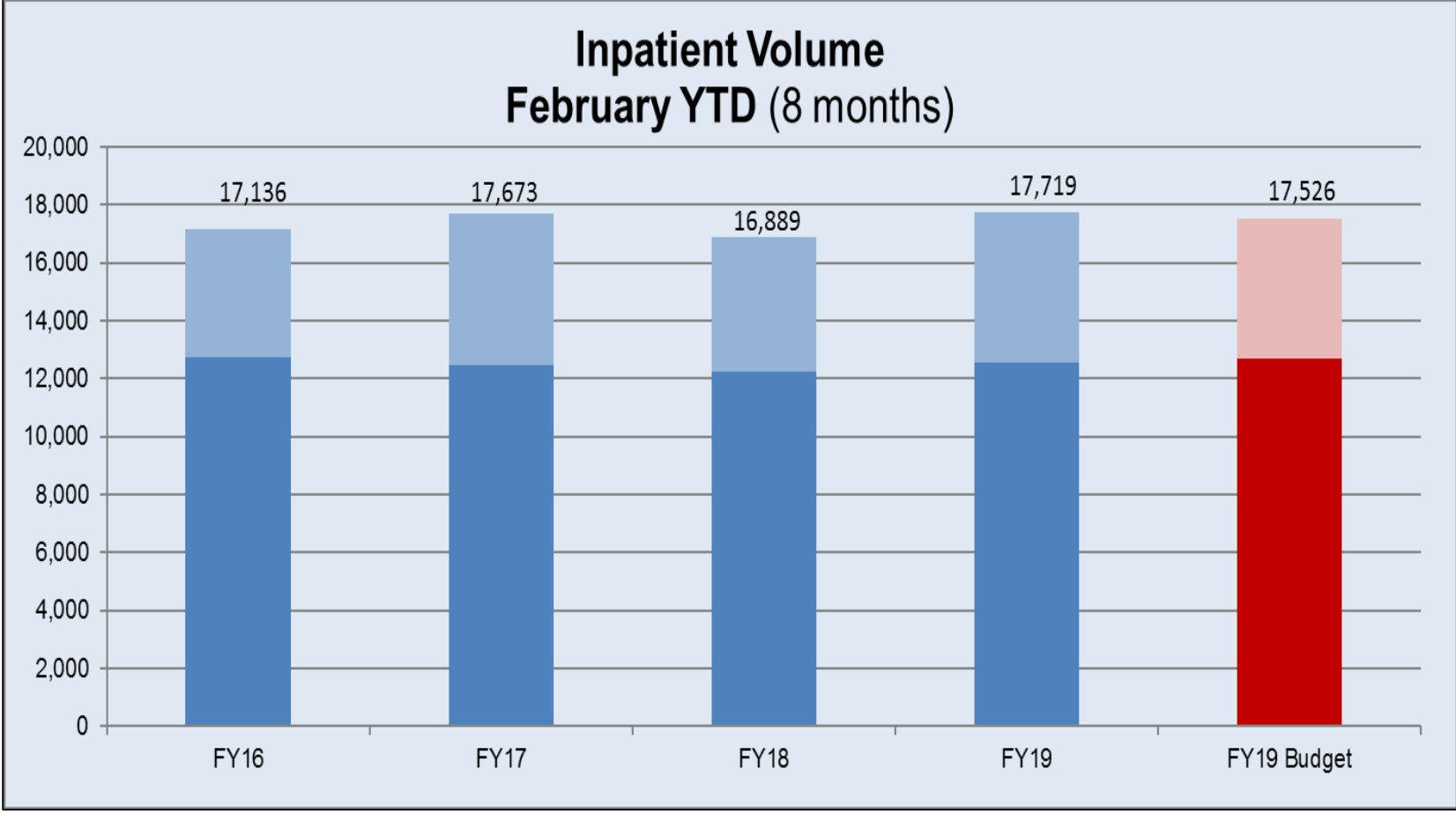




UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS

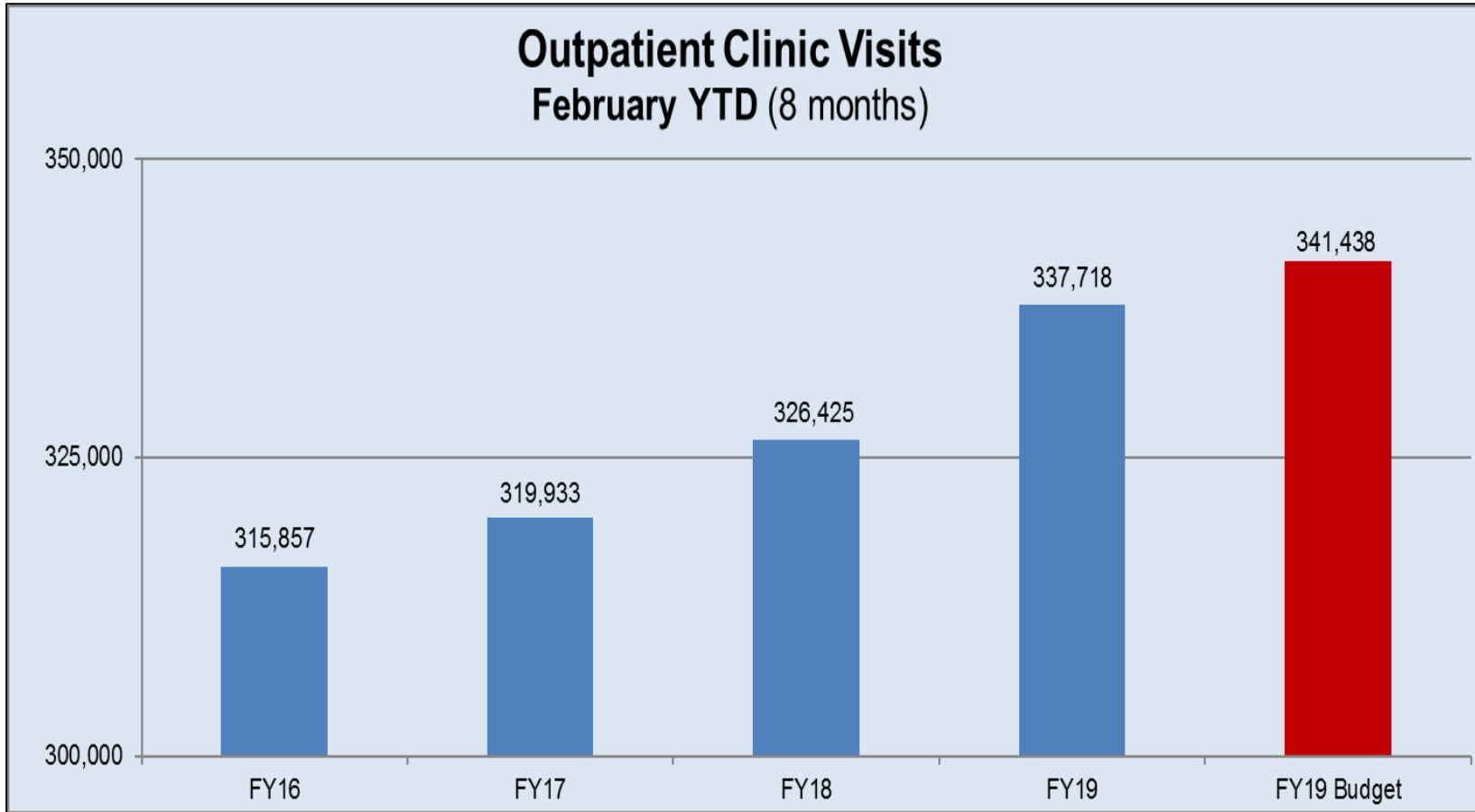
DASHBOARD
MAY 2019

Reported to the Board of Trustees
May 16, 2019

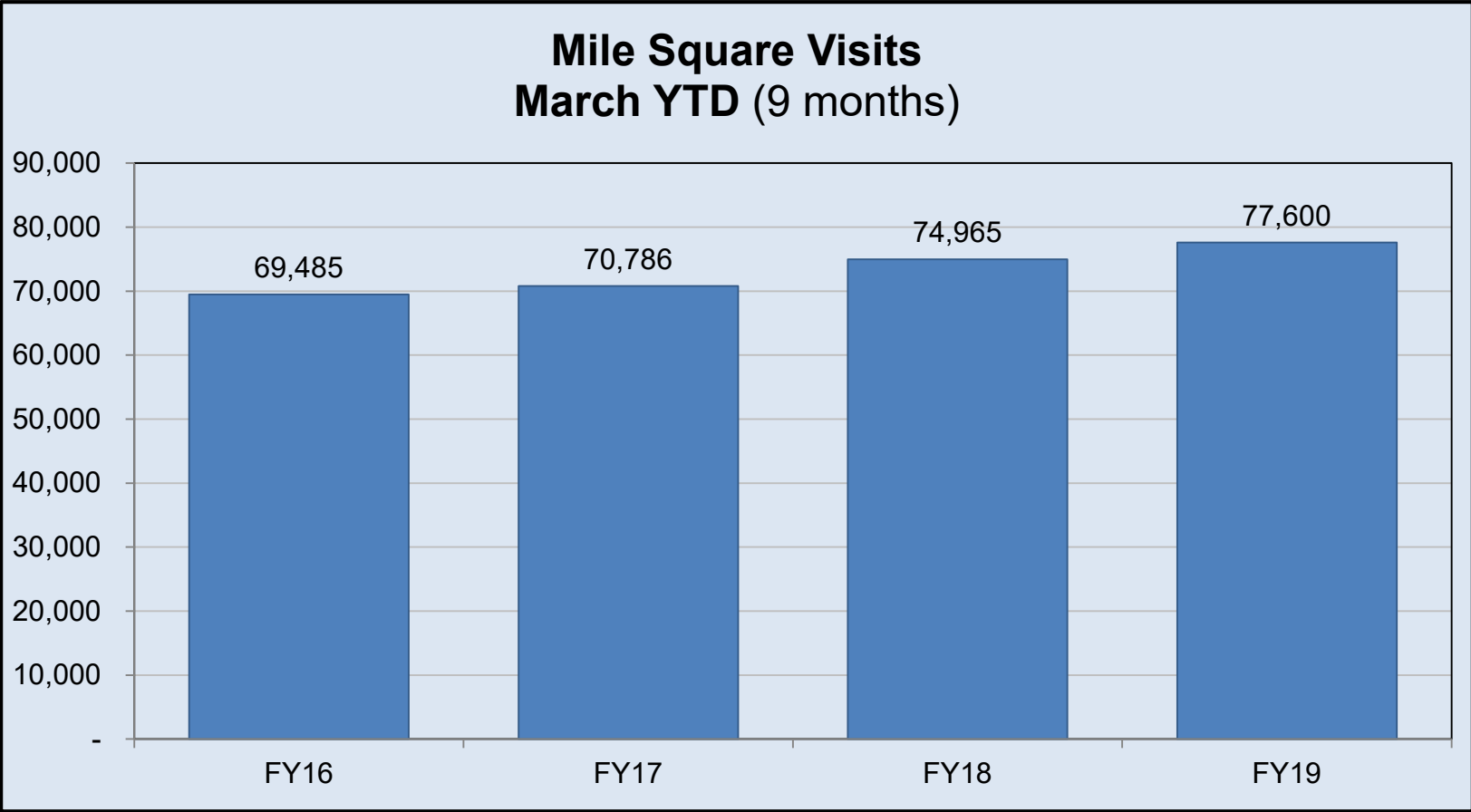


Combined Discharges and Observation Cases for the eight months ending February 2019 are 1.1% above budget and 4.9% greater than last year.





Clinic visits for the eight months ending February 2019 are 1.1% below budget and 3.5% above last year.



*Minor corrections made to historic data

Mile Square visits for the seven months ending March 2019 are 3.5% above last year.



UI HEALTH MISSION PERSPECTIVE

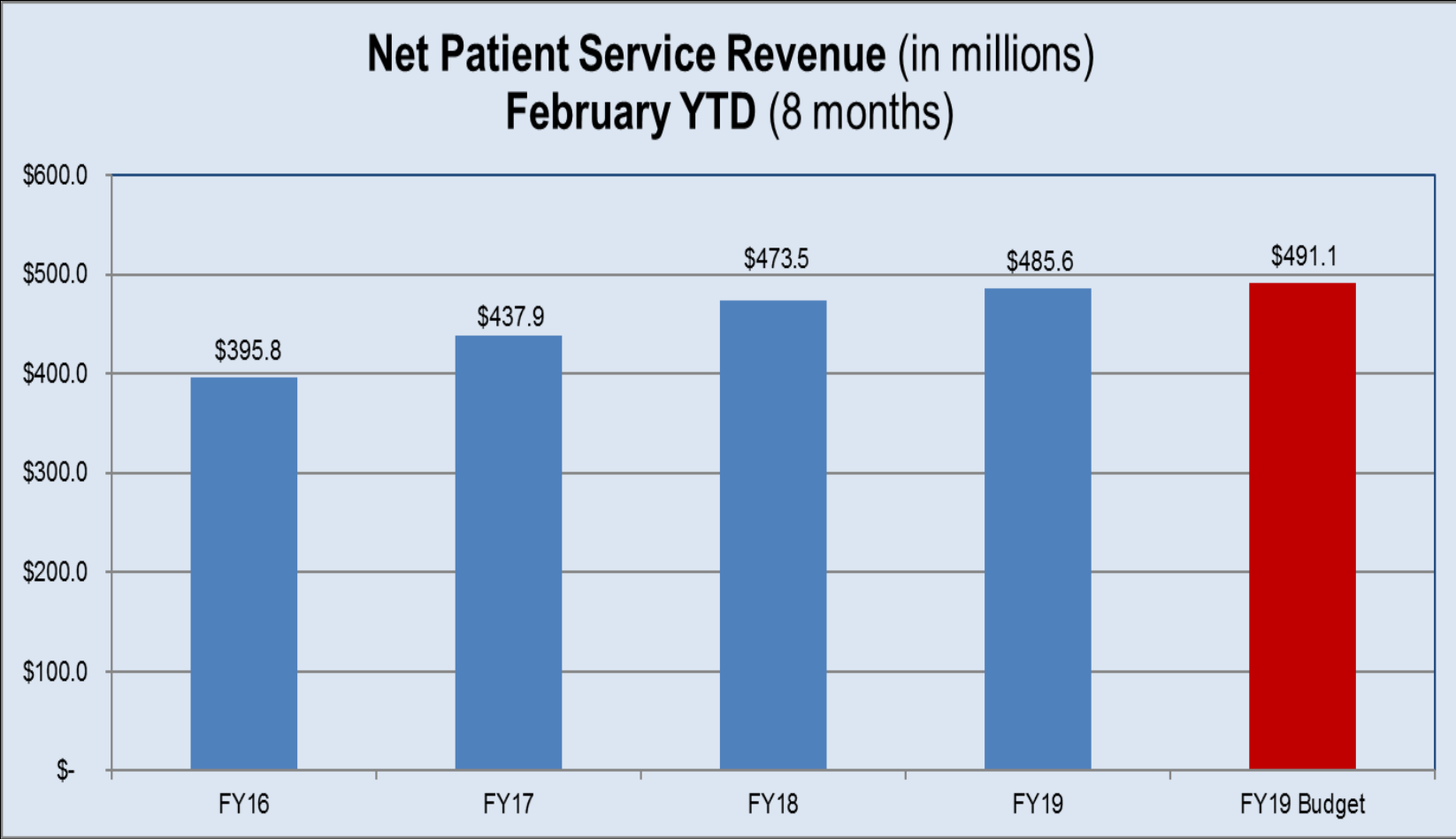
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – FEBRUARY 2019

(\$ IN THOUSANDS)

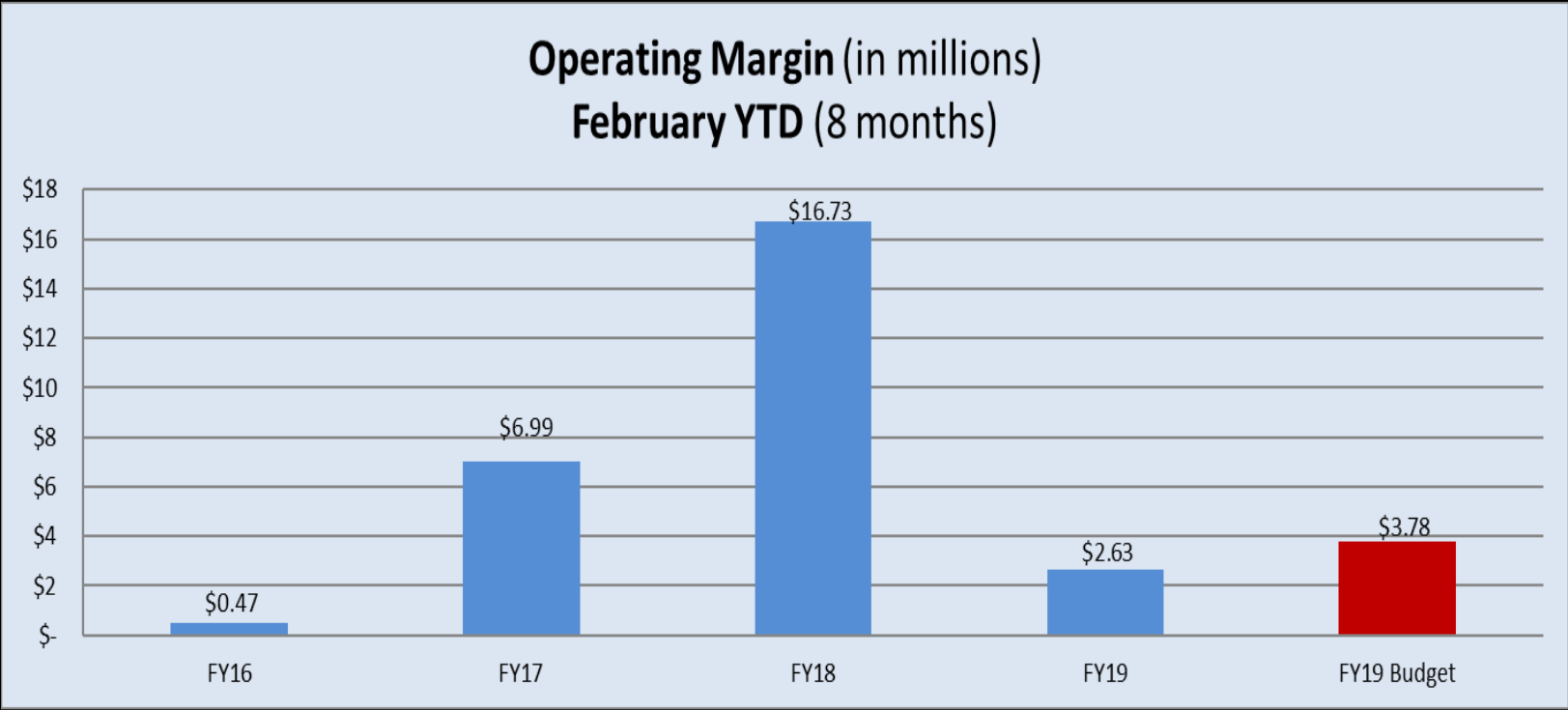
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 60,376	\$ 58,180	2,196	3.8%	\$ 61,109	Net Patient Revenue	\$ 485,649	\$ 491,096	(5,447)	-1.1%	\$ 473,490
33,536	33,629	(93)	-0.3%	30,676	Other Revenue	268,894	269,442	(548)	-0.2%	255,728
93,912	91,809	2,103	2.3%	91,785	Total Revenue	754,543	760,538	(5,995)	-0.8%	729,218
28,062	27,338	(724)	-2.6%	26,268	Salaries & Wages	237,806	237,747	(59)	0.0%	226,278
26,998	26,931	(67)	-0.2%	24,837	Employee Benefits	216,306	215,807	(499)	-0.2%	215,328
34,172	33,721	(451)	-1.3%	32,586	Department Expenses	270,649	276,055	5,406	2.0%	244,924
3,394	3,394	0	0.0%	3,244	General Expenses	27,152	27,152	0	0.0%	25,962
92,626	91,384	(1,242)	-1.4%	86,935	Total Expenses	751,913	756,761	4,848	0.6%	712,492
\$ 1,286	\$ 425	861	202.6%	\$ 4,850	Operating Margin	\$ 2,630	\$ 3,777	(1,147)	-30.4%	\$ 16,726
(278)	(281)	3	1.1%	(464)	Net Non-operating Income/(Loss)	(295)	\$ (2,242)	1,947	86.8%	(2,251)
\$ 1,008	\$ 144	864	600.0%	\$ 4,386	Net Income/(Loss)	\$ 2,335	\$ 1,535	800	52.1%	\$ 14,475





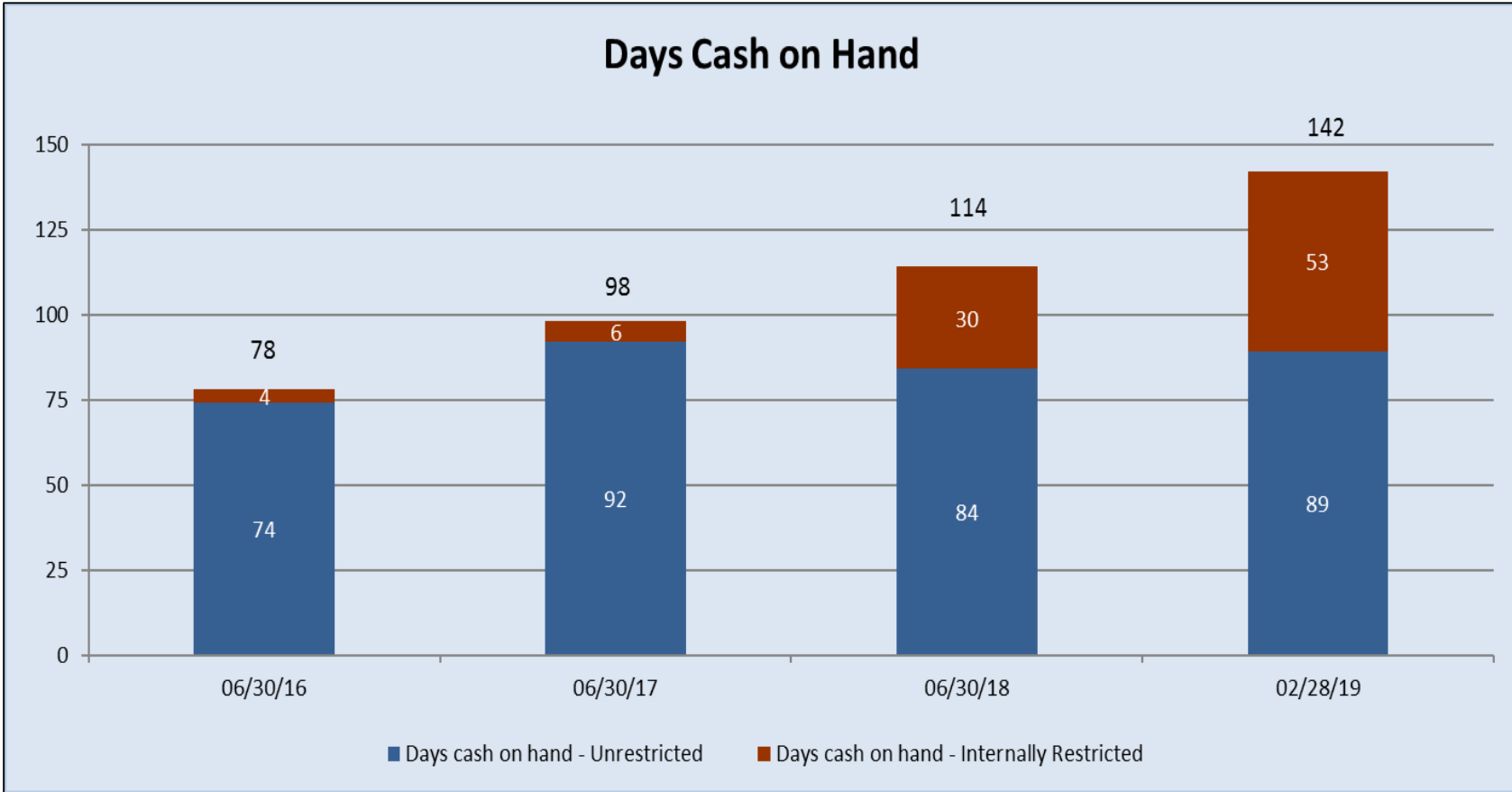
Net Patient Service Revenue is 2.6% greater than the prior year and 1.1% lower than budget.





Operating Margin includes Payments on Behalf for Benefits and Utilities.



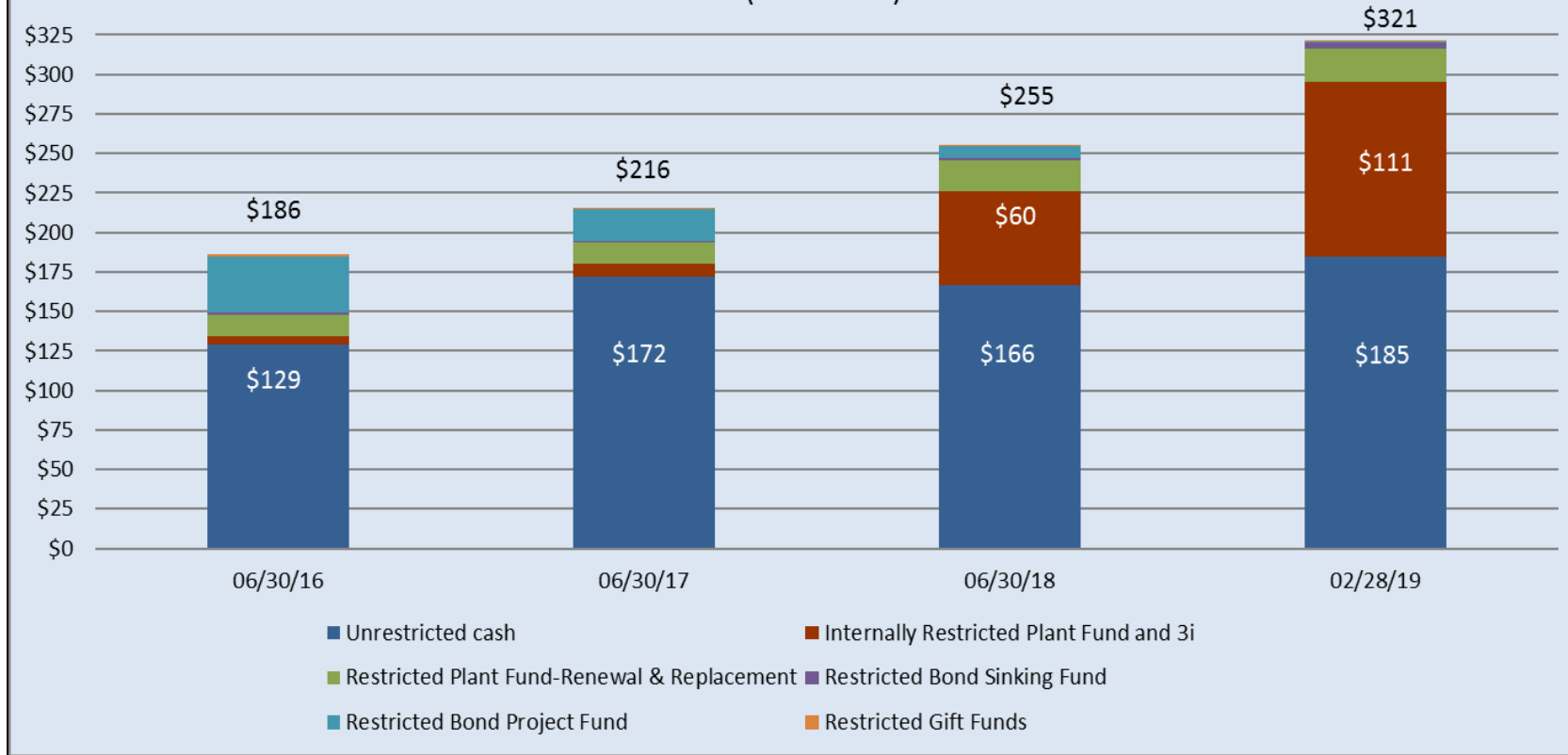


Major Project Funding Segregated



Unrestricted and Restricted Cash and Investments

(in millions)



Strengthening Cash Position



HEALTH SYSTEM BOND RATING MEDIANS 2017 DATA* FOR A-RATED HOSPITALS

Key Comparison Ratios

	Operating Margin	Days Cash on Hand	Cash to Debt	Average Age of Plant
S&P	2.1%	257.5	221.6%	11.2
Moody's	2.3%	226.5	169.6%	11.6
Fitch	2.3%	216.8	157.6%	11.6
UIH FY19 December YTD	0.3%**	142.0	292.5%	12.8

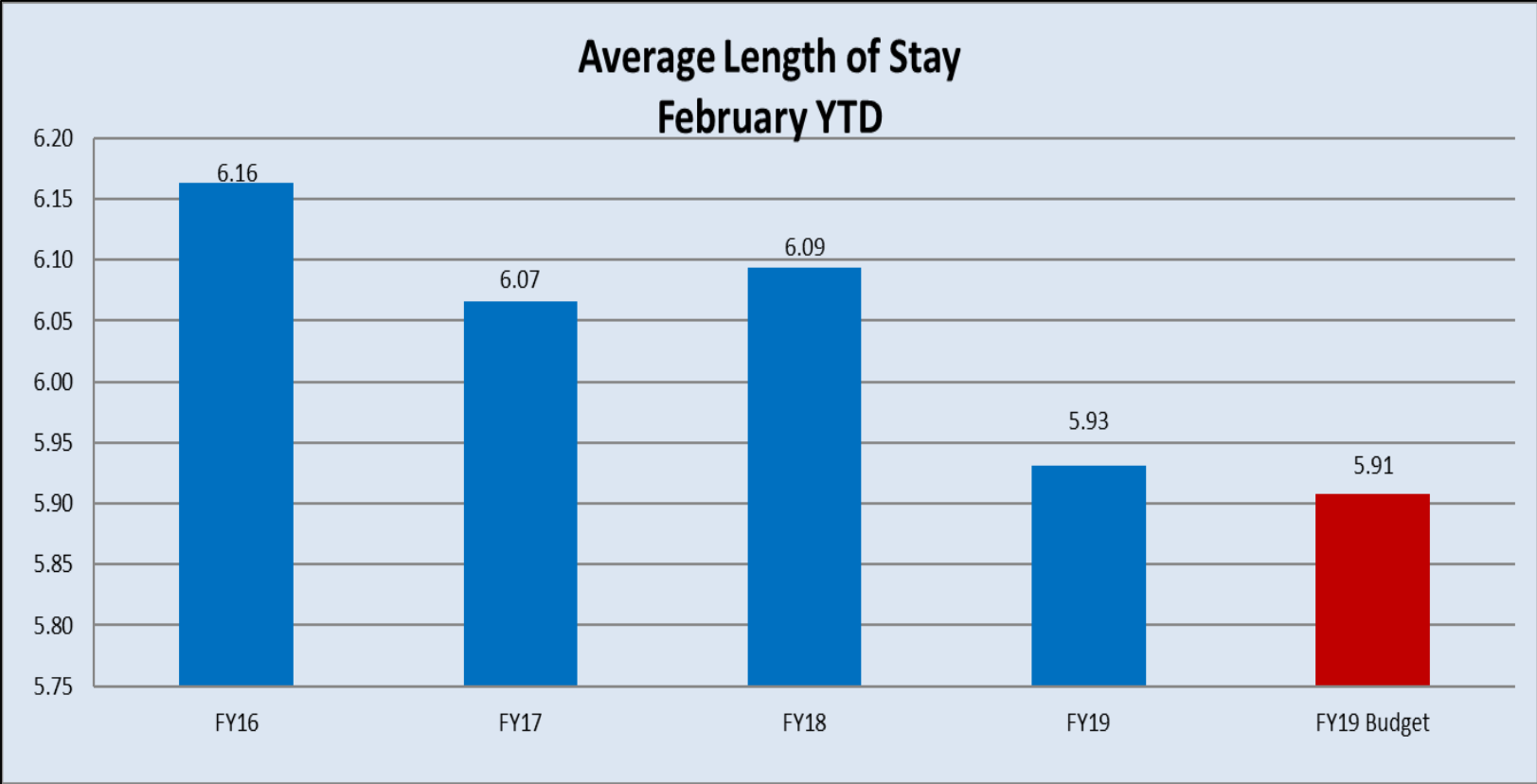
* Published in September, 2018

** Anticipated shortfall in FY19 & FY20



UI HEALTH MISSION PERSPECTIVE

OPERATIONAL EFFECTIVENESS

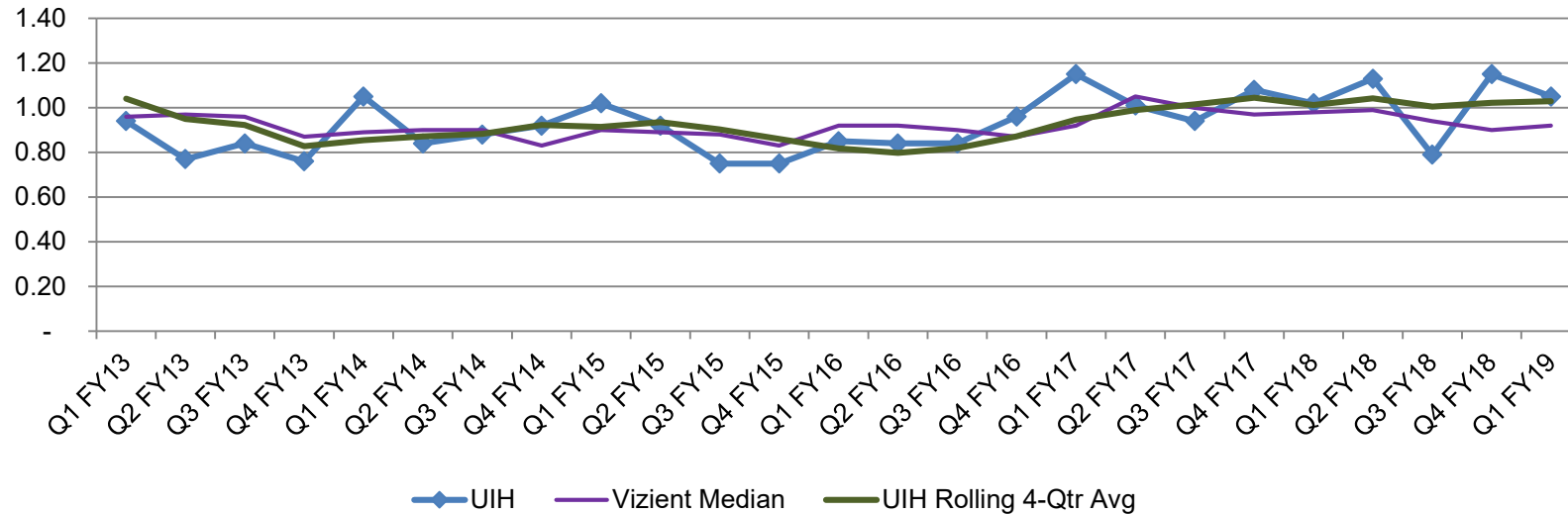


The FY 19 Budget Target is to be at 5.9 days (for the month) by year-end.

UI HEALTH MISSION PERSPECTIVE
QUALITY & SAFETY

Vizient Metrics (Q1 FY19, July – Sep 2018)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Total Inpatient Mortality Index (Observed/Expected Ratio)	70	1.03	1.05	0.92	122/158

UI Health Total Inpatient Mortality Index (Observed/Expected)

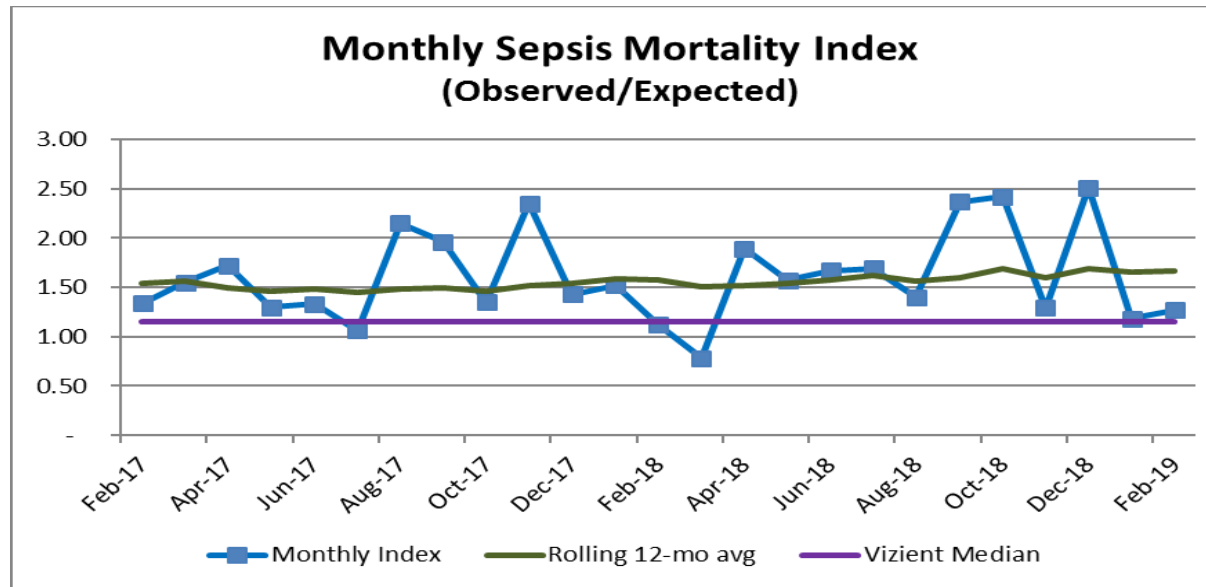


During Q1 FY19, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) **increased** to 1.05.

Our rolling 4-quarter average of 1.03 exceeds the Vizient median of 0.92



Vizient Metrics (Q1 FY19, July – Sep 2018)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	42	1.58	1.86	1.20	153/158



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sepsis Cases	9	6	16	9	13	10	11	21	16	12	18	8	12
Sepsis Deaths	64	65	55	59	54	65	68	66	54	60	57	45	70

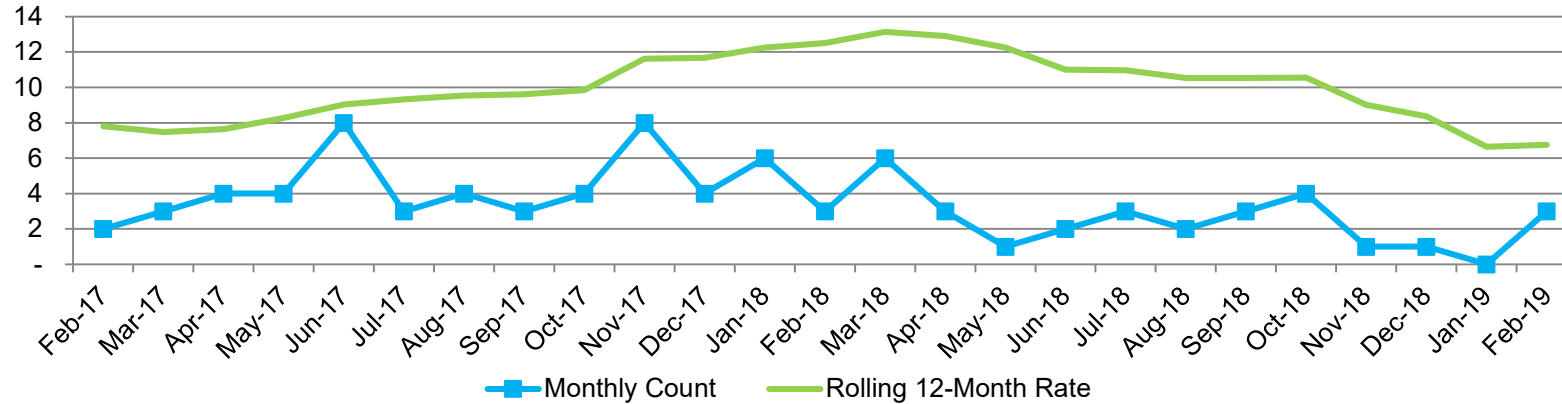
During February 2019, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 1.27, **higher** than the Vizient median.

Our rolling 12-month average of 1.67 exceeds the Vizient median.



Vizient Metrics (Q1 FY19, Jul – Sep 2018)	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)	8	10.5	7.6	4.84	140/158

Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Post-Op DVT's by Month	3	3	2	0	2	0	2	2	3	0	1	0	2
Number of Post-Op PEs by Month	2	3	1	1	0	3	1	3	1	1	0	0	2

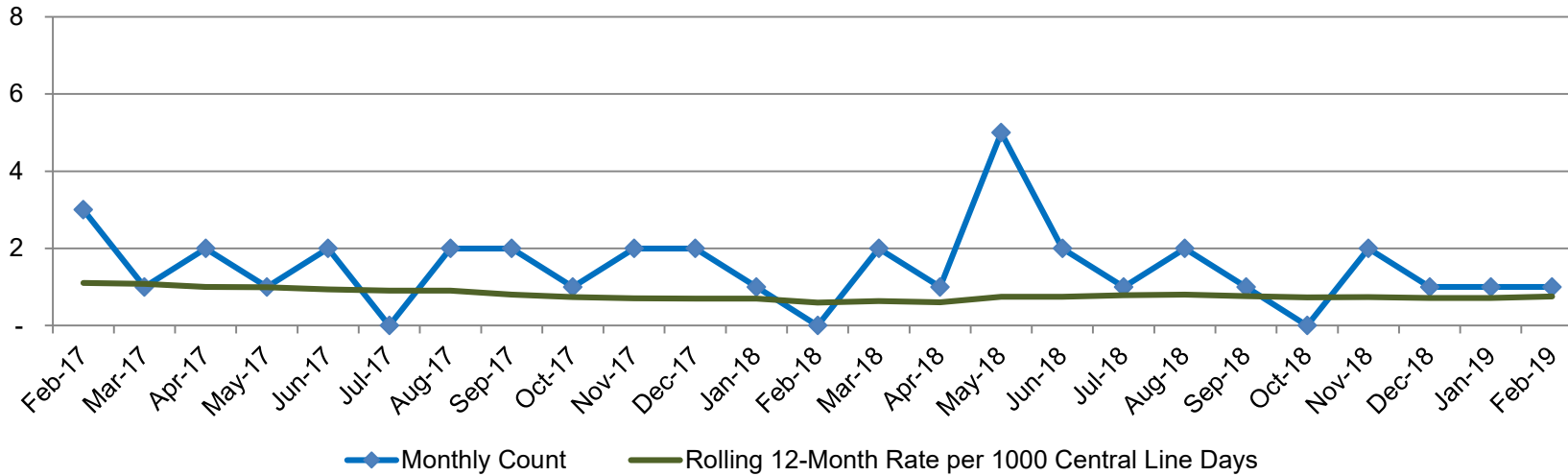
For the first time ever, UI Health had **ZERO** post-operative blood clots in the month of January 2019.

While our rolling 12-month average rate of 6.75 post-operative blood clots per 100 surgeries remains higher than the Vizient median, it is the **lowest rate we have yet achieved** and is on a trajectory to improve further over the coming months.

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



Monthly Whole-House Central Line-Associated Blood Stream Infections

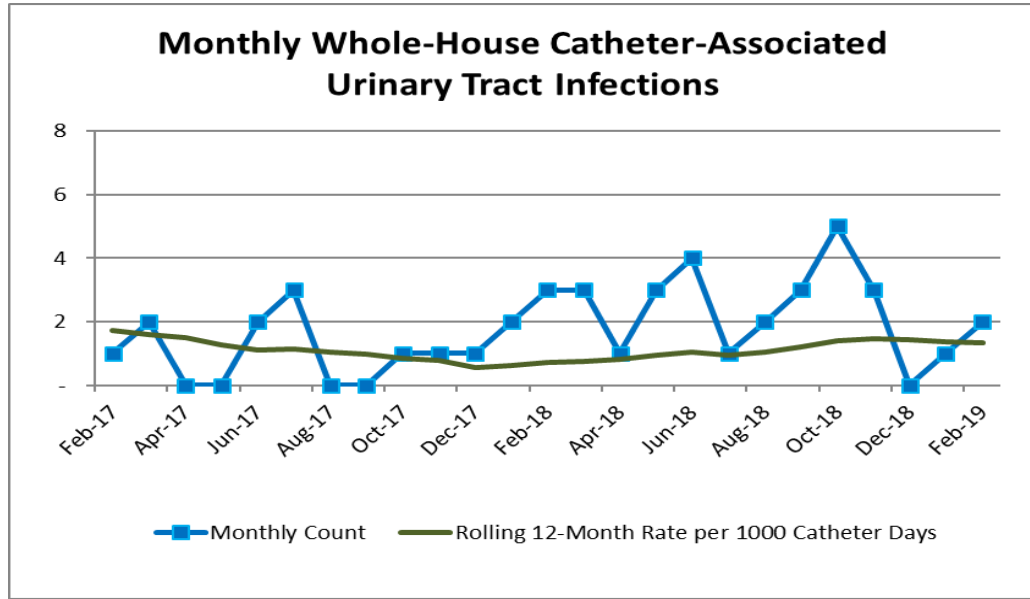


Number of infections by Month (excludes Mucosal Barrier injuries)	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
	0	2	1	5	2	1	2	1	0	2	1	1	1

Our whole-house CLABSI rate **decreased** to 0.4 in February 2019.

Our whole-house rolling 12-month average CLABSI rate held steady at 0.8 per 1000 central line days.

Vizient Metrics (Q3 FY18, Jan – Mar 2018)	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	0	0.00	0.00	0.00	1/158



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of infections by Month	3	3	1	3	4	1	2	3	5	3	0	1	2

Our whole-house CAUTI rate remained at 1.2 in February 2019.

Our whole-house rolling 12-month average CAUTI rate increased to 1.3, in February 2019.



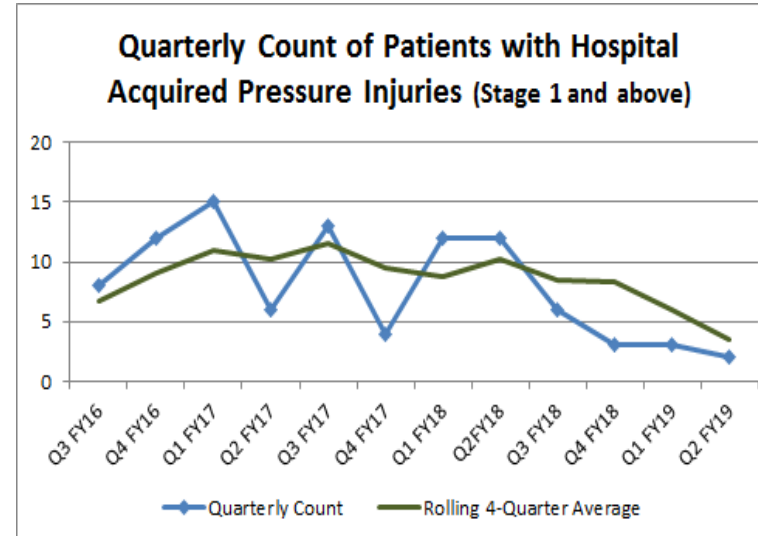
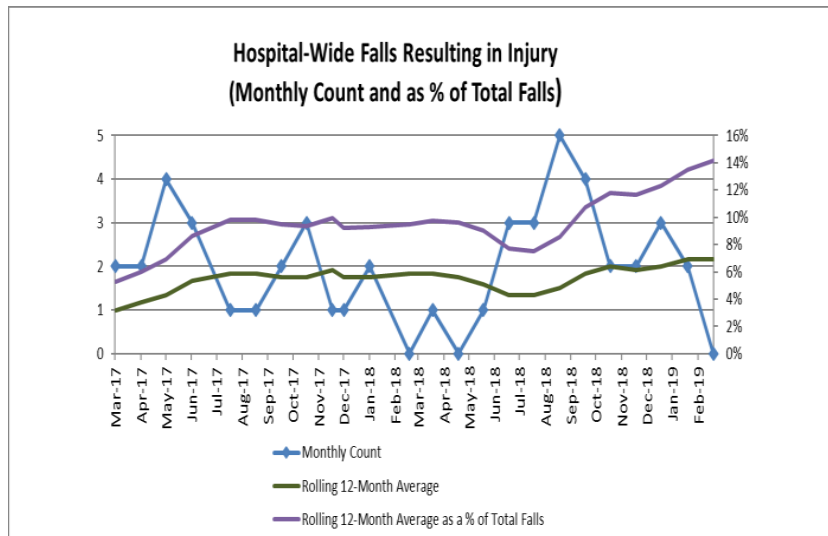
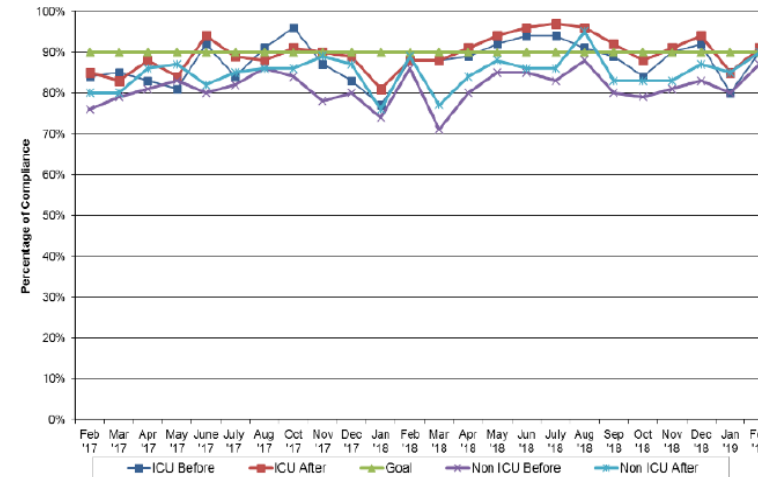
OUR ZERO HARM METRICS



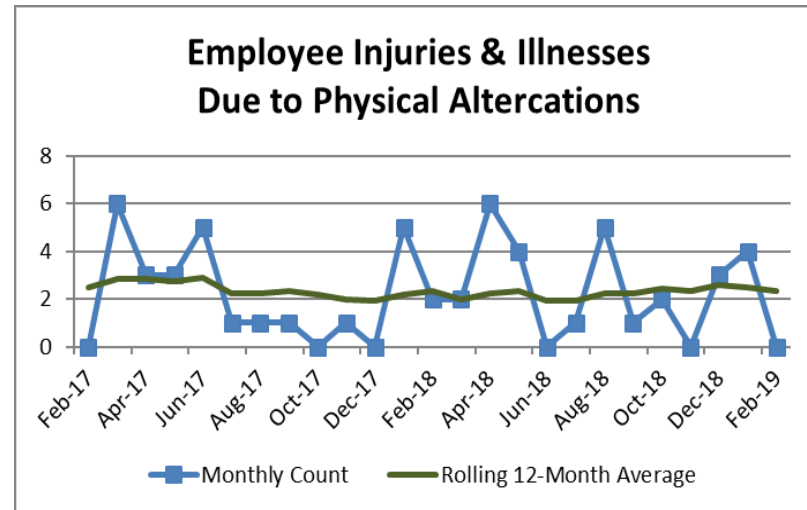
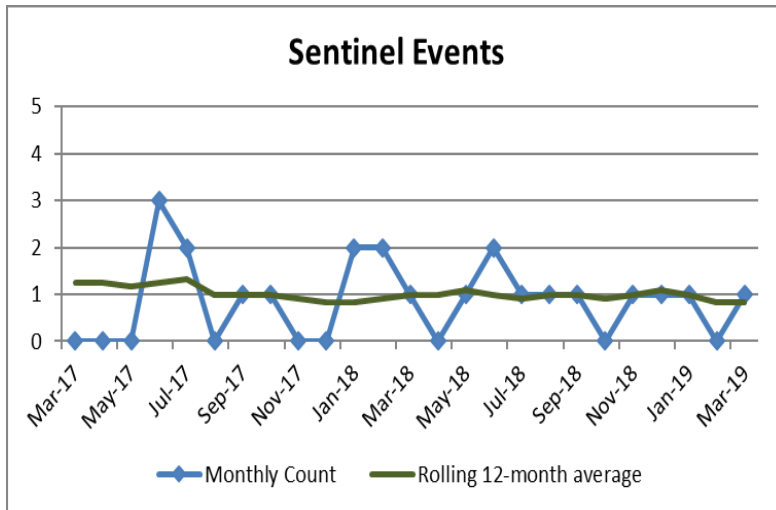
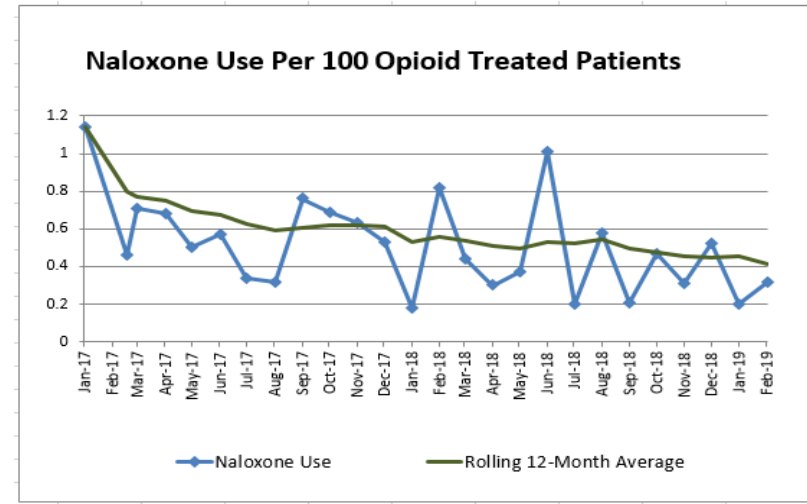
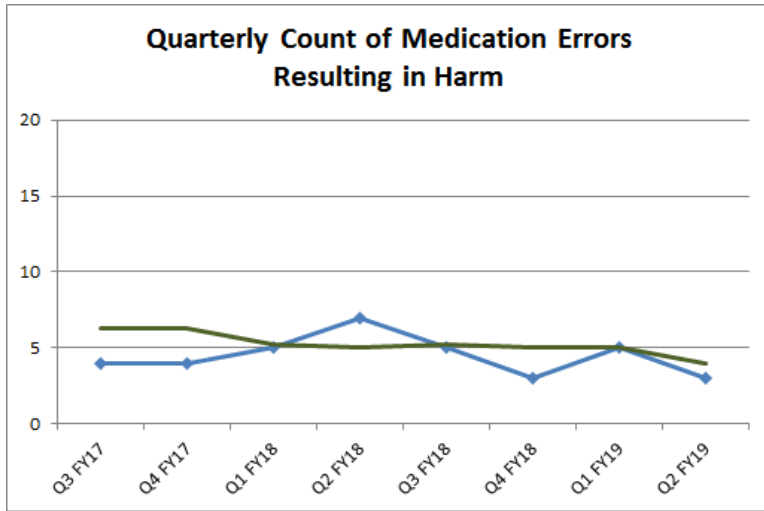
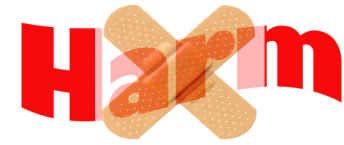
*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.

Hand Hygiene Compliance

Infection Control Hand Hygiene Surveillance Report



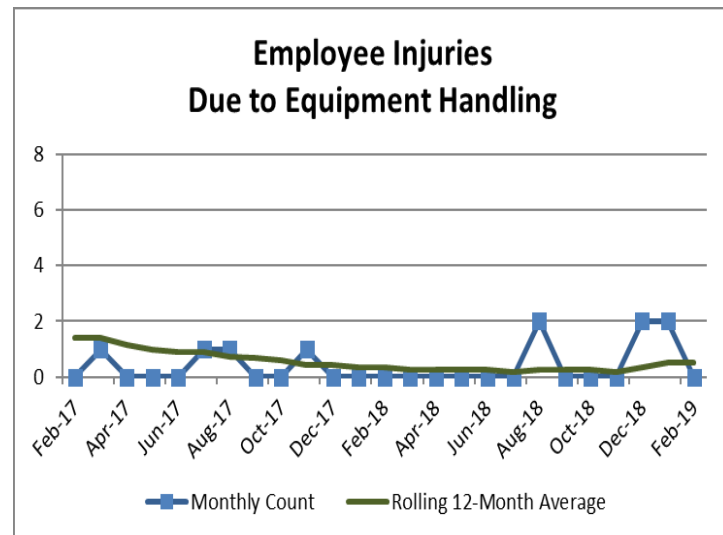
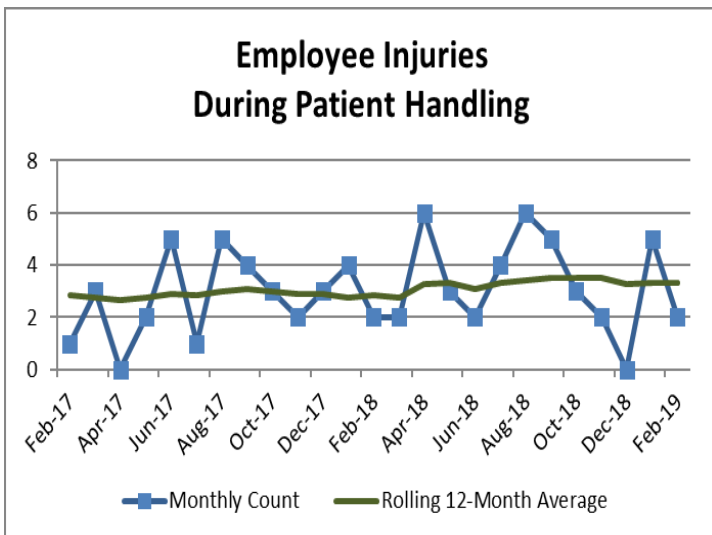
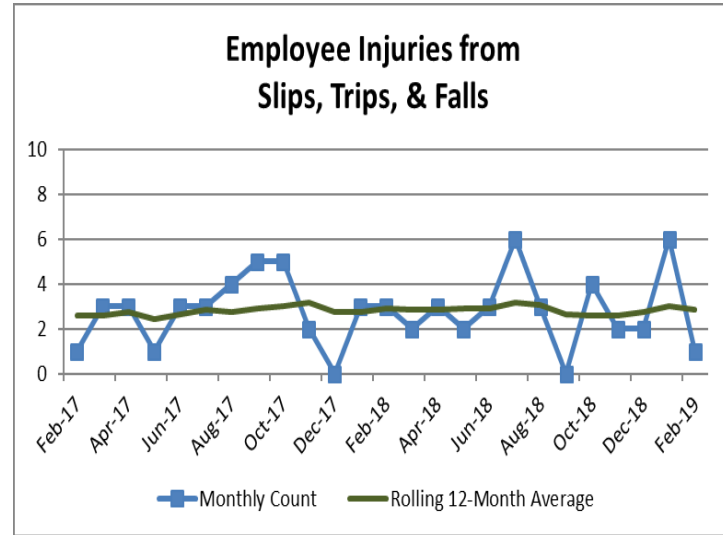
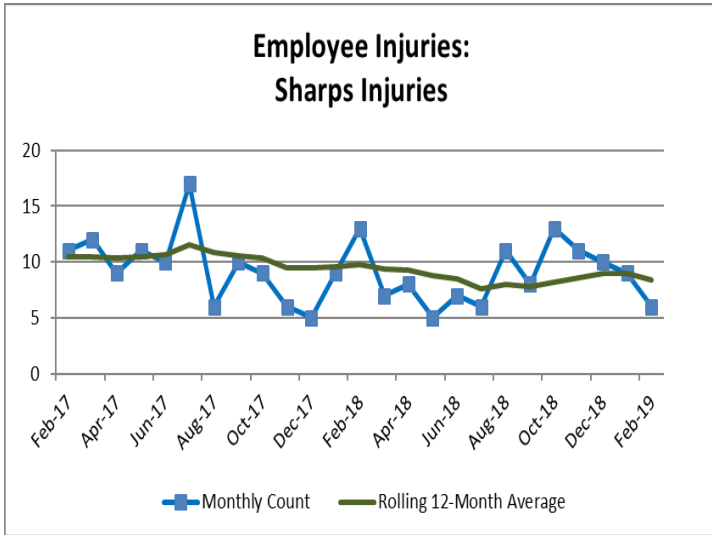
OUR ZERO HARM METRICS, CONT.



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



OUR ZERO HARM METRICS, CONT.



FY19 Areas of Focus

- **Quality:**
 - Decrease Sepsis Mortality Index
 - Decrease rate of Post-Operative Blood Clots
 - Decrease 30-day Readmission Rate
- **Safety:**
 - Decrease number of Patient Safety Events
 - Decrease number of Employee Safety Events
 - Improve adherence to 2 Forms of Patient Identification

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 Expense (less Drugs) / Supply Intensity Score Adjusted Discharge	Supply expense (less drugs) divided by supply intensity score-adjusted discharges. Supply intensity score is a value derived from a weighted average of the total number of discharges by the distribution of MS-DRG—weighted values, assigned based on expected supply-related consumption.	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)
Top Box Score	The Top Box Score is the percentage of responses in the highest possible category for a question, section on Survey (e.g. percentage of "Very Good or Always" responses)	Press Ganey
CAHPS	Consumer Assessment of Healthcare Providers & Systems. CAHPS surveys are an integral part of CMS' efforts to improve healthcare in the U.S. The quality of service is measured clinically through patient experience of care surveys (HCAHPS, CGCAHPS, OAS CAHPS, and Emergency CAHPS).	CMS
HCAHPS	Stands for "Hospital Consumer Assessments of Healthcare Providers and Systems". It is the first national standardized, publically reported survey of patients' perspective of hospital care.	Studer Group