


DENVER HEALTH™
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FOR LIFE'S JOURNEY

REPORT TO THE CITY

2020

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TABLE OF CONTENTS

Letter from the CEO	3
Accolades	5
Financial Statements	11
Contract Reconciliation	15
Uncompensated Care	18
Denver Health Performance	
2020 Denver Health Regulatory Surveys.....	20
APPENDIX A	24
A-1 Patient Care Services.....	24
A-2 Emergency Medical Services.....	41
A-3 Public Health Services.....	45
A-4 Denver Community Addiction Rehabilitation and Evaluation Services (CARES)	55
A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates	58
A-7 Denver Health Medical Plan and City Employee Health Care Opinion Survey.....	61
A-8 Rocky Mountain Poison and Drug Safety Services (RMPDS)	66
A-9 Clinical and Laboratory Services for the City's Department of Public Health & Environment	69
APPENDIX B	71
B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line).....	71
B-2 NurseLine Services	75
B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center	77
B-6 Marijuana Public Health Impact Monitoring and Epidemiology	79
B-7 Miscellaneous Services for DDPHE	82
B-8 Miscellaneous Services for the Department of Public Safety.....	85
B-9 Miscellaneous Services, Other.....	89



01

Letter from the CEO

“I love what I do. I am motivated to come to work knowing that everyone appreciates what we do.”

– DIANA CORREA HERNANDEZ | ENVIRONMENTAL SERVICES
(HOUSEKEEPING), MEDICAL INTENSIVE CARE UNIT



Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock Street, Room 350
Denver, CO 80202

April 26, 2021

Dear Mayor Hancock,

I am pleased to provide to you the 2020 Denver Health and Hospital Authority Compliance with Operating Agreement Performance Report. This year was unprecedented as Denver Health and the community addressed the worst public health crisis in 100 years. While the coronavirus pandemic challenged our employees and patients in ways we could not have imagined, it also demonstrated the essential value Denver Health delivers to everyone in our community.

In our response to the pandemic, Denver Health faculty and staff were resilient and rose to the challenge with speed and professionalism. In March 2020, Denver Health established its incident command team to provide direction and resources to deal with the pandemic. Denver Health reconfigured its acute care facilities to expand surge capacity to provide care for COVID-19 patients. Additional Personal Protective Equipment (PPE) supplies were procured for the safety of staff and patients. COVID-19 testing facilities were launched and capacity expanded throughout the year, on our main campus and across our family health centers. Denver Health physicians collaborated with city, state and national organizations to learn and share knowledge in the clinical treatment of COVID-19 patients. During the course of 2020, Denver Health conducted over 93,000 COVID-19 tests on members of our community, care was provided for 1,672 COVID-19 patients in the hospital and 1,574 COVID-19 patients received care and had their health monitored remotely, via our Virtual Hospital at Home (VHH) program. And in December 2020, COVID-19 vaccinations were given to high-risk health care workers in the first phase of the immunization program.

In spite of the challenges in dealing with the pandemic – and in some cases because of COVID-19 – we expanded programs, increased patient visits and developed innovative ways to provide care. In September, our Ambulatory Care Services (ACS) division opened the Sloan's Lake Primary Care Center, our 10th Federally Qualified Health Center. The ACS division cared for 213,109 unique patients in 2020 with a total of 964,384 ambulatory care encounters, which is an eight percent increase in patient visits over 2019. The total number of inpatient care days increased nearly two percent in 2020 to 132,061, largely due to the impact of caring for COVID-19 patients. Total inpatient admissions, as well as emergency room and urgent care visits declined in 2020, a phenomenon seen across the nation, as patients stayed away from hospitals due to pandemic-related concerns. Denver Health ramped up telehealth services to provide a safe and convenient alternative to in-person visits for primary, specialty and urgent care services. With the well-documented impact of the pandemic on mental health, outpatient behavioral health visits increased by 19% over 2019 to 257,021, an increase enabled by telehealth expansion. In the ACS division alone, our providers performed 277,060 telephone visits, and 6,460 telehealth video visits in 2020.

Denver Health maintained high standards of clinical care, meeting or exceeding performance goals across a range of services, including: childhood immunization rates, as well as those for flu and HPV; the proportion of women receiving prenatal care; and, patient experience ratings for inpatient care. Denver Health also maintained its reputation as a leading Trauma Center. Some clinical measures such as breast and cervical cancer screening that require the patient to be seen face-to-face were negatively impacted by the pandemic as patients stayed away from the hospital. Furthermore, COVID-19's negative impact on healthy lifestyles (poor diet, increased depression, decreased physical activity, and tobacco and substance abuse) have been widely published and impacted our ability to achieve goals in diabetes monitoring, hypertension control and cigarette smoking interventions.

Denver Public Health (DPH) played a critical role in response to the pandemic by supporting Denver's Emergency Operation Center. As part of that, DPH has maintained daily monitoring of COVID-19 cases and hospitalizations as well as facilitated COVID-19 testing and vaccination efforts with a large emphasis in reaching underserved communities. Due to the coronavirus, DPH's infectious disease investigations rose to 25 times the 2019 level and put a strain on DPH's resources. As a result, the City and the Authority came to a



mutual agreement to curtail some services, routine investigations and reporting activities so we could remain focused on the pandemic emergency response. In all, there was a 6.6% reduction, totaling \$4.38 million, to the 2020/2021 City Budget that impacted services such as a public health, medically indigent care, Denver Fire, Denver Cares initiatives and marijuana research.

The pandemic put the Authority in a challenging financial position with additional expenses incurred for our emergency response but less revenue coming in for traditional patient care, preventive services and elective surgeries. Fortunately, Provider Relief Funds (CARES Act) from the federal government helped to shore up the Authority's financial position and enabled us to continue our vital mission to support the Denver community. The Authority will utilize CARES funds through June 30, 2021 to offset decreased patient volumes, deferred non-essential care, increased expense and our overall financial position.

Despite slowdowns due to the pandemic, construction was completed in 2020 on our Outpatient Medical Center. We are grateful to Denver taxpayers and the City for the \$75 million bond funding that helped construct this state of the art, nearly 300,000 square foot facility. The additional space and facilities will enable us to provide 30 medical services, including an Adult Urgent Care Center, all in one centralized location, improving access to comprehensive care to our patients. As a tribute to the city and the patients we serve, each of the seven floors of the OMC features a different city theme and neighborhood through photos, artwork and signage by local artists.

Through a sale to Denver Housing Authority (DHA), construction moved forward on a former Denver Health administrative building near Speer and Broadway that is being renovated into transitional senior housing. In partnership with the DHA, Denver Health will have a safe discharge for patients who need time and space to recuperate. The units will house Denver Health patients who are experiencing homelessness and those who are too frail to go home from the hospital. It's another example of our role as an Anchor Institution. By hiring, buying and investing locally to address the social determinants of health in our community, such as improving access to food, education, well-paid jobs and housing, we can improve health outcomes. We invest our resources in projects that work to improve the overall well-being of the patients we serve. When our community succeeds, we succeed.

As a mission-focused, safety-net provider, we are proud of the role we have played in the Denver community for over 160 years. We provide care for all, regardless of ability to pay. In 2020, Denver Health provided \$285.2 million in uncompensated care 63% of which was to Denver County residents. We also found new ways to reach the underserved and the most vulnerable in our community. Late 2020 marked the arrival of our second mobile health center (MHC). This vehicle is an invaluable tool in our efforts to bring COVID-19 testing and vaccinations into some of Denver's hardest hit communities. With the MHC, we are able to go directly into neighborhoods to deliver the care to people who otherwise might not have access. Once COVID-19 efforts are no longer necessary, the MHC will be used to deliver other primary care services, including important health screenings, to people in these same communities. We are proud to share that a third MHC will soon be added to our fleet.

I am grateful to all our employees for their hard work during 2020 and would like to recognize our frontline staff for their commitment to our patients and mission. Our doctors, nurses, advanced practice providers and other clinical staff were also joined on the frontlines by essential workers who made sure that Denver Health was there for our community. Our food service workers, janitorial team, IT technicians, front-desk clerks, screeners, engineering staff and countless other employees welcomed our patients, maintained our facilities and delivered world-class service.

I am proud of the many accomplishments of our frontline workers, all staff and leadership for helping Denver Health navigate the extraordinary challenges of 2020. We all look forward to continuing to serve the city as we emerge from the pandemic determined to make Denver the healthiest community it can be.

Sincerely,

Robin D. Wittenstein, Ed.D., FACHE



02

Accolades

“I wanted to get vaccinated because I want to help us all get back to a more normal life.”

– ANDREW | DENVER HEALTH PATIENT



2020 MILESTONES



Led Denver through the public health side of COVID-19 pandemic.



Our COVID-19 research helped authorize emergency treatment Denver Health is in the third phase of the first COVID-19 drug trial in the country. In the first phase of the large-scale, fast-paced study, COVID-19 patient participants received the anti-viral medication Remdesivir. The trial helped in getting emergency authorization from the Food & Drug Administration to use the drug to treat COVID-19 patients. When lives were at stake, Dr. Amy Irwin, Infectious Disease research nurse supervisor and project manager, was able to get the study approved and running in a record-breaking 18 days. "We were the first hospital within the state of Colorado to be up and running a therapeutic trial for COVID-19 at the beginning of the outbreak," Irwin said. The trial, sponsored by the National Institutes of Health, found Remdesivir to decrease the severity of symptoms and shorten hospital stays...



Served as an information resource for Spanish-speakers.
Two examples below:

1.

The coronavirus pandemic has generated many questions. Three Spanish-speaking Denver Health providers answered some of them in a live virtual Town Hall on Entravision. You can watch it here on the Google Chrome browser. Our panel of experts, Dr. Luz Maria Jimenez, Dr. Benjamin Feijoo and Dr. Maria Frank talked about health care for people who are infected with the virus.

2.

A live forum featuring three of our doctors gave Spanish-speakers in Colorado the opportunity to hear from medical experts on the pandemic. In the second session in a series of Town Halls, Dr. Morris Askenazi, a family medicine physician, Dr. Gaby Frank, medical director of the Biocontainment unit, and Dr. Gregg Kennedy, a pediatrician, answered questions in the forum on local television station, Univision. You can watch it here.



Served as COVID-19 expert to Denver Public Schools



Launched RISE (Resilience in Stressful Events) program at Denver Health for employee well-being.



Denver Health Paramedics partnered with City of Denver, the Mental Health Center of Denver and other organizations to pilot the STAR program, responding to mental health crises with a paramedic and social worker instead of an armed police officer.



Opened Sloan's Lake Primary Care Center, providing health screenings, family planning, well-child visits, gynecological and obstetric care, and management of conditions such as high blood pressure, heart disease and diabetes.



Embraced telehealth to prevent spread of COVID-19 infection.



Grew pharmacy by mail service to prevent spread of COVID-19.



Invented Remote X-ray Tool.



In June 2020, Denver Health celebrated our 160th anniversary as a health care institute providing care to the Denver community.



Helped non-English/non-Spanish speakers connect to services with multi-language welcome sheets.



Denver Health partnered with the Trauma Survivors Network.



Denver Health's Child Life program celebrated its 10-year anniversary. Our Child Life team makes a difference every day in the lives of our pediatric patients and most vulnerable children.



Expanded Reach Out and Read program to the Rose Amond Health Center. The Center provides care for domestic violence victims and their children. Patients from six months to five years old receive brand new books at each well care exam. Gently-used books are available for children of all ages.



Renovation began on 655 Broadway, bringing us closer to providing transitional housing for patients who require additional health care and housing support after being discharged from the hospital. The 14 units on the building's second floor are scheduled to be ready for move-in by April of 2022.



Opened a new 1,245 space parking garage on 6th & Acoma with enough spots to provide parking for all staff at the main campus.



Implemented rigorous measures to keep staff, patients and visitors safe during the COVID-19 pandemic.



Started a new, one-of-a-kind pilot program at Denver Health to help staff connect patients with substance use disorders to specialized programs and services. The pilot program, called "Ask the Center for Addiction Medicine Technical Resources and Information Line" (called Ask CAM TRAIL for short), consists of a dozen multi-disciplinary specialists including medical providers, counselors and peer recovery support staff. These subject matter experts are trained in identifying substance abuse professionals and programs across the organization.



Denver Health expanded our adult bed capacity by utilizing space on the south side of the fourth floor in Pavilion C. 4C South became a 17-bed adult Medical-Surgical Unit used mostly for Orthopedic patients.



Denver Health joined 38 other health systems across the country this week in declaring racism a public health crisis. Systemic racism poses a real threat to the health of our patients, families, and communities. It results in generational trauma and poverty, while also unquestionably causing higher rates of illness and death in Black and Indigenous communities and communities of color. As an Anchor Institution and a member of the Healthcare Anchor Network (HAN), we're committed to helping overcome systemic racism and health care disparities in our community. Taking action includes hiring, buying and investing locally to place people in stable employment opportunities.



Started the Pharmacy Technician Student Training Program. The program hires paid trainees to learn hands-on pharmacy technician skills in our hospital and clinics.



Medical Intensive Care Unit (MICU) nurses began proning project to reduce pressure injuries.



2020 RECOGNITION

Denver Health was designated as one of Newsweek's **Best Maternity Care Hospitals in 2020**. Our maternity care program provides extraordinary service to mothers and newborns, ranking among the best in the United States.

Dr. Sarah Rowan, associate director of HIV and viral hepatitis prevention at **Denver Public Health**, co-authored an academic newsletter article about geographic disparities among Denver neighborhoods and COVID-19 transmission. Research indicates factors such as air pollution, the proximity of homes and income levels affect disease rates.

The American Journal of Surgery highlighted the work of **Denver Health Trauma and Acute Care** Surgeon Dr. Jamie Coleman. Dr. Coleman led a study on burnout and depression in trauma surgeons. The study found that trauma surgeons experience a significant amount of stress that can last for days after shifts end. Dr. Ryan Lawless, associate trauma medical director at Denver Health, and Caitlin Robinson, research project manager at Denver Health, co-authored the study. The Journal referred to their work as one of the five most popular research papers of 2019.

A team of Denver Health doctors and pharmacists shed light on **reducing the length of hospital stays** through research published in the medical journal Open Forum Infectious Diseases. Dr. Timothy Jenkins, infectious disease physician, Dr. Katherine Shihadeh, clinical pharmacy specialist, Dr. David Wyles, chief of the infectious diseases division, Axel Vazquez Deida, infectious disease pharmacy resident, Dr. Candice Preslaski, clinical pharmacy specialist, and Dr. Heather Young, infectious diseases physician, authored the study on the use of the intravenous antibiotic Dalbavancin in vulnerable, hospitalized patients with serious infection. The study found that administering Dalbavancin, already part of their standard practice, reduces length of stay and health care cost.

Denver Health's **Acute Care Division** ranked number one in **best fall rate** in the state of Colorado. The score reflects statistics from medical-surgical units gathered by the Colorado Hospital Association in the first quarter of 2020. The Division earned the top score after creating new standard work in fall prevention.

The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response awarded Denver Health a \$3 million cooperative agreement to demonstrate how a **Regional Disaster Health Response System** can improve medical surge and clinical specialty capabilities – including trauma, burn or other specialty care – to save more lives during times of national emergency. The pilot demonstration award focuses on building and maturing partnerships that are required to support specialty clinical care for patients impacted by 21st century health security threats, enhancing health care situational awareness, and ensuring medical surge capacity.

The academic journal Mental Health Clinician published an article by **Behavioral Health Clinical Pharmacist** Amber Lemons. The scholarly article, based on the case report of a patient with severe side effects from a nerve pain medication, highlighted the importance of including a pharmacist perspective within the treatment team.

Research by Dr. Lilia Cervantes, a Denver Health researcher, may improve access to dialysis for undocumented immigrants in other states. Dr. Cervantes presented on 'Hispanics with Kidney Disease' at the New York Academy of Medicine. She also spoke on dialysis for undocumented immigrants with kidney failure at the University of New Mexico Department of Medicine's grand rounds. Dr. Cervantes recently championed a change to Colorado Medicaid rules that helps undocumented immigrants with kidney disease to receive proper treatment. Not all states provide the treatment for people without legal status.

A team of five Denver Health staff members received a \$540,000 grant to study diabetic kidney failure in the Latinx population. The **Clinical Scholars grant**, awarded by the Robert Wood Johnson Foundation, was coordinated through the Denver Health Foundation. In the three-year-study, Dr. Rocio Pereira, Natalie Ritchie, Dr. Lilia Cervantes, Kayce Berke and Adrian Boka are working to reduce the burden of diabetic kidney failure in Latinx patients through a community-based, culturally-tailored, patient-centered approach.



Dr. Janine Young, pediatrician and medical director of the **Denver Health Refugee Clinic**, was featured in the Journal of the American Academy of Pediatrics for an article she wrote on her 'virtual world travel' while caring for her refugee patients. She described going from the violence in Mexico, to a refugee camp in Thailand, to the war-ravaged Congo with each exam room she visited.

Dr. Christopher Hoyte, medical and fellowship director of **Rocky Mountain Poison & Drug Safety**, was elected as president of the American Association of Clinical Toxicology. The international non-profit organization is devoted to advancing research, education, prevention and treatment of diseases caused by chemicals, drugs and toxins. An emergency physician and medical toxicologist, Dr. Hoyte was elected to oversee and guide the association's clinical care, education and research missions. As president, he is responsible for overseeing execution of the Association's strategic plan and fostering relationships with government agencies, universities, sponsors, associations and organizations, and the public.

An article in National Geographic Magazine featured Dr. Nick Brandehoff, toxicologist at **Rocky Mountain Poison and Drug Safety** and part-time **Emergency Medicine** faculty at Denver Health. Dr. Brandehoff collaborated with experts from around the world to find solutions for the snakebite health crisis in Africa. In the article, Brandehoff discussed a major challenge in treating patients with snakebites, which kill tens of thousands of Africans each year. His goal is to improve snakebite treatment in regions where basic medical care is often lacking through both bench and bedside research.



2020 AWARDS AND HONORS

The Colorado Department of Public Health and Environment honored Denver Health as one of three awardees across the state in the **Shirley Hass Schuett Quality Awards** for the Cancer Prevention and Early Detection Program Health Navigation and Clinical Services strategies (also known as Women's Wellness Connection). Denver Health is a top performer in eight program performance indicators: screening mammograms provided to women 50 years of age or older, abnormal breast screenings with complete follow-up, time from screening to diagnosis for abnormal breast screening results, abnormal cervical screenings with complete follow-up, severe abnormal cervical screenings with complete follow-up, time from screening to diagnosis for abnormal cervical screening results, data entry timeliness, and time from cancer diagnosis to enrollment into breast and cervical cancer program.

Dr. Lucy Loomis, director of Family Medicine, received the Stanley Brasher **Award for Lifetime Achievement in Community Health**. The honor from Colorado Community Health Network recognizes one executive each year for extraordinary work in community health and relationship-building with lawmakers.

Audrey Vincent, a registered nurse and the administrative director of Behavioral Health services, won the prestigious **Nightingale Award**. The award honors nurses who advance the nursing profession and positively impact their community through advocacy, leadership and innovation. Vincent was one of 12 winners from across the state.

The Colorado Department of Human Services honored our adult addiction services provided by Denver Health's **Outpatient Behavioral Health Services** with the Medication-assisted Treatment Prescription Drug Opioid Abuse Hub **Provider Excellence in Project Partnership Award**. The award recognizes our achievements in response to the opioid epidemic and underscores our pioneering efforts in serving people with substance misuse through no wrong door.

Dr. Patty Braun, a pediatrician at Eastside Family Health Center, was chosen as the **2020 American Association of Public Health Dentistry Public Service Awardee**. The award recognizes Dr. Braun for her substantial contribution through action related to public health dentistry issues. She joins the ranks of previous awardees including Jimmy Carter, Bernie Sanders and Julius Richmond.

The Surgical Intensive Care Unit (SICU) team for received the silver **Beacon Award for Excellence** from the American Association of Critical-Care Nurses. The silver level award demonstrates the team's continuous learning and evidence-based practice to achieve the best patient care.

170 Denver Health nurses were nominated and eight were honored with the prestigious, international **DAISY Award**: Jenna Lang, Cara Veazie, Michelle Nguyen, Brandi Borunda, Nada Krkalic, Cheryl Wakeman, Maggie Wilcox and Mike Emerman.

A project by Dr. Holly Frost, Denver Health pediatrician, and Yingbo Lou, statistical research specialist at Denver Health, won first place in the third annual **IDea Incubator**. The pitch-style, international competition showcases inventions, products and devices to improve patient care for infectious diseases. The team's winning project centered on a novel technology used to improve the use of antibiotics in outpatient settings.

Mario Harding, associate chief operating officer at Denver Health, received the American College of Healthcare Executives **Colorado Regents Award**. The award recognizes his outstanding leadership, innovative management and participation in civic activities. Harding served as the 2019 President of the Colorado Association of Healthcare Executives.

03

Financial Statements



Denver Health's Outpatient Medical Center centralizes numerous services into one 293,000-square-foot medical center, in an easy-to-access downtown location. It includes a day surgery center, a new location for our Adult Urgent Care Center, expanded pharmacy, lab services, radiology and more.



Denver Health and Hospital Authority

Statements of Net Position

December 31, 2020 and 2019

Assets and Deferred Outflows of Resources

	2020	2019
Current Assets		
Cash and cash equivalents	\$ 71,240,026	\$ 63,293,839
Short-term investments	-	4,049,520
Patient accounts receivable, net of estimated uncollectibles of approximately \$38,092,000 and \$35,900,000 in 2020 and 2019, respectively	73,056,520	72,159,383
Due from other governmental entities	22,203,862	24,273,986
Due from City and County of Denver	6,944,837	14,253,548
Other receivables	16,534,171	16,832,316
Interest receivable	1,717,635	1,942,134
Due from and investment in discretely presented component units	2,862,537	13,907,053
Inventories	16,423,825	12,620,104
Prepaid expenses and other assets	14,999,777	15,176,070
Total current assets	225,983,190	238,507,953
Noncurrent Assets		
Notes receivable	30,389,348	15,432,000
Estimated third-party payor settlements receivable	5,200,003	2,780,383
Equity interest in joint venture	2,015,033	1,961,633
Restricted investments	19,051,732	50,887,939
Capital assets, net of accumulated depreciation	648,251,923	608,215,355
Long-term investments	363,186,193	280,266,904
Board-designated investments	7,000,000	16,400,000
Other long-term assets	1,315,657	1,614,354
Total noncurrent assets	1,076,409,889	977,558,568
Total assets	1,302,393,079	1,216,066,521
Deferred Outflows of Resources		
Deferred outflows of resources related to pension benefits	9,984,737	22,816,240
Deferred outflows of resources related to other postemployment benefits	491,682	1,598,213
Deferred outflow - acquisitions	71,667	157,667
Loss on refunding of debt	15,931,093	18,325,048
Total deferred outflows of resources	26,479,179	42,897,168
Total assets and deferred outflows of resources	\$ 1,328,872,258	\$ 1,258,963,689

SOURCE: Denver Health and Hospital Authority Audit Report, April 6, 2021. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority

Statements of Net Position December 31, 2020 and 2019

Liabilities, Deferred Inflows of Resources and Net Position

	2020	2019
Current Liabilities		
Current maturities of bonds payable	\$ 11,825,000	\$ 14,036,927
Current maturities of capital leases	353,434	174,564
Current maturities of notes payable	1,848,036	3,665,609
Current maturities of program support liability	5,588,981	8,592,000
Medical malpractice liability	7,360,716	6,591,279
Accounts payable and accrued expenses	54,988,685	50,270,550
Accrued salaries, wages and employee benefits	30,475,826	28,396,605
Accrued compensated absences	33,041,927	29,461,535
Postemployment benefits	-	17,599,733
Accelerated Medicare payments	8,919,516	-
Unearned revenue	39,203,872	25,539,591
Accrued claims	-	3,000
	<u>193,605,993</u>	<u>184,331,393</u>
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	10,650,855	21,812,696
Long-term portion of compensated absences	116,076	114,890
Long-term portion of accelerated Medicare payments	19,031,874	-
Bonds payable, less current maturities	295,808,980	308,142,655
Capital lease obligations, less current maturities	2,098,905	-
Notes payable, less current maturities	43,997,714	46,605,068
Program support liability, less current maturities	-	11,823,587
Net pension liability	78,365,464	115,717,505
Postemployment benefits	4,540,571	5,959,778
	<u>454,610,439</u>	<u>510,176,179</u>
Total liabilities	<u>648,216,432</u>	<u>694,507,572</u>
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	32,019,253	14,878,212
Deferred inflows of resources related to other postemployment benefits	1,223,299	1,371,114
	<u>33,242,552</u>	<u>16,249,326</u>
Total liabilities and deferred inflows of resources	<u>681,458,984</u>	<u>710,756,898</u>
Net Position		
Net investment in capital assets	302,722,723	253,282,408
Unrestricted	344,690,551	294,924,383
	<u>647,413,274</u>	<u>548,206,791</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 1,328,872,258</u>	<u>\$ 1,258,963,689</u>

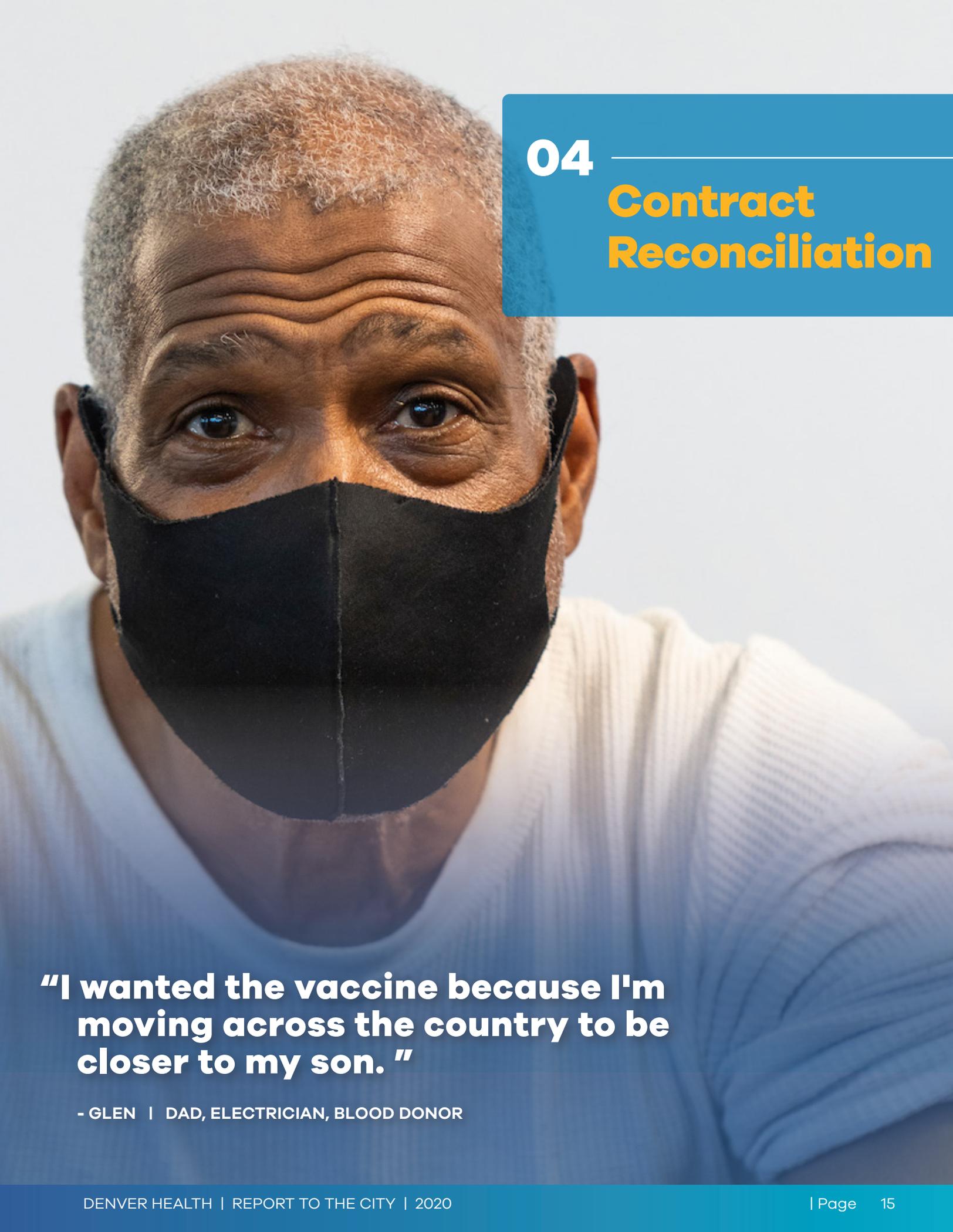
SOURCE: Denver Health and Hospital Authority Audit Report, April 6, 2021. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Operating Revenues		
Net patient service revenue	\$ 769,673,893	\$ 775,098,368
Capitation earned net of reinsurance expense	(12,600,000)	14,150,174
Medicaid disproportionate share and other safety net reimbursement	131,245,683	125,955,648
City and County of Denver payment for patient care services	27,773,299	30,777,300
Federal, state and other grants	77,222,260	68,170,544
City and County of Denver purchased services	25,373,371	29,985,490
Poison and drug center contracts	24,303,056	23,587,670
Other operating revenue	44,328,770	44,163,185
	<u>1,087,320,332</u>	<u>1,111,888,379</u>
Operating Expenses		
Salaries and benefits	685,809,148	681,038,029
Contracted services and nonmedical supplies	203,654,814	197,282,805
Medical supplies and pharmaceuticals	148,260,160	133,164,071
Managed care outside provider claims	(1,361,653)	(425,033)
Depreciation and amortization	51,622,108	47,045,062
	<u>1,087,984,577</u>	<u>1,058,104,934</u>
Total operating expenses	<u>1,087,984,577</u>	<u>1,058,104,934</u>
Operating income (loss)	<u>(664,245)</u>	<u>53,783,445</u>
Nonoperating Revenues (Expenses)		
Increase (decrease) in equity in joint venture	(306,600)	20,000
Non operating grant revenue (CARES Act/FEMA)	86,998,388	-
Bond issuance costs	-	(1,372,732)
Interest income	12,352,582	12,831,539
Interest expense	(15,523,703)	(15,829,395)
Net increase in fair value of investments	7,495,684	18,688,943
Gain on disposition of capital assets	5,444,447	-
	<u>96,460,798</u>	<u>14,338,355</u>
Total nonoperating revenues (expenses)	<u>96,460,798</u>	<u>14,338,355</u>
Income before capital contributions	95,796,553	68,121,800
Contributions Restricted for Capital Assets	<u>3,409,930</u>	<u>59,044,434</u>
Increase in net position	<u>99,206,483</u>	<u>127,166,234</u>
Total Net Position, Beginning of Year	<u>548,206,791</u>	<u>421,040,557</u>
Total Net Position, End of Year	<u>\$ 647,413,274</u>	<u>\$ 548,206,791</u>

SOURCE: Denver Health and Hospital Authority Audit Report, April 6, 2021. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



04

Contract Reconciliation

“I wanted the vaccine because I'm moving across the country to be closer to my son.”

- GLEN | DAD, ELECTRICIAN, BLOOD DONOR



April 22, 2021

To: Faraz Khan, Chief Financial Officer, DHHA
From: Meggan Parezo, Contracts & Grants Manager, Denver Public Health & Environment
Subject: 2020 Denver Health Operating Agreement Contract Fiscal Close

Regarding the services outlined in the 2020 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2020 came in under the initial forecasts outlined in the Operating Agreement. Any budget shortfall realized by a specific section of the Operating Agreement was absorbed within the larger City appropriation it was budgeted within. Therefore, 2020 is closed without the need for a contract budget amendment. Please see Exhibit A for a breakdown of the variance by appendix.

Per recent audit recommendations, DHHA and the City agree that this memo and the Exhibit A will be included in DHHA's 2020 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2020 close out. The City deeply appreciates DHHA's partnership in serving Denver's most vulnerable populations, and your partnership in financial management and reporting.

Meggan Parezo
Contracts & Grants Manager
Denver Department of Public Health and Environment



Exhibit A: 2020 Operating Agreement Contract Budget Variance by Appendix

Appendix	Description	2020 Final Approved Payment	2020 Type of Payment	2020 Final	Surplus/(Deficit)
A-1	Medically Indigent	\$ 27,773,299	Flat	\$ 27,773,299	\$ -
A-2	EMS Training	\$ 541,365	Actual Cost	\$ 503,345	\$ 38,020
	EMRS Oversight	\$ 83,836	Flat	\$ 83,836	\$ -
	Englewood EMS Services	\$ 1,148,009	Flat	\$ 1,148,009	\$ -
	EMS – Emergency Services Patrol	\$ 574,719	Flat	\$ 574,719	\$ -
	EMS at DEN	\$ 3,297,779	Actual Cost	\$ 2,360,080	\$ 937,699
	Medical Direction consolidated services (DPD/DFD)	\$ 121,623	Flat	\$ 121,623	\$ -
	Medical Direction and QA/QI Services for Call Takers	\$ 102,336	Flat	\$ 102,336	\$ -
A-3	Public Health	\$ 2,261,157	Actual Cost	\$ 2,130,692	\$ 130,465
A-4	Denver CARES	\$ 1,870,611	Actual Cost	\$ 262,758	\$ 1,607,853
A-6	Prisoner Care	\$ 4,475,000	Actual Cost	\$ 5,123,416	\$ (648,416)
A-8	Poison Center	\$ 96,900	Flat	\$ 96,900	\$ -
A-9	Lab Services for DDPHE	\$ 25,000	Actual Cost	\$ 21,648	\$ 3,352
B-1	COSH and OUCH Line	\$ 375,000	Actual Cost	\$ 367,158	\$ 7,842
B-2	NurseLine Services	\$ 60,000	Actual Cost	\$ 60,000	\$ -
B-3	Jail Medical	\$ 15,364,651	Actual Cost	\$ 14,329,844	\$ 1,034,807
B-6	Marijuana Research	\$ 71,799	Actual Cost	\$ 57,656	\$ 14,143
B-7	South Westside Clinic	\$ 1,200,000	Flat	\$ 1,200,000	\$ -
B-7	Park Hill	\$ 150,868	Flat	\$ 51,942	\$ 98,926
B-7	Treatment on Demand	\$ 387,266	Actual Cost	\$ 204,351	\$ 182,915
B-8	SANE	\$ 188,000	Fee For Service	\$ 156,190	\$ 31,810
B-8	DUI Blood Draws	\$ 8,000	Fee For Service	\$ 12,209	\$ (4,209)
B-8	At-Risk Intervention & Mentoring (AIM)	\$ 163,993	Flat	\$ 163,993	\$ -
B-8	Heartsaver® Training	\$ -	Fee For Service	\$ -	\$ -
B-8	Tactical Casualty Care Training	\$ -	Fee For Service	\$ -	\$ -
B-8	Psychological Fit for Duty Examinations	\$ -		\$ 6,000	\$ -
B-9	Competency Exams	\$ 150,000	Fee For Service	\$ 145,257	\$ 4,743
B-9	Expert Witness	\$ 40,000	Fee For Service	\$ -	\$ 40,000
B-9	Non-Intra Familial Abuse Services	\$ 5,000	Actual Cost	\$ -	\$ 5,000
			Contract Maximum	\$ 60,536,211	
			Total 2020 Expenditures	\$ 57,060,534	
			Difference	\$ 3,475,677	



05

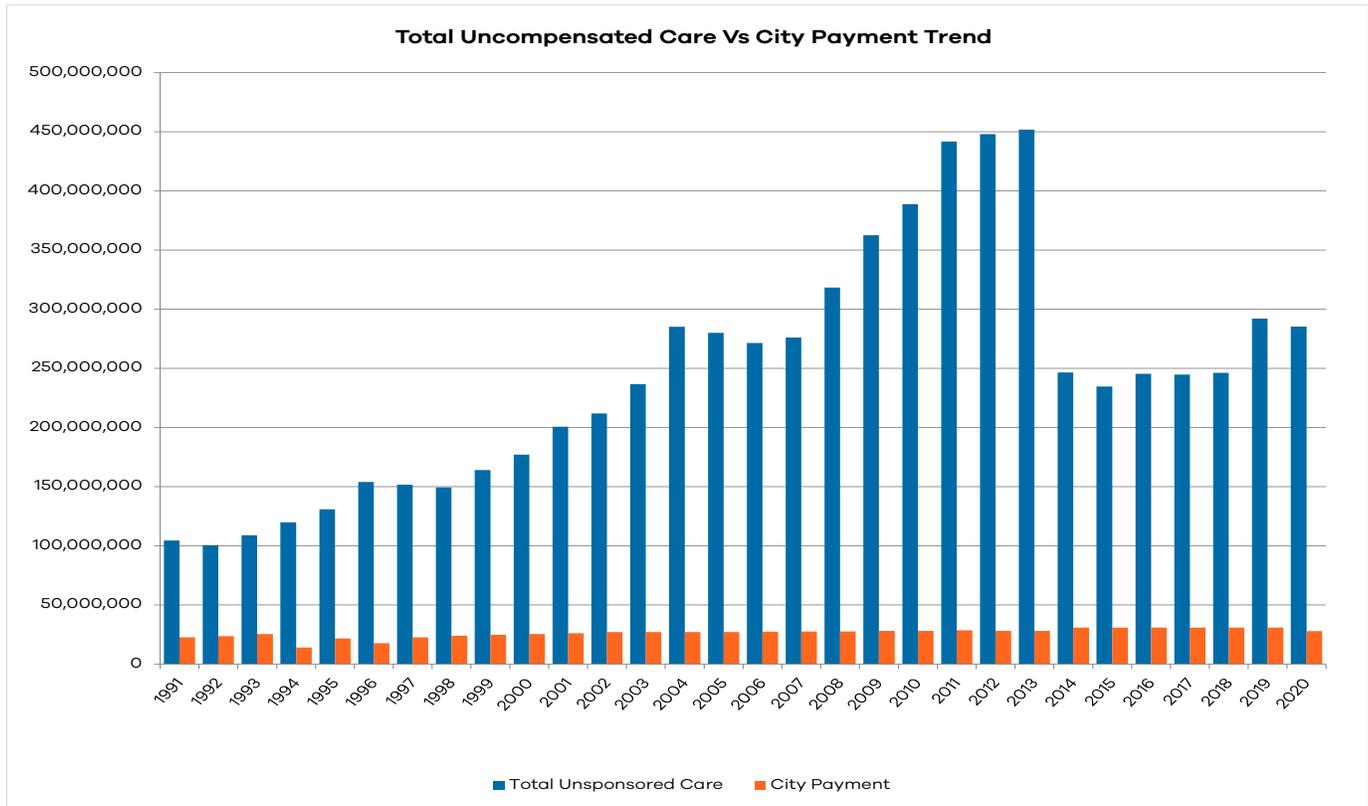
Uncompensated Care

“We clap for COVID patients who have gone through the ringer and have gotten better and that is one of the coolest things to experience.”

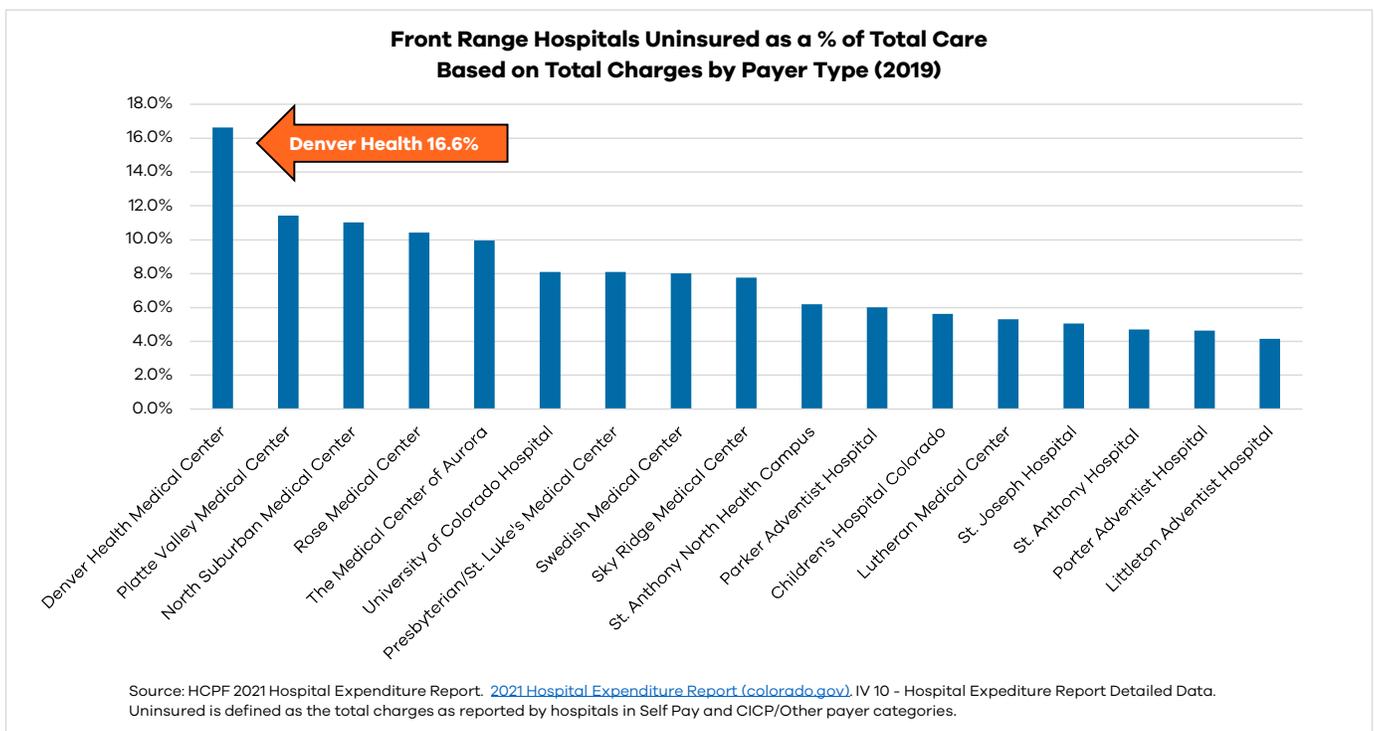
– ALEXANDRA YATES, RN | 9TH FLOOR COVID UNIT



Since becoming an Authority, Denver Health has been supported by an annual, fixed City Payment that offsets a portion of the variable Total Uncompensated Care delivered each year. For 2020, 63% of the uncompensated care population served identified a Denver County address. The City's payment of \$27.8 million covered 10% of the \$285.2 million in total uncompensated care delivered by Denver Health.



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) 2021 Hospital Expenditure Report shows that Denver Health's % of Total Care for Uninsured continues to be greater than other Front Range hospitals.





06

Denver Health Performance

“I want to protect the vulnerable population I serve by getting vaccinated.”

– KATIE | CASE MANAGER FOR DENVER HOMELESS SHELTER



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:

Criteria met. The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2020 financial statements are presented in Section 03 of this report.

Denver Health acknowledges that payments to the City in 2020 have exceeded the cost of services provided. Based on the City's review of Denver Health's documentation as well as the City's own financial records, a net surplus payment amount of \$44,851 has been mutually agreed to by both parties and will be used to offset some of the reductions that Denver Health put forward in 2020.

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:

Criteria met. A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented in Section 06 of this report.

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:

Criteria met. All matters have been promptly resolved by the Liaison, Jacqueline Zheleznyak.



DENVER HEALTH REGULATORY SURVEYS 2020			
Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
CDPHE/Mammography Quality Standard	Denver Health Mammography and Mobile Mammography "old" mobile clinic	8/21/2020	1-2 years
CDPHE/Mammography Quality Standard	Denver Health Mammography and Mobile Mammography "new" mobile clinic	12/2/2020	1-2 years
Colorado State Board of Pharmacy	Florence Crittenton High School Pharmacy	1/28/2020	1-2 years
Colorado State Board of Pharmacy	Rachel B Noel Middle School	2/18/2020	1-2 years
Colorado State Board of Pharmacy	Lowry Pharmacy	8/27/2020	1-2 years
Colorado State Board of Pharmacy	La Casa Pharmacy	9/10/2020	1-2 years
Colorado State Board of Pharmacy	Primary Care Pharmacy	9/10/2020	1-2 years
Colorado State Board of Pharmacy	Montbello Pharmacy	9/15/2020	1-2 years
Colorado State Board of Pharmacy	Pena Pharmacy	10/21/2020	1-2 years
Colorado State Board of Pharmacy	Eastside Pharmacy	10/26/2020	1-2 years
Colorado State Board of Pharmacy	Central Fill Pharmacy	10/27/2020	1-2 years
Colorado State Board of Pharmacy	Westside Pharmacy	10/27/2020	1-2 years
Denver Fire Department	675 N Acoma St - Acoma Patient Parking Garage	7/21/2020	1 year
Denver Fire Department	601 N Acoma - Bannock Parking Garage	7/21/2020	1 year
Denver Fire Department	550 N Acoma - Acoma Employee Parking Garage	7/21/2020	1 year
Denver Fire Department	660 N Delaware St - Delaware Parking Garage	7/21/2020	1 year
Denver Fire Department	Lowry FHC	8/20/2020	1 year
Denver Fire Department	Montbello FHC	8/27/2020	1 year
Denver Fire Department	Westwood FHC	9/1/2020	1 year
Denver Fire Department	Pena FHC	9/1/2020	1 year
Denver Fire Department	Eastside FHC	9/2/2020	1 year
Denver Fire Department	190 W 6th Ave - Rita Bass	9/3/2020	1 year
Denver Fire Department	301 W 6th Ave - Pavillion G	9/3/2020	1 year
Denver Fire Department	601 Broadway - Administration	9/3/2020	1 year
Denver Fire Department	605 N Bannock St - Pavilion H	9/3/2020	1 year
Denver Fire Department	655 N Bannock St - Pavilion I	9/3/2020	1 year
Denver Fire Department	667 N Bannock St - Pavilion K	9/3/2020	1 year
Denver Fire Department	677 N Delaware St - Boiler House	9/3/2020	1 year
Denver Fire Department	700 N Delaware St - Davis Pavilion - U05	9/3/2020	1 year
Denver Fire Department	700 N Delaware st - Davis Pavilion - U06	9/3/2020	1 year
Denver Fire Department	710 N Delaware St - Bond Trailer	9/3/2020	1 year
Denver Fire Department	660 N Bannock St - Pavilion L	9/3/2020	1 year
Denver Fire Department	723 N Delaware St - Pavilion M	9/3/2020	1 year
Denver Fire Department	777 N Bannock St - Pavilion A-U01	9/3/2020	1 year
Denver Fire Department	777 N Delaware St - Receiving Dock	9/3/2020	1 year
Denver Fire Department	790 Delaware St - Pavilion C - U10	9/3/2020	1 year

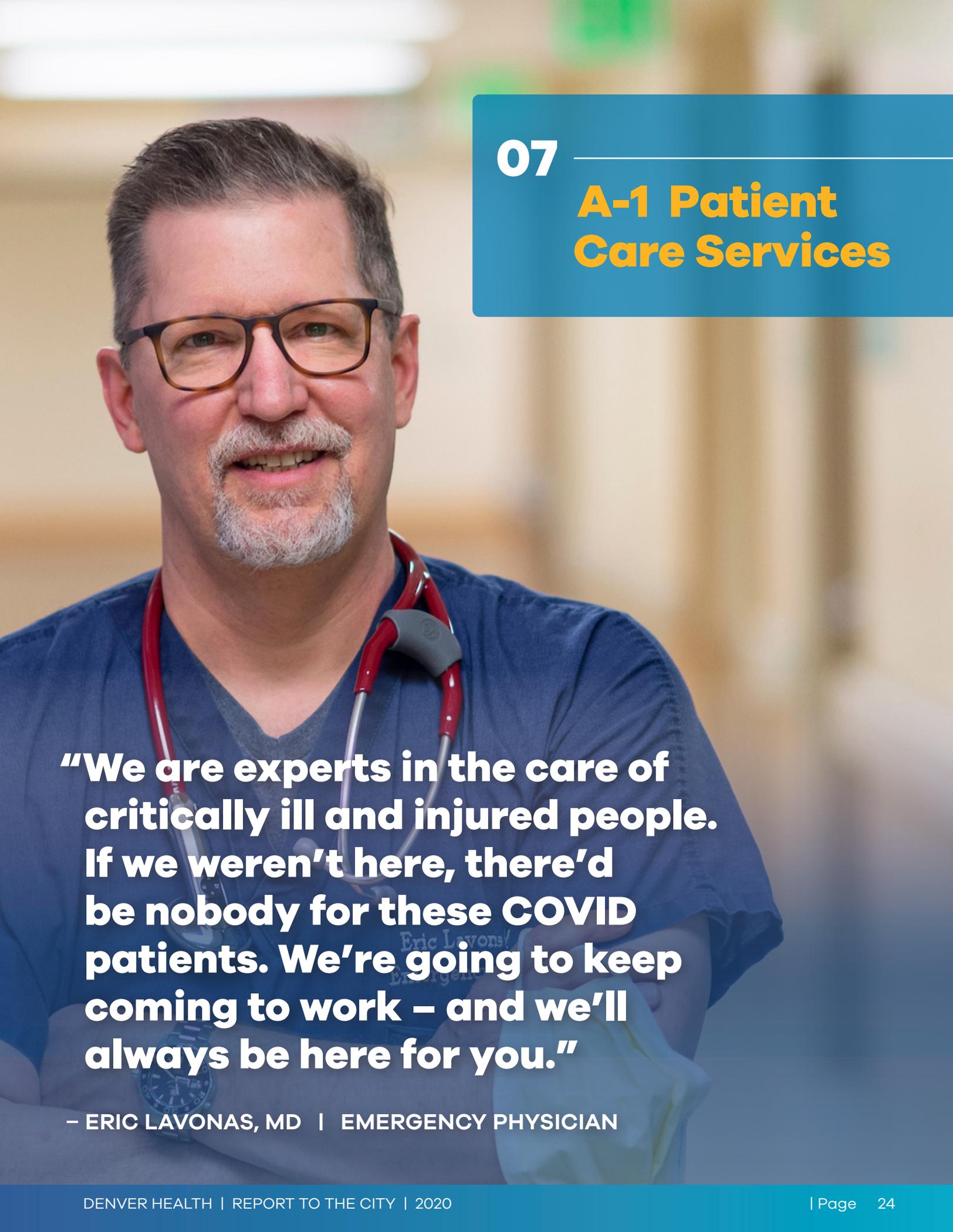


DENVER HEALTH REGULATORY SURVEYS 2020

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	La Casa FHC	9/4/2020	1 year
Denver Fire Department	Park Hill FHC	9/4/2020	1 year
Denver Fire Department	1155 N Cherokee St - Denver CARES	9/18/2020	1 year
Denver Fire Department	780 N Delaware St - Pavilion B-U02	9/30/2020	1 year
Joint Commission	Hospital	3/13/2020	3 years
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	1/19/2020	1 year
Signal Behavioral Health Network	OBHS 667 Bannock Street (Methadone program)	4/24/2020	1 year
Signal Behavioral Health Network	Denver CARES 1155 Cherokee St	5/6/2020	1 year
Vaccines For Children / CDPHE Site Visit	Denver Health Inpatient Pediatrics	3/4/2020	2 years
Vaccines For Children / CDPHE Site Visit	Eastside Pediatrics / Teen Clinic	10/9/2020	2 years
Vaccines For Children / CDPHE Site Visit	East High	10/21/2020	2 years
Vaccines For Children / CDPHE Site Visit	Montbello FHC	10/21/2020	2 years
Vaccines For Children / CDPHE Site Visit	Webb Pediatrics Clinic	11/4/2020	2 years
Vaccines For Children / CDPHE Site Visit	Abraham Lincoln High	12/1/2020	2 years
Vaccines For Children / CDPHE Site Visit	Thomas Jefferson High	12/7/2020	2 years
Vaccines For Children / CDPHE Site Visit	Bruce Randolph Middle School	12/16/2020	2 years

DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2020

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Outcome
CDPHE	Behavioral Health	12/30/2019 - 1/2/2020	No deficiencies cited
CDPHE	EMTALA Allegation	11/30/2020 - 12/2/2020	No deficiencies cited



07

A-1 Patient Care Services

“We are experts in the care of critically ill and injured people. If we weren’t here, there’d be nobody for these COVID patients. We’re going to keep coming to work – and we’ll always be here for you.”

– ERIC LAVONAS, MD | EMERGENCY PHYSICIAN



Appendix A-1 Patient Care Services

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 1.5(g) and 1.5(h) for the year just ended, as well as the two previous Fiscal Years, by May 1 following the reporting year.

Response:

The Authority respectfully submits for consideration the *2020 Report to the City* dated April 26, 2021 in compliance with the 2020 Operating Agreement performance reporting requirements.

G. Performance Criteria Table - Clinical

(I-W numbering follows the Authority's annual report). The format for 2020 reporting has changed to incorporate continued improvements in visualization of Denver Health's performance to goal for the year just ended as well as the two previous Fiscal years, where applicable. For performance criteria without goals or targets, a trend line is provided.

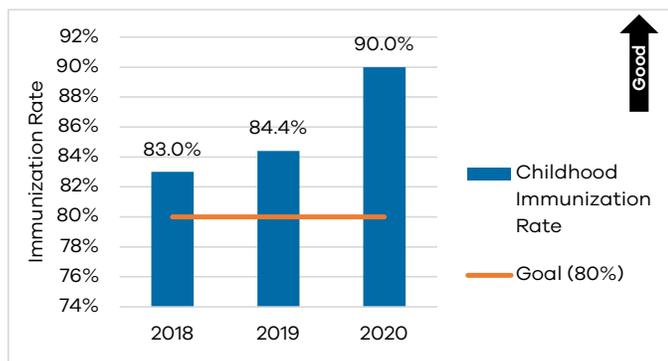
For all criteria, active patients are defined as empaneled patients who have had a Primary Care visit in the past 18 months.

1.5I Childhood Immunization Rate

Goal: At least 80% of patients who have their third birthday in the measurement year, initiated care prior to their second birthday, and are active patients will have received four DPT, three polio, on MMR, three Hib, three Hepatitis B, one Varicella, and four Pneumococcal immunizations (following guidelines of the CDC Advisory Committee on Immunization Practices).

Response:

Criteria met.

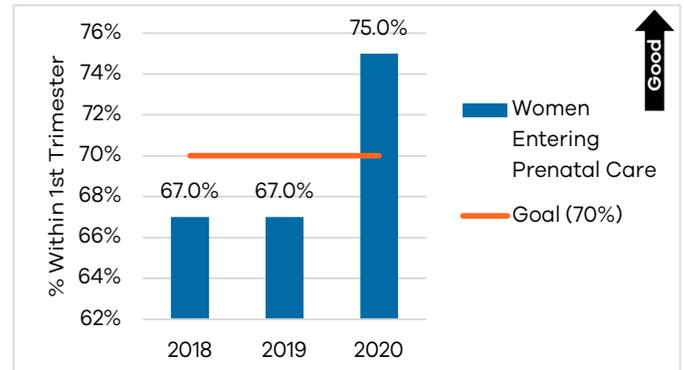


1.5J Percent Women Entering Prenatal Care

Goal: At least 70% of women will begin care within the 1st trimester.

Response:

Criteria met.

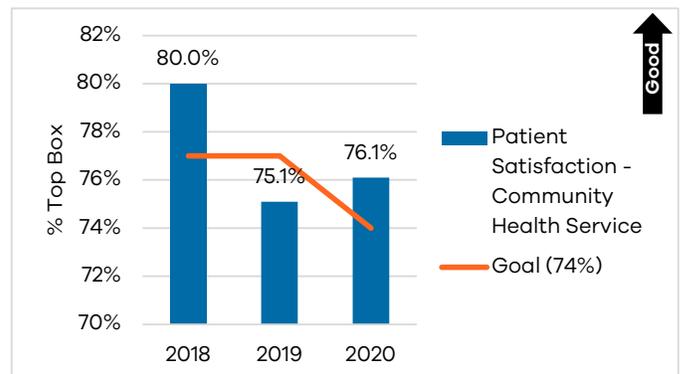


1.5L Patient Satisfaction

Goal - Community Health Service: 74% of patients seen in primary care clinics will respond with a 9 or a 10 ("top box") for "Overall provider rating."

Response:

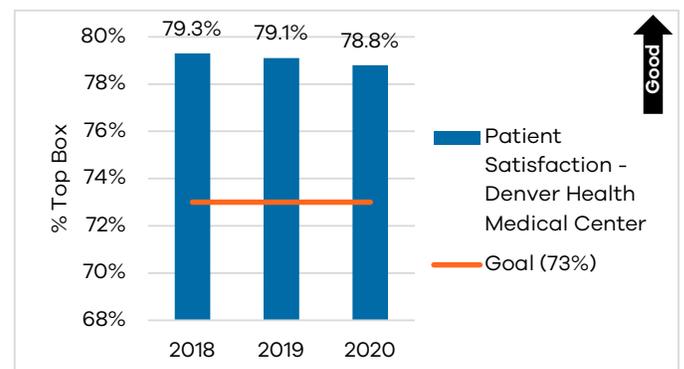
Criteria met.



Goal - Denver Health Medical Center: 73% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall patient satisfaction.

Response:

Criteria met.



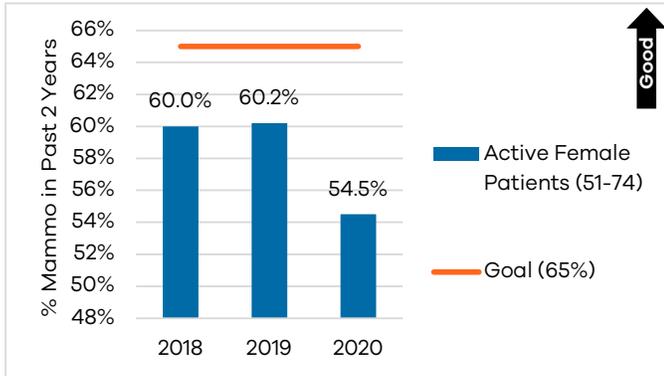


1.5M Breast Cancer Screening

Goal: 65% of active female patients age 51 to 74 years will have a mammogram in the past 2 years.

Response:

Criteria not met.



Variance Explanation:

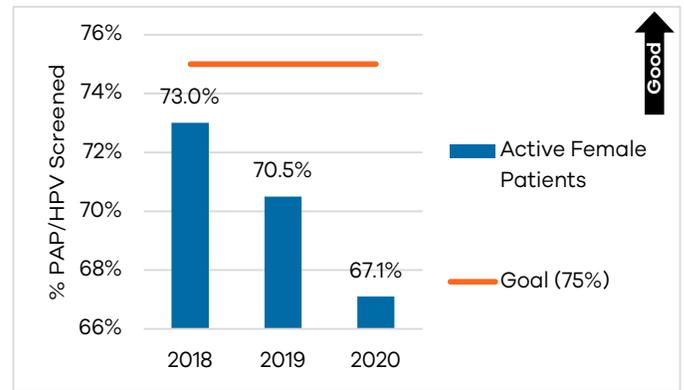
Breast cancer screening was greatly impacted by COVID-19. In order to mitigate exposure to COVID-19, screening mammograms were not performed on campus for several months, spring to mid summer. In addition, the new mobile mammography unit scheduled to arrive in early spring did not arrive until September. The vendor was unable to work on the unit as the company ceased work due to the pandemic. Due to less hesitancy in patients using the mobile unit at their home clinic, efforts for 2021 will focus on increasing access to the mobile unit. Execution of communication efforts to assure patients of mitigation efforts along with increased COVID-19 vaccinations in the patient population are expected to improve screening rates.

1.5N Cervical Cancer Screening

Goal: 75% of active female patients age 24-64, will have had a PAP test in the past three years or a PAP+HPV in the past 5 years (age 30-64).

Response:

Criteria not met.



Variance Explanation:

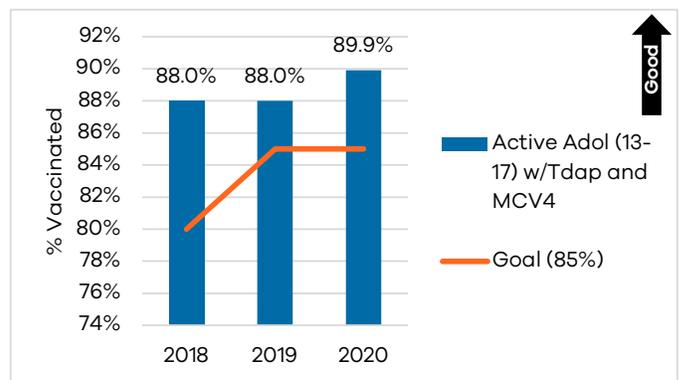
As with other clinical processes that require the patient to be seen face-to-face, the COVID-19 pandemic greatly impacted performance. Focusing on only Telehealth visits in the spring and early summer of 2020 led to the inability to perform in-person screening. For 2021, as more patients come in for face-to-face visits, "during-visit" focused activities facilitated by medical assistants will include the set up of cervical cancer screening as part of the check-in process; this has been an effective intervention in the past.

1.5O Adolescent Vaccinations

Goal - TDAP and MCV4: 85% of active adolescent patients, age 13-17, will have both Tdap and MCV4 vaccinations.

Response:

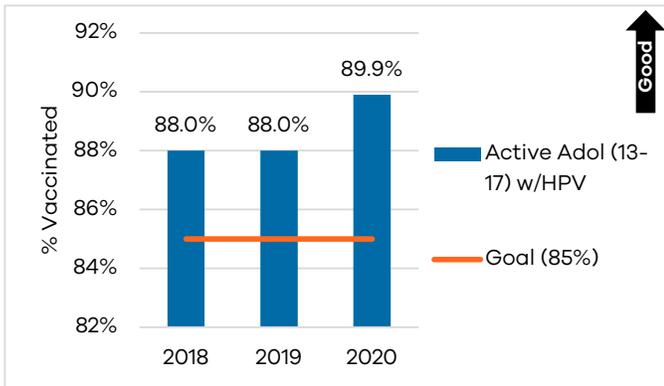
Criteria met. The Ambulatory Care measure is a combined metric that includes Tdap, MCV4 and HPV. For 2020, each individual metric goal performance was met, therefore the composite performance was reported.



Goal - HPV: 85% of active adolescent patients, age 13-17, will have received at least 1 HPV vaccine.

Response:

Criteria met.



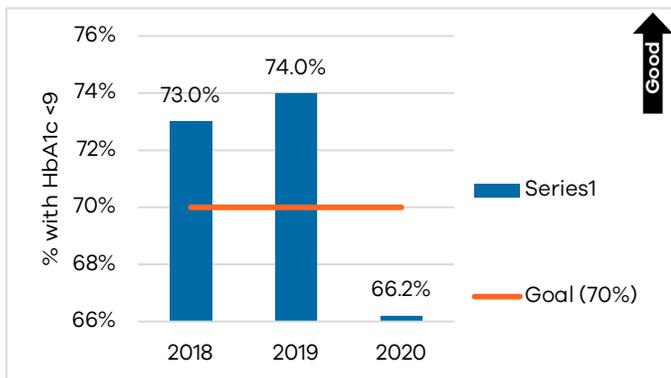
1.5P Diabetes Monitoring

A "diabetic patient" for the diabetes measures is defined as a patient who has had at least 2 visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.

Goal - Diabetes: 70% of Diabetic patients will have an HbA1c < 9.

Response:

Criteria not met.



Variance Explanation:

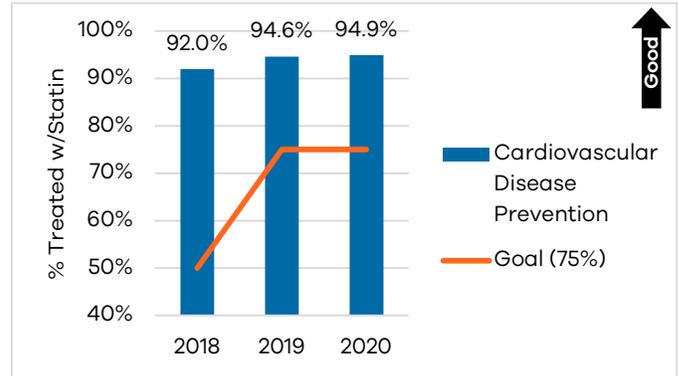
COVID-19's negative impact on healthy lifestyles (poor diet, increased depression, decreased physical activity, and tobacco and substance abuse) are well known and have been published. Additionally, face-to-face visits were limited during the spring and summer months as most visits were conducted through Telehealth. When patients did return to clinic, the effects of the poor lifestyle and non-adherence to medications resulted in poorer metabolic control. Efforts for 2021, led by the diabetes workgroup will focus on increasing patient engagement and optimizing medications. These will be facilitated with outreach efforts (patient report cards and outreach calls) along with further leveraging clinical pharmacists for medication management. This will include Telephone management and increasing home glucose monitoring to optimize sugar control between clinic visits. Evaluation of utilization of glucose monitoring for some patients has demonstrated improved patient engagement

and metabolic control. Additional improvements are planned for 2021.

Goal - Cardiovascular Disease Prevention: 75% of Diabetic patients will be treated with statin medication.

Response:

Criteria met.

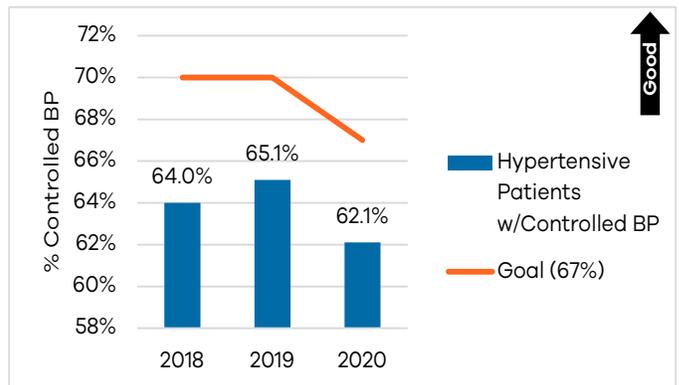


1.5Q Hypertension Control

Goal: 67% of patients identified with hypertension will have their blood pressure under control as defined by current standards.

Response:

Criteria not met.



Variance Explanation:

COVID-19's negative impact on healthy lifestyles (poor diet, increased depression, decreased physical activity, and tobacco and substance abuse) are well known and have been published. Additionally, face-to-face visits were limited during the spring and summer months as most visits were conducted through Telehealth. When patients did return to clinic, the effects of the poor lifestyle and non-adherence to medications resulted in poorer blood pressure control. For 2021, the focus is to push for tighter blood pressure control, specifically <130/80 mmHg although DH reports <140/90 mm Hg for contracts. The cardiovascular disease workgroup



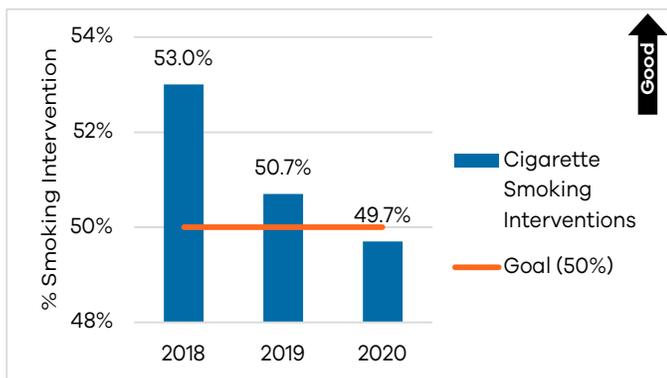
is anticipating that blood pressure targets will become lower as recent trials have shown great benefit with lower blood pressure goals. This will also help address the clinical inertia observed in patients presenting with a "slightly" elevated blood pressure, specifically blood pressures in the 140 - 149 range. A HRSA grant award to help facilitate the use of blue-tooth enable blood pressure monitors will be integrated into the electronic health record. Similar to diabetes, clinics will also leverage a clinical pharmacist to help intensify medical management for the appropriate patients.

1.5R Cigarette Smoking Interventions

Goal: At least 50% of adult smokers with at least 2 visits to a Denver Health clinic, emergency department, or hospital stay will have received one of the following interventions in the prior 6 months: referral to the Quitline, referral to a cessation clinic, counseling on quitting, or a medication for tobacco cessation.

Response:

Criteria not met.



Variance Explanation:

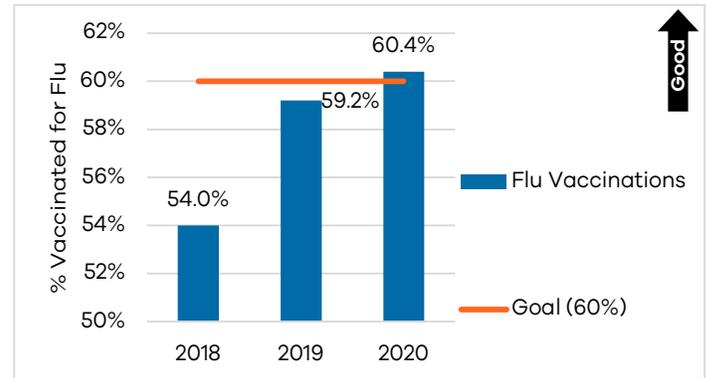
COVID-19's negative impact on healthy lifestyles also affected cigarette smoking interventions. Similar to other interventions, smoking cessation interventions are driven by face-to-face visits. During patient check-in, Medical Assistants perform Ask-Advice-Intervene (AAI). As the pandemic started, Medical Assistant priorities shifted toward COVID-19 efforts which resulted in less attention to check-in interventions including AAI. In addition, ACS had increased Medical Assistant turnover and vacancies. This led to a decrease in performance to a low of 45.5% at the Enterprise level and 46.3% for ACS in June 2020. Since that time period, performance has steadily increased as ACS returns to "normal operations." For 2021, the team will continue to monitor and reinforce better compliance with these interventions and work toward filling the Medical Assistant vacancies.

1.5S Flu Vaccinations

Goal: 60% of patients, 6 months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive the influenza vaccine.

Response:

Criteria met.



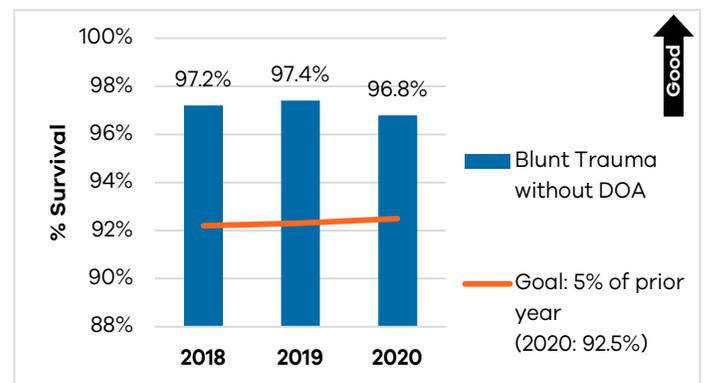
1.5T Survival with Trauma

Survival rate for blunt and penetrating trauma among patients who are not dead on arrival (DOA) will be maintained within 5% of prior year (2019) experience.

Goal - Blunt: Survival rate for blunt trauma will be maintained within 5% of 2019 experience, which was 97.4%.

Response:

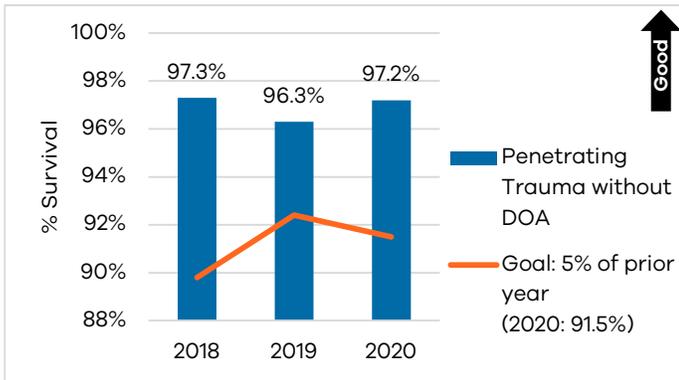
Criteria met.



Goal - Penetrating: Survival rate for penetrating trauma will be maintained within 5% of 2019 experience, which was 96.3%

Response:

Criteria met.

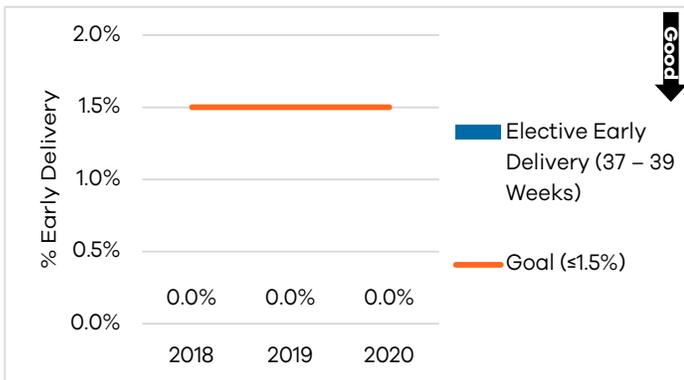


1.5U Joint Commission Quality Measures. Early Elective Delivery between 37-39 Weeks Gestation

Goal: The rate of elective delivery between 37-39 weeks as defined by the Joint Commission measure PC-01 will be maintained at 1.5% or lower.

Response:

Criteria met.



1.5V Hospital-Acquired Infection Rates. Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)

Goal - Medical Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Medical ICU rate on the most recent Colorado Department of Public Health and Environment (CDPHE) report.

Goal - Trauma Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Trauma ICU rate on the most recent CDPHE report.

Response:

Criteria met.

Contract Criterion	2018	2019	2020
Hospital-Acquired Infection Rates			
Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)			
Medical Intensive Care Unit	Same	Same	Same
Trauma intensive Care Unit	Same	Same	Better

1.5W HIV Prevention - Pre and Post Exposure

Response:

Criteria Met.

Contract Criterion	2020
HIV Prevention - Pre and Post Exposure	
Number of persons started on Pre-Exposure Prophylaxis (PrEP) in STD Clinic/Ambulatory Care	704
Number of persons who receive non-occupational Post-Exposure Prophylaxis (PEP) in STD Clinic only	116



H. Performance Criteria Table - Ambulatory Encounters (1.5 numbering follows the Authority's annual report)

Response: Criteria met. See following table.

Statistic	2018	2019	2020	Trend
DH Medicaid Choice Average Monthly Enrollment	77,446	85,417	100,543	
Inpatient Admissions	24,621	24,252	23,592	
Inpatient Days (Equivalent Census Days)	130,615	129,879	132,061	
Emergency Room Encounters	84,279	86,581	71,680	
Urgent Care Visits	38,230	38,443	35,845	
ER Cost/Visit	\$1,020	\$1,032	\$1,144	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,513	5,650	5,825	
CT Scans	56,333	60,093	60,106	
MRIs	11,567	12,412	12,777	
Outpatient Surgeries	9,520	8,629	7,765	
Ambulatory Care Encounters				
Ambulatory Care Center ¹	209,358	221,344	225,260	
Webb Center for Primary Care ²	70,148	75,026	79,350	
Gipson Eastside Family Health Center ³	48,957	47,922	49,182	
Sandos Westside Family Health Center ³	66,147	62,172	65,875	
Lowry Family Health Center	36,415	38,771	42,739	
Montbello Health Center	27,805	28,846	36,986	
Park Hill Family Health Center	19,118	20,134	20,314	
La Casa/Quigg Newton Family Health Center	18,691	19,738	21,883	
Westwood Family Health Center	17,148	19,275	20,589	
Federico Pena Family Health Center	40,042	43,847	49,177	
Other ⁴	95,175	98,253	96,008	
OP Behavioral Health Visits	227,403	215,613	257,021	
Total Ambulatory Care Encounters	876,407	890,941	964,384	
OP Pharmacy Cost/per patient	\$76	\$61	\$67	
¹ Includes Specialty Visits covering Medical Specialty, Oncology, Orthopedic, Surgery, and Womens Care; new Rose Andom and Chanda clinics; Adult, Pediatric and Pena Urgent Care Clinics; and Women's Mobile clinic ² Includes Webb Adult, Family and Internal medicine, Geriatrics, Intensive Outpatient, Pediatric and Pediatric Specialty clinics; Level One Physicians (LOP) and LOP Specialty clinics ³ Includes Adult, Pediatrics, and Womens Care; Eastside also includes Primary Care at MHCD ⁴ Includes Dental, School Based Clinics, and Family Crisis Center				

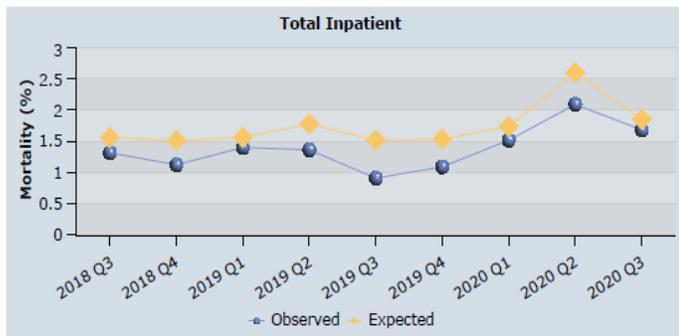
I. The Authority's Medical Center's adjusted inpatient mortality will be in the top 20% of all academic health centers nationally as measured by Vizient, a collaboration of approximately 120 academic health centers.

Response: Criteria not met. Denver Health's inpatient mortality remains in the top third of Vizient hospitals according to the most recent full year of data. See graph below which represents the observed to expected mortality ratio across 171 academic health centers in the U.S.

Denver Health experienced a significant rise in mortality in 2020 due to the burden of patients with Covid-19 infection. Denver Health was identified early in the pandemic as a hot spot for Covid-19 hospitalizations which likely contributed to the declining rank compared to similar institutions nationally.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	Median	Rank
Current Quarter	🔴	5,588	0.90	0.89	97/175
Recent Year	🟢	22,697	0.82	0.90	56/177

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,588	5,315	22,697
Observed Deaths	94	111	359
Expected Deaths	103.39	137.85	434.09
Observed Mortality (%)	1.68	2.09	1.58
Expected Mortality (%)	1.85	2.59	1.91
Observed/Expected Ratio	0.90	0.80	0.82



J. The Authority will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

Response:

Criteria met. On March 10, 2020 - March 13, 2020, The Joint Commission (TJC) arrived for the purposes of assessing compliance with the Medicare conditions of participation for hospitals through TJC deemed status survey. Denver Health welcomed 9 surveyors over 4 days with the recommendation for continued Medicare certification and Joint Commission accreditation. The Accreditation cycle is effective March 14, 2020 and is valid for up to 36 months.

In addition, TJC Ambulatory Care Services (ACS) Laboratory survey was conducted from October 6, 2020 - October 9, 2020. Surveyors inspected the

10 ACS Clinic laboratories in addition to two of the School Based Health Centers that offer laboratory services. Both surveyors were complimentary of the work being done in community health clinic laboratories. Ten deficiencies were noted, three of which were addressed immediately during the survey; no deficiencies were in the high-risk category, and only one was considered widespread. Denver Health was granted Accreditation for all services surveyed under the Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing, effective October 10, 2020.

K. The Authority will maintain national Residency Review Committee accreditation for its training programs.

Response:

Criteria met. Denver Health enjoys Continued Accreditation from ACGME for its accredited medical residencies and Approval without Reporting Requirements from CODA for its dental residencies.



L. The Authority 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. The Authority will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

Response:

Criteria met. See table below and on the following pages.

Top 25 DRG's for Medically Indigent Population					
2020 Rank	DRG#	DRG NAME	Total	2019 Rank	2018 Rank
1	885	PSYCHOSES	127	3	2
2	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS W	90	1	3
3	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	67	2	3
4	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	63	4	4
5	807	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITHOUT CC/MCC	38	7	N/A
6	917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	38	6	N/A
7	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	31	8	N/A
8	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITHOUT MCC	30	14	8
9	603	CELLULITIS WITHOUT MCC	24	11	N/A
10	247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT WITHOUT	23	22	12
11	330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	22	N/A	N/A
11	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	22	13	N/A
13	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. W CC	17	N/A	10
14	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY W MCC	16	17	12
14	743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY WITHOUT CC/MCC	15	17	N/A
14	25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	14	N/A	N/A
17	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	14	N/A	N/A
17	640	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	14	N/A	N/A
17	189	PULMONARY EDEMA & RESPIRATORY FAILURE	13	N/A	N/A
20	202	BRONCHITIS & ASTHMA W CC/MCC	13	N/A	N/A
20	641	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES WITHOUT MCC	13	N/A	11
22	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	13	N/A	N/A
22	286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	12	N/A	N/A
22	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC	12	N/A	N/A
25	805	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MCC.	12	N/A	N/A
25	813	COAGULATION DISORDERS	12	N/A	N/A
25	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	12	N/A	N/A
25	906	HAND PROCEDURES FOR INJURIES	12	N/A	N/A



L.

Unduplicated Users and Patient Visits by Colorado County				
	2018	2019	2020	Trend
Total Unduplicated Users	216,200	224,648	213,109	
Total Visits	928,014	955,723	963,102	

Unduplicated Users and Patient Visits by Colorado County								
County	2018		2019		2020		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	20,573	79,117	22,441	88,819	20,819	92,009		
Alamosa	22	89	27	94	22	73		
Arapahoe	20,277	76,616	22,572	84,749	24,392	106,333		
Archuleta	8	22	5	5	7	11		
Baca	1	1	2	2	1	1		
Bent	8	20	12	56	7	15		
Boulder	1,589	4,408	1,704	4,575	1,238	3,345		
Broomfield	132	447	156	497	579	2,146		
Chaffee	35	83	35	74	27	58		
Cheyenne	3	6	3	13	4	13		
Clear Creek	117	390	132	362	115	294		
Conejos	10	24	14	33	5	7		
Costilla	11	34	11	24	6	10		
Crowley	4	11	3	17	2	5		
Custer	4	17	5	29	10	35		
Delta	24	40	17	23	16	29		
Denver	149,110	678,498	151,728	682,826	137,906	642,649		
Dolores	1	1	0	0	2	2		
Douglas	2,197	7,503	2,428	7,736	2,346	8,142		
Eagle	153	358	176	406	168	370		
El Paso	1,077	2,491	1,176	2,745	937	2,652		
Elbert	80	255	93	242	109	281		
Fremont	38	82	42	144	35	139		
Garfield	69	157	97	160	60	155		
Gilpin	58	174	64	208	50	213		
Grand	820	2,214	768	2,104	1,104	2,488		
Gunnison	17	31	24	41	23	46		
Hinsdale	0	0	1	4	0	0		
Huerfano	12	32	11	23	11	36		
Jackson	6	14	5	14	5	11		
Jefferson	17,181	68,041	18,113	72,177	20,651	93,547		
Kiowa	4	6	1	1	0	0		
Kit Carson	15	59	23	72	18	82		
La Plata	31	42	27	46	18	50		
Lake	26	63	31	89	29	91		
Larimer	504	868	551	1,193	416	1,016		
Las Animas	27	99	22	94	12	48		
Lincoln	20	45	40	112	31	129		
Logan	38	162	47	141	53	194		



L.

Unduplicated Users and Patient Visits by Colorado County								
County	2018		2019		2020		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	87	169	77	156	77	219		
Mineral	1	3	0	0	2	7		
Moffat	15	54	17	44	14	45		
Montezuma	10	25	11	22	7	11		
Montrose	23	51	27	58	18	33		
Morgan	68	274	84	282	99	422		
Otero	27	65	31	80	30	102		
Ouray	2	2	1	1	3	4		
Park	133	461	149	611	106	371		
Phillips	12	38	9	43	8	18		
Pitkin	22	45	24	42	17	70		
Prowers	16	58	28	93	13	55		
Pueblo	280	943	250	740	222	758		
Rio Blanco	4	4	2	2	6	15		
Rio Grande	16	65	20	50	17	52		
Routt	45	97	55	107	38	66		
Saguache	8	28	8	21	4	20		
San Juan	2	2	1	1	0	0		
San Miguel	4	5	10	19	6	8		
Sedgwick	5	27	5	8	2	7		
Summit	121	252	126	396	118	337		
Teller	30	79	45	109	24	54		
Washington	12	45	12	50	13	73		
Weld	947	2,690	1,042	2,816	1,023	3,609		
Yuma	8	12	7	22	8	21		
Total	216,200	928,014	224,648	955,723	213,109	963,102		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code				
	2018	2019	2020	Trend
Total Unduplicated Users	149,110	151,728	144,079	
Total Visits	678,481	682,826	672,242	

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2018		2019		2020		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	165	786	173	807	136	646		
80202	1,925	7,645	2,354	8,778	2,276	8,742		
80203	4,317	17,845	4,581	18,441	4,327	17,315		
80204	19,366	90,830	19,478	91,129	17,995	84,984		
80205	9,291	43,971	9,093	41,269	8,670	41,609		
80206	2,210	9,437	2,390	9,781	2,315	10,380		
80207	4,260	21,767	4,213	20,485	3,868	19,173		
80208	10	18	13	22	15	38		
80209	1,875	7,047	1,969	7,450	1,899	7,719		
80210	2,158	8,619	2,195	8,574	2,065	8,131		
80211	6,150	29,898	6,147	28,871	5,840	28,124		
80212	2,003	9,776	2,018	9,768	2,013	9,701		
80216	5,123	23,968	5,079	24,021	4,645	22,379		
80217	24	83	33	113	29	99		
80218	3,070	12,871	3,061	12,707	2,939	13,143		
80219	29,240	141,660	29,407	139,900	27,570	132,839		
80220	5,023	22,524	5,151	22,699	4,670	20,935		
80222	2,803	13,062	2,878	13,295	2,671	13,382		
80223	7,435	36,198	7,524	36,252	7,082	34,790		
80224	2,570	11,644	2,570	11,802	2,410	11,444		
80227	3,121	13,693	3,278	14,490	3,155	14,580		
80230	996	4,366	1,013	4,340	1,029	4,805		
80231	4,380	17,797	4,505	18,831	4,587	20,532		
80235	601	2,676	661	2,789	614	3,090		
80236	3,531	15,890	3,462	16,129	3,273	15,069		
80237	1,576	6,935	1,650	7,373	1,599	7,438		
80238	975	4,132	1,057	4,182	1,314	5,446		
80239	14,469	59,018	14,515	59,903	13,491	61,875		
80243	4	7	3	5	1	2		
80244	3	20	2	4	1	17		
80246	1,450	5,429	1,552	6,665	1,569	6,713		
80247	3,473	15,407	3,779	17,152	3,800	18,230		
80248	5	9	4	15	1	8		
80249	5,454	23,202	5,862	24,478	6,160	28,562		
80250	39	227	42	271	39	281		
80251	1	1	2	3	0	0		
80252	0	0	0	0	0	0		
80257	0	0	0	0	0	0		
80261	3	3	8	17	1	1		
80263	1	2	0	0	1	2		
80264	3	3	0	0	0	0		
80265	1	1	0	0	0	0		
80266	1	4	2	6	4	11		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2018		2019		2020		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80271	0	0	0	0	0	0		
80281	0	0	1	2	1	1		
80290	2	5	1	4	2	4		
80294	3	5	2	3	2	2		

2020 Unduplicated Users and Visits by Gender and Race* (Colorado and Out-of-State Users**)					
Gender	Race	2020		3-Year Trend	
		Users	Total Visits	Users	Total Visits
F	African-American	15,303	83,651		
F	Amer/Alaskan Native	707	4,098		
F	Asian	4,470	20,234		
F	Hispanic	56,939	307,219		
F	Native-Hawaiian	59	323		
F	Other	2,175	8,052		
F	Oth-Pacific-Islander	165	810		
F	Unknown	1,760	3,186		
F	White-Caucasian	31,880	147,053		
Female Total		113,458	574,626		
Gender	Race	Users	Total Visits	Users	Total Visits
M	African-American	13,955	55,880		
M	Amer/Alaskan Native	583	3,225		
M	Asian	3,185	11,860		
M	Hispanic	45,116	179,821		
M	Native-Hawaiian	47	141		
M	Other	2,096	6,114		
M	Oth-Pacific-Islander	123	374		
M	Unknown	2,586	4,592		
M	White-Caucasian	33,452	130,801		
Male Total		101,143	392,808		
Gender	Race	Users	Total Visits	Users	Total Visits
Unknown	African-American	8	33		
Unknown	Hispanic	23	149		
Unknown	Other	7	16		
Unknown	Unknown	5	20		
Unknown	Asian	2	7		
Unknown	White-Caucasian	76	318		
Unknown	NULL	7	7		
Unknown Total		128	550		

Grand Total		214,729	967,984		
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* Table uses Derived Race as identified by Epic

**Out of State users and visits represent 1,620 and 4,882, respectively



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HOMELESS Unduplicated Users and Patient Visits by Colorado County				
	2018	2019	2020	Trend
Total Unduplicated Users	5,543	7,793	7,262	
Total Visits	21,080	30,144	25,431	

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2018		2019		2020		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	122	364	172	709	149	502		
Alamosa	0	0	0	0	0	0		
Arapahoe	137	463	161	633	139	479		
Archuleta	0	0	0	0	0	0		
Baca	0	0	0	0	0	0		
Bent	0	0	0	0	0	1		
Boulder	12	43	10	41	6	23		
Broomfield	1	15	2	14	0	2		
Chaffee	1	2	0	0	0	0		
Cheyenne	0	0	0	0	0	0		
Clear Creek	0	2	1	3	2	5		
Conejos	0	0	1	2	0	0		
Costilla	0	0	0	1	0	0		
Crowley	0	0	0	0	0	0		
Custer	0	0	0	0	0	0		
Delta	1	1	0	0	0	0		
Denver	5,145	19,650	7,293	28,150	6,755	23,723		
Dolores	0	0	0	0	0	1		
Douglas	6	25	6	28	23	62		
Eagle	1	3	2	5	1	6		
El Paso	1	9	6	27	3	13		
Elbert	0	0	0	1	0	0		
Fremont	0	1	0	0	0	0		
Garfield	2	2	1	1	1	4		
Gilpin	0	6	2	11	0	0		
Grand	0	4	1	4	1	1		
Gunnison	0	0	0	0	2	6		
Hinsdale	0	0	0	0	0	0		
Huerfano	0	0	0	0	0	1		
Jackson	0	0	0	0	0	0		
Jefferson	99	447	121	458	159	518		
Kiowa	0	0	0	0	0	0		
Kit Carson	0	0	0	0	0	0		
La Plata	1	1	0	1	0	0		
Lake	0	0	0	0	0	0		
Larimer	3	8	3	12	2	15		
Las Animas	0	0	0	0	0	0		
Lincoln	0	1	1	1	0	0		
Logan	3	8	1	1	0	1		



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HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2018		2019		2020		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	0	1	1	8	3	12		
Mineral	0	0	0	0	0	0		
Moffat	0	0	0	0	0	0		
Montezuma	2	2	0	0	0	0		
Montrose	0	0	0	0	0	0		
Morgan	2	8	0	0	2	6		
Otero	0	0	0	1	0	0		
Ouray	0	0	0	0	0	0		
Park	2	3	2	4	1	6		
Phillips	0	0	0	0	0	0		
Pitkin	0	2	0	0	2	3		
Prowers	0	0	0	0	0	0		
Pueblo	0	1	0	11	3	12		
Rio Blanco	0	0	0	0	0	0		
Rio Grande	1	2	0	0	0	0		
Routt	0	1	0	0	0	0		
Saguache	0	0	0	0	0	0		
San Juan	0	0	0	0	0	0		
San Miguel	0	0	0	0	0	0		
Sedgwick	0	0	0	0	0	0		
Summit	0	0	1	4	1	2		
Teller	0	0	0	0	1	1		
Washington	0	0	0	0	0	0		
Weld	1	5	5	13	6	26		
Yuma	0	0	0	0	0	0		
Total	5,543	21,080	7,793	30,144	7,262	25,431		



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HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code				
	2018	2019	2020	Trend
Total Unduplicated Users	5,149	7,366	6,806	
Total Visits	19,682	28,439	23,839	

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2018		2019		2020		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	1	17	13	43	8	24		
80202	16	81	34	133	39	148		
80203	49	182	75	281	83	327		
80204	4,080	15,427	5,956	22,961	5,312	18,510		
80205	537	2,104	519	2,107	544	1,934		
80206	19	97	31	121	39	114		
80207	24	100	31	135	28	127		
80208	0	1	0	4	5	10		
80209	7	22	15	46	16	70		
80210	10	46	8	53	19	73		
80211	29	144	43	172	76	301		
80212	11	42	20	73	12	48		
80216	42	160	77	263	76	270		
80217	2	2	5	8	4	17		
80218	42	173	78	342	136	372		
80219	74	314	157	538	126	485		
80220	41	150	78	352	64	244		
80222	28	90	18	66	21	71		
80223	20	83	44	124	28	105		
80224	5	20	14	41	34	102		
80227	6	20	8	34	13	42		
80230	2	17	6	12	5	25		
80231	12	58	11	49	14	56		
80235	0	4	1	1	3	7		
80236	9	34	28	93	14	56		
80237	10	28	6	21	6	17		
80238	0	3	1	8	7	19		
80239	50	169	62	255	50	185		
80243	0	0	0	0	0	0		
80244	0	0	0	0	0	0		
80246	6	25	9	39	7	21		
80247	8	34	5	11	9	30		
80248	0	0	0	0	0	0		
80249	8	31	9	30	8	26		
80250	1	3	4	22	0	3		
80251	0	0	0	0	0	0		
80252	0	0	0	0	0	0		
80257	0	0	0	0	0	0		
80261	0	0	0	1	0	0		
80263	0	0	0	0	0	0		
80264	0	0	0	0	0	0		
80265	0	0	0	0	0	0		
80266	0	0	0	0	0	0		



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HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2018		2019		2020		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80271	0	0	0	0	0	0		
80281	0	0	0	0	0	0		
80290	0	0	0	0	0	0		
80294	0	1	0	0	0	0		
Total	5,149	19,682	7,366	28,439	6,806	23,839		

2020 HOMELESS Unduplicated Users and Visits by Gender and Race*							
Gender	Race	2020			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	249	832	\$ 4,165,910			
F	Amer/Alaskan Native	53	181	\$ 1,568,888			
F	Asian	3	30	\$ 134,375			
F	Hispanic	362	1,129	\$ 8,504,914			
F	Native-Hawaiian	3	20	\$ 75,623			
F	Other	15	61	\$ 521,517			
F	Oth-Pacific-Islander	1	3	\$ 15,170			
F	Unknown	12	66	\$ 220,890			
F	White-Caucasian	745	2,591	\$ 19,890,624			
F	NULL	10	29	\$ 20,604			
Female Total		1,453	4,942	\$ 35,118,516			
M	African-American	1,052	3,813	\$ 24,660,975			
M	Amer/Alaskan Native	249	919	\$ 4,113,068			
M	Asian	35	130	\$ 1,092,276			
M	Hispanic	1,332	4,732	\$ 33,886,193			
M	Native-Hawaiian	6	30	\$ 79,369			
M	Other	71	233	\$ 976,163			
M	Oth-Pacific-Islander	2	6	\$ 11,222			
M	Unknown	42	173	\$ 895,941			
M	White-Caucasian	3,009	10,445	\$ 74,718,144			
M	NULL	31	85	\$ 296,144			
Male Total		5,829	20,566	\$ 140,729,496			
Unknown	Hispanic	0	1	\$ 12,514			
Unknown	White-Caucasian	1	4	\$ 3,815			
Unknown	NULL	2	3	\$ 2,907			
Unknown	Unknown	1	2	\$ 205			
Unknown Total		4	10	\$ 19,441			

Grand Total		7,286	25,518	\$ 175,867,454			
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* Table uses Derived Race as identified by Epic
 **Visits represent current process in Epic for tracking homeless population



08

A-2
**Emergency
Medical
Services**

“My in-laws are getting old so I want to do my part to keep them safe by getting vaccinated.”

– REBECCA | INSTITUTE ADMINISTRATOR



Appendix A-2 Emergency Medical Services 1.5 Performance Criteria

Each component of the Emergency Medical Response Services (EMRS), including the Authority and Department of Safety, and certain stakeholders, including the Mayor’s Office, City Council, and the Auditor’s Office, will designate representation on the EMRS Advisory Committee, which will meet regularly to monitor system performance, identify and recommend strategies for innovation and improvement, and provide the necessary collaboration and accountability to ensure continued high delivery of EMS responses and services. The performance metrics (including any data parameters or exclusions), advisory committee composition, and strategic framework will be documented in a mutually agreed-upon EMRS Advisory Committee Memorandum of Understanding. The parties have recommended changes to the system and are committed to continuing evaluation of the system that has improved and will continue to improve overall system performance. The parties further agree to monitor all aspects of EMRS performance, including response times and clinical outcomes, and to work with each other in good faith to identify potential options to achieve the desired EMRS performance, which options may include but are not limited to, revisiting the current EMRS performance metrics, staffing or scheduling changes, alternative response mechanisms, equipment and infrastructure investments.

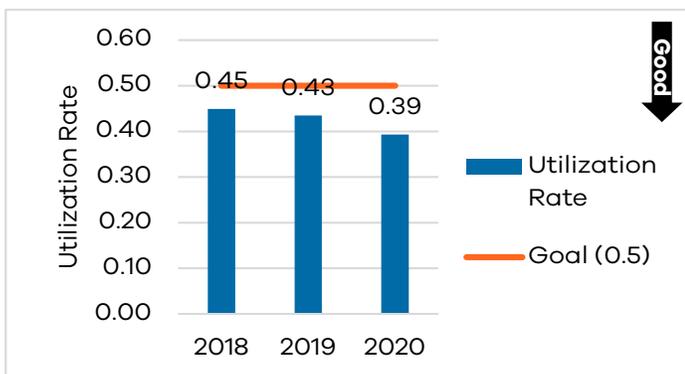
Response:

Criteria met.

A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide).

Response:

Criteria met.



B. The City and the Authority will strive to meet the performance goals for each system component as described in the 2016 National Fire Protection Association (NFPA) Standards 1710 and 1221 and

listed in Table 2, below. Each component of the EMRS, including Denver 911, the Denver Fire Department (DFD), 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, as set forth in Table 2, below. All components of the system must work as a team to meet the Total response time goal for emergency (lights and sirens) response times of 90% of the time from call answered to Basic Life Support (BLS) unit arrival of 6 minutes 30 seconds and 10 minutes 30 seconds from call answered to Advanced Life Support (ALS) unit arrival. Additional system performance metrics regarding the EMRS will be identified, monitored, and reported by the EMRS Advisory Committee, as described above. Additional system performance metrics regarding the EMRS will be identified, monitored, and reported by the EMRS Advisory Committee, as described above.

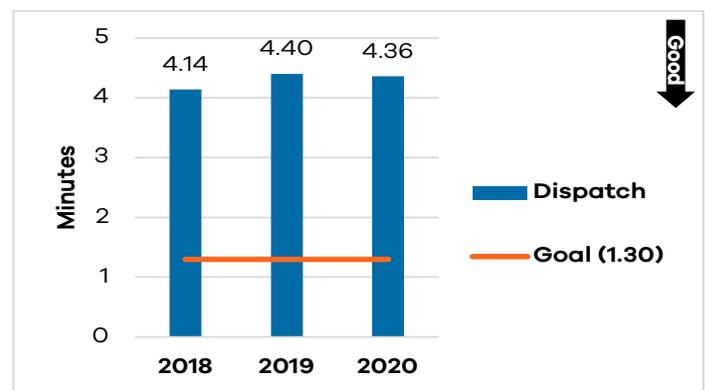
TABLE 2: NFPA Goals by System Component

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

Call Answering and Processing

Response:

Criteria not met.



Variance Explanation:

The Denver Health Paramedic Division (DHPD) understands the importance of gathering 911 call information, assigning the appropriate resources, and arriving on scene within specific parameters to provide assistance for those requesting help. The metric which monitors “call answered to unit arrive” is a coordinated effort between the Denver 911 Communications Center and the DHPD. In 2020, these two agencies (911 Communications Center and DHPD) fell short of that metric. Denver Health will continue to work with public safety partners and instill best practices to improve this metric and the

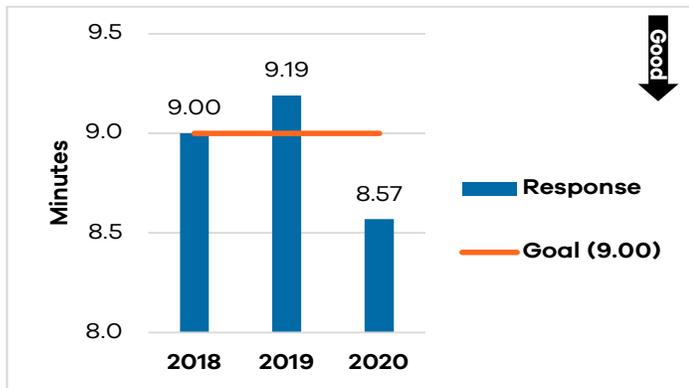


overall response to those requesting help through the 911 system.

ALS Denver Health Dispatch

Response:

Criteria met.



C. The City and the Authority agree that the official timekeeper for determining response times is the City’s computer aided dispatch (CAD) system. 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.

Response:

Criteria met.

D. Responsibility of the EMRS Data Analyst:

(v) Authority’s Clinical Criteria. The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:

1. Median elapsed target of 5 minutes 45 seconds or fewer from paramedics’ arrival time to initial recording of 12 lead ECG for suspected cardiac chest pain.

Response:

Criteria met.

Time to 12-lead	2019	2020
Actual	6:00	5:43
Goal	5:45	5:45

2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria. (targets to be added).

Response:

Criteria met.

Time to Alert	2019	2020
Actual	2:01	2:49
Goal	5:00	5:00

3. Median elapsed transport ambulance scene time of 6 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response:

Criteria met.

Blunt Trauma	2019	2020
Actual	5:25	5:35
Goal	6:00	6:00

4. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for penetrating trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response:

Criteria met.

Penetrating Trauma	2019	2020
Actual	8:31	8:08
Goal	9:00	9:00

Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition for long-term performance purposes and with appropriate identification of comparison date ranges and lags in comparison reporting.

Response:

Criteria disposition pending data availability.

Utstein	2018	2019	2020	Trend
Actual	42.3%	34.80%*		
*Data unavailable until after 4/30/2021				



5. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria by meeting the 9 minute ALS Response time of 90% from unit assigned to unit arrived.

Response:

Criteria met. See A-2 1.5 B section above for additional detail.

(vi) In support of the Denver Community Addictions Rehabilitation and Evaluation Services (CARES), the Emergency Services Patrol (ESP) will transport individuals experiencing substance misuse to the Denver CARES facility. If serious medical problems are evident, the client is taken by ambulance to Denver Health Medical Center. ESP van service will operate sixteen- hours/day seven days/ week.

Response:

Criteria met.

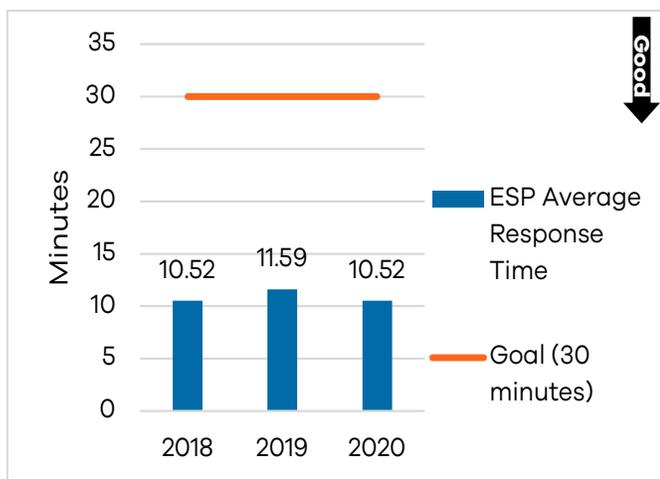
(vii) An ESP average response time of 30 minutes or fewer will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene. A goal of 30 minutes will be set for contract year 2020 based on available resources.

Emergency Services Patrol:

- Average response time

Response:

Criteria met.



- Total calls for service
- Number of clients picked up per shift
- Number of shifts worked per month

Response:

Criteria met. There were a number of pandemic-related factors that affected the ESP response volume in 2020:

- Fewer people out to call 911 for a potential detox client
- More shelters were opened to house people experiencing homelessness
- Shelters had less stringent entry criteria (e.g. more likely to admit someone who may be mildly intoxicated)

ESP Van Scheduled Shift Statistics	2018	2019	2020	Trend
Total Calls for Service	11,704	10,940	8,831	↘
Avg # Clients Transported per Shift	12	9	8	↘
Avg # Shifts Worked per Month	80	84	82	↗

(viii) Reporting – Performance reports will be analyzed continuously by the EMRS Analyst who will report to the members of the EMRS Advisory Committee at least bi-monthly regarding system performance. A system performance report will be made at least annually by the EMRS Advisory Committee to the leadership of the City and the Authority. The parties recognize that the tiered emergency response system at times may not meet one or more goals of the NFPA Standards. The parties understand and agree that coordination and cooperation will be needed to share data and provide system performance reporting.

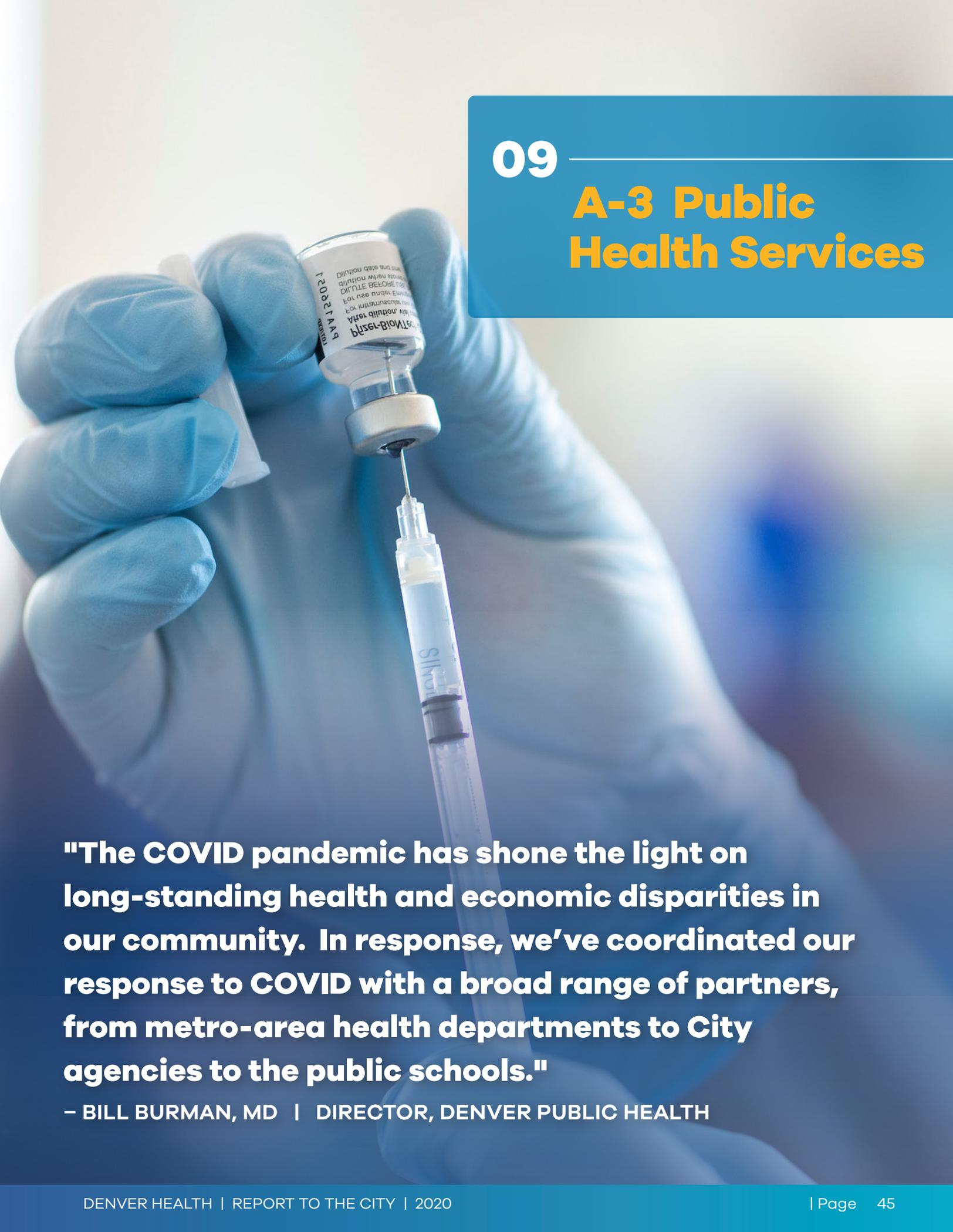
1. Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.

2. 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 as an overall EMRS metric.

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

Response:

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



09

A-3 Public Health Services

"The COVID pandemic has shone the light on long-standing health and economic disparities in our community. In response, we've coordinated our response to COVID with a broad range of partners, from metro-area health departments to City agencies to the public schools."

– BILL BURMAN, MD | DIRECTOR, DENVER PUBLIC HEALTH



Appendix A-3 Public Health Services

1.4 Performance Criteria

A. 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:

Response:

Criteria met. Annual report provided for the metrics listed below.

Public Health Services	2018	2019	2020	Trend
Immunization/Travel Clinic				
Total Immunization Visits with Outreach	8,856	10,565	9,267	
Total Vaccinations Provided	17,344	17,888	12,870	
Infectious Disease Clinic				
Patient Encounters	12,475	12,094	11,384	
Dental Encounters	912	612	78	
Sexual Health Clinic				
Patient Encounters	16,070	15,206	12,332	
Tuberculosis Clinis				
New TB Cases	47	53	33	
Total TB Visits with Outreach	17,329	18,659	13,331	
Vital Records				
Birth and Death Certificates Registered	60,864	57,345	60,257	

B. The Authority will provide the following performance statistics which includes the goals and metrics for public health functions of DPH. The frequency of reporting is provided in the table. Metrics reported monthly will accompany the invoice.

Response:

Criteria partially met. During 2020, the massive COVID-19 pandemic generated 25 times the number of disease investigations than normal (49,600 COVID-19 cases vs 1,915 cases of all reportable conditions in 2019 combined). As such, many routine investigation and reporting activities were curtailed by mutual agreement between the City and the Authority to address the pandemic emergency response.

The following performance statistics were provided Monthly (N/A = statistics without goals):

Operating Agreement Monthly Measurements by Program 2020				
Program	Objective	Metric	YE Total	Result
Immunization and Travel Clinic Vaccine-preventable infections	Ready access for residents and visitors of Denver to vaccines in clinical and community settings	Number of vaccines provided in the Immunization Clinic	9,082	N/A
		Number of vaccines provided in community settings (schools, Shots for Tots, and other community venues)	3,788	N/A
	Provide travel-related evaluation and immunizations	Number of travel consults	800	N/A



Operating Agreement Monthly Measurements by Program 2020				
Program	Objective	Metric	YE Total	Result
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings	Care for possible sexually-transmitted diseases in the STD Clinic (annual goal = 12,500 visits)	12,332	✗
		COVID-19 restrictions limited the number of patients safely seen, tested and treated in the STD clinic		
		Reproductive health services (family planning) in the STD Clinic (annual goal = 5,000 visits)	4,173	✗
		COVID-19 restrictions limited the number of patients safely seen, tested and treated in the STD clinic		
		STD screening in community settings (annual goal = 3,000 visits)	1,761	✗
		Community-based testing suspended per mutual agreement due to COVID-19		
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis (annual goal = 80%)	88.8%	✓
	Provide HIV testing in clinical and community settings	Testing in the STD Clinic (annual goal= 6,000)	5,170	✗
		COVID-19 restrictions limited the number of patients safely seen, tested and treated in the STD clinic		
		Community testing in high-risk venues (annual goal = 1,200)	641	✗
Outreach testing was suspended per mutual agreement due to COVID and safety concerns.				
TB Clinic	Provide tuberculosis (TB) testing, prevention, and treatment in Denver	Number of TB Clinic visits (includes outreach)	5,149	N/A
Vital Records	Convenient access to birth and death certificates for Denver residents and visitors	Birth Certificates issued (includes certified copies)	26,901	N/A
		Death Certificates issued (includes certified copies)	33,356	N/A
Epidemiology and Disease Investigation, Preparedness and Response	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable conditions in Denver County residents and visitors Report to CDPHE within appropriate timeframes.	Percentage of FoodNet cases interviewed and data collected entered into CEDRS within 5 business days of each interview or chart review completion	N/A	N/A
		Per CDPHE COVID continuity of operations (COOP) plan, CDPHE took over all non COVID related disease investigation for Denver after March 2020.		
		Number of animal bite reports requiring follow-up of victims, number requiring post-exposure rabies prophylaxis	24	N/A



Operating Agreement Monthly Measurements by Program 2020				
Program	Objective	Metric	YE Total	Result
Epidemiology and Disease Investigation, Preparedness and Response	Develop and provide high quality monitoring and outbreak data to DDPHE and stakeholders.	Number of reportable illnesses assigned to and managed by DPH in CEDRS	COVID-19: 426 Outbreaks Non Covid (Jan-Mar only): 685	N/A
		Per CDPHE COVID continuity of operations (COOP) plan CDPHE took over all non COVID related disease investigation for Denver in after March 2020		

Response:

Criteria partially met. The following performance statistics were provided Quarterly (N/A = statistics without goals):

Operating Agreement Quarterly Measurements by Program 2020							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Provide treatment for persons with HIV disease in Denver	Average time to third next appointment for the six primary care providers in ID clinic (goal ≤ 14 days)	17	15	15	14	✗
		Unable to meet target. Decreased in-person visits due to COVID-19 social distancing guidelines as well as redeployment of clinical resources to COVID-19 related activities					
	Percent of ID Clinic patients with a viral load < 200 copies (goal = 90%)	90%	90%	89%	91%	✓	
	Provide evaluation and treatment of Hepatitis C for persons in Denver	Number of persons who complete treatment for Hepatitis C in the ID Clinic (annual goal = 100)	103	56	105	100	✓
Immunization and Travel Clinic Vaccine-preventable infections	Provide technical assistance to child daycare centers on improving vaccine coverage	Number of site visits to child daycare centers	12	0	0	0	N/A
		Number of trainings	3	0	0	0	N/A



Operating Agreement Quarterly Measurements by Program 2020							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Access to pre-exposure prophylaxis	Number of persons started on PrEP in STD clinic (annual goal = 300)	117	80	136	125	✓
	Provide testing for Hepatitis C among persons at increased risk in the STD Clinic	Number of persons tested for Hepatitis C (annual goal = 2,000 tests)	356	195	306	308	✗
	COVID restrictions and impacts to DH's supply chain limited the number of patients safely seen, tested and treated in the STD clinic.						
Epidemiology and Disease Investigation, Preparedness and Response	Respond to data or analytic requests from DDPHE	Percentage of DDPHE request resolved within 60 days	100%	100%	100%	100%	N/A
	COVID specific data requests have been met in a timely manner						
	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable	Number and description of required case interviews and a general report on the outcome of investigation	N/A	N/A	N/A	N/A	N/A
Per continuity of operations (COOP) plan CDPHE has taken over all non COVID related disease investigation for Denver as long as we are in stage 3 in the COVID 19 pandemic.							
Public Health Informatics	Provide Geographic Information Systems (GIS) expertise to	Number of GIS maps for Public Health issues	5	175	268	215	N/A
	DDPHE Joint action planning	Communicate progress within point performance management system	Complete See notes below	N/A See notes below	Complete See notes below	Complete See notes below	N/A
	Q1 Two plans developed; two additional to be developed in Q2.						
	Q2 Existing and additional plan development paused due to COVID response. Intend to resume in Q3.						
	Q3 One plan drafted; three groups connected for update/information sharing; efforts largely paused/delayed due to COVID 19.						
Q4 Each group has drafted a 2021 plan; updates and links added to point performance dashboard.							



Response:

Criteria partially met. The following performance statistics were provided Semi-Annually (N/A = statistics without goals):

Operating Agreement Semi-Annual Measurements by Program 2020					
Program	Objective	Metric	6/30/2020	12/31/2020	Result
ID Clinic-HIV	Work with stakeholders across the City and County on AIDS elimination	90% of those with HIV have been diagnosed	90.0%	90.0%	✓
		90% of those diagnosed are in HIV care	71.8%	60.7%	✗
		These are City metrics and work DPH shares with other community resources. Denver Public Health is an active member of the 5280 Fast Track Cities Task Force working to accomplish 90/90/90 for the City and County of Denver.			
		90% of those in care have an undetectable viral load	91.4%	92.0%	✓



Response:

Criteria met. The following performance statistics were provided Annually (N/A = statistics without goals):

Operating Agreement Annual Measurements by Program 2020				
Program	Objective	Metric	2020	Result
Immunization and Travel Clinic Vaccine-preventable infections	Assess risks for vaccine preventable infections in Denver	Review of opportunities to decrease vaccine-preventable infections in Denver	Completed work related to the HPV vaccine, MMR for 4-6 year olds, flu vaccinations in the community and covid vaccine rollout.	N/A
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Monitor gonorrhea antimicrobial resistance	Perform culture and antimicrobial resistance testing on 360 gonorrhea isolates annually	546	✓
TB Clinic	Prevent TB in Denver	Number of new TB cases	33	N/A
		Completion of treatment within 12 months (goal ≥95%)	96%	✓
	Provide evaluation and treatment of persons with latent TB in Denver	Number of homeless persons tested for latent TB	398	N/A
		Completion of treatment of latent TB among close contacts to active cases of smear-positive pulmonary TB (goal ≥80%)	82%	✓
	Work with primary care settings in Denver caring for persons with increased risk for TB	Screen and treat latent TB among high risk persons (goal – 2 additional clinics)	2 Community Health Centers (Pena and LaCasa)	✓
Epidemiology and Disease Investigation, Preparedness and Response	Produce and contribute to health assessment reports annually (e.g., population or targeted health assessment, health impact assessments)	Number of assessment reports produced in calendar year	1 Community Health Assessment Completed	N/A
		Included convening stakeholders, defining key metrics, and building out an interactive website for the CHA		
	Develop and maintain efficient outbreak response data tools that integrate clinical data, disease reports, and outbreak related data collection	Number of outbreaks involving Denver residents listed by pathogen.	DPH team participated in 190 total outbreak investigations. 179 outbreaks of COVID-19. 11 Non-COVID-19 outbreaks: 1 influenza (health facility); 1 Norovirus in oysters; 1 Long-term care GI outbreak; (norovirus likely); 2 gastrointestinal in schools (agent unspecified); 2 gastrointestinal in restaurants (agent unspecified); 1 outbreak of Shigella sonnei in people experiencing homelessness (PEH); 1 outbreak of Bartonella quintana in PEH; and two outbreaks among PEH continuing from 2019 of hepatitis A and Neisseria meningitidis.	



Operating Agreement Annual Measurements by Program 2020				
Program	Objective	Metric	2020	Result
Epidemiology and Disease Investigation, Preparedness and Response		DPH managed notifiable disease investigations from January-March 2020. Per CDPHE COVID continuity of operations (COOP) plan CDPHE took over most nonCOVID related disease & outbreak investigations for Denver beginning in April. DPH organized a multi-jurisdictional Non-Covid Infections Affecting People Experiencing Homelessness Taskforce in summer 2020 to deal with four simultaneous non-COVID outbreaks which have all improved or resolved.		
	Curate monitored data to annually produce information that tracks progress on community health improvement plan	Data for the CHIP annual report	Data were shared for Community Planning and Development's Blueprint Denver Plan. The MySidewalk website for Community Health Assessment (launched 2020) provides an easily-updatable data source of collaboratively defined data points for future CHIP reports.	N/A
	Provide staffing as public health technical specialists and ICS positions in the Joint Public Health and Environment Department Operations Center (DOC).	Number of exercises/trainings conducted per calendar year	>10	N/A
		Most planned exercises were cancelled due to COVID-19. Large numbers of just-in-time trainings were provided for specific DPH Agency roles for Joint Public Health & Emergency Department Operations Center (JPHEOC) roles. Just-in-time training was also provided for three response group supervisor positions, 7 task force leader positions, and multiple task force member roles. DPH produced on-line training statewide for CDPHE for case investigators and contact tracers. DPH staff participated in trainings for remote operations and observer at Alternate Care Site exercise at CO Convention Center.		
		Number of actual DOC activations responded to per calendar year	2	N/A
	Ensure DPH participation in ICS training and exercises/drills	Included COVID 19 (DEN20200304001) and simultaneous mid-year EOC activation for racial justice demonstration.		
		Percentage of DPH personnel with emergency preparedness functions with complete ICS training profile at end of calendar year.	95.61%	N/A
		Number of staff that actively participate in exercises/drills per calendar year	12	N/A
	Serve as the coordinator for development and distribution of Denver Health Alert Notifications (DHANs)	Included communication and HAN drills		
		Number of DHANs distributed per calendar year	44	N/A



Operating Agreement Annual Measurements by Program 2020				
Program	Objective	Metric	2020	Result
Epidemiology and Disease Investigation, Preparedness and Response	Serve as the manager of special projects- Epidemiology Surveillance and Reporting Tool (ESRT), National Syndromic Surveillance Program (NSSP)	Number of trainings for NSSP database provided to DPH and other LPHA disease investigation staff and response partners per calendar year	2	N/A
Public Health Infrastructure	Serve as Medical Officer for DDPHE	24/7 availability of the Medical Officer or designate (a physician with public health expertise)	Complete	N/A
	Support maintenance of public health accreditation and pursuit of reaccreditation	Update/create documents for prioritized domains	Reaccreditation plan created.	N/A
		Implement improvements based on PHAB feedback from the annual report	No follow up from DDPHE provided or requested after PHAB feedback. Likely due to covid workload.	N/A
		Completion of the annual report (goal = March 31, 2021)	Target goal for annual report = March, 2021	✓
	DDPHE Joint action planning	Completion of annual joint planning activities	Joint action planning activities completed, documented in point performance management system	✓
		Conduct regular Operations Committee meetings	Completed monthly	✓
		Identify two program priority areas to enhance coordination of efforts	2 priority areas identified (HIV and Tobacco)	✓
		Draft action plans for the two program priority areas	Action plans drafted.	✓
Distribute joint communications that share health data and information	Number of joint reports published	< 5	N/A	
Public Health Informatics	Provide data extraction and reporting expertise to support periodic community health assessments for the City and County of Denver.	Number of data analytic products performed	2,562	N/A

C. DDPHE and DPH collaborate to produce the deliverables associated with the CHIP and CHA. *Be Healthy Denver* activities include completion and dissemination of the 2019-2023 CHIP and preparation for the 2020 Community Health Assessment. All work products shall be approved by the department directors. Final approval of all CHIP and CHA work product rests with DDPHE per section 1.1 (b), above.

Response:

Criteria met. Throughout 2020, DDPHE and DPH collaborated with the company selected through city processes (in the end of 2019) to create an online platform for health assessment data. Community partners were convened virtually in March and September to review and finalize the assessment, which was completed at the end of 2020. The online tool is now available for public use and reflects the work of multiple community partners, city agencies and engagement with residents to better understand current issues to be addressed to

advance health in Denver.

D. DPH will in collaboration with DDPHE create an environment that is responsive to information requests of the City’s residents, visitors, and City leaders. The informatics and epidemiology groups will respond to data requests submitted by DDPHE staff using the cross-agency data request protocol that support data-driven decision making.

Response:

Criteria met. Though there were fewer routine programmatic requests in 2020, DPH responded to all requests submitted by DDPHE staff within the expected 60 day time-frame. Throughout the COVID-19 pandemic response, DPH provided timely and responsive follow up to request for data, analyses and visualizations that informed the collective public health response for Denver. Often requests came with an urgent deadline, and DPH staff were able to meet those requests once the specific needs and audience were clarified. DPH staff also provided technical assistance to DDPHE staff in outbreak response and data management and utilizing data products in ArcGIS and PowerBI.

Among the many requests honored:

- Immediate reporting and direct access to reported laboratory-confirmed cases of COVID-19, summaries and specific details of persons experiencing homelessness, living in long-term care facilities, employees of Denver City and County, healthcare workers, and persons who were deceased at the time of reporting
- Provision of detailed data of COVID-19 testing events conducted by DPH for persons experiencing homelessness to combine with information with DDPHE-led testing events
- Interactive Tableau dashboards with information in the near-real time on COVID-19 cases, hospitalizations and deaths in Denver county, with detailed information by age groups, gender, race-ethnicity, and geography (mapping)
- Interactive tableau dashboards with detailed information on the various metrics developed state-wide and locally to monitor and inform the epidemic and public health actions (Colorado COVID-19 dial metrics, Caution Metrics)
- Detailed information on monitoring the epidemic in the Denver City and County Jails as part of the outbreak response

- Detailed information on monitoring COVID-19 at DU, as part of outbreak management and evaluation of transmission in higher education settings
- Routine summaries of activities reported among COVID-19 cases to identify places of potential transmission

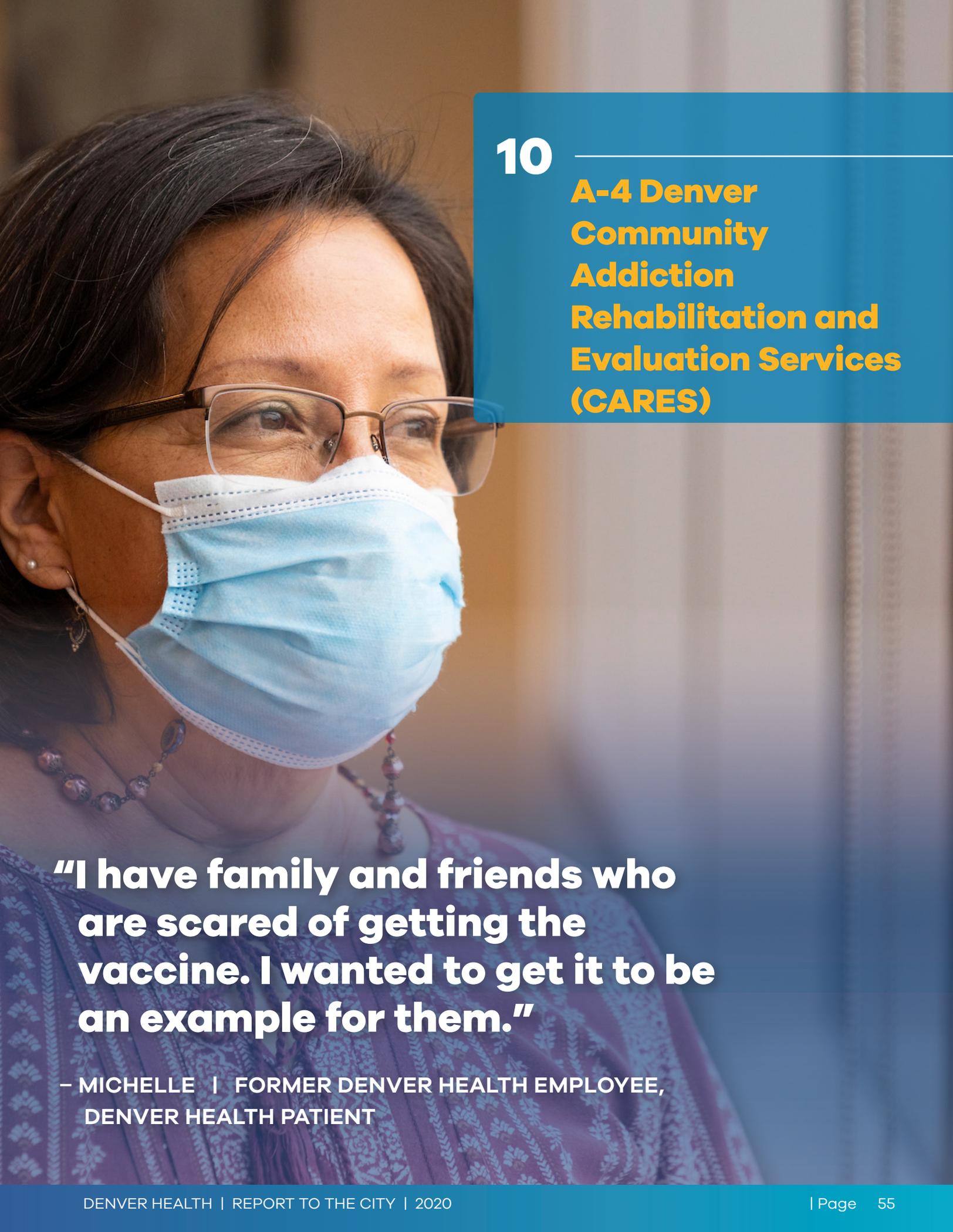
E. Public Health Emergency Preparedness Deliverables Include:

- (i) The City and DPH agree that one emergency response plan is best for public safety, and agree to begin consolidating emergency response plans, annexes, and Department Operations Centers in 2018, with a goal of full consolidation by 6/30/2019. The combined DOC will be located at DDPHE.
- (ii) DPH will continue to provide advice on medical aspects of emergency management and preparedness, and retain the role of Public Health Medical Director. The City will make the final determination on all emergency response measures.

Response:

Criteria met. Much of 2020 was spent with activation of the DDPHE Joint Public and Environmental Health Department Operations Center (DOC) for the COVID-19 response. As per the OA, DPH led the case investigation, data management, and monitoring of the epidemic in Denver from March-December 2020. Official oversight and enforcement of public health orders was led by DDPHE, and coordination was required for issuing isolation orders to persons who had tested positive for COVID-19. DPH provided notifications to DDPHE about cases in workplaces, long term care facilities, jails, and among persons experiencing homelessness to facilitate field work inspections and issuance of public health orders as appropriate. Outbreaks at facilities were managed co-jointly by DDPHE and DPH staff. In May 2020, DPH designated the Medical Director of Epidemiology, Data Science and Informatics to serve in the position as DPH liaison to work directly with DDPHE. Further, in Fall 2020, a DPH staff member took on the role as Outbreak Strike Team Leader for K-12 schools at DDPHE to provide further support for response activities.

DPH continued to provide 24/7 Medical Officer service and also served as the Office of Emergency Management in Healthcare and Hospital Branch Director positions in the City Emergency Operations Center.



10

**A-4 Denver
Community
Addiction
Rehabilitation and
Evaluation Services
(CARES)**

“I have family and friends who are scared of getting the vaccine. I wanted to get it to be an example for them.”

**– MICHELLE | FORMER DENVER HEALTH EMPLOYEE,
DENVER HEALTH PATIENT**



Appendix A-4 Denver Community Addictions Rehabilitation and Evaluation Services (CARES)

1.4 Performance Criteria

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

Response:

Criteria met. Denver CARES offers pregnancy testing at no cost to all female patients of child-bearing age. In 2020 there was one positive pregnancy test and the patient was referred to Denver Health's Women's Services.

Pregnancy Testing	2018	2019	2020	Trend
# Women of Child-Bearing Age	1,694	1,604	854	
# Pregnancy Tests Provided	36	24	33	
% of the women of child-bearing age utilizing the services of Denver CARES were offered a pregnancy test	100%	100%	100%	
% Women Who Received Pregnancy Test	2%	1%	4%	
# Positive Results	2	1	1	
% Positive Tests	6%	4%	3%	

B. The Authority will provide an annual report by May 1st 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:

Detoxification: Average Daily Census

- Number of clients admitted more than one time for the program year
- Number of admissions of clients experiencing homelessness

Detoxification Program	2018	2019	2020	Trend
Detoxification: Average Daily Census	105	96	65	
Number of clients admitted more than one time for the program year	3,608	2,878	1,738	
Number of admissions of clients experiencing homelessness	23,870	22,825	13,629	
Number of clients who did not pay any charges due for services rendered	1,182	995	391	
Number of referrals not admitted	541	771	484	
Number of clients admitted for the first time	4,196	4,031	1,916	
Number of clients referred with a DUI	222	289	350	
Number of client to staff assaults	18	10	19	
Number of client to client assaults	47	16	17	

- Number of clients who did not pay any charges due for services rendered.
- Number of referrals not admitted.
- Number of clients admitted for the first time
- Number of clients referred with a DUI
- Number of client to staff and client to client assaults

Response:

Criteria met. Refer to table below:

The Authority will provide a quarterly report to the City in an agreed upon format, which indicates the amount of year-to-date expenses and revenues for Denver CARES by the 15th day of the month following the end of the quarter after the end of the reporting period.

The report will also include the following metrics:

- Number of clients admitted more than once for the program year
- Number of total clients seen in the program year
- Number of unanticipated or negative events (seizures, assaults, and serious injuries)
- Standard demographics on clients seen in program year (age, gender, race/ethnicity, housing status, and Medicaid status)

Response:

Criteria met. Refer to table on the following page. The Denver Health Finance Department provided regular quarterly reports to the City with year-to-date expenses and revenues.



Denver CARES Services	Q1 2020	Q2 2020	Q3 2020	Q4 2020	EOY 2020
Number of clients admitted more than once for the program year.	1362	1094	1080	1436	4972
Number of total clients seen in the program year	2045	1634	1571	1638	6888
Number of Seizures	11	14	5	17	47
Number of Serious Injuries	10	9	4	9	32
Number of assaults to staff	7	3	4	5	19
Number of assaults to clients	8	4	3	2	17
Demographics of clients seen in program year	Q1 2020	Q2 2020	Q3 2020	Q4 2020	EOY 2020
Age					
18-29	462	284	304	338	1388
30-39	576	420	432	459	1887
40-49	401	356	339	338	1434
50-59	400	388	346	333	1467
60+	206	186	150	170	712
Gender					
Male	1614	1301	1235	1305	5455
Female	430	333	336	330	1429
Unknown	1	0	0	3	4
Race					
White or Caucasian	1188	1004	1007	1011	4210
Black or African American	300	271	243	262	1076
Unknown	248	101	90	166	605
Other	159	145	103	112	519
American Indian or Alaska Native	85	85	74	62	306
Decline to Answer	65	28	54	25	172
Ethnicity					
Not Hispanic, Latino/a, or Spanish Origin	1265	1080	1047	1039	4431
Hispanic, Latino/a, or Spanish Origin	376	360	315	339	1390
Unknown	246	104	89	104	543
Mexican, Mexican American, or Chicano/a	107	79	91	130	407
Decline to Answer	49	11	29	26	115
Cuban	2	0	0	0	2
Housing Status					
Homeless	840	745	689	993	3267
Not Homeless	1205	889	882	645	3621
Medicaid Status					
Have Medicaid	1279	1139	1034	1123	4575



11

A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates

“I love what I do. I chose this profession because I wanted to be on the front line doing this, and there's nothing else I want to do.”

– MATTHEW, RN | CORRECTIONAL CARE



Appendix A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates at Denver Health and Hospital Authority

1.6 Performance Criteria and Reports

A. The Correctional Care Medical Facility (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:

Criteria met. The CCMF follows all Denver Health policies and procedures aligning with the regulations of Denver Health's accreditation by the Joint Commission on Accreditation of Healthcare Organizations. 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. 20 beds (including 1 dedicated psychiatric observation room), 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 24 beds if the need arises.

CCMF Services	2018	2019	2020	Trend
Discharges				
Denver	273	608	304	
All Jurisdictions	856	789	507	
Total Hospital Days				
Denver	1,161	1,531	1,081	
All Jurisdictions	3,650	2,188	2,031	
Average Length of Stay				
Denver	4	4	4	
All Jurisdictions	4	4	4	
CCMF Outpatient Clinic Visits				
Denver	2,407	4,447	707	
All Jurisdictions	4,064	5,170	3,060	
Denver Jail Patients Seen in ED				
Denver	3,168	3,487	1,942	

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

- (i) a daily census report for all inpatients at CCMF or at Denver Health Medical Center (DHMC);
- (ii) within sixty (60) days, monthly patient data including the patient name, medical

- record number, total length of stay, admit and discharge dates, the Authority charges, City Cost, patient DOB, split billing information.;
- (iii) within sixty (60) days, monthly reports including ambulance, facility and physician billing;
- (iv) within sixty (60) days, monthly third-party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, name of third party payor, credits/debits to City; and,
- (v) within sixty (60) days, a monthly A-6 report and B-3 report as agreed upon by the City and the Authority.

Response:

Criteria partially met. Reports (i) were delivered without delay. During 2020, reports (ii, iii, iv and v) were delayed in submission due to Denver Health's transition to a new ambulance billing vendor. All delayed reports were delivered prior to end of Q1 2021.

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:

Criteria met. During 2020, the Authority 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 City and the Authority.

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 fifteen (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 (3) days of the Sheriff's or his/her 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:

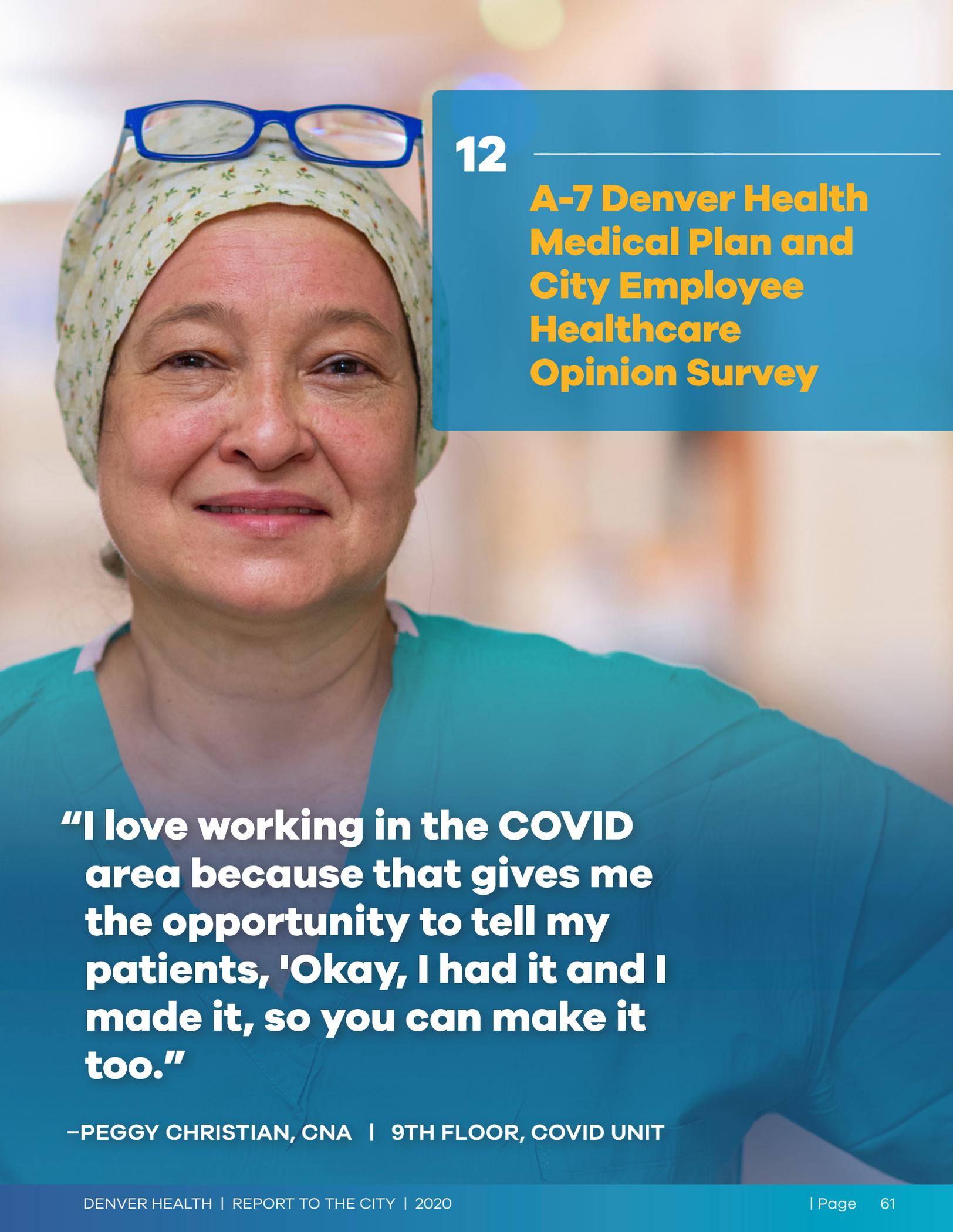
Criteria met. The City is notified monthly of all denials related to third-party payments. Where there are concerns, these concerns are resolved in accordance with the language outlined above.

E. Upon completion of providing patient care services to the City and County of Denver arrestees, pretrial detainees and inmate population, it is agreed that the Authority will notify the Sheriff's Department of the final medical disposition at which time the Sheriff's Department shall arrange for transport of the detainee or inmate within the agreed upon median target of 60 minutes.

Response:

Criteria met.

Sheriff Department Median Time to Transport (Minutes)			
From Emergency Department	2019	2020	Trend
Actual	41	41	
Target	60	60	



12

**A-7 Denver Health
Medical Plan and
City Employee
Healthcare
Opinion Survey**

**“I love working in the COVID
area because that gives me
the opportunity to tell my
patients, 'Okay, I had it and I
made it, so you can make it
too.’”**

—PEGGY CHRISTIAN, CNA | 9TH FLOOR, COVID UNIT



Appendix A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey

1.3 Performance Criteria

A. The Health Plan will meet all Performance Standards defined in the annual contract.

Response:

Criteria met.

At the request of the City and County of Denver, DHMP provided quarterly utilization and cost reports including data on:

- Enrollment
- Medical Claims
- Pharmacy Claims

Refer to table below for key performance metrics for the 2020 performance period.

DHMP City of Denver Reporting Package		
Enrollment		
	Total Members	Total Subscribers
Enrollment Snapshot by Group, Plan and Tier (December 2020 YTD)	1231	748
Summary: 70% of members were enrolled on the HDHP. 40% were employee-only enrollees. The January 2021 open enrollment period resulted in 32% membership in HMO and 68% membership in HDHP.		
	DHMO	HDHP
Monthly Subscribers by Plan (December 2020)	227	521
Summary: HDHP subscribers peaked in December of 2019 at nearly 550, or 70% of DHMP city membership. DHMO subscribers peaked at 255 in January of 2020.		
	DHMO	HDHP
Monthly Enroll Change by Plan (January 2021 Open Enrollment)	-7	-61
Summary: Monthly enrollment changed significantly in January of each year following open enrollment with notable drops in HDHP year over year. A driver hypothesis is that members were moving to other carriers' HDHPs. Other than January, monthly variance of <5% is expected.		



DHMP City of Denver Reporting Package				
Medical Claims				
	DHMO	HDHP		
Medical Paid Claims by Month (December 2020)	\$841.09	\$172.24		
<p>Summary: Greater variability is seen in the monthly paid premiums for the DHMO plan than in the HDHP, although variability is seen in both plans. This reflects both greater needs of enrollees on the DHMO as well as lesser levels of care sought by HDHP members.</p>				
	Total Paid			
Top 5 DRG for Inpatient Claims (December 2020 YTD)	\$2,275,835.00			
<p>Summary: The highest cost DRGs do not change much year over year. Respiratory and Circulatory DRGs remain in the top five, and nervous disorders were prevalent in both 2020 and 2019.</p>				
	DHMO Avg Enrolled Members	DHMO Unique Visits	HDHP Avg Enrolled Members	HDHP Unique Visits
Preventive Visit Summary (December 2020 YTD)	380	119	879	334
<p>Summary: In 2020 preventive care visits were down overall, following the national trend. Of note is that across the past three years, more City members received care at Denver Health (DH) than non-DH facilities for subscribers, spouses, and dependents. There is no standard target for this measure at this time, but a goal to increase preventive care visits year over year would be reasonable.</p>				
	Denver Health (Inpatient)		Outside Denver Health (Inpatient)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
Inpatient Incurred by DH/Non-DH (December 2020 YTD)	\$622,311/ \$136.26	\$406,291/ \$38.54	\$260,624/ \$57.07	\$865,286/ \$82.09
<p>Summary: In 2020, cost of care at DH for HDHP members was about half that for those members at non-DH facilities. Cost for DHMO member care at non-DH facilities was 30% of the total cost of care in 2020, compared to 15% in 2019. PMPM for DHMO inpatient care at non-DH facilities was \$57 in 2020 compared to \$16 in 2019.</p>				
	Denver Health (Outpatient)		Outside Denver Health (Outpatient)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
Outpatient Incurred by DH/Non-DH (December 2020 YTD)	\$479,782/ \$105.05	\$846,838/ \$80.43	\$315,756/ \$69.14	\$340,091/ \$32.26
<p>Summary: In 2020, more care was provided to HDHP members than in the prior years. Thus, their PMPM increased at DH and decreased at non-DH compared to the prior year.</p>				



DHMP City of Denver Reporting Package				
Medical Claims				
	Denver Health (Emergency Room)		Outside Denver Health (Emergency Room)	
	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM	DHMO Incurred Claims/PMPM	HDHP Incurred Claims/PMPM
ER Incurred by DH/Non-DH (December 2020 YTD)	\$38,506/\$8.43	\$68,543/\$6.50	\$109,863/\$24.06	\$174,874/\$16.59
Summary: Following the national trend, ER utilization was down across the board. PMPMs decreased accordingly.				
	2018	2019	2020	
Top 10 Member Totals by Paid Amount (# Claims >\$100K)	7	5	8	
Summary: In 2020, more members accrued claims costs of care over \$100K compared to previous years.				
Pharmacy Claims				
	DHMO	HDHP		
Pharmacy Claims by Month (December 2020)	\$100.07	\$78.24		
Summary: The trend shows that pharmacy costs for the DHMO members continue to be higher than the HDHP costs. Overall pharmacy claims continue to increase.				
	2018	2019	2020	
Top 10 Paid Drugs (Total \$)	\$483,491	\$518,730	\$825,855	
Summary: The top 10 drug categories do not change much year over year, although in 2020 Opioids dropped off the list. Antivirals and Specialty drugs remain the top two most costly categories.				
	2018	2019	2020	
Top 10 Utilized Drugs (Total Days Supply Prescribed)	\$290,699	\$275,159	\$280,111	
Summary: The most prescribed drugs continue to be antidepressants, followed by drugs for ongoing medical conditions.				
	DHMO Fills	HDHP Fills		
Pharmacy Utilization by Tier (December YTD)	3875	5390		
Summary: Both HDHP and DHMP members have high utilization of generic drugs, with about 60% using generics				
	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Cost	Non-DH Pharmacy Cost
Pharmacy Utilization - Total (December YTD)	5170	4095	\$471,275	\$423,287
Summary: Fewer prescriptions were filled at DH in 2020 and non-DH fills were steady. However, the costs of prescriptions filled at DH increased by more than \$100K and by nearly \$200k at non-DH pharmacies. A goal here would be to increase DH pharmacy utilization to save members and the city money.				



DHMP City of Denver Reporting Package

Pharmacy Claims

	DHMO Plan		HDHP Plan	
	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Fills	Non-DH Pharmacy Fills
Pharmacy Trends - Generic Fills (December 2020)	117	142	198	215

Summary: Both HDHP and DHMP members have high utilization of generic drugs, with about 60% using generics.

	DHMO Plan		HDHP Plan	
	DH Pharmacy Fills	Non-DH Pharmacy Fills	DH Pharmacy Fills	Non-DH Pharmacy Fills
Pharmacy Trends - Brand Fills (December 2020)	37	13	52	20

Summary: DHMO members used both DH and non-DH for brand fills, costing significantly more at non-DH pharmacies

B. Health Employer Data Information Set, National Center for Quality Assurance standards will be used to define the Performance Standards above.

Response:

Beginning with 2020 per mutual agreement, the HEDIS reporting and performance guarantees were retired.

1.4 The Authority - City Employee Healthcare Opinion Survey.

A. The Authority and the City agree that the Authority's Marketing and Public Relations Department will coordinate with the City's Executive Director of the Office of Human Resources to conduct a Denver City Employee Healthcare Opinion Survey ("Survey").

B. The Survey may be conducted periodically but no more than every two years with the next survey scheduled for 2018. Denver Health will provide a copy of the Survey to the City's Executive Director of the Office of Human Resources. The Executive Director has the right to review and approve the timing of publication and content design of the Survey prior to publication for coordination with other employee surveys.

C. Once the Survey is pre-approved by the Executive Director of the Office of Human Resources, the Authority will provide a link to the Survey for publication in the City's Employee Bulletin or, if

the Bulletin is no longer available, within the City's regular electronic employee communication. The survey link will be made available to employees for up to two consecutive weeks.

D. The Survey content shall be designed and prepared by Denver Health at Denver Health's sole cost and expense. The survey will be conducted and programmed by a market research organization selected and paid for by the Authority. The Survey results shall be considered proprietary and confidential to the Authority. The Authority will share an executive summary of the Survey results with the City upon request.

Response:

Beginning with 2020, per mutual agreement the CAHPS reporting and performance guarantees were retired.



13

A-8 Rocky Mountain Poison and Drug Safety Services

“When the pandemic first started, the one thing that really pulled me out of the depths of despair and fear and anxiety was the community support surrounding health care workers and the thank-you notes written by patients and friends.”

– MOLLY THIESSEN, MD | EMERGENCY PHYSICIAN



Appendix A-8 Rocky Mountain Poison and Drug Safety Services

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:

Criteria met. Telephone lines were answered within four rings. The Rocky Mountain Poison and Drug Safety (RMPDS) 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:

Criteria met. Physicians responded to complicated, difficult or unusual cases within 10 minutes of being paged in 99.9% of cases.

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

Response:

Criteria met. RMPDS was re-certified in 2017 by the American Association of Poison Control Centers. The current certification is effective through 2022.

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

Response:

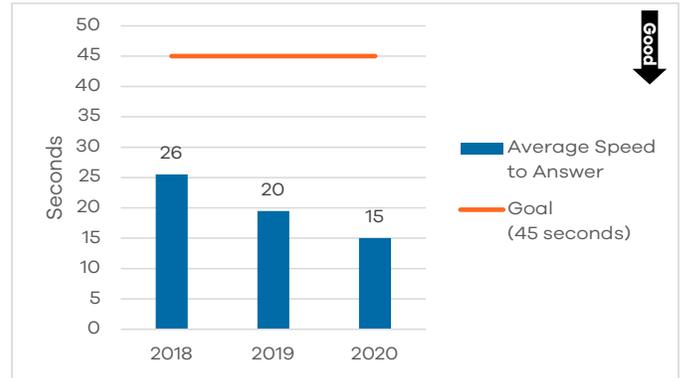
Criteria met. In 2020, RMPDS distributed 1,325 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. RMPDS maintains the Colorado Poison Center website (www.copoisoncenter.org), that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting).

Public Education Materials	2018	2019	2020	Trend
Pieces Distributed	4,384	3,543	1,325	

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

Response:

Criteria met. RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 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

Response:

Criteria met. Refer to table below.

Call Volume	2018	2019	2020	Trend
Poison Center ¹				
Denver	4,247	4,772	5,218	
State	32,416	35,065	35,482	
Drug Consultation Center ^{2,3}				
Denver	221	226	188	
State	75,915	68,507	61,129	

¹ Includes poison center calls and public health emergency service calls

² State totals combine Denver County, Colorado and out-of-state calls and electronic inquiries

³ Client base changes annually

Call Volume Trends Analysis:

In 2020, the total Denver & Colorado calls for the Poison Center averaged a combined overall increase in call volume by 9.3%. Consistent with prior years, total exposure calls decreased by 5% but cases involving increased complexity are



consistently rising, often requiring health care facility referral and evaluation. To capture contacts who prefer alternative routes of communication besides calling, the Colorado Poison Center website (www.copoisoncenter.org) allows contact through webchat, text, and email to improve ease of getting information (20,749 contacts resulted in 2020). This represents an over 3000% increase from 2019 (580 contacts). This is largely explained by the overwhelming volume of inquiries from the general public on the public health lines regarding topics involving the COVID-19 pandemic. RMPDS expects to continue to increase information calls with the expanded communication features on the new website amongst younger adults who are more accustomed to non-phone interactions. Drug Consultation Center total volumes for Denver have slightly decreased over the last year; due to promoting the service to both NurseLine and Poison Center for inquiries related to safe use of pharmaceuticals. Additional volumes can be realized by promoting the phone line to city agencies that frequently get such requests for information and RMPDS would like to further that during 2021 in conjunction with DDPHE

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 RMPDS by the forty-fifth (45th) day after the end of the reporting period.

Response:

Criteria met. Refer to table below.

H. Requests for consultation services to City and County of Denver regulatory agencies will be responded to within 48 business hours.

Response:

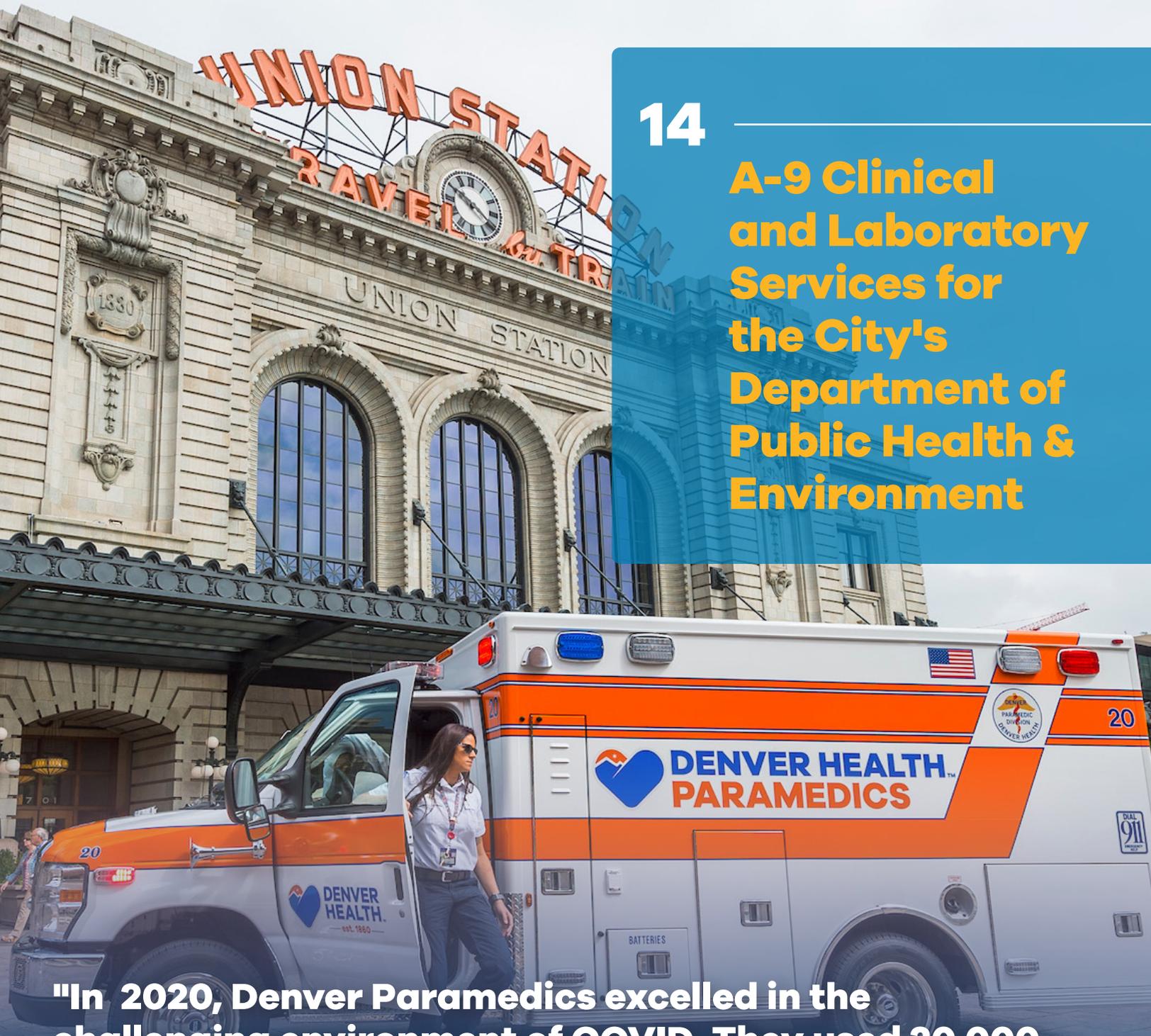
Criteria met. RMPDS physicians and toxicologists are available 24/7/365 for consultations and other support services to City and County of Denver staff. RMPDS has had several inquiries from DDPHE over 2020 involving pesticides used in marijuana production, issues surrounding the topic of contamination of marijuana, harmful algal blooms and other events throughout the year with public health significance. Additionally, RMPDS participated in 3-4 Town Halls with Senator Bennet regarding the COVID-19 response.

2020 Monthly Denver Health Rocky Mountain Poison and Drug Safety Services (A-8) Providing Drug Consultation Services for the City and County of Denver							
Drug Consultation Center Program (A-8 Program)	1Q2020	2Q2020	3Q2020	4Q2020	2020 Total	2019 Total	2018 Total
Denver Drug Consultation Line Case Volume	50	19	65	54	188	226	221
All Other Drug Center Client Case Volume	14,034	16,624	16,057	14,414	61,129	68,507	75,915
Total Drug Center Cases	14,084	16,643	16,122	14,468	61,317	68,733	76,136
Other RMPDC Services Benefitting Denver Residents							
Poison Center* Cases from Denver county (answering calls 24/7/365 within 6 rings**)	1,207	1,156	1,167	1,688	5,218	4,772	4,247
All other Medical Triage Cases (DH Patients who live in the City)	0	0	0	0	0	0	0
Poison Center* Cases from All Others (only Colorado calls)	8,778	8,351	8,165	10,188	35,482	35,065	32,416
Poison Center* Public Education Pieces (English or Spanish) Distributed to Denver County	475	350	300	200	1,325	3,543	5,790
*Poison Center is certified by American Association of Poison Control Centers thru 2022							
**Poison Center physician escalations occur within 10 minutes							
A-8 Program Contact Center Full-Time Equivalents							
Hours of Operation - Answering Calls 24/7/365	2184	2184	2208	2208	8784	8760	NR*
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	1.20	1.20	NR*
A-8 Program Expenses							
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 116,157	\$ 116,157	\$ 116,157	\$ 116,157	\$ 116,157	\$ 113,235	NR*
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 34,847	\$ 34,847	\$ 34,847	\$ 34,847	\$ 139,388	\$ 135,660	NR*
Telephone Line Cost (for 303-389-1112)	\$ 195	\$ 195	\$ 195	\$ 195	\$ 780	\$ 780	NR*
DrugDex Software License	\$ 800	\$ 800	\$ 800	\$ 800	\$ 3,200	\$ 3,200	NR*
Total Drug Consultation Program Cost	\$ 35,842	\$ 35,842	\$ 35,843	\$ 35,843	\$ 143,370	\$ 139,640	NR*
Collected Revenue Per the City Operating Agreement	\$ 24,225	\$ 24,225	\$ 24,225	\$ 24,225	\$ 96,900	\$ 96,900	NR*
Variance (Discounted Amount)	\$ (11,617)	\$ (11,617)	\$ (11,618)	\$ (11,618)	\$ (46,470)	\$ (42,739)	NR*
% Variance (Discount)	32%	32%	32%	32%	32%	31%	NR*

*NR = Not Reported

14

A-9 Clinical and Laboratory Services for the City's Department of Public Health & Environment



"In 2020, Denver Paramedics excelled in the challenging environment of COVID. They used 20,000 N95 masks and cleaned/stocked 21,000 ambulances while still providing care to every kind of patient, from those with COVID infections to those with injuries from high-speed car accidents."

– GARY BRYSKIEWICZ, MBA, EMT-P | CHIEF, DENVER HEALTH PARAMEDICS



Appendix A-9 Clinical and Laboratory Services for the City's Department Environmental Health.

1.4 Specific Time Frame for Performance; Performance Criteria and Laboratory Report Delivery.

Clinical and Laboratory Services for the City's Department of Environmental Health are a Core Service as defined in the Operating Agreement.

A. The Authority's Department of Pathology and Laboratory Services (DPLS) shall provide service 24-hours per day, seven days per week. DPLS agrees to render Laboratory Services for the patients of the City in accordance with orders given by the physicians treating the patient.

Response:

Criteria met. DPLS provided all laboratory services 24 hours per day, seven days per week, and in accordance with orders given by the physicians treating the patient.

B. DPLS shall use reasonable efforts to complete tests within stated expected turnaround times (TAT) following receipt of the specimen and the requisition. In general, TAT should be no more than four (4) days following receipt of the specimen and the requisition, unless the test is esoteric, anatomic pathology, molecular diagnostic testing, or a microbiology test which requires longer turnaround. DPLS pricing and TAT for 2020 has been distributed and accepted by the City.

Response:

Criteria met. Approximately 94.4% of all test results were resulted (reported) within 60 minutes of receipt in the laboratory. All turnaround times were met within 24-72 hours except for specialized tests performed at DPLS or tests that were sent to reference laboratories (as noted above).

C. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.

Response:

Criteria met. Turnaround times were met for all routine histology slides being available within 5 days.

D. DPLS agrees to deliver a copy of the laboratory report in a timely manner and per the hospital laboratory TAT's. The laboratory test report will include at a minimum: patient's name, date of test, test name, test result, normal values, laboratory name and address. DPLS agrees to make all records

on the City patients to whom DPLS has rendered services available for the City upon request.

Response:

Criteria met. Copies of laboratory reports were provided upon request according to the specifications noted and in a timely manner.

E. 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:

Criteria met. There were no incidents in which DPLS was notified of time-sensitive testing requirements by the Office of the Medical Examiner or another affected City agency.

F. 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:

Criteria met. There were no incidents in which DPLS needed to notify the Office of the Medical Examiner or another affected City agency of any situations where TATs could not be met.

G. All concerns or complaints regarding laboratory services shall be directed to the Director of DPLS.

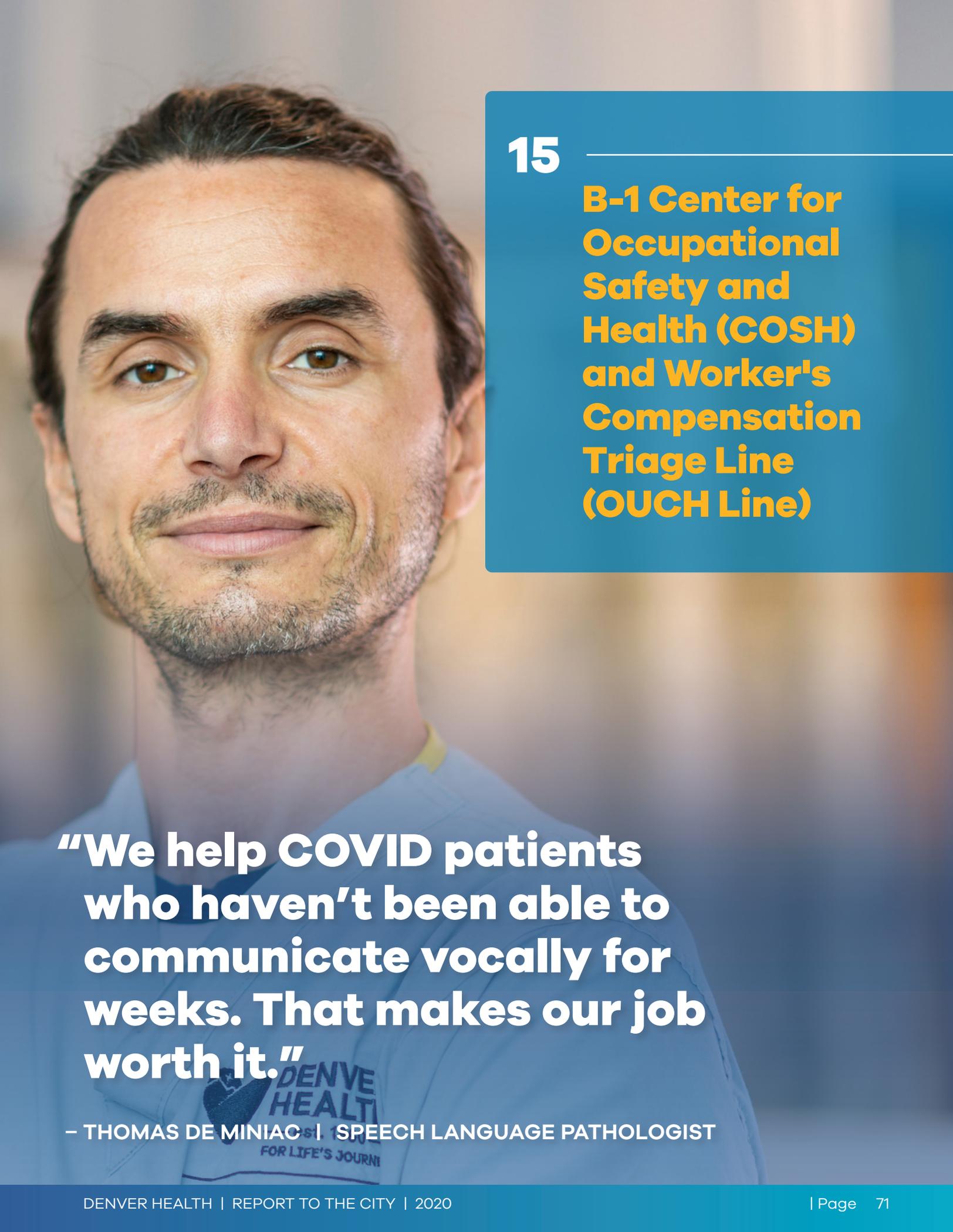
Response:

Criteria met. The Director of DPLS was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2020.

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

Response:

Criteria met. In 2020, the laboratory worked with Denver Health's billing and compliance departments to update the laboratory fee schedule to include reimbursement rates of CMS. The updated fee schedule is available upon request. Fees created using CMS reimbursement resulted in both increases and decreases in lab pricing.

A portrait of Thomas de Miniac, a man with dark hair and a light beard, wearing a blue Denver Health uniform. The background is a blurred indoor setting.

15

B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

“We help COVID patients who haven’t been able to communicate vocally for weeks. That makes our job worth it.”

– THOMAS DE MINIAC | SPEECH LANGUAGE PATHOLOGIST



Appendix B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

1.6 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-1. 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

Response:

Criteria met. Refer to table below.

Center for Occupational Safety & Health (City Only)	2018	2019	2020	Trend
Workers' Compensation Encounters	2,056	2,564	3,732	
Initial Visits (new workers' comp cases)	441	609	733	
Follow-up Visits (workers' comp)	1,615	1,955	2,400	
Emergency Room Visits (CSA only)	173	218	258	
Referrals	892	794*	1,116	

* an approximation - the system CCD used for referrals (OscarLink) was suspended July 2019

Worker's Compensation Encounters:

- Average time from initial treatment to maximum medical improvement (MMI)

Response:

Criteria met. Refer to table below.

Body Part		2018	2019	2020	Trend
		(Reported in Days)			
Abdomen	Average	10	24	80	
	Median	5	7	80	
Ankle	Average	125	50	38	
	Median	34	26	24	
Arm	Average	74	26	31	
	Median	4	6	17	
Back	Average	68	60	63	
	Median	26	43	43	
Chest	Average	4	20	47	
	Median	3	4	4	
Chin	Average	N/A	N/A	6	
	Median	N/A	N/A	6	
Ear	Average	9	6	43	
	Median	9	6	30	
Elbow	Average	26	75	87	
	Median	4	63	69	
Eye	Average	19	12	14	
	Median	4	10	5	
Face	Average	14	5	57	
	Median	3	5	57	
Finger	Average	52	43	26	
	Median	10	7	14	
Foot	Average	58	67	34	
	Median	30	55	36	
Forearm	Average	N/A	N/A	87	
	Median	N/A	N/A	4	
Forehead	Average	N/A	11	9	
	Median	N/A	11	9	
Genitals	Average	N/A	N/A	124	
	Median	N/A	N/A	124	
Groin	Average	466	62	87	
	Median	466	62	71	
Hand	Average	29	24	37	
	Median	9	13	8	
Head	Average	14	19	46	
	Median	5	7	10	
Hip	Average	382	21	41	
	Median	382	21	41	
Knee	Average	124	72	64	
	Median	65	45	28	
Leg	Average	63	38	47	
	Median	41	26	12	
Lip	Average	1	N/A	3	
	Median	1	N/A	3	
Lung	Average	36	N/A	94	
	Median	36	N/A	68	



Body Part		2018	2019	2020	Trend
		(Reported in Days)			
Mouth	Average	63	N/A	N/A	
	Median	1	N/A	N/A	
Multiple	Average	52	76	60	
	Median	21	39	44	
Neck	Average	71	53	40	
	Median	71	52	40	
Nose	Average	13	10	6	
	Median	13	10	6	
Rib	Average	N/A	N/A	12	
	Median	N/A	N/A	12	
Shoulder	Average	114	130	40	
	Median	65	91	27	
Thigh	Average	4	33	N/A	
	Median	4	33	N/A	
Thumb	Average	36	68	84	
	Median	22	42	83	
Toe	Average	10	6	20	
	Median	10	6	20	
Wrist	Average	86	120	57	
	Median	19	62	29	
Total MMI averaged days		72	44	48	
Total MMI median days		12	24	27	

Non-Workers' Compensation Encounters:

- By Agency or Department as identified below.

Response:

Criteria met. Refer to table below.

Agency	2018	2019	2020	Trend
Animal Control	1	4	0	
Art Museum	30	29	0	
Arts and Venues	28	28	5	
Civil Service Commission	196	549	1	
Clerks and Recorder	0	0	202	
Community Planning	1	11	0	
Department of Finance	1	0	0	
Department of Safety	65	36	34	
Denver International Airport	6	97	11	
Environmental Health	38	13	14	
Excise & License	1	1	0	

Agency	2018	2019	2020	Trend
Fire Department	292	154	39	
General Services	18	21	6	
Human Services	3	2	0	
Marshal Division	4	1	0	
Parks and Recreation	242	416	155	
Police Department	115	159	115	
Public Library	70	206	44	
Public Works	494	581	668	
Sheriff's Department	248	169	244	
Social Services	2	2	0	
Tech Services	2	2	1	
TOTAL	1,857	2,481	1,539	

Other services:

- As requested in the prior contract year.

Response:

Criteria met. Other services were not requested in 2020.

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

Response:

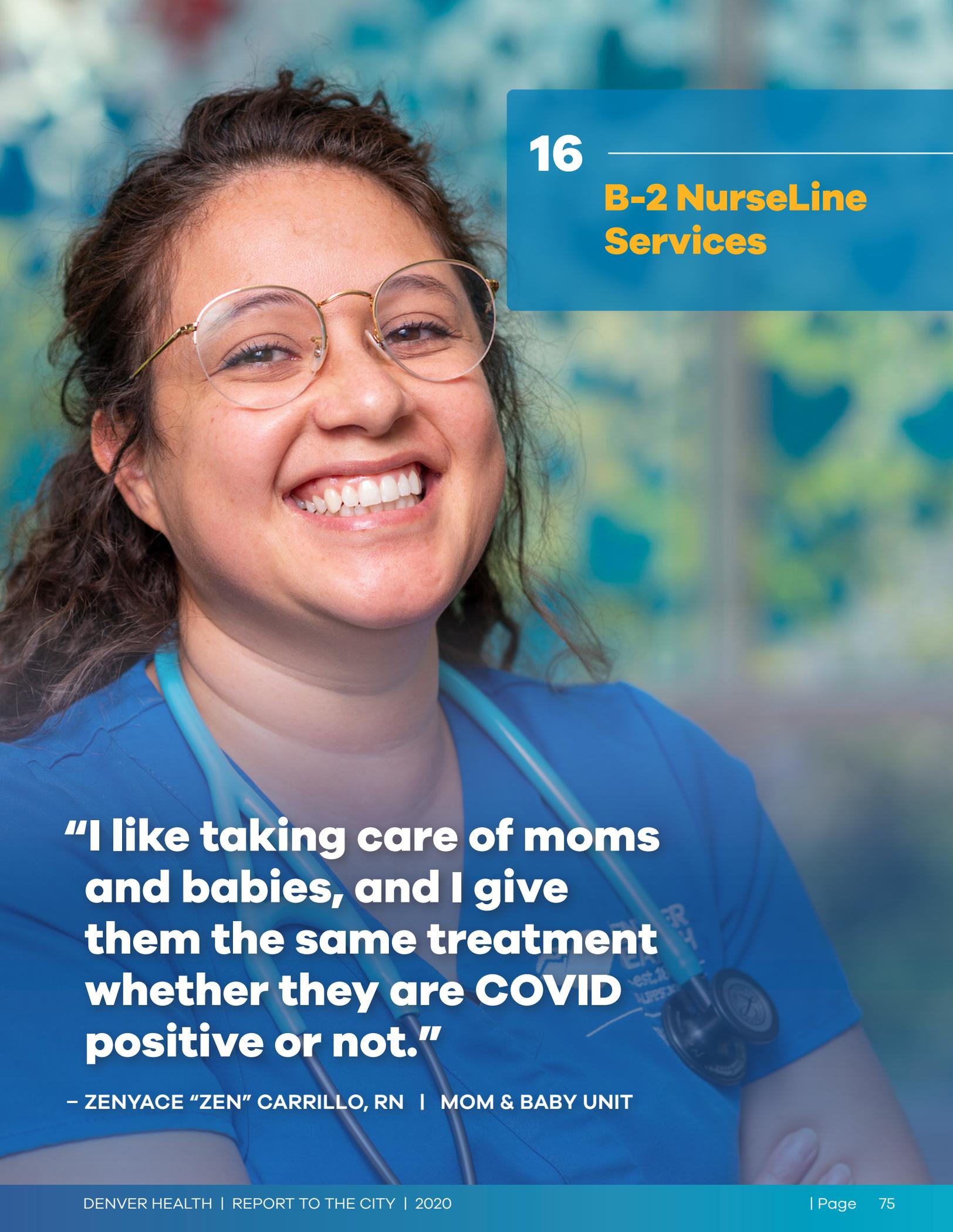
Criteria met. The COSH Medical Director and City Case Manager discuss performance regularly as part of their monthly meeting.



C. Other Requested Reports: COSH shall provide mutually agreed upon reports as requested by Risk Management office to quantify services and workloads, performance metrics, and identify achievement of best practices.

Response:

Criteria met. Other reports were not requested in 2020.



16

**B-2 NurseLine
Services**

**“I like taking care of moms
and babies, and I give
them the same treatment
whether they are COVID
positive or not.”**

– ZENYACE “ZEN” CARRILLO, RN | MOM & BABY UNIT



Appendix B-2 NurseLine Services

1.3 Performance Criteria

A. The NurseLine will respond to callers 24 hours a day, 365 days a year.

Response:

Criteria met.

B. Health Information Aides will intake calls, gather chief complaint or medical question, and will collect demographics on calls where medical information is provided.

Response:

Criteria met.

C. Registered Nurses will provide medical triage utilizing Schmitt-Thompson Clinical Content to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

Response:

Criteria met.

D. ED Physicians will provide second level triage and staffing as determined necessary by the Authority.

Response:

Criteria met.

E. Denver Health medical interpretation services include the DH Spanish Line and Language Line. If neither of those is available, NurseLine staff use CyraCom.

Response:

Criteria met.

F. The NurseLine will strive to adhere to call center standards set by the Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

Response:

Criteria met.

G. The Authority will provide a monthly report to the City through the Executive Director of the Department of Public Health and Environment. The report shall provide numbers for the total and for the target populations served that month and the amount of year-to-date expenses and revenues for the Denver Health NurseLine. The monthly report shall be submitted to the City by the 20th day after the end of each month.

Response:

Criteria met.

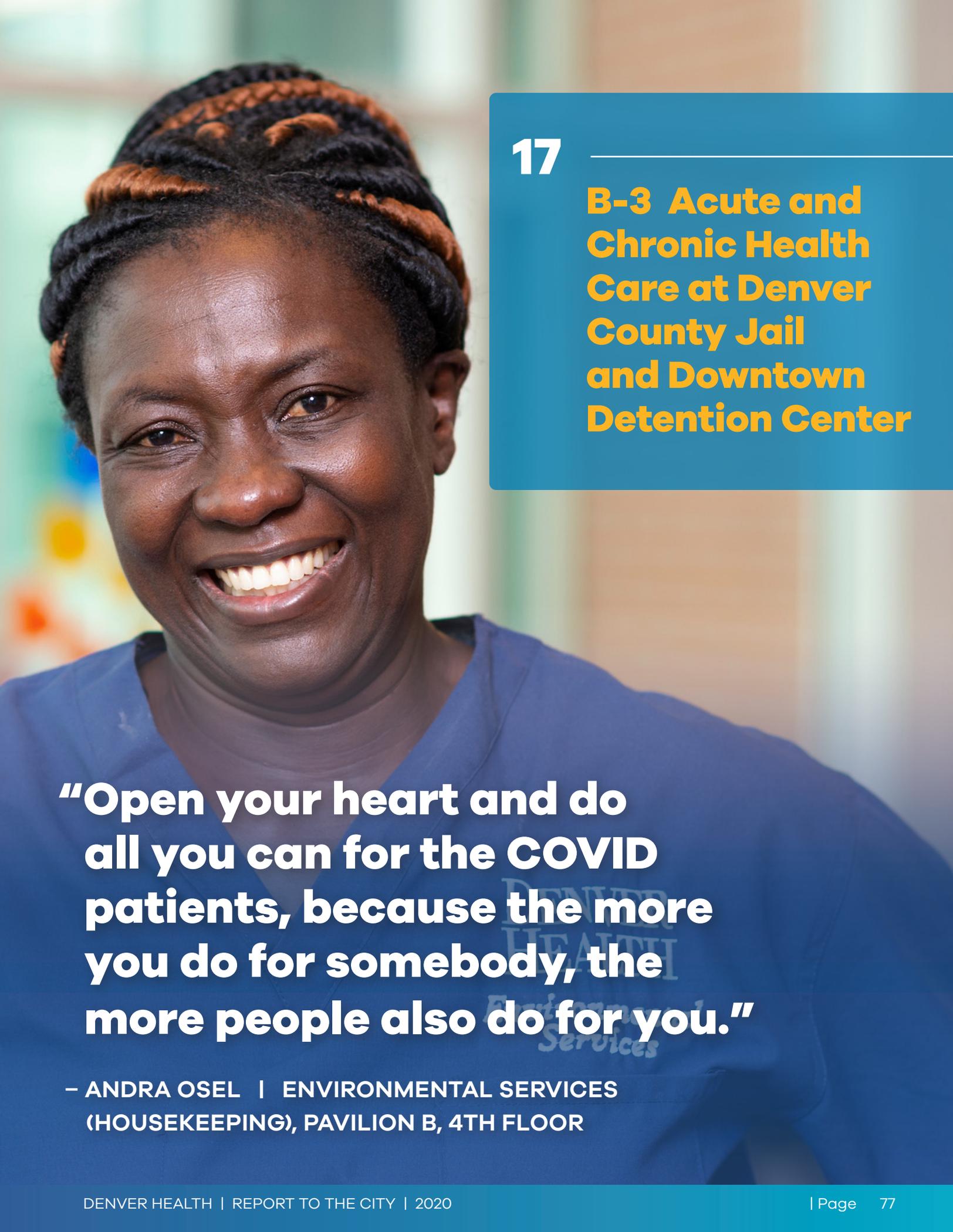
H. In addition to monthly reports described below, the Authority will provide an annual report by May 1 of the year following the year being reported on to the City through the Executive Director of the Department of Public Health and Environment. The report shall include the following information for the year just ended and the previous fiscal year: NurseLine medical triage cases in total; medical triage cases for uninsured, medically indigent patients from the City and County of Denver; physician medical triage cases; behavior health cases; all other cases; and medical interpretation cases.

Response:

Criteria met. Refer to table below.

City Program Case Volumes	2017	2018	2019	2020	Trend
Uninsured Citizen Medical Triage Cases (non-DH patients)	1,589	1,756	1,912	3,403	
Uninsured Citizen Behavioral Health Cases (non-DH patients)	21	41	33	36	
Citizen Medical Triage Cases (non-DH patients, insured)	10,099	8,034	11,280	20,054	
Behavioral Health Cases (non-DH patients, insured)	176	194	258	186	
Referral Cases (offer resources in the City, non-DH patients)	1,008	801	1,020	1,255	
Totals	12,893	10,826	14,503	24,934	
Percent of all calls from Uninsured Denver Citizens	12%	17%	13%	14%	
City Physician Medical Triage Cases (non-DH patients)	2,134	1,996	2,335	3,511	
All other Medical Triage Cases (DH patients who live in the City)	24,093	35,179	36,316	45,102	
Medical Interpretation (minutes; non-DH patients)	7,852	5,644	6,554	19,908	
Estimated Total Cost of Program	\$ 336,791	\$ 359,366	\$ 468,448	\$ 766,635	
Total Cost to the City for Uninsured*	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	

*This is a flat fee service contract for \$60,000 each year as per the agreement



17

**B-3 Acute and
Chronic Health
Care at Denver
County Jail
and Downtown
Detention Center**

**“Open your heart and do
all you can for the COVID
patients, because the more
you do for somebody, the
more people also do for you.”**

– ANDRA OSEL | ENVIRONMENTAL SERVICES
(HOUSEKEEPING), PAVILION B, 4TH FLOOR



Appendix B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center

1.7 Reporting Requirements:

The Authority shall continue to provide the following reports unless modified by written agreement of the parties in the Utilization Management (UM) process:

A. Reports and meetings as required by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and to meet Prison Rape Elimination Act (PREA) standards;

Response:

Criteria met. In accordance with the Jail's NCCHC and ACA accreditation, Denver Health works collaboratively with the Denver Sheriff's office to coordinate reports and meetings. UM is managed by CCMF and Erin Ellquist is the point of contact. NCCHA Survey was completed on December 8-9, 2020 and the report was sent to the Sheriff on January 29, 2021. All other reports have been submitted as requested.

B. Sheriff's Department Monthly Statistical Report on Health Services Activities;

Response:

Criteria met.

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

Response:

Criteria met.

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

Response:

Criteria met. In 2020, schedule data was not requested but was available upon request.



18

**B-6 Marijuana
Public Health
Impact
Monitoring and
Epidemiology**

"I had a patient on a ventilator for over a month and all he wanted was a grape Powerade. When he got off the ventilator, I was able to give him that Powerade. You realize it's the small things that make the biggest difference."

– ELIZABETH FONKEN | PHYSICAL THERAPIST



Appendix B-6 Marijuana Public Health Impact Monitoring and Epidemiology

D. Performance Criteria and General Provisions

(i) The parties agree that work requested and conducted under this portion of the Operating Agreement should be conducted in a collaborative and coordinated manner and expect the City and the Authority to work together to serve the best interest of the citizens of the City in an efficient and cost-effective manner.

Response:

Criteria Met. The Marijuana Epidemiologist worked hand in hand with the Public Health Investigations team dedicated to marijuana retail and grow facility inspections on all components of the work. The team had regular in-person and conference call meetings weekly to advance the work. The DPH and DDPHE teams collaborated to carry out a baseline assessment of contaminants of marijuana products at retail locations, conduct a full analysis, and finalize a report in February 2020. In addition, the various analytic projects aiming to better understand adverse events associated with marijuana use were developed with staff across both agencies.

(ii) Any publications, educational materials, web content, presentations, etc. developed by DPH staff relating to work covered under this portion of the Operating Agreement and shared with outside entities shall be shared with DDPHE.

Response:

Criteria met. In collaboration with DDPHE, Denver Health provided the final report of the baseline assessment of contaminants in retail marijuana products in February 2020. In addition, abstracts of the findings, with input and approval by DDPHE, were submitted to 2 national conferences that were subsequently canceled due to COVID-19.

(iii) DPH will provide a single point of contact for requests, concerns and the negotiation or revision of workplans under this agreement.

Response:

Criteria met. The DPH Marijuana Epidemiologist was the POC for all requests, concerns, and workplan development, supported by the Manager of Epidemiology at DPH.

(iv) Specific Time Frame for Performance:

1. Information, reporting, and analysis by the marijuana epidemiologist to DDPHE shall be provided within mutually agreed upon

timeframes based on a negotiated workplan. The plan may be changed by mutual consent if priorities change or obstacles impede a planned project, without necessitating re-opening of this agreement;

Response:

Criteria met. In accordance with the workplan, in January-March 2020, the dedicated Marijuana Epidemiologist completed the final report of the baseline assessment of contaminants of retail marijuana products sold in Denver, Colorado. This report highlighted the presence of yeast and mold in excess of allowable values in products available for sale to consumers in the area and helped inform potential changes in public health regulatory activities. Further dissemination was planned through participation at national conferences (NACCHO, CSTE), but conferences were cancelled due to COVID-19.

In addition, progress was made on an analysis that utilizes electronic health record data at DHHA to quantify and analyze adverse events related to marijuana use.

While the individual in the former Marijuana Epidemiologist position is no longer officially with DPH, the work on examining the adverse effects of marijuana use continues without funding. The individual is completing her DrPH degree at the Colorado School of Public Health and both Dr. Laura Podewils at DPH and Abby Davidson at DDPHE serve on her dissertation committee. The aims of the continued work include: 1) identifying acute adverse events associated with marijuana use using electronic health records of emergency room visits at Denver Health; 2) describing and assessing adverse events associated with marijuana use using data from calls to the Rocky Mountain Poison Control Center; and 3) describing and evaluating the impact of COVID-19 on adverse events associated with marijuana use in the emergency room and through poison control calls. These analyses are anticipated to be completed and disseminated in late 2021.

2. By March 1, 2020, the Authority and the City will negotiate a 2020 work plan of activities to fulfill this agreement;

Response:

Criteria met. A joint workplan was developed and finalized in February 2020.

- (v) The DPH point of contact shall seek guidance and prioritization from DDPHE when the



requested work is beyond the capacity of one FTE epidemiologist and other budgeted services.

Response:

Criteria met. Marijuana-related activities, through joint agreement between DDPHE and DPH, were suspended in March 2020 due to the need to prioritize the COVID-19 response for the city and county of Denver. In early March, both DDPHE and DPH staff dedicated to marijuana related activities were re-deployed to respond to the COVID-19 pandemic. Prior to the suspension of work, the FTE requirement did not exceed one FTE. The DPH marijuana epidemiologist, with permission from the DDPHE Director's Operation Center (DOC) assumed the role of Task Force Lead for Case Investigations, which required full-time commitment to the COVID-19 response. Due to competing costs of the pandemic response, DPPHE terminated funding for the DPH marijuana epidemiologist at the beginning of June 2020. DPH and DDPHE were able to retain the individual as the Case Investigation Lead at DPH through alternative funding (Epidemiology and Laboratory Capacity for Infectious Disease award).

(vi) If the Authority has an opportunity to sell tools, products or information relating to or resulting from the marijuana-related work conducted under the Operating Agreement, DPH will notify the City and discuss financial terms.

Response:

Criteria met. There were no circumstances that arose where this was applicable.

(vii) DDPHE shall be informed of any formal recognition awarded to DPH as a result of activities covered under this portion of the Operating Agreement.

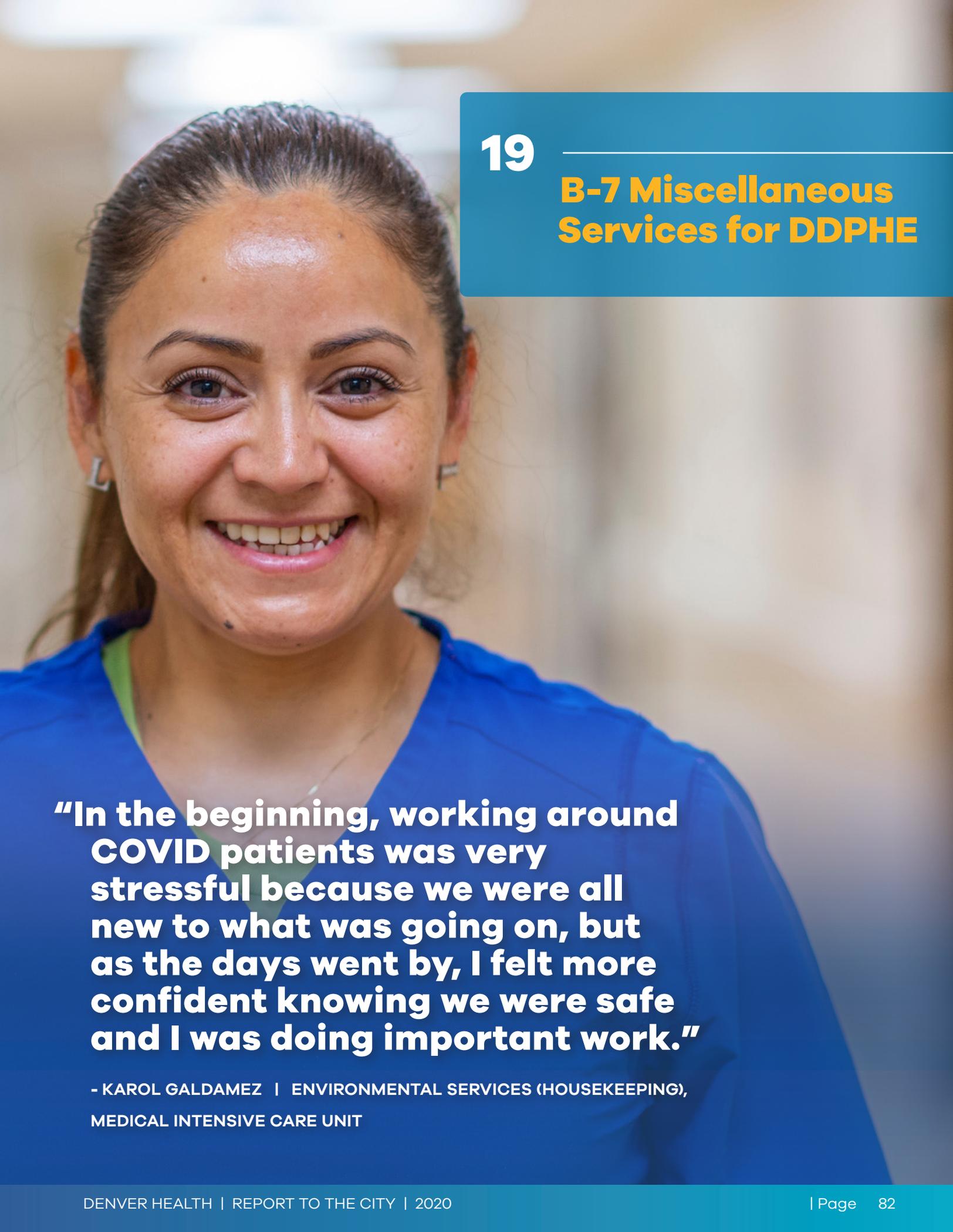
Response:

Criteria met. There was no formal recognition awarded to DPH associated with the Operating Agreement work during this time.

(viii) DDPHE shall be contacted to participate in interviews and provide input to the hiring process for new epidemiologists funded under this portion of the Operating Agreement.

Response:

Criteria met. No new hiring occurred during the 2020 performance period.



19

**B-7 Miscellaneous
Services for DDPHE**

“In the beginning, working around COVID patients was very stressful because we were all new to what was going on, but as the days went by, I felt more confident knowing we were safe and I was doing important work.”

- KAROL GALDAMEZ | ENVIRONMENTAL SERVICES (HOUSEKEEPING),
MEDICAL INTENSIVE CARE UNIT



Appendix B-7 Miscellaneous Services for DDPHE

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met. In 2020, the Authority provided additional services when requested by the City.

1.2 Park Hill

The Authority has operated a family health center in the Park Hill neighborhood for many years. In order to assist the Authority in carrying out its mission, the City has committed to partially fund land acquisition, construction and equipping of the Park Hill clinic.

a. Pursuant to an Agreement (the Funding Agreement), the City has agreed to partially fund land acquisition and construction of the Park Hill Clinic. The City’s maximum payment obligation for the land acquisition and construction of the Park Hill Clinic over the term of the Funding Agreement will not exceed \$4.788 million. The City’s annual contribution is subject to appropriation by City Council and is calculated in accordance with the formula contained in the Funding Agreement. For Fiscal Year 2020, the City’s annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$150,868.

Response:

Criteria met. Denver Health validates this number annually with the City and the invoicing process is updated accordingly.

1.3 South Westside Clinic (“Federico Peña Family Center”)

The Authority built a new Southwest Family Health Center (formerly referred to as South Westside Clinic and South West Clinic) to serve the west Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through proceeds of the Better Denver Bonds program (the “South Westside Clinic Proceeds”) and the Capital Improvement Fund (CIF), pursuant to the terms of the Southwest Family Health Center Funding Agreement.

a. From 2017 and continuing through 2028, the City will pay an amount not to exceed \$1,200,000 each year. The City’s total funding for the clinic from all sources for all time shall not exceed \$22,150,000.

b. The City’s obligation to make this payment is pursuant to the terms of the South Westside Clinic Funding Agreement and shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement; the completion of the funding agreement referred to above; and compliance with the same funding agreement.

Response:

Criteria met. Denver Health provided the annual final reconciliation due on 3/31/2020.

1.4 Office of the Medical Examiner (OME) Services

Denver Health will provide instrument sharpening for no charge utilizing the full-time onsite vendor. OME will need to either deliver the instruments to the main campus or arrange for transport via the Denver Health Courier. Biomedical waste, pathological waste, and sharps will be disposed of utilizing the vendor contracted to provide services to Denver Health. The DH Safety Department will arrange for the vendor to pick this waste up directly from the OME in coordination with the OME. The cost will be \$.19 per pound for bio-hazardous waste and sharps and \$.85 per pound for pathological waste or any other items requiring incineration. DH will receive and process the invoices for these services and bill the charges to the OME.

Response:

Criteria met. Refer to table below.

Office of Medical Examiner - Waste Removal	2018	2019	2020	Trend
Biomedical and Sharps	6,423	6,945	11,821	
Pathological and Chemo (incineration required)	790	603	621	
Total	9,231	7,548	12,442	

1.5 Treatment on Demand

Performance Criteria. To promote the goals of rapid access to substance use treatment, linkage to community based substance use treatment, and recovery, Outpatient Behavioral Health Services (OBHS) will report the following performance and outcome metrics on a monthly or annual basis according to the agreed-upon templates:

- A. Treatment on Demand Access Measures
 - i. Number of persons with a substance use disorder seen by treatment on demand



- ii. Number of persons receiving bio-psycho-social evaluation
- iii. Number of persons receiving medication-assisted treatment (MAT) induction
- iv. Number of persons linked to community-based care within 48-hours
- v. Percentage retained in treatment >90-days and beyond
- vi. Assess for increase in capacity at local OTP providers

Response:

Criteria met. New metric definitions were incorporated into the 2020 Operating Agreement and the metrics previously reported in A-5 Substance Treatment Services have been removed from this section. Refer to table below for details.

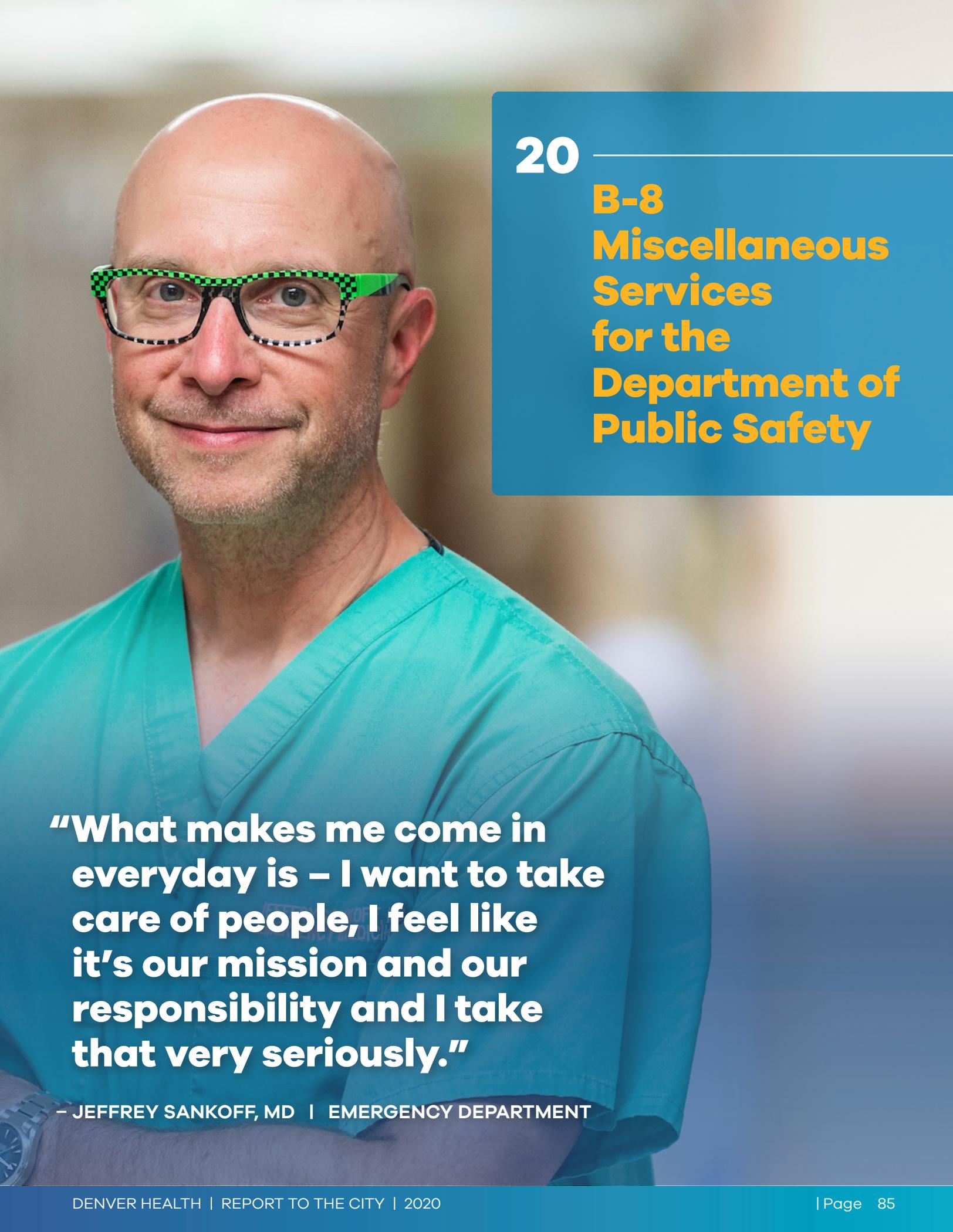
Treatment on Demand Access Measures	2020
Evaluate and Report Linkage and Retention in Treatment for Persons Referred External to the DHHA System and for Patients within the DHHA System ¹	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. For external partners, 13 patients were referred out and 8 successfully linked.
Monitor the Opioid Continuum Cascade	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade).
Assess Treatment on Demand Services Outlined in a.i-v (above) by Number of Persons with an OUD, Stimulant Use Disorder (SUD), or Alcohol Use Disorder (AUD) ²	The Treatment on Demand 2020 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year.
¹ TOD has struggled to get retention information from partners	
² Nov/Dec 90 day retention not available yet	

Treatment on Demand Access Measures	2020
Number of Persons with a Substance Use Disorder Seen by Treatment on Demand	799
Number of Persons Receiving Bio-Psycho-Social Evaluation	617
Number of Persons Receiving MAT Induction	590
Number of Persons Linked to Community-Based Care within 48 Hours	362
Percentage Retained in Treatment >90 Days and Beyond ¹	31% (192 retained 90 days / 539 Biopsychosocial Evaluations Completed Jan-Oct 2020)
Assess for Increase in Capacity at Local OTP Providers ²	13 patients were referred to partner OTPs
¹ Nov/Dec 90 day retention not available yet	
² Due to COVID-19 many processes were changed to Treatment on Demand's workflow, resulting in most patients being referred to OBHS	

- B. Develop and report metrics to:
- i. Evaluate and report linkage and retention in treatment for persons referred external to the DHHA system and for patients within the DHHA system
 - ii. Monitor the opioid continuum cascade
 - iii. Assess treatment on demand services outlined in a.i-v (above) by number of persons with an opioid-use disorder (OUD), stimulant use disorder (SUD), or alcohol use disorder (AUD)

Response:

Criteria met. Refer to table below for details.



20

**B-8
Miscellaneous
Services
for the
Department of
Public Safety**

**“What makes me come in
everyday is – I want to take
care of people, I feel like
it’s our mission and our
responsibility and I take
that very seriously.”**

– JEFFREY SANKOFF, MD | EMERGENCY DEPARTMENT



Appendix B-8 Miscellaneous Services for the Department of Public Safety

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met. In 2020, the Authority provided additional services when requested by the City.

1.2 Sexual Assault Nurse Examiner (SANE).

A. In accordance with State statute C.R.S. 18-3-407.5 which requires that the law enforcement agency referring a victim of sexual assault or requesting an examination of a victim of sexual assault pay for any direct cost associated with the collection of forensic evidence from such victims, the City hereby agrees to reimburse the Authority for the costs associated with the collection of forensic evidence of sexual assault victims, including photography services for cases of domestic violence, non-accidental trauma or other physical assaults, as requested or referred by a City law enforcement agency at the following per exam rates: \$680.00 for victims and \$235.00 for suspects, which is the Authority's actual cost. Forensic photography for cases of domestic violence, non-accidental trauma, or other physical assaults may also be provided by the SANE per law enforcement request and pending the availability of the examiner for a fee of \$175.00. This payment is characterized as a fee for service.

B. The City will purchase, prepare, and provide the evidence kits to the Authority. The completed forensic evidence kit will be transported, using proper chain of custody procedures, to the Police Headquarters building.

C. The City will reimburse the Authority a maximum of \$6,000 annually for the cost of registration and travel expenses for the training of new SANE program nurses. Requests for training must be submitted for approval at least four weeks in advance for any out-of-state travel and a minimum of two weeks in advance for in-state travel. An identified benefit to the Denver Police Department SANE Program must be included in the training request. Reimbursement for travel-related expenses will be subject to Denver Police Department and/or General Services Administration rates for reimbursement.

D. Medical forensic examinations that do not require evidence collection will have a rate of \$400.00 for victims. This would include sexual assault examinations when a patient declines the evidence collection portion, domestic violence, and strangulation evaluations.

E. The Authority's SANE program nurses will collect and preserve forensic evidence and document the findings of victims of sexual assault. The SANE Program nurses will also conduct evidentiary exams of suspects in sexual assault cases in accordance with established protocol.

F. The Authority will bill the Denver Police Department on a monthly basis for exams. The invoice must contain all of the following information: date of exam, delineation of victim/suspect, last name and first name initial, medical record number, encounter number, city/county designation, CAD #, General Offense (GO) # and cost. The Authority agrees to provide this service without charge to the victim.

G. The Authority will be responsible for all training and travel costs above the \$6,000 annual cost for new SANE program nurses reimbursed by the City.

H. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response:

Criteria met. Four quarterly reports were submitted within 45 days of the end of each reporting period. Each quarterly report provided a comprehensive summary of activities occurring that quarter and expected activities in the subsequent quarter.

Total Forensic Exams	2018	2019	2020	Trend
Victim Exams	390	432	407	
Suspect Exams	16	3	1	
Total	406	435	408	

1.3 Blood Alcohol Draws.

The Authority will perform legal blood alcohol draws for individuals brought to the Authority Emergency Department by Denver law enforcement. The Authority will follow chain of custody procedures as set forth in Denver Health Policies and Procedures P-2.040. The law enforcement officer



will take immediate possession of the specimen in accordance with the policy. The City will pay the Authority \$29.00 per specimen based on the monthly invoice. This payment is characterized as a fee for service.

Response:

Criteria met. Refer to table below.

Blood Alcohol Draws	2018	2019	2020	Trend
Draws	509	594	577	

1.4 At-risk Intervention and Mentoring (AIM Program)

C. The Authority’s AIM program will provide services to over three hundred (300) people in 2020, and conduct an estimated 250 bedside interventions with youth, and approximately twenty (20) critical crisis interventions within the Authority.

Response:

Criteria partially met. See table below for details.

AIM Program Services	2018	2019	2020	Result	Trend
Number of bedside interventions 2020 Goal: 250	234	256	247	X	
	AIM's ability to see patients at bedside was impacted by COVID-19 response restrictions on access to the Emergency Room and other departments. The AIM team adjusted protocols to provide interventions via phone or video with in-person visits after discharge.				
Critical crisis interventions 2020 Goal: 20	37	27	60	✓	
Individuals served (unduplicated)	306	384	827	N/A	
	During the initial stages of COVID-19 pandemic, AIM outreach adjusted its scope of work to respond to the needs of the community as the team was restricted from accessing the hospital. With the understanding that staff were listed as essential personnel, AIM staff were able to deliver food and resources to numerous individuals and families in Denver and surrounding area. The AIM team also provided emergency financial assistance and responded to other crisis interventions.				

D. AIM will provide up to ten (10) trauma-informed care trainings around at-risk youth to various departments and staff members, including frontline emergency department staff, community and school-based clinic providers, and inpatient staff that care for injured patients. Trainings will be 1-3 hour blocks of interactive sessions with outreach workers, molded to fit the needs of specific departments and clinics; these activities will be eligible for continuing education credits.

Response:

Criteria met. The Authority’s AIM program provided 17 trauma informed care trainings in accordance with the above program definition.

AIM Program Services	2018	2019	2020	Result	Trend
Trauma-informed care trainings 2020 Goal: 10	28	40	17	✓	

F. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response:

Criteria met.

1.5 Heartsaver First Aid CPR AED Training

The Authority agrees to provide Heartsaver® First Aid CPR AED – Adult, Child and Infant training by a certified American Heart Association instructor(s) for up to 100 of the students attending the Denver Fire Department’s Young Adult Career Exploration Camp. The course will prepare students to provide first aid, CPR, and use an automated external defibrillator (AED) in a safe, timely, and effective manner. Each student who completes the course successfully will be awarded a certificate or card which displays their newly acquired First Aid certification. The City will pay the Authority \$45.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response:

Criteria met. Denver Health was available to provide CPR AED training. Due to the emergency response to COVID-19, Heartsaver CPR training was not requested or provided in 2020.

CRP AED Training	2018	2019	2020	Trend
Participants	73	77	0	

1.6 Tactical Casualty Care (TCC) for Law Enforcement Training

The Authority agrees to provide Tactical Casualty Care (TCC) for Law Enforcement training for all Denver Police Department Recruits by instructors who are minimally state certified EMTs, or preferably, paramedics. The Authority will adhere to all POST mandates for the training, including the instructor ratio guidelines. The City will pay the Authority \$95.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name



of trainees.

Response:

Criteria met. Denver Health provides TCC for Law Enforcement for all Denver Police Recruits annually as needed through DPD's rotating academy schedule.

TCC for Law Enforcement	2018	2019	2020	Trend
Classes	3	8	6	
Participants	39	122	83	

1.7 Department of Safety Fit for Duty Psychiatric Evaluations

K. Performance Criteria. The Authority will provide the City with medical services in accordance with the terms and the standard of care stated in the Operating Agreement.

Response:

Criteria met. The Authority provided psychiatric evaluations in accordance with the terms stated in the Operating Agreement. In 2020, Denver Health provided 10 Fit for Duty Psychiatric Evaluations. Refer to table below for performance details.

Performance Criteria	2018	2019	2020
# Psychological Fitness for Duty Exam	3	8	10
# Duty Exam appointments within 5 business days	3	8	10
# Full report transmissions with physician signature	3	8	10
# Psychological Testing Related to Fitness for Duty Exam	2	0	0
Total Invoiced Amount	\$2,200	\$4,800	\$6,000

1.8 Capital Improvement Plan - Correction Care Facility

A. The Authority is improving their Correctional Care facility to serve the Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through the Capital Improvement Plan funds.

B. The total project cost is \$2,621,509. In 2020, the total cost is estimated to be \$155,871. DHHA will cover the 2020 expenditures to allow for the project to get started to meet the OMC schedule.

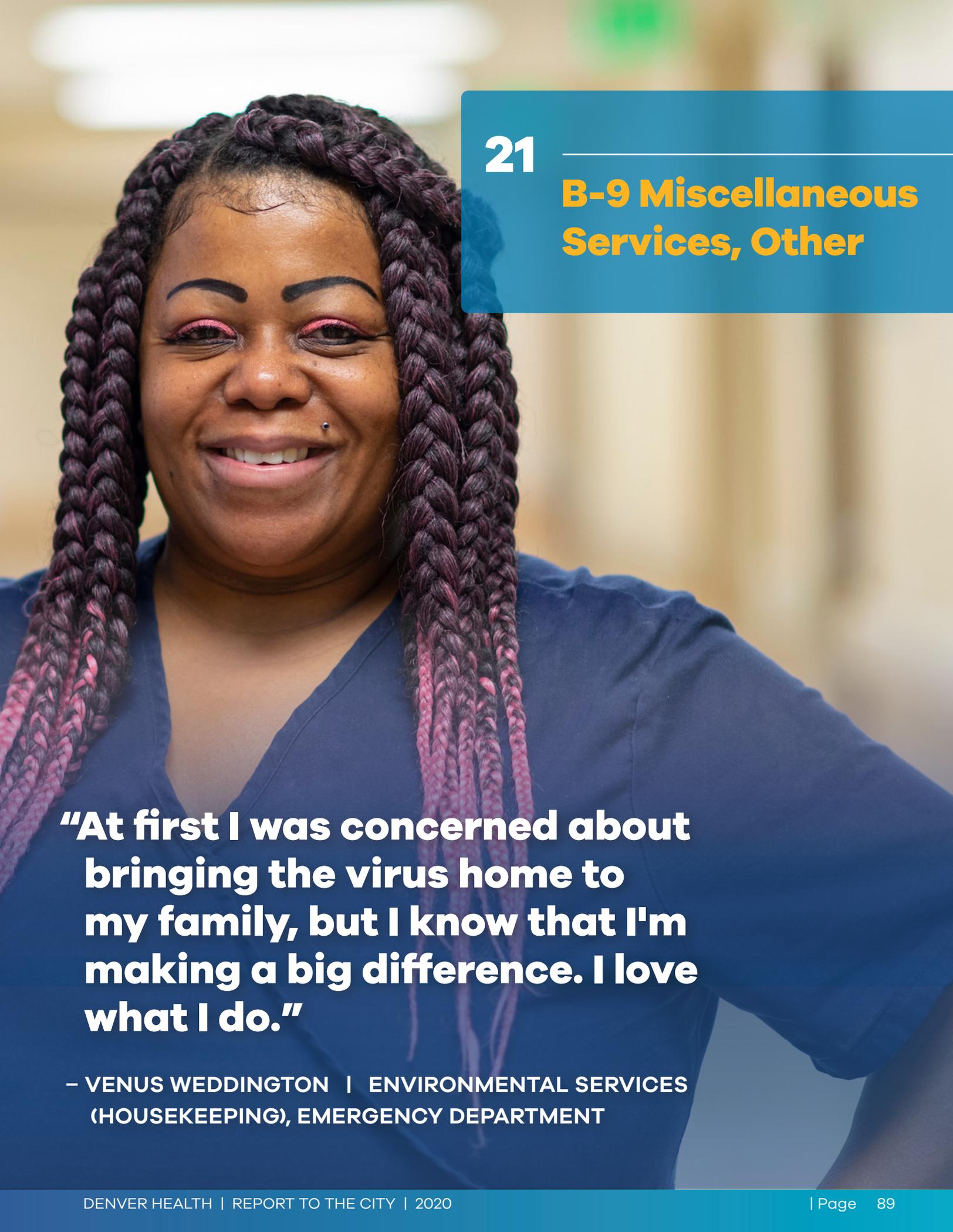
C. The City will appropriate and pay an amount not to exceed \$2,371,509 in the 2020 CIP budget (\$2,465,638 needed in 2020 per DHHA cash flow less \$94,129).

D. The \$2,521,509 project includes 1% for public art and other city ordinance requirements.

E. The City's obligation to make this payment shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement.

Response:

Criteria met. The Authority implemented improvements to the Correctional Care facility in accordance with the Operating Agreement terms.



21

B-9 Miscellaneous Services, Other

"At first I was concerned about bringing the virus home to my family, but I know that I'm making a big difference. I love what I do."

– VENUS WEDDINGTON | ENVIRONMENTAL SERVICES (HOUSEKEEPING), EMERGENCY DEPARTMENT



Appendix B-9 Miscellaneous Services, Other

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires, and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met. In 2020, the Authority provided additional services when requested by the City.

1.2 Expert Witness

The Authority agrees to provide expert witnesses to the City upon request for purposes of testifying in court and or other formal hearings involving the City. The City will reimburse the Authority up to the hourly maximum of \$150.00/hour for this service. The Denver District Attorney’s Office will reimburse the Authority up to an hourly maximum of \$150.00/hour (\$80/hour for experts without advanced educational degrees consistent with the Supreme Court Directive) for prep time and expert witness testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney’s Office. The witness must be qualified as an expert by the Judge in open Court prior to providing testimony. Each invoice shall include the following supporting documentation: the dates of services, information identifying the case, information identifying the activity billed for, any off-setting revenue from the City or other sources. This payment is characterized as a fee for service.

Response:

Criteria met. Denver Health provides Expert Witness support to the city when requested. In 2020, there were 0 hours of Expert Witness support provided/ invoiced.

1.3 Non-Intra-Familial Abuse Services

a. Scope of work. The Authority agrees to provide patient care services for victims of non-intra-familial abuse. The Department of Human Services, and the Police Department are the lead agencies for this section. The Authority will provide a medical team to include at least one licensed physician and other staff to perform the following duties:

(i) Medical examinations requested through the Order-In process.

1. Provide healthcare services including medical evaluations for children ages 0-21 years being evaluated by DDHS through the Order-In process due to concerns of abuse and/or neglect. Services

to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

2. The Authority and DDHS agree that they will work collaboratively with other agencies and organizations involved with the care of children seen at the clinic including but not limited to the Denver Police Department, the District’s Attorney’s Office and the Denver Children’s Advocacy Center. The Authority and DDHS will share information with these agencies and organizations as needed for the timely completion of investigative and protective actions following established policies and procedures concerning release of patient medical information;

(ii) Medical Examinations outside of the Order-In process.

1. Provide medical evaluations for children ages 0-21 years being evaluated by DDHS for concerns of abuse and neglect. Services to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

Response:

Criteria met. Denver Department of Human Services (DDHS) and the Denver Police Department (DPD) refer children to the Denver Health team at the Denver SAFE Center for medical evaluation to help assess concerns for abuse and neglect.

Non-Intra-Familial Abuse Services	2019	2020
FCC Evaluations for Concerns of Abuse and Neglect	706	546
FCC Examinations for Out of Home Placement	168	146

In 2020, the SAFE Center evaluated 546 children for concerns of abuse and neglect. Additionally, to accommodate the challenges presented by the COVID-19 pandemic, in 2020 the SAFE Center medical providers expanded their use of telephone consultations with DDHS case workers and staffed approximately 20 consultations each week.

In 2020, the medical team at the SAFE Center performed 146 health and safety examinations for children entering out of home placement.



1.4 Competency Examination

The Authority agrees to provide competency evaluations or other investigative reports to determine competency as requested by the County Court. The Authority and the City's County Court have agreed to a new process, which includes scheduling a two (2) hour time block of time for a total of four (4) available examinations every week. These examinations shall be performed for a per report fee of \$600.00. The City will pay the Authority a \$225.00 preparation fee for each individual who fails to appear to the set examination. This payment is characterized as a fee for service.

Response:

Criteria met. In 2020, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$145,275 for court competency evaluations.

Total Competency Exams	2018	2019	2020	Trend
# Completed	262	249	202	
# Failures to Appear	97	117	112	
Total Charges	\$ 179,025	\$ 175,725	\$ 145,275	



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