

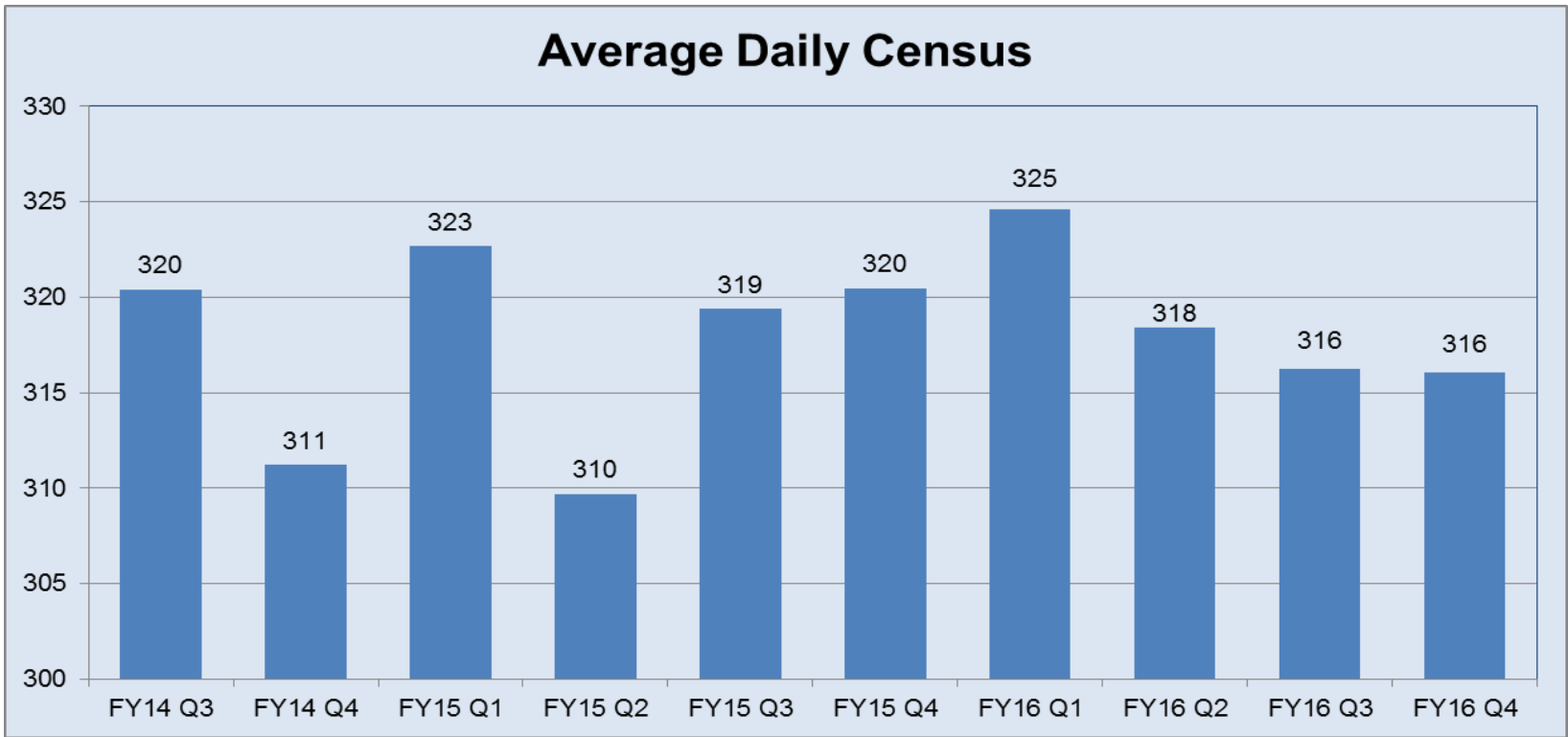
Reported to the Board of Trustees  
September 8, 2016



# UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

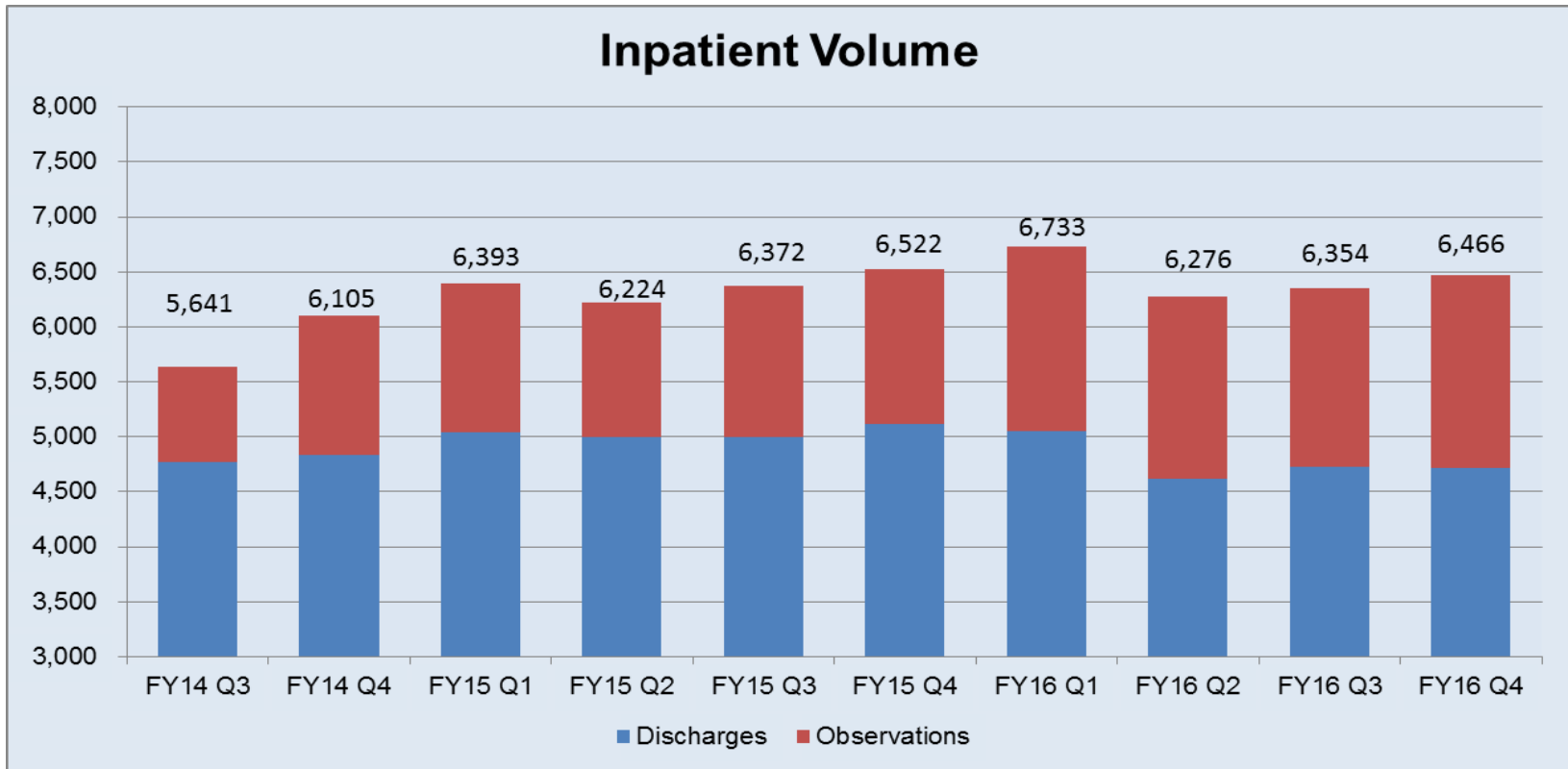
## HOSPITAL DASHBOARD

UI Health Metrics	FY16 Q4 Actual	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Average Daily Census (ADC)	316	317	320	-1.3%



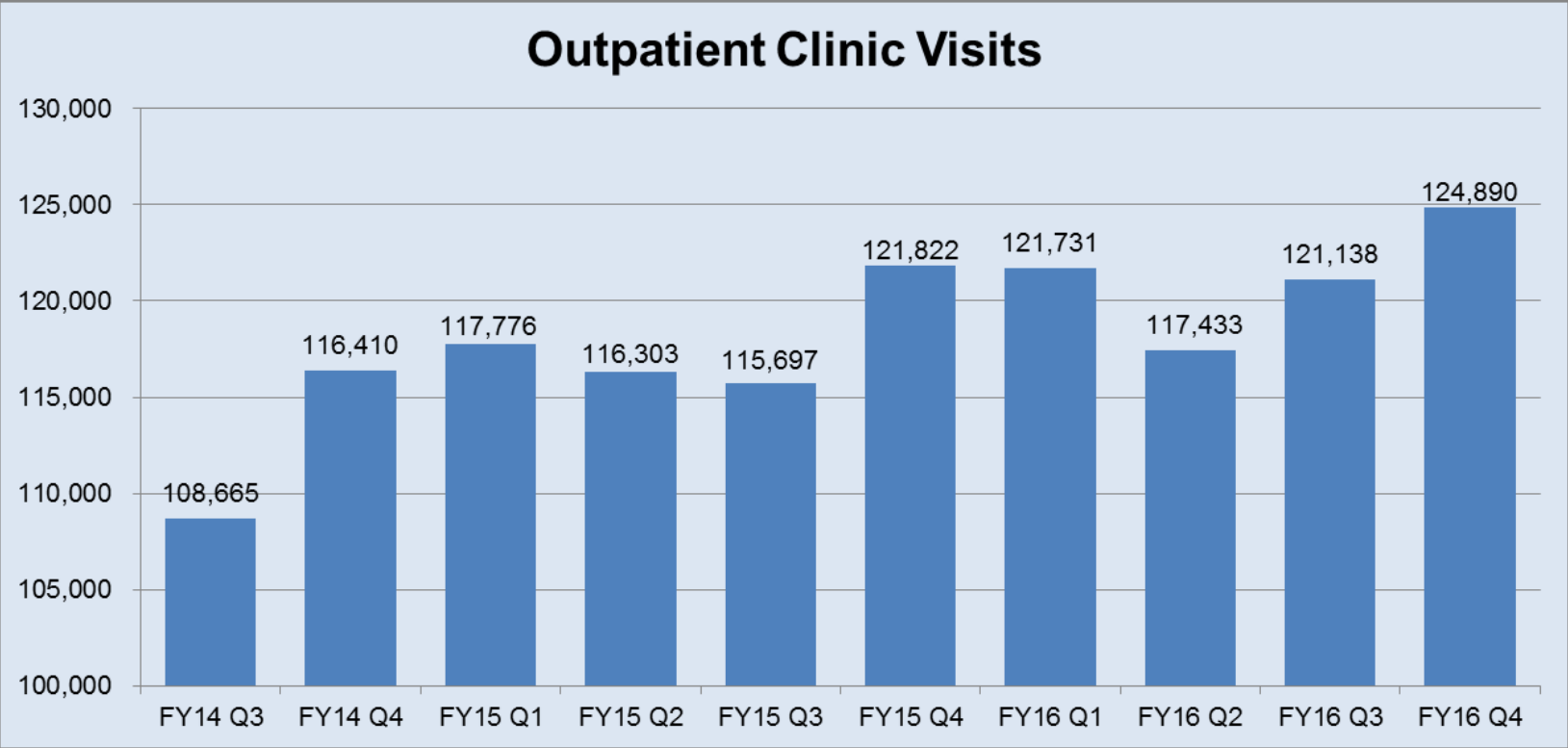
ADC in June 2016 was 319 vs. 323 in June 2015.

UI Health Metrics	FY16 Q4 Actual	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Discharges	4,720	5,564	5,117	Combined -0.9%
Observation Cases	1,746	1,377	1,405	



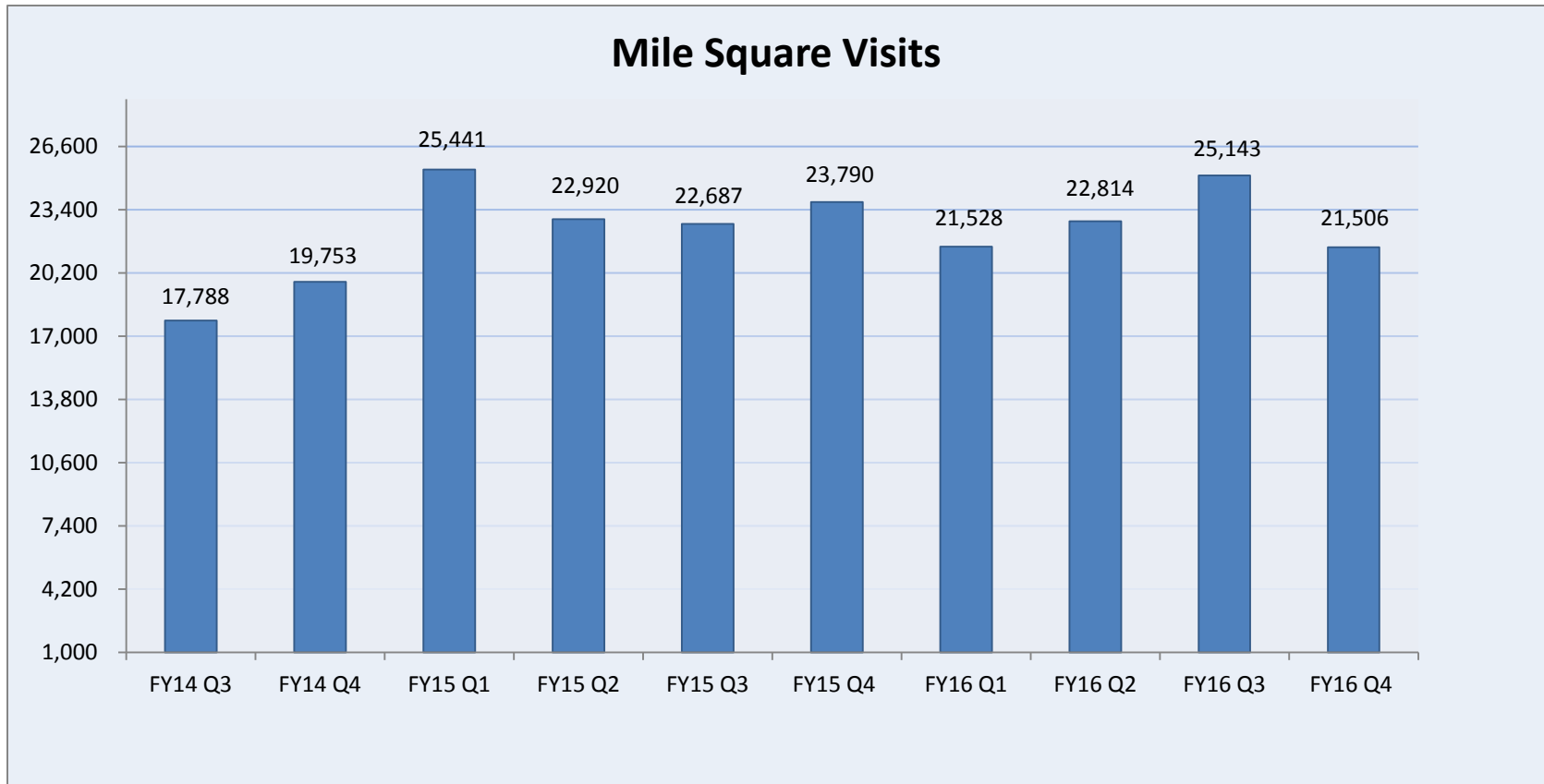
Combined Discharges and Observation Cases for the year ending June 2016 are 4.1% under budget and 1.3% higher than last year.

UI Health Metrics	FY16 Q4 Actual	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Outpatient Clinic Visits	124,890	125,212	121,822	2.5%



Clinic visits for the year ending June 2016 are 0.3% under budget and 2.8% more than last year.

UI Health Metrics	FY16 Q4 Actual	FY16 Q4 Target	FY15 Q4 Actual
Mile Square Visits	21,506	33,086	23,790



Q4 Prediction data is slightly higher than Q3.



# UI Health Mission Perspective: Financial Performance



UI Health |



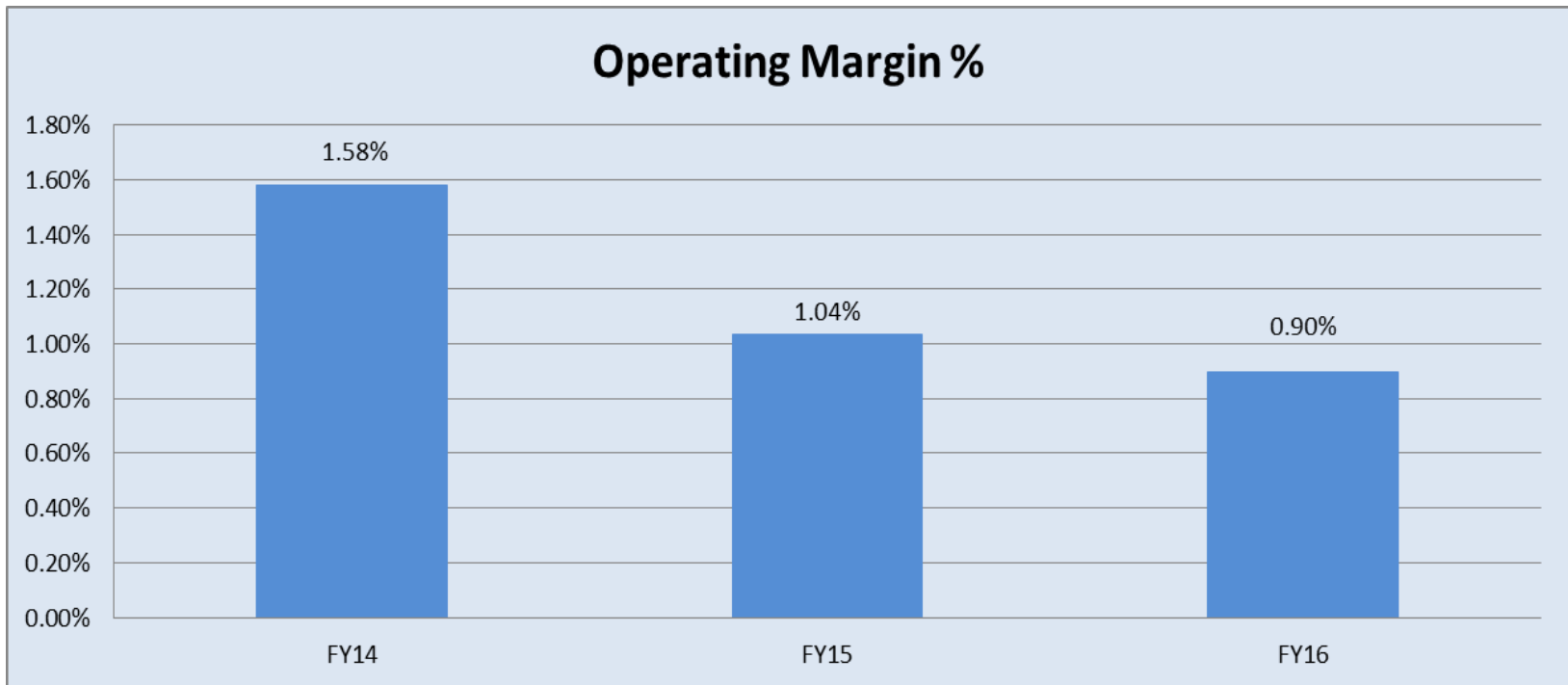
# STATEMENT OF OPERATIONS – JUNE 2016

(Pre Audit)

(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 79,737	\$ 48,285	31,452	65.1%	\$ 60,303	Net Patient Revenue	\$ 620,406	\$ 583,219	37,187	6.4%	\$ 570,114
20,330	22,370	(2,040)	-9.1%	30,174	Other Revenue	259,274	268,371	(9,097)	-3.4%	267,194
<b>100,067</b>	<b>70,655</b>	<b>29,412</b>	<b>41.6%</b>	<b>90,477</b>	<b>Total Revenue</b>	<b>879,680</b>	<b>851,590</b>	<b>28,090</b>	<b>3.3%</b>	<b>837,308</b>
27,667	24,858	(2,809)	-11.3%	28,534	Salaries & Wages	310,813	303,110	(7,703)	-2.5%	293,278
17,169	17,110	(59)	-0.3%	18,111	Employee Benefits	205,494	205,434	(60)	0.0%	205,917
49,355	24,380	(24,975)	-102.4%	28,562	Department Expenses	320,625	292,732	(27,893)	-9.5%	288,854
(4,412)	3,667	8,079	220.3%	3,777	General Expenses	34,848	44,004	9,156	20.8%	40,585
<b>89,779</b>	<b>70,015</b>	<b>(19,764)</b>	<b>-28.2%</b>	<b>78,984</b>	<b>Total Expenses</b>	<b>871,780</b>	<b>845,280</b>	<b>(26,500)</b>	<b>-3.1%</b>	<b>828,634</b>
<b>\$ 10,288</b>	<b>\$ 640</b>	<b>9,648</b>	<b>1507.5%</b>	<b>\$ 11,493</b>	<b>Operating Margin</b>	<b>\$ 7,900</b>	<b>\$ 6,310</b>	<b>1,590</b>	<b>25.2%</b>	<b>\$ 8,674</b>
58	(62)	120	193.5%	(2,443)	Net Non-operating Income/(Loss)	(3,067)	(737)	(2,330)	-316.1%	(479)
<b>\$ 10,346</b>	<b>\$ 578</b>	<b>9,768</b>	<b>1690.0%</b>	<b>\$ 9,050</b>	<b>Net Income/(Loss)</b>	<b>\$ 4,833</b>	<b>\$ 5,573</b>	<b>(740)</b>	<b>-13.3%</b>	<b>\$ 8,195</b>

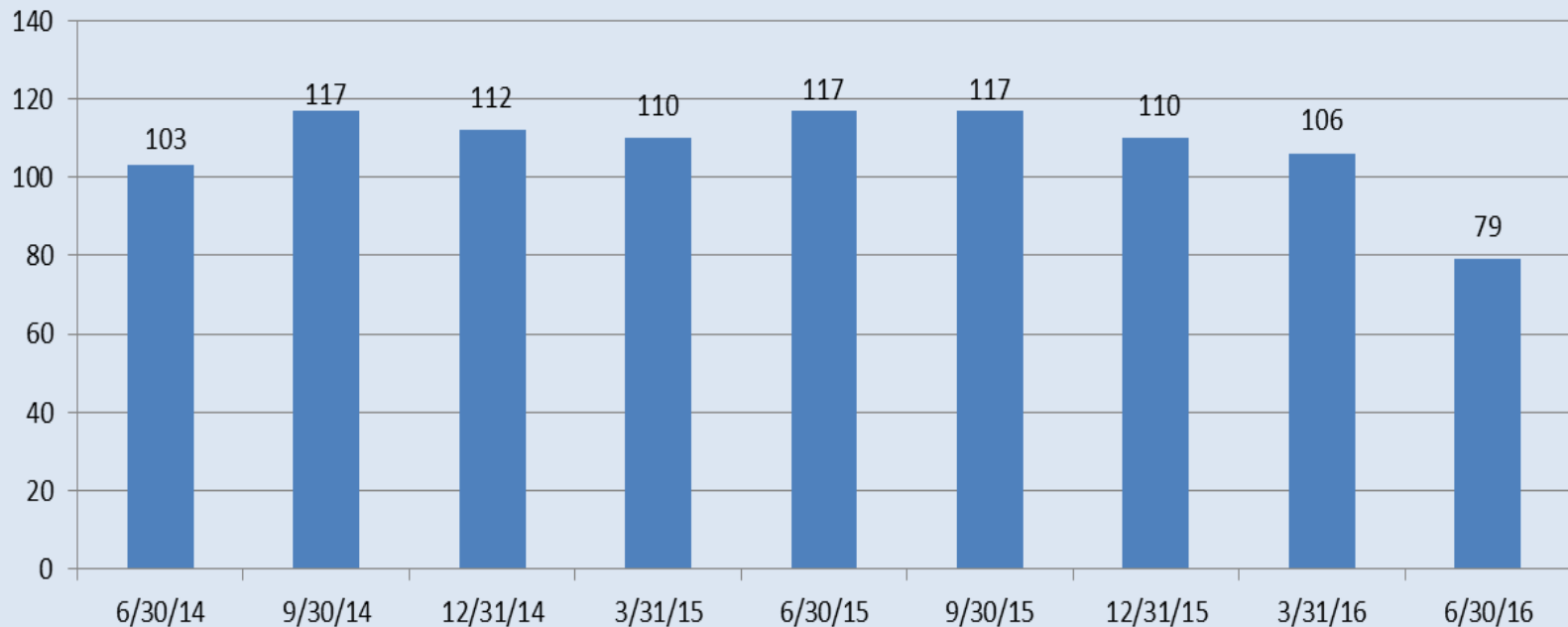
UI Health Metrics	FY16 YTD ACTUAL	FY16 (12 mos) Target	FY15 Actual
Operating Margin %	0.90%	0.74%	1.04%



Operating Margin includes Payments on Behalf for Benefits and Utilities. YTD Margin was adversely impacted by lower volumes and high pharmaceutical costs.



## 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.



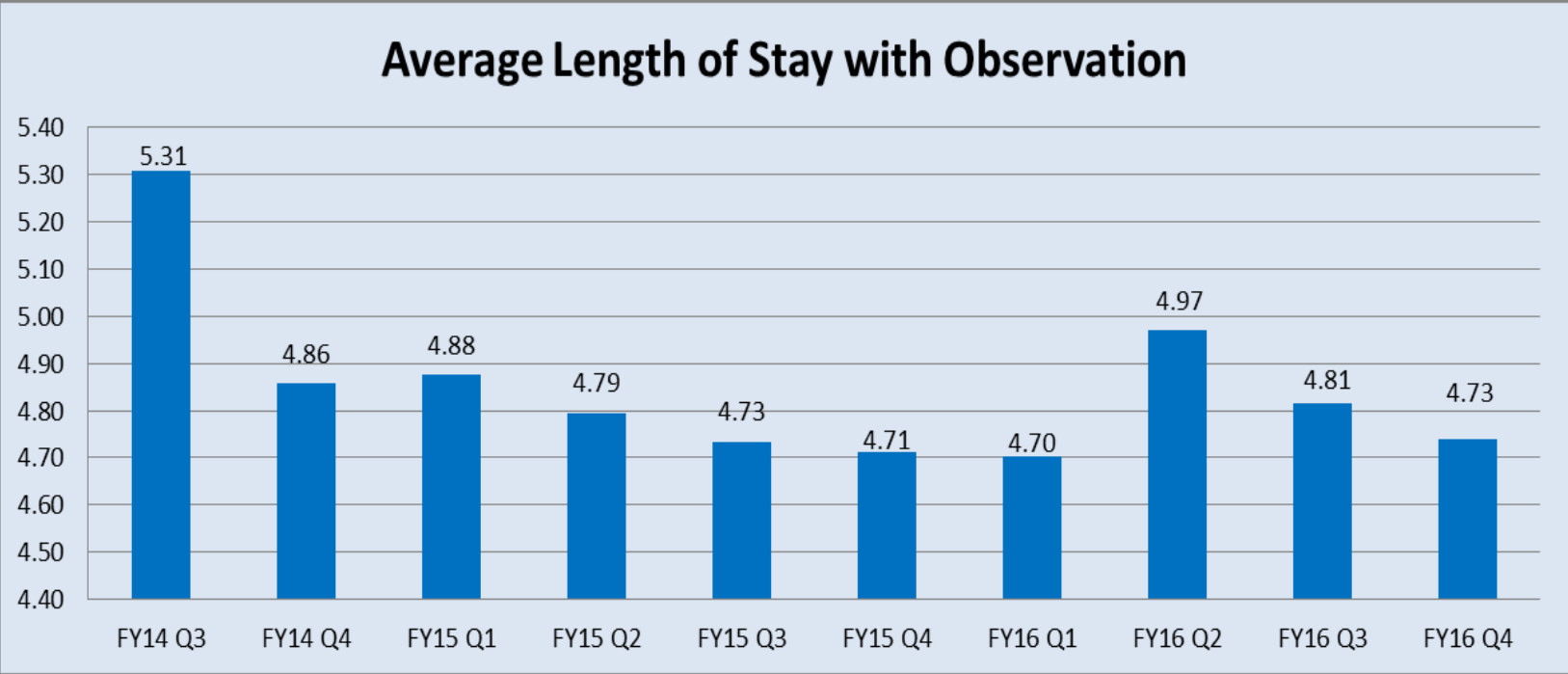
# UI Health Mission Perspective: Operational Effectiveness



UI Health |

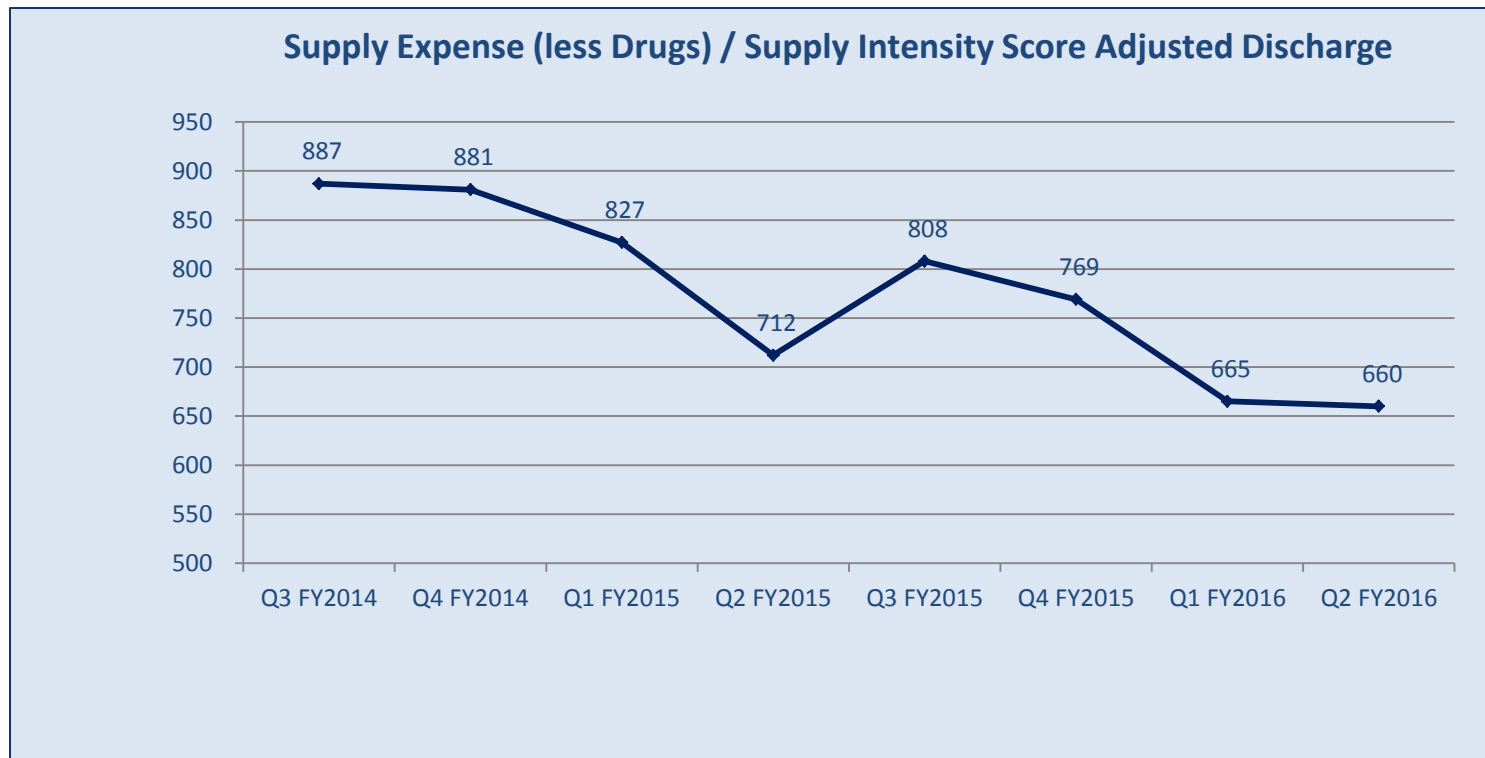


UI Health Metrics	FY16 Q4 Actual	FY16 Q4 Target	FY15 Q4 Actual
Average Length of Stay with Observation (Days)	4.73	4.31	4.71



FY 16 Budget Target was to be at 4.30 days by year-end.

UHC Metrics (FY16 Q2, Oct – Dec 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	776	660	815	23/61



There was a decrease in Q1 FY16, which is lower than UHC median

\* UHC metrics from FY16 Q3 (Jan. – March) are not yet available



# UI Health Mission Perspective: Quality and Safety

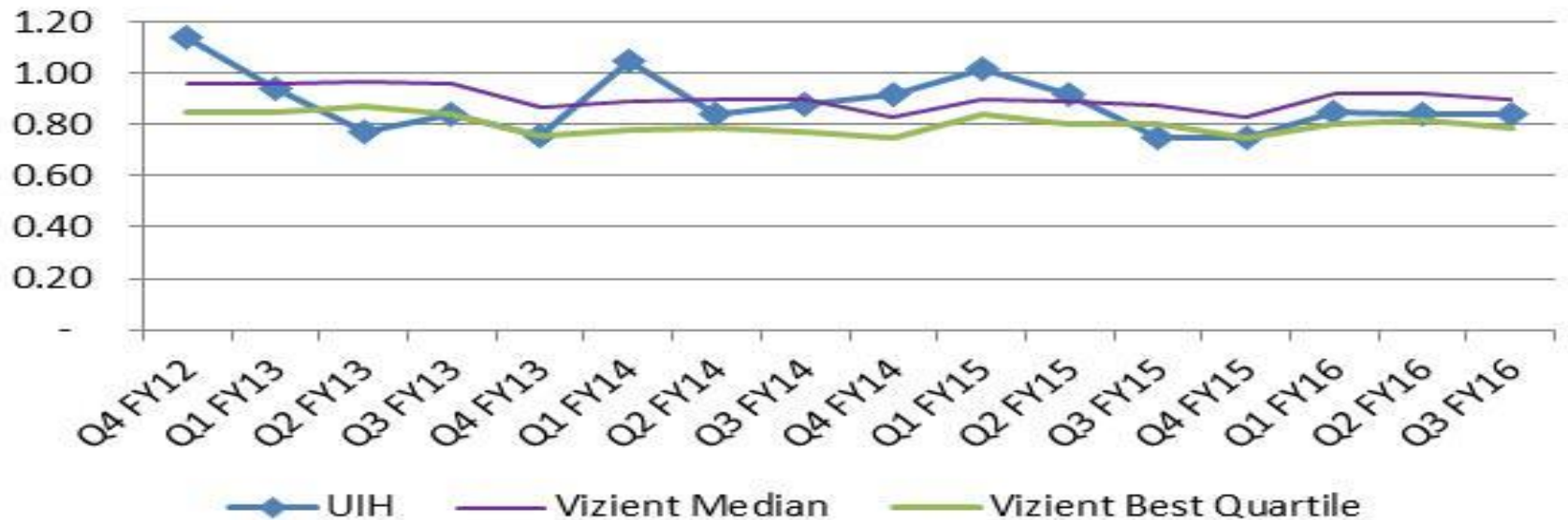


UI Health |



Vizient Metrics (Q2 FY16, Jan – Mar 2016)	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)	77	0.82	0.84	0.90	46/135

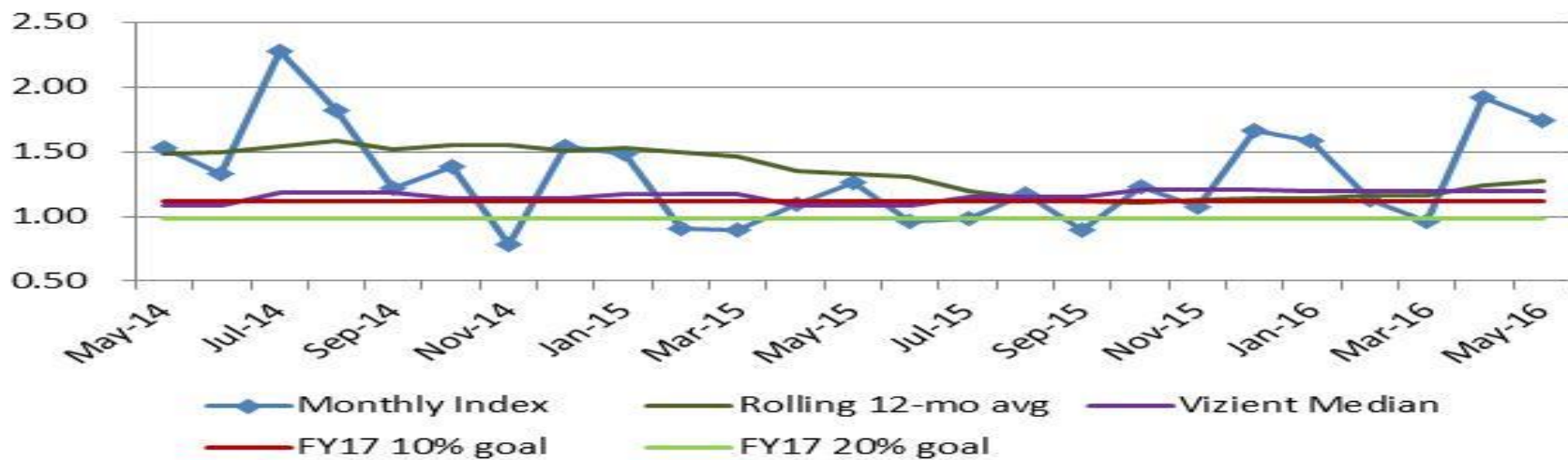
### UI Health Total Inpatient Mortality Index (Observed/Expected) Q4 FY12 - Q3 FY16



During Q3 FY16, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) stayed unchanged and better than the Vizient median. Though we did not have a specific improvement goal for Total Inpatient Mortality, **our performance has improved by 9.1%** over the past 4 quarters.

Vizient Metrics (Q2 FY16, Jan – Mar 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	34	1.21	1.18	1.20	64/135

**Monthly Sepsis Mortality Index (Observed/Expected) May 2014 - May 2016**



	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
Number of Sepsis Cases by Month	83	83	83	89	102	102	70	78	77	64	91	64	83
Number of Sepsis Deaths by Month	11	9	12	11	13	13	9	12	12	11	11	11	15

During May 2016, UI Health’s rolling 12-month Sepsis Mortality index (observed/expected deaths) was 1.28, a slight decline in performance from the previous month and slightly higher than the Vizient median.

Our FY17 goal is to reduce our rolling 12-month Sepsis Mortality by at least 10% from our June 2016 baseline of 1.24. **Our performance has improved by 4.3%** over the past twelve months.

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

Vizient Metrics (Q2 FY16, Jan – Mar 2016)	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)	21	16.3	17.7	7.15	133/135

### UIH Post-Op PE\* or DVT\*\* per 1000 Surgeries May 2014 - May 2016



	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 15	Mar 16	Apr 15	May 16
Number of Post-Op DVTs by Month	4	1	5	4	1	4	2	5	4	5	8	3	1
Number of Post-Op PEs by Month	6	3	1	3	4	1	2	3	1	3	1	3	1

During May 2016, UI Health’s rolling 12-month average post-operative PE/DVT rate improved slightly from the previous month, though it still remains higher than the Vizient median.

Our FY17 goal is to reduce our post-op PE/DVT rate by at least 10% from our June 2016 baseline of 15.89. Our performance has improved by 22.6% over the past year.

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

\*PE = Pulmonary Embolism  
\*\*DVT = Deep Venous Thrombosis



Vizient Metrics (Q2 FY16, Jan – Mar 2016)	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	1	0.58	0.4	0.13	103/134

### Monthly Whole-House Central Line-Associated Blood Stream Infections



	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Infections by Month	7	2	2	3	8	2	8	1	3	2	6	1	3

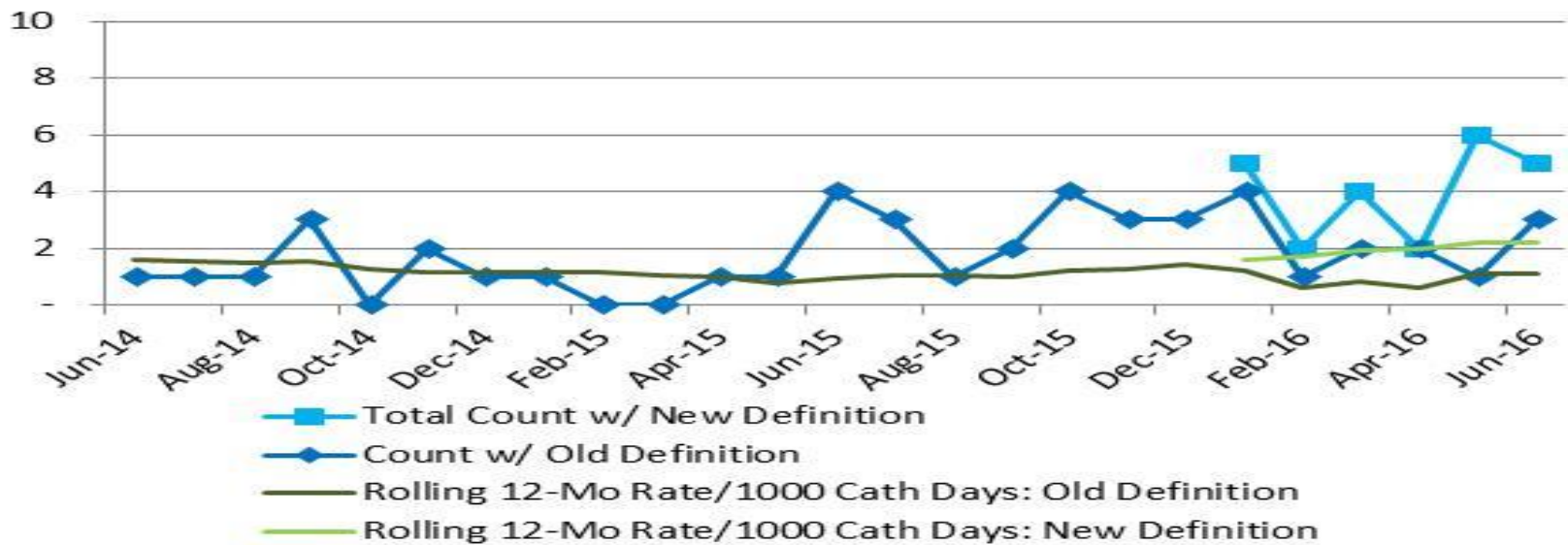
Our 12-month rolling average whole-house CLABSI rate improved slightly in June 2016.

Our FY17 goal is to reduce CLABSIs by at least 10% from our June 2016 baseline of 1.23. Over the past 12 months, our performance has remained unchanged.

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

Vizient Metrics (Q2 FY16, Jan – Mar 2016)	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	2	0.57	0.47	0.59	54/135

### Monthly Whole-House Catheter-Associated Urinary Tract Infections



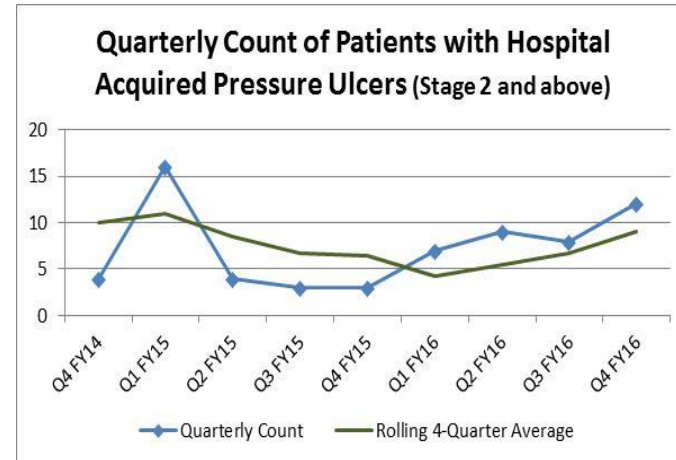
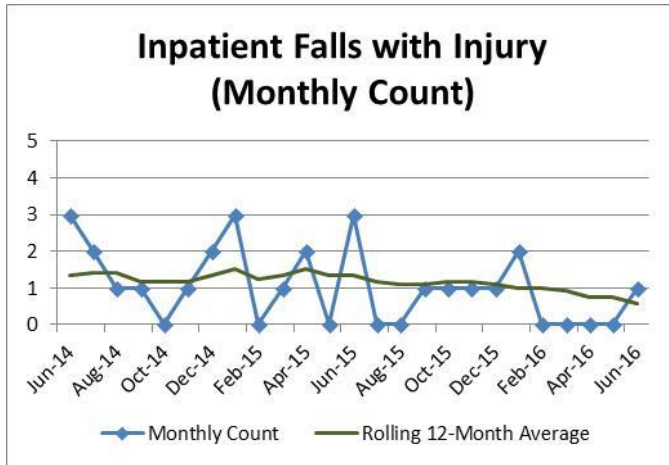
	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Infections by Month	4	3	0	3	4	3	3	5	2	4	2	6	5

Our rolling 12-month average house-wide CAUTI rate improved slightly in June 2016.

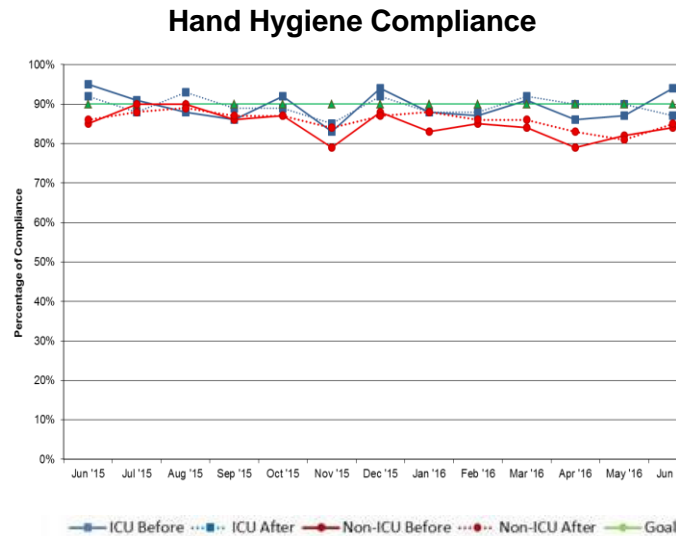
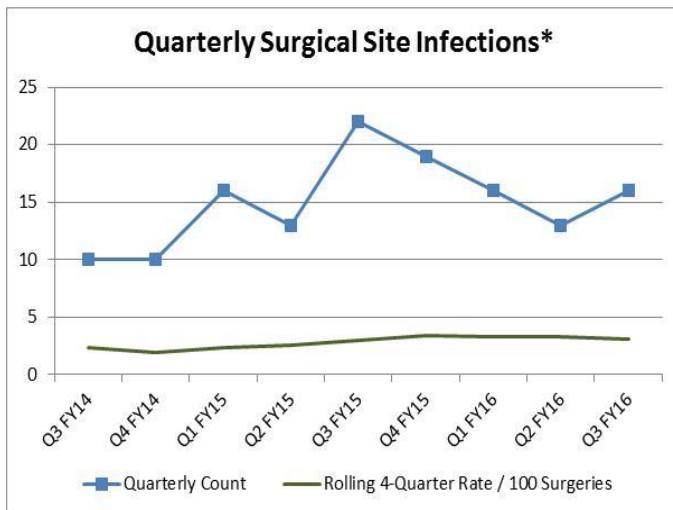
Our FY17 goal is to reduce CAUTIs by at least 10% from our June 2016 baseline of 2.2. Our actual performance over the past 12 months reflects a change in definition that has nearly doubled our rates.

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

# Our Other Zero Harm Metrics

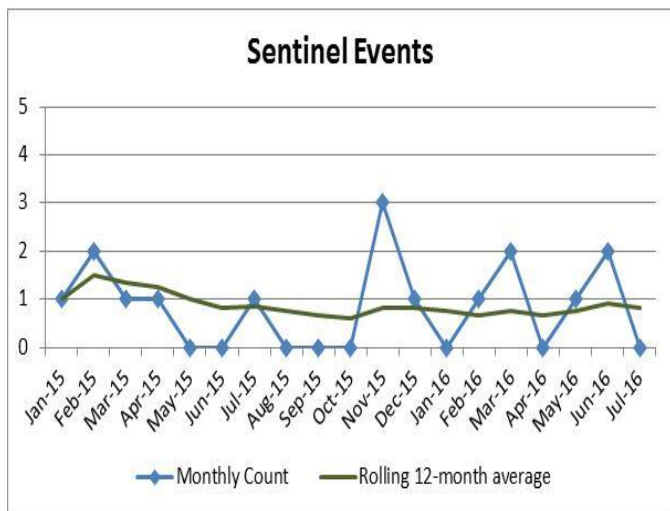


**Pressure ulcers** are localized injuries to the skin and/or underlying tissue from pressure or friction.

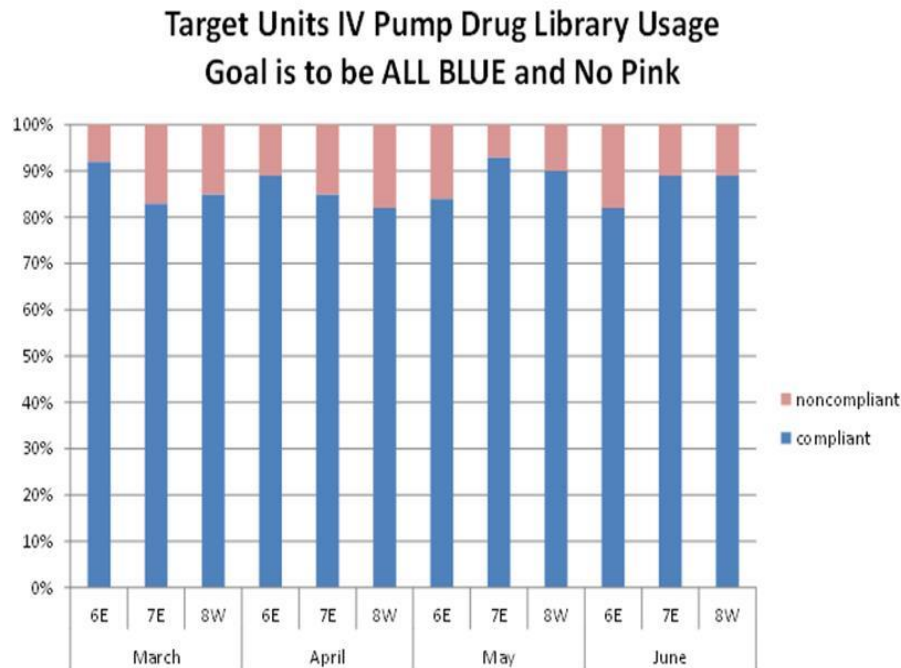


\*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.

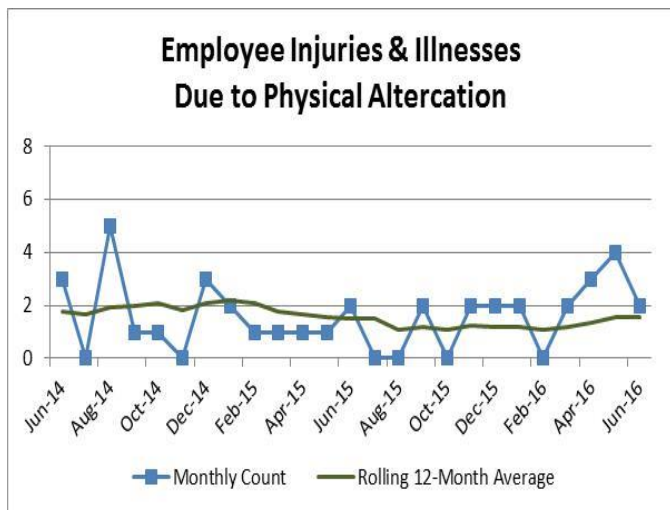
# Our Other Zero Harm Metrics, cont.



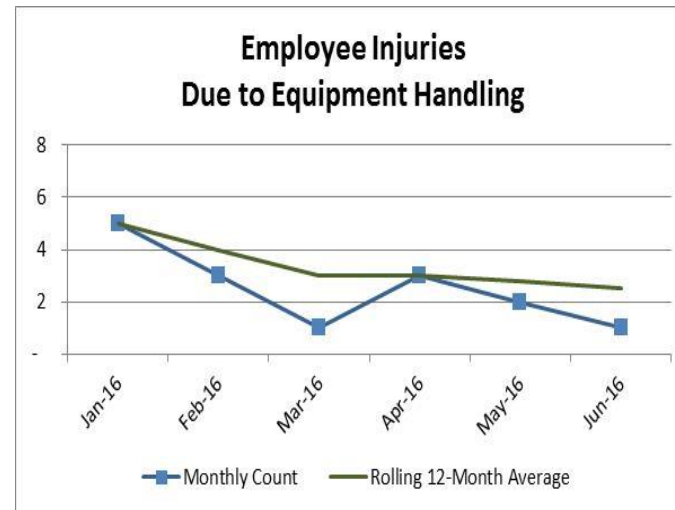
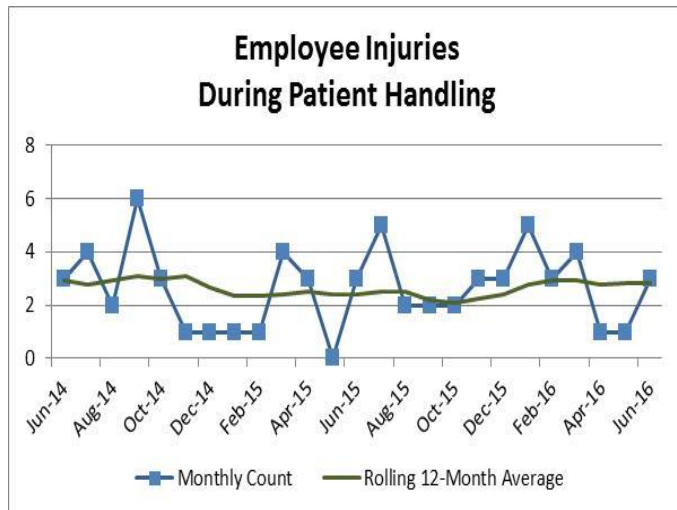
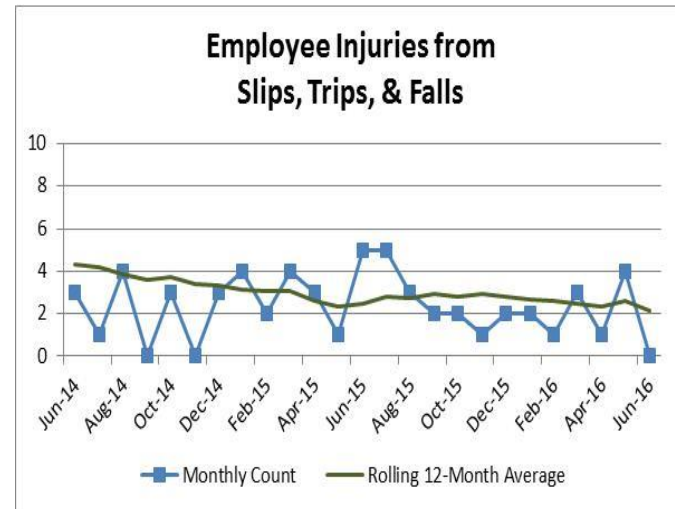
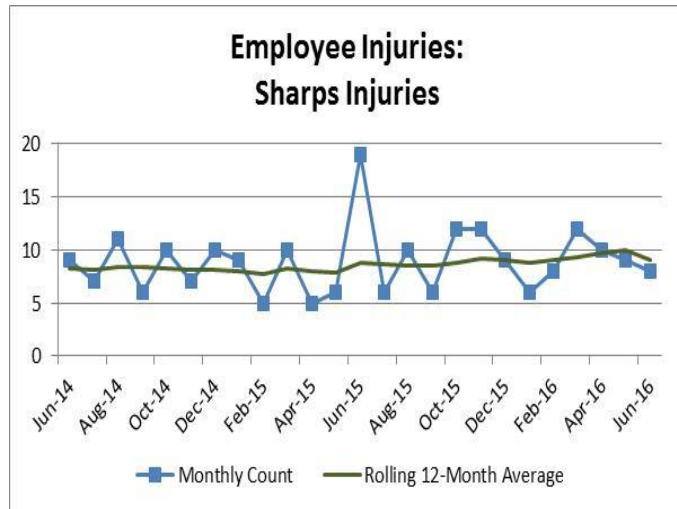
A **Sentinel Event** is a patient safety event that results in death, permanent harm, or severe temporary harm.



Using the **IV Pump Drug Library** (the **blue bars**) is one of the key ways to prevent IV **medication errors**. See accompanying document for additional detail.



# Our Other Zero Harm Metrics, cont.



# Best Regional Hospitals (July 2015)

1. Northwestern
2. Rush
3. Loyola
4. University of Chicago
5. Advocate Christ
6. Central Dupage
7. Advocate Lutheran General
- ...
23. UIH: in Chicago
- ...
27. UIH: in Illinois

Rankings determined as follows:  
**Outcomes 32.5%:** 30-day risk-adjusted mortality  
**Structure 30%:** includes staffing, technologies, programs like Magnet or NCI Cancer Center  
**“Process” 27.5%:** Reputation

- Patient Safety 10%:** composite of
- Pressure ulcers
  - Death after surgery
  - Iatrogenic pneumothorax
  - Post-op hemorrhage or hematoma
  - Post-op respiratory failure
  - Post-op wound dehiscence
  - Accidental puncture or laceration

# Best Chicago and Illinois Hospitals (August 2016)

1. Northwestern
2. Rush
3. University of Chicago
4. Advocate Christ
5. Loyola
6. Advocate Lutheran General
7. Northwestern Central Dupage
8. UIH
9. Northshore Evanston  
Elmhurst: #10 in Chicago  
OSF St. Francis: #10 in Illinois

**Changes in Scoring Methodology:**  
**Outcomes (30-day risk-adjusted mortality) increased to 37.5%:**  
**Patient Safety composite decreased to 5% and Pressure Ulcers removed**

**The biggest driver of our improved ranking is improved patient survival, especially as a result of the successes we have had in reducing:**

- Sepsis Mortality
- Post-operative Blood Clots and
- Hospital-Acquired Infections

*There are 69 hospitals in Cook County and 210 in Illinois*



# UI Health Mission Perspective: Customer



UI Health |

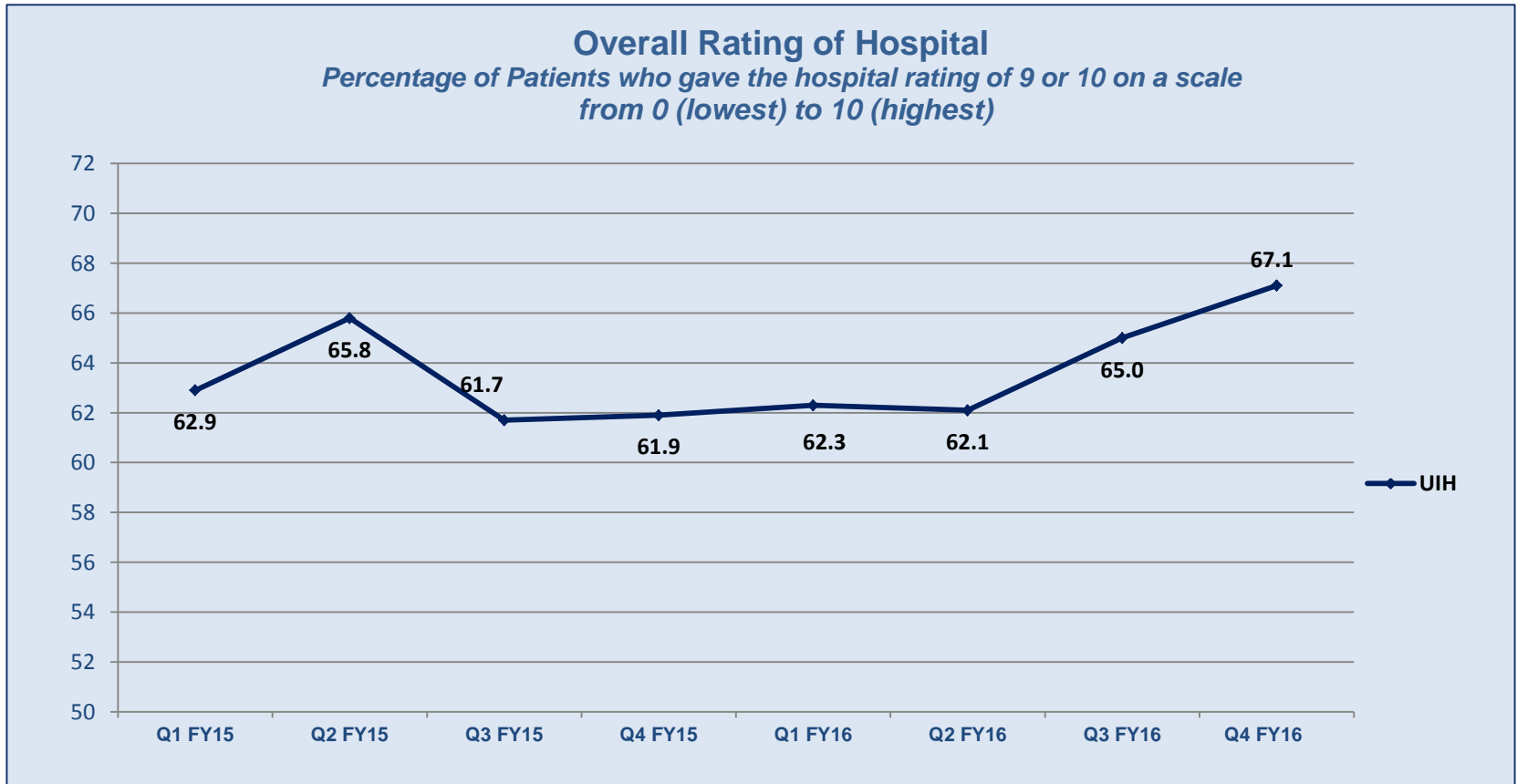




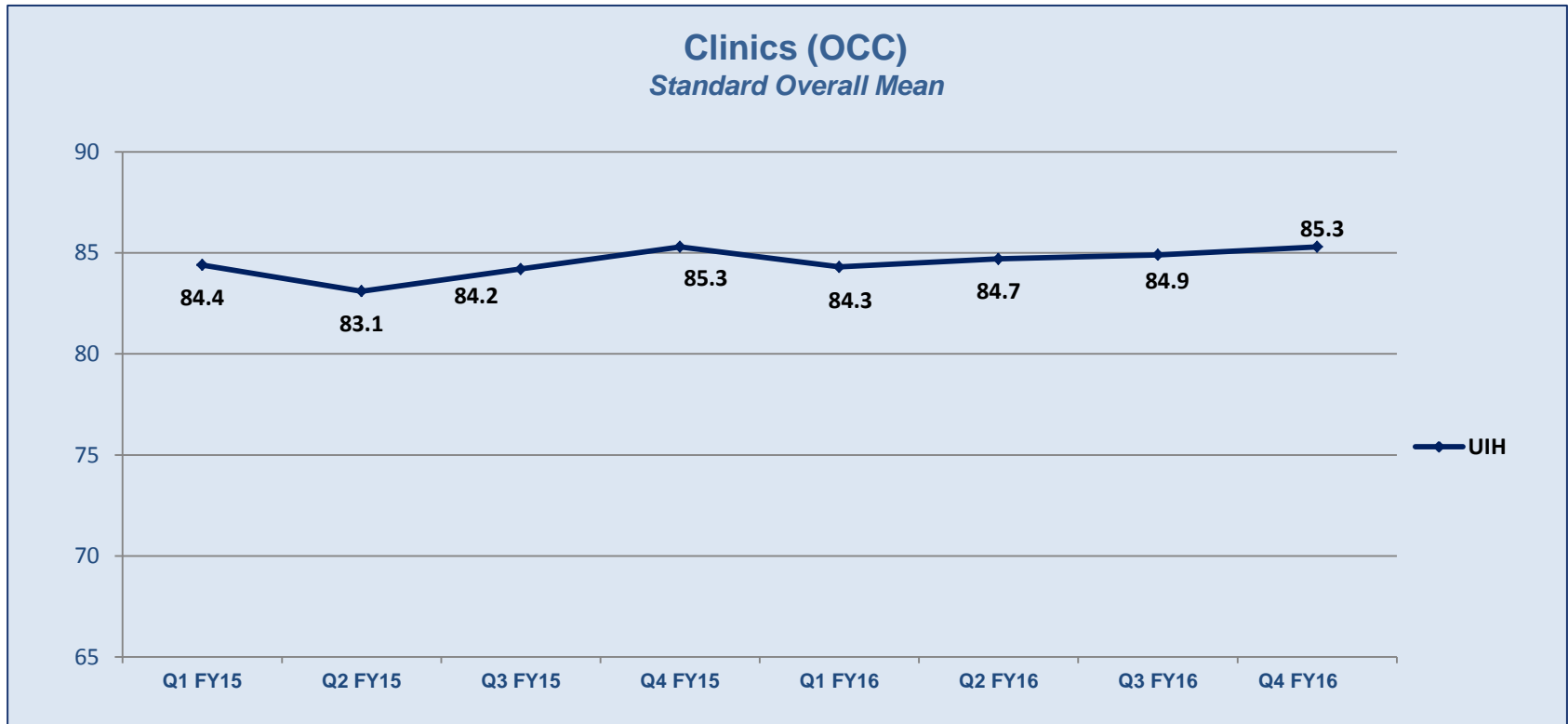
<b>UI Health Metric</b>	<b>Apr-Jun 2016 Top Box/Mean</b>	<b>%ile rank</b>	<b>UHC 50 %ile Top Box/Mean</b>	<b>UHC 70 %ile Top Box/Mean</b>
<b>Inpatient (HCAHPS)</b>	<b>67.1</b>	<b>24</b>	<b>72.9</b>	<b>76.7</b>
<b>Ambulatory Clinics</b>	<b>85.3</b>	<b>18</b>	<b>91.0</b>	<b>92.1</b>
<b>Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell</b>	<b>87.0</b>	<b>1</b>	<b>92.8</b>	<b>93.5</b>
<b>Emergency Department</b>	<b>74.2</b>	<b>7</b>	<b>83.9</b>	<b>86.5</b>
<b>Ambulatory Surgery</b>	<b>87.9</b>	<b>3</b>	<b>92.7</b>	<b>93.6</b>

## **UI Health Mission Perspective: Customer**

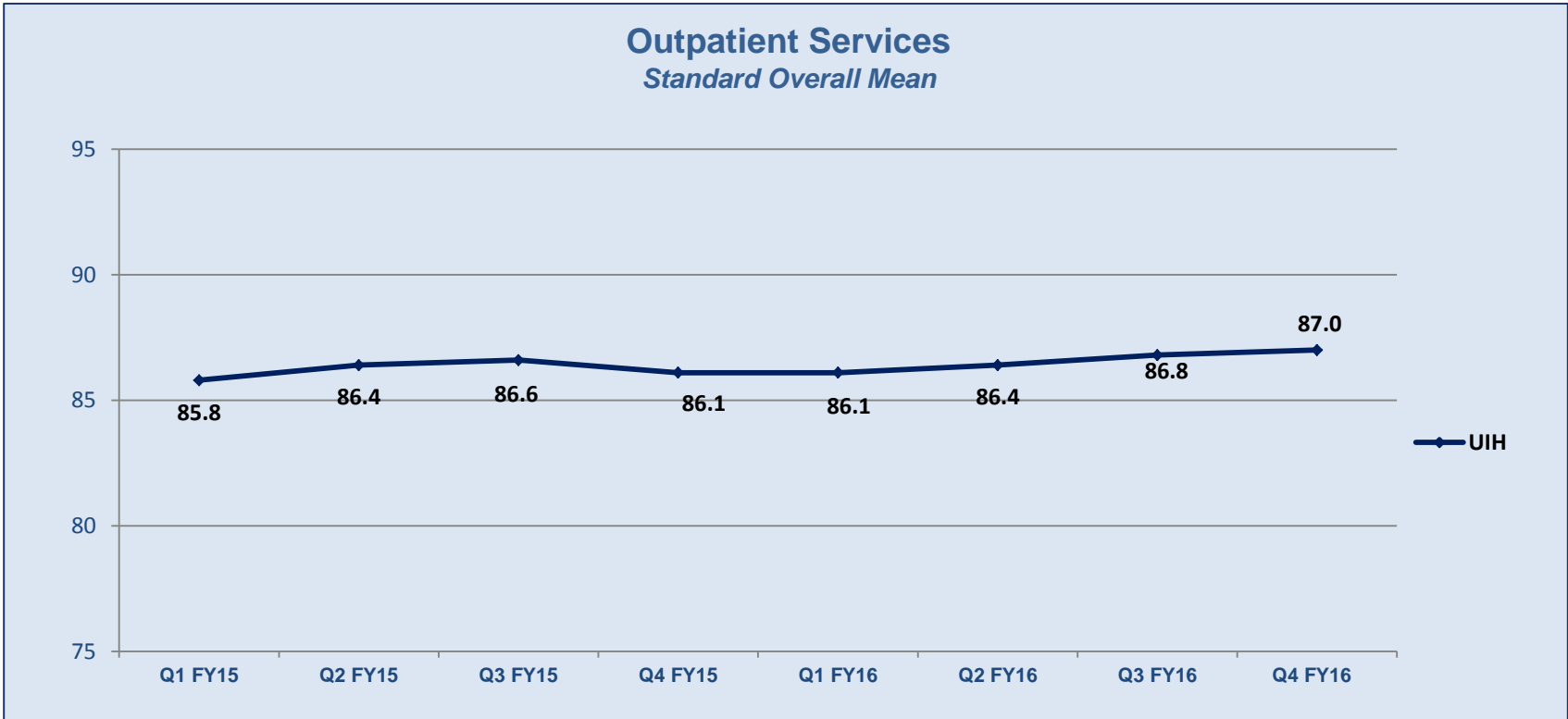
UI Health Metric	Current Quarter Q4 FY16	Prior Q4 FY15	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	67.1	61.9	63.6



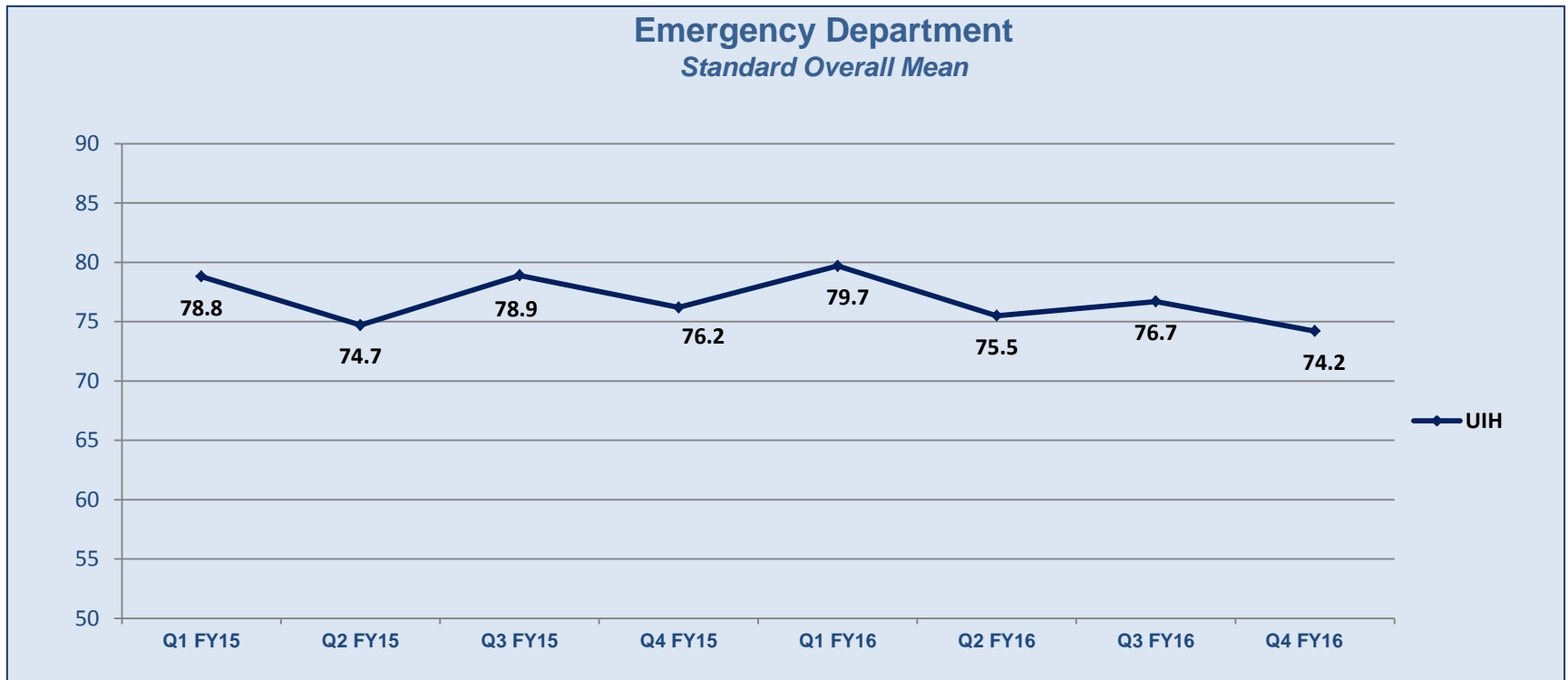
UI Health Metric	Current Quarter Q4 FY16	Prior Q4 FY15	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	85.3	85.3	84.5



UI Health Metric	Current Quarter Q4 FY16	Prior Q4 FY15	UIH 8 Quarter Average
Outpatient Services (Standard Overall Mean)	87.0	86.1	86.4

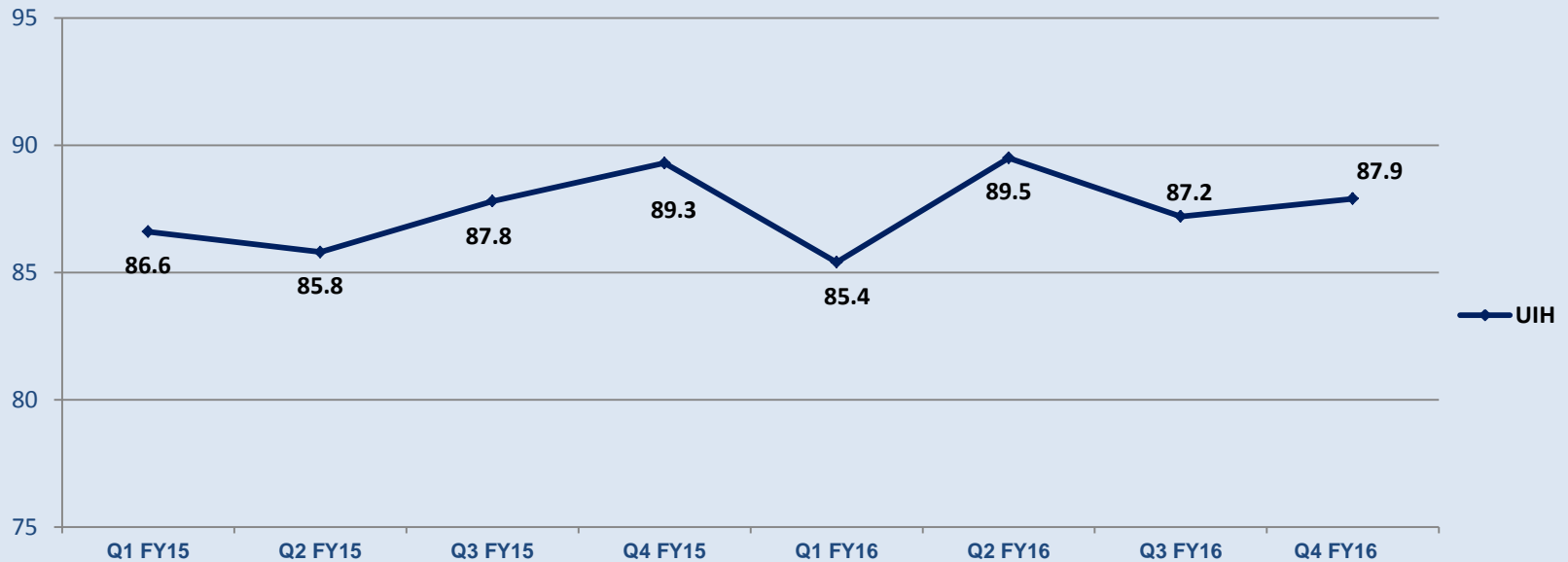


UI Health Metric	Current Quarter Q4 FY16	Prior Q4 FY15	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	74.2	76.2	76.8



UI Health Metric	Current Quarter Q4 FY16	Prior Q4 FY15	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	87.9	89.3	87.4

**Ambulatory Surgery**  
*Standard Overall Mean*



**UI Health Mission Perspective:  
Customer**

# 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)