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Changing the Face  
of Health Care

Denver Health  
Annual Report  
2010



# Message from CEO

**2010 was yet another monumental time in Denver Health's 150 year history.** The year started with a kick-off celebration of Denver Health's place in the history of the City and County of Denver and the State of Colorado.

In 1860, Abraham Lincoln was running for President, and a crowd of 600 people gathered to watch two men who stood 30 paces apart with double-barreled shotguns pointed at each other. Dr. J.S. Stone, judge of the Central City miner's court, shot first and missed. F.W. Bliss, acting governor of the Jefferson Territory, returned fire and hit his mark.

Dr. Stone was taken from the corner of Larimer Street and Cherry Creek Drive to the City Hospital (now Denver Health) where he became Denver Health's first Trauma patient.

That first-ever event in Denver's history was followed 150 years later when Denver Health became the first health care organization in the world to be recognized by the international Shingo Prize for Operational Excellence with a Bronze Medallion.

Through its LEAN initiative, Denver Health realized more than \$89 million in financial benefit to the organization in just five short years. That's \$89 million that helped offset the \$388 million Denver Health provided in uncompensated care in 2010.

Seems like daunting numbers – and they are – however, Denver Health was able to manage this enormous commitment of providing Level One Care for ALL for more than 160,000 individuals, and still end the year in the black. 2010 marked 20 consecutive years of Denver Health's financial stability.

Another first for Denver Health was being recognized by the University HealthSystem Consortium (UHC) for leading the nation's academic health centers with the lowest mortality. This means that in 2010, more than 200 people walked out of Denver Health who would have died elsewhere.

In addition to having the lowest observed to expected mortality of all 113 UHC academic medical centers, Denver Health also had zero maternal mortality which places us in a tie for best in the country; and the best trauma survival of all academic trauma centers.

This is an amazing accomplishment, especially considering that Denver Health cares for some of the region's most vulnerable populations.

Denver Health's 150 year reputation of compassionate care for ALL has placed us among some of the best health care centers in the country. But, there is always room to grow, and that's why we are continuing on our LEAN journey; continuing to invest in technology to ensure high-quality, safe patient care; continuing to develop new models of care including ensuring that every Denver Health patient has a medical home; and continuing to be a national leader in changing the face of health care.



Patricia A. Gabow, M.D.,  
CEO, Denver Health



## Health Coaches Make a Difference

Allene Suazo, a retired City and County of Denver employee, has always been a strong and independent single woman. When a fall left her hospitalized with a broken neck, it was extremely difficult for her to adjust to being taken care of.

While in the hospital, a health coach from the Denver Health Medical Plan (DHMP) contacted Allene to ensure she had access to the care she needed - an offer that Allene was reluctant to accept. However, after leaving the hospital to go to a rehabilitation clinic, Allene quickly realized that she would, in fact, greatly benefit from a health coach.

As Allene prepared to return home, her health coach teamed up with a social worker to assure Allene would be safe at home and would have access to the services she needed to heal properly and gain strength and independence.

For the next few months, Allene's health coach

became her trusted friend, continually ensuring her recovery was going smoothly, and managing her follow-up appointments, all while still caring for her lingering medical issues.

Soon, Allene was, once again, able to care for herself, but she remains forever grateful for the high-quality health care she receives from Denver Health and the services of Care Management.

**“I am extremely grateful for the care and support provided by my DHMP health coach,” says Allene, “Working with the health coach made me realize my independence was not gone forever, just for a while. Knowing this made accepting assistance much easier to handle.”**

# A Special Place for Kids

For several years, the Denver Emergency Center for Children has provided specialized care for Denver's youngsters.

This pediatric Emergency Department and Urgent Care Center is designed specifically for the needs of small children, with a separate waiting area; 19 private exam rooms, each with a flat screen TV; two major trauma resuscitation rooms and a separate ambulance entrance.

The Center also includes highly qualified, Emergency Medicine physicians specializing in pediatric emergency, trauma and urgent care pediatricians; nurses with special training in caring for children; and pediatric nurse practitioners who work together to ensure fast-tracking patients so there is little or no wait time for children to be seen.

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

Understanding that children's needs differ from adults, the Pediatric Trauma Team evaluates children immediately when they arrive at the hospital. Children suffering significant trauma receive specialized attention to control pain, and are provided treatment for their injuries while minimizing fear and anxiety.



In addition to specially trained doctors and nurses, the Pediatric Trauma Team includes pediatric surgeons, pediatric intensivists, pediatric anesthesiologists, pediatric radiologists, pediatric pharmacists, pediatric social workers, pediatric respiratory therapists and pediatric recreational therapists, all of whom have extensive experience in meeting the special needs of children. The team focuses on helping children achieve a speedy recovery and receive the appropriate follow-up care and/or necessary rehabilitation.

In 2010, the Denver Emergency Center for Children cared for more than 25,800 patients.

“We try to focus on how a child perceives the whole emergency room experience; we try to make it more adaptable to the kids and staff.”

~ Katie Bakes, M.D., Director, Denver Emergency Center for Children

# Nursing Excellence Across the System

As a comprehensive, integrated organization with multiple components, Denver Health provides a unique career opportunity for all types of nursing specialties.

More than 1,300 nurses work in every facet of the organization including the 477 bed hospital, the Rocky Mountain Regional Trauma Center, Denver Public Health, eight Community Health Centers, 13 School-based Health Centers, the Rocky Mountain Poison and Drug Center, NurseLine, Denver CARES and Correctional Care.

**The Rocky Mountain Regional Trauma Center is a Level I Trauma Center able to treat or stabilize all emergency conditions or illnesses including the most life-threatening trauma injuries. As part of the trauma team, Emergency and Trauma nurses care for more than 2,000 of the region's most severely injured patients each year.**

Nurses who work in Community Health Services manage more than 355,000 outpatient visits annually. Nurses play a large role in each of the eight Community Health clinics. They treat and care for patients and also provide education about health care issues, disease prevention, nutrition, and childcare.

School-based Health Centers are located within 13 Denver Public Schools. Nine of 13 School-Based Health Centers are run by advanced practice nurses (APNs) who provide primary care to students who attend the school where the clinic is located. APNs work collaboratively with the school nurse, school administration and staff along with support personnel such as mental health therapists, health educators and medical assistants who support the clinic.

Denver Public Health (DPH) serves as the center for communicable disease reporting, surveillance, investigation and control for the City and County of Denver. Epidemiology and Surveillance nurses investigate and report on usual and unusual disease occurrences and outbreaks within the City and County of Denver.

Through numerous grant-funded programs, Denver Public Health conducts important research on infectious diseases, including hepatitis surveillance; tuberculosis (TB) clinical trials; HIV/AIDS prevention, counseling, testing and treatment; and vaccine trials.

Nurses at the Rocky Mountain Poison and Drug Center (RMPDC) handle most minor poisoning emergencies by telephone. They manage calls ranging from things like accidental exposures to potentially poisonous substances, to calls from health care professionals managing complex, multiple drug overdoses.

The Denver Health NurseLine provides nurse triage and direction for care over the phone, therefore eliminating unnecessary Emergency Department visits.

One hundred and twenty nurses work at the two call centers and are responsible for managing more than 600,000 calls annually. The Centers promote the right kind of care at the right time and at the right location thereby advancing effective utilization of health care resources and facilities.

Denver C.A.R.E.S. (Comprehensive Addiction Rehabilitation and Evaluation Services) is Colorado's largest detoxification program serving more than 23,000 admissions per year. Additionally, Denver CARES serves approximately 120 clients per year in transitional residential treatment.

Denver Health provides inpatient and outpatient services to correctional care facilities in Denver, Adams, Arapahoe, Jefferson, Larimer and Douglas counties, and the Colorado Department of Corrections prison intake facility.

Correctional Care nursing is a specialized field that encompasses triage, ambulatory care, public health, patient education, urgent care, and emergency response to approximately 2,200 offenders housed at the County Jail and 300 offenders at the Denver City Jail.

Regardless of specialty or work setting, nurses touch the lives of every Denver Health patient. They treat patients, educate patients and the public about various medical conditions, and provide advice and emotional support to patients' family members.

# Going for the Gold

## Milestones

In January 2010, Denver Health became a partner in a \$1.6 million federally-funded research program to study the ability to **successfully deliver immunizations to nearly 30 Denver Public Schools.**

Children in middle schools were offered adolescent vaccines, the seasonal influenza vaccine, the H1N1 vaccine, and any catch-up vaccines including the meningococcal vaccine, diphtheria, tetanus, the pertussis vaccine, and the HPV vaccine for girls.

In March, **Denver Public Health cosponsored** the second annual “Stop TB” Trot. The 5K run/walk benefits Colorado’s underserved tuberculosis patients by providing funds for temporary housing, food and transportation while patients receive treatment. More than 200 walkers and runners participated.

On April 24, an all-star cast of sports heroes and community activists, including Garth Brooks, Troy Aikman, Kyle Orton, Brian Griese, Haven Moses, Billy Thompson and Karl Mecklenburg joined Patricia Gabow, M.D., CEO, in opening the Child Life ZONE, a 3,300-square-foot, state-of-the-art therapeutic and educational sanctuary for pediatric patients and their families. The ZONE was donated to Denver Health by The Garth Brooks Teammates For Kids Foundation in partnership with the Troy Aikman Foundation. Denver Health’s ZONE is one of only seven ZONES in the U.S.

In April 2010, Denver Health started the engine on its new **Health Express enrollment van.** The van enrolls individuals and families into Medicaid and CHP+ health programs, increasing access to health care for thousands of Denver’s uninsured residents. The enrollment van is funded by The Colorado Health Foundation.

In May, Denver Health **broke ground on its newest medical facility.** Slated for completion in late 2011, the four-story, 78,000-square-foot facility located at 7th Ave. and Delaware St., will include an outpatient dialysis center, an outpatient surgery center, Enrollment Services and an entire floor dedicated to inpatient and outpatient adolescent psychiatry.

In June, Patricia Gabow, M.D., CEO, presented **Denver Health’s LEAN transformation** to senior executives at the National Association of Public Hospitals’ annual conference in Denver. These executives also visited Denver Health for a presentation from the LEAN facilitators on implementing LEAN.

In June, **Denver Public Health hosted** the Colorado Department of Public Health and Environment’s Town Hall Meeting on Health Disparities. Among the topics discussed were the differences in health care and quality of care for ethnic minorities.

In June, Denver Health **opened the Denver Health East Grand Community Clinic and Emergency Center in Winter Park.** The clinic offers a full range of medical services, and is designated as a Level V trauma center with backup from Denver Health’s Level I trauma center.

June 2010 marked the conclusion of five years of Denver Health's process transformation through the application of LEAN principles. Since the first Rapid Improvement Event (RIE) in 2005, many remarkable achievements have been recorded, including a financial benefit of \$87.9 million, 258 RIEs, more than 1,500 employee participants, and 200 Black Belts who have advanced training in LEAN principles and tools.

In July, Patricia Gabow, M.D., CEO, participated in the **Biennial of the America's Roundtable on Health: Transnational Threats.**

Representatives from five western hemisphere countries – Brazil, Canada, Ecuador, Mexico, and the U.S. – discussed health care topics including care for the poor; medical tourism; pandemic preparedness; care for women and children; obesity and HIV/AIDS.

In July, Denver Health and the American Red Cross announced **"Save a Life Denver,"** a partnership that will help save more lives in Denver by making automated external defibrillators (AEDs) widely accessible to the public. The program placed 1,000 AED units throughout Denver in high-use public areas.

In August, Denver Health cut the ribbon on a temporary Montbello Family Health Center and **broke ground on the brand new Montbello Family Health Center,** which is the permanent facility.

The new clinic will open in late 2011. The new clinic is made possible, in part, due to a \$2.2 million grant from the Colorado Health Foundation. The center includes dental services (none previously existed).

In August, The **Denver Public Health AIDS Walk Colorado** team raised nearly \$7,000.

Seventy percent of all funds raised by the team returns to Denver Public Health to fund patient care services provided by the ID Clinic and Primary Care Clinic. This is the 16th year Denver Public Health has participated in the walk.

## Appointments

Denver Health named **Holly Batal, M.D.,** Chief of General Internal Medicine. Batal has served as a general internal medicine physician at Denver Health for 14 years. She is responsible for the clinical operations of five outpatient clinics that have more than 100,000 patient visits annually. She manages more than 35 physicians and is responsible for their academic work.

**Kerry Broderick, M.D.,** Emergency Medicine, was selected as chair of the American College of Emergency Physicians' (ACEP) Educational Meetings Subcommittee for the Scientific Assembly. She will lead the educational subcommittee which develops the didactic curriculum of national lecturers to oversee the program for the ACEP's annual conference, which will be held in Denver in 2012, bringing in more than 5,000 physicians to the city.

**Peg Burnette,** chief financial officer, passed the Healthcare Financial Management Association (HFMA) Certified Healthcare Financial Professional (CHFP) examination with a specialty in Patient Financial Services (Revenue Cycle). Of the more than 34,000 members in HFMA, less than 2,400 are certified.

**Chris Colwell, M.D.,** was named director of the Department of Emergency Medicine. Colwell has served as an attending physician in the Emergency Department at Denver Health since 1998, and as medical director for the Denver Paramedic Division and Denver Fire Department since 2000. Colwell manages 20 attending physicians in the Emergency Medicine Service.

## **Denver Health CEO, Patricia Gabow, M.D.,**

was appointed as one of only 17 members to the new Medicaid and CHIP Payment and Access Commission (MACPAC).

She will serve a three-year term. MACPAC reviews Medicaid and CHIP access and payment policies and advise Congress on issues affecting Medicaid and CHIP.

## **LaVonna Heath, RN, MSN,** nurse manager,

Emergency Department, returned from active military duty to assume the position of Director of Behavioral Health and Correctional Care Services at Denver Health. Heath, who is a Lieutenant Colonel in the U.S. Army Reserves, was called for duty and mobilized by the Army October 24, 2008. She was stationed at Fort Carson as Director of Clinics, and has more than 25 years of military service.

## **Paul Melinkovich, M.D.,** director, Denver

Community Health Services, was appointed President of the Medical Services Board for the Colorado Department of Health Care Policy and Financing. The 11-member board adopts rules that govern Colorado Medicaid and the Child Health Plan Plus program. The board also ensures that these programs are in compliance with federal regulations administered by the Centers for Medicare and Medicaid Services.

## **Philip Stahel, M.D.,** was named Director of

Orthopedics. Stahel has served as a surgeon at Denver Health since 2006. He is responsible for the Orthopedic Service, which performs more than 3,000 procedures and nearly 21,000 clinic visits annually. He also manages 11 physicians and is responsible for their academic work. Stahel has received more than \$2.4 million in grant funding since 1996, and authored more than 100 peer reviewed publications and numerous book chapters and articles. He is also the founding editor of the journal Patient Safety in Surgery.

## **Awards**

### **52 Best Doctors in America**

Jennifer E. Adams, M.D., Internal Medicine

Irene Aguilar, M.D., Internal Medicine

Richard K. Albert, M.D., Critical Care Medicine and  
Pulmonary Medicine

Mark E. Anderson, M.D., Pediatrics

Alicia Lynn Appel, M.D., Internal Medicine

Holly Ann Batal, M.D., Internal Medicine

Denis Bensard, M.D., Pediatric Surgery

Dan Bessesen, M.D., Endocrinology and Metabolism

Joshua Blum, M.D., Internal Medicine

Patricia Ann Braun, M.D., Pediatrics

William W. Brown III, M.D., Obstetrics and Gynecology

William J. Burman, M.D., Infectious Disease

J. Christopher Carey, M.D., Obstetrics and Gynecology

Mark Howe Chandler, M.D., Anesthesiology

Richard C. Dart, M.D., Clinical Pharmacology and  
Emergency Medicine

Ivor S. Douglas, M.D., Pulmonary Medicine and  
Critical Care Medicine

Raymond Estacio, M.D., Internal Medicine

Henry Hammer Fischer, M.D., Internal Medicine

Patricia A. Gabow, M.D., Nephrology

David John Hak, M.D., Orthopaedic Surgery

Simon J. Hambidge, M.D., Pediatrics

Rebecca Lynn Hanratty, M.D., Internal Medicine  
Richard Lewis Hughes, M.D., Neurology  
Fernando Kim, M.D., Urology  
Richard Ira Kornfeld, M.D., Family Medicine  
Lela Ann Lee, M.D., Dermatology  
Stuart L. Linas, M.D., Nephrology  
Carlin Long, M.D., Cardiovascular Disease  
Jeremy Long, M.D., Internal Medicine  
Kathryn Love-Osborne, M.D., Pediatrics  
Thomas D. MacKenzie, M.D., Internal Medicine  
Jody A. Maes, M.D., Pediatrics  
Philip Mehler, M.D., Eating Disorders and  
Internal Medicine  
Lora Heeter Melnicoe, M.D., Pediatrics  
Howard J. Miller, M.D., Anesthesiology  
Ernest Eugene Moore, M.D., Critical Care Medicine  
and Surgery  
Karen B. Mulloy, M.D., Occupational Medicine  
John W. Ogle, M.D., Pediatric Specialist and Pediatrics  
Ricardo Padilla, M.D., Internal Medicine  
Katherine Ann Pehl, M.D., Internal Medicine  
Randall Reves, M.D., Infectious Disease  
Jeanne Rozwadowski, M.D., Internal Medicine  
Philip F. Stahel, M.D., Orthopaedic Surgery  
Steve D. Vogler, M.D., Pediatrics  
Robin Kay Yasui, M.D., Internal Medicine

*Awards (continued)*

## Eleven Denver Health physicians named Top Doctors by 5280 magazine.

Michael Benavidez, M.D., Family Medicine  
Daniel Bessesen, M.D., Endocrinology, Diabetes  
and Metabolism  
Beatriz Cua, M.D., Pediatric Critical Care  
Ivor Douglas, M.D., Critical Care  
Greg Gutierrez, M.D., Sports Medicine  
Kennon Heard, M.D., Medical Toxicology  
Stuart Linas, M.D., Nephrology  
Kathy Love-Osborne, M.D., Adolescent Medicine  
John Ogle, M.D., Pediatric Infectious Disease  
Kathryn Wells, M.D., Child Abuse Pediatrics

## Sixteen Denver Health providers recognized as the Rocky Mountain Region's Peak Performers — 8th Annual Rocky Mountain Hospital Medicine Symposium.

Kathryn Beauchamp, M.D., Neurosurgery  
Andrew Bjork, PharmD, Hospital Pharmacy  
Michael Doody, PharmD, Hospital Pharmacy  
Ivor Douglas, M.D., Intensive Care Medicine  
Zita Fenner, RN, Nursing, Medical-Surgical  
Maria Frank, M.D., Hospital Medicine  
Jason Goodman, PA-C Hospital-based Physician Assistant  
Kellie Horn, RN, Nursing, Intensive Care Unit  
Jeffrey Johnson, M.D., General Surgery  
Kathleen Lester, RN, Nursing, Medical-Surgical  
Fredrick Masoudi, M.D., Cardiology  
Connie Price, M.D., Infectious Diseases  
Jan Smith, RN, Intensive Care Unit Nursing

*Awards (continued)*

**Carlton Barnett, M.D.**, Trauma surgeon, received Excellence in Education awards from the Academy of Medical Educators.

**Kerry Broderick, M.D.**, Emergency Medicine, received the 2010 Founders Award at the Peer Assistance Services 2010 Annual Awareness Event, for integrating Screening, Brief Intervention and Referral to Treatment (SBIRT) into routine clinical practice at Denver Health. She is SBIRT Colorado's medical advisor and Denver Health's principal investigator for SBIRT.

**Kerry Broderick, M.D.**, was honored at the University of Colorado School of Medicine's 2010 Golden Stethoscope Awards banquet. Dr. Broderick received the Best All Around Preceptor Award and Jason Haukoos, M.D., received the Best Emergency Medicine Preceptor Award.

**Peg Burnette**, chief financial officer, received the Chief Financial Officer of the Year award in the Large Nonprofit category from the Denver Business Journal.

**Richard Dart, M.D., Ph.D.**, director, Rocky Mountain Poison and Drug Center, was selected as the President of the American Association of Poison Control Centers (AAPCC), a non-profit, national organization that represents 57 U.S. poison control centers.

**The University HealthSystem Consortium recognized Denver Health as one of five top performers in its 2010 Supply Chain Performance Excellence Collaborative Study, for cost savings and efficiency in supply, pharmacy, cardiology and surgical services expense management and operating margin.**

**Yvonne Castillo**, practice manager, Eastside Family Health Center Dental Clinic, received the Partner of Outstanding Service Award at the Denver Great Kids Head Start annual celebration. Of Eastside's 6,000 pediatric patients, about 900 are enrolled in the Head Start program.

**Lilia Cervantes, M.D.**, hospitalist, received the 2009-2010 University of Colorado President's Diversity Award for her work with the Health Care Interest Program.

### **Denver Health Community Health Services'**

poster, "Patient Safety and Pharmacy Collaborative with Health Resources and Services Administration," earned one of only two Best in Show ribbons from the National Association of Community Health Centers at its national convention. The poster demonstrated how Westside Family Health Center's pharmacy improved its integrated clinical pharmacy services, patient safety related to adverse drug events, and health outcomes for patients with diabetes and hypertension.

**Denver Health was recognized by the American Heart Association** with two "Get With the Guidelines" Gold Performance Achievement Awards, Denver Health's commitment and success in implementing a higher standard of cardiac care that effectively improves treatment of patients with heart failure and coronary artery disease.

Denver Health received the **Top 100 Most Wired Hospitals Award** for its information technology use, according to the 2009 Most Wired Survey and Benchmarking Survey in the July issue of Hospitals & Health Networks magazine, the journal of the American Hospital Association. This is the fifth time Denver Health has received this prestigious award.

Signal Behavioral Health Network awarded its **Quality Improvement Award** to Denver Health's Behavioral Health Services for increasing admissions of HIV+ patients in need of substance abuse treatment.

Mental health therapists working at the Denver School-based Health Centers were awarded the Colorado Association for **School-based Health Centers 2010 Outstanding Mental Health Provider award**.

**Patricia A. Gabow, M.D., CEO**, Denver Health, was recognized as number 10 in 5280 magazine's list of the 50 most influential people in Denver.

**Patricia Gabow, M.D., CEO**, Denver Health, was one of three recipients of the Bonfils-Stanton Foundation Annual Awards, given to individuals who make significant and unique contributions in the fields of arts and culture, community service, and science and medicine.

**Patricia Gabow, M.D., CEO**, Denver Health, was named one of the 50 Most Powerful Physician Executives, and one of the 100 Most Powerful People in Healthcare by Modern Healthcare magazine. She was listed as # 23 and #54, respectively.

**Patricia Gabow, M.D., CEO**, Denver Health, was named one of 256 Hospital and Healthcare Industry Leaders to Know by Beckers Hospital Review.

**Patricia A. Gabow, M.D., CEO**, Denver Health, received the David E. Rogers Award from the Association of American Medical Colleges (AAMC) for her outstanding contributions to academic medicine and the global community.

The New England Healthcare Institute named **Denver Health CEO, Patricia A. Gabow, M.D.**, an Innovator in Health for her innovative work and tireless leadership in improving the lives of people through Denver Health's integrated health care delivery system.

**Paula Herzmark**, director, Denver Health Foundation, received the Athena Award from the Colorado Women's Chamber of Commerce.

**Carol Hodgson, Ph.D.**, received Excellence in Education awards from the Academy of Medical Educators.

**Stuart Linas, M.D.**, received Excellence in Education awards from the Academy of Medical Educators.

**Carol McDonald, RN, BSN**, program manager, Epidemiology and Surveillance, Denver Public Health, received the John Muth Award from the Colorado Public Health Association for outstanding contributions to the association.

**Philip Mehler M.D.**, chief medical officer, received the Senior Leader award from Donor Alliance in appreciation for outstanding leadership in promoting organ and tissue donation.

**Paul Melinkovich, M.D.**, director, Denver Health Community Health Services, received the Exceptional Administrative Leadership Award from the Community Health Association of Mountain/Plains States (CHAMPS).

**Denver Public Health employees Christie Mettenbrink and Lori Kennedy, and Karen Valentine, Managed Care**, were awarded a one-year fellowship from the Regional Institute for Health and Environmental Leadership to address problems that improve the well-being of people and the environment in Colorado, Wyoming and New Mexico.

## Lee Shockley, M.D., MBA, FACEP,

Emergency Medicine, was awarded the designation of Certified Physician Executive (CPE) by the Certifying Commission in Medical Management. CPE designation indicates that a physician has achieved superior levels of professional excellence and management education, while also demonstrating effective knowledge and leadership skills. Dr. Shockley is a Fellow in both the American College of Emergency Physicians and the American Academy of Emergency Medicine.

Gregg Veltri, chief information officer, eHealth Services, was recognized as a Laureate by the

Computerworld Honors Program for his case study “Denver Health Transforms Healthcare Delivery and Improves Financial Health.”

**The Westwood Family Health Center** was awarded the Best Shot Award by the Colorado Community Health Network Immunization Initiative Program for improvements in immunization rates for two-year-olds.

The University of Colorado School of Pharmacy named **Peggy Wimmer**, clinical specialist, Oncology Pharmacy, as its Preceptor of the Year.

## Grants\*

The U.S. Department of Health and Human Services awarded Denver Health a five-year, **\$4 million** teen pregnancy prevention grant.

Paul Melinkovich, M.D., Community Health Services, was awarded a two-year, **\$2,200,000** grant from The Colorado Health Foundation to expand the Montbello Family Health Center.

David Brody, M.D., Managed Care, received a three-year, **\$1,231,367** grant from The Colorado Health Foundation to support management of uninsured and Medicaid, patients seen in Denver Health’s eight federally-qualified community health centers.

Jody Green, Ph.D., Rocky Mountain Poison and Drug Center, received a one-year, **\$1,206,000** grant from McNeil Consumer Healthcare to enhance accurate poison center data collection for exposure to acetaminophen-containing products.

Philip Stahel, M.D., Orthopaedics, received a five-year, **\$1,024,293** grant from The Colorado Traumatic Brain Injury Trust Fund to study the role of natural antibodies in traumatic brain injuries.

The Kaiser Foundation awarded Denver Health a **\$976,977** grant for Patient-centered Navigation in Medical Homes.

Henry Fischer, M.D., Community Health Services, received a two-year, **\$920,585** grant from the Agency for Healthcare Research and Quality to expand the use of text messaging communication services as a relationship management tool for complex patients.

The Teammates for Kids Foundation awarded Denver Health a **\$883,570** grant for The Child Life Zone.

Elizabeth Whitley, Ph.D., Community Health Services, Community Voices, was awarded a three-year, **\$807,983** grant from The Colorado Health Foundation to support the efforts of the patient navigators.

Edward Gardner, M.D., Denver Public Health, received a three-year, **\$627,653** grant from the National Institute of Health to investigate engagement in HIV clinical care at Denver Health and evaluate system and patient factors associated with lapses in HIV care.

Judith Shlay, M.D., Denver Public Health, received a three-year, **\$627,653** grant from the U.S. Department of Health and Human Services to study Colorado communities that are impacted by a high number of teen pregnancies and sexually transmitted diseases.

Thomas MacKenzie, M.D., Chief Quality Officer, received a two-year, **\$621,298** grant, from the Agency for Healthcare Research and Quality to develop and implement a nursing home-specific antibiogram and toolkit.

James Robinson, EMS, Emergency Medicine was awarded a one-year, **\$531,000** grant from Colorado Department of Public Health Environment to provide equipment for Emergency Medical and Trauma Services.

Paul Melinkovich, M.D., Community Health Services was awarded a one-year, **\$500,000** community block grant from the City and County of Denver for the new Montbello Family Health Center.

Michael McCarty, Bond Project, was awarded a two-year, **\$495,000** grant from the Health Resources and Service Administration to provide equipment for the new Denver Health adolescent psychiatric inpatient and outpatient facility.

Marti Potter, RN, Community Health Services, received a two-year, **\$444,000** grant from the

Colorado Department of Health Care Policy and Finance to provide early and periodic screening, diagnosis and treatment services for Denver County, and to provide Children's Health Plan+ services.

Robert House, M.D., Behavioral Health Services, received a two-year, **\$300,000** grant from The LARRK Foundation to provide funding for upgrades in construction of the new state-of-the-art child and adolescent psychiatric unit currently under construction at Denver Health.

Judith Shlay, M.D., received a one-year, **\$267,870** grant from the Centers for Disease Control to address Latina teen pregnancy in Denver.

The Mile High Red Cross awarded Denver Health a **\$250,000** grant for the Save a Life Denver Automatic Electronic Defibrillator Program.

Terri Wambach, Social Work, received a one-year, **\$231,372** grant from the Teammates for Kids Foundation to provide services in the Emergency Department, inpatient Pediatrics unit, Pediatric Intensive Care Unit, outpatient areas, adult inpatient units, adolescent psychiatric unit, and the Family Crisis Center.

The Susan G. Komen Foundation Denver affiliate awarded Denver Health **\$203,377** in grants to help with screening, diagnosis, treatment and capacity for the Mamm-o-van.

Greg Bogdan, Ph.D., Rocky Mountain Poison and Drug Center, received a two-year, **\$197,999** grant from the Agency for Healthcare Research and Quality to develop a model for enhancing the strategic national stockpile point of dispensing sites via use of tele-health technologies.

Frederick Pieracci, M.D., received a **\$189,000** National Trauma Institute research grant to evaluate the risk/benefit of giving intravenous iron to anemic trauma patients.

The Avon Foundation and the Hearst Foundation awarded Denver Health a **\$175,000** grant to retrofit the Women's Mobile Clinic to perform all digital mammography services.

The Rose Community Foundation awarded Denver Health a **\$170,100** grant for the Boomers Leading Change in Health Program.

Peter Raich, M.D., received a one-year, **\$138,377** grant from the Susan G. Komen Foundation to fund treatment for underserved and underinsured breast cancer patients at Denver Health.

Patricia Braun, M.D., Community Health Services, received a one-year, **\$100,000** grant from the Caring for Colorado Foundation to hire a pediatric dentist and expand dental services to all Denver Health children.

*\* This list only contains Denver Health grants totaling more than \$100,000.*

# Introducing ...The ZONE

April 24, 2010 marked a special day in Denver Health history as an all-star cast of sports heroes, musicians and community activists, including Garth Brooks, Troy Aikman, Kyle Orton, Brian Griese, Haven Moses, Billy Thompson and Karl Mecklenburg joined Patricia A. Gabow, M.D., CEO, in opening the hospital's newest addition – the Child Life ZONE.



*Troy Aikman and Garth Brooks visit Denver Health.*

The ZONE is a 3,300 square-foot, state-of-the-art therapeutic and educational sanctuary for pediatric patients and their families. It will serve as the centerpiece for Denver Health's new Child Life program. This new addition was donated by The Garth Brooks Teammates for Kids Foundation in partnership with the Troy Aikman Foundation, and is one of only seven in the U.S., and the only one in Denver.

The ZONE is designed to meet the special needs of children coping with illness and hospitalization on both an in-and out-patient basis. The ZONE is comprised of two separate areas on the first and second floor of Pavilion C and features

spaces for relaxing, playing and learning, and a variety of project rooms for games, arts and crafts, an area for kitchen projects, TV studios where kids can produce their own shows, and The Thunder Resource Library, named in honor of the Denver Broncos' beloved mascot and in appreciation of Sharon Magness Blake. In addition, The ZONE features an outdoor playground area.

**The ZONE is brightly lit, colorful and has several unique window photo murals depicting various scenes, including Garth Brooks performing in Central Park under the stars; the Maroon Bells; Troy Aikman walking alone onto a football field; Thunder the horse decked out in Broncos gear; and Coors Field at sunset.**

“Through the generosity of Teammates for Kids, Denver Health can offer its youngest patients and their families a place of wonder to call their own,” said Patricia Gabow, M.D., CEO of Denver Health. “This is the perfect way to commemorate Denver Health's 150th anniversary and helps us set the stage for another 150 years of service.”

*More Child Life ZONE opening photos continued on page 30.*





*Terri Wambach, Child Life Specialist, helps her patient get ready for surgery.*

## Youngsters and Families Benefit from Child Life Specialists

As Child Life Specialist, Terri Wambach plays an integral part in the treatment of pediatric patients. She shares best practices to serve as a bridge between medical treatments and therapeutic needs in order to give each child an optimal chance to heal.

Through education and play, Wambach teaches young patients about illness, treatment and surgery and provides support before, during and after procedures. The ZONE is designed to support Child Life Specialists in their efforts to help children understand and cope with the hospital experience.

Mandy Scott is the Child Life Specialist for the Denver Emergency Center for Children (DECC), and Erika Croswhite provides child life services in the surgery area as well as in the Neonatal Intensive Care Unit.



Child Life Specialists promote effective coping through play, preparation, education and self-expression activities. Specialists provide emotional support for both patients and families, and encourage optimum development of children facing a broad range of challenging experiences that accompany health care and hospitalization.



# Going Above and Beyond for our Patients

Social Work professionals are dedicated to helping patients and families cope with the social, psychological, cultural and medical issues resulting from an illness.

Denver Health has 70 Master level social work professionals who provide social work and interpretive service, free of charge, to Denver Health's patients and families. The department provides services in everything from finding community resources, providing crisis counseling, grief/loss support, assisting in discharge planning, providing end of life counseling, assistance with organ and tissue donation and reporting child/elder abuse.

As an integrated system, Denver Health provides a variety of social work opportunities. Clinical social workers are present in the school-based health centers, the Crisis Center, community health centers, the Emergency Department, Pavilion C, and throughout the hospital.

"It is very rewarding to be there for someone at their most vulnerable time," says Kaelynn Eaton. "Being able to explain options and resources to a patient in a time where they probably feel alone and lost, is very gratifying."

"Clinical social workers don't solve the problems of patients; they work to provide patients with the tools to empower themselves and use their self-determination to change their own lives."

**"Clinical social workers at Denver Health take a great deal of pride in their job because they work with a population that truly needs their help," says Amanda Loehr. "At Denver Health, we are able to work with a population of people who are often marginalized by society.. Being able to help the truly needy keeps our clinical social workers motivated to continue advocating for change."**



# Translators



## the Language

When a patient has limited English skills, many things in life become more challenging, health care is no exception. A lack of understanding and/or communication can be especially stressful and confusing to the patient and family.

“One of the most valuable tools Denver Health has to offer to Russian-speaking patients is simply to be heard and understood,” says Alla Zhebrak, Russian interpreter. “When a patient has limited English skills, seeking health care can be an incredibly challenging task. A lack of understanding and/or communication can be stressful and confusing to the patient.”

Denver Health medical interpreters facilitate communication between patients with limited English proficiency and their physicians, nurses, lab technicians and other health care providers. Approximately 30 percent of Denver Health patients have limited English proficiency, making medical interpreters an important part of patient care.

“Imagine yourself in need of medical service in some country where you don’t speak the language and the doctors don’t speak yours. You are scared, confused, anxious, in pain and probably panicked, then a voice comes out of nowhere and somebody is suddenly speaking to you in your native language. It’s like the sun comes out. The relief I see on people’s faces pays more than the job itself,” says Robert Nieland, medical interpreter.

In addition to traditional interpretive services, medical interpreters provide auxiliary aids and services such as TDD/TTY devices (telecommunication devices for the deaf), pocket amplifiers, audio and video material, alphabet boards, communication boards, and large print materials. Denver Health also has a telephone-based translation service for languages not available through medical interpreters.

“When a patient has limited English skills, seeking health care can be an incredibly challenging task. A lack of understanding and/or communication can be stressful and confusing to the patient.”

~ Alla Zhebrak, Russian Interpreter



# Healing Through Music

Valerie Kocel seemingly has magical powers. She can soothe a fussy baby, she can distract a patient who is experiencing pain and she can fill a room with smiles. Kocel, a board certified music therapist, does this all through the power of music.

In October, 2010 Kocel began visiting Denver Health pediatric patients once a week to provide music therapy. Kocel takes an interactive approach and tries to get patients to sing, play instruments and engage in the process.

**“Music therapy has so many benefits,” said Kocel. “It aids in pain management, it calms patients, and helps to normalize their environment, but most of all it provides a distraction.”**

Armed with an abundance of fun musical props, Kocel visits a three-year-old Jesias in his room. She encourages

him to strum her guitar before singing a song about “shaky fruit” which is accompanied by rattling bananas and apples. Jesias eagerly grabs for each piece of fruit she sings about and begins to open up, smile and bounce around.

Kocel then visits the Neonatal Intensive Care Unit (NICU) where she sings to premature babies.

“I really like spending time in the NICU,” says Kocel “The babies are all hooked up to monitors, which allows me to see the results of what I am doing.”

Kocel sings in a hushed voice at a steady 60 beats per minute and watches as the babies heart rate steadily decreases.

“It’s so hard for babies to get sleep in the NICU,” says Kocel. “Music therapy really helps them get to a deep sleep which is when they really develop.”

## Embracing Our Four-legged Friends

Volunteer Services, in conjunction with the American Humane Organization, started a Pet Therapy program at Denver Health in 2010. This program provides volunteer teams of handlers and their dogs to visit with patients. The dogs are trained and certified to be in a patient care setting.



“Therapy dogs have a reputation of having a positive effect on patients who enjoy the company of animals,” said Amy Friedman, director, Volunteer Services. “The visit often distracts the patient from the emotional and physical challenges of being in a hospital.”

Research has shown that when a patient interacts with a dog, the patient may realize a reduction of blood pressure, stress, anxiety, depression and loneliness. A pet visit offers physical and emotional benefits and may help the healing process along with the patient’s well-being and staff morale.



# Finding a Cure



Alisha Braddock's life changed drastically at 12 years old. Like most young girls, she was experiencing changes in her body, but along with the normal teenage changes, she also had a constant stomach ache and was losing a considerable amount of weight.

Alisha's parents took her to the doctor where she was diagnosed with anorexia nervosa.

Alisha did not feel like she had an eating disorder, she ate normally and didn't like being underweight but she continued to lose weight without trying. Alisha was convinced that something else was causing her weight loss, but doctor after doctor told her that it was in her head and she needed to get help for her eating disorder.

Alisha spent years in and out of different eating disorder units, each of which focused heavily on carbohydrates as a means of weight gain.



Everything she ate bothered her stomach and she was too weak to exercise or walk for an extended period of time.

Sincerely believing that there was a medical explanation for her condition, Alisha and her parents consulted numerous physicians, and after a multitude of tests, Alisha tested positive for celiac disease, a condition that damages the lining of the small intestine and prevents it from absorbing parts of food that are important for staying healthy.

Alisha was relieved that she finally had a diagnosis, but seven years of malnutrition had taken a toll on her body. She weighed a mere 64 pounds and her health was so severely compromised that she desperately needed medical attention. — care that she was able to receive at the ACUTE Center for Eating Disorders at Denver Health, where Philip Mehler, M.D., and Jennifer Gaudiani, M.D., treated Alisha for both celiac disease and anorexia nervosa.

“For years, Alisha had been plagued with an extreme physical discomfort when she ate which caused her to have a phobia of food,” said Dr.

Gaudiani. “It would have been a disservice to treat her for just celiac and it would have been a disservice to treat her for just anorexia because her disease had caused her to have symptoms of both.”

The ACUTE team, which consists of attending physicians, registered nurses, psychotherapists, registered dietitians and physical therapists worked to establish a strict gluten-free diet for Alisha. They also worked with her to reestablish a normal relationship with food.

**“For the first time, I was happy to be in a hospital,” said Alisha. “I knew that this time I was actually going to get better and stay better.”**

Today, no one would believe that Alisha, a healthy, vibrant, bubbly, young woman was once anti-social and riddled with anxiety and depression. She maintains a strictly gluten-free diet and a healthy and happy weight.

# ACUTE Care for Eating Disorders



When Denver Health's ACUTE Center for Eating Disorders opened in 2004, it became a beacon of hope for the nation's sickest eating disorder patients.

The only one of its kind, ACUTE offers comprehensive stabilization and expert care for the most medically compromised eating disorder patients in the country who cannot seek care in a traditional inpatient or residential treatment setting due to the severity of their weight loss or other medical complications.

**“ACUTE provides scientifically solid medical treatment to a group of patients who have the most severe forms of anorexia nervosa and bulimia by providers who have superb clinical acumen and vast clinical knowledge in this unique area of speciality,” says Philip Mehler, M.D., Medical Director, ACUTE.**

Generally, ACUTE patients suffer from the most severe forms of eating disorders, causing them to weigh less than 70 percent of their ideal body weight. Additionally, these patients often suffer serious medical complications such as electrolyte imbalance, fluid problems, organ failure, etc.

“Before ACUTE, there was nowhere for patients suffering the severe medical complications of an eating disorder to go,” says Jennifer Gaudiani, M.D., assistant medical director, ACUTE. “The patients we care for are too sick

to be in a regular eating disorders treatment program. They have severe medical issues that limit their ability to function and get well in the traditional setting.”

“Our patients are incredibly intelligent and often very accomplished individuals, who are sometimes hours away from death when they come to our door. They don't want to die, but they are afraid of leaving their illness behind. We strive to see the person behind the disease and speak specifically to the values that motivate each individual patient,” explains Dr. Gaudiani.

Depending on the severity, ACUTE patients typically stay at the center for 14-21 days. During the stay, a multi-disciplinary staff consisting of board-certified internal medicine doctors with expertise in caring for the medical complications of eating disorders and a medical team of nurses, physical therapists, nutritionists and other support staff provide comprehensive stabilization and expert care needed to get patients on the path to recovery.

Once patients are physically strong enough to engage in traditional inpatient or residential eating disorders treatment, they are discharged to an eating disorder treatment facility that can begin the process of caring for the mental issues of their disease.

“We remain a part of the patient's family after discharge,” says Dr. Gaudiani who remains in contact with each patient after they leave ACUTE. “It is so satisfying to develop a rapport with our patients and each one of us has a true sense of pride in what we do for our patients.”

## Calling on the Experts



September 28 was just a normal, quiet day for 18-month-old Kyah Burrer and her mother Sharon until things went terribly wrong.

Kyah was outside holding onto the leash of the family dog, Rawl, when something spooked

the dog and it took off. Kyah fell to the ground crying and as her mother came to her aid, she discovered blood. She frantically checked Kyah to see where she was injured and discovered the shocking reality that Kyah's hand was no longer attached.

"There are no words to explain the fear you feel for your child when something like that happens," explains Sharon who desperately started picking up the pieces of Kyah's hand and began screaming for help.

Neighbors came to Sharon's aid, and together they applied pressure and wrapped towels around Kyah's wrist, fastening the towels with a belt. They called 911 and were able to get her to Wyoming Medical Center.

Doctors at Wyoming Medical Center were able to stabilize Kyah, but informed Sharon that she would need to be flown to Denver Health Medical Center to reattach her hand.

Denver Health Trauma Coordinators immediately paged Kagan Ozer, M.D., Chief of Hand and Microsurgery. Dr. Ozer, fellowship-trained in hand and microsurgery specializes in wrists and was able to help Kyah.

Dr. Ozer performed a lengthy surgery on Kyah, where he was able to repair her nerves and reattach her hand.

Dr. Ozer explains that it is difficult to determine the amount of sensation that children feel, but is confident that Kyah's nerve repair was successful because she experiences sweating in her palms.

Today, Kyah is an active 23-month-old girl. Her left hand has taken over as her dominant hand and she is able to hold onto objects by using her right hand as a brace. She sees Dr. Ozer every three to four weeks and shows signs of improvement at every visit.

"I will never be able to express with words how grateful I am to Dr. Ozer," says Sharon. "He came in on his day off and did something I never thought possible."



# Effective Protection for the Community

Providing needed immunizations to children age 0 to 18 is the goal of Denver Public Health's (DPH) Shots For Tots initiative.

Shots for Tots was launched in late summer 2010 with a one-year, \$40,000 grant from American Recovery and Reinvestment Act through the Colorado Department of Public Health and Environment (CDPHE), and emulates a similar program at Tri-County Health Department.

DPH and CDPHE strategically mapped out high-risk neighborhoods, to determine the best place to launch the clinic. These neighborhoods were determined by the population of children eligible for free vaccines, families at-risk for low immunization rates and low rates of immunization documentation.

Information on each clinic participant is stored in DPH's VaxTrax registration system, which includes the child's eligibility for the Vaccines for Children program, medical home status and demographic data. This data helps DPH evaluate the effectiveness of the immunization clinic.

"We conduct clinics in neighborhoods where the populations is in need," said Mette Riis, R.N., nursing program manager, DPH. "We also increase the immunization rates for children in Denver while decreasing the incidence



of vaccine-preventable diseases."

The Denver Health Paramedic Division has also adopted the Shots for Tots program by immunizing children under the supervision of the DPH nursing staff. As an added bonus, paramedics provide ambulance tours for children.

Shots for Tots has developed partnerships with many community groups and organizations to serve as a conduit to community members. Volunteer organizations, such as the Five Points Rotary and the Colorado Children's Immunization Coalition recruit volunteers, perform community outreach and provide clinic support. The Kaleidoscope Project provides education and health focused gifts to the children after they are vaccinated. The Denver Fire Department brings

a fire truck to the clinic and provides tours for the children.

**"By forging partnerships with community groups, we've been able to work together, provide a safety net for children and their families with limited access to health care, while providing routine vaccinations at low or no cost at a convenient location," said Riis.**

During its first year in operation, the program provided more than 300 shots to 715 patients.

# Denver Health 2010

Denver Health and Hospital Authority  
Balance Sheets  
December 31, 2010 and 2009

Assets	2010	2009
Current assets:		
Cash and cash equivalents	\$48,897,649	\$55,326,955
Restricted cash and cash equivalents	28,025,218	—
Patient accounts receivable, net of contractual allowances of approximately \$69,582,000 and \$62,910,000 in 2010 and 2009 respectively, and estimated uncollectibles of approximately \$29,676,000 and \$31,578,000 in 2010 and 2009, respectively	57,736,500	61,184,606
Due from other governmental entities	40,494,850	26,549,956
Due from City of Denver	773,932	853,660
Estimated third-party payor settlements receivable	—	1,644,134
Other receivables	10,240,207	10,894,027
Interest receivable	777,538	978,882
Due from discretely presented component unit	1,014,806	409,371
Inventories	9,948,506	9,702,554
Deferred outflows on accumulated decrease in fair value of hedging activities	2,280,584	1,585,925
Prepaid expenses and other assets	<u>2,277,847</u>	<u>2,952,706</u>
Total current assets	<u>202,467,637</u>	<u>172,082,776</u>
Noncurrent assets:		
Note receivable	28,961,015	—
Deferred outflows on accumulated decrease in fair value of hedging activities	6,947,007	4,725,263
Estimated third-party payor settlements receivable	16,025,339	11,665,388
Equity interest in joint venture	415,408	—
Restricted investments	33,523,745	38,944,319
Capital assets, net of accumulated depreciation	405,803,554	401,362,773
Long-term investments	83,991,529	79,817,677
Unamortized bond fees and other long-term assets	<u>3,385,696</u>	<u>2,807,121</u>
Total noncurrent assets	<u>579,053,293</u>	<u>539,322,541</u>
Total assets	<u>\$781,520,930</u>	<u>\$711,405,317</u>

# Financial Statements

Denver Health and Hospital Authority  
Balance Sheets  
December 31, 2010 and 2009  
Liabilities and Net Assets

<b>Current liabilities:</b>	<b>2010</b>	<b>2009</b>
Current maturities of bonds payable	\$4,335,000	\$3,710,000
Current maturities of capital leases	148,642	139,175
Current maturities of notes payable	175,000	165,000
Current portion of liability for estimated third-party payor settlements	6,027,672	7,292,826
Accounts payable and accrued expenses	40,512,317	35,604,005
Accrued salaries, wages, and employee benefits	16,689,636	17,208,383
Accrued compensated absences	22,558,450	20,871,320
Deferred revenue	461,566	205,266
Derivative interest rate swap liability	2,280,584	1,585,925
Accrued claims	4,072,000	4,783,000
	<hr/>	<hr/>
Total current liabilities	97,260,867	91,564,900
	<hr/>	<hr/>
<b>Long-term liabilities:</b>		
Long-term portion of liability for estimated third-party payor settlements	6,493,370	13,093,133
Long-term portion of compensated absences	515,979	582,745
Bonds payable, less current maturities net of deferred loss on refunding of \$6,066,083 and \$6,360,291 in 2010 and 2009 respectively	215,802,212	191,257,198
Capital lease obligations, less current maturities	88,039	236,682
Notes payable	42,382,231	4,949,271
Derivative interest rate swap liability	6,947,007	4,725,263
Postemployment benefits	1,490,931	1,006,435
	<hr/>	<hr/>
Total long-term liabilities	273,719,769	215,850,727
	<hr/>	<hr/>
Total liabilities	370,980,636	307,415,627
	<hr/>	<hr/>
<b>Net assets:</b>		
Invested in capital assets, net of related debt	204,421,393	235,350,255
Restricted expendable	2,503,274	4,499,511
Unrestricted	203,615,627	164,139,924
	<hr/>	<hr/>
Total net assets	410,540,294	403,989,690
	<hr/>	<hr/>
Total liabilities and net assets	\$781,520,930	\$711,405,317
	<hr/>	<hr/>

Denver Health and Hospital Authority  
 Statements of Revenues, Expenses, and Change in Net Assets  
 Years ended December 31, 2010 and 2009

	2010	2009
Operating revenues:		
Net patient service revenue	\$289,957,235	\$292,080,802
Capitation earned net of reinsurance expense	103,424,160	106,359,477
Medicaid disproportionate share and other safety net reimbursement	127,353,072	100,052,835
Primary care funds	3,765,444	4,658,498
City of Denver payment for hospital services	27,977,301	27,977,303
Federal and state grants	38,877,471	33,864,134
Other grants	20,895,872	18,487,267
City of Denver purchased services	18,340,198	16,752,905
Poison and drug center contracts	21,113,148	24,555,374
Other operating revenue	<u>18,181,149</u>	<u>17,912,524</u>
Total operating revenues	<u>669,885,050</u>	<u>642,701,119</u>
Operating expenses:		
Salaries and benefits	400,983,097	389,729,066
Contracted services and nonmedical supplies	123,001,739	109,782,568
Medical supplies and pharmaceuticals	65,775,829	63,587,700
Managed care outside provider claims	32,314,222	34,711,238
Depreciation and amortization	<u>39,649,067</u>	<u>35,302,656</u>
Total operating expenses	<u>661,723,954</u>	<u>633,113,228</u>
Operating income	<u>8,161,096</u>	<u>9,587,891</u>
Nonoperating revenues (expenses):		
Increase in equity in joint venture	415,408	—
Distribution from discretely presented component unit	2,000,000	1,250,000
Interest income	3,951,213	5,018,416
Interest expense	(11,081,670)	(9,292,660)
Net increase (decrease) in fair value of investments	118,261	(535,291)
Loss on disposition of capital assets	<u>(3,575)</u>	<u>(905,641)</u>
Total nonoperating expenses	<u>(4,600,363)</u>	<u>(4,465,176)</u>
Income before capital contributions	<u>3,560,733</u>	<u>5,122,715</u>
Contributions Restricted for Capital Assets	<u>2,989,871</u>	<u>1,332,901</u>
Increase in net assets	<u>6,550,604</u>	<u>6,455,616</u>
Total net assets, beginning of year	<u>403,989,690</u>	<u>397,534,074</u>
Total net assets, end of year	<u>\$410,540,294</u>	<u>\$403,989,690</u>

# Information and Safety in the Delivery of Health Care

As one of the most technologically advanced hospitals in the nation, Denver Health relies on a variety of computer programs to support both clinical and business functions.

It's not easy to track all of the information ranging from prescriptions to X-rays, for all of the patients in an acute care hospital, public health department, eight family health centers and 13 school-based health centers.

But, it's done through a robust commitment to technology that has been in the works for more than a decade.

Some of the many programs that support the clinical and business functions throughout Denver Health's integrated health care system include:

- Single sign-on portal - a Web-based application in which physicians/providers use a "smart card" with an embedded "smart chip" to gain access to clinical applications such as medical records, and imaging at multiple computers throughout the organization. This reduces the time it takes to access computer records as providers move about the hospital to care for patients.
- Enterprise Document Management - scanned current and electronic medical record. Patient records are accessible from any computer in the organization at any time, which provides physicians instant access to important medical information.
- Lifetime Clinical Record (LCR) - a Web-based clinical data repository that contains clinical data on all Denver Health patients from as far back as 1999. LCR includes things like: laboratory results, radiology results, pathology reports; allergies, immunization history and chronic disease information. All of these items help physicians have a patient's complete medical history at their fingertips.
- Medication Administration Checking – (MAK) uses bar code technology to ensure that the correct medication is given in the correct dosage to the correct patient at the correct time. MAK is used throughout the hospital and is one of many uses of technology designed to improve patient safety

The Picture Archiving Communication System, commonly known as PACS eliminates the traditional X-ray film by creating a digital image that is viewable on work stations throughout the organization in real-time.

In addition, PACS has the ability to import digital images from 25 hospitals across Colorado, Wyoming, Nebraska and New Mexico.

Before a patient is transported to Denver Health, the referring hospital – often in a rural area – sends the patient's information through PACS. Once the patient's information has arrived at Denver Health, trauma surgeons, orthopedic surgeons, radiologists and emergency department physicians are alerted to the case and view the images in order to determine the patient's needs. PACS allows physicians at both facilities to confer and determine the best course of care for the patient.

**“PACS is one of the most effective tools that we have to save lives,” said Ernest E. “Gene” Moore, Chief of Surgery and Trauma Services. “We can see the patient’s information before he/she arrives. In many cases, we are able to advise the rural hospital physician how to best care for the patient, who may not need to be transported, thus saving money and avoiding unnecessary risks.”**

# Answers on the Phone Save Dollars and Lives



In 1956, Dr. Winona Campbell realized that a crucial service was missing from Denver: a place for worried parents to call when they thought a child may have ingested a poison. Dr. Campbell and the administration of then-Denver General established the Rocky Mountain Poison & Drug Center (RMPDC), which began answering calls from a small closet on the pediatrics ward.

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

Today, the RMPDC is one of the largest regional poison centers in the U.S. and has been certified by the American Association of Poison Control Centers (AAPCC) for 35 years, since the AAPCC's inception in 1976.

**The center has grown to a 24-hours-a day, 365-days-a-year, call center managing more than 180,000 calls in 2010. With a staff of 160 employees, the RMPDC is the primary resource for worried parents and others**

**throughout all of Colorado, Montana, Idaho, Hawaii and Nevada, a combined population of more than 11 million people.**

More than 55,000 calls in 2010 involved children under the age of five. In a matter of seconds, a young child can ingest a potentially harmful product. In such an emergency, poison specialists answer calls and provide understanding, calming advice, instructing the caller on the necessary steps to ensure the well-being of their loved one. They are backed-up by board-certified physician toxicologists for case consultation 24-hours-a-day.

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

## RMPDC's Poison Center Services

- Medical management of poisoning exposures (human and animal)
- Medical and product information
- Drug identification
- Manufacturer support services
- Product stewardship
- Review, development and distribution of MSDS documents
- Guideline development around toxicological clinical presentations or products
- Toxicosurveillance
- Medical toxicology consultation
- Clinical trial support
- Exposure support for hazmat events
- Public health emergency information hotlines

# Teamwork Defines Quality Care

Webster's online dictionary defines dyad as: Two individuals maintaining a sociologically significant relationship.

For the more than 13,000 children (and their parents) who receive primary care at the Westside Family Health Center's pediatric clinic, the dyad is improving on what some felt was "the dreaded visit to the doctor's office."

The dyad, which consists of a provider and health care partner working together with the same patient at the same time, evolved from one of Denver Health's LEAN Rapid Improvement Events (RIE). The RIE aimed at improving clinic flow and reducing the cycle time so the clinic could care for more patients.

Implementing the dyad, breaks the traditional mold of both physician and health care partner seeing patients at different times, often asking the same questions at different times, which is inefficient and a waste of the patient's time.

In order to create a cohesive team, clinic staff took the Drive, Influence, Steadiness and Compliance personality test to ensure that they were partnered with a suitable dyad partner.

"Health Care Partners (HCP) and their relationship with their provider is key to providing the best and most efficient patient care possible. The HCP can often anticipate the providers next step, which means everyone can stay focused on the patient and providing great care."

"The amount of time patients spend waiting is down," said Mary O'Connor, M.D., clinic team leader. Overall, patients like not spending their time waiting, but like to be in the exam room. The dyad condenses their visit and gets them out faster."

“Health Care Partners (HCP) and their relationship with their provider is key to providing the best and most efficient patient care possible. The HCP can often anticipate the providers next step, which means everyone can stay focused on the patient and providing great care.”

~ Tricia Mestas, RN  
Pediatric Clinic Program Manager

# Reviewing 2010

Founded on the banks of Cherry Creek in 1860, Denver Health reflects the historical mission of our nation's public safety net hospitals.

Additionally, Denver Health integrates acute hospital and emergency care with public and community health to deliver preventive, primary and acute care services. This integration promotes continuity of care for each patient. Integration also assures health care that is delivered in the most efficient, cost-effective setting. Denver Health cares for one-third of Denver's population annually, and 40 percent of Denver's children.

Denver Health cares for:

- The special health needs of the entire population with services ranging from trauma care to the Rocky Mountain Poison and Drug Center, and
- The needs of special populations such as the poor, uninsured, mentally ill, pregnant teens, persons addicted to alcohol and other substances, victims of violence, the homeless and those with AIDS.

## Denver Health Medical Center

Denver Health Medical Center (DHMC) is Denver Health's acute care hospital. With 477-licensed beds, DHMC is one of the state's busiest hospitals with more than 25,000 admissions annually.

## Rocky Mountain Regional Trauma Center

Denver Health Medical Center is home to the Rocky Mountain Regional Trauma Center (RMRTC), the region's

academic Level I Trauma Center, certified for both children and adults. In 2010, the RMRTC was recognized by the Colorado Department of Public Health and Environment as having the best trauma survival rates in the state.

## 911 Emergency Response

Denver Health operates Denver's 911 medical emergency response system. In 2010, Denver Health paramedics responded to more than 78,000 calls for emergency medical assistance and transported nearly 54,000 patients to 11 area hospitals.

## Community Health

### Services

Denver Health's Community Health Services manages more than 355,000 outpatient visits annually.

Family Health Centers — Eight family health centers located throughout Denver neighborhoods provide convenient primary care services.

School-based Health Centers — Thirteen School-based Health Centers in Denver Public Schools offer on-site medical care to elementary, middle and high school students.

## Public Health

Denver Public Health (DPH) serves as the center for communicable disease reporting, surveillance, investigation and control for the City and County of Denver.

An integral part of Denver Health, infectious disease physicians from DPH work with hospital physicians

on disease prevention and treatment throughout the hospital and family health centers.

Through numerous grant-funded programs, DPH conducts important research on infectious diseases including hepatitis surveillance; tuberculosis clinical trials; HIV/AIDS prevention, counseling, testing and treatment; and vaccine trials.

## Rocky Mountain Poison and Drug Center

Denver Health offers many alternatives to expensive emergency room visits and/or hospitalization. The Rocky Mountain Poison and Drug Center (RMPDC) handles many minor poisoning emergencies by telephone. In addition, the Center's staff of toxicologists cares for seriously ill patients in the hospital.

Through Denver Health's 24-hour NurseLine, more than 85,000 patients get free and confidential answers to health-related questions, to avoid costly emergency room visits.

## Denver CARES

Behavioral Health Services manages Denver CARES, a 100-bed, non-medical facility, which provides a safe setting for more than 23,000 detoxifying public inebriates each year.

## Quality

- Lowest hospital mortality
- Lowest trauma mortality
- Zero maternal mortality

(Source: University Health Consortium)

# Facts & Figures

## Denver Health Medical Center .....Admissions

Total Admissions	25,027
Medical/Surgical	
ICU	318
Non-ICU	3,108
Obstetrics	3,633
Pediatrics	253
Rehabilitation	167
Babies Delivered	3,438
Nursery	3,354
Nursery ICU	226
Correctional Care Medical Facility	204
Operating Room Holdings	1,335
Total Inpatient Surgeries	4,605
Total Outpatient Surgeries	4,308

## Emergency Medical Services ..... Patient Visits

Responded to 911 Medical Emergency Calls	78,264
Patients Transported to Area Hospitals (12)	53,763
Emergency Department Encounters	63,461
Denver Emergency Center for Children Visits	9,933
Adult Urgent Care Clinic Visits	32,922
Total Emergency/Urgent Care Visits	106,316

## Rocky Mountain Regional Trauma Center

Pediatric Trauma	180
Adult Trauma	1,600
Total Trauma Admissions	1,780

## Behavioral Health Services

Adults	1,430
Pediatrics	390
Total Patient Visits	1,820

## Occupational Health and Safety .....Patient Visits

Worker's Compensation	5,993
Non-worker's Compensation	12,357
Total Patient Visits	18,350

## Rocky Mountain Poison and Drug Center ..... Calls

Total Human Exposures	116,893
Involving Children Age 19 And Under	69,537
Involving Children Age 5 And Under	56,403
Managed Onsite/Non-health Care Facility	83,691
Total Calls	222,538

## Denver Health Nurseline ..... Calls

Total Calls	85,555
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## Community Health Services ..... Patient Visits

Dental	27,819
Family Practice	80,697
Level One Physicians	10,009
General Internal Medicine	98,886
Pediatrics	74,457
Women's Care	44,095
School-based Health Centers	19,946
Total Patient Visits	355,909

## Specialty Care Clinics .....Patient Visits

Medical Specialty Division	17,820
Surgery Clinic	7,669
Orthopedic Clinic	18,508
Eye Clinic	17,846
Ear, Nose and Throat Clinic	4,237
Total Denver Health Specialty Care Patient Visits	66,080
Physical Therapy Encounters	96,663
Nutrition and WIC Visits	16,042

## Denver Public Health Clinics .....Patient Visits

Immunization Clinic	8,678
Infectious Disease/AIDS Clinic	17,185
Metro Health (STD) Clinic	16,683
Tuberculosis Clinic	11,062
Total Patient Visits	53,608

## Denver CARES Community Detoxification

Detoxification Episodes	21,696
DUI Episodes	1,737
Total Encounters	23,433

## Additional Denver Health Figures

Birth Certificate Copies Issued	37,784
Death Certificate Copies Issued	29,510
Clinical Social Work Patient Care and Consult Hours	35,541
Inpatient Meals Served	709,023
Laboratory Tests Performed	1,543,877
Medical Imaging Diagnostic Exams (X-rays)	180,416
Outpatient Prescriptions Filled	842,534
Pounds of Laundry Processed	2,393,938
Volunteer Hours	29,800

# Child Life ZONE Opening



# A Message from the Chairman of the Board



Hubert Farbes Jr.

On behalf of the Denver Health and Hospital Authority Board of Directors, I want to express my pride in the remarkable achievements of this exemplary health care system in 2010. This year was another characterized by energy and innovation, resulting in positive momentum as we approached the end of the decade we continue to meet the challenge of managing more than a million patient contacts a year – many of them uninsured, poor, or otherwise vulnerable – operating in the black, and navigating through the mazes of government regulations and decisions while providing world class health care.

Denver Health continues to be in the spotlight increasingly recognized as a national model for healthcare. The advantages our integrated system provides allow us to provide outstanding quality at a lower cost than most other organizations. These achievements have been recognized by Congress and the White House, and an increasing number of national leaders. Denver Health's performance continues to be the real-life example of a successful safety net health care system.

The creative and entrepreneurial way in which we manage the enterprise is recognized and appreciated at the highest levels of government.

Our innovative approach to increased efficiency through the application of LEAN principles was lauded, particularly as the financial benefit exceeded \$80 million, more than double the year before. LEAN is a process improvement tool aimed at reducing waste. Our use of this LEAN process-change tool throughout the organization is a key to achieving cost containment, high quality, and service to needy patient populations.

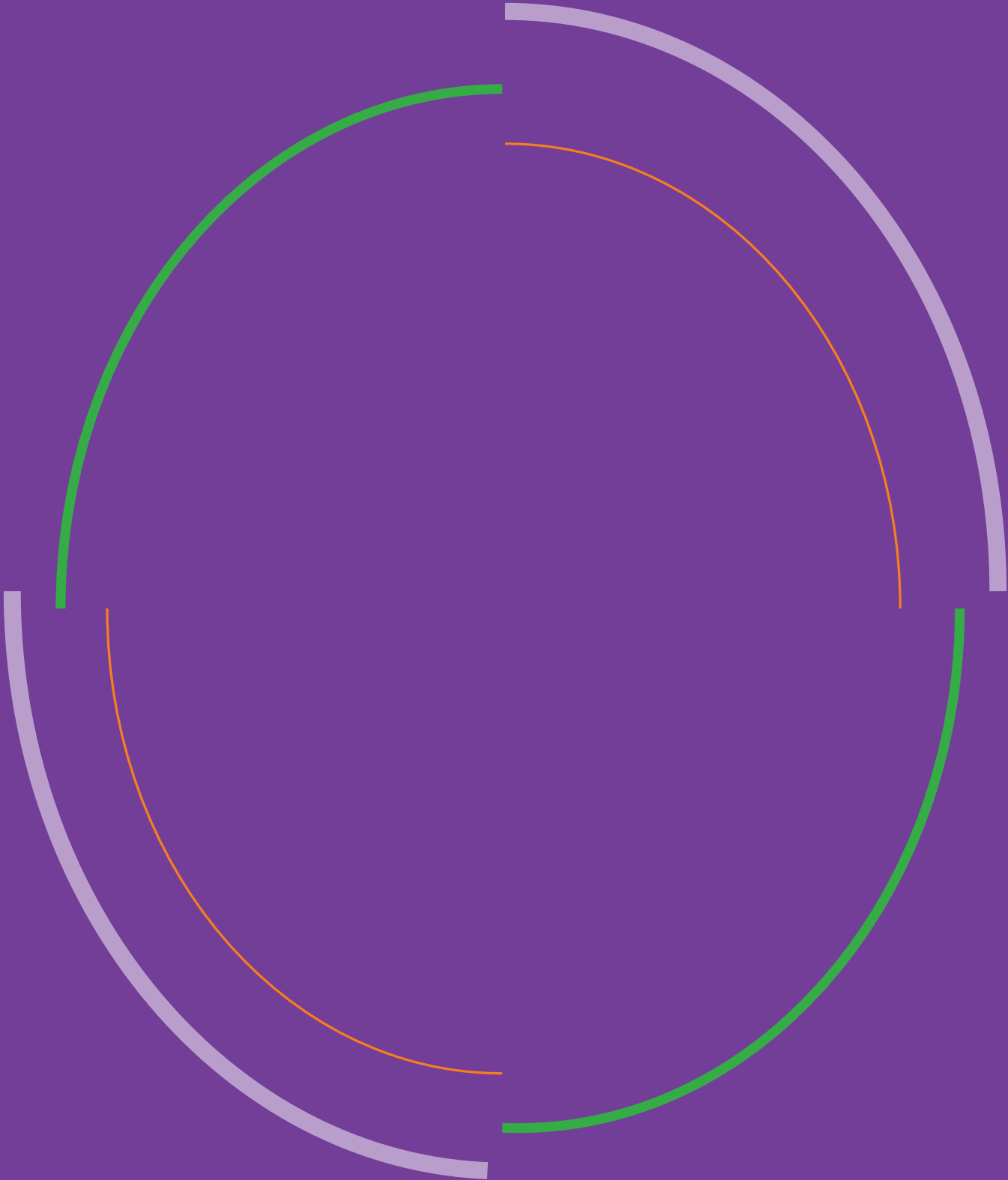
In 2010, we were successful in managing nearly 350,000 visits in our primary care clinics; 113,000 emergency and urgent care visits; 470,000 calls to our Rocky Mountain Poison and Drug Center; 150,000 calls to our NurseLine; 89,000 calls for emergency medical help from Denver Health Paramedics; and 50,000 Public Health clinic patient visits.

**The challenge of managing more than a million patient contacts per year, while facing ever-changing and often decreasing reimbursements when 42 percent of our patients have no insurance, is a constant at Denver Health. But thanks to our carefully managed integrated system, we have succeeded in an environment that challenges all public health institutions. Despite the continued pressures of our struggling economy, further declines in government reimbursements for vulnerable populations and the influx of newly-uninsured patients, Denver Health continued its track record of being in the black since leaving city government and operating as an Authority. Denver Health's leadership, accustomed to the ups and downs of safety net revenues, acknowledges with pride, those who are the bedrock of this record of excellent performance.**

The Board applauds the unwavering commitment to the mission, the high level of efficiency, and the consistently high quality health care outcomes that makes Denver Health an outstanding healthcare organization

Congratulations again.

Hubert Farbes Jr.  
Chair, DHHA Board of Directors



[denverhealth.org](http://denverhealth.org)

303.436.6000

24 Hour NurseLine 303.739.1211