Division also responded to and treated 2,390 possible overdoses, 103 possible gun-shot wounds. The paramedic division had 80 ketamine administrations for patients with a suspected diagnosis of excited delirium and 50 COMBAT Study inclusions.

Appendix A-3

1.4 Performance Criteria

- A. Monitor, investigate, and submit quarterly reports of the number of cases of all Colorado Board of Health reportable communicable diseases. Communicable disease and public health specialty consultation will be available 24 hours a day, 7 days per week.

RESPONSE: Quarterly reports were submitted with the case numbers of communicable diseases based on monitoring and investigating outbreaks. Infectious disease and Public Health epidemiology & communicable disease specialty consultations were available 24 hours a day, 7 days a week.

- B. Collaborate with Denver Environmental Health and other public health agencies in outbreak investigations of food borne/enteric illness, childcare facilities and long term care facilities.

RESPONSE: Public Health and Denver Environmental Health collaborated on the epidemiological and site-based investigations of multiple outbreaks.

- C. Provide immunizations to City and County of Denver residents on a walk-in basis Monday through Friday and immunize children at the appropriate age in neighborhoods with low immunization rates to the extent available by funding. Provide comprehensive travel health services including immunizations.

RESPONSE: Immunizations were available to the public on a walk-in basis, Monday through Friday, 8 a.m. to 4:30 p.m. Immunization clinics were conducted in various communities around the city of Denver, focusing on neighborhoods with the lowest incidence of immunization compliance. In addition, school located immunization clinics were held in select Denver Public Schools that have low immunization rates and no school based health clinic. Travel consultations and immunizations were provided to individual and group travelers.

- D. Provide comprehensive HIV primary care to existing and new patients in the City.

RESPONSE: Comprehensive care, including primary medical, prenatal, dental, pharmacy, nutritional and mental health, was provided to ongoing patients and to all newly diagnosed patients who were referred to the clinic or who entered the clinic through one of the citywide linkage-to-care programs. HIV prevention services such as treating high risk individuals with Post Exposure Prophylaxis (PEP) and Pre Exposure Prophylaxis (PrEP) were also offered by the clinic. Additionally the Infectious Disease Clinic significantly expanded Hepatitis C treatment and assisted with other infectious disease cases including recently diagnosing a cluster of mumps cases in Denver.

- E. Work with the Denver Office of Emergency Management and the Department of Environmental Health in developing, planning and exercising the public and environmental health support functions under the Emergency Support Function 8 and related ESFs in the City and County of Denver's Emergency Operation Plan. Contribute to the City and County of Denver Office of Emergency Management to efficiently plan and respond to events, disasters, and other public health emergencies in Denver.

RESPONSE: Working cooperatively with city agencies, Denver Public Health participated in the development, planning and conducting exercises of the ESF 8 functions.

- F. Provide sexually-transmitted infection diagnosis, surveillance and treatment Monday through Friday in the Sexually Transmitted Disease Clinic and outreach clinics to high risk populations in the community.

RESPONSE: STD and Family Planning clinical services were available to the public on an appointment and walk-in basis Monday through Friday, offering family planning services along with the diagnosis, surveillance and treatment of sexually transmitted infections. Linkage to care was provided for patients with HIV/AIDS or Hepatitis C along with patients interested in PrEP. HIV and STD outreach testing and clinics were provided throughout the community focusing on populations with the highest degree of risk for infection.

- G. Ensure the timely detection, diagnosis, and treatment of patients in the City with suspected tuberculosis; identify and evaluate contacts of infectious cases; target, test and treat latent tuberculosis in high-risk populations.

RESPONSE: Clinical services were available for testing and treatment of patients and referrals known, or suspected, to have TB. Contact investigations were conducted on all infectious cases and appropriately evaluated and treated. Outreach efforts to target, test and treat latent TB infection in high-risk populations, such as the foreign born, the homeless, and health care workers, were continued, supported by locally conducted research into developing testing and treatment alternatives.

- H. Provide birth and death certificates to the public Monday through Friday.

RESPONSE: Birth and death certificates were provided to the public Monday through Friday, on a walk-in basis. Requests were also taken by telephone, online ordering, and mail. The birth and death certificate office was relocated to 120 W. 5th Avenue to provide easier access for customers.

- I. The Authority will provide an annual report by May of the following year being reported on, which includes performance statistics for the year and the two previous fiscal years, for the following items:

- Reportable Communicable diseases
 - Number of outbreak investigations and a general report on outcome of investigations
 - Number of HIV and STD high risk participants screened in outreach efforts
- Total Patient Encounters in ID/AIDS clinic
 - Percent of HIV/AIDS patients requiring hospitalization
 - Cases of perinatal HIV transmission
- Total vaccinations
 - Child less than 19 years of age
 - Adult vaccinations
 - Travel vaccinations
- Total STD clinic visits
 - Comprehensive STD visits
 - Express STD visits
 - HIV counseling and testing
- Total TB visits
 - Number new TB cases
 - Number of patients with new/suspected TB started on treatment and percent completed treatment
 - Number of high risk patients screened for latent TB Number of latent TB patients started on treatment and percent completed
 - Total birth and death certificates registered
 - Certified copies issued
 - Paternity additions and corrections

RESPONSE: Quarterly reporting of volumes previously submitted to City, yearly summary below.

PUBLIC HEALTH SERVICES	2013	2014	2015
Patient Encounters - Infectious Disease Clinic	16,376	16,224	16,875
Hepatitis C treatment encounters	34	38	344
PrEP encounters	6	143	627
Birth and Death Certificates Registered	4,379	4,859	5,755
Certified Copies Issued	54,497	60,531	60,700
New TB Cases	49	52	57
Patient Encounters - TB Clinic	20,152	21,203	21,754
STD Clinic Visits	15,774	15,378	15,515
Total Immunization Visits	9,621	10,604	10,908
Total Vaccinations Provided	18,759	21,752	21,850

- J. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for Public Health Services by the 45th day after the end of the reporting period.

RESPONSE: Monthly financial reports were provided instead of quarterly reports.

- K. The Department of Public Health of the Authority will work with the Department of Environmental Health to develop and maintain a regularly-updated landing page which will provide an overview of public and environmental health services within Denver County. This website will provide the appropriate contacts for specific services. DEH will take the lead in developing the landing page and both organizations will be responsible for maintaining their corresponding information.

RESPONSE: DEH and DPH agreed to suspend work on this initiative and it will not be a part of the 2016 operating agreement.

- L. The Department of Public Health of the Authority will work with the Department of Environmental Health to collect, compile, assess, and prepare a comprehensive report on the health of Denver. This comprehensive report will be prepared and published every three (3) years. The Departments will collaborate on regular updates (every 2 months) on individual health issues through their publication, “Denver Vital Signs”. The Department of Public Health and the Department of Environmental Health will also collaborate on the development of a community health improvement plan every five (5) years. The two departments will then provide updates on key metrics of the plan at least every 6 months. The entire plan will be updated every 3 years.

RESPONSE: A health profile, entitled “The Health of Denver – 2011” was developed cooperatively between Denver Public Health, Denver Environmental Health, and many community partner agencies. This profile was released in early 2012 and was used as the foundation to gather input for the Community Health Improvement Plan (CHIP). Access to Care, including Behavioral Health Care, and Healthy Eating and Active Living (HEAL) were identified as the two top priorities for the CHIP which was formalized in 2013 and released in early 2014. A new health profile entitled “The 2014 Health of Denver Report ” was completed and released to the public in February 2015. Six issues of Denver Vital Signs were also published in 2015. Specific areas of focus were: fighting cancer in Denver with the HPV vaccine, childhood obesity’s impact in Denver, the benefits of active transportation, dual diagnosis: mental health and substance use disorders, rates of early syphilis are on the rise in Denver, and depression and barriers to treatment in Denver.

- M. The Authority agrees to work with the City, its Office of Emergency Management and its City-agency emergency response leads to annually review and update, as appropriate or

requested by the City, the City's Emergency Response Plan, including specifically, the City's plan for Emergency Support Function (ESF) #8, Public Health and Medical Services, and related standard operating procedures (SOPs).

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

- N. The Department of Environmental Health and the Department of Public Health of the Authority will jointly work to submit the county's application for accreditation.

RESPONSE: Denver County's application for public health accreditation was submitted to the Public Health Accreditation Board (PHAB) on Jan 23rd 2015 after many hours of collectively finding and providing all the necessary documentation from the two agencies. PHAB conducted a joint DEH/DPH site visit on August 13th and 14th 2015 resulting in an action plan which was submitted to PHAB and approved on Feb 16th 2016. The action plan outlines the final documentation needed to receive a fully accredited status.

Appendix A-4

1.4 Performance Criteria

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

RESPONSE: Denver C.A.R.E.S. provides pregnancy testing at no cost to any female client. All women of child-bearing age are offered a pregnancy test; those testing positive are referred to women's services. For 2015, 1457 pregnancy tests were offered, 72 pregnancy tests were given, and 4 pregnancy tests were positive.

- B. An ESP average response time of 35 minutes or less will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene.

RESPONSE: In 2015, our average response time to calls without standby was 34:24 and the response time to clients with public safety personnel standing by was 19:04. The overall average response time to all calls was 25:04.

- C. Average length of stay will be 36 hours or less.

RESPONSE: The average length of stay in the detox was 25.89 hours for 2015 (time sample 12-1-2015 to 12-14-2015).

- D. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:

- ❖ Shelter: Average Daily Census
- ❖ Detoxification: Average Daily Census
- ❖ DUI Program: Patient Encounters
- ❖ Emergency Services Patrol:
 - Average Response Time
 - Number of clients picked up per shift
- ❖ Number of clients admitted for the first time
- ❖ Number of clients admitted more than one time for the program year
- ❖ Number of admissions of homeless clients
- ❖ Number of clients who did not pay any charges due for services rendered
- ❖ Number of veterans entering Denver C.A.R.E.S.

❖ Denver C.A.R.E.S. Services	2013	2014	2015
Shelter/Detox Program: Average Daily Census	78.0	80.6	77.8
Outpatient Counseling: Patient Encounters	28,478	29,422	28,403
DUI Program: Patient Encounters	910	935	732
Emergency Services Patrol: Average Response Time in Minutes	25:27	23:06	25:04
Number of Clients Picked Up Per Shift	12	13	13
Number of Clients Admitted for the First Time	4,964	5,514	4,746
Number of Clients Admitted More Than One Time for the Program Year	2,485	2,434	2,375
Number of Admission of Homeless Clients	18,442	18,783	19,146
Number of Clients Who Did Not Pay Any Charges Due for Services Rendered	8,777	7,313	6,847
Number of Veterans Entering Denver C.A.R.E.S.	2267	2407	1640

E. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for Denver C.A.R.E.S. by the 45th day after the end of the reporting period.

RESPONSE: The Financial Department provided regular quarterly reports to the City.

F. The Authority will provide to the City ESP van reports of shifts worked on a monthly basis by the 45th day after the end of the reporting period.

2015 Scheduled Shifts = 8,155 hours; 10,362 clients were transported (13 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	30	28	29.5	28	30	30	30.5	30	29.5	30	28.5	30.5	354.5
Cover (V3)	10	7.5	8	8	10	8	9	9	8	10	7.5	8.0	103.0
Night (V2)	31	27.5	31	28.5	29.5	29	30.5	31	30	30.5	29.5	30	358.5
Total	71	63.0	68.5	64.5	69.5	67	70	70	67.5	70.5	65.5	68.5	815.5

2014 Scheduled Shifts = 8,205 hours; 10,371 clients were transported (13 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	26.5	27	32	29	30	29	30	28.5	29.5	31	29.5	30.5	352.5
Cover (V3)	9	9	9	8	10	8	8	10	7.5	9	9	9	105.5
Night (V2)	31	27.5	31	30	29.5	30	31	30	30	31	30.5	31	362.5
Total	66.5	63.5	72	67	69.5	67	69	68.5	67	71	69	70.5	820.5

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

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

G. For Veterans Services and 25 Housing First Units – the Authority will participate in all evaluation efforts for the Ten Year Plan to End Homelessness.

RESPONSE: Denver C.A.R.E.S. continues to have representation on Denver’s Road Home Commission and Committees. We also continue to work with Denver Human Services to coordinate evaluation efforts regarding data being entered into the Homeless Management Information Services (HMIS) by all service providers.

H. Provide a quarterly report no later than the 15th day of the month following the end of the quarter, for data representing the previous quarter including the following

- ❖ Number of persons entering CHARTT’S treatment program
- ❖ Number of persons successfully completing CHARTT’S treatment program
- ❖ Number of persons housed at Denver CARES
- ❖ Disposition of individuals served including, but not limited to, Involuntary Placement, Housing, Employed, Left Treatment Prior to Completion, No Longer in Program, Hospitalized, Average Daily Attendance in Detox and Treatment.

RESPONSE: Denver C.A.R.E.S. provided regular quarterly reports to the City.

The following summarizes the activities of all programs at Denver C.A.R.E.S. contributing to Denver's Road Home during 2015:

RETURN

RETURN, a 25-bed transitional residential treatment program for men and women located at Denver C.A.R.E.S., has been providing substance abuse treatment and case management to homeless clients since November 2005.

2015 4th Quarter Outcomes

123 clients (99 unique clients) have received services since the beginning of 2015

- **20** were enrolled in the program at the end of the 4th quarter 2015.
- **38** successfully completed the program and moved into stable housing situations.
- **04** successfully completed the program and moved into a temporary housing situation.
- **11** successfully completed the program, but their destination is unknown.
- **04** transferred to another facility for further treatment.
- **01** voluntarily complied with a brief incarceration.
- **45** were either non-compliant and/or refused treatment and left the program.

Cumulative Outcomes

- **717 clients (558) unique clients) have received services since the inception of the program.**
 - **20** were enrolled in the program at the end of the 4th quarter 2015.
 - **261** successfully completed the program and moved into stable housing situations.
 - **40** successfully completed the program and moved into temporary housing situations.
 - **43** successfully completed the program, but their destination is unknown.
 - **44** transferred to another facility for further treatment.
 - **02** complied to be incarcerated.
 - **293** refused treatment and left the program.

Justice TRT

Justice TRT is a 15 bed transitional residential treatment program located at Denver C.A.R.E.S. and has been in operation since September 2015. It is a treatment and case management program provided by Denver C.A.R.E.S. Clients are referred to Denver C.A.R.E.S. from Recovery Court, Court to Community and Sobriety Court.

2015 4th Quarter Outcomes

- **33 clients (31 unique clients) have received services since September of 2015.**
 - **14 were enrolled in the program at the end of the 4th quarter 2015**
 - **2 successfully completed the program and moved into stable housing situations.**
 - **2 successfully completed the program and moved into a temporary housing situation.**
 - **00 successfully completed the program, but their destination is unknown.**
 - **15 were either non-compliant and/or refused treatment and left the program.**

CHaRTS

C.H.a.R.T.S. is a treatment and case management program provided by Denver C.A.R.E.S. in collaboration with the Colorado Coalition for the Homeless (CCH). Homeless clients identified as frequent users of Denver C.A.R.E.S. detox are eligible for this program and may be enrolled for up to two years, during which time they move within a continuum of care including intensive case management, mental health treatment, residential treatment and transitional housing. Case management, mental health treatment and residential treatment services are provided by Denver C.A.R.E.S. and the transitional housing vouchers are managed by CCH. The biggest hurdle for success continues to be access to affordable housing in the city of Denver.

2015 4th Quarter Outcomes

- **75 clients (66 unique clients) have received services since the beginning of 2015.**
 - **15 were enrolled in the program at the end of the 4th quarter 2015 (4 in permanent housing; 2 in transitional housing; 1 in sober living; 8 in Charts TRT)**
 - **32 successfully completed the Charts program and moved into stable housing**
 - **28 refused and/or discharged from CHARTS program services due to choice preferences and/or non-compliance**

Cumulative Outcomes

- **266 clients (243 unique clients) have received services since the inception of the program.**
 - **15 were enrolled in the program at the end of the 4th quarter 2015 (4 in permanent housing; 2 in transitional housing; 1 in sober living; 8 in Charts TRT)**
 - **78 successfully completed the program and moved into stable housing situations.**
 - **01 complied with incarceration after successfully participating in Charts for nearly 14 months.**
 - **09 transferred to another facility for further treatment.**
 - **06 deceased**
 - **125 refused and/or discharged from CHARTS program services.**

Appendix A-5

1.5 Performance Criteria

- A. On the average, 60% of the methadone clients will have "clean" urine tests.

In 2015, 53% of urine drug screens were negative for illicit substance including alcohol.

- B. Comprehensive assessments and evaluations will be performed on 95% of patients, on a same day walk-in basis. This totals approximately 800 evaluations per year.

In 2015, Outpatient Behavioral Health Services (OBHS) completed 653 comprehensive evaluations. 35% were provided on a same day walk-in basis. 65% were provided within 3-business days.

Based on OBHS' 5-year trend of intakes it is recommended that the total number of evaluations be adjusted down. For the past 5-years OBHS has not been above 650 total evaluations.

- C. Ninety percent of infants delivered by women in treatment as part of the Women and Family Services program will be free of any illicit substances. Twenty or more pregnant women will be in treatment in this Fiscal Year.

The total number of pregnant women enrolled in Outpatient Behavioral Health Services substance treatment services was 50 in 2015. There were 21 reported births during this time period. Of those 21 births, 15 of them, or 71% were negative for illicit substance. In 2015, OBHS admitted 9% more pregnant women than 2014.

It is unknown at this time why the percentage of infants delivered free of any illicit substance is lower this year. OBHS will take action on improving this metric immediately.

- D. Eighty percent of clients admitted to HIV Intervention Services will realize continued medical care as well as a reduction in use of either alcohol or illicit drugs. Approximately 30-40 clients will be admitted in this Fiscal Year.

Upon admission all patient are screened for behaviors leading to infectious disease. 67% of all enrolled patients score moderate/ high for such behaviors. OBHS admitted 2 HIV+ individuals in 2015. Of the 2 patients enrolled both had a reduction of use at discharge. OBHS maintains treatment for 9 HIV + patients through our methadone program. All HIV + patients are referred to Denver Health HIV intervention services for continued medical care and case management.

The decline in this patient population is due in part to a decrease in HIV transmission rates within Denver County since 2009, specifically transmission rates from injection drug use, and the result of Medicaid expansion for substance use treatment services. HIV+ patients are no longer limited to receiving substance treatment services under Ryan White funding and have the ability to choose from a number of community treatment providers.

Due to the decrease in this patient volume over the past three years it is recommended that a new metric be established for OBHS. For example, as a means to educate opioid dependent patients of the risk for overdose, OBHS was provided 158-naloxone trainings to in-coming methadone patients.

- E. The Authority will see one hundred percent of pregnant women and women with dependent children who meet eligibility criteria for Special Women's and Family Services.

110 women with dependent children and 50 pregnant women were admitted into the Women and Family Services (WFS) program in 2015. Access to PAP smears, mammograms, and immunizations were made available and encouraged to 100% of this patient population. No pregnant women or women with dependent children are turned away from our program.

In 2015, OBHS hired a family medicine physician dual boarded in addiction medicine. Dr. Kaylin Klie is the primary physician for Women and Family Services at OBHS and provides clinical care within Denver Health's OB clinic. This has created a wonderful continuity of care for our pregnant women struggling with opioid dependence. This allows for Dr. Klie to manage both the substance use disorder needs and OB needs of these vulnerable patients.

Appendix A-6

1.6 Performance Criteria and Reports

- A. The CCMF is a Denver Health patient care facility and as such will comply with Joint Commission on Accreditation of Healthcare Organizations regulations and review.

Response: The Correctional Care Medical Facility (CCMF) continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 21 beds, five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated 6 room outpatient area are some of the key features of this facility. It is expandable to more than 29 beds if the need arises. During 2015, the CCMF unit provided care and DSD services for 659 discharges (Denver 382), 3935 total hospital days for all jurisdictions and 2119 for Denver; the average length of inpatient stay was 5.8 days for all jurisdictions and 5.5 for Denver. There were also 4450 specialty outpatient visits provided to various jurisdictions through the CCMF outpatient clinic and 832 to Denver patients. The Emergency Department saw 2786 Denver Jail patients in 2014.

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

- (i) a daily census report for all inpatients at CCMF or DHMC;
- (ii) within 60 days, monthly patient data including the patient name, medical record number, total length of stay, admit and discharge dates, DHHA charges, City Cost, patient DOB, split billing information.;
- (iii) within 60 days, monthly reports including ambulance, facility and physician billing;
- (iv) within 60 days monthly third party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, , name of third party payor, credits/debits to City; and,
- (v) within 60 days, a monthly A-6 report and B-5 report as agreed upon by the City and DHHA.

Response: During 2015, all of the above listed reports have been submitted to the Denver Sheriff's Department. A daily census provided. Reports on special projects are also included in the UM reports such as Specialty Clinic Utilization Report and Physician Billing.

- C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.

Response: During 2015, Denver Health continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the Denver Sheriff's Department and Denver Health.

- D. If any third party payment is denied or reduced to less than full payment, the Authority shall provide detailed documentation of such (including the stated reason and any available appeal procedures) to the City within 15 days. The Authority shall timely take such action as is necessary and reasonable to challenge or appeal the denial or reduced payment, where warranted under the law and the rules of ethics as long as the City pays all necessary, reasonable and preauthorized (in writing) associated fees and expenses and the City's written preauthorization is received within three days of the Undersheriff's or his designee's receipt of written notice from the Authority of the denial or reduction. However, the City shall not pay for the processing and re-submission of third party claims that can be accomplished by Authority staff.

Response: The Denver Sheriff's Department is notified monthly of all denials related to third-party payments. Where there are concerns; these concerns are resolved in accordance to the language outlined above.

Appendix A-8

1.3 Performance Criteria

- A. The Health Plan will meet all performance standards defined by the City for other health plans offered to employees.

Response: Two of the 11 performance standards were retired by HEDIS and therefore were not measured. The Plan met 6 of the remaining 9 standards.

From the 9 CAHPS scores, also reported in Section B, 9 CAHPS scores, two (2) questions were above the Quality Compass mean and seven (7) were below the Quality Compass Mean. One question is no longer reported as a NCQA CAHPS measure, but rather as a rate.

HEDIS Quality Score and Member Satisfaction Performance Standards

- B. DHMP will maintain a score on the following 11 HEDIS categories that is greater or equal to the national HMO published averages at the 50th percentile or a 3% increase compared to the previous year.

- Breast Cancer Screenings
- Adult BMI Assessment
- Childhood Immunization Status – Combo 2
- Childhood Immunization Status – Combo 3
- Comprehensive Diabetes Care: HbA1c less than 8
- Comprehensive Diabetes Care: LDL less than 100
- Comprehensive Diabetes Care (2 measures on blood pressure: <140/80 and <140/90)
- Controlling High Blood Pressure
- Appropriate treatment of Children with Upper Respiratory Infection
- Appropriate Testing of Pharyngitis

DHMP agrees to provide the City and County of Denver with all of the above HEDIS results on an annual basis. Failure of DHMP to meet or better the National HMO published averages at the 50th percentile or a 3% increase compared to the previous year on the best 10 out of the 11 indicators will result in a credit to the of 0.01% per measure for the quarter reported.

HEDIS quality score and member satisfaction performance standards (analysis after table)

HEDIS Measures	2014 HEDIS Results	2015 HEDIS Results	2015 HEDIS 50 th Percentile	≥ 50 th percentile or 3% ↑ over past year
1. Breast Cancer Screening (ages 50-74 years of age)	65.22%	67.76%	72.93%	2.54% ↑ over past year – Did not meet performance threshold
2. Adult BMI Assessments	88.56%	88.56%	78.38%	≥ than 50%
3. Childhood Immunizations Combo 2	82.44%	82.44%	81.03%	≥ than 50%
4. Childhood Immunizations Combo 3	81.68%	81.68%	78.97%	≥ than 50%
5. Diabetic HbA1c <8	57.19%	57.19%	59.15%	Did not meet performance threshold
6. Diabetic LDL <100	52.29%	N/A	N/A	Measure retired in HEDIS 2015
7. Diabetic BP < 140/80	54.43%	N/A	N/A	Measure retired in HEDIS 2015
8. Diabetic BP < 140/90	74.92%	74.92%	66.67%	≥ than 50%
9. Controlling High Blood Pressure 18-85 y/o	67.40%	66.18%	62.76%	≥ than 50%
10. Appropriate Treatment of Children with URI	94.07%	92.68%	88.37%	≥ than 50%
11. Appropriate Testing of Pharyngitis	93.42%	84.72%	85.4%	Did not meet performance threshold

Response: Analysis of 2015 HEDIS results: DHMP improvement was mixed in HEDIS performance metrics this past year. Challenges were experience in data collection because of an organization wide claims platform conversion.

We increased our breast cancer screening rates by 2.54%, but are still falling short of the 50th percentile by 5.17%. Breast cancer screening is a metric reviewed for our cancer screening workgroup with ACS and a focus of our quality improvement efforts with the POS network.

For Adult BMI assessments, DHMP performs well above the 50th percentile by 10.18%. In both childhood immunizations – Combo 2 and Combo 3, we performed above the 50th percentile by 1.41% and

2.71%, respectively. These measures reflect important preventive care for both our adult and pediatric populations.

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

- Rate of diabetics with a HbA1c less than 8, (a blood test used to measure blood sugar) increased compliance with this measure. We fell short of the 50th percentile by 1.96%.
- Diabetic blood pressure (a reading of equal to or less than 140/90) was 8.25 % higher than the 50th percentile.
- Two measures were retired in 2015. The diabetic LDL (cholesterol) measure, along with the diabetic blood pressure (a reading equal to or less than 140/80), were eliminated.

In November 2013, the American College of Cardiology/American Heart Association (ACC/AHA) Task Force on Practice Guidelines released updated guidance for the treatment of blood cholesterol. The new recommendations remove treatment targets for LDL-C for the primary or secondary prevention of atherosclerotic cardiovascular disease (ASCVD) and recommend high- or moderate-intensity statin therapy based on patient risk factors.

In December 2013, the eighth Joint National Committee (JNC 8) released updated guidance for the treatment of hypertension. The new guidelines recommend that all diabetic patients 18 years of age and older be treated to a blood pressure (BP) goal of <140/90 mm Hg.

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

Controlling high blood pressure for members 18 to 85 years of age was 3.42 % above the 50th percentile. This measure uses the following criteria: Members 18-59 years of age with blood pressure (BP) below 140/90. Members 60-85 years of age with diabetes and BP below 140/90. Members 60-85 years of age without diabetes with BP less than 150/90.

Appropriate screening of children with upper respiratory infections (URI) was 4.31% above the 50th percentile.

Appropriate testing of pharyngitis did not meet performance standard, falling 0.68% below the 50th percentile.

A review of HEDIS measures included in the performance standards is suggested to assure chosen metrics are meeting the city's need for population health measurement.

Failure of DHMP to meet or better the HEDIS percentile at 50th percentile or a 3% increase compared to the previous year on the best 10 out of the 11 indicators will result in a credit to the of 0.01% per measure for the quarter reported. DHMP did not meet performance targets on three measures, so a credit is not required.

Member Satisfaction Performance Standard

The 5.0 version of the CAHPS Health Plan Surveys has been in use since 2013. DHMP conducts the NCQA CAHPS Adult Survey 5.0H annually.

CAHPS Questions	2015 CAHPS	2015 NCQA Quality Compass Mean	
Satisfaction with the Health Plan			
Question 42 Overall Rating of Health Plan-based on 0-10 with ten being the highest Report score: 8, 9, 10 category	61.3%	66.1%	4.8 % below mean
Question 45 Have you had either a flu shot or flu spray in the nose? Score is a Rate now.	84.1%	50.2%	33.9% above mean. DHMP performs well on flu vaccines.
Getting Needed Care			
Question 13 Overall Rating of Health Care Report Score: 8, 9, 10 category	72.9%	78.2%	5.3 % below mean
Question 25 Easy to get appointment with Specialist: Report Score: Usually/Always	67.1%	85.2%	18.1% below mean
Question 14 Easy to get care believed necessary Report Score: Usually/Always	77.8%	89.9%	12.2 % below mean

Doctor Communication			
<p>Question 17</p> <p>In the past 12 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>Report Score: Usually/Always</p>	96.5%	96.2%	0.3 % above mean
<p>Question 18</p> <p>In the past 12 months, how often did your personal doctor listen to you carefully?</p> <p>Report Score: Usually/Always</p>	94.6%	95.0%	0.4 % below mean
<p>Question 19</p> <p>In the past 12 months, how often did your personal doctor show respect for what you had to say?</p> <p>Report Score: Usually/Always</p>	96.1%	96.2%	0.1% below mean
<p>Question 20</p> <p>In the past 12 months, how often did your personal doctor spend enough time with you?</p> <p>Report Score: Always/Usually</p>	91.4%	93.2%	1.8 % below mean

In the event that DHMP falls below the NCQA Quality Compass Mean on any of the above on the best seven (7) survey questions out of 9, a credit to the quarterly premiums of 0.01% per question, for the quarter reported will be made.

Response: Analysis of 2015 CAHPS Results

From the above 9 CAHPS scores, two (2) questions were above the Quality Compass mean and seven (7) were below the Quality Compass Mean. One question is no longer reported as a NCQA CAHPS measure, but rather as a rate. We will credit the 3rd quarter premium for 0.01% for the seven questions noted.

The results of the CAHPS surveys have been reviewed and discussed with the DHMP Quality Management Committee, DHMP operational leadership, ACS and DHHA Executive Staff and the DHMP Board of Directors.

The QI team completed a comprehensive Open Shopper Study this year and is actively following up on the recommendations. We actively partner with Ambulatory Care Services (ACS) to facilitate expansion of clinic hours and evaluate ways to increase access to care and availability. A new clinic will be opening in southwest Denver in April, 2016 with expanded hours and weekend access. Productivity is an ongoing focus for the clinics, with pilots looking at four day work weeks to support expanded hours.

The Patient Experience Group combines collaboration goals and interventions to improve the consumer experience in the ACS clinics. The Quality Improvement Director from DHMP is an active participant in that group, working to improve customer service and enhance provider and clinic communication. An organization wide Studer initiative for the past year across all areas of Denver Health involves a concerted effort to improve patient experience.

We monitor complaints related to access and availability to identify trends to be addressed. The DHMP Member Services and Care Support departments are available to assist members with obtaining an appointment.

C. The membership disenrollment rate will not exceed 10% in any given year.

**RESPONSE: The membership disenrollment rat for 2015 was 0%.
Our membership increased by 1.3%.**

Appendix A-9

1.4 Performance Criteria

- A. Telephone lines will be answered within six rings. The Poison Center will answer phones 24 hours a day, 365 days a year.

Response: Telephone lines were answered within four rings. The Poison Center provides information to health care professionals and the public 24 hours a day, 365 days a year.

- B. Physicians will respond to complicated, difficult or unusual cases within 10 minutes of page.

Response: Physicians responded to complicated, difficult or unusual cases within 10 minutes of being paged in all cases.

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

Response: The Rocky Mountain Poison Center was re-certified in 2012 by the American Association of Poison Control Centers. The current certification is effective through 2017.

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

Response: In 2015, the Rocky Mountain Poison Center distributed 40,287 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area.

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

Response: The Rocky Mountain Drug Consultation Center answers telephone calls within three rings and is staffed 24 hours per day, seven days per week, 365 days per year.

- F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous fiscal year:

Number of calls from Denver County and total State calls for:

Poison Center

Drug Consultation Center

Total Calls	Denver 2012	State 2012	Denver 2013	State 2013	Denver 2014	State 2014	Denver 2015	State 2015
Poison Center	15,863 ²	100,214 ²	14,207 ²	91,196 ²	14,195 ²	87,804 ²	10,676 ²	88,188 ²
Drug Consultation Center	481	73,292 ^{**1}	278	127,845 ^{**1}	351	106,762 ^{**1}	170	68,244 ^{**1}

^{**}Combines Denver County, state and out-of-state calls and electronic responses

¹ Client base changes annually, since 2009.

² Includes poison center calls and public health emergency service calls (COHELP)

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for the Rocky Mountain Poison and Drug Consultation Center by the 45th day after the end of the reporting period.

Appendix A-10

1.4 Performance Criteria

- A. Laboratory test Turn Around Time (TAT). The TAT for laboratory testing will be calculated from the date and time that a specimen is received in the Authority's Department of Pathology and Laboratory Services (DPLS).
1. The Office of Medical Examiner shall deliver specimens to DPLS.
 2. Chemistry, Hematology, Blood Banking, and Special Chemistry test results shall be available within four (4) business days following receipt by DPLS.
RESPONSE: Turnaround times were met with 24 to 72 hour completion of all assays ordered and performed in 2015.
 3. Routine Microbiology culture results (excluding cultures for fungi or mycobacteria) shall be completed within five (5) business days following receipt by DPLS.
RESPONSE: Turnaround times were met with a completion of all routine microbiology cultures in 5 days or less.
 4. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.
RESPONSE: Turnaround times were met for all routine histology slides being available within 7 days or less.
 5. Molecular Diagnostics test results performed in-house by DPLS shall be available within five (5) business days following specimen receipt by DPLS.
RESPONSE: Turnaround times were met with all in house Molecular Diagnostics tests being resulted within 7 days.
 6. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.
RESPONSE: There were no incidents in which DPLS was notified of any time-sensitive testing requirements.
 7. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.
RESPONSE: There were no incidents in which DPLS needed to be notified of any situations where TATs could not be met.

- B. All concerns or complaints regarding laboratory services shall be directed to the Director of Pathology and Laboratory Services.

RESPONSE: There were no incidents of concerns or complaints where the Director of Pathology and Laboratory Services was notified by the office of the Medical Examiner in 2015.

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

Appendix B-1

1.5 Performance Criteria

- A. The Authority will maintain a referral system that tries to accommodate the scheduling of an appointment within a thirty-day time frame. The Authority consultant and Human Services' administrator will try to maintain the capacity, within the monthly schedule, to provide evaluations for urgent client situations within two weeks of referral. If the Authority cannot accommodate these time frames, the Authority shall promptly decline the particular case and the City will seek another provider.

RESPONSE: The Authority was able to schedule appointments within 30 days. Urgent appointments within two weeks were available.

- B. A verbal report will be made available to Human Services upon request by worker or attorney on each comprehensive psychiatric or psychological evaluation within 72 hours of the evaluation.

RESPONSE: Verbal reports were available within 72 hours of completed evaluation

- C. The Authority agrees to submit a typed report of the evaluations and diagnoses within two weeks of the referred client's actual evaluation. The Authority will provide an initial progress report and treatment plan to the caseworker within 1 month of intake and subsequent progress reports every two months or prior to court hearings, which include at a minimum; dates of attendance, dates absent, a statement of the level of participation and progress by the client, any child safety issues, client's understanding of concepts and recommendations for treatment. Providers working closely with families involved in the child welfare system are expected to be capable of discussing parental capacity to adequately and safely care for and meet the needs of the child based on their interaction and assessment of parent. It is expected that anyone providing these services will be able to testify in Court if necessary.

RESPONSE: The Authority completed written reports for court-ordered evaluations within two weeks. For patients referred for treatment, Authority staff provided progress reports and treatment plans within the time frames specified as requested. Authority staff were able to testify as needed.

- D. The Authority will provide expert testimony at the request of the District Attorney or the City Attorney and Human Services. This includes the expectation that the experts will cooperate with the legal staff of the District Attorney's office and the City Attorney's office and will make themselves available to discuss testimony and to prepare for trial or other contested hearings. The expert will also need to testify in trials, termination hearings, or other contested matters. The expert will accept subpoenas from the City Attorneys' office by fax and will sign waivers of personal service as needed.

RESPONSE: Authority professional staff provided expert testimony to the court as needed.

- E. To the extent information is available; the Department of Human Services shall transmit the information concerning the consultation or evaluation to the Authority two weeks prior to the clinic visit. The Department of Human Services case workers shall transport or accompany the patient to the appointment for psycho-diagnostic testing or shall meet the patient at the psycho-diagnostic testing site to reduce the risk that the client will miss the appointment.

RESPONSE: DDHS caseworkers either attended appointments for psycho-diagnostic testing with their clients or provided case notes two weeks prior to the appointment for the providers to review.

- F. If the Authority has a Medicaid contract, the Authority will refer or facilitate a referral to Medicaid for payment if the family or client is Medicaid eligible and services appear to address treatment issues that meet Medicaid eligibility.

RESPONSE: The Authority requested payment from Medicaid for Medicaid-eligible clients or referred these clients to other Medicaid providers.

- G. The Authority will agree to respond to referrals within 24 hours of the phone call on week days by the caseworker.

RESPONSE: The Authority staff coordinating services was available to caseworker requests within 24 hours.

1.4 Performance Criteria

A. Examination of Children in Residential Placement.

- (i) All children in residence at the Family Crisis Center (FCC) will be examined at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect. The medical staff will also provide episodic care for these children as needed. The Authority will track number of youth seen for admission physicals, illness or injuries, discharge exams, consults.

RESPONSE:

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

- (ii) All children placed in out of home care by Denver Department of Human Services (DDHS) for abuse and neglect will be examined as soon as possible at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect. The Authority will track the number of examinations done of children for entry into out of home placement.

RESPONSE:

- **273 children were examined at the FCC for entry into out-of-home placement by DDHS**

- (iii) Emergency, after hours assessments will be performed as needed by the physicians at the Denver Emergency Center for Children or Emergency Department 24 hours/day, 7 days/week. The Authority will track the number of assessments done of FCC youth through the Denver Emergency Center for Children or Emergency Department.

RESPONSE: This is done on a regular basis. Whenever a child becomes ill or injured at the FCC and the regular medical team is not available (after hours or weekends), assistance is provided through Denver Health's NurseLine, and if needed, the child is seen at the Denver Emergency Center for Children (DECC).

B. Child Abuse and Neglect Consultation

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

requests. The Authority will track the number of children seen for physical abuse, neglect, sexual abuse evaluations and hospital consultations.

RESPONSE: The medical providers at the Family Crisis Center (FCC) see children and youth at the FCC for evaluation of physical abuse, sexual abuse and neglect. Additionally, they see children and youth at the Denver Children’s Advocacy Center’s medical clinic for sexual abuse. They also regularly provide consultation support for Denver Health’s Emergency Center for Children (DECC), the Denver Health Pediatric inpatient unit, and the Denver Health Community Health clinics in addition to the Denver Department of Human Services and the Denver Police Department.

- **925 total outpatient examinations were performed at the FCC/Denver Children’s Advocacy Center (DCAC)**
 - Sexual abuse – 85
 - Physical abuse - 598
 - Neglect – 242
- **The FCC physicians take Child Protection Team call with Children’s Hospital Colorado’s Child Protection Team so that a child abuse expert is available after hours (24 hours a day, 7 days a week) to cover child abuse consultations – 14 hospital consultations were performed by the FCC physicians in 2015**

- (ii) Results of all medical assessments of possible abuse/neglect will be communicated to the referring social worker from Human Services at the completion of the exam in order that decisions about protective action may be made in a timely manner.

RESPONSE: This information is communicated at the end of the assessment to the Denver Department of Human Services case worker and law enforcement officer, if involved. In this way, the Denver Department of Human Services case worker is able to get all needed information from the medical staff in a timely manner.

- (iii) Every effort shall be made by the Authority and DDHS administration to resolve disagreements arising between medical staff assigned under this contract and Human Services’ staff regarding the need for an individual medical assessment at the earliest time available after the disagreement has been identified by either party.

RESPONSE: A formal management team which includes membership from Denver Department of Human Services Intake Team, FCC management, and Denver Health has been established and meets monthly. The FCC physician/team leader and program manager are both members of this management team. There is clear understanding on all parties’ part that disagreements will be addressed in a timely manner.

- (iv) Larger systems issues will be addressed at the monthly meeting of the FCC management interdepartmental team, which has representatives from the Authority, DHS, law enforcement, and the DA's office.

C. Health Passport

- (i) The Authority will track the creation, completion, updates and closures to health passports.

RESPONSE: The FCC Medical Team manages health passports on children and youth in DDHS custody. This program has been limited by staffing reductions including the vacancy of a Passport Clerk II position in August 2014 that was unable to be filled due to budget constraints.

- Passports requested by DDHS – 1858
- New passports completed – 1601
- Passports updated (prior passport) – 54
- Passports closed – 263
- Total passports managed - 3776

- D. Court Testimony. Medical staff assigned under this contract will provide expert court testimony at the request of the District Attorney, City Attorney or Department of Human Services in regard to children evaluated by the medical staff. This includes the expectation that the experts will make themselves available to the legal staff of the District Attorney's office and the City Attorney's office to discuss testimony and to prepare for trial or other contested hearings. The expert will also need to testify in trials, termination hearings or other contested matters. The expert will accept subpoenas from the City Attorneys by fax and will sign waivers of personal services as needed.

RESPONSE: Expert court consultation and testimony was provided by pediatric consultants as requested by the District Attorney and Human Services City Attorney's Office. The Family Crisis Center physicians provided consultation and expertise to attorneys on many criminal and civil cases and actually testified on 8 occasions during 2015, while the physician assistant testified 4 times, and the nurse practitioner testified 2 times.

Appendix B-4

1.5 Reporting.

A. Annual Report: The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years relating to the services provided to the City under this Appendix B-4. The report shall include, but not be limited, the following items for City employees:

Workers' Compensation Encounters:

- Initial visits;
- Follow-up visits;
- Emergency room visits;
- Number of referrals;
- Average time from initial treatment to maximum medical improvement

Center for Occupational Safety & Health	2013	2014	2015
Workers' Compensation Encounters	5,226 (total visits) 3,070 (City only)	5,349 (total visits) 3,285 (City only)	5,119 (total visits) 3,289 (City only)
Initial Visits (new workers' comp cases)	1,270 (total visits) 540 (City only)	1,055 (total visits) 543 (City only)	955 (total visits) 553 (City only)
Follow-up Visits (workers' comp)	3,956 (total visits) 2,530 (City only)	4,211 (total visits) 2,742 (City only)	4,164 (total visits) 2,736 (City only)
Emergency Room Visits (CSA only)	163	165	218
Referrals	1,112	1,117	927

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

- **Ankle:**
 - **Average: 61**
 - **Median: 30**
- **Arm:**
 - **Average: 33**
 - **Median: 15**
- **Back:**
 - **Average: 44**
 - **Median: 36**
- **Eye:**
 - **Average: 20**
 - **Median: 0**

- **Foot:**
 - **Average: 43**
 - **Median: 18**
- **Hand:**
 - **Average: 29**
 - **Median: 12**
- **Knee:**
 - **Average: 49**
 - **Median: 38**
- **Leg:**
 - **Average: 36**
 - **Median: 22**
- **Multiple:**
 - **Average: 53**
 - **Median: 32**
- **Neck:**
 - **Average: 60**
 - **Median: 45**
- **Shoulder:**
 - **Average: 78**
 - **Median: 72**
- **Wrist:**
 - **Average: 25**
 - **Median: 15**

Total MMI averaged days = 44

Non-Workers' Compensation Encounters:

- By Agency or Department as identified in Schedule B-4 on page B-4-12;
- Other services as requesting in the prior contract year.

OHSC

NON WORKERS COMPENSATION ENCOUNTERS BY DEPARTMENT – 2015

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
ANIMAL CONTROL		1											1
ASSESSMENT DIVISION													0
AUDITOR													0
BUDGET MANAGEMENT													0
BUILDING MANAGEMENT													0
CITY ATTORNEY													0
CITY COUNCIL													0
CIVIL SERVICE	32		7		81	9	67	11	16	15		44	282
CLERK & RECORDER													0
COUNTY COURT													0
CP&D													0
CSA													0
DAM													0
DDHS													0
DEH										5			5
DENVER FIRE	3	4	13	4	2	7	5	3	3	3	2	7	56
DENVER LIBRARY	6	7	7	6	8	8	2	4	6	9	4	7	74
DENVER POLICE	17	9	17	9	11	12	11	9	13	12	12	18	150
DENVER SHERIFF	34	9	2	5	4	40	6	6	22	17	5	184	334
DEPT OF LAW													0
DISTRICT ATTORNEY													0
DMV													0
EXCISE & LICENSE													0
FAMILY CRISIS CENTER	7	3	4	2	3				2	6	2		29
GENERAL SERVICES	1					1		2	1	2		1	8
MANAGER OF SAFETY						7	5						12
MAYOR'S OFFICE													0
MISCELLANEOUS			2			9	6	3	11	5	4	5	45
PARKS & REC	19	25	125	140	102	126	62	47	37	23	23	23	752
POB													0
PUBLIC WORKS	34	48	55	52	41	45	51	33	52	40	38	24	513
PURCHASING													0
RISK MANAGEMENT													0
SAFE CITY													0
TECHNOLOGY SERVICES													0
TELE SVCS CHANNEL 8													0
THEATRES & ARENAS						1				2		2	5
TREASURY													0
WELLNESS CENTER													0
TOTAL	153	106	232	218	252	265	215	118	163	139	90	315	2266

All department statistics are gathered from actual bills submitted to the City
Exclusions: Does not include no-charge visits and write-offs.

- B. Performance Criteria Review: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct a performance criteria review of the services provided by a consultant specialist as indicated in his/her file for each City employee for whom the physician has an open file based on an COSH referral. The COSH shall provide the completed reviews, including all raw data, to the Risk Management office quarterly at the end of the quarter in which the review was performed. In addition, the Authority and City will jointly identify and expand the performance statistics measured and provided by the clinic for work related injuries to identify areas of improvement.
- C. Other Requested Reports: COSH shall provide such other reports as requested by Risk Management office to quantify services and workloads, evaluate performance, and identify achievement of best practices.

Appendix B-5

1.7 Reporting Requirements

The Authority shall continue to provide the following reports unless modified by mutual agreement of the parties in the Utilization Management process

- A. Reports and meetings as required by the National Commission on Correctional Health Care and the American Correctional Association and to meet PREA standards;

Response: See response D below.

- B. Sheriff's Department Monthly Statistical Report on Medical Activities;

Response: See response D below.

- C. Any meetings as deemed necessary by the Jail Administrator or the Health and Hospital Authority.

Response: See response D below.

- D. Schedule C of health care personnel and specific jail assignments of specific days upon request by the Jail Administrator.

Response:

All of the above reports, meetings, schedules and statistics, were available and/or provided to a variety of stakeholders during 2015. Examples of these reports are monthly and yearly trended statistics for Inmate Health Services at the Downtown Detention Facility and the Denver County Jail; nursing; physician and mental health provider schedules; documentation of compliance with standards for the National Commission On Correctional Healthcare and American Correctional Association and Quality Improvement Committee meetings. Additional reports have also been provided to the Denver Sheriff's Department throughout 2015, including monthly reports of Denver Health and Hospital Authority hospital charges, itemized bills for third party billing, utilization management reports and various special data requests.