

Reported to the Board of Trustees
March 14, 2019



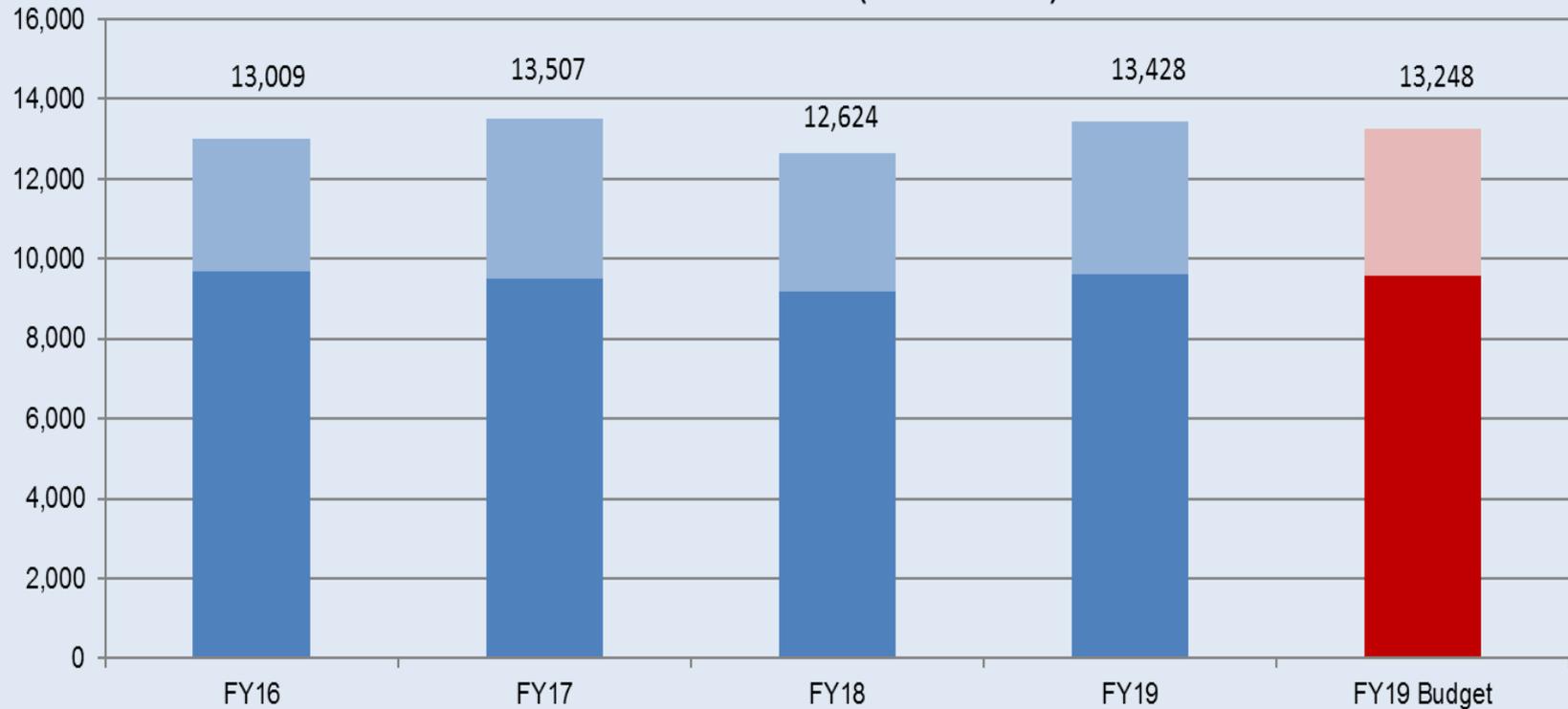
University of Illinois Hospital and Clinics Dashboard March 2019



UI Health |

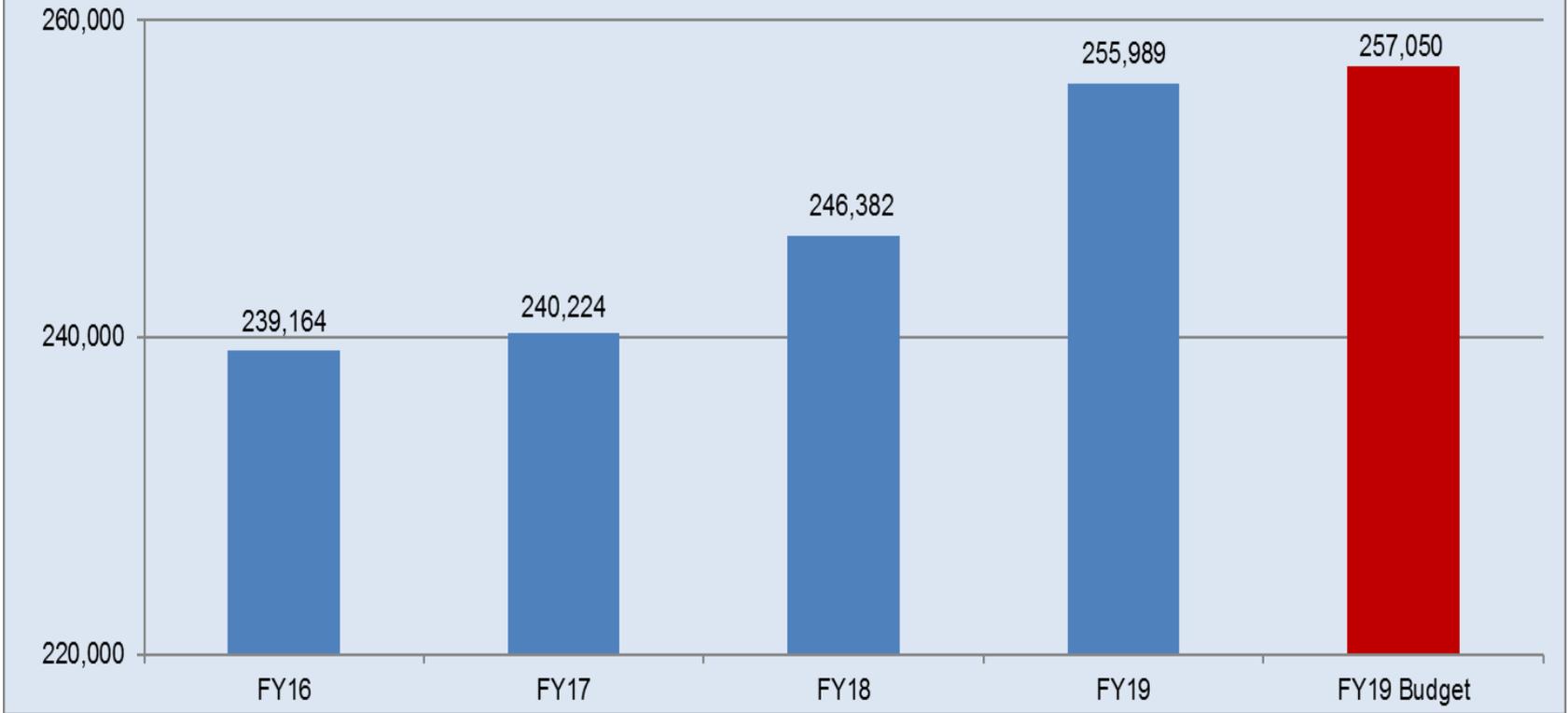


Inpatient Volume December YTD (6 months)



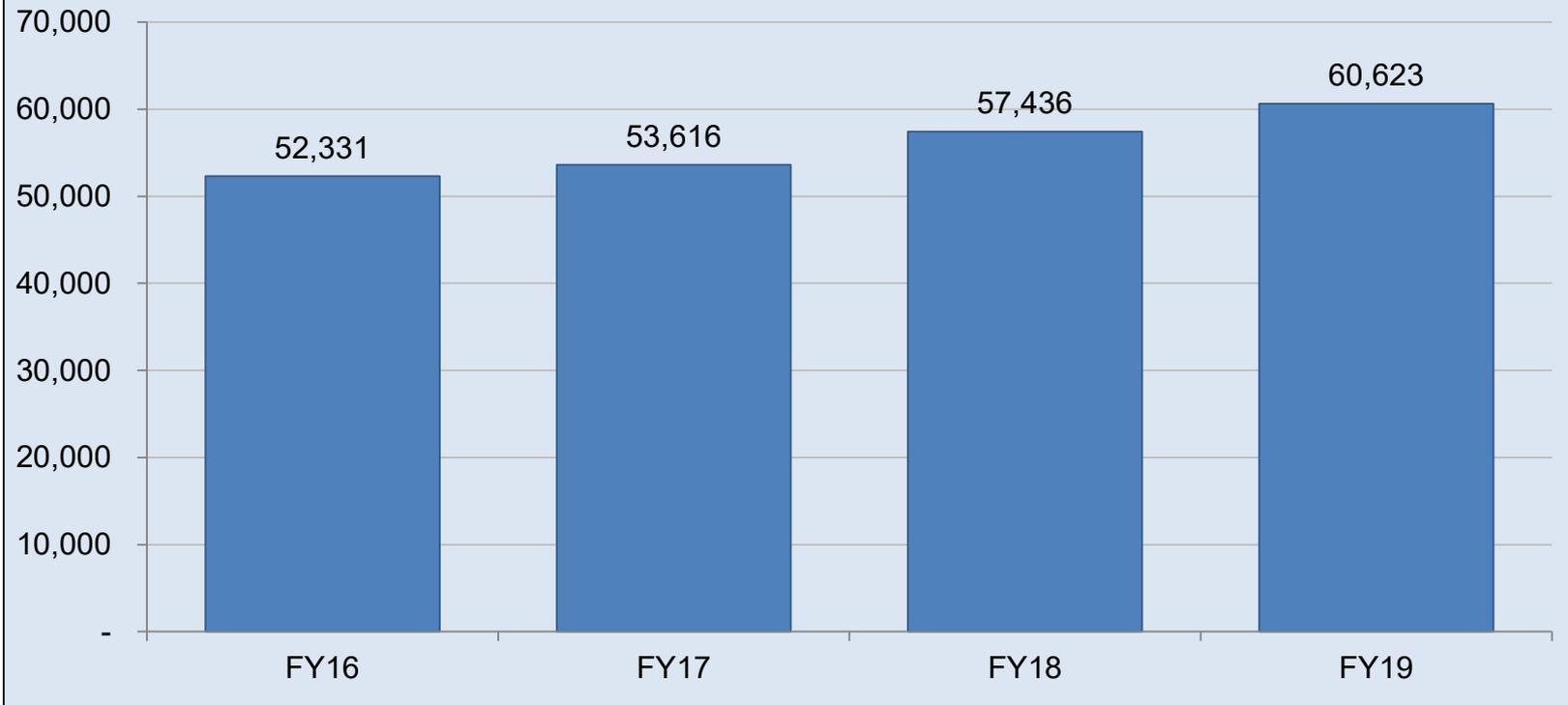
Combined Discharges and Observation Cases for the six months ending December 2018 are 1.4% above budget and 6.4% greater than last year.

Outpatient Clinic Visits December YTD (6 months)



Clinic visits for the six months ending December 2018 are 0.4% below budget and 3.9% above last year.

Mile Square Visits January YTD (7 months)



*Minor corrections made to historic data

Mile Square visits for the seven months ending January 2019 are 5.5% above last year.

UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL PERFORMANCE

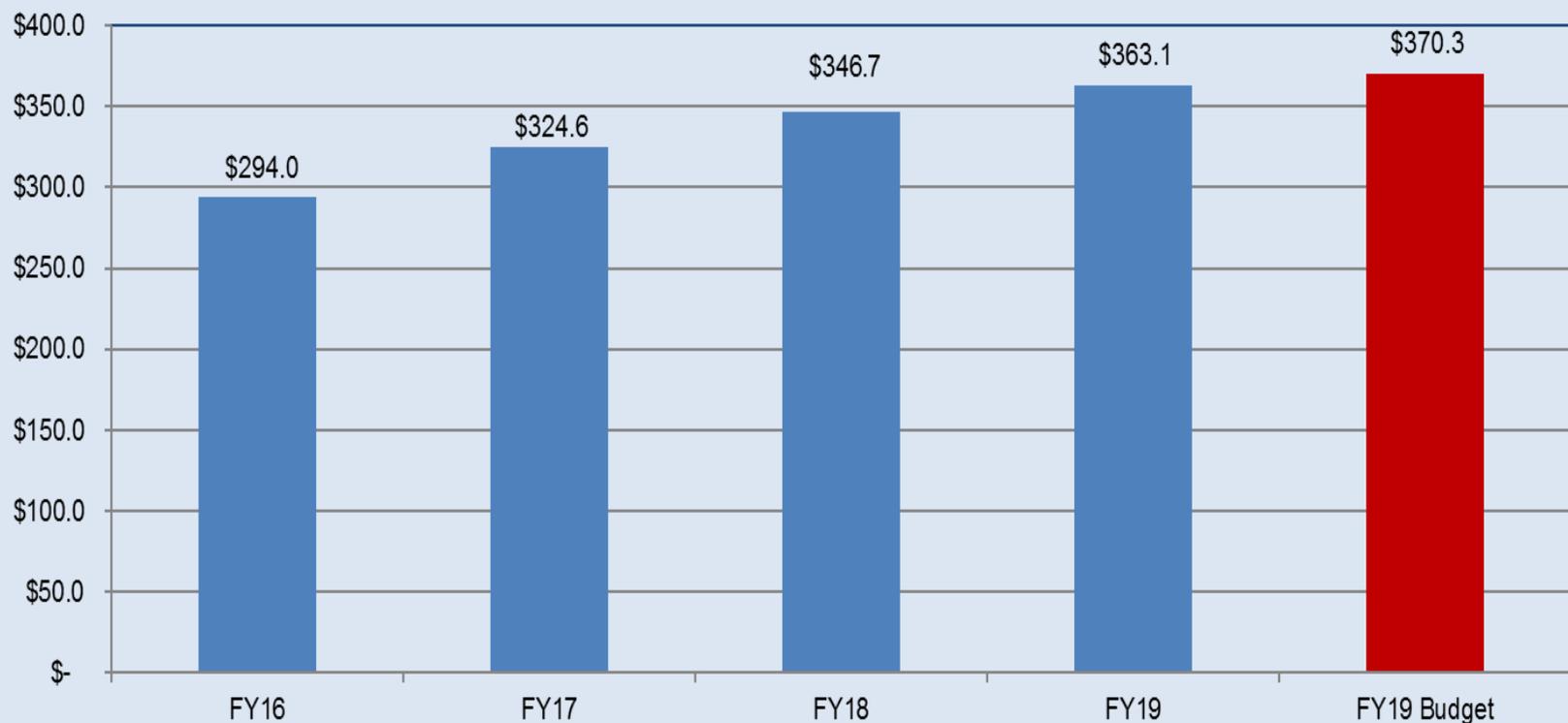
STATEMENT OF OPERATIONS – DECEMBER 2018

(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 60,186	\$ 62,675	(2,489)	-4.0%	\$ 58,985	Net Patient Revenue	\$ 363,113	\$ 370,313	(7,200)	-1.9%	\$ 346,672
33,487	33,693	(206)	-0.6%	29,820	Other Revenue	201,824	202,118	(294)	-0.1%	190,914
93,673	96,368	(2,695)	-2.8%	88,805	Total Revenue	564,937	572,431	(7,494)	-1.3%	537,586
31,203	30,346	(857)	-2.8%	28,984	Salaries & Wages	178,927	180,058	1,131	0.6%	170,576
27,049	26,984	(65)	-0.2%	24,853	Employee Benefits	162,260	161,893	(367)	-0.2%	161,502
32,791	35,182	2,391	6.8%	29,570	Department Expenses	200,379	207,226	6,847	3.3%	177,581
3,394	3,394	0	0.0%	3,246	General Expenses	20,364	20,364	0	0.0%	19,472
94,437	95,906	1,469	1.5%	86,653	Total Expenses	561,930	569,541	7,611	1.3%	529,131
\$ (764)	\$ 462	(1,226)	-265.4%	\$ 2,152	Operating Margin	\$ 3,007	\$ 2,890	117	4.0%	\$ 8,455
(272)	(280)	8	2.9%	(283)	Net Non-operating Income/(Loss)	(607)	\$ (1,681)	1,074	63.9%	(1,678)
\$ (1,036)	\$ 182	(1,218)	-669.2%	\$ 1,869	Net Income/(Loss)	\$ 2,400	\$ 1,209	1,191	98.5%	\$ 6,777



Net Patient Service Revenue (in millions) December YTD (6 months)



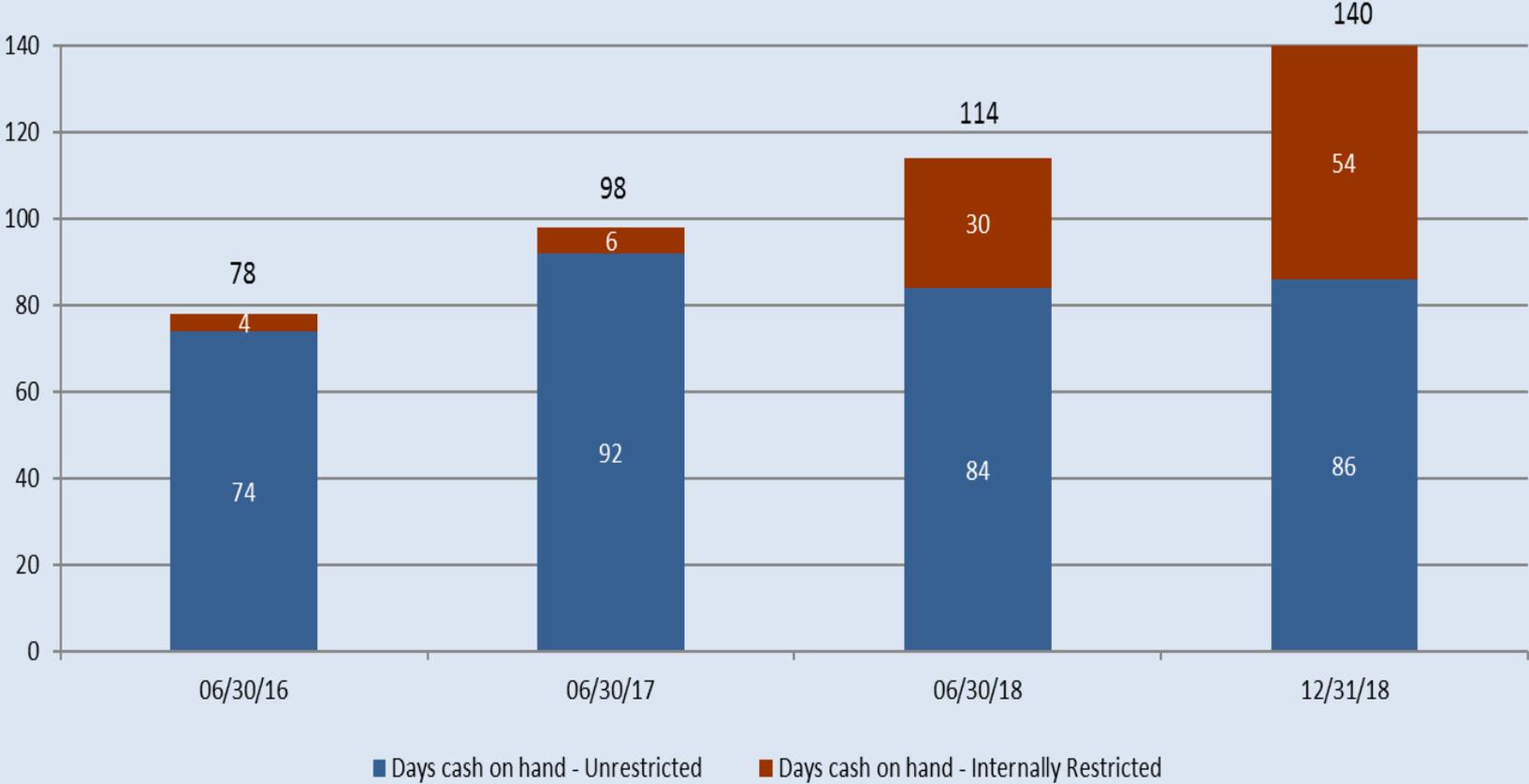
Net Patient Service Revenue is 4.7% greater than the prior year and 1.9% lower than budget.

Operating Margin (in millions) December YTD (6 months)



Operating Margin includes Payments on Behalf for Benefits and Utilities.

Days Cash on Hand

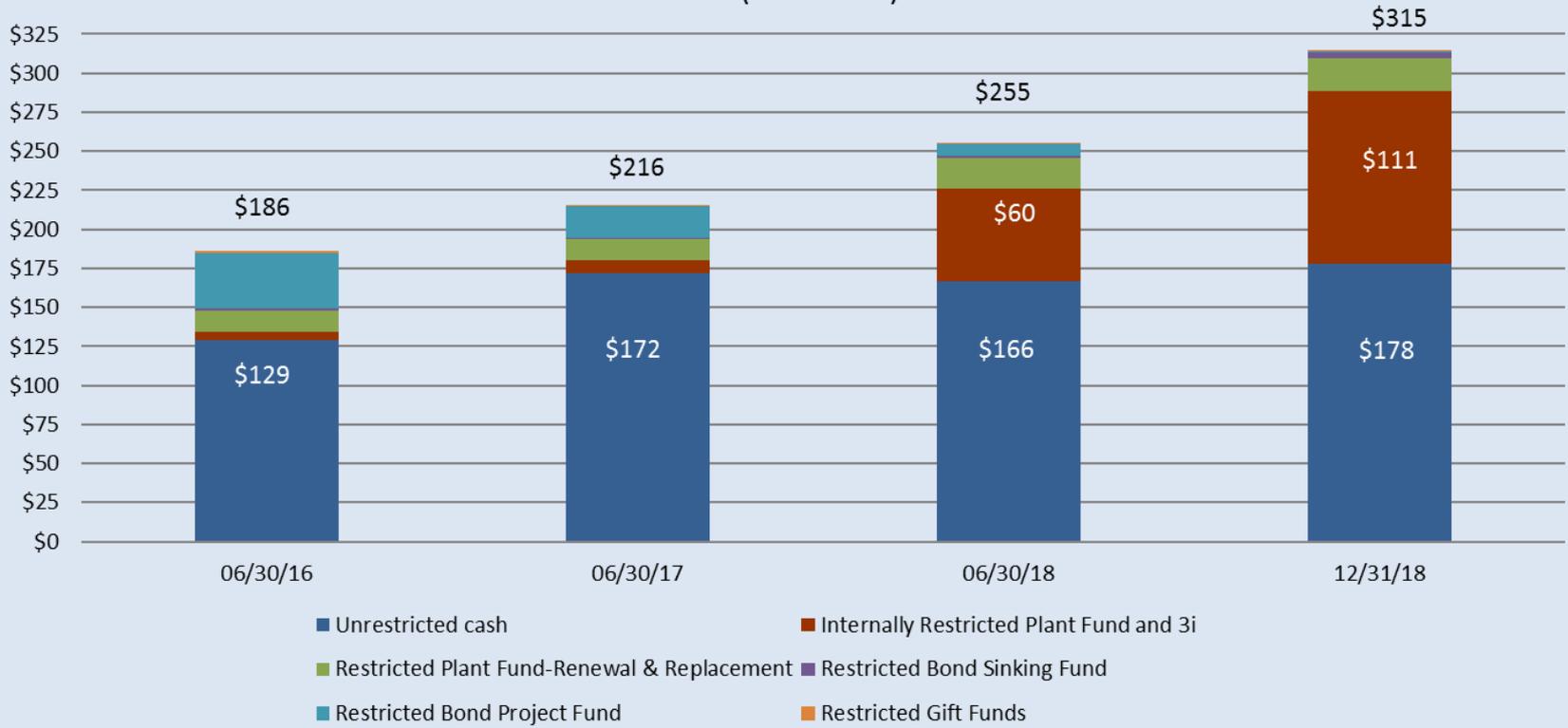


Major Project Funding Segregated



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 December YTD	0.5%**	140.0	285.4%	12.4

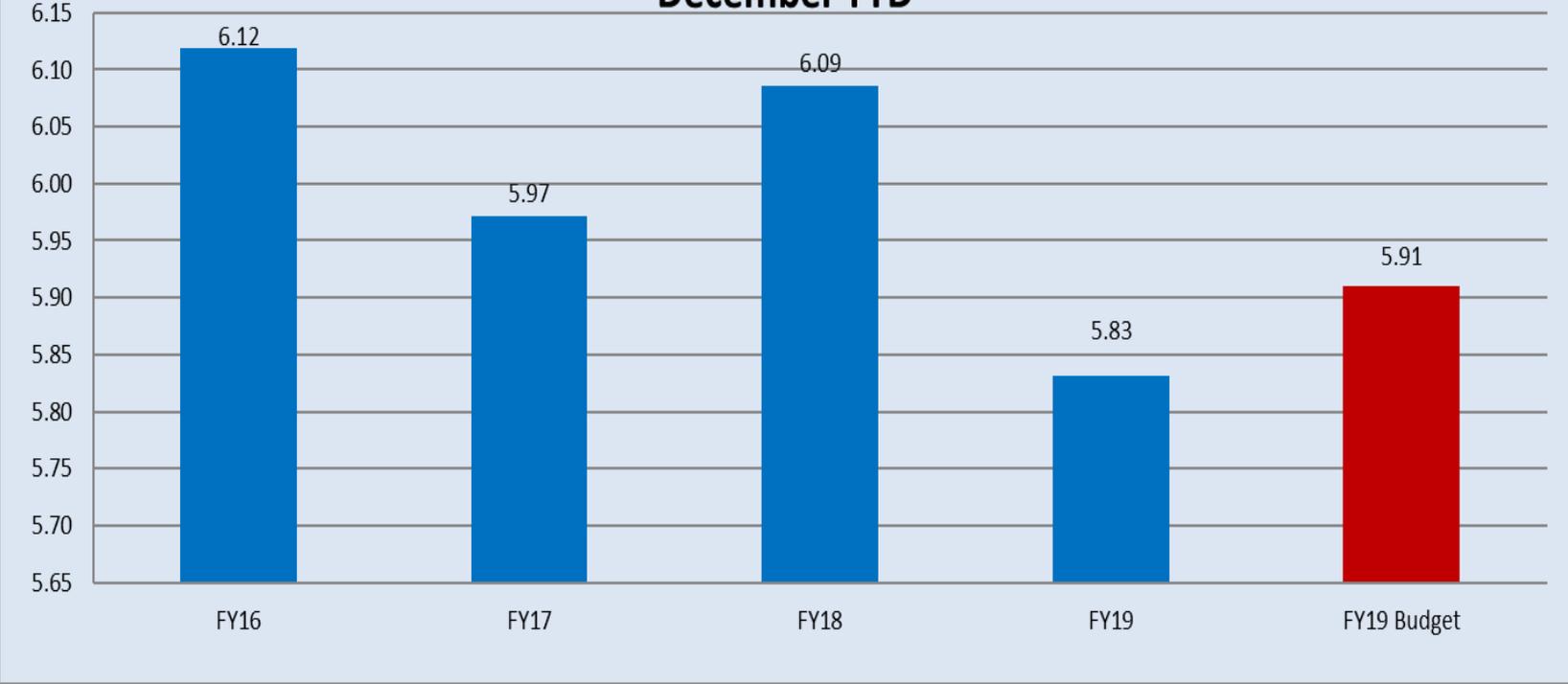
* Published in September, 2018

** Anticipated shortfall in FY19 & FY20



UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL EFFECTIVENESS

Average Length of Stay December YTD



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 Q2 STAFFING SAFETY EVENT REPORTS

- For FY19 Q2, a total of 5 staffing related reports were made in the Safety Event Reporting tool down from 21 reports FY19 Q1.
- There has been a heightened focus on staffing improvements over the past quarter.
- 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 -Top Box

Domain	FY 2018		1st Q FY 2019		2nd 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			
Rate Hospital (0-10)	64.8	18	62.0	12	63.8	17	63.3	16	68.6	72.7	82.9
Communication with Nurses	76.5	20	77.2	23	77.4	25	77.7	27	78.3	80.4	86.6
Communication with Doctors	80.5	45	79.4	36	79.5	35	79.7	36	78.8	81.1	88.0
Communication about Medicines	62.4	36	59.8	21	61.7	31	60.6	25	61.8	64.3	72.6
Communication about Pain*	65.3	46	62.8	29	57.4	12	60.0	19	63.3	66.3	75.4
Responsiveness of Staff	65.5	39	66.9	46	65.3	39	66.2	43	63.9	67.4	78.6
Discharge Information	84.1	18	83.7	17	82.9	14	83.4	16	85.7	87.6	92.3
Hospital Environment <small>(clean & quiet combined)</small>	61.4	23	58.9	13	57.6	11	58.4	13	63.6	67.1	77.8
Care Transition	51.6	41	49.0	26	48.8	26	49.1	27	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



Ambulatory Clinics -All CGCAHPS Domains -Top Box

Domain	FY 2018		1st Q FY 2019		2nd 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			
	Doctor Rating (0-10)	81.0	13	81.3	15	82.9	20	82.1			
Recommend this provider office	86.1	10	86.2	10	86.4	12	86.3	12	90.2	91.7	94.6
Physician Communication Quality	89.2	10	89.6	11	89.6	11	89.6	11	92.0	93.2	95.4
Office Staff Quality	87.9	9	87.9	9	86.9	7	87.4	8	92.7	94.0	96.4
Access to Care 3 Month	72.1	9	71.7	8	72.0	9	71.9	9	78.8	81.4	86.3
Care Coordination	67.8	10	68.0	10	67.4	9	67.7	10	72.6	74.8	79.2

CG CAHPS National Facility %Top Box and Ranks (CMS View) 04/01/18-09/30/18. Report ran date 1 19 19

Legend	< 30th percentile	≥ 30th percentile
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Emergency Department - CAHPS

Metric	Jul-Sep 2018		Oct-Dec 2018		FY19 Goal (30th Percentile)	Achievement Threshold (50th Percentile**)	Benchmark (90th Percentile**)
	Top Box	All PG Database rank	Top Box	All PG Database rank			
Rate ER Care 0-10	50.9	7	48.4	3	59.3	64.7	77.3
Recommend the ER	54.7	18	47.6	6	59.4	65.2	78.2
How long talked reason you there	58.3	19	N/A	N/A	63.8	69.9	82.8
How long wait before care 1st time	20.0	1	N/A	N/A	36.2	42.0	65.1
Care within 30 min of getting to ER	72.1	16	72.2	13	78.2	84.5	94.4
Family/friend allowed stay with you	87.5	13	N/A	N/A	92.1	94.5	98.0
Doctors/nurses ask about all meds	69.4	6	69.7	7	77.7	81.7	90.1
Before giving meds, tell what medicine was for	74.0	11	77.5	16	78.4	81.6	88.3
Doctors/nurses describe side effect	52.7	61	42.3	11	46.3	50.4	59.4
Did you get medicine for pain	50.0	85	N/A	N/A	39.0	41.9	52.0
Doctors/nurses everything help pain	71.4	89	N/A	N/A	56.7	61.9	71.5
Doctors/nurses info result of tests	62.2	17	62.0	9	64.6	68.8	78.1
ER staff introduce to you 1st time	72.7	58	N/A	N/A	68.6	71.5	83.3
Kept informed who in charge of care	54.5	31	N/A	N/A	54.1	60.5	75.6
Nurses treat with courtesy/respect	71.8	5	73.3	6	80.8	83.9	91.7
Nurses listen carefully to you	65.3	5	65.6	5	73.3	77.3	85.7
Nurses expl in way you understand	67.6	11	65.3	7	72.6	76.3	84.3
Nurses spend enough time with you	51.6	5	50.3	4	62.7	67.9	80.2
Doctors treat with courtesy/respect	74.2	13	74.5	13	78.4	81.7	88.9
Doctors listen carefully to you	68.4	15	66.7	9	72.1	75.7	83.8
Doctors expl in way you understand	67.1	12	67.7	13	71.4	75.3	83.8
Doctors spend enough time with you	52.4	8	50.5	4	60.0	64.6	76.4
Left ER understand main health prob	86.6	60	82.3	25	82.4	85.3	91.4
Symptoms to look for when left ER	82.8	26	81.9	18	83.3	85.9	92.3
Before leaving ER, tell what new meds were for	77.2	11	74.6	7	81.7	84.6	90.6
Ask if able to get follow-up care	78.9	56	71.9	7	75.1	78.1	85.0
Did ED staff try reduce pain	54.3	52	50.7	28	50.0	53.7	64.2
ED discuss pain med side effects	48.8	25	49.6	24	50.0	54.2	63.6

212

190

ED CAHPS % Top Box and Ranks All PG Database 09/01/18 - 11/30/18. Report received date 1 18 19

Questions highlighted in blue have the higher correlation to Recommend ER

Legend	< 30th percentile	≥ 30th percentile
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Outpatient Services

Metric	FY 2018		1st Q FY 2019		2nd Q FY 2019		FYTD 2019		FY19 Goal (30th Percentile)	Achievement Threshold (50th Percentile)	Benchmark (90th Percentile)
	Mean	All PG Database rank	Mean	All PG Database rank	Mean	All PG Database rank	Mean	All PG Database rank			
All Outpatient Services Std. Overall	88.0	1	87.5	1	88.3	2	87.9	1	92.6	93.6	95.4
All Radiology Std. Overall	88.8	2	87.9	1	88.5	2	88.2	1	92.6	93.6	95.4
Cardiology Std. Overall	90.4	7	78.3	1	90.6	7	84.1	1	92.6	93.6	95.4
GI Lab Std. Overall	88.7	2	89.2	3	90.1	5	89.7	4	92.6	93.6	95.4
Vascular Lab Std. Overall	88.2	1	89.3	3	87.8	1	88.7	2	92.6	93.6	95.4
Pulmonary Function Std. Overall	90.3	6	92.0	20	91.3	12	91.7	16	92.6	93.6	95.4
All Physical Therapy Std. Overall	89.8	4	90.2	5	90.9	8	90.5	7	92.6	93.6	95.4
Phlebotomy Lab Std. Overall	86.4	1	85.9	1	86.9	1	86.4	1	92.6	93.6	95.4
Sickle Cell Std. Overall	66.2	1	96.1	97	72.1	1	90.1	5	92.6	93.6	95.4
Sleep Center Std. Overall	N/A	N/A	N/A	N/A	86.3	1	86.3	1	92.6	93.6	95.4

Outpatient Means & Ranks All PG Database 07/01/18 - 09/30/18. Data Ran on 1 18 19

Legend	< 30th percentile	≥ 30th percentile



OAS CAHPS Domains -Top Box

Domain	FY 2018		1st Q FY 2019		2nd 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			
Facility Rating (0-10)	72.3	3	75.5	6	82.4	28	79.7	16	82.6	85.8	92.3
Recommend Facility	74.6	12	78.5	24	80.2	30	79.5	27	79.7	83.9	91.4
Communication	89.5	28	91.2	50	91.3	48	91.3	48	89.6	91.2	94.4
Facility/Personal Trtment	92.6	3	93.3	5	94.2	9	93.9	8	95.9	96.9	98.6
Discharge	92.1	5	93.9	22	95.8	56	95.0	39	94.4	95.4	97.4

OAS CAHPS % Top Box and Ranks All PG Database (CMS View) Data Ran on 1 18 19

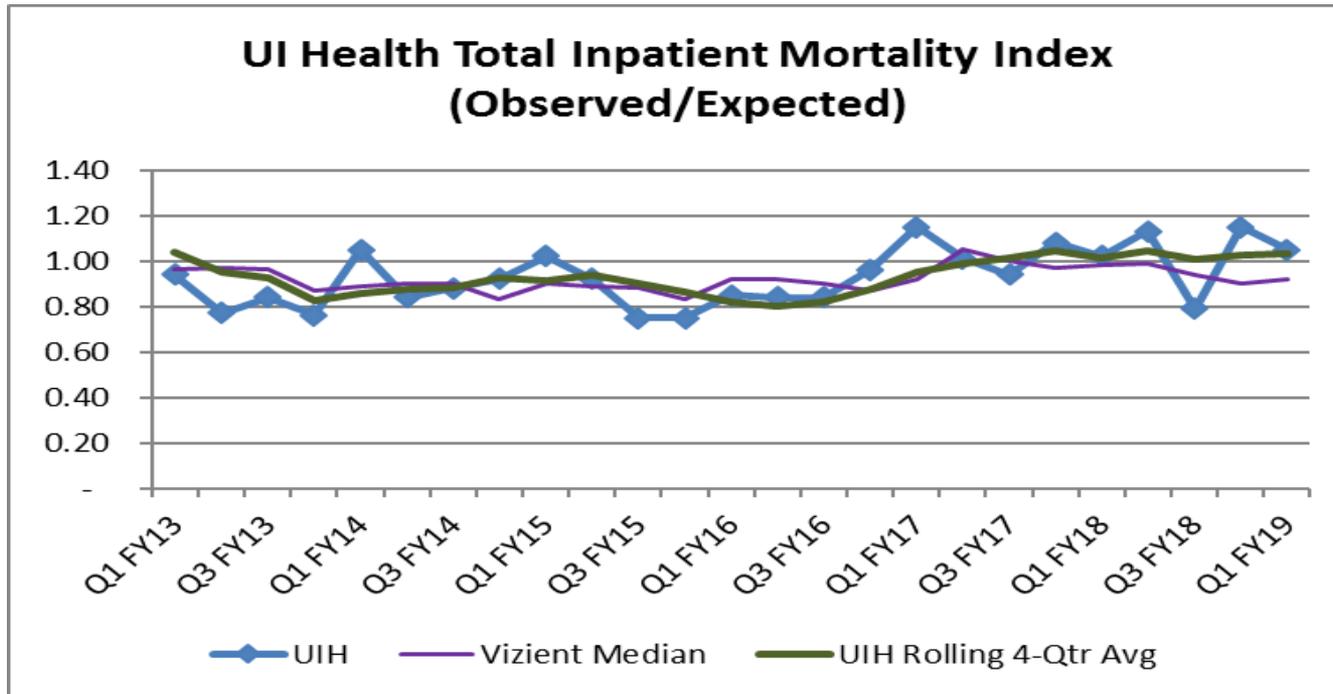
Legend		
	< 30th percentile	≥ 30th percentile

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

Vizient Metrics (Q3 FY18, Jan – Mar 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)	70	1.03	1.05	0.92	123/158



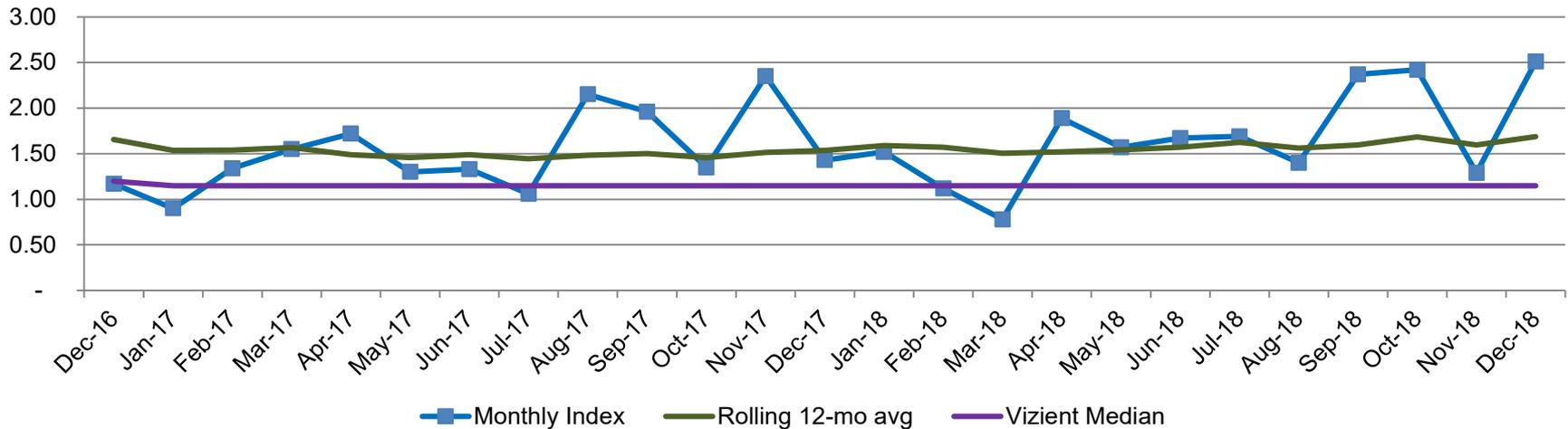
During Q1 FY19, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) **increased** to 1.05.

Our rolling 4-quarter average of 1.03 exceeds the Vizient median of 0.92



Vizient Metrics (Q3 FY18, Jan – Mar 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)	42	1.58	1.86	1.20	153/158

Monthly Sepsis Mortality Index (Observed/Expected)



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sepsis Cases	12	9	6	16	9	13	10	11	21	16	12	18
Sepsis Deaths	67	64	65	55	59	54	65	68	66	54	60	57

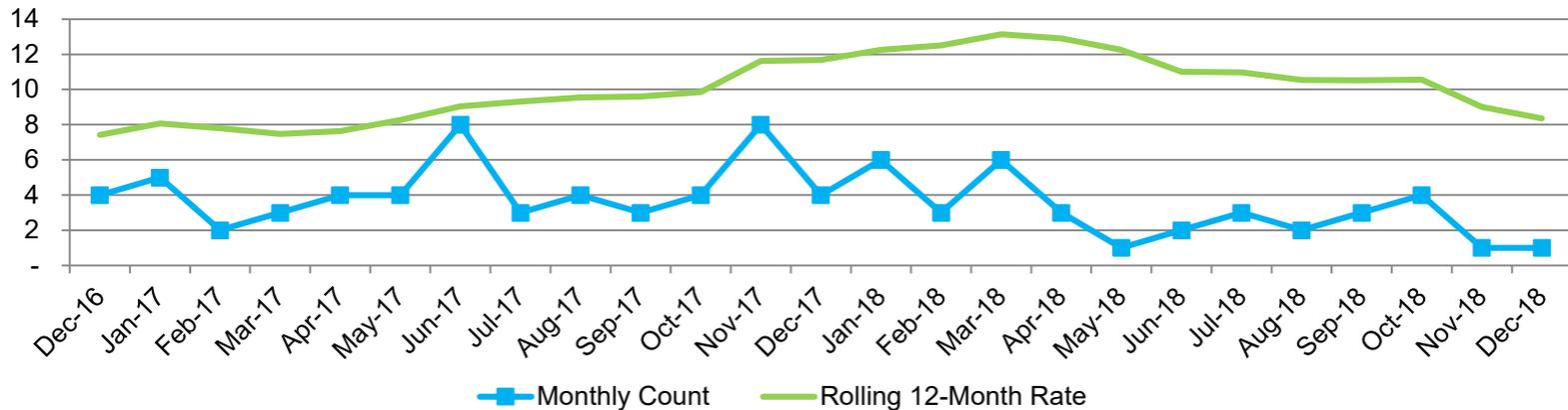
During December 2018, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 2.51, **higher** than the Vizient median.

Our rolling 12-month average of 1.69 exceeds the Vizient median.



Vizient Metrics (Q3 FY18, Jan – Mar 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)	8	10.5	7.6	4.84	140/158

Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Number of Post-Op DVTs by Month	4	3	3	2	0	2	0	2	2	3	0	1
Number of Post-Op PEs by Month	2	2	3	1	1	0	3	1	3	1	1	0

During December 2018, UI Health's post-operative blood clot rate **decreased** to 2.92.

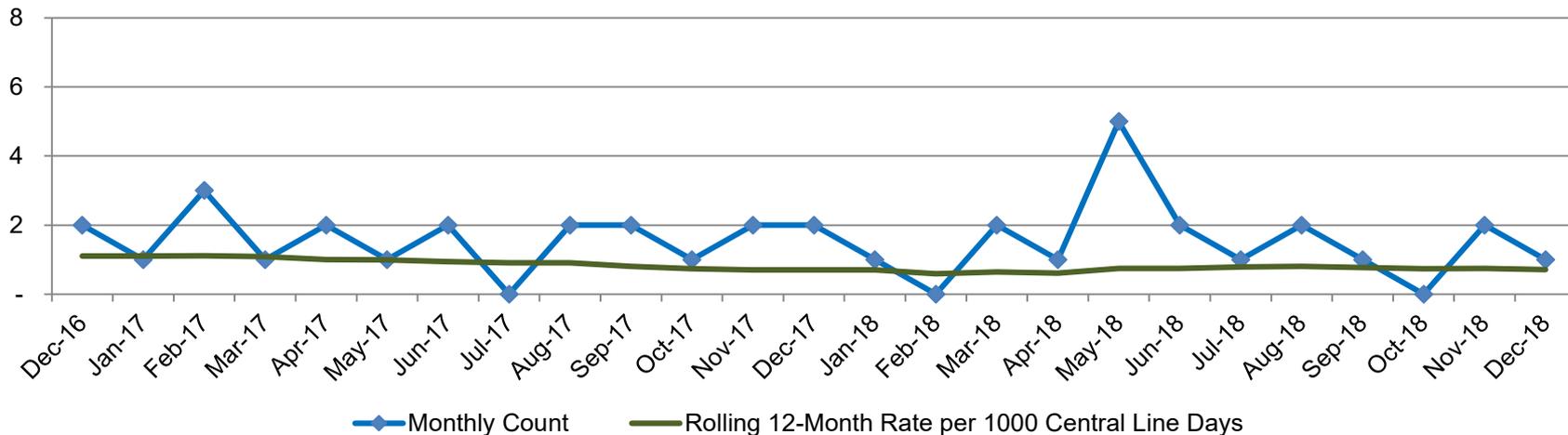
Our rolling 12-month average rate of 8.36 post-operative blood clots per 1000 surgeries is **higher** than the Vizient median.

*PE = Pulmonary Embolism

**DVT = Deep Venous Thrombosis



Monthly Whole-House Central Line-Associated Blood Stream Infections



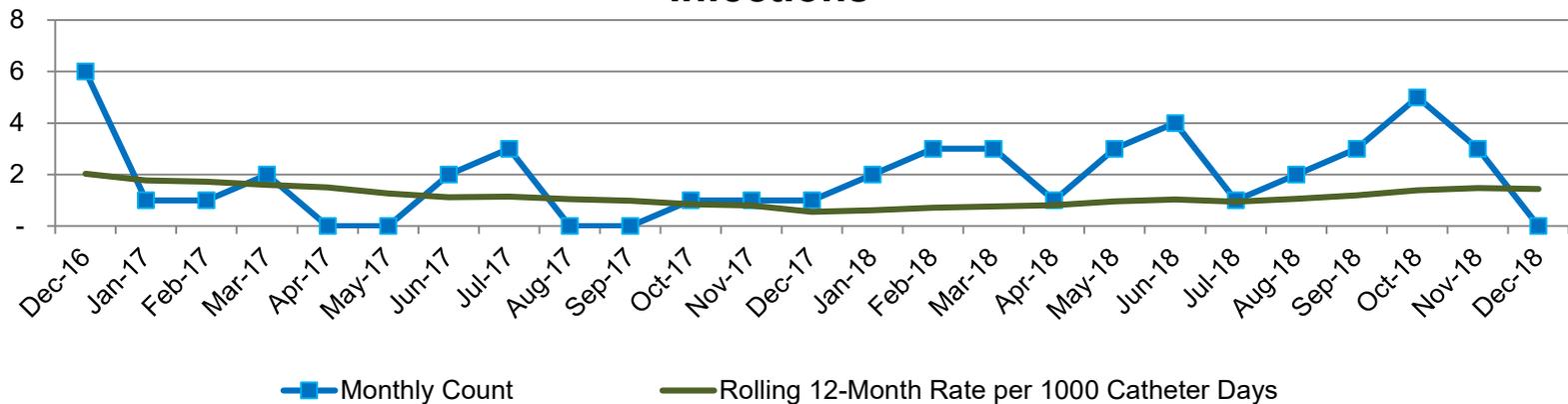
Number of Infections by Month (excludes Mucosal Barrier Injuries)	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec
	1	0	2	1	5	2	1	1	1	0	2	1

Our whole-house CLABSI rate **decreased** to 0.5 in December 2018.

Our whole-house rolling 12-month average CLABSI rate held steady at 0.7 per 1000 central line days.

Vizient Metrics (Q3 FY18, Jan – Mar 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	1/158

Monthly Whole-House Catheter-Associated Urinary Tract Infections



	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec
Number of Infections by Month	2	3	3	1	3	4	1	2	3	5	3	0

Our whole-house CAUTI rate remained at 0.0 in December 2018.

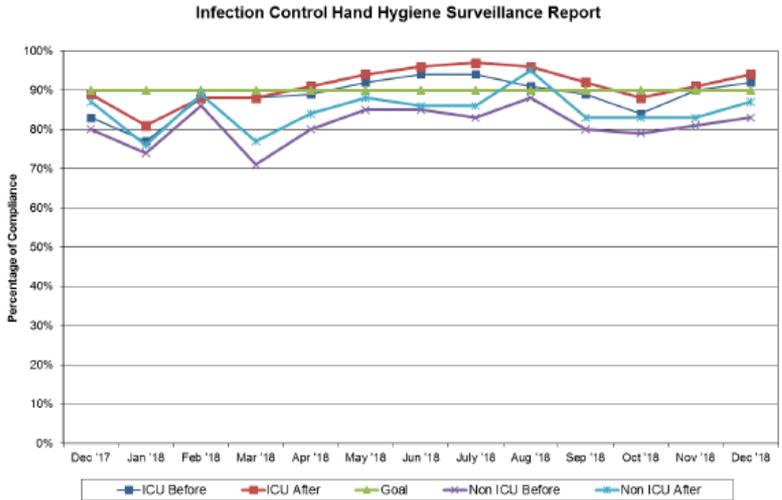
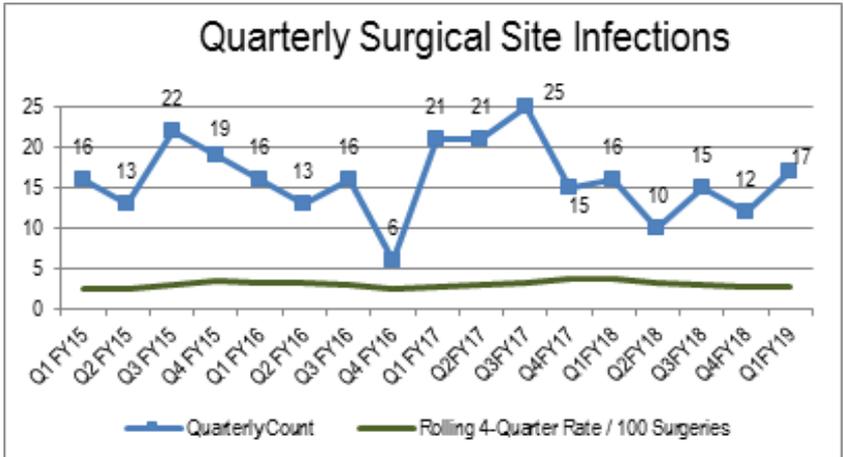
Our whole-house rolling 12-month average CAUTI rate increased to 1.4, in December 2018.



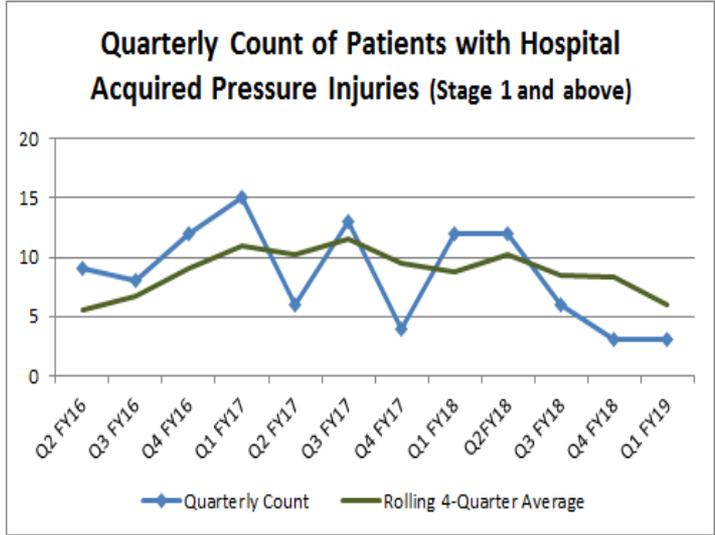
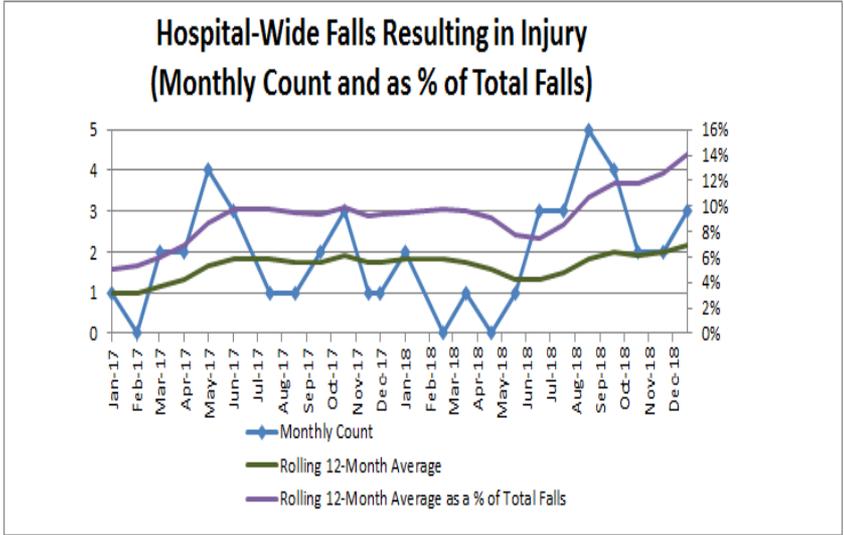
OUR ZERO HARM METRICS



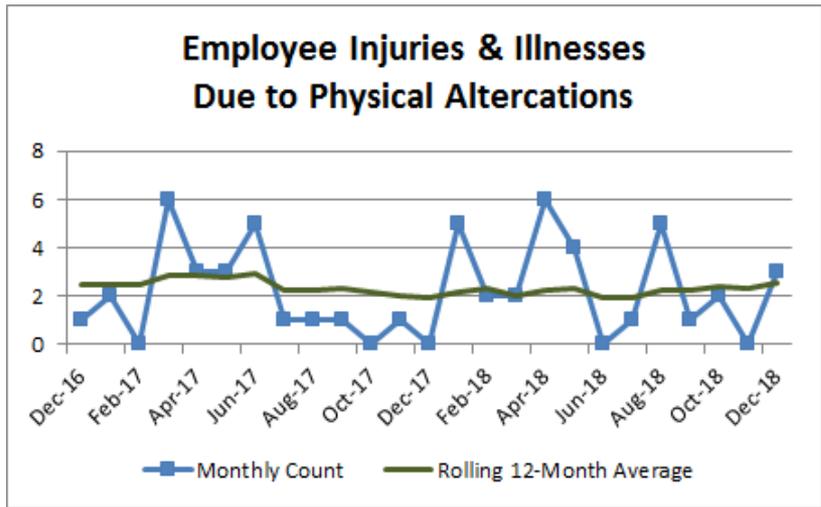
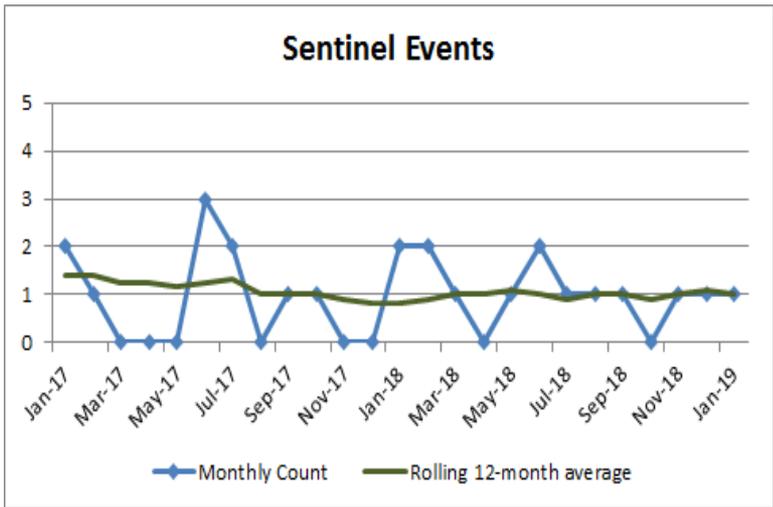
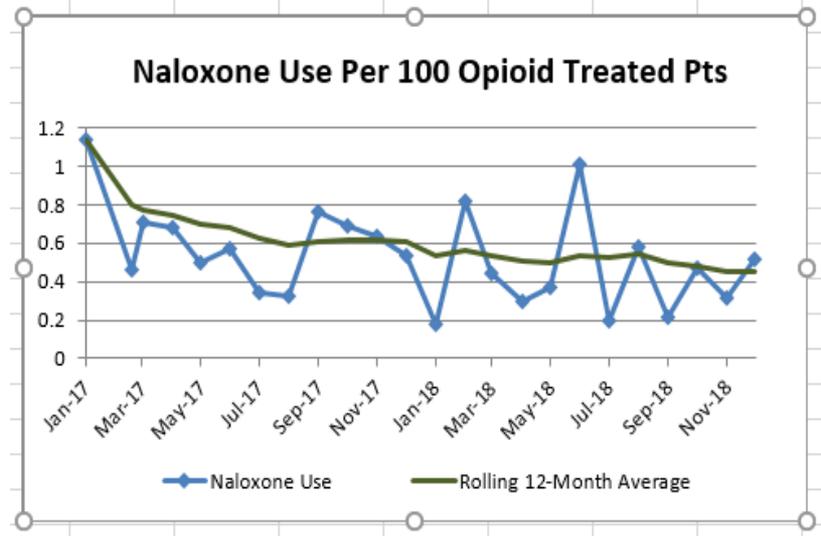
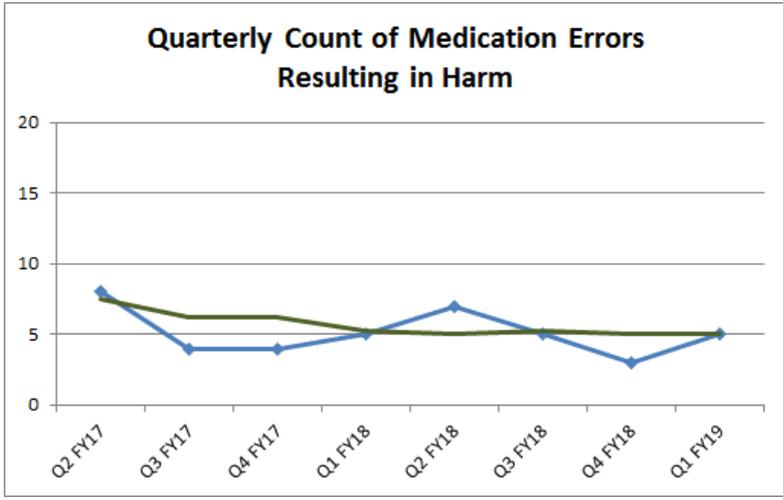
Hand Hygiene Compliance



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



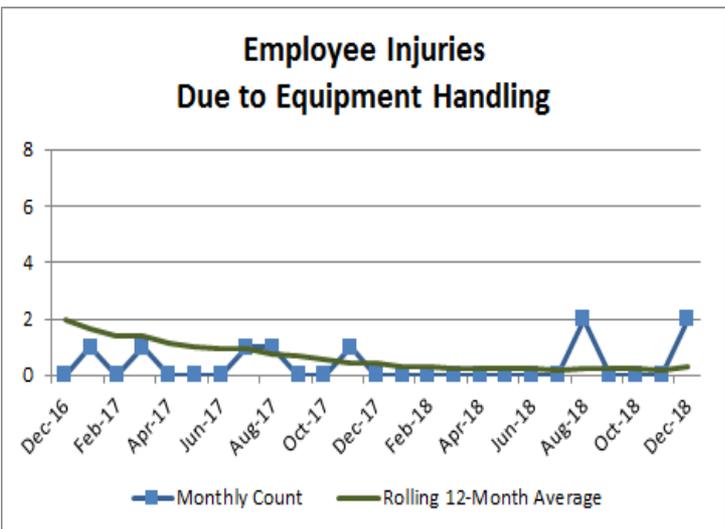
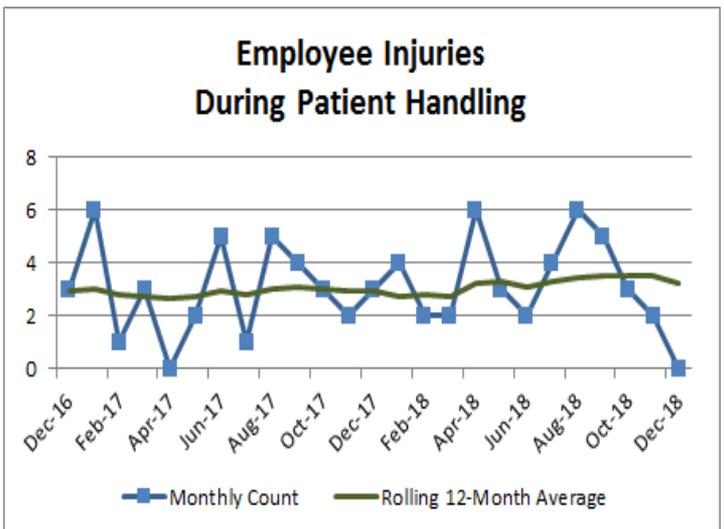
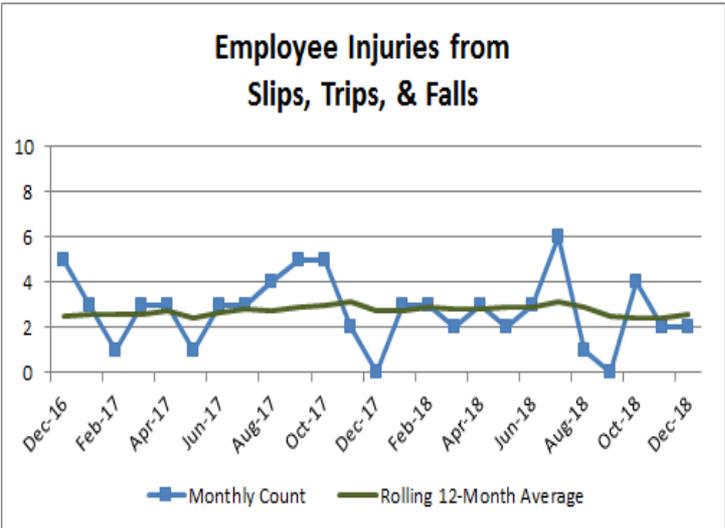
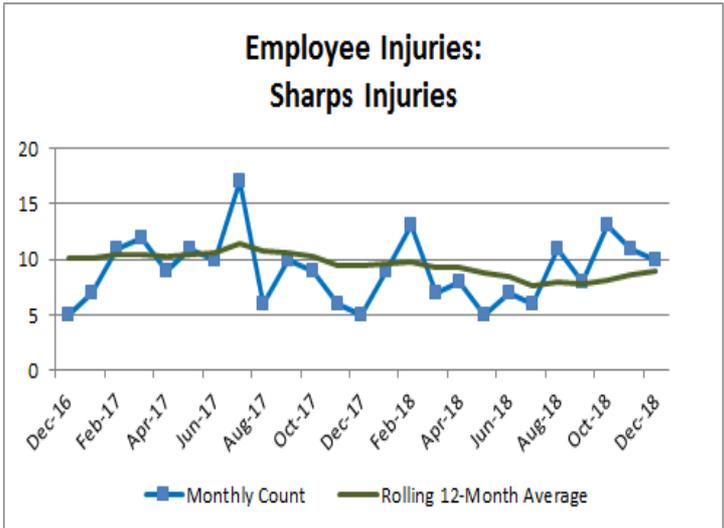
OUR ZERO HARM METRICS, CONT.



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



OUR ZERO HARM METRICS, CONT.



Ensuring Alignment with External Ratings



	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog	Vizient Quality & Accountability
Safety¹	25%	22%		50%	25%
Mortality²	25%	22%	38%		25%
Patient Experience	25%	22%	5%	16%	10%
Readmission		22%			8%
Other³	25%	12%	58%	34%	32%

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

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

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	C onsumer A ssessment of H ealthcare P roviders & S ystems. 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