

Reported to the Board of Trustees
July 19, 2018



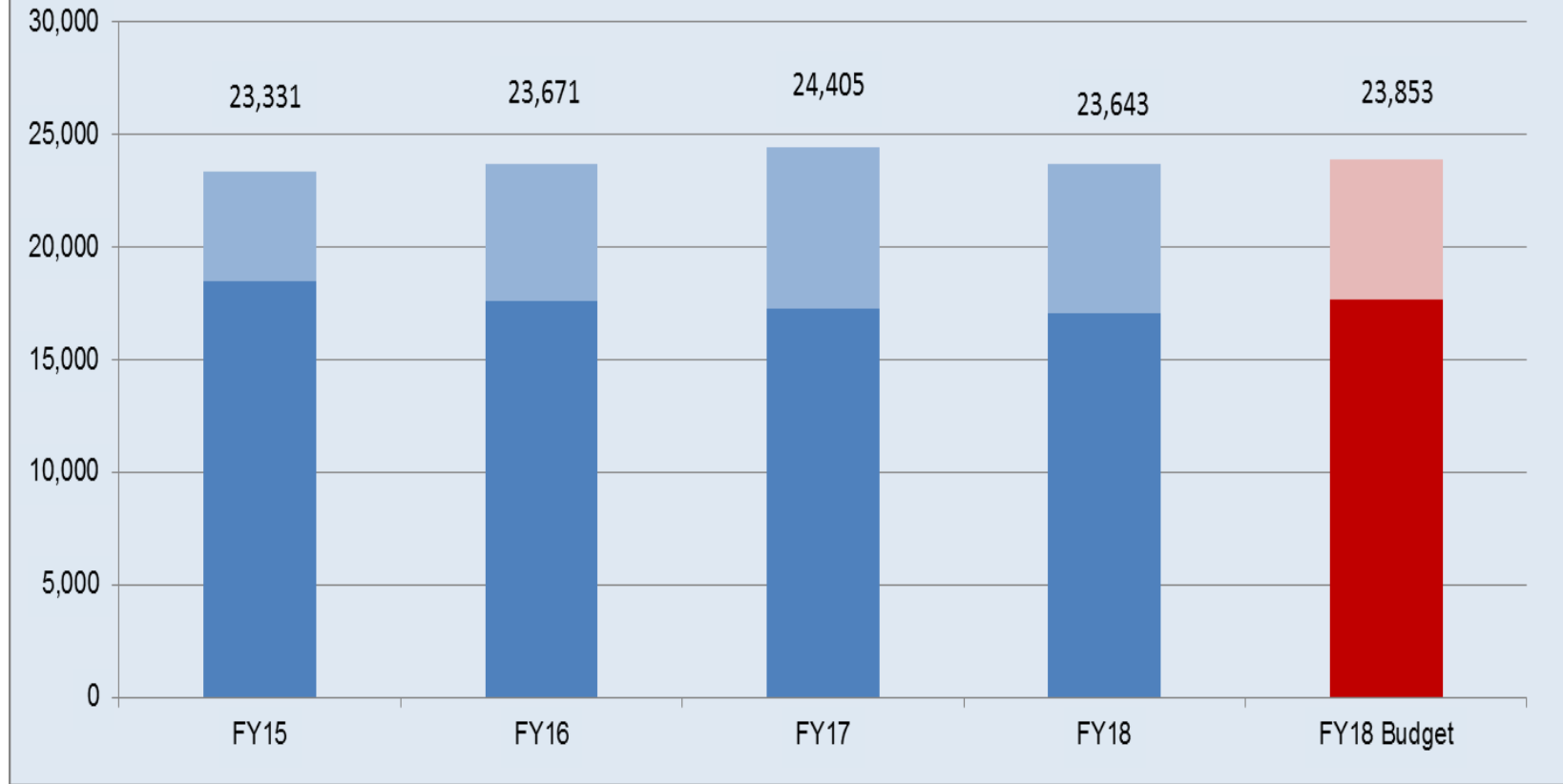
University of Illinois Hospital and Clinics Dashboard July 2018



UI Health |

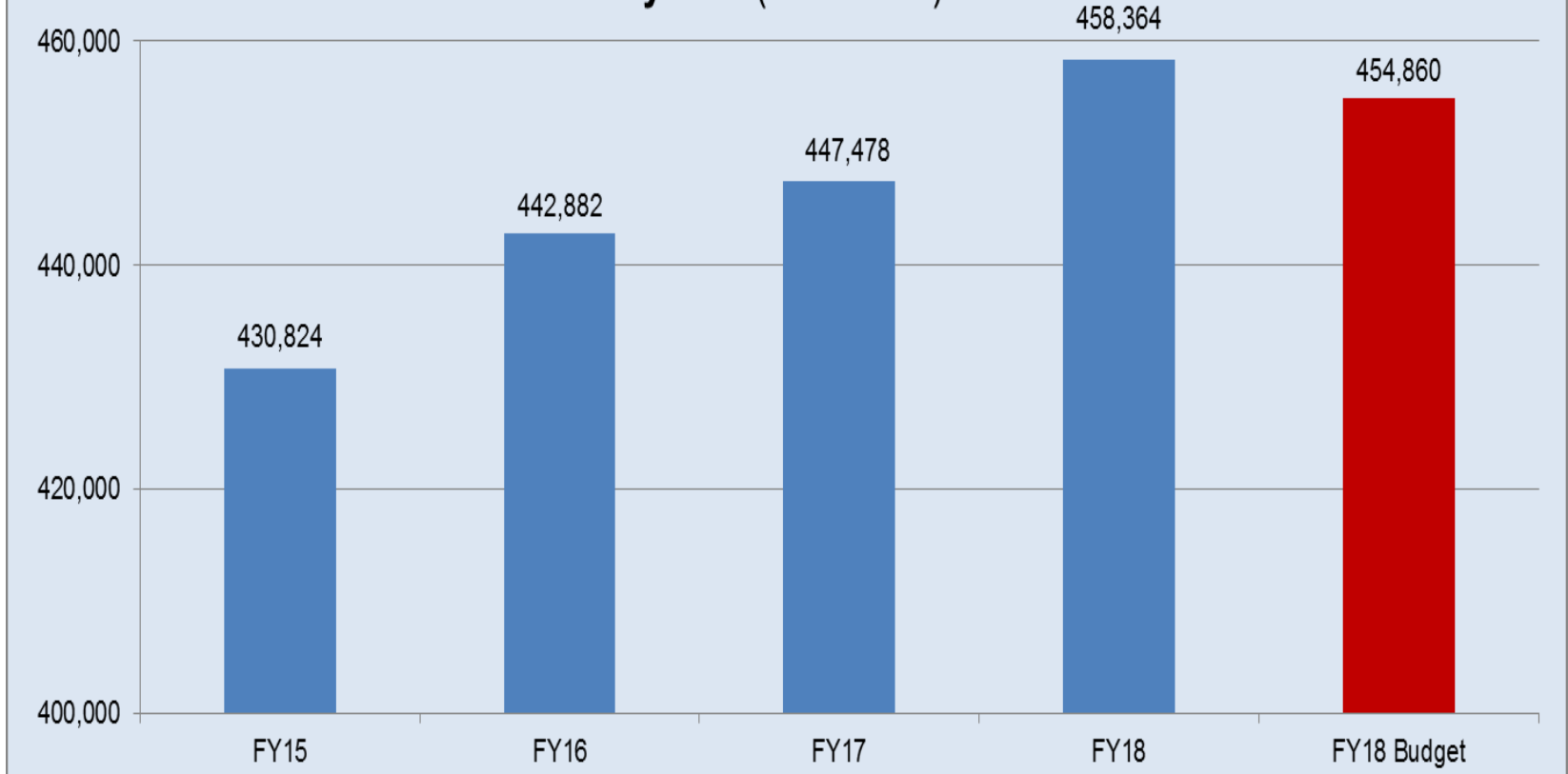


Inpatient Volume May YTD (11 months)



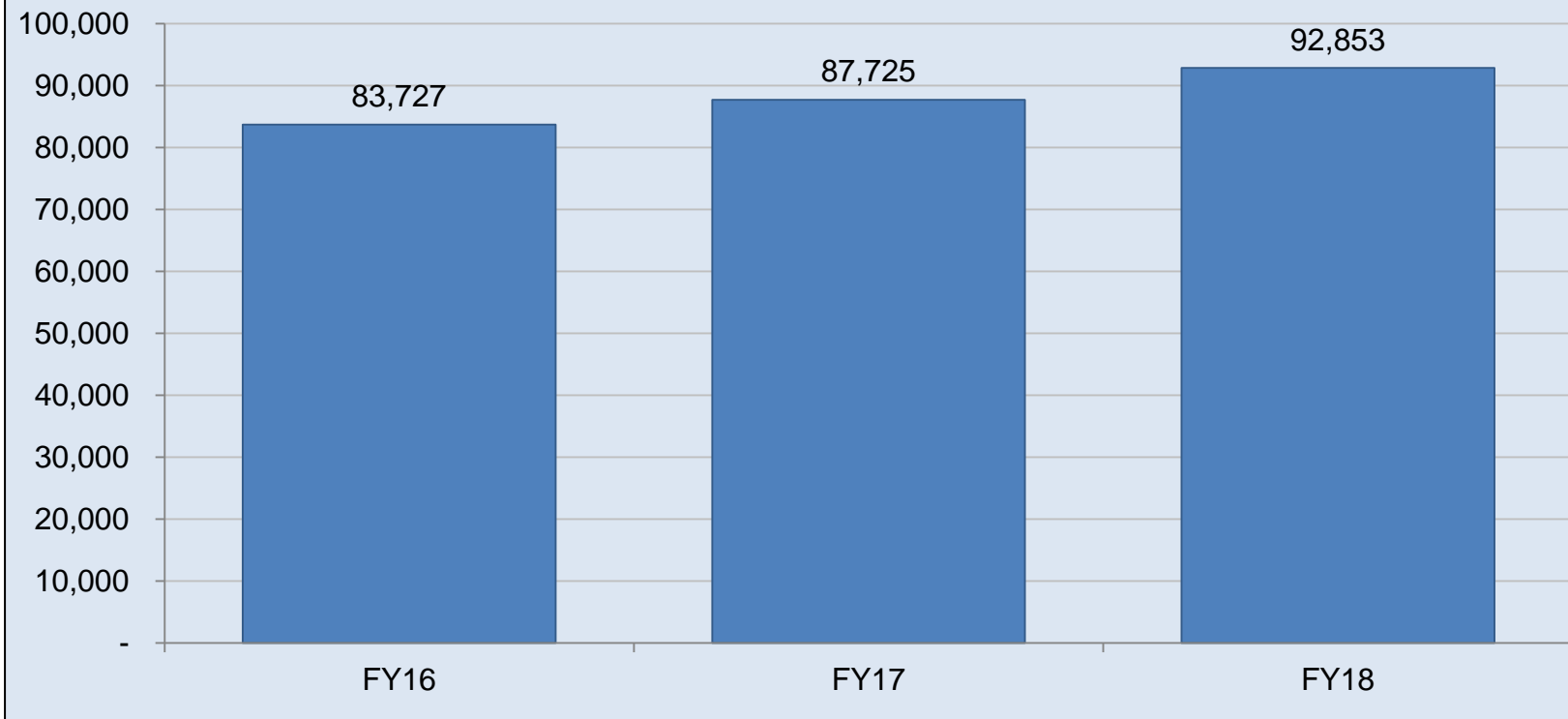
Combined discharges and observation cases for the eleven months ending May 2018 are 0.9% below budget and 3.1% lower than last year.

Outpatient Clinic Visits May YTD (11 months)



Clinic visits for the eleven months ending May 2018 are 0.8% above budget and 2.4% above last year.

Mile Square Visits May YTD (11 months)



Mile Square visits for the eleven months ending May 2018 are 5.8% above last year.

UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – MAY 2018

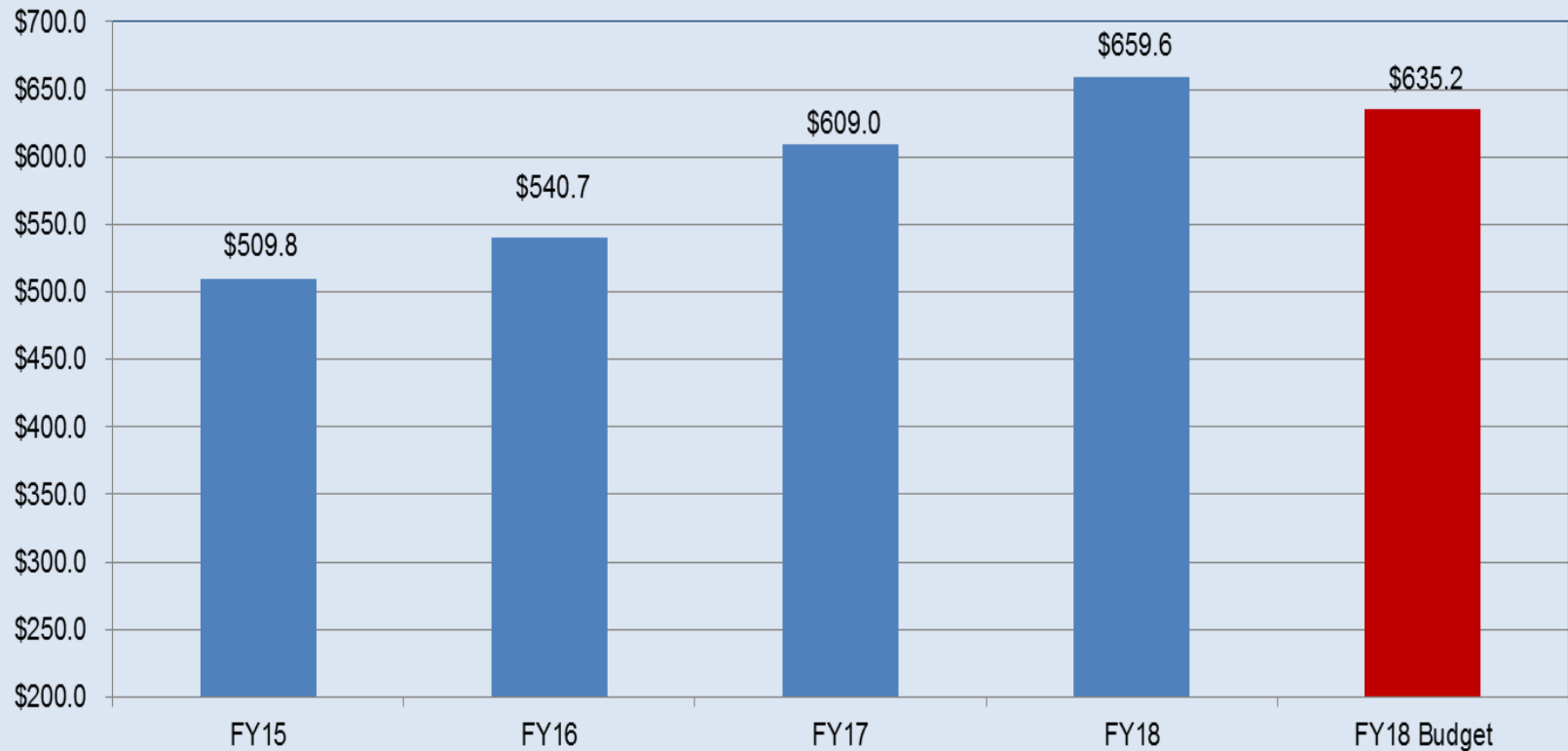
(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 53,955	\$ 58,578	(4,623)	-7.9%	\$ 58,987	Net Patient Revenue	\$ 659,603	\$ 635,217	24,386	3.8%	\$ 609,033
43,327	30,043	13,284	44.2%	26,413	Other Revenue	350,161	330,341	19,820	6.0%	275,519
97,282	88,621	8,661	9.8%	85,400	Total Revenue	1,009,764	965,558	44,206	4.6%	884,552
28,100	28,782	682	2.4%	28,046	Salaries & Wages	310,720	311,257	537	0.2%	294,905
24,898	24,877	(21)	-0.1%	20,108	Employee Benefits	273,582	273,438	(144)	-0.1%	220,896
33,872	30,710	(3,162)	-10.3%	31,463	Department Expenses	345,707	332,793	(12,914)	-3.9%	323,109
3,244	3,244	0	0.0%	3,117	General Expenses	35,698	35,698	0	0.0%	34,096
90,114	87,613	(2,501)	-2.9%	82,734	Total Expenses	965,707	953,186	(12,521)	-1.3%	873,006
\$ 7,168	\$ 1,008	6,160	611.1%	\$ 2,666	Operating Margin	\$ 44,057	\$ 12,372	31,685	256.1%	\$ 11,546
(275)	(274)	(1)	-0.4%	(451)	Net Non-operating Income/(Loss)	(2,609)	\$ (3,008)	399	13.3%	(3,286)
\$ 6,893	\$ 734	6,159	839.1%	\$ 2,215	Net Income/(Loss)	\$ 41,448	\$ 9,364	32,084	342.6%	\$ 8,260

UI Health Mission Perspective:
Financial Performance

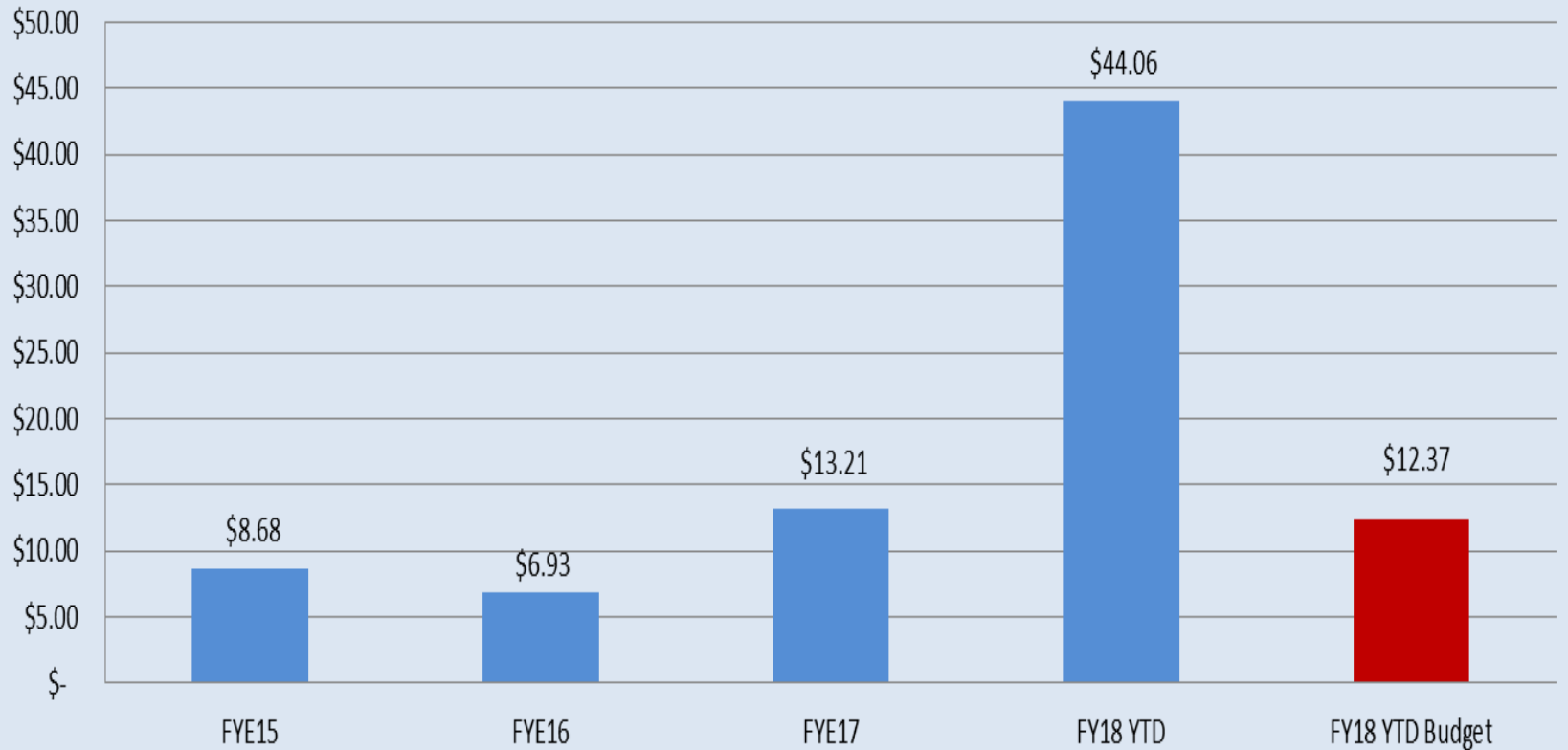


Net Patient Service Revenue, (in millions) May YTD (11 months)



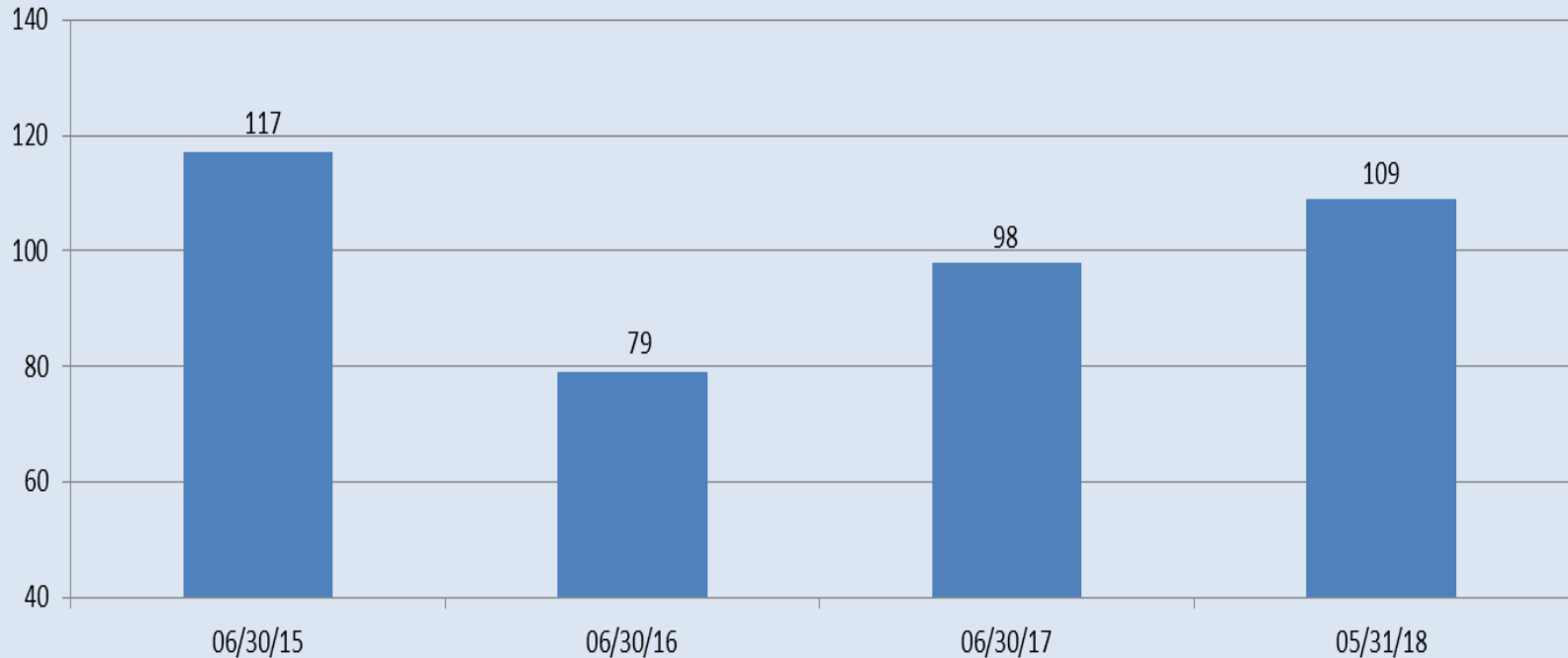
Net Patient Service Revenue is 8.3% greater than the prior year and 3.8% greater than budget.

Operating Margin (in millions)



- Operating Margin includes Payments on Behalf for Benefits and Utilities.
- FY 18 includes \$24.73M of FY17 and FY18 State Appropriation revenue.

Days Unrestricted Cash on Hand



Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (Composite of 3 Rating Agencies' A-rated categories) is 228.2 days.

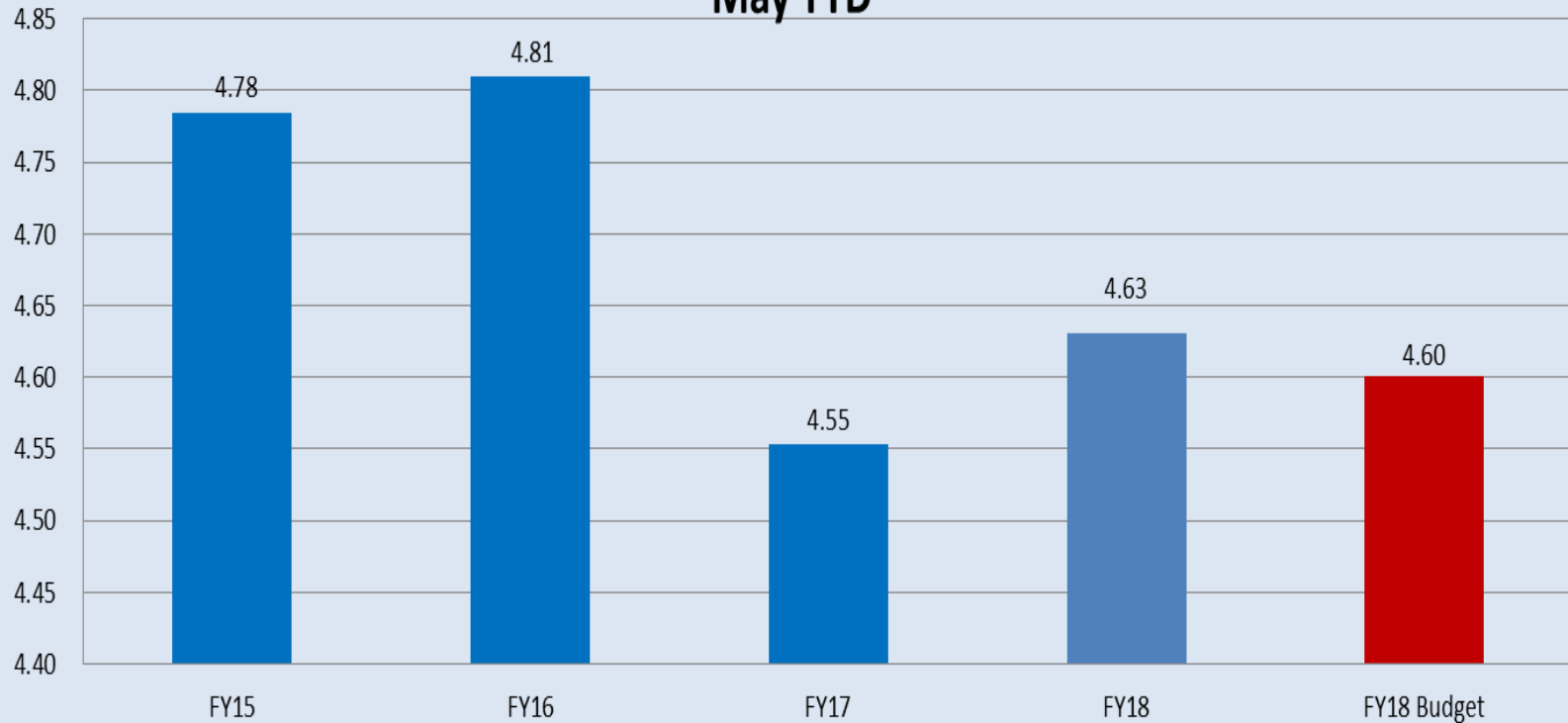
HEALTH SYSTEM BOND RATING MEDIANS 2016 DATA FOR A-RATED HOSPITALS

Key Comparison Ratios

	Operating Margin	Days Cash on Hand	Cash to Debt	Average Age of Plant
S&P	3.0%	251.1	200.9%	10.9
Moody's	3.2%	215.5	160.6%	11.4
Fitch	3.0%	218.0	150.6%	11.2
UIH FY18 May YTD	4.4%	109.0	196.5%	13.5

UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL EFFECTIVENESS

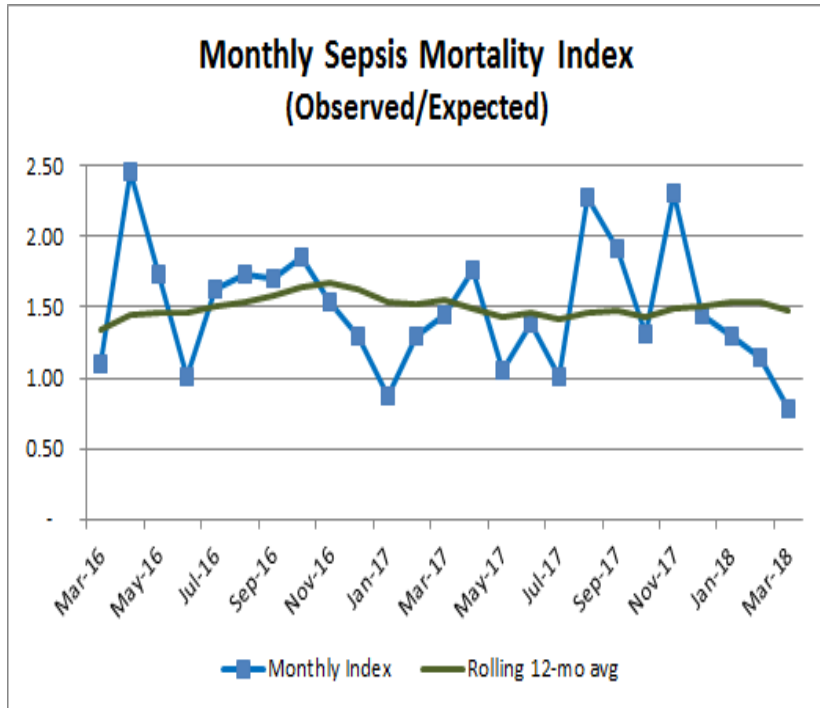
Average Length of Stay Including Observation May YTD



The FY 18 Budget Target is to be at 4.51 days by year-end.

UI HEALTH
MISSION PERSPECTIVE:
QUALITY & SAFETY

SEPSIS MORTALITY

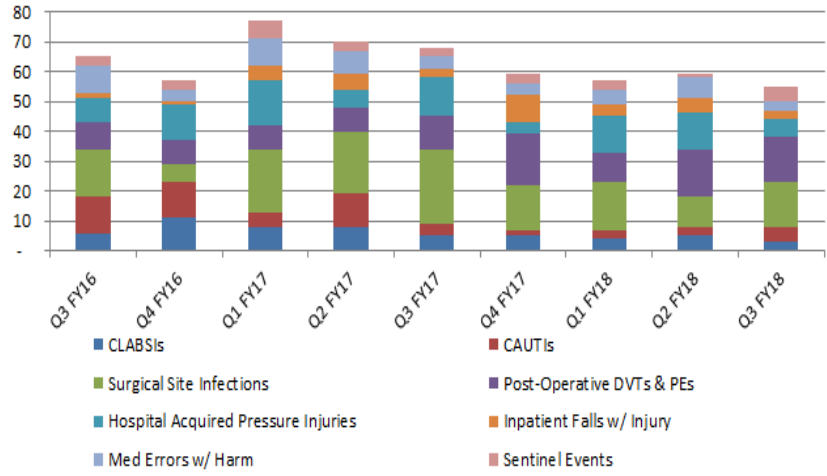


1.3% improvement

- Sepsis Core Measure **outlier reviews** ongoing monthly
- **New Resident Orientation presentation** June 2017
- **Sepsis Badges** June 2017 and multiple venues thereafter
- **College of Medicine** selected Sepsis as FY18 performance metric July 2017
- **Sepsis Screensavers:** 9/2017, 11/2017, 1/2018, 3/2018
- **Department of Medicine Mortality Reviews** initiated in Jan-Feb 2018
- **Reflex Lactate for initial value >2.0** live in Cerner rules on 2/12/18. Lactate rule tweaked on 3/19/18.
- **Sepsis Intranet Dashboard** launched 2/19/18; refined in March, including GCS lookback
- **Inpatient Handbook/Outpatient Patient Education Flyers** March 2018
- **Vital Signs timely entry** reviewed at Nursing Quality Council March 2018 and after
- **“MD Roadshow” / Faculty and Resident Education sessions** began in March 2018; most depts have had at least 1 conversation
- **Nursing Rounding Report** piloted in Jan, implemented in April 2018
- **Peds Sepsis Guidelines** completed April 2018
- Revised **Adult Sepsis Guidelines** implemented 4/6/18
- **Sepsis Nurse-driven Protocol** approved by MSEC 3/6/18, go-live April 3 2018; outlier follow-up continuing
- **Pharmacy Mortality Review** April 2018, STAT antibiotics the biggest opportunity

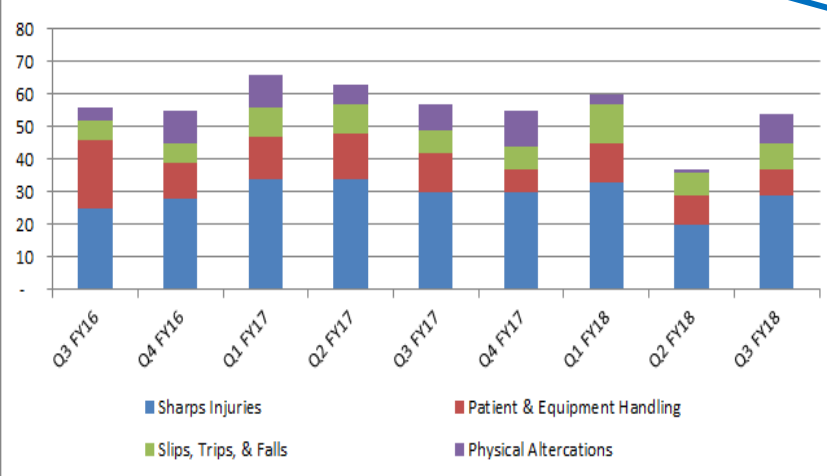
15.6% improvement!

Combined Quarterly Count of Patient Harm

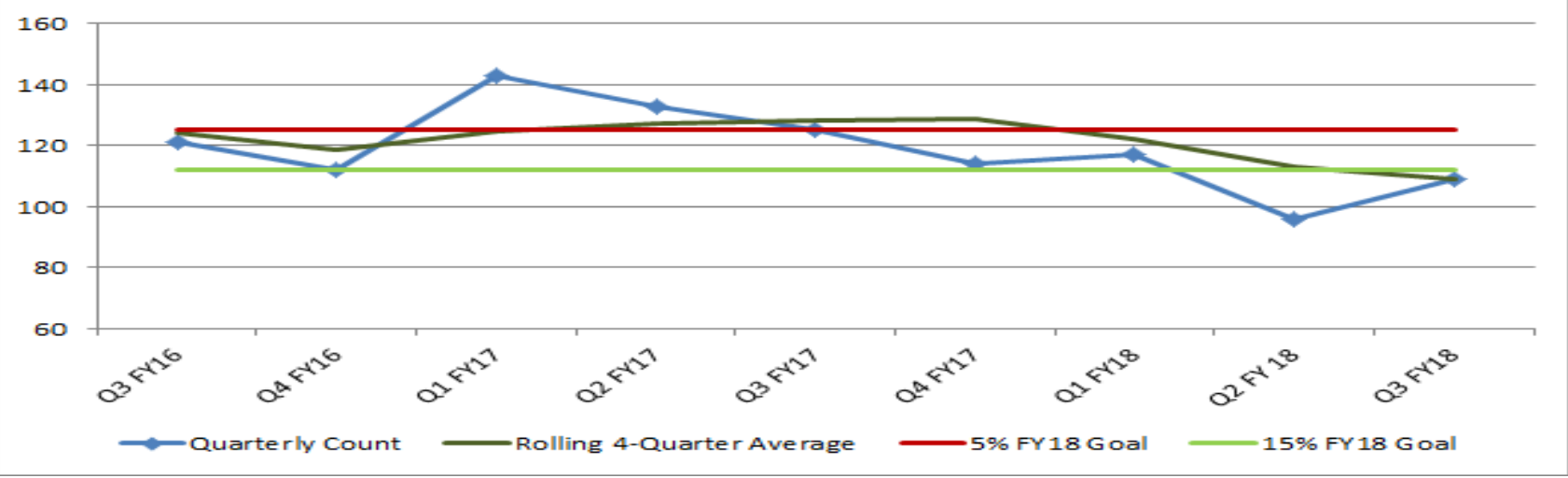


12.8% improvement!

Combined Quarterly Count of Employee Harm

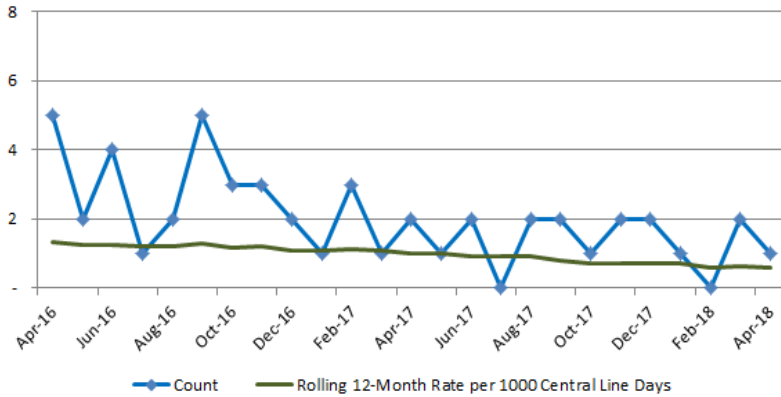


Quarterly Combined Patient and Employee Harm Events



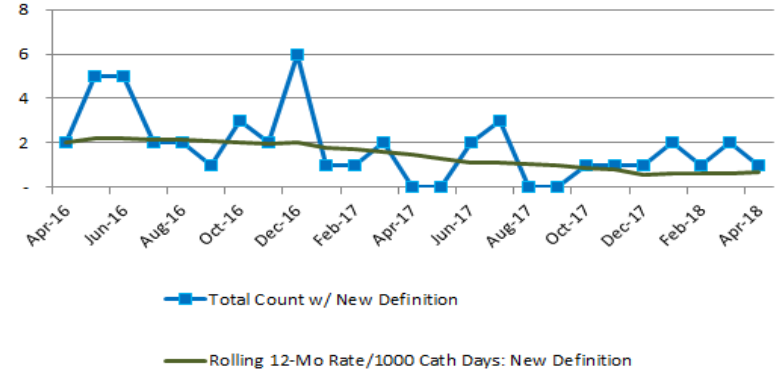
ZERO HARM METRICS CONT.

Monthly Whole-House Central Line-Associated Blood Stream Infections



Excludes Mucosal Barrier Injury bloodstream infections.

Monthly Whole-House Catheter-Associated Urinary Tract Infections

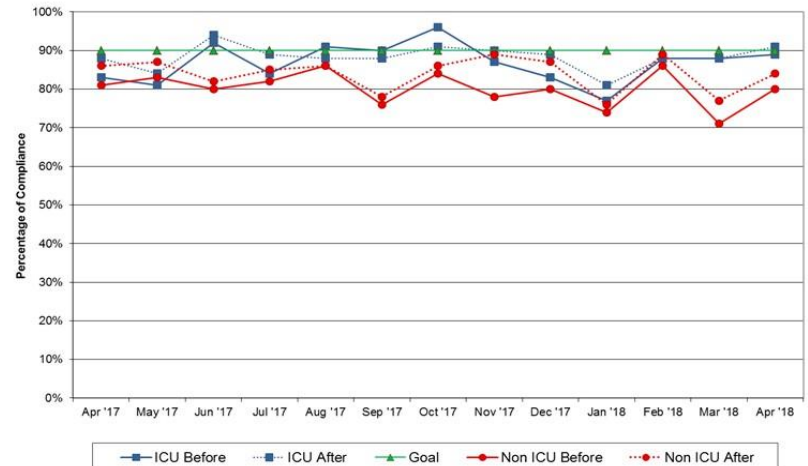


Quarterly Surgical Site Infections*



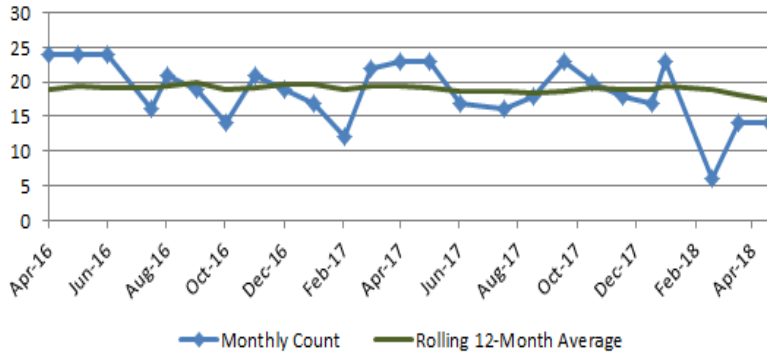
*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.

Hand Hygiene Compliance

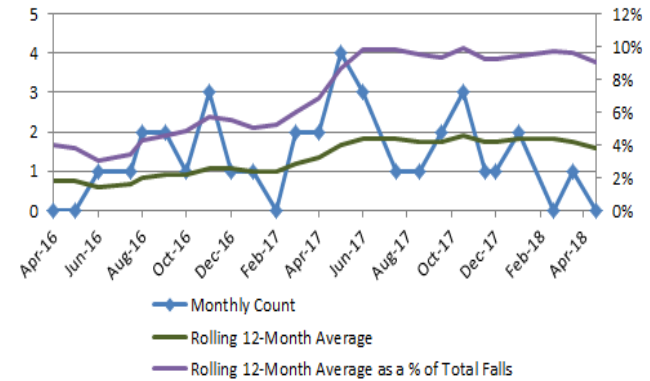


ZERO HARM METRICS CONT.

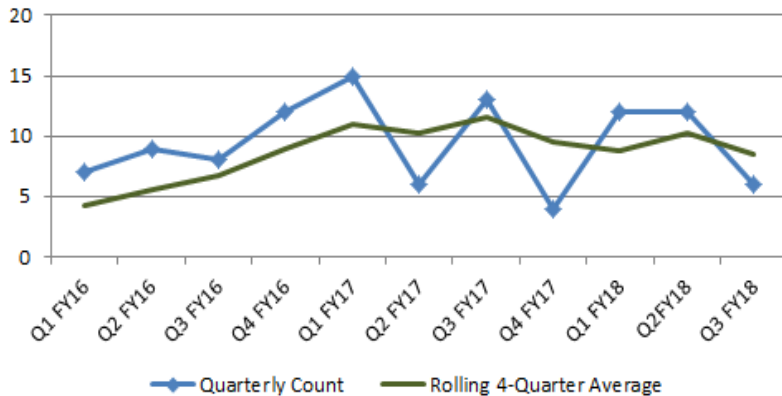
Total Hospital-Wide Falls (Monthly Count)



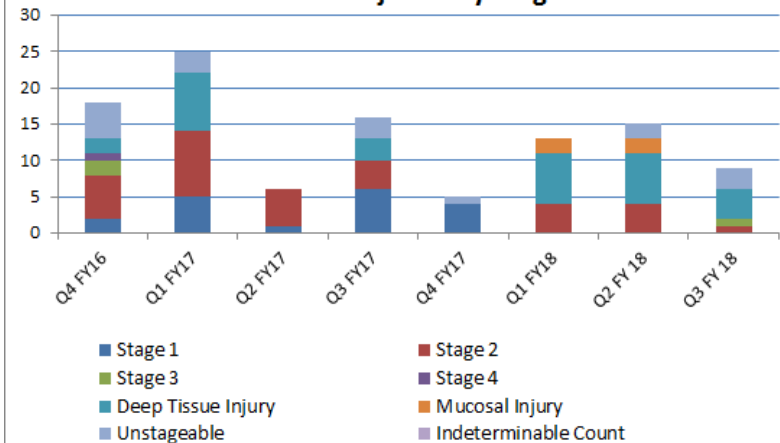
Hospital-Wide Falls Resulting in Injury (Monthly Count and as % of Total Falls)



Quarterly Count of Patients with Hospital Acquired Pressure Injuries (Stage 1 and above)



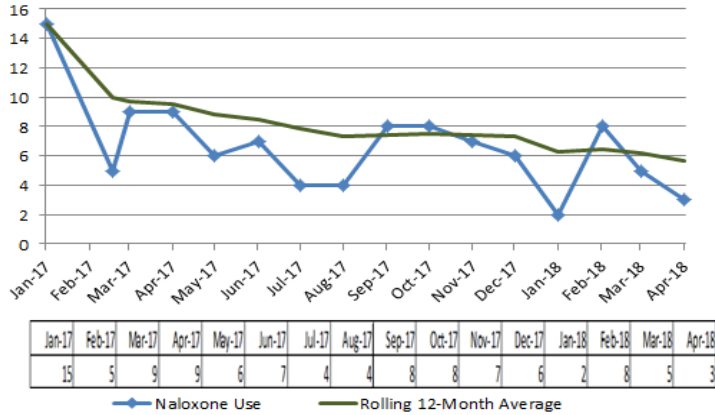
Quarterly Count of Hospital Acquired Pressure Injuries by Stage



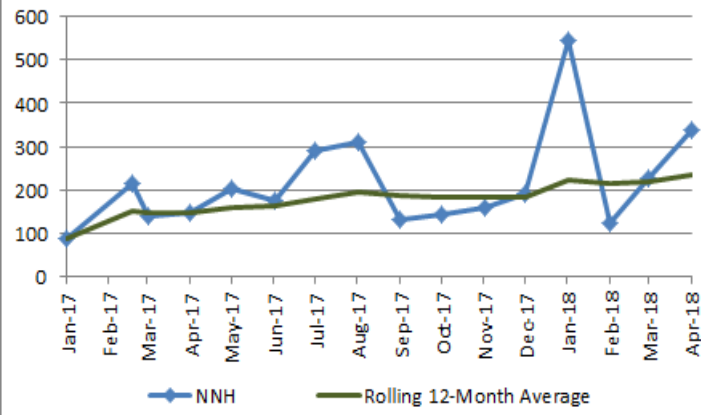
Pressure ulcers are localized injuries to the skin and/or underlying tissue from pressure or friction.

ZERO HARM METRICS CONT.

Naloxone Use

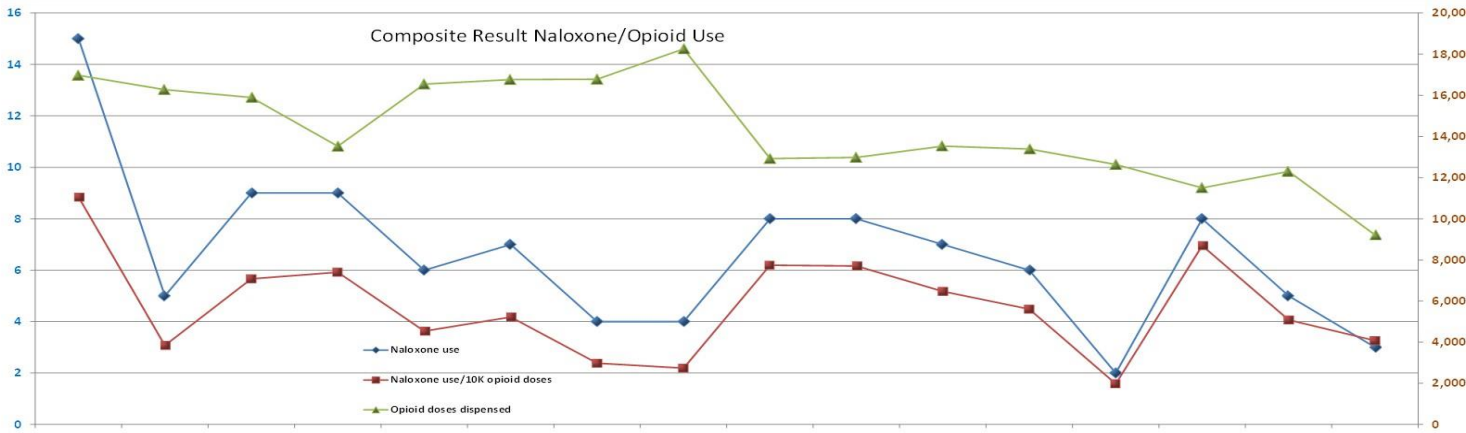


Number Needed to Harm



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

Composite Result Naloxone/Opioid Use

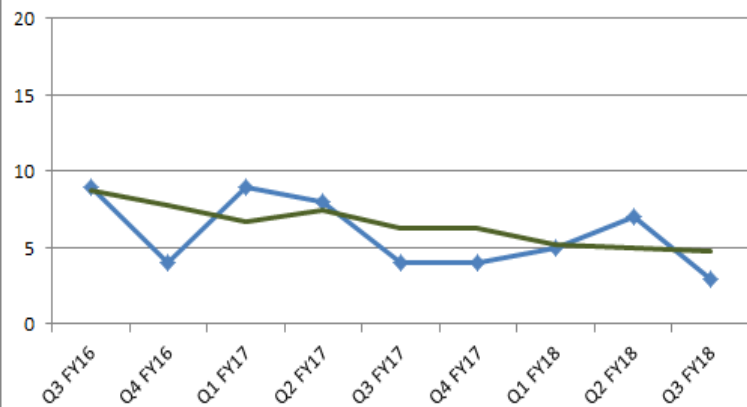


	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Naloxone use	15	5	9	9	6	7	4	4	8	8	7	6	2	8	5	3
Naloxone use/10K opioid doses	8.84	3.07	5.66	5.92	3.63	4.18	2.38	2.19	6.19	6.16	5.17	4.48	1.58	6.96	4.07	3.26
Opioid doses dispensed	16970	16278	15899	13523	16547	16765	16783	18259	12924	12982	13532	13387	12638	11502	12300	9212

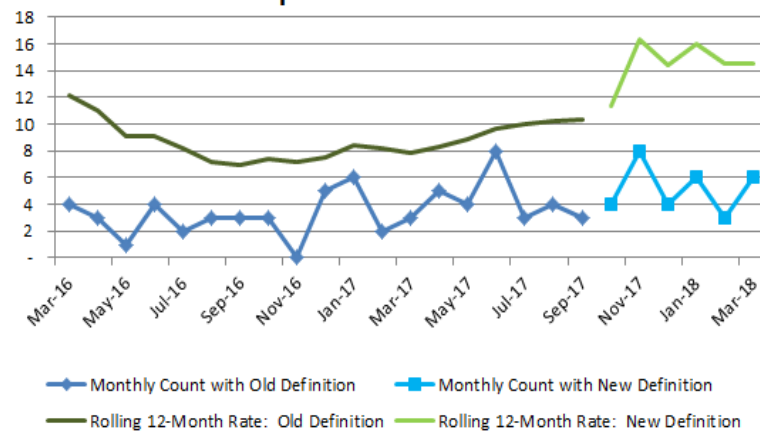


ZERO HARM METRICS CONT.

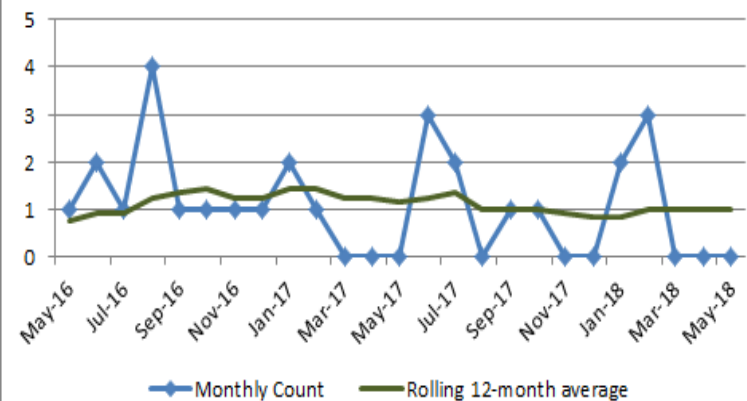
Quarterly Count of Medication Errors Resulting in Harm



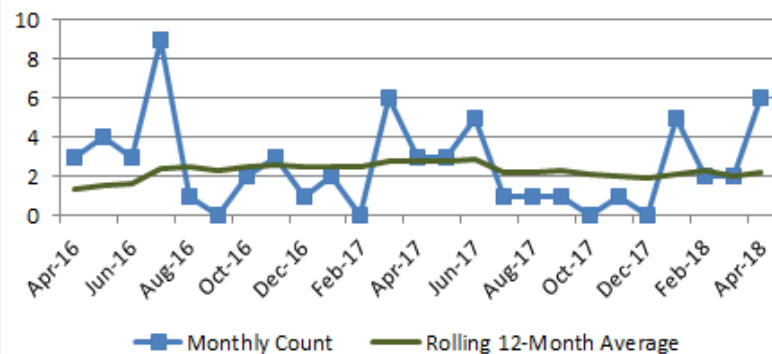
Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses



Sentinel Events

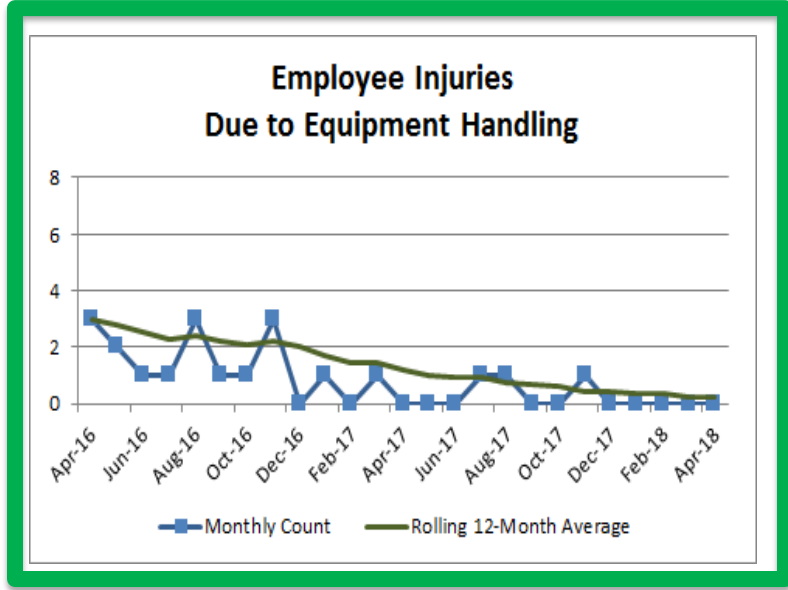
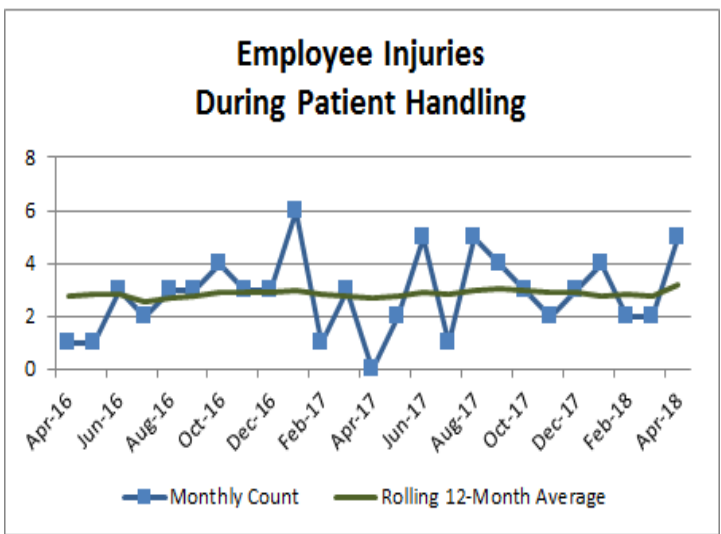
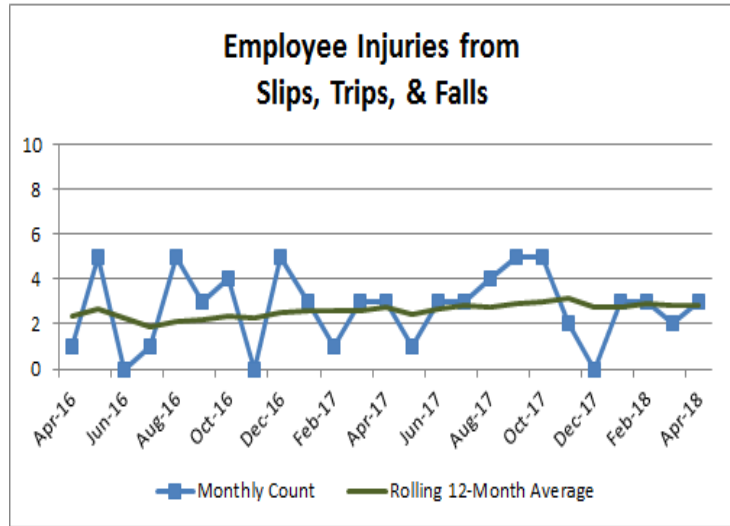
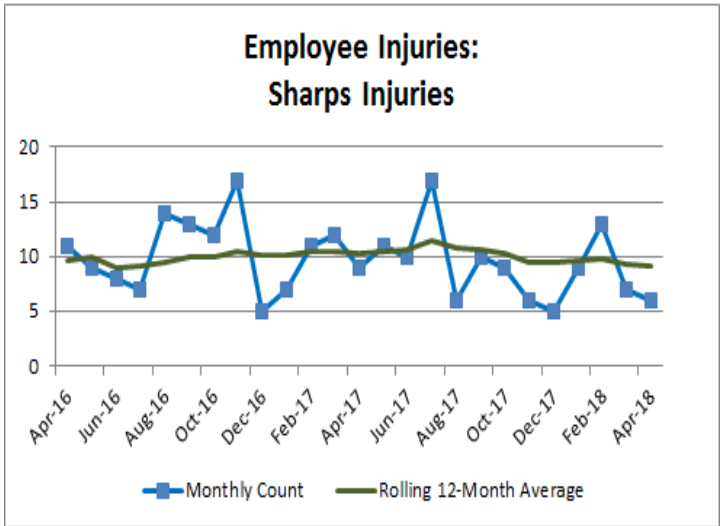


Employee Injuries & Illnesses Due to Physical Altercations



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

ZERO HARM METRICS CONT.



UI HEALTH
MISSION PERSPECTIVE:
NURSING STAFFING & SAFETY

Q3 FY18


STAFFING DATA ANALYSIS

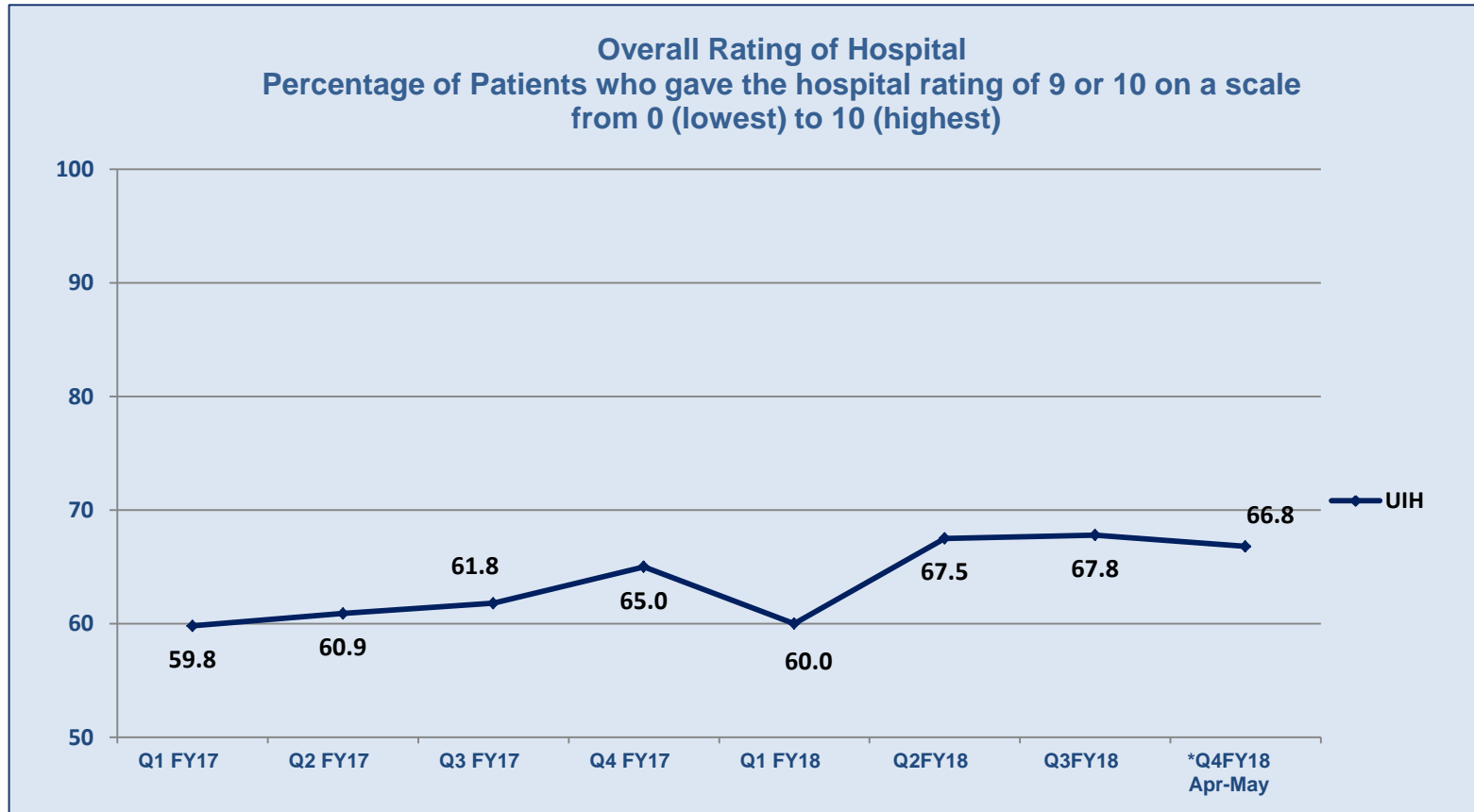
- For Q3 FY18, a total of 10 staffing related reports were made in the Safety Event Reporting tool.
- After analyzing the data, it was determined that these were escalated to the Unit Director or House Operations Administrator, and resolved in real-time, without being associated with patient harm.
- There were no instances of less than optimal staffing that resulted in a sentinel event.


UI HEALTH
MISSION PERSPECTIVE:
SERVICE EXCELLENCE

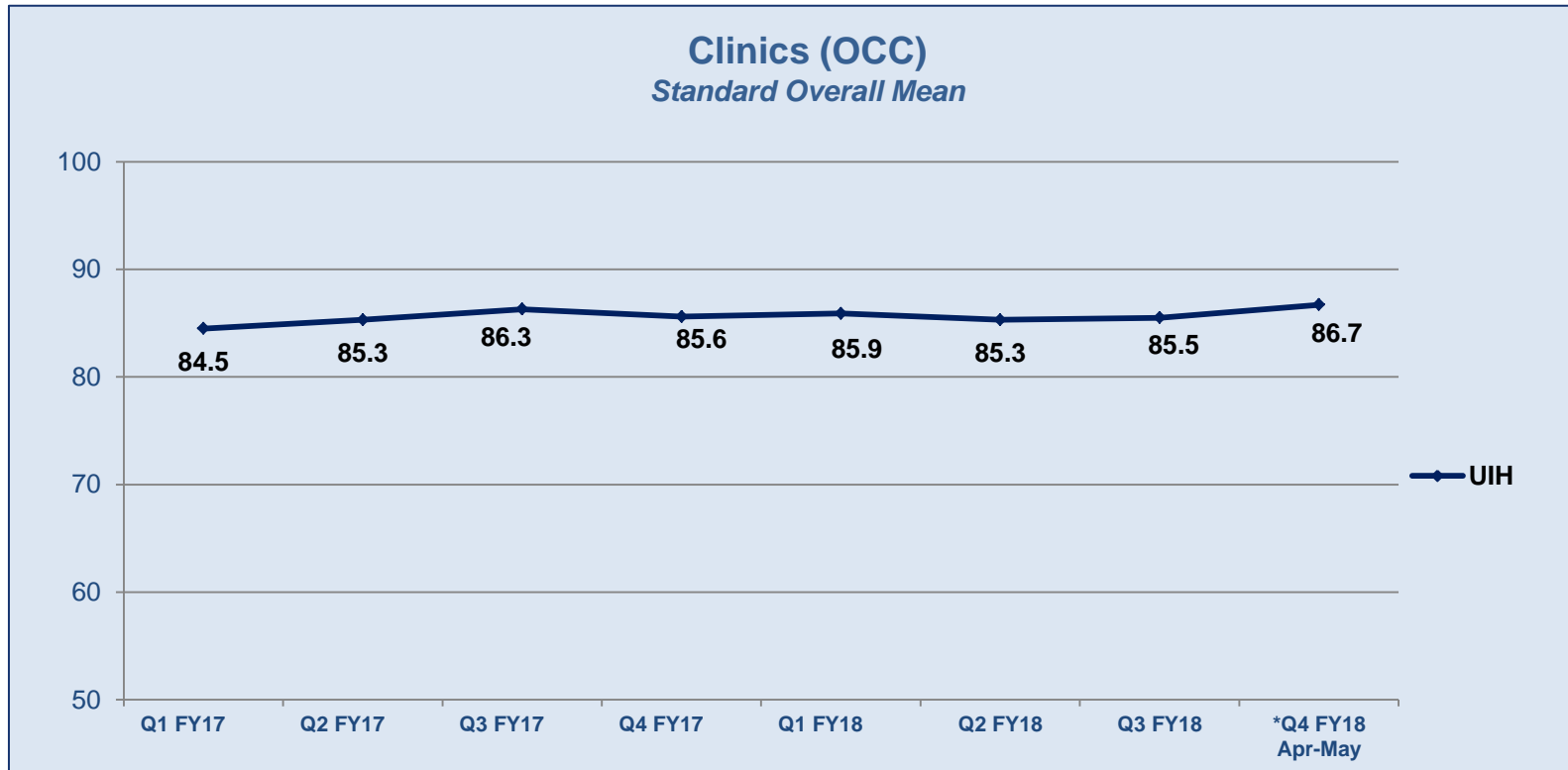
OVERALL OUTCOMES & PERCENTILE RANK

UI Health Metric	Jul-Sep 2017 Top Box/Mean	*Apr-May 2018 Top Box/Mean	%ile rank
Inpatient (HCAHPS) Rate Hospital 9-10	60.0	66.8	24
Ambulatory Clinics Std Overall	85.9	86.7	19
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell Std Overall	88.0	87.4	5
Emergency Department Std Overall	79.1	82.9	37
Ambulatory Surgery Std Overall	90.1	91.3	10

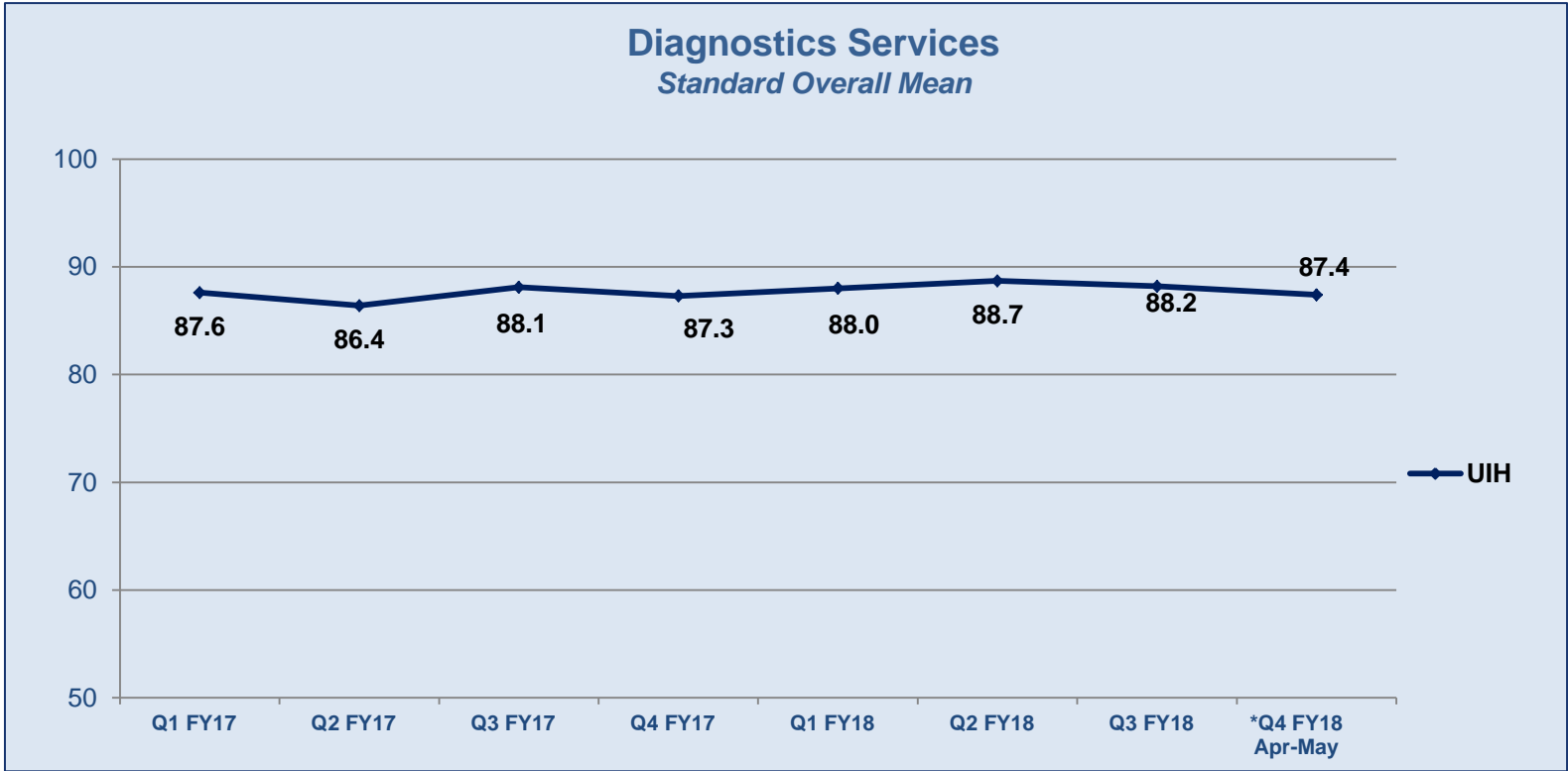
UI Health Metric	Current Quarter *Q4 FY18 Apr-May	Prior Q4 FY17
HCAHPS (Overall Rating of Hospital)	66.8	65.0 




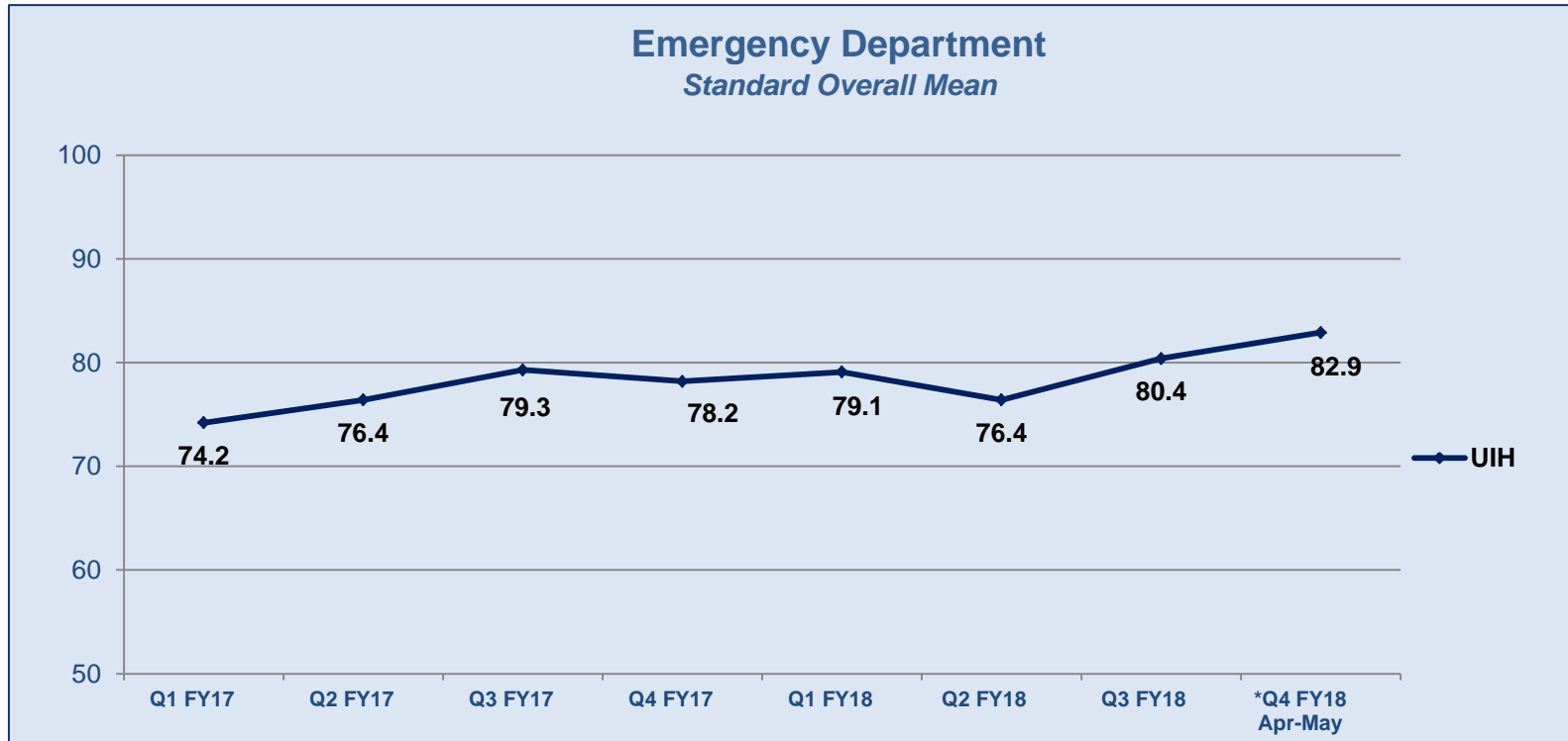
UI Health Metric	Current Quarter *Q4FY18 Apr-May	Prior Q4 FY17
Clinics (OCC) Standard Overall Mean	86.7	85.6 




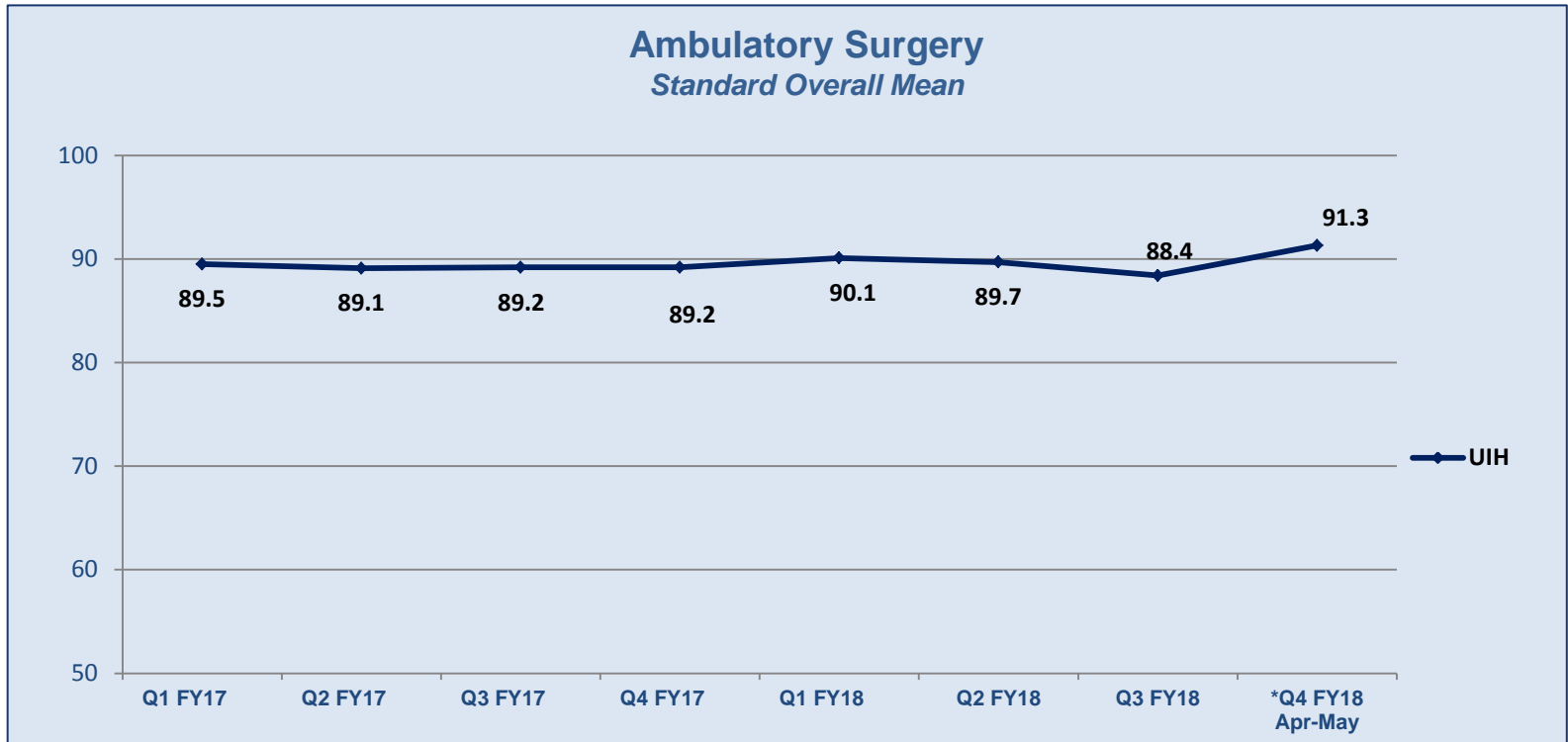
UI Health Metric	Current Quarter *Q4 FY18	Prior Q4 FY17
Diagnostics Services (Standard Overall Mean)	87.4	87.3



UI Health Metric	Current Quarter *Q4 FY18 Apr-May	Prior Q4 FY17
Emergency Department Standard Overall Mean	82.9	78.2 



UI Health Metric	Current Quarter *Q4 FY18 Apr-May	Prior Q4 FY17
Ambulatory Surgery Standard Overall Mean	91.3	89.2 



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)