



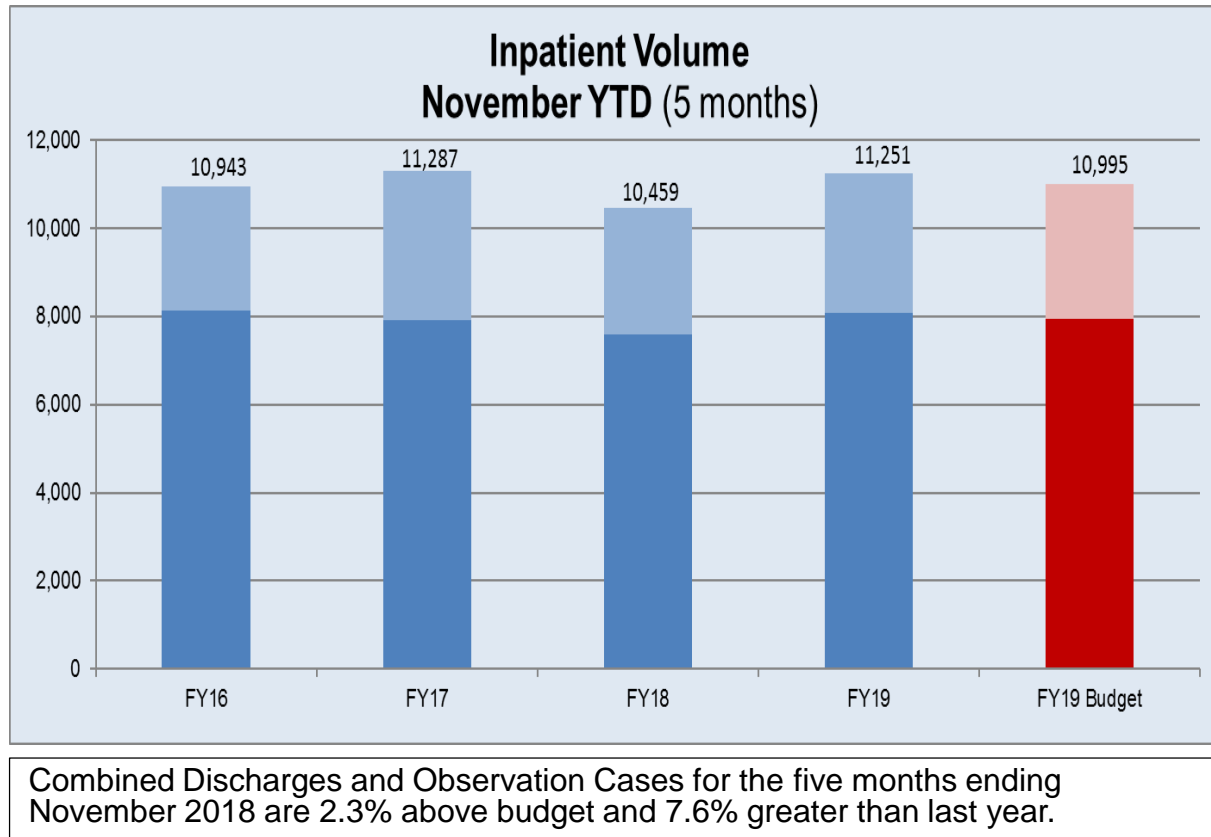
University of Illinois Hospital and Clinics Dashboard January 2019

Reported to the Board of Trustees
January 31, 2019

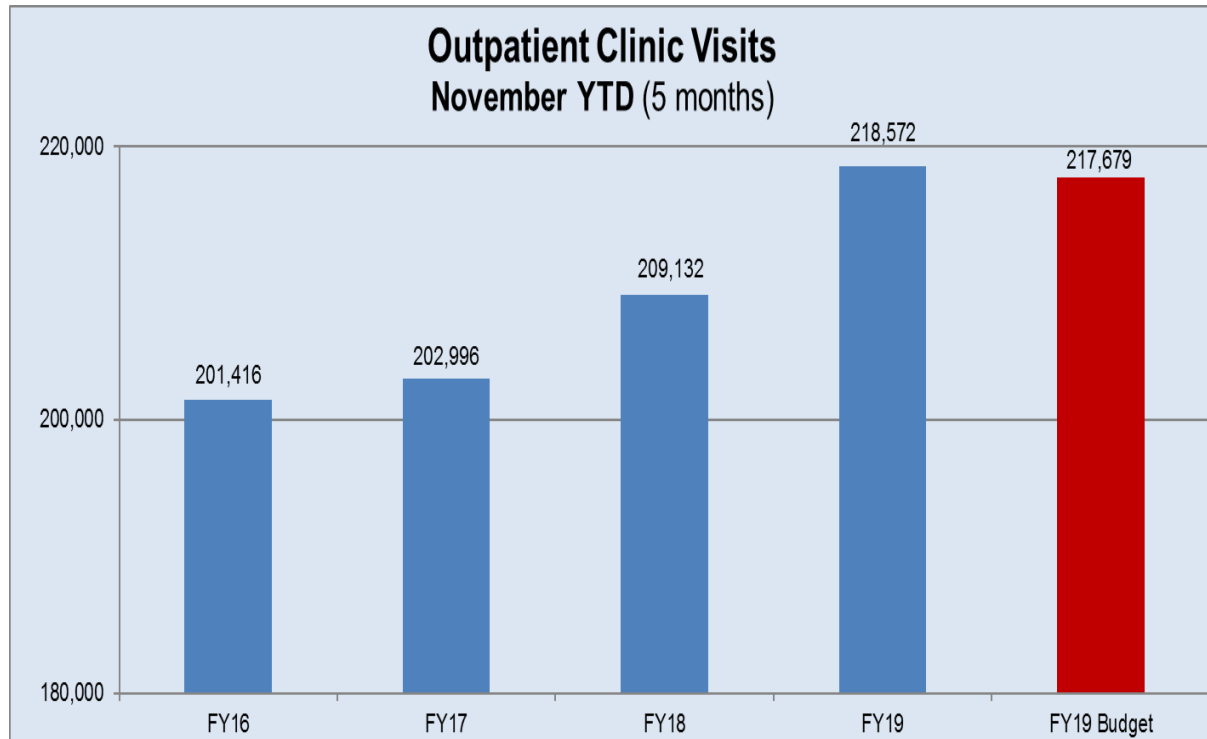


UI Health





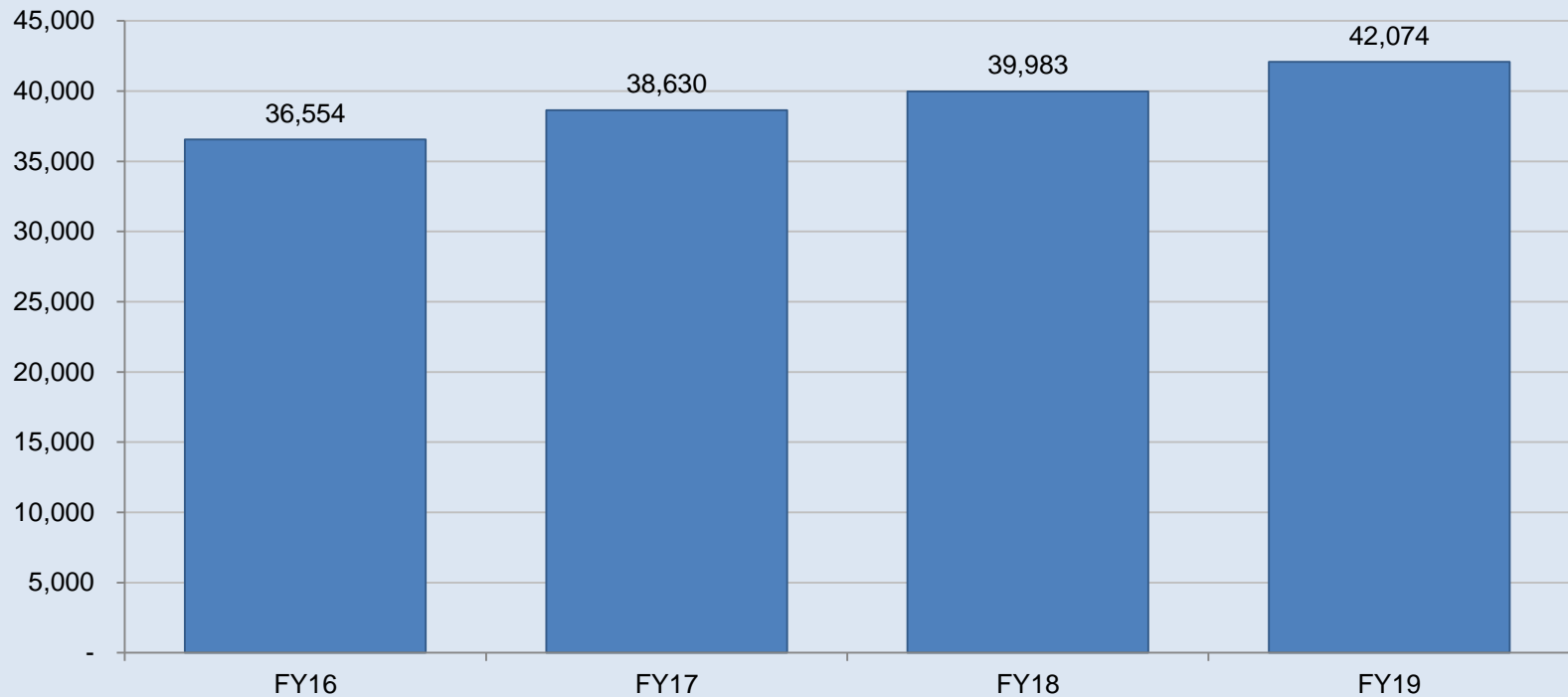
UI Health: Patient Volume



Clinic visits for the five months ending November 2018 are 0.4% above budget and 4.5% above last year.

UI Health: Patient Volume

Mile Square Visits November YTD (5 months)



*Minor corrections made to historic data

Mile Square visits for the five months ending November 2018 are 5.2% above last year.

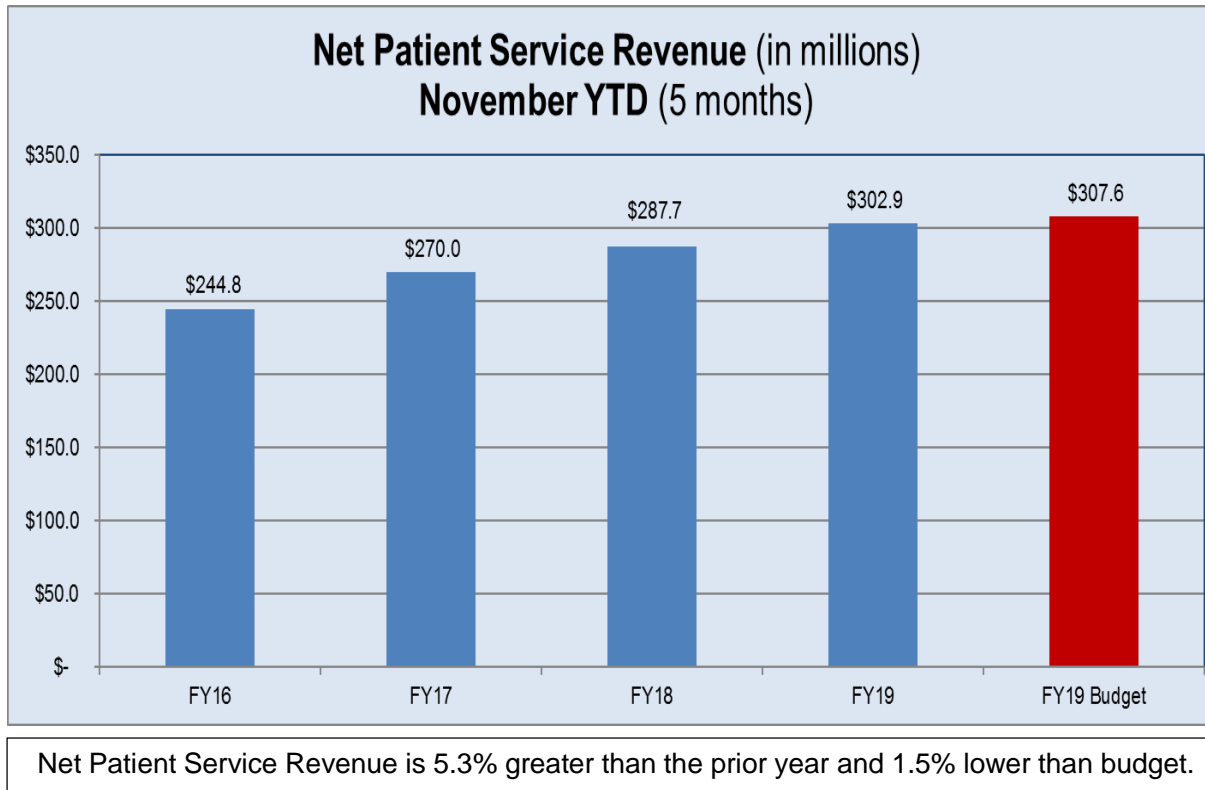
UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – NOVEMBER 2018

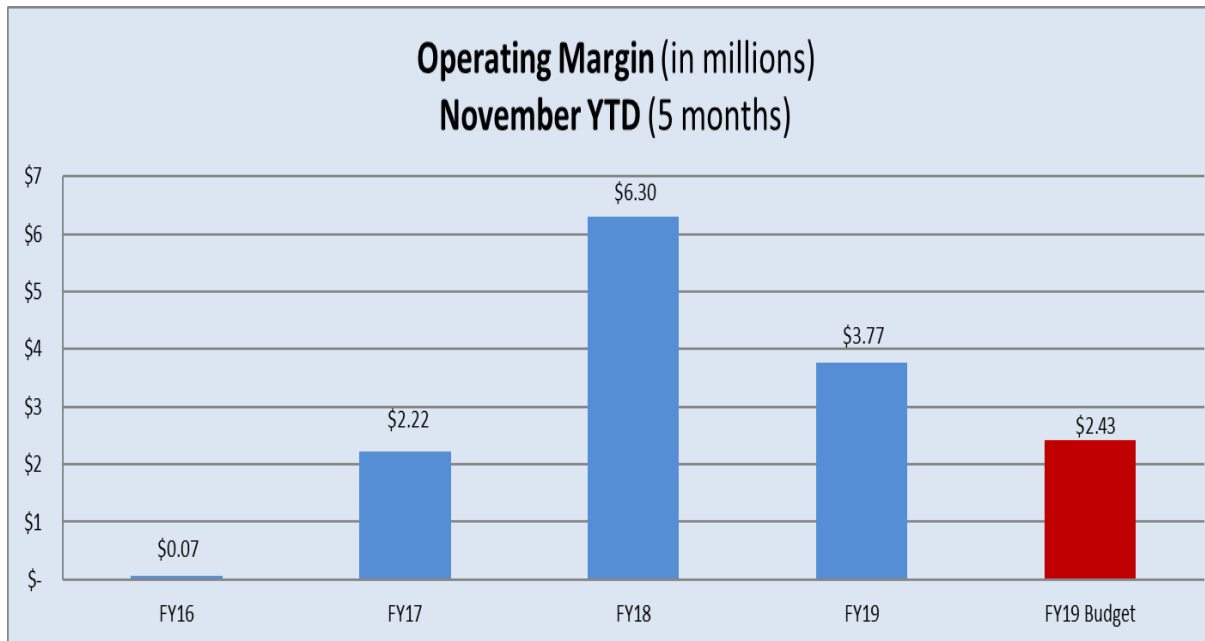
(\$ IN THOUSANDS)

Month					Year-to-Date					
		Variance		Prior Year				Variance		Prior Year
Actual	Budget	\$	%			Actual	Budget	\$	%	
\$ 61,418	\$ 60,677	741	1.2%	\$ 58,252	Net Patient Revenue	\$ 302,927	\$ 307,638	(4,711)	-1.5%	\$ 287,687
33,625	33,672	(47)	-0.1%	30,038	Other Revenue	168,337	168,425	(88)	-0.1%	159,143
95,043	94,349	694	0.7%	88,290	Total Revenue	471,264	476,063	(4,799)	-1.0%	446,830
29,752	29,314	(438)	-1.5%	28,770	Salaries & Wages	147,724	149,712	1,988	1.3%	141,512
27,025	26,969	(56)	-0.2%	24,889	Employee Benefits	135,211	134,909	(302)	-0.2%	134,598
34,428	34,234	(194)	-0.6%	29,615	Department Expenses	167,588	172,044	4,456	2.6%	148,191
3,394	3,394	0	0.0%	3,244	General Expenses	16,970	16,970	0	0.0%	16,226
94,599	93,911	(688)	-0.7%	86,518	Total Expenses	467,493	473,635	6,142	1.3%	440,527
\$ 444	\$ 438	6	1.4%	\$ 1,772	Operating Margin	\$ 3,771	\$ 2,428	1,343	55.3%	\$ 6,303
(267)	(281)	14	5.0%	(326)	Net Non-operating Income/(Loss)	(335)	\$ (1,401)	1,066	76.1%	(1,395)
\$ 177	\$ 157	20	12.7%	\$ 1,446	Net Income/(Loss)	\$ 3,436	\$ 1,027	2,409	234.6%	\$ 4,908

UI Health Mission Perspective: Financial Performance

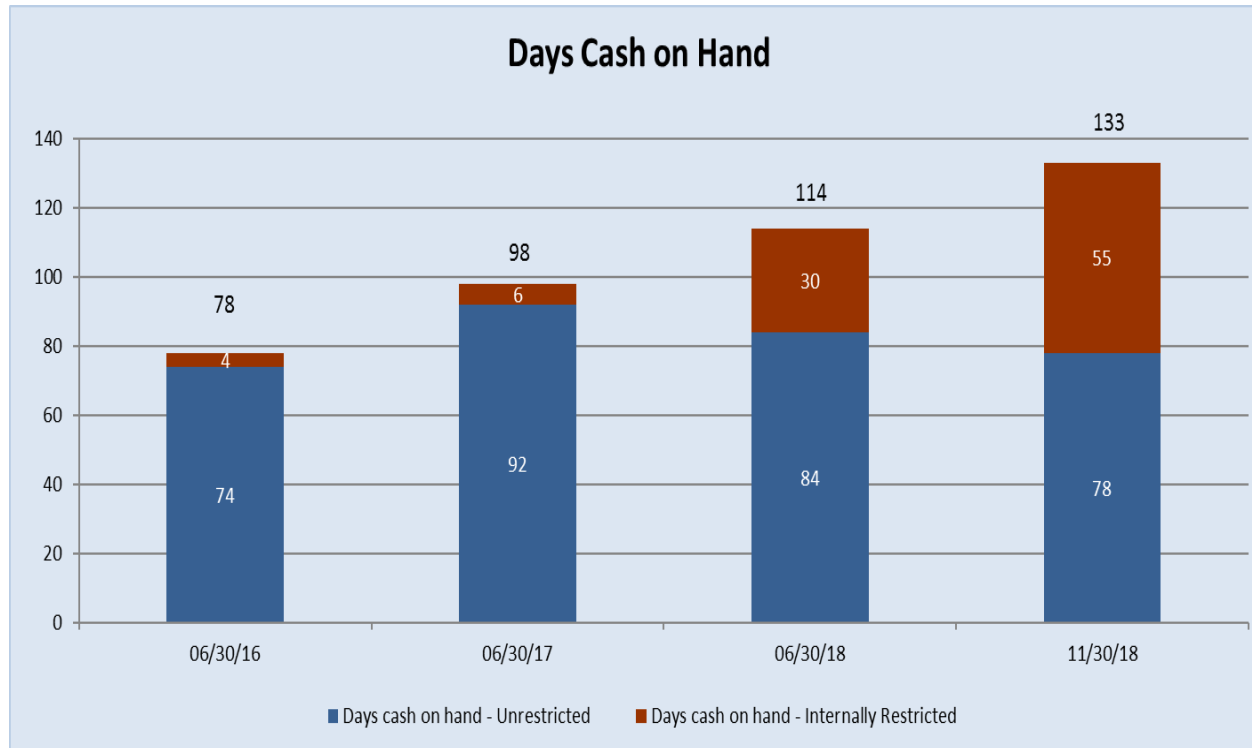


UI Health Mission Perspective: Financial Performance



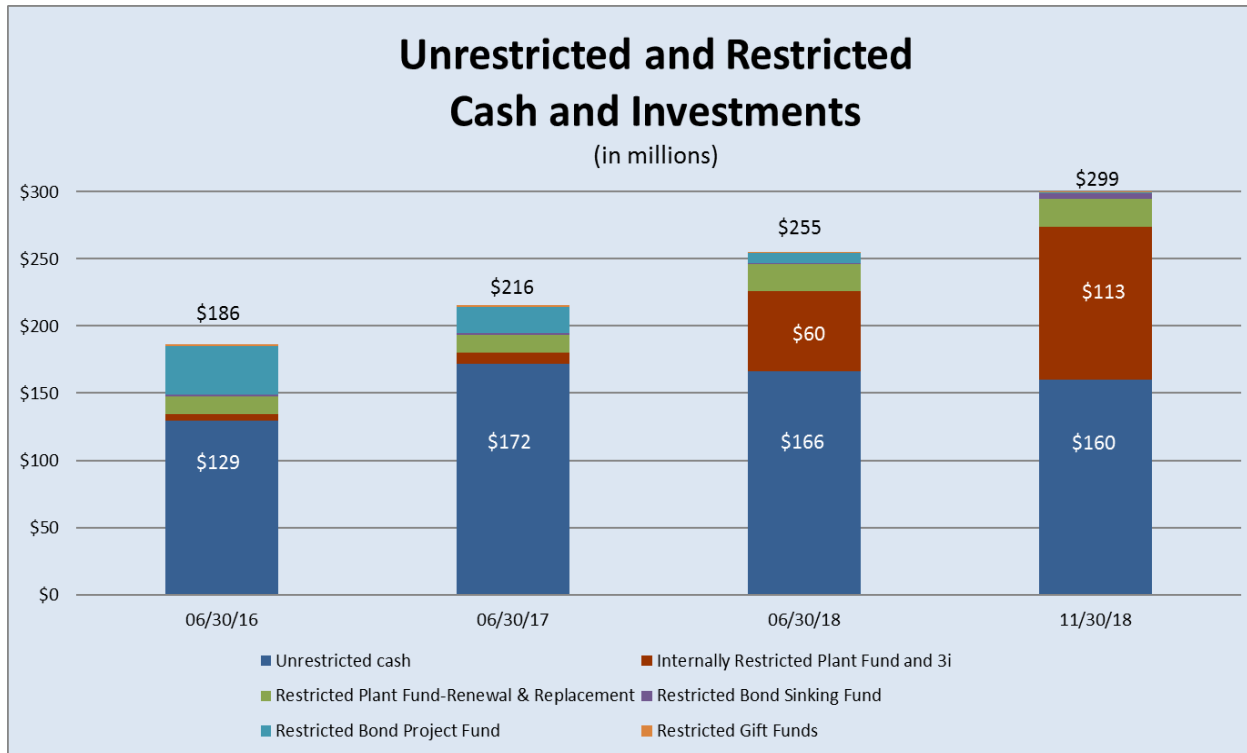
Operating Margin includes Payments on Behalf for Benefits and Utilities.

UI Health Mission Perspective: Financial Performance



Major Project Funding Segregated

UI Health Mission Perspective: Financial Performance



Strengthening Cash Position

UI Health Mission Perspective: Financial Performance

HEALTH SYSTEM BOND RATING MEDIANS

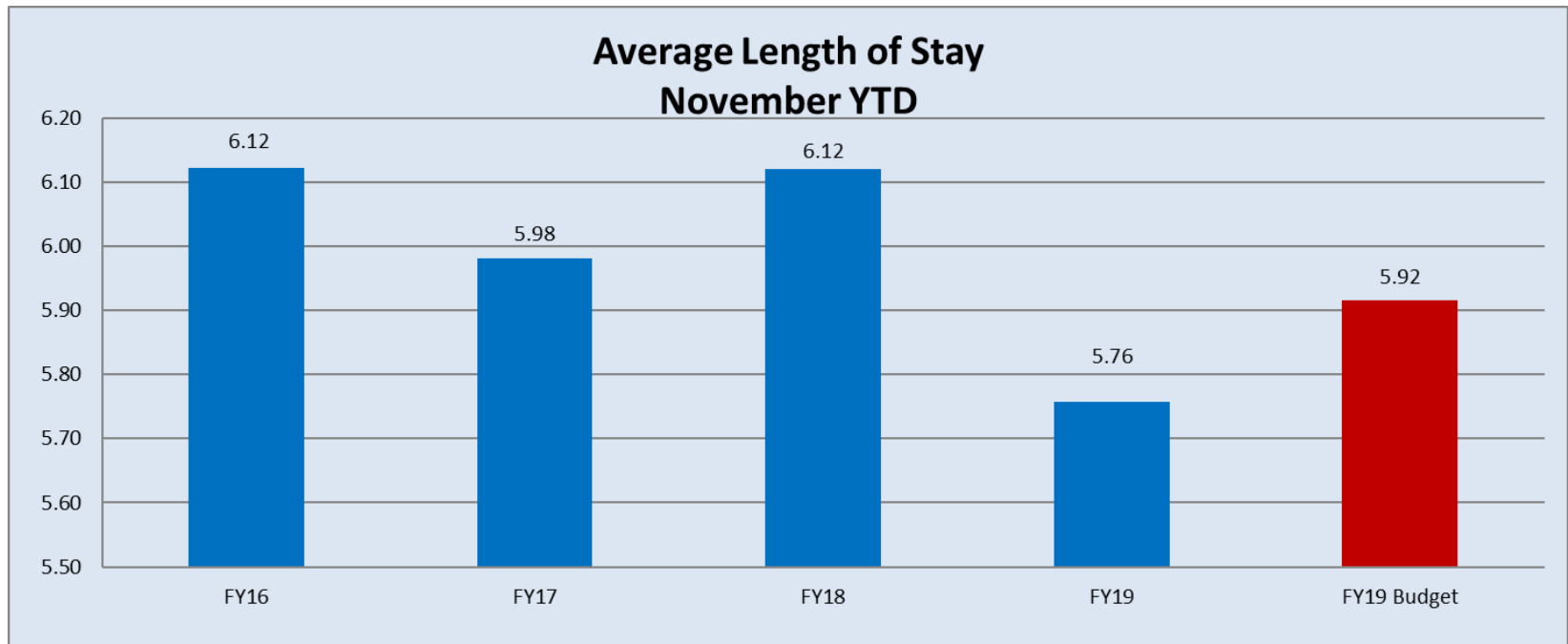
2017 DATA FOR A-RATED HOSPITALS

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 November YTD	0.8%*	133.0	258.8%	14.4

* 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:
NURSING STAFFING & SAFETY

FY19 Q1 STAFFING SAFETY EVENT REPORTS

- For FY19 Q1, a total of 21 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.

STAFFING SAFETY EVENT REPORTS

	FY18 Q3	FY18 Q4	FY 19 Q1
LD	6	10	12
MB	3	1	7
OBER	1	0	1
NNICU	0	0	1

- Unable to staff up for unexpected surges in acuity/volume or unplanned sick/FML
- Resource RN in lieu of “on-call” will provide additional resources to cover these gaps

- Working to hire all open positions
- One open position for NRO float team
- 4 agency contracts in place to fill gaps until positions are filled
- Hired ACNO 12/3/18 who has 30 years' experience

UI HEALTH
MISSION PERSPECTIVE:
SERVICE EXCELLENCE

Inpatient -All HCAHPS Domains -Top Box

Domain	FY 2018		1st Q FY 2019		Oct 2018		Nov 2018		FYTD 2019		FY19 Goal (32th Percentile)	Achievement Threshold (50th Percentile**)	Benchmark (90th Percentile**)
	Top Box	All PG Database Rank	Top Box	All PG Database Rank	Top Box	All PG Database Rank	Top Box	All PG Database Rank	Top Box	All PG Database Rank			
Rate Hospital (0-10)	64.8	18	62.0	12	65.0	20	67.6	29	64.7	19	68.6	72.7	82.9
Communication with Nurses	76.5	20	77.2	23	83.5	73	77.9	28	79.8	44	78.3	80.4	86.6
Communication with Doctors	80.5	45	79.4	36	78.6	29	82.8	61	80.6	43	78.8	81.1	88.0
Communication about Medicines	62.4	36	59.8	21	58.4	14	68.5	75	61.7	32	61.8	64.3	72.6
Communication about Pain*	65.3	46	62.8	29	55.7	7	58.8	16	60.7	22	63.3	66.3	75.4
Responsiveness of Staff	65.5	39	66.9	46	68.6	57	69.4	61	68.0	54	63.9	67.4	78.6
Discharge Information	84.1	18	83.7	17	81.8	11	82.7	14	83.5	17	85.7	87.6	92.3
Hospital Environment (clean & quiet combined)	61.4	23	58.9	13	59.9	17	62.1	26	59.9	17	63.6	67.1	77.8
Care Transition	51.6	41	49.0	26	47.9	22	48.6	25	48.7	26	50.1	53.4	62.9

*CMS changed HCAHPS questions about patient experience with pain beginning with January 1st, 2018 discharges. Report ran date 12 13 18
HCAHPS % Top Box and Ranks All PG Database (CMS View) 07/01/18 - 09/30/18

Legend		
	< 32nd percentile	≥ 32nd percentile

AREAS OF FOCUS FOR FY19

Tactic	Implemented	Quarter 3	Quarter 4	Ongoing
Hardwire Monthly Supervisory Meeting & Leader Rounding	√	√		√
Rounding on Direct Reports, Stop Light Reports, 10-5 Rule	√			√
Employee Forums		√		
Training- CHAPS		√		
Reintroduce Dashboards		√		
Data Availability & Understanding at the Department Level		√		
Director Leaders Rounding on Patients		√	√	
Senior Leader Champions identified with plan for all areas			√	
Reintroduce AIDET, Hourly Rounding			√	

UI HEALTH
MISSION PERSPECTIVE:
QUALITY & SAFETY





External Ratings: Weighting of Performance Dimensions



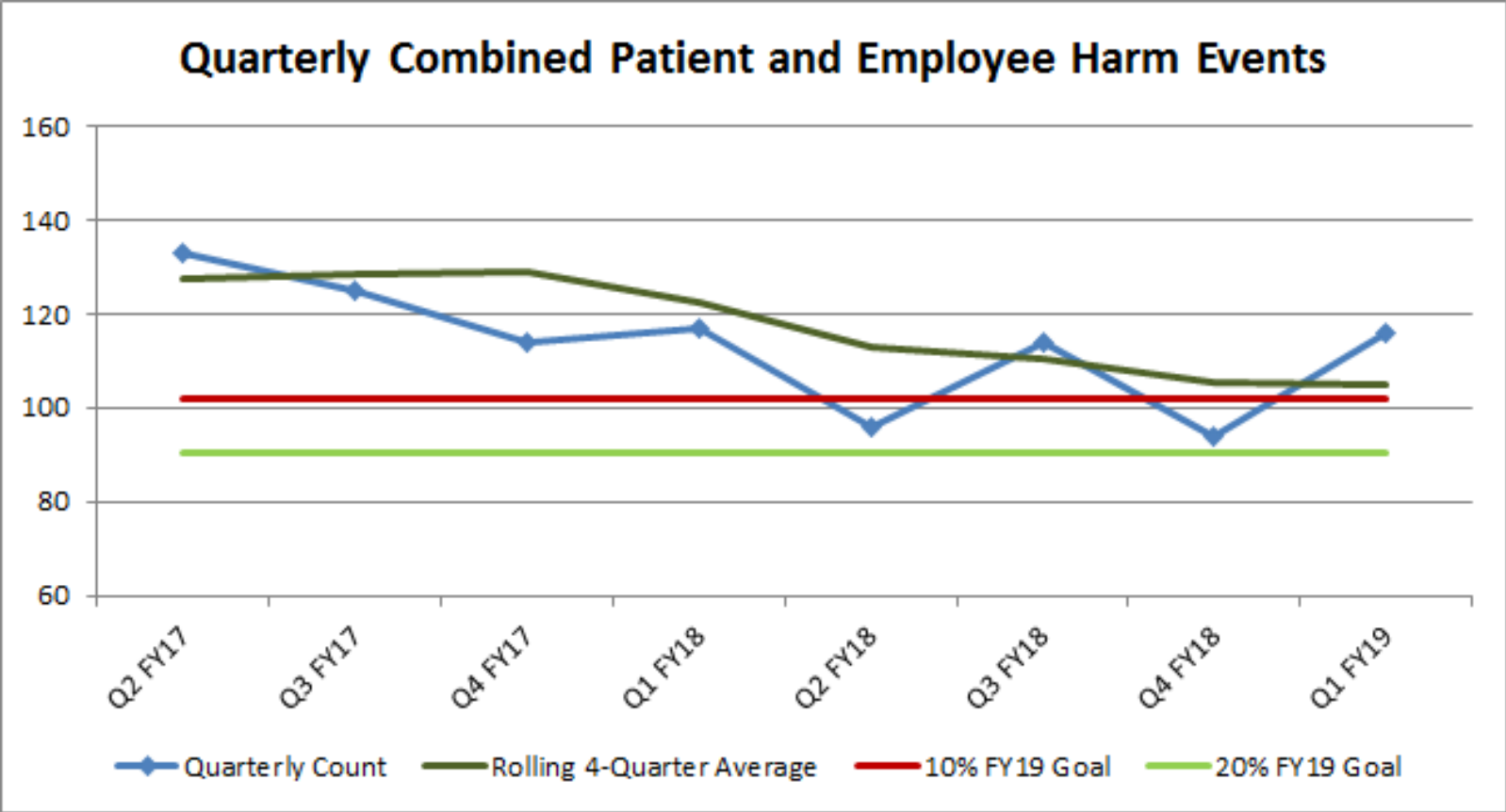
	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog	Vizient Quality & Accountability
Safety	25%	22%	5%	50%	25%
Mortality	25%	22%	38%		25%
Patient Experience	25%	22%		16%	10%
Readmission		22%			8%
Other	25%	12%	58%	34%	32%

Improvements in Quality & Safety CY 2013 - CY 2018

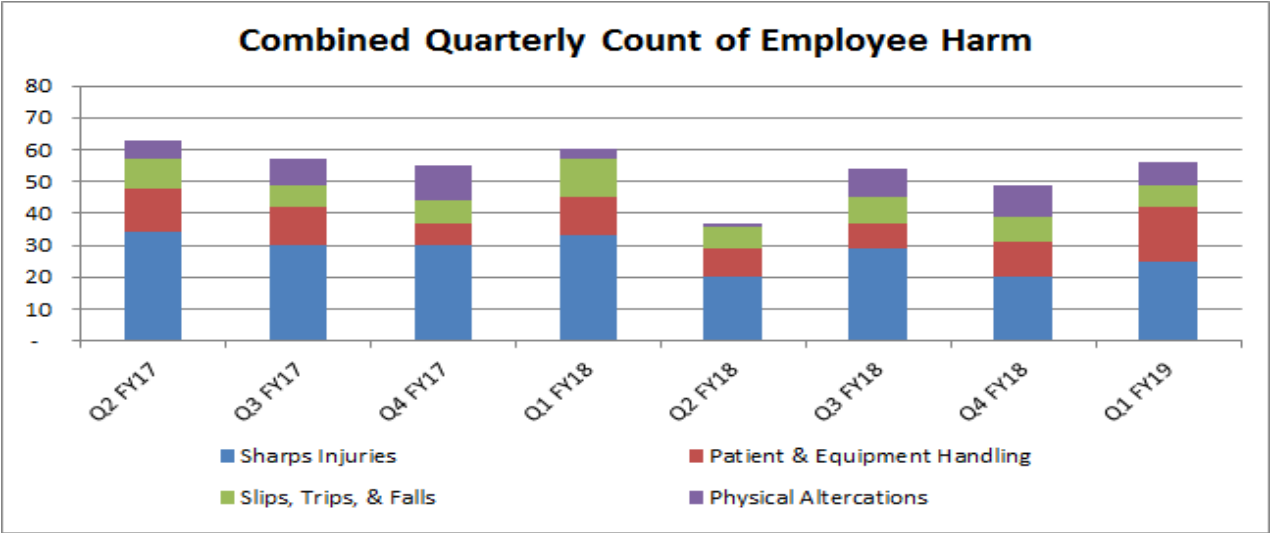
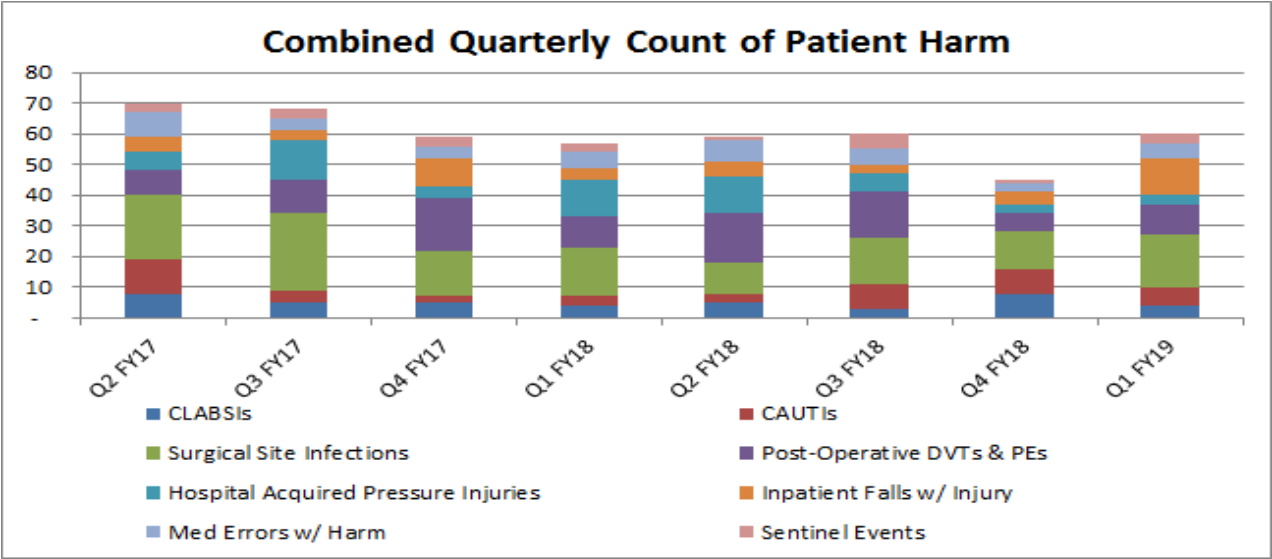
Quality & Safety Priority	CY18 Improvement (thru Nov 2018)	Improvement since 1/2013
Central Line-Associated Blood Stream Infections (CLABSIs)	22% ▼	76% ▼
Catheter-Associated Urinary Tract Infections (CAUTIs)	10% ▼	63% ▼
Surgical Site Infections (SSIs)	29% ▼	27% ▼
Hand Hygiene Compliance	5% ▲	19% ▲
Post-Operative Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE)	4% ▼	58% ▼
Inpatient Falls resulting in Injury	27% ▼	33% ▼
Hospital-Acquired Pressure Injuries	31% ▼	63% ▼
Medication-Related Harm	5% ▼	17% ▼
Employee Harm Events	17% ▼	25% ▼
Sepsis Mortality Index (Observed / Expected)	1% ▲	10% ▼
Total Inpatient Mortality Index (Observed / Expected)	1% ▼	11% ▼

  Green arrows indicate improvement
  Red arrows indicate decline in performance

Improvements in Safety Q2 FY17 through Q1 FY19



Improvements in Safety Q2 FY17 through Q1 FY19



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
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

