REPORT TO THE CITY OF DENVER 2013

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I. Overview

Denver Health continues to successfully serve the Denver community by providing high-quality, patient-centered care for the city's residents. In 2013, Denver Health excelled in:

- Providing superior quality care to patients;
- Providing care that is patient and community focused; and
- Remaining financially viable.

Additionally, 2013 was a year of change and growth for Denver Health as we focused on creating a formal long-range strategic plan. We began by conducting detailed evaluations of our current business model and internal culture, reviewing feedback from the Peak Award evaluators and conducting meetings with our Board of Directors and various stakeholder groups. The Joint Strategy Team (JST) was created and is comprised of a group of physicians and administrators. This group's charter was to take the information gathered and write a five-year strategic plan. Once completed, the Medical Operations Committee (MOC) was formed with responsibility for oversight of the annual plans required to execute the strategic plan. Both the JST and the MOC outlined a number of foundational imperatives that are also being addressed in order to achieve both our annual and long-range goals.

Concurrently with this process, a formal analysis of the organization's facilities, buildings and corresponding infrastructure was conducted. Outside facility planning experts were engaged to ensure that relevant national healthcare trends were considered. The group worked extensively with staff members at all levels of the organization to gather feedback and buy-in with the long-range facility master plan. This facility plan is being designed in concert with and in support of the strategic plan.

Finally, long-range financial models were created to ensure sustained financial viability and capacity. These models are being used to set specific growth and expense management goals. An outside financial expert has been engaged to validate these models, the assumptions and corresponding plans. Once that validation is complete, the Denver Health Board of Directors will make the final decision on the plans.

Management paid particular attention to the feedback received from the Peak (regional Baldridge) award evaluators. This team was very complimentary of Denver Health's achievements and commitment to excellence. They did however recommend creating a more formal strategic plan that is shared pervasively throughout the organization. Throughout the creation of the above plans, employees at all levels within the organization were engaged. Further, as annual plans were created around the strategic pillars, Visual Management Boards,

which are designed to show progress "at a glance" have been created and are on display throughout the organization.

Aligning with our strategic plan, Denver Health collaborated with Healthcare Performance Partners (HPP) to enrich the Lean Academy course offerings, as well as to improve and supplement the overall Lean management systems. Plans call for expanding and deepening the program's curriculum through the contributions of additional Lean practitioners with the ultimate goal of improving industry access to the repeatable methodologies that already have improved Denver Health's operational efficiency, patient safety, quality and reliability. We recognized the opportunity to augment our Lean program by implementing systems to better manage and prioritize efforts and to tie them to long-term business priorities. HPP will also continue to build upon its work to coordinate multiple Lean initiatives across the organization in support of the Denver Health strategic and annual plans.

Patient and Community Focused Care

Denver Health demonstrated its dedication to patient-centered care with several new construction projects in 2013. One of the most significant of these projects was the opening of its newly remodeled state-of-the-art, Surgical Intensive Care Unit (SICU). This 23-bed-unit, features advanced technology and critical care design, supported by skilled caregivers to care for patients and their families during difficult times.

Before

After

Additionally, Denver Public Health debuted the new, welcoming and customer-friendly registration area for the Immunization and Tuberculosis Clinics. The new waiting area improves customer service while improving the staffing efficiency of the two clinics.

In order to become a full-service community health center and to better serve the community, construction on the remodel and extension of the existing Lowry Health Clinic began in 2013. In May 2014, the new Lowry Family Health Center will open to provide care for patients in need. The new facility will include a number of amenities to help serve our community, including:

- Adding an additional eight exam rooms, for a total of 27.
- Creating a new Denver Health dental clinic location to serve adults and children.
- Creating a new Women, Infants and Children (WIC) Office location to help parents find resources to help with their children's nutritional needs.

- Adding a larger pharmacy that is now capable of providing full pharmacy services to our patients.
- Adding a new classroom space to educate family medicine residents from the University of Colorado.
- On-site lab services and enrollment services continue to be part of the family health center.

Denver Health also spent time in 2013 remodeling the Pre-Operation/Post Anesthesia Care Unit (PACU) which opened in February 2014. The two newly remodeled areas have state-of-the-art equipment and provide more space, and patient privacy.

A renovation of the specialty practices within the Davis Pavilion allowed for an almost 50% expansion of clinical space. An outpatient surgery suite introducing three state of the art urology procedure rooms as well as a completely renovated oncology practice and resource center have improved the flow and the appearance of the multispecialty group practice. Additional specialties are being expanded and added to the newly created exam space. Common areas were renovated to provide an improved patient experience, as well as new lab and optometry shop services were included in the improvements.

In January 2013, the Colorado Department of Public Health and Environment polled Denver Public Health and other regional health partners about their interest in working together to execute a regional media buy to spread tobacco control and prevention messaging. Denver Public Health, designated the lead for the Denver Metro area, was awarded a $3.2M grant in the Spring of 2013 and established a collaborative project team including public health, marketing and tobacco experts from Jefferson County Public Health and Tri-County Public Health, among others.

As one team, this group contracted with Evolve Communications to develop and execute a comprehensive media buy to place "I Am A Smoke-Free Zone" (secondhand smoke educational) messaging in 17 Colorado counties. An integrated mix of placements included: television, print, radio and digital ads; event sponsorships; out of home placements such as billboards, bathroom ads and gas station toppers; and public relations support. The first media flight ran from September through November 2013. The team conducted a telephone survey from October to November, which found that the campaign successfully reached its intended audience of parents of young children and people who smoke. Specifically:

- Seventy-three percent of parents reported either hearing or seeing the campaign's ads.
- Four out of five smokers surveyed (80 percent) recalled the campaign.
- Of the smokers who recalled the ads, 95 percent said the ads were memorable compared to 85 percent of non-smokers who saw the ads.

The final two media flights and final evaluation will be completed in 2014.

In addition to educating the public on the dangers of second-hand smoke, representatives from Denver Health and Denver Public Health served on a city-wide marijuana education workgroup from October 2013 to January 2014. The workgroup also included experts from key organizations around the city, including Denver Police and the Mayor's Office. Focused on city-wide preparation for the legalization of marijuana, the group met weekly to discuss communication needs for this big change.

With a main focus of public awareness, the group concentrated on two main issues:

- Explaining the law (information for residents and visitors about the new marijuana laws).
- Explaining the health effects of marijuana use, particularly for youth and pregnant women.

Additionally, Denver Public Health developed web and fact sheet content, and also contributed health information to the city of Denver's informational marijuana website.

In 2013, Denver Health made a significant commitment to meeting the needs of our patients through diversity with the implementation of the organization's first Diversity Committee. The committee promotes business imperatives that help drive diversity and inclusion in everyday practices by attracting and retaining the best, diverse talent that will meet the needs of our patient population thereby increasing patient satisfaction.

As always, the Denver Health Foundation's NightShine Gala proved successful as it raised more than $1,345,000 that will be used to support patient-centered programs. In addition, the foundation's annual Employee Giving Campaign raised more than $250,000 to support the patient assistance fund at Denver Health.

Denver Health rallied in support of Denver and the Denver Broncos by lighting the east side of the building with orange and blue lights. Furthermore, Denver Health staff members from across the organization took photos in their favorite Bronco gear to display on the internal and external website and social media sites along with pictures of the lighted building.

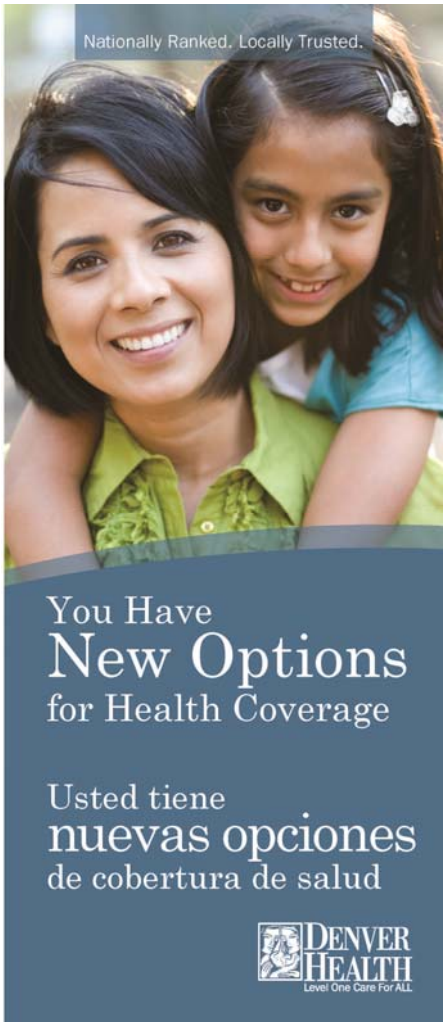
Financial Viability

In 2013, Denver Health underwent a significant productivity improvement initiative, which ultimately helped departments become more efficient while at the same time minimizing layoffs. The productivity initiative involved departments aligning staffing with volume while maintaining strict safety and patient care standards. In addition to strong productivity management, Denver Health used attrition, voluntary retirement and changes in status to reduce personnel expenses. These measures, combined with 33 layoffs, allowed Denver Health to reduce its workforce by 261 FTEs.

As a result of significant initiatives, Denver Health had a net income, before capital contributions, of $2.29 million, a vast improvement from earlier in the year when the organization was faced with a potential $23 million operating shortfall. Additionally, the net income for the Denver Health Medical Plan generated an operating income of $6.4 million.

Denver Health also received a clean opinion on the 2013 financial audit and no findings on the Authority's Single Audit of Federal funding, with an $11 million increase in federal grant and contract awards between 2012 and 2013.

Affordable Care Act



In addition to strategic planning, Denver Health invested significant resources in helping our community get health coverage. In 2013, Denver Health offered insurance plans on the Connect for Colorado Insurance Exchange and had approximately 200 members enroll by the end of 2013. A significant number of Denver Health patients were enrolled in the Colorado Indigent Care Program (CICP), which provided assistance, but not actual healthcare coverage. Most of these patients with CICP were eligible for Medicaid under the state's expansion. Denver's enrollment of the newly eligible population for Medicaid was 16,000 as of December 31, 2013 and Denver Health's Enrollment Assistance site played a key role in enrollment of this population. Additionally, Denver Health obtained grant funding from the federal government of approximately $953,000 to enable the Assistance site to also help patients navigate the Health Exchange, Connect for Health Colorado.

Outreach efforts included reaching out to current uninsured patients in care at Denver Health by phone, direct mail, and in clinic messaging to educate them about the new healthcare changes and encourage them to visit the Assistance site. Staff members at Denver Health provided detailed training about the ACA to local community partners and Denver Health staff, giving them the knowledge they needed to understand the changes and become advocates for the new healthcare changes. Additionally, the Be Healthy Denver group at Denver Public Health provided 90,000 brochures to key city sites including Denver Public Schools, Denver Public Libraries, Denver Recreation Centers, and several other locations to promote the ACA as well. Denver Health also participated in community events and media stories to educate the public about the new healthcare law.

Beginnings

Dr. Mayordomo named new division chief of Hematology/Oncology
Jose Mayordomo, MD, division chief, Hematology/Oncology, joined Denver Health as the new division chief of Hematology/ Oncology. Dr. Mayordomo came to Denver Health from the University Hospital of Zaragoza, Spain, where he served as associate chief of the Division of Medical Oncology since 1996. He also served as associate professor of the School of Medicine at the University of Zaragoza. Mayordomo graduated from the University of Zaragoza School of Medicine and received his Ph.D. from the University of Zaragoza. He completed a fellowship in Medical Oncology at 12 de Octubre University Hospital in Madrid, Spain and is fluent in English, Spanish, French and German.

Dr. Bob Belknap named director of Denver Metro TB Clinic
Dr. Bob Belknap was appointed director of the Denver Metro **Tuberculosis (TB)** TB Clinic at Denver Public Health. He succeeds Dr. Randall Reves who retired in February after leading the TB control program for more than 20 years and helping it become one of the best programs of its kind in the United States.

Dr. Belknap has been with Denver Public Health since 2005. He is one of the premier TB clinicians in the country and is currently president-elect of the National Society of TB Clinicians. Just as important, many patients in Denver know Dr. Belknap as a kind, knowledgeable and caring physician. Dr. Belknap is also a leading TB researcher, overseeing our participation in the CDC-sponsored TB Trials Consortium and the TB Epidemiologic Studies Consortium. He chairs a large international clinical trial evaluating an important new treatment for latent TB infection.

Dr. Reves' retirement is a major transition for Denver Public Health's TB control program, but with Dr. Belknap's leadership, we will continue to deliver excellent patient care, disease control and research.

Milestones

Denver Health verified as a Level II Pediatric Trauma Center
On April 19, Denver Health received the official announcement from the American College of Surgeons (ACS). Families across the Rocky Mountain Region now have a verified Pediatric Level II trauma center centrally located in Denver.

Denver Health is now the only Academic Level I Adult and Pediatric Level II trauma center in Colorado, and the only verified Pediatric Trauma Center in the City and County of Denver. This unique, dual verification makes Denver Health the only hospital in the Denver metro area verified to provide trauma care to kids and their parents from the same accident. Denver Health can provide care for both a parent and child in the same private hospital room at the parent's request when conditions allow.

Other Unique Features of Our Pediatric Trauma Program…
Denver Health is the only pediatric emergency and trauma center in Colorado with pediatric microvascular, replantation and hand surgery services available on location 24-hours a day.

Parents have access to pediatric trauma, emergency and urgent care services with short wait times, plus 24-hour specialized surgical coverage in neurosurgery, complex orthopedic surgery (including hip fractures). Denver Health also has a dedicated Child Protection Team that provides intervention and services to victims of child abuse and neglect 24-hours a day.

Denver Health launched a novel patient care registry designed to improve the quality of care to patients with chronic pain.
The registry was developed as a solution to the steady increase in patients on chronic opioid therapy (COT) that is occurring nationally. The COT registry at Denver Health is designed to help providers identify patients at high risk for abuse and overdose, establish patient care agreements prior to opioid initiation, improve monitoring for illicit drug use, and reduce the numbers of patients on very high doses of opioids. This registry will ultimately reduce the number of opioid-related overdoses and greatly improve the quality of care to those patients who require opioids to manage their chronic pain.

In addition, Denver Health is providing superior care with a multidisciplinary approach to preventing surgical site infections. This approach included: revolutionizing hand hygiene methods; implementing revised peri-operative antibiotic guidelines; and employing daily chlorhexidine baths for patients on the medical and surgical units. All of these measures reduced the frequency of surgical site infections and other hospital-acquired infections.

Denver Health selected as site hospital by HVHC
Denver Health earned the prestigious honor of being selected as one of eight site hospitals, by the High Value Health Care Collaborative (HVHC), with Tom Mackenzie, MD, as Principal Investigator and Ivor Douglas, MD, as Project Lead. Denver Health was selected to conduct a series of Rapid Improvement Events (RIEs) designed to facilitate compliance with the "Surviving Sepsis" campaign's three and six hour care bundles. The first RIE was hosted at Denver Health from January 22-25.

A multidisciplinary team of providers from throughout the adult critical care areas, developed and implemented improved standard work for the early diagnosis and treatment of sepsis. Nearly 1,000 patients were treated for this disease at Denver Health in 2012, so this RIE has the potential to improve outcomes for many of our patients, particularly the multi-organ dysfunction that may be a result in survivors of severe sepsis.

Brazilian Scholars Choose Denver Health
Denver Health is proud to have hosted two urology scholars from Brazil as part of the American Urological Association's (AUA's) Academic Exchange Program. Alex Meller, MD, and Renan Eboli, MD, could have selected any hospital in the nation to further their professional knowledge and they chose Denver Health because of our internationally-known chief of Urology Fernando Kim, MD. The physicians cited Dr. Kim's powerful academic work, excellent use of technology,

robust research program, and his positive international reputation in the field of urology as the primary reasons for choosing Denver Health.

The fellowship program provides junior faculty and residents an opportunity to interact with, and learn, from colleagues in different regions of the world. It encourages the interchange of urological skills, expertise and knowledge, which are critically important to the advancement of urology worldwide.

New Intensive Outpatient Clinic helps patients manage complex conditions
This new clinic, which is funded by the Center for Medicare and Medicaid Innovation (CMMI) Award Denver Health received in 2012, helps patients who are having trouble accessing medical care and managing chronic health conditions such as congestive heart failure, emphysema, diabetes, and chronic liver or kidney disease.

The clinic has a multidisciplinary team of doctors, nurse practitioners, nurses, clinical social workers, patient navigators, mental health/substance abuse counselors and psychologists, and provides patients with primary medical care, referrals for enhanced mental health services, and helps patients schedule appointments and understand the medical system.
Patients are accepted by referral when the following applies:

- Three or more hospitalizations in the last year; or
- Two or more hospitalizations in the past year and have a major mental health diagnosis

The CMMI awarded the Denver Health system $19.8 million to transform the primary care delivery system to provide individualized care to more effectively meet our patients' medical, behavioral and social needs. *

Dr. Thurstone participates in release of National Drug Control Strategy
Christian Thurstone, MD, medical director of Denver Health's Substance Abuse Treatment, Education, and Prevention program, traveled to Washington, D.C. to participate in the release of the 2013 National Drug Control Strategy, presented by the White House Office of National Drug Control Policy. The strategy outlines the Administration's efforts to coordinate an unprecedented government-wide public health and public safety approach to reduce drug use and its consequences.

As a part of his visit, Dr. Thurstone also participated in a Marijuana Policy and Public Health Legislative Briefing, which included remarks by former representative Patrick J. Kennedy. Dr. Thurstone is one of only three dozen physicians in the U.S. who are board certified in general and child psychiatry and adolescent addictions psychiatry.

VITAS Innovative Hospice Care makes donation to support Denver Health Chaplaincy Services
VITAS Innovative Hospice Care, the nation's leading provider of end-of-life care, announced its partnership with Denver Health through a $2,500 endowment made by its charitable foundation, VITAS Community Connections (VCC).

* The project described was supported by Grant Number 1C1CMS331064 the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

The endowment made to the Denver Health Foundation will support Denver Health's Chaplaincy Services and enable VITAS to help better inform Denver Health chaplains of key end-of-life issues such as hospice benefits, access to end-of-life care, and hospice bereavement for children and adults, as well as spiritual topics to help patients and their families at the end of life.

Denver Health hosts successful first lecture in Stories from the Street series
More than 60 people were in attendance and hundreds more watched online from 21 states and the U.K. to see the first lecture in the **Stories from the Street** Series at the Rita Bass Auditorium Tuesday, May 16. The series tells stories of patient care from EMT first responders from across the state and physicians at Denver Health.

The first lecture featured Will Dunn, clinical manager for Eagle County Paramedics, and Dr. Walter L. Biffl, associate director of surgery/director of Trauma and Surgical Outreach. The two men told the story about a trauma case in Eagle County involving a patient who fell 15 feet in a house undergoing renovations. They chronicled the story from first responders in Eagle County, finding the patient in the house to the patient being discharged from surgery at Denver Health. This lecture series has become very popular and is conducted each month.

Marisha Burden, MD featured in March issue of Today's Hospitalist
Marisha Burden, MD, Hospitalist, was featured in a story concerning curbside consults in the March issue of Today's Hospitalist. The article focuses on a study conducted by Burden, at Denver Health, on the value of curbside consults. This study was published in January in the Journal of Hospital Medicine.

Clinical Documentation Integrity Team poster wins second place at national conference
Natalie Esquibel, BSN, RN, attended the 2013 Association Clinical Documentation Improvement Specialists Conference in Nashville on behalf of the Denver Health Clinical Documentation Integrity (CDI) team and presented the team's poster. The poster, "Roadmap to Success: The Journey of Clinical Documentation Integrity at Denver Health Medical Center," won second place based on layout, content, creativity and measured outcomes.

The role of the CDI team is to accomplish accurate, compliant and specific documentation that reflects the severity of illness and risk of mortality for each inpatient admission while contributing to improvement of clinical outcomes, communication and patient safety. With the expansion of the CDI team in 2012, the financial impact of the charts reviewed increased by 600 percent! The CDI team includes the following people:

- Natalie Esquibel
- Jolane Galloway
- Pence Livingston
- Carrie Willmer

Paula Herzmark recognized as one of Denver's Leading Ladies
Paula Herzmark, executive director of the Denver Health Foundation, was selected as one of five "Denver Leading Ladies" by Denver Life Magazine and was featured in the March issue.

Denver Health security personnel honored by Red Cross
One year after making a daring rescue in the Cherry Creek, Denver Health's security guard Omar Salgado and former Denver Health security guard Brandon Skalak, were honored by the Mile High Chapter of the American Red Cross with the "Adult Lifesaver" award at the annual American Red Cross Breakfast of Champions fundraising breakfast on Friday, March 8 in Denver. The Breakfast of Champions is the American Red Cross Mile High Chapter's largest fundraiser of the year. All proceeds benefit local Red Cross services such as disaster response, preparedness education, services to the armed forces, and lifesaving training like CPR, First Aid and AED.

In 2012, a man became unconscious when his SUV plunged into the Cherry Creek near the hospital after he was side swiped by another car running a red light. The man who went into the water, 68-year-old Gary Lozow, owes his life to Brandon and Omar as they jumped into the icy creek to cut him out of the vehicle and bring him to safety.

Dr. Fernando Kim, director, Urology Services, was named Physician of the Year by the Denver Health Foundation.

Paula Herzmark appointed to another term on the Denver Water Board
Paula Herzmark, executive director of the Denver Health Foundation was recently appointed by Mayor Michael Hancock to another term on the Denver Water Board. Paula has served on the five-member board since 2009.

NAPH fellowships completed
Mark Wright, FACHE, administrative director, Denver C.A.R.E.S., and Dr. Joel Hirsh both completed fellowships with the National Association of Public Hospitals and Health Systems (NAPH). NAPH represents America's safety net hospitals and health systems.

Dr. MacKenzie promoted to chief medical officer/ chief quality officer
Dr. Tom MacKenzie, MD, MSPH, was promoted to the role of chief medical officer/ chief quality officer of Denver Health. In this role, Dr. MacKenzie continues with most of his prior duties as Chief Quality Officer, and has assumed some chief medical officer responsibilities including: Medical Staff Office, Medical Staff, Utilization Management and other related duties. Dr. MacKenzie has been a long-time member of the Denver Health Medical Staff, and is respected as a clinician, teacher, researcher and for the excellent leadership he has demonstrated as chief quality officer.

Scott Hoye named general counsel for Denver Health
Denver Health named Scott Hoye as general counsel. In this role, Hoye is responsible for providing legal advice and guidance to the CEO and to executive staff of Denver Health and the Denver Health Medical Plan, Inc. Hoye also serves as secretary to the Board of Directors and is responsible for the Legal and Risk Management departments, as well as the Office of Integrity.

Hoye was named Interim General Counsel in 2012, and served as senior assistant general counsel at Denver Health from 1998 – 2012. Prior to Denver Health, Hoye served as an attorney

for the U.S. Army, at Fort Gordon in Augusta, GA from 1988 – 1991, then as a staff attorney for the Fitzsimons Army Medical Center in Denver from 1991 – 1994. He then served as an associate attorney for Harris, Karstaedt, Jamison and Powers, P.C from 1994 – 1997, and was also an attorney for Great-West Life and Annuity Insurance Company from 1997 – 1998, before joining the Denver Health team in 1998. Hoye received his Juris Doctorate from the Creighton University School of Law and was admitted to the Colorado bar in 1994.

Art Gonzalez, Denver Health's CEO states, "Scott has shown great leadership during his time as interim general counsel. His dedication and experience continues to make him a great fit for Denver Health, and I look forward to working with him in his new role."

Dr. Kuehn named interim director of COSH
With the retirement of Dr. Karen Mulloy, Cindy Kuehn, MD, is currently serving as acting medical director of the Center for Occupational Safety and Health (COSH). Dr. Kuehn has been employed with Denver Health for more than 14 years.
"Our team will continue to provide high-quality employee health service along with our work with injured employees for the hospital, City and County of Denver and various other employers," said Dr. Kuehn.

Phil Goodman announces retirement
After 34 years of service to Denver Health, Phil Goodman, director of Lean Systems Improvement, retired May 31, 2013. Phil has held many different positions at Denver Health, working in Respiratory Therapy, Department of Medicine and Lean Systems Improvement. Phil has been very dedicated and loyal to the mission of Denver Health, and will be greatly missed throughout the organization. Beth Fingado, Director, Lean Systems Improvement, Strategic Plan & Acceleration, was selected to lead Lean initiatives moving forward.

Awards

Elbra Wedgeworth receives 2013 ATHENA Award
Elbra Wedgeworth, chief government & community relations officer, was named the recipient of the 2013 ATHENA Award given by the Colorado Women's Chamber of Commerce.

The ATHENA Award honors the Colorado women who best exemplify exceptional professional achievement, devotion to community service and generosity in actively assisting other women in their attainment of professional excellence and leadership skills.

Denver Health now has four ATHENA Award winners:
- **Elbra Wedgeworth,** chief government & community relations officer
- **Olga Garcia**, community affairs manager
- **Caz Matthews**, vice chair, Denver Health Authority Board of Directors
- **Paula Herzmark**, executive director of the Denver Health Foundation

Senator Irene Aguilar honored for exceptional contributions to health of Coloradans
Senator Irene Aguilar, MD, was honored by the Colorado Community Health Network (CCHN) as a Community Health Champion. Dr. Aguilar received the Community Health Champion award for legislators, which is given to lawmakers who have gone above and beyond to support legislation and positions that directly support CHCs, and increase access to primary health care for the underserved. Dr. Aguilar currently serves as Colorado State Senator for Senate District 32 and has also been a primary care physician at Westside Family Health Center since 1989. She also serves on Denver Health's Board of Directors.

***5280 Magazine's* 2013 Denver Health's Top Doctors:**
Twenty-one Denver Health physicians were recently named Top Doctors by *5280 Magazine*. The top doctors were nominated and voted on by their peers throughout the Denver metro area.

- Denis Bensard, MD, Pediatric Surgery
- William Burman, MD, Public Health & General Preventive Medicine
- Antonia Chiesa, MD, Child Abuse Pediatrics
- Christopher Ciarallo, MD, Pediatric Anesthesiology
- Joseph Cleveland, MD, Thoracic & Cardiac Surgery
- Ivor Douglas, MD, Critical Care Medicine
- Monica Federico, MD, Pediatric Pulmonology
- Kennon Heard, MD, Medical Toxicology
- Kent Heyborne, MD, Maternal & Fetal Medicine
- Kevin Lillehei, MD, Neurological Surgery
- Stuart Linas, MD, Nephrology
- Edward Maa, MD, Epilepsy
- John Messenger, MD, Interventional Cardiology
- Gene (Ernest) Moore, MD, Surgical Critical Care
- Steven Ringel, MD, Neuromuscular Medicine
- Michael Schaffer, MD, Pediatric Cardiology
- Judith Shlay, MD, Public Health & General Preventive Medicine
- Andrew Sirotnak, MD, Child Abuse Pediatrics
- Christian Thurstone, MD, Addiction Psychiatry
- Kathryn Wells, MD, Child Abuse Pediatrics
- Sterling West, MD, Rheumatology

Twenty-four Denver Health employees named Peak Performers
Peak Performer Awards are voted on by the providers of Colorado and recognize those that embody the characteristics of team-based care, professionalism and clinical excellence.

- Monique Apolinar, RN, Hospital Nursing
- Lisa Babbitt, RN, Hospital Nursing
- Randee Brown, RN, Hospital Nursing
- Sarah Cope, NP, Hospital-based NP/PA
- Michael Doody, PharmD, Hospital Pharmacy
- Ivor Douglas, MD, Intensive Care Medicine
- Cynthia Duff, PT, Physical Therapy
- Maria Frank, MD, Hospital Medicine

- Jennifer Gaudiani, MD, Hospital Medicine
- Robert Harris, MD, Gastroenterology
- Kellie Horn, RN, Hospital Nursing
- Carlin Long, MD, Cardiology
- Mark Lowe, PA, Hospital-based NP/PA
- Didi Mancini, MD, Hospital Medicine
- Jennifer Pickering, NP, Hospital-based NP/PA
- Fred Pierraci, MD, General Surgery
- Connie Price, MD, Infectious Diseases
- Mark Reid, MD, Hospital Medicine
- Carolyn Scantlebury, RN, Hospital Nursing
- Janice Smith, RN, Hospital Nursing
- Philip Stahel, MD, Orthopedic Surgery
- Leah Stark, OT, Occupational Therapy
- Todd Vanderheiden, MD, Orthopedic Surgery
- Bob Wolken, RRT, Respiratory Therapy

***The Denver Business Journal*'s Denver Health Top Doctors:**
Forty-nine Denver Health physicians were named Top Doctors by the *Denver Business Journal*. The top doctors were nominated and voted on by their peers throughout the Denver metro area.

- Jennifer E. Adams, MD, Internal Medicine
- Richard K. Albert, MD, Critical Care & Pulmonary Medicine
- Mark E. Anderson, MD, Pediatrics/General
- Alicia Lynn Appel, MD, Internal Medicine
- Carlton C. Barnett, Jr., MD, Surgical Oncology
- Holly Ann Batal, MD, Internal Medicine
- Denis David Bensard, MD, Pediatric Surgery
- Kathryn Berman, MD, Internal Medicine
- Dan Bessesen, MD, Endocrinology and Metabolism
- Joshua Blum, MD, Internal Medicine
- Patricia Ann Braun, MD, Pediatrics/General
- William J. Burman, MD, Infectious Disease
- Mark Howe Chandler, MD, Anesthesiology
- Christopher L. Ciarallo, MD, Adult and Pediatric Anesthesiology
- Ivor S. Douglas, MD, Critical Care & Pulmonary Medicine
- Raymond Estacio, MD, Internal Medicine
- Steven G. Federico, MD, Pediatrics/General
- Henry Hammer Fischer, MD, Internal Medicine
- David John Hak, MD, Orthopaedic Surgery
- Simon J. Hambidge, MD, PhD, Pediatrics/General
- Rebecca Lynn Hanratty, MD, Internal Medicine
- Kent D. Heyborne, MD, Obstetrics and Gynecology
- Richard Lewis Hughes, MD, Neurology
- Laura Hurley, MD, Internal Medicine
- Gregory J. Jurkovich, MD, Surgery
- Fernando J. Kim, MD, Urology

- Richard Ira Kornfeld, MD, Family Medicine
- Stuart L. Linas, MD, Nephrology
- Carlin Long, MD, Cardiovascular Disease
- Jeremy Long, MD, Internal Medicine
- Kathryn Love-Osborne, MD, Pediatrics/General
- Jody A. Maes, MD,* Pediatrics/General
- Philip S. Mehler, MD, Addiction, Internal Medicine & Eating Disorders
- Lora Heeter Melnicoe, MD, Pediatrics/General
- Howard J. Miller, MD, Anesthesiology
- Ernest Eugene Moore, MD, Critical Care Medicine & Surgery
- Gregory J. Myers, MD, Anesthesiology
- Mary O'Connor, MD, Pediatrics/General
- John W. Ogle, MD, Pediatric Infectious Disease & Pediatrics
- James Malcolm Packer, Jr.**,** MD**,** Pediatric Anesthesiology
- Ricardo Padilla, MD, Internal Medicine
- Donald H. Penning, MD, Anesthesiology
- Connie Savor Price, MD, Infectious Disease
- Jeanne M. Rozwadowski, MD, Internal Medicine
- Michael Sawyer, MD, Anesthesiology
- Philip Stahel, MD, Orthopaedic Surgery
- Andy W. Steele, MD, Internal Medicine
- Steve D. Vogler, MD, Pediatrics/General
- Robin Kay Yasui, MD, Internal Medicine

**retired*

Grants

Denver Health receives $500,000 grant for construction of a School-based Health Center on the Thomas Jefferson campus

Denver Health received $500,000 from the Health Resources and Services Administration for the construction of a School-Based Health Center (SBHC) at Thomas Jefferson Campus. The construction of this SBHC will bring Denver Health's total of SBHCs to 16.

Denver Health's School-Based Health Centers provide primary care, mental and behavioral health, reproductive health education, and insurance enrollment services on 15 Denver Public Schools campuses. In addition to serving students attending school on these campuses, access has been expanded to include neighboring schools. Students that attend any of the 58 satellite schools now have access to SBHC services.

Working in collaboration with the school nurse, SBHCs utilize nurse practitioners, physician assistants, medical assistants, licensed clinical social workers, health educators, and insurance outreach and enrollment staff to facilitate treatment for the major health and mental health conditions that affect school-aged children. By eliminating financial barriers and the need for parents to take time off of work, SBHCs promote access to primary care and help keep students

out of emergency rooms. SBHCs empower youth through access to integrated health care. In the last school year, more than 8,700 students accessed services through Denver Health's SBHCs through almost 36,000 visits. Since the program's inception twenty-five years ago, more than 105,000 students have received health care through this valuable program.

Denver Health receives Agency for Healthcare Research and Quality Grant
Denver Health received the five-year award to establish a sustainable Center for Health Systems Research (CHSR) under the leadership of Ed Havranek, MD, cardiologist and director of Health Services Research. In addition to current research, Dr. Havranek and his team will create a growing base of expertise in research design and methods, project management, patient recruitment, and advanced statistical analysis to carry out a new series of small-scale research projects that will compare usual care with care enhanced by the use of patient engagement tools such as text messaging.

The center's work will develop present and future capacity for high-quality, patient-centered outcomes research at Denver Health. The Center will partner with the University of Colorado Denver to train Denver Health faculty in patient-centered outcomes research, with the Institute for Health Research at Kaiser Permanente of Colorado to create data infrastructure for comparing outcomes between safety net and non-safety net institutions, and directly with the greater Denver community through advisory panels of community members.

Center-based pilot studies led by emerging Denver Health investigators will examine issues of importance to Denver Health patients from child to adult, ranging across hospital care, ambulatory care and public health.

Denver Health receives award from Patient-Centered Outcomes Research Institute
Denver Health has been selected to receive funding to study the effects of obesity treatment in primary care. The Denver Health project is one of 51 approved by the Patient-Centered Outcomes Research Institute (PCORI) to address PCORI's national research priorities to provide patients with education, and to help them make informed decisions about their health.

The project will examine the effects of providing expanded weight loss services to obese patients with weight related co-morbidities at four primary care clinics at Denver Health. Daniel Bessesen, MD, chief of Endocrinology, professor of Medicine at the University of Colorado Health Sciences Center and Adam Tsai, MD, general internist at Westside Family Health Center, assistant professor at the University of Colorado Health Sciences Center, will lead the research project at Denver Health.

"Despite recommendations from many professional organizations supporting obesity treatment, these services are not typically provided in primary care practices due to the challenges of discussing this complex issue during busy office visits and a lack of coverage for these treatments," said Dr. Daniel Bessesen. "We hope that by providing support to primary care providers and coverage for obesity treatments, effective weight management services can be delivered in the context of primary care."

The Denver Health study is one of 51 projects totaling more than $88.5 million approved for funding by PCORI's Board of Governors on May 6. All were selected through a highly competitive review process in which scientists, patients, caregivers, and other stakeholders evaluated more than 400 applications for funding.

Robert Wood Johnson Faculty Development Grant
Lilia Cervantes, MD was awarded the prestigious Robert Wood Johnson faculty development grant. This $500,000 award is for four years to support her research to improve disparities in the Latino Communities in Denver. This award will give her protected research time plus funding for her research.

Other

Dr. Oton makes a difference in Uganda
Ana Oton, MD, Hematology was featured in the American Society of Hematology newsletter, *The Hematologist*. Dr. Oton was featured as a member of a health care volunteer group that provides consultative training in clinics, classrooms and laboratories of health care institutions in developing worlds. Dr. Oton's group traveled to Kampala, Uganda, where the need for hematology support is especially dire. The group conducted daily rounds on the wards and an outpatient clinic, with a census of approximately 50 patients. Dr. Oton also presented a lecture and visited with patients during her visit.

Denver Health ED Physician assists in New York after Super Storm Sandy
David Richards, MD, Emergency Department, served as a member of local Disaster Medical Assistance Team (DMAT), Colorado-3, and was deployed on November 11 to New York to support those in need after Super Storm Sandy. The Colorado-3 DMAT team was one of 16 teams from around the country that were deployed to New York and New Jersey. Dr. Richards served as part of a team of medical providers who provided Emergency Department decompression outside a New York hospital. During their 11-day deployment the team treated more than 1,000 patients. This added surge capacity and helped the hospital maintain operations through the difficult time. After 11 straight days of working 12 – 16 hour shifts each day, Dr. Richards was able to return to Denver in time for the Thanksgiving Holiday.

"Dr. Richard's compassion and dedication to serve, treat and care for those in need shouldn't go unnoticed here in Denver," said Marc Scherschel, EMS captain, Denver Paramedics.

Nationally renowned patient safety advocate speaks at Denver Health
Nationally renowned patient safety advocate and public speaker, Sorrel King presented at Denver Health on April 4. In 2001, Sorrel King's daughter Josie died at a prestigious east coast hospital as a result of medical errors. Determined to honor Josie's memory, King and her husband created the Josie King Foundation and began the crusade to prevent patients from being harmed or killed by medical errors by sharing Josie's story.

As a public speaker, King travels the country spreading her message to hospitals, doctors, nurses, CEOs, board members, medical/nursing students and more in hopes that Josie's story will inspire

change, and create a better and safer health care industry for all. She has also published a book *Josie's Story*, which was named one of the best health books in 2009 by the *Wall Street Journal* and won the "First Book" award at the 2010 "Books for a Better Life" Awards. Josie's Story is being used in medical and nursing schools around the country. King was also chosen as one of the "50 Women Changing the World", by *Woman's Day* magazine in February 2010.

Denver Health partners with Red Cross to celebrate installation of 1000th AED in Denver
The AED installation and celebration marked a milestone achievement for the Save a Life Denver program, which was launched by the Red Cross in partnership with Denver Health, 9 News and Philips Healthcare three years ago.

"Thanks to Save a Life Denver, our city now has access to 1,000 additional AEDs, and because of that we're greatly honored to participate in this critical effort," Denver Mayor Michael B. Hancock said during the ceremony. AEDs are a critical link in the sudden cardiac arrest chain of survival. When implemented early in a cardiac event, AEDs can dramatically improve a victim's chances of survival.

"Denver Health and Save a Life Denver are committed to continuing the safety, preparedness and well-being of our community," said Dr. Christopher Colwell, director, Denver Health Department of Emergency Medicine.

Denver Public Health hosts fifth annual Stop TB Trot
Despite single digit temperatures, approximately 75 people crossed the finish line and 40 volunteers participated in the fifth Annual Stop TB Trot on Sunday, March 24 sponsored by Denver Public Health and the Colorado Coalition Against Tuberculosis. The 5K run/walk held at Washington Park was a benefit for Colorado's underserved tuberculosis patients to raise funds for temporary housing, food and transportation.

International Nurse Leaders visit Denver Health
Seven international nurse leaders visited Denver Health on March 20. Denver Health shared with them our exemplars from our strong partnerships with Lean, Nursing and Magnet, and toured them through Mom/Baby, 3B, MICU and the 6A camera surveillance room. The nurse leaders were visiting from Australia, Canada, Lebanon, Saudi Arabia, Qatar and Washington D.C. The visit ended with an informative presentation from Dr. Ivor Douglas regarding the new Sepsis Bundle RIE. Each nurse leader noted how impressed they were with Denver Health and enjoyed meeting several members of Denver Health.

Reach Out and Read at Denver Health hosts multiple 'One Book 4 Colorado' Events
During the first two weeks of May, Reach Out and Read at Denver Health, along with Volunteer Services, celebrated early literacy with One Book 4 Colorado Events at eight of Denver Health's Family Health Centers. One Book 4 Colorado, a collaboration between the office of Colorado Lt. Governor Joe Garcia, the Colorado State Library, the Denver Preschool Program and Reach Out and Read, aims to provide quality children's literature to young children to increase kindergarten readiness. Every 4-year-old in the state was given a book in an effort to increase early literacy. This year's book was *Duck on a Bike* by celebrated author and illustrator David Shannon. Celebrations were held at Park Hill, Montbello, Westwood, Webb Pediatrics, Eastside, Westside,

La Casa, and Lowry Family Health Centers and neighborhood preschool classes were invited to the clinic for the event. Special guest readers included author, David Shannon; Denver Health's Dr. Art Gonzalez; Ring of Fame Denver Broncos Player, Haven Moses; Councilman, Paul Lopez; State Representative, Beth McCann; Former First Lady, Jeannie Ritter; Chufo Ramirez, State Representative; Lois Court; and Mary Anne Snyder, director of Office of Early Childhood. Each celebrity reader read *Duck on a Bike* and every child was fitted for and given a bike helmet. This year's events served 300 children in the community.

DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Net Position
December 31, 2013 and 2012

Assets and Deferred Outflows of Resources

	2013	2012
Current Assets		
Cash and cash equivalents	$43,508,784	$35,186,579
Short-term investments	–	–
Restricted cash and cash equivalents	733,045	903,737
Patient accounts receivable, net of estimated uncollectibles of approximately $29,578,000 and $29,243,000 in 2013 and 2012, respectively	68,903,884	59,586,757
Due from other governmental entities	55,334,511	61,635,483
Due from City and County of Denver	1,247,356	1,994,129
Other receivables	13,503,600	8,280,701
Interest receivable	991,746	1,178,248
Due from and investment in discretely presented component unit	1,088,068	1,245,574
Inventories	10,382,435	10,775,083
Prepaid expenses and other assets	5,254,479	3,413,236
Total current assets	200,947,908	184,199,527
Noncurrent Assets		
Note receivable	28,961,015	28,961,015
Estimated third-party payor settlements receivable	12,165,669	12,331,401
Equity interest in joint venture	768,000	619,000
Restricted investments	16,841,593	17,145,210
Capital assets, net of accumulated depreciation	411,774,928	409,259,304
Long-term investments	111,894,686	136,822,178
Other long-term assets	939,794	1,123,594
Total noncurrent assets	583,345,685	606,261,702
Total Assets	784,293,593	790,461,229
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	9,575,704	17,945,433
Loss on refunding of debt	5,181,267	5,475,475
Total deferred outflows of resources	14,756,971	23,420,908
Total assets and deferred outflows of resources	$799,050,564	$813,882,137

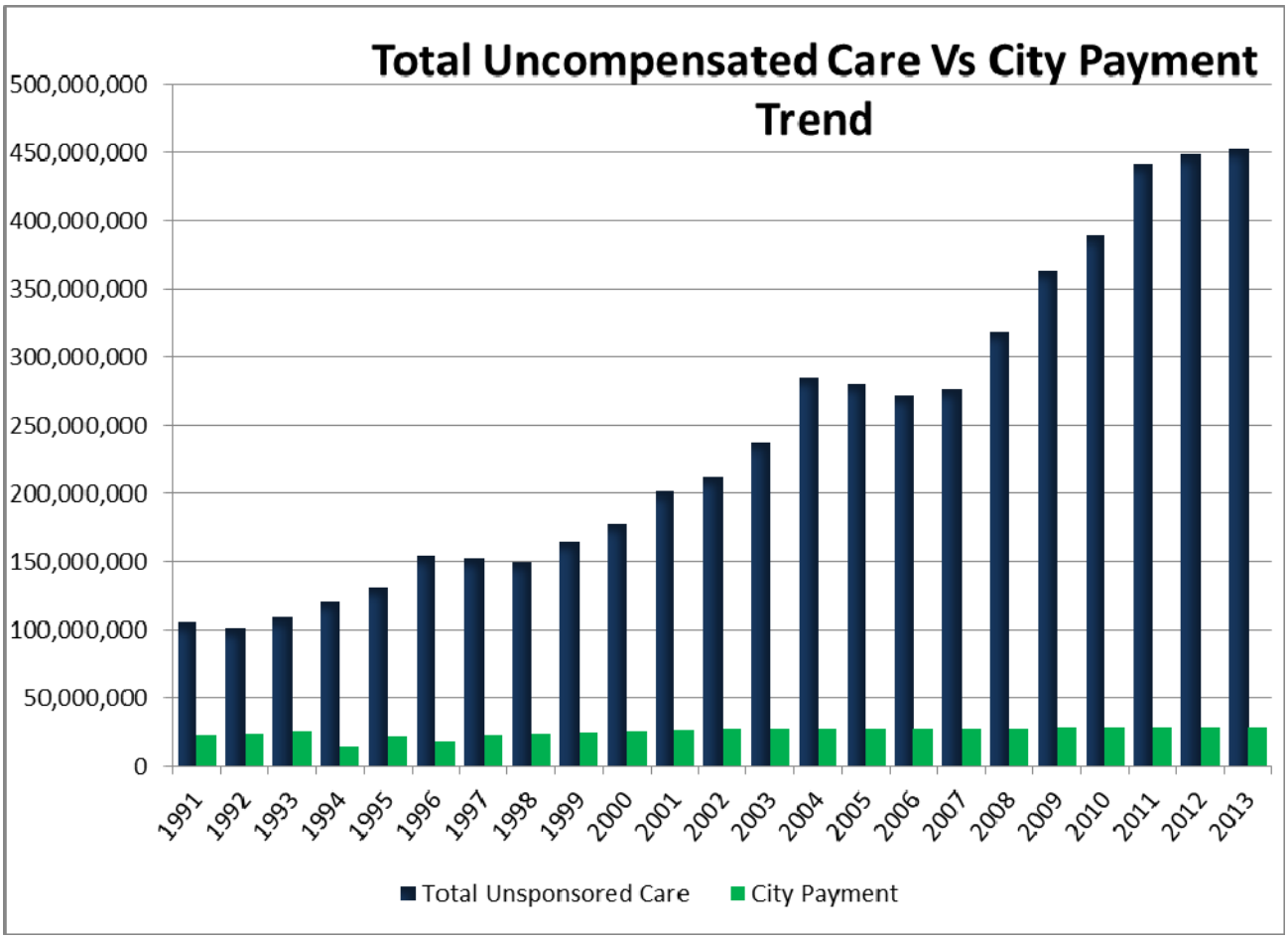
DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Net Position
December 31, 2013 and 2012

Liabilities and Net Position

	2013	2012
Current Liabilities		
Current maturities of bonds payable	$4,240,000	$4,780,000
Current maturities of capital leases	88,856	95,245
Current maturities of notes payable	578,000	195,000
Medical malpractice liability	1,869,342	2,377,671
Accounts payable and accrued expenses	39,363,515	40,455,621
Accrued salaries, wages and employee benefits	23,979,246	21,776,960
Accrued compensated absences	20,702,504	24,684,632
Unearned revenue	4,069,560	3,253,641
Derivative interest rate swap liability	2,262,031	2,275,581
Accrued claims	5,188,000	5,005,000
Total current liabilities	102,341,054	104,899,351
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	7,379,143	6,448,237
Long-term portion of compensated absences	369,434	437,137
Bonds payable, less current maturities	204,687,474	212,572,748
Capital lease obligations, less current maturities	-	88,856
Notes payable	59,924,231	42,002,231
Derivative interest rate swap liability	7,603,795	15,669,852
Postemployment benefits	3,864,680	3,094,293
Total long-term liabilities	283,828,757	280,313,354
Total liabilities	386,169,811	385,212,705
Net Position		
Net investment in capital assets	168,216,323	155,285,432
Restricted expendable	447,517	929,729
Unrestricted	244,216,913	272,454,271
Total net position	412,880,753	428,669,432
Total liabilities and net position	$799,050,564	$813,882,137

DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Revenues, Expenses, and Changes in Net Position
Years ended December 31, 2013 and 2012

	2013	2012
Operating Revenues		
Net patient service revenue	$368,610,938	$352,831,995
Capitation earned net of reinsurance expense	129,185,021	122,970,708
Medicaid disproportionate share and other safety net reimbursements	125,002,310	112,254,391
City and County of Denver payment for patient care services	27,977,304	27,977,304
Federal, state and other grants	71,688,004	55,990,106
City and County of Denver purchased services	19,410,933	18,746,252
Poison and drug center contracts	20,839,018	21,639,182
Other operating revenue	30,640,599	31,461,595
Total operating revenues	793,354,127	743,871,533
Operating Expenses		
Salaries and benefits	461,601,916	444,199,653
Contracted services and nonmedical supplies	159,100,698	142,219,965
Medical supplies and pharmaceuticals	72,102,699	70,917,203
Managed care outside provider claims	44,532,898	35,332,315
Depreciation and amortization	49,184,278	45,663,497
Total operating expenses	786,522,489	738,332,633
Operating income	6,831,638	5,538,900
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	149,000	20,896
Distribution from discretely presented component unit	7,100,000	4,000,000
Gain on early extinguishment of debt	1,047,926	-
Interest income	4,772,791	4,488,636
Interest expense	(11,460,677)	(11,413,726)
Net increase (decrease) in fair value of investments	(6,142,037)	3,143,408
Gain (loss) on disposition of capital assets	(5,536)	286,125
Total nonoperating revenues (expenses)	(4,538,533)	525,339
Income before capital contributions and loss on contract restructuring	2,293,105	6,064,239
Contributions Restricted for Capital Assets	418,216	702,702
Special Item-Loss on contract restructuring	(18,500,000)	-
Increase (decrease) in net position	(15,788,679)	6,766,941
Total Net Position, Beginning of Year	428,669,432	421,902,491
Total Net Position, End of Year	$412,880,753	$428,669,432


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
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2004
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2010
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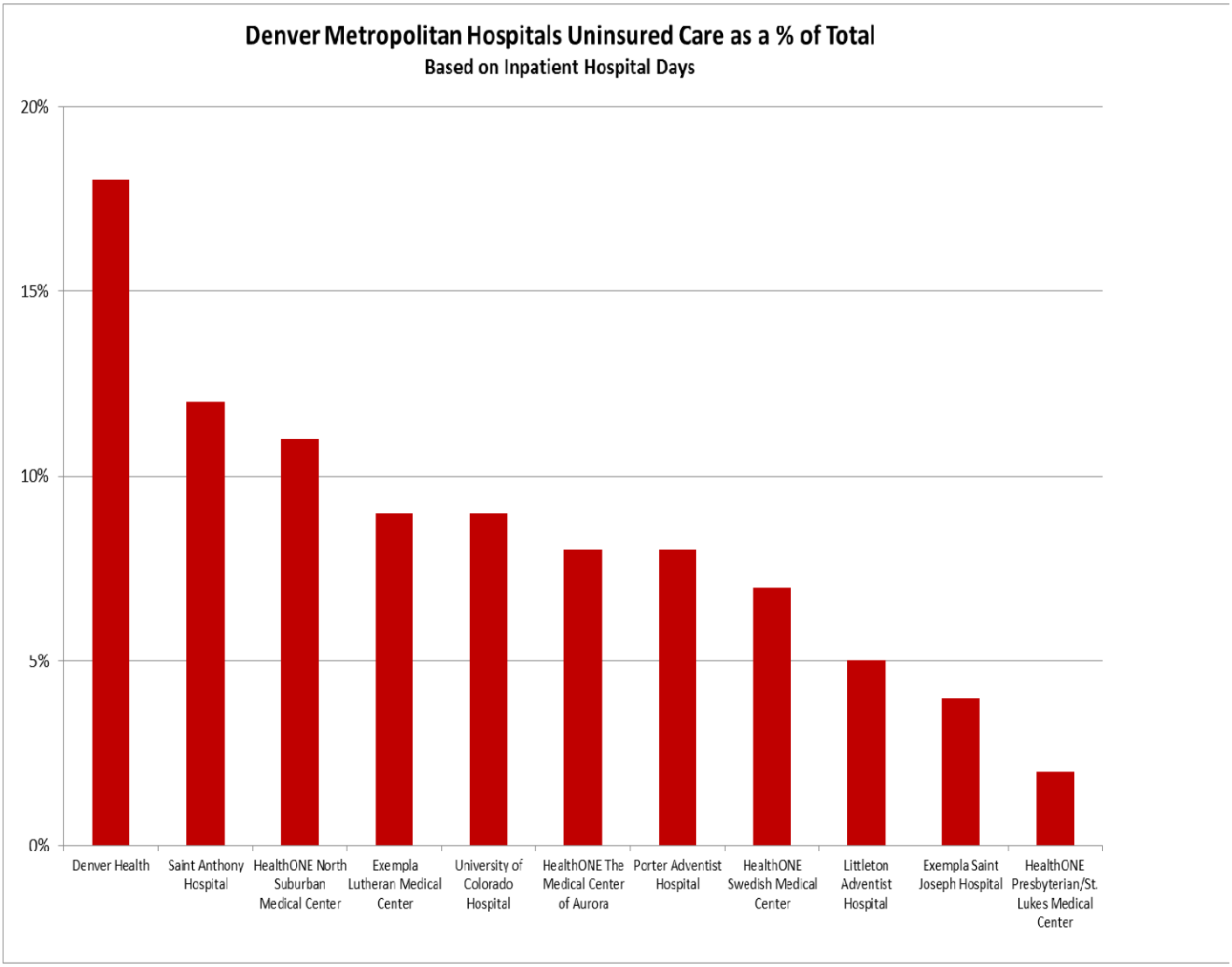
2012
2013
Total Unsponsored Care
City Payment



% of uninsured days as % of total patient days as reported
State of Colorado Healthcare Policy and Financing

Article V

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

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

A. The latest financial statements of the Authority which have been audited by an independent auditing firm selected by the Authority.
RESPONSE: The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2013 financial statements are presented in Section III of this report.

B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.
RESPONSE: A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented on the next page.

C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.
RESPONSE: All matters have been promptly resolved by the Liaison, Elbra Wedgeworth.

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Grant per diem Veterans Administration	Denver C.A.R.E.S.	1/17/2013	1 Year
Colorado State Board of Pharmacy	Montbello	3/13/2013	1 Year
Colorado State Board of Pharmacy	Montbello High SBHC	3/15/2013	1 Year
Colorado State Board of Pharmacy	Rachel Noel Middle SBHC	3/15/2013	1 Year
Denver Fire Department	660 Delaware St – Delaware Parking Garage	4/4/2013	1 Year
Denver Fire Department	723 Delaware St – Pav M	4/5/2013	1 Year
Denver Fire Department	677 Delaware St – Central Plant/Boiler House	4/5/2013	1 Year
Denver Fire Department	777 Delaware St – Receiving Dock	4/5/2013	1 Year
Denver Fire Department	710 Delaware St – Bond Trailer	4/5/2013	1 Year
Colorado State Board of Pharmacy	Place Bridge Academy Campus	4/16/2013	1 Year
Denver Fire Department	190 W 6th Ave – Rita Bass Trauma	4/16/2013	1 Year
Denver Fire Department	301 W 6th Ave – Pav G	4/16/2013	1 Year
VFC/CDPHE Site Visit	Evie Dennis Campus SBHC	4/18/2013	2 Years
VFC/CDPHE Site Visit	Place Bridge Academy Campus	4/18/2013	2 Years
Colorado State Board of Pharmacy	Lowry FHC	4/29/2013	1 Year
VFC/CDPHE Site Visit	LaCasa	4/30/2013	2 Years
VFC/CDPHE Site Visit	Westside FHC Teen Clinic	5/1/2013	2 Years
Denver Fire Department	600 Acoma St – Working Area	5/6/2013	1 Year
Denver Fire Department	790 Delaware St – Pav C	5/7/2013	1 Year
Denver Fire Department	601 Broadway St – Construction	5/7/2013	1 Year
Denver Fire Department	550 Acoma St	5/7/2013	1 Year
VFC/CDPHE Site Visit	DECC	5/8/2013	2 Years
US Food and Drug Administration	Hospital Blood Bank	5/10/2013	2 years
VFC/CDPHE Site Visit	Webb FIM	5/14/2013	2 Years
VFC/CDPHE Site Visit	Park Hill FHC	5/15/2013	2 Years
Signal Behavioral Health Network	Denver C.A.R.E.S.	5/20/2013	1 Year
VFC/CDPHE Site Visit	Lowry FHC	5/20/2013	2 Years
The Joint Commission	Hospital Laboratory	5/22/2013	2 Years
VFC/CDPHE Site Visit	Westwood FHC	5/22/2013	2 Years
Colorado State Board of Pharmacy	Evie Dennis Campus SBHC	5/28/2013	1 Year
Colorado State Board of Pharmacy	Kepner Middle SBHC	5/28/2013	1 Year
Colorado State Board of Pharmacy	Kunsmiller C. A. A. SBHC	5/28/2013	1 Year
Colorado State Board of Pharmacy	LaCasa	5/28/2013	1 Year
Colorado State Board of Pharmacy	Lake Middle SBHC	5/28/2013	1 Year
Colorado State Board of Pharmacy	Lincoln High SBHC	5/28/2013	1 Year
Colorado State Board of Pharmacy	Martin Luther King Jr. E. C. SBHC	5/28/2013	1 Year
Denver Fire Department	777 Bannock St – Pav A	5/28/2013	1 Year
Denver Fire Department	780 Delaware St – Pav B	5/28/2013	1 Year
Denver Fire Department	605 Bannock St – Pav H	5/28/2013	1 Year
Denver Fire Department	700 Delaware St – Pav D & E	5/28/2013	1 Year
Denver Fire Department	645 Bannock St – Pav J	5/28/2013	1 Year

Denver Health Regulatory Surveys

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	655 Bannock St – Pav I	5/28/2013	1 Year
Denver Fire Department	667 Bannock St – Pav K	5/28/2013	1 Year
Denver Fire Department	660 Bannock St – Administration	5/28/2013	1 Year
Denver Fire Department	645 Acoma – Demolished	5/28/2013	1 Year
Denver Fire Department	990 Bannock St	5/28/2013	1 Year
Denver Fire Department	601 Acoma St – Bannock Parking Garage	5/28/2013	1 Year
Denver Fire Department	530 Acoma St – e-Health Services	5/28/2013	1 Year
Colorado State Board of Pharmacy	Westwood FHC	6/17/2013	1 Year
Joint Commission	Hospital - Governing Body and Infection Control	7/9/2013	N/A
CDPHE	Mammography	6/25/2013	1 Year
CDPHE	Nuclear Medicine	6/25/2013	3 Years
Colorado State Board of Pharmacy	Denver C.A.R.E.S.	7/26/2013	1 Year
State Board of Pharmacy	Denver C.A.R.E.S.	7/26/2013	1 Year
The Joint Commission	CHS and School Based Laboratories	8/14/2013	2 Years
Colorado State Board of Pharmacy	Denver Health East Grand	8/20/2013	1 Year
CDPHE/CMS	Patient Discharge and Patient Rights	8/20 - 8/22/2013	N/A
VFC/CDPHE Site Visit	WS, ES, PAVC Women's Care	8/26/2013	2 Years
Colorado State Board of Pharmacy	South High SBHC	9/10/2013	1 Year
Colorado State Board of Pharmacy	North High SBHC	9/25/2013	1 Year
CDPHE/FDA	Mammography Quality Standards	9/27/2013	1 Year
Colorado State Board of Pharmacy	West High SBHC	9/27/2013	1 Year
CDPHE	Hospital	10/3 - 4/2014	N/A
CMS/Palmetto	Montbello Pharmacy	10/18/2013	-
Colorado State Board of Pharmacy	Denver Health Metro Clinic	10/22/2013	1 Year
Colorado State Board of Pharmacy	ID Pharmacy	10/22/2013	1 Year
Colorado State Board of Pharmacy	Westside FHC Teen Clinic	10/25/2013	1 Year
Colorado State Board of Pharmacy	Manual High SBHC	10/31/2013	1 Year
Colorado State Board of Pharmacy	Westside pharmacy	10/31/2013	1 Year
Colorado State Board of Pharmacy	Denver Health Central Fill	11/22/2013	1 Year
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	11/25/2013	1 Year
Colorado State Board of Pharmacy	Primary Care Pharmacy	11/25/2013	1 Year
Colorado State Board of Pharmacy	Park Hill FHC	12/3/2013	1 Year
Grant per diem Veterans Administration	Denver C.A.R.E.S.	12/5/2013	1 Year
Office of Behavioral Health 27-63 Annual Designation Survey	Behavioral Health	12/6/2014	1 Year
Colorado State Board of Pharmacy	Eastside Pharmacy	12/10/2013	1 Year
Grant per diem Veterans Administration	Denver C.A.R.E.S.	12/11/2013	1 Year
Federal Drug Administration	Blood Bank	12/10-12/2013	2 Years

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	2011	2012	2013	Comments
I.5G	Denver Health Medical Choice Average Monthly Enrollment	44,230	47,498	51,061	
I.5G	Inpatient Admissions	26,047	25,244	24,077	
I.5G	Inpatient Days	109,366	110,786	108,814	
I.5G	Total Emergency Room Encounters	73,238	78,506	80,838	
	Adult ED Encounters	48,855	52,454	55,511	
	Pediatric ED Encounters	24,383	26,052	25,327	
	Adult Urgent Care Visits	32,192	37,361	36,897	
	ER/Cost/Visit [1]	1,069	1,292	1,379	
	Top 25 DRGs for Medically Indigent population	See chart on page 50	See chart on page 49	See chart on page 49	
	NICU days	3,728	3,774	3,944	
	CT Scans [2]	15,503	15,307	16,832	
	MRIs	6,047	6,600	7,210	
	Outpatient Surgeries	4,757	5,637	5,887	
Ambulatory Care Encounters					
	Ambulatory Care Center	126,584	137,093	132,480	
	Webb Center for Primary Care	63,288	64,192	59,345	
	Gipson Eastside Family Health Center	42,196	41,333	41,302	
	Sandos Westside Family Health Center	64,653	68,265	65,085	
	Lowry Family Health Center	22,237	19,822	18,894	
	Montbello Health Center	16,223	15,794	19,220	
	Park Hill Family Health Center	15,110	14,875	14,161	
	La Casa/Quigg Newton Family Health Center	20,047	20,445	19,242	
	Westwood Family Health Center	14,205	14,835	14,965	
	Other	52,472	58,953	62,430	
	OP Pharmacy Cost/patient [1]	36.34	32.74	38.55	
	OP Behavioral Health Visits	74,017	99,424	96,021	
	Psych Emergency Services	4,069	4,007	3,808	
	TOTAL AMBULATORY ENCOUNTERS	437,015	455,607	447,124	

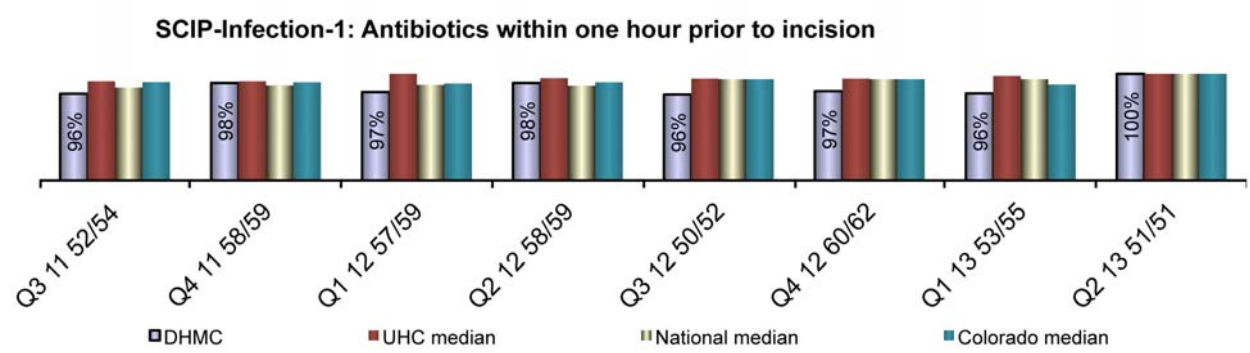
[1] The ER/Cost/Visit and the Op Pharmacy Cost/patient were restated because when we reported 2012 data we used 2011 cost to charge ratio. The cost to charge ratio for previous year becomes available in May of the following year. Similarly for 2013 data we used 2012 cost to charge ratio.

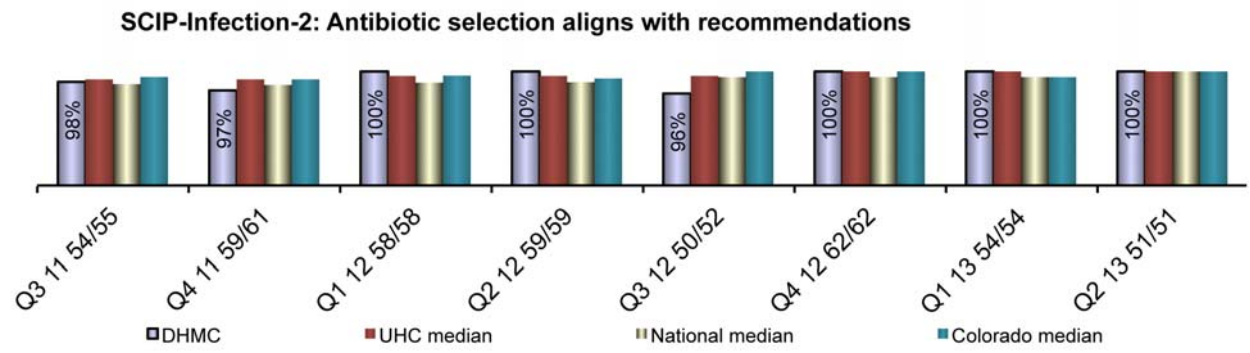
[2] CT Scans were restated to reflect change in the reporting. Previously we used data from a report that no longer calculates this item. We have used the quarterly benchmarking report from Radiology. The Q4 data has YTD 2013 and 2012 data. We have used these two amounts for consistency purposes.

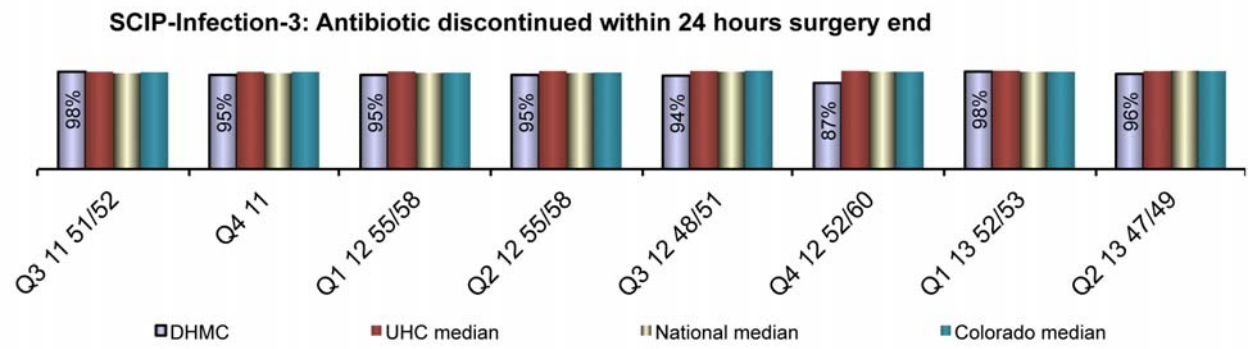
D. Several quality assurance reports are done to meet external payment or funding standards. The findings and assessment of quality assurance programs will be provided annually as well as the status of any recommended improvements.
RESPONSE: In order to ensure quality of health care, define areas of 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.

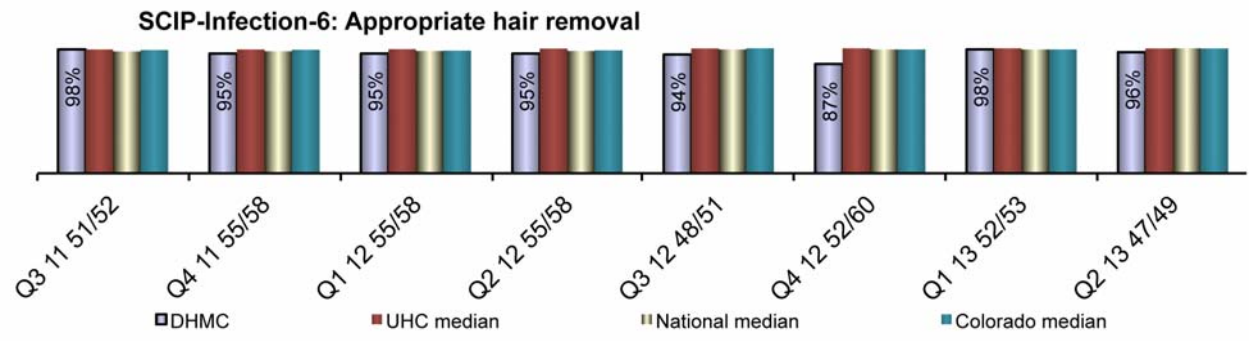
In order to assess the quality of health care services for Denver Health Medical Plan, Inc. members, Denver Health reported the Health Employer Data and Information Set (HEDIS) using the National Committee for Quality Assurance (NCQA) certified data collection methodology and reporting results to NCQA.

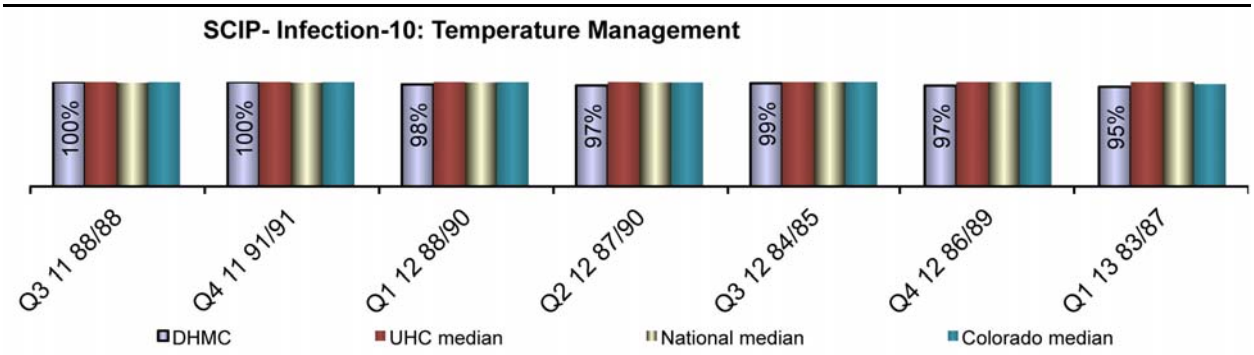
Surgical Measures

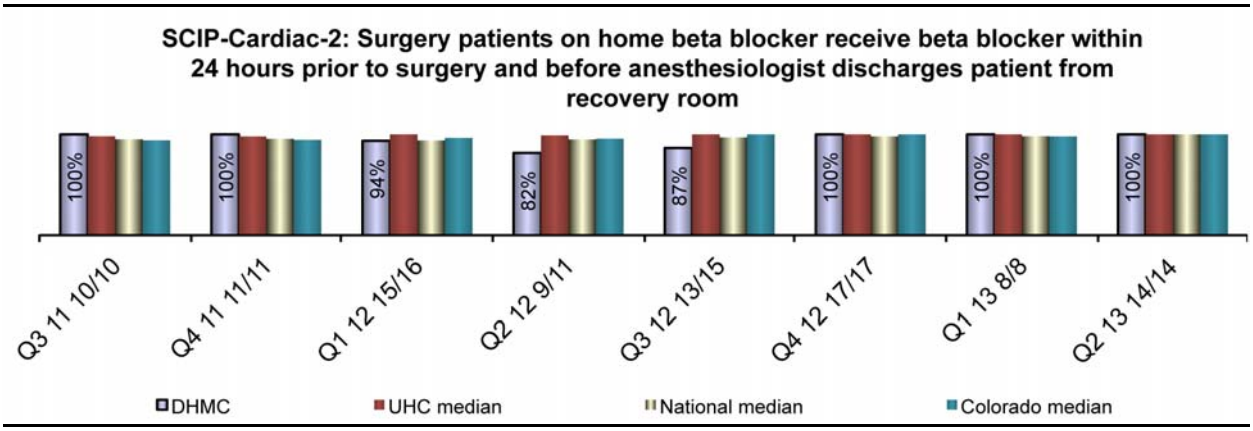


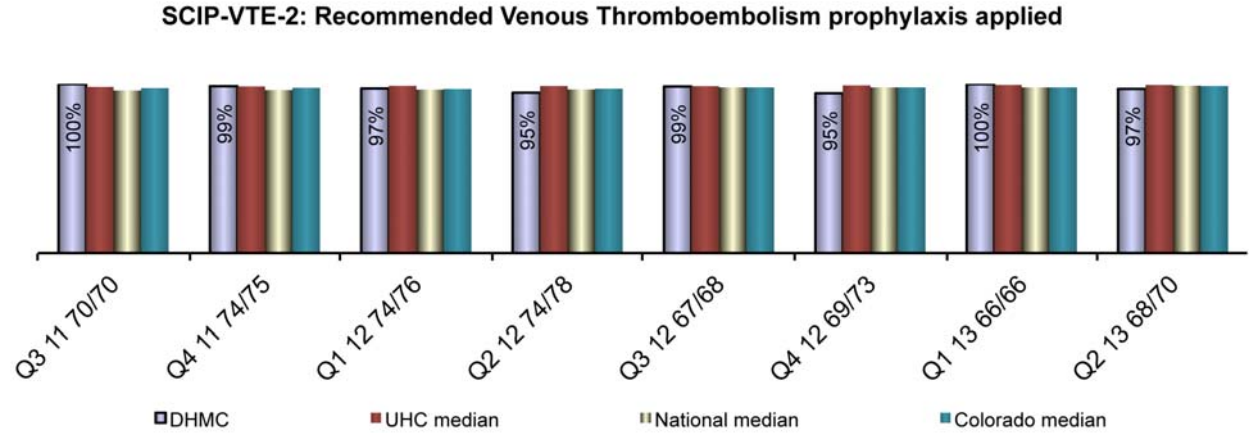




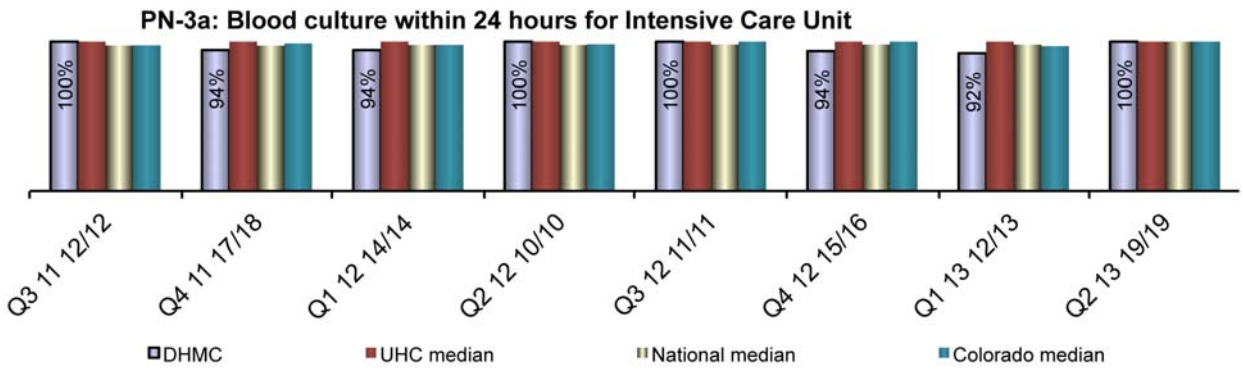

SCIP-Infection-6: Appropriate hair removal
98%
95%
95%
95%
94%
87%
98%
96%
Q3 11 51/52
Q4 11 55/58
Q1 12 55/58
Q2 12 55/58
Q3 12 48/51
Q4 12 52/60
Q1 13 52/53
Q2 13 47/49
DHMC
UHC median
National median
Colorado median

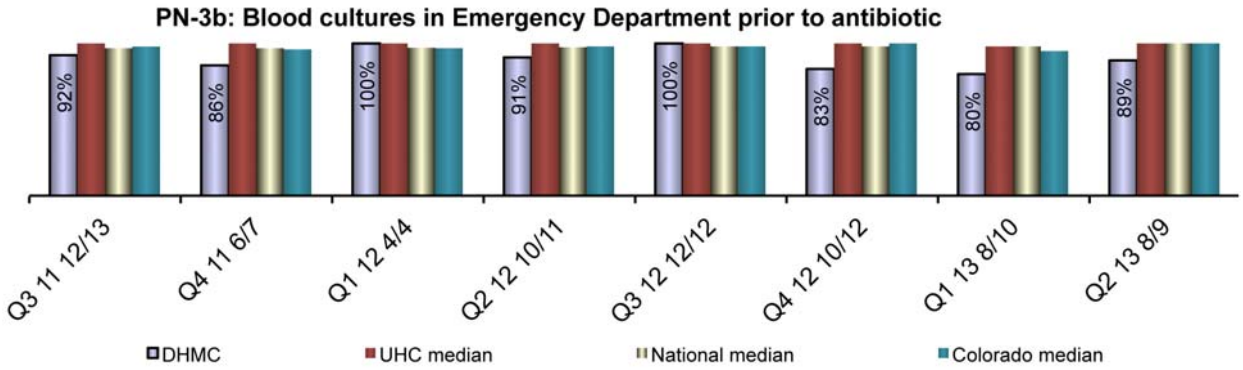

SCIP- Infection-10: Temperature Management
100%
100%
98%
97%
99%
97%
95%
Q3 11 88/88
Q4 11 91/91
Q1 12 88/90
Q2 12 87/90
Q3 12 84/85
Q4 12 86/89
Q1 13 83/87
DHMC
UHC median
National median
Colorado median

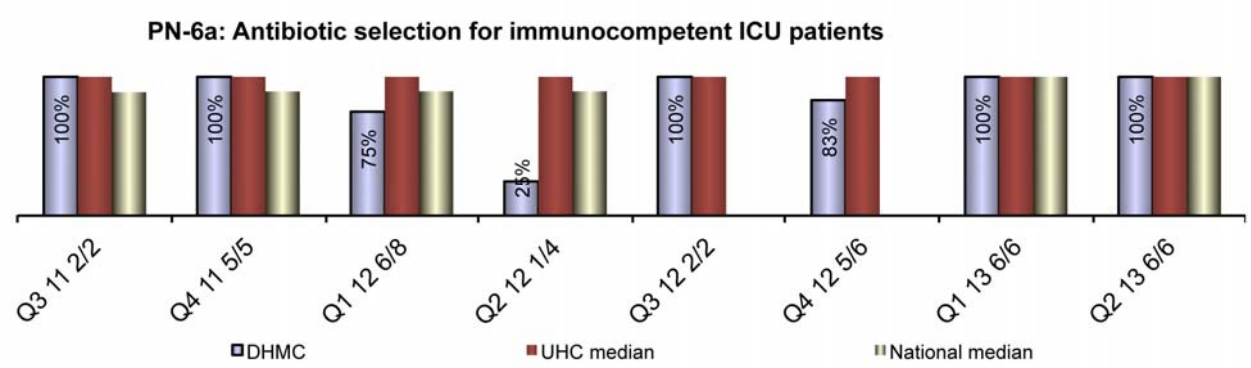

SCIP-Cardiac-2: Surgery patients on home beta blocker receive beta blocker within 24 hours prior to surgery and before anesthesiologist discharges patient from recovery room
100%
100%
94%
82%
87%
100%
100%
100%
Q3 11 10/10
Q4 11 11/11
Q1 12 15/16
Q2 12 9/11
Q3 12 13/15
Q4 12 17/17
Q1 13 8/8
Q2 13 14/14
DHMC
UHC median
National median
Colorado median

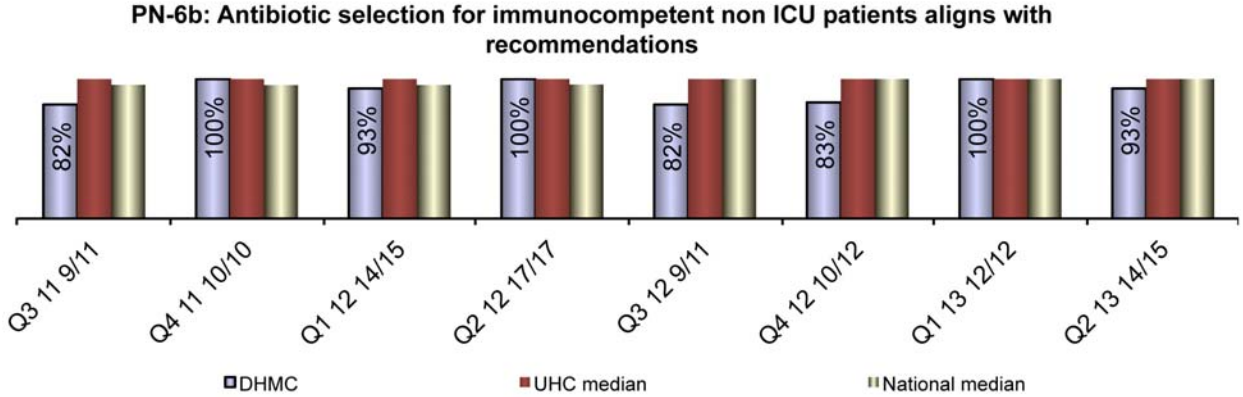

SCIP-VTE-2: Recommended Venous Thromboembolism prophylaxis applied
100%
99%
97%
95%
99%
95%
100%
97%
Q3 11 70/70
Q4 11 74/75
Q1 12 74/76
Q2 12 74/78
Q3 12 67/68
Q4 12 69/73
Q1 13 66/66
Q2 13 68/70
DHMC
UHC median
National median
Colorado median

Pneumonia Measures

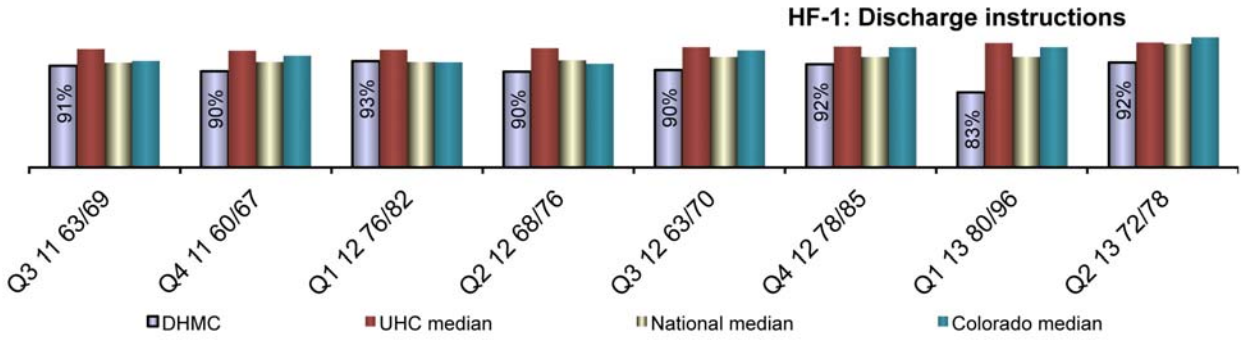


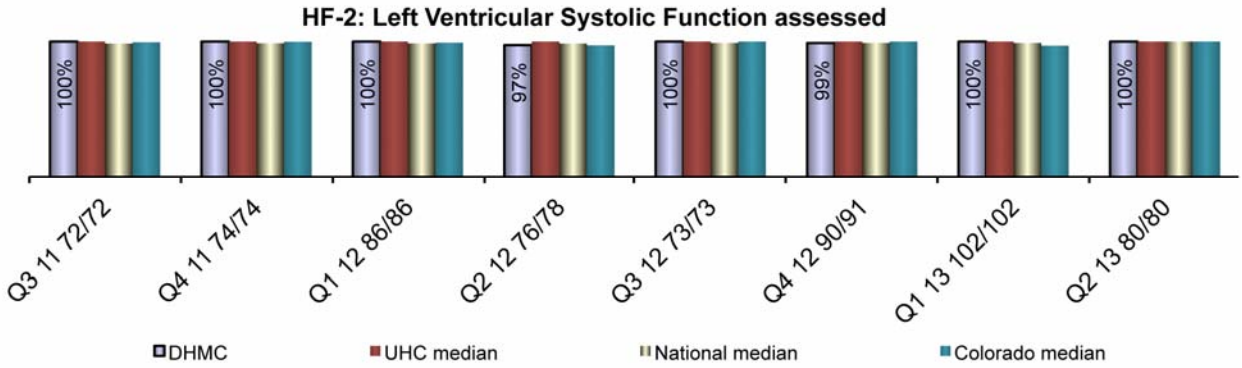


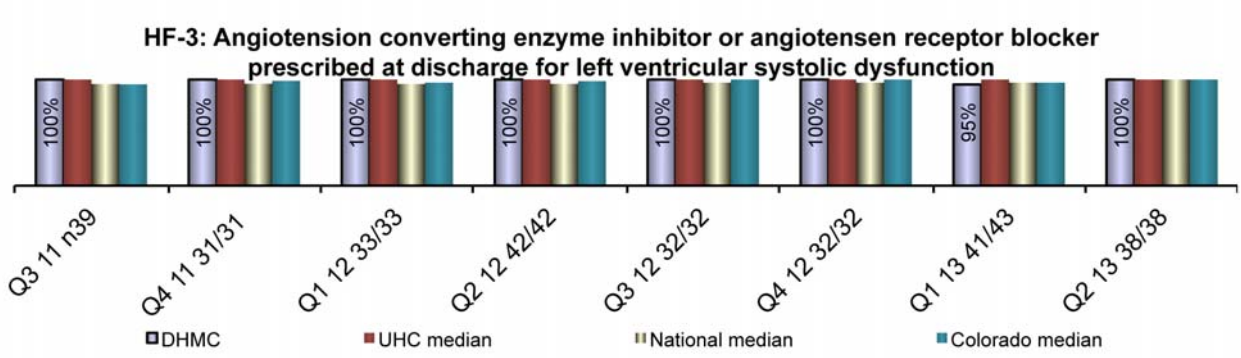




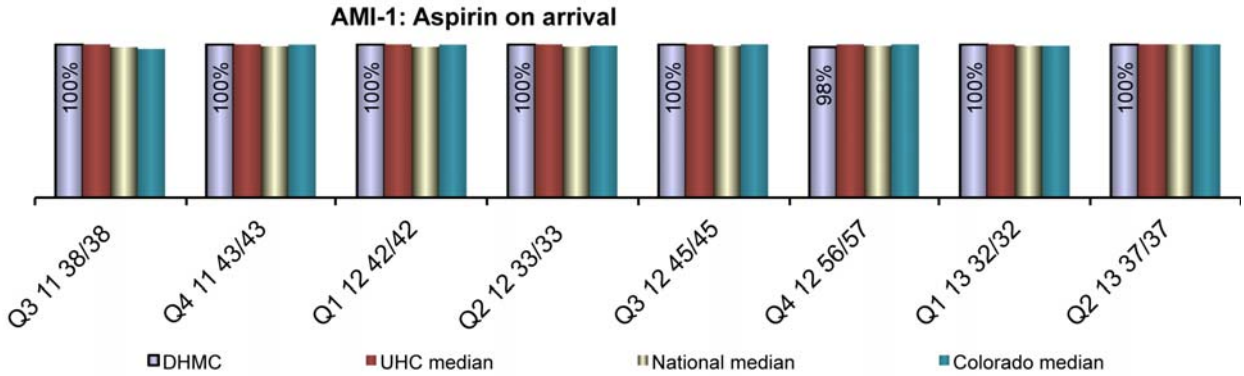
Heart Failure Measures

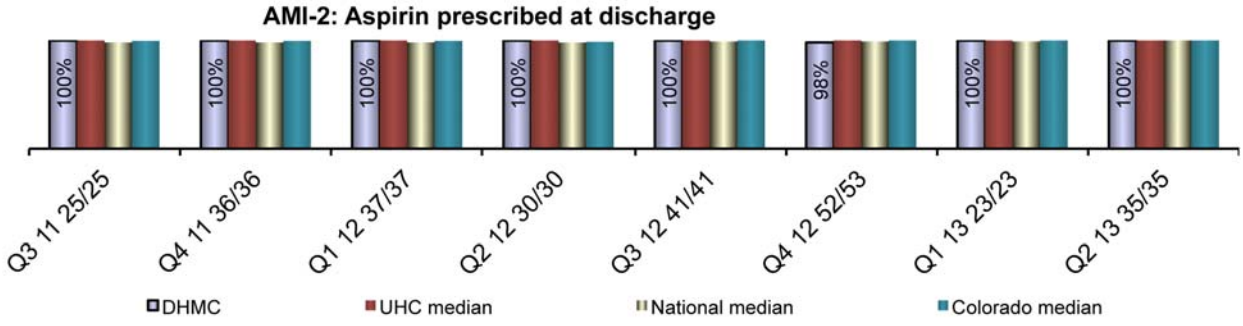


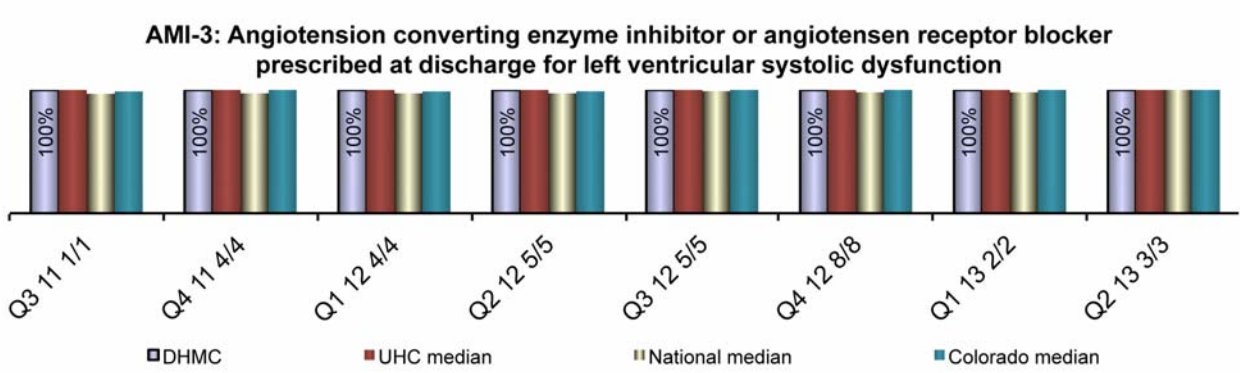


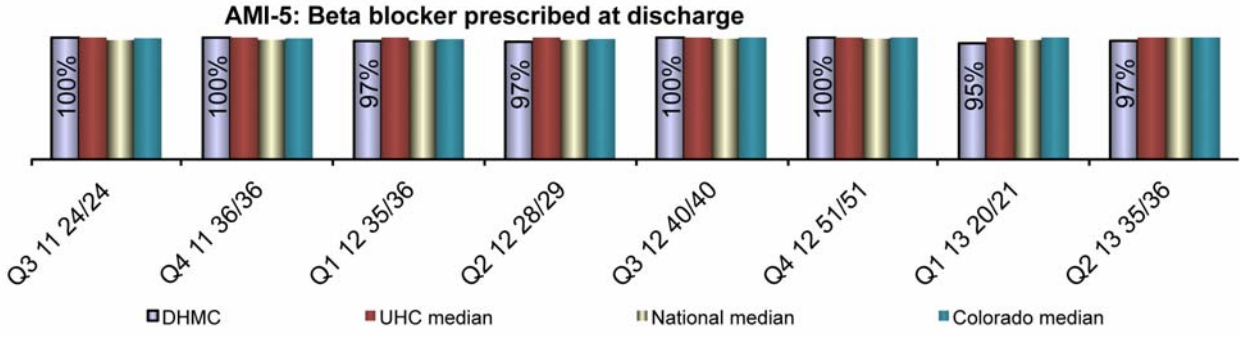


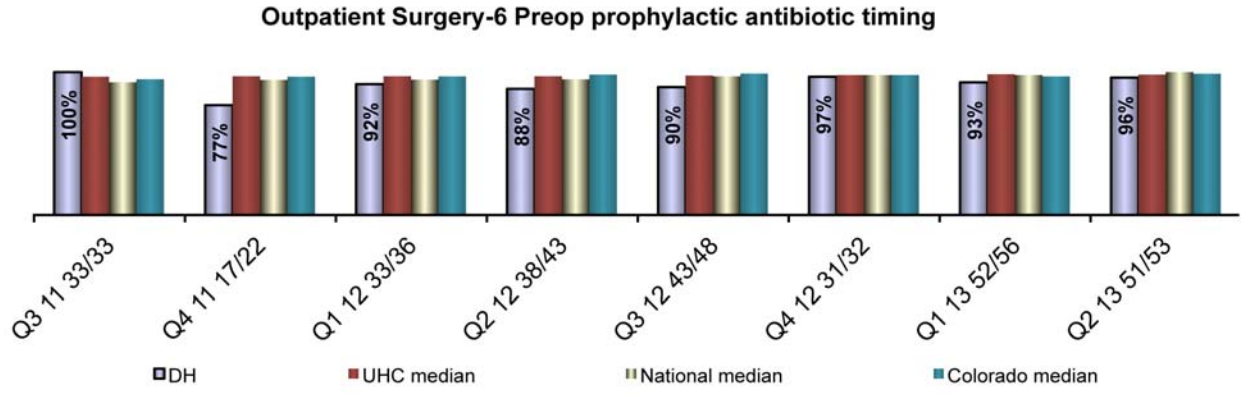
Acute Myocardial Infarction Measures

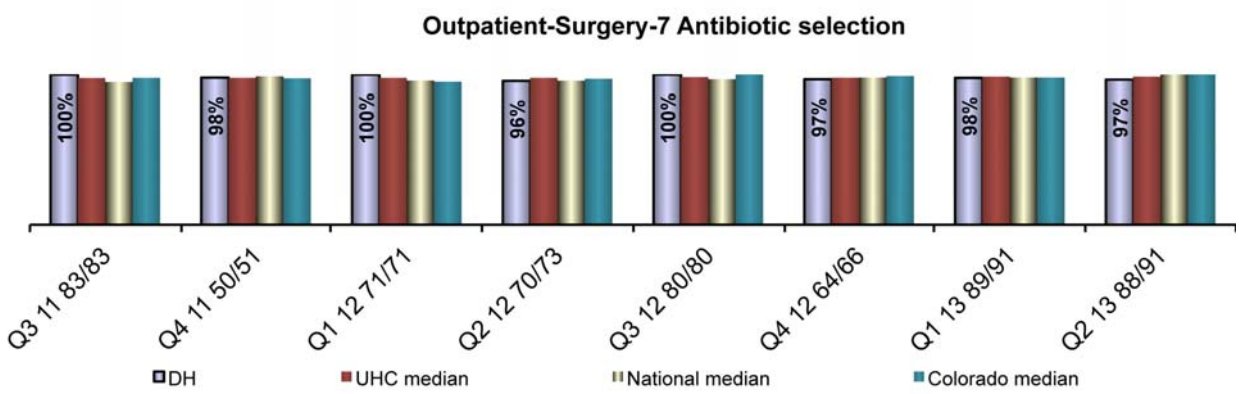



AMI-2: Aspirin prescribed at discharge
100%
100%
100%
100%
100%
98%
100%
100%
Q3 11 25/25
Q4 11 36/36
Q1 12 37/37
Q2 12 30/30
Q3 12 41/41
Q4 12 52/53
Q1 13 23/23
Q2 13 35/35
DHMC
UHC median
National median
Colorado median

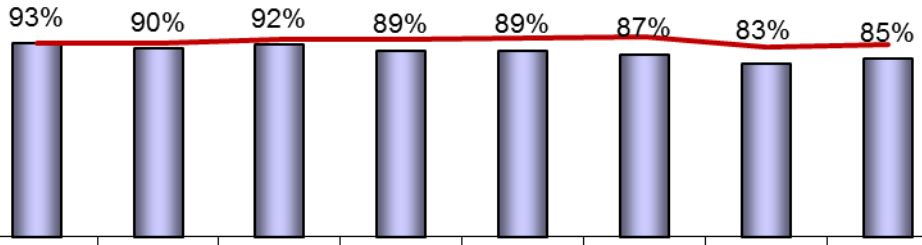

AMI-3: Angiotension converting enzyme inhibitor or angiotensen receptor blocker prescribed at discharge for left ventricular systolic dysfunction
100%
100%
100%
100%
100%
100%
100%
100%
Q3 11 1/1
Q4 11 4/4
Q1 12 4/4
Q2 12 5/5
Q3 12 5/5
Q4 12 8/8
Q1 13 2/2
Q2 13 3/3
DHMC
UHC median
National median
Colorado median


AMI-5: Beta blocker prescribed at discharge
100%
100%
97%
97%
100%
100%
95%
97%
Q3 11 24/24
Q4 11 36/36
Q1 12 35/36
Q2 12 28/29
Q3 12 40/40
Q4 12 51/51
Q1 13 20/21
Q2 13 35/36
DHMC
UHC median
National median
Colorado median


Outpatient Surgery-6 Preop prophylactic antibiotic timing
100%
77%
92%
88%
90%
97%
93%
96%
Q3 11 33/33
Q4 11 17/22
Q1 12 33/36
Q2 12 38/43
Q3 12 43/48
Q4 12 31/32
Q1 13 52/56
Q2 13 51/53
DH
UHC median
National median
Colorado median



CMS Appropriate Care Measures



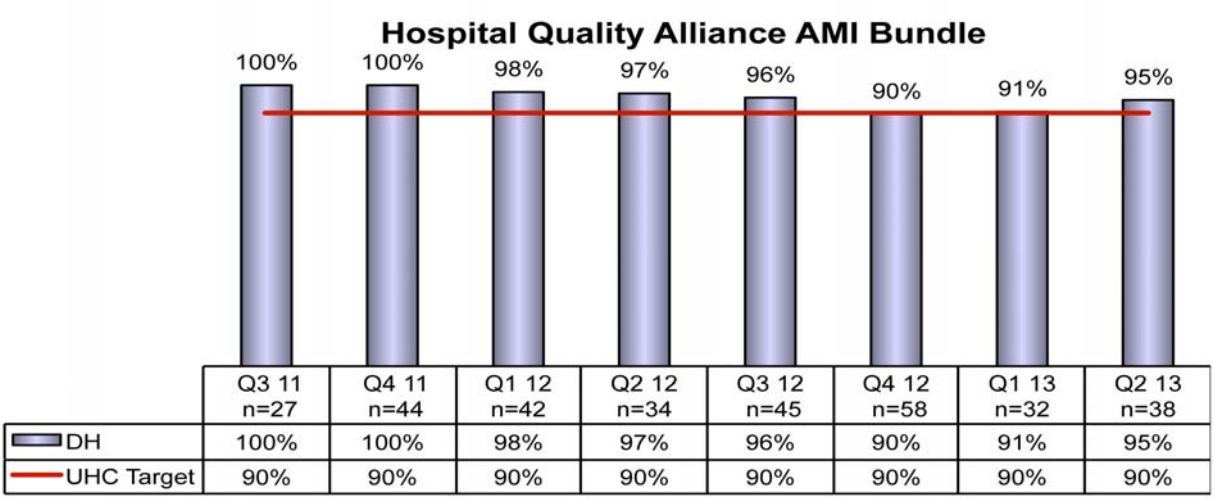
	Q3 11 n=226	Q4 11 n=256	Q1 12 n=243	Q2 12 n=230	Q3 12 n=230	Q4 12 n=261	Q1 13 n=705	Q2 13 n=569
DH	93%	90%	92%	89%	89%	87%	83%	85%
UHC Median	93%	93%	94%	94%	95%	96%	91%	92%

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

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

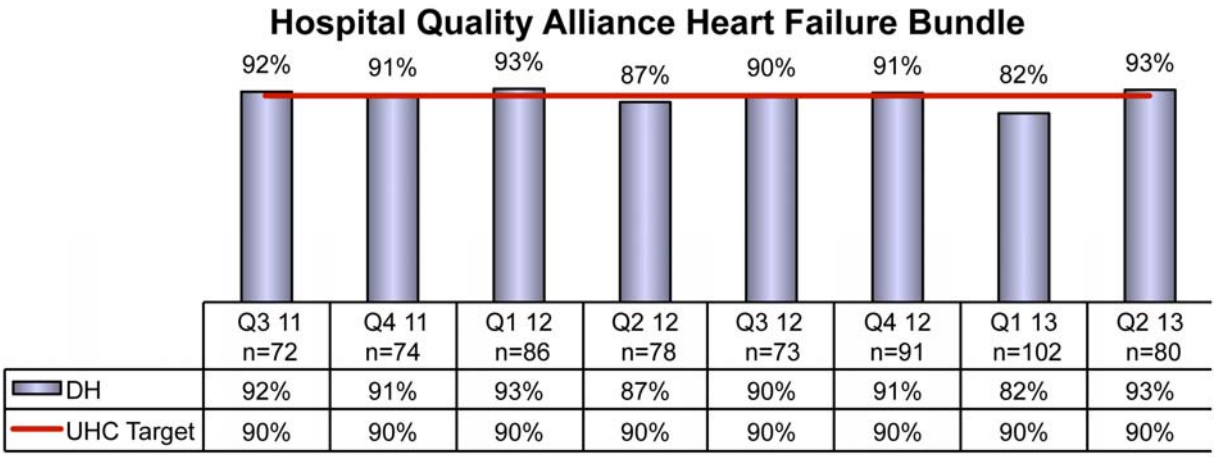
Numerator: The number of patients considered compliant (measure category assignment of E for every eligible measure).

Target: 90% compliance rate



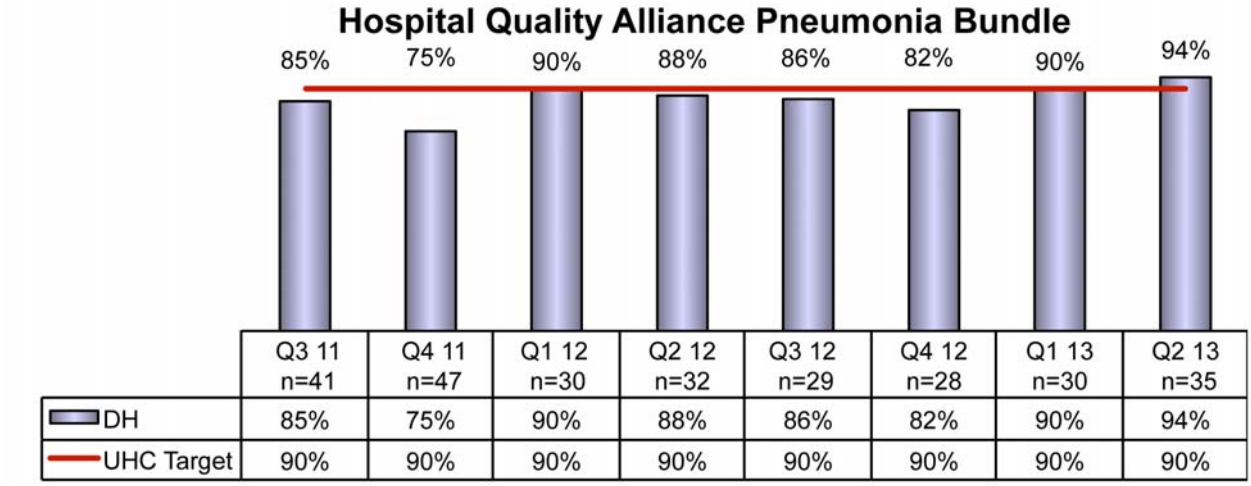
	Q3 11 n=27	Q4 11 n=44	Q1 12 n=42	Q2 12 n=34	Q3 12 n=45	Q4 12 n=58	Q1 13 n=32	Q2 13 n=38
DH	100%	100%	98%	97%	96%	90%	91%	95%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 7 AMI hospital quality measures that show 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

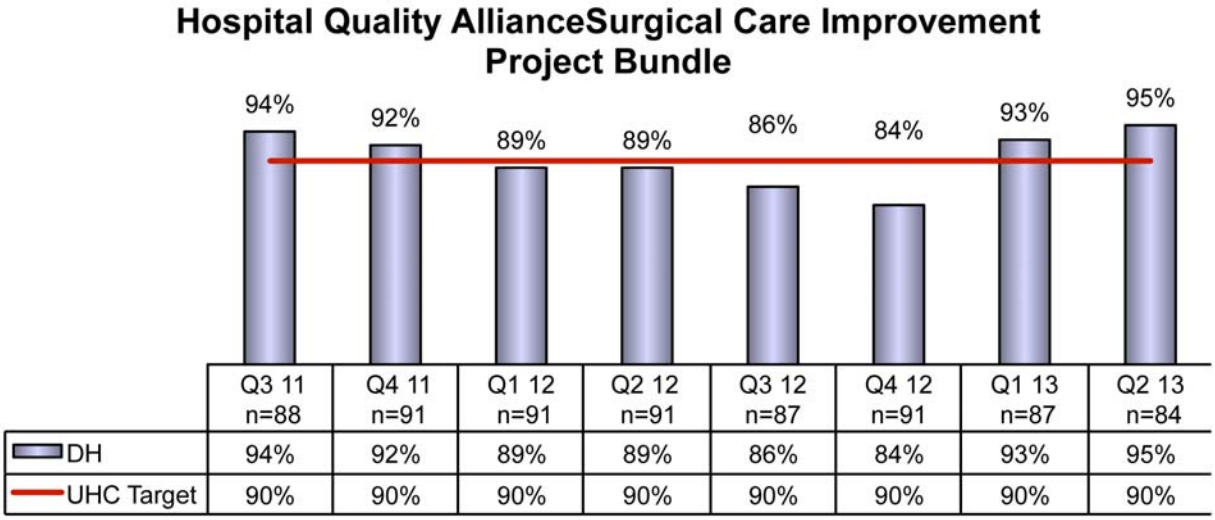


	Q3 11 n=72	Q4 11 n=74	Q1 12 n=86	Q2 12 n=78	Q3 12 n=73	Q4 12 n=91	Q1 13 n=102	Q2 13 n=80
DH	92%	91%	93%	87%	90%	91%	82%	93%
UHC Target	90%	90%	90%	90%	90%	90%	90%	90%

Definition: Composite metric based on 7 AMI hospital quality measures that show 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



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



Definition: Composite metric based on 9 SCIP hospital quality measures that show 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-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-U numbering follows the Authority's Annual Report)
RESPONSE: See following table.

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

Number	Contract Criterion	2011	2012	2013	GOAL
1.5I	**Childhood Immunization Rate**[1]	79%	82%	86%	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	69%	68%	71%	70% of women will begin prenatal care within the 1st Trimester
	2nd Trimester	22%	21%	21%	20% of women will begin prenatal care within the 2nd Trimester
	3rd Trimester	9%	11%	8%	10% of women will begin prenatal care within the 3rd Trimester
1.5L	**Patient Satisfaction**				
	Community Health Service[2]	64%	63%	72%	A new survey tool that measures out-patient 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[3]	71%	72.1%	71.3%	An overall patient satisfaction rate of 80% or above.
1.5M	**Mammogram Screening**	63%	66%	68%	65% of active users over age 50 years.
1.5N	**Pap Smear**	76%	80%	80%	80% of women 21-64 years of age must obtain a pap smear at least once in three years.
1.5O	**Wellness checkups for adolescents**[4]	58%	57%	59%	60% of adolescents, ages 13-17, will have a preventive services visit with appropriate screening once every 12 months.

Number	Contract Criterion	2011	2012	2013	GOAL
1.5P	**Diabetes Monitoring**				A "Diabetic patient" for the diabetes measures is defined as a patient who has had at least two visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.
	Kidney Function (Monitoring Nephropathy)	61%	78%	79%	75% of diabetic patients will have appropriate monitoring of kidney function.
	Foot Lesions[5]	dna	dna	dna	70% of diabetic patients will have their feet checked for foot lesions during exam.
	Eye Exams[5]	dna	dna	dna	60% of Diabetic patients will be referred for a retinal eye exam.
	Diabetes-percent of diabetics with HBA1c < 9	75%	75%	75%	70% of Diabetic patients will have an HBA1c < 9
	LDL C Controlled (LDL-C,100 mg/dL	56%	55%	56%	45% of Diabetic patients will have an LDL-C<100 mg/dL)
1.5Q	**Hypertension Control**	71%	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: Advise or Refer**	93%	94%	95%	Maintain smoking assessment, advice and refer for 85% of adults.
1.5S	**Seniors, Flu Vaccinations**[6]	55%	49%	50%	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	96.80%	96.20%	97.3%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.
	Blunt without DOAs	97.80%	97.40%	98.4%	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 97.1%.
	Penetrating with DOAs	86.80%	89.00%	91.8%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	Penetrating without DOAs	92.10%	95.30%	96.6%	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 91.9%.
1.5U	**CMS Core Measures**	Q3 2010 - Q2 2011	Q3 2011 - Q2 2012	Q3 2012 - Q2 2013	
	Surgical Care[7]	98%	97%	97%	100% of surgical patients will receive antibiotics within 1 hour before surgery.
	Congestive Heart Failure[7]	100%	100%	99%	100% of patients with congestive heart failure will have an ACE-inhibitor prescribed at discharge for systolic dysfunction.

Number	Contract Criterion	2011	2012	2013	GOAL
	Acute Myocardial Infarction[7]	100%	100%	99%	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] A new survey tool is being used at all of our clinics as of 2013. The goal is to improve the Overall Rating of the Provider. Next year's goal is to improve this score by at least 1.6%

[3] 2011 and 2012 have been restated because we are presently tracking by top box score which is a different methodology than used in the past. The present goal is to improve the Overall Rating of the Hospital by 1.5%.

[4] 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.

[5] DH has stopped auditing patient records in order to capture this data because of consistent high level of performance over the past few years.

[6] 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%.

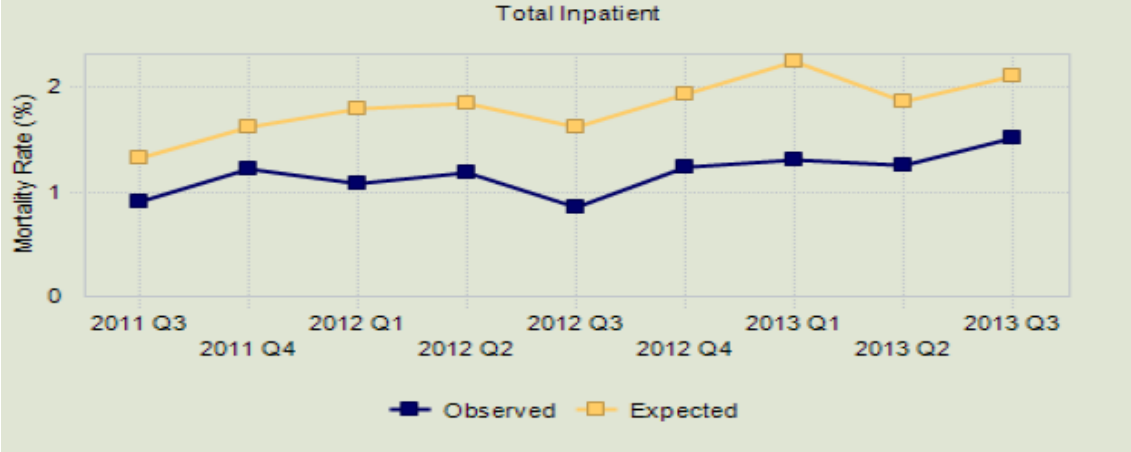
[7] Performance on these measures exceeds the Joint Commission Accountability Core Measures target and the CMS Appropriate Care Measures target. We actively investigate every single case that does not meet this standard and have engaged our staff in efforts to improve performance.

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 2013 reflecting high quality medical care. In fact, Denver Health has been in the top 5% of academic hospitals (out of 116 academic health centers) in patient survival for the last 5 years.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank
Current Quarter	⊙	5,698	0.71	0.88	20/112
Recent Year	⊙⊙	23,060	0.65	0.92	5/116

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,698	5,670	23,060
Observed Deaths	86	71	306
Expected Deaths	120.22	106.19	469.89
Observed Mortality (%)	1.51	1.25	1.33
Expected Mortality (%)	2.11	1.87	2.04
Observed/Expected Ratio	0.71	0.66	0.65



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.

2013 Denver County Unduplicated Users and Visits by Zip Code

Zip Code	Users	Visits
0		66
80002	1	2
80003	2	2
80005	2	4
80010	16	38
80011	5	14
80012	569	1,702
80013	7	21
80014	692	2,886
80015	1	11
80016	1	4
80017	1	4
80019	1	10
80020	2	2
80022	7	23
80023	19	34
80026	1	2
80029	2	3
80030	2	22
80031	2	4
80033	4	5
80039	1	1
80043	1	1
80049	1	1
80054	1	3
80100	2	84
80110	424	1,732
80111	1	4
80112	51	189
80114	2	2
80115	1	1
80119	1	2
80120	4	5
80123	519	2,304
80127	2	1
80128	3	5
80143	1	5
80196	1	1
80197	1	1
80200	1	1
80201	103	450
80202	1,297	6,941
80203	3,142	14,783
80204	19,492	98,828
80205	49,268	49,268
80206	9,627	9,627
80207	23,400	23,400
80208	31	31
80209	6,355	6,355
80210	7,231	7,231
80211	34,914	34,914
80212	8,921	8,921
80213	227	227
80214	2,866	2,866
80215	2	2
80216	23,499	23,499
80217	122	122
80218	12,410	12,410
80219	121,600	121,600
80220	24,193	24,193
80221	10,045	10,045
80222	10,501	10,501
80223	32,351	32,351
80224	11,207	11,207
80226	2,379	2,379
80227	8,622	8,622
80228	1	3
80229	5	9
80230	809	3,496
80231	3,160	13,018
80232	236	960
80233	1	1
80234	1	1
80235	376	1,807
80236	2,777	12,265
80237	1,286	5,703
80238	589	2,477
80239	13,450	55,022
80240	8	14
80243	3	3
80244	1	1
80245	1	2
80246	1,300	5,499
80247	2,370	11,356
80248	6	48
80249	3,500	14,683
80250	11	51
80259	1	2
80260	5	6
80261	3	4
80263	3	5
80264	1	1
80265	8	33
80266	2	4
80267	5	11
80269	1	14
80277	1	1
80287	1	1
80291	1	1
80294	7	9
80299	3	12
80304	1	2
80320	2	4
80325	1	1
80327	2	2
80331	1	1
80349	1	2
80378	1	1
80401	2	2
80409	1	1
80412	1	7
80422	1	1
80447	1	1
80462	1	1
80465	1	2
80491	1	1
80505	2	57
80513	1	1
80515	1	1
80518	1	1
80537	1	1
80600	1	2
80626	1	9
80640	1	1
80760	1	1
80909	1	1
80916	1	1
81033	1	1
81219	1	4
81367	1	4
81428	1	1
81623	1	1

- Qualified all charges; does not include Denver Public Health.
- Based on reg/admit dates in 2013 with a county code of 16 which indicates Denver County.
- Evaluates users by last recorded visit in 2013. 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 = 140,380
Total Visits = 656,615

2013 Unduplicated Users and Patient Visits by Colorado County

County	Users	Visits
000 - Unknown	1,644	5,161
001 - Adams	10,958	39,521
002 - Alamosa	28	43
003 - Arapahoe	11,726	42,709
004 - Archuleta	3	7
005 - Baca	2	4
006 - Bent	24	59
007 - Boulder	1,069	2,500
008 - Chaffee	24	59
009 - Cheyenne	3	10
010 - Clear Creek	99	270
011 - Conejos	6	8
012 - Costilla	15	51
013 - Crowley	15	29
014 - Custer	7	14
015 - Delta	14	33
016 - Denver	140,380	656,615
017 - Dolores	60	91
018 - Douglas	1,700	4,952
019 - Eagle	125	298
020 - Elbert	62	161
021 - El Paso	559	1,115
022 - Freemont	32	76
023 - Garfield	71	104
024 - Gilpin	37	149
025 - Grand	655	1,896
026 - Gunnison	21	47
027 - Hinsdale	1	1
028 - Huerfano	7	11
029 - Jackson	2	4
030 - Jefferson	10,390	38,070
031 - Kiowa	58	64
032 - Kit Carson	9	10

County	Users	Visits
033 - Lake	29	67
034 - La Plata	27	44
035 - Larimer	381	747
036 - Las Animas	22	61
037 - Lincoln	13	24
038 - Logan	45	114
039 - Mesa	48	67
040 - Mineral	1	1
041 - Moffat	6	21
042 - Montezuma	2	2
043 - Montrose	23	34
044 - Morgan	75	162
045 - Otero	17	45
046 - Ouray	2	2
047 - Park	88	191
048 - Phillips	7	9
049 - Pitkin	26	57
050 - Prowers	9	13
051 - Pueblo	184	381
052 - Rio Blanco	4	4
053 - Rio Grande	13	21
054 - Routt	40	127
055 - Saguache	3	5
057 - San Miguel	5	7
058 - Sedgwick	6	20
059 - Summitt	80	109
060 - Teller	17	49
061 - Washington	8	12
062 - Weld	777	1,929
063 - Yuma	8	9
064 - Broomfield	364	1,173
098 - Out of State	4,746	6,572

Total Visits	**806,221**
Total Unduplicated Users	**186,882**

Qualified all charges; does not include Denver Public Health

- Evaluates users by last recorded visit in 2013. Does not take into account patient moves during this timeframe
- Based on reg/admit dates in 2013
- 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.

2013 Users and Visits by Gender and Race

Gender	Race	Users	Inpatient Visits	Outpatient Visits	Total Visits
Female	African-American	13,509	1,540	68,413	69,953
	Amer/Alaskan/Native	612	118	3,766	3,884
	Asian	3,427	419	15,841	16,260
	Hispanic	49,962	5,759	244,320	250,079
	Native Hawaiian	51	3	140	143
	Oth Pacific Islander	110	10	370	380
	Unknown	1,796	69	2,645	2,714
	White	27,556	3,515	113,316	116,831
Female Total		97,023	11,433	448,811	460,244
Male	African-American	12,707	1,664	50,933	52,597
	Amer/Alaskan/Native	565	110	3,414	3,524
	Asian	2,667	353	9,410	9,763
	Hispanic	40,662	4,765	152,150	156,915
	Native Hawaiian	61	2	206	208
	Oth Pacific Islander	90	4	243	247
	Unknown	1,839	52	2,799	2,851
	White	31,268	4,477	115,395	119,872
Male Total		89,859	11,427	334,550	345,977
Grand Total		186,882	22,860	783,361	806,221

- Does not include Denver Public Health
- Evaluates users by last recorded visit in 2013. Does not take into account data entry errors.

Homeless Care and Costs

2013 Homeless Users, Visits and Charges

Gender	Users	Visits	Charges
Female	5,125	32,096	$60,689,730
Male	9,464	54,868	$151,913,075
Totals	14,589	86,964	$212,602,805

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

Top 25 DRGs for Medically Indigent Population 2013

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

Top 25 DRGs for Medically Indigent 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

DRG #	DRG Name	Total
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 Medically Indigent 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 0.4793 for the year 2013.**

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	10.2	9:00	7:16	91.7	10:30	11:07	76.0

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. Ninety-two of these heart attack patients were transported in 2013. Eighty-four (91.0%) received aspirin.
    NOTE: 100% compliance with aspirin administration is not

necessarily the desired goal. Each of the eight cases in which aspirin was not given was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable contraindications to aspirin administration, in which giving aspirin would have caused the patient harm.

b. Elapsed time from when paramedics arrive at the scene until Emergency Department arrival of the transporting unit for STEMI (cardiac alert) patients, with direct transport to an identified interventional (PCI) facility.
RESPONSE: The average time between EMS scene arrival and patient arrival to the ED of the 92 heart attack patients was 23.5 minutes in 2013. 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 approximately four of the 92 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: 899 emergency (lights and siren) transports of trauma patients occurred in 2013. The average scene time for these patients was 9.2 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 899 emergency trauma patients, 872 (97%) were transported to an American College of Surgeons designated as a level I or II trauma center.
ADDITIONAL COMMENTS: Medical evidence shows that severely injured trauma patients with scene times less than 10 minutes and transport to a designated trauma center can be saved at a much higher rate. The Denver Health Paramedics perform especially well in this category, as well.

NOTE: 100% compliance with trauma center transport is not necessarily the desired goal. Each of the cases in which the patient was not transported to a trauma center was reviewed by the Denver Health Paramedic Division Captain with responsibility over quality assurance and the Medical Director. The cases had reasonable factors for non-transport to a trauma center (i.e. primary issue was a non-traumatic problem more appropriately handled at the closest facility to the call location).

e. Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition.
RESPONSE: 32 patients were included in this cardiac arrest subset during 2013. There are 13 survivors (40.6%).
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 16.3% below Denver's. Lowering Denver's survival rate to that of the national average would mean that about five of 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 nine minute ALS Response time of 90% from unit assigned to unit arrived or by meeting the 10 minute 30 second Total Response time from Call answered to Unit Arrived.
RESPONSE: The Authority has met its response time performance criteria by having met the nine minute ALS response time of 90% from unit assigned to unit arrived. According to the City's Director of the 911 Communications Center Reports, the Authority's response time compliance under nine minutes was 91.7%. Please see Appendix A-2 § 1.4-B-2 above.

7. **Reporting** – Performance reports will be submitted monthly to the Monitoring Group by the Authority, not later than fifteen (15) days after the end of the month. The Monitoring Group will be comprised of City (Mayor's Office, Department of Safety and Auditor), City Council members, and Denver Health representatives. Reports will contain the following information:
Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.
Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00.
Exclusions- The count of excluded calls, by type, will be reported by month in each report.

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

8. **Remedies**

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

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

ADDITIONAL COMMENTS: For each of the past two years, the Denver Health Paramedic Division has received more than 100,000 requests for service. For year 2013, the Paramedic Division had 95,244 total field responses resulting in 65,033 patients being transported. The providers of the Denver Health Paramedic Division assisted in the delivery of 21 infants, cared for 6,039 children, treated 10,696 alcohol intoxicated patients, performed two emergent surgical airway procedures and participated in 92 Cardiac Alerts. The Paramedic Division also responded to and treated 2187 possible overdoses, 126 possible gun-shot wounds, and 711 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. Travel consultations and immunizations were provided to individual and group travelers.

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

RESPONSE: Comprehensive care, including primary medical, 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 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.

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

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

H. Provide birth and death certificates to the public Monday through Friday.
RESPONSE: Birth and death certificates were provided to the public Monday through Friday, on a walk-in basis. Requests were also taken by telephone, online ordering, and mail.

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

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 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 below.

PUBLIC HEALTH SERVICES	2011	2012	2013
Patient Encounters - Infectious Disease Clinic	16,366	17,295	16,376
Birth and Death Certificates Registered	4,720	4,461	4,379
Certified Copies Issued	66,088	61,503	54,497
New TB Cases	53	44	49
Patient Encounters - TB Clinic	10,791	10,140	8,244
STD Clinic Visits	15,930	15,735	15,774
Total Immunization Visits	9,595	9,294	9,621
Total Vaccinations Provided	19,327	19,028	18,759

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 to develop and maintain a regularly-updated landing page which will provide an overview of public and environmental health services within Denver County. This website will provide the appropriate contacts for specific services. DEH will take the lead in developing the landing page and both organizations will be responsible for maintaining their corresponding information.
RESPONSE: DEH took the lead on this initiative. A contractor has been engaged to develop a landing page, and DPH has provided comments on the initial draft of the page.

M. The Department of Public Health of the Authority will work with the Department of Environmental Health to collect, compile, assess, and prepare a comprehensive report on the health of Denver. This comprehensive report will be prepared and published every 3 years (the last comprehensive report was done in 2011). The Departments will collaborate on regular updates (every 2 months) on individual health issues through their publication, "Denver Vital Signs". The Department of Public Health and the Department of Environmental Health will also collaborate on the development of a community health improvement plan by 2013. The two departments

will then provide updates on key metrics of the plan at least every 6 months. The entire plan will be updated every 3 years."

RESPONSE: A health profile, entitled "The Health of Denver – 2011" was developed cooperatively between Denver Public Health, Denver Environmental Health, and many community partner agencies. This profile was released in early 2012 and was used as the foundation to gather input for the Community Health Improvement Plan (CHIP). Access to Care, specifically Behavioral Health Care, and Healthy Eating and Active Living (HEAL) were identified as the two top priorities for the CHIP which was formalized in 2013 and planned to be released in early 2014. Six issues of Denver Vital Signs were also published last year. Specific areas of focus were: childhood obesity, alcohol exposed pregnancy, hepatitis C, foodborne illness, expanding access to Health Care in Denver under the ACA, and understanding and preventing the flu.

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. provides pregnancy testing at no cost to any female client. All women of child-bearing age are offered a pregnancy test; those testing positive are referred to women's services. For 2013, 500 pregnancy tests were offered, 83 pregnancy tests were given, and seven pregnancy tests were positive.

B. An ESP average response time of 35 minutes or less will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene. A goal of 35 minutes will be set for contract year 2013 based on available resources.
RESPONSE: **In 2013, our average response time to calls without standby was 31:19 and the response time to clients with public safety personnel standing by was 19:31. The overall average response time to all calls was 25:27.**

C. Average length of stay will be 36 hours or less.
RESPONSE: **The average length of stay in the detox was 25.43 hours for 2013 (time sample 12-1-2013 to 12-14-2013).**

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	2011	2012	2013
Shelter/Detox Program: Average Daily Census	72.0	75.5	78.0
Outpatient Counseling: Patient Encounters	26,294	27,643	28,478
DUI Program: Patient Encounters	941	537	910
Emergency Services Patrol: Average Response Time in Minutes	20:51	25.08	25:27
Number of Clients Picked Up Per Shift	11.4	11.3	12
Number of Clients Admitted for the First Time	5,152	5,310	4,964
Number of Clients Admitted More Than One Time for the Program Year	2,112	2,463	2,485
Number of Admission of Homeless Clients	16,985	18,171	18,442
Number of Clients Who Did Not Pay Any Charges Due for Services Rendered	7,224	7,297	8,777
Number of Veterans Entering Denver C.A.R.E.S.	1917	2231	2267
Number of Veterans Admitted to the Denver Veterans 1st Program	37	44	55
Number of Veterans Completing the Transitional Residential Treatment Part of the Denver Veterans 1st Program and Denver C.A.R.E.S.	17	25	30

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

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

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

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

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
Night (V2)	31	28	31	30	31	30	31	31	30	31	30	31	365
Total	71	64	70	70	70	68	72	70	69	71	68	72	835

G. For Veterans Services and 25 Housing First Units – the Authority will participate in all evaluation efforts for the Ten Year Plan to End Homelessness.
RESPONSE: Denver C.A.R.E.S. continues to have representation on Denver's Road Home Commission and Committees. We also continue to work with Denver Human Services to coordinate evaluation efforts regarding data being entered into the Homeless Management Information Services (HMIS) by all service providers.

H. Provide a quarterly report no later than the 15th day of the month following the end of the quarter, for data representing the previous quarter including the following:
- ❖ Number of persons entering CHARTT'S treatment program
- ❖ Number of persons successfully completing CHARTT'S treatment program
- ❖ Number of persons housed at Denver CARES
- ❖ Disposition of individuals served including, but not limited to, Involuntary Placement, Housing, Employed, Left Treatment Prior to Completion, No Longer in Program, Hospitalized, Average Daily Attendance in Detox and Treatment.

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

The following summarizes the activities of all programs at Denver C.A.R.E.S. contributing to Denver's Road Home during 2013:

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.

2013 fourth Quarter Outcomes

70 clients (50 unique clients) have received services since the beginning of 2013

- **14 were enrolled in the program at the end of the fourth quarter.**
- **23 successfully completed the program and moved into stable housing situations.**
- **03 successfully completed the program and moved into a temporary housing situation.**
- **07 successfully completed the program, but their destination is unknown.**
- **01 voluntarily complied with a brief incarceration.**
- **22 refused treatment and left the program.**

Cumulative Outcomes

- **527 clients (420) unique clients) have received services since the inception of the program.**
  - **14 were enrolled in the program at the end of the fourth quarter.**
  - **195 successfully completed the program and moved into stable housing situations.**
  - **29 successfully completed the program and moved into temporary housing situations.**
  - **27 successfully completed the program, but their destination is unknown.**
  - **40 transferred to another facility for further treatment.**
  - **01 complied to be incarcerated.**
  - **221 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.**

2013 Outcomes

- **55 clients (43 unique clients) have received services since the beginning of 2013.**
  - **13 were enrolled in the program at the end of the fourth quarter 2013.**
  - **17 successfully completed the program and moved into stable housing situations.**
  - **07 successfully completed the program and moved into a temporary housing situation.**
  - **05 successfully completed the program, but their destination is unknown.**
  - **01 complied to be incarcerated**
  - **00 transferred to another facility for further treatment**

- **02 transferred to psychiatric hospital.**
- **10 refused treatment and left the program.**

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

Cumulative Outcomes

- **275 clients (228 unique clients) have received services since the inception of the program.**
  - **13 were enrolled in the program at the end of the fourth quarter 2013.**
  - **72 successfully completed the program and moved into stable housing situations.**
  - **28 successfully completed the program and moved into a temporary housing situation.**
  - **25 successfully completed the program, but their destination is unknown.**
  - **03 complied to be incarcerated.**
  - **06 transferred to another facility for further treatment.**
  - **03 transferred to psychiatric hospital.**
  - **124 refused treatment and left the program.**
  - **01 client was deemed ineligible by the VA and chose to leave rather than wait for further treatment placement in the RETURN program**

CHaRTS

CHaRTS 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.

2013 Outcomes

- **40 clients (34 unique clients) have received services since the beginning of 2013.**
  - **15 were enrolled in the program at the end of the fourth quarter 2013 (10 in transitional housing, 5 in residential treatment)**
  - **06 successfully completed the Charts program successfully and moved into stable housing**
  - **03 moved into stable housing while in RETURN and enrolled in Charts**
  - **01 deceased after successfully participating in Charts for nearly 13 months**
  - **01 complied with incarceration after successfully participating in Charts for nearly 14 months**
  - **14 refused and/or discharged from CHARTS program services due to choice preferences and/or non-compliance**

Cumulative Outcomes

- **154 clients (142 unique clients) have received services since the inception of the program.**
  - **15 were enrolled in the program at the end of the fourth quarter 2013**
  - **(10 in transitional housing, 5 in residential treatment)**
  - **30 successfully completed the program and moved into stable housing situations.**
  - **05 moved into stable housing while admitted in RETURN and while enrolled for CHARTS**
  - **01 complied with incarceration after successfully participating in Charts for nearly 14**
  - **06 transferred to another facility for further treatment.**
  - **05 deceased**
  - **92 refused and/or discharged from CHARTS program services.**

Appendix A-5
1.5 Performance Criteria

A. On the average, 60% of the methadone clients will have "clean" urine tests.
In 2013, 71% of urine screens were negative for illicit substances including alcohol. This increase in positive performance is due to adjustments to clinical service provision and specific attempts to work with patients to gain sobriety.

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.
OBHS evaluated 613 patients. 99% of patients were evaluated within 48-hours.

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.
The total number of pregnant women enrolled in Outpatient Behavioral Health Services substance treatment services was 51 in 2013. There were 35 reported births during this time period. Of those 35 births, 32 of them, or 90% 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.
OBHS admitted 11 HIV + individuals. Three were discharged. 72% (eight of the 11 admissions) have a decrease in substance use post admission. All patients are supported within the Denver Health system to ensure appropriate medical, life functioning and psychiatric care is provided in addition to their substance abuse program.

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.
67 women were admitted into the Women and Family Services (WFS) programs in 2013. Access to PAP smears, mammograms, and immunizations were made available and encouraged to 100% of the patient population.

1.6 Performance Criteria and Reports

A. The CCMF is a Denver Health patient care facility and as such will comply with Joint Commission on Accreditation of Healthcare Organizations regulations and review.
Response: The Correctional Care Medical Facility (CCMF) continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 21 beds, five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated 6 room outpatient area are some of the key features of this facility. It is expandable to more than 29 beds if the need arises. During 2013, the CCMF unit provided care and DSD services for 867 discharges (Denver 487), 3,536 total hospital days for all jurisdictions and 1949 for Denver; the average length of inpatient stay was 4.07 days for all jurisdictions and 4.0 for Denver. There were also 5,890 specialty outpatient visits provided to various jurisdictions through the CCMF outpatient clinic and 2841 to Denver patients. The Emergency Department saw 2,494 Denver Jail patients in 2013.

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 2013, 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 2013, 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 2013 HEDIS results:
Seven of the ten best HEDIS measures were above the HEDIS 50th percentile and four HEDIS measures were below the HEDIS 50th percentile:

- **Breast Cancer Screening**
- **Diabetic HbA1c <8**
- **Diabetic LDL < 100**
- **Controlling High Blood Pressure 18 – 85 y/o**

HEDIS Quality Score and Member Satisfaction Performance Standards

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

HEDIS Measures	2011 HEDIS Results	2012 HEDIS Results	2013 HEDIS Results	2012 HEDIS 50th percentile	2013 HEDIS 50th percentile
1. Breast Cancer Screening (42-69 y/o)	60.6%	61.3% ↓ 50th	58.00%	69.41%	72.47%
2. Adult BMI Assessments	90.5%	78.3% ↑ 50th	81.75%	58.32%	
3. Childhood Immunizations Combo 2	87.1%	81.5% ↑ 50th	83.56%	79.89%	
4. Childhood Immunizations Combo 3	85.7%	78.9% ↑ 50th	82.88%	77.16%	
5. Diabetic HbA1c <8	49.6%	46.28% ↓ 50th	48.94%	62.33%	64.24%
6. Diabetic LDL <100	45.9%	44.6% ↓ 50th	48.94%	47.6%	
7. Diabetic BP < 140/80	50.9%	49.1% ↑ 50th	56.80%	41.85%	
8. Diabetic BP < 140/90	70.3%	68.2% ↑ 50th	74.62%	65.59%	
9. Controlling High Blood Pressure 18-85 y/o	65.2%	63.7% ↓ 50th	64.72%	66.07%	64.97%
10. Appropriate Treatment of Children with URI	88.4%	91.5% ↑ 50th	91.95%	84.8%	
11. Appropriate Testing of Pharyngitis	60.6%	92.5% ↑ 50th	82.61%	82.74%	80.03%

Member Satisfaction Performance Standard

In 2013, AHRQ replaced the CAHPS 4.0H Adult Survey with the CAHPS® Health Plan Survey 5.0H as part of its Ambulatory CAHPS initiative. The 5.0 version of the CAHPS Health Plan Surveys incorporates some minor changes into the wording of core items, a change in the placement of one core item that also resulted in the deletion of a screener item and the addition of a new item on self-reported mental health. DHMP will conduct the NCQA CAHPS Adult Survey 5.0H annually.

CAHPS Questions	2011 CAHPS	2012 CAHPS	2013 CAHPS	2013 NCQA Quality Compass Mean
Satisfaction with the Health Plan				
Question 42 Overall Rating of Health Plan-based on 0-10 with ten being the highest Report score: 8, 9, 10 category	57%	65%	61.97% ↓ Mean	65.26%
Question 45 % respondents who responded "yes" to the question: had a flu shot since September 2012? Report Score: Always/Usually	72%	81%	85.23% ↑ Mean	55.34%
Getting Needed Care				
Question 13 Overall Rating of Health Care Report Score: 8, 9, 10 category	65%	68.5%	64.21% ↓ Mean	77.25%
Question 25 Easy to get appointment with Specialist: Report Score: Usually/Always	57%	59.6%	57.55% ↓ Mean	84.50%
Question 14 Easy to get care believed necessary Report Score: Usually/Always	79%	77.8%	71.47% ↓ Mean	85.5%
Doctor Communication				
Question 17 In the past 12 months, how often did your personal doctor explain things in a way that was easy to understand? Report Score: Usually/Always	95%	94.6%	94.79% ↓ Mean	95.52%
Question 18 In the past 12 months, how often did your personal doctor listen to you carefully? Report Score: Usually/Always	92%	92.4%	92.94% ↓ Mean	94.26%
Question 19 In the past 12 months, how often did your personal doctor show respect for what you had to say? Report Score: Usually/Always	93%	94.6%	96.63% ↑ Mean	95.70%
Question 20 In the past 12 months, how often did your personal doctor spend enough time with you? Report Score: Always/Usually	89%	88%	90.85% ↓ Mean	92.28%

Analysis and Plan:
From the above 9 CAHPS scores, out of the 7 best questions, 2 were above the Quality Compass mean and 5 were below the Quality Compass Mean.

The results of the CAHPS surveys have been reviewed and discussed with the DHMP Quality Management Committee, DHMP Access Committee, DHHA Executive Staff and the DHMP Board of Directors. DHMP took steps to improve our Getting Needed Care measure.

Quality Improvement continues to refine our Secret Shopper Study to capture accurate, useful information to draw interventions from. Our plan is to use member focus groups to obtain additional information to support analysis, conclusions and interventions. We actively partner with CHS and DHHA to facilitate expansion of clinic hours. Four clinics, including the Level One Provider clinic, now have Saturday hours. An improvement activity being currently done is to enable non face-to-face visits for needed care. Quality Improvement is working with CHS to eliminate need to see provider for required lab test follow up. Orders will be sent to lab directly, so patient can get needed blood work without seeing a provider. Hire additional physicians and evaluate productivity. All vacancies have been filled at CHS, including a full time dermatologist, a full time optometrist, a .5 non-surgeon orthopedist and a .5 emergency medicine physician. 4.5 FTEs have also been added. Expectations of productivity are being evaluated with appropriate refinements.

C. The membership disenrollment rate will not exceed 10% in any given year.
RESPONSE: The membership disenrollment rate for 2013 was 4%.

Appendix A-9

1.4 Performance Criteria

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

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

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

D. The Center will provide public education in the Denver Metro Area.
Response: In 2013, the Rocky Mountain Poison Center distributed more than 18,000 pieces of public education materials on poison prevention for humans and animals, in both Spanish and English, in the Denver metro area.

E. The Rocky Mountain Drug Consultation Center will answer telephone calls within six rings during working hours 8:00 a.m. to 4:30 p.m., Mountain Time.
Response: The Rocky Mountain Drug Consultation Center answers telephone calls within three rings and is staffed 24 hours per day, seven days per week, 365 days per year.

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

Total Calls	Denver 2011	State 2011	Denver 2012	State 2012	Denver 2013	State 2013
Poison Center	13,043[2]	90,213[2]	15,863[2]	100,214[2]	14,207	91,196[2]
Drug Consultation Center	401	103,095**[1]	481	73,292**[1]	278	127,845**[1]

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

[1] Client base changes annually since 2009.

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

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for the Rocky Mountain Poison and Drug Consultation Center by the 45th day after the end of the reporting period.
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 with 24 to 72 hour completion of all 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 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 for all routine histology slides being available within 7 days or less.

5. Molecular Diagnostics test results performed in-house by DPLS shall be available within seven (7) business days following specimen receipt by DPLS.

RESPONSE: Turnaround times were met with all in house Molecular Diagnostics tests being resulted within 7 days.

6. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.

RESPONSE: There were no incidents in which DPLS was notified of any time-sensitive testing requirements.

7. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.

RESPONSE: There were no incidents in which DPLS needed to be notified of any situations where TATs could not be met.

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

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

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

Appendix B-1

1.5 Performance Criteria

A. The Authority will maintain a referral system that tries to accommodate the scheduling of an appointment within a thirty-day time frame. The Authority consultant and Human Services' administrator will try to maintain the capacity, within the monthly schedule, to provide evaluations for urgent client situations within two weeks of referral. If the Authority cannot accommodate these time frames, the Authority shall promptly decline the particular case and the City will seek another provider.
RESPONSE: The Authority was able to schedule appointments within 30 days. Urgent appointments within two weeks were available.

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

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

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

E. To the extent information is available; the Department of Human Services shall transmit the information concerning the consultation or evaluation to the Authority two weeks prior to the clinic visit. The Department of Human Services case workers shall transport or accompany the patient to the appointment for psycho-diagnostic testing or shall meet the patient at the psycho-diagnostic testing site to reduce the risk that the client will miss the appointment.
RESPONSE: DDHS caseworkers either attended appointments for psycho-diagnostic testing with their clients or provided case notes two weeks prior to the appointment for the providers to review.

F. If the Authority has a Medicaid contract, the Authority will refer or facilitate a referral to Medicaid for payment if the family or client is Medicaid eligible and services appear to address treatment issues that meet Medicaid eligibility.
RESPONSE: The Authority requested payment from Medicaid for Medicaid-eligible clients or referred these clients to other Medicaid providers.

G. The Authority will agree to respond to referrals within 24 hours of the phone call on week days by the caseworker.
RESPONSE: The Authority staff coordinating services was available to caseworker requests within 24 hours.

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.**
- **86 patient encounters for immunization administration and/or laboratory draws occurred involving children seen at the FCC.**
- **245 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:

- **195 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.

- **195 children were examined at the FCC for abuse and neglect upon admission to out of home placement.**
- **902 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.**
- **197 consultations (formal and informal, 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 physicians take Child Protection Team call with Children's Hospital Colorado's Child Protection Team so that a child abuse expert is available after hours (24 hours a day, 7 days a week) to cover child abuse consultations.**

(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 physicians provided consultation and expertise to attorneys on many cases and actually testified on nine occasions during 2013, while the physician assistant testified four times, and the nurse practitioner testified three times.

Appendix B-4

1.5 Reporting

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

Workers' Compensation Encounters:

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

Center for Occupational Safety & Health	2011	2012	2013
Workers' Compensation Encounters	5,651 (total visits) 4,054 (City only)	5,910 (total visits) 3,852 (City only)	5,226 (total visits) 3,070 (City only)
Initial Visits (new workers' comp cases)	1,390 (total visits) 862 (City only)	1,476 (total visits) 770 (City only)	1,270 (total visits) 540 (City only)
Follow-up Visits (workers' comp)	4,261 (total visits) 3,192 (City only)	4,434 (total visits) 3,082 (City only)	3,956 (total visits) 2,530 (City only)
Emergency Room Visits (CSA only)	225	173	163
Referrals	1,824	1,455	1,112

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

- **Abdomen:**
  - **Average: 19**
  - **Median: 8**
- **Ankle:**
  - **Average: 11**
  - **Median: 7**
- **Arm:**
  - **Average: 41**
  - **Median: 12**
- **Back:**
  - **Average: 43**
  - **Median: 29**
- **Ear:**
  - **Average: 24**
  - **Median: 17**

- **Eye:**
  - **Average: 8**
  - **Median: 5**
- **Foot:**
  - **Average: 19**
  - **Median: 8**
- **Hand:**
  - **Average: 31**
  - **Median: 10**
- **Knee:**
  - **Average: 73**
  - **Median: 45**
- **Leg:**
  - **Average: 20**
  - **Median: 9**
- **Multiple:**
  - **Average: 48**
  - **Median: 17**
- **Neck:**
  - **Average: 36**
  - **Median: 13**
- **Shoulder:**
  - **Average: 59**
  - **Median: 35**
- **Wrist:**
  - **Average: 69**
  - **Median: 49**

Total MMI averaged days = 36

Non-Workers' Compensation Encounters:

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

OHSC
NON WORKERS COMPENSATION ENCOUNTERS BY DEPARTMENT - 2013

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
ANIMAL CONTROL	1	2						1	2		1		7
ASSESSMENT DIVISION													0
AUDITOR													0
BUDGET MGMT													0
BUILDING MANAGEMENT													0
CITY ATTORNEY													0
CITY COUNCIL													0
CIVIL SERVICE													0
CLERK & RECORDER													0
COUNTY COURT													0
CP&D													0
CSA													0
DAM													0
DDHS													0
DEH													0
DENVER FIRE	5	27	5	4	509	17	51	18	2	11	2	31	682
DENVER LIBRARY	15	15	13	15	4	1	8	6	4	8	1	4	94
DENVER POLICE	8	13	17	55	11	31	14	35	20	16	10	12	242
DENVER SHERIFF		5	8	7	33	13	12	9	20	24	20	15	166
DEPT OF LAW													0
DISTRICT ATTORNEY													0
DMV													0
EXCISE & LICENSE													0
GENERAL SERVICES	2			2			3	2		1	2	4	16
MANAGER OF SAFETY							42	1		19	34	16	112
MAYOR'S OFFICE													0
MISCELLANEOUS	2		7	2	6	4	4	5	10	3	12	2	57
PARKS & REC	33	29	146	105	141	119	75	64	41	25	27	25	830
POB													0
PUBLIC WORKS	57	41	50	63	32	35	27	21	49	39	28	52	494
PURCHASING													0
RISK MANAGEMENT													0
SAFE CITY													0
TECHNOLOGY SVC													0
TELE SVCS CHANNEL 8													0
THEATRES & ARENAS		1			2	11	13		9		10		46
TREASURY													0
WELLNESS CENTER													0
TOTAL	123	133	246	253	738	231	249	162	157	146	147	161	2746

All department statistics are gathered from actual bills submitted to the City

Exclusions: Does not include no-charge visits and write-offs.

B. Performance Criteria Review: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct a performance criteria review of the services provided by a consultant specialist as indicated in his/her file for each City employee for whom the physician has an open file based on a 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 2013 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 2013 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 2013

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 DDC. 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 2013. 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 2013, 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 2013. The new jail management system, which includes an electronic health records component, was not implemented in 2013. The City has entered into a contractual arrangement with

Syscon to provide these services. The City and Denver Health may be working to implement and integrate phases of the electronic health record system during 2014 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 2013 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.