

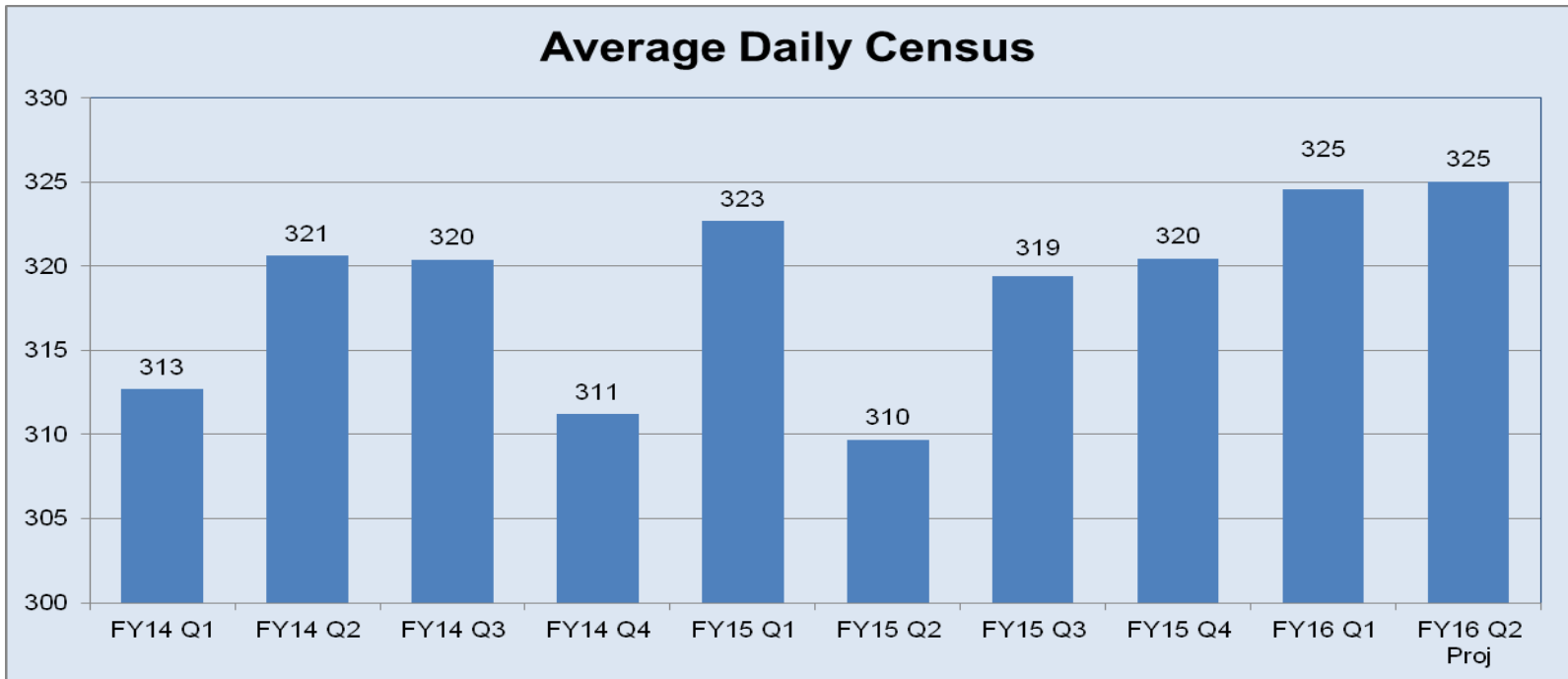


UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

HOSPITAL DASHBOARD

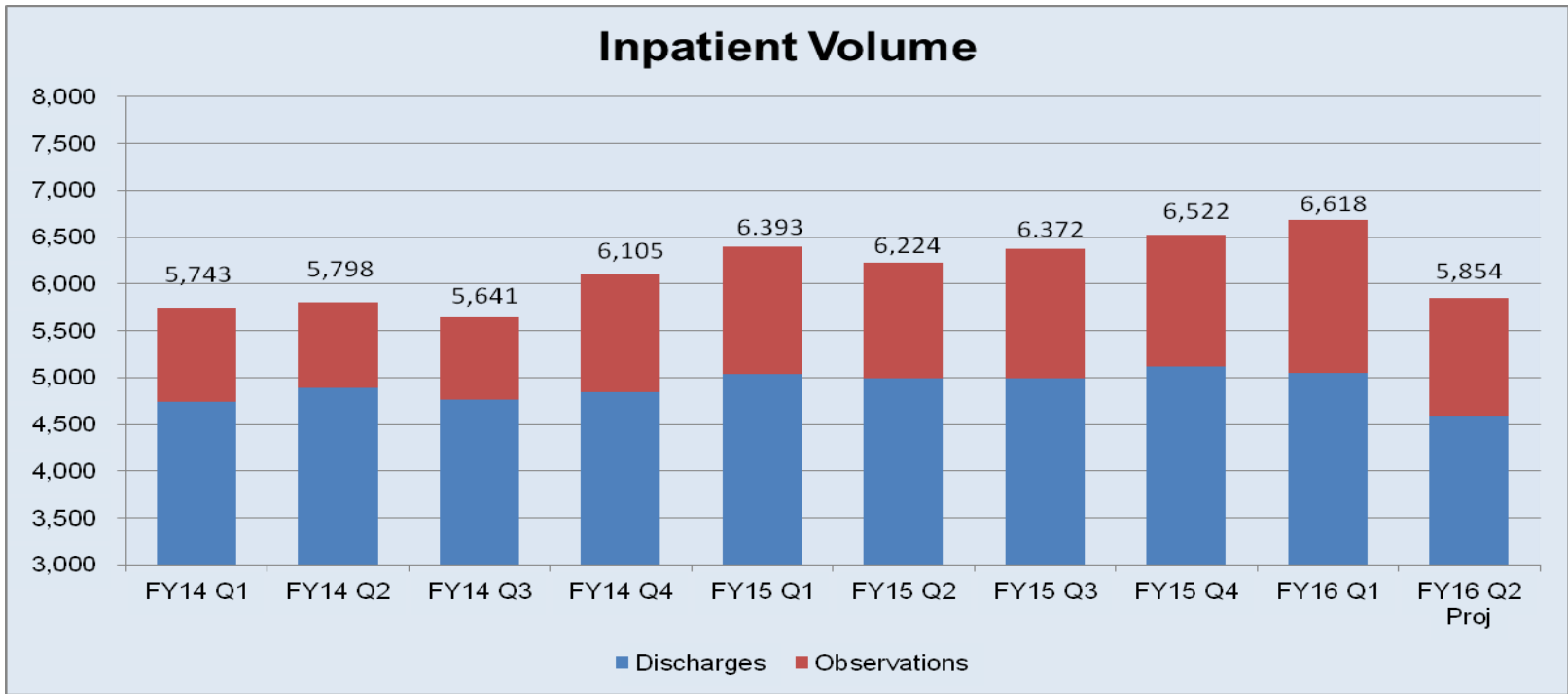
Reported to the Board of Trustees
January 21, 2016

UI Health Metrics	FY16 Q2 Projection on Two Month Actual	FY16 Q2 Target	FY15 Q2 Actual	2nd Quarter % change FY16 vs FY15
Average Daily Census (ADC)	325	317	310	4.8%



ADC in October 2015 was 336 vs. 297 in October 2014.
ADC in November 2015 was 314 vs. 310 in November 2014.

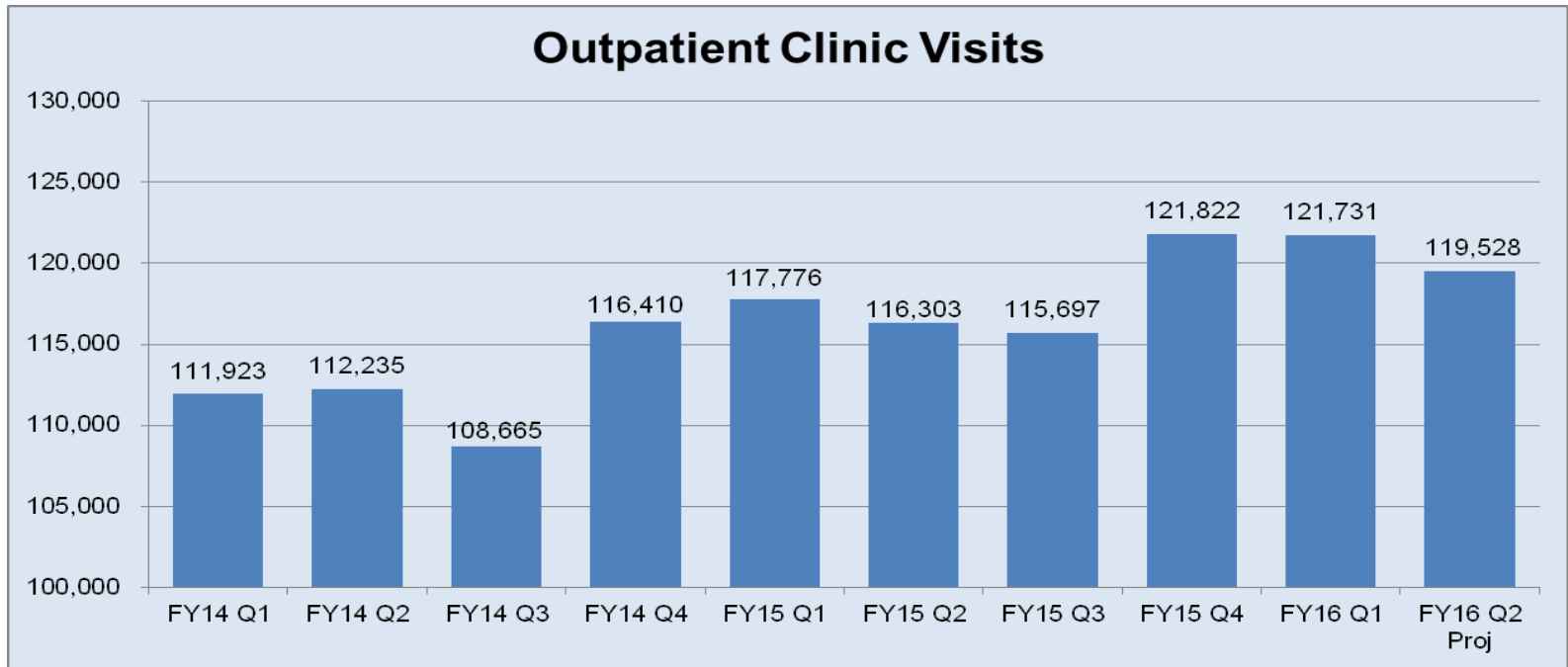
UI Health Metrics	FY16 Q2 Projection on Two Month Actual	FY16 Q2 Target	FY15 Q2 Actual	2nd Quarter % change FY16 vs FY15
Discharges	4,595	5,266	4,992	Combined -5.9%
Observation Cases	1,259	1,389	1,232	



Combined Discharges and Observation Cases for YTD November 2015 are 3.3% under budget and 2.0% greater than last year.

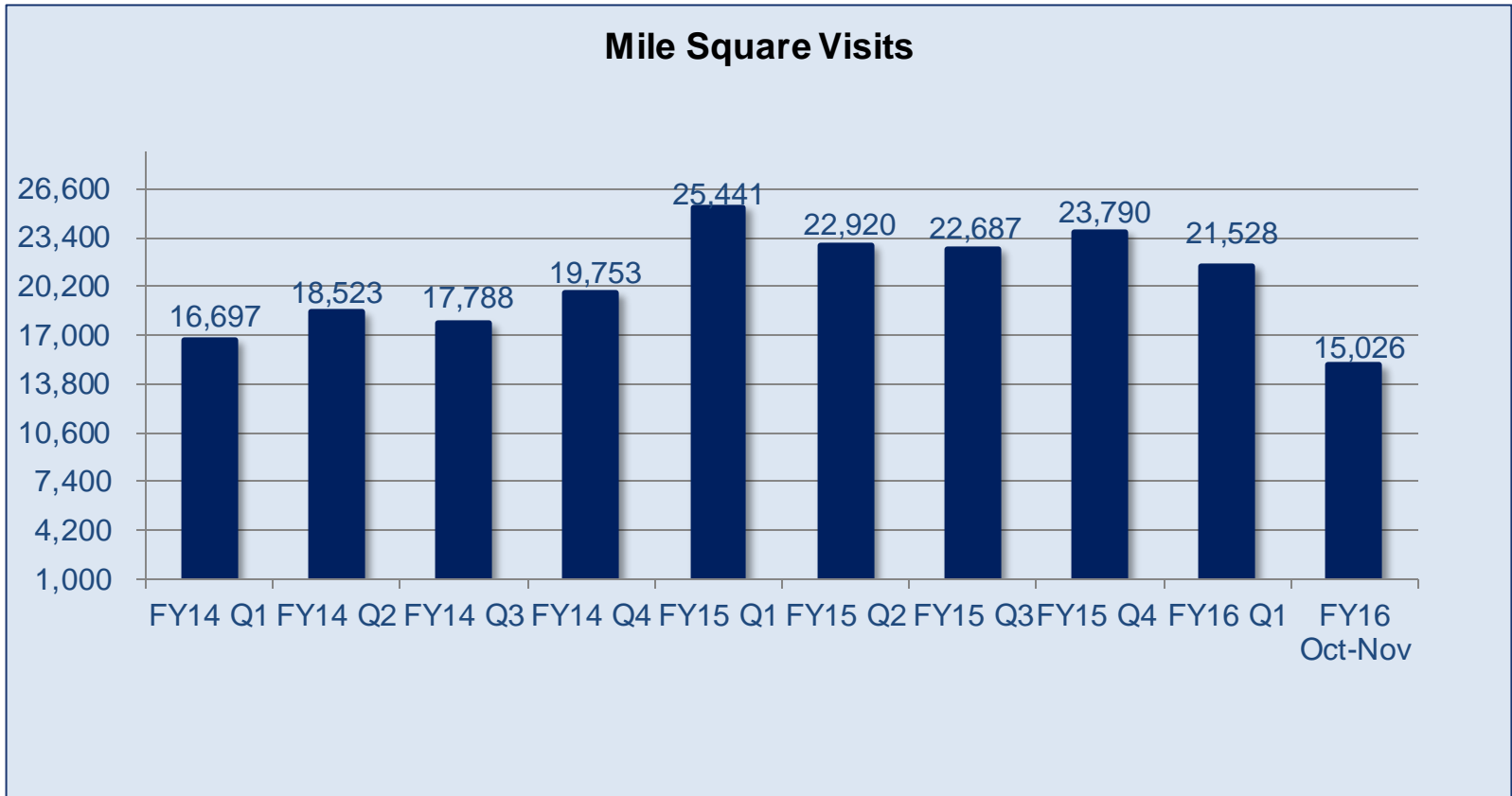
UI Health: Patient Volume

UI Health Metrics	FY16 Q2 Projection on Two Month Actual	FY16 Q2 Target	FY15 Q2 Actual	2nd Quarter % change FY16 vs FY15
Outpatient Clinic Visits	119,528	119,646	116,303	2.8%



Clinic visits in YTD November are 0.8% under budget and 2.6% more than last year.

UI Health Metrics	FY16 Oct-Nov	FY16 Oct-Nov Target	FY15 Q2 Actual
Mile Square Visits	15,026	17,566	22,920



Mile Square visits are below prior year quarter 2 and lower than target.

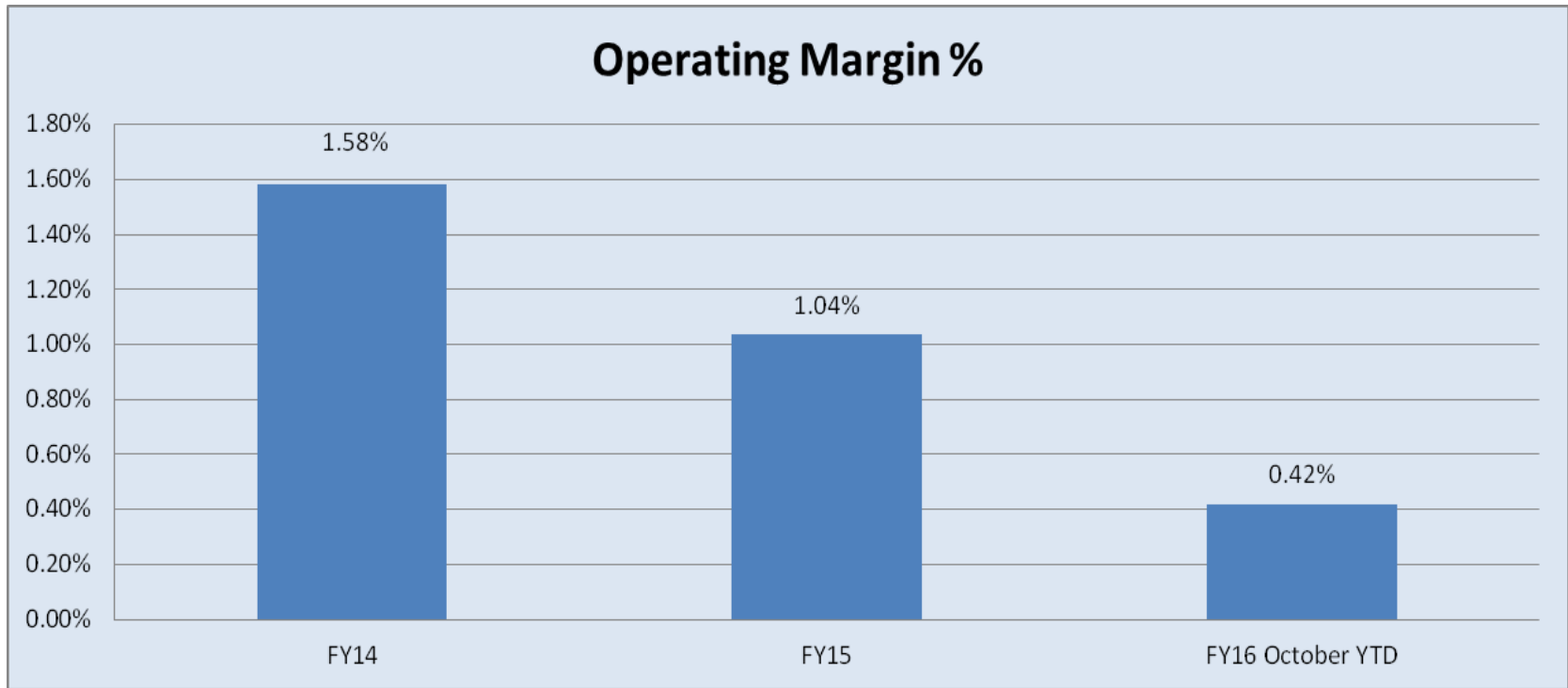
**UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL
PERFORMANCE**

STATEMENT OF OPERATIONS – OCTOBER 2015

(\$ IN THOUSANDS)

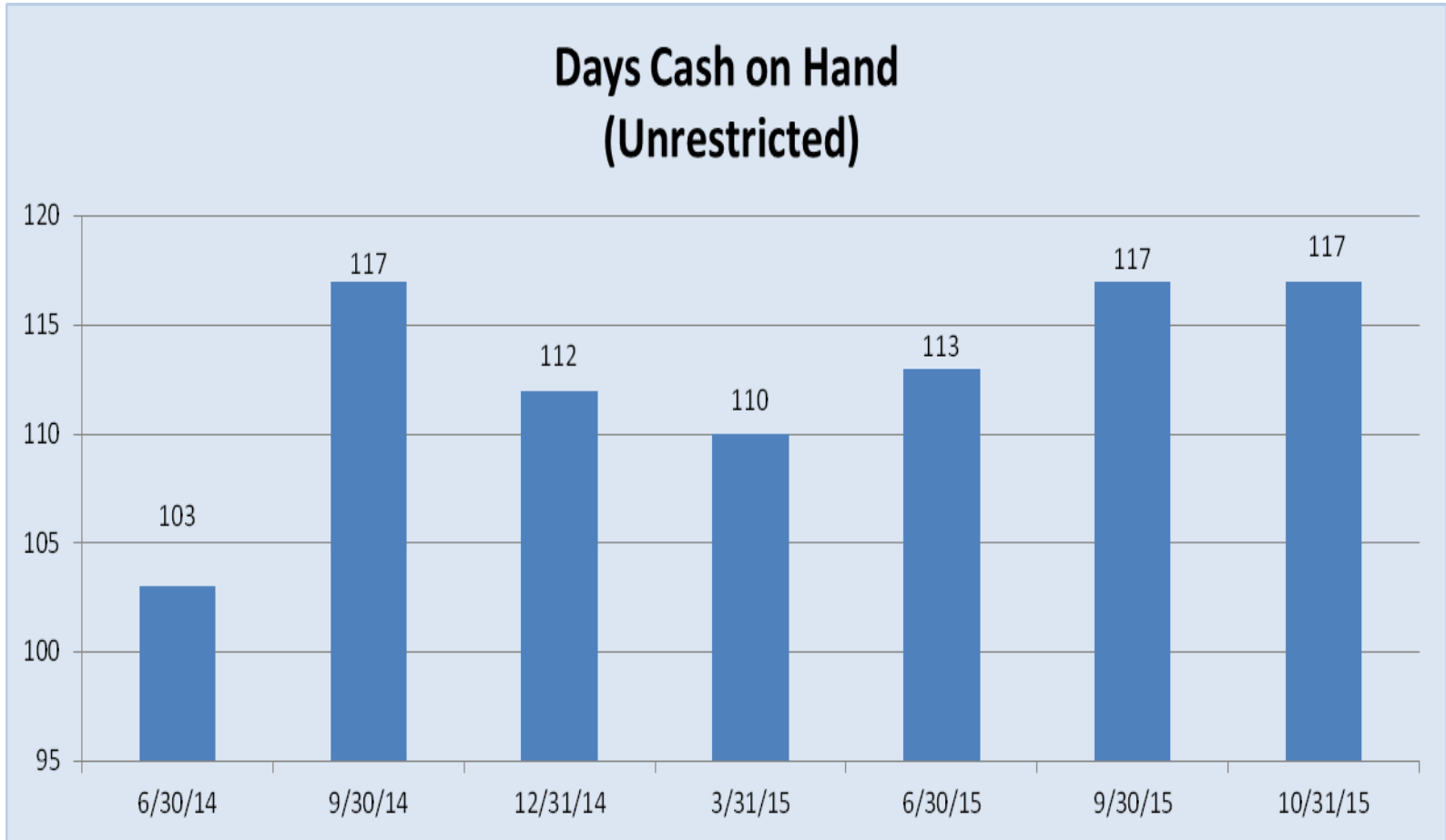
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 50,280	\$ 49,340	940	1.9%	\$ 42,886	Net Patient Revenue	\$ 196,042	\$ 195,657	385	0.2%	\$ 177,890
21,346	22,394	(1,048)	-4.7%	21,260	Other Revenue	87,217	89,523	(2,306)	-2.6%	85,379
71,626	71,734	(108)	-0.2%	64,146	Total Revenue	283,259	285,180	(1,921)	-0.7%	263,269
25,955	25,719	(236)	-0.9%	23,116	Salaries & Wages	101,922	101,888	(34)	0.0%	99,177
16,970	17,136	166	1.0%	17,016	Employee Benefits	68,328	68,520	192	0.3%	68,626
24,398	24,676	278	1.1%	22,356	Department Expenses	97,151	98,256	1,105	1.1%	86,398
3,667	3,667	0	0.0%	3,414	General Expenses	14,668	14,668	0	0.0%	13,657
70,990	71,198	208	0.3%	65,902	Total Expenses	282,069	283,332	1,263	0.4%	267,858
\$ 636	\$ 536	100	18.7%	\$ (1,756)	Operating Margin	\$ 1,190	\$ 1,848	(658)	-35.6%	\$ (4,589)
(578)	(61)	(517)	-847.5%	257	Net Non-operating Income/(Loss)	(1,134)	\$ (246)	(888)	-361.0%	947
\$ 58	\$ 475	(417)	-87.8%	\$ (1,499)	Net Income/(Loss)	\$ 56	\$ 1,602	(1,546)	96.5%	\$ (3,642)

UI Health Metrics	FY16 YTD Actual	FY16 (12mos) Target	FY15 Actual
Operating Margin %	0.42%	0.74%	1.04%



Operating Margin includes Payments on Behalf for Benefits and Utilities. YTD Margin is expected to increase each quarter as planned initiatives for FY16 are accomplished.

UI Health Mission Perspective: Financial Stability

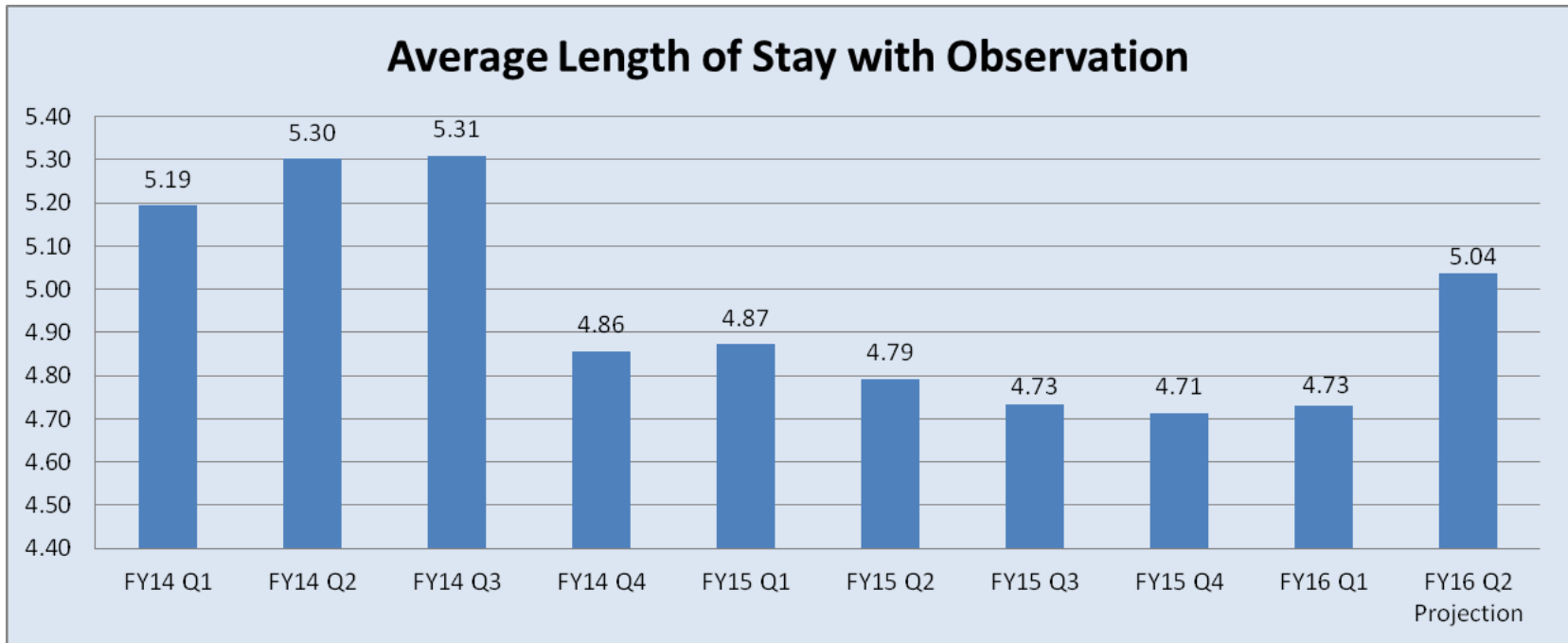


Median Unrestricted Days Cash on Hand for UI Health’s Bond Rating Category (S&P “A” and Moody’s “A2”) is 252 days.

UI Health Mission Perspective: Financial Stability

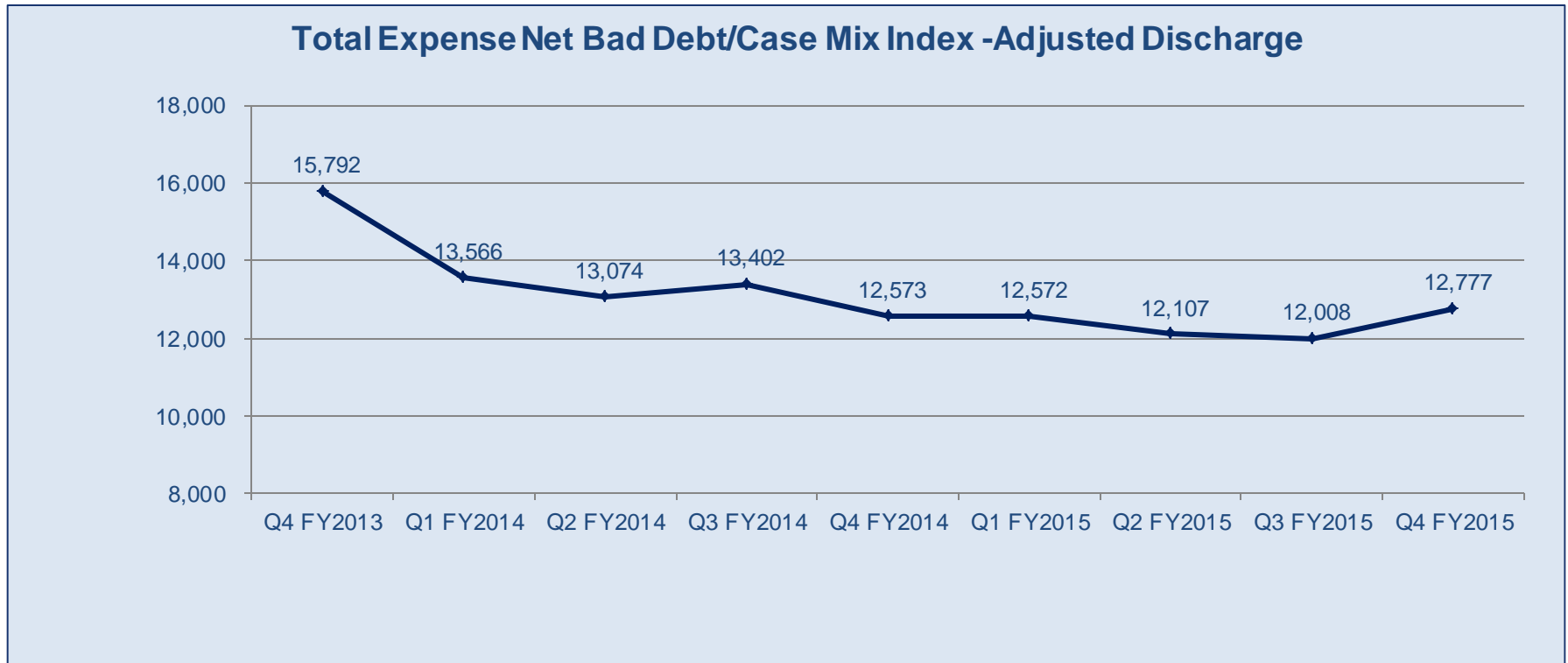
**UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL
EFFECTIVENESS**

UI Health Metrics	FY16 Q2 Projection: Two Month Actual + December Budget		
	FY16 Q2 Target	FY15 Q2 Actual	
Average Length of Stay with Observation (Days)	5.04	4.56	4.79



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

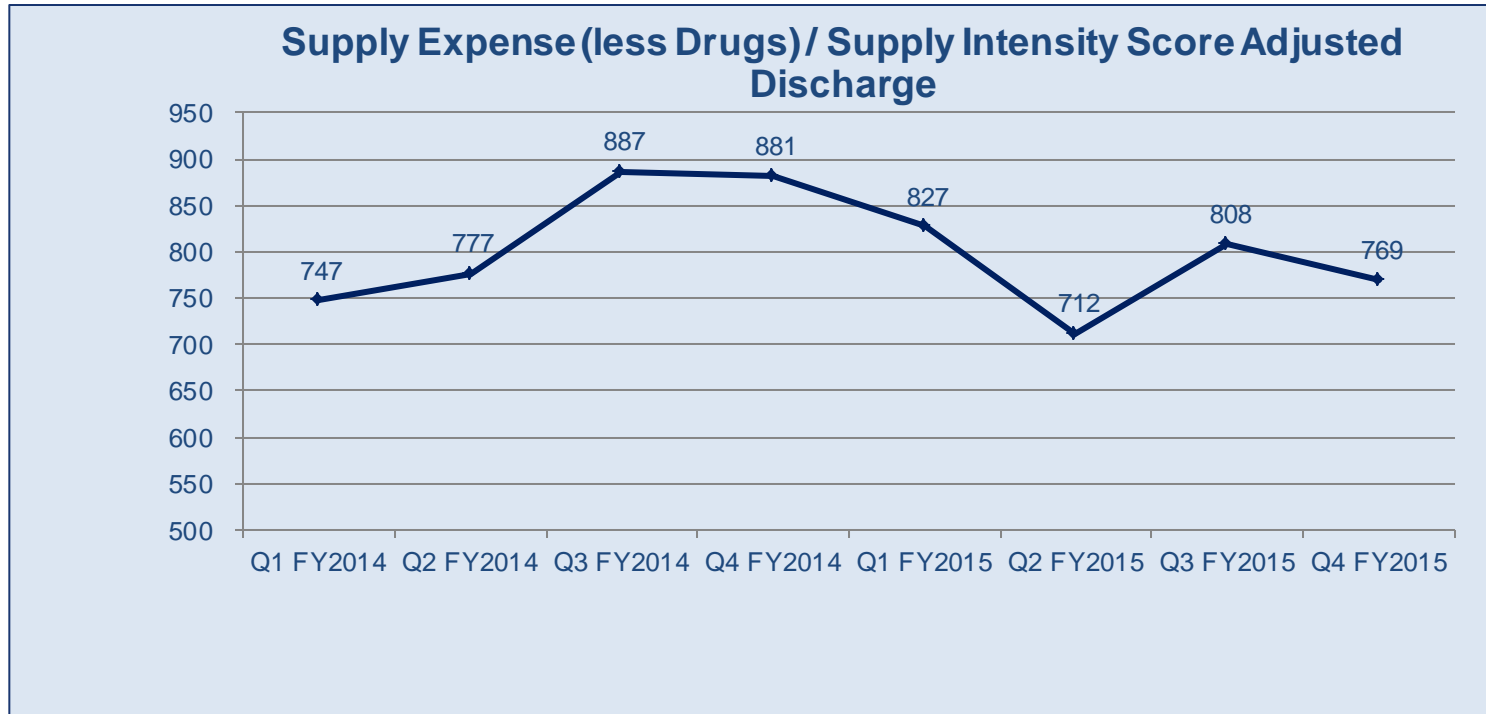
UHC Metrics (FY15 Q4, April - June 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Expense Net Bad Debt/Case Mix Index (CMI)-Adjusted Discharge	N/A	12,760	12,777	9,491	56/66



Trend is downwards with an increase in Q4 FY 2015.

**UI Health Mission Perspective:
Operational Effectiveness**

UHC Metrics (FY15 Q4, April - June 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	809	769	787	N/A



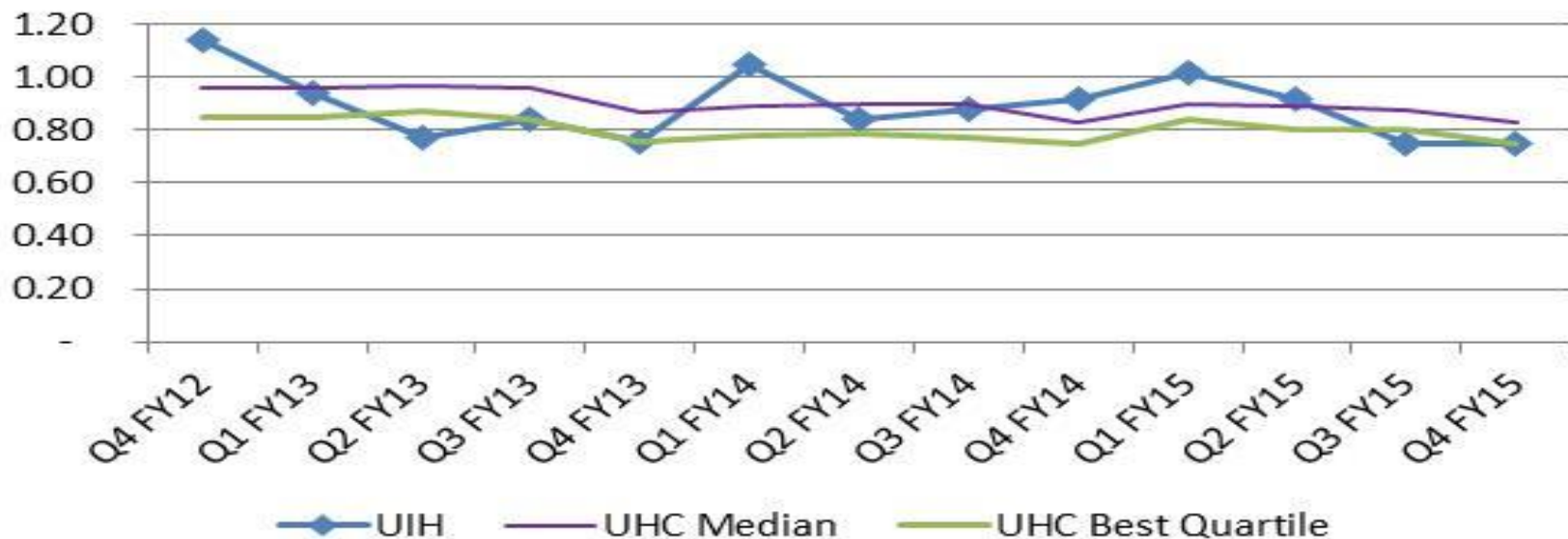
There was a slight decrease in Q4 FY15 and lower than UHC median.

UI Health Mission Perspective: Operational Effectiveness

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

UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Total Inpatient Mortality Index (Observed/Expected Ratio)	62	0.86	0.75	0.83	36/134

**UI Health Total Inpatient Mortality Index
(Observed/Expected)
Q4 FY12 - Q4 FY15**

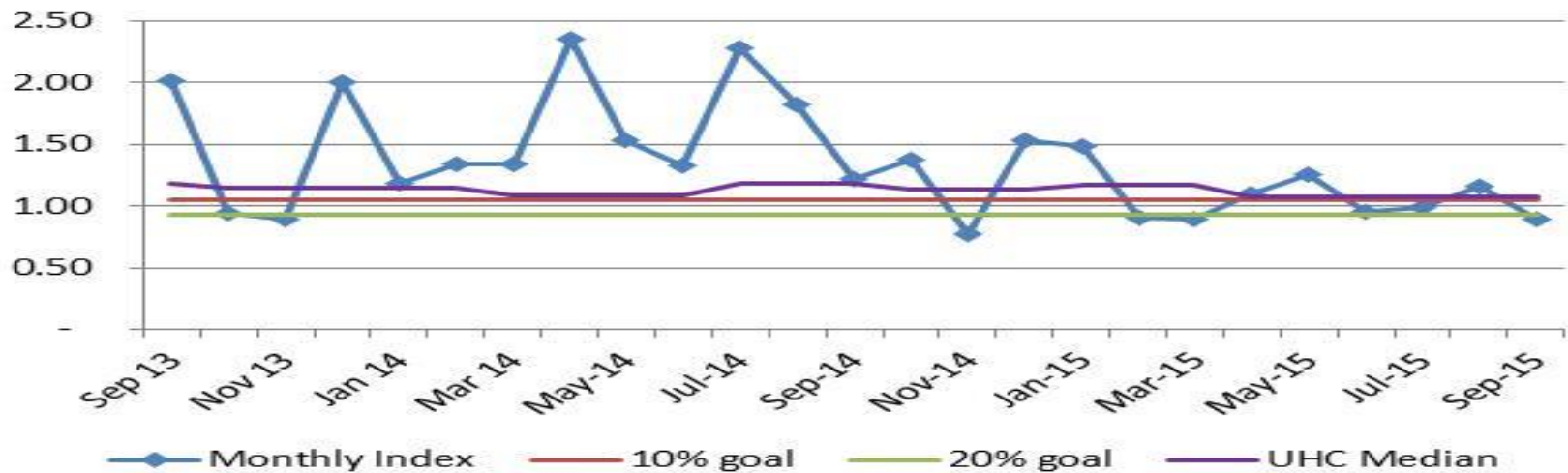


During Q4 FY15, UI Health's Total Inpatient Mortality Index (observed/expected deaths) improved for the third consecutive quarter. Our performance remains in the UHC best quartile. We do not have a specific FY16 improvement goal for Total Inpatient Mortality.

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

UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	32	1.39	1.19	1.08	91/134

Monthly Sepsis Mortality Index (Observed/Expected) Sep 2013 - Sep 2015



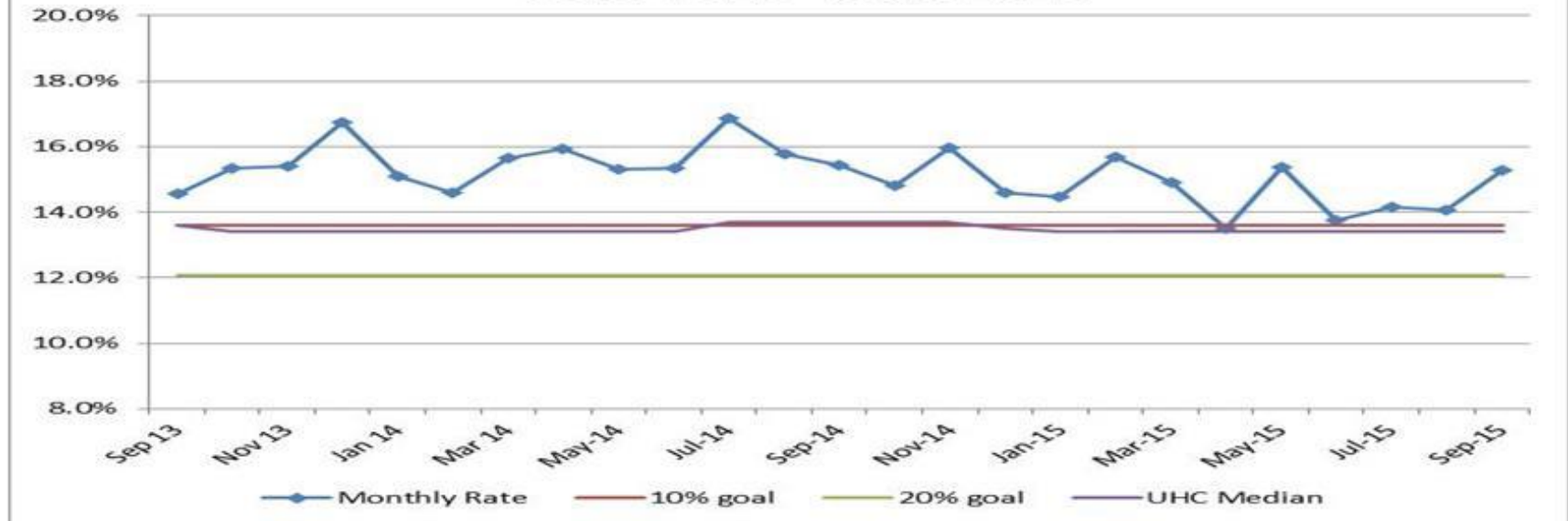
	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Number of Sepsis Cases by Month	46	49	55	66	61	70	61	82	83	83	83	89	102
Number of Sepsis Deaths by Month	8	10	6	16	11	9	8	12	11	9	12	11	13

During September 2015, UI Health's Sepsis Mortality index (observed/expected deaths) was 0.90, an improvement in performance from the previous month and better than 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 rolling 12-month Sepsis Mortality Index to 1.05 or below.

UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
30-Day All-Cause Readmission Rate	474	18.6	18.3	13.6	132/134

**UI Health 30-Day All-Cause Readmission Rate
Sept 2013 - Sept 2015**



	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Number of Readmissions by Month	277	274	266	284	266	263	277	245	284	250	261	250	275

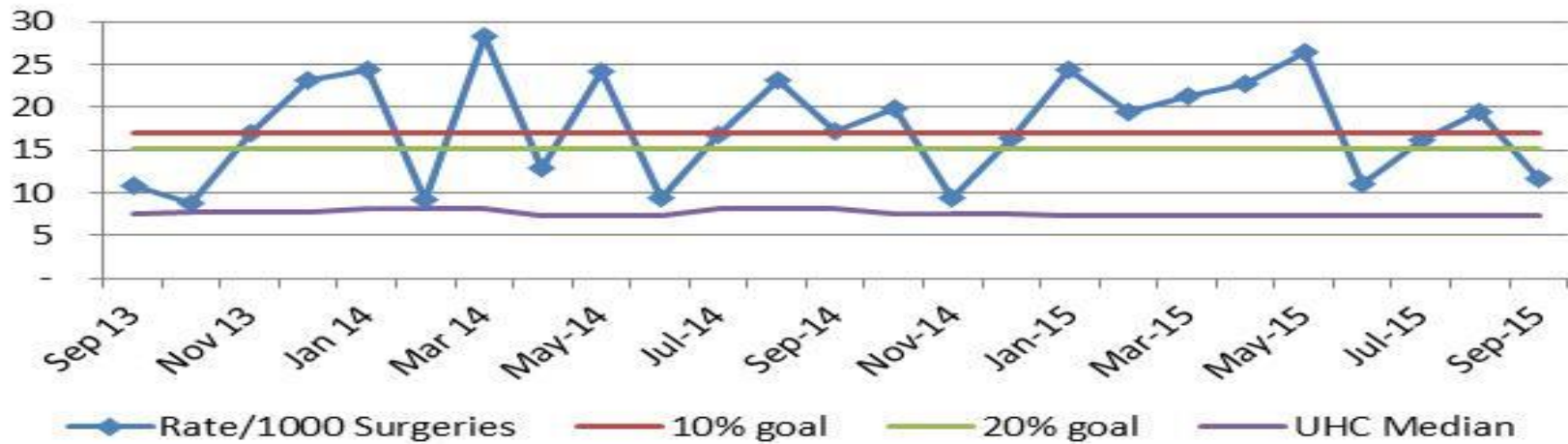
During September 2015, UI Health’s 30-day all-cause Readmission Rate was 15.3%, a slight worsening in performance from the previous month and worse than the UHC median.

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 a rolling 12-month Readmission Rate of ≤13.6%.

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

UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 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	19.2	20.1	7.37	133/133

UIH Post-Op PE* or DVT** per 1000 Surgeries Sep 2013 - Sep 2015



	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Number of Post-Op DVTs by Month	5	4	3	4	3	3	4	4	4	1	5	4	1
Number of Post-Op PEs by Month	3	4	0	3	6	3	4	5	6	3	1	3	4

During September 2015, UI Health's post-operative PE/DVT rate improved from the previous month to 11.70 per 1000 surgeries. Our performance continues to lag 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 rolling 12-month average Post-Op DVT/PE Rate to 16.9 or below.

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

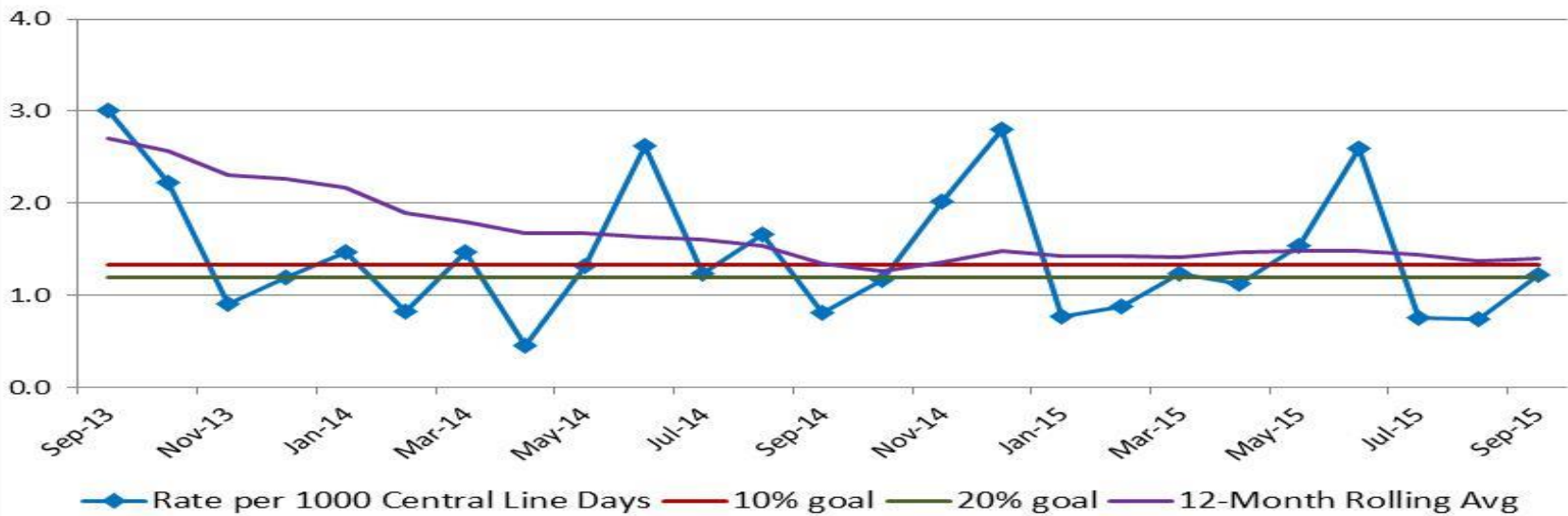
*PE = Pulmonary Embolism
**DVT = Deep Venous Thrombosis



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UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Central Line-Associated Blood Stream Infections	2	0.83	0.74	0.31	106/133

**Central Line Associated Blood Stream Infections*
Sept 2013 through Sept 2015
Rate per 1000 Line Days, All Inpatient Units Combined**



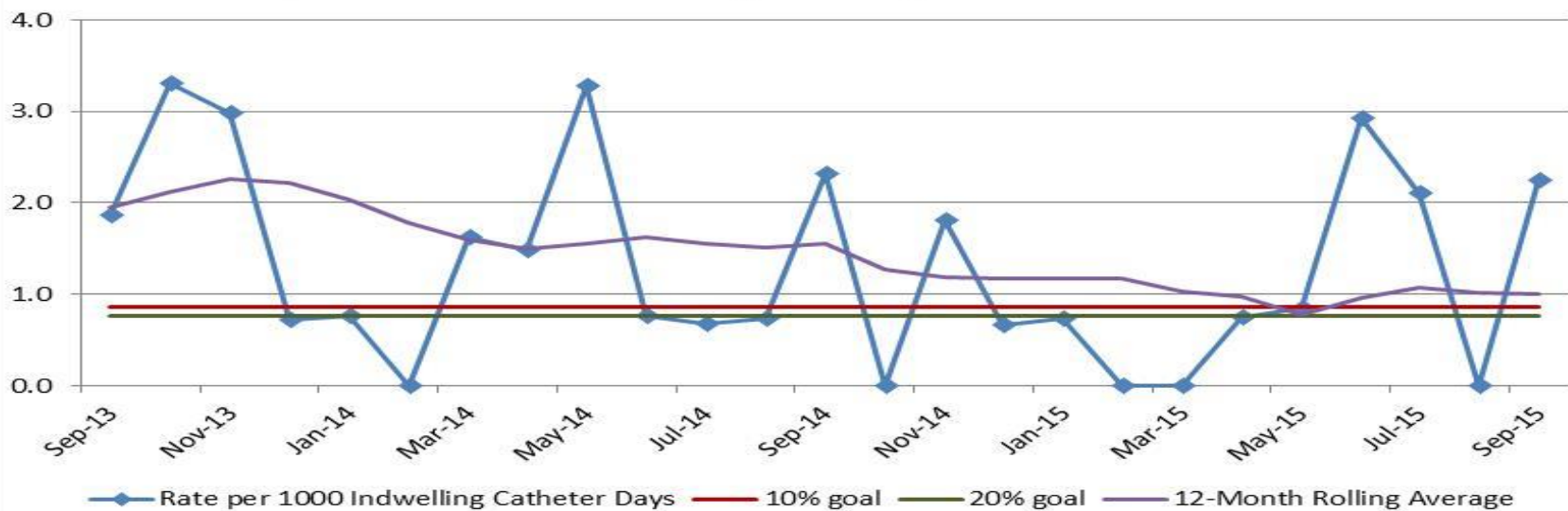
	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15
Number of Infections by Month	2	3	5	7	2	2	4	3	4	7	2	2	3

Our CLABSI rate worsened in September to 1.23, with a total of 3 CLABSIs house-wide.

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 rolling 12-month CLABSI rate per 1000 line days to 1.34 or lower.

UHC Metrics (Q4 FY15, Apr - Jun 2015)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Catheter-Associated Urinary Tract Infections	3	0.28	0.66	0.47	91/134

Catheter Associated Urinary Tract Infections*
Sept 2013 through Sept 2015
Rate per 1000 Catheter Days, All Inpatient Units Combined



	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
Number of Infections by Month	3	0	2	1	1	0	0	1	1	4	3	0	3

Our CAUTI rate in September worsened to 2.25, with 3 CAUTI infections for the month.

Our FY16 goal is to reduce CAUTIs by 10% to 20% by June 2016 as compared to June 2015. This will require lowering our rolling 12-month CAUTI rate per 1000 indwelling catheter days to 0.86 or lower.

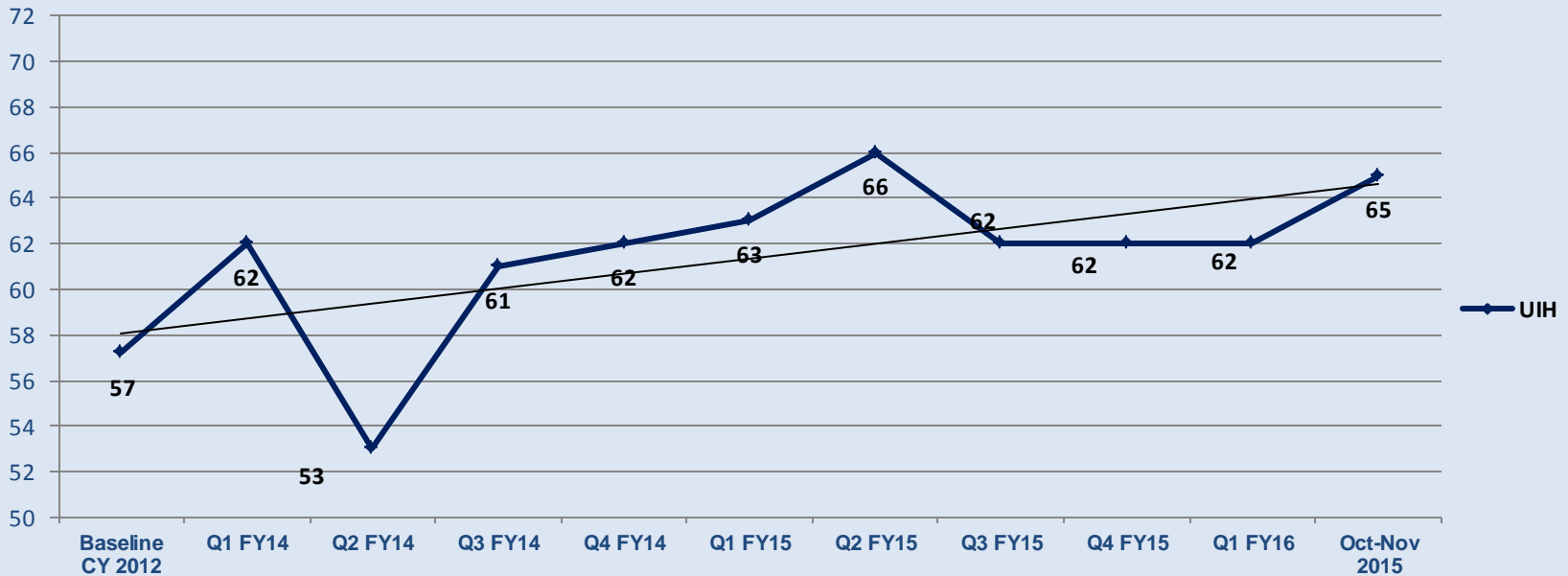
UI Health Mission Perspective:
Quality and Safety

UI HEALTH MISSION PERSPECTIVE: CUSTOMER

UI Health Metric	Baseline CY 2012	Current Quarter Q1 FY16	Prior Q1 FY15	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	57	62	63	61

Overall Rating of Hospital -

Percentage of Patients who gave the hospital rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

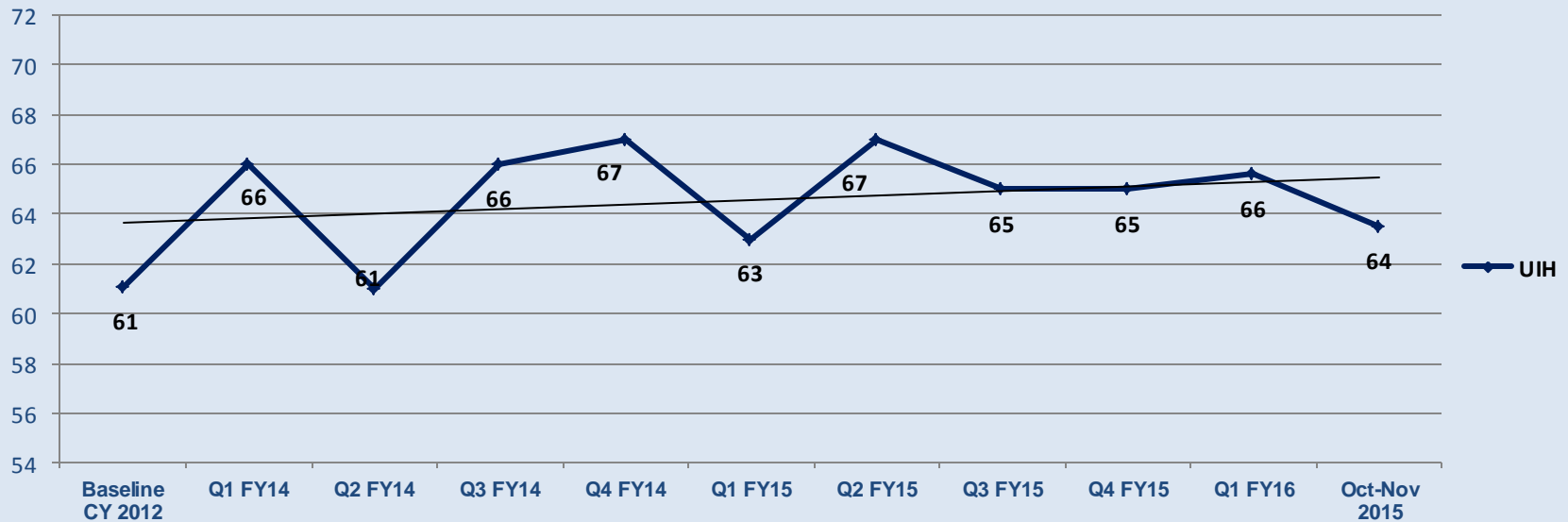


- Significant anomaly in Q2FY14 attributed to the conversion of all services to Press Ganey Census Based Surveying.

**UI Health Mission Perspective:
Customer**

UI Health Metric	Baseline CY 2012	Current Quarter Q1 FY16	Prior Q1 FY15	UIH 8 Quarter Average
HCAHPS (Willingness to Recommend Hospital)	61	66	63	65

Willingness to Recommend Hospital -
Patients who reported YES, they would definitely recommend the hospital



- 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