



UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

Reported to the Board of Trustees
July 13, 2017

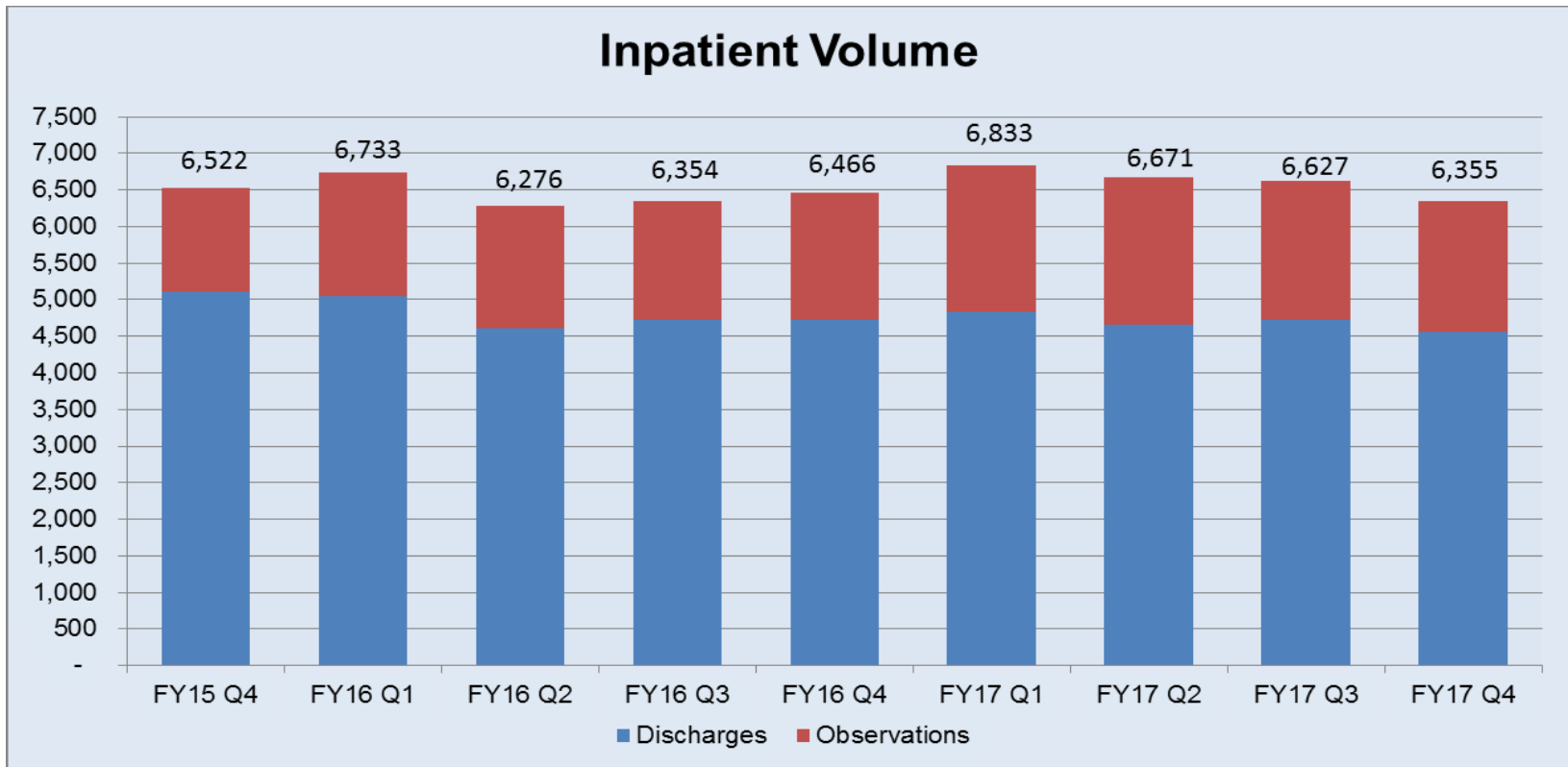
HOSPITAL DASHBOARD



UI Health

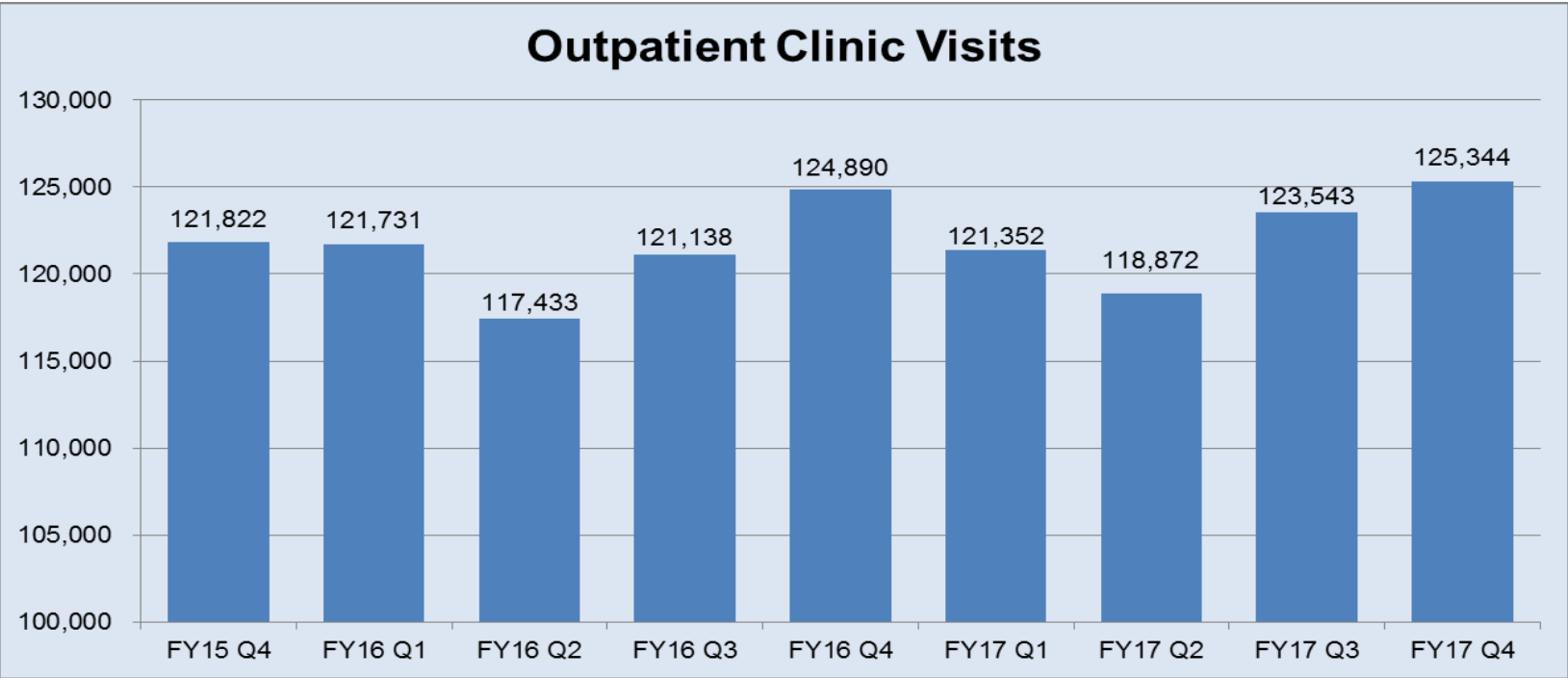


UI Health Metrics	FY17 Q4: 2 Month Actual + June Budget	FY17 Q4 Target	FY16 Q4 Actual	4th Quarter % change FY17 vs FY16
Discharges	4,558	4,680	4,720	Combined -1.7%
Observation Cases	1,797	1,651	1,746	



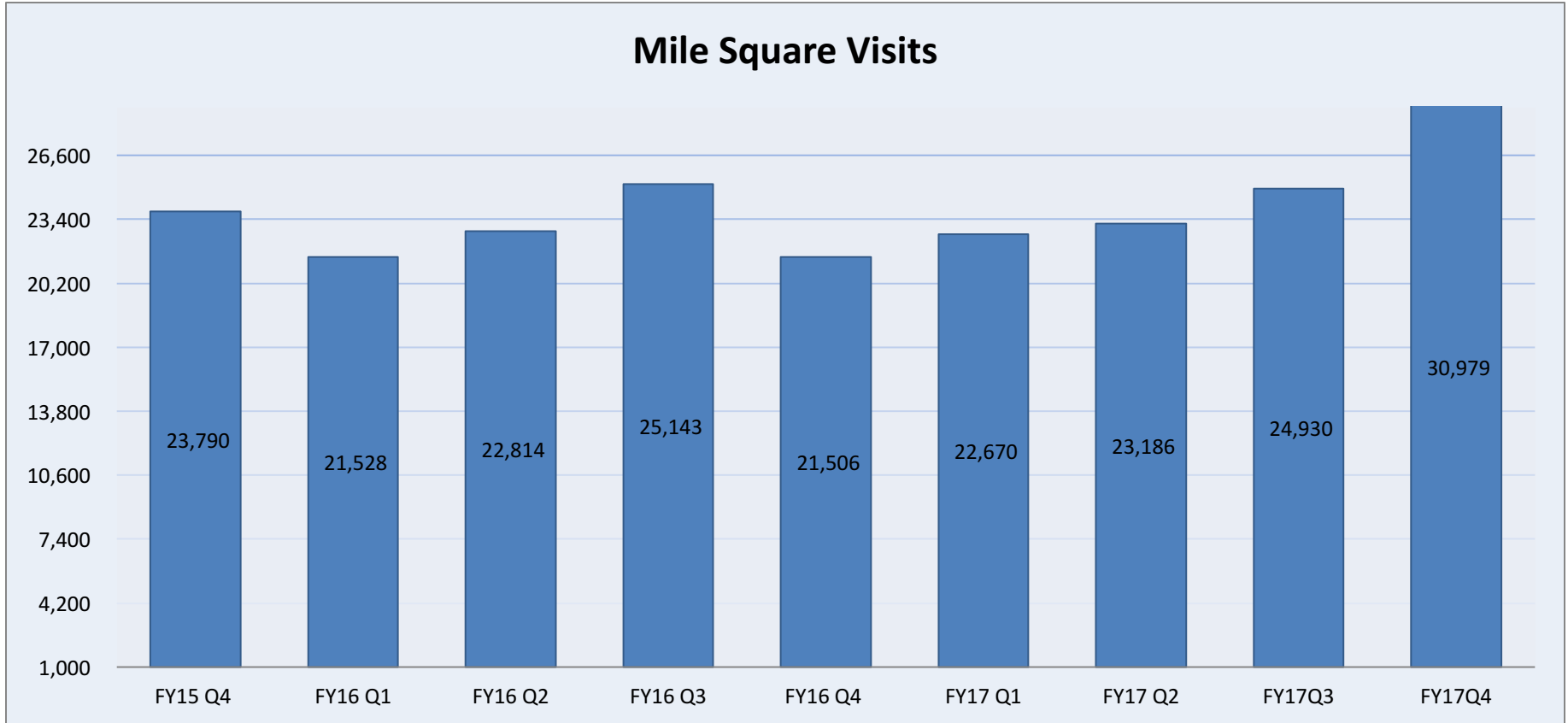
Combined Discharges and Observation Cases for the eleven months ending May 2017 are 4.8% above budget and 3.1% greater than last year.

UI Health Metrics	FY17 Q4: 2 Month Actual + June Budget	FY17 Q4 Target	FY16 Q4 Actual	4th Quarter % change FY17 vs FY16
Outpatient Clinic Visits	125,344	124,746	124,890	0.4%



Clinic visits for the eleven months ending May 2017 are 1.0% over budget and 1.0% above last year.

UI Health Metrics	FY17 Q4 Actual (April & May Actual + June Budget)	FY17 Q4 Budget	FY16 Q4 Actual
Mile Square Visits	30,979	40,430	21,506



UI HEALTH

MISSION PERSPECTIVE:

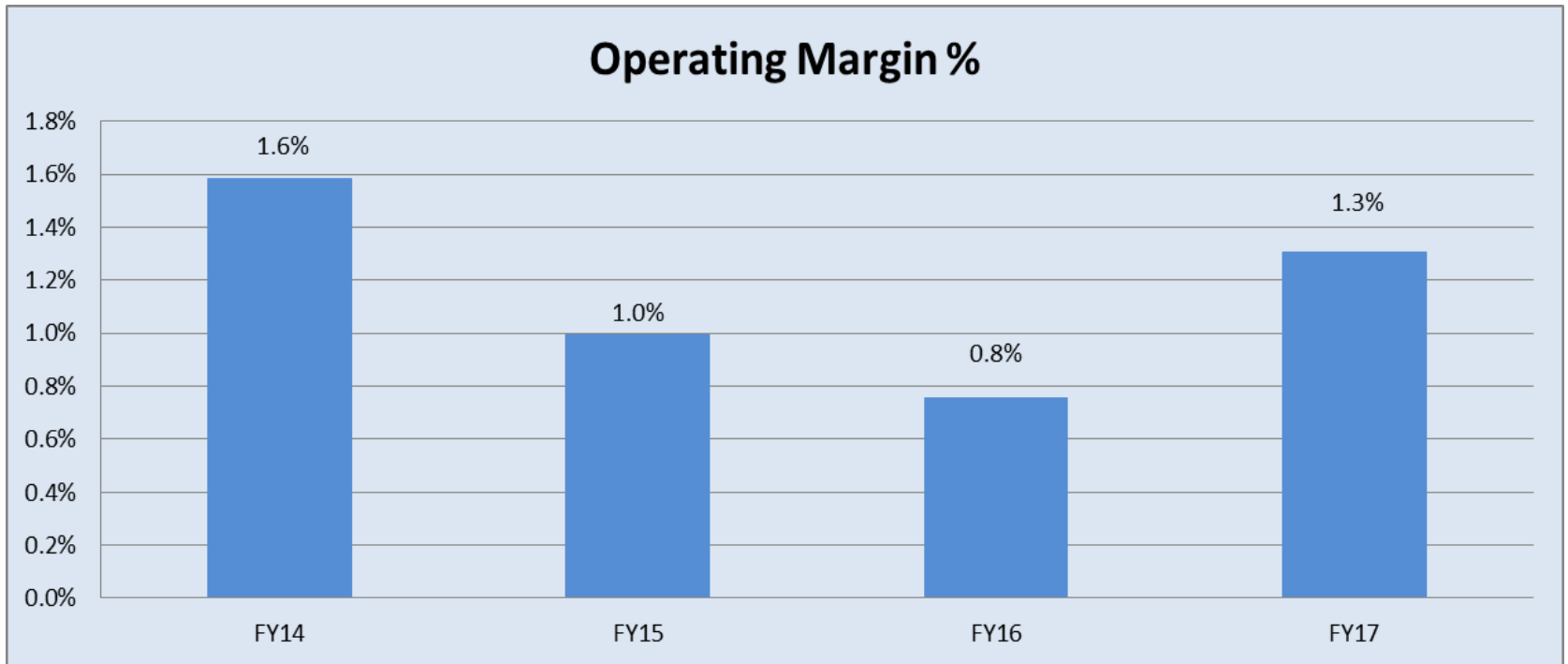
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – MAY 2017

(\$ IN THOUSANDS)

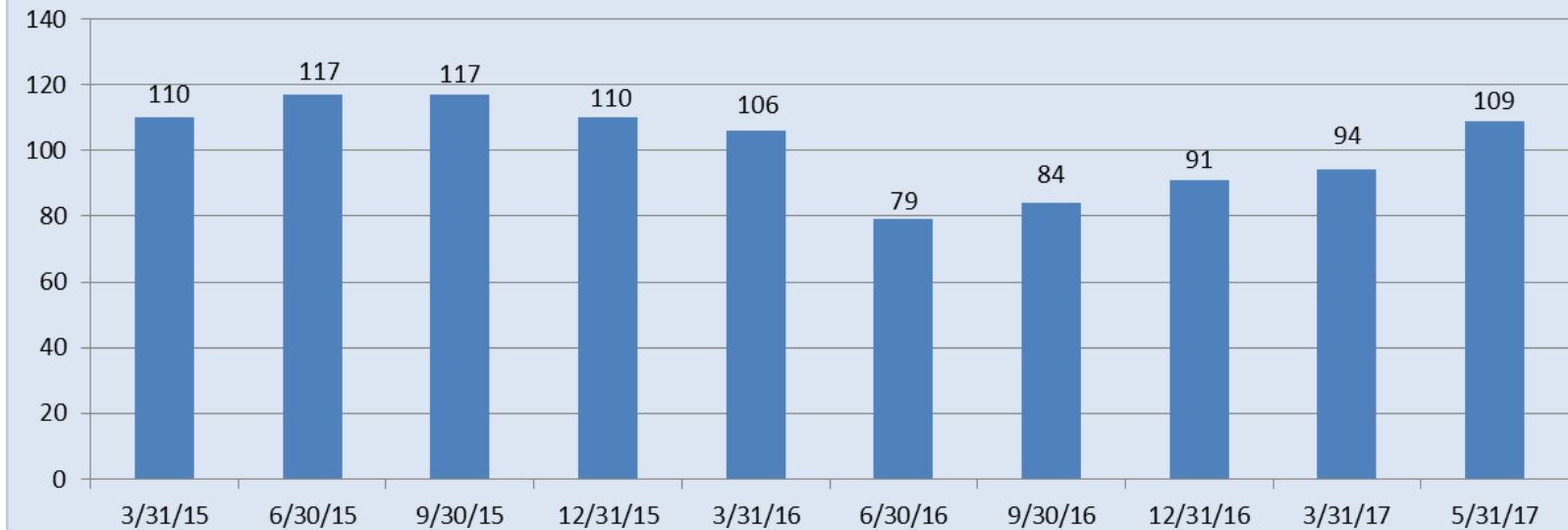
Month						Year-to-Date				
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 58,987	\$ 56,913	2,074	3.6%	\$ 46,276	<i>Net Patient Revenue</i>	\$ 609,032	\$ 615,049	(6,017)	-1.0%	\$ 540,670
26,413	24,862	1,551	6.2%	21,695	Other Revenue	275,519	273,390	2,129	0.8%	279,306
85,400	81,775	3,625	4.4%	67,971	<i>Total Revenue</i>	884,551	888,439	(3,888)	-0.4%	819,976
28,046	28,035	(11)	0.0%	26,250	Salaries & Wages	294,905	303,247	8,342	2.8%	281,169
20,108	20,116	8	0.0%	17,189	Employee Benefits	220,896	221,196	300	0.1%	221,612
31,463	29,181	(2,282)	-7.8%	23,650	Department Expenses	323,109	320,259	(2,850)	-0.9%	280,323
3,117	3,097	(20)	-0.6%	2,748	General Expenses	34,096	34,076	(20)	-0.1%	39,260
82,734	80,429	(2,305)	-2.9%	69,837	<i>Total Expenses</i>	873,006	878,778	5,772	0.7%	822,364
\$ 2,666	\$ 1,346	1,320	98.1%	\$ (1,866)	<i>Operating Margin</i>	\$ 11,545	\$ 9,661	1,884	19.5%	\$ (2,388)
(451)	(266)	(185)	-69.5%	(420)	Net Non-operating Income/(Loss)	(3,286)	(2,933)	(353)	-12.0%	(3,125)
\$ 2,215	\$ 1,080	1,135	105.1%	\$ (2,286)	<i>Net Income/(Loss)</i>	\$ 8,259	\$ 6,728	1,531	22.8%	\$ (5,513)

UI Health Metrics	FY17 YTD ACTUAL	FY17 (12 mos) Target	FY16 Actual
Operating Margin %	1.3%	1.1%	0.8%



Operating Margin includes Payments on Behalf for Benefits and Utilities. YTD Margin of 1.3% is ahead of budget and last year.

Days Cash on Hand (Unrestricted)



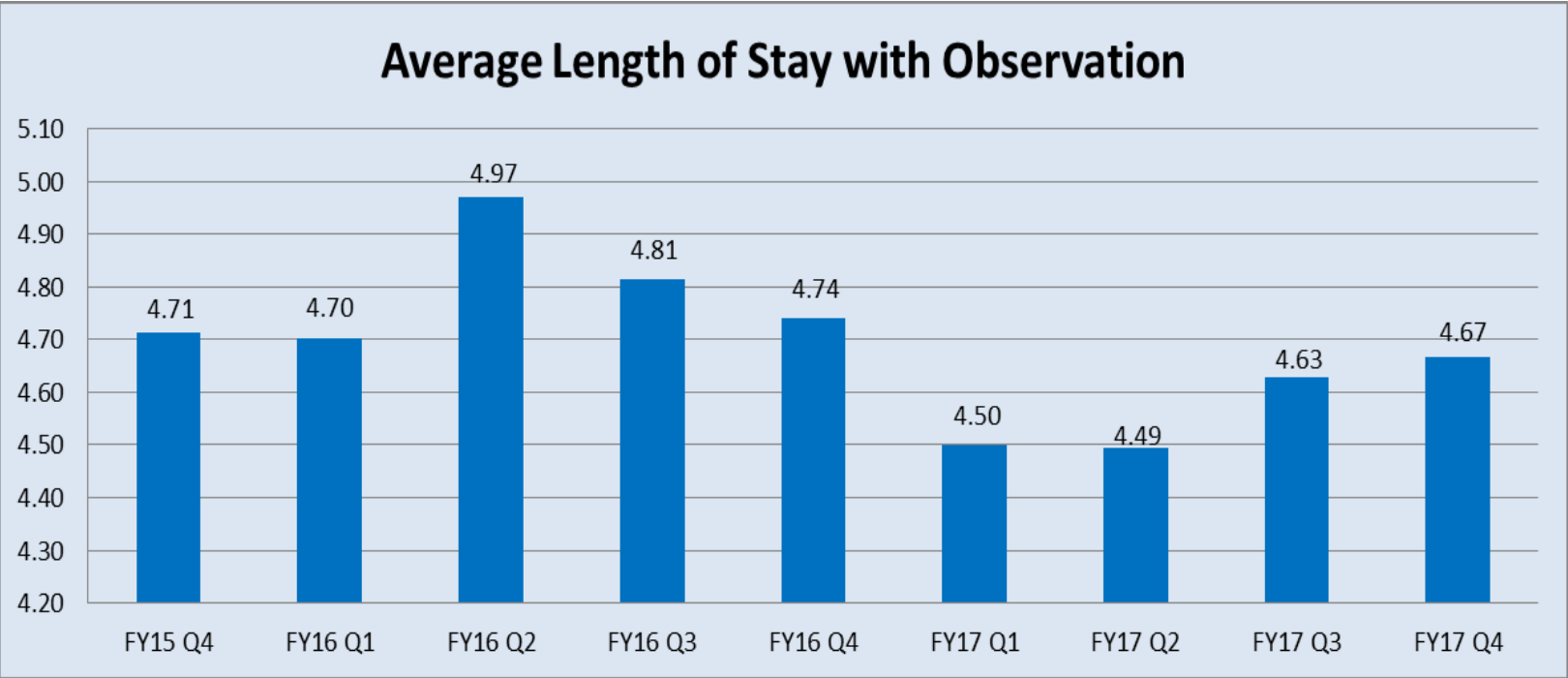
Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (S&P "A" and Moody's "A3") is 218 days.

UI HEALTH

MISSION PERSPECTIVE:

OPERATIONAL EFFECTIVENESS

UI Health Metrics	FY17 Q4 2 Month Actual + June Budget	FY17 Q4 Target	FY16 Q4 Actual
Average Length of Stay with Observation (Days)	4.67	4.79	4.74



FY 17 Budget Target is to be at 4.78 days by year-end.

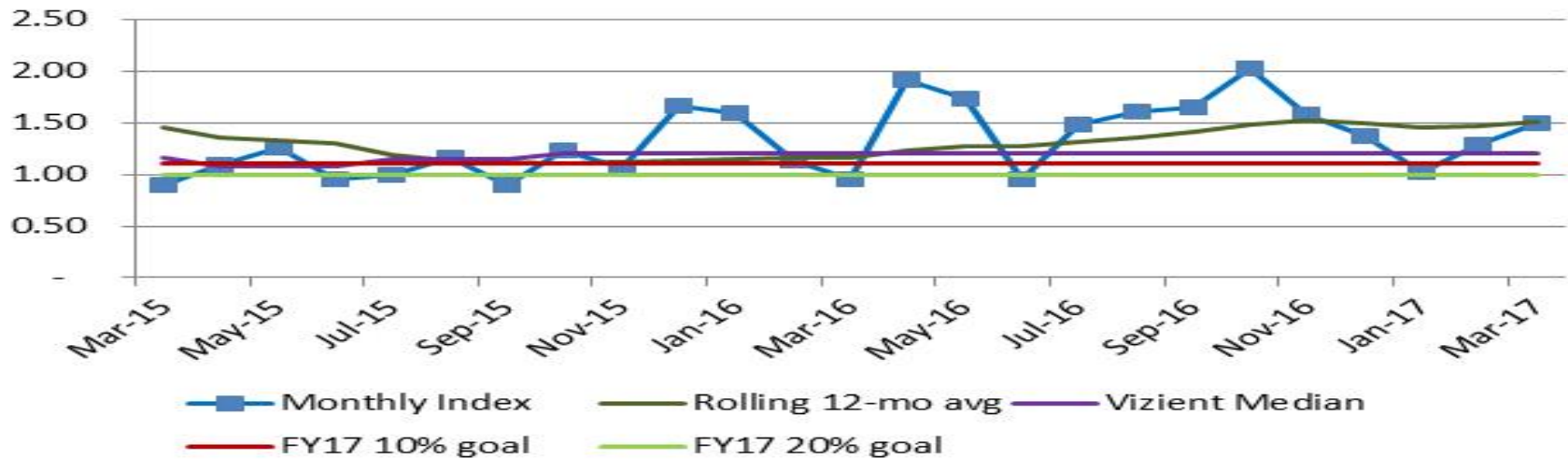
UI HEALTH

MISSION PERSPECTIVE:

QUALITY & SAFETY

Vizient Metrics (Q1 FY17, July – Sept 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	54	1.43	1.70	1.20	118/135

Monthly Sepsis Mortality Index (Observed/Expected)



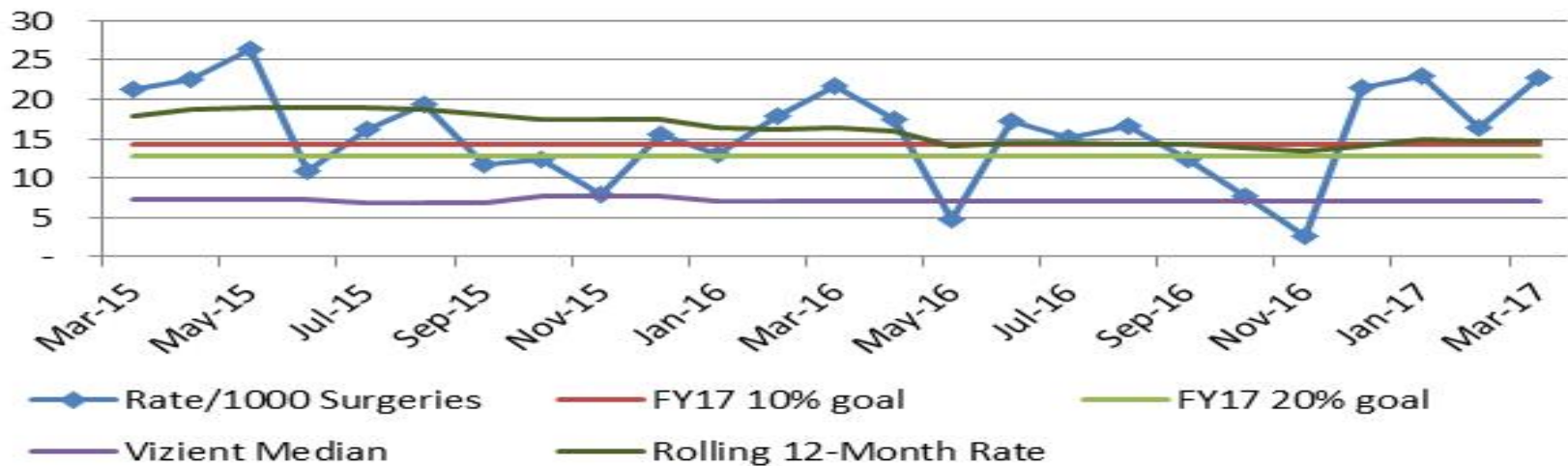
	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Number of Sepsis Cases by Month	91	64	83	72	75	89	74	76	66	64	67	66	90
Number of Sepsis Deaths by Month	11	11	15	8	16	18	20	13	14	8	7	10	20

During March 2017, UI Health’s rolling 12-month Sepsis Mortality index (observed/expected deaths) was 1.50, the second consecutive month of declining performance.

Our FY17 goal is to reduce our rolling 12-month Sepsis Mortality by at least 10% from our June 2016 baseline of 1.24.

Vizient Metrics (Q1 FY17, July – Sept 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Patient Safety Indicator 12: Post-operative Pulmonary Embolism or Deep Vein Thrombosis (rate per 1000 surgical patients)	18	14.3	14.69	7.62	132/135

UIH Post-Op PE* or DVT** per 1000 Surgeries



	Mar 16	Apr 16	May 16	Jun 15	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Number of Post-Op DVTs by Month	8	3	1	3	3	3	3	2	1	6	6	3	8
Number of Post-Op PEs by Month	1	5	1	4	3	4	2	2	0	2	5	3	2

During March 2017, UI Health’s rolling 12-month average post-operative PE/DVT rate increased slightly to 14.80, remaining higher than the Vizient median.

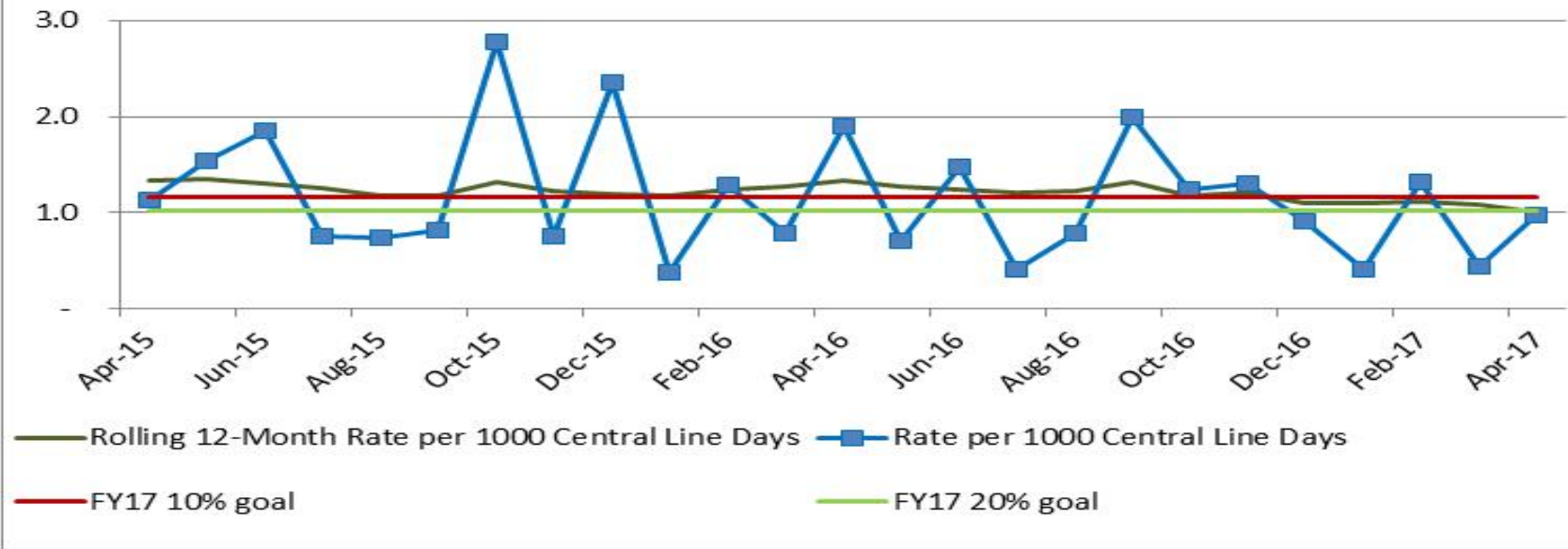
Our FY17 goal is to reduce our rolling 12-month average post-op PE/DVT rate by at least 10% from our June 2016 baseline of 15.89.

UI Health Mission Perspective:
Quality & Safety

*PE = Pulmonary Embolism
**DVT = Deep Venous Thrombosis

Vizient Metrics (Q1 FY17, July – Sept 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Central Line-Associated Blood Stream Infections	1	0.40	0.39	0.20	91/134

Monthly Whole-House Central Line-Associated Blood Stream Infections



	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Number of Infections by Month	5	2	4	2	2	5	3	4	2	1	6	2	2

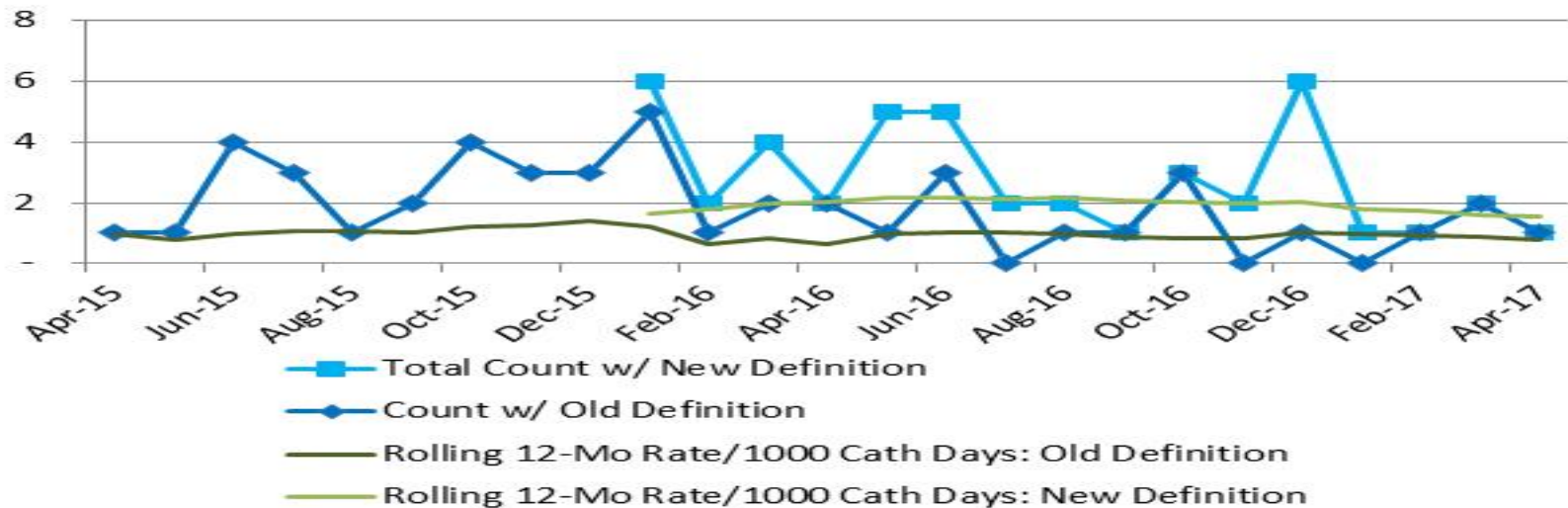
Our 12-month rolling average whole-house CLABSI rate improved to 1.0 in April 2017.

Our FY17 goal is to reduce CLABSIs by at least 10% from our June 2016 baseline of 1.23.



Vizient Metrics (Q1 FY17, July – Sept 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Catheter-Associated Urinary Tract Infections	1	0.64	0.23	0.67	20/135

Monthly Whole-House Catheter-Associated Urinary Tract Infections



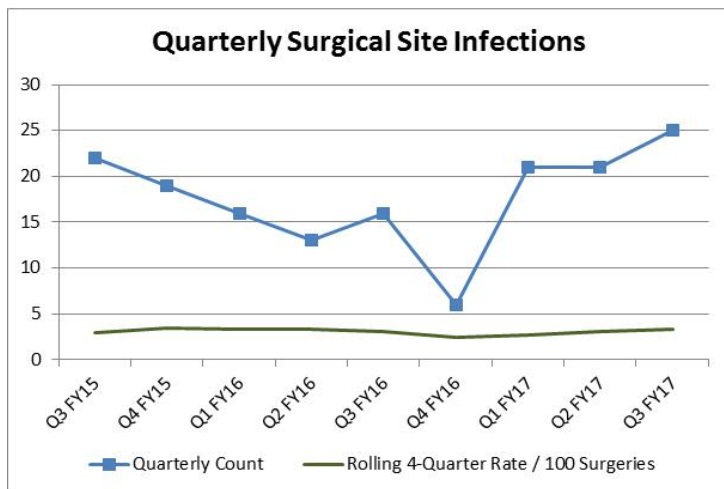
	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Number of Infections by Month	2	5	5	2	2	1	3	2	6	1	1	2	1

Our rolling 12-month average house-wide CAUTI rate improved for the fourth consecutive month, to 1.6, in April 2017.

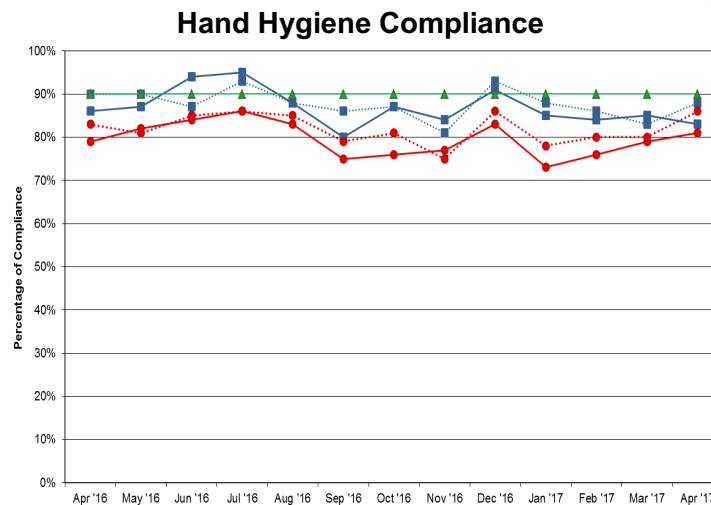
Our FY17 goal is to reduce CAUTIs by at least 10% from our June 2016 baseline of 2.2.

UI Health Mission Perspective:
Quality & Safety

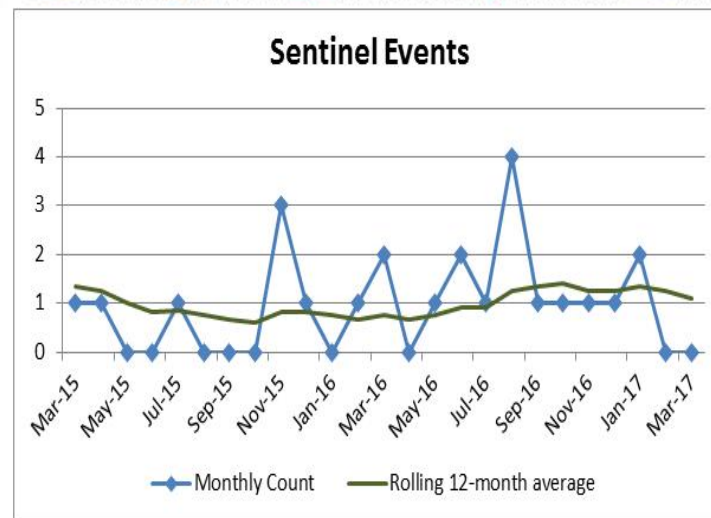
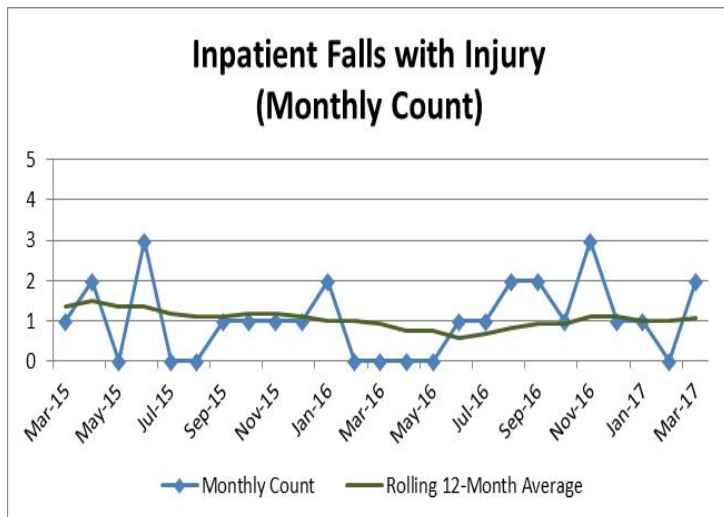
Our Other Zero Harm Metrics



**Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.*

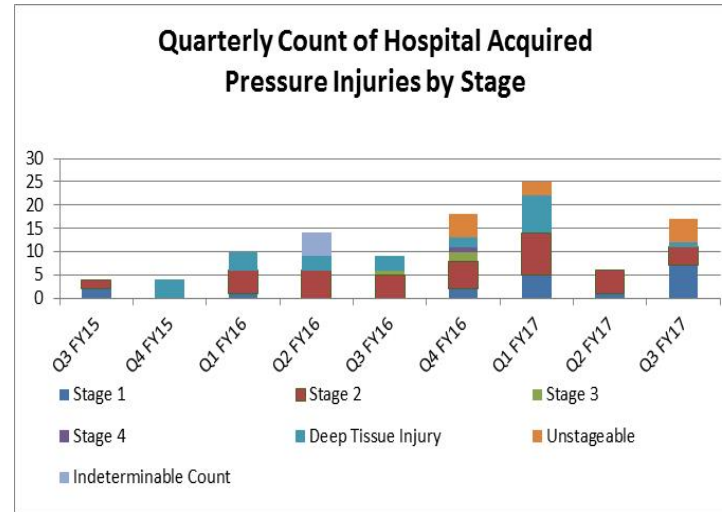
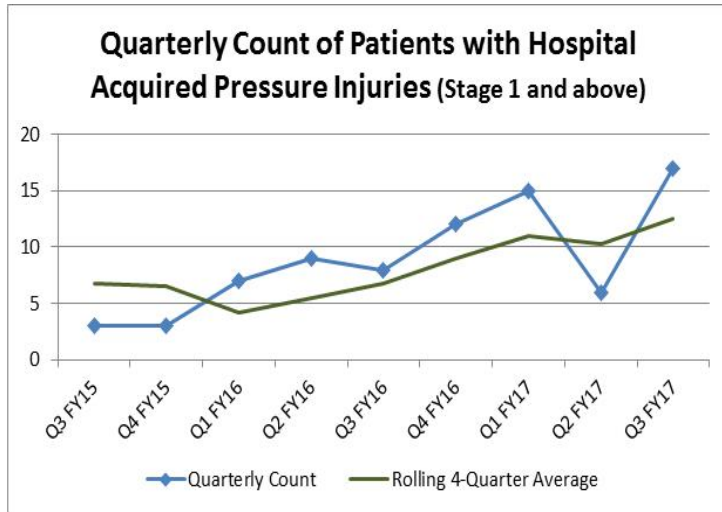


Legend: ICU Before (blue square), ICU After (dotted blue square), Non-ICU Before (red circle), Non-ICU After (dotted red circle), Goal (green line)

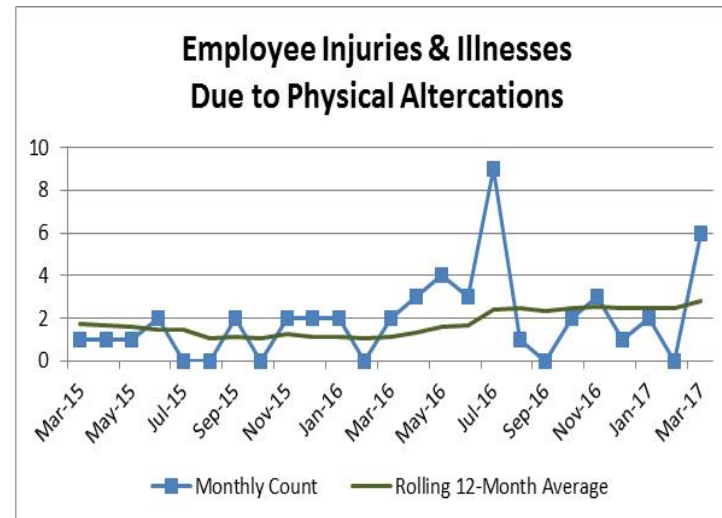
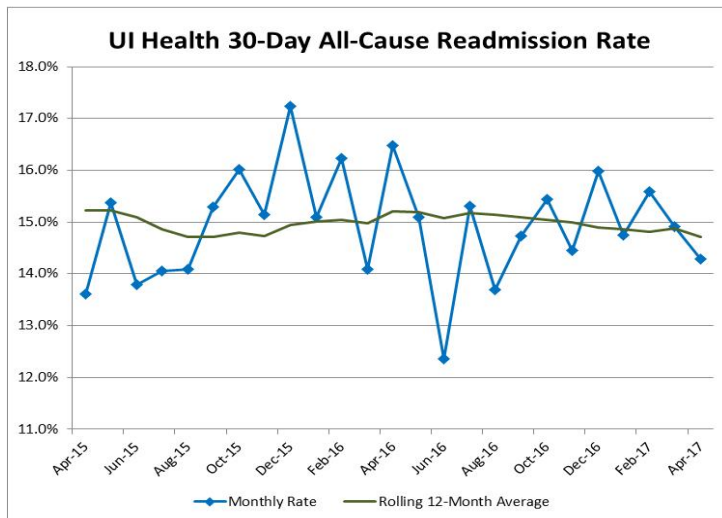


A Sentinel Event is a patient safety event that results in death, permanent harm, or severe temporary harm.

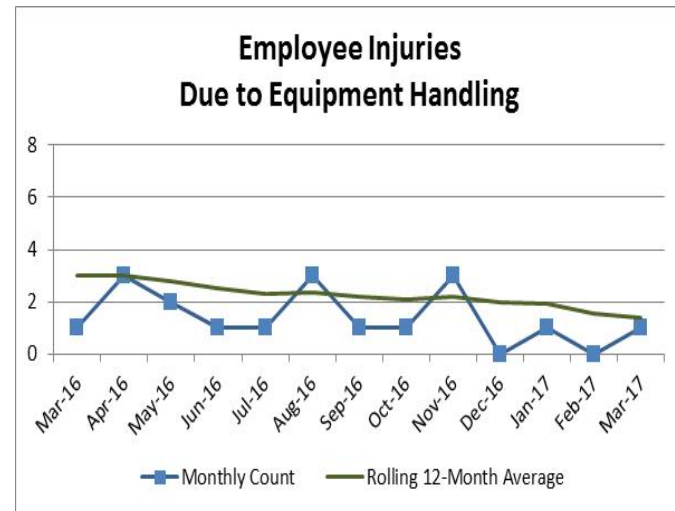
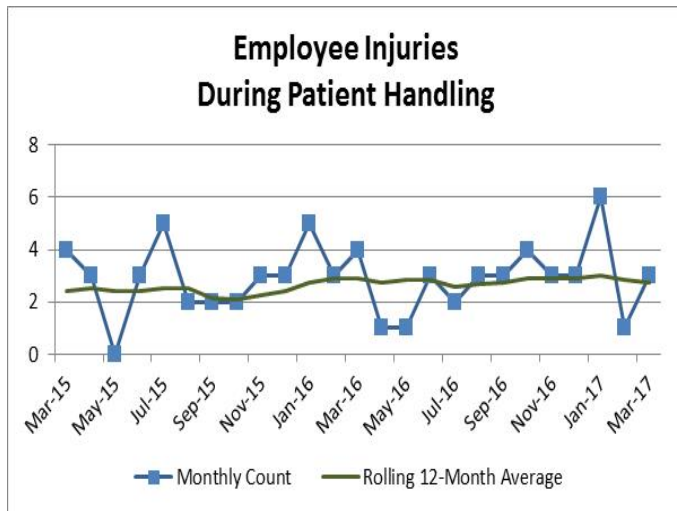
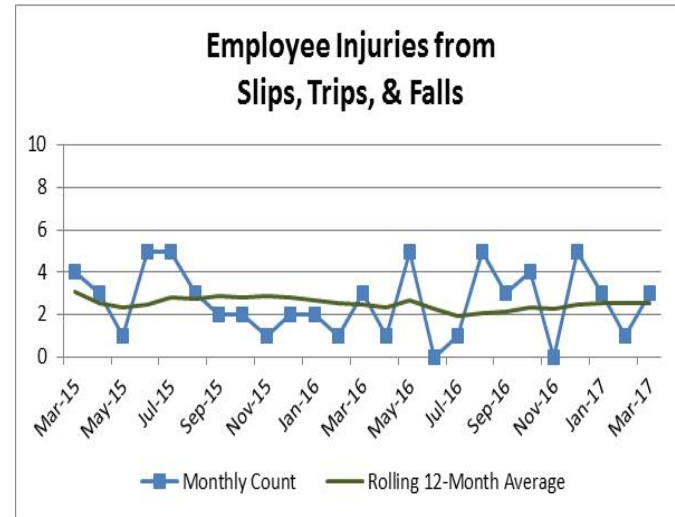
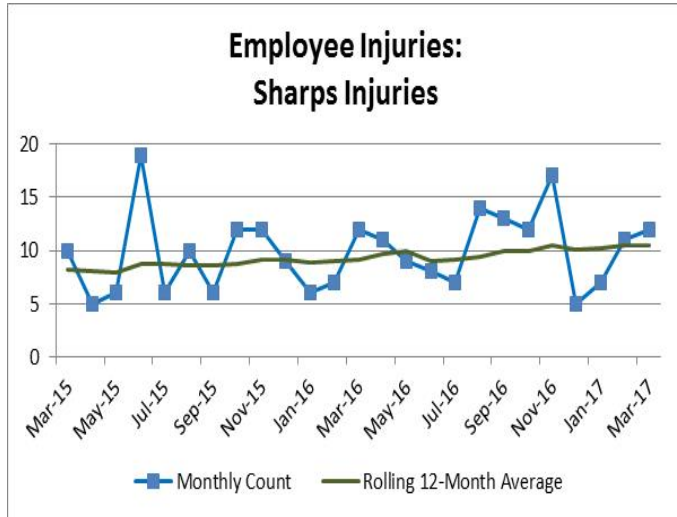
OUR ZERO HARM METRICS, CONT



Pressure ulcers are localized injuries to the skin and/or underlying tissue from pressure or friction.



OUR ZERO HARM METRICS, CONT

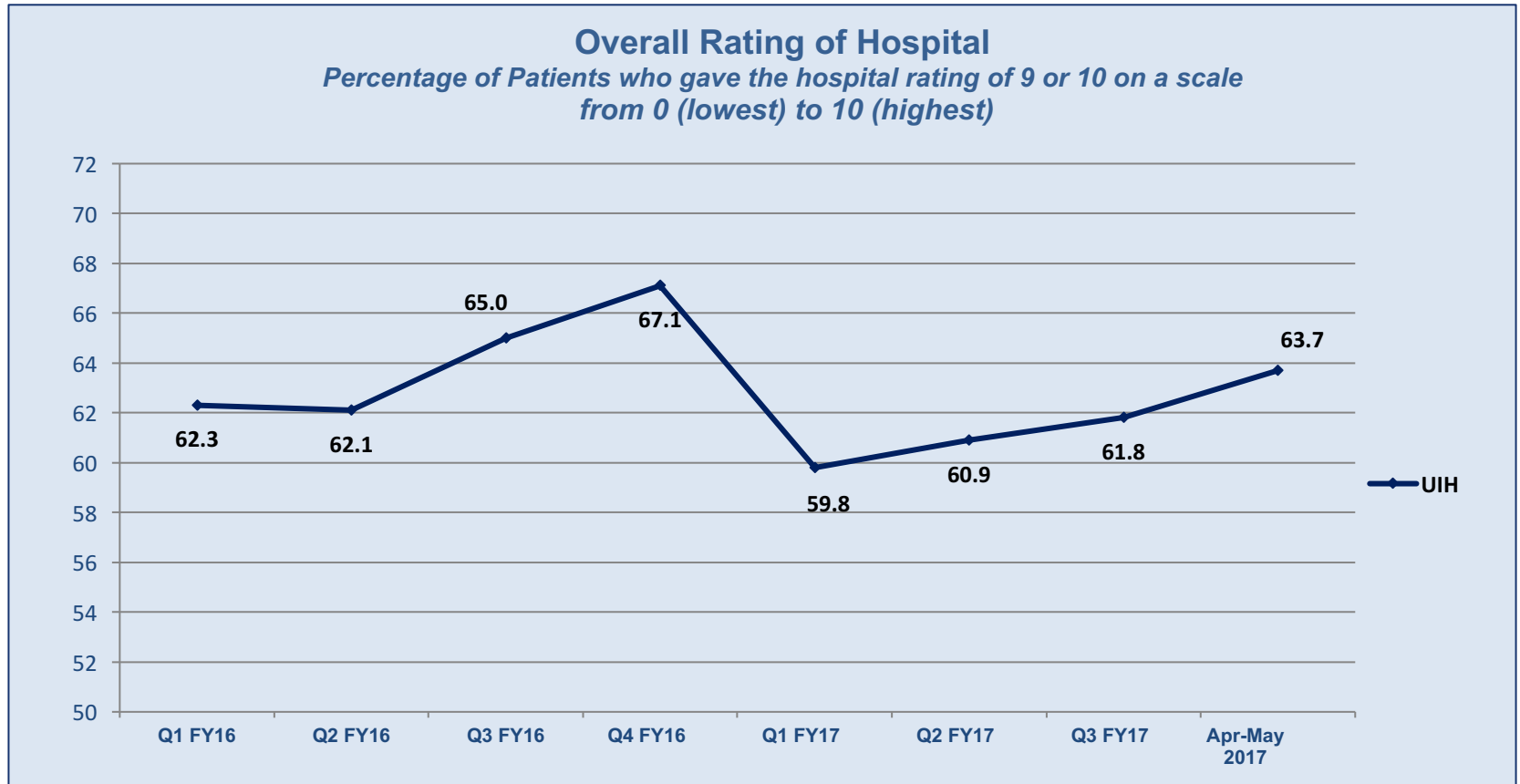


**UI HEALTH
MISSION PERSPECTIVE:
CUSTOMER**

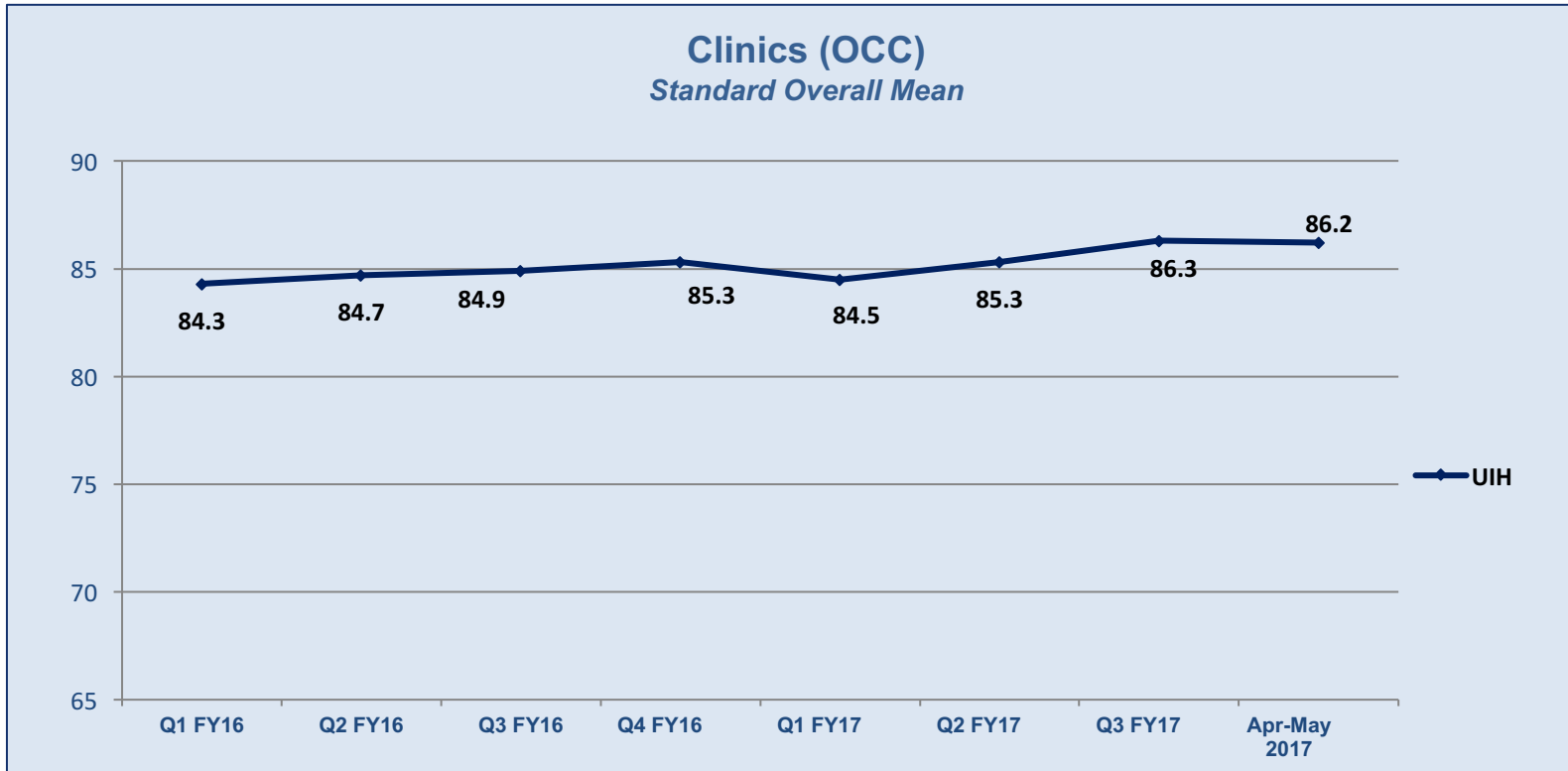
UI Health Metric	Apr-May 2017 Top Box/Mean	%ile rank	UHC 50 %ile Top Box/Mean	UHC 70 %ile Top Box/Mean
Inpatient (HCAHPS)	63.7	15	72.5	77.4
Ambulatory Clinics	86.2	17	91.4	92.5
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell	87.0	2	93.1	93.7
Emergency Department	79.9	19	84.8	86.4
Ambulatory Surgery	87.7	4	93.2	93.9

UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q4 FY17 (Apr-May)*	Prior Q4 FY16	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	63.7	67.1	62.8

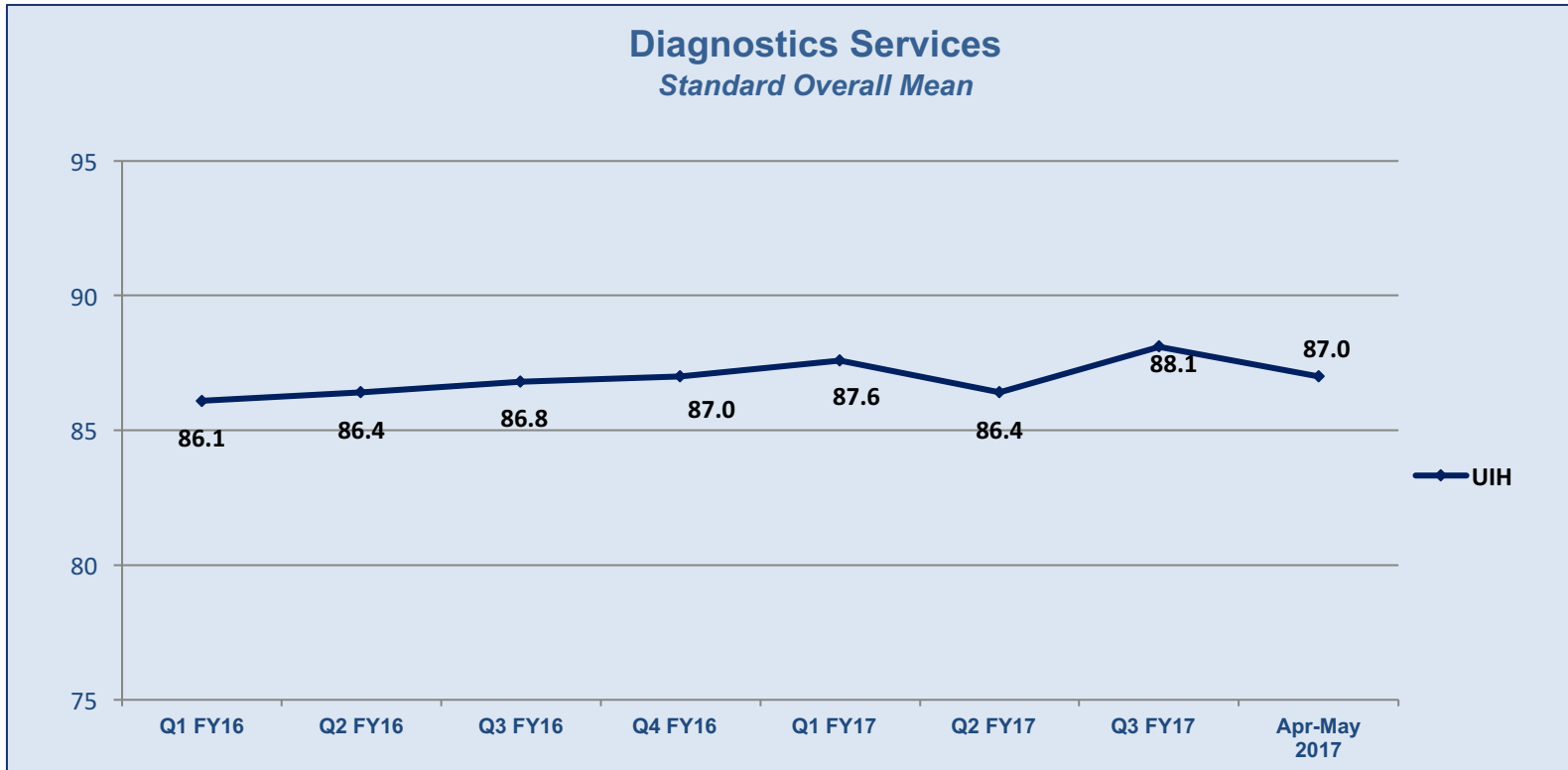


UI Health Metric	Current Quarter Q4 FY17 (Apr-May)*	Prior Q4 FY16	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	86.2	85.3	85.2

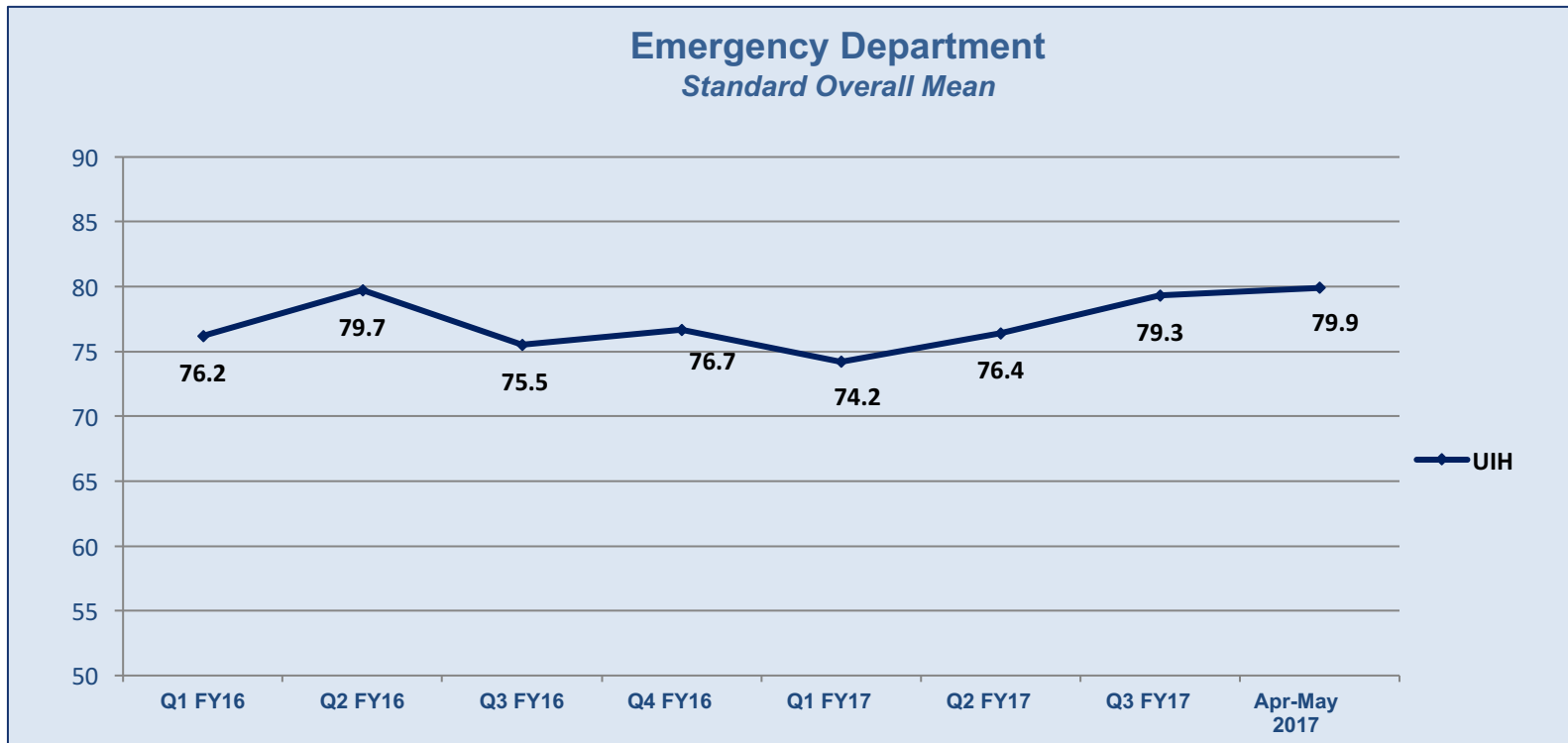


UI Health Mission Perspective: Customer

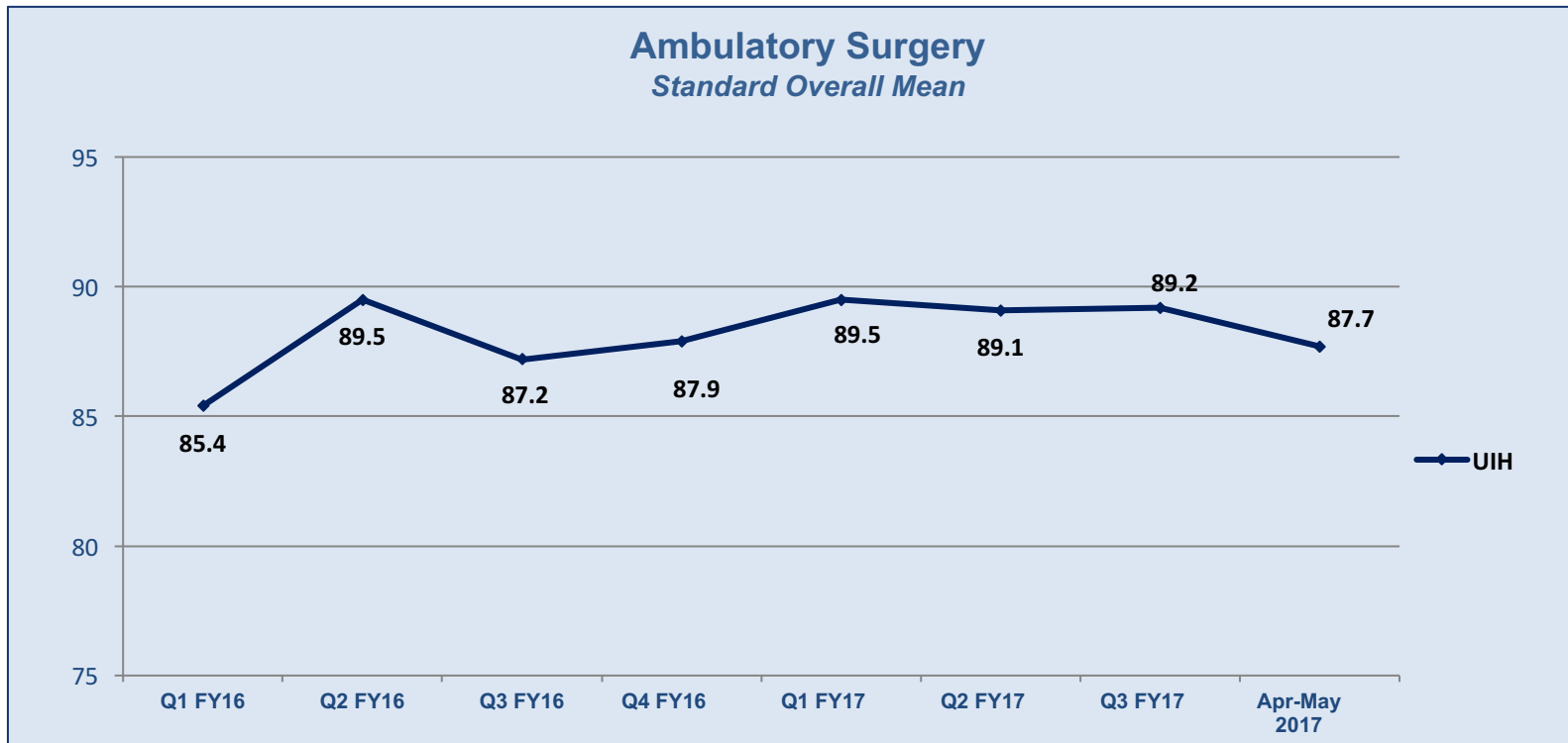
UI Health Metric	Current Quarter Q4 FY17 (Apr-May)*	Prior Q4 FY16	UIH 8 Quarter Average
Diagnostics Services (Standard Overall Mean)	87.0	87.0	86.9



UI Health Metric	Current Quarter Q4 FY17 (Apr-May)*	Prior Q4 FY16	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	79.9	76.7	77.2



UI Health Metric	Current Quarter Q4 FY17(Apr-May)*	Prior Q4 FY17	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	87.7	87.9	88.2



DASHBOARD DEFINITIONS

UI Health Internal Measures	Definition/Notes	Source
Operating Margin %	Measures operating profitability as a percentage of operating revenue	UI Health Finance
Days Cash on Hand	Measures the number of days that the organization could continue to pay its average daily cash obligations with no new cash resources becoming available	UI Health Finance
Total Expense Net Bad Debt/Case Mix Index (CMI)-Adjusted Discharge	Total expense (area wage index-adjusted) divided by CMI-adjusted discharges. CMI-adjusted discharges is defined by CMI, multiplied by discharges, multiplied by gross total patient charges divided by gross inpatient charges.	Vizient (formerly University Healthcare Consortium)
Supply Expenses Per Adjusted Discharge	Defined by the supply expense less drugs, organs, and blood divided by SIS2-supply adjusted discharges. An organization's SIS2 is a value derived from a weighted average of the total number of discharges by their distribution of MS-DRG-weighted values, assigned based on expected supply-related consumption. Exclusions, Drug, organ procurement and blood expenses are excluded from the supply expense calculation	Vizient (formerly University Healthcare Consortium)
Patient Safety Indicator 12 Post-operative Pulmonary Embolism or Deep Vein Thrombosis (rate per 1000 surgical patients)	The rate of deep vein thrombosis (DVT) per 1000 is defined by the AHRQ Patient Safety Indicator (PSI) 12: postoperative pulmonary embolism (PE) or DVT rate	Vizient (formerly University Healthcare Consortium)
Sepsis Mortality	The sepsis mortality index represents all inpatient cases that had a discharge status of "expired" and a principal and/or secondary diagnosis/diagnoses related to sepsis: ICD-9 codes 038, 038.0-038.9, 785.52, 995.91, 995.92, 771.81, 998.02 (sepsis observed mortality rate divided by sepsis expected mortality rate).	Vizient (formerly University Healthcare Consortium)
30-Day All Cause Readmission Rate	The 30-day all cause readmission rate for adult, non-OB patients is the percentage of patients who return to the hospital for any reason within 30 days of discharge from the prior (index) admission.	Vizient (formerly University Healthcare Consortium)
Central Line Associated Blood Stream Infections	Laboratory-confirmed bloodstream infection (BSI) in a patient who had a central line within the 48 hour period before the development of the BSI and that is not related to an infection at another site - Rate per 1000 line days, all inpatient units combined	Vizient (formerly University Healthcare Consortium)
Catheter Associated Urinary Tract Infections	A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being Day 1, and an indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the UTI criteria must be fully met on the day of discontinuation or the next day. - Rate per 1000 catheter days, all inpatient units combined	Vizient (formerly University Healthcare Consortium)