

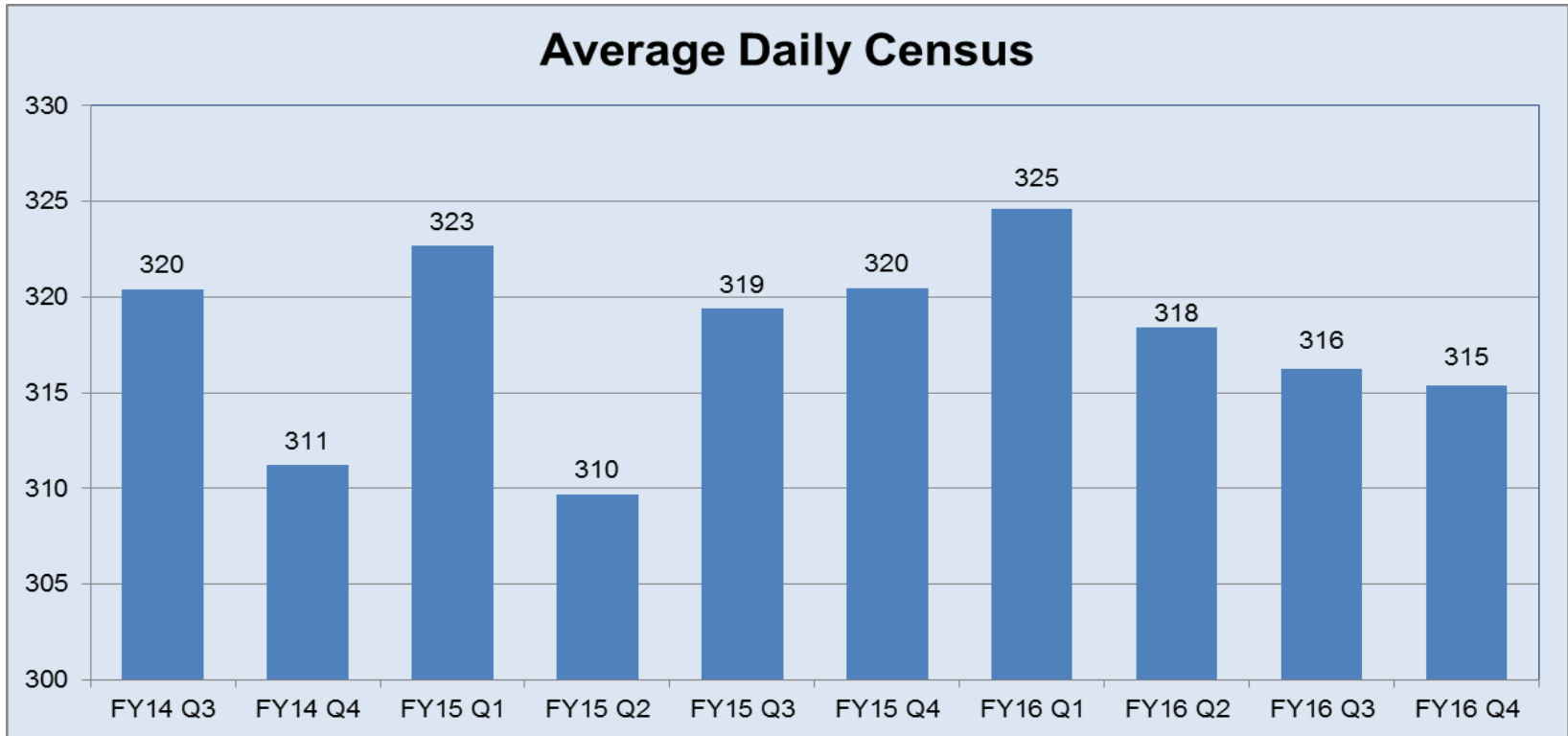


Reported to the Board of Trustees
July 21, 2016

UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

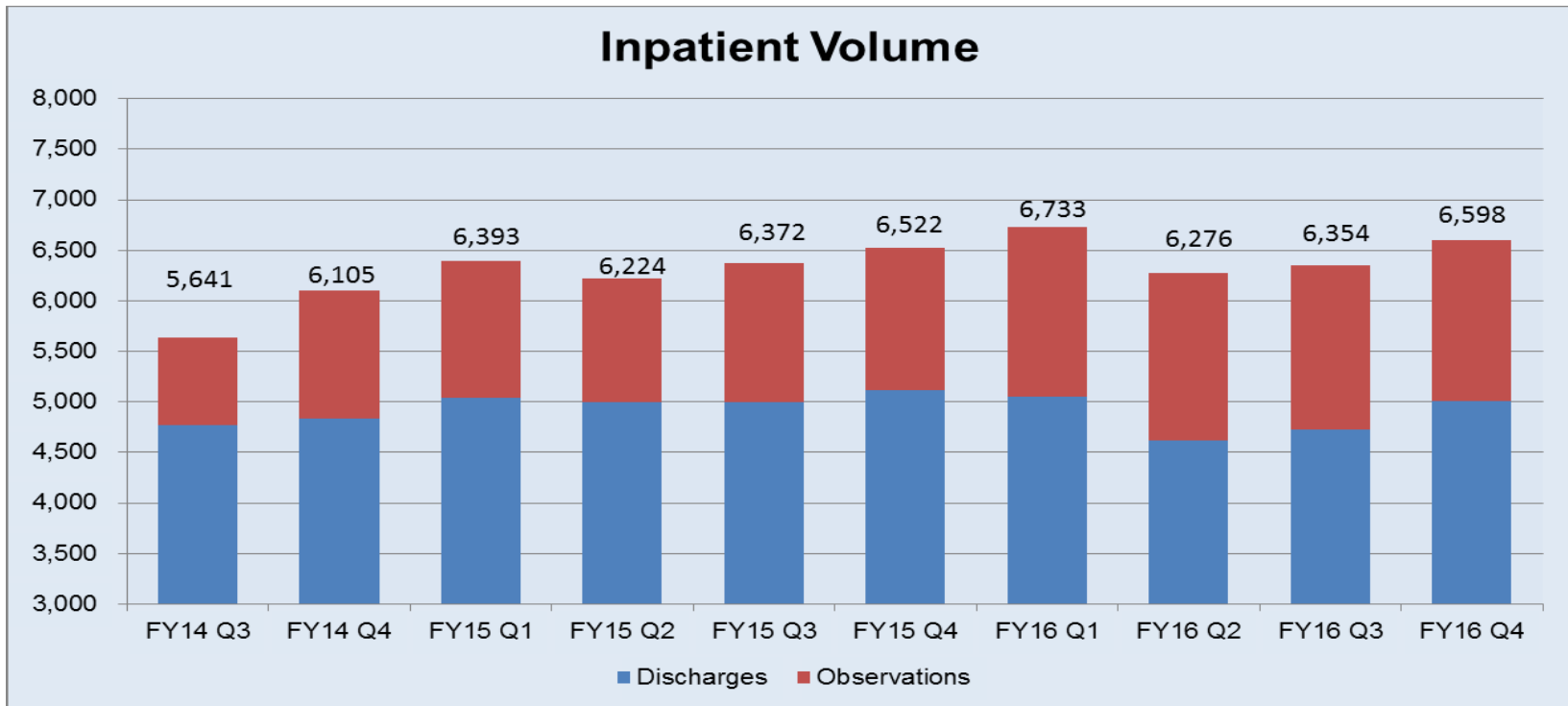
HOSPITAL DASHBOARD

UI Health Metrics	FY16 Q4 Projection: April and May Actual + June Budget	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Average Daily Census (ADC)	315	317	320	-1.6%



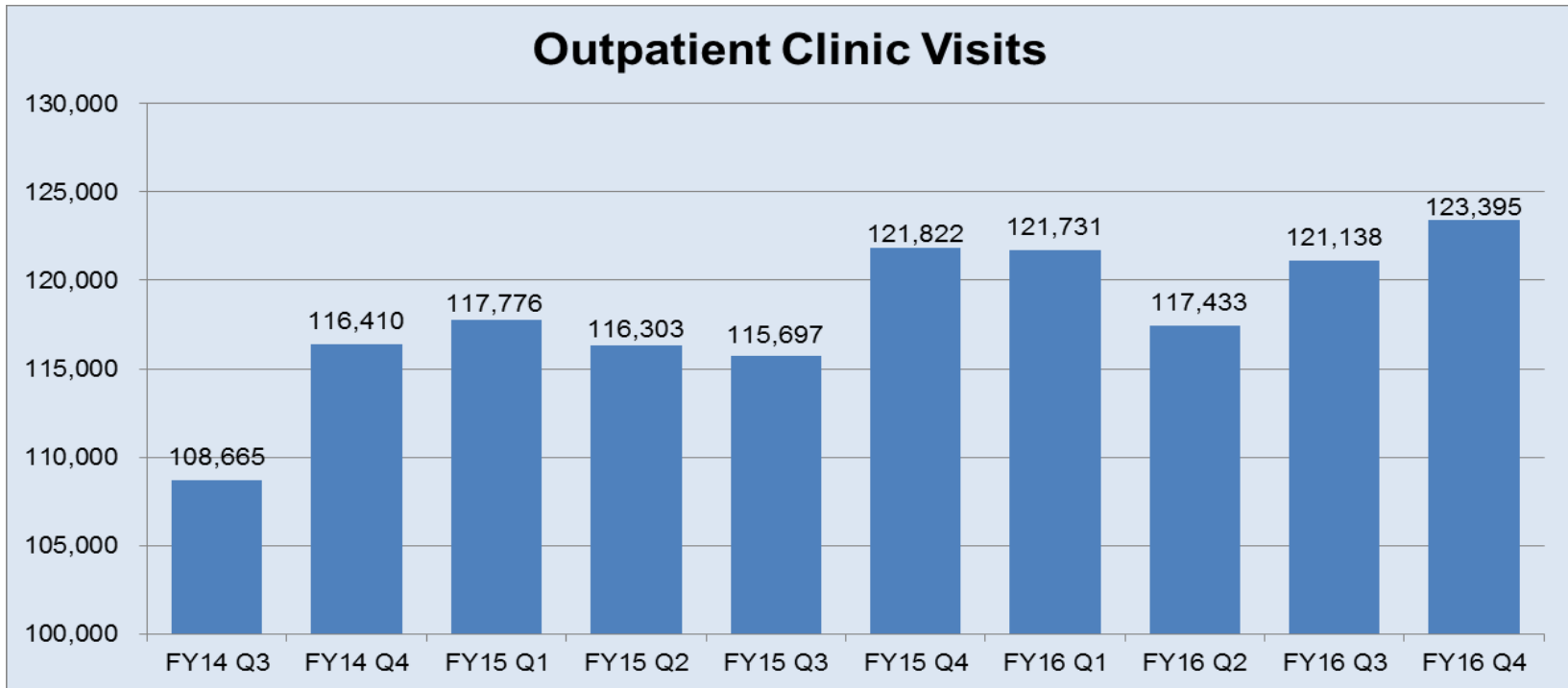
ADC in May 2016 was 314 vs. 316 in May 2015.

UI Health Metrics	FY16 Q4 Projection: April and May Actual + June Budget	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Discharges	5,005	5,564	5,117	Combined 1.2%
Observation Cases	1,593	1,377	1,405	



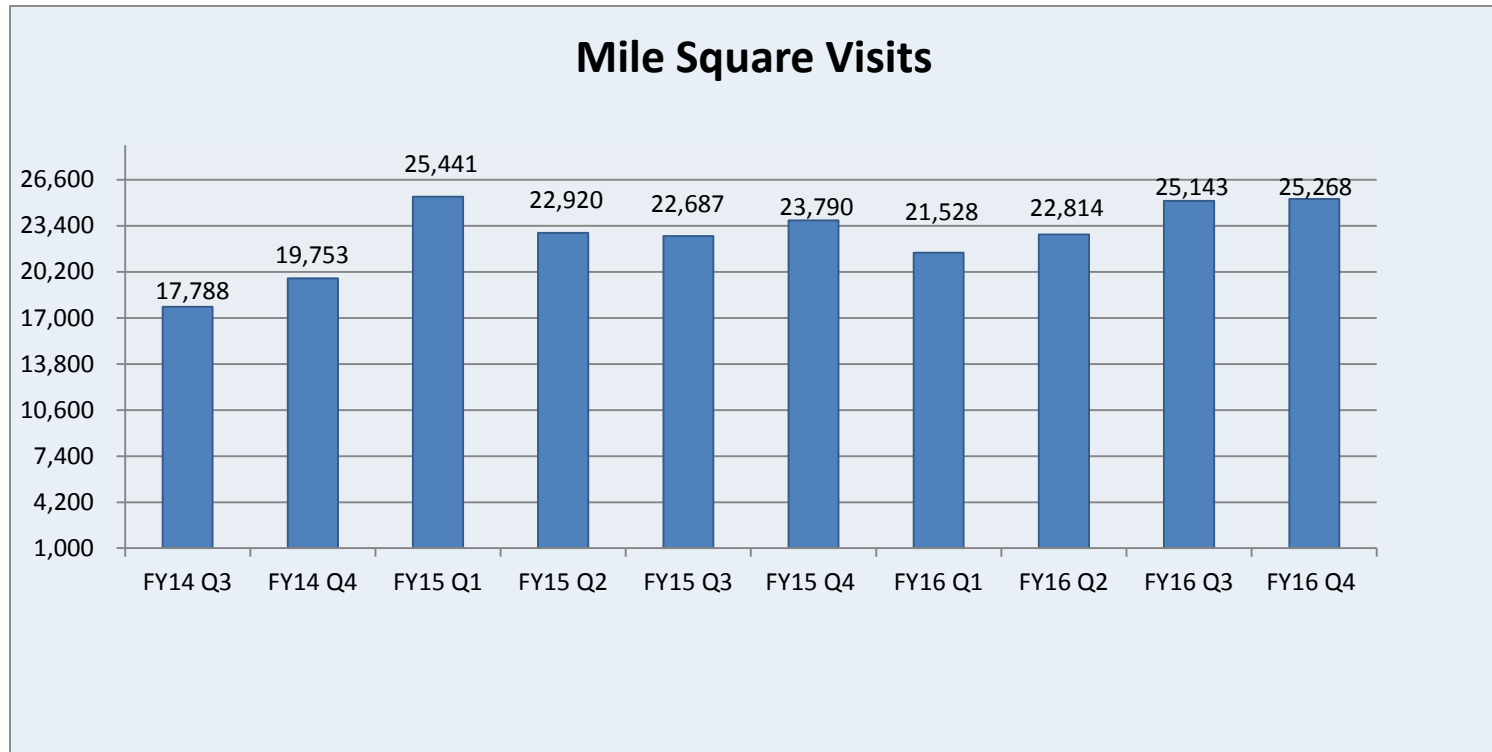
Combined Discharges and Observation Cases for the eleven months ending May 2016 are 10.6% under budget and 2.1% higher than last year.

UI Health Metrics	FY16 Q4 Projection: April and May Actual + June Budget	FY16 Q4 Target	FY15 Q4 Actual	4th Quarter % change FY16 vs FY15
Outpatient Clinic Visits	123,395	125,212	121,822	1.3%



Clinic visits for the eleven months ending May 2016 are 0.7% under budget and 2.8% more than last year.

UI Health Metrics	FY16 Q4 Prediction: Apr-May Actual + June Budget	FY16 Q4Target	FY15 Q4 Actual
Mile Square Visits	25,268	22,060	23,790



Q4 Prediction data is slightly higher than Q3.



UI Health Mission Perspective: Financial Performance



UI Health |

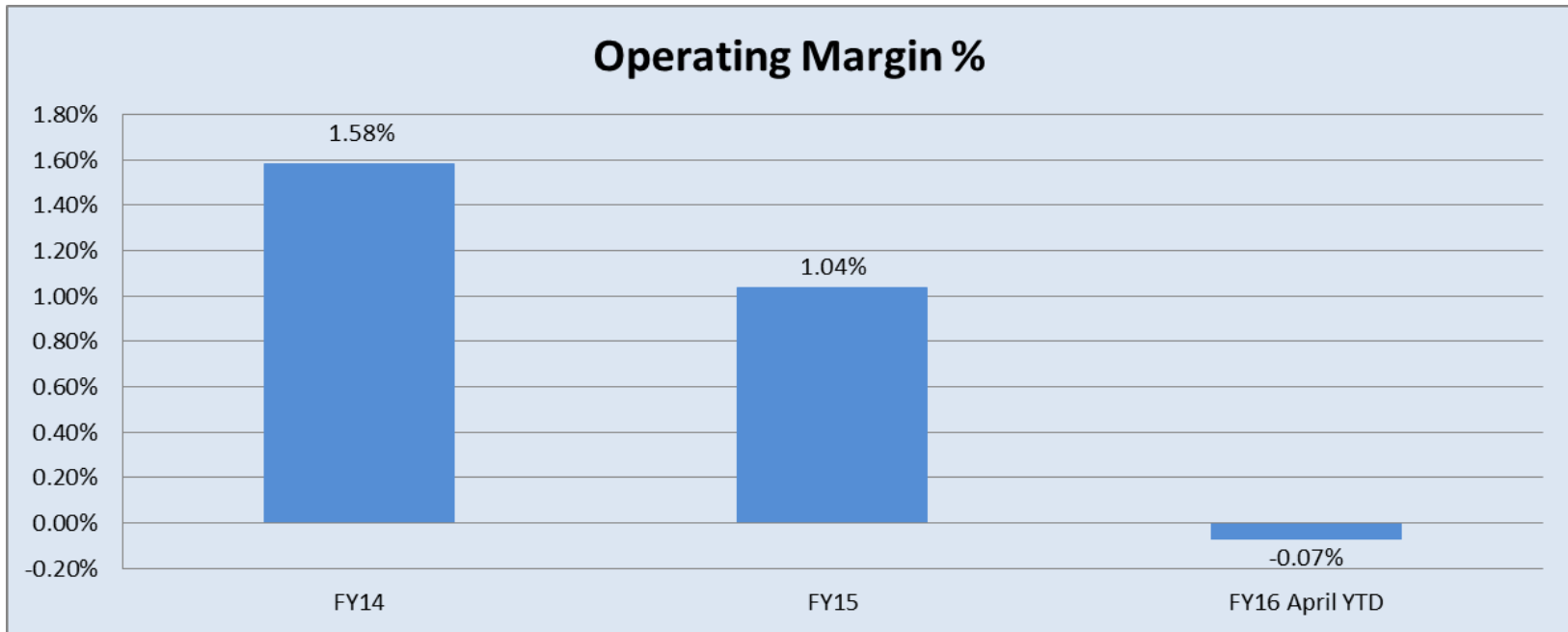


STATEMENT OF OPERATIONS – APRIL 2016

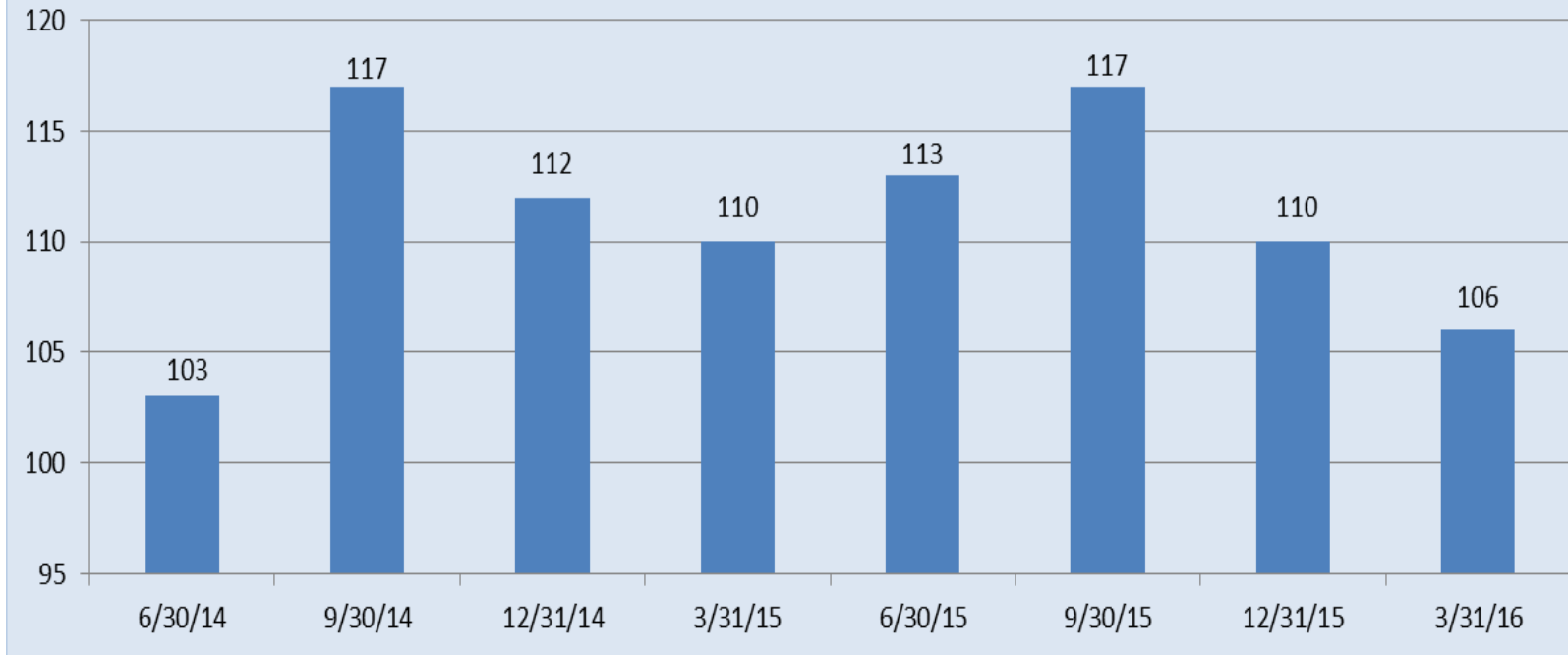
(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 48,059	\$ 48,404	(345)	-0.7%	\$ 49,967	Net Patient Revenue	\$ 494,394	\$ 485,823	8,571	1.8%	\$ 459,980
22,407	22,344	63	0.3%	22,560	Other Revenue	217,249	223,622	(6,373)	-2.8%	218,340
70,466	70,748	(282)	-0.4%	72,527	Total Revenue	711,643	709,445	2,198	0.3%	678,320
25,944	24,818	(1,126)	-4.5%	23,219	Salaries & Wages	256,896	252,586	(4,310)	-1.7%	243,631
17,094	17,112	18	0.1%	17,121	Employee Benefits	171,136	171,196	60	0.0%	171,611
26,400	24,530	(1,870)	-7.6%	27,120	Department Expenses	247,620	243,976	(3,644)	-1.5%	235,320
3,509	3,667	158	4.3%	3,164	General Expenses	36,512	36,670	158	0.4%	33,643
72,947	70,127	(2,820)	-4.0%	70,624	Total Expenses	712,164	704,428	(7,736)	-1.1%	684,205
\$ (2,481)	\$ 621	(3,102)	-499.5%	\$ 1,903	Operating Margin	\$ (521)	\$ 5,017	(5,538)	-110.4%	\$ (5,885)
65	(61)	126	206.6%	232	Net Non-operating Income/(Loss)	(2,705)	(614)	(2,091)	-340.6%	2,406
\$ (2,416)	\$ 560	(2,976)	-531.4%	\$ 2,135	Net Income/(Loss)	\$ (3,226)	\$ 4,403	(7,629)	-173.3%	\$ (3,479)

UI Health Metrics	FY16 YTD ACTUAL	FY16 (12 mos) Target	FY15 Actual
Operating Margin %	-0.07%	0.74%	1.04%



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.



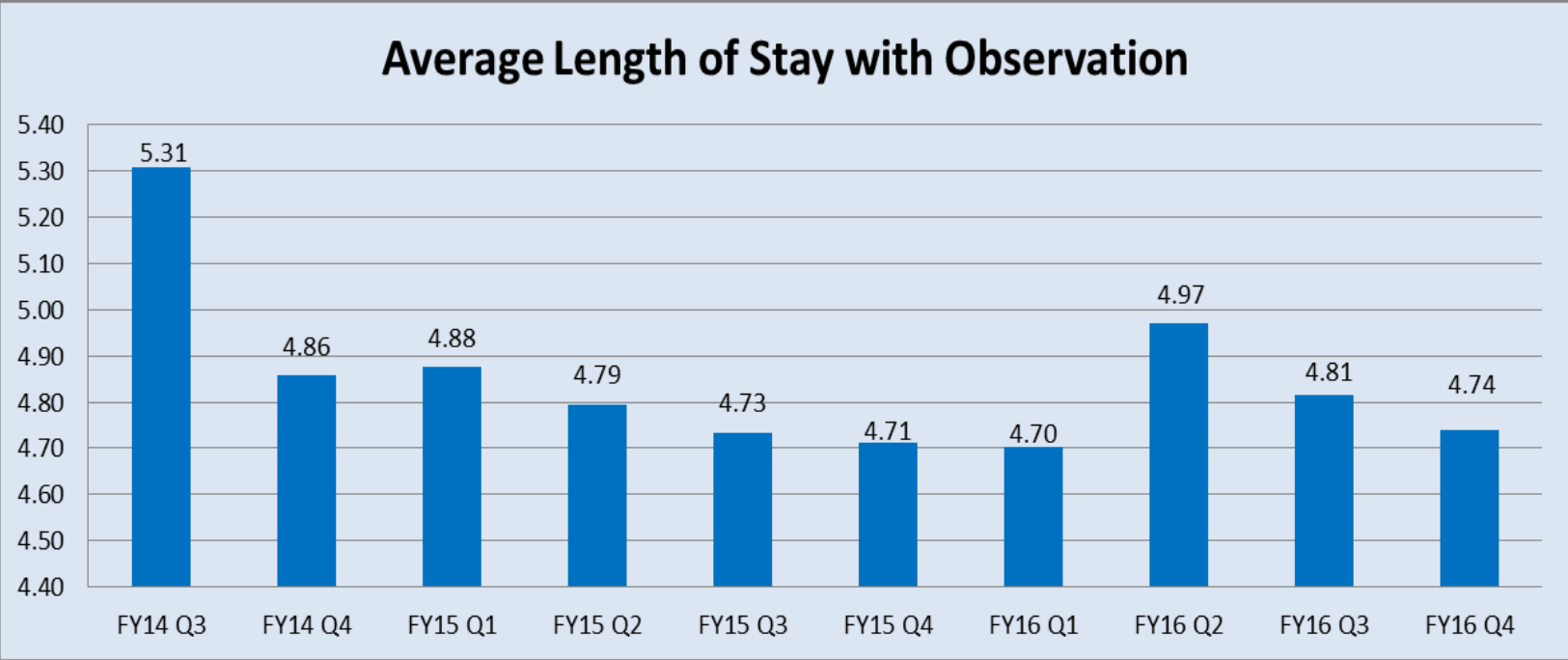
UI Health Mission Perspective: Operational Effectiveness



UI Health |

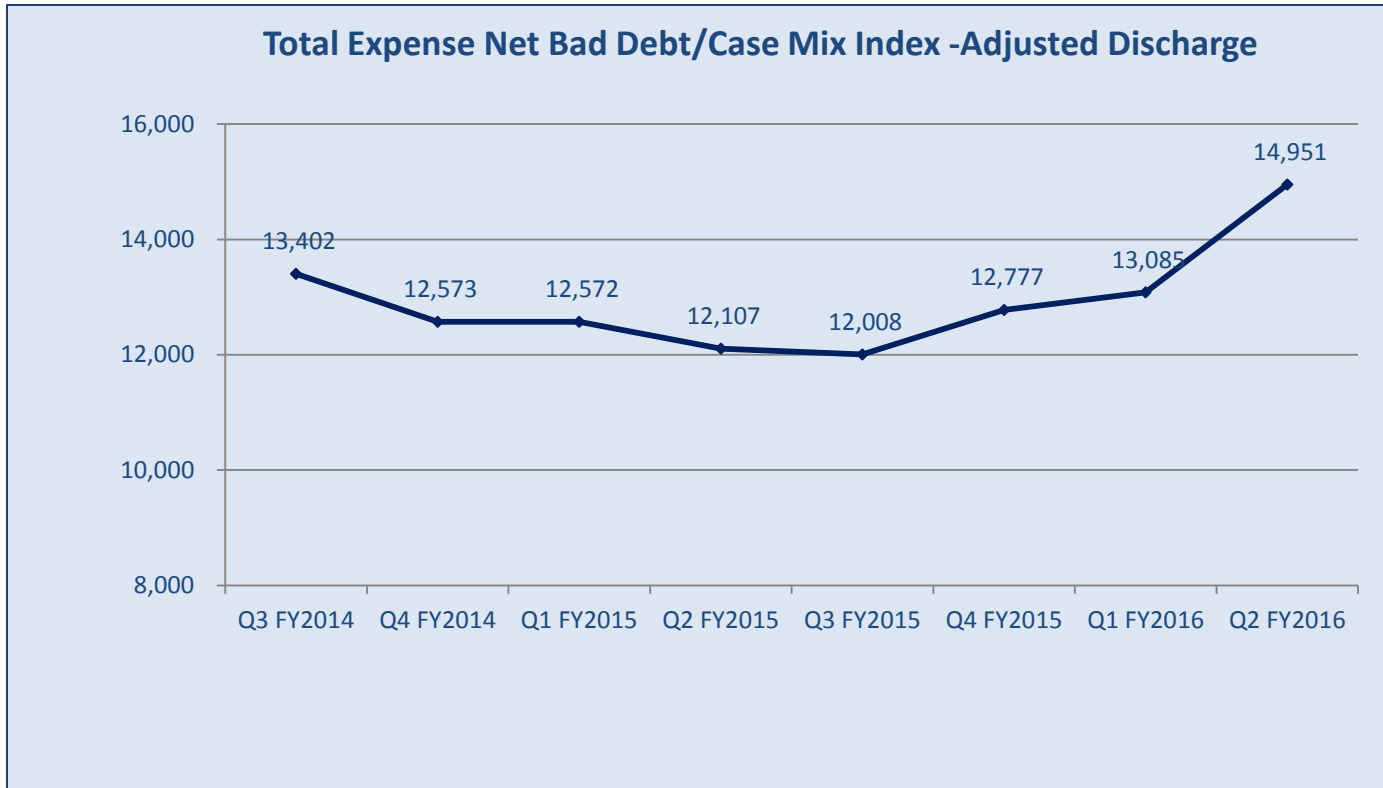


UI Health Metrics	FY16 Q4: April & May Actual + June Projection	FY16 Q4 Target	FY15 Q4 Actual
Average Length of Stay with Observation (Days)	4.74	4.31	4.71



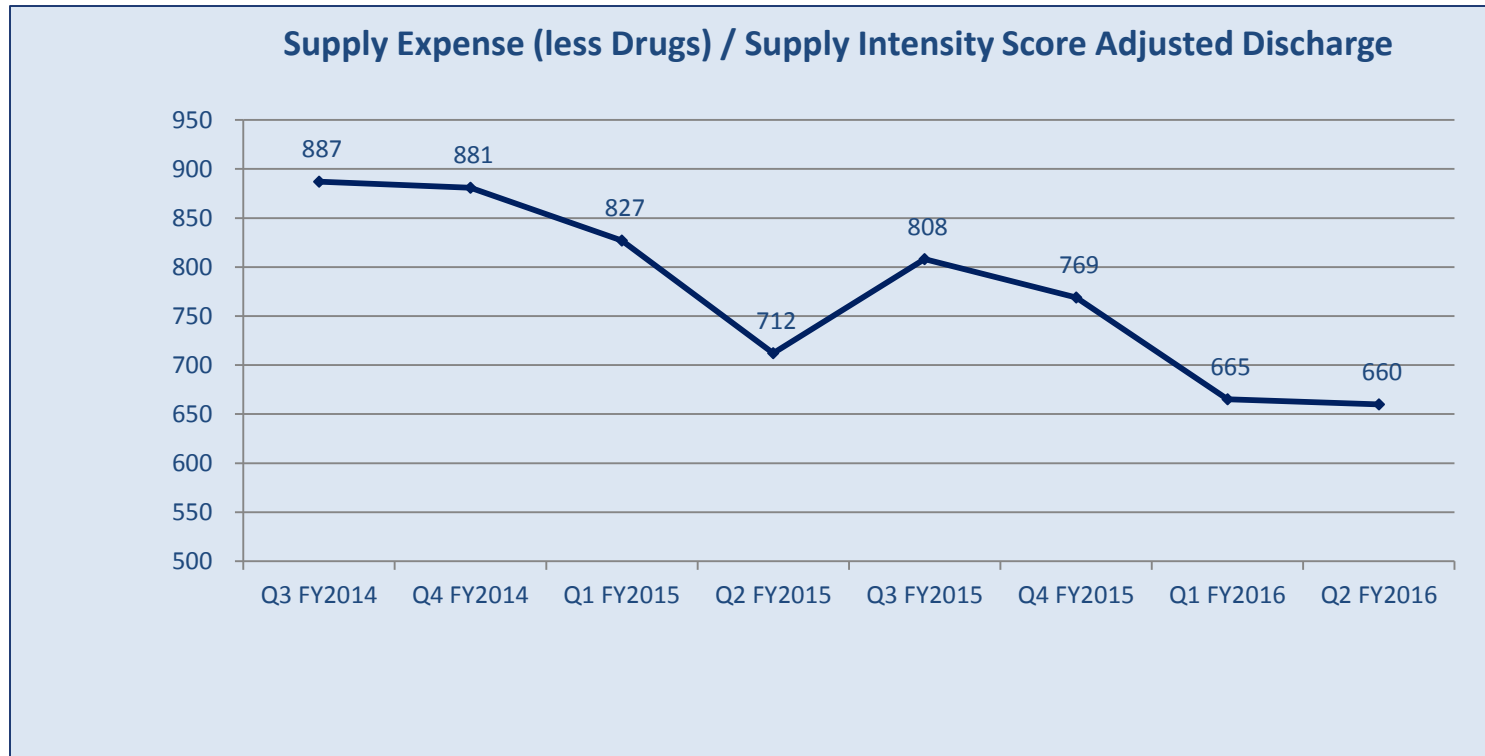
FY 16 Budget Target is to be at 4.30 days by year-end.

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
Total Expense Net Bad Debt/Case Mix Index (CMI)- Adjusted Discharge	N/A	12,934	14,951	9,916	61/64



Q4 FY 2015, Q1 FY 2016, Q2 FY 2016 has shown an upwards trend.

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



UI Health Mission Perspective: Quality and Safety

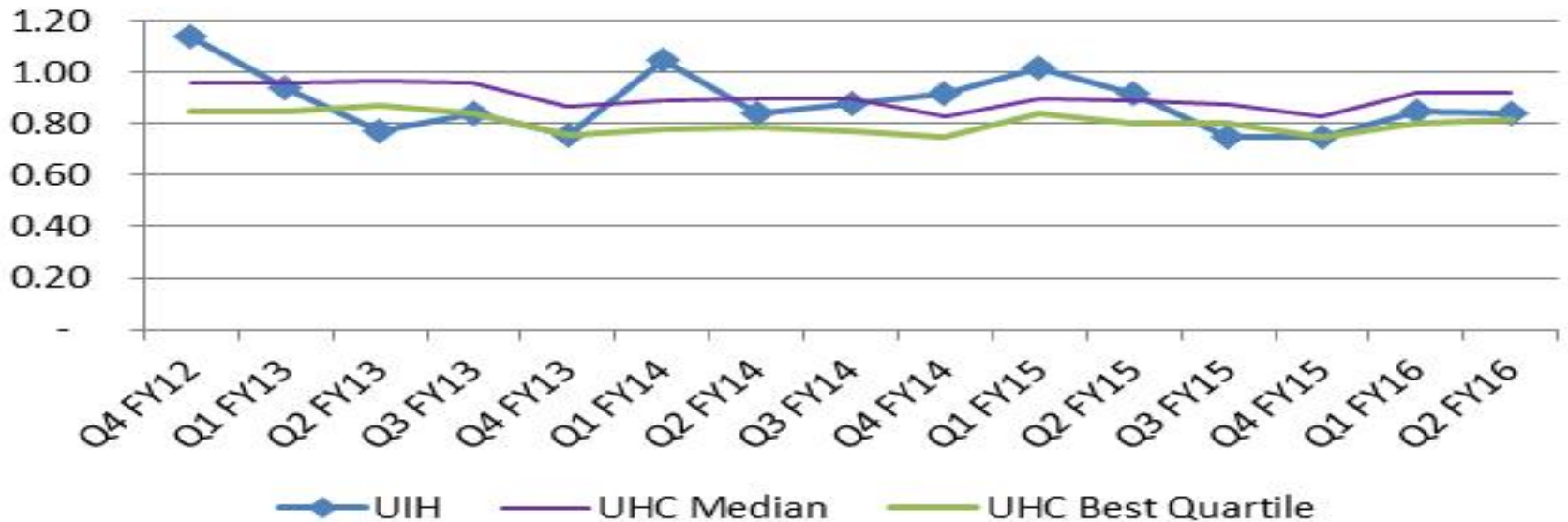


UI Health |



UHC Metrics (Q2 FY16, Oct - Dec 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)	64	0.80	0.84	0.92	37/134

**UI Health Total Inpatient Mortality Index
(Observed/Expected)
Q4 FY12 - Q2 FY16**

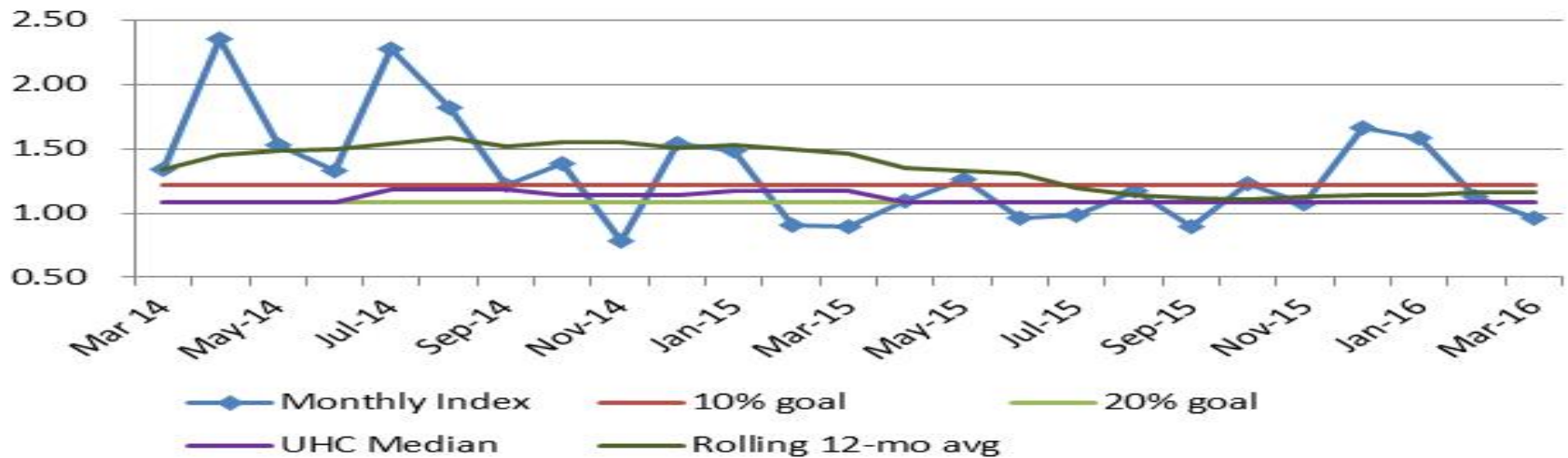


During Q2 FY16, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) improved slightly and remains better than the UHC median. Though we did not have a specific improvement goal for Total Inpatient Mortality, **our performance improved by 14.7%** over the past 4 quarters.

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

UHC Metrics (Q2 FY16, Oct - Dec 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)	31	1.20	1.31	1.21	85/134

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



	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Number of Sepsis Cases by Month	61	82	83	83	83	89	102	102	70	78	77	64	91
Number of Sepsis Deaths by Month	8	12	11	9	12	11	13	13	9	12	12	11	11

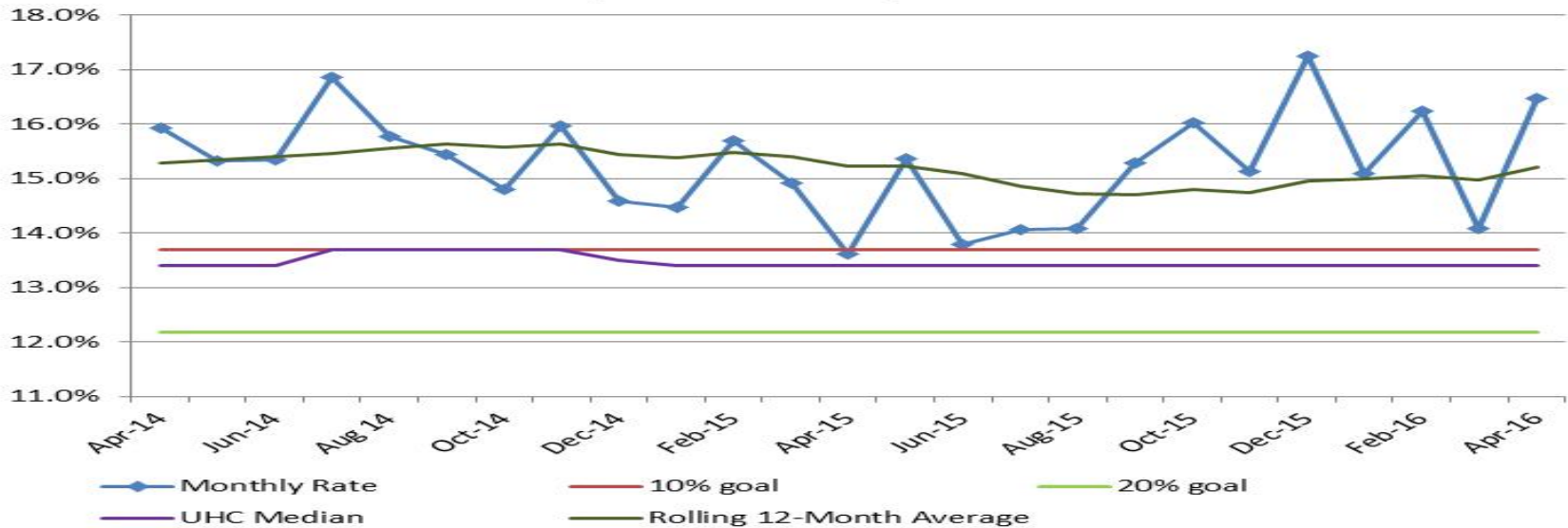
During March 2016, UI Health’s rolling 12-month Sepsis Mortality index (observed/expected deaths) was 0.96, an improvement in performance from the previous month and better than the UHC median.

Our FY16 goal was to reduce our rolling 12-month Sepsis Mortality by at least 10% from our June 2015 baseline of 1.36. Our actual performance of 1.17 represents an improvement of 14.0% over the past year.

UI Health Mission Perspective:
Quality and Safety

UHC Metrics (Q2 FY16, Oct - Dec 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	485	18.8	21.0	13.9	134/134

UI Health 30-Day All-Cause Readmission Rate Apr 2014 - Apr 2016



	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Number of Readmissions by Month	245	284	250	261	250	275	273	243	291	249	259	250	267

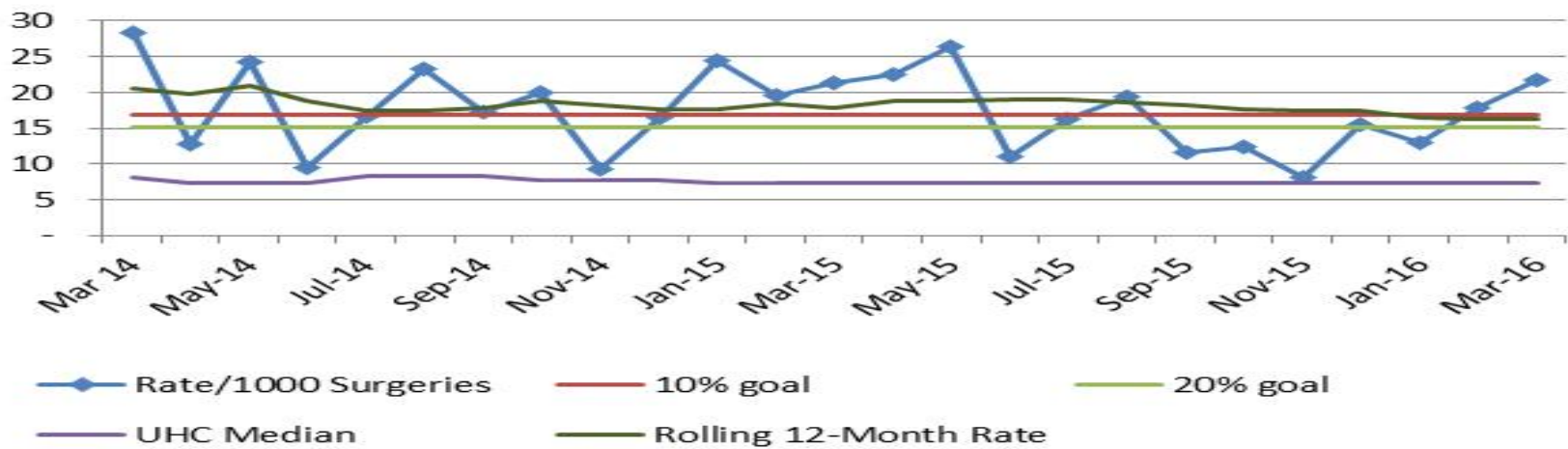
During April 2016, UI Health’s rolling 12-month average 30-day all-cause Readmission Rate was 15.2%, worse than our performance in the previous month and worse than the UHC median.

Our FY16 goal was to reduce our 30-day all-cause Readmission Rate by at least 10% from our baseline of 15.3%. Our actual performance represents **an improvement of only 1%** over the past 12 months.

UI Health Mission Perspective:
Quality and Safety

UHC Metrics (Q2 FY16, Oct - Dec 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)	14	17.3	12.0	7.69	116/134

UIH Post-Op PE* or DVT** per 1000 Surgeries Mar 2014 - Mar 2016



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

During March 2016, UI Health’s rolling 12-month average post-operative PE/DVT rate improved from the previous month to 16.31 per 1000 surgeries, though it remains worse than the UHC median.

Our FY16 goal was to reduce our post-op PE/DVT rate by at least 10 from our June 2015 baseline of 18.71. Our actual performance represents an improvement of 12.8% over the past year.

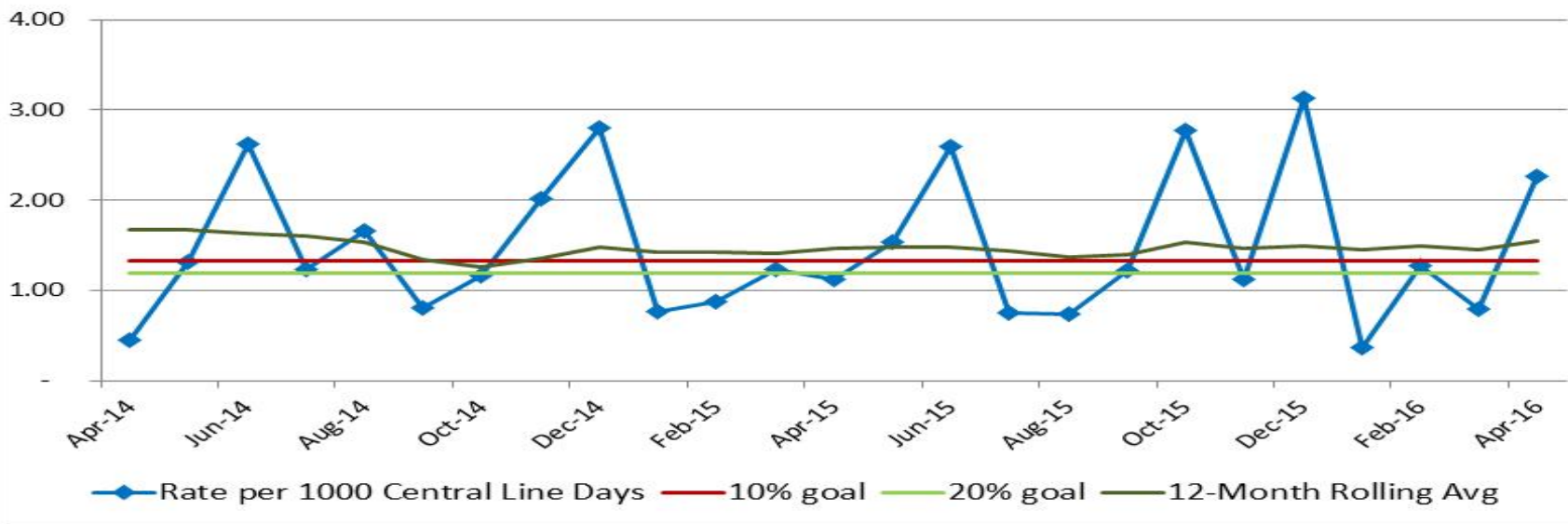
UI Health Mission Perspective: Quality and Safety

*PE = Pulmonary Embolism

**DVT = Deep Venous Thrombosis

UHC Metrics (Q2 FY16, Oct - Dec 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	0.76	0.79	0.22	117/134

Central Line Associated Blood Stream Infections*
Mar 2014 through Mar 2016
Rate per 1000 Line Days, All Inpatient Units Combined



	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Number of Infections by Month	3	4	7	2	2	3	8	2	8	1	3	2	6

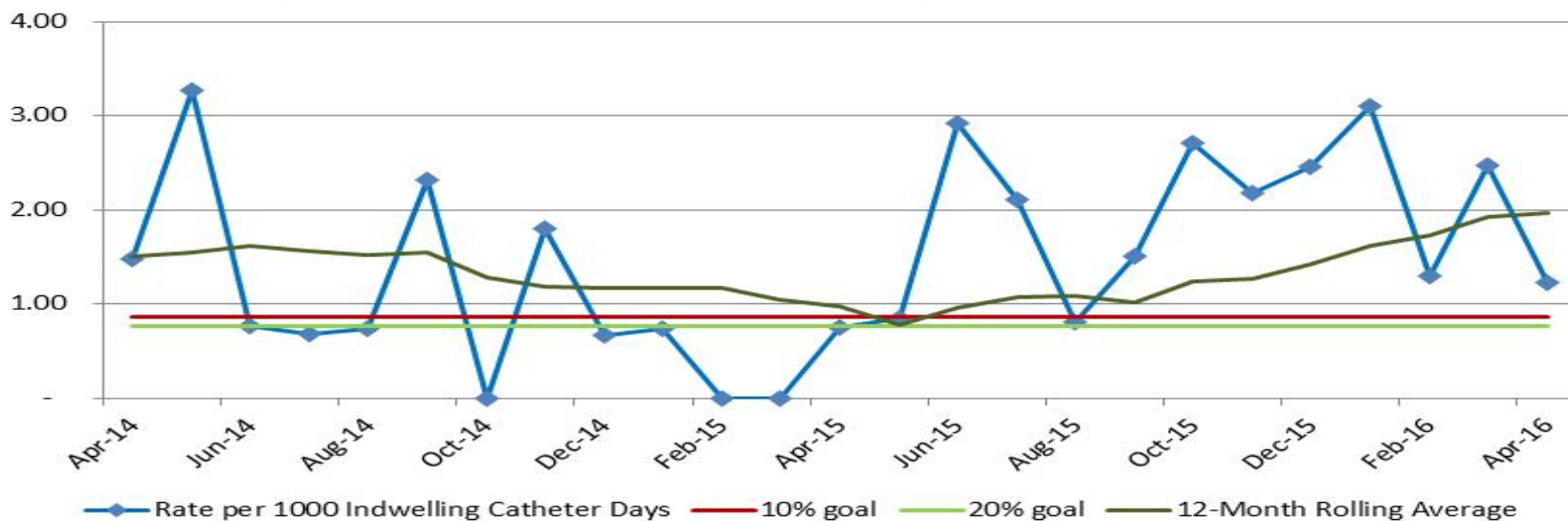
Our 12-month rolling average CLABSI rate worsened slightly in April 2016 to 1.55.

Our FY16 goal was to reduce CLABSIs by at least 10% from our June 2015 baseline of 1.47. Our actual performance of 1.55 represents a **decline in performance of 5.4%** over the past year.

UI Health Mission Perspective: Operational Effectiveness

UHC Metrics (Q2 FY16, Oct - Dec 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	2	0.45	0.47	0.70	44/134

Catheter Associated Urinary Tract Infections*
Mar 2014 through Mar 2016
Rate per 1000 Catheter Days, All Inpatient Units Combined



	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Apr 16	May 16
Number of Infections by Month	1	1	4	3	0	3	4	3	3	5	2	4	2

Our rolling 12-month average CAUTI rate worsened slightly in April to 1.98.

Our FY16 goal was to reduce CAUTIs by at least 10% from our June 2015 baseline of 0.98. Our actual performance of 1.97 represents a **doubling of our CAUTI rate** over the past 12 months.

UI Health Mission Perspective:
Quality and Safety

FY17 Quality & Safety Goals

- **Reduce Sepsis Mortality by 10-20%**

- **Reduce Patient Harm Events by 10-20%**

- Central-Line Associated Blood Stream Infections
- Catheter-Associated Urinary Tract Infections
- Medication Errors resulting in Harm
- Post-Operative DVT*s & PE**s
- Surgical Site Infections
- Inpatient Falls resulting in Harm
- Hospital-Acquired Pressure Ulcers
- Sentinel Events

- **Reduce Employee Harm Events by 10-20%**

- Sharps Injuries
- Slips, Trips, and Falls
- Patient & Equipment Handling Injuries
- Physical Altercations

* *Deep Venous Thromboses*

** *Pulmonary Emboli*



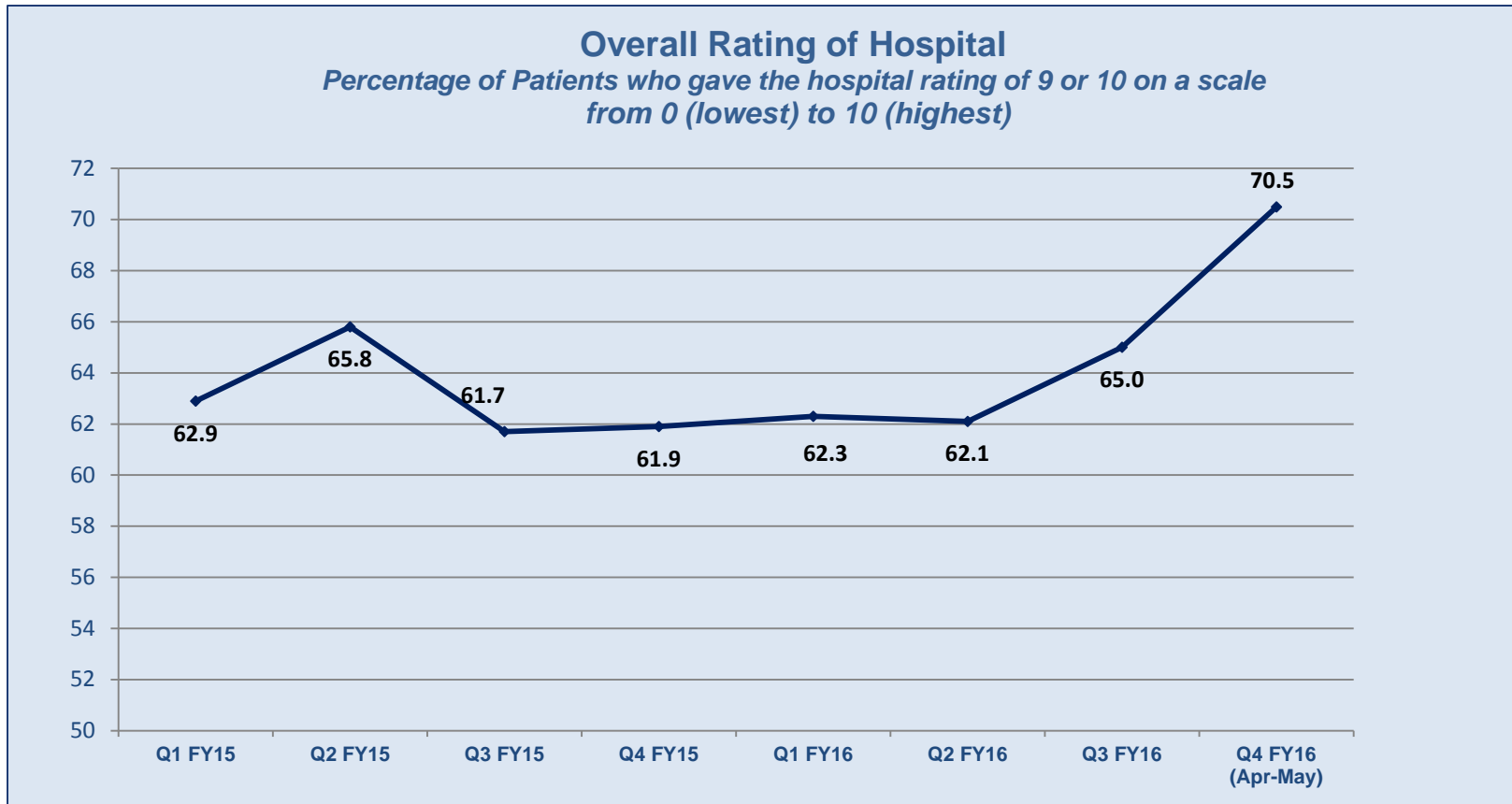
UI Health Mission Perspective: Customer



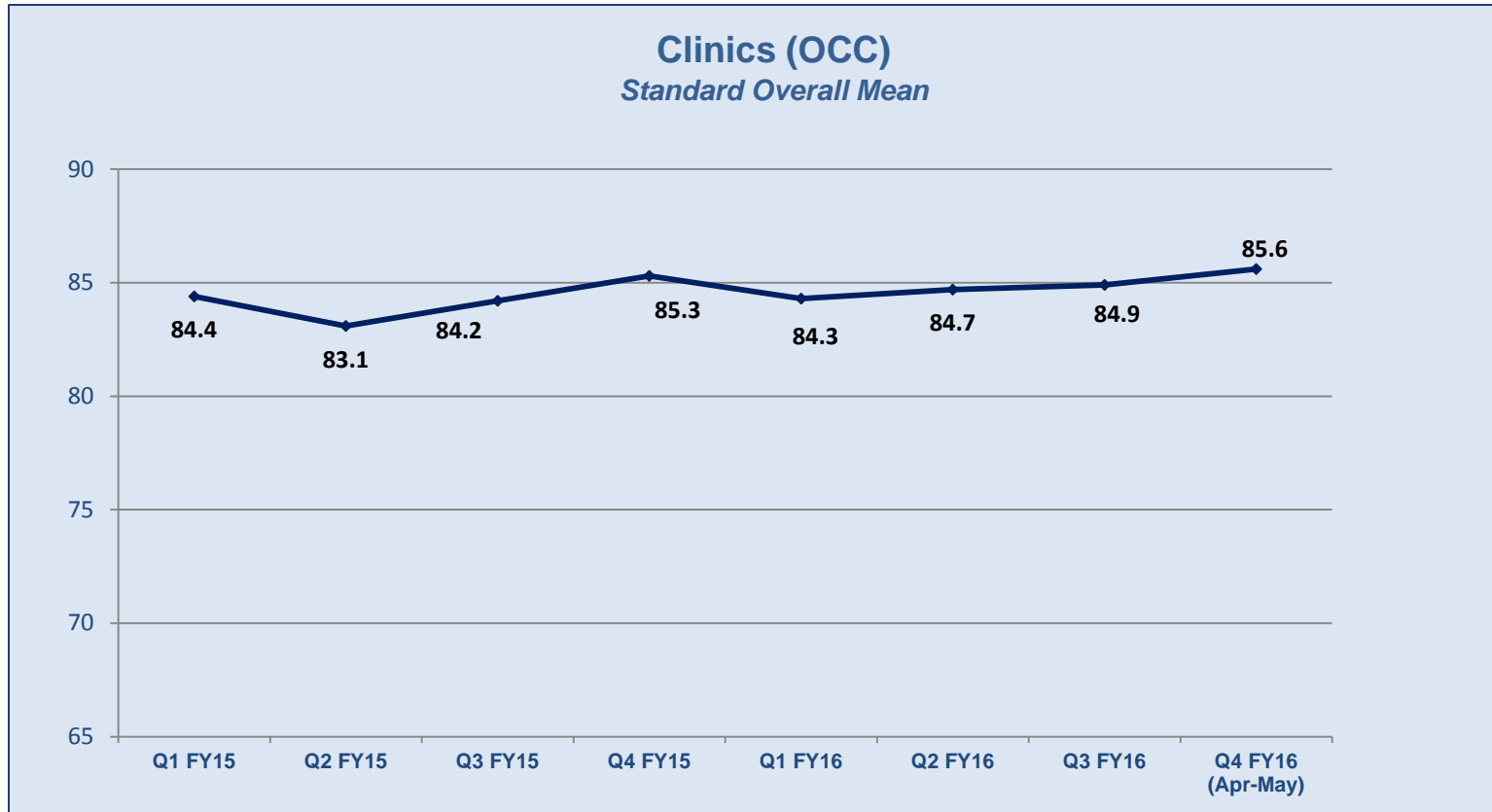
UI Health |



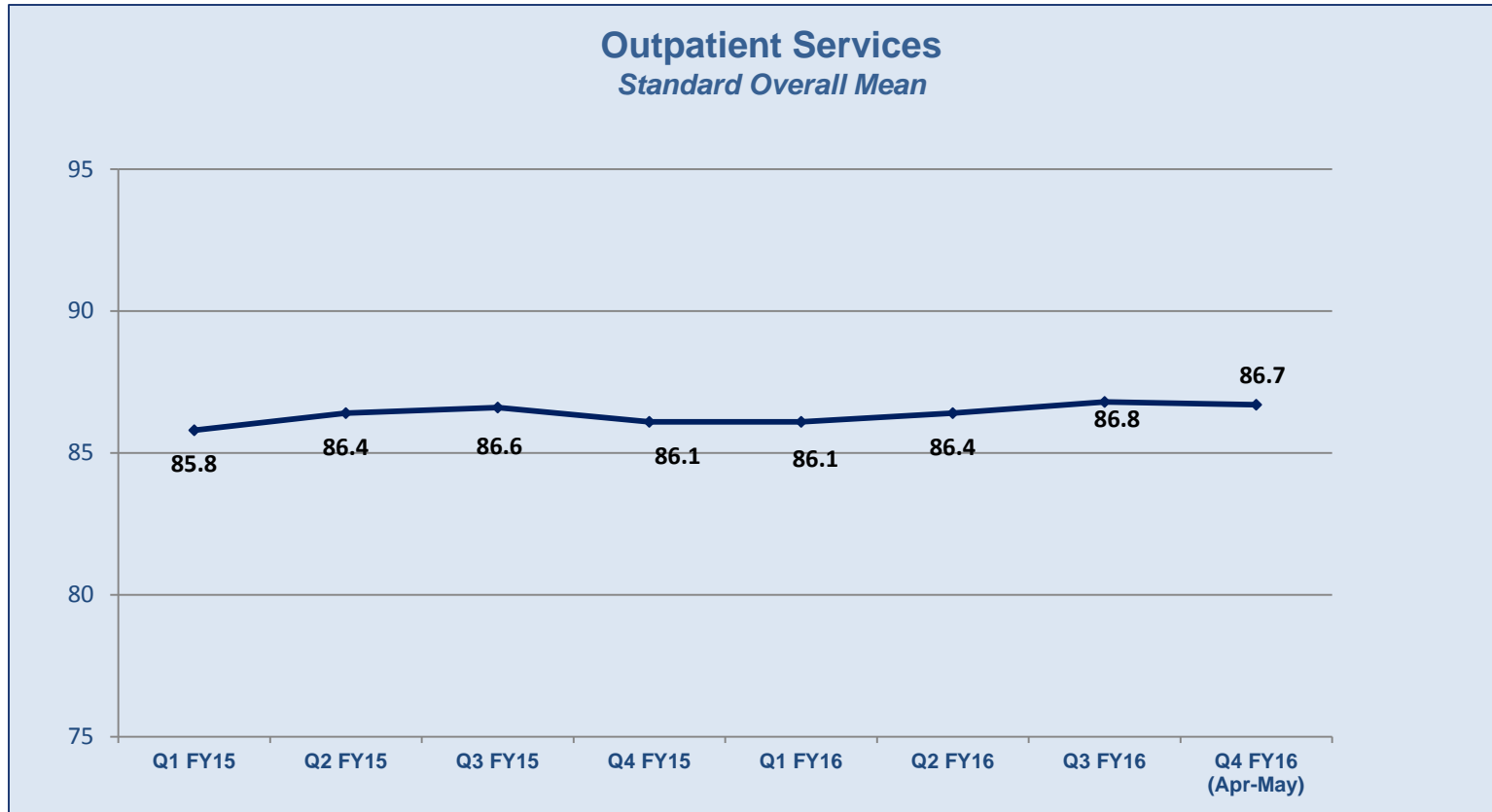
UI Health Metric	Current Quarter Q4 FY16 (Apr-May)	Prior Q4 FY15	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	70.5	61.9	63.0



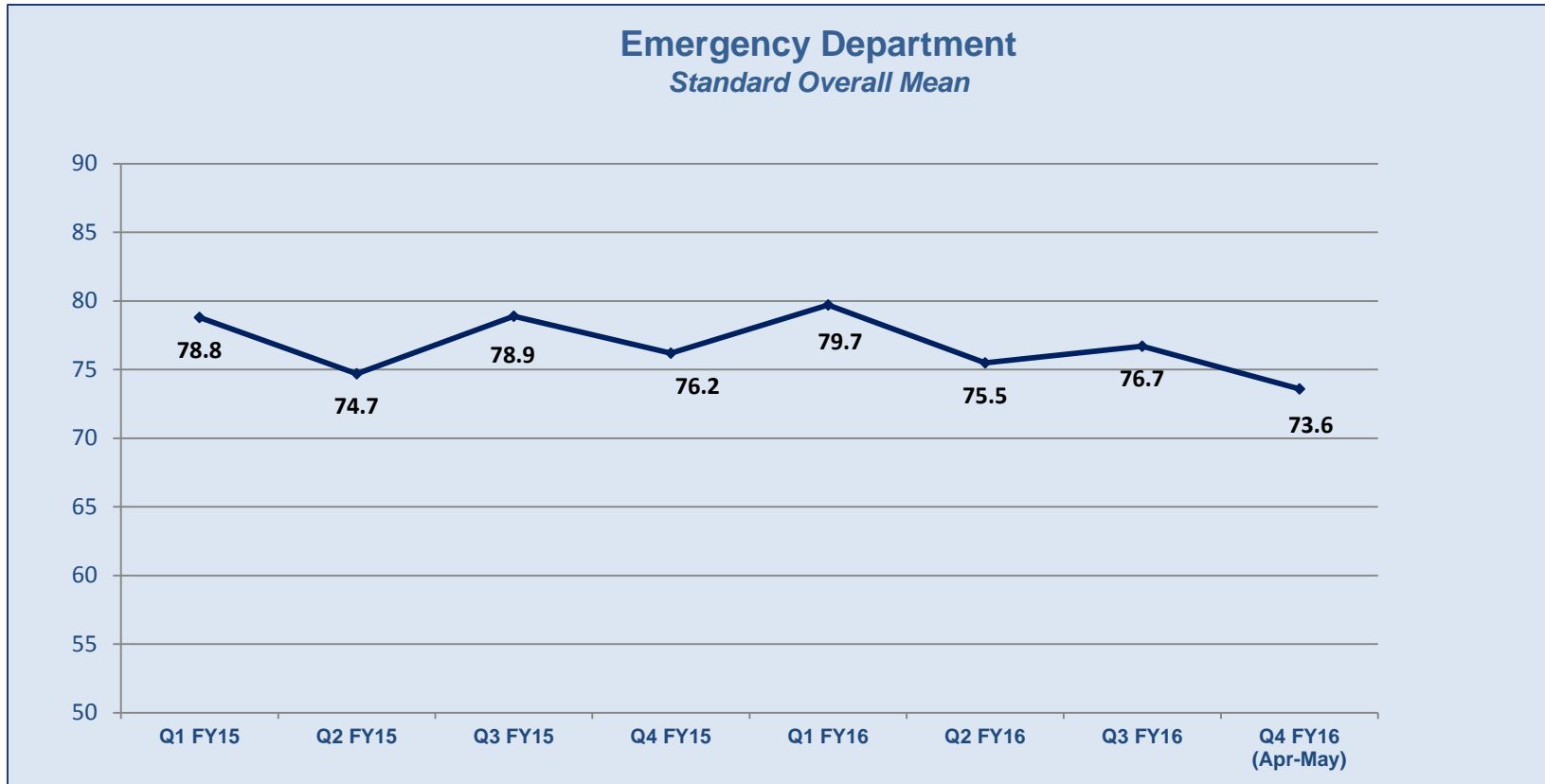
UI Health Metric	Current Quarter Q4 FY16 (Apr-May)	Prior Q4 FY15	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	85.6	85.3	84.3



UI Health Metric	Current Quarter Q4 FY16 (Apr-May)	Prior Q4 FY15	UIH 8 Quarter Average
Outpatient Services (Standard Overall Mean)	86.7	86.1	86.2

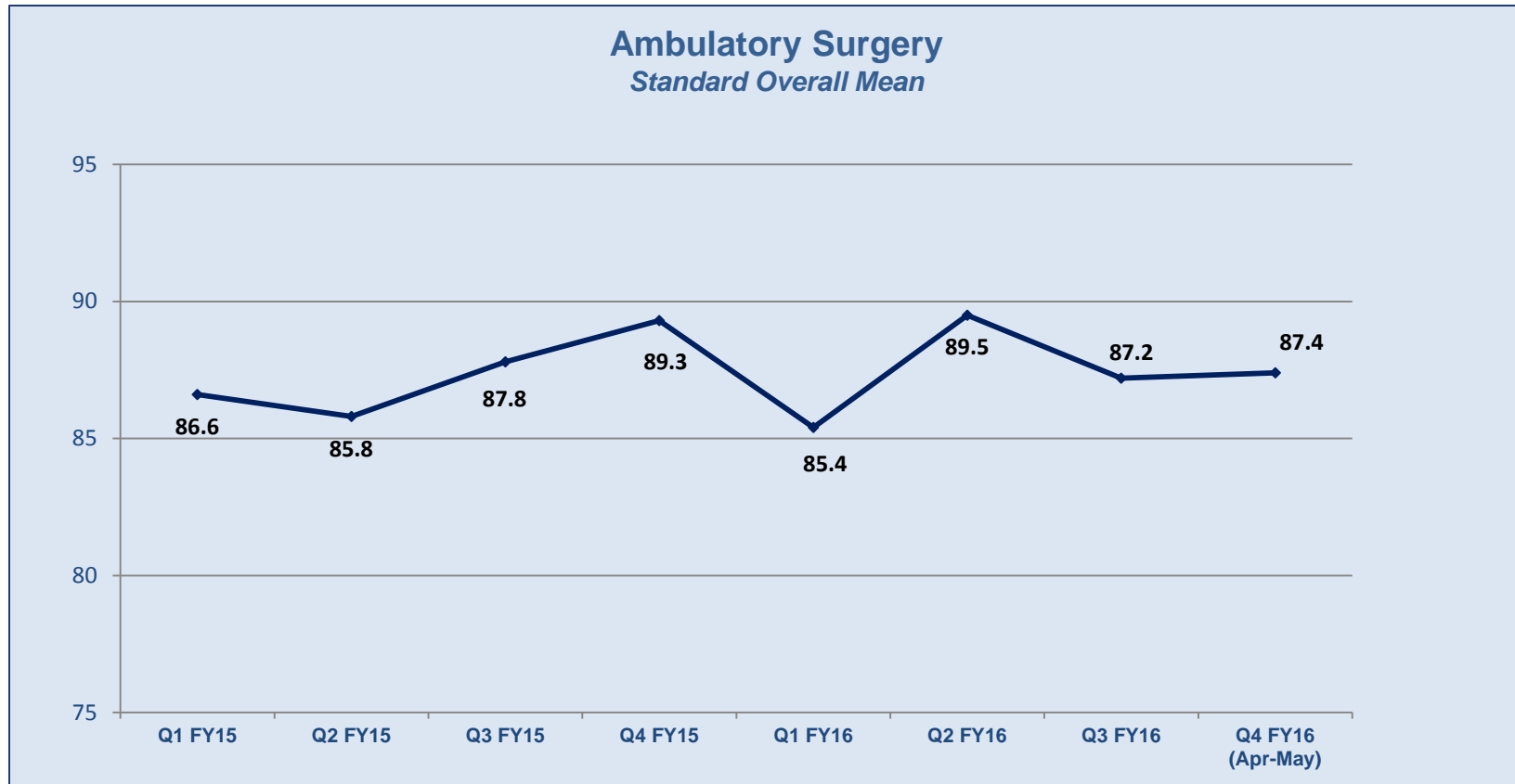


UI Health Metric	Current Quarter Q4 FY16 (Apr-May)	Prior Q4 FY15	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	73.6	76.2	77.4



UI Health Mission Perspective:
Customer

UI Health Metric	Current Quarter Q4 FY16 (Apr-May)	Prior Q4 FY15	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	87.4	89.3	87.1



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.	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
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