

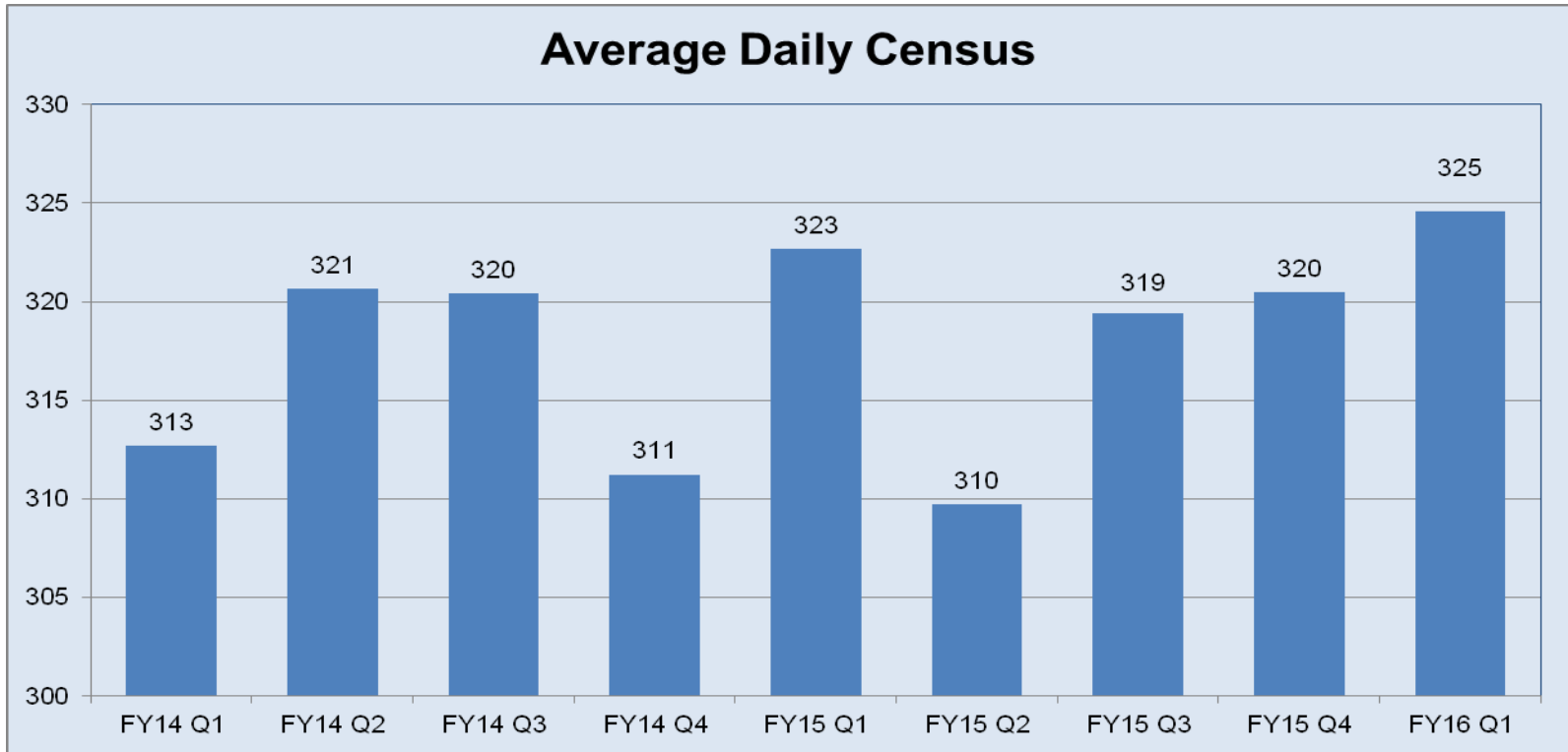


# UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

## HOSPITAL DASHBOARD

Reported to the Board of Trustees  
November 12, 2015

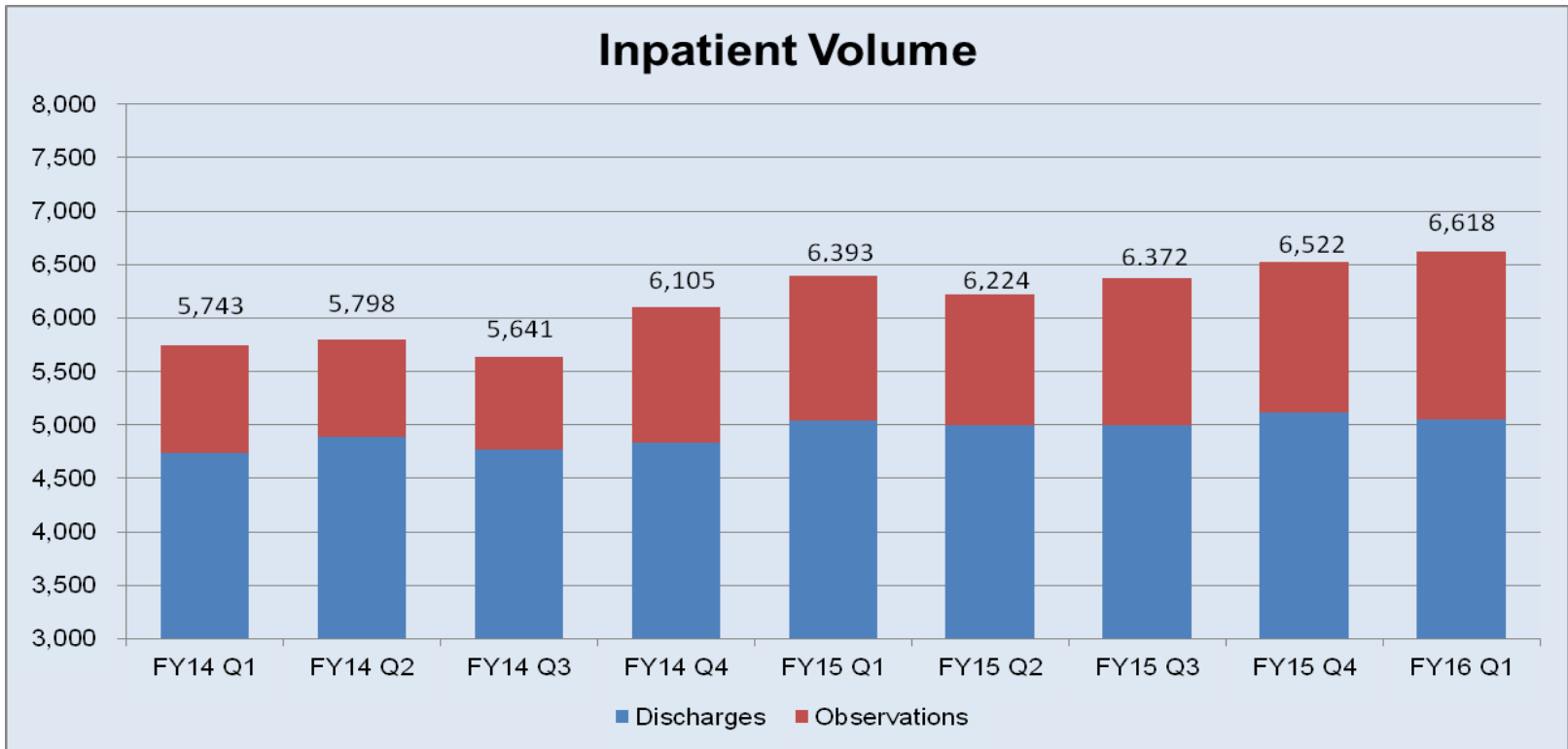
UI Health Metrics	FY16 Q1 Actual	FY16 Q1 Target	FY15 Q1 Actual	1st Quarter % change FY16 vs FY15
Average Daily Census (ADC)	325	317	323	0.6%



ADC in September 2015 was 334 vs. 328 in September 2014.

## UI Health: Patient Volume

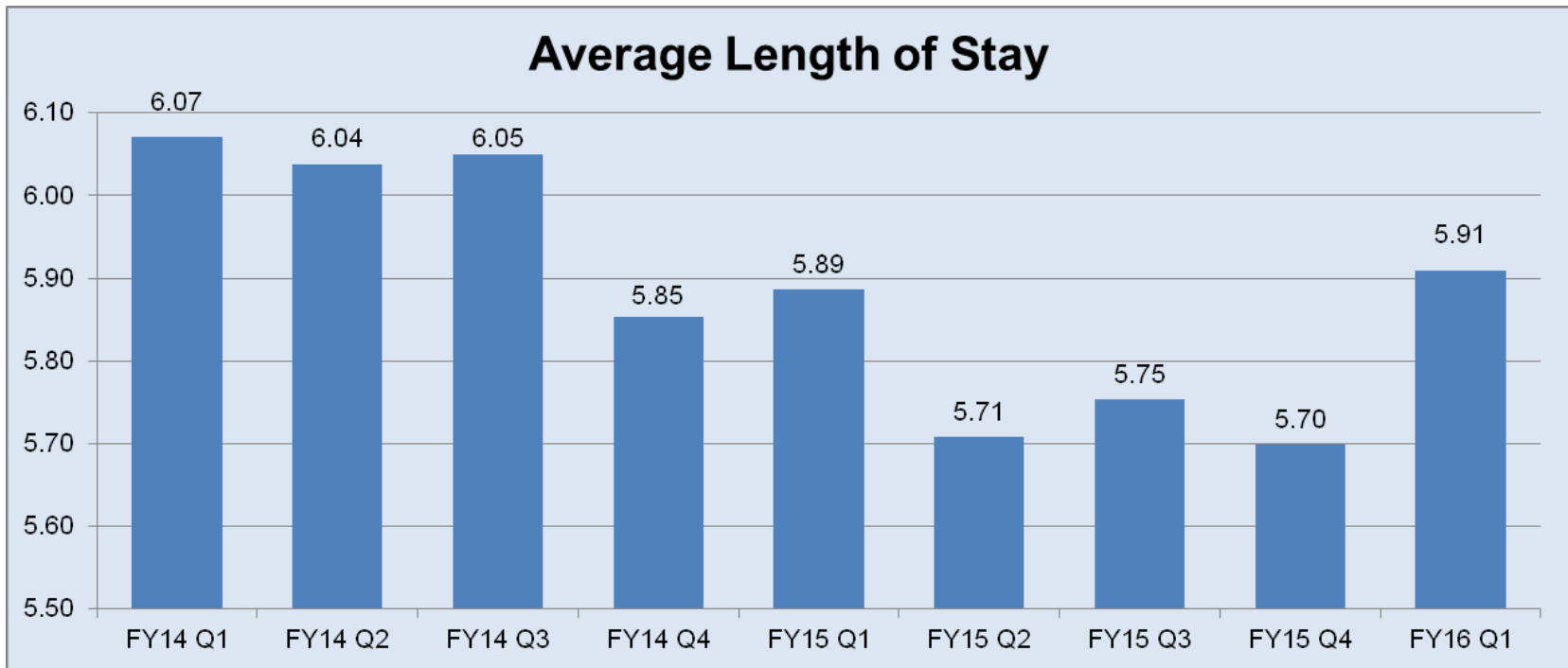
UI Health Metrics	FY16 Q1 Actual	FY16 Q1 Target	FY15 Q1 Actual	1st Quarter % change FY16 vs FY15
Discharges	5,053	5,163	5,043	Combined 3.5%
Observation Cases	1,565	1,389	1,350	



Combined Discharges and Observation Cases in 1<sup>st</sup> Quarter FY 16 are 1.0% over budget and 3.5% more than last year.

## UI Health: Patient Volume

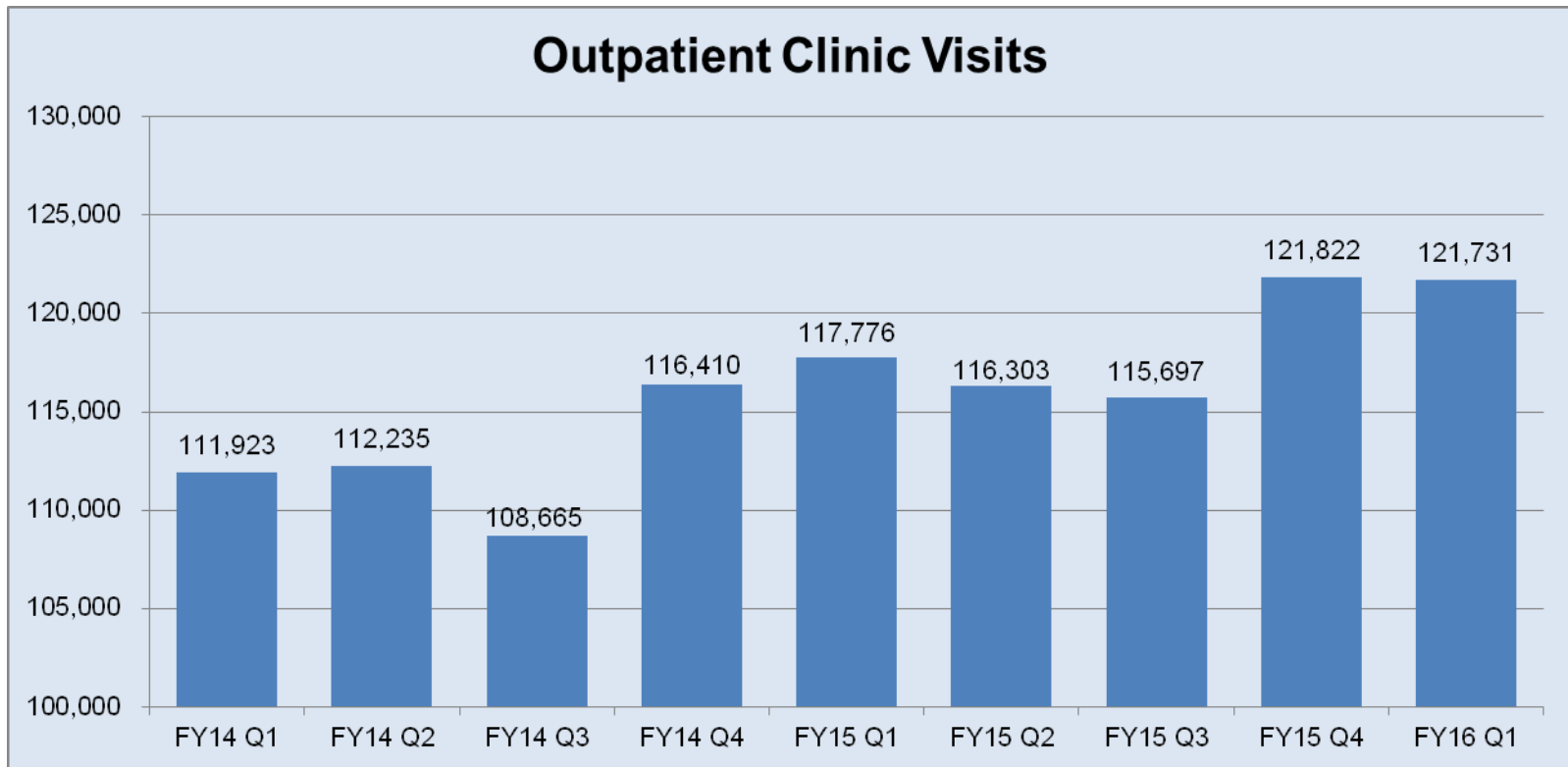
UI Health Metrics	FY16 Q1 Actual	FY16 Q1 Target	FY15 Q1 Actual
Average Length of Stay (Days)	5.91	5.65	5.89



FY 16 Budget Target is to be at 5.42 days by year-end.

## UI Health Mission Perspective: Operational Effectiveness

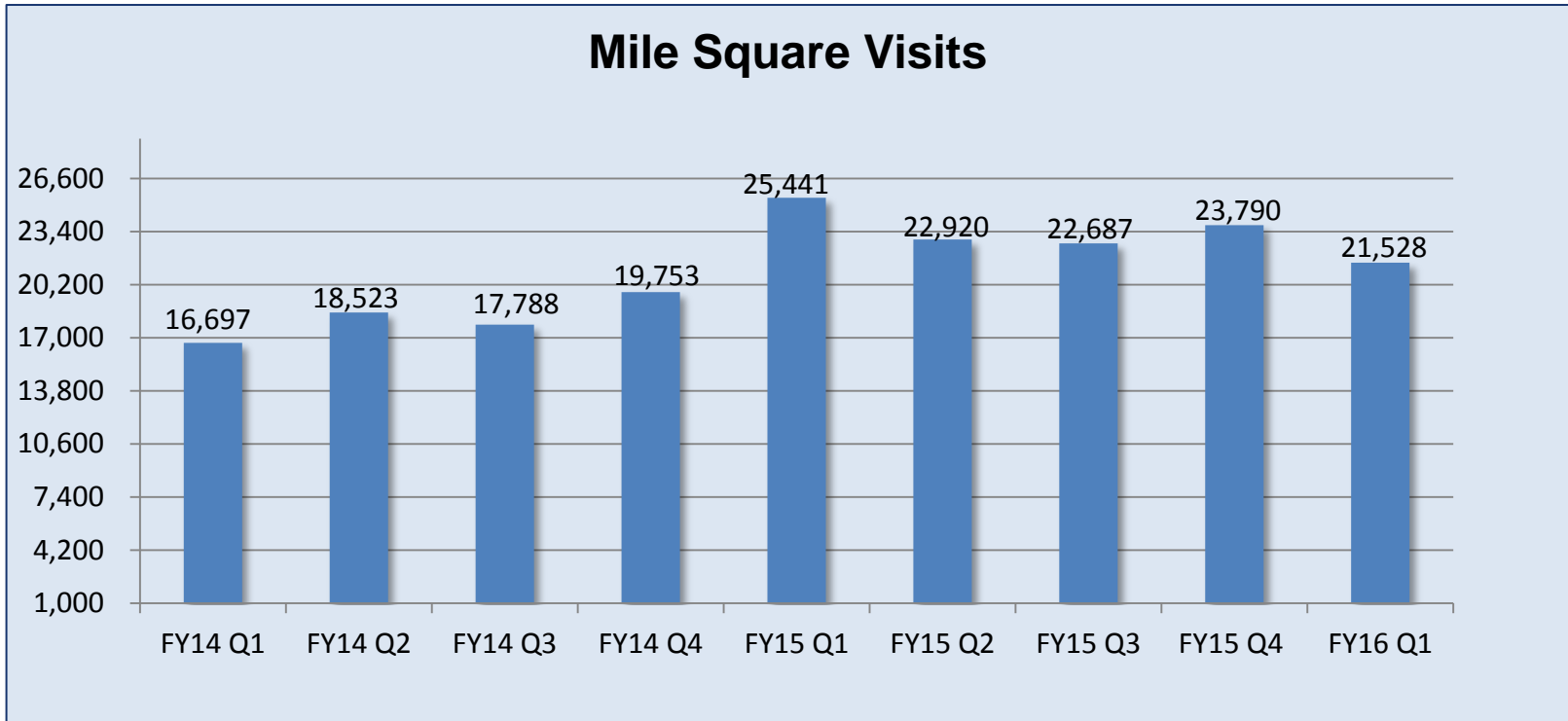
UI Health Metrics	FY16 Q1 Actual	FY16 Q1 Target	FY15 Q1 Actual	1st Quarter % change FY16 vs FY15
Outpatient Clinic Visits	121,731	120,244	117,776	3.4%



Clinic visits in 1<sup>st</sup> Quarter FY16 are 1.2% over budget and 3.4% more than last year.

## UI Health: Patient Volume

UI Health Metrics	FY16 Q1	FY16 Q1 Target	FY15 Q1 Actual
Mile Square Visits	21,528	25,441	25,441



Mile Square visits are below prior year quarter 1.

**UI HEALTH  
MISSION PERSPECTIVE:  
FINANCIAL  
PERFORMANCE**

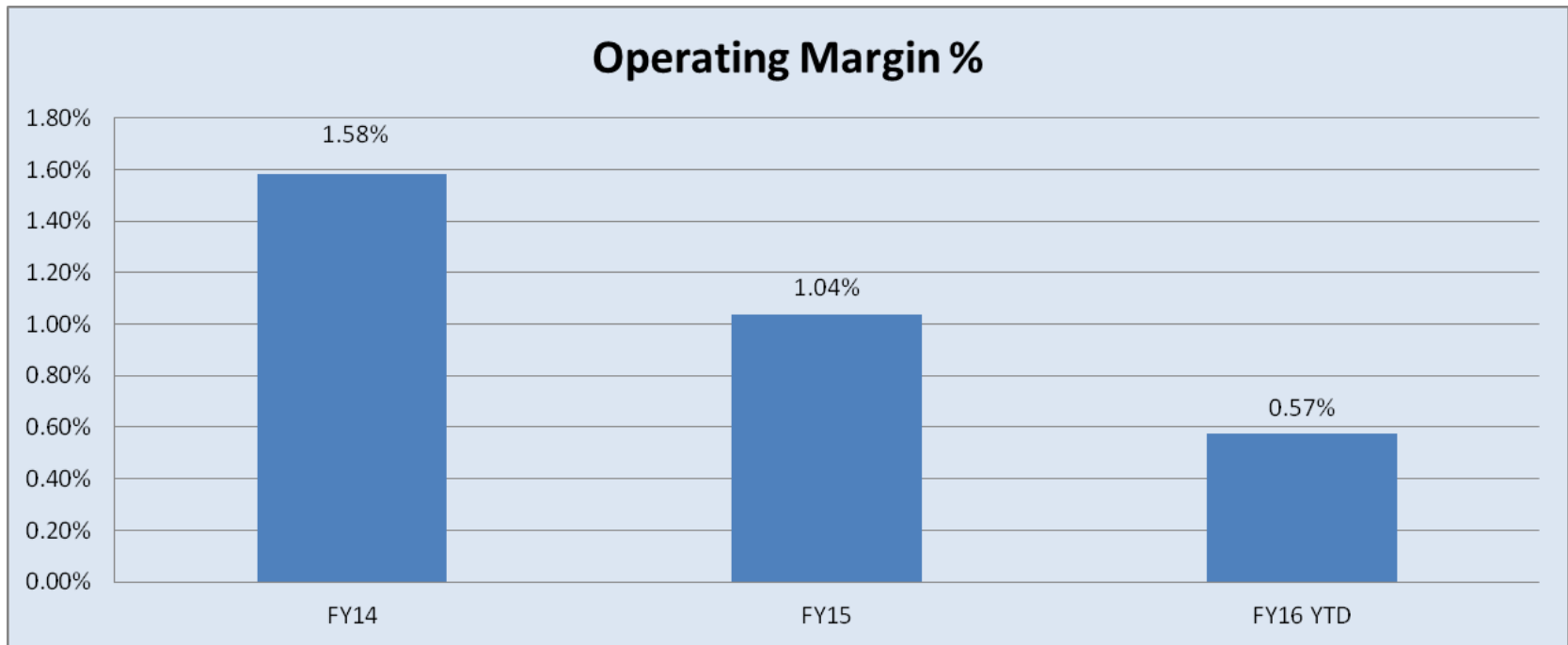
# STATEMENT OF OPERATIONS – AUGUST 2015

(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 48,262	\$ 49,141	(879)	-1.8%	\$ 45,653	<b>Net Patient Revenue</b>	\$ 98,452	\$ 98,289	163	0.2%	\$ 89,166
21,814	22,390	(576)	-2.6%	20,692	Other Revenue	43,883	44,780	(897)	-2.0%	42,066
<b>70,076</b>	<b>71,531</b>	<b>(1,455)</b>	<b>-2.0%</b>	<b>66,345</b>	<b>Total Revenue</b>	<b>142,335</b>	<b>143,069</b>	<b>(734)</b>	<b>-0.5%</b>	<b>131,232</b>
25,056	25,756	700	2.7%	26,937	Salaries & Wages	50,624	51,298	674	1.3%	53,046
17,115	17,136	21	0.1%	17,088	Employee Benefits	34,242	34,269	27	0.1%	34,346
23,661	24,421	760	3.1%	20,077	Department Expenses	49,319	49,360	41	0.1%	40,380
3,667	3,667	0	0.0%	3,360	General Expenses	7,334	7,334	0	0.0%	7,303
<b>69,499</b>	<b>70,980</b>	<b>1,481</b>	<b>2.1%</b>	<b>67,462</b>	<b>Total Expenses</b>	<b>141,519</b>	<b>142,261</b>	<b>742</b>	<b>0.5%</b>	<b>135,075</b>
<b>\$ 577</b>	<b>\$ 551</b>	<b>26</b>	<b>4.7%</b>	<b>\$ (1,117)</b>	<b>Operating Margin</b>	<b>\$ 816</b>	<b>\$ 808</b>	<b>8</b>	<b>1.0%</b>	<b>\$ (3,843)</b>
(202)	(62)	(140)	-225.8%	812	Net Non-operating Income/(Loss)	(363)	(123)	(240)	-195.1%	393
<b>\$ 375</b>	<b>\$ 489</b>	<b>(114)</b>	<b>-23.3%</b>	<b>\$ (305)</b>	<b>Net Income/(Loss)</b>	<b>\$ 453</b>	<b>\$ 685</b>	<b>(232)</b>	<b>33.9%</b>	<b>\$ (3,450)</b>



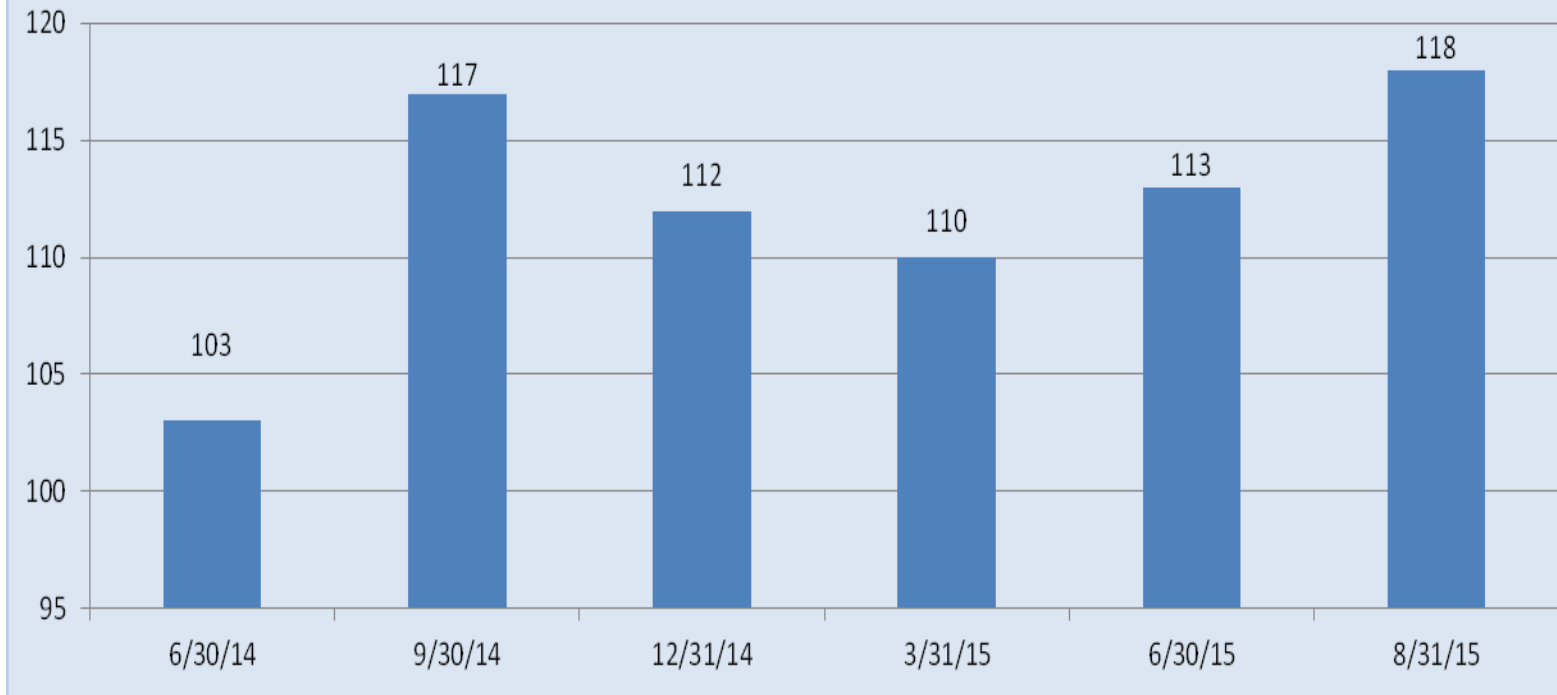
UI Health Metrics	FY16 YTD Actual	FY16 (12mos) Target	FY15 Actual
Operating Margin %	0.57%	0.74%	1.04%



Operating Margin includes Payments on Behalf for Benefits and Utilities. YTD Margin is expected to increase each quarter as planned initiatives for FY16 are accomplished.

## UI Health Mission Perspective: Financial Stability

## Days Cash on Hand (Unrestricted)

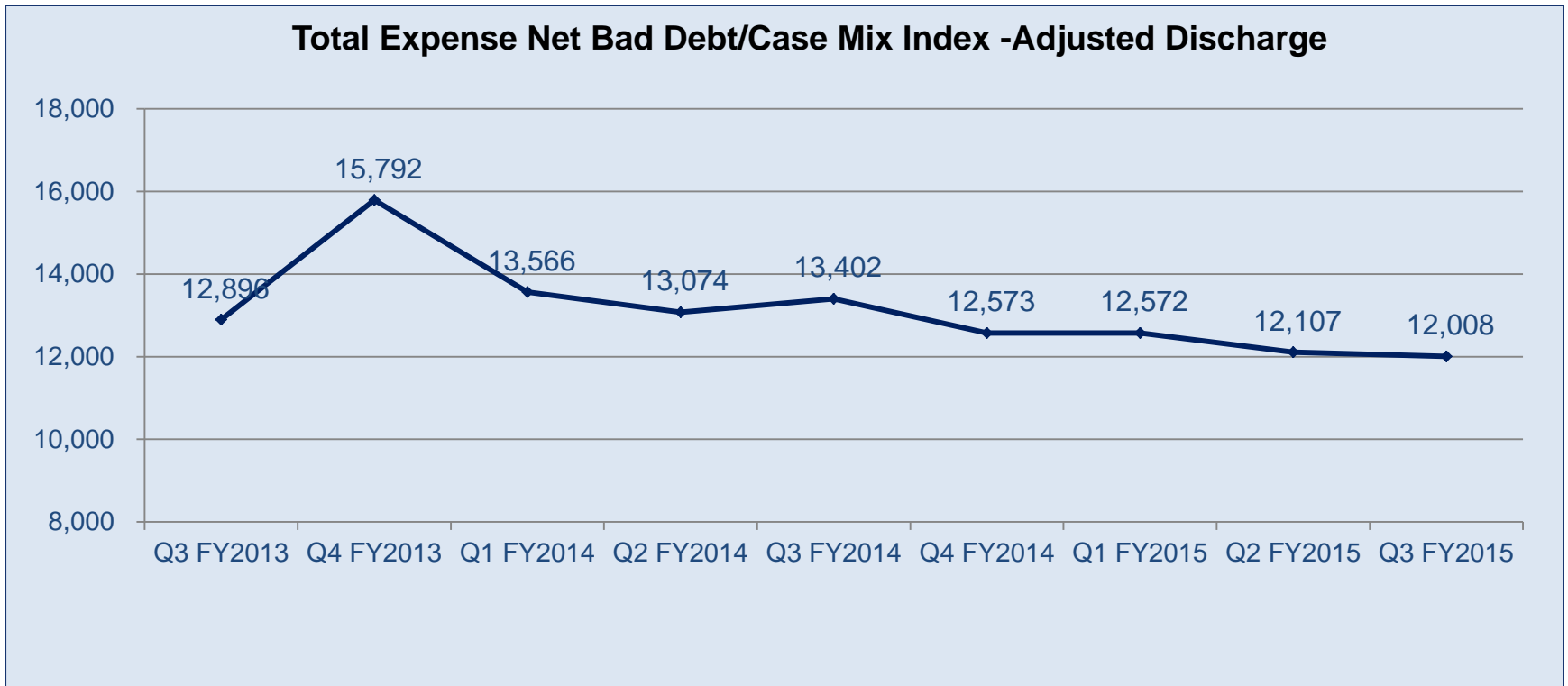


Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (S&P "A" and Moody's "A2") is 252 days.

**UI Health Mission Perspective:  
Financial Stability**

**UI HEALTH  
MISSION PERSPECTIVE:  
OPERATIONAL  
EFFECTIVENESS**

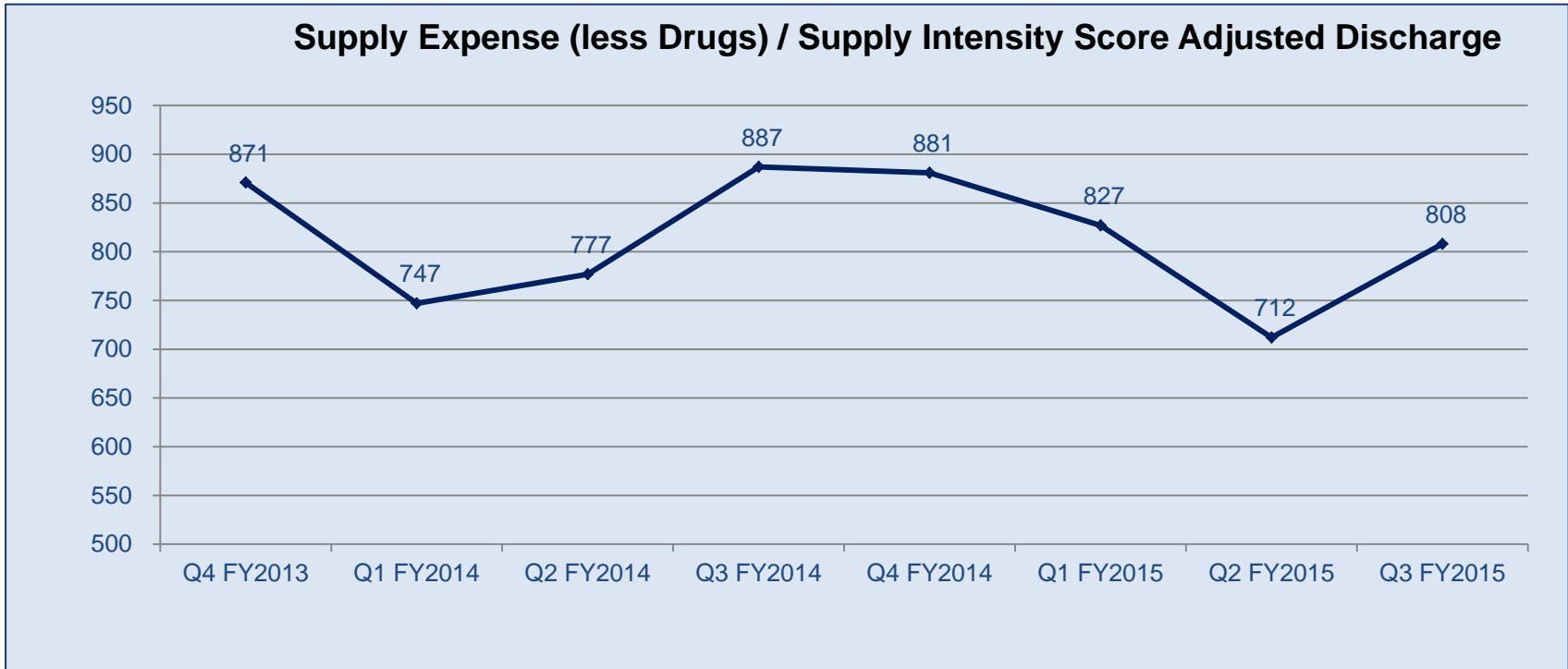
UHC Metrics (FY15 Q3, January - March, 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Expense Net Bad Debt/Case Mix Index (CMI)-Adjusted Discharge	N/A	13,137	12,008	9,906	52/70



Trend is downward which is positive because lower scores indicate better performance

**UI Health Mission Perspective:  
Operational Effectiveness**

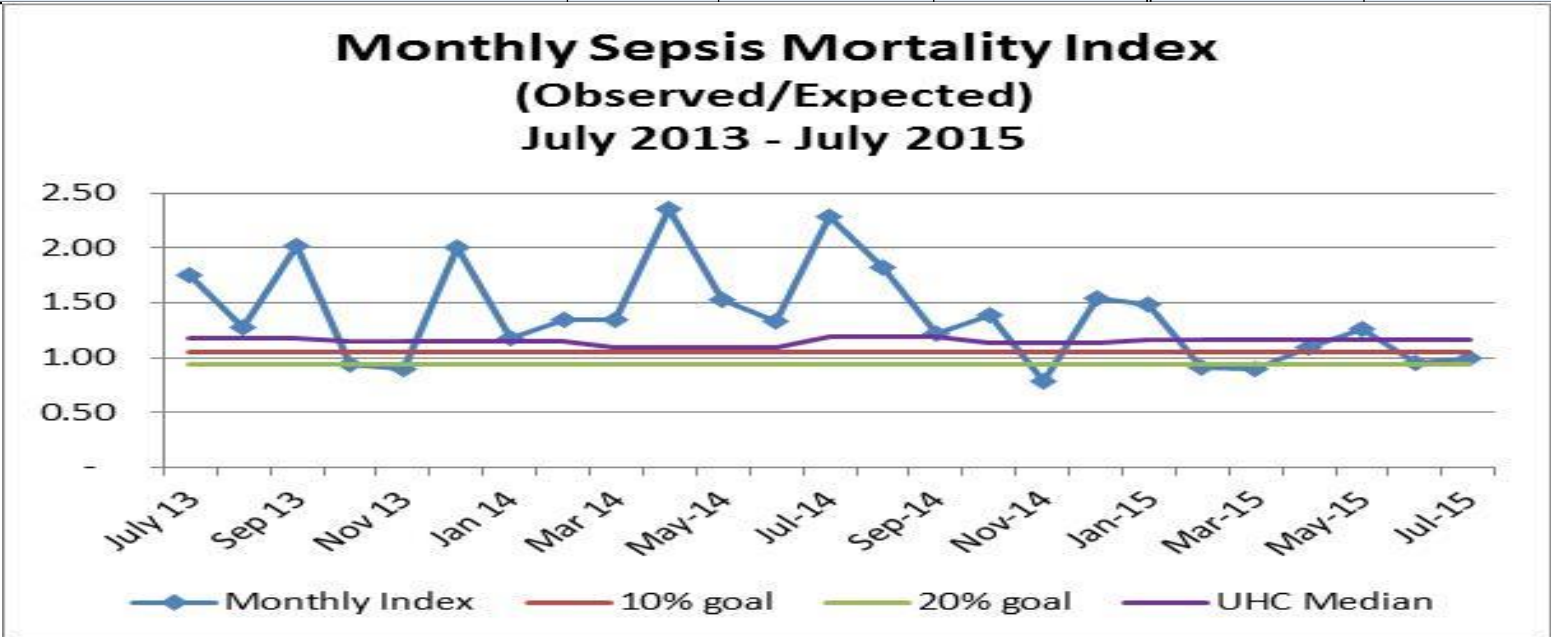
UHC Metrics (FY15 Q3, January - March, 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Supply Expense (less Drugs) / Supply Intensity Score Adjusted Discharge	N/A	814	808	809	N/A



There was a slight increase in Q3 FY15, but still lower than target

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

UHC Metrics (Q3 FY15, Jan – Mar 2015)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	28	1.49	1.14	1.17	61/132



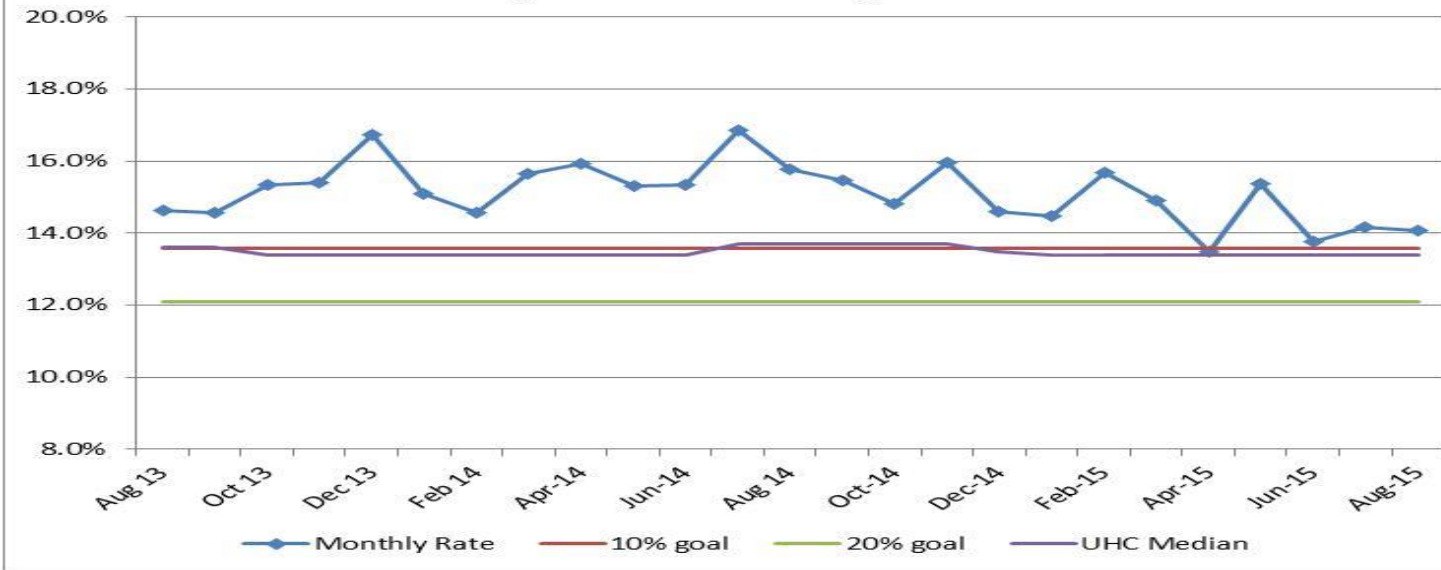
	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Number of Sepsis Cases by Month	50	54	46	49	55	66	61	70	61	82	83	83	83
Number of Sepsis Deaths by Month	8	9	8	10	6	16	11	9	8	12	11	9	12

During July 2015, UI Health’s Sepsis Mortality index (observed/expected deaths) was 0.99, an improvement in performance from the previous month and better than the UHC median.

Our FY16 goal is to reduce our Sepsis Mortality by 10 to 20% by June 2016 as compared to our June 2015 performance. This will require lowering our Sepsis Mortality Index to 1.05 or below.

UHC Metrics (Q3 FY15, Jan – Mar 2015)	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	439	18.2	18.5	13.4	130/132

**UI Health 30-Day All-Cause Readmission Rate  
August 2013 - August 2015**



	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15
Number of Readmissions by Month	300	277	274	266	288	266	263	277	243	284	249	263	250

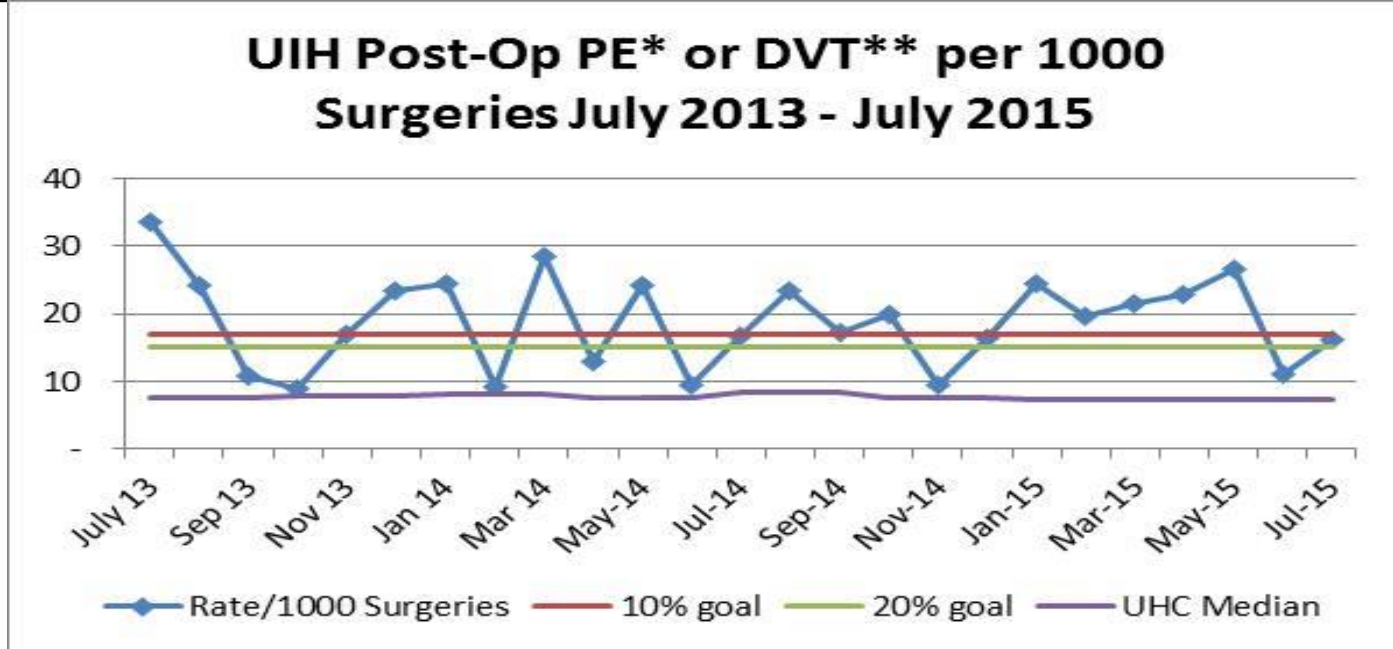
During August 2015, UI Health’s 30-day all-cause Readmission Rate was 14.1%, a slight improvement from the previous month and slightly worse than the UHC median.

Our FY16 goal is to reduce our 30-day all-cause Readmission Rate by 10% to 20% by June 2016 as compared to our June 2015 baseline. This will require lowering our Readmission Rate to 13.6% or lower.

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



UHC Metrics (Q3 FY15, Jan – Mar 2015)	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)	23	18.12	21.7	7.35	131/132



	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Number of Post-Op DVTs by Month	3	7	5	4	3	4	3	3	4	4	4	1	5
Number of Post-Op PEs by Month	3	2	3	4	0	3	6	3	4	5	6	3	1

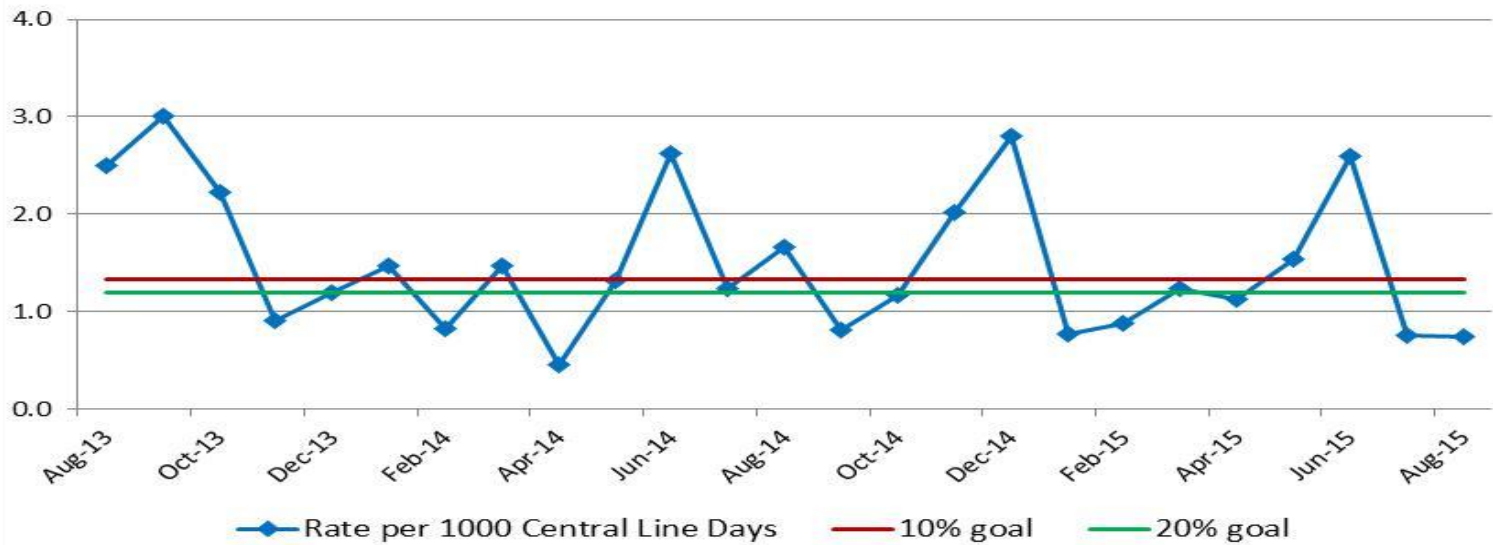
During July 2015, UI Health's post-operative PE/DVT rate worsened from the previous month to 16.22 per 1000 surgeries. Our performance significantly lags the UHC median.

Our FY16 goal is to reduce our post-op PE/DVT rate by 10 to 20% by June 2016 as compared to our June 2015 rate. This will require lowering our Post-Op DVT/PE Rate to 16.9 or below.



UHC Metrics (Q3 FY15, Jan – Mar 2015)	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	3	0.65	1.13	0.30	124/132

**Central Line Associated Blood Stream Infections\***  
**August 2013 through August 2015**  
**Rate per 1000 Line Days, All Inpatient Units Combined**

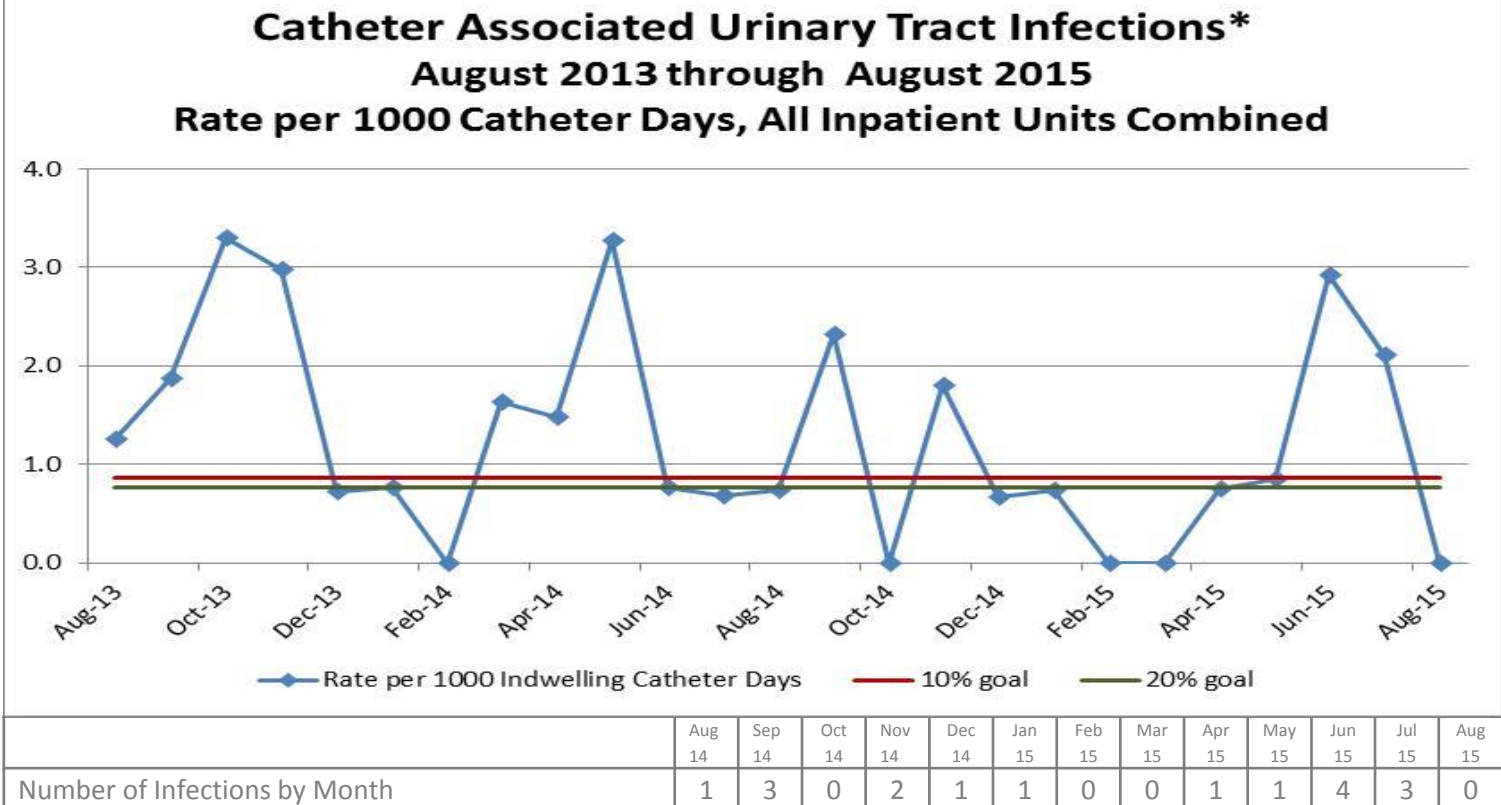


	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15
Number of Infections by Month	4	2	3	5	7	2	2	4	3	4	7	2	2

Our CLABSI rate improved in August to 0.7, with a total of 2 CLABSIs house-wide.

Our FY16 goal is to reduce CLABSIs by 10% to 20% by June 2016 as compared to our June 2015 baseline. This will require lowering our CLABSI rate per 1000 line days to 1.34 or lower.

UHC Metrics (Q3 FY15, Jan – Mar 2015)	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	0	0.23	0	0.58	1/132

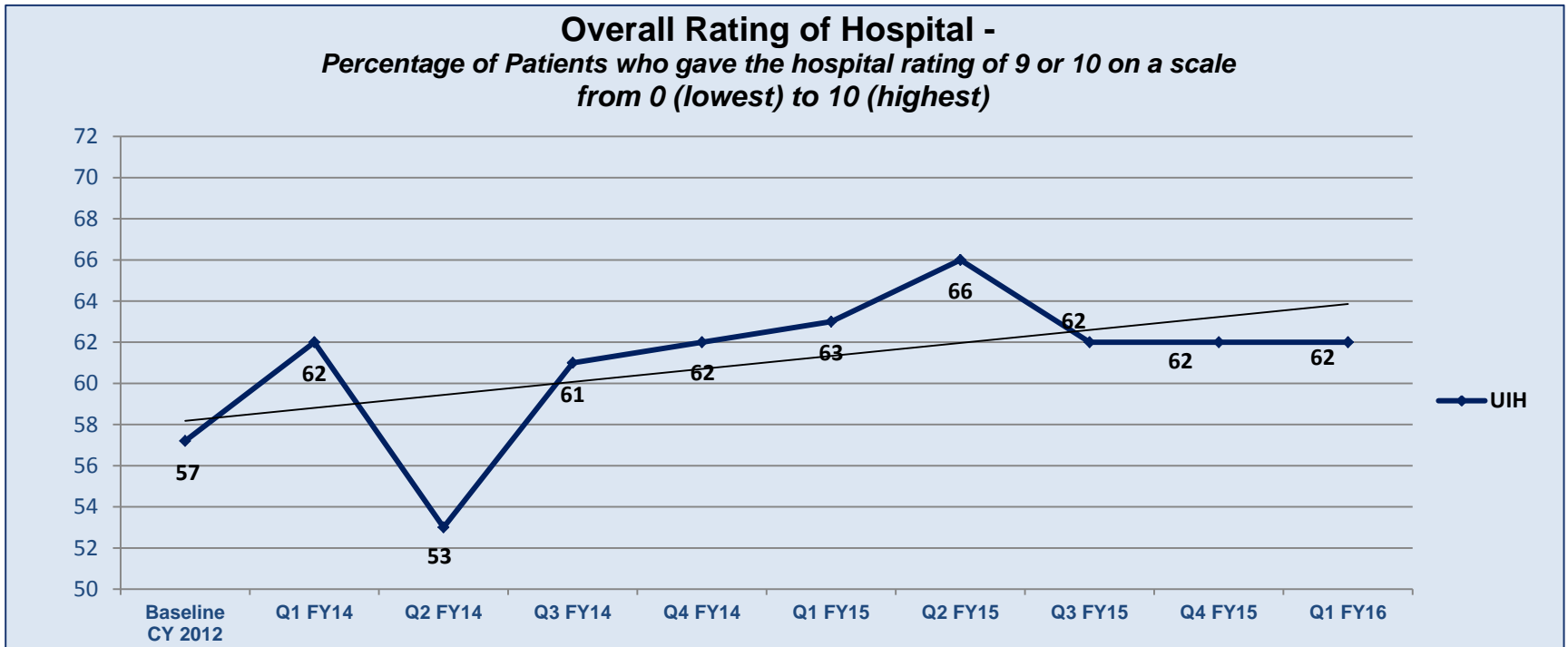


Our CAUTI rate in August improved to 0.0, with no CAUTI infections for the month.

Our FY16 goal is to reduce CAUTIs by 10% to 20% by June 2016 as compared to our June 2015 baseline. This will require lowering our CAUTI rate per 1000 indwelling catheter days to 0.86 or lower.

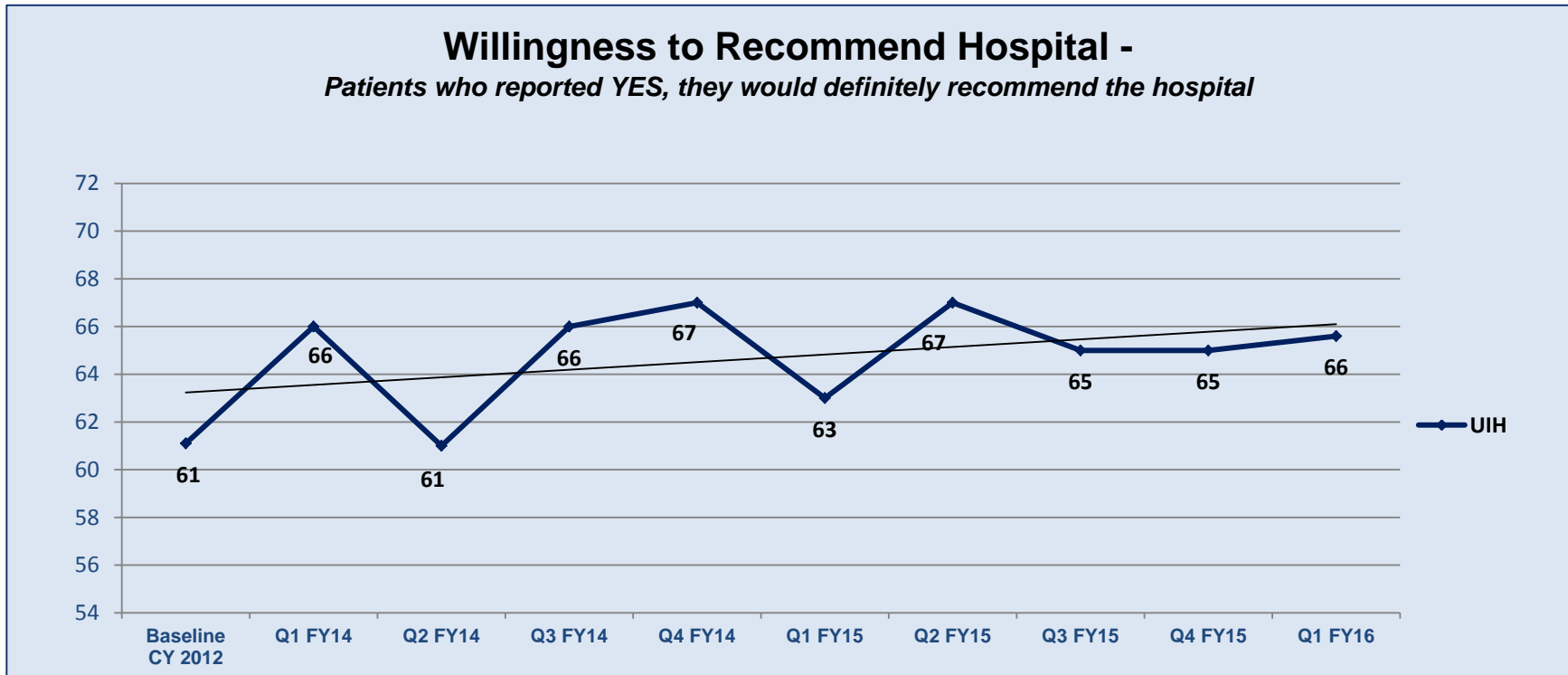
# UI HEALTH MISSION PERSPECTIVE: CUSTOMER

UI Health Metric	Baseline CY 2012	Current Quarter Q1 FY16	Prior Q1 FY15	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	57	62	63	61



- Continued positive trend in Overall Rating of Hospital since baseline.
- Significant anomaly in Q2FY14 attributed to the conversion of all services to Press Ganey Census Based Surveying.

UI Health Metric	Baseline CY 2012	Current Quarter Q1 FY16	Prior Q1 FY15	UIH 8 Quarter Average
HCAHPS (Willingness to Recommend Hospital)	61	66	63	65



- Continued positive trend in Willingness to Recommend Hospital since baseline.
- Significant anomaly in Q2FY14 attributed to the conversion of all services to Press Ganey Census Based Surveying.

# 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
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
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
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.	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