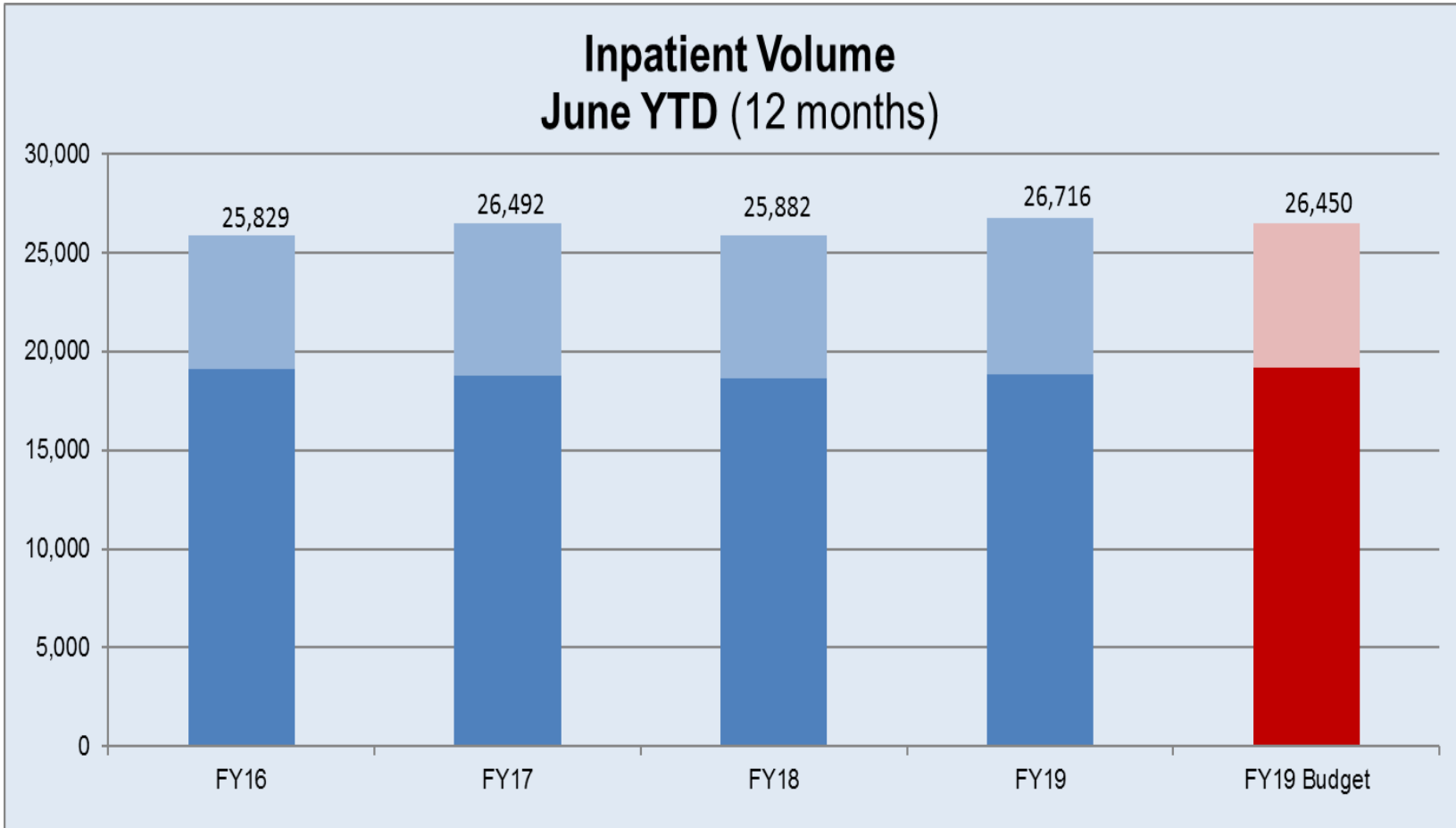




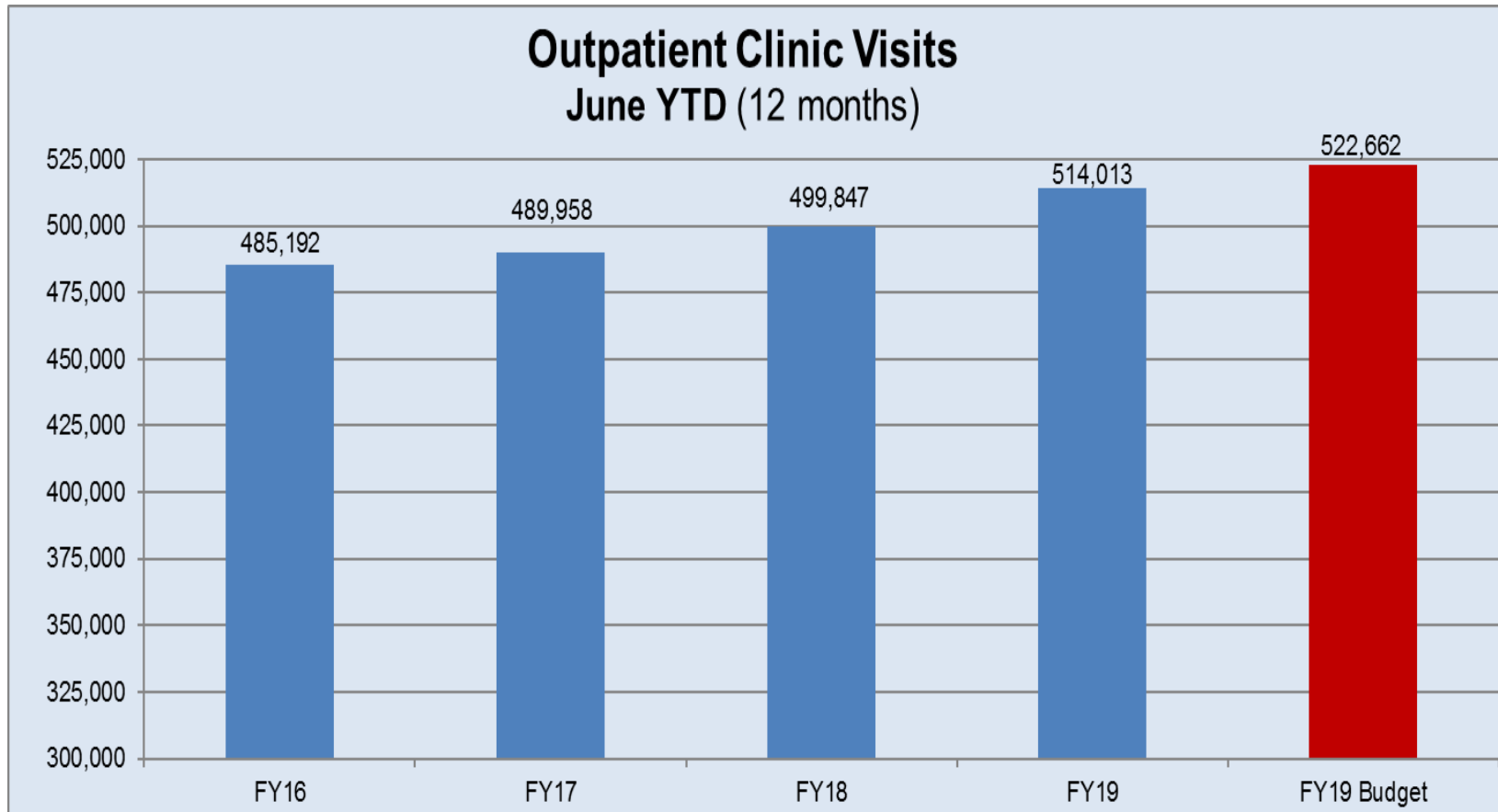
UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS

*DASHBOARD
SEPTEMBER 2019*

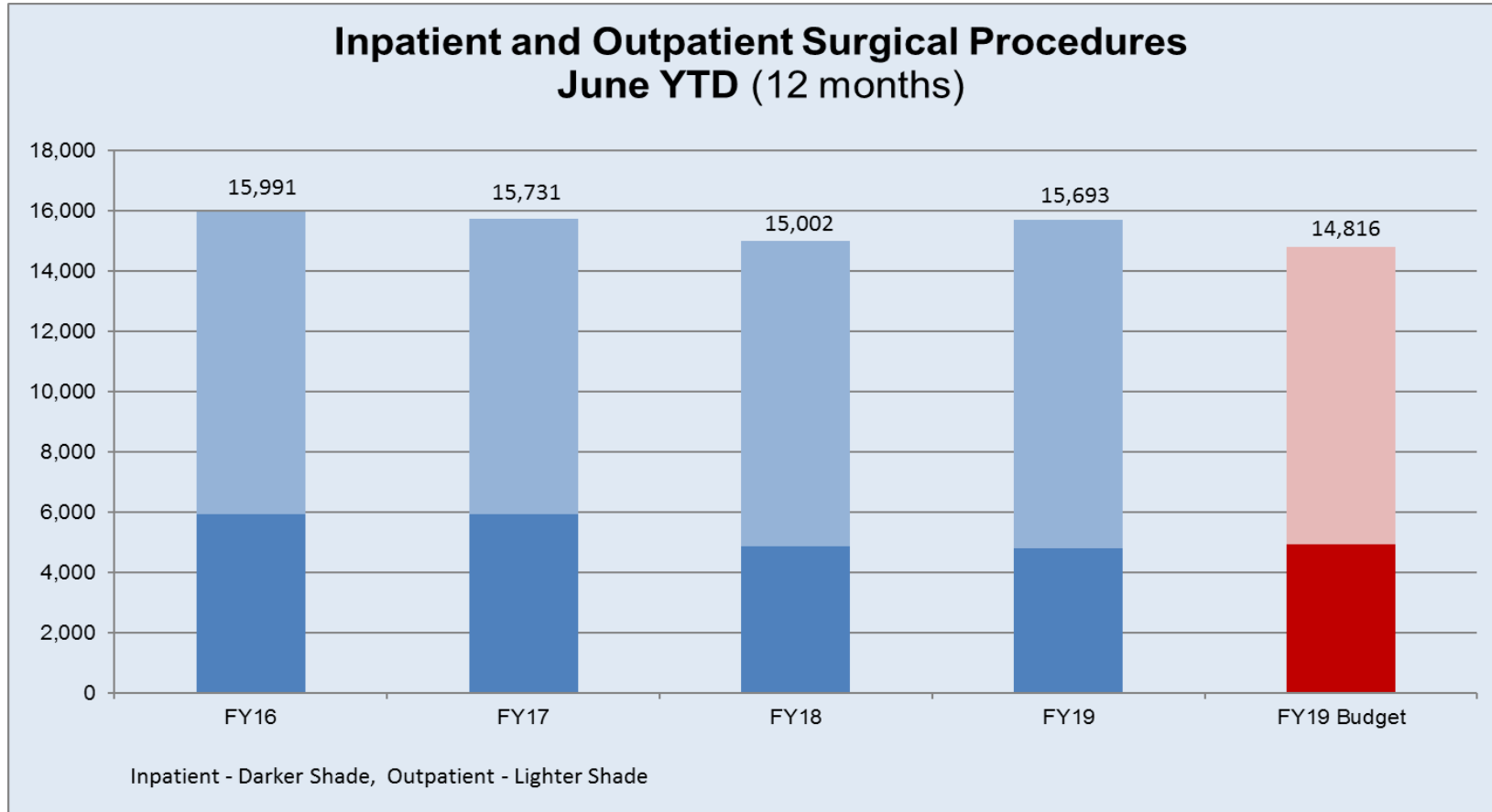
Reported to the Board of Trustees
September 19, 2019



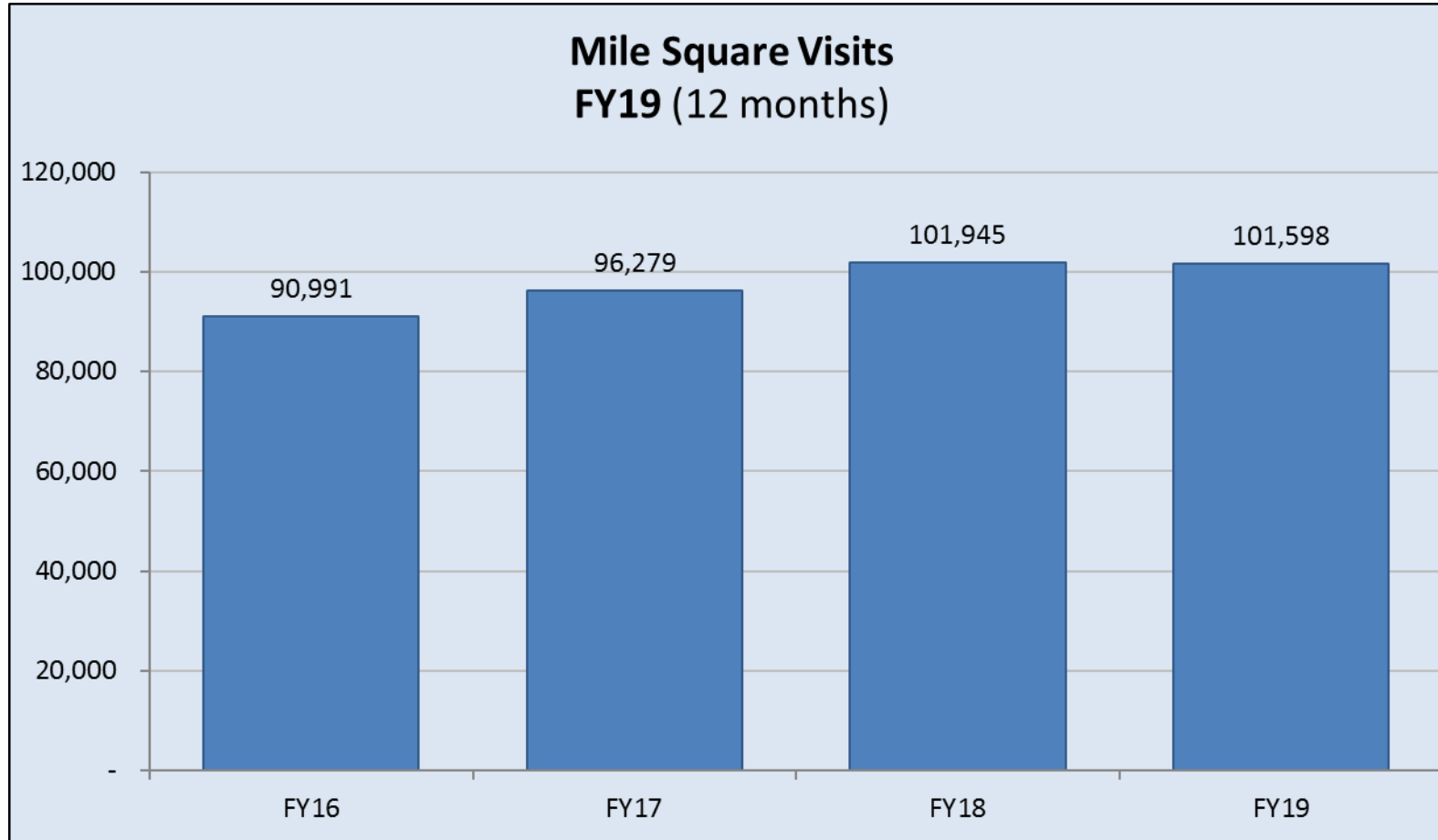
Combined Discharges and Observation Cases for the twelve months ending June 2019 are 1.0% above budget and 3.2% greater than last year.



Clinic visits for the twelve months ending June 2019 are 1.7% below budget and 2.8% above last year.



Surgical procedures for the twelve months ending June 2019 are 5.9% above budget and 4.6% greater than last year.



*Minor corrections made to historic data

Mile Square visits for the seven months ending June 2019 are -0.3% below last year.

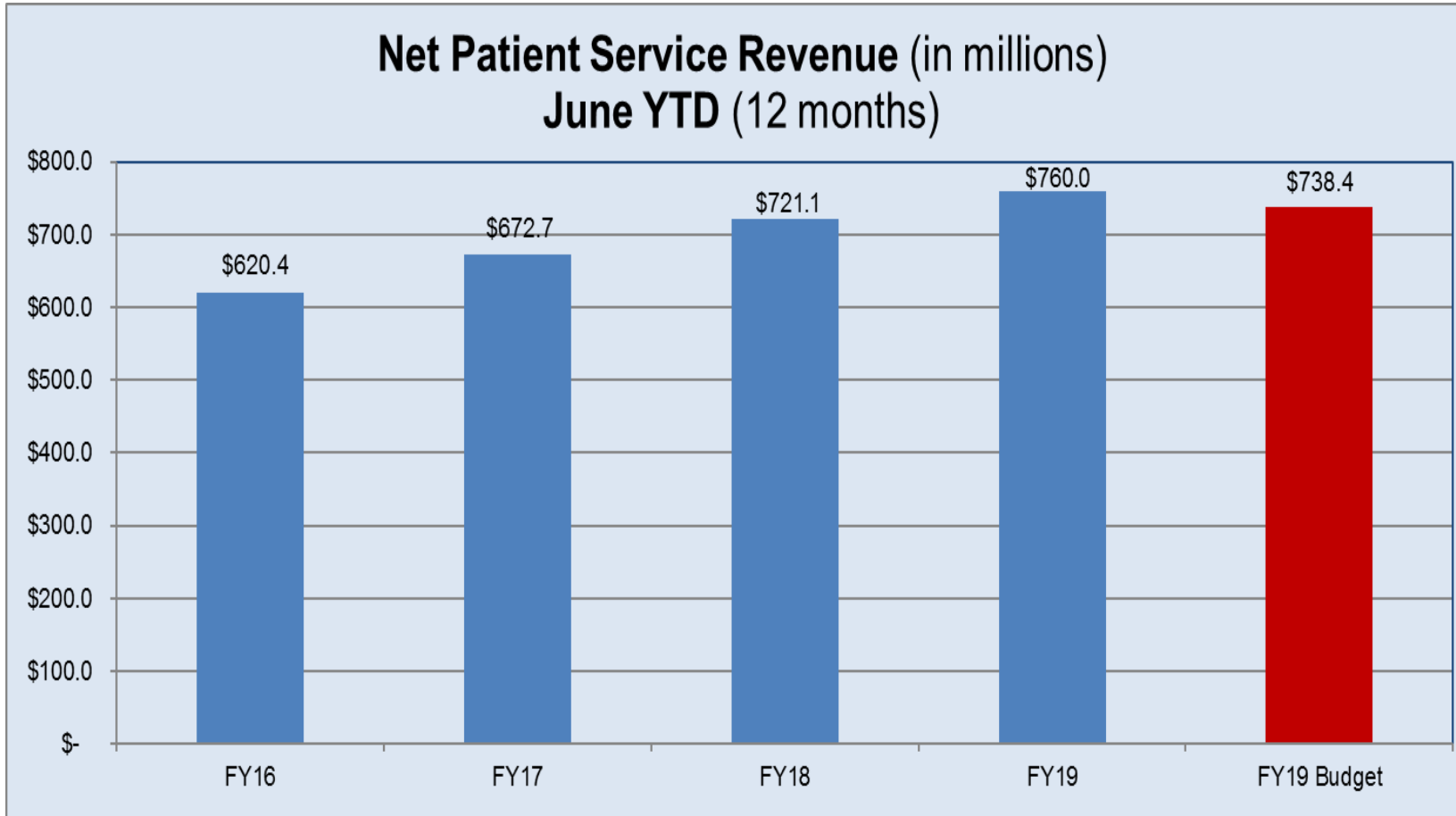
UI HEALTH MISSION PERSPECTIVE

FINANCIAL PERFORMANCE

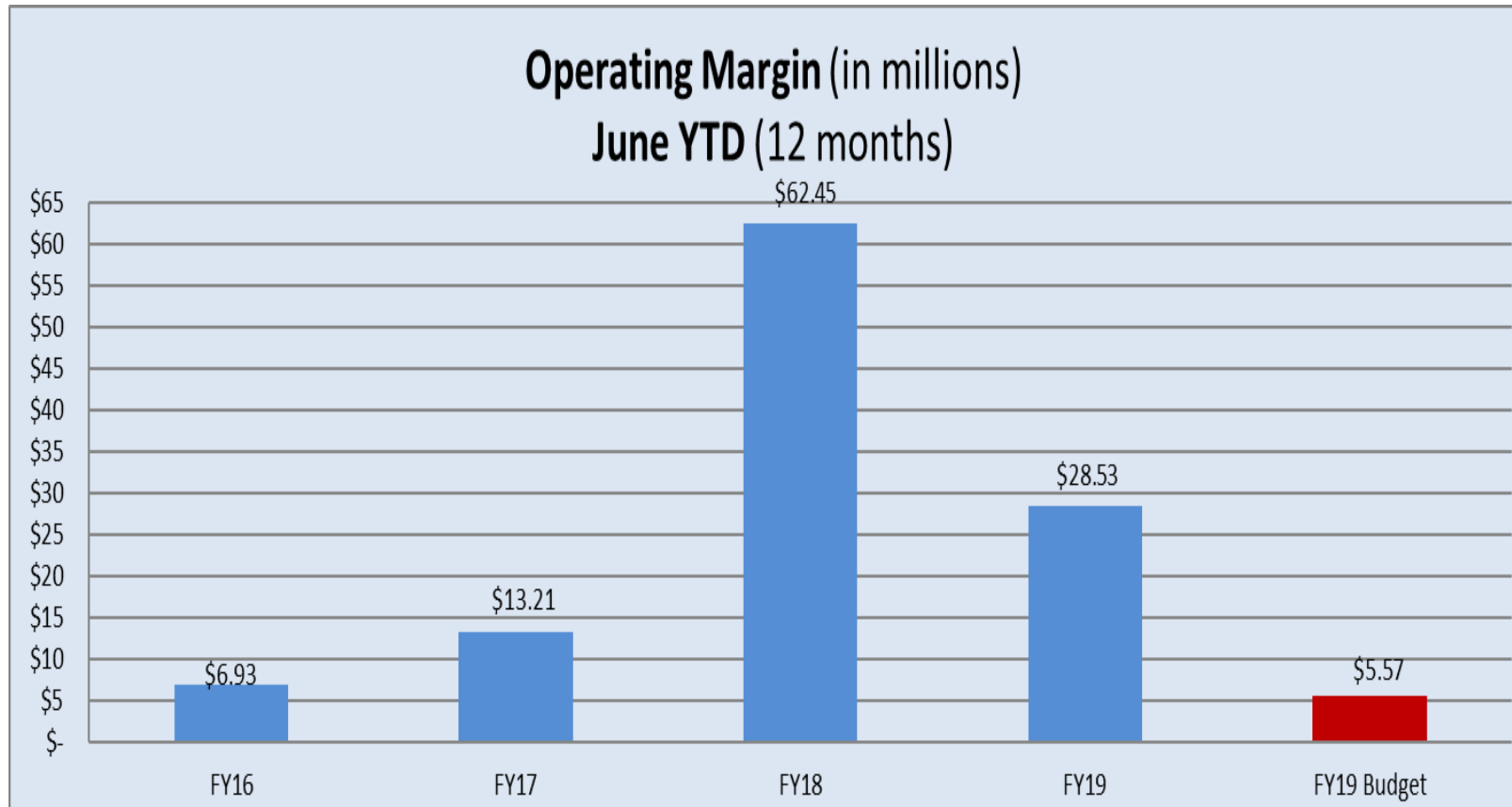
STATEMENT OF OPERATIONS – JUNE 2019

(\$ IN THOUSANDS)

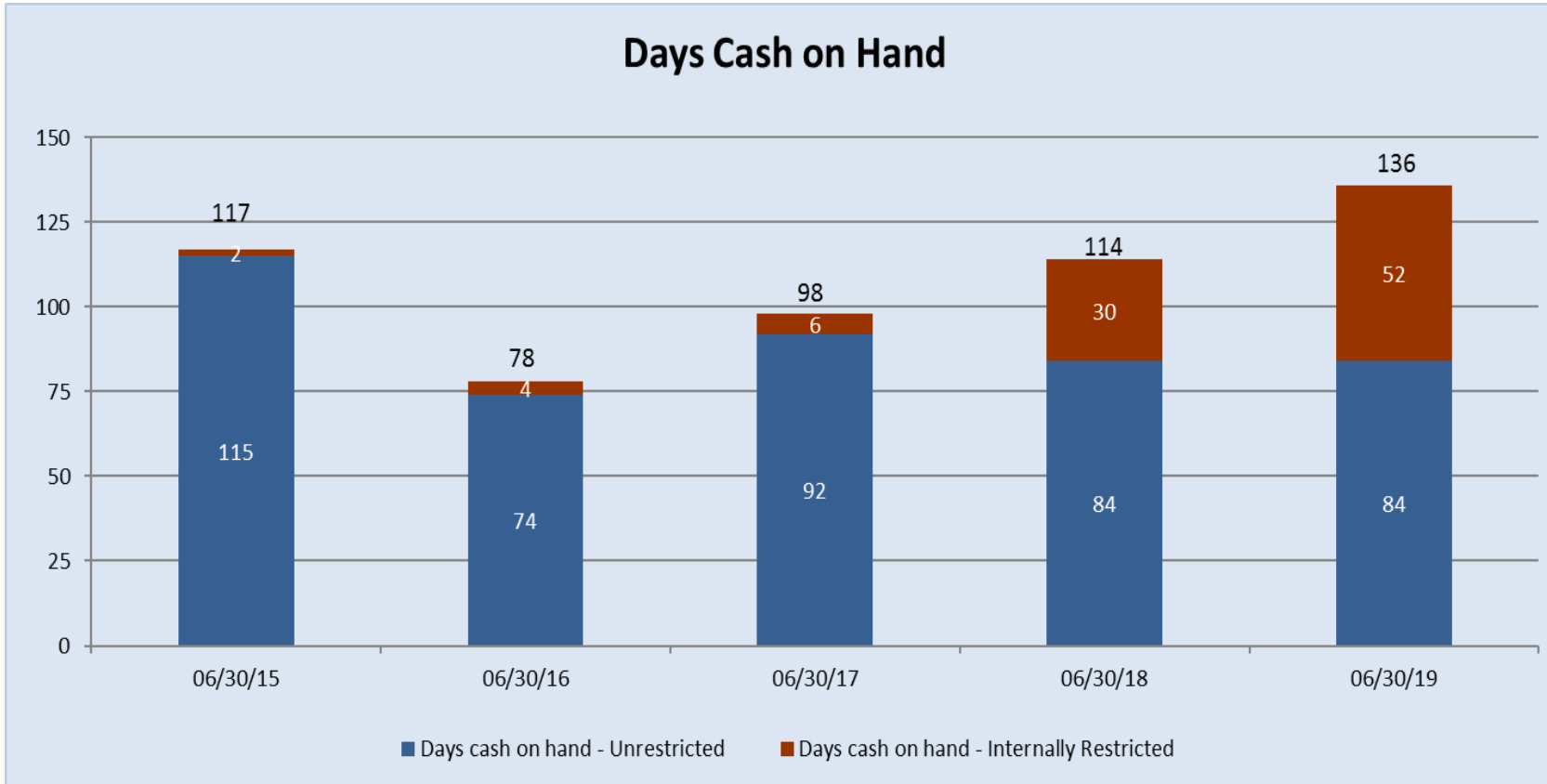
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 79,199	\$ 61,256	17,943	29.3%	\$ 61,479	Net Patient Revenue	\$ 759,972	\$ 738,383	21,589	2.9%	\$ 721,082
34,867	33,671	1,196	3.6%	74,523	Other Revenue	404,324	404,173	151	0.0%	424,684
114,066	94,927	19,139	20.2%	136,002	Total Revenue	1,164,296	1,142,556	21,740	1.9%	1,145,766
31,392	29,372	(2,020)	-6.9%	31,402	Salaries & Wages	358,993	357,129	(1,864)	-0.5%	342,122
26,706	26,968	262	1.0%	49,510	Employee Benefits	324,124	323,717	(407)	-0.1%	323,092
34,019	30,737	(3,282)	-10.7%	37,836	Department Expenses	414,108	411,408	(2,700)	-0.7%	383,544
1,210	7,393	6,183	83.6%	(1,143)	General Expenses	38,545	44,728	6,183	13.8%	34,555
93,327	94,470	1,143	1.2%	117,605	Total Expenses	1,135,770	1,136,982	1,212	0.1%	1,083,313
\$ 20,739	\$ 457	20,282	4438.1%	\$ 18,397	Operating Margin	\$ 28,526	\$ 5,574	22,952	411.8%	\$ 62,453
4,627	(278)	4,905	1764.4%	1,500	Net Non-operating Income/(Loss)	4,336	\$ (3,361)	7,697	229.0%	(1,109)
\$ 25,366	\$ 179	25,187	14070.9%	\$ 19,897	Net Income/(Loss)	\$ 32,862	\$ 2,213	30,649	1385.0%	\$ 61,344



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



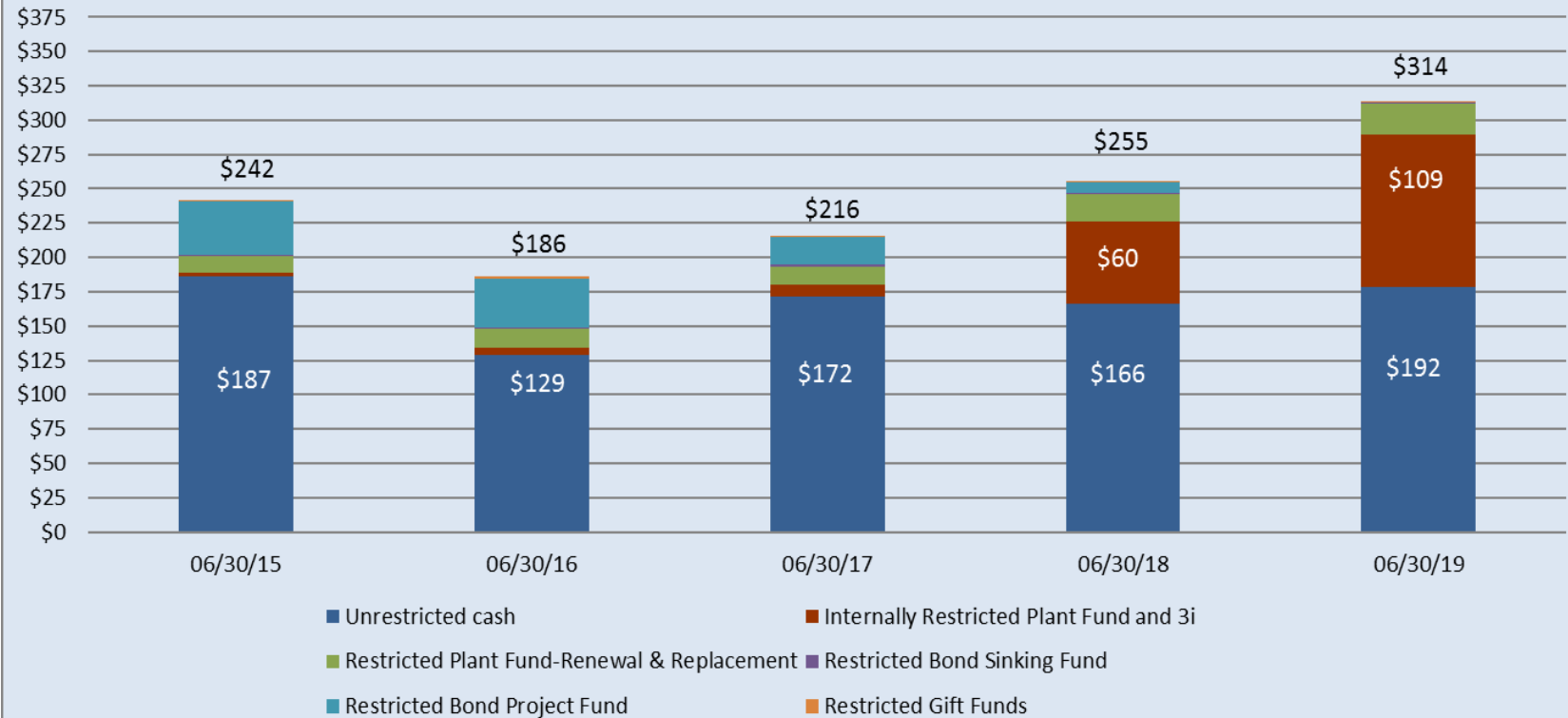
Operating Margin includes Payments on Behalf for Benefits and Utilities.



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	2.5%**	136.4	268.4%	13.8

* Published in September, 2018

** Anticipated shortfall in FY19 & FY20

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

Key Comparison Ratios

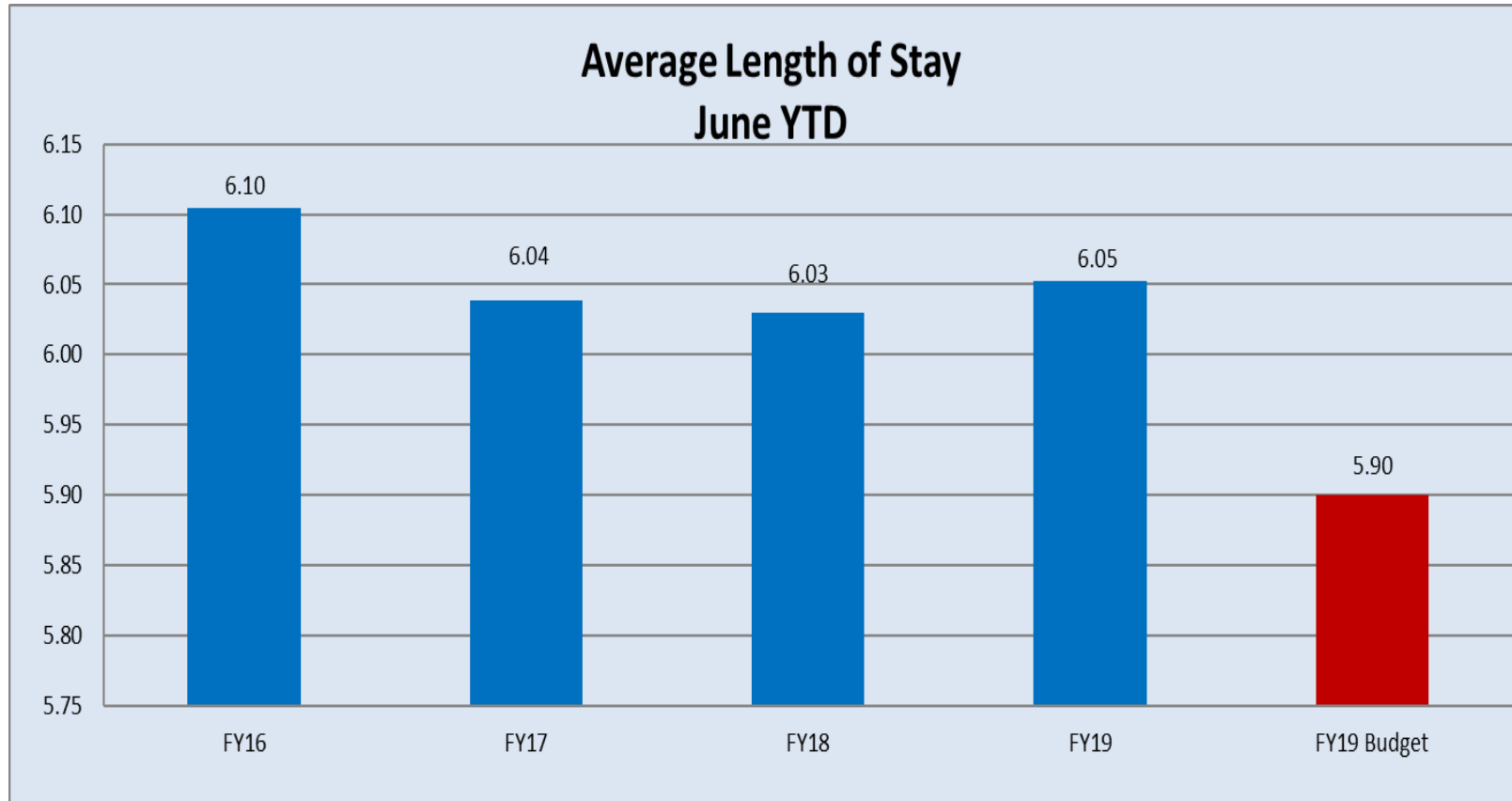
	Operating Cash Flow Margin	Days Cash on Hand	Cash to Debt	Average Age of Plant
S&P	9.2%	257.5	221.6%	11.2
Moody's	8.6%	226.5	169.6%	11.6
Fitch	8.7%	216.8	157.6%	11.6
UIH FY19 June YTD	4.3%**	136.4	268.4%	13.8

* 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

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
Safety¹	25%	22%		50%	25%
Mortality²	25%	22%	37.5%		25%
Patient Experience	25%	22%	5%	16%	10%
Readmission		22%			8%
Reputation			27.5%		
Other³	25%	12%	30%	34%	32%
Total	100%	100%	100%	100%	100%

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, Magnet status, ICU staffing, and other

Dimension	Weighting	Defined as ...
Outcomes	37.5%	30-day risk-adjusted mortality
Patient Experience	5%	HCAPHS scores
Process	27.5%	“Reputation” based on input from physicians randomly selected from Doximity database
Structure	30%	Patient volume, Nurse staffing, Intensivists, Technology, Magnet status, NCI Cancer designation (from AHA Annual Survey)





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

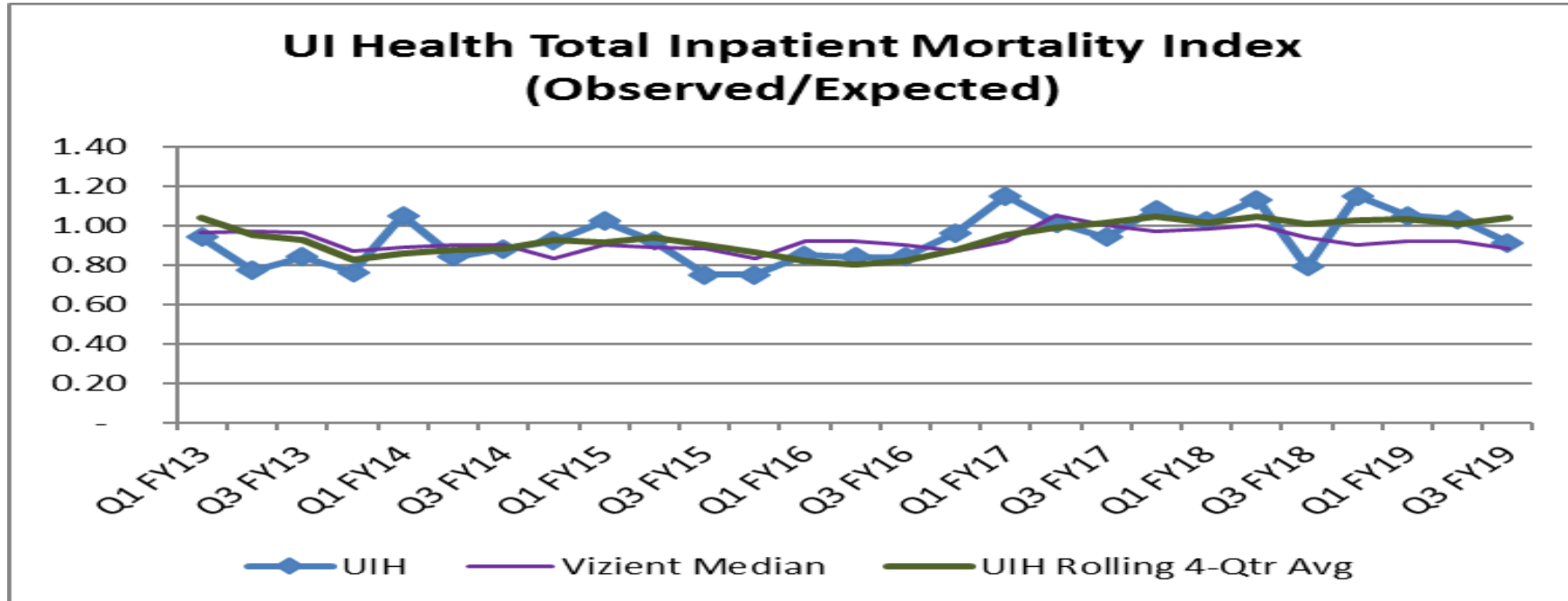
Final FY19 Results:

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

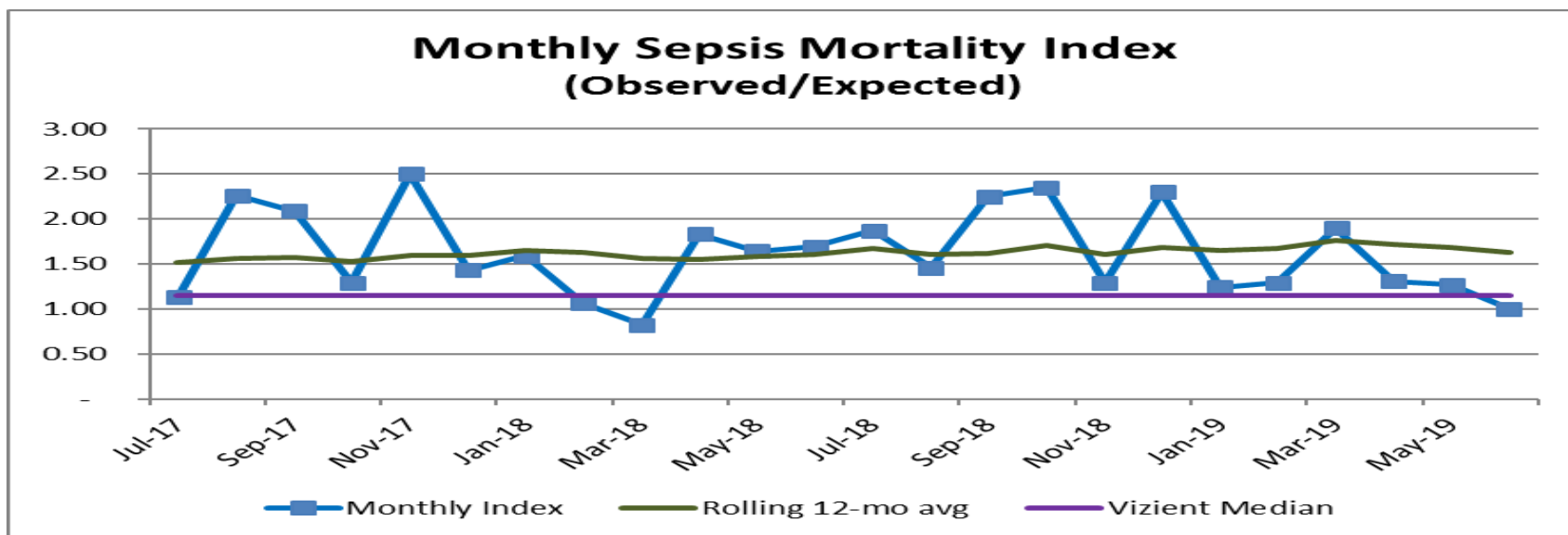
Vizient Metrics (Q3 FY19, Jan – Mar 2019)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Total Inpatient Mortality Index (Observed/Expected Ratio)	72	1.04	0.91	0.88	91/163



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



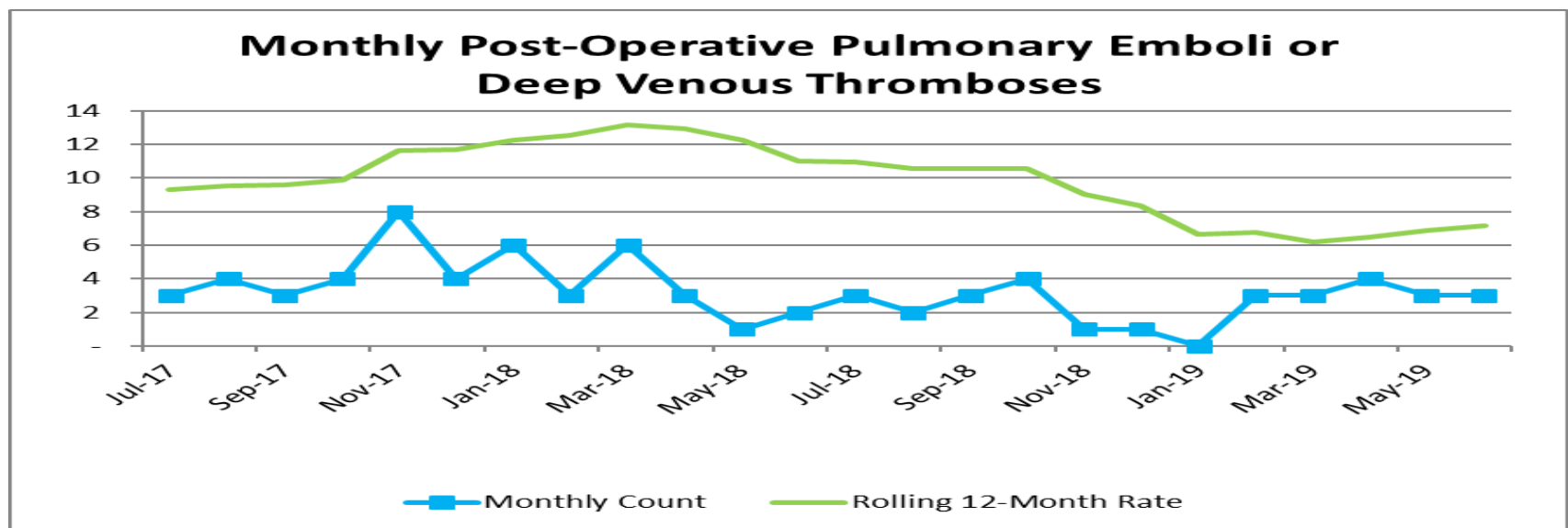
	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun
Sepsis Deaths	10	11	21	16	12	18	8	12	15	8	11	11
Sepsis Cases	65	68	66	54	60	57	45	70	57	55	69	77

During June 2019, UI Health's Sepsis Mortality Index (observed/expected deaths) was 1.00, **lower** than the Vizient median.

Our rolling 12-month average of 1.63 exceeds the Vizient median.

UI Health Mission Perspective:
Quality and Safety

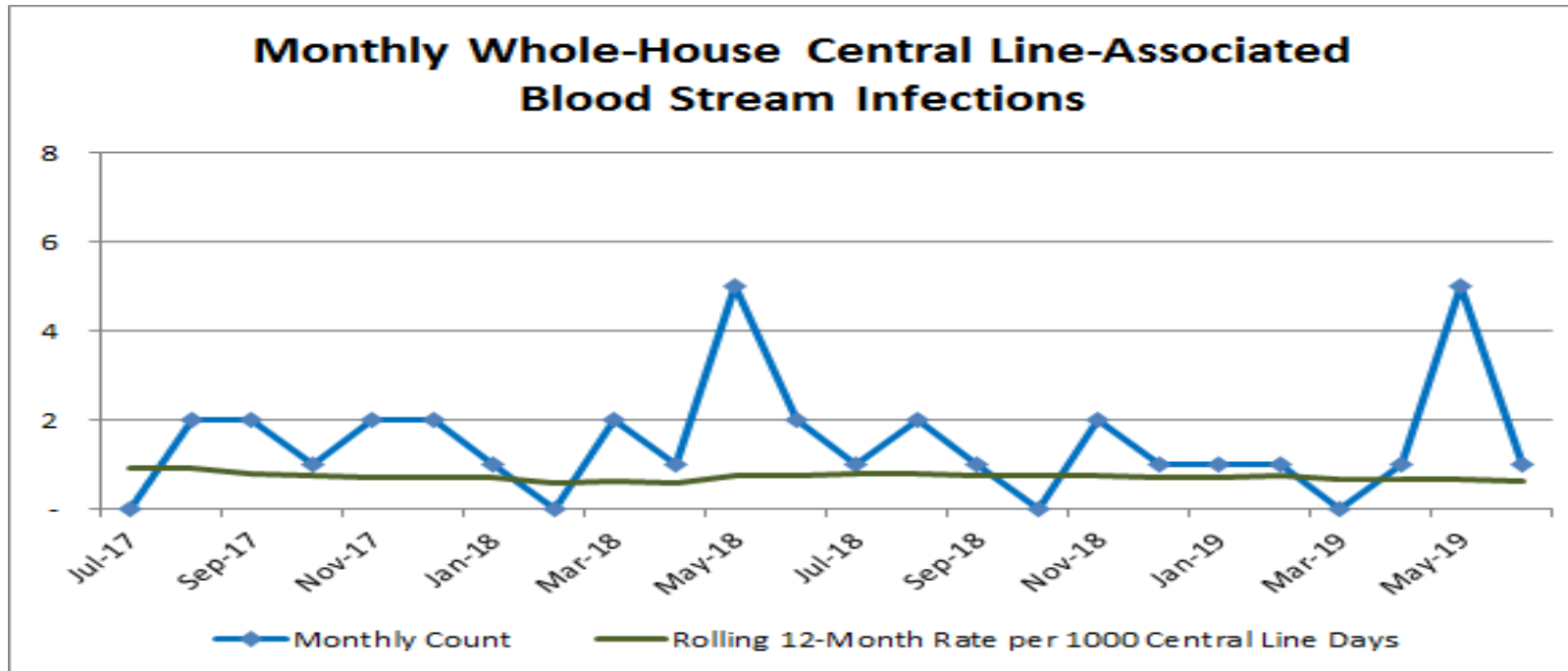
Vizient Metrics (Q3 FY19, Jan – Mar 2019)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Patient Safety Indicator 12: Post-operative Pulmonary Embolism or Deep Vein Thrombosis (rate per 1000 surgical patients)	6	6.2	6.15	5.2	102/163



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

During June 2019, UI Health's post-operative blood clot rate **increased** to 9.06

Our rolling 12-month average rate of 7.18 post-operative blood clots per 1000 surgeries is **higher** than the Vizient median.

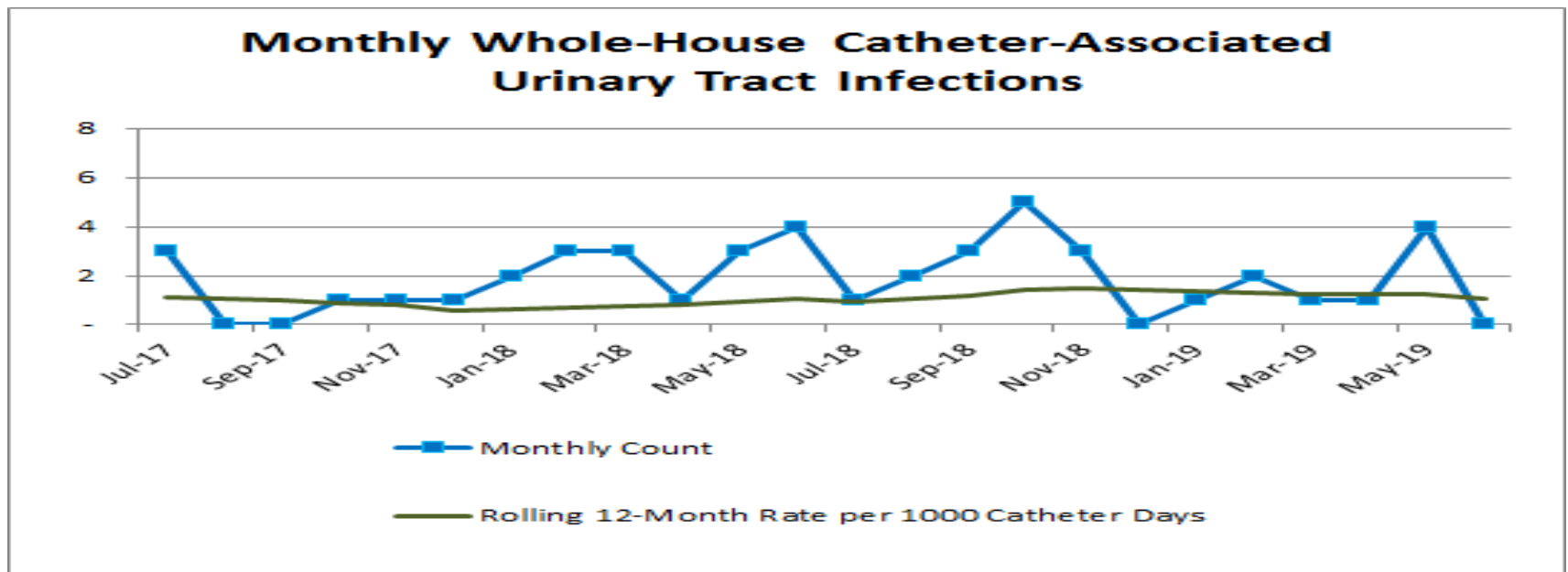


	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun
# of CLABSI infections (excludes mucosal barrier injuries)	1	2	1	0	2	1	1	1	0	1	5	1

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

Our whole-house rolling 12-month average CLABSI rate held steady at 0.60 per 1000 central line days.

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

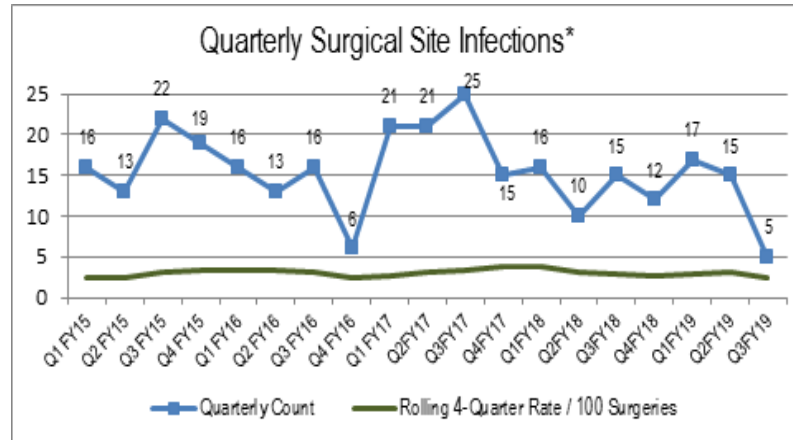
Our whole-house CAUTI rate **decreased** to 0 in June 2019.

Our whole-house rolling 12-month average CAUTI rate remained steady at 1.1, in June 2019.

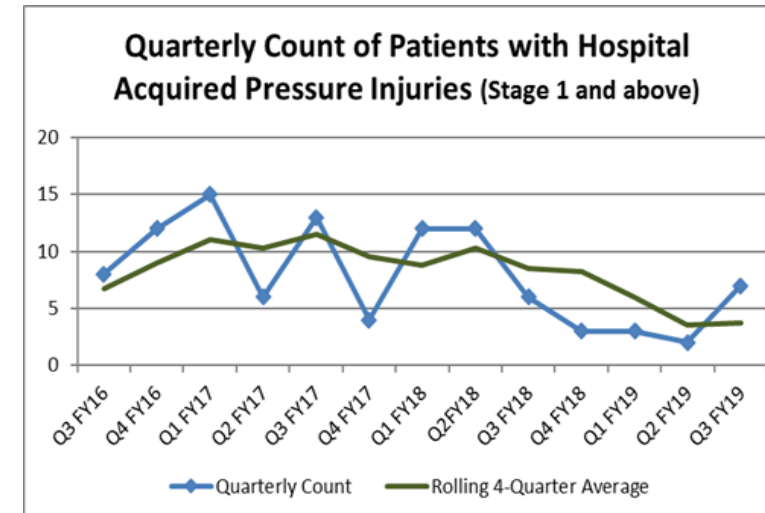
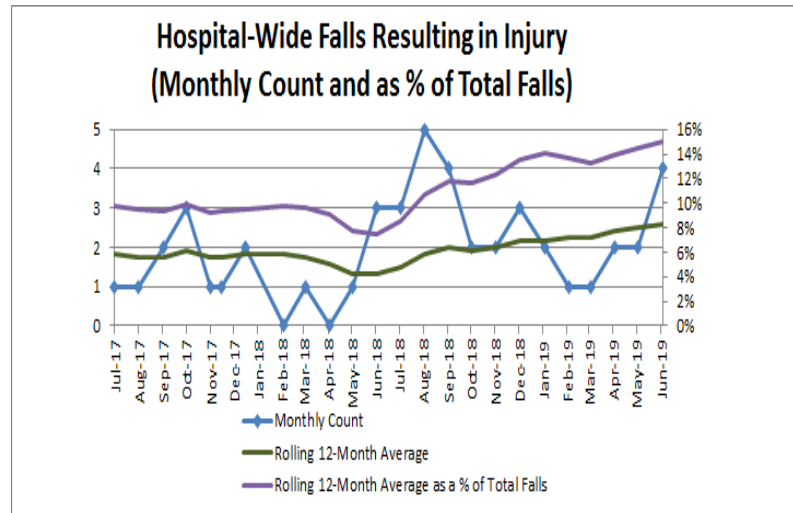
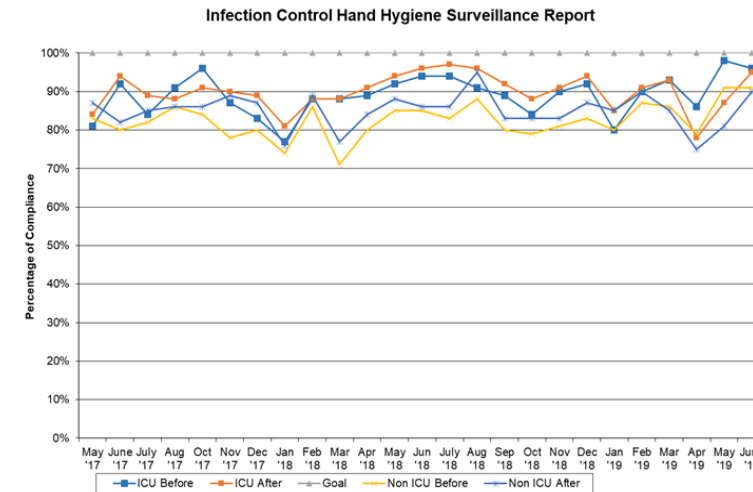
OUR ZERO HARM METRICS



Hand Hygiene Compliance

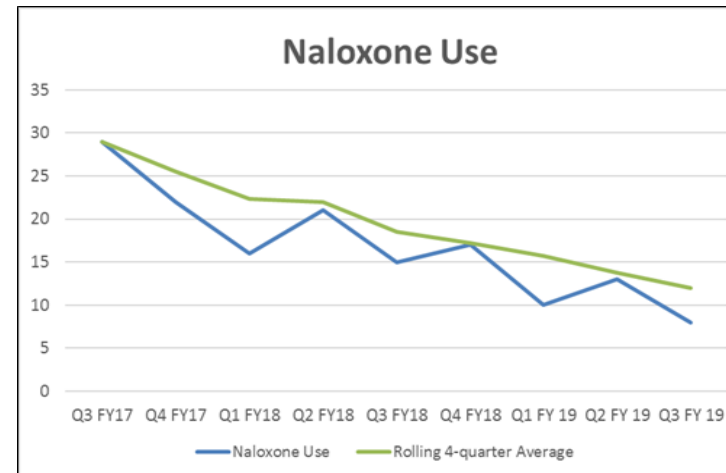
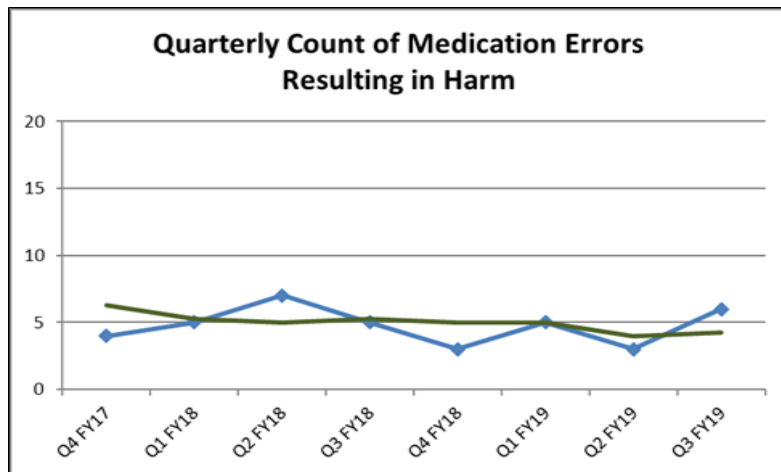


*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.

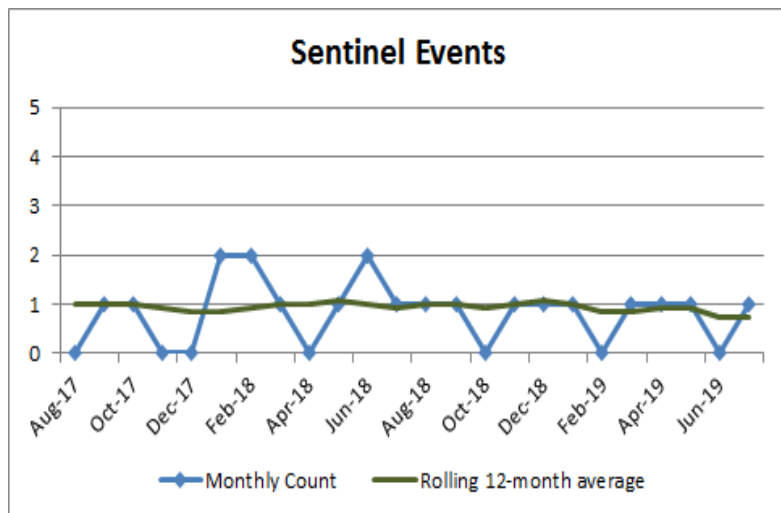


Pressure Injuries are localized injuries to the skin and/or underlying tissue from pressure or friction.

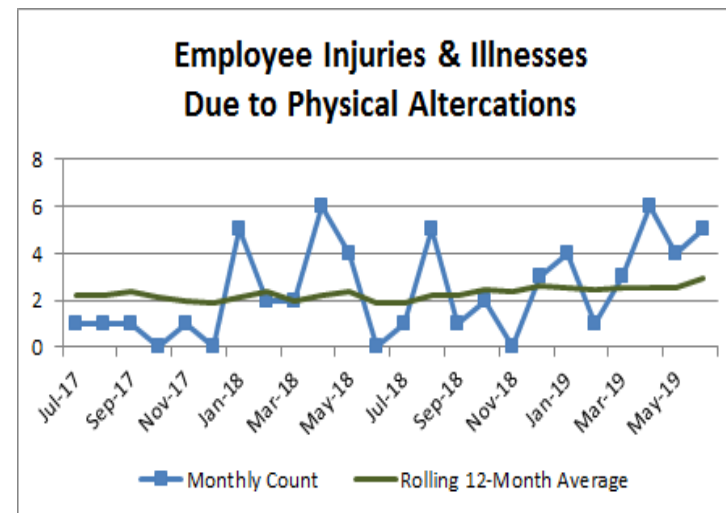
OUR ZERO HARM METRICS, CONT.



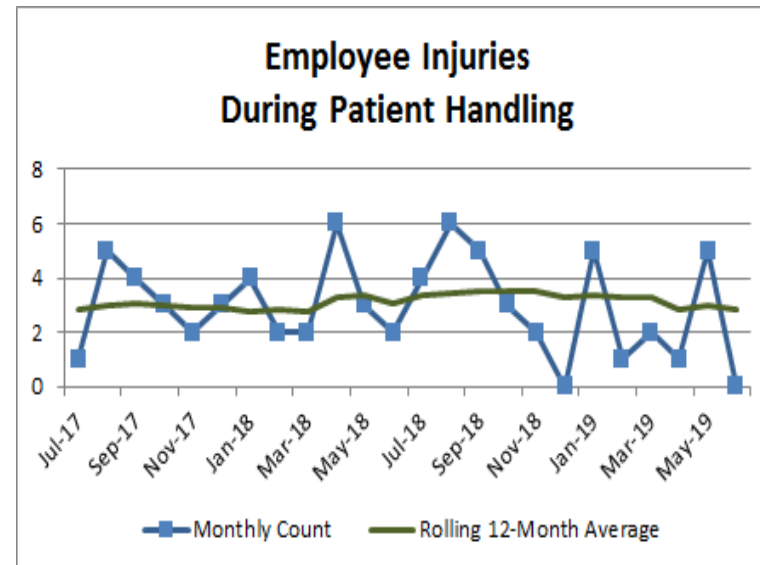
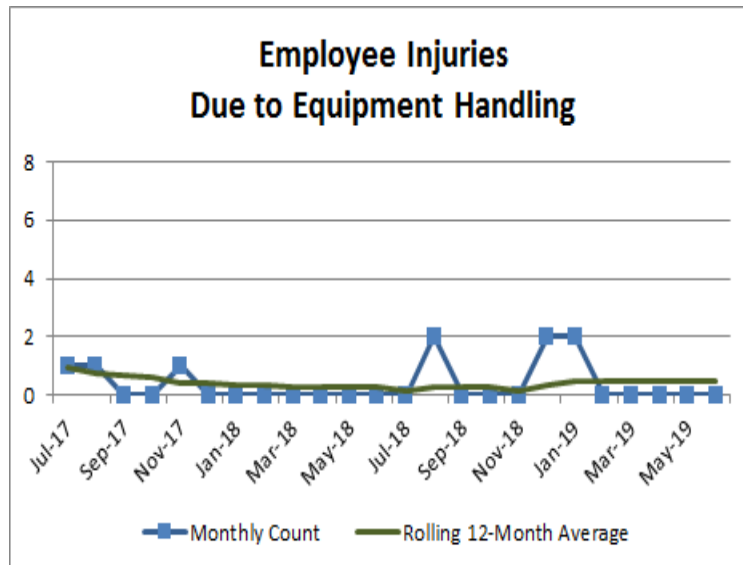
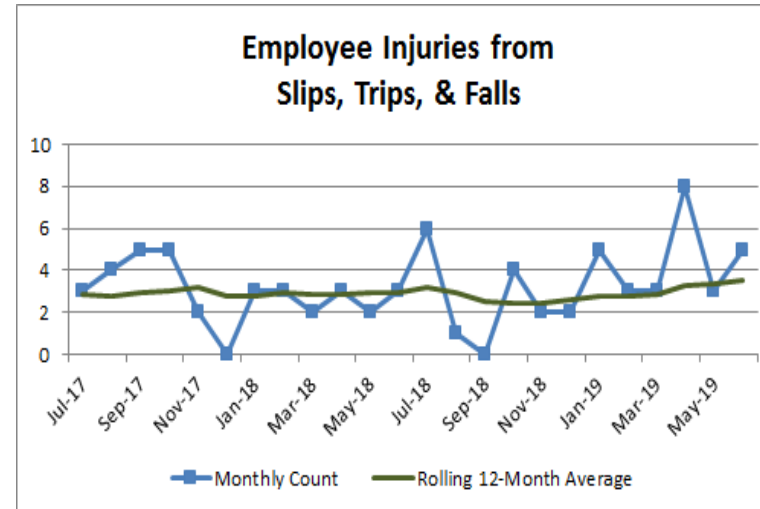
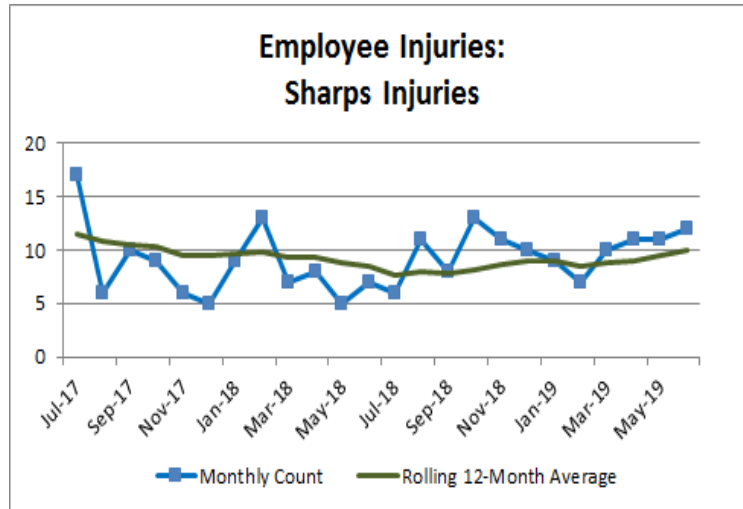
***Naloxone** is used to reverse the effects of opioids; tracking its use can help identify patients who received too much.*



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



OUR ZERO HARM METRICS, CONT.



FY20 Areas of Focus

- **Quality:**
 - Decrease Sepsis Mortality Index
 - Decrease rate of Post-Operative Blood Clots
 - Reduce 30-day Readmission Rate
 - **New:** Improve Documentation & Coding Performance
- **Safety:**
 - Decrease number of Patient Safety Events
 - Decrease number of Employee Safety Events
 - Enforce 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