



# University of Illinois Hospital and Clinics Dashboard November 2018

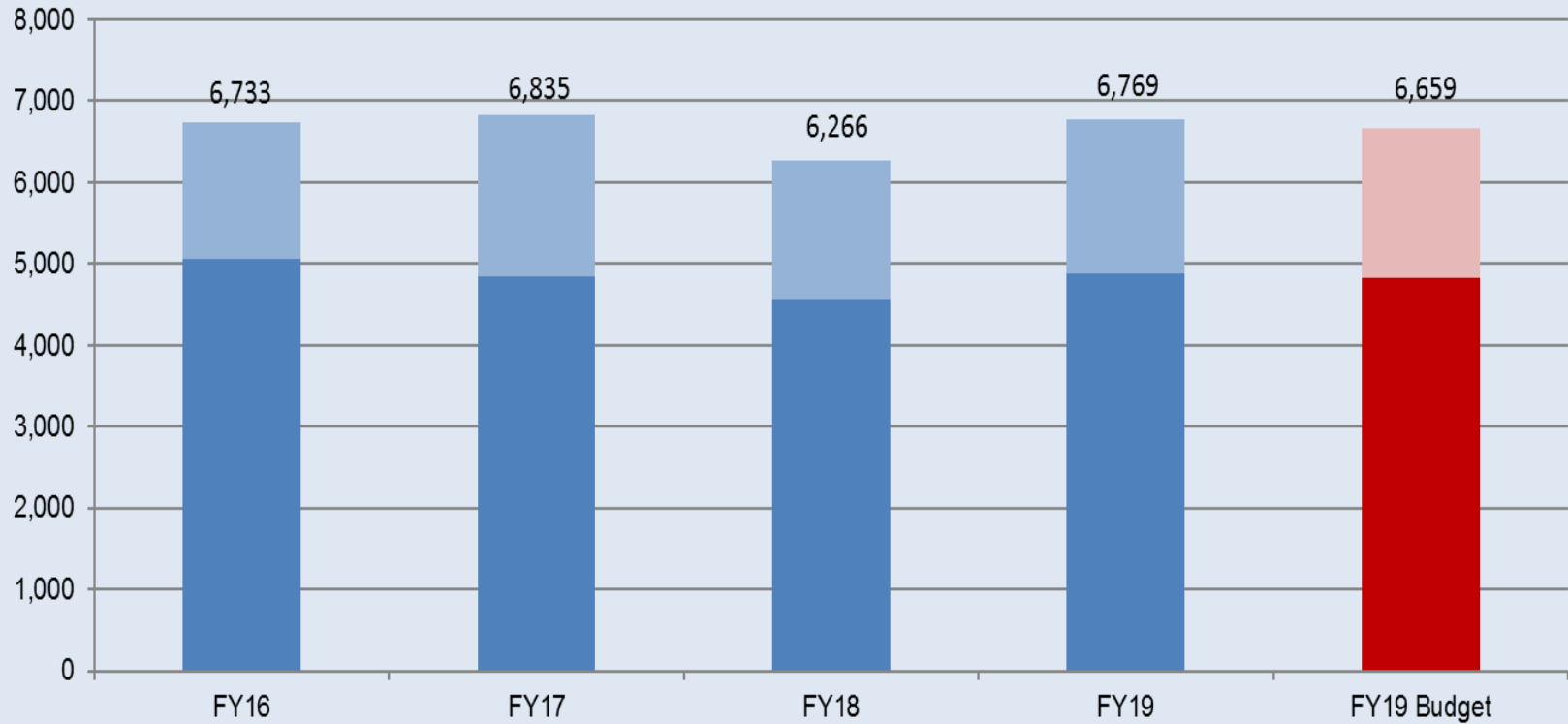
Reported to the Board of Trustees  
November 15, 2018



UI Health

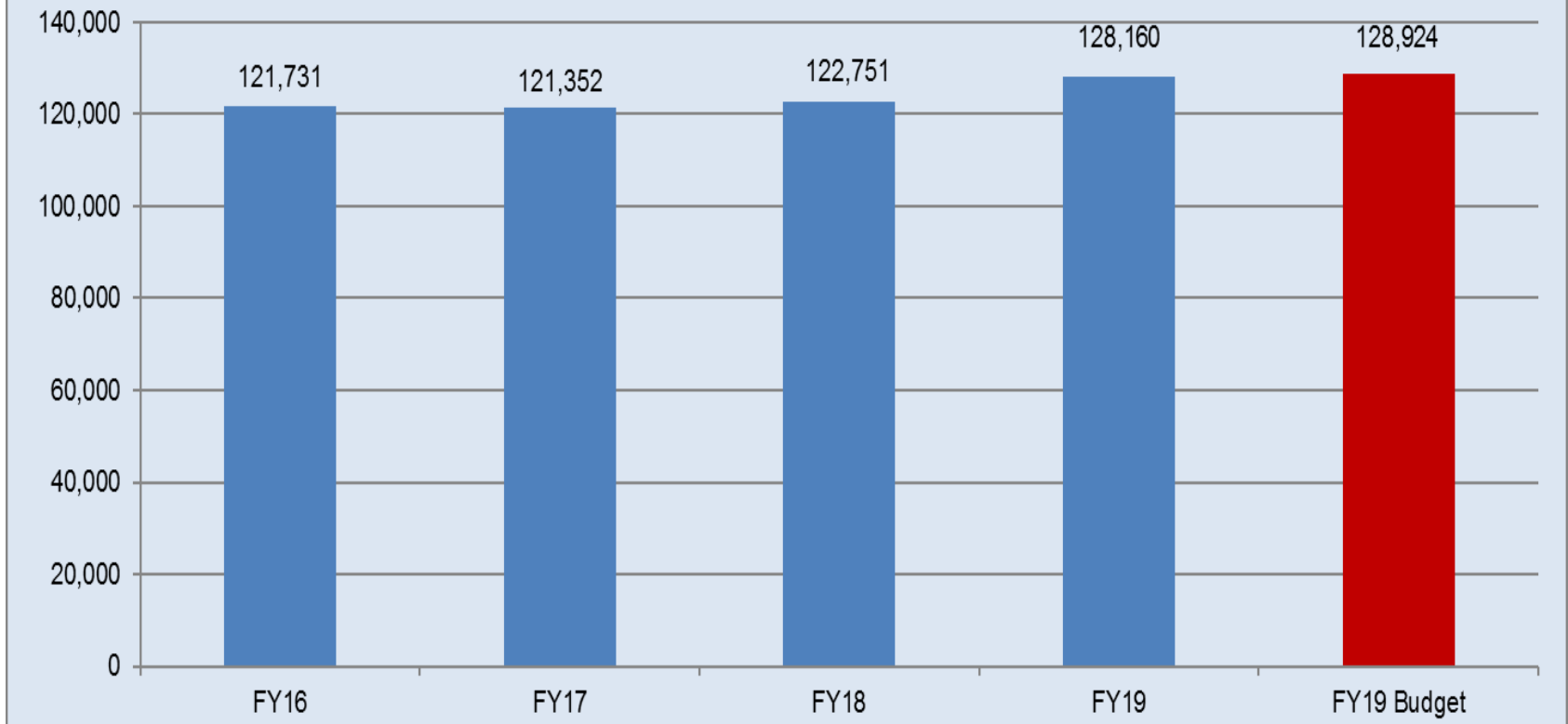


## Inpatient Volume September YTD (3 months)



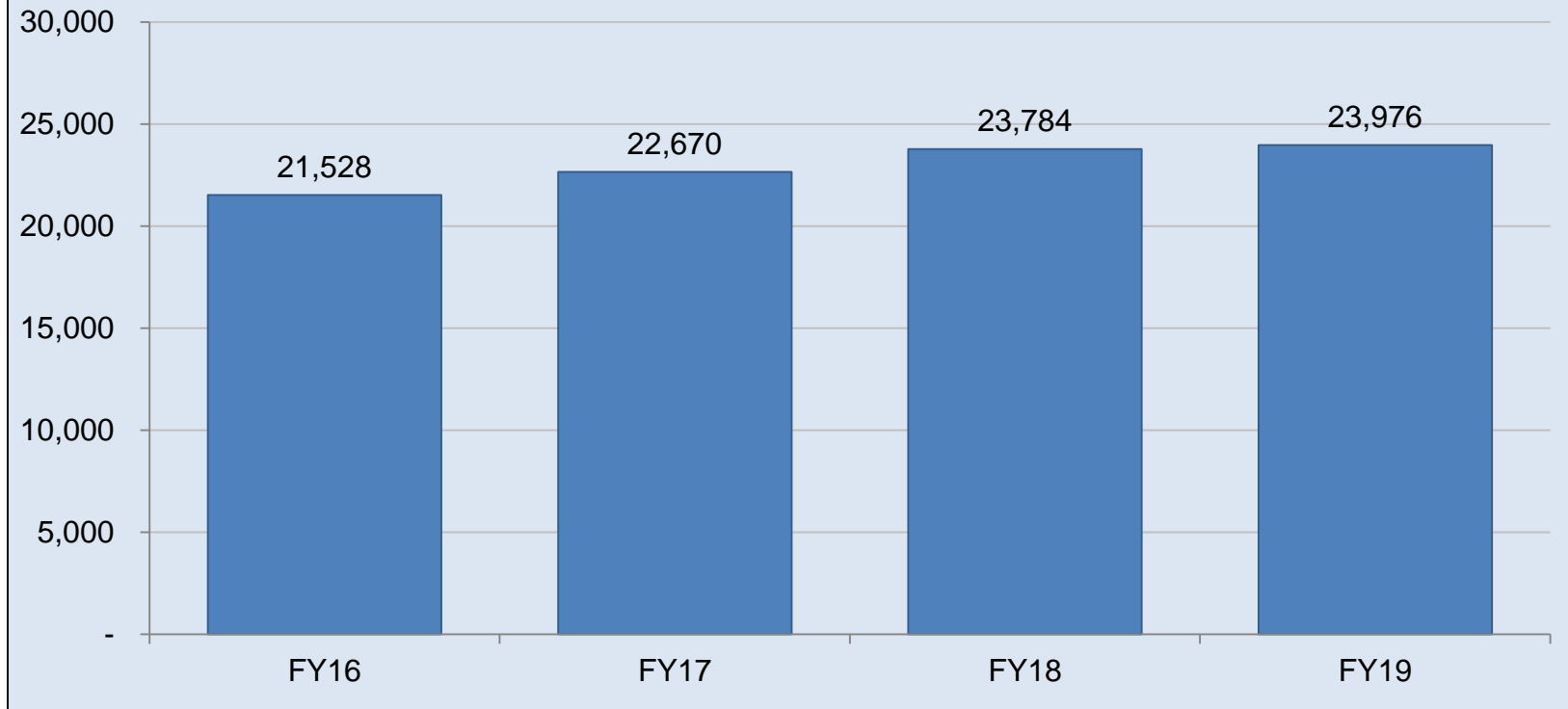
Combined Discharges and Observation Cases for the three months ending September 2018 are 1.7% above budget and 8.0% greater than last year.

## Outpatient Clinic Visits September YTD (3 months)



Clinic visits for the three months ending September 2018 are 0.1% below budget and 4.4% above last year.

## Mile Square Visits September YTD (3 months)



\*Minor corrections made to historic data

Mile Square visits for the three months ending September 2018 are 0.8% above last year.

UI HEALTH  
MISSION PERSPECTIVE:  
FINANCIAL PERFORMANCE

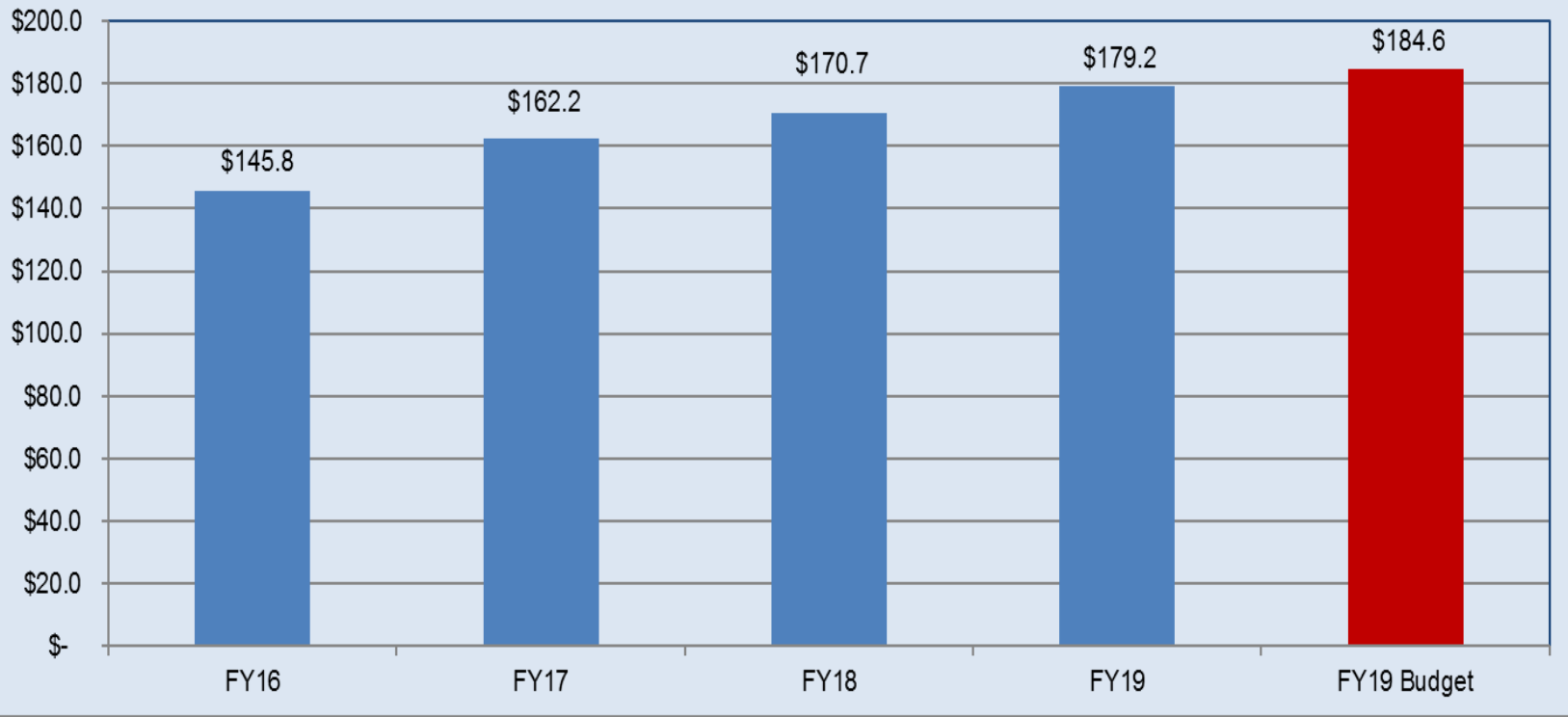
# STATEMENT OF OPERATIONS – SEPTEMBER 2018

(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 58,121	\$ 61,015	(2,894)	-4.7%	\$ 56,341	<b>Net Patient Revenue</b>	\$ 179,234	\$ 184,566	(5,332)	-2.9%	\$ 170,737
34,245	33,671	574	1.7%	29,951	Other Revenue	100,890	101,059	(169)	-0.2%	95,084
<b>92,366</b>	<b>94,686</b>	<b>(2,320)</b>	<b>-2.5%</b>	<b>86,292</b>	<b>Total Revenue</b>	<b>280,124</b>	<b>285,625</b>	<b>(5,501)</b>	<b>-1.9%</b>	<b>265,821</b>
29,017	29,284	267	0.9%	27,897	Salaries & Wages	88,007	90,012	2,005	2.2%	84,114
27,122	26,971	(151)	-0.6%	24,809	Employee Benefits	81,106	80,954	(152)	-0.2%	80,691
32,403	34,584	2,181	6.3%	30,244	Department Expenses	98,658	102,948	4,290	4.2%	89,056
3,394	3,394	0	0.0%	3,246	General Expenses	10,182	10,182	0	0.0%	9,736
<b>91,936</b>	<b>94,233</b>	<b>2,297</b>	<b>2.4%</b>	<b>86,196</b>	<b>Total Expenses</b>	<b>277,953</b>	<b>284,096</b>	<b>6,143</b>	<b>2.2%</b>	<b>263,597</b>
<b>\$ 430</b>	<b>\$ 453</b>	<b>(23)</b>	<b>-5.1%</b>	<b>\$ 96</b>	<b>Operating Margin</b>	<b>\$ 2,171</b>	<b>\$ 1,529</b>	<b>642</b>	<b>42.0%</b>	<b>\$ 2,224</b>
(290)	(280)	(10)	-3.6%	(279)	Net Non-operating Income/(Loss)	(906)	(841)	(65)	-7.7%	(839)
<b>\$ 140</b>	<b>\$ 173</b>	<b>(33)</b>	<b>-19.1%</b>	<b>\$ (183)</b>	<b>Net Income/(Loss)</b>	<b>\$ 1,265</b>	<b>\$ 688</b>	<b>577</b>	<b>83.9%</b>	<b>\$ 1,385</b>

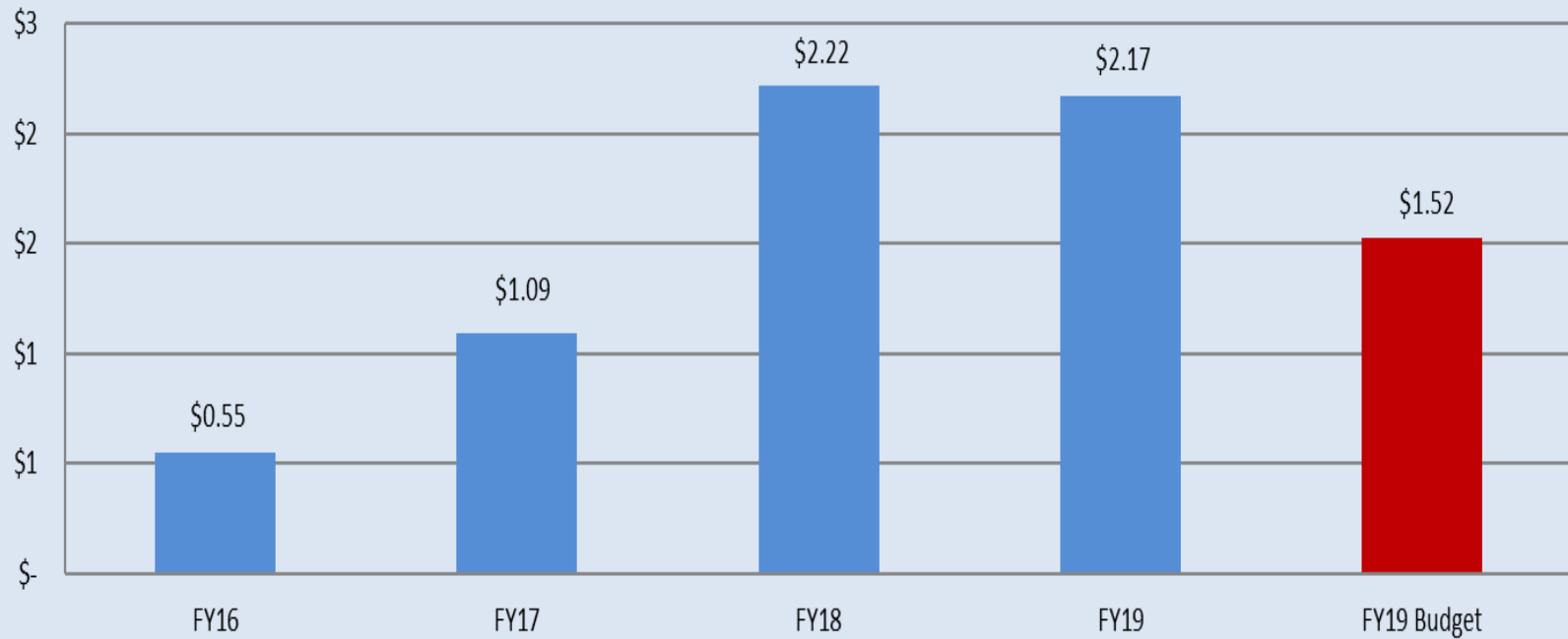


## Net Patient Service Revenue (in millions) September YTD (3 months)



Net Patient Service Revenue is 5.0% greater than the prior year and 2.9% lower than budget.

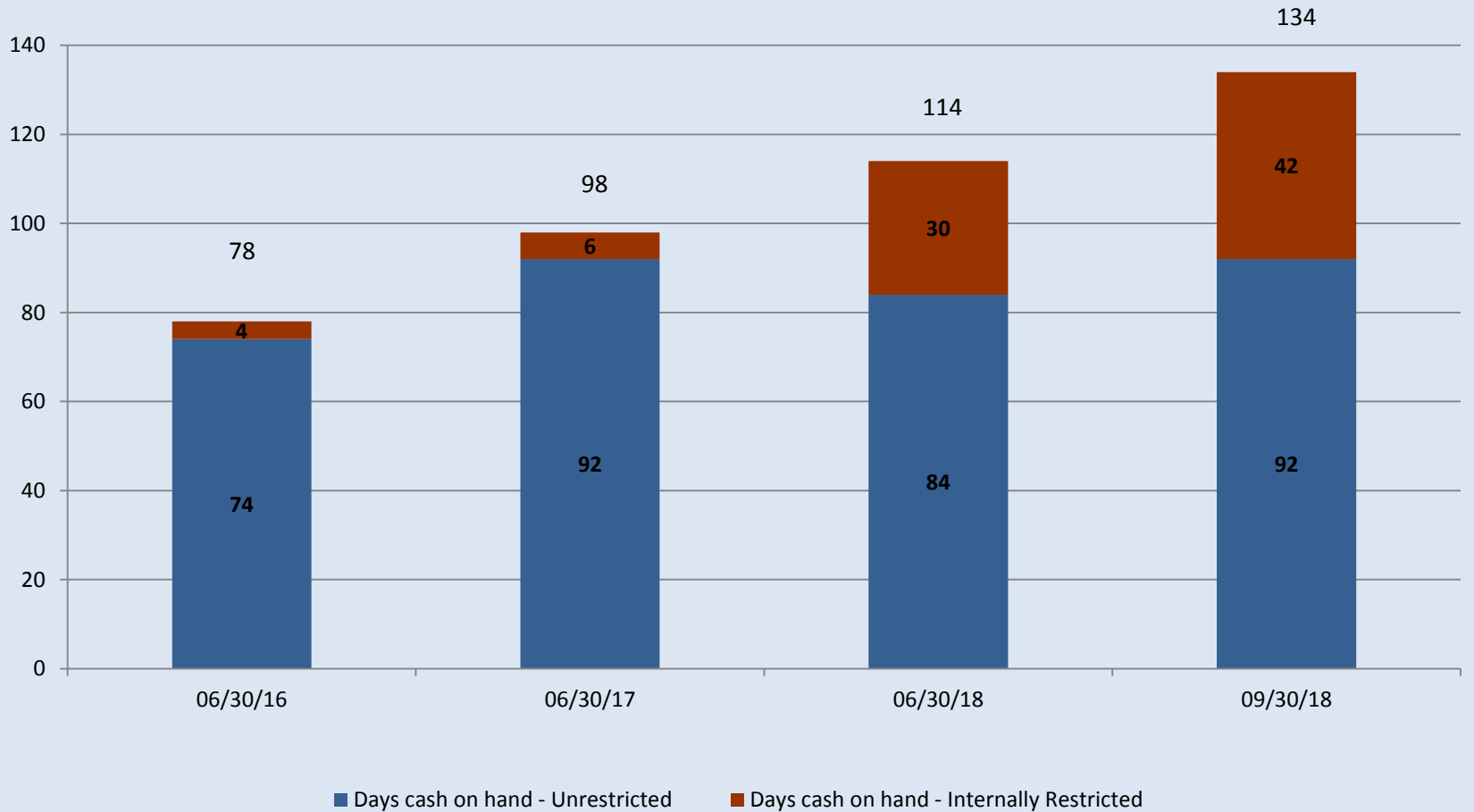
## Operating Margin (in millions) September YTD (3 months)



Operating Margin includes Payments on Behalf for Benefits and Utilities.



## Days Cash on Hand

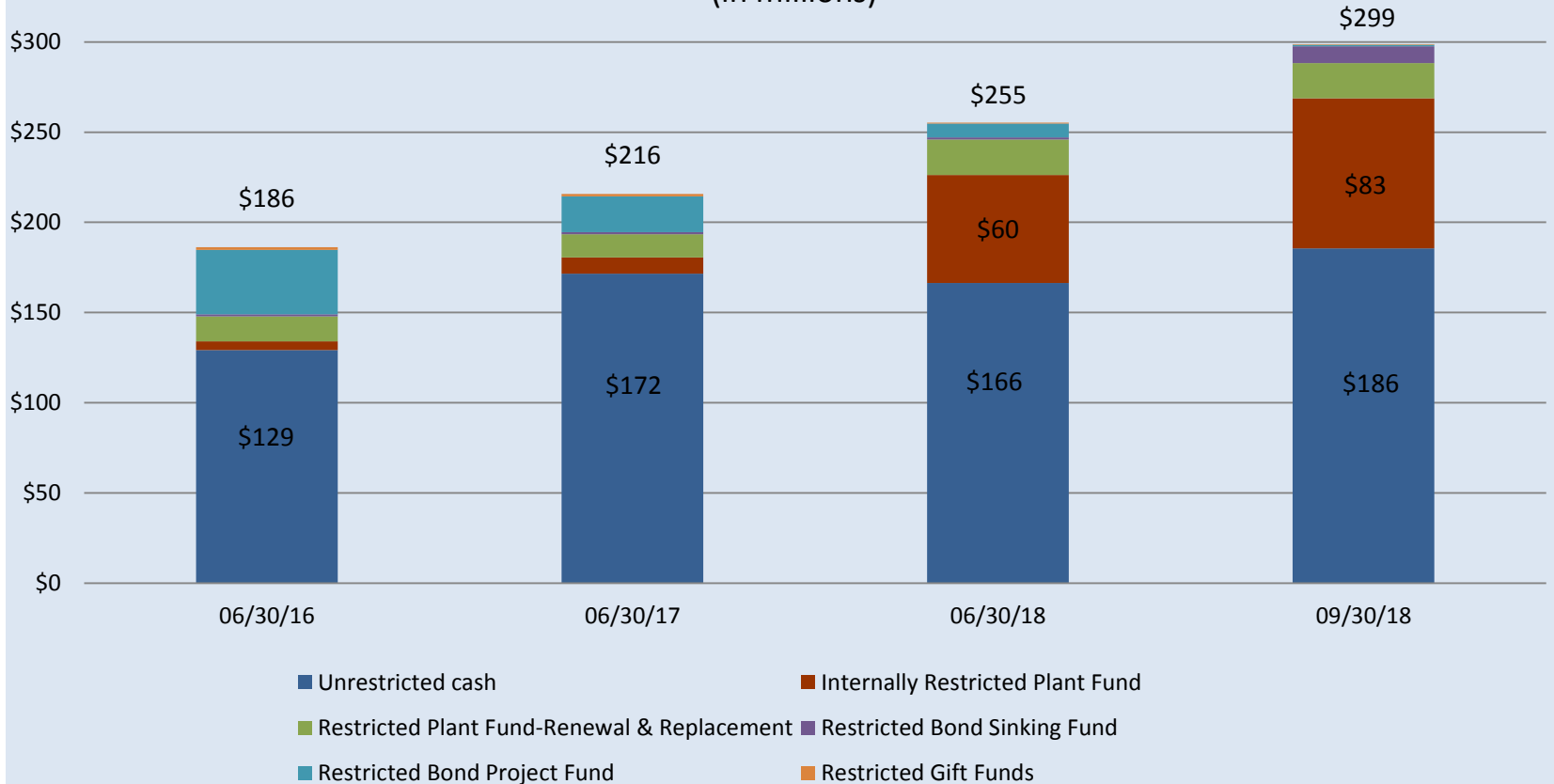


Major Project Funding Segregated



# Unrestricted and Restricted Cash and Investments

(in millions)



Strengthening Cash Position



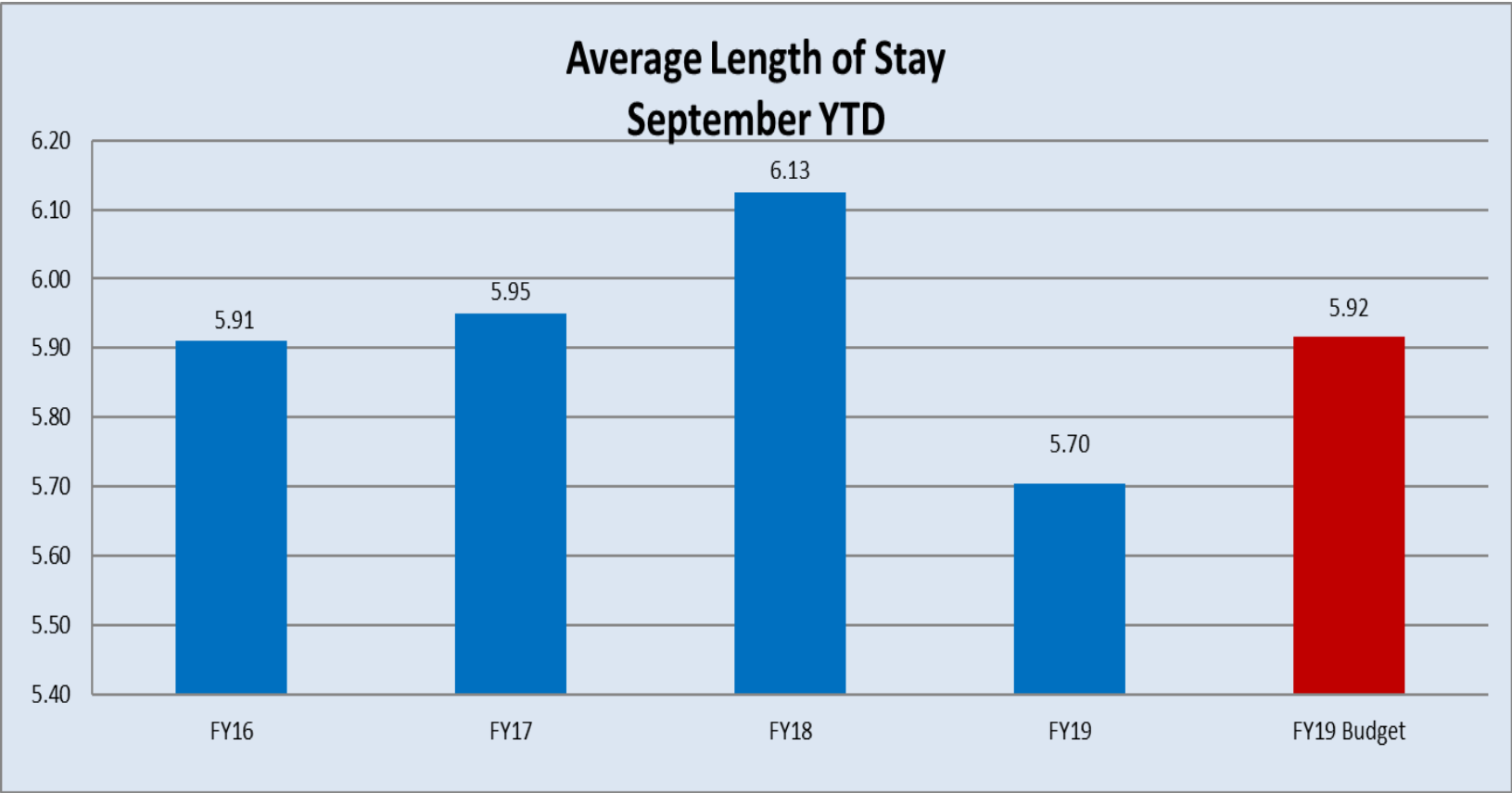
# HEALTH SYSTEM BOND RATING MEDIANS 2016 DATA FOR A-RATED HOSPITALS

## Key Comparison Ratios

	Operating Margin	Days Cash on Hand	Cash to Debt	Average Age of Plant
S&P	3.0%	251.1	200.9%	10.9
Moody's	3.2%	215.5	160.6%	11.4
Fitch	3.0%	218.0	150.6%	11.2
<b>UIH FY19 September YTD</b>	<b>0.8%*</b>	<b>134.0</b>	<b>160.1%</b>	<b>14.3</b>

\* Anticipated shortfall in FY19 & FY20

UI HEALTH  
MISSION PERSPECTIVE:  
OPERATIONAL EFFECTIVENESS



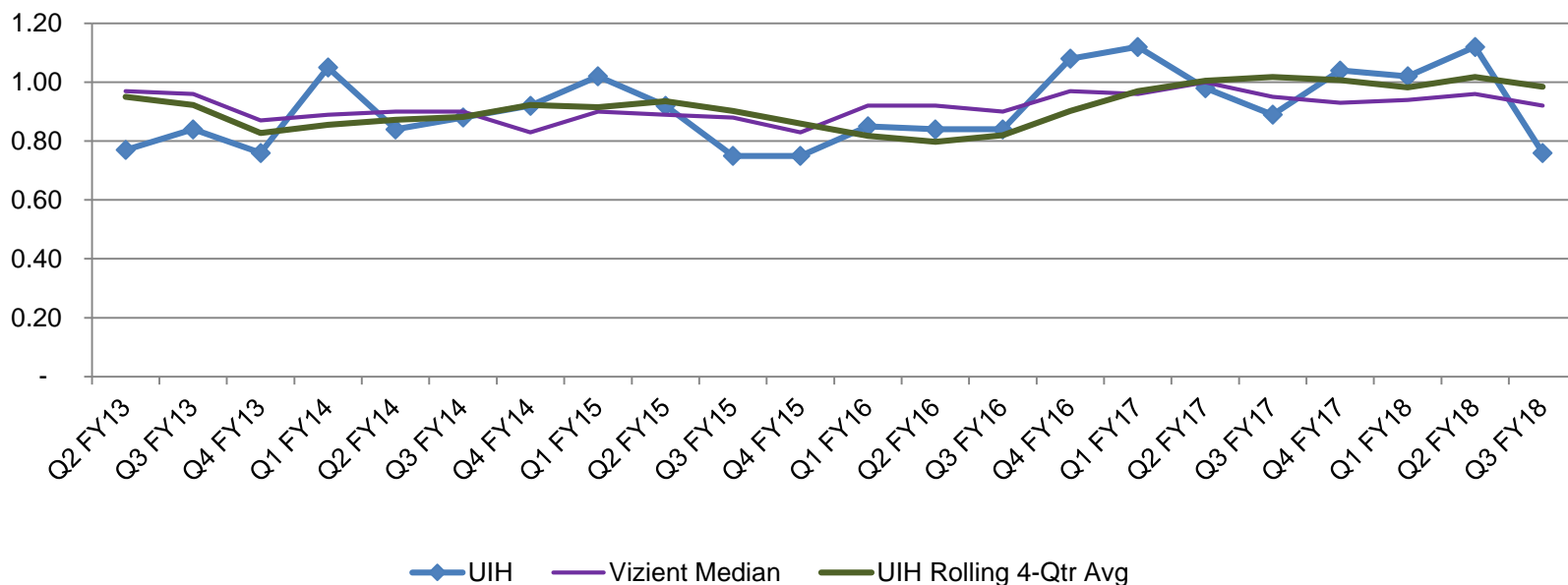
The FY 19 Budget Target is to be at 5.9 days (for the month) by year-end.



UI HEALTH  
MISSION PERSPECTIVE:  
QUALITY & SAFETY

Vizient Metrics (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
Total Inpatient Mortality Index (Observed/Expected Ratio)	61	0.985	0.76	0.92	38/151

### UI Health Total Inpatient Mortality Index (Observed/Expected)



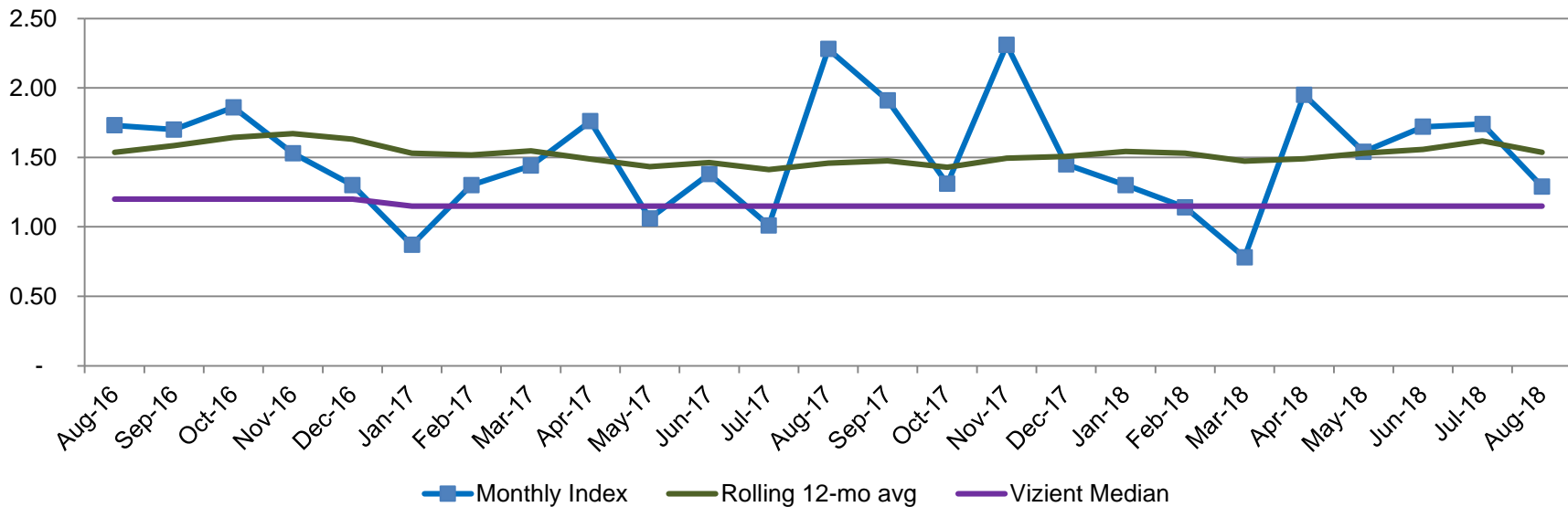
During Q3 FY18, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) improved to 0.76, placing us in the top quartile of all Vizient hospitals.

Our rolling 4-quarter average of 0.985 is slightly higher than the Vizient median of 0.92.



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
Sepsis Mortality (Observed/Expected)	27	1.44	1.09	1.15	64/151

### Monthly Sepsis Mortality Index (Observed/Expected)



	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18
Sepsis Cases	68	77	74	69	78	57	70	67	64	65	55	59	54	66	67
Sepsis Deaths	10	11	20	18	14	12	12	12	9	6	16	9	13	10	11

During May 2018, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 1.09, lower than the Vizient median.

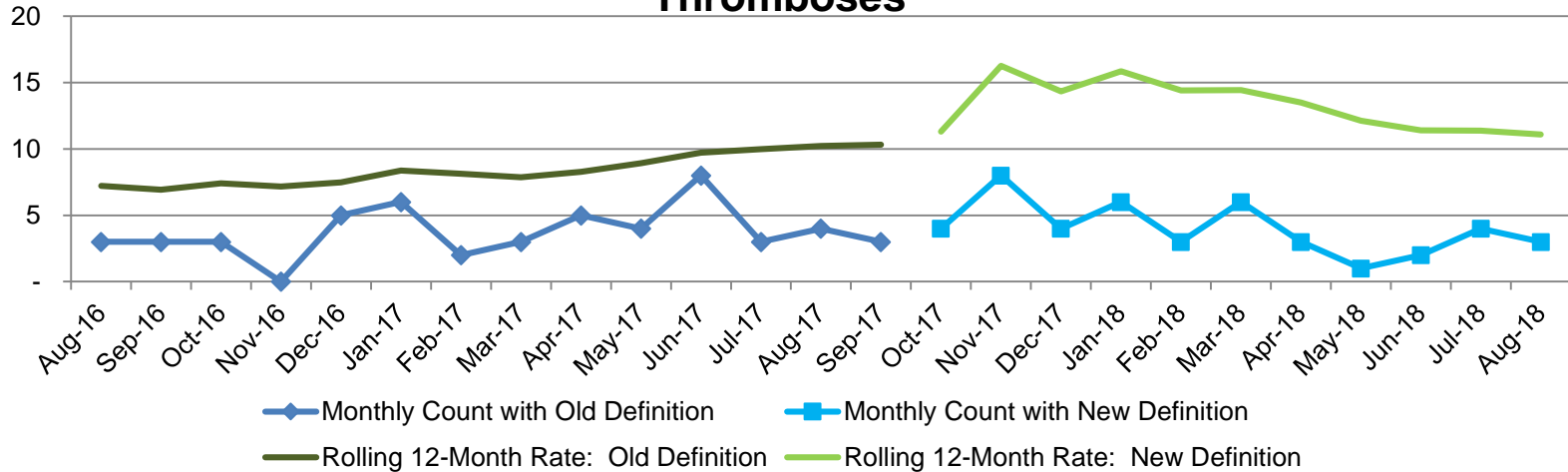
Our rolling 12-month average of 1.44 exceeds the Vizient median.





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
Patient Safety Indicator 12: Post-operative Pulmonary Embolism or Deep Vein Thrombosis (rate per 1000 surgical patients)	16	13.9	15.56	5.38	151/151

## Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses



	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18
Number of Post-Op DVTs by Month	2	3	5	2	4	3	3	2	0	2	1	2
Number of Post-Op PEs by Month	1	2	5	2	2	2	3	1	1	0	3	2

During August 2018, UI Health's post-operative blood clot rate **increased** to 8.31.

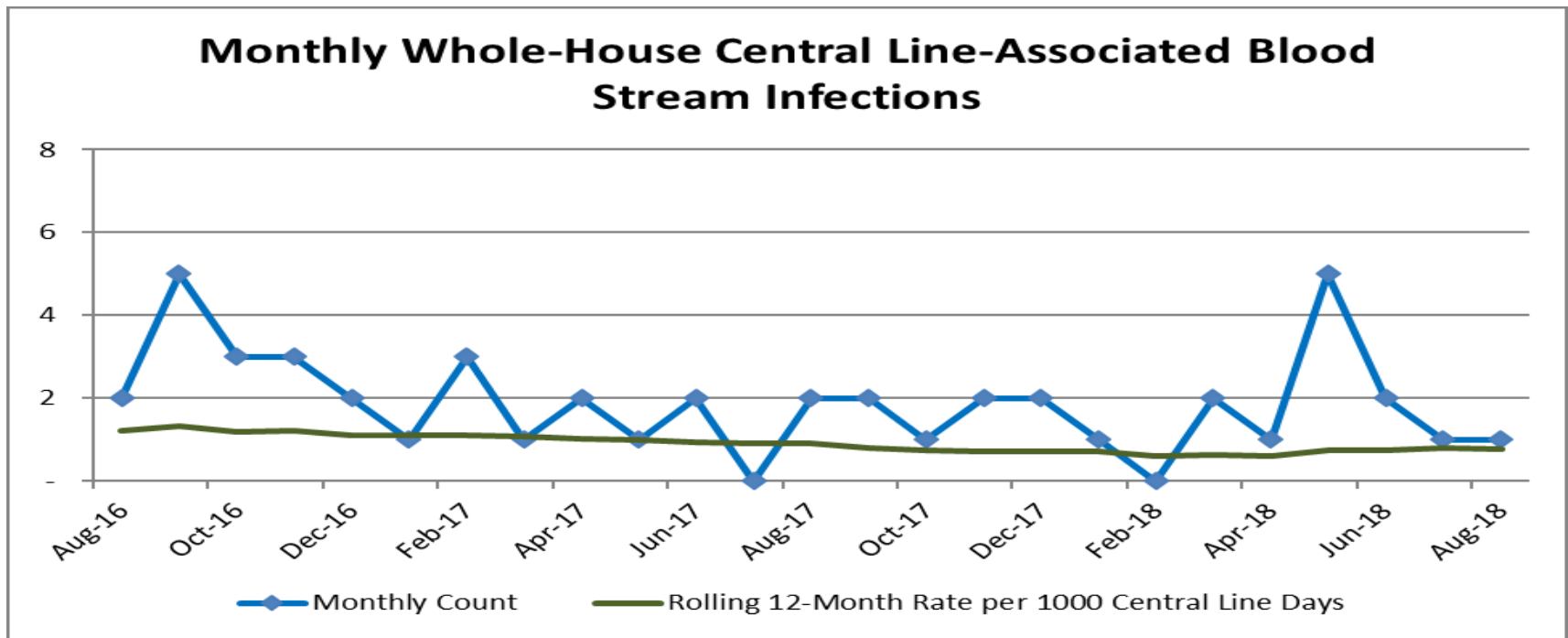
Our rolling 12-month average rate of 11.09 post-operative blood clots per 1000 surgeries is **higher** than the Vizient median.

\*PE = Pulmonary Embolism

\*\*DVT = Deep Venous Thrombosis



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
Central Line-Associated Blood Stream Infections	0	0.41	0	0.0	1/151



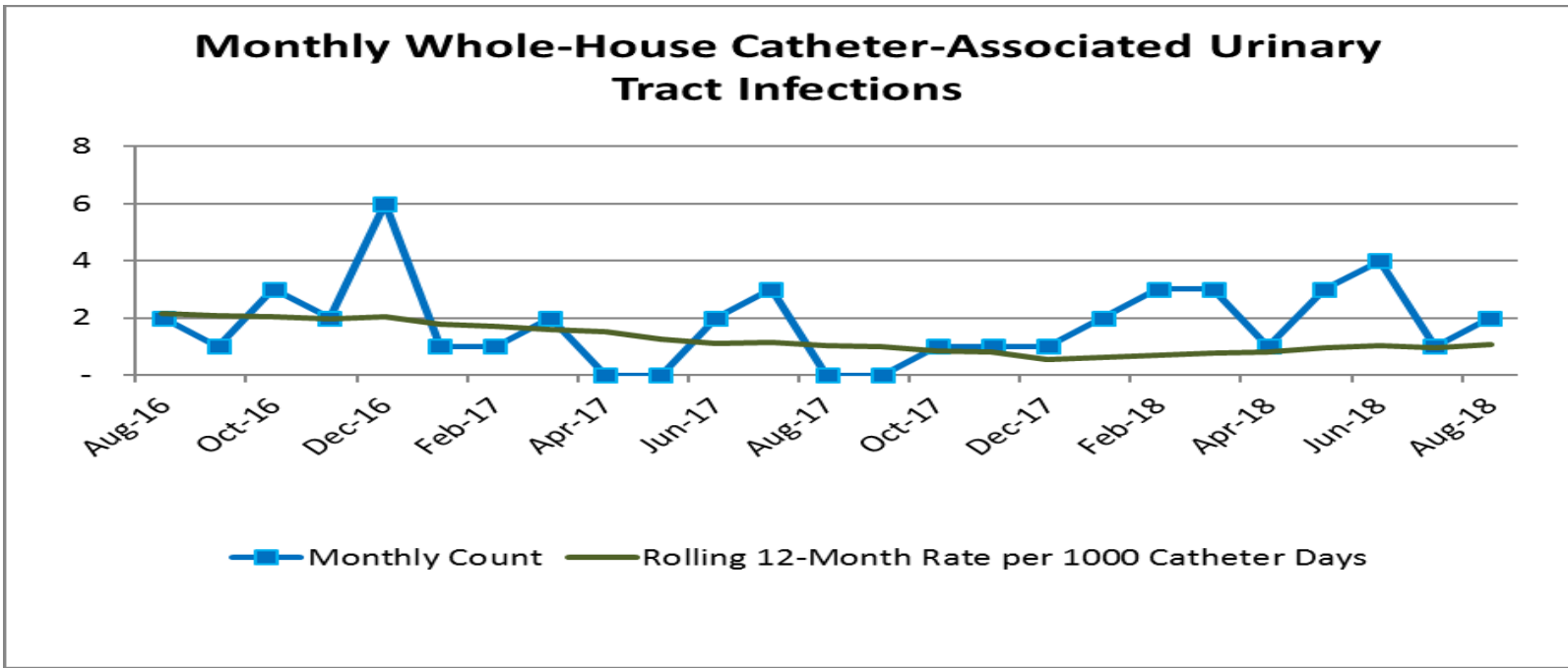
Number of Infections by Month (excludes Mucosal Barrier Injuries)	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18
	2	1	2	2	1	0	2	1	5	2	1	1

Our whole-house CLABSI rate **decreased** to 0.5 in August 2018.

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	1/151



	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18
Number of Infections by Month	0	1	1	1	2	3	3	1	3	4	1	2

Our whole-house CAUTI rate remained at 1.3 in August 2018.

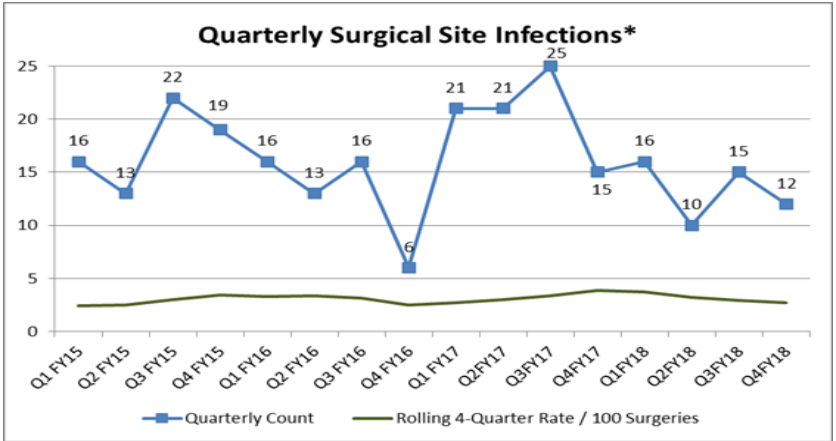
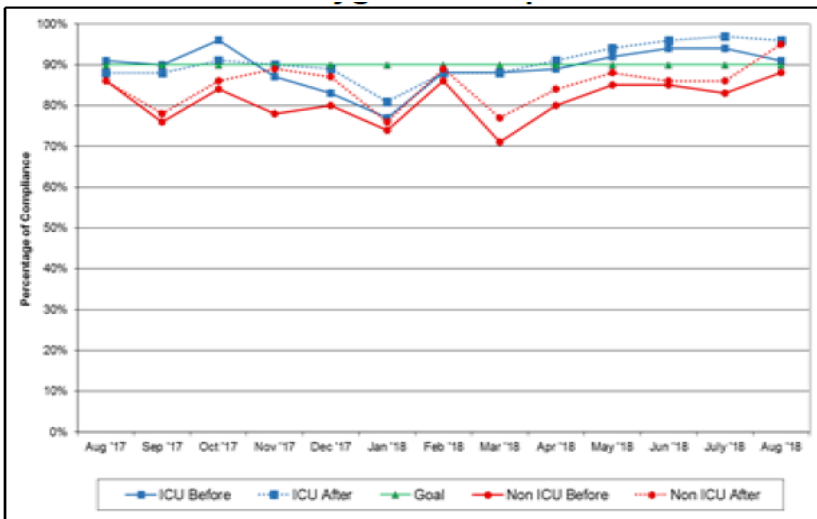
Our whole-house rolling 12-month average CAUTI rate increased slightly, to 1.1, in August 2018.



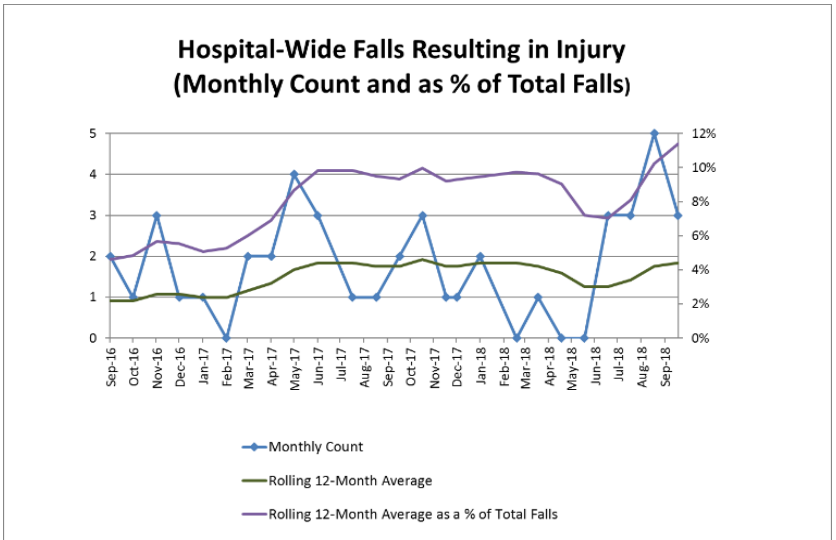
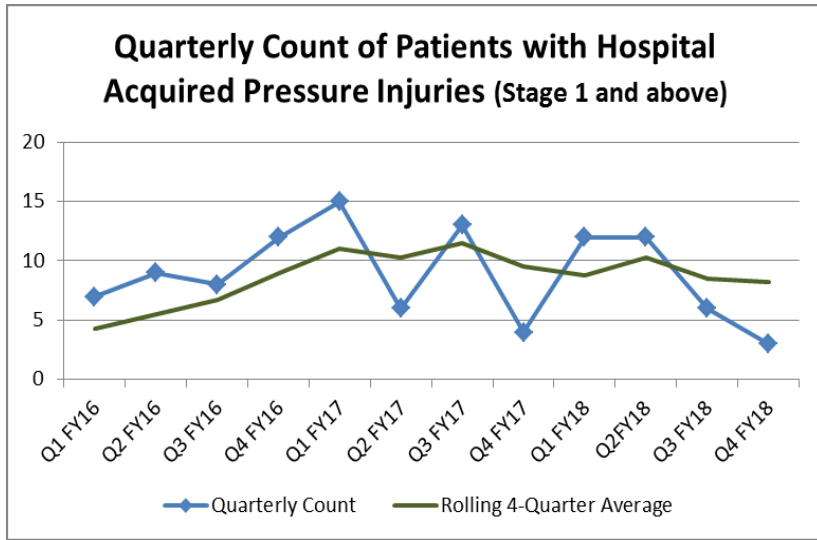
# Our “Zero Harm” Metrics



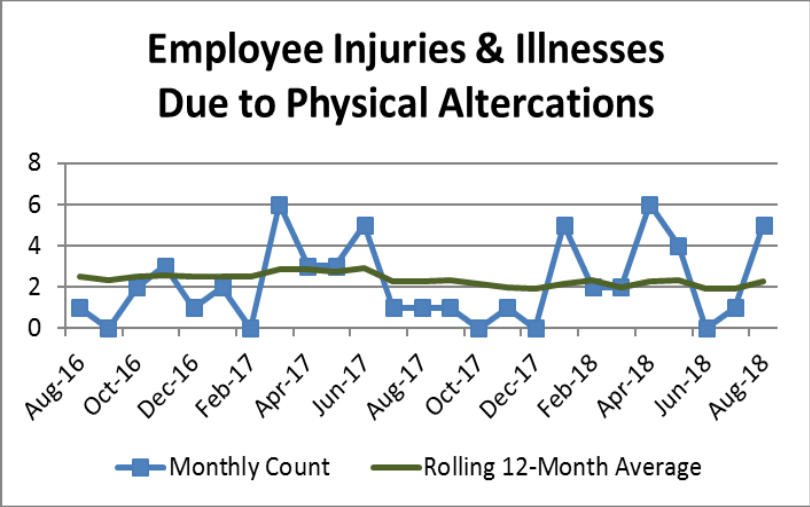
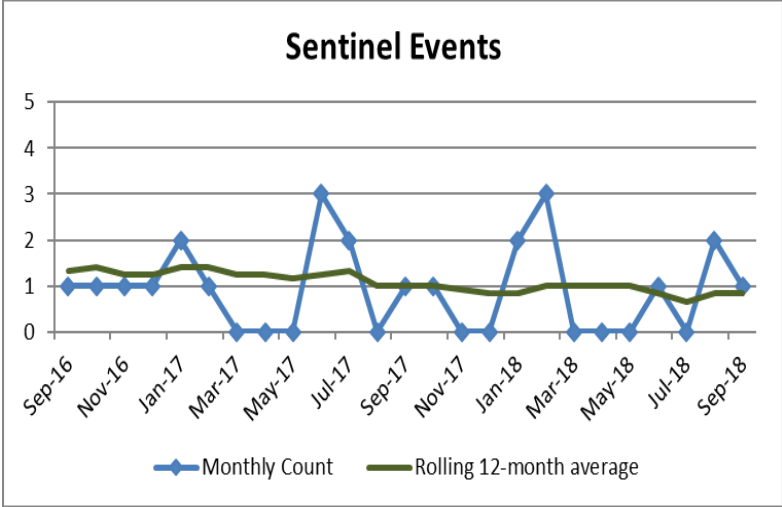
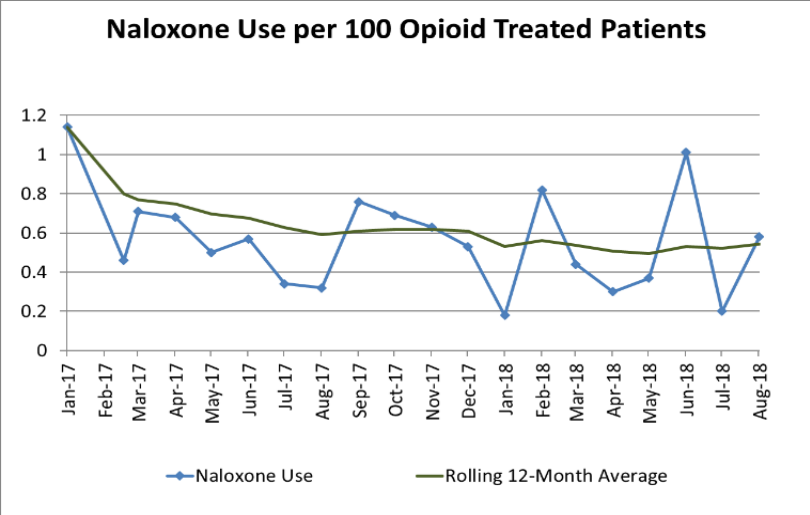
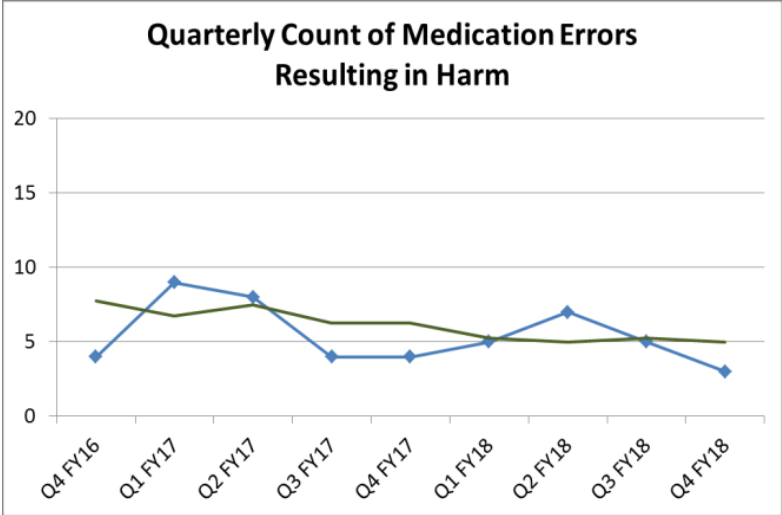
## Hand Hygiene Compliance



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



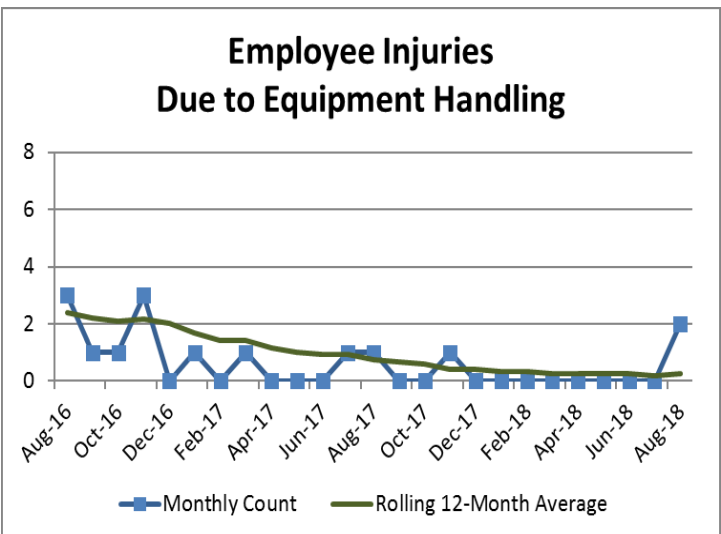
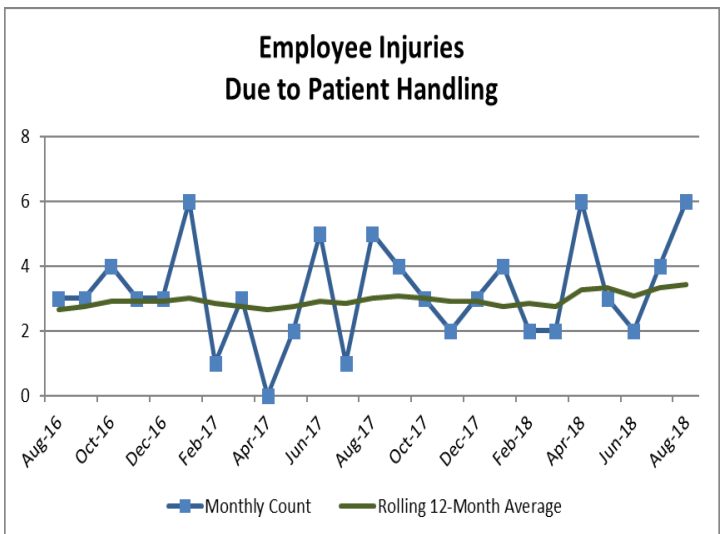
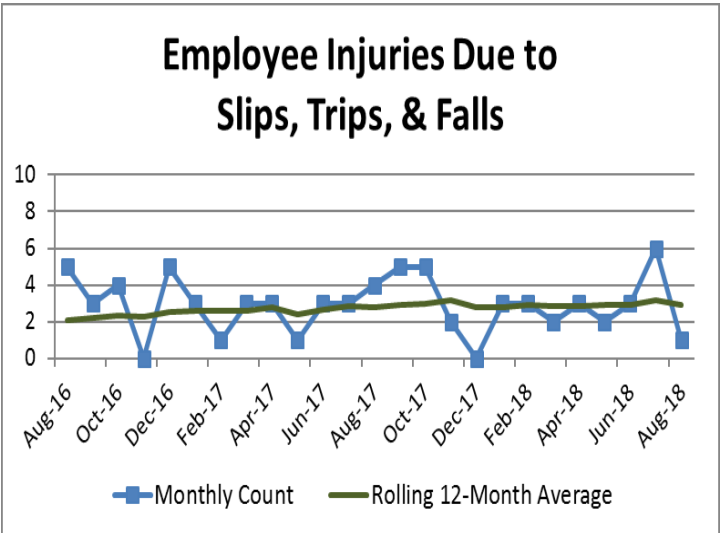
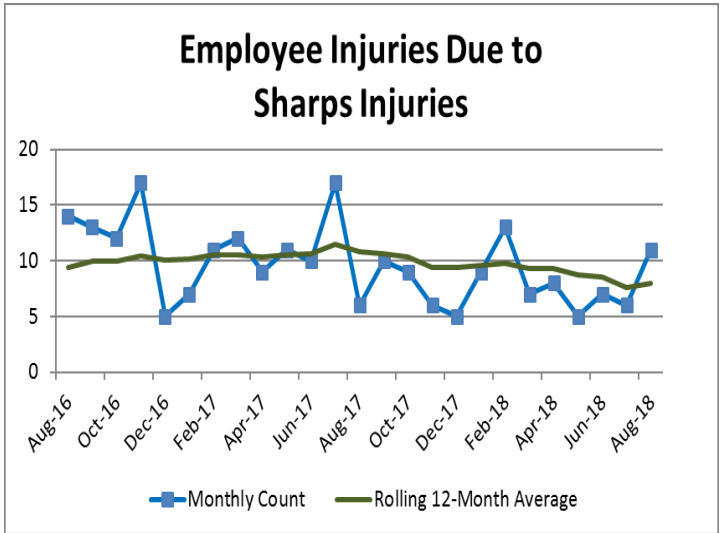
# Our “Zero Harm Metrics”, cont.



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



# Our “Zero Harm” Metrics, cont.



# Maintaining Focus in FY19 ...



	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog
<b>Safety<sup>1</sup></b>	25%	22%	5%	50%
<b>Mortality<sup>2</sup></b>	25%	22%	38%	
<b>Patient Experience</b>	25%	22%		16%
<b>Readmission</b>		22%		
<b>Other<sup>3</sup></b>	25%	12%	58%	34%

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

<sup>2</sup> 50% overall mortality at UIH caused by Sepsis

<sup>3</sup> Includes effectiveness, timeliness, efficiency, cost reduction, structure, processes, and other



# FY19 Areas of Focus for Quality & Safety

- **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**



UI HEALTH  
MISSION PERSPECTIVE:  
NURSING STAFFING & SAFETY

# Q4 FY18


## STAFFING DATA ANALYSIS

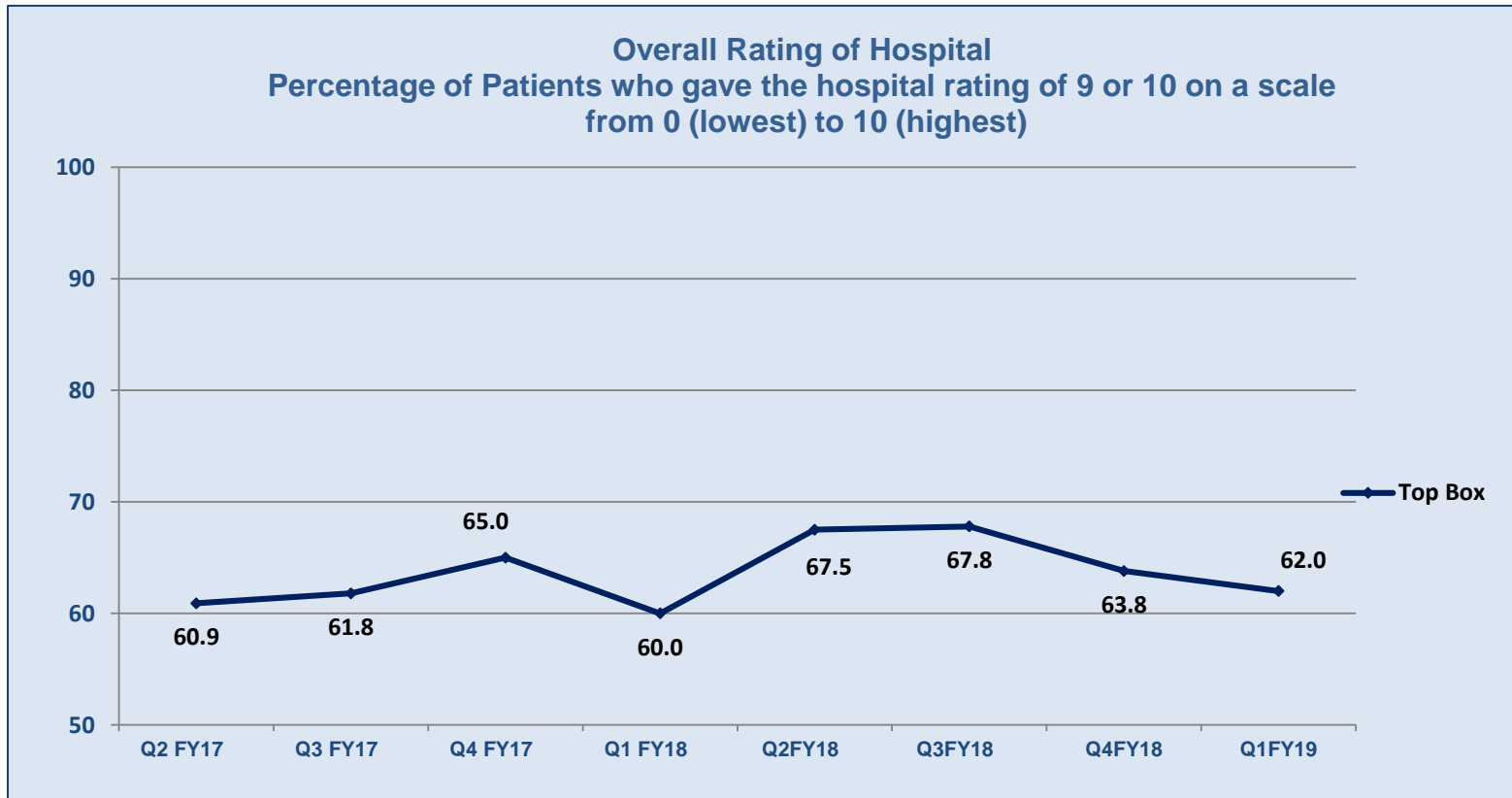
- For Q4 FY18, a total of 11 staffing related reports were made in the Safety Event Reporting tool.
- After analyzing the data, it was determined that these were escalated to the Unit Director or House Operations Administrator, and resolved in real-time, without being associated with patient harm.
- There were no instances of less than optimal staffing that resulted in a sentinel event.


UI HEALTH  
MISSION PERSPECTIVE:  
SERVICE EXCELLENCE

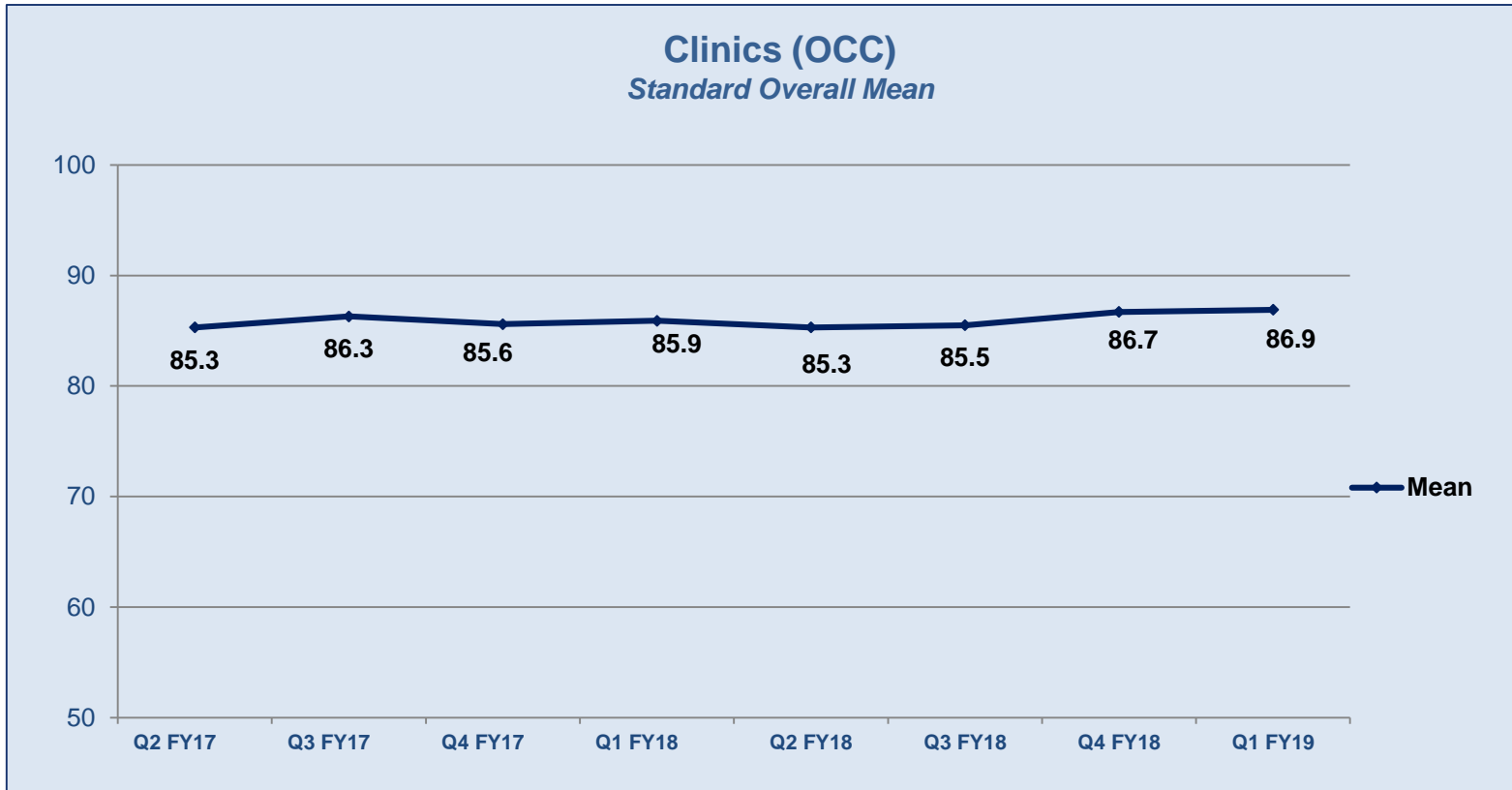
# OVERALL OUTCOMES & PERCENTILE RANK


UI Health Metric	FY18 Top Box/Mean	All Press Ganey Database Rank	FY19 Q1 (Jul-Sep 2018) Top Box/Mean	All Press Ganey Database Rank
Inpatient (HCAHPS) Rate Hospital 9-10	64.8	18	62.0	12
Ambulatory Clinics Std Overall	85.8	7	86.9	10
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell Std Overall	88.0	1	87.5	1
Emergency Department Std Overall	79.9	7	79.8	8
Ambulatory Surgery Std Overall	89.9	4	91.0	7

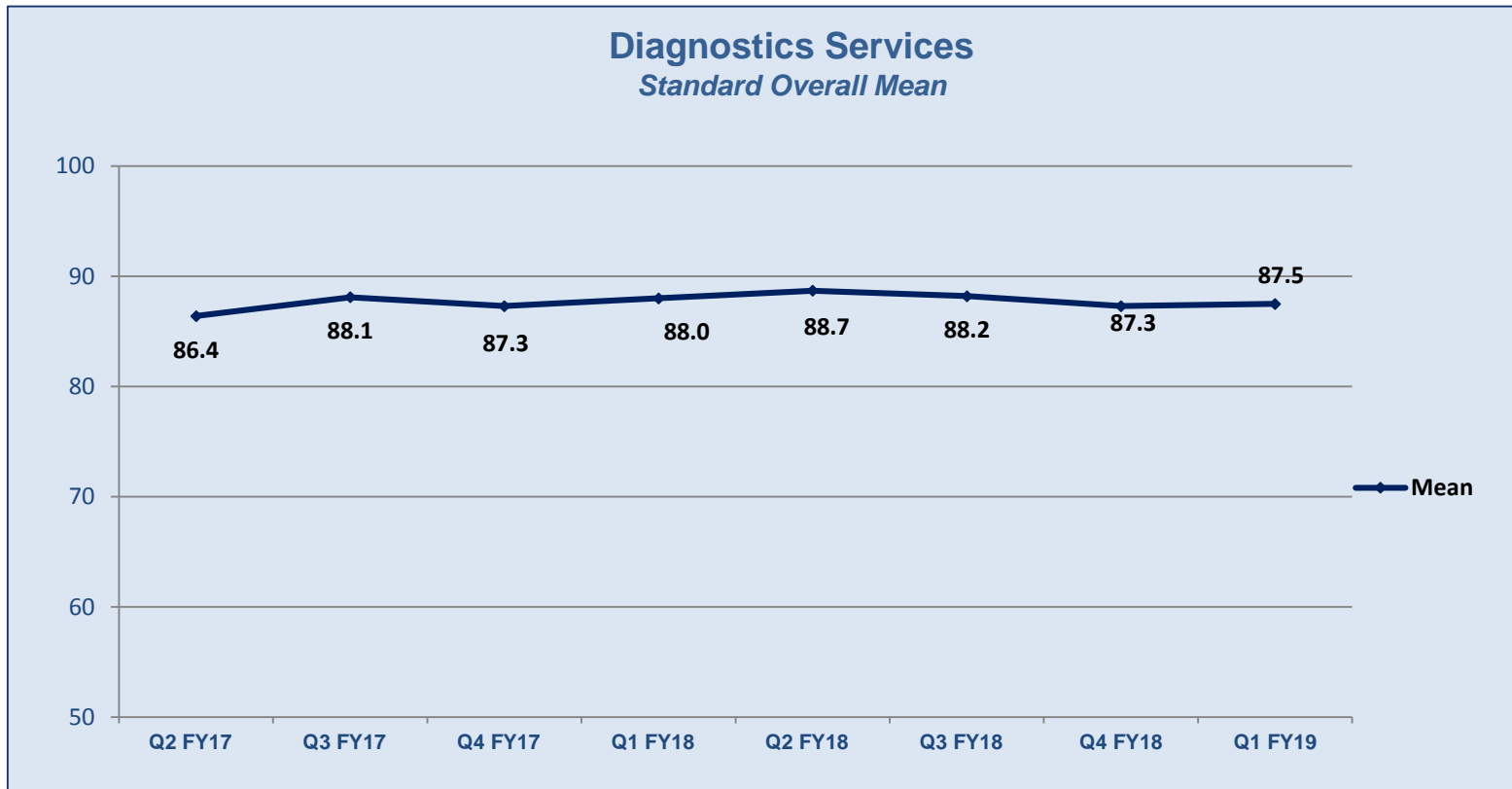
UI Health Metric	Current Q1 FY19 Mean	All Press Ganey Database Rank	FY18 Mean	All Press Ganey Database Rank
HCAHPS (Overall Rating of Hospital)	62.0	12 	64.8	18




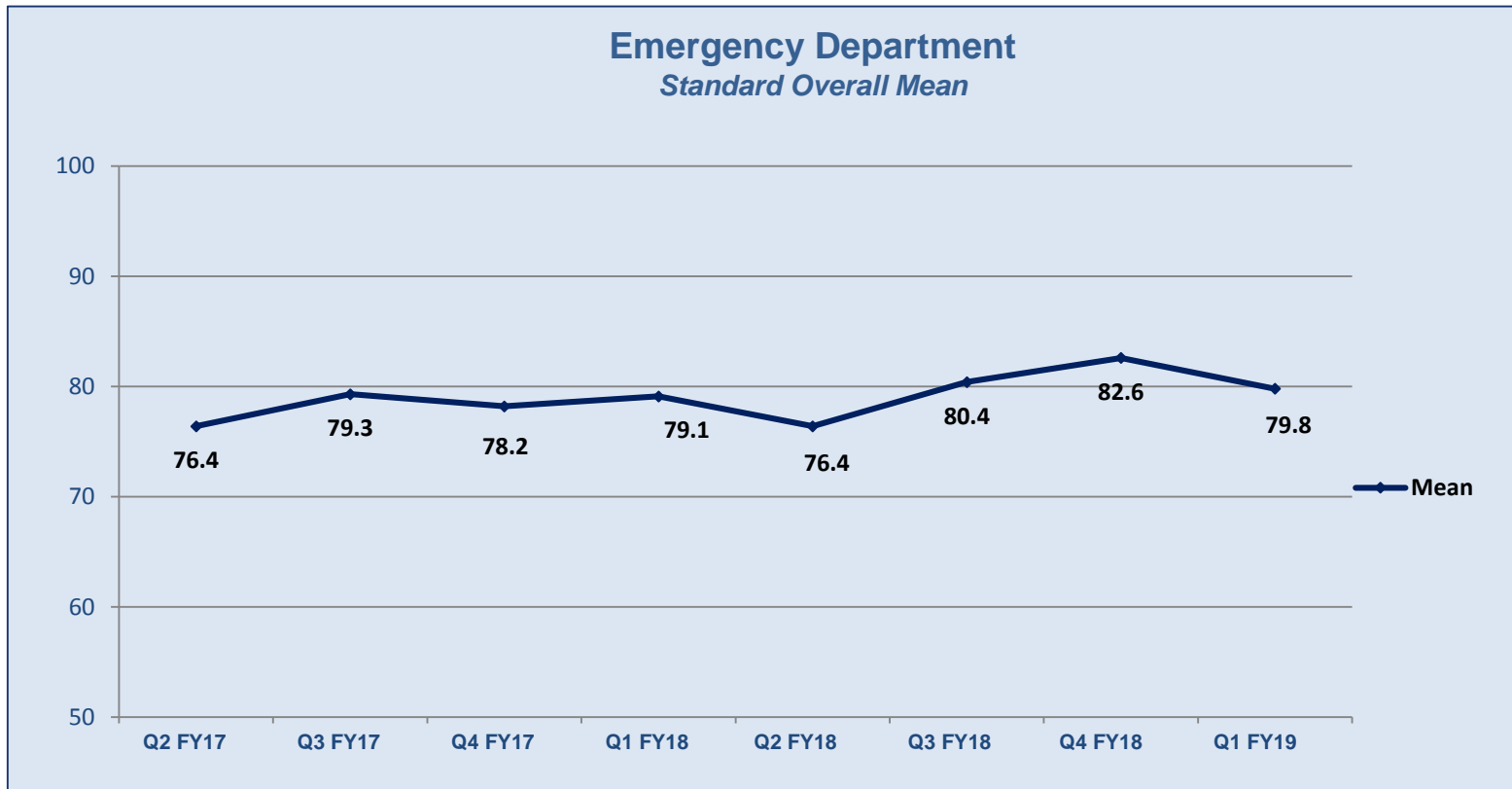
UI Health Metric	Current Q1 FY19 Mean	All Press Ganey Database Rank	FY18 Mean	All Press Ganey Database Rank
Clinics (OCC) Standard Overall Mean	86.9	10 	85.8	7




UI Health Metric	Current Q1 FY19 Mean	All Press Ganey Database Rank	FY18 Mean	All Press Ganey Database Rank
Diagnostics Services (Standard Overall Mean)	87.5	1 	88.0	1

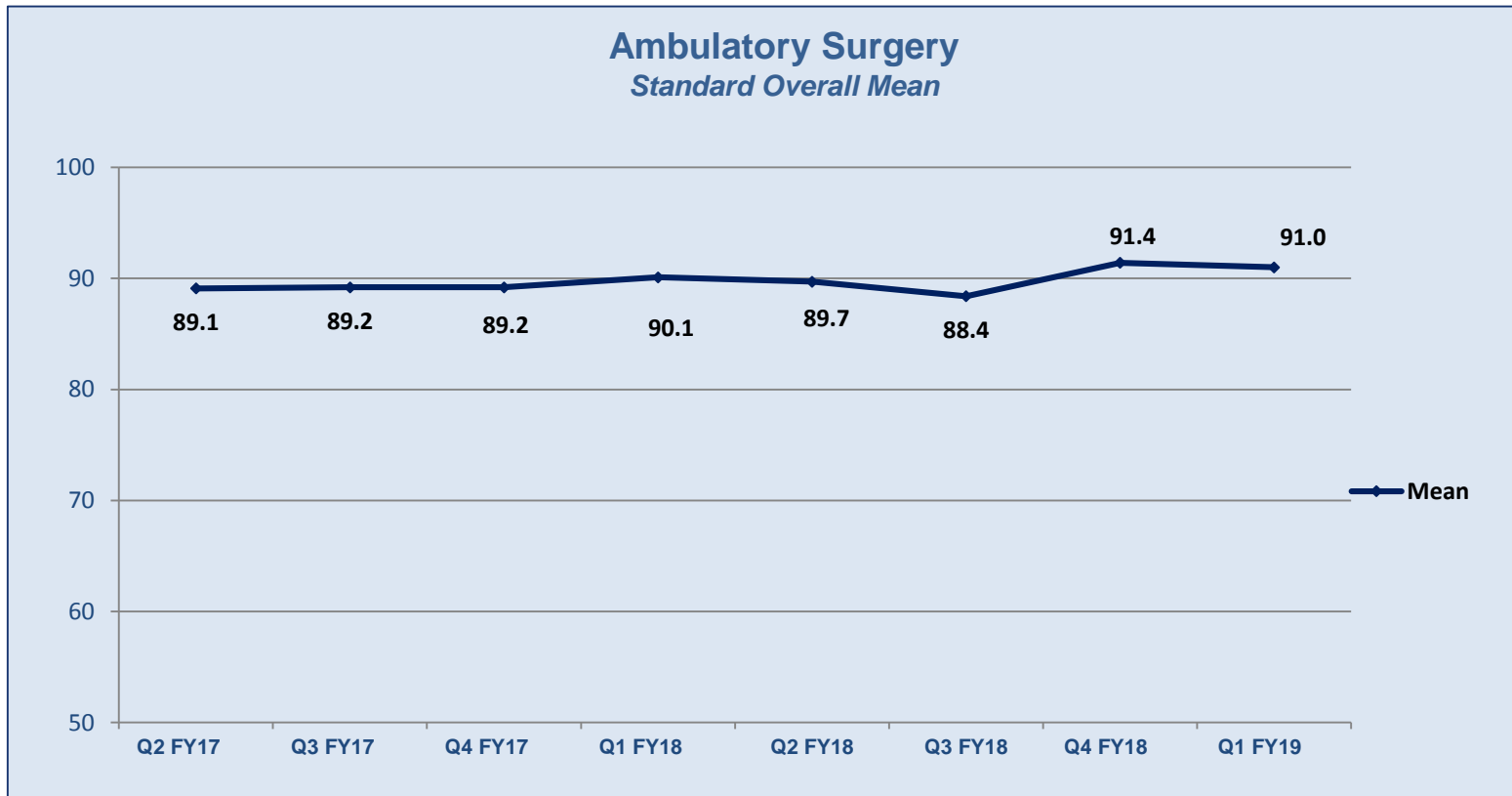


UI Health Metric	Current Q1 FY19 Mean	All Press Ganey Database Rank	FY18 Mean	All Press Ganey Database Rank
Emergency Department Standard Overall Mean	79.8	8 	79.9	7





UI Health Metric	Current Q1 FY19 Mean	All Press Ganey Database Rank	FY18 Mean	All Press Ganey Database Rank
Ambulatory Surgery Standard Overall Mean	91.0	7 	89.9	4



# 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)