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I. Overview

Denver Health continues to be highly successful serving the Denver community by providing the highest quality health care available, and 2012 was no exception. This year, as in the past, Denver Health:

- Provided superior quality in the care delivered to patients
- Was recognized nationally as a model for health care
- Successfully managed the transition in leadership

Superior Quality

Denver Health is known for its strong legacy in providing superior quality both locally and nationally. The enterprise was recognized for the third year in a row by The University Health System Consortium which ranked Denver Health as one of the top 10 academic medical centers in the U.S. The hospital was recognized for key inpatient quality indicators such as mortality, efficacy, effectiveness, safety, equity, and patient centeredness. Denver Health's mortality index (observed to expected mortality rate) was the best in the nation at 0.50, something rarely achieved by a safety net hospital. In addition, Denver Health had the lowest antibiotic usage of all University Healthsystem Consortium hospitals and achieved a hypertension control rate of 72 percent, with many providers nationally achieving less than 50 percent. Additionally, Denver Health ranks number one nationally in supply chain management.

Denver Health further demonstrated its dedication to quality by becoming one of very few hospitals in the nation to receive zero readmissions penalties from the Centers for Medicare and Medicaid Services in 2012. This measure is part of the government's "pay for performance" metrics to reduce costly and unnecessary readmissions.

In July of 2012, the Rocky Mountain Poison and Drug Center (RMPDC) demonstrated its dedication to superior quality when the center completed an unannounced detailed Food and Drug Administration (FDA) regulatory inspection of processes and associated documentation. The outcome of the audit was successful for RMPDC, resulting in no negative findings or observations. This was Denver Health's third straight FDA audit over the past six years with no significant findings.

Additionally, Denver Health Managed Care scored 100 percent on a Medicaid audit and also received the National Committee for Quality Assurance Multicultural Accreditation for Medicaid and Medicare plans. Denver Health's Medicaid Assistance site was also the most successful Medicaid enrolling entity for the newly-eligible Adults Without Dependent Children population in the state with 1,800 new enrollees.

I. Overview

Model for Health care

In 2012, Denver Health became one of only two organizations in the region to receive the highly esteemed Peak Award. The Peak Award is granted by Rocky Mountain Performance Excellence and is the regional equivalent of the prestigious Malcolm Baldrige Quality Award. The award was granted to Denver Health for its ability to achieve and sustain the highest national levels of patient safety and loyalty; patient outcomes; physician and staff satisfaction; revenue and market share; and community services.

Rocky Mountain Performance Excellence conducted an extensive review of applicants for the Peak Award, including a comprehensive site visit, during which surveyors interviewed patients, employees and volunteers. Denver Health is one of only two organizations in the region to achieve this level of performance.

In order to continue to meet the growing health care needs of our community, Denver Health commenced remodeling its Perioperative/Surgical Intensive Care (SICU) area in November 2012. When complete, the new area will have a modern perioperative area including private pre-op and patient registration areas as well as three additional SICU rooms. In addition to the remodel, Denver Health improved the patient experience by offering valet parking for patients and visitors and by extending the hours for the Adult Urgent Care Clinic.

Denver Health was fortunate to receive numerous grants in 2012 including a $19.8 million grant from The Center for Medicare and Medicaid Innovation through Federal Centers for Medicare and Medicaid Services. This award was the sixth largest in the U.S. and Denver Health was one of 206 awardees. This grant was awarded to Denver Health in order to create a new care model which provides between visit care, integrated physical and behavioral health care and team care to patients with chronic conditions. Denver Health also received information technology funds for a new federal program known as "meaningful use." This $8.9 million grant allowed for the implementation of an electronic medical record and the training of 188 physician providers.

In addition to providing outstanding inpatient and outpatient care, Denver Health was also able to improve community involvement by implementing the Denver Health Community Outreach Program. This program increases patient and stakeholder involvement with programs and services provided at the hospital and provides resources to better connect Denver Health with its area neighborhoods and key stakeholder organizations.

Denver Health also met financial goals for the year. Of significance, Denver Health ended 2012 with a positive net income, marking the 21st straight year operating in the black. Denver Health had record billing/cash collections, due in part to an increase in collections of commercial insurance of $15 million more than was collected in 2011. Additionally, physician billing collections were at an all-time high of $27 million.

I. Overview

Successful Leadership Transition

Denver Health began a new era in leadership as Dr. Patricia Gabow, M.D. retired from the organization. Dr. Gabow spent 40 years of her career at Denver Health, the last 20 of which were as its leader and CEO.

Arthur Gonzalez, Dr. P.H., FACHE was selected to become Denver Health's new CEO following an extensive national search by the Denver Health Authority Board of Directors. Prior to taking the reins at Denver Health, Dr. Gonzalez was the CEO of Hennepin Health System, Inc. in Minneapolis, MN and in his 40 year career has held CEO positions in the states of Texas, Louisiana, Arizona and California. Dr. Gonzalez is a Fellow of the American College of Healthcare Executives and holds memberships in state and national hospital associations. He has served as graduate school adjunct faculty, as preceptor for administrative residents and interns, and on state and national councils and boards for community and professional organizations.

His personal awards and honors include selection as one of *Modern Healthcare's* Top 12 Up and Coming Healthcare Executives; by *Health Week* as one of the Top 25 Turnaround CEOs in the U.S., and the Pinnacle Award for Most Inspiring Administrator.

Dr. Gonzalez firmly believes highly functioning teams are not an accident, but are brought about by skillful leadership. "We are all people first … we bring different values, philosophies and styles to work each day." He believes embracing these differences, as well as taking the time to discover each individual's particular skill set, is key to building and deploying effective teams. Continuous Improvement (CI) is also a particular interest of Dr. Gonzalez's, and he's excited to explore implementation of CI plans at Denver Health.

Dr. Gonzalez spent his first few months at Denver Health becoming familiar with the organization, leadership, and community members.

Milestones

Denver Health and Rocky Mountain PBS screens Denver premier of "U. S. Health Care: The Good News"
Denver Health and Rocky Mountain PBS hosted the Denver premier of "U.S. Health Care: The Good News" with T.R. Reid, the longtime reporter for *The Washington Post* on February 8 at the Rita Bass Trauma and EMS Institute.

The program focused on Grand Junction, Colorado and how health care providers there deliver the highest value health care while covering most residents. Providers in this Western Slope community help save lives while simultaneously saving money. Portions of the program were also filmed at Denver Health.

"U.S. Health Care: The Good News" ran on PBS stations nationwide starting in February.

Denver Health hosted a panel discussion following the premier, Panelists included: Reid; Marguerite Salazar, Regional Director of the U.S. Department of Health and Human Services; Susan Birch, Executive Director of the Colorado Department of Health Care Policy and Financing; and, Patricia Gabow, M.D., former Chief Executive Officer of Denver Health.

Dr. Thrun, Director of HIV Prevention, appointed to State Medical Assistance and Services Advisory Council
Governor John Hickenlooper appointed Mark Thrun, MD, Director, HIV Prevention, Denver Public Health, to the State Medical Assistance and Services Advisory Council through November, 2016. The Council assists the Department of Health Care Policy and Financing in preparing and implementing a comprehensive medical plan for low-income families.

Expanding to Care for Our Community

Denver Public Health identifies areas of concern in Community Health Assessment
A health profile, entitled "The Health of Denver – 2011" was developed cooperatively between Denver Public Health, Denver Environmental Health, and numerous community partner agencies. The report gives an overview of a myriad of health issues, covering 14 areas of concern. This profile was released in early 2012, and was presented to various boards, community groups, and City council members. Six community forums were also held in 2012 to share the profile data and gather feedback for the Community Health Improvement Plan which will focus on Access to Care, specifically Behavioral Health Care, and Healthy Eating and Active Living (HEAL).

The purposes of the report are to:

- Identify important health trends in Denver
- Show changes in health in Denver over time
- Compare health outcomes in Denver to the state of Colorado and to national goals
- Identify disparities in health in Denver

Denver Health Adult Urgent Care Clinic (AUCC) extended hours
In 2012, the AUCC at Denver Health extended its regular and holiday hours to better meet the needs of the community. In order to better serve patients, Denver Health's AUCC remained open on Christmas Day and Thanksgiving. The AUCC extended weekday hours one and one half hours per day. Weekend hours have been adjusted to better meet the needs of the patients. Since the extension of the hours in November – the AUCC has experienced record growth and has provided care for a record numbers in patient this past year. The growth is due to a combination of expanded hours, the use of three fast track rooms, and new leadership of the AUCC team, by Dr. Jerry Solot. Denver Health uses the fast track concept and expanded hours to treat more patients and reduce time patients spend in the waiting room. Patients have expressed gratitude for the expanded hours and have indicated that the new times are very accommodating. This past year AUCC providers and staff have continued to provide quality, compassionate care while having a heightened awareness of resource utilization and efficiency.

Denver Health Launched Valet Parking Services
Denver Health began offering valet parking services to patients and visitors. Valet services are available at the entrance of Pavilion B and operate during peak time Monday through Friday. The program was successful and exceeded initial projections for the number of patients who would take advantage of the service.

Awards

Denver Health received two awards at the University Healthcare Consortium (UHC) Annual Conference
UHC is an alliance of the nation's leading nonprofit academic medical centers, which are focused on delivering world-class patient care. Denver Health was presented with the 2012 UHC Supply Chain Performance Excellence Award and the 2012 UHC Quality Leadership Award on September 13, 2012, at the UHC Annual Conference 2012 in Orlando, Florida. The Supply Chain Performance Excellence Award honors members that participate in UHC Supply Chain and the Operational Data Base, and are top performers in the areas of operating margin, supply utilization in cardiology, surgical services, and inpatient medication, and overall supply utilization. Denver Health was the top performer among participating public hospitals.

The UHC Quality Leadership Award honors top performers in UHC's Quality and Accountability Study, which ranks performance in the areas of mortality, effectiveness, safety, equity, patient centeredness, and efficiency.

Denver Health's Radiology Department Earned CT and MRI Accreditation
Denver Health's Radiology Department received accreditation in computed tomography (CT) and magnetic resonance imaging (MRI) as the result of a review by the American College of Radiology (ACR).

The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are

experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs are assessed.

Denver Health Medical Plan received NCQA award
The National Committee for Quality Assurance (NCQA) awarded Denver Health's Managed Care Division "Multicultural Health Care Distinction" for the Denver Health Medicaid Choice and Denver Health Medical Plans' two Medicare Advantage plans. Denver Health Medical Plan is the only insurance plan in Colorado to earn this distinction.

Denver Health received Golden Toothbrush Award
The 2012 Golden Toothbrush Award, for Leading Organization in Children's Oral Health, was awarded to Denver Health at the Children's Oral Health Conference in Vail, Colorado.

The Golden Toothbrush award recognizes leaders in community oral health care and celebrates those that are making a difference. Denver Health was recognized for its vision, dedication, and leadership in developing a comprehensive approach for preventing oral disease in underserved children in Denver.

Currently, more than 80 percent of children seen in the Denver Health system receive education and fluoride varnish application following the Cavity Free at Three Model. Denver Health also works to promote prevention through school-based sealant programs and is the largest dental sealant provider in the state. Children in 50+ elementary schools and 12 middle schools receive dental exams, fluoride, and sealants while in school, thanks to DH.

Denver Health received Most Wired Award
Denver Health received the Top 100 Most Wired Hospitals Award for information technology use, according to the 2012 Most Wired Survey and Benchmarking Survey in the July issue of *Hospitals & Health Networks* magazine, the journal of the American Hospital Association. This is the fifth time Denver Health has received this prestigious award. Denver Health is one of only two Colorado hospitals to earn this award.

The survey focuses on how the nation's hospitals use information technology for quality, customer service, public health and safety, business processes, and work force issues. "Denver Health continues to lead the way in the public health sector through strategically investing in technology to support high quality patient care for Denver Health's 170,000+ patients, while helping Denver Health control cost," said Gregory Veltri, CIO, Denver Health. With the completion of the electronic record the providers and patients will benefit from the elimination of paper process and enhanced care collaboration between care settings.

Denver Health recognized for high organ donation rates
Denver Health was one of ten Colorado and Wyoming hospitals awarded with Medals of Honor from the U.S. Department of Health and Human Services (HHS), for success in maximizing the lifesaving gift of organ donation, at the seventh annual National Learning Congress for the Donation and Transplantation Community of Practice held in Grapevine, Texas.

Medals were awarded to hospitals and organ procurement organizations that met or exceeded national goals during a 12-month measurement period from April 1, 2010, through March 31, 2012. Measures include an organ donation rate of 75 percent or more, greater than 3.75 organs transplanted per donor, and at least 10 percent of all donors recovered by donation after circulatory death.

Denver Health received honorable mention in prestigious Infection Prevention Award
Denver Health received an honorable mention in the 2012 Partnership in Prevention Award from The U.S. Department of Health and Human Services, the Association for Professionals in Infection Control and Epidemiology and the Society for Healthcare Epidemiology of America. This inaugural annual award is based on the concepts of "National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination," and is given to organizations that achieve the greatest sustainable improvements towards elimination of healthcare-associated infections (HAIs).

NCQA names Denver Health CEO a Health Quality Leader; one of only four to receive this award
Former Denver Health CEO, Patricia Gabow, MD, was named a Health Quality Leader by the National Committee for Quality Assurance (NCQA). Dr. Gabow is one of only four persons in the United States to receive the 2012 award, the highest bestowed by NCQA.

"These champions of health care quality are making health care better for all Americans," said NCQA President Margaret E. O'Kane. "They are among the most energetic and imaginative leaders in health care today, and we applaud their invaluable service."

Dr. Gabow's pioneering use of "Lean" management techniques has assured high-quality care for some of Denver's most vulnerable and at-risk residents. Her unique combination of compassion and ingenuity has reduced wasteful care and confirmed that high quality and low cost can go hand-in-hand.

NCQA presents Health Quality Awards to individuals and organizations that highlight the need for—and drive—health care improvement. Past recipients include former Pennsylvania Governor Edward Rendell, former California Governor Arnold Schwarzenegger, the former Secretary of State Hillary Rodham Clinton, former U.S. Surgeon General David Satcher, Senator Edward Kennedy of Massachusetts, actress and advocate Mary Tyler Moore and The Cystic Fibrosis Foundation. NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations, and recognizes clinicians and practices in key areas of performance.

Ernest "Gene" Moore, MD, receives 2012 Lifetime Achievement Award from American Heart Association
Ernest "Gene" Moore, MD, was selected to receive the 2012 Lifetime Achievement Award in Trauma Resuscitation Science from the American Heart Association. The award was established in 2003 to recognize leaders in the field of trauma resuscitation science and was presented during the 10th annual Resuscitation Science Symposium in Los Angeles, California, on November 3, 2012.

This lifetime achievement award adds to Dr. Moore's long list of accomplishments which include holding the Chief of Surgery position at Denver Health from 1976 – 2012.

Dr. Moore is currently the Editor of the *Journal of Trauma and Acute Care Surgery* and serves as Vice Chairman for Research, in the Department of Surgery at the University of Colorado Denver and Director of Surgical Research at Denver Health. He also serves on the Board of Governors for the American College of Surgeons.

Philip Mehler, MD, promoted to Medical Director, Chief Clinical Officer of Denver Health
Philip Mehler, MD, accepted the position of Medical Director, Chief Clinical Officer of Denver Health Medical Center. In his new role, Dr. Mehler is the senior physician executive responsible for the operational and management activities of Denver Health and Hospital Authority's inpatient care services, physician professional support services, and the overall coordination and direction of the clinical departments and service lines.

Dr. Mehler is a long-time member of the Denver Health Medical Staff and is a respected clinician, teacher, and researcher. He currently serves as medical director of the ACUTE Center for Eating Disorders at Denver Health Medical Center and previously served as Chief Medical Officer of Denver Health for the last ten years.

Christian Thurstone, MD, receives National Drug Control Policy award
Denver Health child and adolescent psychiatrist Chris Thurstone, MD, was selected as an Advocate for Action by the White House Office of National Drug Control Policy (ONDCP) for his exemplary work in furthering the goals of the President's National Drug Control Strategy. Dr. Thurstone is the medical director of Denver Health's STEP (Substance Abuse Treatment Education and Prevention) Program. STEP is designed to help teens who are experiencing severe substance abuse problems that interfere in their lives.

Dr. Thurstone's research on youth substance addiction and advocacy of evidence-based prevention has helped contribute to ONDCP's efforts to promote safe, healthy, and drug-free communities.

Dr. Richard Dart, Director of Rocky Mountain Poison and Drug Center, was selected as Physician of the Year by the Denver Health Foundation
The Denver Health Foundation acknowledged recipients of their annual awards for outstanding support for The Denver Health Foundation. Dr. Dart was selected as Physician of the Year for his leadership in growing the Rocky Mountain Poison and Drug Center into a multi-million dollar operation.

Elbra Wedgeworth, **Chief Government Relations Officer, honored**
Elbra Wedgeworth, Chief Government Relations Officer, was selected as one of the recipients of the 2013 Dr. Martin Luther King Jr. Humanitarian Award. There was a total of seven individuals and/or organizations that were recognized for their work that exemplifies the ideals of the late Dr. Martin Luther King Jr. The awards ceremony was on January 15 at the Boettcher Concert Hall.

Jenny Schmitz, Emergency Preparedness Manager, Receives Top Certification
Jenny Schmitz, Emergency Preparedness Manager, was awarded the Gold Level Certification by the Colorado Emergency Management Agency (CEMA). This certification is designed to recognize the unique responsibilities of emergency management personnel as distinguished from other professions. The Gold Level certification recognizes the full-time professionals who have devoted a minimum of three years to the Colorado emergency management profession.

Dr. Patricia Gabow listed as one of the Most Powerful Women in Health Care
Patricia A. Gabow, MD, former CEO, was recognized on the list of The 10 Most Powerful Women in Health Care on HealthExecNews.com. Her impressive work in the field and dedication to the improvement of health care, contributed to her ranking in the article, which focuses on women whose training, dedication and track record of success in health care has led to top executive roles.

Seven Denver Health providers acknowledged as Peak Performers
One hundred and nine of the Rocky Mountain Region's top hospital-based providers were recognized for their work at the 10th Annual Rocky Mountain Hospital Symposium held at the Colorado Convention Center on September 28.

The Peak Performers Awards recognize clinical excellence among hospitalists, physician subspecialists, nurses, pharmacists, nurse practitioners, and physician assistants. Online voting was made available to more than 65,000 providers who were asked to vote for their colleagues that embodied the characteristics of "team-based care, professionalism, and clinical excellence."

The following Denver Health providers were recognized (* indicates multi-year winner):

- Augustin Attwell, MD – Gastroenterology
- Kathryn Beauchamp, MD* – Neurosurgery
- Mark Hammerberg, MD – Orthopedic Surgery
- Sue Matzick, RN – Hospital Nursing
- Mark Reid, MD – Hospital Medicine
- Henry Salzmann, NP – +Hospital-Based Nurse Practitioner
- Carolyn Scantlbury, RN – Hospital Nursing

2012 *5280* Denver Health's Top Doctors:

- Katie Bakes, MD, Pediatric Emergency Medicine
- Denis Bensard, MD, Pediatric Surgery
- Daniel Bessesen, MD, Endocrinology, Diabetes and Metabolism
- Gene Bolles, MD, Brain Injury Medicine
- Ivor Douglas, MD, Critical Care Medicine
- Joel Garcia, MD, Interventional Cardiology
- Greg Gutierrez, MD, Sports Medicine
- Kennon Heard, MD, Medical Toxicology
- Joel Hirsh, MD, Rheumatology
- Robert House, MD, Psychiatry

- Claudia Kunrath, MD, Pediatric Critical Care
- Sharon Langendoerfer, MD, Neonatal-Perinatal Medicine
- Lela Lee, MD, Dermatology
- Stuart Linas, MD, Nephrology
- Kathryn Love-Osborne, MD, Adolescent Medicine
- Edward Maa, MD, Epilepsy
- Ernest (Eugene) Moore, MD, Surgical Critical Care
- John Ogle, MD, Pediatric Infectious Disease
- J. Malcolm Packer, MD, Pediatric Anesthesiology
- Judith Shlay, MD, Public Health and General Preventive Medicine
- Lee Shockley, MD, Emergency Medicine
- Christian Thurstone, MD, Addiction Psychiatry
- Kathryn Wells, MD, Child Abuse Pediatrics
- Andrew White, MD, Neurology (Special Qualifications in Child Neurology)
- Robin Yasui, MD, Geriatric Medicine

Denver Health Top Castle Connolly Doctors:

- Carlton Barnett, MD
- Kathryn Beauchamp, MD
- Denis Bensard, MD
- Daniel Bessesen, MD
- George Bock, MD
- Lauren DeAlleaume, MD
- Kshama Jaiswal, MD
- Jeffrey Johnson, MD
- Fernando Kim, MD
- Stuart Linas, MD
- Carlin Long, MD
- Philip Mehler, MD
- Ernest Moore, MD
- John Ogle, MD

Grants

Denver School-based Health Centers received $3.5-million grant from the Colorado Health Foundation

The Denver Health Foundation received a four-year, $3.5-million grant from the Colorado Health Foundation to provide operational support for existing services for Denver Health's 14 School-based Health Centers located in Denver Public Schools, and to help construct and staff its 15th school clinic at Place Bridge Academy in southeast Denver.

During the 2010-2011 school year, more than 11,000 students enrolled for services in the clinics. These students receive primary care, behavioral health therapy, health education and enrollment into insurance programs. All services are performed while students are in school, minimizing time away from class and maximizing their learning opportunities.

Denver Health Foundation receives $100,000 gift from the Daniel and Janet Mordecai Foundation to create the Strear Family Garden

The Denver Health Foundation recently received a $100,000 gift from the Daniel and Janet Mordecai Foundation to support the construction of the Strear Family Garden in front of Denver Health Medical Center.

Construction of the 6,000 square foot space at the hospital's main entrance began in April and the garden opened in July. This garden creates a relaxing and inviting space for those who receive care at Denver Health and for those who visit patients at the hospital.

"We're grateful to the Mordecai Foundation for underwriting what will be a calming, healing, soothing, and contemplative area for our patients and visitors," said Paula Herzmark, executive director, Denver Health Foundation, at the grand opening ceremony.

Denver Health receives $5 million grant to remodel Lowry Family Health Center

Denver Health received a $5 million grant from the Department of Health and Human Services (DHHS) to remodel and expand the Lowry Family Health Center. The grant was made possible from the Affordable Care Act and is part of the DHHS's funding for capital improvement projects to expand community health centers nationwide.

In addition to the remodel, grant funds will expand the Family Medicine Residency teaching program and expand the clinic's capacity.

"Ideally, we can raise additional funds so we can add dental and pharmacy like some of our other family health centers," said Paul Melinkovich, M.D., director, Denver Community Health Services. "We have had tremendous success with both of these services at our new Montbello Family Health Center that opened in October, 2011, and we would like to add them at Lowry, too."

Colorado Health Foundation awards $2 million to complete Lowry renovation

Thanks to the Colorado Health Foundation's generous grant investment of $2 million, the Lowry Family Health Center renovation was funded for the entire $10 million cost. The expansion includes a 50 percent increase in medical space capacity to 27 exam rooms for patients and more room for the medical laboratory. New to the clinic is a four-room dental clinic focusing on pediatric services, a pharmacy, the Women, Infant and Children (WIC) nutritional program, as well as a classroom for patient education. The renovation will be complete in fall, 2013.

OTHER

Ernest "Gene" Moore, MD, Editor in Chief
Dr. Ernest "Gene" Moore assumed the role of Editor-in-Chief of the *Journal of Trauma and Acute Care Surgery* on January 1, 2012. Dr. Moore who succeeds Basil A. Pruitt, Jr., MD, in this role, is currently the Chief of Surgery at Denver Health.

Dr. Moore is only the fifth editor in the publication's 50-year history since it began in 1961. The publication's offices are now located in Denver on the Denver Health campus.

The American Association for the Surgery of Trauma's (AAST) *Journal of Trauma and Acute Care Surgery* is the world's premier authority on peer-reviewed publications in trauma and critical care. Trauma remains the leading cause of death for Americans under the age of 44. Dr. Moore has assumed one of the most influential posts in the international field of trauma care.

Dr. Philip Mehler, appointed to State Board of Health
Philip Mehler, MD, Medical Director, Chief Clinical Officer of Denver Health, was appointed by Governor John Hickenlooper to the State Board of Health. Among the responsibilities of the nine-member board are to administer the public health laws of the state and to determine policies to be followed in administering and enforcing the public health laws. His term ends in 2013.

Dr. Philip Mehler, appointed to National Quality Forum
Philip Mehler, MD, Medical Director, Chief Clinical Officer of Denver Health, was appointed to a two-year term to the National Quality Forum's Consensus Standards Approval Committee (CSAC). The CSQAC seeks to improve the quality of health care by performance improvement.

Dr. Mehler is the only representative of a safety net hospital on the 16-member committee. The National Quality Forum (NQF) was established in 1999 as a public-private collaborative venture whose mission is to improve the quality of American health care by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- Endorsing national consensus standards for measuring and publicly reporting on performance; and,
- Promoting the attainment of national goals through education and outreach programs.

U.S. Army Reserves receive training at Denver Health
On April 14, a group of more than 30 licensed practical nurses, paramedics, and certified nursing assistants from the U.S. Army Reserves came to Denver Health to secure clinical trauma training in the Operating Room and Surgical Intensive Care Unit (SICU). The training, which happens one Saturday each month, is intended to give Army medics the skills necessary to serve in our US Armed forces clinics in hospitals in times of war.

"In the SICU, we see many of the same injures these medics will see in the field," said Lieutenant Rebekah Bushey, RN, SICU. "Medics gain invaluable skills and enjoy the things they get to do. The SICU and acute care areas have had amazing feedback from these medics and appreciate the opportunity to train in our high acuity areas."

During their training at Denver Health, Army medics work alongside Denver Health nurses. They care for patients and gain experience in assessing and treating patients with multiple injuries.

DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Net Position
December 31, 2012 and 2011

Assets and Deferred Outflow of Resources

	2012	2011
Current Assets		
Cash and cash equivalents	$35,186,579	$46,895,027
Restricted cash and cash equivalents	903,737	1,421,823
Patient accounts receivable and uncollectibles of approximately $29,243,000 and $31,147,000 in 2012 and 2011, respectively	59,586,757	63,231,892
Due from other governmental entities	61,635,483	43,314,214
Due from City and County of Denver	1,994,129	2,037,812
Other receivables	8,280,701	10,112,740
Interest receivable	1,178,248	936,901
Due from other funds and invested in discretely presented component unit	1,245,574	875,553
Inventories	10,775,083	10,376,883
Prepaid expenses and other assets	3,413,236	3,292,707
Total current assets	184,199,527	182,495,552
Noncurrent Assets		
Note receivable	28,961,015	28,961,015
Estimated third-party payor settlements receivable	12,331,401	17,640,947
Equity interest in joint venture	619,000	598,105
Restricted investments	17,145,210	20,827,308
Capital assets, net of accumulated depreciation	409,259,304	422,658,419
Long-term investments	136,822,178	113,505,490
Unamortized bond fees and other long-term assets	2,919,754	3,053,982
Total noncurrent assets	608,057,862	607,245,266
Total assets	792,257,389	789,740,818
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	17,945,433	18,726,827
Total assets and deferred outflow of resources	$810,202,822	$808,467,645

DENVER HEALTH AND HOSPITAL AUTHORITY

Statements of Net Position

December 31, 2012 and 2011

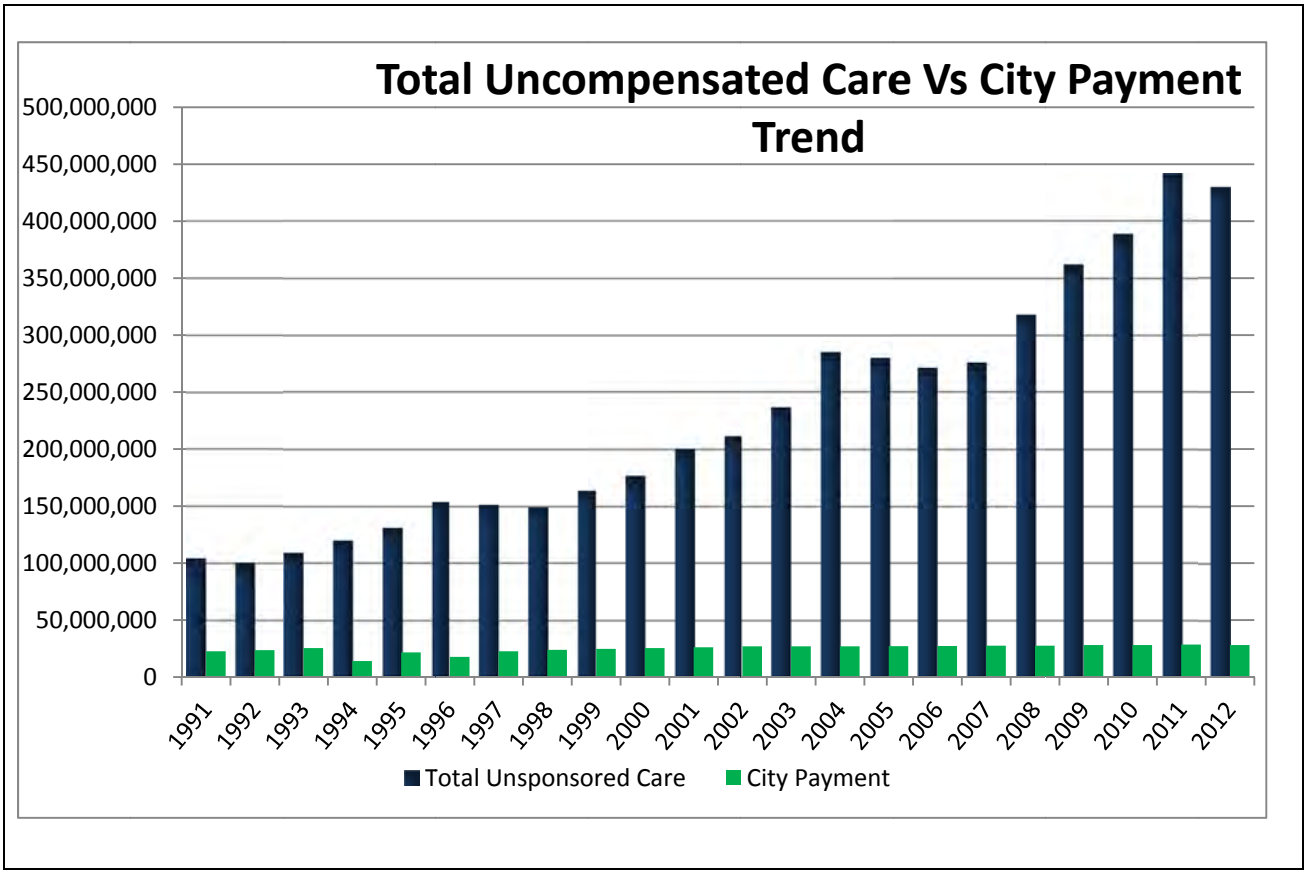
Liabilities and Net Position

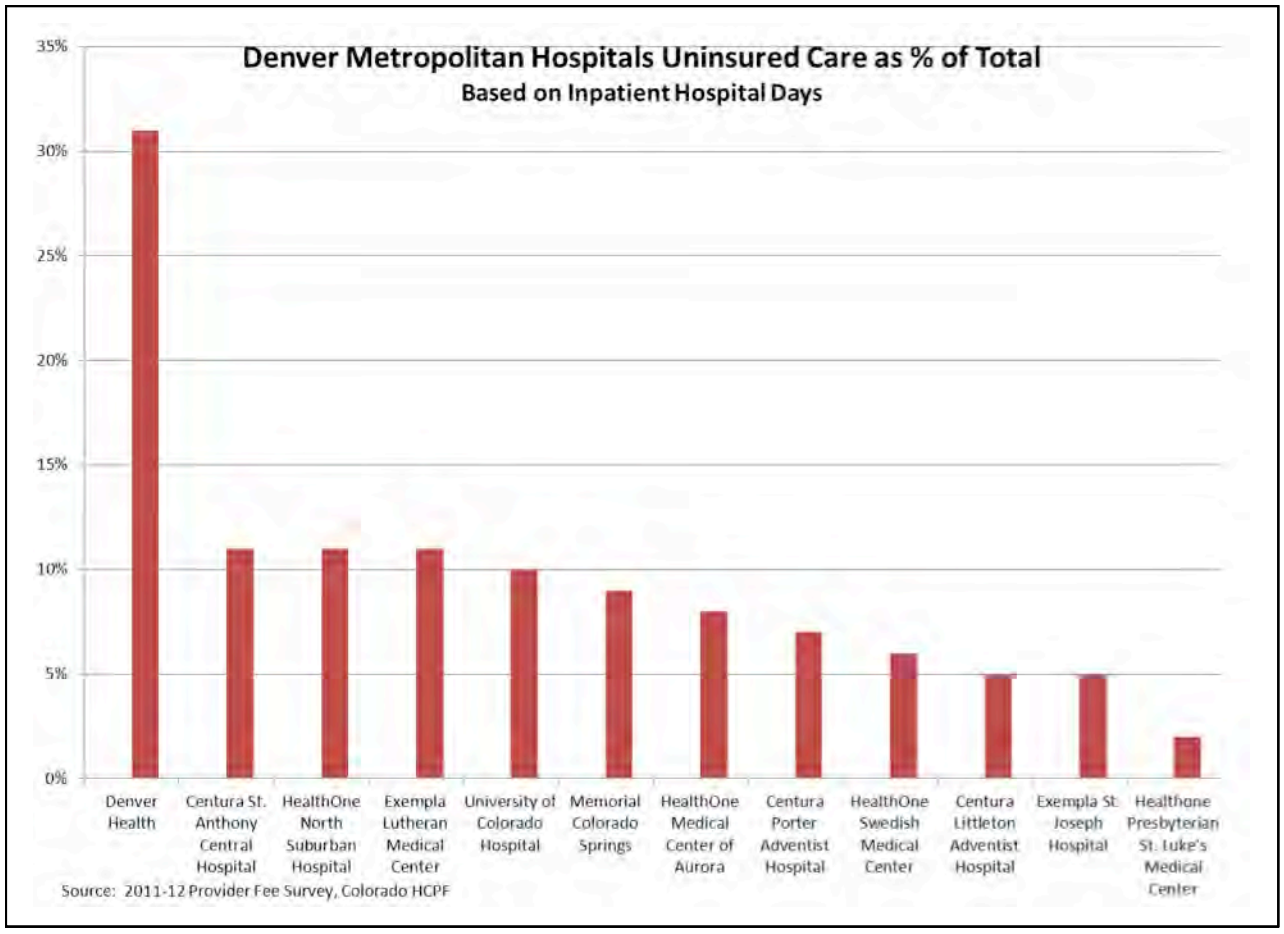
	2012	2011
Current Liabilities		
Current maturities of bonds payable	$4,780,000	$4,555,000
Current maturities of capital leases	95,245	48,188
Current maturities of notes payable	195,000	185,000
Current portion of liability for estimated third-party settlements	2,377,671	8,449,439
Accounts payable and accrued expenses	40,455,621	43,298,349
Accrued salaries, wages and employee benefits	21,776,960	18,235,700
Accrued compensated absences	24,684,632	22,984,590
Deferred revenue	3,253,641	1,826,865
Derivative interest rate swap liability	2,275,581	2,280,584
Accrued claims	5,005,000	4,935,000
Total current liabilities	104,899,351	106,798,715
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	6,448,237	4,849,526
Long-term portion of compensated absences	437,137	478,016
Bonds payable, less current maturities, net of deferred loss on refunding of $5,475,475 and $5,769,683 in 2012 and 2011, respectively	207,097,273	211,563,338
Capital lease obligations, less current maturities	88,856	45,710
Notes payable	42,002,231	42,197,231
Derivative interest rate swap liability	15,669,852	16,446,243
Postemployment benefits	3,094,293	2,312,984
Total long-term liabilities	274,837,879	277,893,048
Total liabilities	379,737,230	384,691,763
Net Position		
Net investment in capital assets	155,285,431	187,746,105
Restricted expendable	929,729	-
Unrestricted	274,250,432	236,029,777
Total net position	430,465,592	423,775,882
Total liabilities and net position	$810,202,822	$808,467,645

DENVER HEALTH AND HOSPITAL AUTHORITY

Statements of Revenues, Expenses, and Changes in Net Position
Years ended December 31, 2012 and 2011

	2012	2011
Operating Revenues		
Net patient service revenue	$352,831,995	$332,700,434
Capitation earned net of reinsurance expense	122,970,708	125,643,318
Medicaid disproportionate share and other safety net reimbursement	112,254,391	115,434,512
City and County of Denver payment for hospital services	27,977,304	28,477,302
Federal, state and other grants	55,990,106	58,016,896
City and County of Denver purchased services	18,746,252	18,178,776
Poison and drug center contracts	21,639,182	22,984,087
Other operating revenue	31,461,595	19,535,379
Total operating revenues	743,871,533	720,970,704
Operating Expenses		
Salaries and benefits	444,199,653	423,047,977
Contracted services and nonmedical supplies	142,219,965	137,522,726
Medical supplies and pharmaceuticals	70,917,203	66,854,927
Managed care outside provider claims	35,332,315	33,052,207
Depreciation and amortization	45,740,728	42,154,436
Total operating expenses	738,409,864	702,632,273
Operating income	5,461,669	18,338,431
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	20,896	182,697
Distribution from discretely presented component unit	4,000,000	3,000,000
Interest income	4,488,636	4,148,090
Interest expense	(11,413,726)	(11,701,853)
Net increase (decrease) in fair value of investments	3,143,408	(2,097,011)
Gain (loss) on disposition of capital assets	286,125	(129,995)
Total nonoperating revenues (expenses)	525,339	(6,598,072)
Income before capital contributions	5,987,008	11,740,359
Contributions Restricted for Capital Assets	702,702	1,495,229
Increase in net position	6,689,710	13,235,588
Total Net Position, Beginning of Year	423,775,882	410,540,294
Total Net Position, End of Year	$430,465,592	$423,775,882


Total Uncompensated Care Vs City Payment Trend
500,000,000
450,000,000
400,000,000
350,000,000
300,000,000
250,000,000
200,000,000
150,000,000
100,000,000
50,000,000
0
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Total Unsponsored Care
City Payment



% of uninsured days as % of total patient days, state of Colorado

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:

i. 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 2012 financial statements are presented in Section III of this report.

ii. 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.

iii. 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
State Board of Pharmacy	Montbello High SBHC	January 2012	1 Year
Grant per diem Veterans Administration	Denver C.A.R.E.S.	January 2012	1 Year
State Board of Pharmacy	Martin Luther King Jr. E. C. SBHC	January 2012	1 Year
State Board of Pharmacy	Montbello	January 2012	1 Year
State Board of Pharmacy	Rachel Noel Middle SBHC	January 2012	1 Year
State Board of Pharmacy	Lowry FHC	February 2012	1 Year
American College of Surgeons and CDPHE	Denver Health - Level I Trauma Survey	February 2012	3 year
Grant per diem Veterans Administration	Denver C.A.R.E.S.	March 2012	1 Year
State Board of Pharmacy	Manual High SBHC	March 2012	1 Year
American Society of Health System Pharmacists	Pharmacy Residency Accreditation	March 2012	7 Years
CMS/Palmetto	La Casa	March 2012	1 Year
State Board of Pharmacy	Kepner Middle SBHC	March 2012	1 Year
State Board of Pharmacy	Kunsmiller C. A. A. SBHC	March 2012	1 Year
State Board of Pharmacy	Lincoln High SBHC	March 2012	1 Year
State Board of Pharmacy	Westwood FHC	March 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Montbello FHC Center	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	North High SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Martin Luther King Jr. E. C. SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Rachel Noel Middle SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	John F. Kennedy High SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Kunsmiller C. A. A. SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Manual High SBHC	April 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Bruce Randolph SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Lake Middle SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Rachel Noel Middle SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Kunsmiller C. A. A. SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Lake Middle SBHC	May 2012	1 Year
Medical Home Certification Site Visit	North High SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Bruce Randolph SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Evie Dennis Campus SBHC	May 2012	1 Year
Medical Home Certification Site Visit	John F. Kennedy High SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Lincoln High SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Manual High SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	South High SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Eastside FHC Teen Clinic	May 2012	1 Year
CDPHE	Denver Health East Grand - Trauma Designation Level V	May 2012	3 Year
Medical Home Certification Site Visit	Kepner Middle SBHC	May 2012	1 Year
Medical Home Certification Site Visit	West High SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Kepner Middle SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Lincoln High SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Martin Luther King Jr. E. C. SBHC	May 2012	1 Year
Medical Home Certification Site Visit	Montbello High SBHC	May 2012	1 Year
Vaccines for Children/CDPHE Site Visit	West High SBHC	May 2012	1 Year

Denver Health Regulatory Surveys

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Department of Health & Human Services/FDA	Transfusion Services	May 2012	2 Years
Medical Home Certification Site Visit	Evie Dennis Campus SBHC	May 2012	1 Year
Medical Home Certification Site Visit	South High SBHC	May 2012	1 Year
CMS/Palmetto	Central Fill Pharmacy	June 2012	1 Year
CMS/Palmetto	Discharge Pharmacy	June 2012	1 Year
CMS/Palmetto	Primary Care Pharmacy	June 2012	1 Year
CMS/Palmetto	Westside Pharmacy	June 2012	1 Year
CMS/Palmetto	Eastside Pharmacy	June 2012	1 Year
State Board of Pharmacy	Denver C.A.R.E.S.	June 2012	1 Year
State Board of Pharmacy	Westside FHC Teen Clinic	June 2012	1 Year
State Board of Pharmacy	Westside pharmacy	June 2012	1 Year
Division of Behavioral Health	Colorado Revised Statute 27-65	June 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Family Crisis Center	June 2012	1 Year
The Joint Commission	Pilot Testing Proposed Lab Standards	July 2012	1 Year
State Board of Pharmacy	Denver Health East Grand	July 2012	1 Year
State Board of Pharmacy	Denver Health Metro Clinic	August 2012	1 Year
State Board of Pharmacy	ID Pharmacy	August 2012	1 Year
State Board of Pharmacy	Inpatient Pharmacy	August 2012	1 year
State Board of Pharmacy	Denver Health Central Fill	August 2012	1 Year
State Board of Pharmacy	Primary Care Pharmacy	August 2012	1 Year
State Board of Pharmacy	West High SBHC	August 2012	1 Year
State Board of Pharmacy	John F. Kennedy High SBHC	September 2012	1 Year
State Board of Pharmacy	Lake Middle SBHC	September 2012	1 Year
State Board of Pharmacy	Park Hill FHC	September 2012	1 Year
CDPHE/CMS	Complaint (unsubstantiated - 0 deficiencies)	September 2012	n/a
State Board of Pharmacy	LaCasa	September 2012	1 Year
CDPHE/FDA	Mammography Quality Standards	September 2012	1 Year
State Board of Pharmacy	North High SBHC	October 2012	1 Year
CDPHE	Nuclear Medicine/Radiology (RAM)	October 2012	5 Years
CDPHE Community Clinic Certification	Denver Health East Grand	October 2012	1 Year
Vaccines for Children/CDPHE Site Visit	Lowry FHC	November 2012	1 Year
CDPHE	Complaint – Hospital - (unsubstantiated - 0 deficiencies)	November 2012	n/a
CMS/DMEPOS Survey Process	Montbello	November 2012	1 Year
National Association of Boards of Pharmacy	Montbello	November 2012	1 Year
State Board of Pharmacy	South High SBHC	November 2012	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.
Response: See tables below.

b. The criteria will focus on data collected and reported out of the Denver Health system.
Response: See tables below.

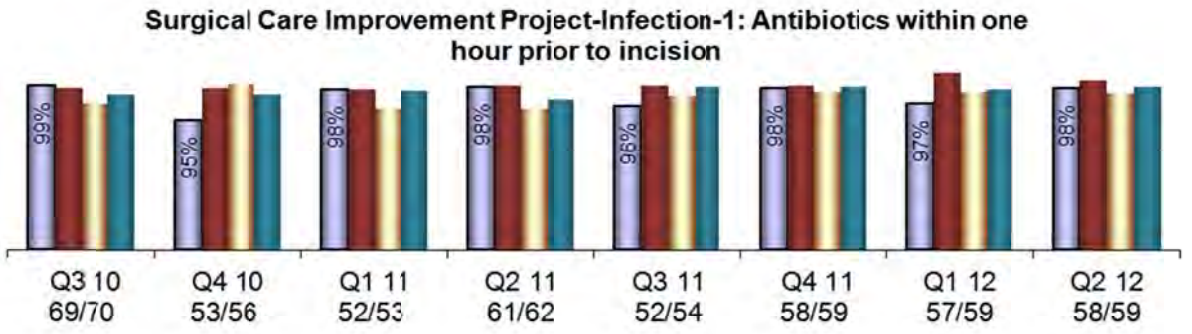
c. The criteria will focus on appropriate access and outcome of services provided.
Response: See tables below.

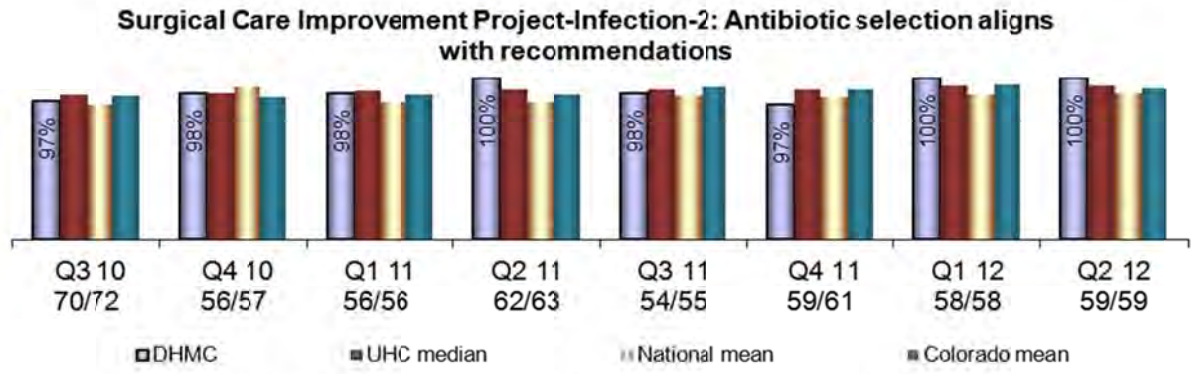
Number	Contract	2010	2011	2012	Comments
I.5G	Denver Health Medicaid Choice Average Monthly Enrollment	41,557	44,230	47,498	
I.5G	Inpatient Admissions	25,027	26,047	25,244	
I.5G	Inpatient Days	105,177	109,366	110,786	
I.5G	Total Emergency Room Encounters	73,394	73,238	78,506	
	Adult ED Encounters	48,406	48,855	52,454	
	Pediatric ED Encounters	24,988	24,383	26,052	
	Adult Urgent Care Visits	dna	32,192	37,361	New Measure in 2011
	ER/Cost/Visit	dna	$1,069	$1,292	New Measure in 2011
	Top 25 DRGs for MI population	dna	See chart on page 44	See chart on page 43	New Measure in 2011
	NICU days	dna	3,728	3,774	New Measure in 2011
	CT Scans	dna	15,503	15,197	New Measure in 2011
	MRIs	dna	6,047	6,600	New Measure in 2011
	Outpatient Surgeries	dna	4,757	5,637	New Measure in 2011
Ambulatory Care Encounters					
	Ambulatory Care Center	123,802	126,584	137,093	Restated 2010 to align with 2011 and 2012
	Webb Center for Primary Care	58,273	63,288	64,192	
	Gipson Eastside Family Health Center	40,625	42,196	41,333	
	Sandos Westside Family Health Center	62,065	64,653	68,265	
	Lowry Family Health Center	20,304	22,237	19,822	
	Montbello Health Center	13,435	16,223	15,794	
	Park Hill Family Health Center	14,732	15,110	14,875	
	La Casa/Quigg Newton Family Health Center	18,785	20,047	20,445	
	Westwood Family Health Center	13,540	14,205	14,835	
	Other	49,358	52,472	58,953	Includes all Dental clinics, School-based Health centers, Family Crisis Center, and Women's Mobile Clinic.
	OP Pharmacy Cost/patient	dna	36.34	32.74	New measure in 2011
	OP Behavioral Health Visits	dna	107,578	99,424	New measure in 2011
	Psych Emergency Services	dna	4,069	4,007	New measure in 2011
	TOTAL AMBULATORY ENCOUNTERS	414,919	437,015	455,607	Restated 2010 to align with 2011 and 2012

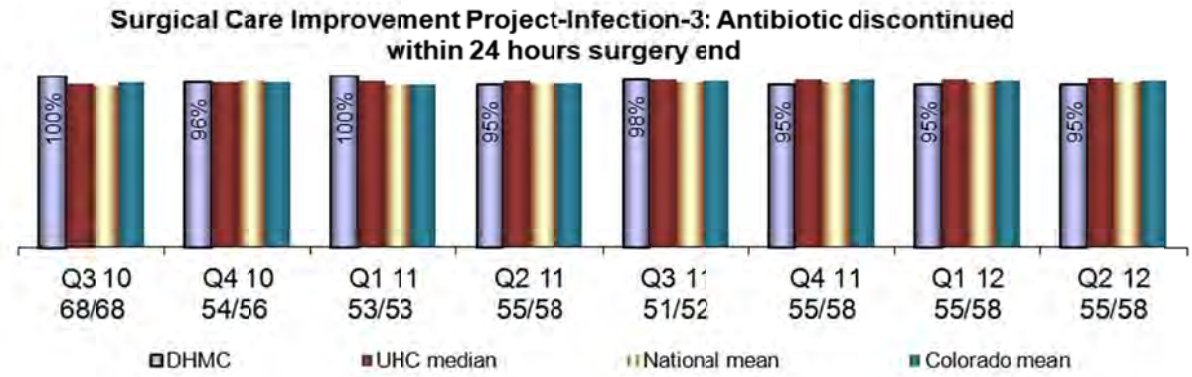
d. Several quality assurance reports are done to meet external payment or funding standards. The findings and assessment of quality assurance programs will be provided annually as well as the status of any recommended improvements.
RESPONSE: In order to ensure quality of health care, define areas of focus for improvement efforts, and to meet accreditation and funding requirements, Denver Health Medical Center participated in Core Measures data collection for acute myocardial infarction, heart failure, surgical care and pneumonia. The ongoing studies are sponsored by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission.

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

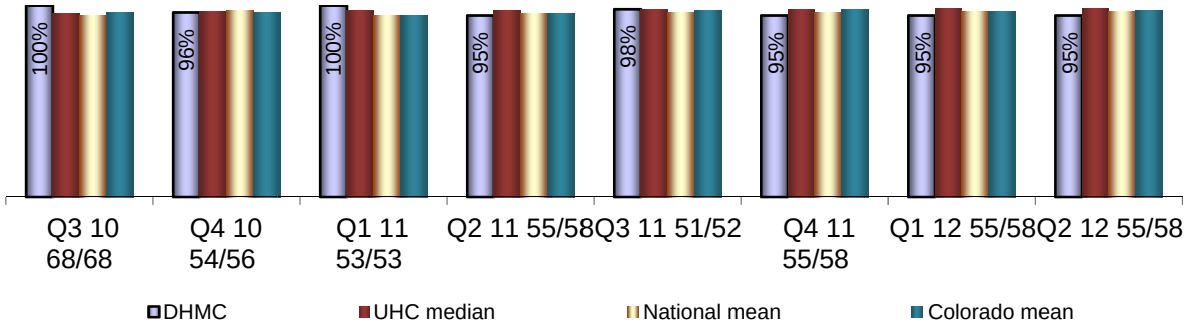
Surgical Measures



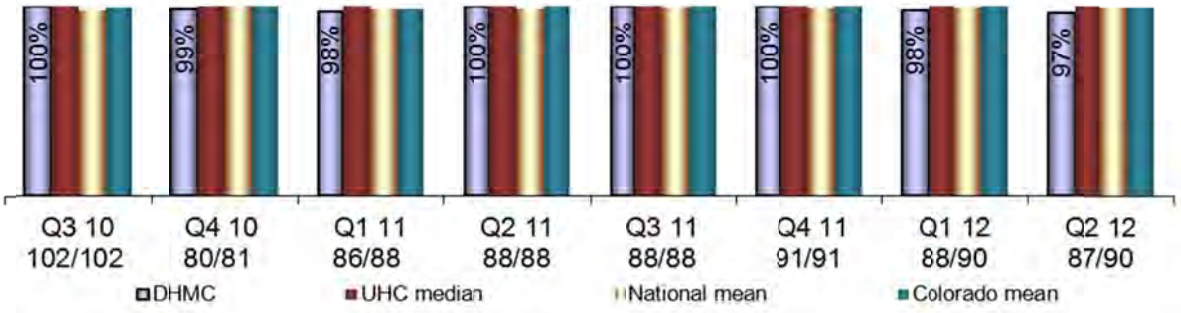




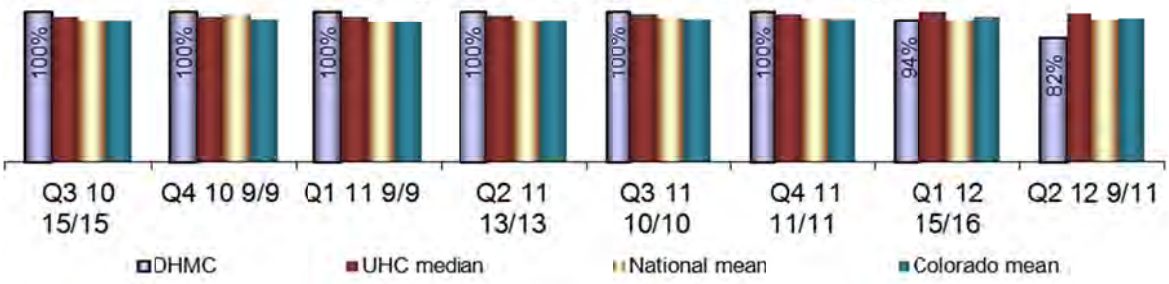
Surgical Care Improvement Project-Infection-6: Appropriate hair removal



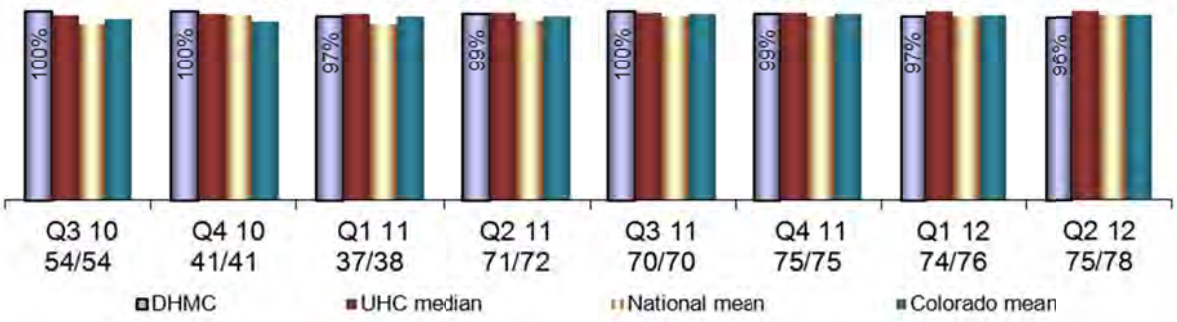
Surgical Care Improvement Project- Infection-10: Temperature Management



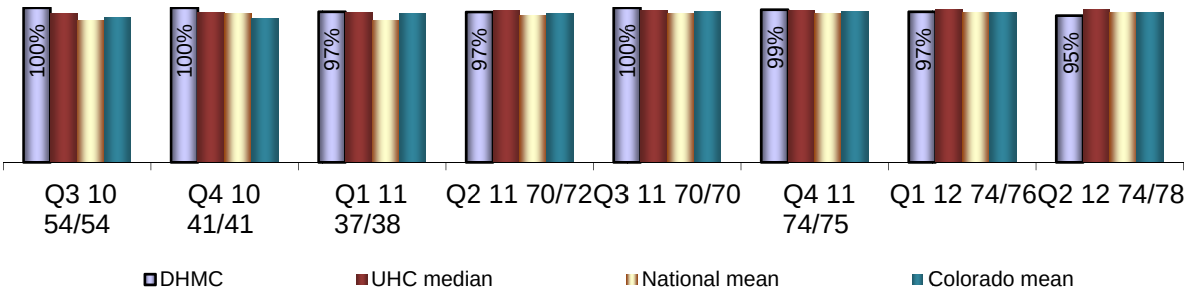
Surgical Care Improvement-Cardiac-2: Surgery patients on home beta blocker receive beta blocker within 24 hours prior to surgery and before anesthesiologist discharges patient from recovery room



Surgical Care Improvement Project-VTE-1: Recommended Venous Thromboembolism prophylaxis ordered

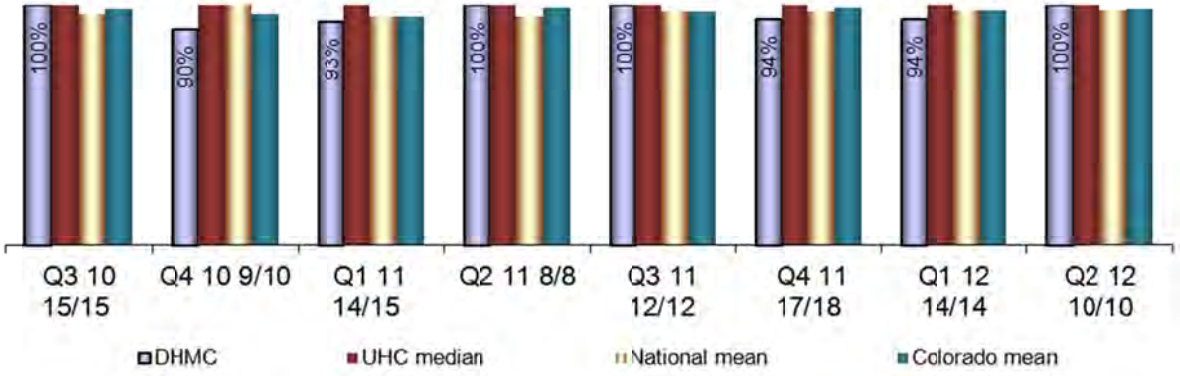


Surgical Care Improvement -2: Recommended prophylaxis received by patient within 24 hours before and 24 hours after surgery

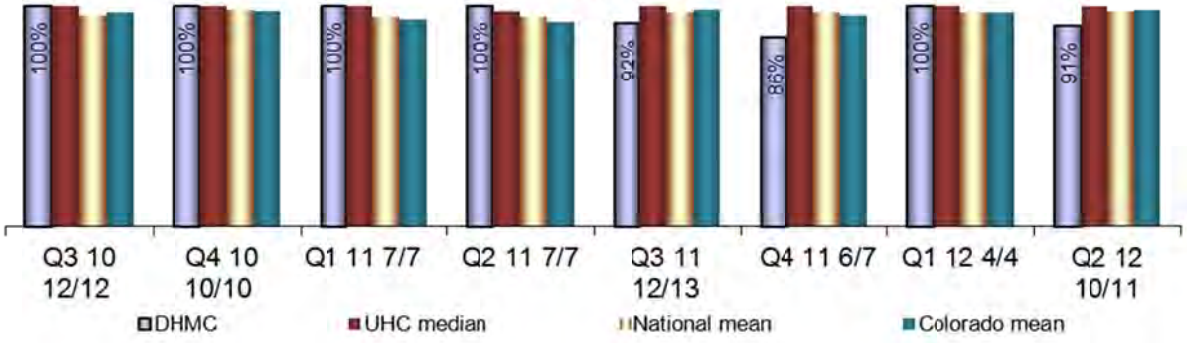


Pneumonia Measures

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

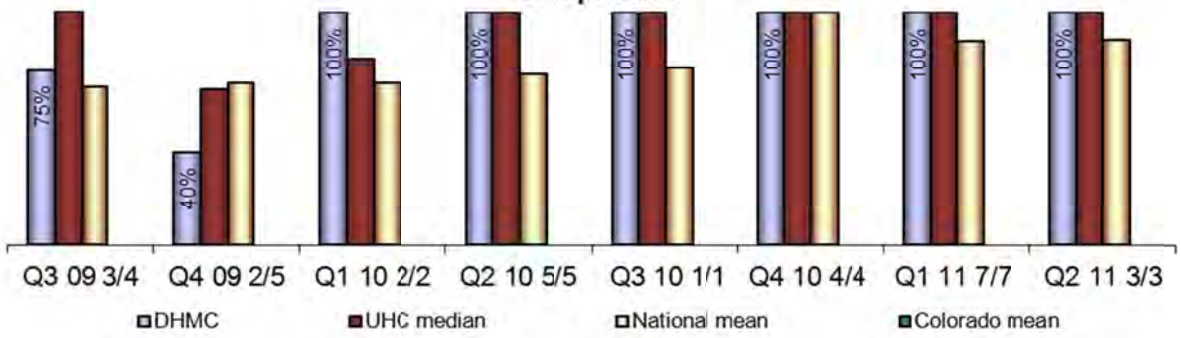


Pneumonia-3b: Blood cultures in Emergency Department prior to antibiotic

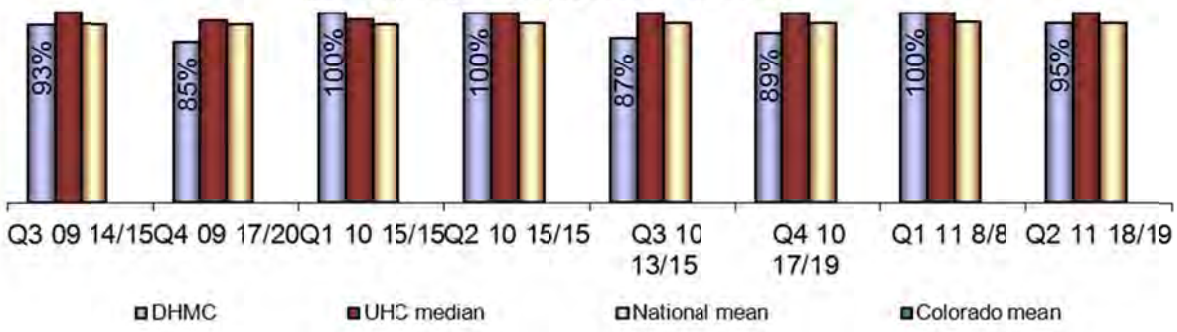


Note for PN-6a and PN-6b
State data is not available. National data is UHC hospitals, not all hospitals nationally.

Pneumonia-6a: Antibiotic selection for immunocompetent Intensive Care Unit patients

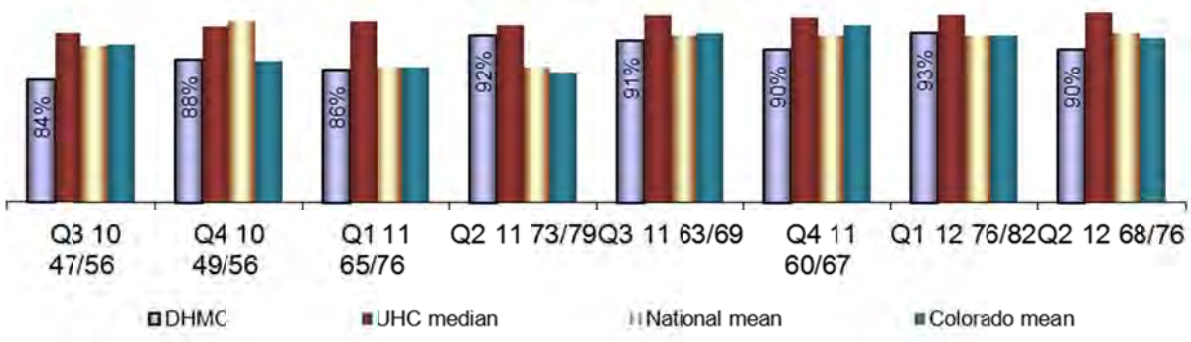


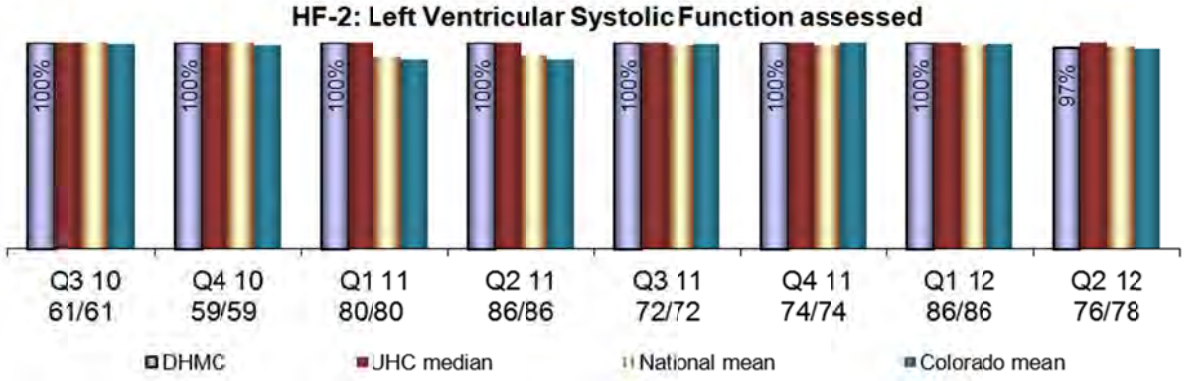
Pneumonia-6b: Antibiotic selection for immunocompetent non ICU patients aligns with recommendations

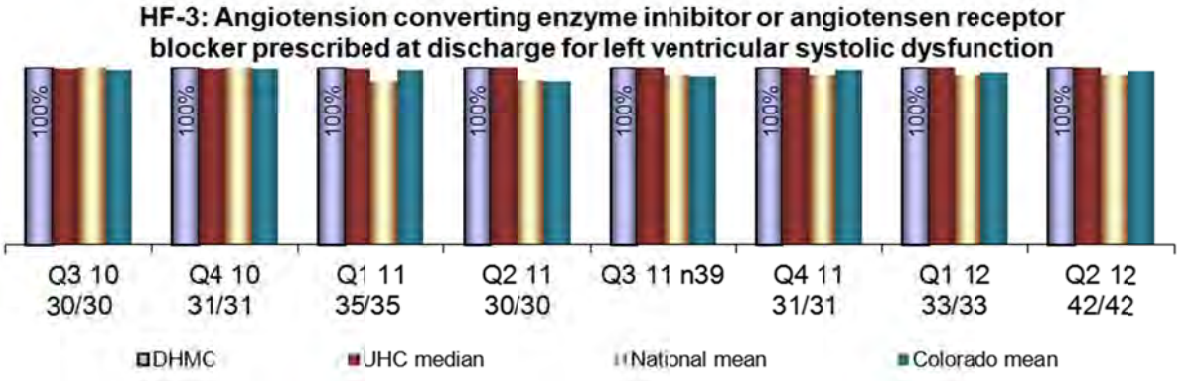


Heart Failure Measures

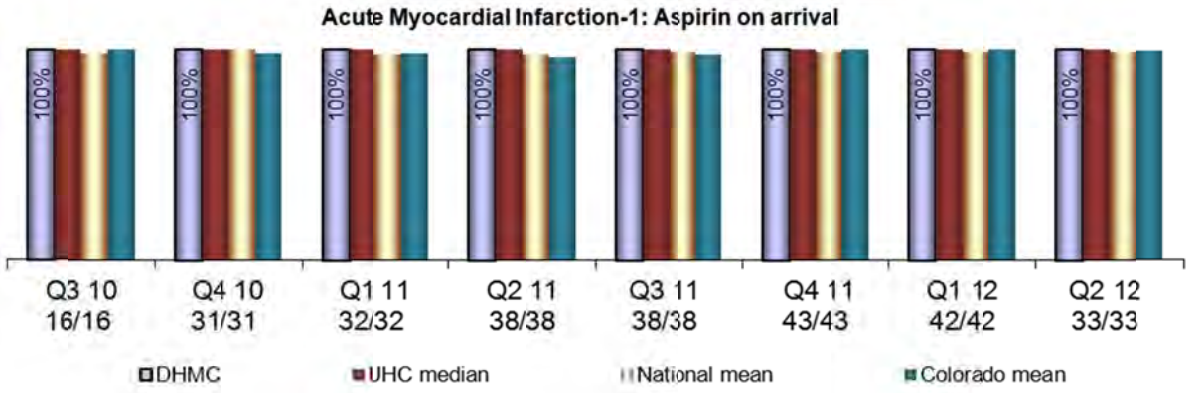
HF-1: Discharge instructions

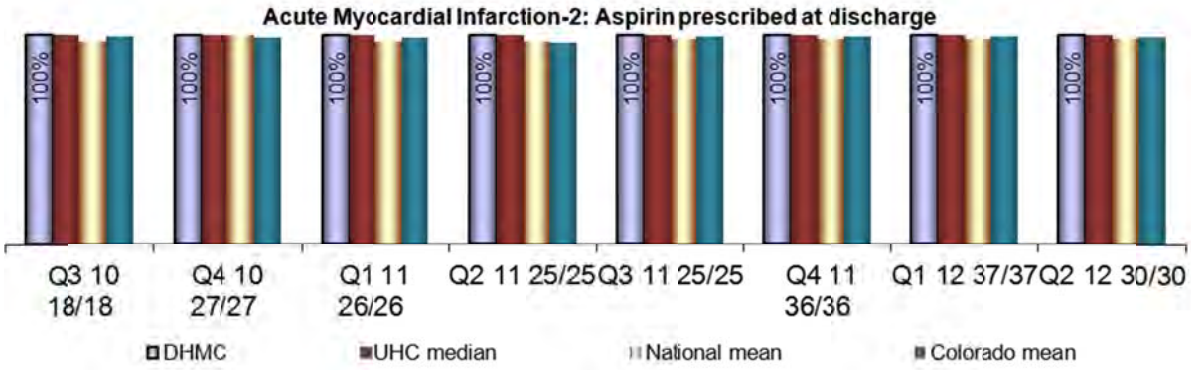


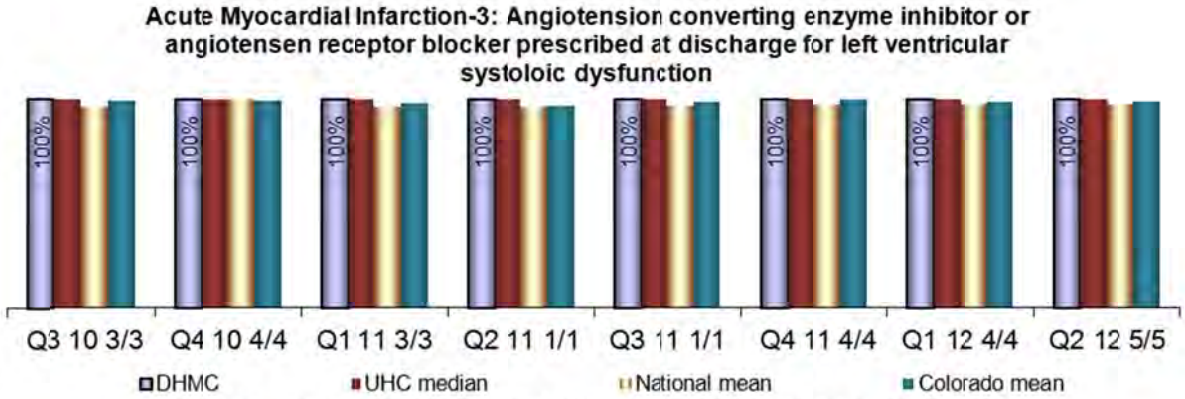


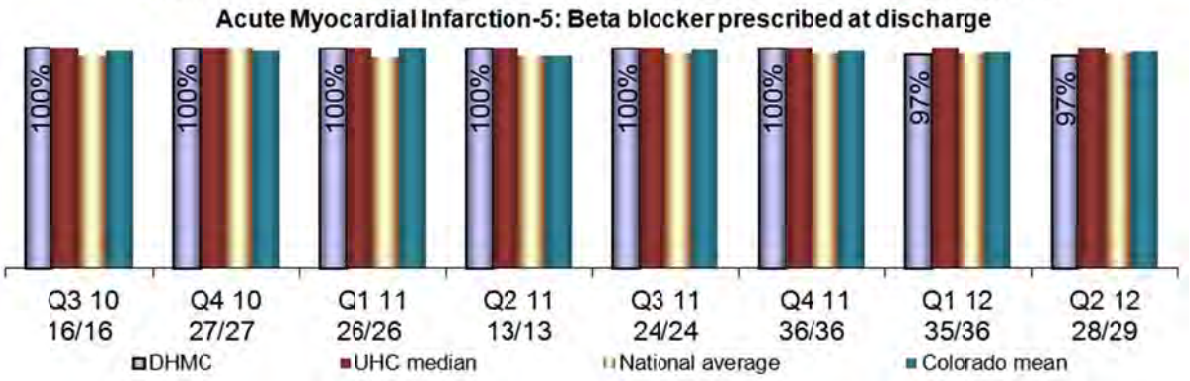


Acute Myocardial Infarction Measures

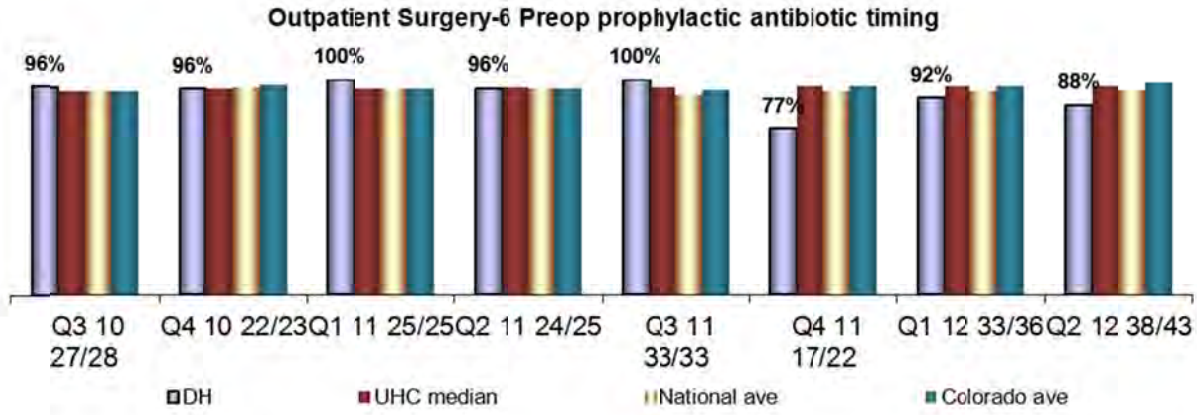


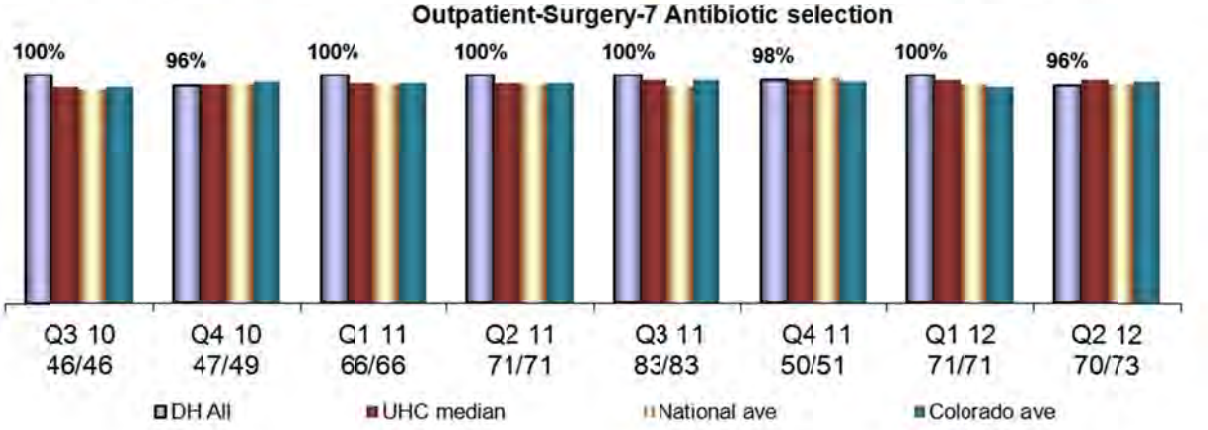


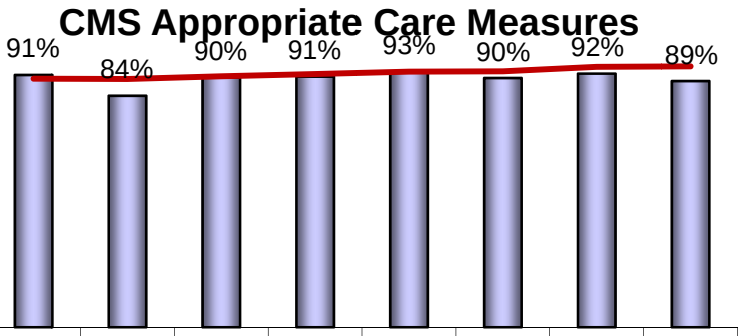




Outpatient Measures

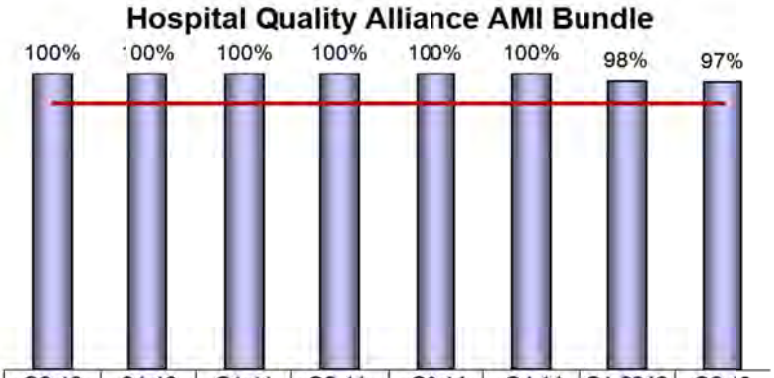






	Q3 10 n230	Q4 10 n222	Q1 11 n250	Q2 11 n258	Q3 11 n226	Q4 11 n256	Q1 2012 n243	Q2 12 n230
DH	91%	84%	90%	91%	93%	90%	92%	89%
UHC Median	90%	90%	91%	92%	93%	93%	94%	94%

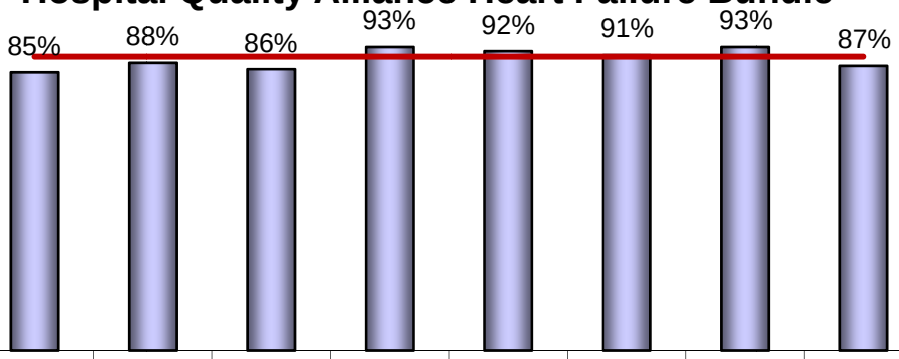
Definition: Composite metric based on 22 CMS required Hospital Inpatient Quality Program measures that shows the percentage of patients who received the recommended care for all of the measures in this set that they were eligible to receive. The bundle rate is calculated by dividing the number of patients considered compliant (measure category assignment of E for every eligible measure) by the total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Denominator: Patients that were eligible for at least one of the following 22 measures: AMI-1 Aspirin at Arrival; AMI-2 Aspirin Prescribed at Discharge; AMI-3 ACEI or ARB for LVSD; AMI-5 Beta Blocker Prescribed at Discharge; AMI-7a Fibrinolytic Therapy Rec'd Within 30 Min. of Arrival; AMI-8a PCI Rec'd Within 90 Min. of Arrival; AMI-10 Statin Prescribed at Discharge; HF-1 Discharge Instructions; HF-2 Evaluation of LVS Function; HF-3 ACEI or ARB for LVSD; PN-3b Blood Cultures in the ED Prior to Antibiotic; PN-6 Antibiotic Selection for CAP in Immunocompetent Patient (PN-6 is a combination of PN-6a and PN-6b); SCIP-Inf-1a Antibiotic Rec'd One Hour Prior to Surgical Incision; SCIP-Inf-2a Antibiotic Selection for Surgical Patients; SCIP-Inf-3a Antibiotics Discontinued Within 24/48 Hours After Surgery End; SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose; SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal; SCIP-Inf-9 Urinary Catheter Removed on Post-Op Day 1 or 2; SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management; SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered; SCIP-VTE-2 Surgery Patients Who Rec'd Appropriate Venous Thromboembolism Within 24 Hrs; SCIP-Card-2 Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period.
Numerator: Patients that received the appropriate care (measure category assignment of E) for each measure in the set that they were eligible to receive. These patients are considered compliant.
Target: 90% compliance rate



	Q3 10 n19	Q4 10 n32	Q1 11 n32	Q2 11 n38	Q3 11 n27	Q4 11 n44	Q1 2012 n42	Q2 12 n34
DH	100%	100%	100%	100%	100%	100%	98%	97%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 7 AMI hospital quality measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: AMI-1 Aspirin at Arrival; AMI-2 Aspirin at Discharge; AMI-3 ACEI or ARB for LVSD; AMI-5 Beta Blocker at Discharge; AMI-7a Fibrinolytic Therapy Received Within 30 Min. of Arrival; AMI-8a PCI Received Within 90 Min. of Arrival; AMI-10 Statin Prescribed at Discharge.
Denominator: The total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate

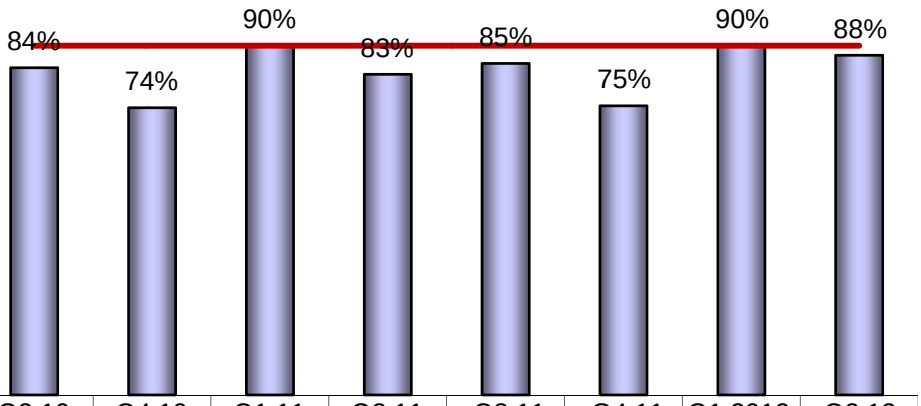
Hospital Quality Alliance Heart Failure Bundle



	Q3 10 n61	Q4 10 n59	Q1 11 n80	Q2 11 n86	Q3 11 n72	Q4 11 n74	Q1 2012 n86	Q2 12 n78
DH	85%	88%	86%	93%	92%	91%	93%	87%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 3 HF Hospital Quality Measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: HF-1 Discharge Instructions; HF-2 Evaluation of LVS Function; HF-3 ACEI or ARB for LVSD.
Denominator: The total number of patients that were eligible for at least one measure in the set (measure category assignment of D or E for one or more measures).
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).
Target: 90% compliance rate

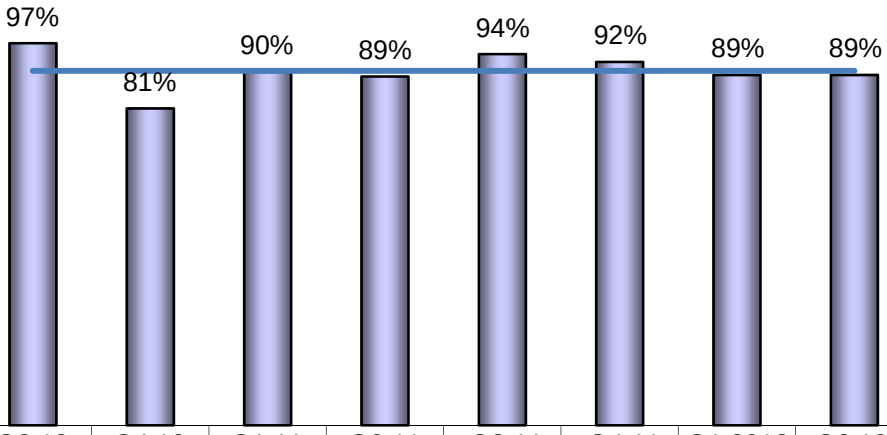
Hospital Quality Alliance Pneumonia Bundle



	Q3 10 n49	Q4 10 n50	Q1 11 n50	Q2 11 n46	Q3 11 n41	Q4 11 n47	Q1 2012 n30	Q2 12 n32
DH	84%	74%	90%	83%	85%	75%	90%	88%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

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

Hospital Quality Alliance Surgical Care Improvement Project Bundle



	Q3 10 n102	Q4 10 n82	Q1 11 n88	Q2 11 n88	Q3 11 n88	Q4 11 n91	Q1 2012 n91	Q2 12 n91
DH	97%	81%	90%	89%	94%	92%	89%	89%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 10 SCIP hospital quality measures that shows the percentage of patients who received the recommended care for all of the measures in the set that they were eligible to receive. This set includes the following measures: SCIP-Inf-1a Antibiotic Received 1 Hour prior to Surgical Incision; SCIP-Inf-2a Antibiotic Selection for Surgical Patients; SCIP-Inf-3a Antibiotics Discontinued within 24/48 Hours after Surgery End; SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 AM Postop Serum Glucose; SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal; SCIP-Inf-9 Urinary Catheter Removed on Post-Op Day 1 or 2; SCIP-Inf-10 Surgery Patients with Perioperative Temperature Management; SCIP-Card-2 Surgery Patients on Beta Blocker Therapy; SCIP-VTE-1 Surgery Patients with VTE Prophylaxis Ordered; SCIP-VTE-2 Surgery Patients with VTE Prophylaxis Received.

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

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

Target: 90% compliance rate

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

Number	Contract Criterion	2010	2011	2012	GOAL
1.5I	**Childhood Immunization Rate**[1]	81%	79%	82%	90% of the active user population 24-35 months of age will have childhood immunization compliance maintained.
1.5J	**Percent Women Entering Prenatal Care:**				
	1st Trimester[2]	64%	69%	68%	70% of women will begin prenatal care within the 1st Trimester
	2nd Trimester	25%	22%	21%	20% of women will begin prenatal care within the 2nd Trimester
	3rd Trimester	11%	9%	11%	10% of women will begin prenatal care within the 3rd Trimester
1.5L	**Patient Satisfaction**				
	Community Health Service[3]	N/A	70%	76%	A new survey tool that measures outpatient experience will be implemented by July 2012 and the goal is an overall patient satisfaction rate of 80% or above.
	Denver Health Medical Center Inpatients	86.60%	92%	92.6%	An overall patient satisfaction rate of 80% or above.
1.5M	**Mammogram Screening**	86.60%	63%	66%	65% of active users over age 50 years.
1.5N	**Pap Smear**[4]	59%	76%	80%	80% of women 21-64 years of age must obtain a pap smear at least once in three years.

Number	Contract Criteria	2010	2011	2012	GOAL
1.5O	**Wellness checkups for adolescents**[5]	New Measure	58%	57%	60% of adolescents, ages 13-17, will have a preventive services visit with appropriate screening once every 12 months.
1.5P	**Diabetes Monitoring**				A "Diabetic patient" for the diabetes measures is defined as a patient who has had at least 2 visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.
	Kidney Function (Monitoring Nephropathy)[6]	61%	61%	78%	75% of diabetic patients will have appropriate monitoring of kidney function.
	Foot Lesions[7]	dna	dna	dna	70% of diabetic patients will have their feet checked for foot lesions during exam.
	Eye Exams[7]	dna	dna	dna	60% of Diabetic patients will be referred for a retinal eye exam.
	Diabetes-percent of diabetics with HBA1c < 9	New Measure	75%	75%	70% of Diabetic patients will have an HBA1c < 9
	LDL C Controlled (LDL-C<100 mg/dL)	New Measure	56%	55%	45% of Diabetic patients will have an LDL-C<100 mg/dL)
1.5Q	**Hypertension Control**	68%	71%	71%	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:**[8] **Advise or Refer**	91%	93%	94%	Maintain smoking assessment, advice and refer for 85% of adults.
1.5S	**Seniors, Flu Vaccinations**[9]	46%	50%	49%	60% of seniors, 65 years or older who are active patients receiving care will receive flu vaccinations.
1.5T *	**Survival with Trauma**				Survival rate for blunt and penetrating trauma will be maintained within 5% of 2009 experience:
	Blunt with DOAs[10]	96.3%	96.8%	96.2%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.
	Blunt without DOAs[10]	96.8%	97.8	97.4%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 97.1%.
	Penetrating with DOAs[10]	91.20%	86.8%	89%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	Penetrating without DOAs[10]	96.9%	92.1%	95.3%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 91.9%.

Number	Contract Criteria	2010	2011	2012	GOAL
1.5U	**CMS Core Measures**				
	Surgical Care[11]	New in 2011	98%	97%	100% of surgical patients will receive antibiotics within 1 hour before surgery.
	Congestive Heart Failure	New in 2011	100%	100%	100% of patients with congestive heart failure will have an ACE-inhibitor prescribed at discharge for systolic dysfunction.
	Acute Myocardial Infarction	New in 2011	100%	100%	100% of patients with an acute myocardial infarction will have aspirin prescribed at discharge.

[1] The national and state standard is 76%. We exceed this standard even while having an additional vaccine added that the state and national standard does not include. The 90% standard is more appropriate for children under one year old.
[2] Performance improved from 2010 and we are just shy of reaching our 2011 goal of 70%.
[3] Community Health is reporting "Top Box" performance (Very Good) which is ranging from 55%-93% when looking at clinic-level information on likelihood of recommending the clinic to friends. The 80% goal was established with a less stringent metric in mind of responses of Good + Very Good.
[4] Changed methodology to include extended screening interval of 5 years with HPV coteting for women 30-64 years, in alignment with USPSTF screening guidelines.
[5] Adolescent well care performance fell slightly below the Medicaid HEDIS 75th percentile benchmark, but is above the 50th percentile benchmark of 50 percent. DHMP is working to improve the scores.
[6] Kidney Methodology updated to reflect performance more accurately based on newly available electronic data sources.
[7] DH has stopped auditing patient records in order to capture this data because of consistent high level of performance over the past few years.
[8] With our current electronic health record, there is no systematic way to document smoking cessation advice and referral. The current performance is based on a random sample of charts. This will be an area of focused improvement efforts in the coming years.
[9] Current performance is based on all patients of DCHS in the past 18 months and is impacted by the fact that not all patients have been seen since the beginning of flu season. Some of these patients may have received vaccinations through the community that are not documented in our medical record. When limiting our performance to patients who had a visit during flu season, 66% of seniors have documentation of a flu vaccine. This performance exceeds our goal and is much closer to the senior vaccination rate in Colorado of 70%.
[10] Data for 2009 has been restated to exclude dead on arrivals, because this is a more accurate representation of survival rates.
[11] Our performance of 97% on this measure exceeds the CMS value based purchasing performance standard and The Joint Commission accountability target. We actively investigate every single case that does not meet this standard and have engaged all operating room staff in efforts to improve performance.

i. Denver Health Medical Center's mortality rates for diagnosis reported yearly by the Colorado Health Association will not be significantly higher than expected mortality rates.

RESPONSE: In 1997 the Colorado Hospital Association stopped reporting hospital mortality rates, so Denver Health has no data on expected mortality rates for Colorado hospitals. However, Denver Health participates in the national University HealthSystems Consortium (UHC) clinical database. Denver Health's overall risk-adjusted inpatient mortality rate calculated by UHC was significantly below expected rates for its case mix throughout 2012 reflecting high quality medical care. In fact, Denver Health has been in the top 5% of academic hospitals (out of 117 academic health centers) in patient survival for the last 4 years. (see next page).

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank
Current Quarter	⊙⊙	6,087	0.49	0.87	3/116
Recent Year	⊙⊙	23,955	0.57	0.89	3/117

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	6,087	5,849	23,955
Observed Deaths	52	69	259
Expected Deaths	105.75	114.14	446.61
Observed Mortality (%)	0.85	1.18	1.08
Expected Mortality (%)	1.74	1.95	1.86
Observed/Expected Ratio	0.49	0.60	0.57

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. See Denver Health Regulatory Surveys at beginning of this section.

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 information for the homeless.
RESPONSE: See charts on following pages.

2012 Denver County Unduplicated Users and Visits by Zip Code

Zip Code	Users	Visits
0	26	60
80000	1	1
80002	1	5
80003	4	15
80004	2	2
80010	12	20
80011	3	3
80012	463	1,831
80013	5	8
80014	658	2,796
80015	2	2
80017	4	5
80020	2	4
80021	1	1
80022	3	5
80023	16	61
80026	1	1
80027	1	1
80029	1	3
80030	2	2
80031	1	5
80033	2	4
80034	1	1
80060	1	12
80081	1	2
80110	453	1,790
80112	46	153
80113	3	4
80114	3	6
80115	1	1
80120	4	12
80123	538	2,187
80151	1	1
80180	1	2
80196	1	1
80199	1	2
80200	3	23
80201	128	622
80202	1,231	6,581
80203	3,154	15,139
80204	20,199	104,517
80205	9,446	48,328
80206	1,957	9,449
80207	4,585	22,471
80208	12	39
80209	1,594	6,609
80210	1,904	7,834
80211	7,250	37,848
80212	1,748	9,012
80213	37	136
80214	628	2,794
80215	3	5
80216	4,900	23,346
80217	32	108
80218	2,541	12,555
80219	25,822	123,412
80220	5,124	23,461
80221	2,229	9,652
80222	2,316	10,040
80223	6,517	32,069
80224	2,378	10,940
80226	612	2,401
80227	1,972	8,747
80228	2	2
80229	6	35
80230	756	3,471
80231	2,973	12,937
80232	228	1,060
80233	7	38
80234	1	6
80235	398	1,854
80236	2,690	12,749
80237	1,304	5,694
80238	514	1,954
80239	13,053	52,186
80240	9	17
80241	1	1
80242	1	7
80243	5	11
80244	3	3
80245	1	1
80246	1,438	6,728
80247	2,230	10,669
80248	6	36
80249	3,425	14,019
80250	16	50
80255	1	5
80256	2	2
80260	1	1
80261	1	2
80262	2	17
80263	1	1
80264	1	2
80266	4	11
80267	2	4
80268	1	1
80269	2	5
80270	3	4
80271	1	1
80277	1	1
80284	1	5
80287	1	1
80289	1	1
80290	1	4
80291	1	2
80292	1	1
80293	1	2
80294	4	27
80296	1	5
80299	2	3
80302	1	1
80303	1	1
80304	1	2
80305	1	2
80326	1	1
80339	1	1
80349	1	1
80403	1	3
80412	1	1
80421	1	3
80499	1	1
80519	1	1
80601	1	3
80602	1	1
80604	1	1
80621	1	1
80626	1	12
80634	1	1
80701	1	1
80723	1	1
80739	1	1
80999	1	1
81007	1	1
81110	1	1
81219	2	8
81401	1	2
81403	2	3
81507	2	4
81620	1	1
81625	1	1
81654	1	1

- Qualified all charges; does not include Denver Public Health.
- Based on reg/admit dates in 2011 with a county code of 16 which indicates Denver County.
- Evaluates users by last recorded visit in 2011 Does not take into account patient moves during this timeframe.
- Data contains data entry errors (switched numbers, zip codes provided by patients not accurate, other errors in data entry, etc.).
- Includes all visit types: inpatient, outpatient, emergency, ancillary, etc.
- Note also that patient accounts can have their addresses modified when going through the collections process.
- Over time, addresses are changed but underlying county codes are rarely modified resulting in errors.

Total Unduplicated Users = 139,726
Total Visits = 660,846

2012 Unduplicated Users and Patient Visits by Colorado County

County	Users	Visits
000 - Unknown	797	1,460
001 - Adams	10,064	36,520
002 - Alamosa	31	70
003 - Arapahoe	11,198	41,762
004 - Archuleta	4	7
005 - Baca	1	4
006 - Bent	10	19
007 - Boulder	986	2,313
008 - Chaffee	19	48
010 - Clear Creek	89	208
011 - Conejos	7	11
012 - Costilla	5	7
013 - Crowley	10	18
015 - Delta	27	46
016 - Denver	139,726	660,846
017 - Dolores	112	140
018 - Douglas	1,565	4,951
019 - Eagle	146	317
020 - Elbert	64	163
021 - El Paso	612	1,116
022 - Freemont	27	51
023 - Garfield	55	108
024 - Gilpin	32	154
025 - Grand	588	1,562
026 - Gunnison	18	32
028 - Huerfano	5	10
029 - Jackson	4	11
030 - Jefferson	9,701	36,094
031 - Kiowa	64	76
032 - Kit Carson	4	4
033 - Lake	26	52

County	Users	Visits
034 - La Plata	25	44
035 - Larimer	351	577
036 - Las Animas	23	64
037 - Lincoln	19	23
038 - Logan	21	38
039 - Mesa	72	136
041 - Moffat	13	17
042 - Montezuma	11	19
043 - Montrose	17	26
044 - Morgan	96	159
045 - Otero	23	30
046 - Ouray	1	1
047 - Park	77	177
048 - Phillips	2	3
049 - Pitkin	22	22
050 - Prowers	10	15
051 - Pueblo	177	409
052 - Rio Blanco	2	2
053 - Rio Grande	13	18
054 - Routt	34	62
055 - Saguache	3	5
056 - San Juan	1	1
057 - San Miguel	4	5
058 - Sedgwick	3	7
059 - Summit	102	146
060 - Teller	12	41
061 - Washington	5	13
062 - Weld	898	2,249
063 - Yuma	13	29
064 - Broomfield	345	1,313
098 - Out of State	4,699	6,545

Total Visits	**800,376**
Total Unduplicated Users	**183,091**

- Qualified all charges; does not include Denver Public Health
- Evaluates users by last recorded visit in2012. Does not take into account patient moves during this timeframe
- Based on reg/admit dates in2012
- Data contains data entry errors (switched numbers, zip codes provided by patients not accurate, other errors in data entry, etc.)
- Includes all visit types: inpatient, outpatient, emergency, ancillary, etc.

2012 Users and Visits by Gender and Race

Gender		Users	Inpatient Visits	Outpatient Visits	Total Visits
Female	African-American	13,327	1,651	68,671	70,322
	Amer/Alaskan/Native	623	115	3,672	3,787
	Asian	3,363	397	15,279	15,676
	Hispanic	49,584	6,387	244,471	250,858
	Native Hawaiian	56	3	165	168
	Oth Pacific Islander	100	18	408	426
	Unknown	1,618	32	2,348	2,380
	White	26,250	3,316	110,808	114,124
Female Total		**94,921**	**11,919**	**445,822**	**457,741**
Male	African-American	12,234	1,663	49,363	51,026
	Amer/Alaskan/Native	537	99	3,314	3,413
	Asian	2,669	357	9,549	9,906
	Hispanic	40,745	5,070	153,496	158,565
	Native Hawaiian	52	4	155	159
	Oth Pacific Islander	79	12	189	201
	Unknown	1,893	67	2,989	3,056
	White	29,961	4,708	111,601	116,309
Male Total		**88,170**	**11,980**	**330,656**	**342,635**
Grand Total		**183,091**	**23,899**	**776,478**	**800,376**

- Does not include Denver Public Health
- Evaluates users by last recorded visit in 2012. Does not take into account data entry errors.

Homeless Care and Costs

2012 Homeless Users, Visits and Charges

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

2011 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	5,308	36,473	$59,049,762.86
Male	9,468	57,166	$137,424,473.04
Totals	14,776	93,639	$196,474,235.90

2010 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	5,338	39,909	$54,073,166.31
Male	9,568	69,858	$113,848,922.98
Totals	14,906	$109,767	$167,922,089.29

Top 25 DRGs for MI Population
2012

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

Top 25 DRGs for MI Population
2011

DRG #	DRG Name	Total
885	PSYCHOSES	341
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O	120
603	CELLULITIS W/O MCC	95
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MC	88
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	86
313	CHEST PAIN	78
638	DIABETES W CC	73
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	65
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	62
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	54
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	52
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	52
378	G.I. HEMORRHAGE W CC	43
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	42
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	40
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	37
202	BRONCHITIS & ASTHMA W CC/MCC	36
685	ADMIT FOR RENAL DIALYSIS	35
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	34
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	31
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	29
101	SEIZURES W/O MCC	26
292	HEART FAILURE & SHOCK W CC	26
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	26
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	26

Appendix A-2

1.4 Performance Criteria

A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide). **RESPONSE: The utilization/hour rate system wide was 0.4757 for the year 2012.**

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	6:20	10.8	9:00	7:16	92.3	10:30	11:07	77.0

3. Responsibility of the City 911 Communications Center:
   A. **Data Analysis** – Response data are collected from the CAD system at the 911 Communications Center. Understanding that public policy decisions must be made using data that are as accurate and precise as is possible, the 911 Communications Center will analyze the stored data to provide useful EMS system performance information excluding data that has been identified in Paragraphs B and C below.

   B. **Inaccurate data** – The CAD Administrator will analyze performance data to identify data that are verifiably inaccurate, identified by annotation within the system. The CAD Administrator shall exclude such data from the analysis to the extent that they interfere with representative analysis, including the following data filters.
      - Eliminating all negative values
      - Eliminating all zero values except for First Unit Assigned/First Unit Enroute
      - Eliminating all durations in excess of 30 minutes for most data elements
      - Eliminating all durations in excess of 60 minutes from answer to arrival

   C. **Exclusions** – The CAD Administrator will exclude the following calls from the dataset for the purpose of analysis.
      i. Bad Address – The call-taker receives incorrect location information from the caller. A bad address may result in the responding unit being sent to an incorrect location, delaying response to the correct location.
      ii. Priority Change – Information changed during the response, resulting in an up- or downgrade of the response mode. Mixing non-emergency and emergency travel into a response time is unrepresentative of the response time.
      iii. Out of Jurisdiction -- Calls requesting emergency assistance to a location outside of the City and County of Denver. At DIA this may also include calls outside of the defined response area for paramedics assigned to DIA.
      iv. Duplicate Calls – It is not uncommon to receive and document several calls for the same incident in the CAD system. These accessory incidents are an indicator of dispatch activity, but not

overall system volume or activity and artificially increase the number of incidents managed in the system.

v. Test Calls – Some calls are entered into the system purely for personnel or system testing and training.

vi. Weather – Dangerous weather conditions are beyond the control of the responding agencies. Weather exemptions are based upon a collaborative decision by the Denver Fire Department and Authority Paramedic Division command personnel that the weather conditions pose hazards during responses, necessitating high levels of caution and slow speed. The durations of these weather emergencies are tracked and response times during those periods are exempted from response time calculations in the interest of response personnel and public safety.

vii. Additional Exclusions for DIA

a. Restricted access to areas within DIA's jurisdiction that cannot be easily accessed in a timely manner or to which the paramedic does not have authorized access without escort.

b. Limited visibility operations, as defined by DIA.

c. Paramedic responses to medically diverted or scheduled flights on which there is a medical emergency. Response time for such calls will be maintained but will be reported separately in the monthly report under excluded calls as required to be reported in Paragraph 7 below.

d. When paramedic responses are added as an additional service being requested, the time clock shall start when the paramedic is requested and not the time the event started.

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

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

A. The administration of aspirin to STEMI (cardiac alert) patients, unless contraindicated or a recent previous aspirin ingestion is documented.
RESPONSE: STEMI is a medical term for a common type of heart attack. Seventy-two of these heart attack patients were transported in 2012. Sixty-Eight (94.4%) received aspirin.
NOTE: 100% compliance with aspirin administration is not necessarily the desired goal. Each of the four 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 72 heart attack patients was 21.9 minutes in 2012. This is an improvement from 2011 by 0.40 minutes. 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. In addition, medical evidence suggests that at least three of the 72 patients would be expected to suffer a stroke, another heart attack and/or die in a less advanced EMS system. They survived, in large part, because of the treatment package that the Denver Health Paramedics routinely provide.

C. Transport ambulance scene time for trauma patient emergency transports.
RESPONSE: Eight Hundred Twenty-Five emergency (lights and siren) transports of trauma patients occurred in 2012. The average scene time for these patients was 8.7 minutes.
ADDITIONAL COMMENTS: According to the most recent peer-reviewed data that we have been able to find, the average scene time for all emergency trauma patients in urban EMS systems nationwide is approximately 13.4 minutes, so the Denver Health Paramedics perform especially well in this category.
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 825 emergency trauma patients, 820 (99.4%) were transported to an American College of Surgeons designated 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 five 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.
RESPONSE: Thirty-five patients were included in this cardiac arrest subset during 2012. There are 14 survivors (40.0%).
ADDITIONAL COMMENTS: The Denver Health Paramedic Division uses a database that includes cardiac arrest survival data from more than 40 cities around the nation. The survival rate from all cities in this national database is 13.6 percent below Denver's. Lowering Denver's survival rate to that of the national average would mean that about five the current survivors would not have lived.

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 9 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 9 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 9 minutes was 92.3%. 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 have 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 the first time in Denver Health Paramedic Division history, we received over 100,000 requests for service in 2012! This resulted in 91,705 total field responses and 64,502 patients being transported. The providers of the Denver Health Paramedic Division assisted in the delivery of 16 infants, cared for 6318 children, treated 8075 intoxicated patients, performed two emergent surgical airway procedures and participated in 33 Cardiac Alerts. The Paramedic Division also responded to and treated 1784 possible overdoses, 126 possible gun-shot wounds, and 559 possible strokes.

Appendix A-3
1.4 Performance Criteria

A. Monitor, investigate, and submit quarterly reports of the number of cases of all Colorado Board of Health reportable communicable diseases. Communicable disease and public health specialty consultation will be available 24 hours a day, 7 days per week.
RESPONSE: Quarterly reports were submitted with the case numbers of communicable diseases based on monitoring and investigating outbreaks. Infectious disease, Public Health epidemiology and communicable disease specialty consultations were available 24 hours a day, 7 days a week.

B. Collaborate with Denver Environmental Health and other public health agencies in outbreak investigations of food borne/enteric illness, childcare facilities and long term care facilities.
RESPONSE: Public Health and Denver Environmental Health collaborated on the epidemiological and site-based investigations of multiple outbreaks.

C. Provide immunizations to City and County of Denver residents on a walk-in basis Monday through Friday and immunize children at the appropriate age in neighborhoods with low immunization rates to the extent available by funding. Provide comprehensive travel health services including immunizations.
RESPONSE: Immunizations were available to the public on a walk-in basis, Monday through Friday, 8 a.m. to 4:30 p.m. Immunization clinics were conducted in various communities around the city of Denver, focusing on neighborhoods with the lowest incidence of immunization compliance. 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, 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.

E. Work in collaboration with the City, Department of Environmental Health to develop a health profile using Healthy People 2012 categorical data and other health information for the City and County of Denver annually.
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 has been presented to various boards, community groups, and City council members

F. Work with the Denver Office of Emergency Management and the Department of Environmental Health in developing, planning and exercising the public and

environmental health support functions under the Emergency Support Function 8 and related ESFs in the City and County of Denver's Emergency Operation Plan. Contribute to the City and County of Denver Office of Emergency Management to efficiently plan and respond to events, disasters, and other public health emergencies in Denver.
RESPONSE: Working cooperatively with city agencies, Denver Public Health participated in the development, planning and exercising of the ESF 8 functions.

G. Provide sexually-transmitted infection diagnosis, surveillance and treatment Monday through Friday in the Sexually Transmitted Disease Clinic and outreach clinics to high risk populations in the community.
RESPONSE: Clinical services were available to the public on an appointment and walk-in basis Monday through Friday, offering the diagnosis, surveillance and treatment of sexually transmitted infections and the linkage to care of those with HIV/AIDS. Outreach testing and clinics were provided throughout the community focusing on populations with the highest degree of risk for infection.

H. 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.

I. 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.

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

Reportable Communicable diseases
- Number of outbreak investigations and a general report on outcome of investigations
- Number of HIV and STD high risk participants screened in outreach efforts

Total Patient Encounters in ID/AIDS clinic
- Percent of HIV/AIDS patients requiring hospitalization
- Cases of perinatal HIV transmission

Total vaccinations
- Child less than 19 years of age
- Adult vaccinations
- Travel vaccinations

Total STD clinic visits
- Comprehensive STD visits
- Express STD visits
- HIV counseling and testing

Total TB visits
- Number new TB cases
- Number of patients with new/suspected TB started on treatment and percent completed treatment
- Number of high risk patients screened for latent TB
- Number of latent TB patients started on treatment and percent completed

Total birth and death certificates registered
- Certified copies issued
- Paternity additions and corrections

RESPONSE:
Quarterly reporting of volumes submitted to City. Summary of all four quarters below along with prior year totals.

PUBLIC HEALTH SERVICES	2010	2011	2012
Patient Encounters - Infectious Disease Clinic	17,185	16,366	17,295
Birth and Death Certificates Registered	4,469	4,720	4,461
Certified Copies Issued	67,318	66,088	61,503
New TB Cases	48	42	38
Patient Encounters - TB Clinic	11,062	11,307	9,569
STD Clinic Visits	16,893	15,930	15,735
Total Immunization Visits	15,307	9,595	9,294
Total Vaccinations Provided	28,365	19,327	19,028

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

L. The Department of Public Health of the Authority will work with the Department of Environmental Health in the development of an annual public health report for the residents of Denver describing the full range of public health services and resources provided by or available through their departments or in cooperation with other agencies and their community partners. This report will be a public health educational brochure and provide basic public health information, focusing on preventative measures and strategies and promoting healthy lifestyles. To keep the information current and improve on this annual public health report each year, the Department of Environmental Health and the Department of Public Health will cooperate in gathering and assessing public health information relevant to Denver's residents. As the Department of Public Health and the Department of Environmental Health improve their information systems and data collection capabilities, the annual report will also include public health statistical data for the reporting year by county, gender and ethnicity, and to the extent available, by census tract or zip code for Denver residents. If possible, the Department of Public Health and the Department of Environmental Health will work with the City's Human Services Department and provide a separate report summarizing the same data for the homeless population. The first annual report was issued to the public in 2006. Subsequent annual reports will be produced each calendar year.
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 has been presented to various boards, community groups, and City council members, Six community forums were also held in 2012 to share the profile data and gather feedback for the Community Health Improvement Plan which will focus on Access to Care, specifically Behavioral Health Care, and Healthy Eating and Active Living (HEAL). Work on the Community Health Improvement Plan replaced the development of an annual health report for the residents of Denver in 2012.

M. As part of the annual public health report or as a separate report, the Authority's Department of Public Health will work with the Department of Environmental Health to collect, compile, assess and prepare a bi-annual report based on existing data for Denver County (based on the Health Status of Denver reports prepared in 2006 and 2008) for distribution to the public. As required under the 2008 Public Health Act, the Authority's Department of Public Health and Denver's Department of Environmental Health will either supplement or substitute their bi-annual Health Status of Denver report with a "community health assessment" to support their work under Denver Public Health Improvement Plan.
RESPONSE: The next community health assessment report will be conducted in 2014 in accordance with the 2008 Public Health Act which requires a community health assessment every three years. Work on the Community Health Improvement Plan replaced the development of an annual health report for the residents of Denver in 2012.

N. 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.

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. offered all women of child-bearing age a pregnancy test; those testing positive were referred to women's services. For 2012, 1957 women aged 18-50 were admitted to CARES, 649 pregnancy tests were offered, 53 pregnancy tests were given, and 1 pregnancy test was 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. A goal of 35 minutes will be set for contract year 2012 based on available resources.
RESPONSE: **In 2012, our average response time to calls without standby was 30:14 and the response time to clients with public safety personnel standing by was 19:04. The overall average response time to all calls was 25:08.**

C. Average length of stay will be 36 hours or less.
RESPONSE: The 2012 average length of stay was 24.3 hours for Detox/DUI clients

D. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:
- Shelter: Average Daily Census
- Detoxification: Average Daily Census
- DUI Program: Patient Encounters
- Emergency Services Patrol:
  - Average Response Time
  - Number of clients picked up per shift
- Number of clients admitted for the first time
- Number of clients admitted more than one time for the program year
- Number of admissions of homeless clients
- Number of clients who did not pay any charges due for services rendered
- Number of veterans entering Denver C.A.R.E.S.
- Number of veterans admitted to the Denver Veterans 1st program
- Number of veterans completing the Transitional Residential Treatment part of the Denver Veterans 1st program and Denver C.A.R.E.S.

Denver C.A.R.E.S. Services	2010	2011	2012
Shelter/Detox Program: Average Daily Census	59.4	72.0	75.5
Outpatient Counseling: Patient Encounters	21,696	26,294	27,643
DUI Program: Patient Encounters	1737	941	537
Emergency Services Patrol: Average Response Time in Minutes	18:44	20:51	25.08
Number of Clients Picked Up Per Shift	13.9	11.4	11.3
Number of Clients Admitted for the First Time	5,332	5,152	5,310
Number of Clients Admitted More Than One Time for the Program Year	2,146	2,112	2,463
Number of Admission of Homeless Clients	12,923	16,985	18,171
Number of Clients Who Did Not Pay Any Charges Due for Services Rendered	7,388	7,224	7,297
Number of Veterans Entering Denver C.A.R.E.S.	1761	1917	2231
Number of Veterans Admitted to the Denver Veterans 1st Program	41	37	44
Number of Veterans Completing the Transitional Residential Treatment Part of the Denver Veterans 1st Program and Denver C.A.R.E.S.	21	17	25

E. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which in dicates 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.

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

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

2011 Scheduled Shifts=8,350 hours; 9,515 clients were transported (11.4 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

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
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

2010 Scheduled Shifts=5,090 hours; 7,053 clients were transported (13.9 per shift average).

Shift	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Day (V1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Cover (V3)	14	12	12	14	13	12	15	12	13	10	8	9	144
Night (V2)	31	28	31	30	31	30	31	31	30	31	30	31	365
Total	45	40	43	44	44	42	46	43	43	41	38	40	509

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 2012:

RETURN

RETURN, an 18-bed transitional residential treatment program for men and women located at Denver C.A.R.E.S., has been providing substance abuse treatment and case management to homeless clients since November 2005.

2012 Outcomes

- **70 clients (57) unique clients) have received services since the beginning of 2012.**
  - **11 were enrolled in the program at the end of the year.**
  - **29 successfully completed the program and moved into stable housing situations.**

- **8 successfully completed the program and moved into a temporary housing situation.**
- **3 successfully completed the program, but their destination is unknown.**
- **2 transferred to another facility for further treatment.**
- **17 refused treatment and left the program.**

Cumulative Outcomes

- **468 clients (377 unique clients) have received services since the inception of the program.**
  - **11 were enrolled in the program at the end of the year.**
  - **172 successfully completed the program and moved into stable housing situations.**
  - **26 successfully completed the program and moved into temporary housing situations.**
  - **20 successfully completed the program, but their destination is unknown.**
  - **38 transferred to another facility for further treatment.**
  - **201 refused treatment and left the program**

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

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

2012 Outcomes

- **55 clients (51 unique clients) have received services since the beginning of 2012.**
  - **11 were enrolled in the program at the end the year.**
  - **20 successfully completed the program and moved into stable housing situations.**
  - **1 successfully completed the program and moved into a temporary housing situation.**
  - **4 successfully completed the program, but their destination is unknown.**
  - **1 transferred to another facility for further treatment.**
  - **1 voluntarily accepted to comply with a brief incarceration.**
  - **17 refused treatment and left the program.**

Cumulative Outcomes

- **231 clients (201 unique clients) have received services since the inception of the program.**
  - **11 were enrolled in the program at the end of 2012.**
  - **55 successfully completed the program and moved into stable housing situations.**
  - **21 successfully completed the program and moved into a temporary housing situation.**
  - **20 successfully completed the program, but their destination is unknown.**
  - **6 transferred to another facility for further treatment.**
  - **115 refused treatment and left the program.**
  - **1 transferred to psychiatric hospital.**
  - **1 voluntarily accepted to comply with a brief incarceration.**

- **1 client was deemed ineligible by the VA and chose to leave rather than wait for further treatment placement.**

CHaRTS

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

2012 Outcomes

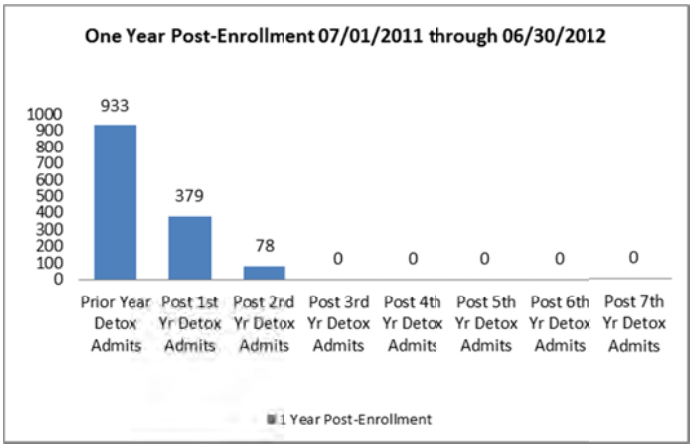
- **32 clients (31 unique clients) have received services since the beginning of 2012.**
  - **17 were enrolled in the program at the end of 2012.**
  - **8 successfully completed the program and moved into stable housing situations**
  - **1 deceased**
  - **6 refused services and left the program.**

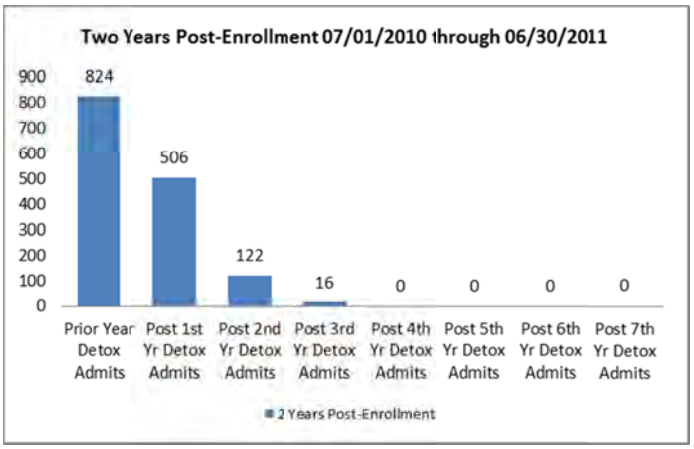
Cumulative Outcomes

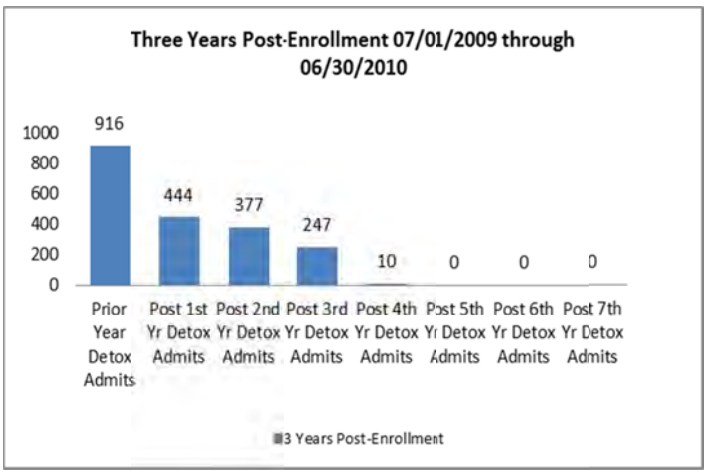
- **125 clients (120 unique clients) have received services since the inception of the program.**
  - **17 were enrolled in the program at the end of 4th quarter of 2012 (2 in residential treatment, 15 in transitional housing).**
  - **24 successfully completed the program and moved into stable housing situations.**
  - **6 transferred to another facility for further treatment.**
  - **4 deceased**
  - **74 refused services and left the program.**

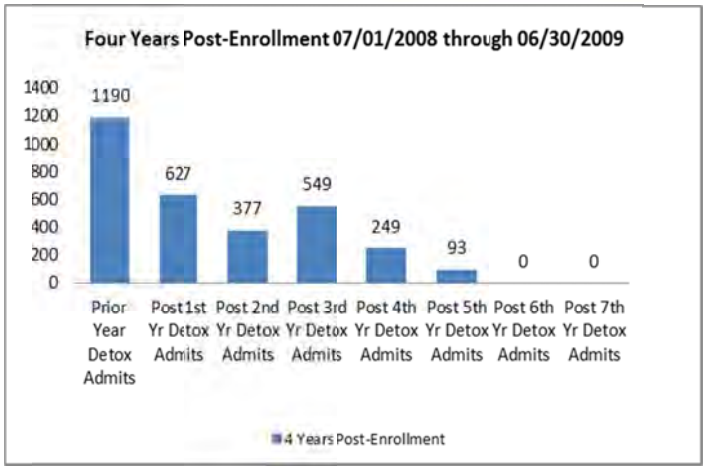
Overall Impact of Denver C.A.R.E.S. Treatment Programs on Detox

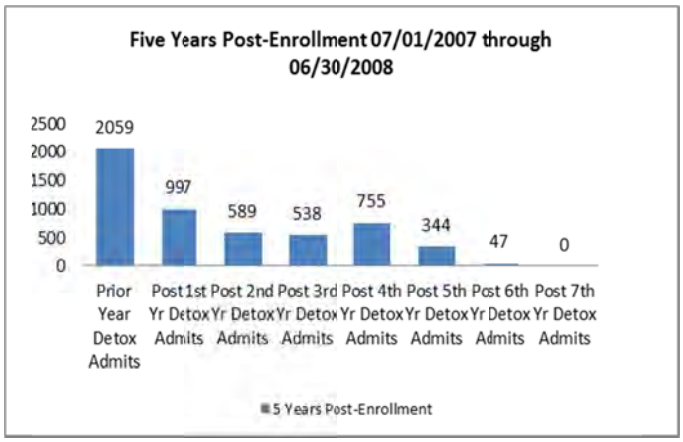
- **The 571 clients who entered treatment more than one year ago have shown a 59% reduction in detox admissions during the past year.**
- **The 488 clients who entered treatment more than two years ago have shown an 85% reduction in detox admissions during the past year.**
- **The 438 clients who entered treatment more than three years ago have shown a 73% reduction in detox admissions during the past year.**
- **The 342 clients who entered treatment more than four years ago have shown a 79% reduction in detox admissions during the past year.**
- **The 256 clients who entered treatment more than five years ago have shown an 83% reduction in detox admissions during the past year.**
- **The 174 clients who entered treatment more than six years ago have shown an 87% reduction in detox admissions during the past year.**
- **The 68 clients who entered treatment more than seven years ago have shown an 88% reduction in detox admissions during the past year.**

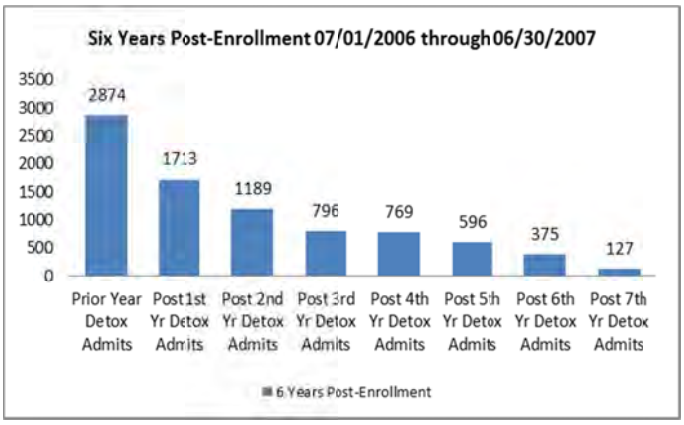

One Year Post-Enrollment 07/01/2011 through 06/30/2012
1000
900
800
700
600
500
400
300
200
100
0
933
379
78
0
0
0
0
0
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
1 Year Post-Enrollment

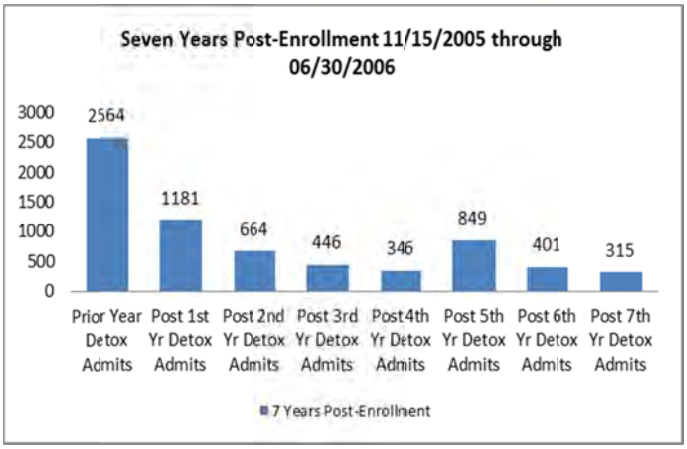

Two Years Post-Enrollment 07/01/2010 through 06/30/2011
900
800
700
600
500
400
300
200
100
0
824
506
122
16
0
0
0
0
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
2 Years Post-Enrollment


Three Years Post-Enrollment 07/01/2009 through 06/30/2010
1000
800
600
400
200
0
916
444
377
247
10
0
0
0
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
3 Years Post-Enrollment


Four Years Post-Enrollment 07/01/2008 through 06/30/2009
1400
1200
1000
800
600
400
200
0
1190
627
377
549
249
93
0
0
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
4 Years Post-Enrollment


Five Years Post-Enrollment 07/01/2007 through 06/30/2008
2500
2000
1500
1000
500
0
2059
997
589
538
755
344
47
0
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
5 Years Post-Enrollment


Six Years Post-Enrollment 07/01/2006 through 06/30/2007
3500
3000
2500
2000
1500
1000
500
0
2874
1713
1189
796
769
596
375
127
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post 4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
6 Years Post-Enrollment


Seven Years Post-Enrollment 11/15/2005 through 06/30/2006
3000
2500
2000
1500
1000
500
0
2564
1181
664
446
346
849
401
315
Prior Year Detox Admits
Post 1st Yr Detox Admits
Post 2nd Yr Detox Admits
Post 3rd Yr Detox Admits
Post4th Yr Detox Admits
Post 5th Yr Detox Admits
Post 6th Yr Detox Admits
Post 7th Yr Detox Admits
7 Years Post-Enrollment

Appendix A-5
1.5 Performance Criteria

A. On the average, 60% of the methadone clients will have "clean" urine tests.
Response: In 2012, 67% of the urine toxicology screens of methadone treatment patients were negative.

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.
Response: In 2012, all patients were offered same day evaluations. Outpatient Behavioral Health Services completed 917 triage assessments, and 492 comprehensive evaluation admissions on the substance treatment teams.

C. Ninety percent of infants delivered by women in treatment as part of the Special Connections program will be free of any illicit substances. Twenty Special Connections women will be in treatment in this Fiscal Year.
Response: The total number of pregnant women enrolled in Outpatient Behavioral Health Services substance treatment services was 28 in 2012. There were 15 reported births during this time period. Of those 15 births, 12 of them, or 80% were negative for illicit substances.

D. Eighty percent of clients admitted to HIV Intervention Services will realize continued medical care as well as a reduction in use of either alcohol or illicit drugs. Approximately 50 to 60 clients will be admitted in this Fiscal Year.
Response: 45 HIV + patients were enrolled into Outpatient Behavioral Health Services (OBHS) during contract year 2011-2012. All HIV + patients were case managed and referred to appropriate medical care to manage their condition. 51% of this patient population reported a reduction of their substance abuse at discharge. 47% of discharged patients reported moderate to high treatment goal achievement.

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.
Response: 83 patients received treatment in the Women and Family Services (WFS) program in 2012. Access to PAP smears, mammograms, and immunizations were made available and encouraged to 100% of the patient population.

Appendix A-6
1.6 Performance Criteria and Reports

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

Response: The Correctional Care Medical Facility (CCMF) continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. Twenty-one beds, five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated six 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 2012, the CCMF unit provided care and DSD services for 1103 discharges (Denver 396), 3743 total hospital days for all jurisdictions and 2119 for Denver; the average length of inpatient stay was 3.4 days for all jurisdictions and 5.35 for Denver. There were also 3792 specialty outpatient visits provided to various jurisdictions through the CCMF outpatient clinic and 794 to Denver patients.

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 payer, credits/debits to City;
v. daily DONX reports showing account detail of current hospitalization for each patient; and,
vi. within 60 days, a monthly A-6 report and B-5 report as agreed upon by the City and DHHA.

Response: During 2012, all the above listed reports have been submitted to the Denver Sheriff's Department. A daily census is provided. Reports on special projects are also included in the UM reports such as Specialty Clinic Utilization Report and Physician Billing.

C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of

representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.
Response: During 2012, Denver Health continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the Denver Sheriff's Department and Denver Health.

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

Appendix A-8

1.3 Performance Criteria

A. The Health Plan will meet all performance standards defined by the City for other health plans offered to employees.
RESPONSE: The Health Plan met all performance standards except as noted in the tables below.

B. Health Employer Data Information Set, National Center for Quality Assurance standards will be used.
RESULTS:
Analysis of 2012 HEDIS results:
Seven of the 10 best HEDIS measures were above the HEDIS 50th percentile and three HEDIS measures (numbers 2-11) were below the HEDIS 50th percentile:
Diabetic care related to: A1C<8 and LDL <100
Blood pressure control

The Quality Improvement department is planning to work more closely with the Level One Provider Clinic (LOP) on improving these measures since a majority of members utilize this clinic. The LOP recently hired a new RN Program Manager so planning will occur within the next quarter.

HEDIS Measures	2011 HEDIS Results	2012 HEDIS Results	2011 HEDIS 50th percentile
1. Breast Cancer Screening (42-69 y/o)	60.6%	61.3% ↓ 50th	70.7%
2. Adult BMI Assessments	90.5%	78.3% ↑ 50th	49.74%
3. Childhood Immunizations Combo 2	87.1%	81.5% ↑ 50th	79.6%
4. Childhood Immunizations Combo 3	85.7%	78.9% ↑ 50th	75.8%
5. Diabetic HbA1c <8	49.6%	46.28% ↓ 50th	63.5%
6. Diabetic LDL <100	45.9%	44.6% ↓ 50th	48%
7. Diabetic BP < 140/80 *new for 2011	50.9%	49.1% ↑ 50th	43.1%
8. Diabetic BP < 140/90	70.3%	68.2% ↑ 50th	67%
7. Controlling High Blood Pressure 18-85 y/o	65.2%	63.7% ↓ 50th	65.2%
10. Appropriate Treatment of Children with URI	88.4%	91.5% ↑ 50th	86.5%
11. Appropriate Testing of Pharyngitis	60.6%	92.5% ↑ 50th	79.7%

CAHPS Questions	**2011 CAHPS**	**2012 CAHPS**	**2011 NCQA Quality Compass Mean**
***Question 42** Overall Rating of Health Plan-based on 0-10 with ten being the highest The score is % of 8, 9, 10	57%	65% ↑ Mean	64.1%
Question 44 % respondents who responded "yes" to the question: had a flu shot since September 2011?	72%	81% ↑ Mean	52.53%
***Question 12** Overall Rating of Health Care Report Score 8, 9, 10	65%	68.5% ↓ Mean	76.6%
Question 23 Getting to see a specialist: response of usually/always	57%	59.6% ↓ Mean	83.85%
Question 27 Ease of getting needed care, tests, or treatment Response of: Always/Usually	79%	77.8% ↓ Mean	87.87%
Doctor Communication consists of the following 4 questions			
Question 15 In the past 12 months, how often did your personal doctor explain things in a way that was easy to understand?	95%	94.6% = Mean	94.83%
Question 16 In the past 12 months, how often did your personal doctor listen to you carefully?	92%	92.4% ↓ Mean	93.84%
Question 17 In the past 12 months, how often did your personal doctor show respect for what you had to say?	93%	94.6% ↓ Mean	95.29%
Question 18 In the past 12 months, how often did your personal doctor spend enough time with you? Report Score: Always/Usually	89%	88% ↓ Mean	91.60%

Analysis:

From the above 10 CAHPS scores, out of the 7 best questions 2 were above the Quality Compass mean and 1 was equal to the mean and four were below the NCQA Quality Compass Mean.

The results of the CAHPS surveys have been reviewed and discussed with the DHMP Medical Management Committee, DHMP Access Committee, DHHA Executive Staff and the DHMP Board of Directors. The goal of these discussions is to identify an action plan to improve member satisfaction. Within the Denver Health system, the Centralized Appointment Center was started in 2010 to provide appointments for primary care and was expanded to specialty care in 2011.

In January of 2011, a monthly DHMP Access meeting was implemented with key leaders within Community Health Services (CHS), the Director of the Specialty Clinics, and the Centralized Appointment Center. These meetings have been productive and collaborative in nature with problem solving, process improvement and the sharing of data. DHMP members are given a priority status for appointments and if no appointments are available within established standards then an out of network referral will be provided to the member.

Denver Health continues to hire primary care providers in all of the family health care centers to improve access and availability for members. Three clinics including Level One have added Saturday morning hours for primary care appointments.

C. The membership disenrollment rate will not exceed 10% in any given year.
The membership disenrollment rate for 2012 was 0. DHMP's membership grew by 1.03% last year.

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 phone services 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 Poison Center was re-certified in 2012 by the American Association of Poison Control Centers. The certification is effective through 2017.

D. The Center will provide public education in the Denver Metro Area.
RESPONSE: Rocky Mountain Poison Center distributed more than 6,000 public education materials on poison prevention for humans and animals, in Spanish and English, in the Denver metro area in 2012.

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: This criterion has been met, confirmed by direct observation sampling.

F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous fiscal year:
Number of calls from Denver County and total State calls for:
Poison Center
Drug Consultation Center

RESPONSE:

Total Calls	Denver 2010	State 2010	Denver 2011	State 2011	Denver 2012	State 2012
Poison Center	10,754	75,705	13,043[2]	90,213[2]	15,863[2]	100,214[2]
Drug Consultation Center	490	96,071**[1]	401	103,095**[1]	481	73,292**[1]

** Combined Denver County, state and out-of-state calls and electronic responses.
1 Client base changes annually since 2009.
2 Includes poison center calls and public health emergency service calls (COHELP)

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

RESPONSE:

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

Appendix A-10
1.4 Performance Criteria

A. Laboratory Turn Around Time (TAT). The TAT for laboratory testing services 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 in 2012 with a 24 to 72 hour completion of assays.

   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 in 2012 with a completion of all routine microbiology cultures in 5 days or less.

   4. Routine Histology slides shall be available within seven (7) days following specimen receipt by DPLS.
      RESPONSE: Turnaround times were met in 2012 with 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 seven (7) business days following specimen receipt by DPLS.
      RESPONSE: Turnaround times were met in 2012 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 2012 where 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 2012 where 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 in 2012 where the Director of Pathology and Laboratory Services was notified by the office of the Medical Examiner.

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.
RESPONSE: In 2012, all testing performed in house were billed to the city utilizing a cost to charge ratio, testing that was sent to reference labs was arranged to be billed at a rate that was half of what the Coroner's office could obtain from the same reference laboratory, since our volume discounts for the service could be realized.

Appendix B-1
1.4 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 could schedule appointments within thirty 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 could be 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 could complete written reports for Court-ordered evaluations within two weeks. For patients referred for treatment, Authority staff could provide progress reports and treatment plans within the time frames specified as requested. Authority staff could 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 could provide 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 could either attend appointments for psycho-diagnostic testing with their clients or provide 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.

Appendix B-2

1.4 Performance Criteria

A. Examination of Children in Shelter Placement.

(i) All children in residence at the FCC will be examined at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect. The medical staff will also provide episodic care for these children as needed.

RESPONSE:

- **217 children were examined upon admission for residence in the FCC.**
- **1,763 medical assistant/health care partner contacts were made on all children seen at the FCC.**
- **83 patient encounters for immunization administration and/or laboratory draws occurred involving children seen at the FCC.**
- **405 physician/physician assistant/nurse practitioner examinations for illness or injury were performed on children admitted for shelter or residential treatment at the FCC.**

(ii) All children placed in out of home care by DDHS for abuse and neglect will be examined as soon as possible at the FCC, Monday through Friday, by a consistent team of medical practitioners with expertise in the field of child abuse and neglect.

RESPONSE:

- **212 children were examined at the FCC for 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.

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

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.

RESPONSE: The medical providers at the Family Crisis Center (FCC) regularly provide consultation support for Denver Health's Emergency Center for Children (DECC), the Pediatric inpatient unit, and the Community Health clinics in addition to the Denver Department of Human Services and the Denver Police Department.

- **212 children were examined at the FCC for abuse and neglect upon admission to out of home placement.**
- **963 outpatient examinations were performed at the FCC for evaluation of sexual abuse, physical abuse or neglect, at the request of Denver Department of Human Services workers, agency physicians and law enforcement.**
- **95 consultations (both inpatient and outpatient) were performed by the FCC medical staff upon request of agency physicians, law enforcement and Denver Department of Human Services workers.**
- **The FCC physician takes 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.**

(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) Any disagreement between medical staff assigned under this contract and Human Services' staff regarding the need for a medical assessment, will be addressed at the monthly meeting of the FCC management team, which has representatives from the Authority, DHS, law enforcement, and the DA's office.
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.

C. 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 medical team provided consultation and expertise to attorneys on many cases and actually testified on 7 occasions during 2012, while the physician assistant testified 5 times, and the nurse practitioner testified 6 times.

Appendix B-4

1.5 Performance Criteria

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	2010	2011	2012
Workers' Compensation Encounters	5,993	5,581	5,456
Initial Visits (new workers' comp cases)	1,487	1,370	1,359
Follow-up Visits (workers' comp)	4,506	4,211	4,097
Emergency Room Visits (CSA only)	293	225	173
Referrals	2,060	1,824	1,455

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

- **Abdomen:**
  - **Average: 69**
  - **Median: 69**
- **Ankle:**
  - **Average: 67**
  - **Median: 34**
- **Arm:**
  - **Average: 53**
  - **Median: 18**
- **Back:**
  - **Average: 112**
  - **Median: 32**
- **Brain:**
  - **Average: 34**
  - **Median: 34**

- **Eye:**
  - **Average: 5**
  - **Median: 3**
- **Foot:**
  - **Average: 74**
  - **Median: 13**
- **Hand:**
  - **Average: 64**
  - **Median: 11**
- **Knee:**
  - **Average: 115**
  - **Median: 24**
- **Leg:**
  - **Average: 76**
  - **Median: 13**
- **Multiple:**
  - **Average: 123**
  - **Median: 38**
- **Neck:**
  - **Average: 167**
  - **Median: 111**
- **Shoulder:**
  - **Average: 154**
  - **Median: 70**
- **Wrist:**
  - **Average: 78**
  - **Median: 21**

Total MMI averaged days = 85

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.

COSH NON WORKERS COMPENSATION ENCOUNTERS BY DEPARTMENT - 2012

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
ANIMAL CONTROL		2							1	1		1	5
ASSESSMENT DIVISION													0
AUDITOR													0
BUDGET MANAGEMENT													0
BUILDING MANAGEMENT													0
CITY ATTORNEY													0
CITY COUNCIL													0
CIVIL SERVICE								1					1
CLERK & RECORDER													0
COUNTY COURT	3	1		1									5
CP&D													0
CSA								1					1
DAM												1	1
DDHS	1		1	2	6	2	8	14	6	2	1	6	49
DEH													0
DENVER FIRE	34	11	11	517	17	91	5	8	7	6	10	13	730
DENVER LIBRARY	4	3	5	2	7	13	6	8	6	7	4	7	72
DENVER POLICE	8	15	11	22	14	15	12	7	3	8	13	5	133
DENVER SHERIFF	16	12	7	3	9	7	6	18	6	17	17	3	121
DEPT OF LAW													0
DISTRICT ATTORNEY					1								1
DMV													0
EXCISE & LICENSE													0
GENERAL SERVICES					1		3	2	5	4	1	2	18
MANAGER OF SAFETY			1				23		2				26
MAYOR'S OFFICE													0
MISCELLANEOUS													0
PARKS & REC	35	19	106	126	153	73	49	44	28	57	14	24	728
POB													0
PUBLIC WORKS	70	74	68	49	69	82	89	75	72	54	69	49	820
PURCHASING													0
RISK MANAGEMENT													0
SAFE CITY	4												4
TECHNOLOGY SERVICES													0
TELE SVCS CHANNEL 8													0
THEATRES & ARENAS						55	3	11	7	6	1	2	85
TREASURY													0
WELLNESS CENTER													0
TOTAL	**175**	**137**	**210**	**722**	**277**	**338**	**204**	**189**	**143**	**162**	**130**	**113**	**2800**

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

C. Other Requested Reports: COSH shall provide such other reports as requested by Risk Management office to quantify services and workloads, evaluate performance, and identify achievement of best practices.
RESPONSE: No reports were requested from the Risk Management Office.

Appendix B-5

1.1 Provision of Medical Services:

A. Scope of Services. The Authority shall oversee and provide the City with onsite medical services at the Denver County Jail and Downtown Detention Center ("DDC"), including physical examination, dental examination and x-ray (dental x-ray only at DDC), pharmacy, TB screening program, first aid for jail employees, inmates, and visitors, behavioral health care, mental health assessments, radiology (radiology only at DDC), long term intravenous antibiotics (only at DDC), medical oversight of negative air rooms (only at DDC), wound vacs (only at DDC), and EKGs. All acute and chronic medical care as appropriate, dental and mental health services will meet the National Commission on Correctional Health Care ("NCCHC") standards and American Correctional Association ("ACA") standards through certification or audit by the City and maintain accreditation.
Response: The Health Services Staff employed by Denver Health, located at the Denver County Jail and Downtown Detention Facility, provided all the services listed above.

(i) The Authority will be responsible for issuing all prescriptions and will be open for inspection as requested by the City and the State Board of Pharmacy.
RESPONSE: Denver Health was responsible for prescriptions in 2012 and met the City and State Board of Pharmacy inspections.

(ii) As set forth in Appendix A-6, the Authority shall be responsible for the development, implementation and ongoing maintenance of a Correctional Care System and Utilization Management Program specific for the Denver City and County offender population, the components of which shall be an Utilization Management Program, with a mission statement, goals and objectives, scope, structure and accountability, medical management process and activities, role of the UM committee and other components as agreed to between the City and the Authority. The UM Program shall also be applied at DDC and the County Jail.
RESPONSE: The Denver Health Correctional Care Utilization Management Program in coordination with the Denver Sheriff's Department drafted a 2012 Utilization Management Plan outlining all the components listed in Section B-5- 1.1-A- (ii).

(iii). The Authority shall provide nursing and physician staff as required to meet NCCHC standards which require a written staffing plan to assure that a sufficient number of qualified health personnel of varying types is available to provide adequate evaluation and treatment consistent with contemporary standards of care. The Authority shall review this staffing plan annually. Current staffing will be maintained unless changes are agreed upon in writing by both the City and the Authority.

One physician and one psychiatrist shall be on call twenty-four hours per day, 365 days per year, to answer medical and psychiatric questions related to inmate care. Onsite physician coverage shall be provided at least five (5) days per week, every

week at DDC and three (3) days per week at DCJ with hours as appropriate. Scheduling for these onsite visits will take into consideration a time period that does not interfere with other jail activities and is consistent every day. The physician will stay onsite until the inmate referrals are evaluated and treated, and physician charting is completed.

The Authority shall provide qualified medical records staff to operate and maintain a medical records department and pharmacy staff to operate an onsite pharmacy service.

The Authority shall provide a Nurse Manager position or its equivalent to oversee nursing functions at the County Jail and at DDC.
RESPONSE: Requirements for staffing and services outlined in Section B-5-1.1-A- (iii) were met by Denver Health in 2012

B. The Authority and the City agree that as it pertains to the areas located at the Denver County Jail, including the DDC, the Denver Health staff located there will be the primary response team for medical emergencies. However, the emergency 911 system shall be the primary response team for medical emergencies occurring in the DDC DUI room, at the courthouse, and in the adjoining tunnel between the DDC and the courthouse.
RESPONSE: **Health services were the primary responders of medical emergencies at the Denver County Jail and the DDC. The emergency 911 system was the primary response team for medical emergencies occurring in the DDC DUI room, at the courthouse, and in the adjoining tunnel between the DDC and the courthouse.**

C. The City and the Authority agree to study the feasibility of billing for services at the jail and at the DDC.
RESPONSE: The City and Authority have agreed upon the best billing practice for hospital services provided to prisoners coming from the Denver County Jail and Denver Detention Center. The Authority charges the costs to the city for the health services provided at the Denver County Jail and the Denver Detention Center.

1.2 Authority of the Director of Corrections and Undersheriff

A. The Director of Corrections and Undersheriff is the official City Representative for Appendix B-5 of this Agreement. Communication between the City and the Authority shall be directed through the Undersheriff or such other representative as the Undersheriff shall designate.
RESPONSE: No response needed.

B. All personnel are under the jurisdiction of the Sheriff's Department while onsite at the Denver County Jail ("DCJ") and the DDC for security and security training purposes, but not health procedures. All personnel must comply with security clearance requirements and training of the Sheriff's Department. All personnel must

comply with the applicable Denver Sheriff's Department Rules and Regulations regarding security.
Response: All personnel on the Denver Sheriff AU completed the security clearance requirements and a first day security orientation

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;
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 of health care personnel and specific jail assignments of specific days upon request by the Jail Administrator.
RESPONSE: (Section B-5- 1.6 (A-D)
All of the above reports, meetings, schedules and statistics, were available and provided to a variety of stakeholders during 2011. 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; Mortality Review Committee minutes; and Quality Improvement Committee meetings. Additional reports have also been provided to the Denver Sheriff's Department throughout 2012, 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.

1.8 **Ownership, Custody and Access To Records:**
The Authority shall create and maintain medical records for Denver County Jail and DDC patients. All such medical records shall be created and maintained in accordance with the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) standards. The City agrees that the medical records will be maintained in an electronic format in a separate jail medical record system. Additionally, it is understood and agreed that all patient charts, medical files for treatment at Denver City Jail and DDC and other records other than billing, personnel, and time records prepared or utilized by the Authority and its physicians in the course of performing its services under this Agreement are not the property of the Authority or its physicians and shall remain in the custody of the City which shall retain them for at least 10 years, provided however, that

the Authority and its physicians shall have full access to such records through the term of this Agreement for the purpose of performing its services hereunder and thereafter, shall continue to have access for the purpose of defending a professional liability action or any audit or claim by an insurer, accreditation organization, governmental agency or other party. Should the City decide to dispose of any such records after ten (10) years, the City shall offer such records to the Authority in writing at least thirty (30) days prior to their destruction. If the Authority accepts such records, they shall become the sole property of the Authority. The medical record can become part of the integrated medical record in the hospital system. Medical records of prisoners of the Denver County Jail and DDC for treatment occurring at Denver Health and Denver Health Medical Center are considered to be the same as any other patient record at Denver Health. The City agrees it does not own any prisoner-patient records or information kept or maintained by Authority health care providers for treatment provided to a prisoner-patient while he or she is not in the custody of the City's Sheriff Department.

For services at the DDC infirmary which require a professional consultation from a provider at Denver Health Medical Center such as radiology, EKGs, and dental x-rays, the Authority may charge the City a professional consulting fee but no facility component charge. The consultation reports for these services shall be the property of the Authority with access for the City's Sheriff Department as provided by law.

The City is responsible for transporting inmate medical records to and from the DDC and the Denver County Jail to ensure the record follows the prisoner to each facility. The City will provide adequate notification as agreed upon by both parties to the Authority health services staff in the jails of prisoners who are scheduled to be transported to another Denver Jail Facility in order to coordinate the transport of the prisoner's medical record. The Authority staff and the City will verify that the medical record of the prisoner is obtained and ready to be transported with the prisoner prior to leaving the original jail setting. The transport of medical records will occur in a secure manner to ensure HIPAA compliance is maintained.

The Authority is responsible for credentialing of all medical personnel providing services under this Agreement. Any records pertaining to credentialing, peer review or similar activities are the property of the Authority.

RESPONSE: Health information records at the Downtown Detention Facility and the Denver County Jail were maintained in accordance with National Commission of Correctional Health Care standards and the contract during 2012. The new jail management system, which includes an electronic health records component, was not implemented in 2012. The City has entered into a contractual arrangement with Syscon to provide these services. The City and Denver Health will be working to implement and integrate phases of the electronic health record system during 2013 but without an appropriate scanning module and effective resolution to identified Syscon Health record issues in the jail management system the roll-out will remain limited. All health services providers providing services at the Downtown Detention Facility and the Denver County Jail in 2012 were, and are, credentialed by the Authority prior to working at either of the jail facilities.

Appendix B-9

1.3 Performance Criteria.

A. The Authority shall provide appointment slots as needed each week for DDHS to schedule physical appointments for AND determinations.
RESPONSE: Patients who require these exams are handled through the normal Denver Health primary care appointment system.

B. The Authority providers conducting the physical appointments shall provide the appropriate documentation regarding AND determination to DDHS in a timely manner.
RESPONSE: Patients who require these exams are handled through the normal Denver Health primary care appointment system.