

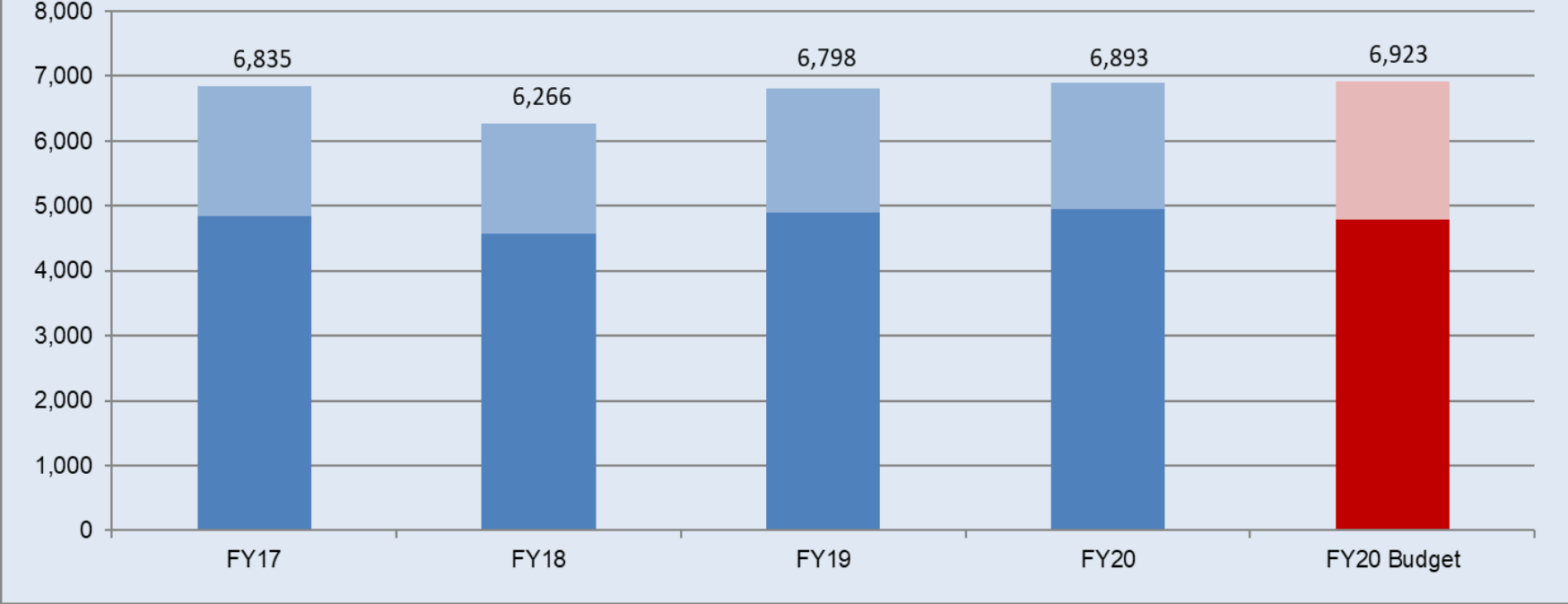
University of Illinois Hospital & Clinics Dashboard

November 2019

Reported to the Board of Trustees
November 14, 2019

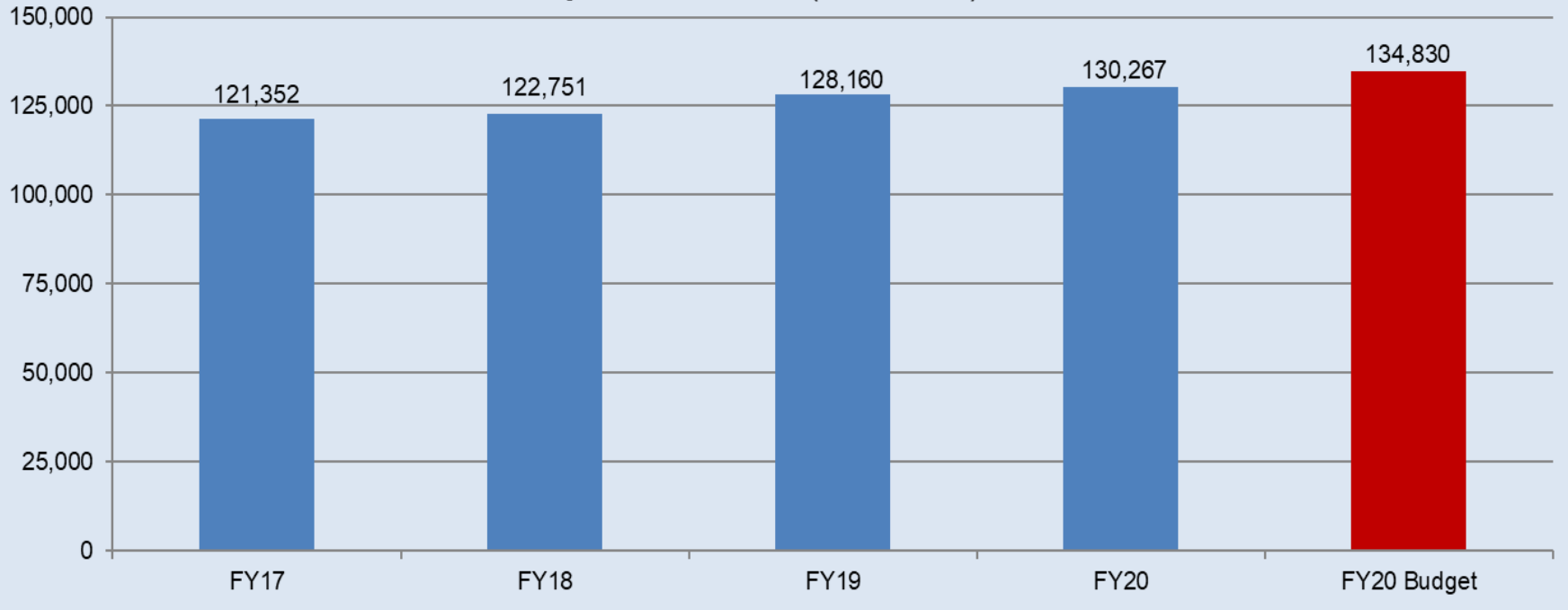


Inpatient Volume September YTD (3 months)



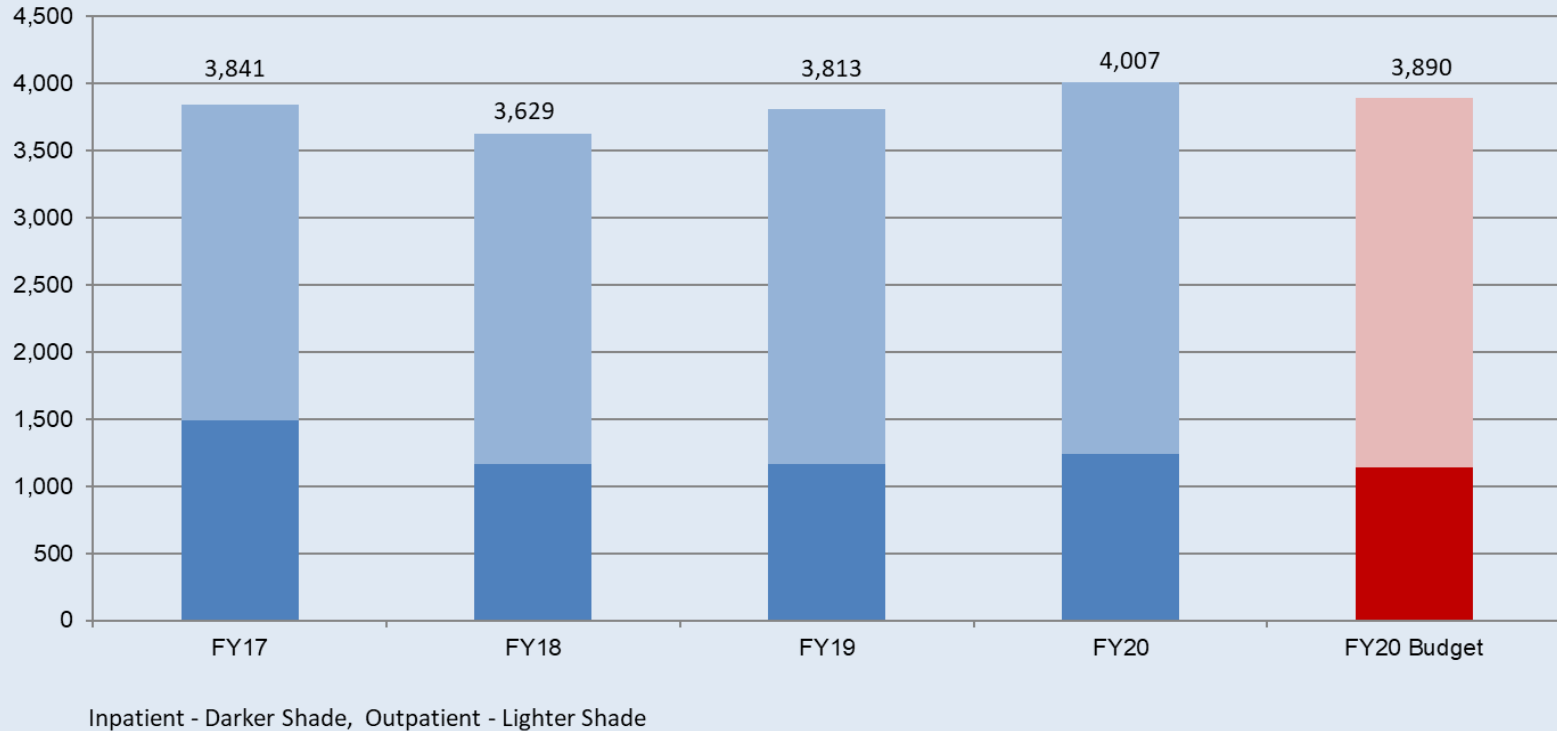
Combined Discharges and Observation Cases for the three months ending September 2019 are 0.4% below budget and 1.4% greater than last year.

Outpatient Clinic Visits September YTD (3 months)



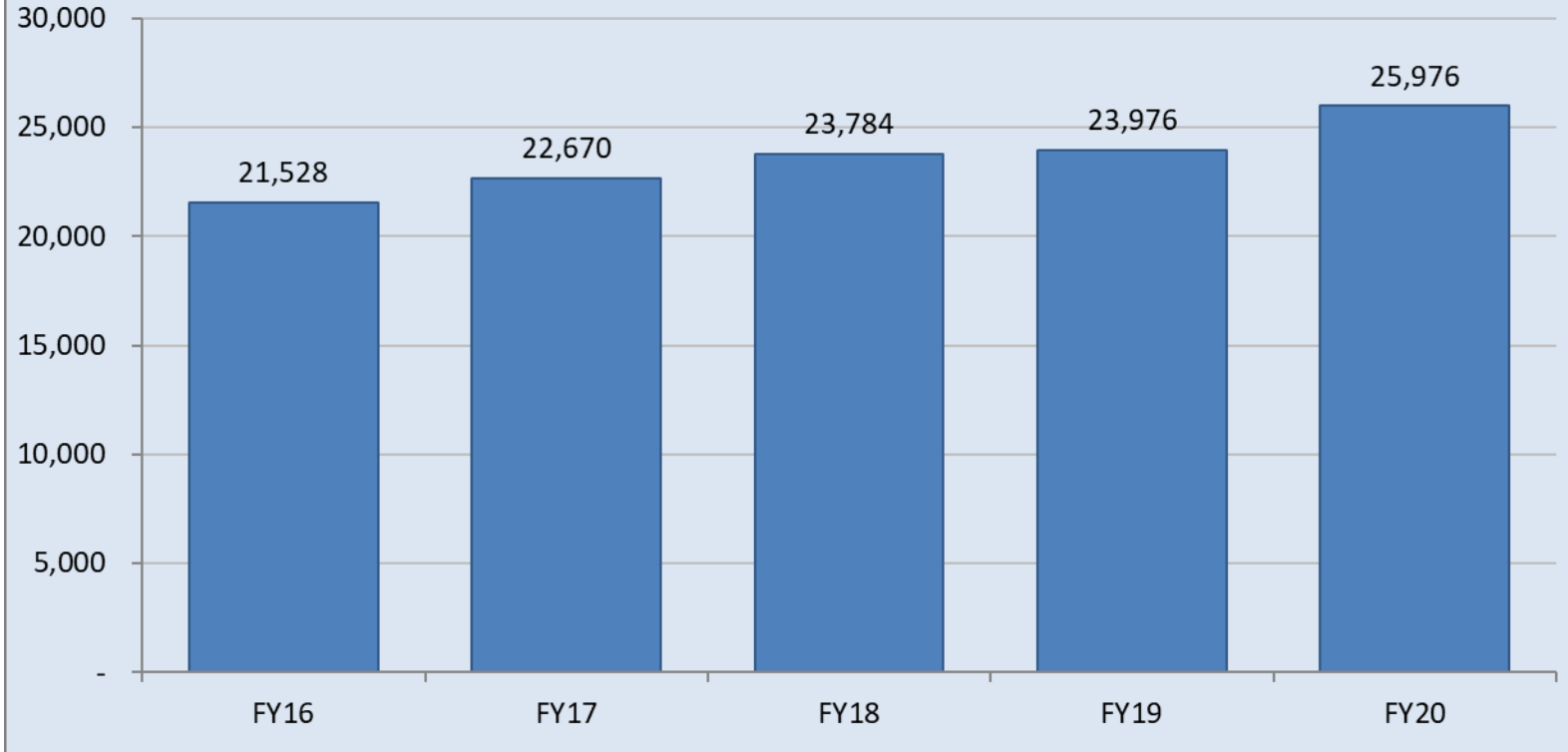
Clinic visits for the three months ending September 2019 are 3.4% below budget and 1.6% above last year.

Inpatient and Outpatient Surgical Procedures September YTD (3 months)



Surgical procedures for the three months ending September 2019 are 3.0% above budget and 5.1% greater than last year.

Mile Square Visits September YTD (3 months)



Mile Square visits for Q1 (July to September 2019) are 8.3% above last year.

UI HEALTH MISSION PERSPECTIVE

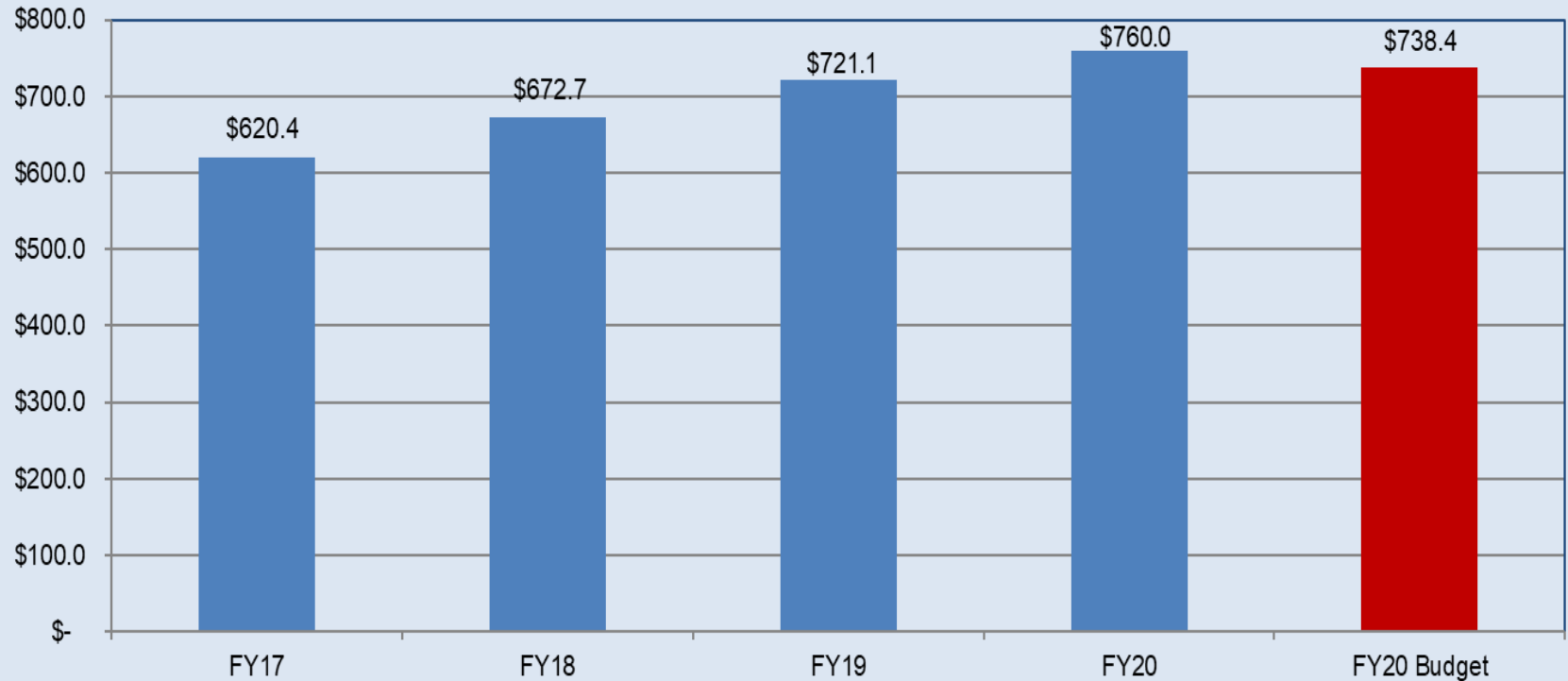
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – SEPTEMBER 2019

(\$ IN THOUSANDS)

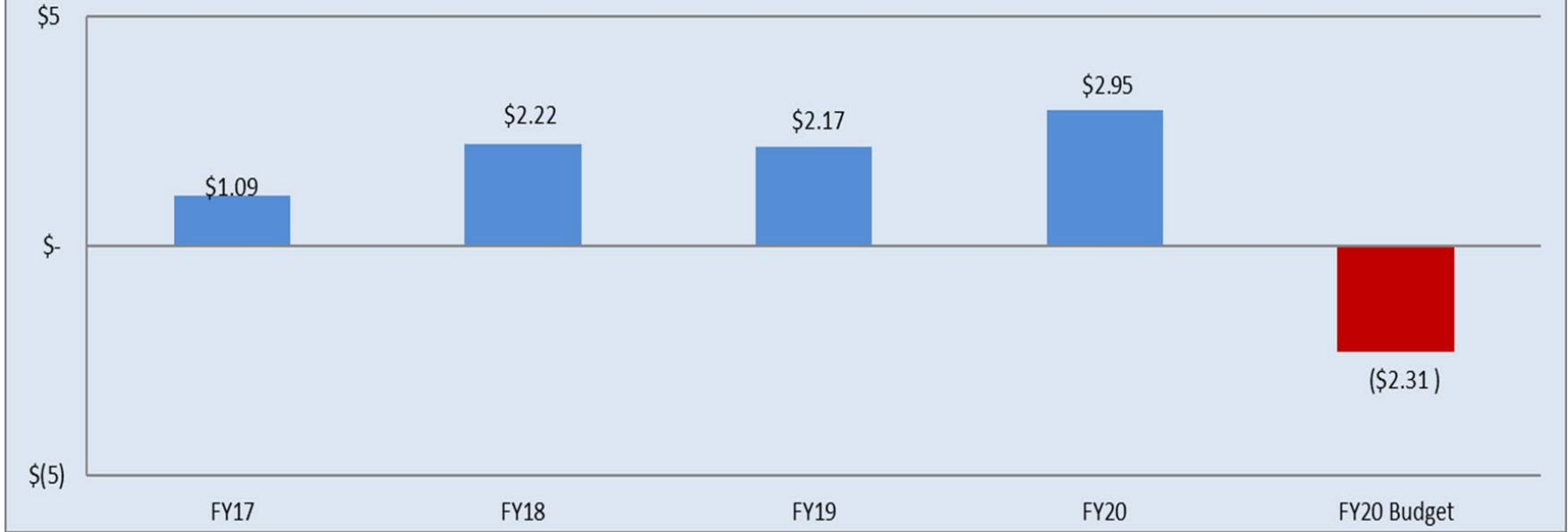
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 65,443	\$ 63,538	1,905	3.0%	\$ 58,121	Net Patient Revenue	\$ 199,129	\$ 194,116	5,013	2.6%	\$ 179,234
24,043	23,698	345	1.5%	34,245	Other Revenue	71,916	71,139	777	1.1%	71,898
89,486	87,236	2,250	2.6%	92,366	Total Revenue	271,045	265,255	5,790	2.2%	251,132
30,774	30,812	38	0.1%	29,017	Salaries & Wages	93,888	94,539	651	0.7%	88,276
17,243	17,290	47	0.3%	27,122	Employee Benefits	51,787	51,868	81	0.2%	51,838
37,264	36,978	(286)	-0.8%	32,403	Department Expenses	111,515	110,254	(1,261)	-1.1%	98,665
3,636	3,636	0	0.0%	3,394	General Expenses	10,909	10,909	0	0.0%	10,182
88,917	88,716	(201)	-0.2%	91,936	Total Expenses	268,099	267,570	(529)	-0.2%	248,961
\$ 569	\$ (1,480)	2,049	138.4%	\$ 430	Operating Margin	\$ 2,946	\$ (2,315)	5,261	227.3%	\$ 2,171
(49)	(36)	(13)	-36.1%	(290)	Net Non-operating Income/(Loss)	(342)	(110)	(232)	-210.9%	(906)
\$ 520	\$ (1,516)	2,036	134.3%	\$ 140	Net Income/(Loss)	\$ 2,604	\$ (2,425)	5,029	207.4%	\$ 1,265

Net Patient Service Revenue (in millions) September YTD (3 months)



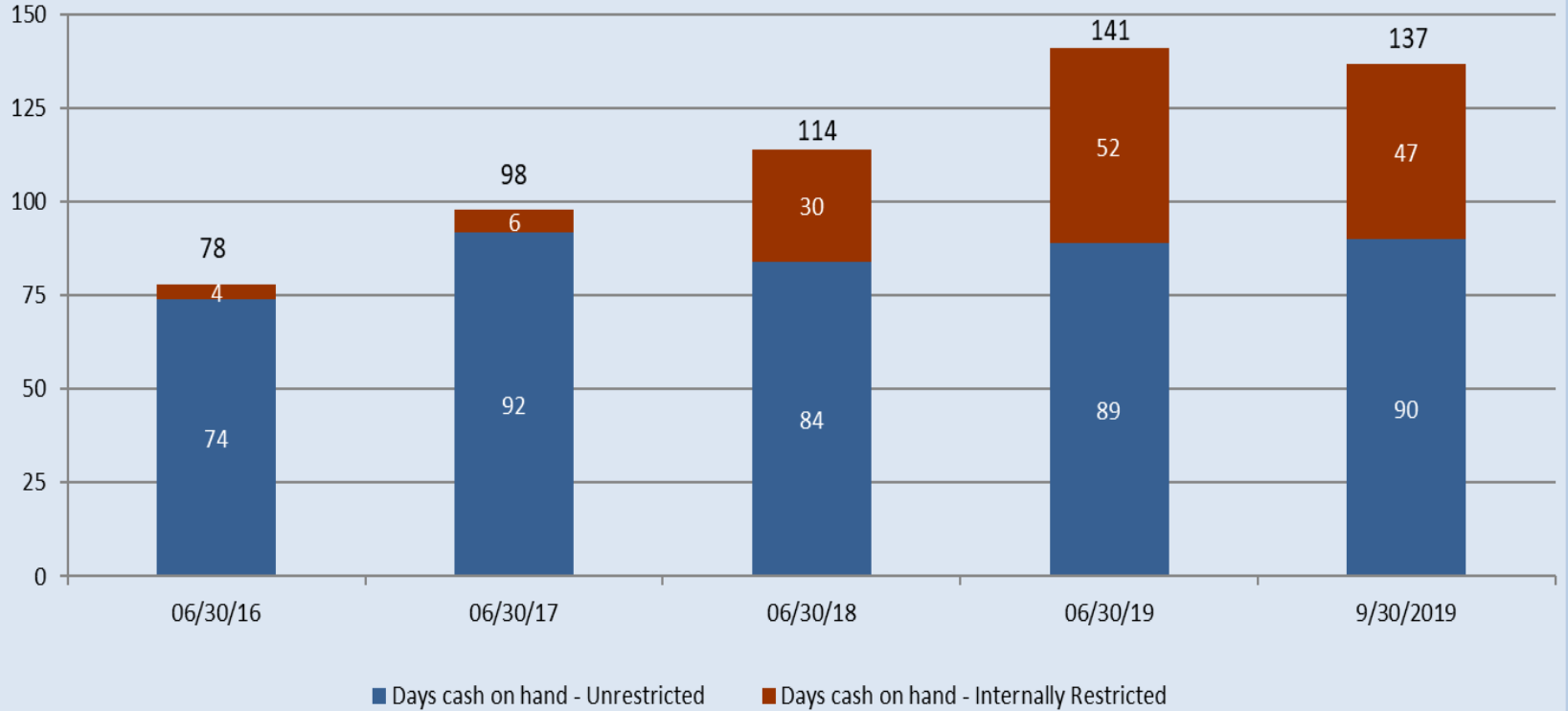
Net Patient Service Revenue is 5.4% greater than the prior year and 2.9% greater than budget.

Operating Margin (in millions) September YTD (3 months)



Operating Margin includes Payments on Behalf for Benefits and Utilities.

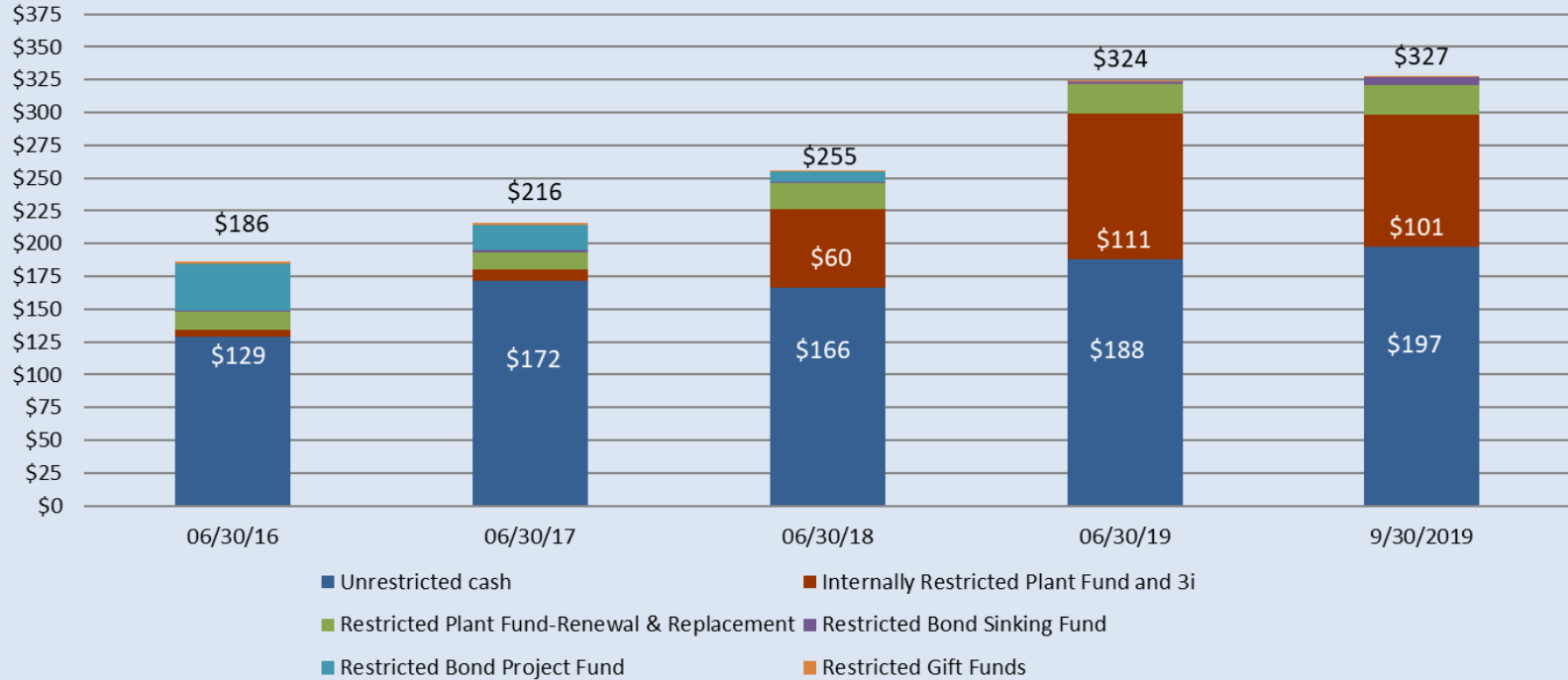
Days Cash on Hand



Major Project Funding Segregated

Unrestricted and Restricted Cash and Investments

(in millions)



Strengthening Cash Position

HEALTH SYSTEM BOND RATING MEDIANS

2018 DATA* FOR A-RATED HOSPITALS

Key Comparison Ratios

	Operating Margin	Operating Cash Flow Margin	Days Cash on Hand	Cash to Debt	Average Age of Plant
S&P	2.4%	9.0%	256.8	195.0%	11.3
Moody's	2.2%	8.5%	215.1	167.7%	11.8
Fitch	2.1%	8.2%	211.1	148.3%	11.4
UIH FY20 Sept YTD	1.1%**	3.5%**	137.4	277.1%	14.0

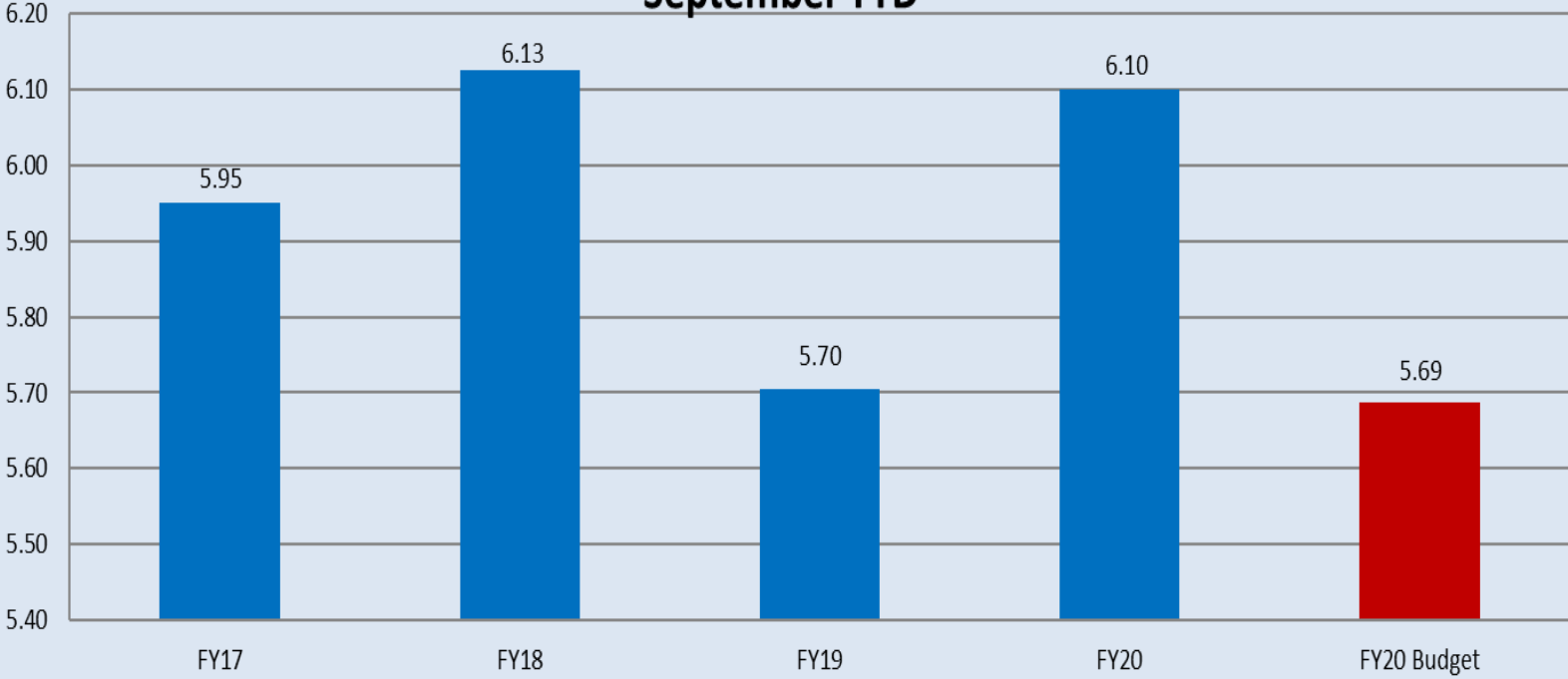
* Published in September, 2019

** Anticipated shortfall in FY20

UI HEALTH MISSION PERSPECTIVE

OPERATIONAL EFFECTIVENESS

Average Length of Stay September YTD



The FY20 Budget Target is to be at 5.8 days (for the month) by year-end.

UI HEALTH MISSION PERSPECTIVE

NURSING STAFFING & SAFETY

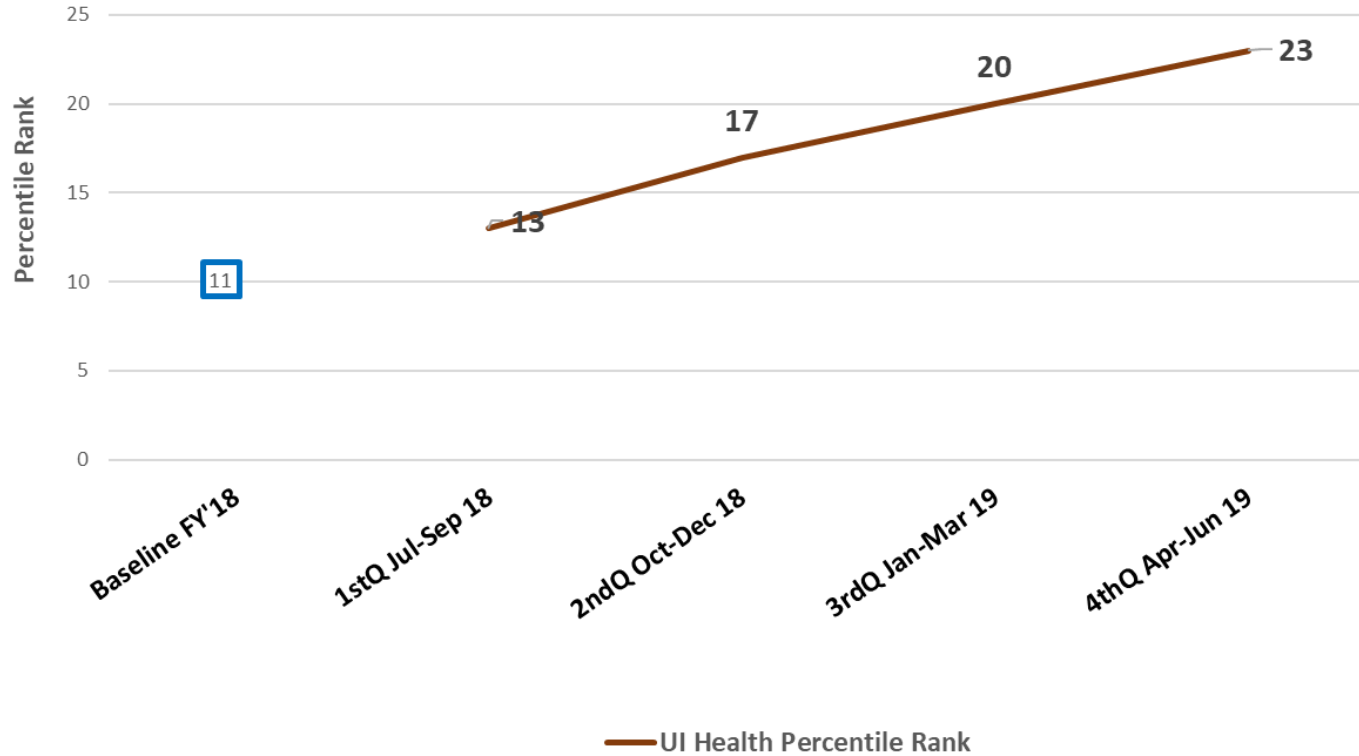
FY19 Q4 STAFFING SAFETY EVENT REPORTS

- For FY19 Q4, a total of 11 staffing related reports were made in the Safety Event Reporting tool.
- After analyzing the data, it was determined that these were escalated to the Unit Director or House Operations Administrator, and resolved in real-time, without being associated with patient harm.
- There were no instances of less than optimal staffing that resulted in a sentinel event.

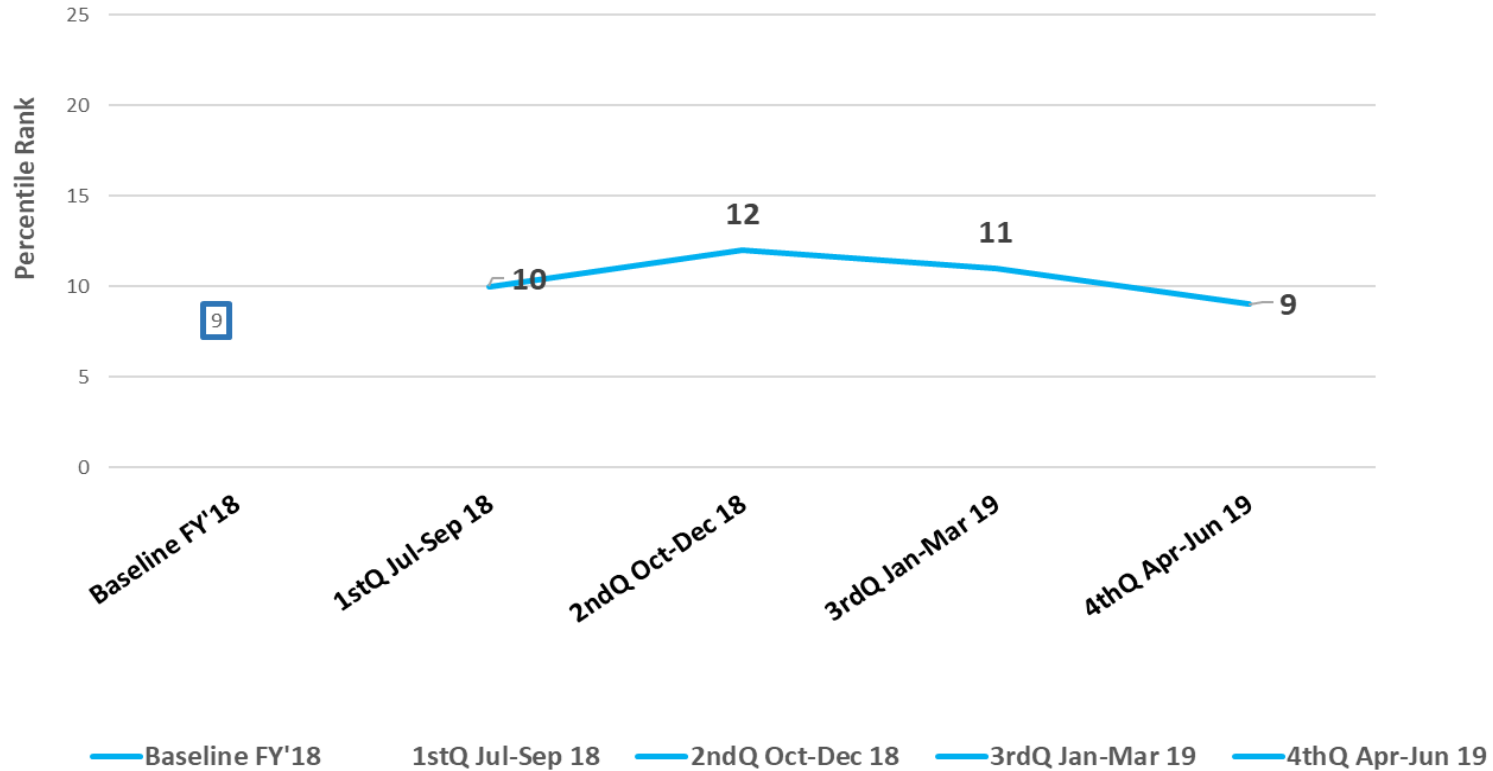
UI HEALTH MISSION PERSPECTIVE

SERVICE EXCELLENCE

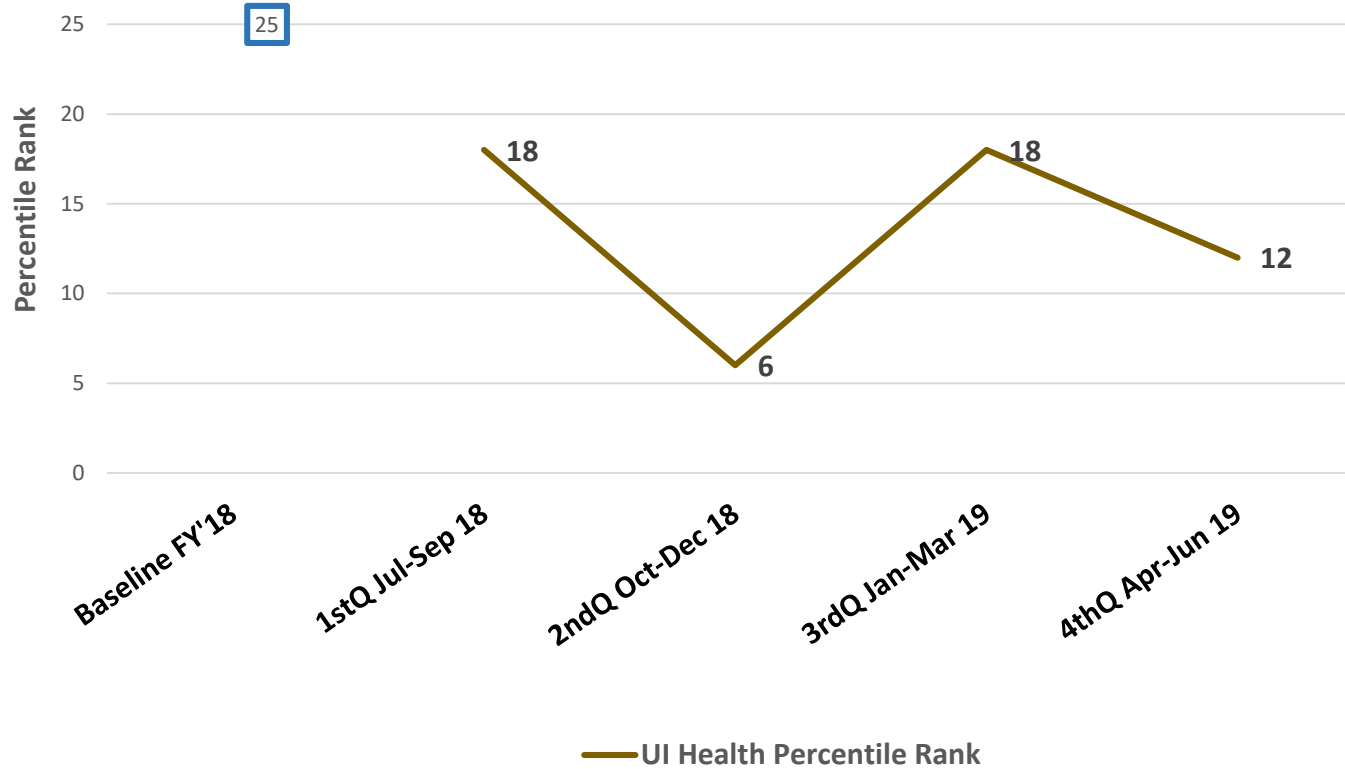
Inpatient HCAHPS Rate Hospital (0-10)



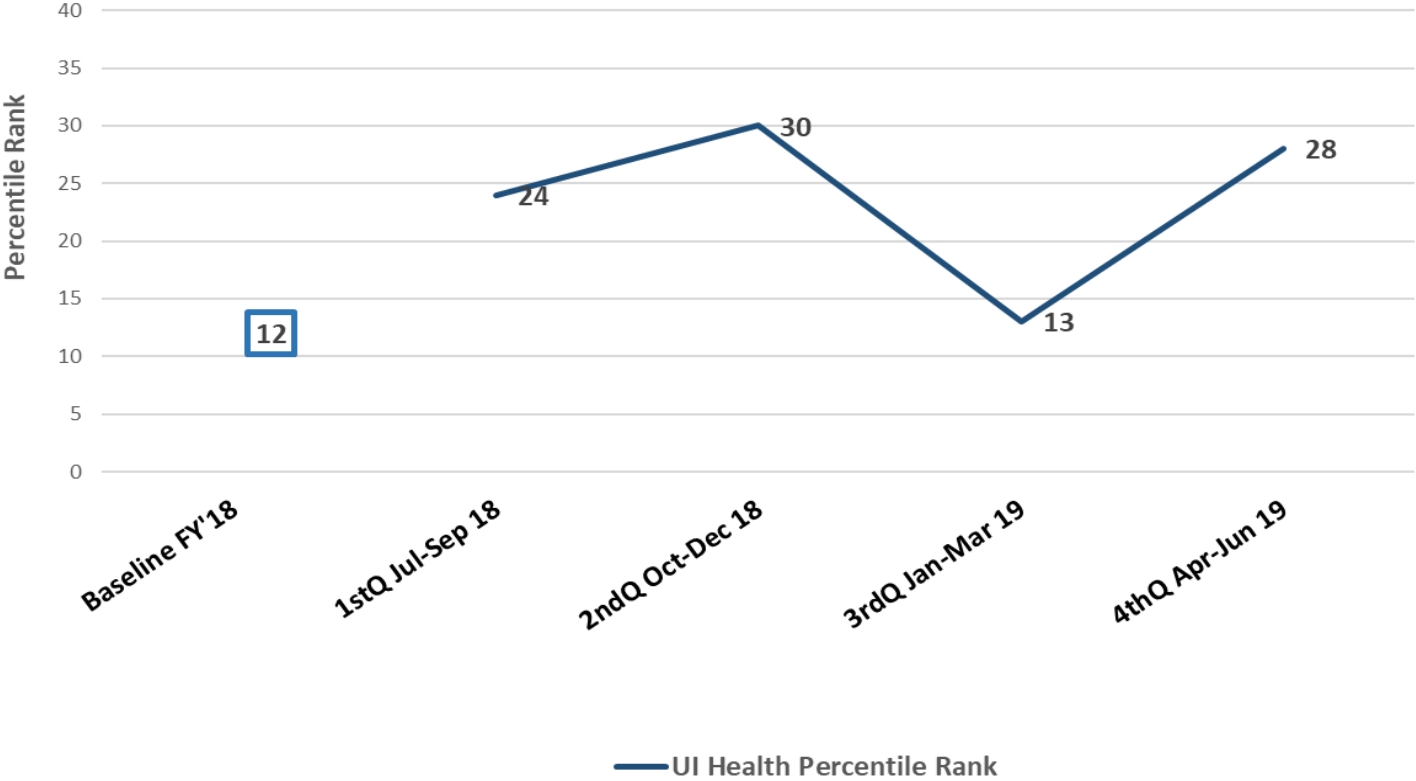
Outpatient CG CAHPS Recommend this Provider Office



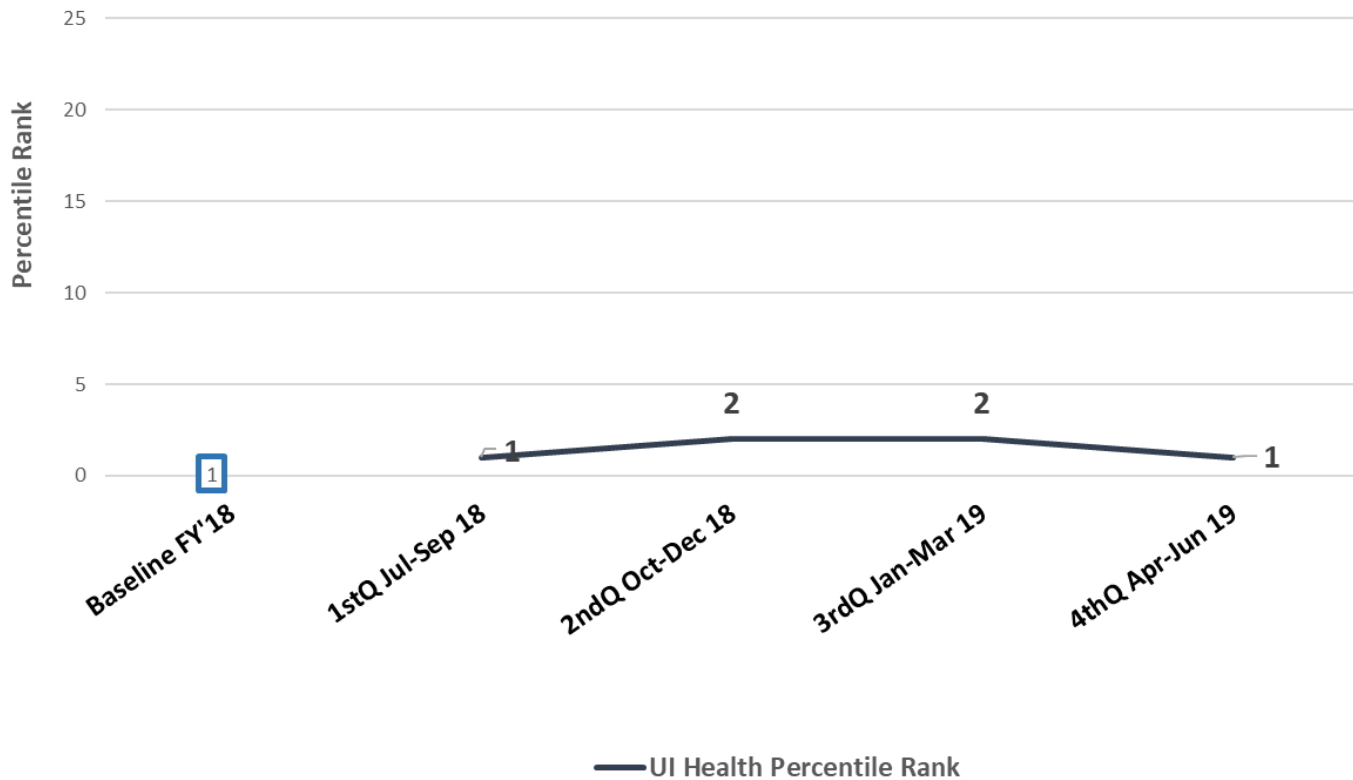
ED CAHPS Recommend the ER



OAS CAHPS (Ambulatory Surgery) Recommend Facility



All Outpatient Services (Diagnostics) Overall



UI HEALTH MISSION PERSPECTIVE

QUALITY & SAFETY

Ensuring Alignment with External Ratings: Numbers Indicate Weighting of Performance Dimensions



	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog	Vizient Quality & Accountability
Safety ¹	25%	22%		50%	25%
Mortality ²	25%	22%	38%		25%
Patient Experience	25%	22%	5%	16%	10%
Readmission		22%			8%
Other ³	25%	12%	58%	34%	32%

¹ Includes CLABSI/CAUTI, SSI, MRSA, C. Diff and other Patient Safety Indicators

² Sepsis is involved in ~ 50% of all UIH mortality cases

³ Includes effectiveness, timeliness, efficiency, cost reduction, structure, processes, and other





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

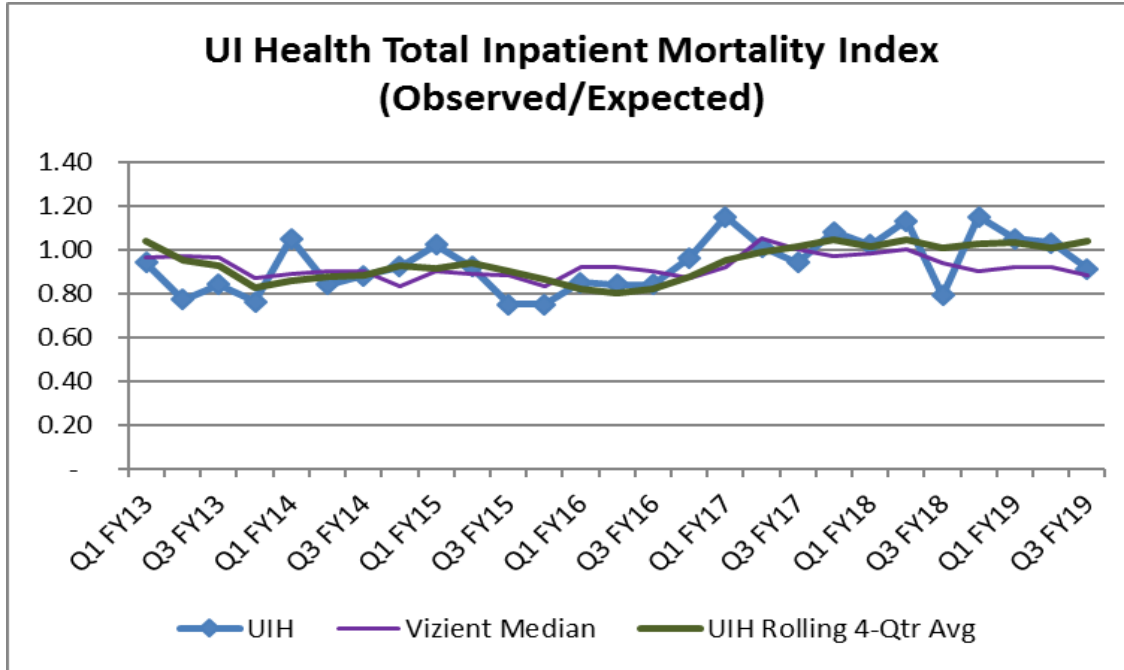
Final FY19 Results:

Sustaining and Enhancing Improvements in Most Areas

Quality & Safety Priority	FY19 Improvement	Improvement since 1/2013
Central Line-Associated Blood Stream Infections (CLABSIs)	11% ▼	82% ▼
Catheter-Associated Urinary Tract Infections (CAUTIs)	2% ▼	71% ▼
Surgical Site Infections (SSIs)	12% ▼	32% ▼
Hand Hygiene Compliance	4% ▲	20% ▲
Post-Operative Venous Thromboembolism (VTEs): Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE)	52% ▼	74% ▼
Inpatient Falls resulting in Injury	24% ▲	73% ▲
Hospital-Acquired Pressure Injuries (HAPIs)	56% ▼	77% ▼
Medication-Related Harm	19% ▼	35% ▼
Employee Harm Events	10% ▲	18% ▼
Sepsis Mortality Index (Observed / Expected)	1% ▲	5% ▲
Total Inpatient Mortality Index (Observed / Expected)	1% ▼	3% ▼

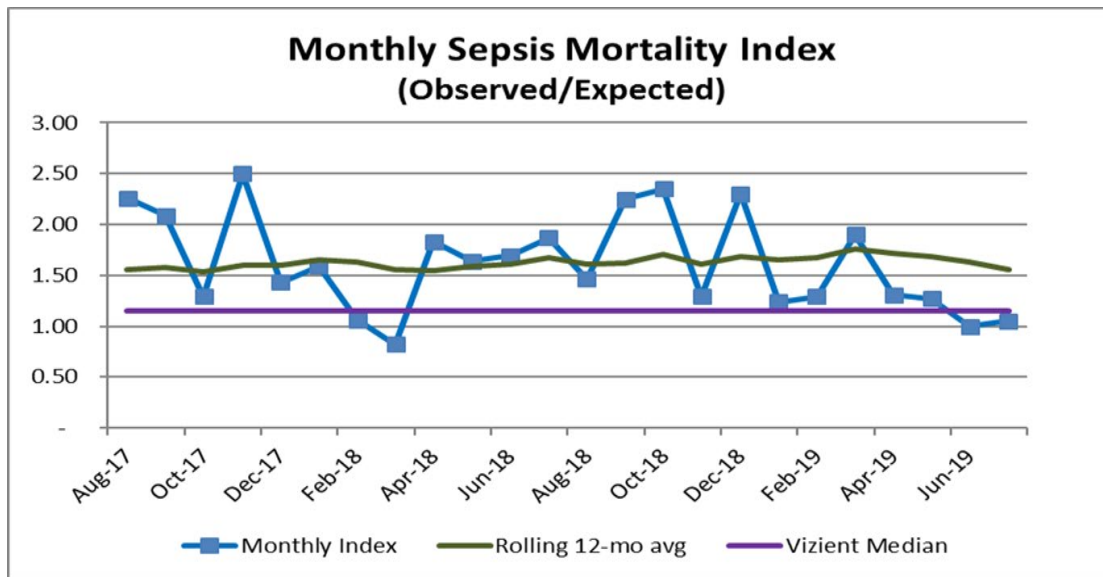
  Green arrows indicate improvement
  Red arrows indicate decline in performance

Vizient Metrics (Q3 FY19, Jan – Mar 2019)	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)	72	1.04	0.91	0.88	91/163



During Q3 FY19, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) **decreased** to 0.91. Our rolling 4-quarter average of 1.04 **exceeds** the Vizient median of 0.88.

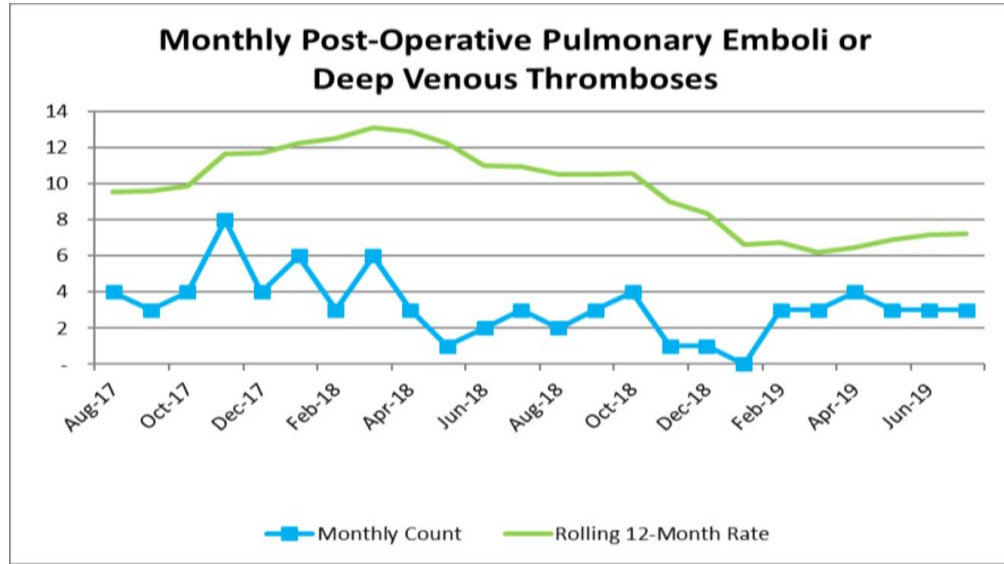
Vizient Metrics (Q3 FY19, Jan – Mar 2019)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	35	1.76	1.46	1.08	146/163



	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul
Sepsis Deaths	11	21	16	12	18	8	12	15	8	11	11	12
Sepsis Cases	68	66	54	60	57	45	70	57	55	69	77	91

During July 2019, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 1.05, **lower** than the Vizient median. Our rolling 12-month average of 1.56 **exceeds** the Vizient median.

Vizient Metrics (Q3 FY19, Jan – Mar 2019)	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)	6	6.2	6.15	5.2	102/163

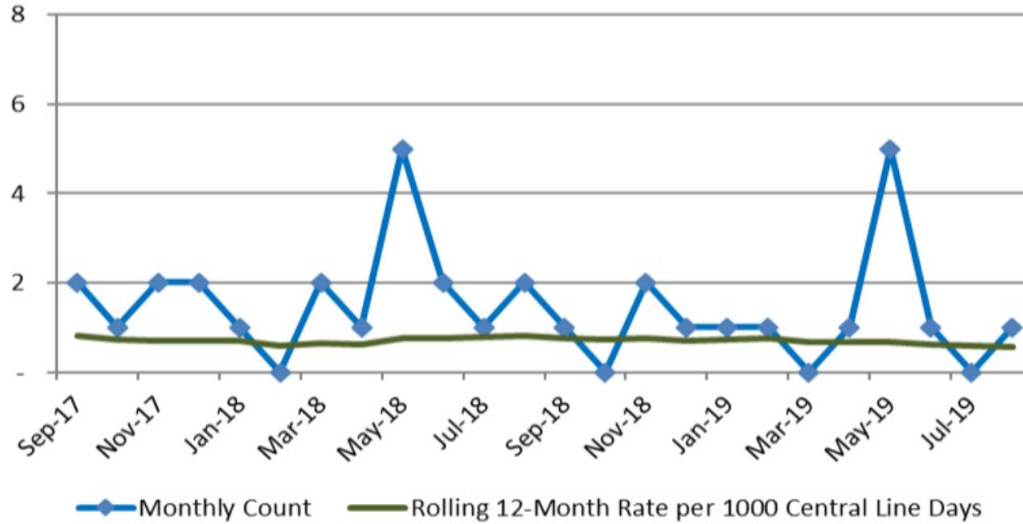


	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul
Number of Post-Op DVT's by Month	2	2	3	0	1	0	2	3	3	3	1	3
Number of Post-Op PE'S by Month	1	3	1	1	0	0	2	1	1	1	3	0

During July 2019, UI Health's post-operative blood clot rate **increased** to 9.26

Our rolling 12-month average rate of 7.25 post-operative blood clots per 1000 surgeries is **higher** than the Vizient median.

Monthly Whole-House Central Line-Associated Blood Stream Infections

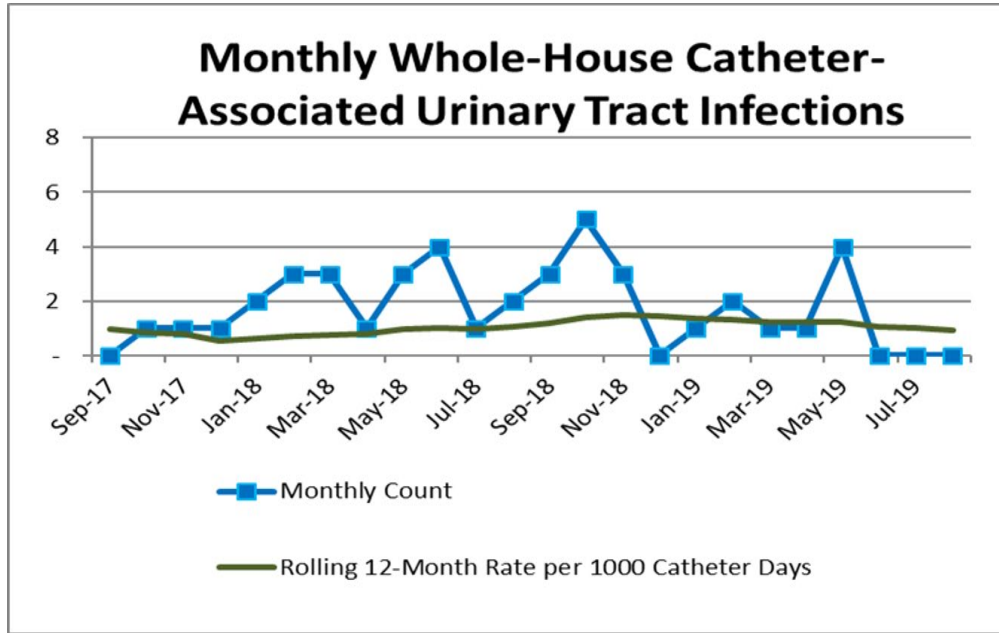


Our whole-house CLABSI rate **decreased** to 0.5 in Aug 2019.

Our whole-house rolling 12-month average CLABSI rate held steady at 0.50 per 1000 central line days.

	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug
# of CLABSI infections (excludes mucosal barrier injuries)	1	0	2	1	1	1	0	1	5	1	0	1

Vizient Metrics (Q3 FY19, Jan – Mar 2019)	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	1/163



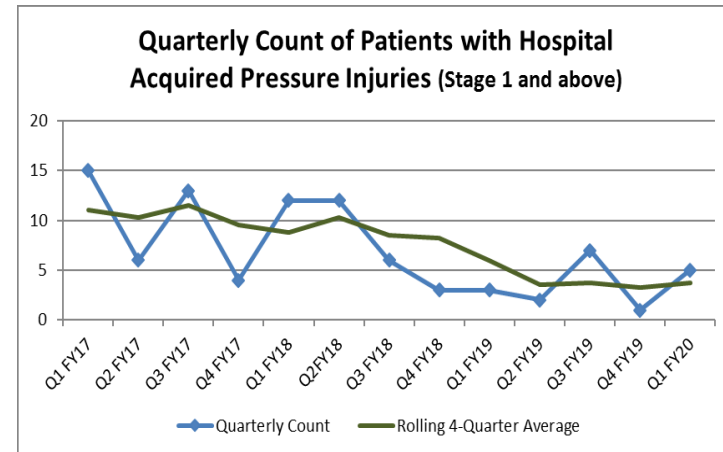
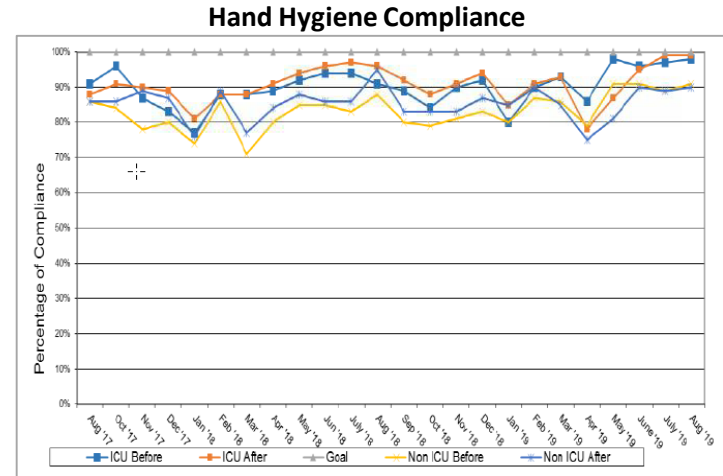
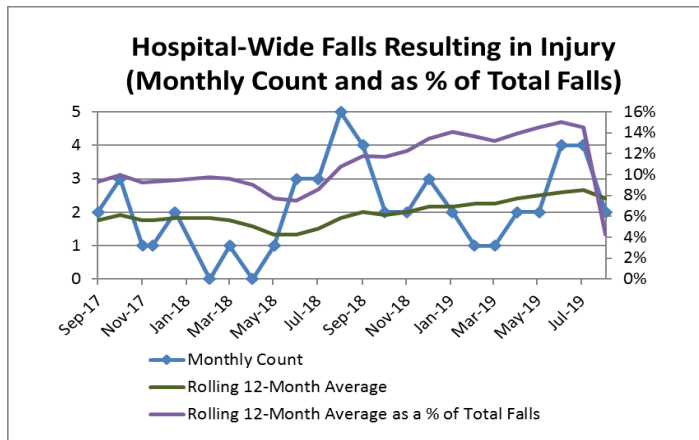
	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug
# of CAUTI infections by month	3	5	3	0	1	2	1	1	4	0	0	0

Our whole-house CAUTI rate remained steady at 0 in Aug 2019. Our whole-house rolling 12-month average CAUTI rate **decreased** to 0.9 in Aug 2019.

OUR ZERO HARM METRICS



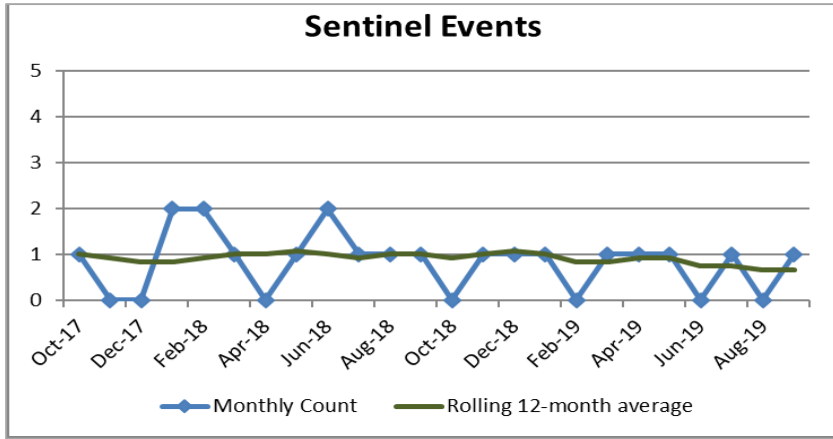
*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.



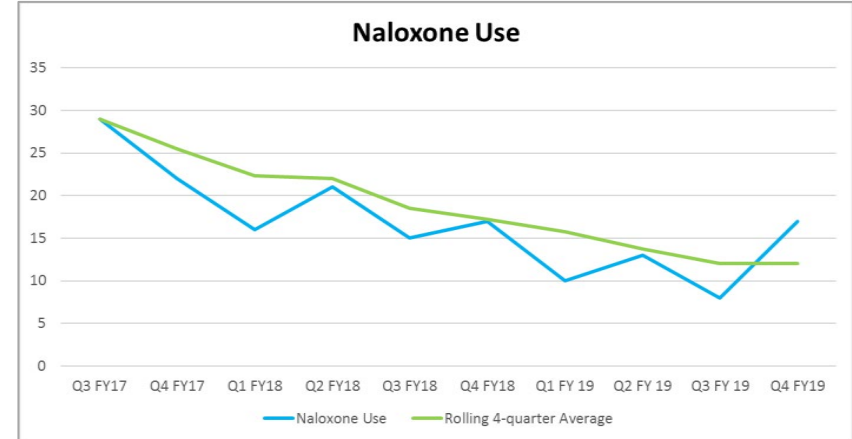
Pressure Injuries are localized injuries to the skin and/or underlying tissue from pressure or friction.



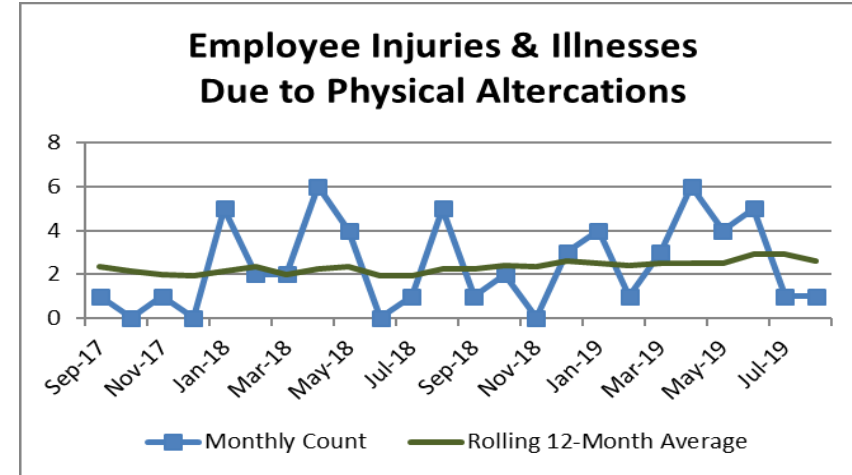
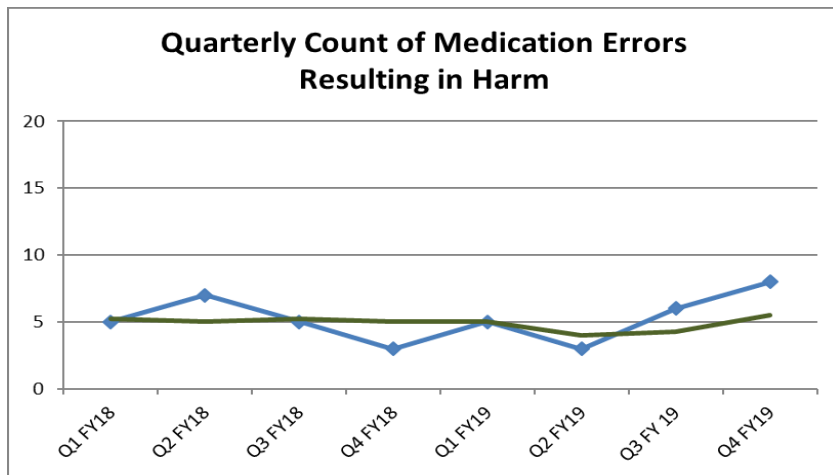
OUR ZERO HARM METRICS, CONT.



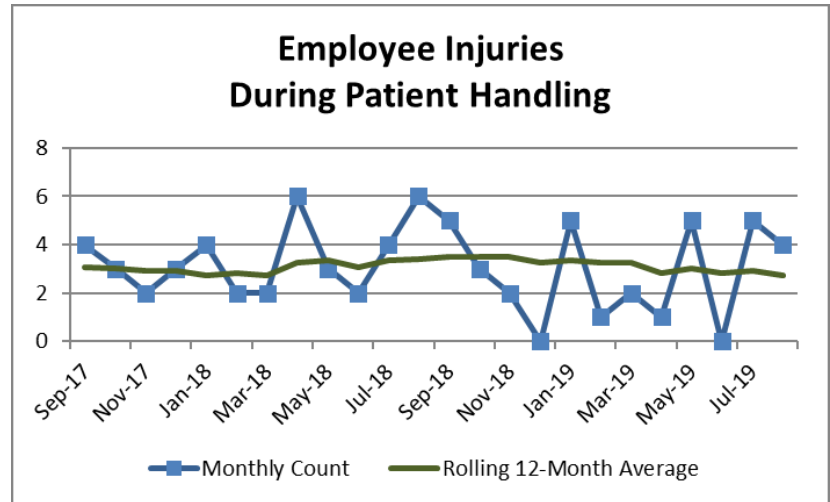
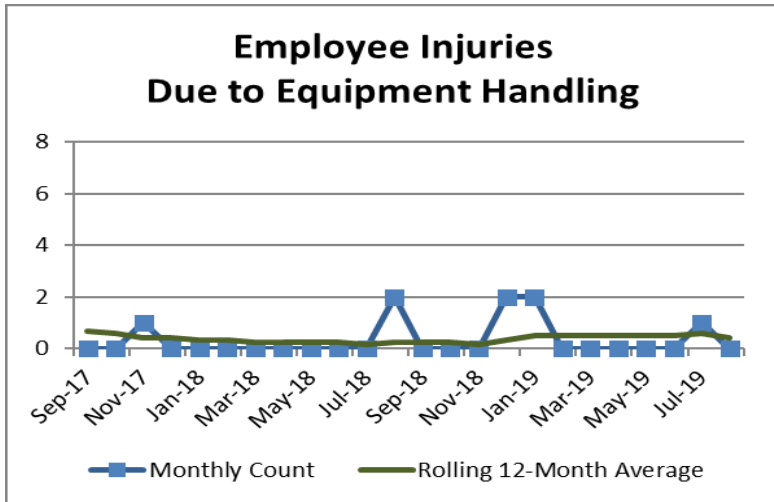
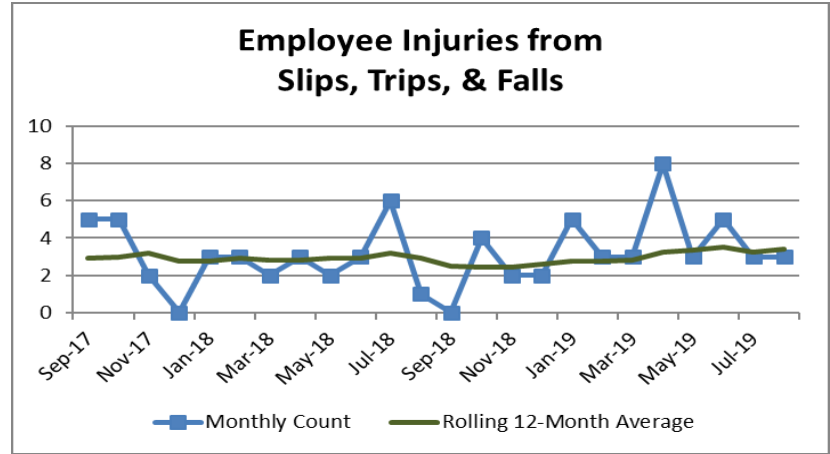
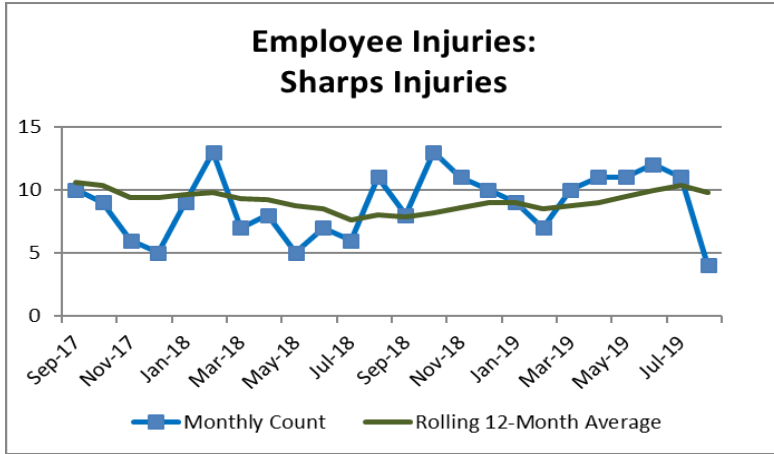
A **Sentinel Event** is a patient safety event that results in death, permanent harm, or severe temporary harm.



Naloxone is used to reverse the effects of opioids; tracking can help identify patients who received too much.



OUR ZERO HARM METRICS, CONT.



FY20 AREAS OF FOCUS

- **Quality:**
 - Decrease Sepsis Mortality Index
 - Decrease rate of Post-Operative Blood Clots
 - Decrease 30-day Readmission Rate
 - **New:** Improve Documentation & Coding Performance
- **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