

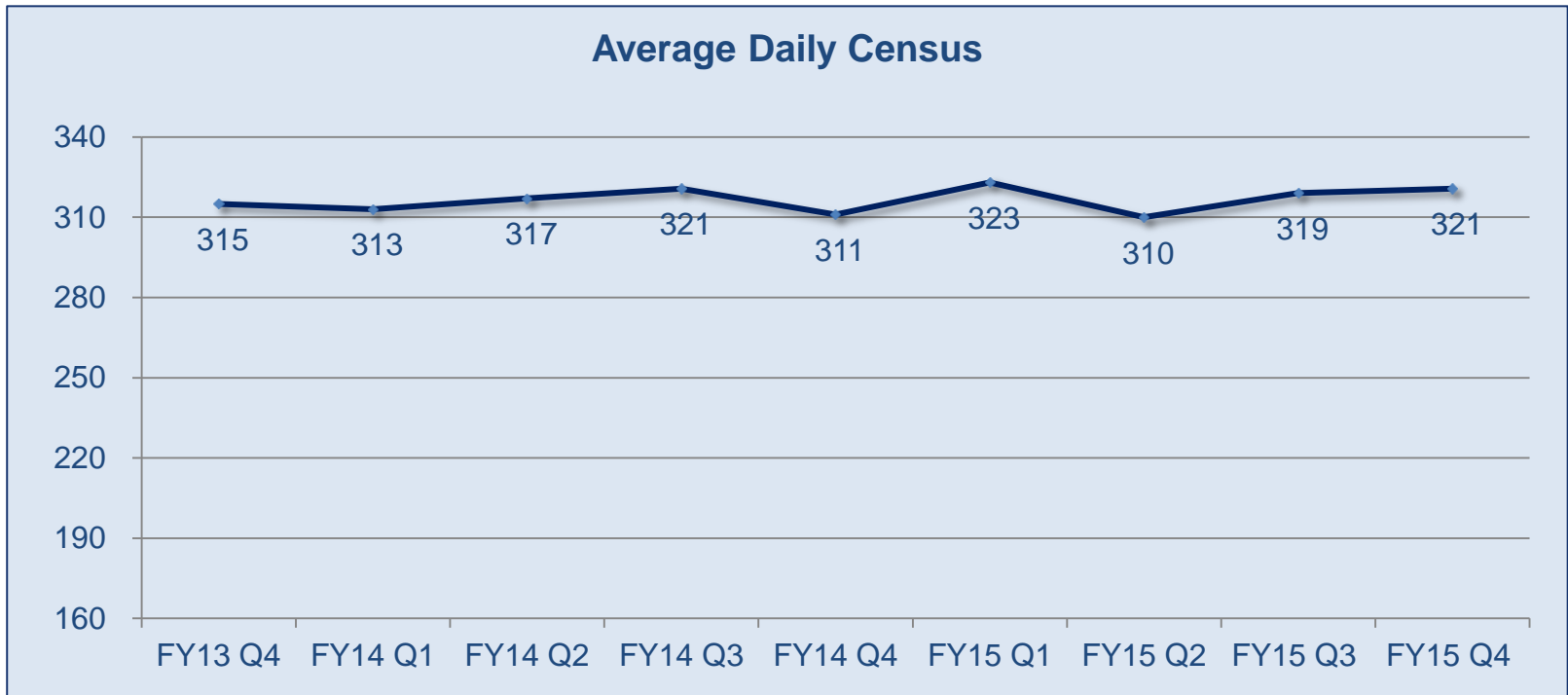


UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

HOSPITAL DASHBOARD

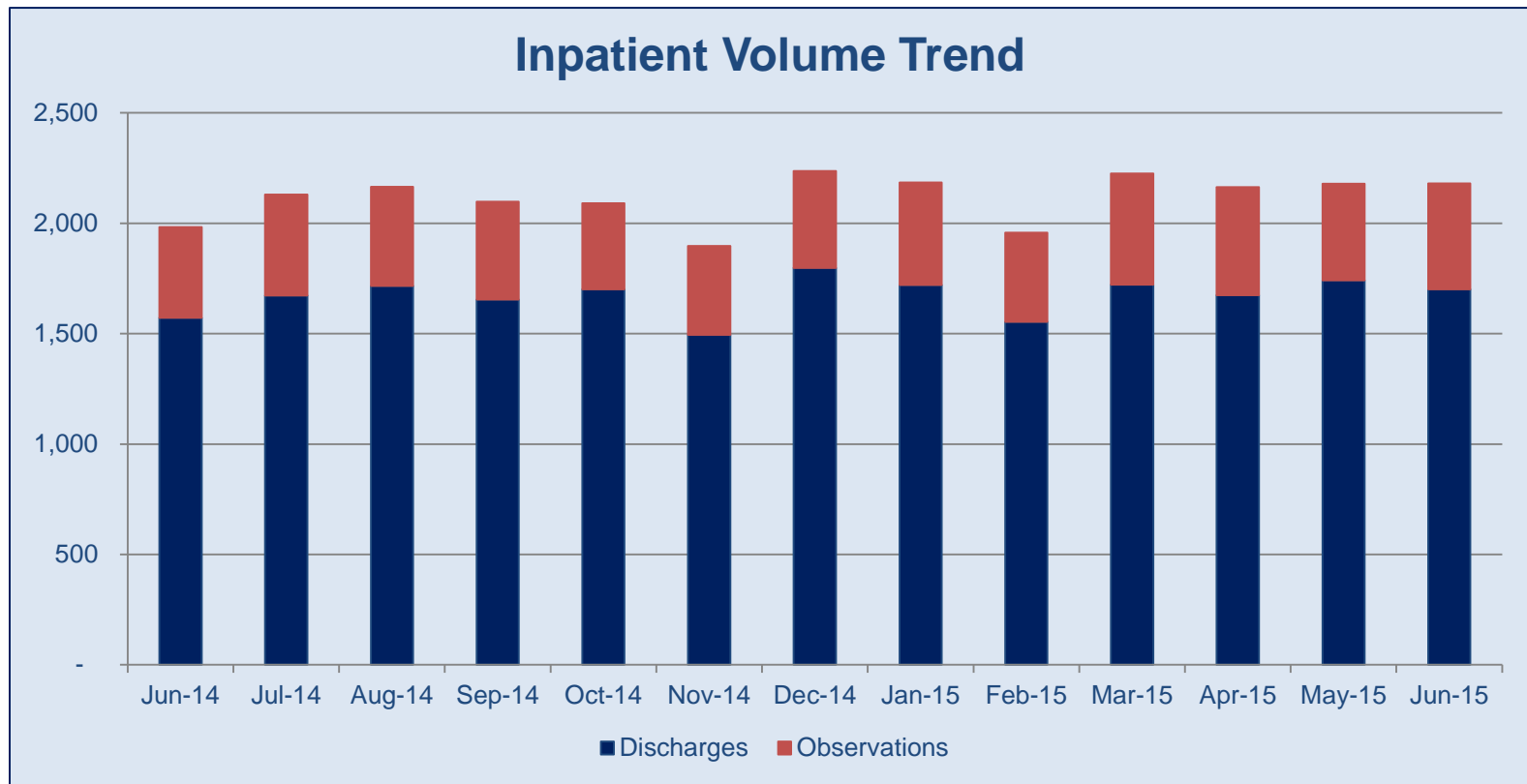
Reported to the Board of Trustees
September 10, 2015

UI Health Metrics	FY15 Q4	FY15 Q4 Target	FY14 Q4 Actual
Average Daily Census (ADC)	321	313	311



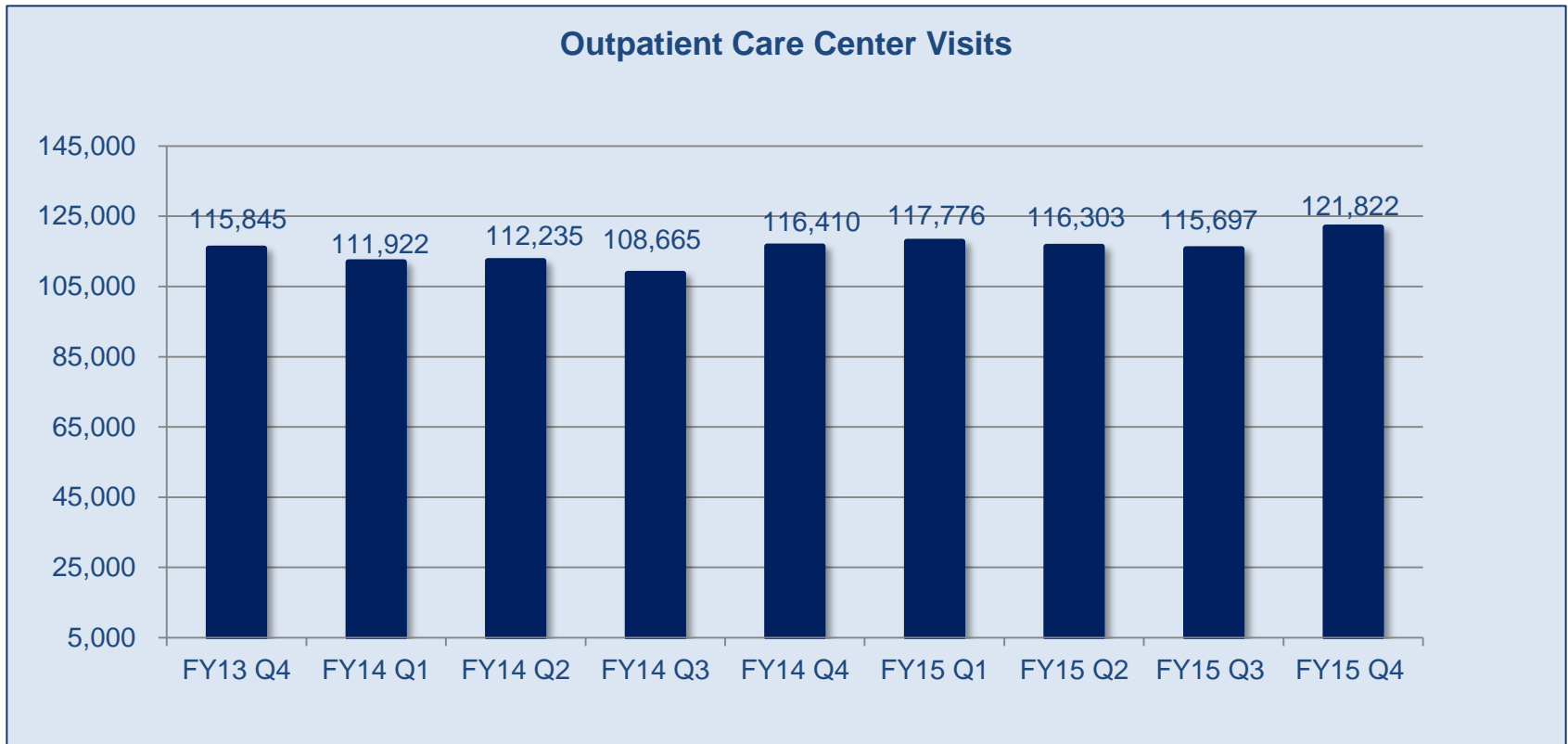
ADC is above budget target and prior year quarter 4

UI Health Metrics	FY15 Q4 Actual	FY15 Q4 Target	FY14 Q4 Actual
Discharges	5,117	4,587	4,838
Observations	1,405	1,086	1,267



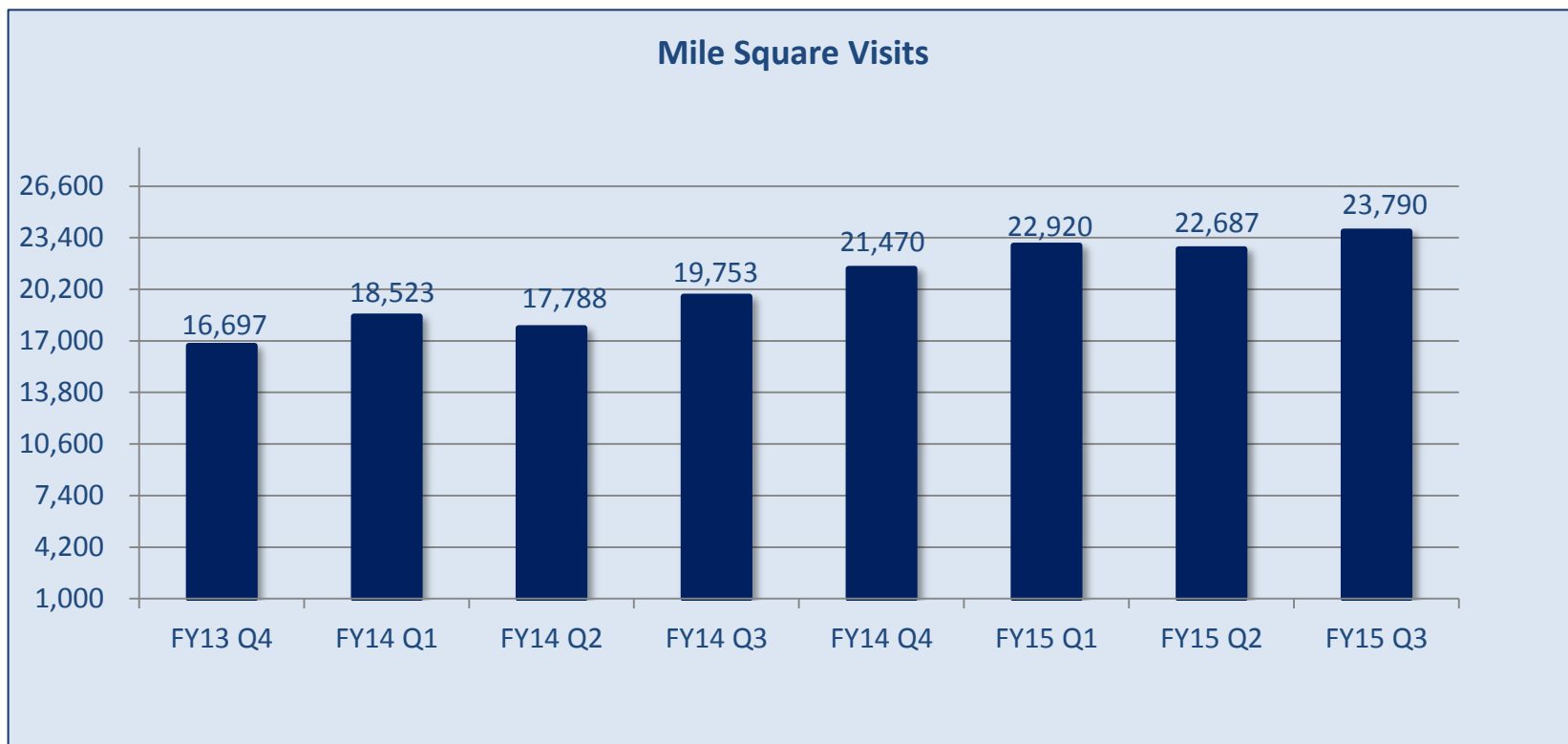
Discharges and observations are above budget and discharges are above prior year quarter 4

UI Health Metrics	FY15 Q4	FY15 Q4 Target	FY14 Q4 Actual
Clinic Visits	121,822	120,559	116,410



Clinic visits are above budget target and prior year quarter 4

UI Health Metrics	FY15 Q4	FY15 Q4 Target	FY14 Q4 Actual
Mile Square Visits	23,790	27,832	19,753



Mile Square visits are above prior year quarter 4, but lower than target.

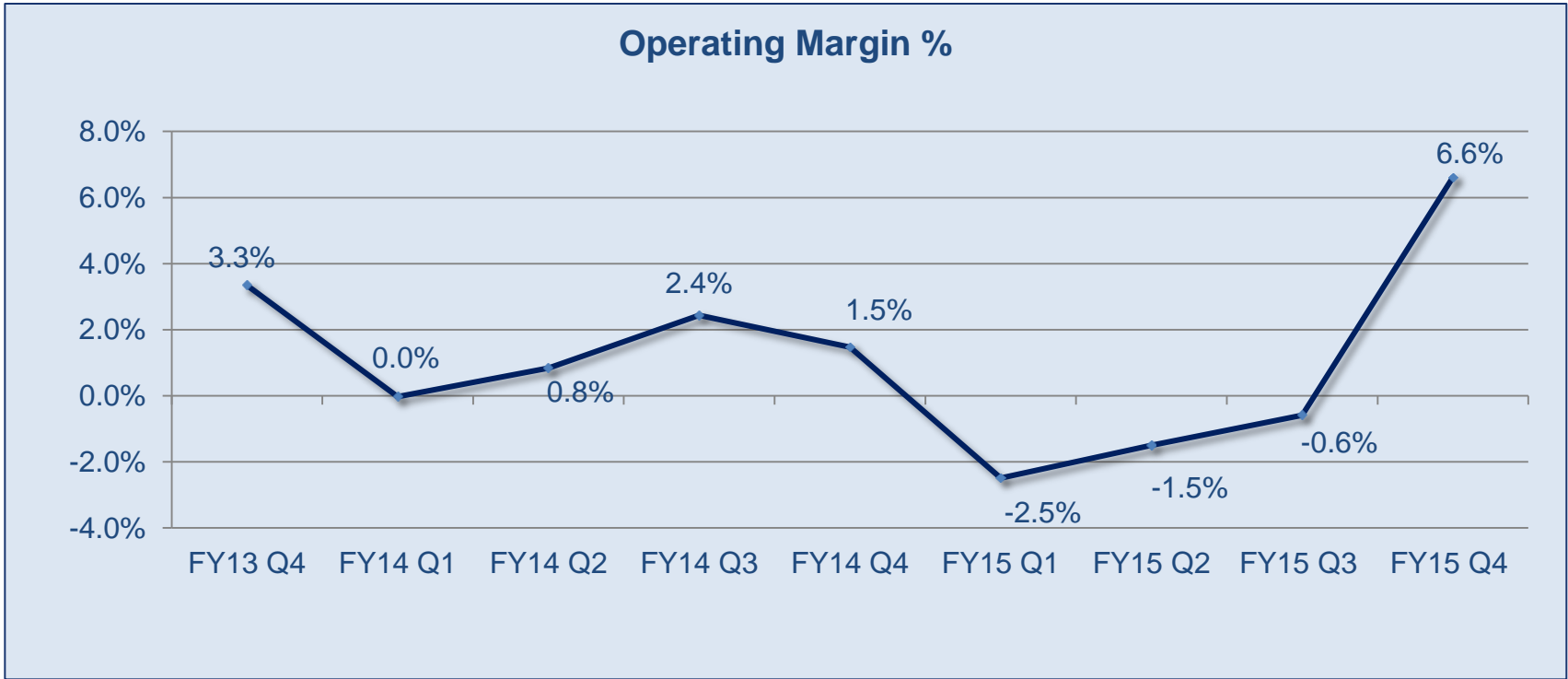
**UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL
PERFORMANCE**

STATEMENT OF OPERATIONS – JUNE 2015

(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 60,303	\$ 41,787	18,516	44.3%	\$ 42,356	Net Patient Revenue	\$ 570,114	\$ 505,518	64,596	12.8%	\$ 547,813
25,110	21,145	3,965	18.8%	17,622	Other Revenue	262,130	254,003	8,127	3.2%	254,812
85,413	62,932	22,481	35.7%	59,978	Total Revenue	832,244	759,521	72,723	9.6%	802,625
24,214	25,576	1,362	5.3%	21,327	Salaries & Wages	288,958	310,307	21,349	6.9%	299,880
17,073	17,031	(42)	-0.2%	10,051	Employee Benefits	204,879	204,483	(396)	-0.2%	205,633
29,258	20,210	(9,048)	-44.8%	24,846	Department Expenses	289,549	245,504	(44,045)	-17.9%	244,315
3,777	3,428	(349)	-10.2%	(112)	General Expenses	40,585	41,134	549	1.3%	40,105
74,322	66,245	(8,077)	-12.2%	56,112	Total Expenses	823,971	801,428	(22,543)	-2.8%	789,933
\$ 11,091	\$ (3,313)	14,404	434.8%	\$ 3,866	Operating Margin	\$ 8,273	\$ (41,907)	50,180	119.7%	\$ 12,692
(2,682)	204	(2,886)	-1414.7%	6,402	Net Non-operating Income/(Loss)	(718)	\$ 2,450	(3,168)	-129.3%	1,959
\$ 8,409	\$ (3,109)	11,518	370.5%	\$ 10,268	Net Income/(Loss)	\$ 7,555	\$ (39,457)	47,012	119.1%	\$ 14,651

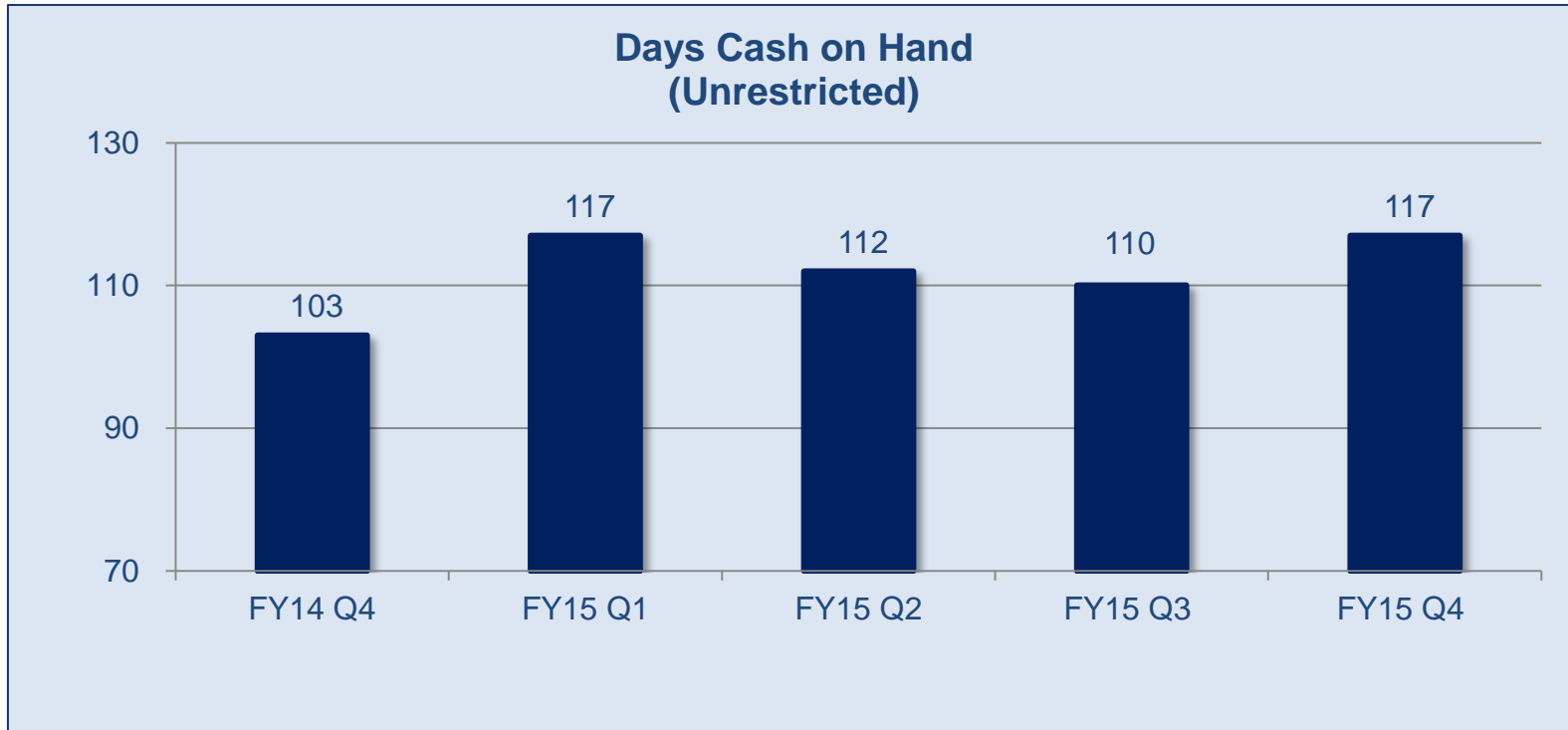
UI Health Metrics	FY15 Q4	FY15 Q4 Target	FY14 Q4 Actual
Operating Margin %	6.6%	-5.3%	1.5%



FY15 quarter 4 operating margin performed significantly above target

UI Health Mission Perspective:
Financial Stability

UI Health Metrics	FY15 Q4	FY15 Q4 Target	FY14 Q4 Actual
Days Cash on Hand (Unrestricted)	117.07	121.67	103.80

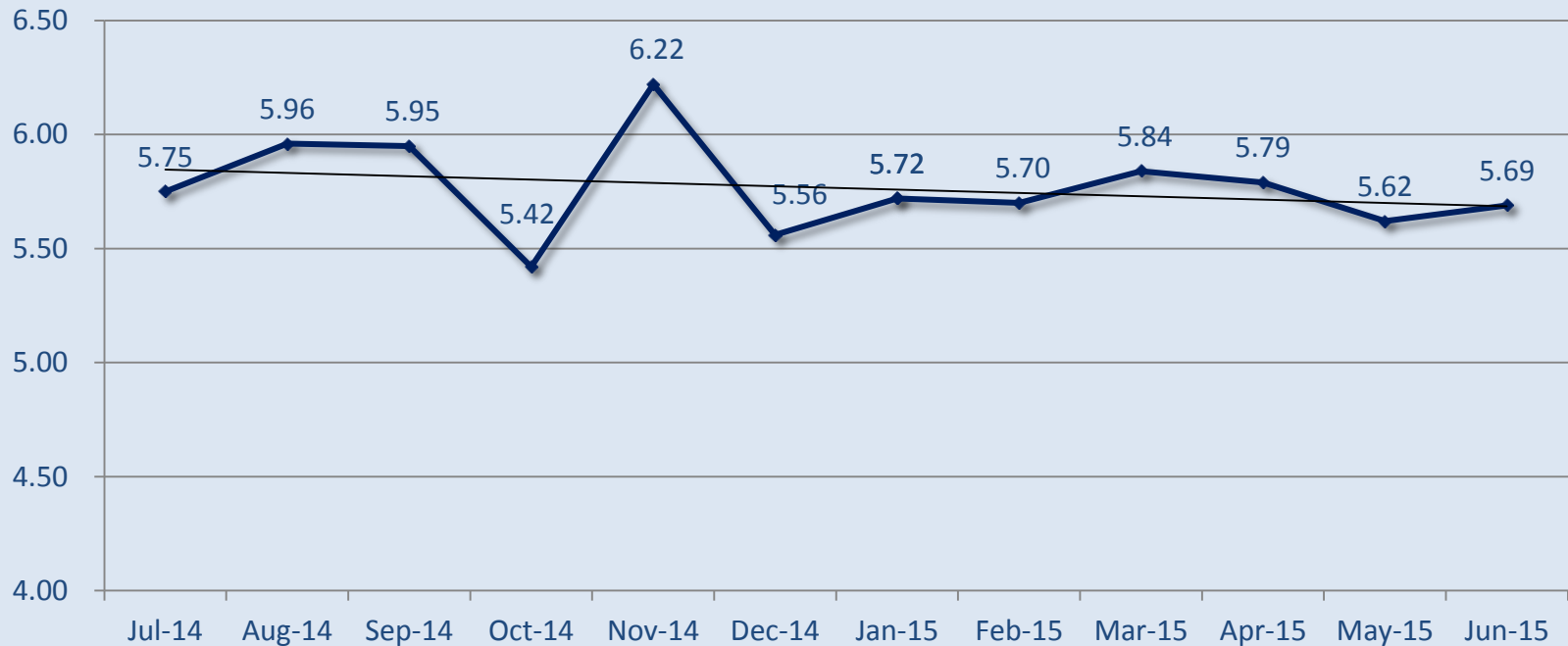


Actual days cash on hand is higher than prior year quarter 4.

UI Health Mission Perspective: Financial Stability

**UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL
EFFECTIVENESS**

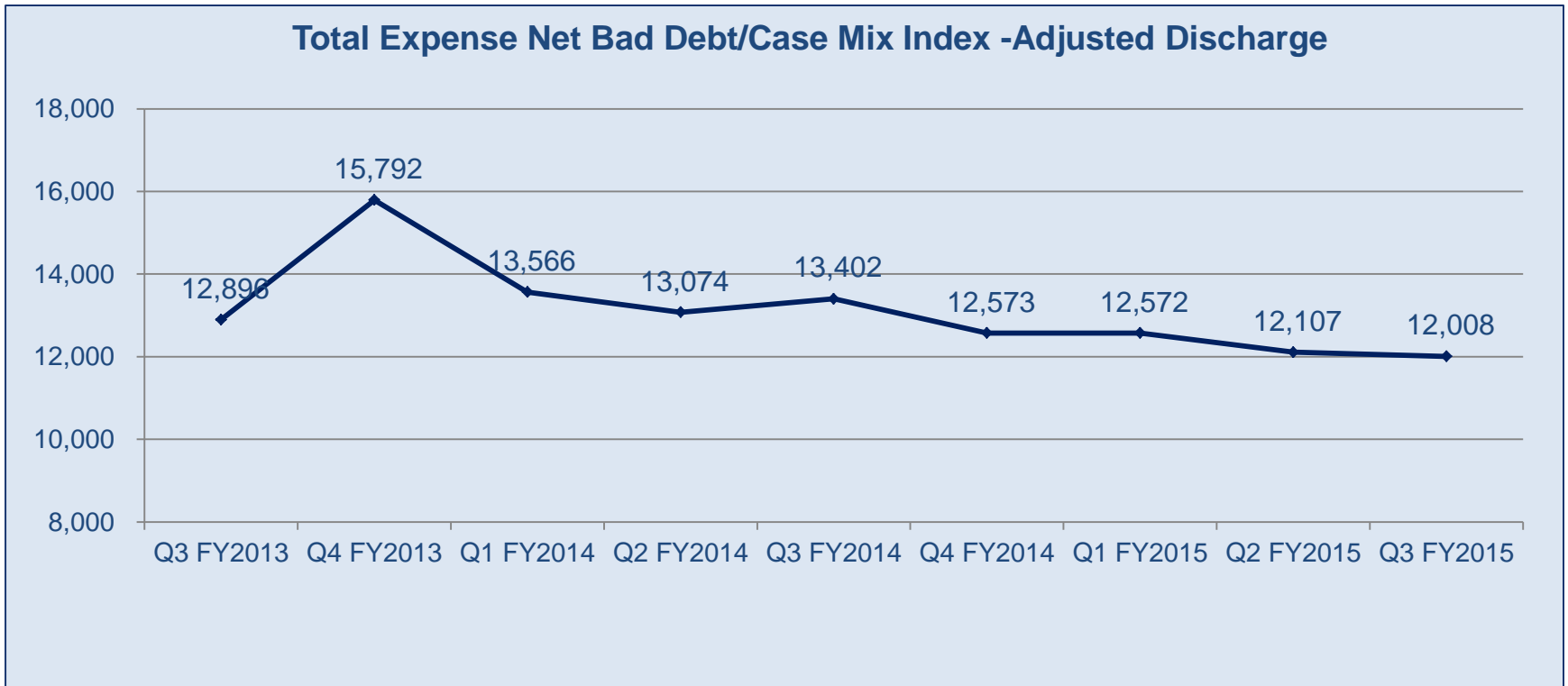
Average Length of Stay



Trend is downward with a slight increase in June 2015

**UI Health Mission Perspective:
Operational Effectiveness**

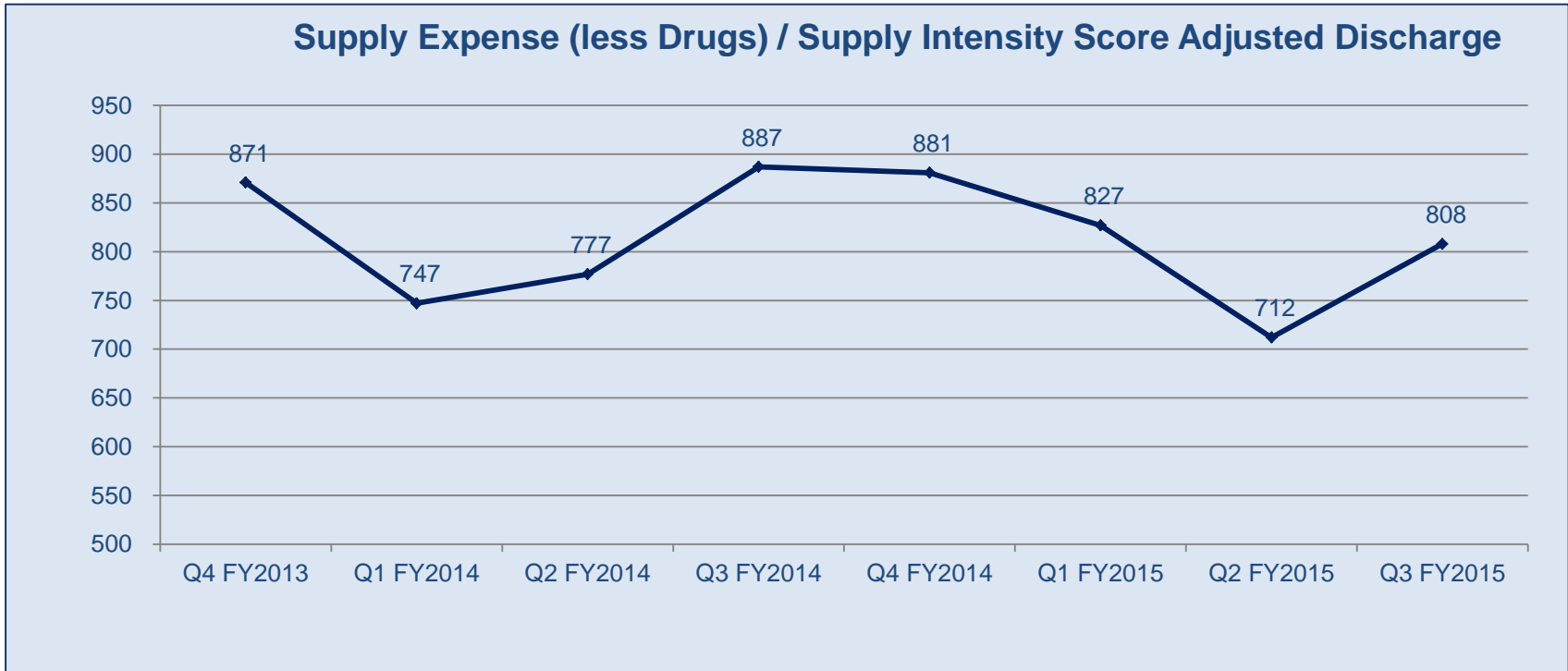
UHC Metrics (FY15 Q3, January - March, 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Expense Net Bad Debt/Case Mix Index (CMI)-Adjusted Discharge	N/A	13,137	12,008	9,906	52/70



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

UI Health Mission Perspective: Operational Effectiveness

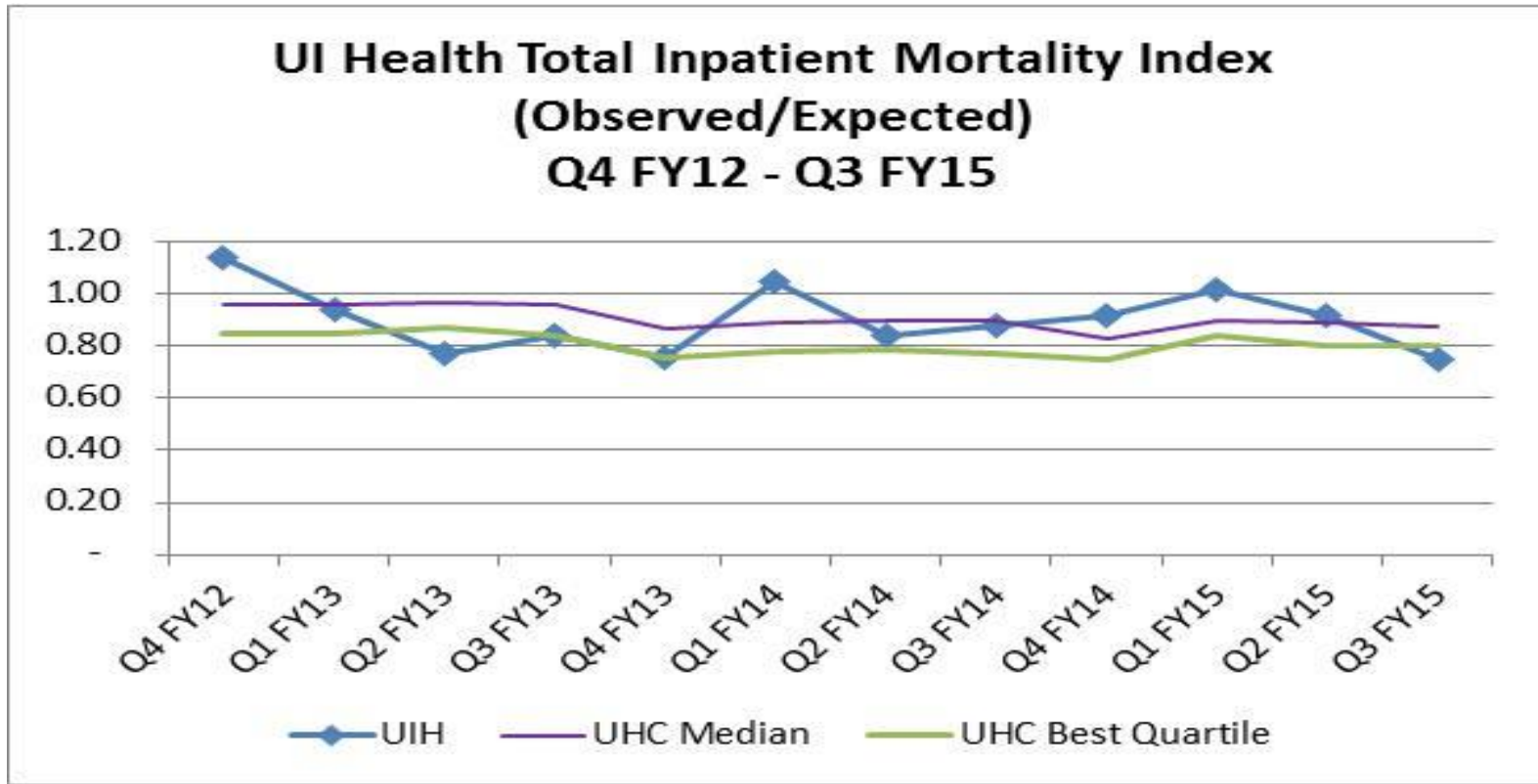
UHC Metrics (FY15 Q3, January - March, 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Supply Expense (less Drugs) / Supply Intensity Score Adjusted Discharge	N/A	814	808	809	N/A



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

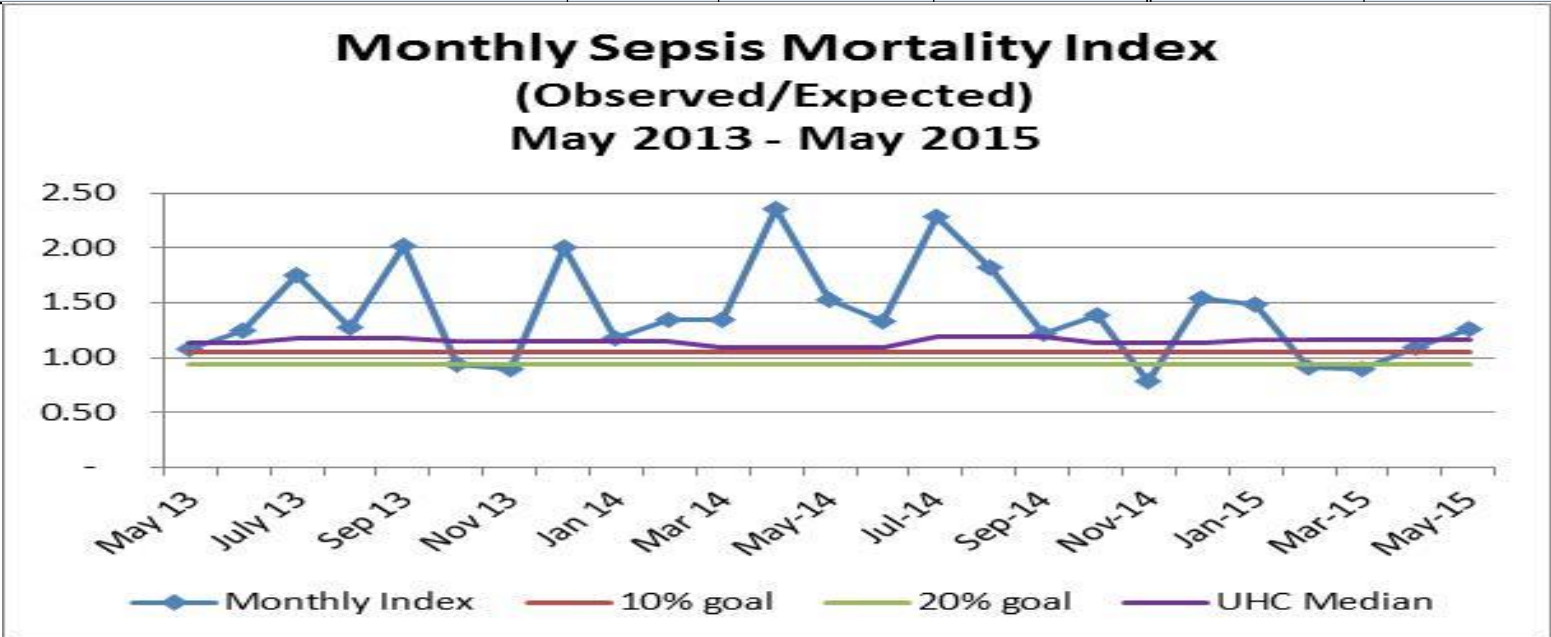
**UI HEALTH
MISSION PERSPECTIVE:
QUALITY AND SAFETY**

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
Total Inpatient Mortality Index (Observed/Expected Ratio)	65	0.90	0.75	0.88	23/132



During Q3 FY15, UI Health's Total Inpatient Mortality Index (observed/expected deaths) improved for the second consecutive quarter. Our performance is currently in the UHC best quartile. We do not have a specific FY16 improvement goal for Total Inpatient Mortality.

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



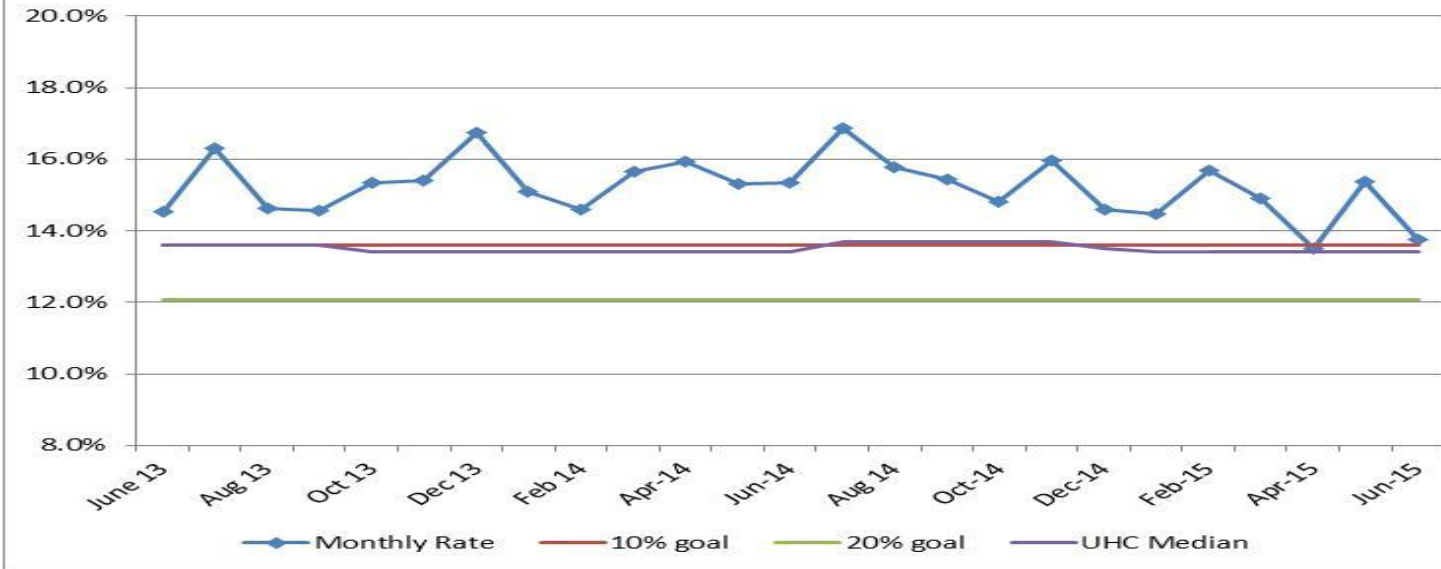
	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Number of Sepsis Cases by Month	55	56	50	54	46	49	55	66	61	70	61	82	83
Number of Sepsis Deaths by Month	10	11	8	9	8	10	6	16	11	9	8	12	11

During May 2015, UI Health’s Sepsis Mortality index (observed/expected deaths) was 1.26, a decline in performance from the previous month and slightly short of 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
June 2013 - June 2015**



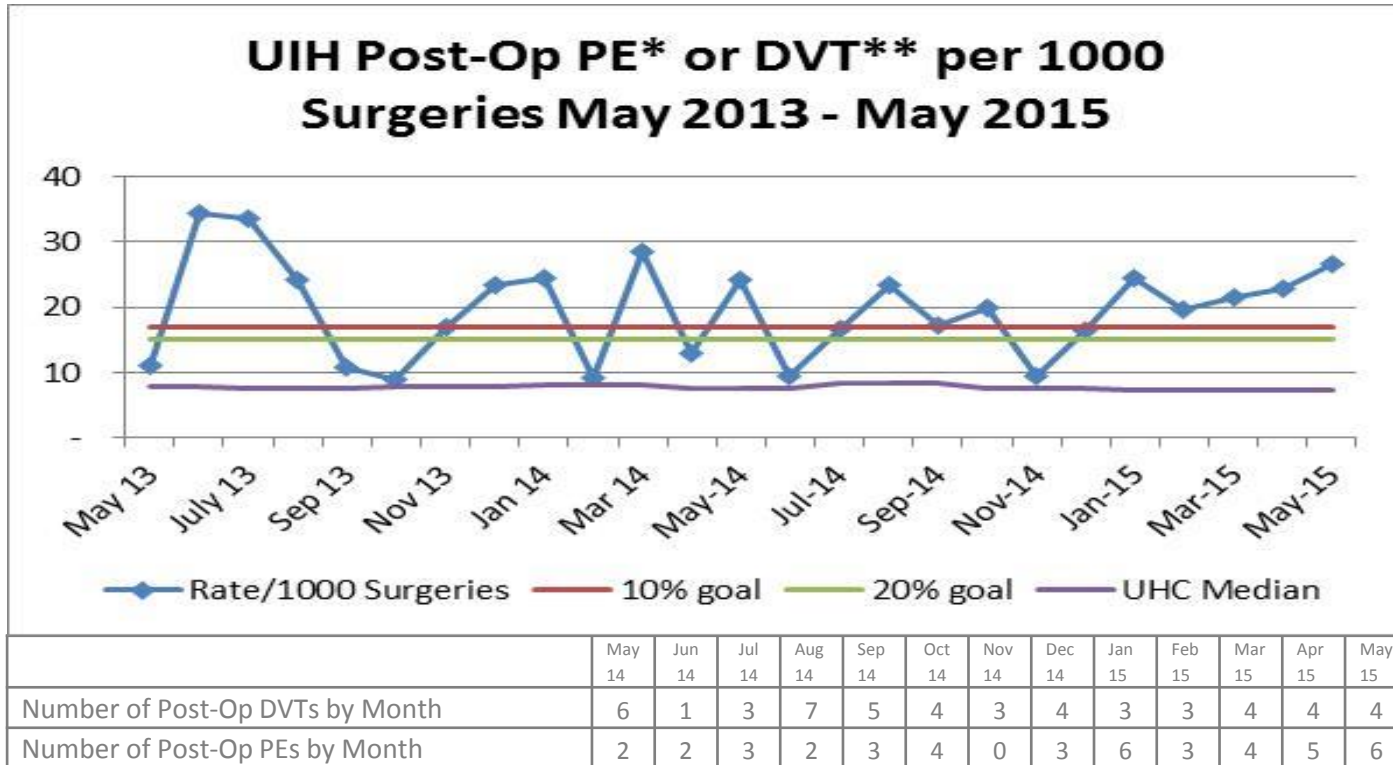
	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15
Number of Readmissions by Month	262	306	300	277	274	266	288	266	263	277	243	284	249

During June 2015, UI Health’s 30-day all-cause Readmission Rate was 13.7%, an improvement from the previous month and close to 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

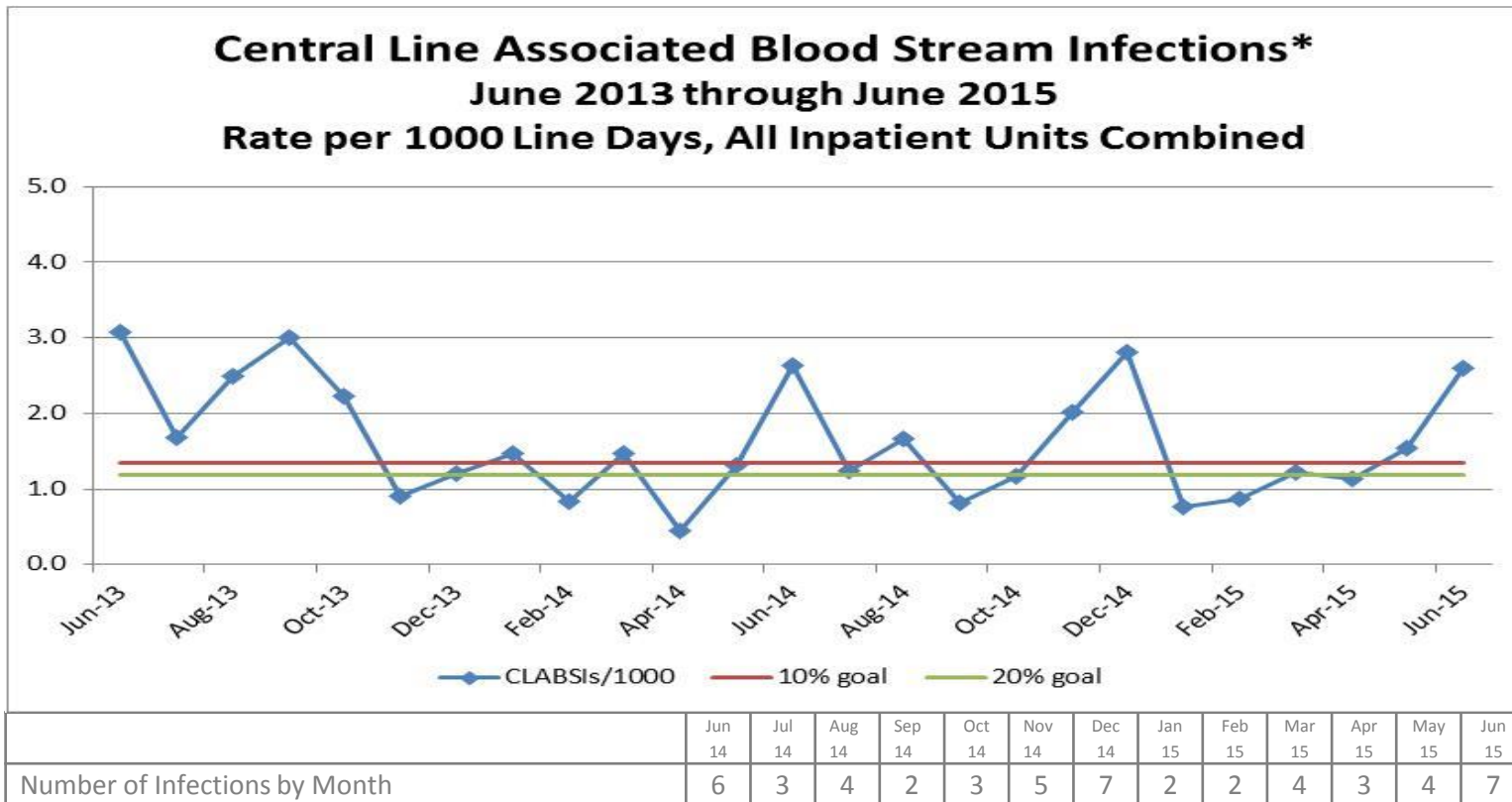


During May 2015, UI Health’s post-operative PE/DVT rate worsened for the fourth consecutive month, rising to 26.53 per 1000 surgeries. Our performance significantly lags the UHC median.

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.

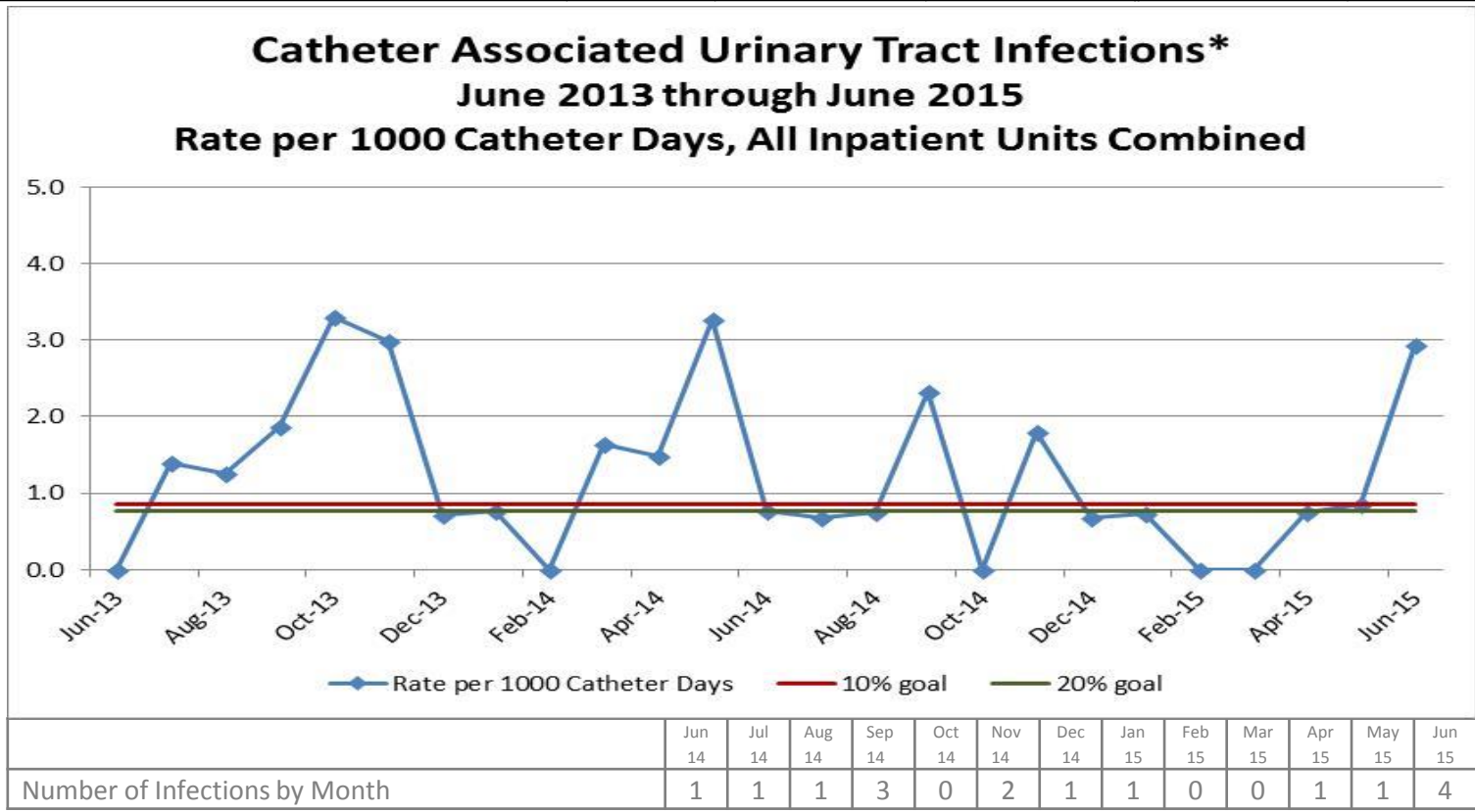


UHC Metrics (Q3 FY15, Jan – Mar 2015)	N (Cases)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Central Line-Associated Blood Stream Infections	3	0.65	1.13	0.30	124/132



We had 7 CLABSIs in June, the second consecutive month of worsening performance. 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

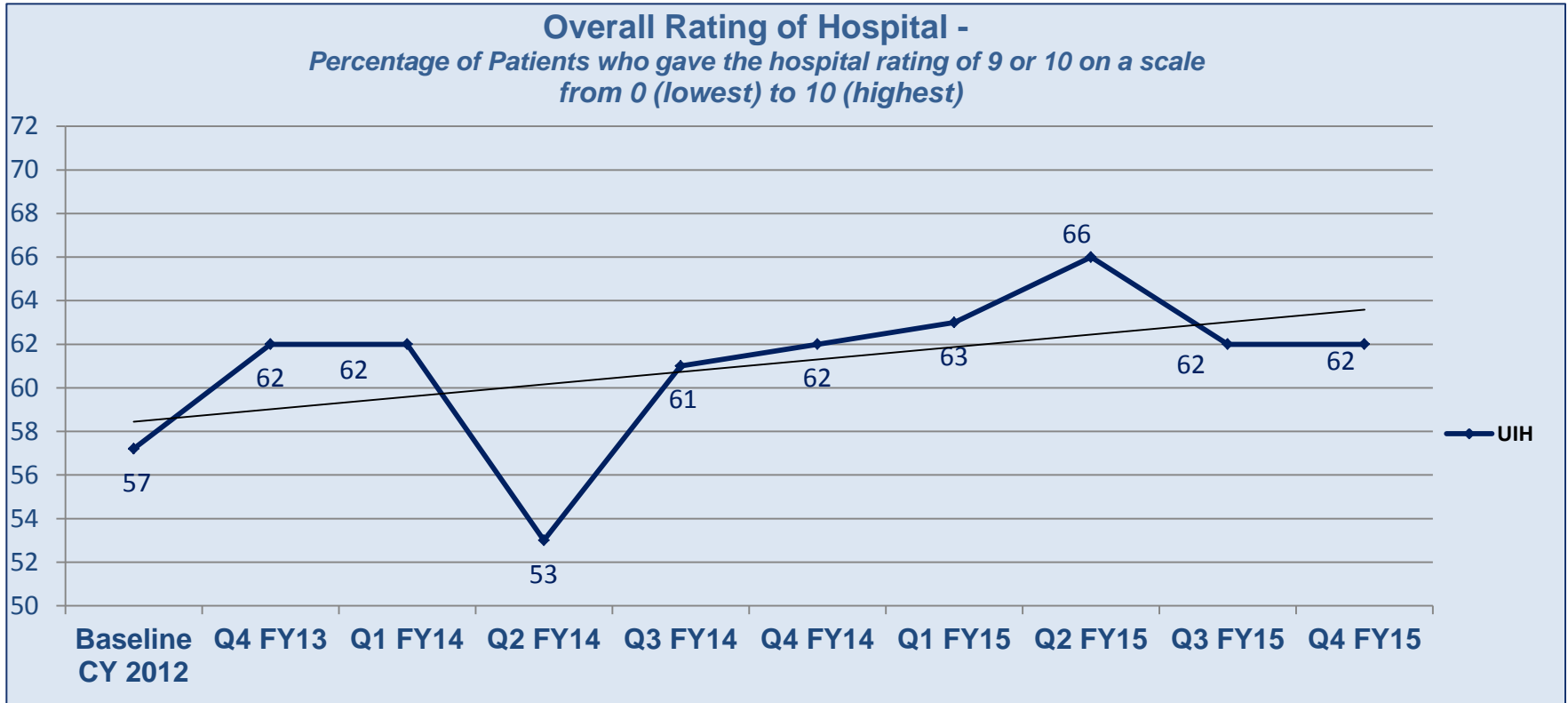


We had 4 CAUTIs in June 2015, the third consecutive month of worsening performance after 2 months at “0”. Our FY16 goal is to reduce CAUTIs by 10% to 20% by June 2016 as compared to our June 2015 baseline. This will require lowering our CAUTI rate per 1000 indwelling catheter days to 0.86 or lower.

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

**UI HEALTH
MISSION PERSPECTIVE:
CUSTOMER**

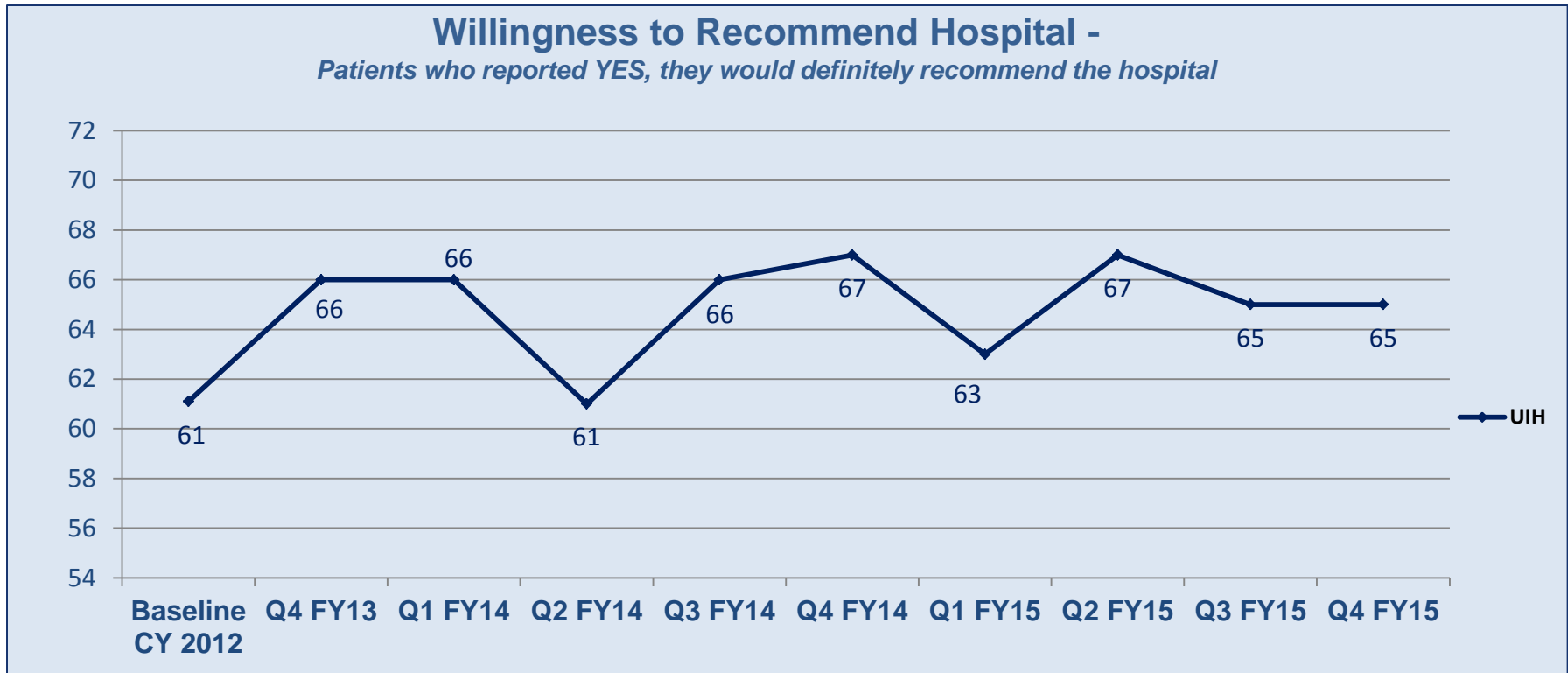
UI Health Metric	Current Quarter Q4 FY15	Prior Q4 FY14	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	62%	62%	61%



- Most improved drivers include Nurse Communication and Responsiveness due to Hourly Rounding
- Significant anomaly in Q2FY14 attributed to the conversion of all services to Press Ganey Census Based Surveying.

UI Health Mission Perspective:
Customer

UI Health Metric	Current Quarter Q4 FY15	Prior Q4 FY14	UIH 8 Quarter Average
HCAHPS (Willingness to Recommend Hospital)	65%	67%	65%



- Most improved drivers include Nurse Communication and Responsiveness due to Hourly Rounding
- 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