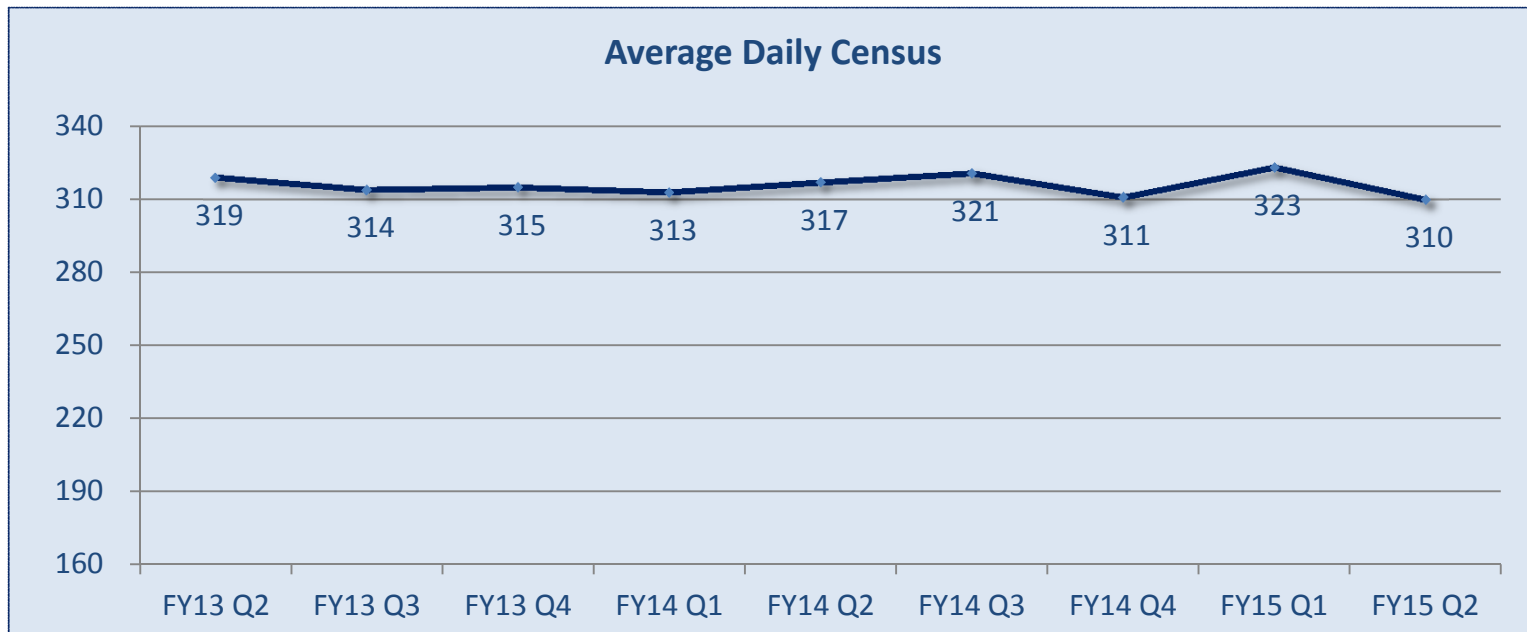




UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

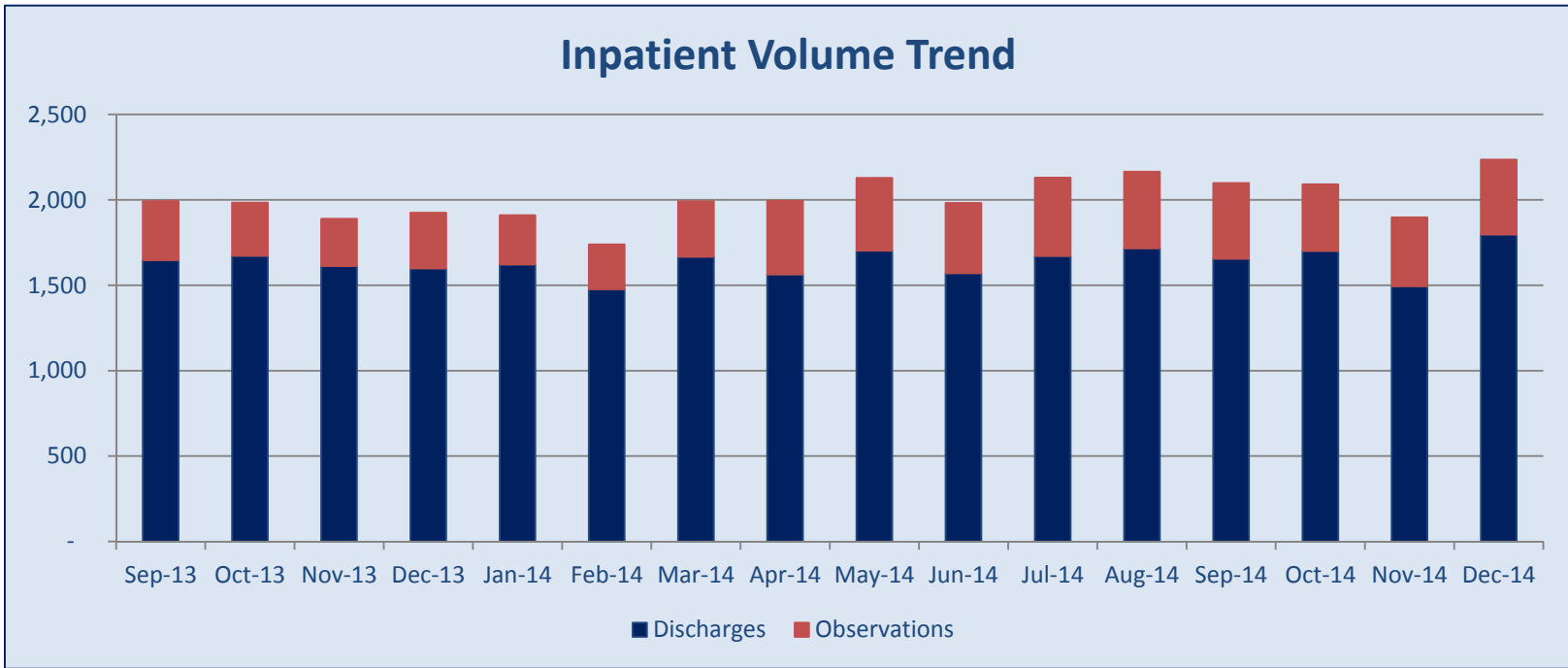
HOSPITAL DASHBOARD

UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Average Daily Census (ADC)	310	313	317



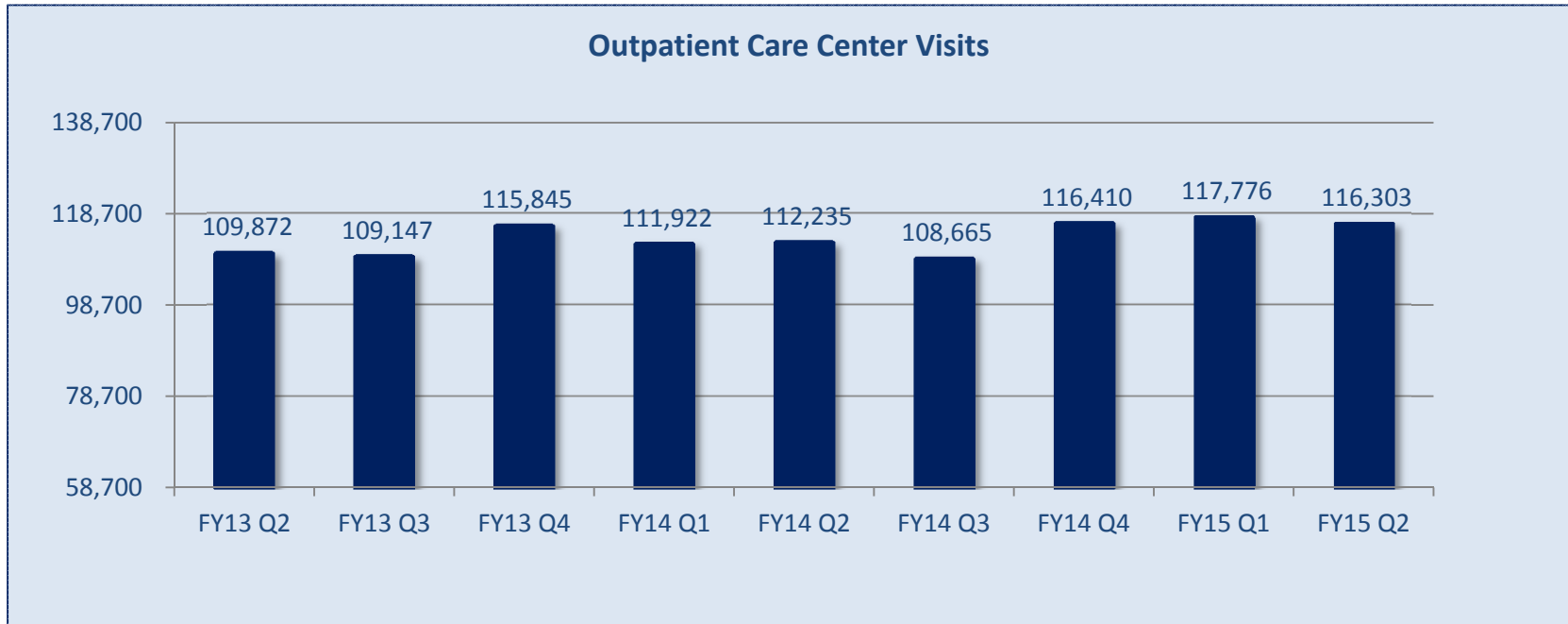
ADC is below budget target and prior year quarter 2

UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Discharges	4,992	4,636	4,885
Observations	1,232	1,052	913



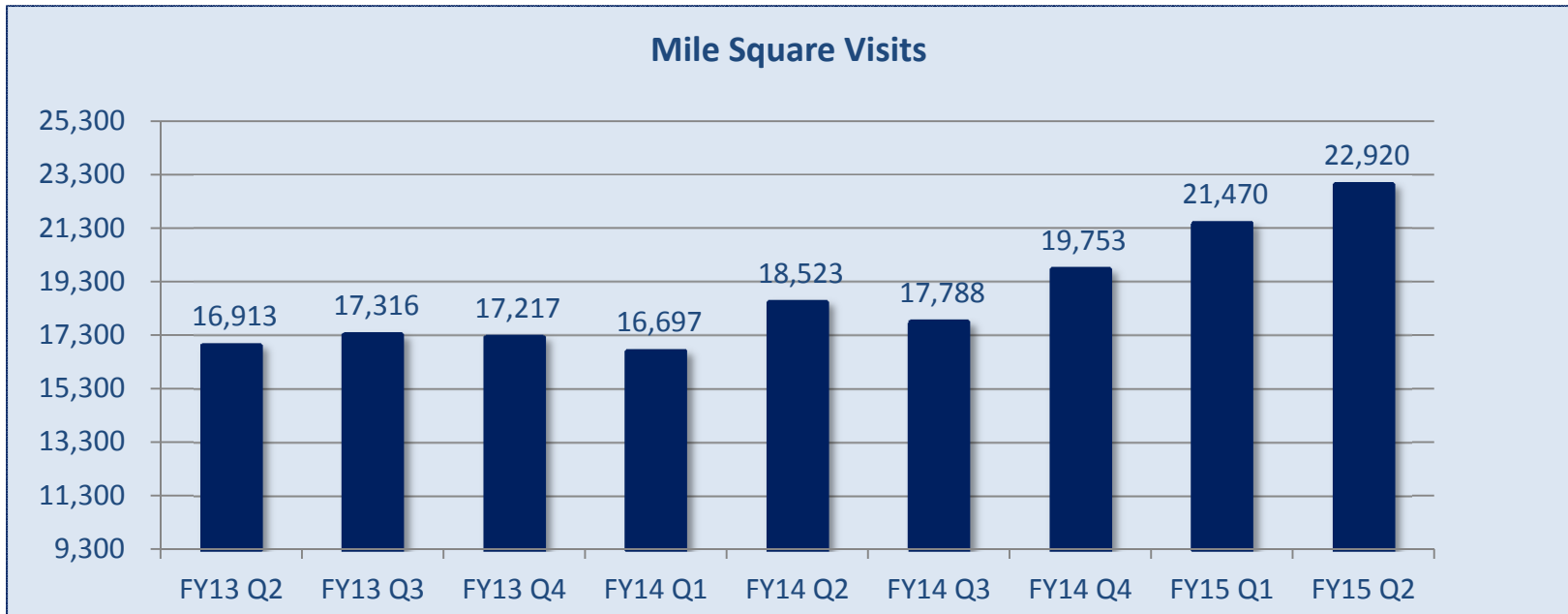
Discharges and observations are above budget and prior year quarter 2

UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Clinic Visits	116,303	113,797	112,235



Clinic visits are above budget target and prior year quarter 2

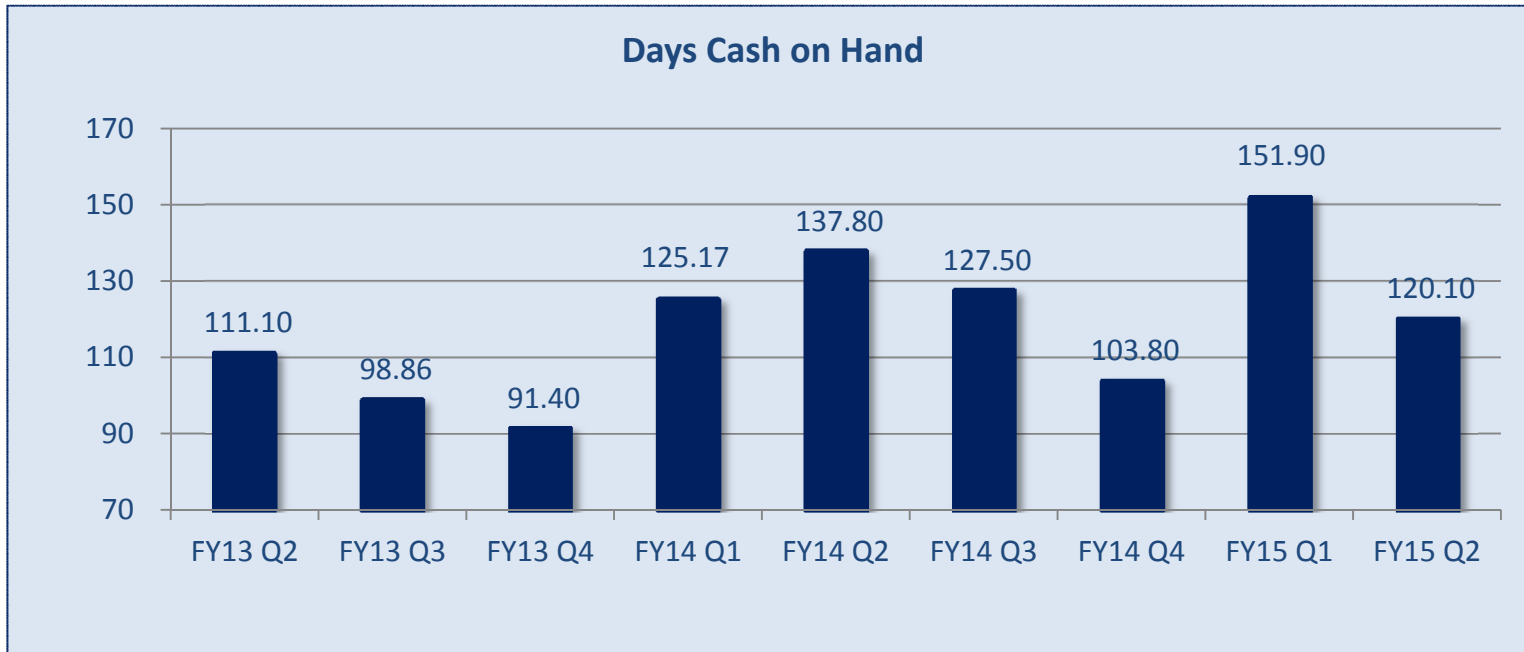
UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Mile Square Visits	22,920	27,914	18,523



Mile Square visits are below budget, but above prior year quarter 2. FY15 Q2 includes urgent care activity.

**UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL STABILITY**

UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Days Cash on Hand	120.10	121.80	137.80



Actual days cash on hand is lower than budget and prior year quarter 2

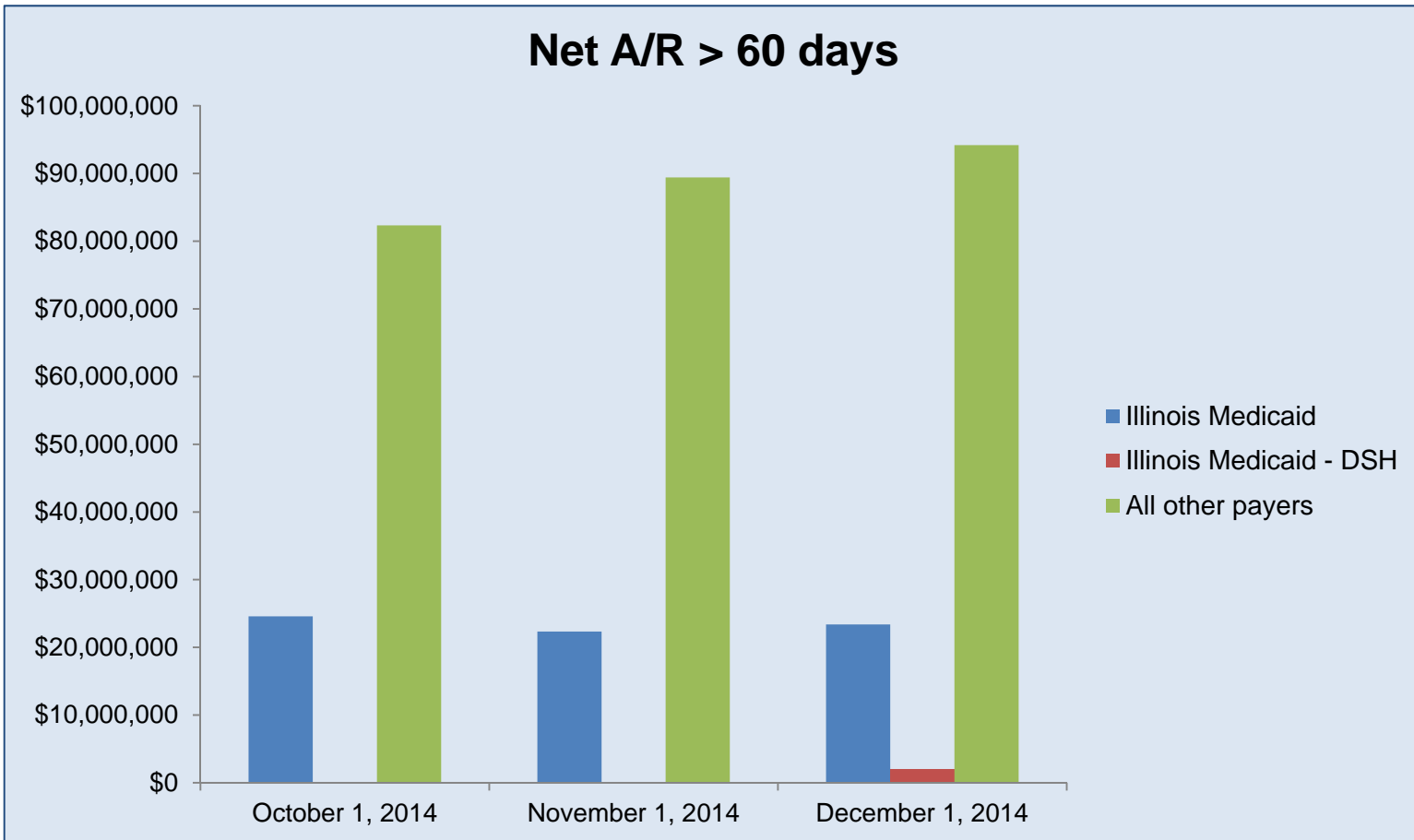
UI Health Mission Perspective: Financial Stability

UI Health Metrics	FY15 Q2 Actual	FY15 Q2 Target	FY14 Q2 Actual
Operating Margin %	-1.5%	-5.5%	0.8%



FY15 quarter 2 operating margin performed above target and at a loss

UI Health Mission Perspective:
Financial Stability



All other payers has increased primarily in Managed Medicaid and Managed Medicare.

**UI Health Mission Perspective:
Financial Stability**

STATEMENT OF OPERATIONS & VOLUME METRICS – DECEMBER 2014

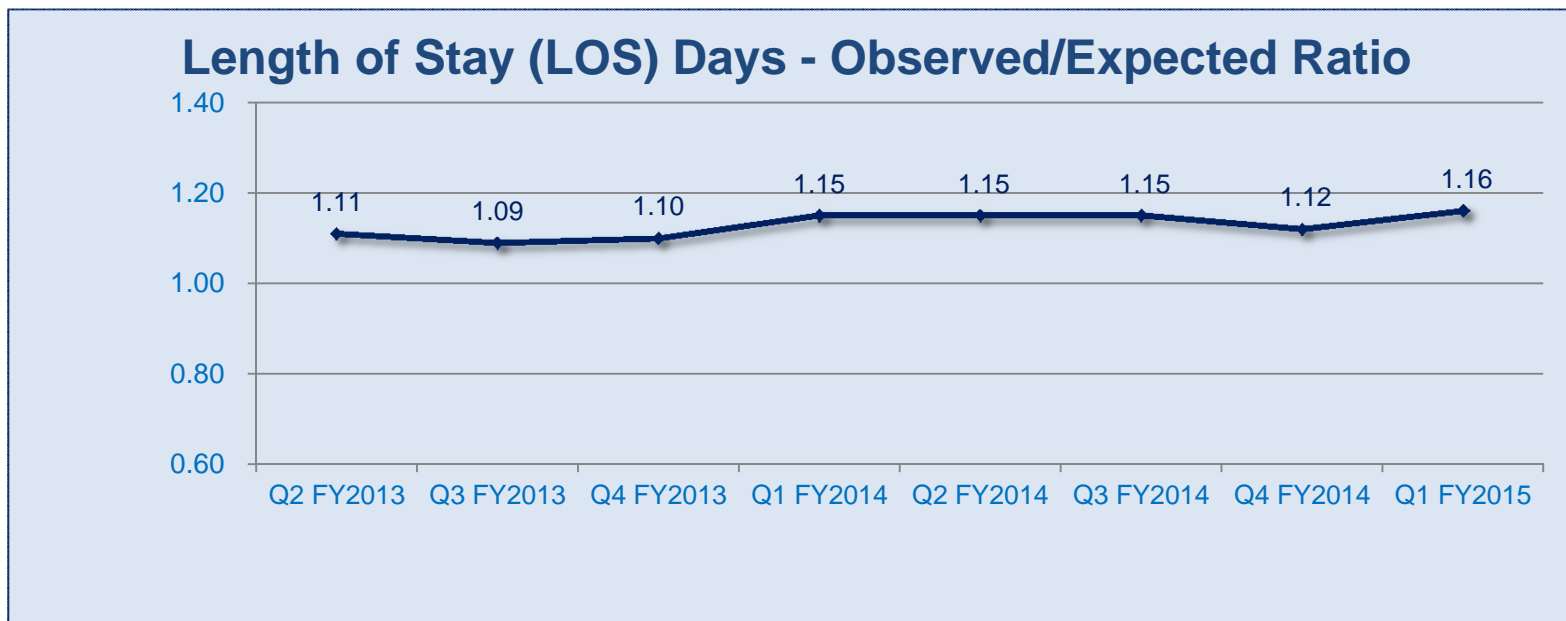
(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 49,693	\$ 42,690	7,003	16.4%	\$ 43,820	Net Patient Revenue	\$ 272,826	\$ 254,931	17,895	7.0%	\$ 272,818
20,428	21,195	(767)	-3.6%	21,350	Other Revenue	125,303	127,074	(1,771)	-1.4%	124,097
70,121	63,885	6,236	9.8%	65,170	Total Revenue	398,129	382,005	16,124	4.2%	396,915
24,626	26,183	1,557	5.9%	25,242	Salaries & Wages	143,317	155,340	12,023	7.7%	149,692
17,144	17,045	(99)	-0.6%	17,871	Employee Benefits	102,485	102,277	(208)	-0.2%	103,125
23,762	20,875	(2,887)	-13.8%	19,414	Department Expenses	137,767	125,113	(12,654)	-10.1%	118,801
3,414	3,427	13	0.4%	3,656	General Expenses	20,486	20,567	81	0.4%	21,937
68,946	67,530	(1,416)	-2.1%	66,183	Total Expenses	404,055	403,297	(758)	-0.2%	393,555
\$ 1,175	\$ (3,645)	4,820	132.2%	\$ (1,013)	Operating Income/(Loss)	\$ (5,926)	\$ (21,292)	15,366	72.2%	\$ 3,360
239	204	35	17.2%	(382)	Net Non-operating Income/(Loss)	1,471	\$ 1,224	247	20.2%	(2,808)
\$ 1,414	\$ (3,441)	4,855	141.1%	\$ (1,395)	Net Income/(Loss)	\$ (4,455)	\$ (20,068)	15,613	77.8%	\$ 552

UI Health Mission Perspective:
Financial Stability

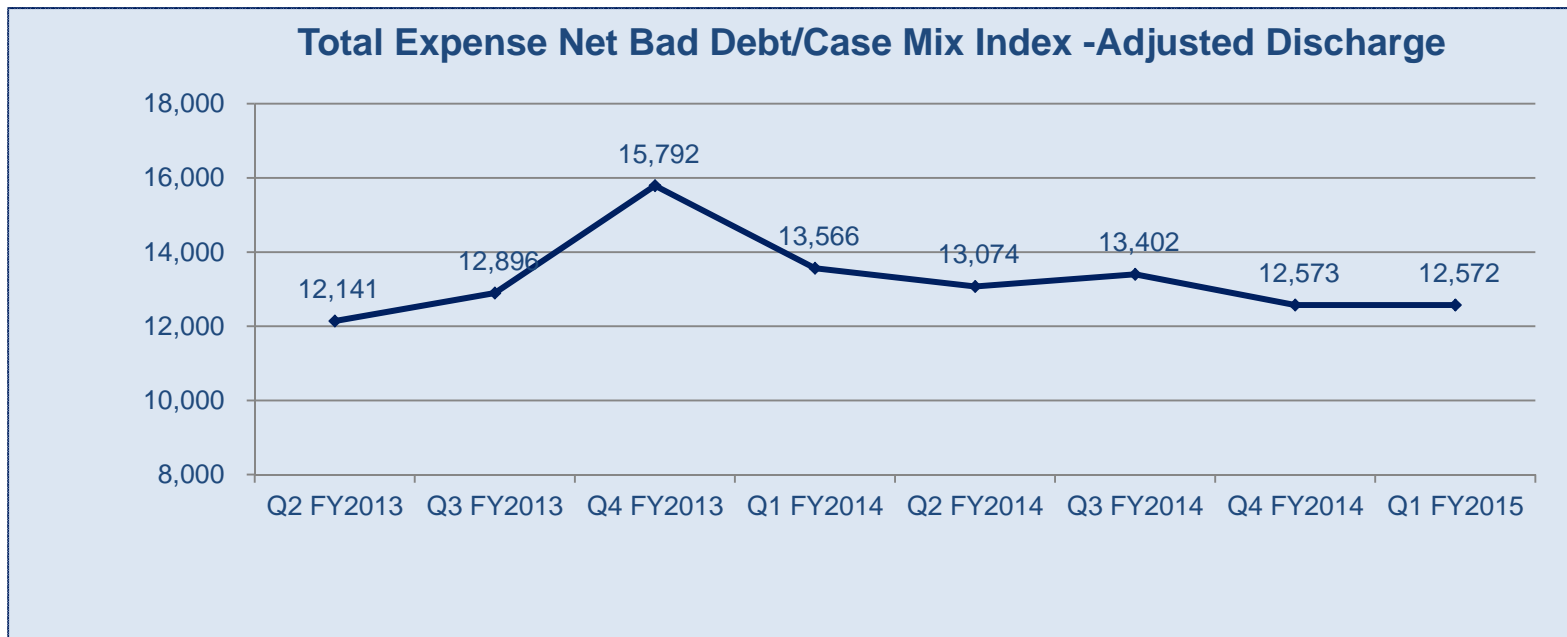
**UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL
EFFECTIVENESS**

UHC Metrics (FY15 Q1, July - September, 2014)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Length of Stay (LOS) Days - Observed/Expected Ratio	5,156	1.13	1.16	1.03	112/124



FY2015 Q1 is higher than previous quarters, indicating a decline in performance.

UHC Metrics (FY15 Q1, July - September, 2014)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Expense Net Bad Debt/Case Mix Index (CMI)- Adjusted Discharge	N/A	13,252	12,572	9,419	60/67

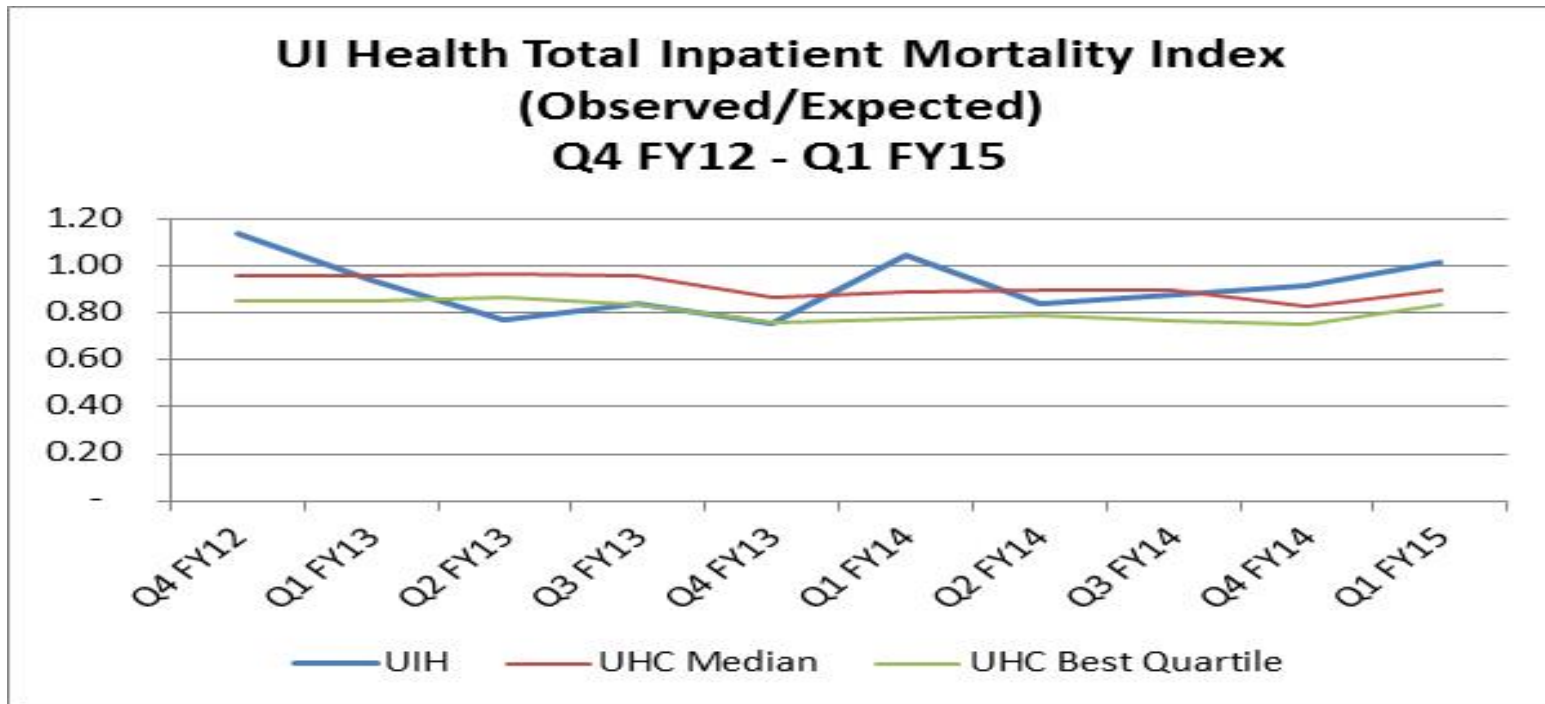


Quarterly trend is downward which is positive because lower scores indicate better performance

UI Health Mission Perspective: Operational Effectiveness

**UI HEALTH
MISSION PERSPECTIVE:
QUALITY AND SAFETY**

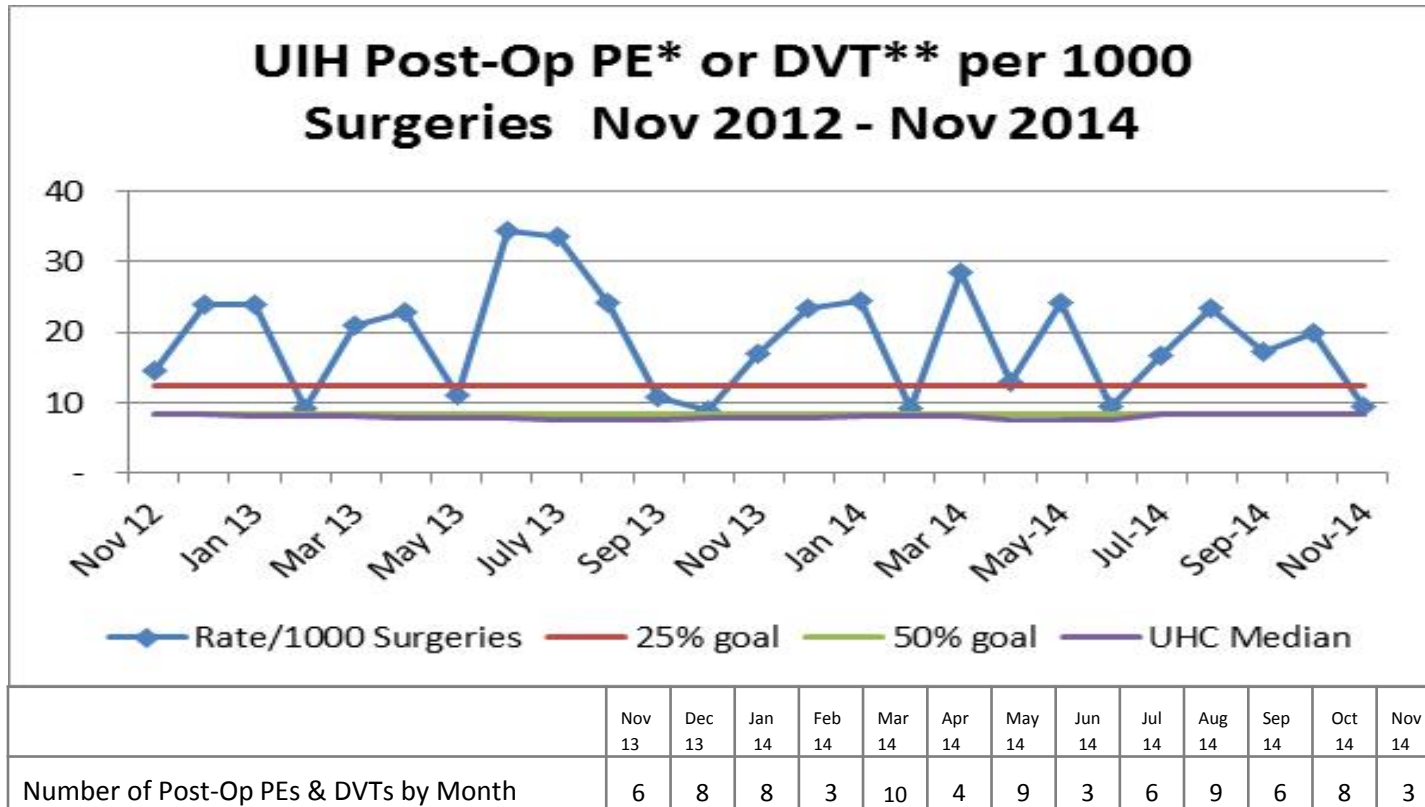
UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Inpatient Mortality Index (Observed/Expected Ratio)	56	0.89	1.02	0.90	96/124



During Q1 FY15, UI Health's Total Inpatient Mortality Index (observed/expected deaths) worsened slightly from the previous quarter, and our performance remains worse than the UHC median. We do not have a specific FY15 improvement goal for Total Inpatient Mortality.

**UI Health Mission Perspective:
Quality and Safety**

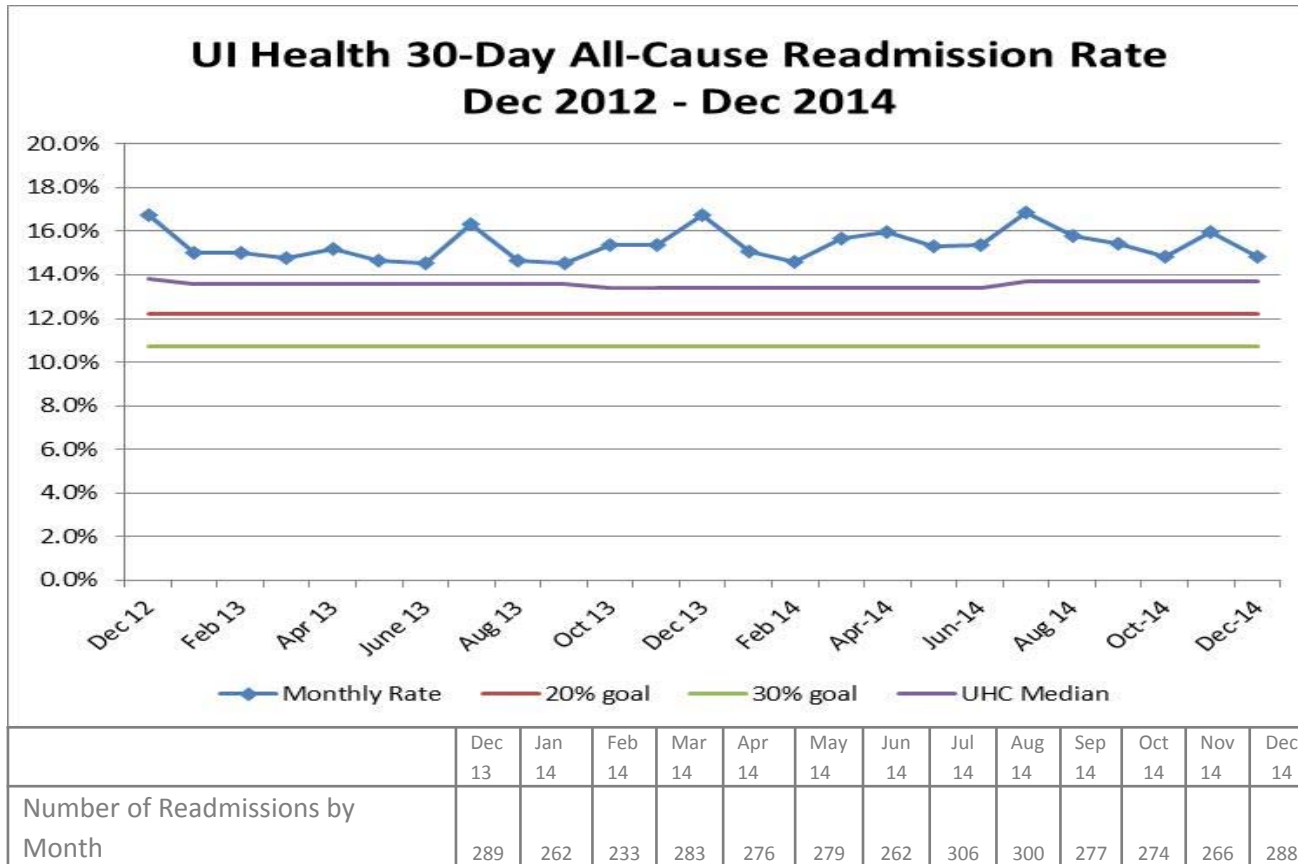
UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Patient Safety Indicator 12: Post-operative Pulmonary Embolism or Deep Vein Thrombosis (rate per 1000 surgical patients)	21	20.98	19.55	8.25	123/124



During November 2014, UI Health's post-operative PE/DVT rate improved from the previous month, dropping from 19.95 to 9.23 per 1000 surgeries. This puts us close to the UHC median. Our FY15 goal is to reduce our post-op PE/DVT rate by 25 to 50% by June 2015 as compared to our June 2014 rate. This will require lowering our Post-Op DVT/PE Rate to 12.29 or below.

**UI Health Mission Perspective:
Quality and Safety**

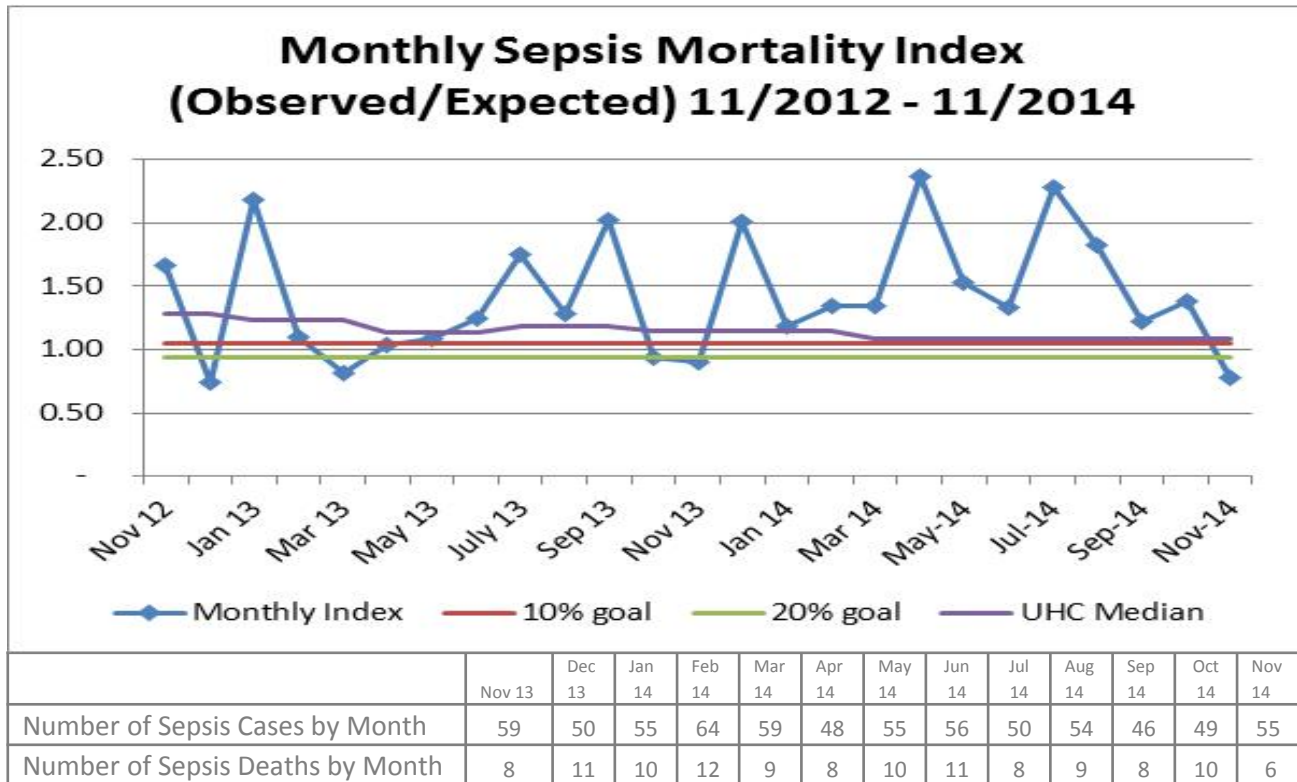
UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
30-Day All-Cause Readmission Rate	483	18.01	19.5	13.7	123/124



During December 2014, UI Health’s 30-day all-cause Readmission Rate was 14.8%, an improvement in performance from 16.0% in November; however, we remain worse than the UHC median. Our FY15 goal is to reduce our 30-day all-cause Readmission Rate by 20% to 30% by June 2015 compared to our June 2014 baseline. This will require lowering our Readmission Rate to 12.2% or lower.

UI Health Mission Perspective: Quality and Safety

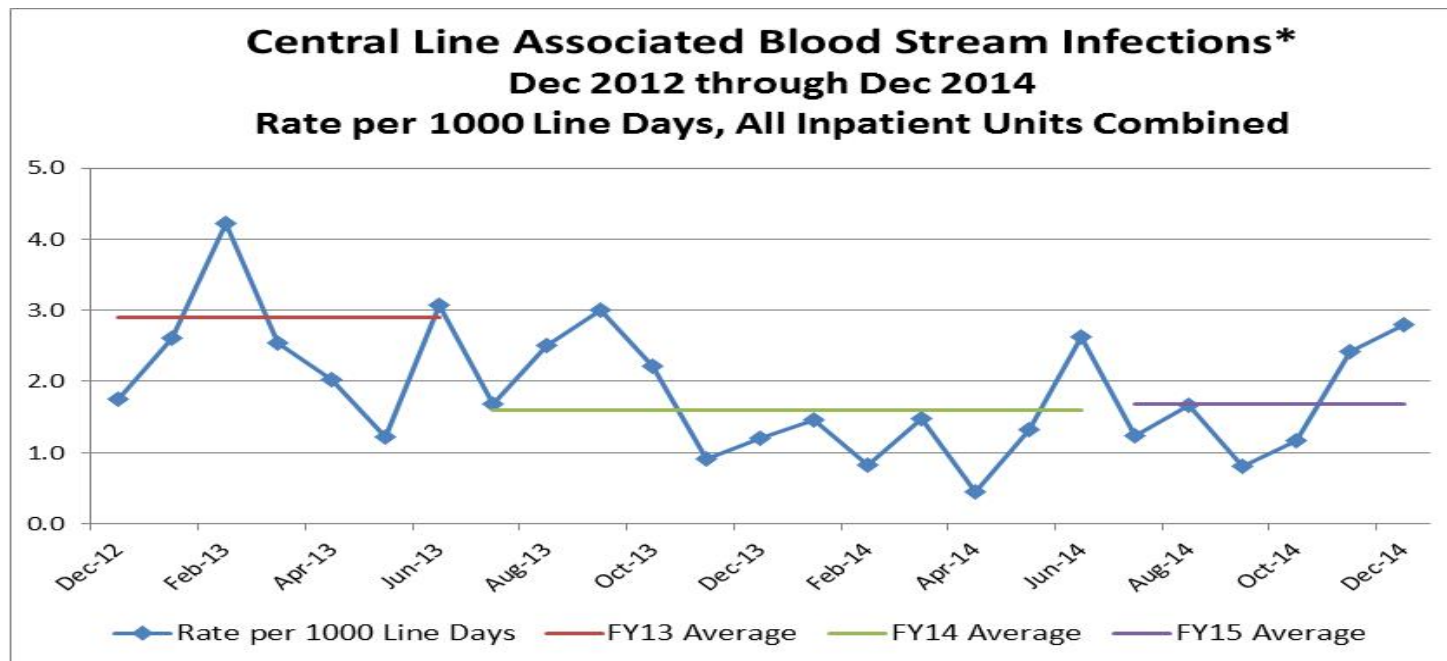
UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	25	1.42	1.83	1.19	120/124



During November 2014, UI Health's Sepsis Mortality index (observed/expected deaths) improved to 0.78, from 1.38 in October. This performance is better than the UHC median. Our FY15 goal is to reduce our Sepsis Mortality by 10 to 20% by June 2015, compared to our June 2014 performance. This will require lowering our Sepsis Mortality Index to 1.05 or below.

**UI Health Mission Perspective:
Quality and Safety**

UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Central Line Associated Blood Stream Infections	2	1.11	0.73	.38	94/124

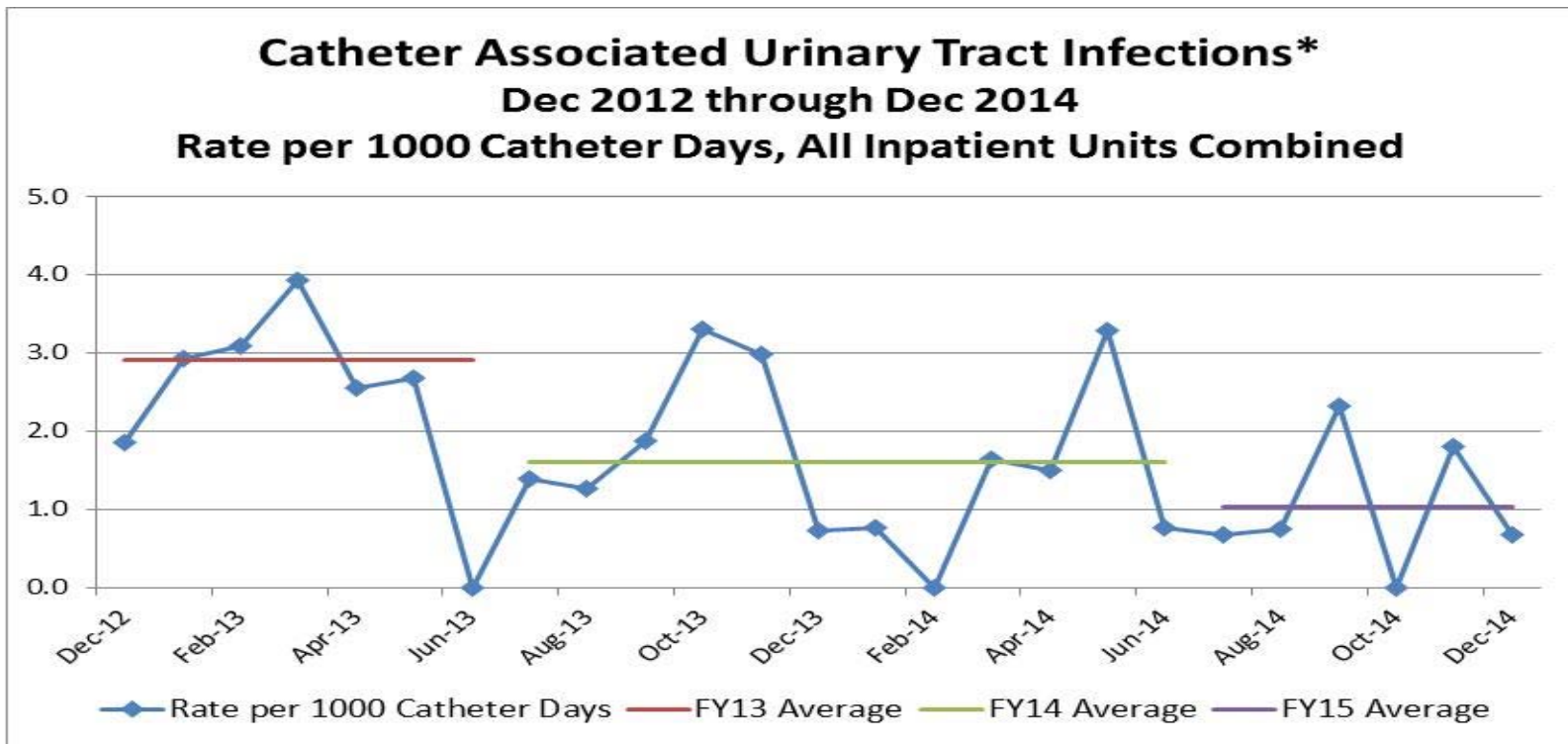


	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Infections by Month	3	4	2	4	1	3	6	3	4	2	3	6	7

Our December 2014 whole-house rolling 12-month CLABSI rate was 1.52, a 33 percent improvement since December 2013 and a 9 percent improvement so far this fiscal year. While we do not have a specific CLABSI improvement goal for FY15, we are working toward continued, sustained improvements. Our clinical and operational leaders are responding to worsening performance over the past 2 months.

UI Health Mission Perspective:
Quality and Safety

UHC Metrics (Q1 FY15, Oct – Dec 2014)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Catheter Associated Urinary Tract Infections	1	0.47	0.22	0.58	17/124



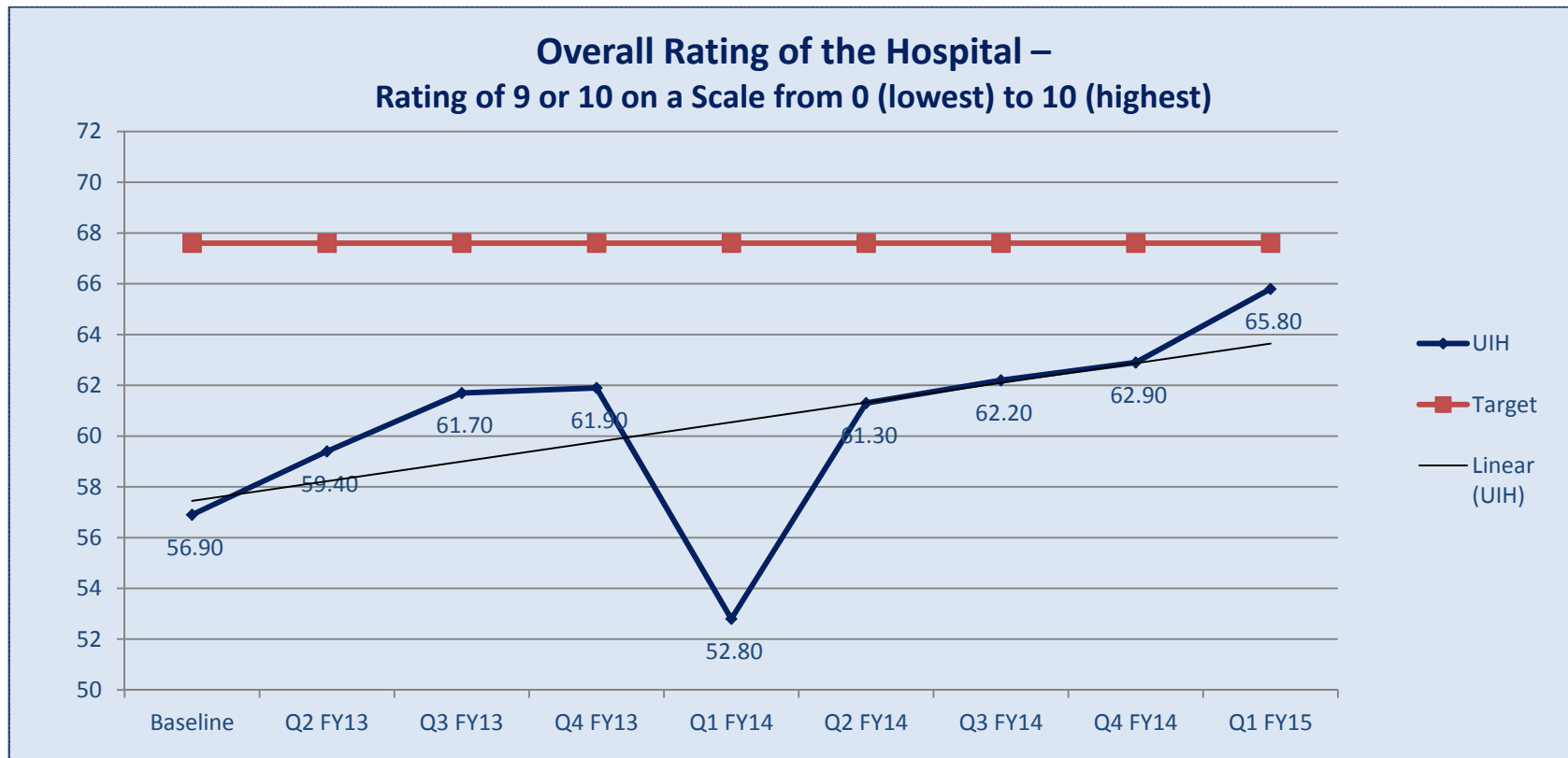
	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Infections by Month	1	1	0	2	2	5	1	1	1	3	0	2	1

Our December 2014 whole-house rolling 12-month CAUTI rate was 1.3, a 47 percent improvement since December 2013 and a 22 percent improvement so far in FY15. We do not have a specific CAUTI goal for FY15, but we are continuing our efforts to achieve additional sustained improvements.

**UI Health Mission Perspective:
Quality and Safety**

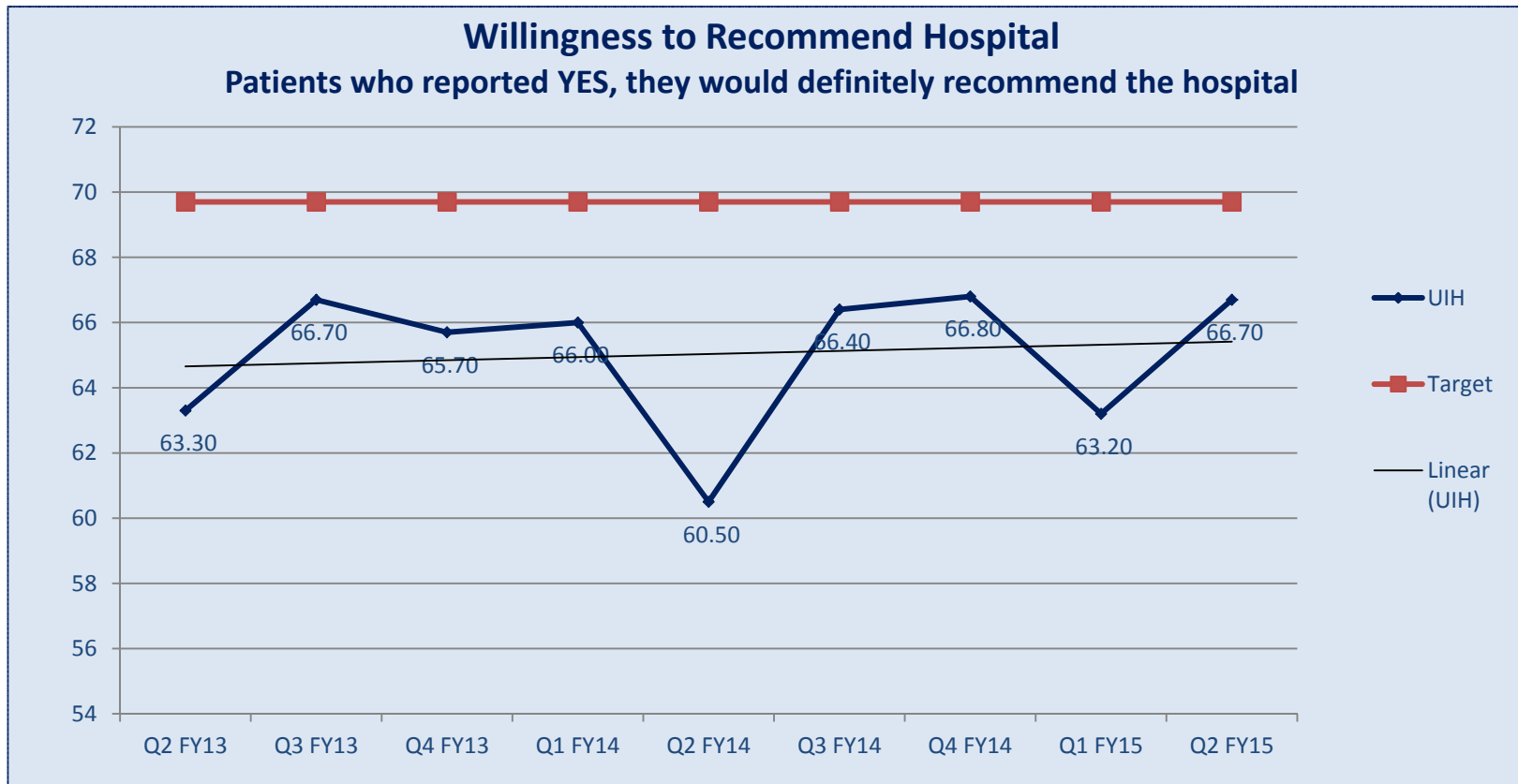
UI HEALTH MISSION PERSPECTIVE: CUSTOMER

UI Health Metric	Current Quarter Q2 FY15	Target	Prior Q2 FY14	UIH 8 Quarter Average
HCAHPS Overall Rating	65.80	67.60	52.80	61.00



Positive trajectory in Overall Rating of Hospital (demonstrated 10 point increase since baseline). Inpatient HCAHPS shows an anomaly in the 2nd Quarter FY14, which was attributed to the conversion of all services to Press Ganey Census Based Surveying.

UI Health Metric	Current Quarter Q2 FY15	Target	Prior Q2 FY14	UIH 8 Quarter Average
HCAHPS Willingness to Recommend	66.70	69.70	60.50	62.75



Positive trajectory in Willingness to Recommend (demonstrated 6 point increase since baseline). Inpatient HCAHPS shows an anomaly in the 2nd Quarter FY14, which was attributed to the conversion of all services to Press Ganey Census Based Surveying.

DASHBOARD DEFINITIONS

UI Health Internal Measures	Definition/Notes	Source
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
Operating Margin %	Measures operating profitability as a percentage of operating	UI Health Finance
Net Accounts Receivable > 60 days	The total money owed to UIH by its payors minus the amount owed that will likely not get paid.	UI Health Revenue Cycle
Length of Stay (LOS) Days - Observed/Expected Ratio	Observed average LOS compared to UHC expected average LOS for same patient population	University Healthcare Consortium
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.	University Healthcare Consortium
Total Full Time Equivalent Employees per Adjusted Occupied Bed	Measures the productivity of labor devoted to inpatient services as a function of the number of patients.	University Healthcare Consortium
Total Inpatient Mortality Index (Observed/Expected Ratio)	The total inpatient mortality index represents all inpatient cases that had a discharge status of "expired" (observed mortality rate divided by expected mortality rate).	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	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).	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.	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	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	University Healthcare Consortium
HCAHPS Overall Rating	The percentage of patients that scored the overall rating of the hospital with a 9 or 10 on question 21 on the HCAHPS survey.	Press Ganey
HCAHPS Willingness to Recommend	The percentage of patients that scored the Would Recommend question with Definitely Yes on the HCAHPS survey question 22.	Press Ganey