UNIVERSITY OF ILLINOIS
HOSPITAL & CLINICS

DASHBOARD
JULY 2019

UI Health | UIC

Inpatient Volume
May YTD (11 months)

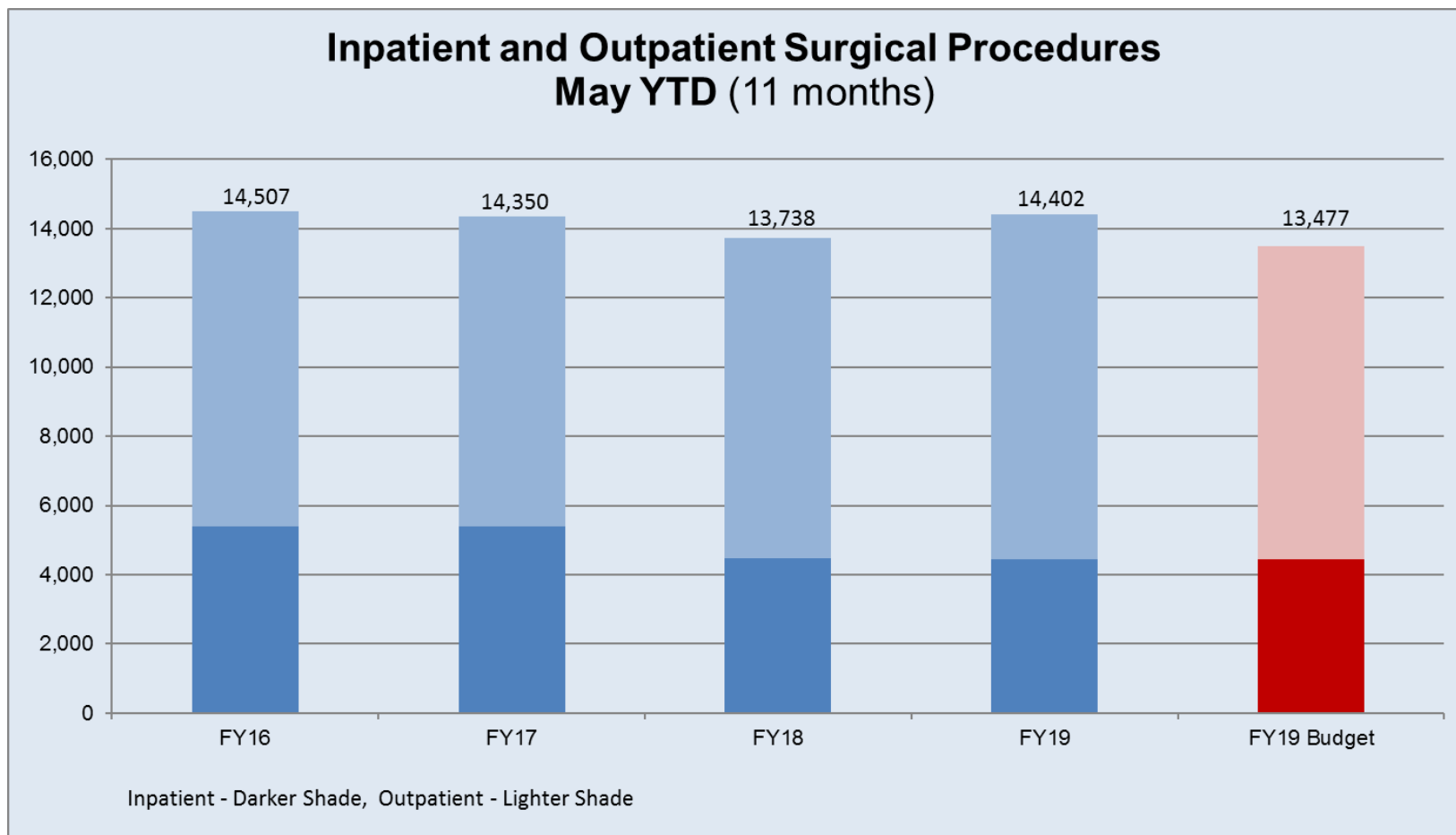|	FY16	FY17	FY18	FY19	FY19 Budget
Total	23,671	24,405	23,704	24,544	24,274
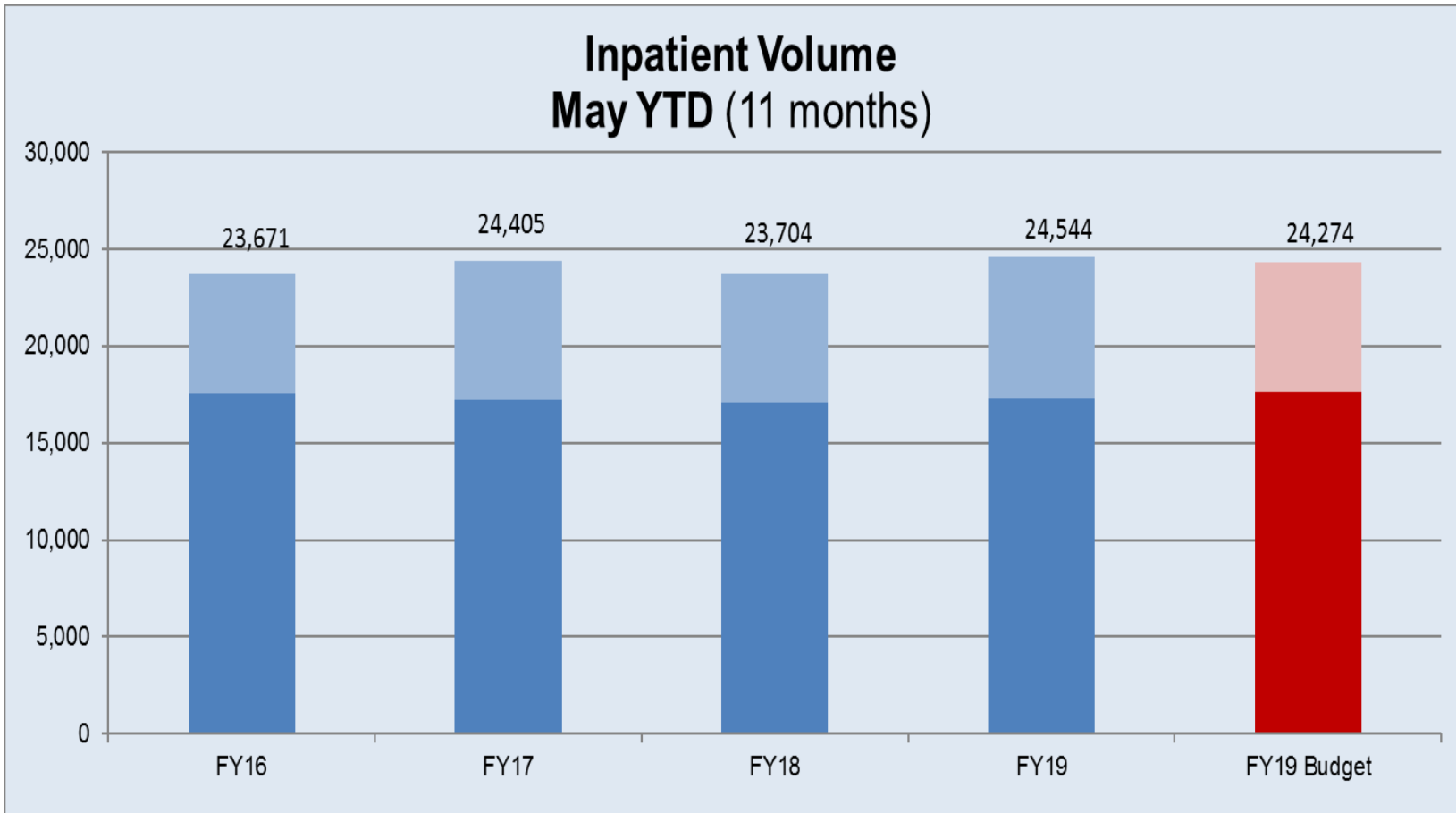
Combined Discharges and Observation Cases for the eleven months ending May 2019 are 1.1% above budget and 3.5% greater than last year.

UI Health: Patient Volume
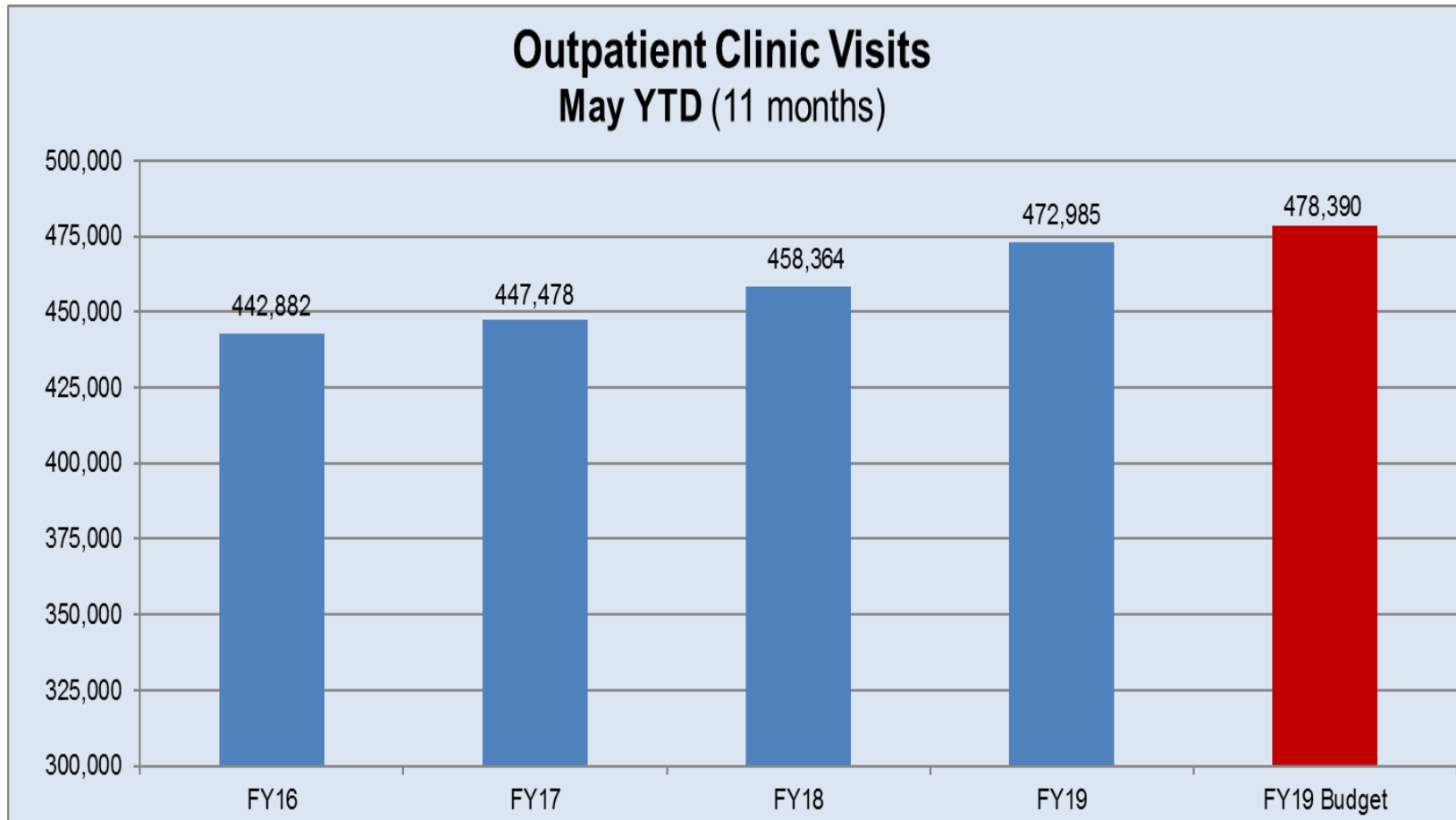
Clinic visits for the eleven months ending May 2019 are 1.1% below budget and 3.2% above last year.

UI Health: Patient Volume

Surgical procedures for the eleven months ending May 2019 are 6.9% above budget and 4.8% greater than last year.

Mile Square Visits
May YTD (11 months)

	FY16	FY17	FY18	FY19
Visits	83,727	87,725	93,089	96,489
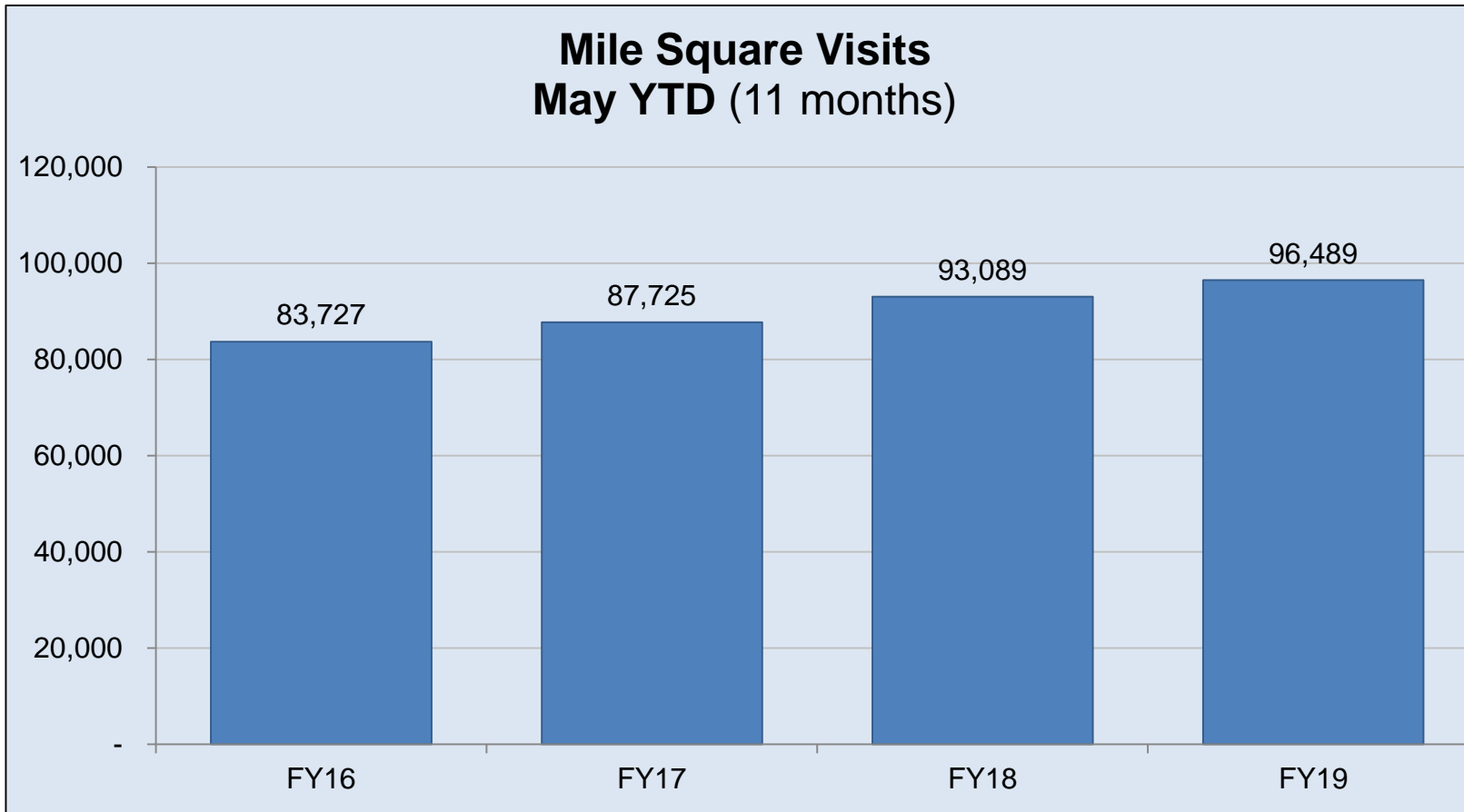
*Minor corrections made to historic data

Mile Square visits for the seven months ending May 2019 are 3.7% above last year.

UI HEALTH MISSION PERSPECTIVE
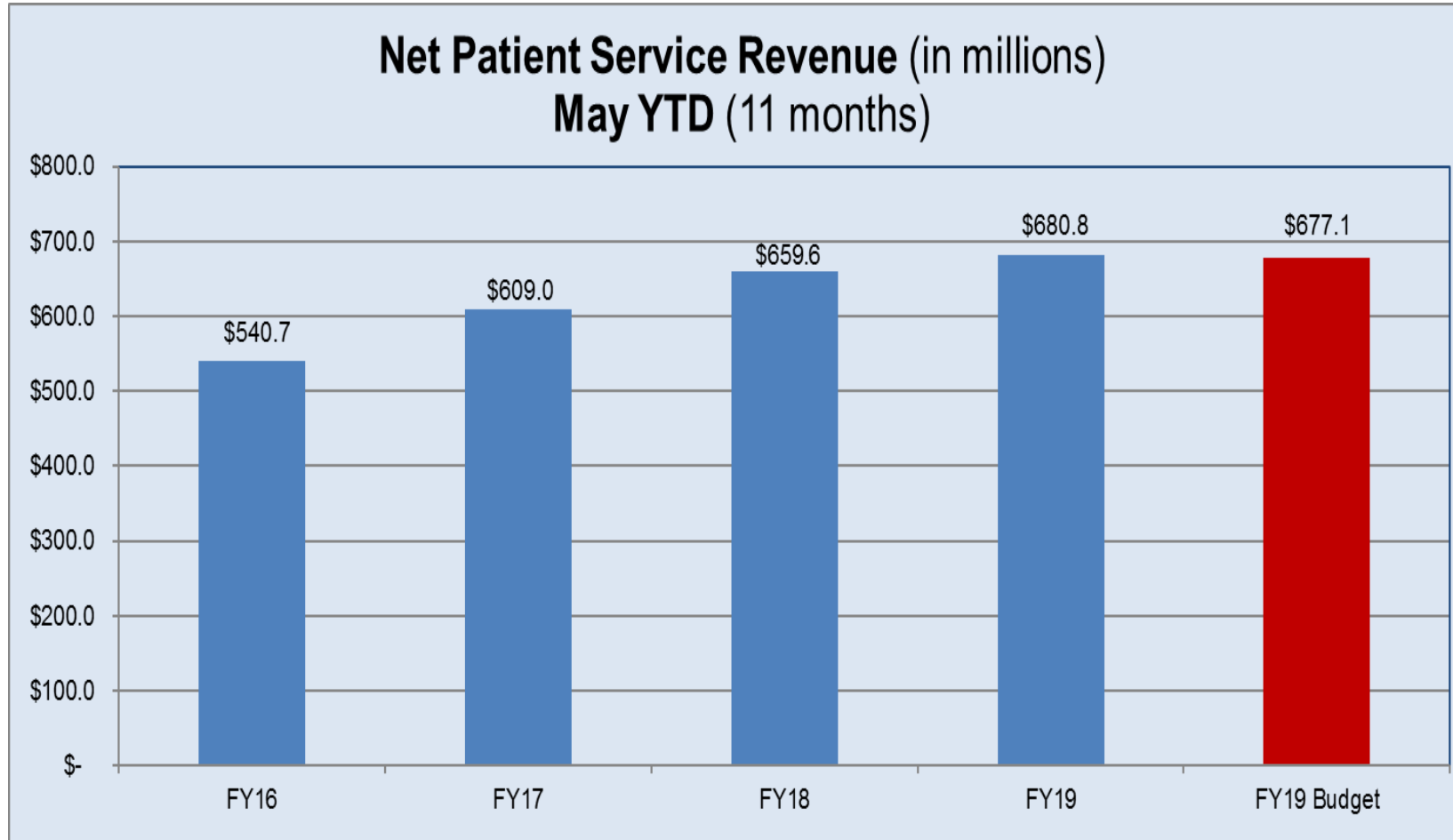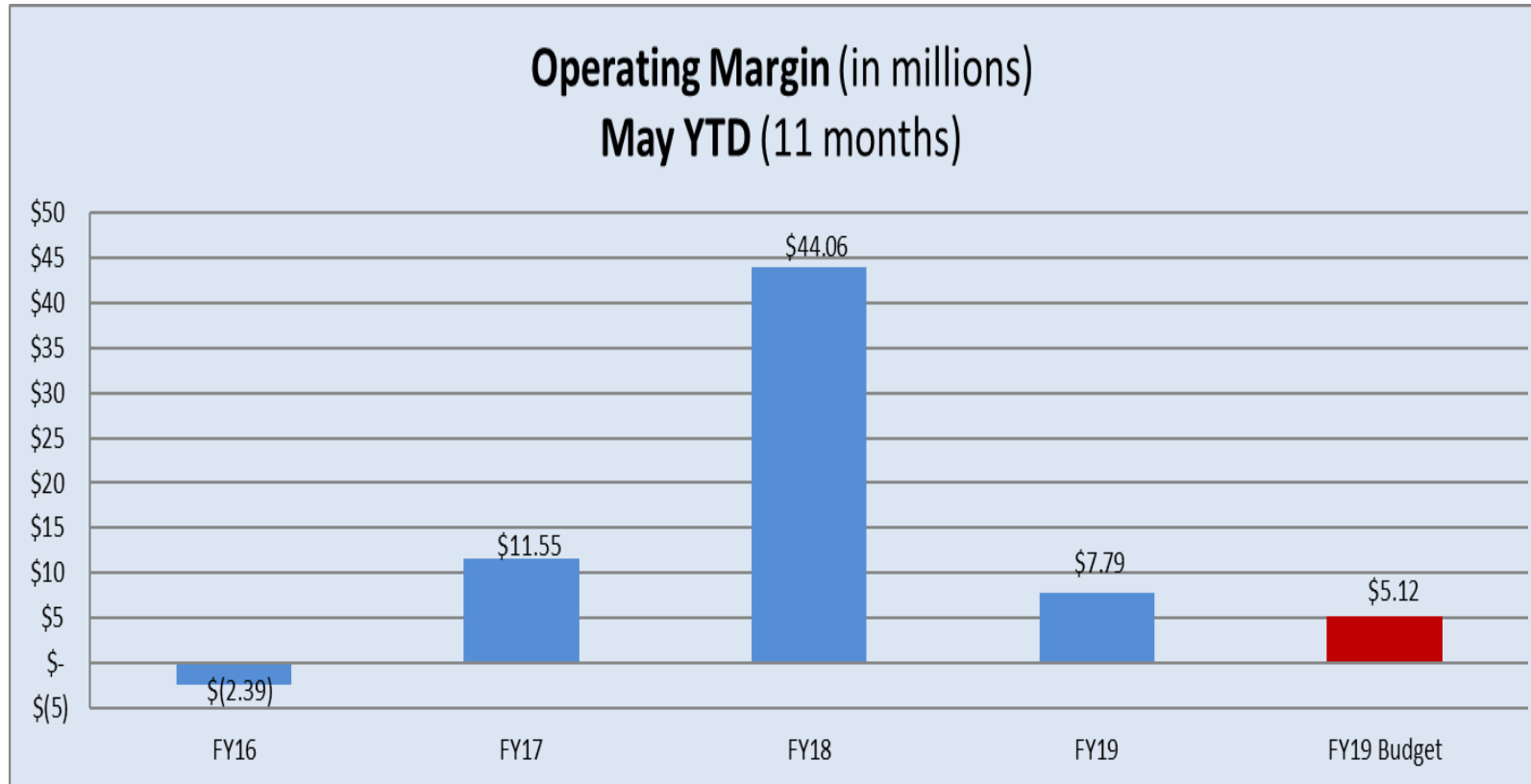
FINANCIAL PERFORMANCE
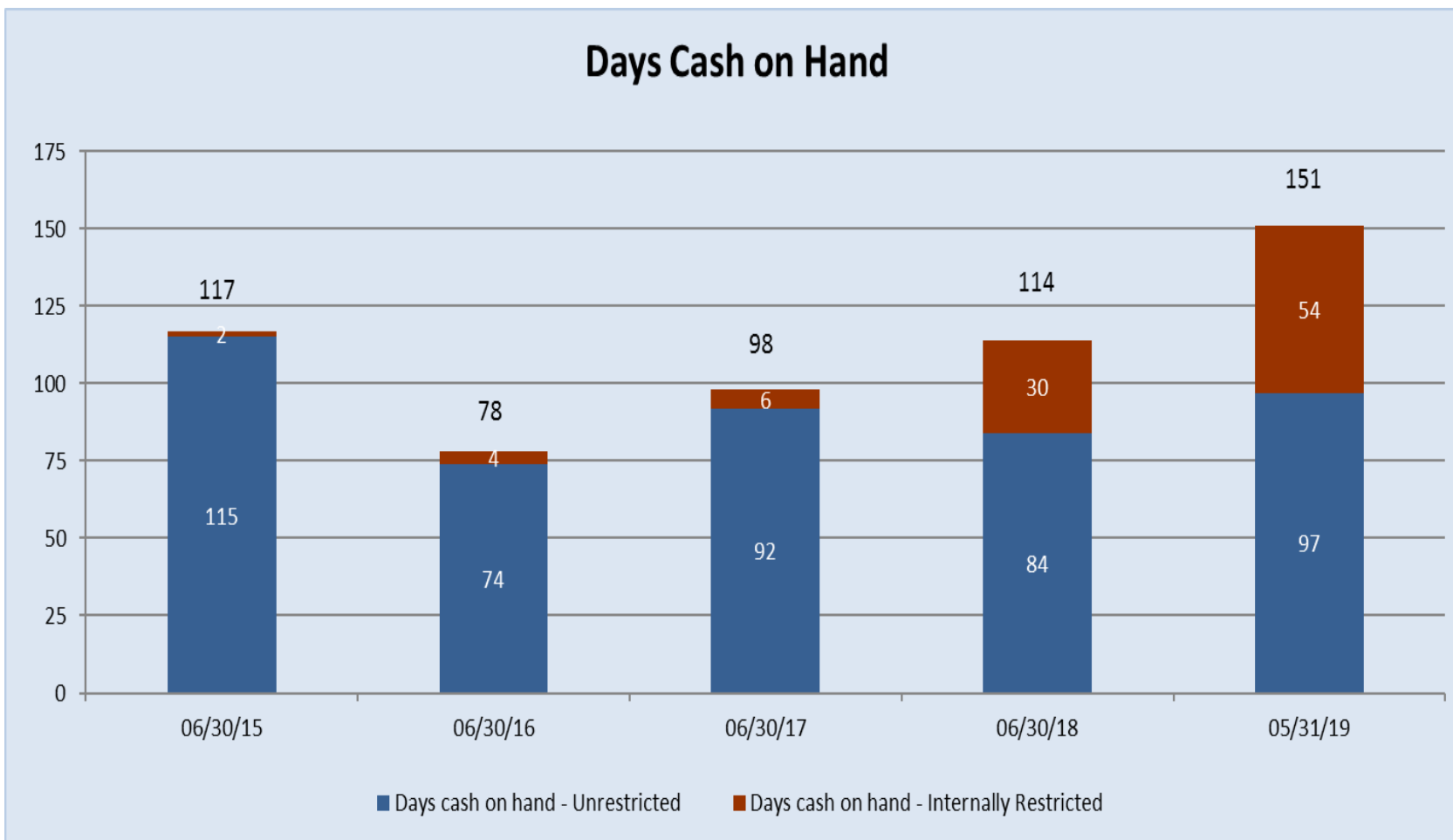
STATEMENT OF OPERATIONS – MAY 2019
($ IN THOUSANDS)

Month							Year-to-Date					
		Variance		Prior					Variance		Prior	
Actual	Budget	$	%	Year			Actual	Budget	$	%	Year	
$ 66,151	$ 62,820	3,331	5.3%	$ 53,955	**Net Patient Revenue**		$ 680,773	$ 677,127	3,646	0.5%	$ 659,603	
33,707	33,695	12	0.0%	43,327	Other Revenue		369,457	370,502	(1,045)	-0.3%	377,509	
99,858	**96,515**	**3,343**	**3.5%**	**97,282**	**Total Revenue**		**1,050,230**	**1,047,629**	**2,601**	**0.2%**	**1,037,112**	
30,687	30,376	(311)	-1.0%	28,100	Salaries & Wages		327,601	327,757	156	0.0%	311,603	
27,039	26,987	(52)	-0.2%	24,898	Employee Benefits		297,418	296,749	(669)	-0.2%	296,140	
35,654	35,308	(346)	-1.0%	33,872	Department Expenses		380,089	380,671	582	0.2%	349,614	
3,395	3,395	0	0.0%	3,244	General Expenses		37,335	37,335	0	0.0%	35,698	
96,775	**96,066**	**(709)**	**-0.7%**	**90,114**	**Total Expenses**		**1,042,443**	**1,042,512**	**69**	**0.0%**	**993,055**	
$ 3,083	**$ 449**	**2,634**	**586.6%**	**$ 7,168**	**Operating Margin**		**$ 7,787**	**$ 5,117**	**2,670**	**52.2%**	**$ 44,057**	
(601)	(281)	(320)	-113.9%	(275)	Net Non-operating Income/(Loss)		(291)	$ (3,083)	2,792	90.6%	(2,609)	
$ 2,482	**$ 168**	**2,314**	**1377.4%**	**$ 6,893**	**Net Income/(Loss)**		**$ 7,496**	**$ 2,034**	**5,462**	**268.5%**	**$ 41,448**	

UI Health Mission Perspective: Financial Performance

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

Net Patient Service Revenue is 3.2% greater than the prior year and 0.5% greater than budget.

UI Health Mission Perspective: Financial Performance

Operating Margin (in millions)
May YTD (11 months)

	FY16	FY17	FY18	FY19	FY19 Budget
	$(2.39)	$11.55	$44.06	$7.79	$5.12

Operating Margin includes Payments on Behalf for Benefits and Utilities.

Days Cash on Hand

Date	Days cash on hand - Unrestricted	Days cash on hand - Internally Restricted	Total
06/30/15	115	2	117
06/30/16	74	4	78
06/30/17	92	6	98
06/30/18	84	30	114
05/31/19	97	54	151

Major Project Funding Segregated

Unrestricted and Restricted Cash and Investments
(in millions)
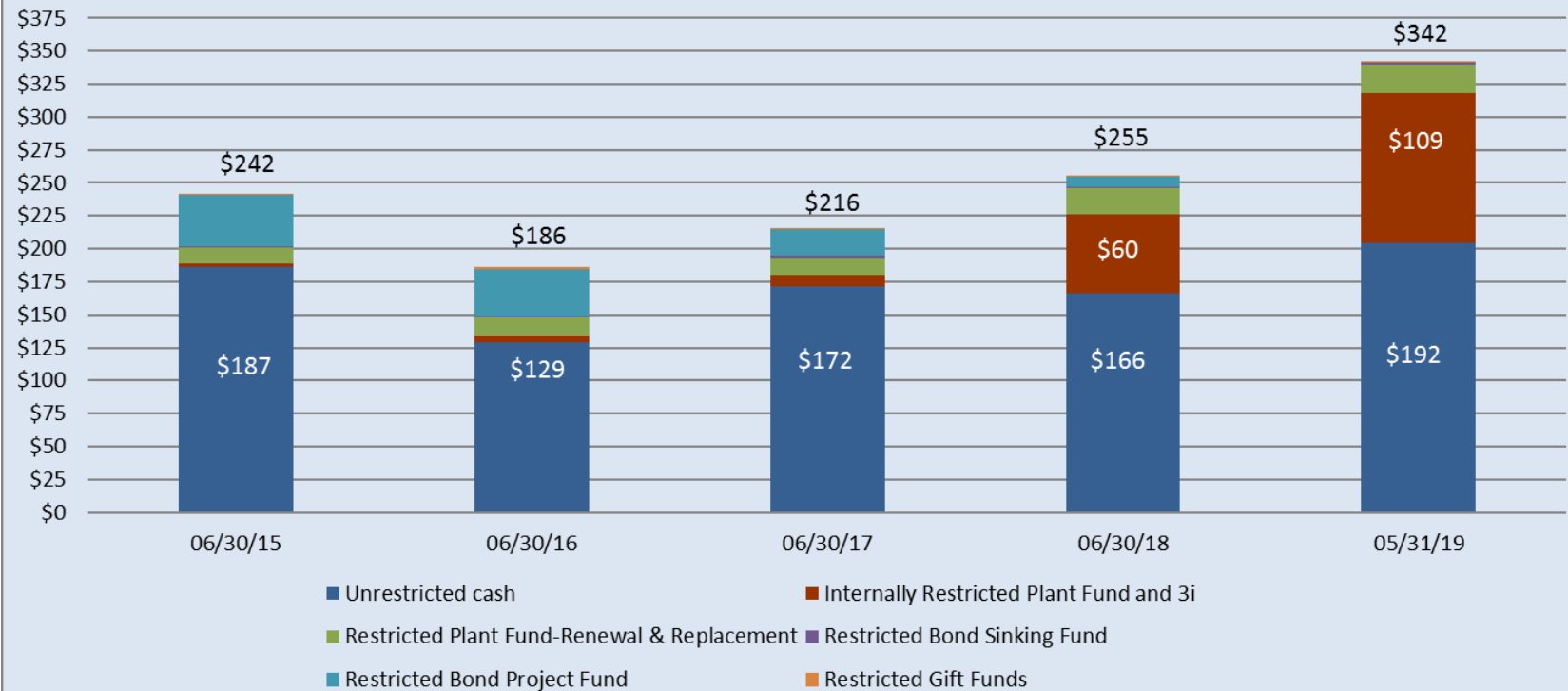
Strengthening Cash Position

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 May YTD	**0.7%****	**151.0**	**294.9%**	**12.5**

* Published in September, 2018
** Anticipated shortfall in FY19 & FY20

UI Health Mission Perspective: Financial Performance

UI HEALTH MISSION PERSPECTIVE

OPERATIONAL EFFECTIVENESS
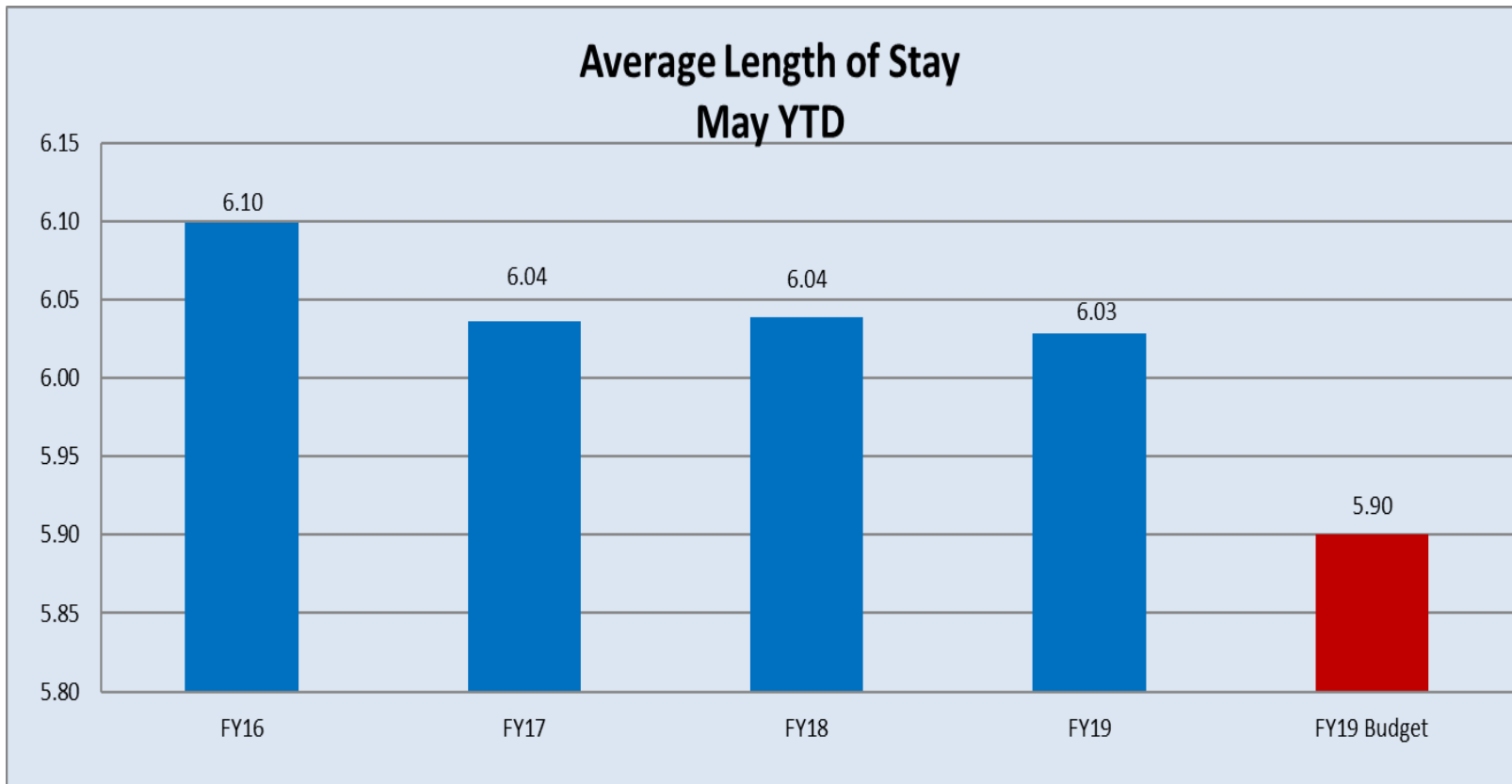
The FY 19 Budget Target is to be at 5.9 days (for the month) by year-end.

UI Health Mission Perspective: Operational Effectiveness

UI HEALTH MISSION PERSPECTIVE
NURSING STAFFING & SAFETY

FY19 Q3
STAFFING SAFETY EVENT REPORTS

- For FY19 Q3, a total of 5 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

Inpatient - All HCAHPS Domains Dashboard

Domain	FY 2018		1st Q FY 2019		2nd Q FY 2019		3rd Q FY 2019		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	11	62.7	13	63.8	17	64.4	20	63.7	18	68.6	72.7	82.9
Communication with Nurses	76.5	20	78.0	29	77.4	25	77.4	27	77.6	29	78.3	80.4	86.6
Communication with Doctors	80.5	45	79.9	40	79.5	35	80.2	43	79.8	40	78.8	81.1	88.0
Communication about Medicines	62.4	36	59.6	20	61.7	31	60.3	26	60.5	27	61.8	64.3	72.6
Communication about Pain*	65.3	46	62.5	28	57.4	12	58.4	16	59.5	20	63.3	66.3	75.4
Responsiveness of Staff	65.5	39	67.0	47	65.3	39	64.4	36	65.6	43	63.9	67.4	78.6
Discharge Information	84.1	18	83.9	18	82.9	14	84.9	25	83.9	19	85.7	87.6	92.3
Hospital Environment (clean & quiet combined)	61.4	23	59.2	14	57.6	11	58.7	16	58.5	15	63.6	67.1	77.8
Care Transition	51.6	41	49.4	28	48.8	26	49.9	33	49.4	30	50.1	53.4	62.9
Number of Returned Surveys (n)	1367		316		298		318		932				

*CMS changed HCAHPS questions about patient experience with pain beginning with January 1st, 2018 discharges. Report ran date 4 12 19
HCAHPS % Top Box and Ranks All PG Database (CMS View) 07/01/18 - 09/30/18

Legend		
	< 32nd percentile	≥ 32nd percentile

Emergency Department - CAHPS Dashboard

Metric	Jul-Sep 2018		Oct-Dec 2018		Jan-Mar 2019		FYTD		FY19 Goal (30th 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			
Rate ER Care 0-10	50.9	7	48.4	3	54.5	15	51.3	7	59.3	64.7	77.3
Recommend the ER	54.7	18	47.6	6	54.5	18	52.4	14	59.4	65.2	78.2
Care within 30 min of getting to ER	72.1	16	72.2	13	65.7	9	70.0	15	78.2	84.5	94.4
Doctors/nurses ask about all meds	69.4	6	69.7	7	76.2	27	71.8	13	77.7	81.7	90.1
Before giving meds, tell what medicine was for	74.0	11	77.5	16	77.4	16	79.1	24	78.4	81.6	88.3
Doctors/nurses describe side effect	52.7	61	42.3	11	47.6	35	47.7	36	46.3	50.4	59.4
Doctors/nurses info result of tests	62.2	17	62.0	9	63.2	17	63.3	18	64.6	68.8	78.1
Nurses treat with courtesy/respect	71.8	5	73.3	6	74.6	8	73.2	5	80.8	83.9	91.7
Nurses listen carefully to you	65.3	5	65.6	5	71.3	19	67.4	9	73.3	77.3	85.7
Nurses expl in way you understand	67.6	11	65.3	7	69.2	15	67.4	11	72.6	76.3	84.3
Nurses spend enough time with you	51.6	5	50.3	4	54.0	8	52.0	6	62.7	67.9	80.2
Doctors treat with courtesy/respect	74.2	13	74.5	13	74.0	11	74.2	12	78.4	81.7	88.9
Doctors listen carefully to you	68.4	15	66.7	9	69.8	17	68.3	11	72.1	75.7	83.8
Doctors expl in way you understand	67.1	12	67.7	13	66.5	10	67.1	12	71.4	75.3	83.8
Doctors spend enough time with you	52.4	8	50.5	4	49.0	4	50.7	5	60.0	64.6	76.4
Left ER understand main health prob	86.6	60	82.3	25	85.5	50	84.9	45	82.4	85.3	91.4
Symptoms to look for when left ER	82.8	26	81.9	18	85.0	40	83.3	28	83.3	85.9	92.3
Before leaving ER, tell what new meds were for	77.2	11	74.6	7	79.1	5	84.7	24	81.7	84.6	90.6
Ask if able to get follow-up care	78.9	56	71.9	7	82.0	68	80.7	57	75.1	78.1	85.0
Did ED staff try reduce pain	54.3	52	50.7	28	53.6	43	53.2	42	50.0	53.7	64.2
ED discuss pain med side effects	48.8	25	49.6	24	56.0	47	55.2	43	50.0	54.2	63.6
Number of Returned Surveys (n)	212		190		206		608				

ED CAHPS % Top Box and Ranks All PG Database 09/01/18 - 11/30/18. Report received date 4 15 19

Questions highligthed in blue have the higther correlation to Recommend ER

Legend	< 30th percentile	≥ 30th percentile

Outpatient/Diagnostics Services PG Dashboard

Metric		FY 2018 Mean	FY 2018 All PG Database rank	1st Q FY 2019 Mean	1st Q FY 2019 All PG Database rank	2nd Q FY 2019 Mean	2nd Q FY 2019 All PG Database rank	3rd Q FY 2019 Mean	3rd Q FY 2019 All PG Database rank	FYTD 2019 Mean	FYTD 2019 All PG Database rank	FY19 Goal (30th Percentile)	Achievement Threshold (50th Percentile)	Benchmark (90th Percentile)
All Outpatient Services Overall	Std.	88.0	1	87.5	1	88.3	2	88.7	2	88.2	1	92.6	93.6	95.4
All Radiology Overall	Std.	88.8	2	87.9	1	88.5	2	89.4	3	88.6	2	92.6	93.6	95.4
Cardiology Overall	Std.	90.4	7	78.3	1	90.6	7	95.4	89	89.6	3	92.6	93.6	95.4
GI Lab Overall	Std.	88.7	2	89.2	3	90.1	5	89.3	3	89.5	3	92.6	93.6	95.4
Vascular Lab Std. Overall		88.2	1	89.3	3	87.8	1	94.2	65	90.4	7	92.6	93.6	95.4
Pulmonary Function	Std. Overall	90.3	6	92.0	20	91.3	12	91.0	10	91.4	13	92.6	93.6	95.4
All Physical Therapy Overall	Std.	89.8	4	90.2	5	90.9	8	91.9	18	91.2	11	92.6	93.6	95.4
Phlebotomy Lab	Std. Overall	86.4	1	85.9	1	86.9	1	86.9	1	86.6	1	92.6	93.6	95.4
Sickle Cell Overall	Std.	66.2	1	96.1	97	72.1	1	N/A	N/A	90.1	5	92.6	93.6	95.4
Sleep Center	Std. Overall	N/A	N/A	N/A	N/A	86.3	1	88.6	2	88.1	1	92.6	93.6	95.4

Number of Returned Surveys (n) 4836 1293 1229 1871 4393

Outpatient Means & Ranks All PG Database 07/01/18 - 09/30/18. Data Ran on 4 12 19

Legend		
< 30th percentile	≥ 30th percentile	No Data

OAS CAHPS Domains Dashboard

Domain	FY 2018		1st Q FY 2019		2nd Q FY 2019		3rd Q FY 2019		FYTD 2019		FY19 Goal (30th 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			
Facility Rating (0-10)	72.3	3	75.5	6	82.4	28	73.9	4	76.7	9	82.6	85.8	92.3
Recommend Facility	74.6	12	78.5	24	80.2	30	75.1	13	77.3	18	79.7	83.9	91.4
Communication	89.5	28	91.2	50	91.3	48	90.3	34	90.8	40	89.6	91.2	94.4
Facility/Personal Trtment	92.6	3	93.3	5	94.2	9	92.5	3	93.2	4	95.9	96.9	98.6
Discharge	92.1	5	93.9	22	95.8	56	92.4	6	93.7	16	94.4	95.4	97.4
Number of Returned Surveys (n)	558		140		208		355		703				

OAS CAHPS % Top Box and Ranks All PG Database (CMS View) Data Ran on 4 12 19

Legend	< 30th percentile	≥ 30th percentile

All Ambulatory OCC CGCAHPS Domains Dashboard

Domain	FY 2018		1st Q FY 2019		2nd Q FY 2019		3rd Q FY 2019		FYTD 2019		FY19 Goal (30th 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			
Doctor Rating (0-10)	81.0	13	81.3	15	82.9	20	81.4	14	81.9	15	84.6	86.8	90.9
Recommend this provider office	86.1	10	86.2	10	86.4	12	85.5	11	86.0	12	90.2	91.7	94.6
Physician Communication Quality	89.2	10	89.6	11	89.6	11	89.4	11	89.5	11	92.0	93.2	95.4
Office Staff Quality	87.9	9	87.9	9	86.9	7	87.9	8	87.6	7	92.7	94.0	96.4
Access to Care 3 Month	72.1	9	71.7	8	72.0	9	74.3	13	72.7	11	78.8	81.4	86.3
Care Coordination	67.8	10	68.0	10	67.4	9	69.1	13	68.1	11	72.6	74.8	79.2
Number of Returned Surveys (n)	6013		1700		1748		1655		5103				

CG CAHPS National Facility %Top Box and Ranks (CMS View) 04/01/18-09/30/18. Report ran date 4 12 19

Legend	< 30th percentile	≥ 30th 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

Ensuring Alignment with External Ratings

	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog	Vizient Quality & Accountability	BCBSIL Blue Star Report
Safety[1]	25%	22%		50%	25%	
Mortality[2]	25%	22%	38%		25%	
Patient Experience	25%	22%	5%	16%	15%	~10%
Readmission		22%			10%	~3%
Other[3]	25%	12%	58%	34%	25%	~87%
Total	100%	100%	100%	100%	100%	100%

[1] Includes CLABSI/CAUTI, SSI, MRSA, C. Diff and other Patient Safety Indicators

[2] Sepsis is involved in ~ 50% of all UIH mortality cases

[3] Includes effectiveness, timeliness, efficiency, cost reduction, structure, processes, and other

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FY19 Areas of Focus

- **Quality:**
  - Decrease Sepsis Mortality Index
  - Decrease rate of Post-Operative Blood Clots
  - Decrease 30-day Readmission Rate
- **Safety:**
  - Decrease number of Patient Safety Events
  - Decrease number of Employee Safety Events
 - Improve adherence to 2 Forms of Patient Identification

Final FY19 Results:
Sustaining and Enhancing Improvements in Most Areas

Quality & Safety Priority	FY19 Improvement	Improvement since 1/2013
Central Line-Associated Blood Stream Infections (CLABSIs)	11% ▼	82% ▼
Catheter-Associated Urinary Tract Infections (CAUTIs)	2% ▼	71% ▼
Surgical Site Infections (SSIs)	12% ▼	32% ▼
Hand Hygiene Compliance	4% ▲	20% ▲
Post-Operative Venous Thromboembolism (VTEs): Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE)	52% ▼	74% ▼
Inpatient Falls resulting in Injury	24% ▲	73% ▲
Hospital-Acquired Pressure Injuries (HAPIs)	56% ▼	77% ▼
Medication-Related Harm	19% ▼	35% ▼
Employee Harm Events	10% ▲	18% ▼
Sepsis Mortality Index (Observed / Expected)	1% ▲	5% ▲
Total Inpatient Mortality Index (Observed / Expected)	1% ▼	3% ▼

▼ ▲ Green arrows indicate improvement
▼ ▲ Red arrows indicate decline in performance

Vizient Metrics (Q2 FY19, Oct – Dec 2018)	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)	79	1.01	1.03	0.92	115/160

UI Health Total Inpatient Mortality Index (Observed/Expected)

Legend: UIH — Vizient Median — UIH Rolling 4-Qtr Avg
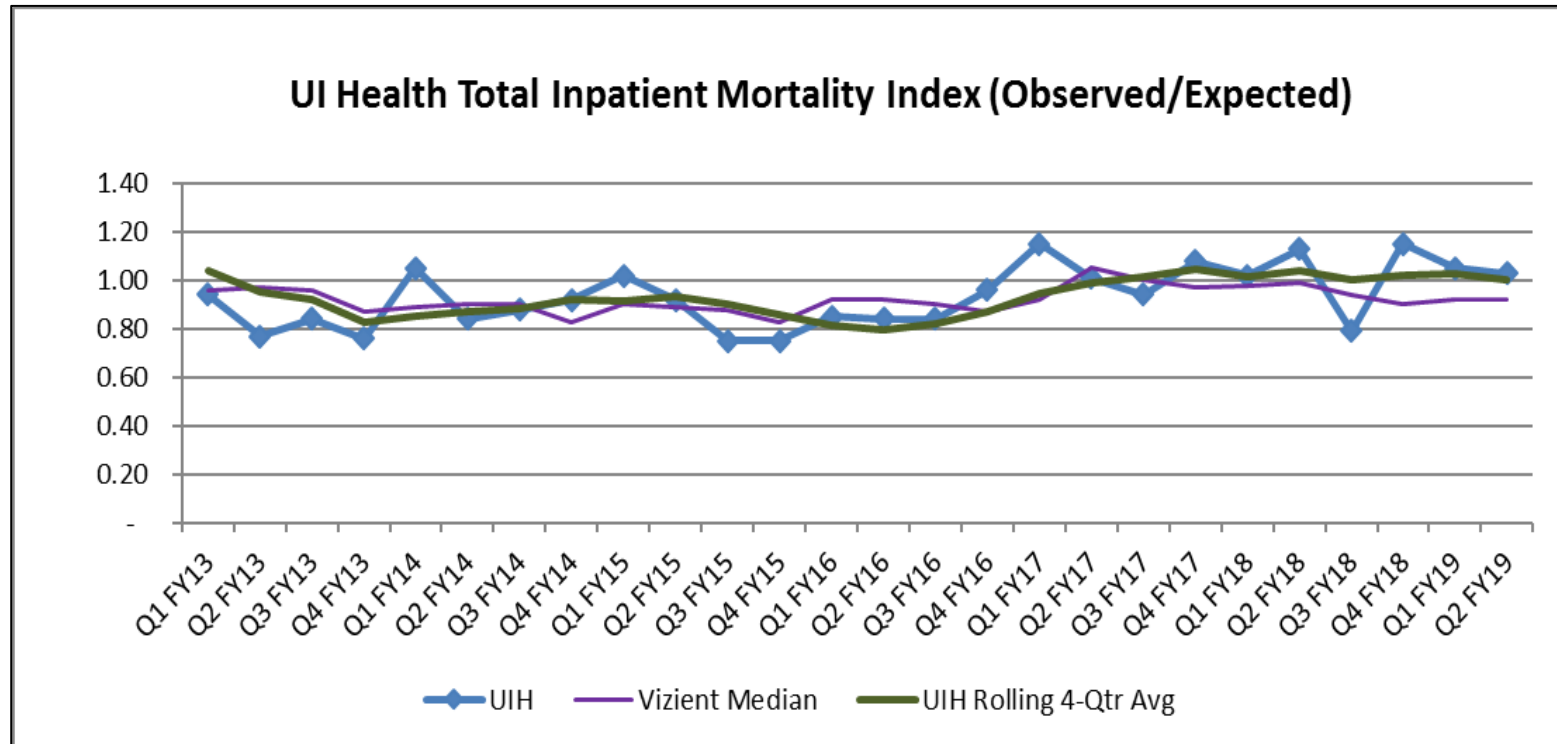
During Q2 FY19, UI Health's Total Inpatient Mortality Index (observed/expected deaths) decreased to 1.03.

Our rolling 4-quarter average of 1.01 exceeds the Vizient median of 0.92

UI Health Mission Perspective: Quality & Safety

Vizient Metrics (Q2 FY19, Oct – Dec 2018)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	46	1.68	1.99	1.21	153/160

Monthly Sepsis Mortality Index (Observed/Expected)

Monthly Index — Rolling 12-mo avg — Vizient Median
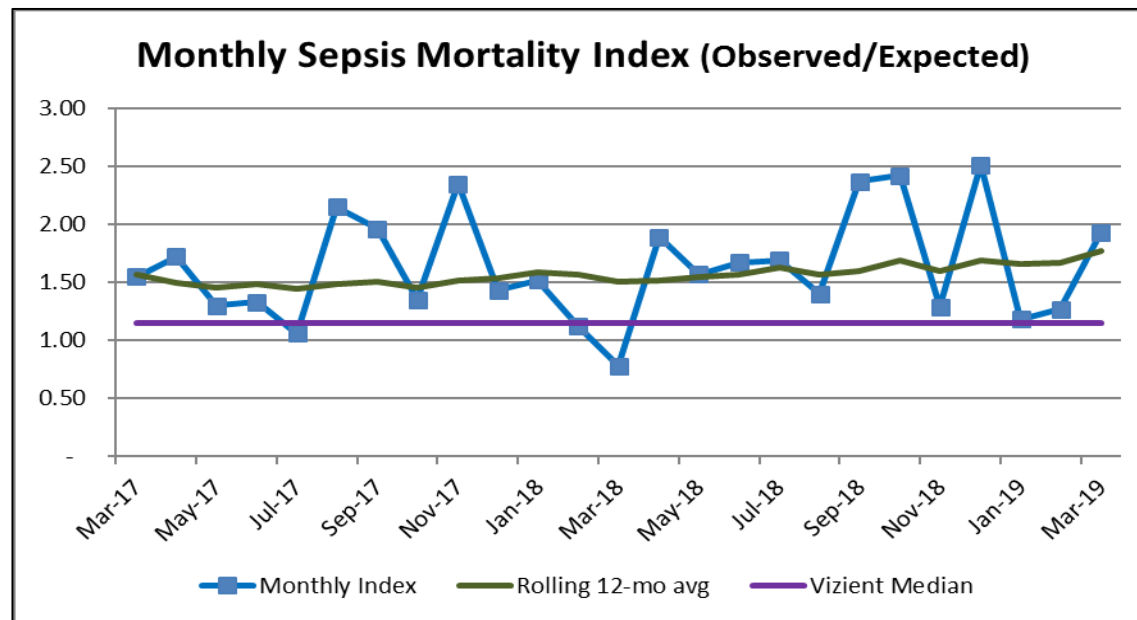
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sepsis Deaths	6	16	9	13	10	11	21	16	12	18	8	12	15
Sepsis Cases	65	55	59	54	65	68	66	54	60	57	45	70	57

During March 2019, UI Health's Sepsis Mortality Index (observed/expected deaths) was 1.93, higher than the Vizient median.

Our rolling 12-month average of 1.77 exceeds the Vizient median.

UI Health Mission Perspective: Quality & Safety

Vizient Metrics (Q2 FY19, Oct – Dec 2018)	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)	6	8.3	5.75	5.32	95/160

Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses

Legend: —■— Monthly Count   —— Rolling 12-Month Rate
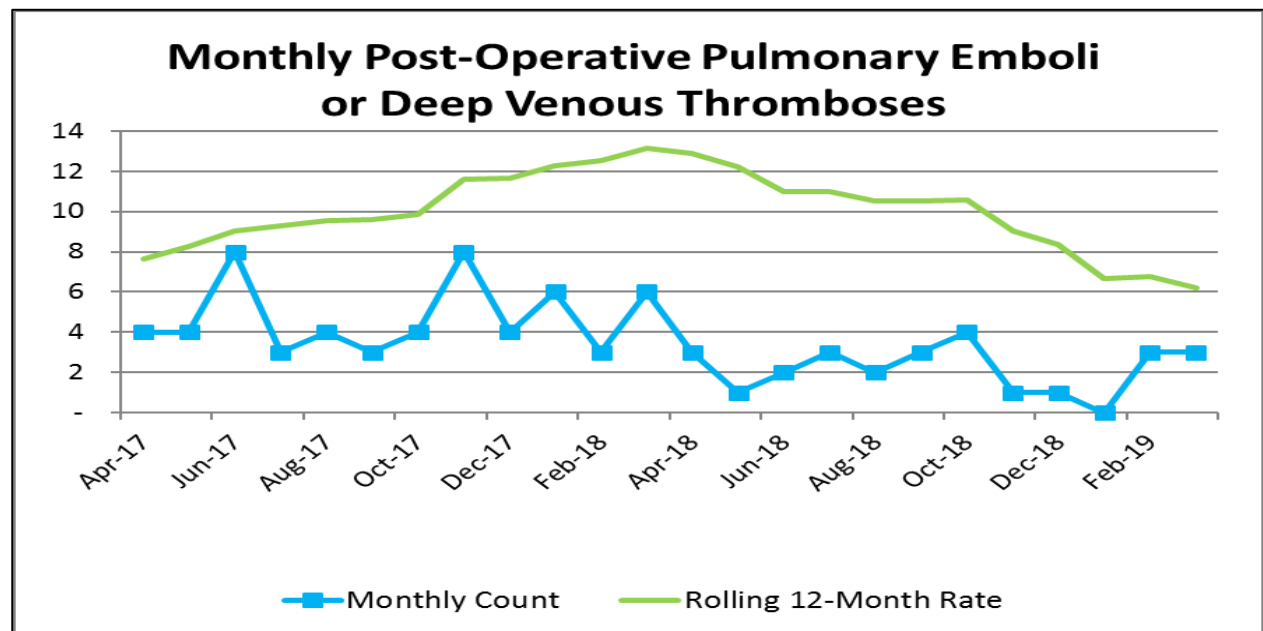
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Post-Op DVT's by Month	3	2	0	2	0	2	2	3	0	1	0	2	3
Number of Post-Op PE's by Month	3	1	1	0	3	1	3	1	1	0	0	2	1

During March 2019, UI Health's post-operative blood clot rate decreased to 8.36

Our rolling 12-month average rate of 6.22 post-operative blood clots per 1000 surgeries is higher than the Vizient median.

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

UI Health Mission Perspective: Quality & Safety

Monthly Whole-House Central Line-Associated Blood Stream Infections
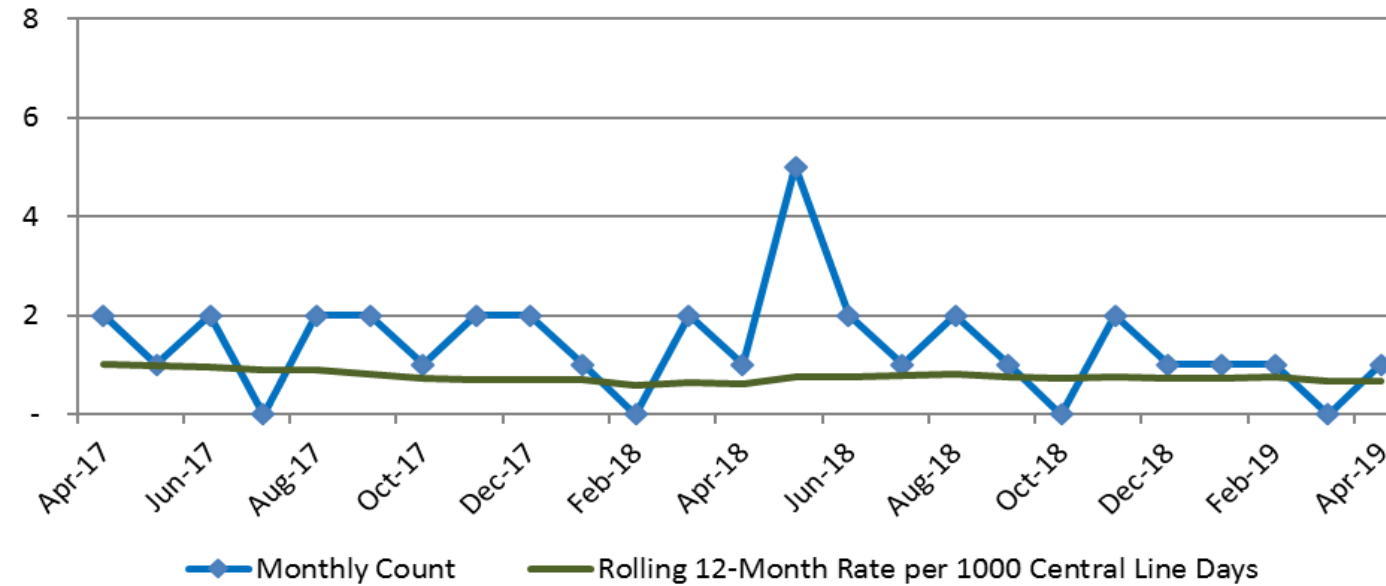
|	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
# of CLABSI Infections (excludes mucosal barrier injuries)	1	5	2	1	2	1	0	2	1	1	1	0	1

Our whole-house CLABSI rate increased to 0.5 in April 2019.

Our whole-house rolling 12-month average CLABSI rate held steady at 0.70 per 1000 central line days.

Vizient Metrics (Q2 FY19, Oct – Dec 2018)	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	0	0.00	0.00	0.00	1/160

Monthly Whole-House Catheter-Associated Urinary Tract Infections

Legend: Monthly Count — Rolling 12-Month Rate per 1000 Catheter Days
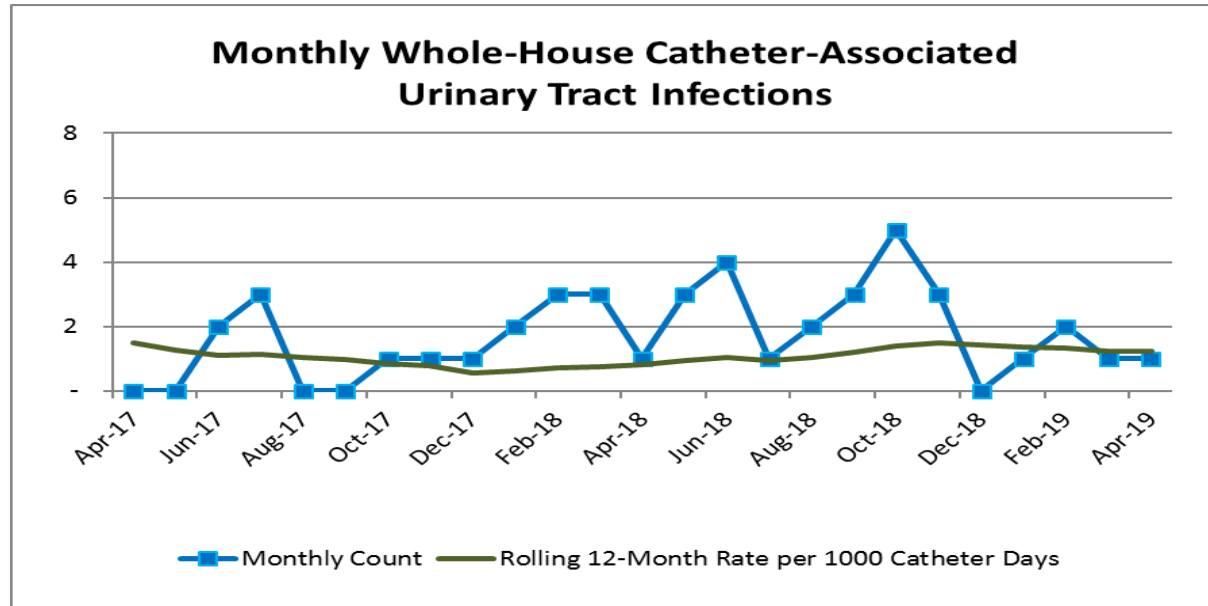
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
# of CAUTI infections by month	1	3	4	1	2	3	5	3	0	1	2	1	1

Our whole-house CAUTI rate decreased to 0.5 in April 2019.

Our whole-house rolling 12-month average CAUTI rate remained steady at 1.2, in April 2019.

UI Health Mission Perspective: Quality & Safety

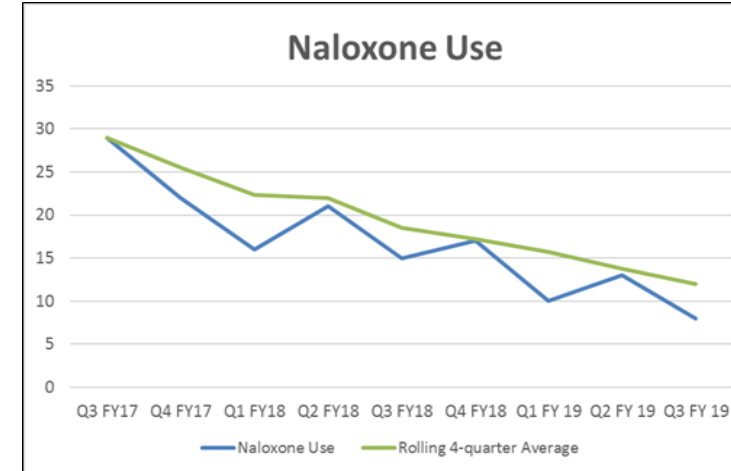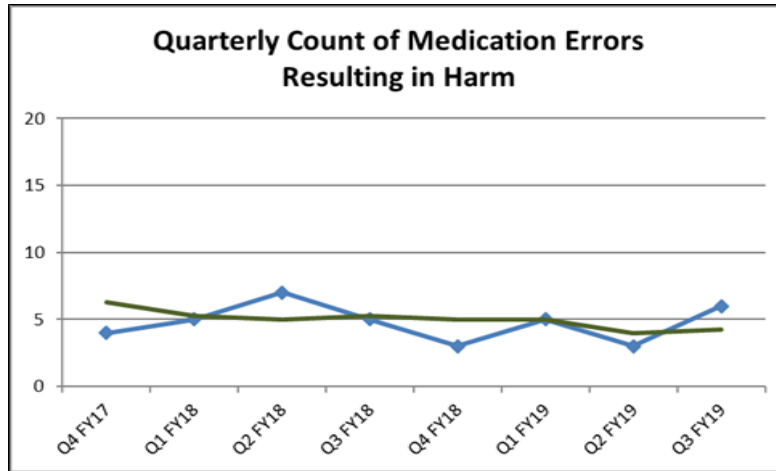# OUR ZERO HARM METRICS

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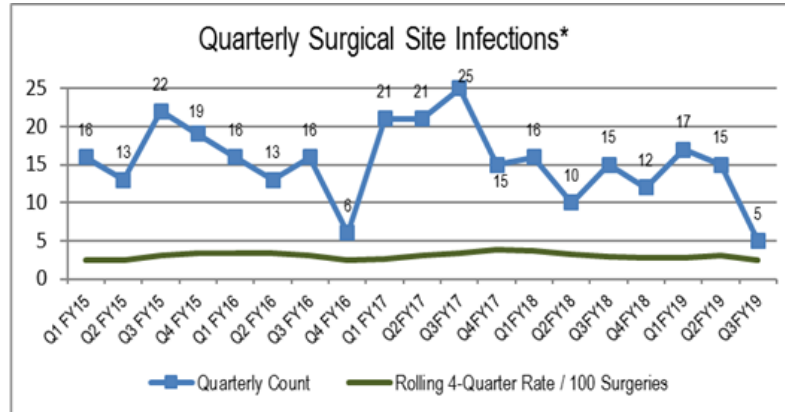
Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.
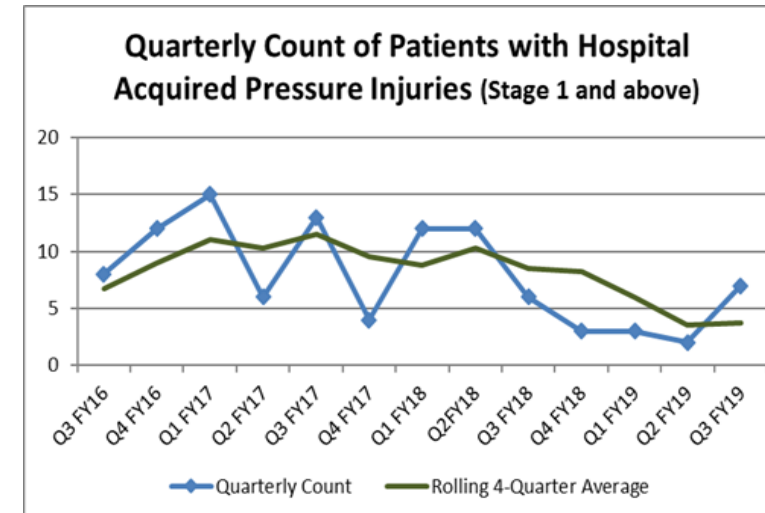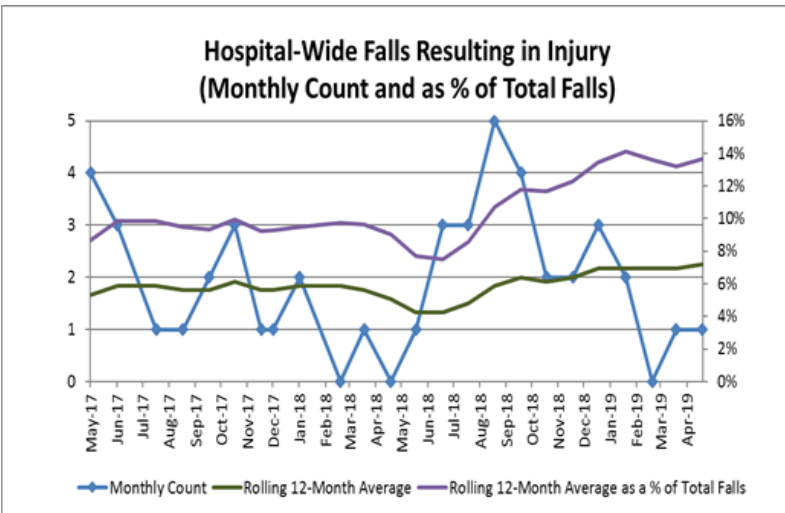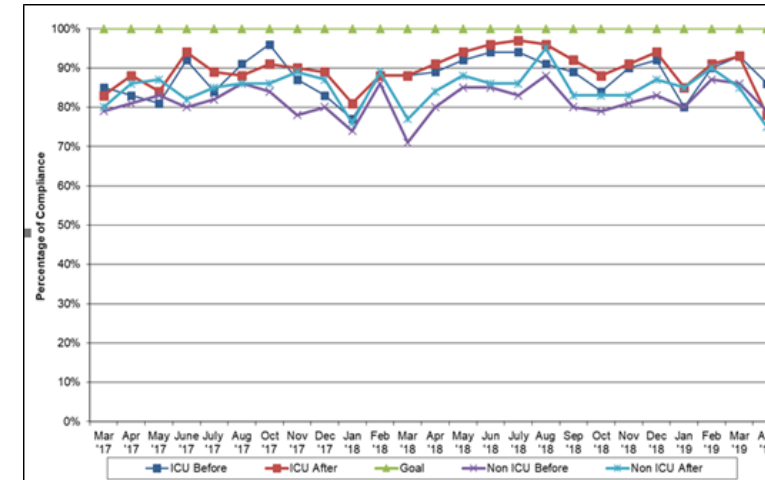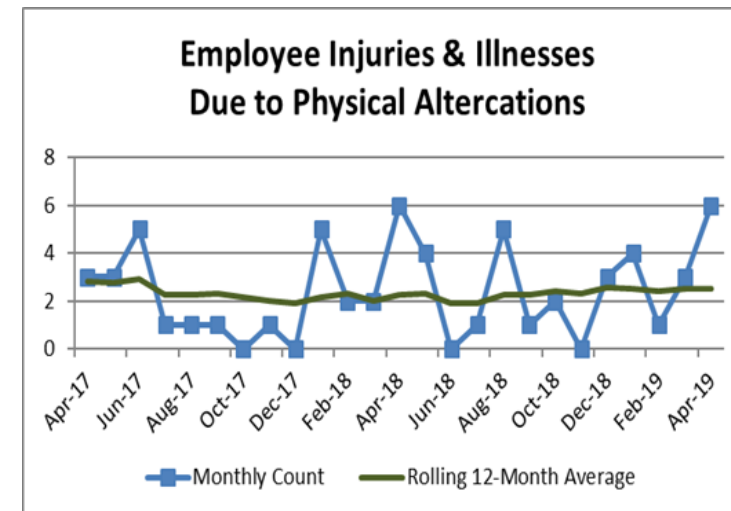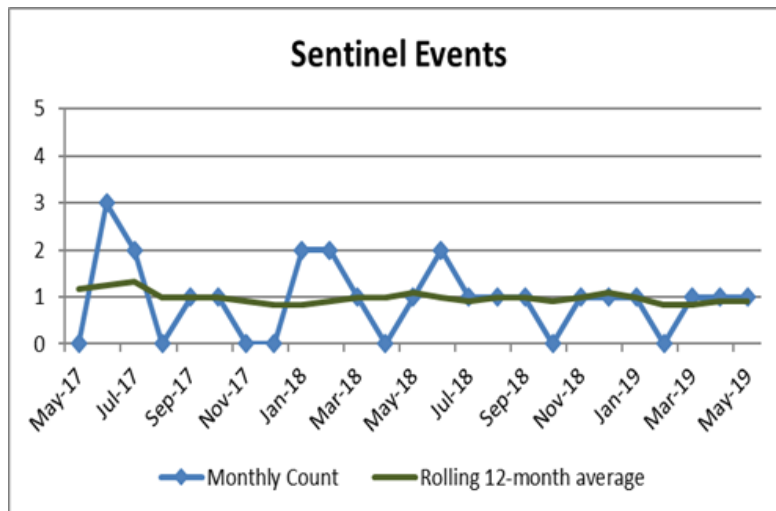

Pressure Injuries *are localized injuries to the skin and/or underlying tissue from pressure or friction.*

OUR ZERO HARM METRICS, CONT.

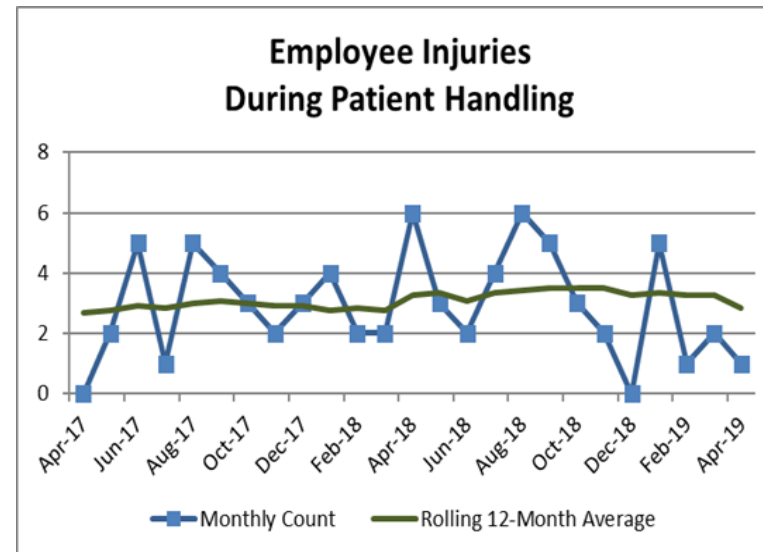**Quarterly Count of Medication Errors Resulting in Harm**

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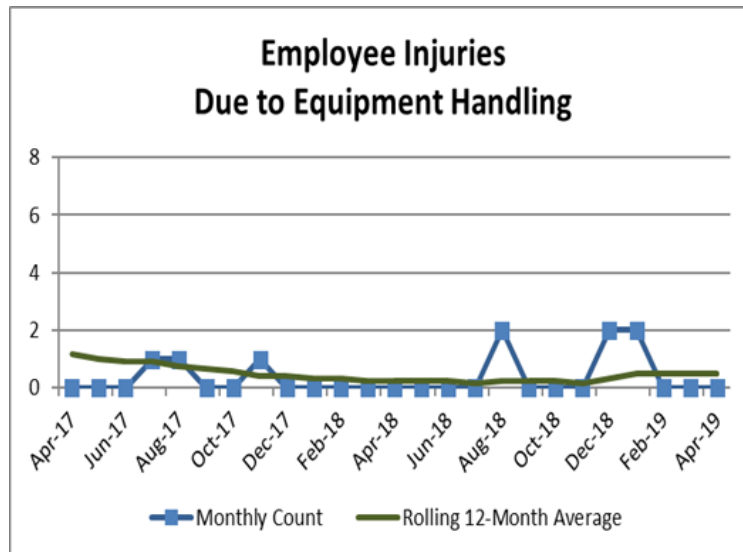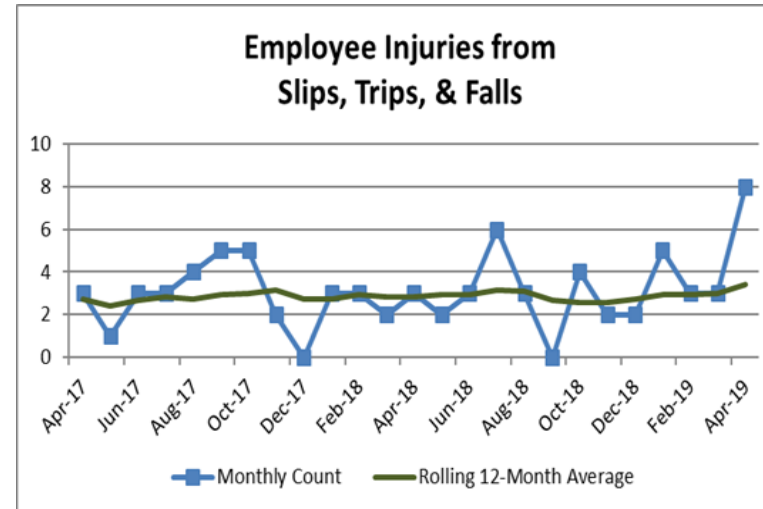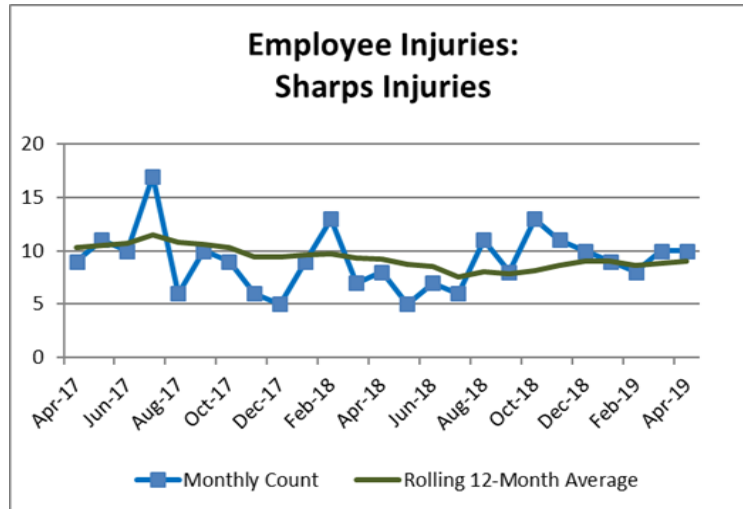
Naloxone is used to reverse the effects of opioids; tracking its use can help identify patients who received too much.

Sentinel Events

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

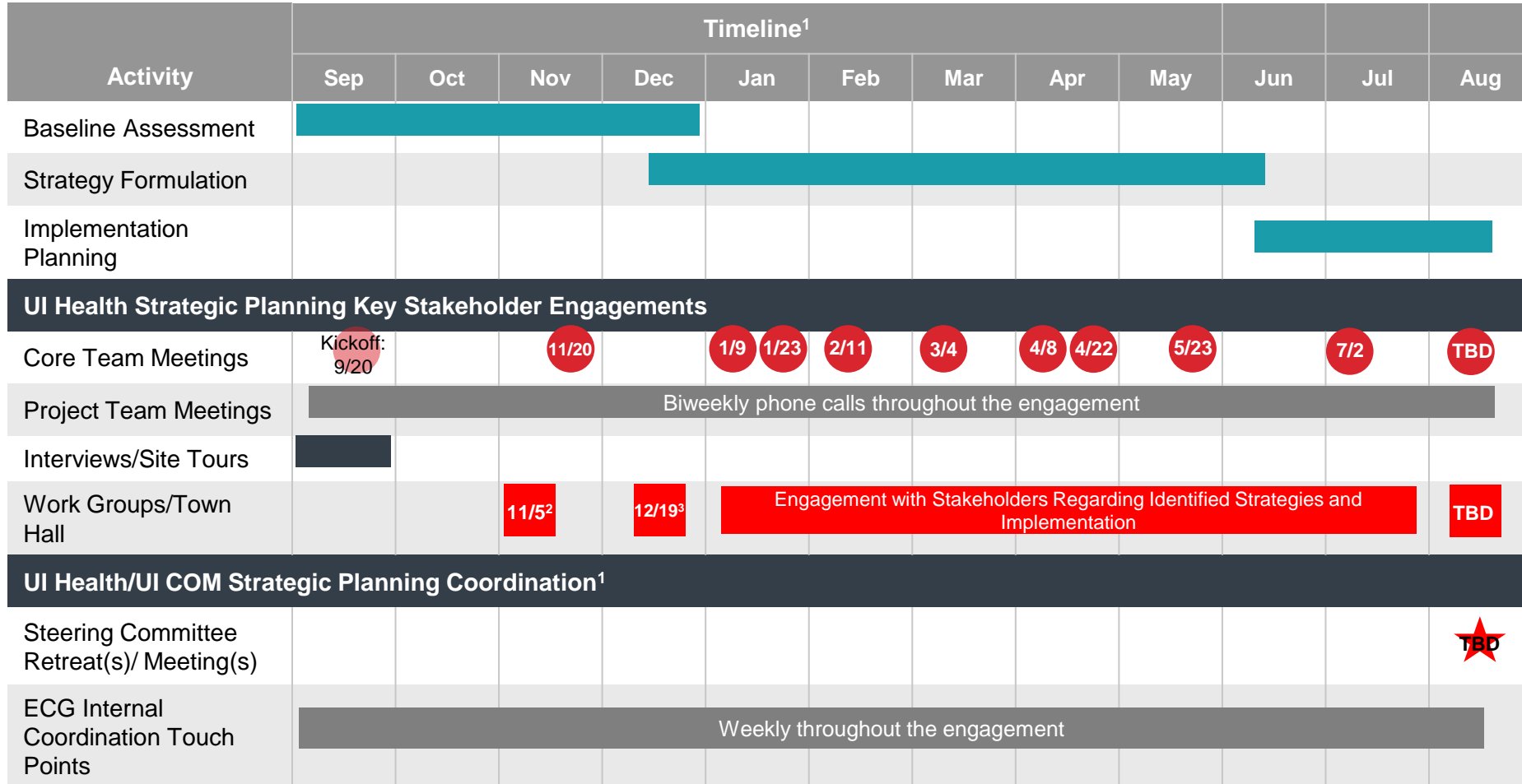**Employee Injuries & Illnesses Due to Physical Altercations**

OUR ZERO HARM METRICS, CONT.

UI Hospital — **Strategic Planning Process Overview**
Project Timeline

The planning process was initially expected to conclude in March, but was extended due to the need for further iteration from stakeholders and other parallel efforts, most notably the College of Medicine Strategic Planning process.

Activity	Timeline[1]											
	Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Baseline Assessment	████	████	████	████								
Strategy Formulation				████	████	████	████	████	████			
Implementation Planning										████	████	
UI Health Strategic Planning Key Stakeholder Engagements												
Core Team Meetings	Kickoff: 9/20		11/20		1/9 1/23	2/11	3/4	4/8 4/22	5/23		7/2	TBD
Project Team Meetings	Biweekly phone calls throughout the engagement											
Interviews/Site Tours	████											
Work Groups/Town Hall			11/5[2]	12/19[3]	Engagement with Stakeholders Regarding Identified Strategies and Implementation							TBD
UI Health/UI COM Strategic Planning Coordination[1]												
Steering Committee Retreat(s)/ Meeting(s)												★ TBD
ECG Internal Coordination Touch Points	Weekly throughout the engagement											

[1] Dependent on availability of stakeholders and progress of engagement. May be subject to change.
[2] Analytics work session.
[3] December work session.

ECG MANAGEMENT CONSULTANTS

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
CAHPS	Consumer Assessment of Healthcare Providers & Systems. CAHPS surveys are an integral part of CMS' efforts to improve healthcare in the U.S. The quality of service is measured clinically through patient experience of care surveys (HCAHPS, CGCAHPS, OAS CAHPS, and Emergency CAHPS).	CMS
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