



UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

HOSPITAL DASHBOARD

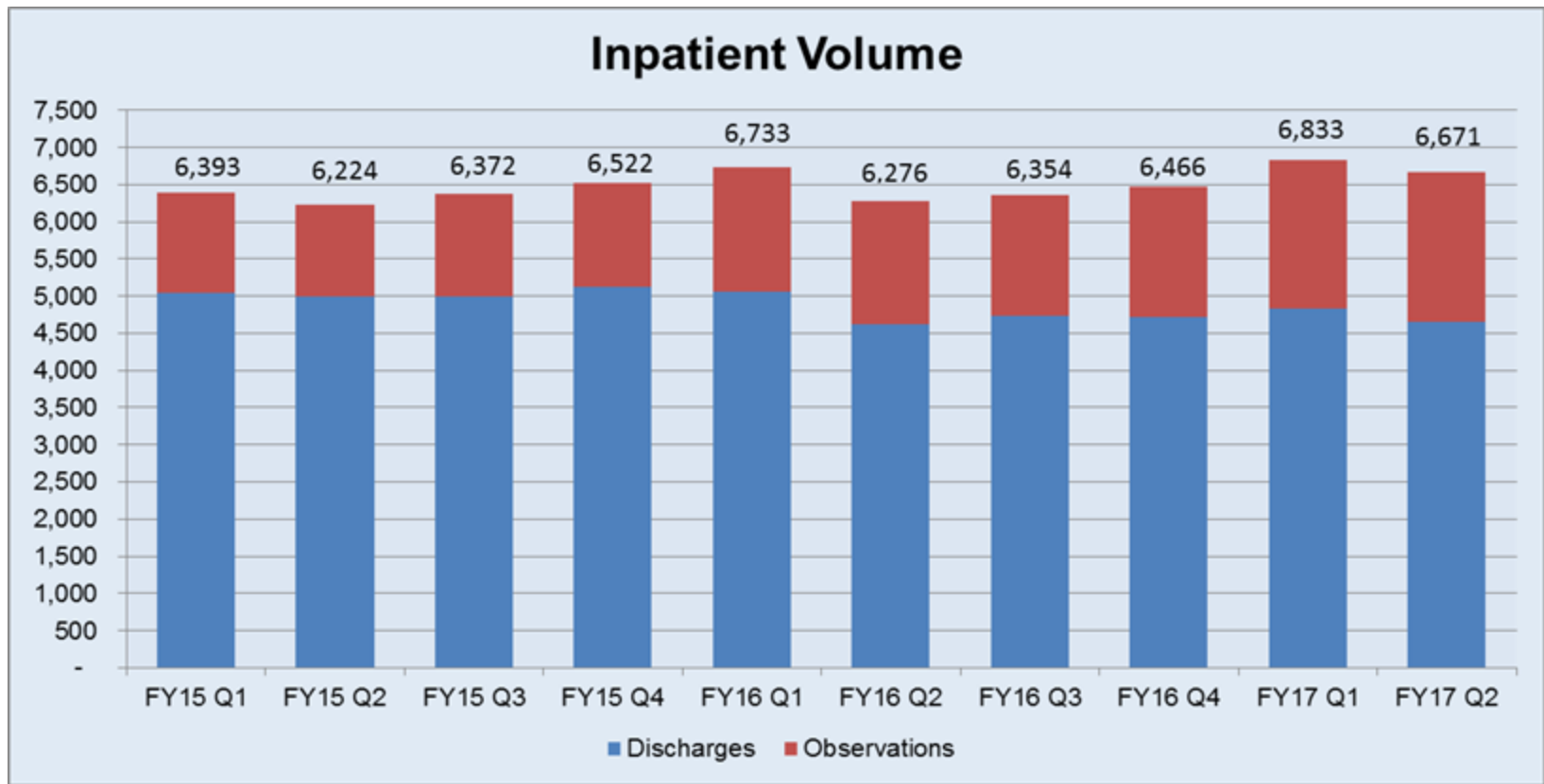
Reported to the Board of Trustees
March 15, 2017



UI Health

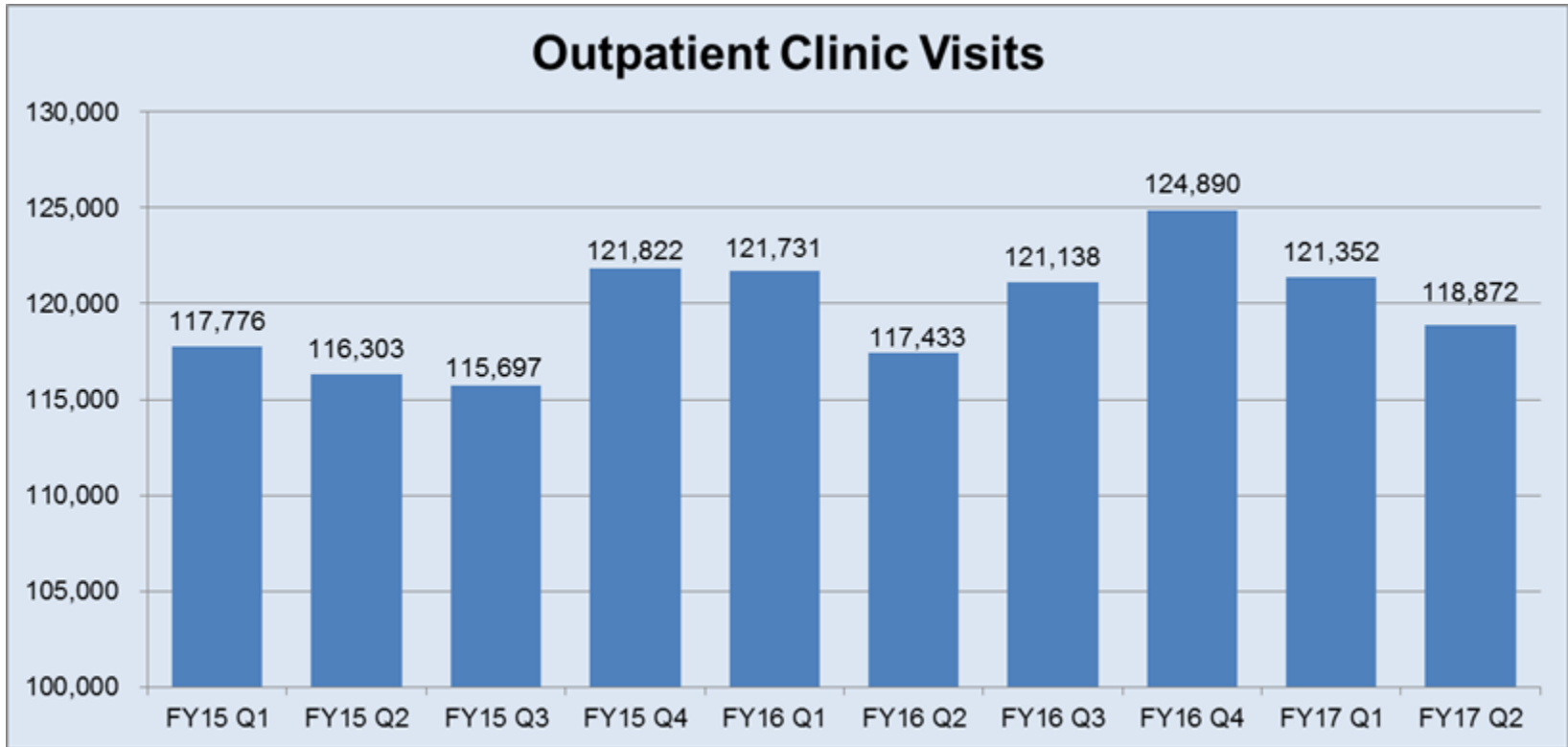


UI Health Metrics	FY17 Q2 Actual	FY17 Q2 Target	FY16 Q2 Actual	2nd Quarter % change FY17 vs FY16
Discharges	4,651	4,737	4,614	Combined 6.3%
Observation Cases	2,020	1,658	1,662	



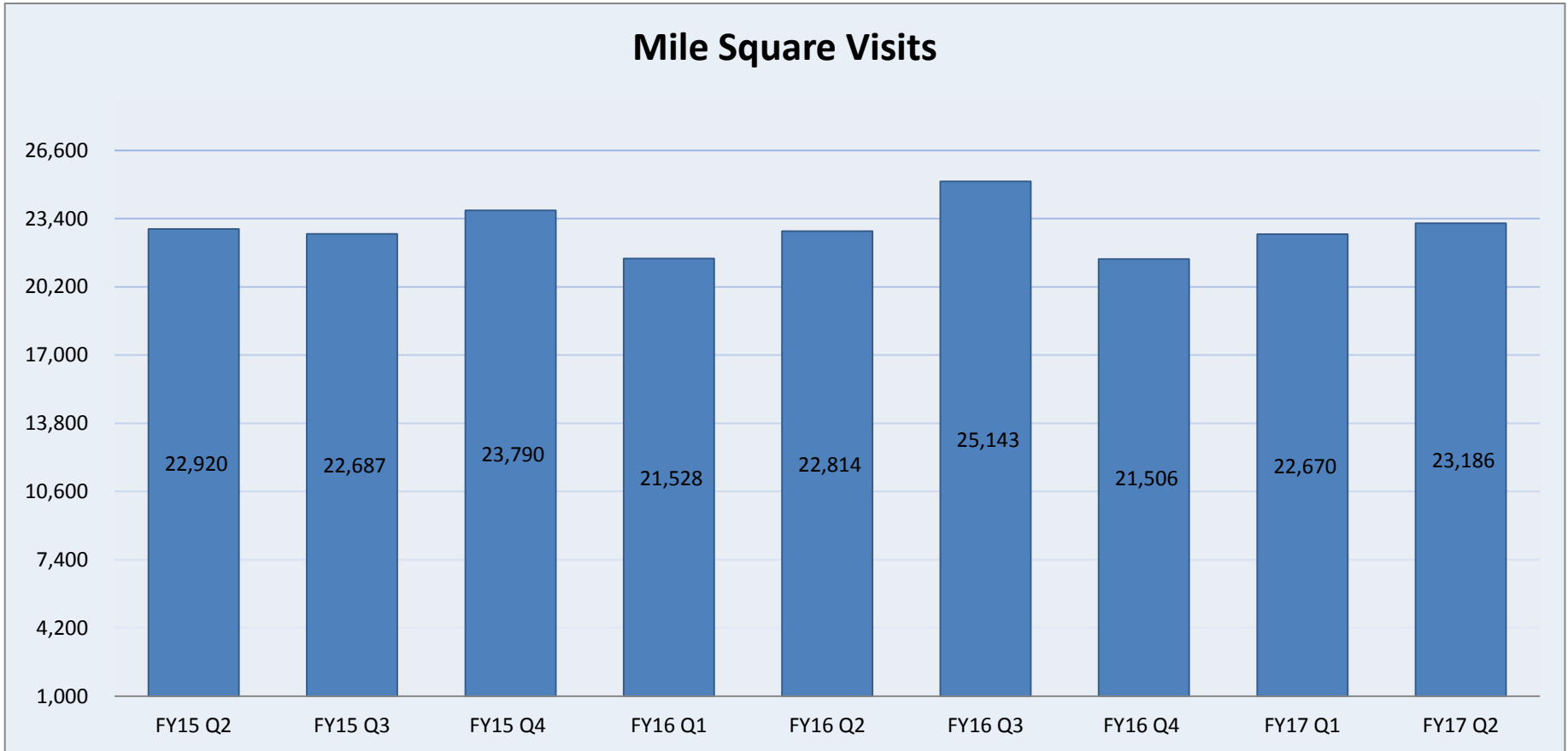
Combined Discharges and Observation Cases for the six months ending December 2016 are 5.6% above budget and 3.8% greater than last year.

UI Health Metrics	FY17 Q2 Actual	FY17 Q2 Target	FY16 Q2 Actual	2nd Quarter % change FY17 vs FY16
Outpatient Clinic Visits	118,872	119,839	117,433	1.2%



Clinic visits for the six months ending December 2016 are 0.5% under budget and 0.4% above last year.

UI Health Metrics	FY17 Q2 Actual	FY17 Q2 Target	FY16 Q2 Actual
Mile Square Visits	23,186	40,222	22,814



UI HEALTH

MISSION PERSPECTIVE:

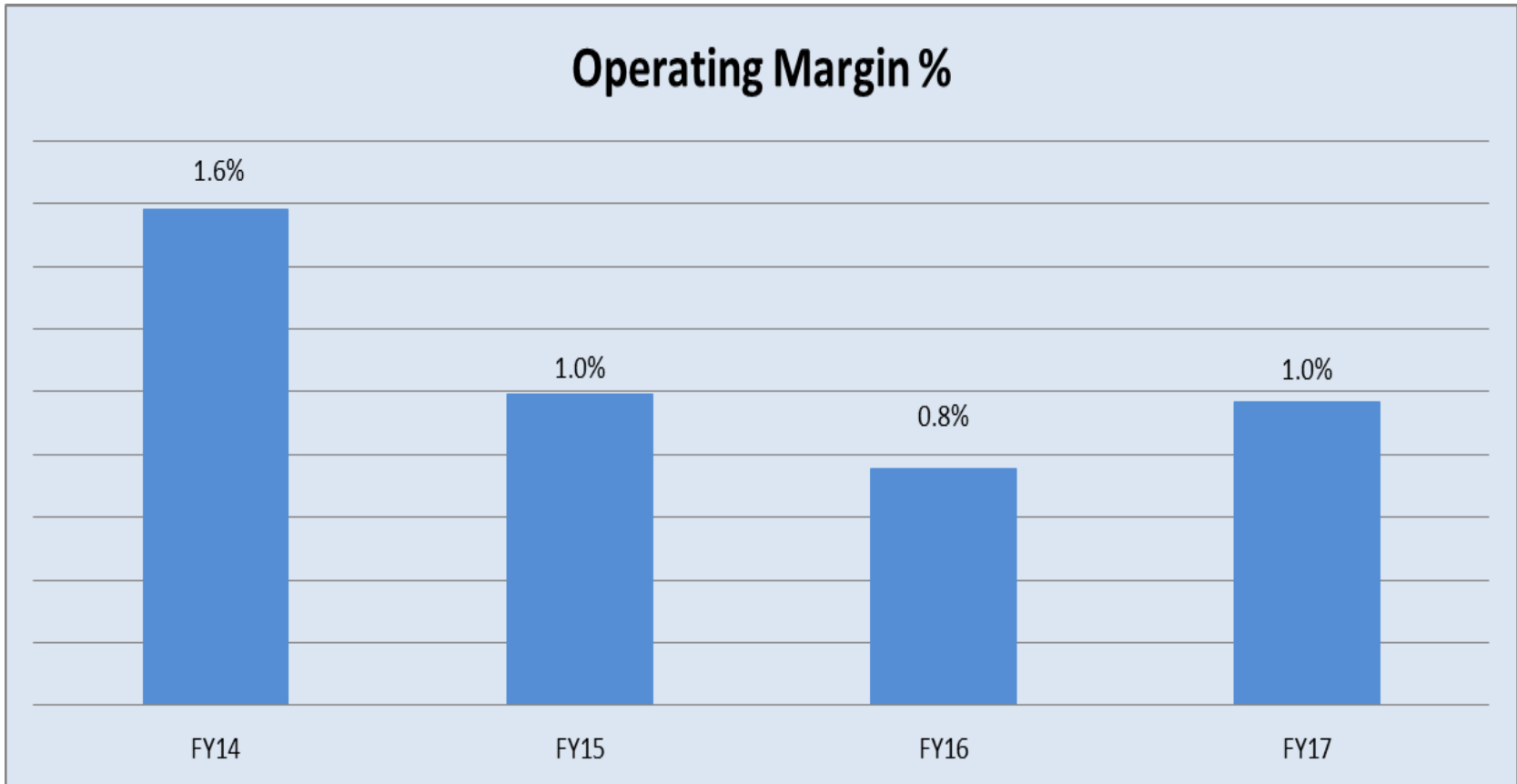
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – JANUARY 2017

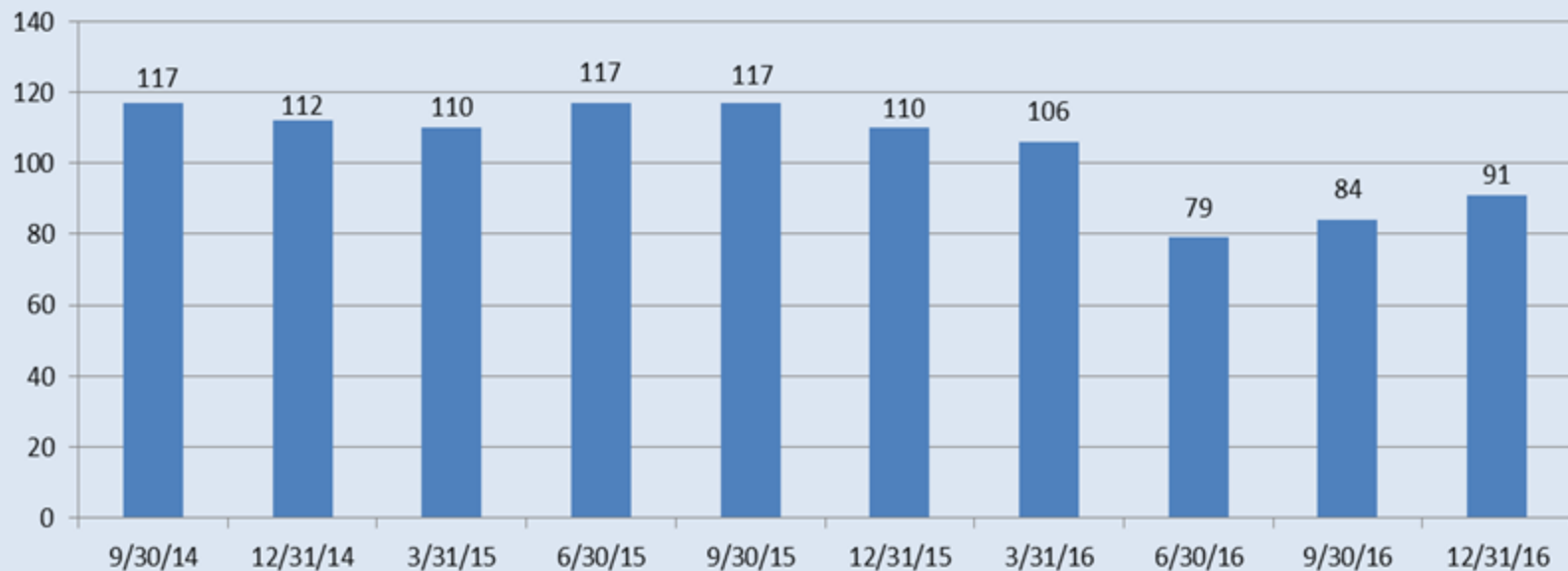
(\$ IN THOUSANDS)

Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 58,587	\$ 56,835	1,752	3.1%	\$ 51,557	Net Patient Revenue	\$ 383,155	\$ 394,383	(11,228)	-2.8%	\$ 345,535
24,168	23,859	309	1.3%	22,531	Other Revenue	168,037	166,985	1,052	0.6%	172,013
82,755	80,694	2,061	2.6%	74,088	Total Revenue	551,192	561,368	(10,176)	-1.8%	517,548
28,060	28,073	13	0.0%	27,040	Salaries & Wages	187,659	194,806	7,147	3.7%	178,627
20,088	20,108	20	0.1%	17,125	Employee Benefits	140,574	140,779	205	0.1%	140,984
29,763	28,513	(1,250)	-4.4%	25,780	Department Expenses	195,936	197,934	1,998	1.0%	172,594
3,098	3,098	0	0.0%	3,667	General Expenses	21,685	21,685	0	0.0%	25,669
81,009	79,792	(1,217)	-1.5%	73,612	Total Expenses	545,854	555,204	9,350	1.7%	517,874
\$ 1,746	\$ 902	844	93.6%	\$ 476	Operating Margin	\$ 5,338	\$ 6,164	(826)	-13.4%	\$ (326)
(181)	(267)	86	32.2%	50	Net Non-operating Income/(Loss)	(1,948)	(1,867)	(81)	-4.3%	(1,919)
\$ 1,565	\$ 635	930	146.5%	\$ 526	Net Income/(Loss)	\$ 3,390	\$ 4,297	(907)	-21.1%	\$ (2,245)

UI Health Metrics	FY17 YTD ACTUAL	FY17 (12 mos) Target	FY16 Actual
Operating Margin %	1.0%	1.1%	0.8%



Days Cash on Hand (Unrestricted)



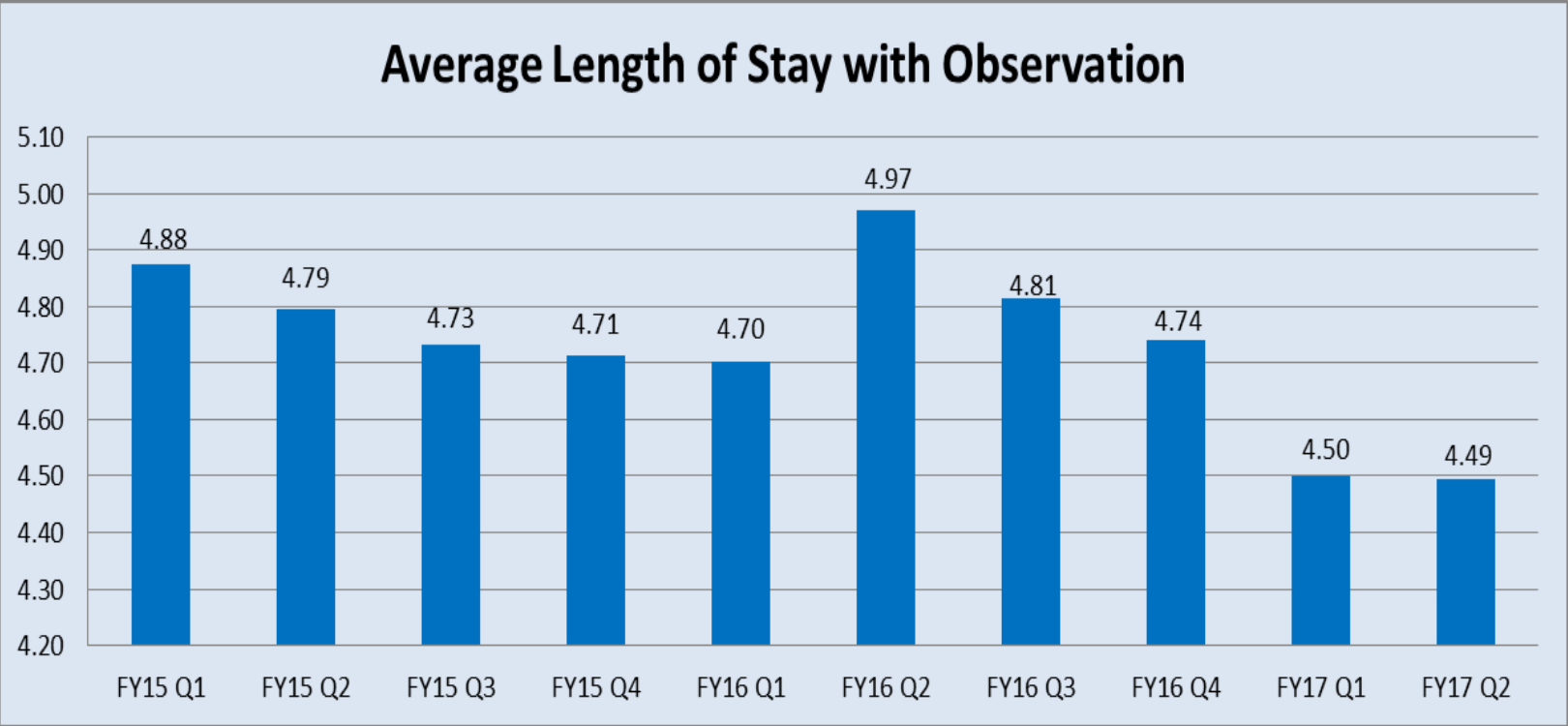
Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (S&P "A" and Moody's "A3") is 218 days.

UI HEALTH

MISSION PERSPECTIVE:

OPERATIONAL EFFECTIVENESS

UI Health Metrics	FY17 Q2 Actual	FY17 Q2 Target	FY16 Q2 Actual
Average Length of Stay with Observation (Days)	4.49	4.80	4.97



FY 17 Budget Target is to be at 4.78 days by year-end.

UI HEALTH

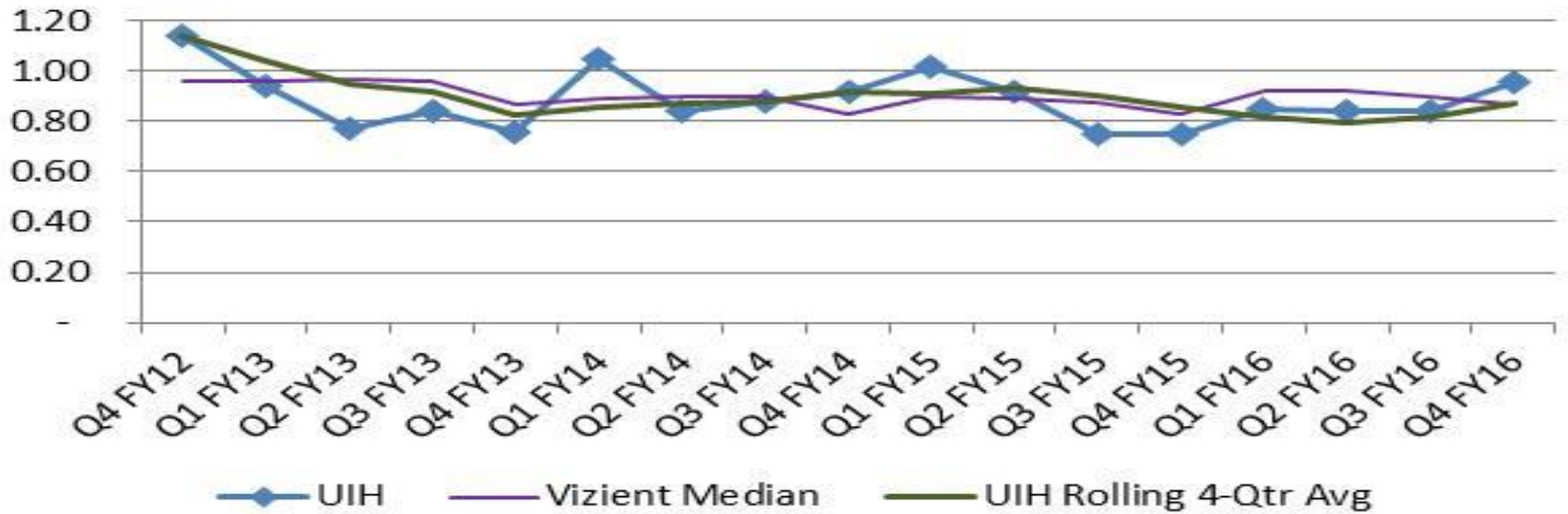
MISSION PERSPECTIVE:

QUALITY & SAFETY

Data in this section is unchanged from the previous Dashboard

Vizient Metrics (Q4 FY16, Apr - Jun 2016)	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)	89	0.87	0.96	0.87	95/135

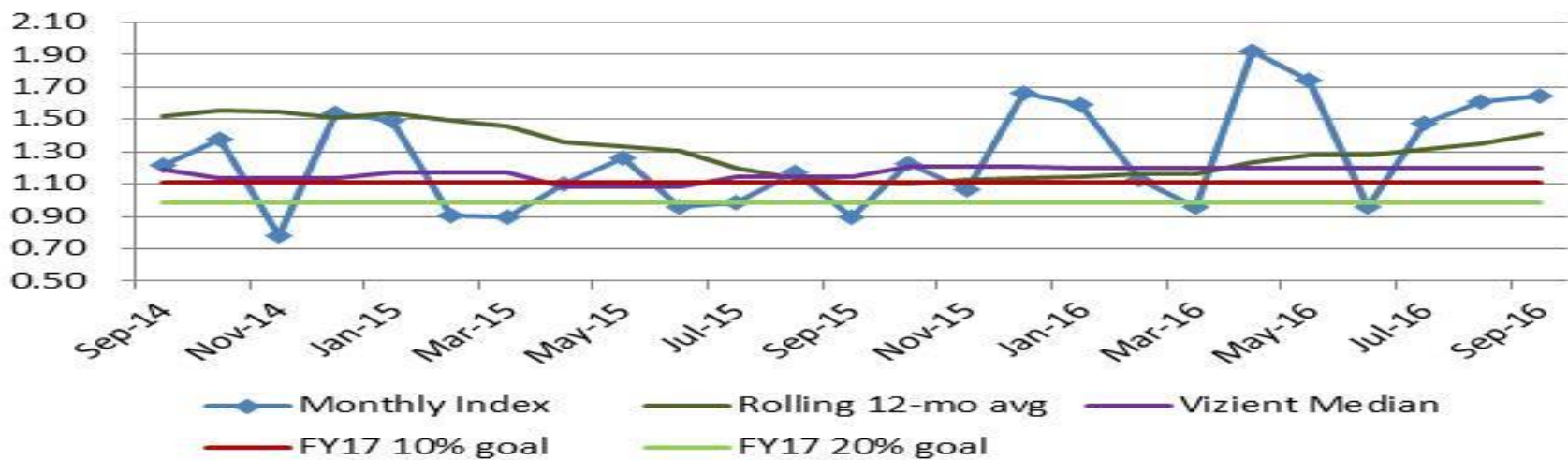
**UI Health Total Inpatient Mortality Index
(Observed/Expected)
Q4 FY12 - Q4 FY16**



During Q4 FY16, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) rose slightly to 0.96. Our rolling 4-quarter average currently equals the Vizient median of 0.87.

Vizient Metrics (Q4 FY16, Apr - Jun 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	36	1.29	1.52	1.14	117/135

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



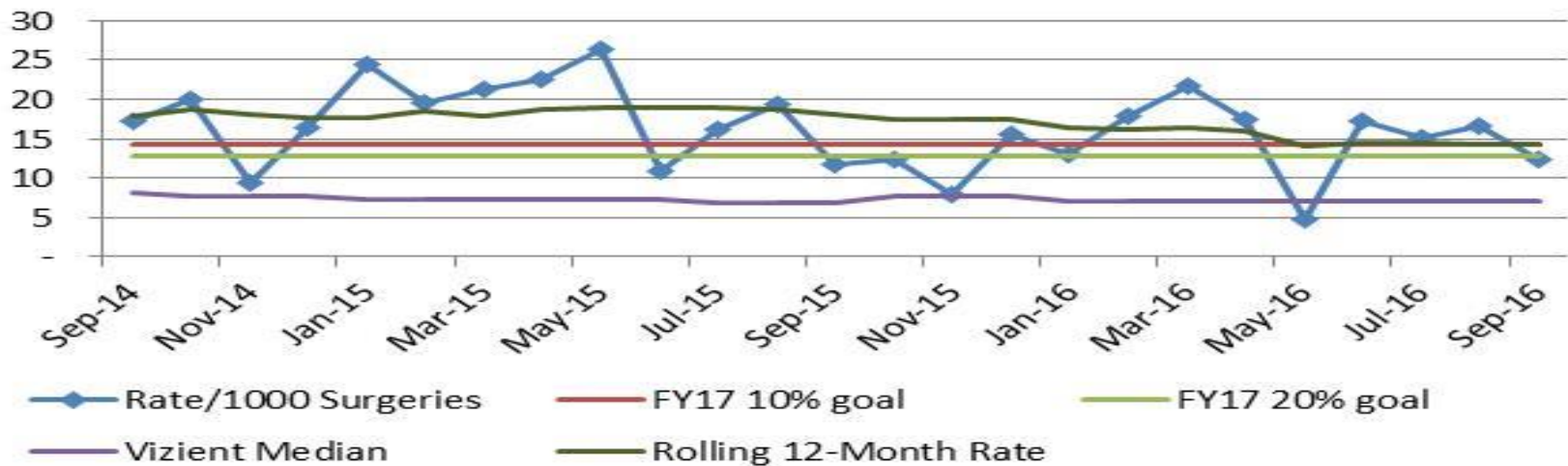
	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number of Sepsis Cases by Month	102	102	70	78	77	64	91	64	83	72	75	89	74
Number of Sepsis Deaths by Month	13	13	9	12	12	11	11	11	15	8	16	18	20

During September 2016, UI Health’s rolling 12-month Sepsis Mortality index (observed/expected deaths) was 1.42, a slight decline in performance for the third straight month.

Our FY17 goal is to reduce our rolling 12-month Sepsis Mortality by at least 10% from our June 2016 baseline of 1.24.

Vizient Metrics (Q4 FY16, Apr - Jun 2016)	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)	16	14.6	13.0	6.78	128/135

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



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

During September 2016, UI Health's rolling 12-month average post-operative PE/DVT rate improved from the previous month to 12.29, though it still remains higher than the Vizient median.

Our FY17 goal is to reduce our rolling 12-month average post-op PE/DVT rate by at least 10% from our June 2016 baseline of 15.89.

UI Health Mission Perspective:
Quality & Safety

*PE = Pulmonary Embolism

**DVT = Deep Venous Thrombosis



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.



Vizient Metrics (Q4 FY16, Apr - Jun 2016)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Central Line-Associated Blood Stream Infections	0	0.39	0	0.18	1/134

Monthly Whole-House Central Line-Associated Blood Stream Infections



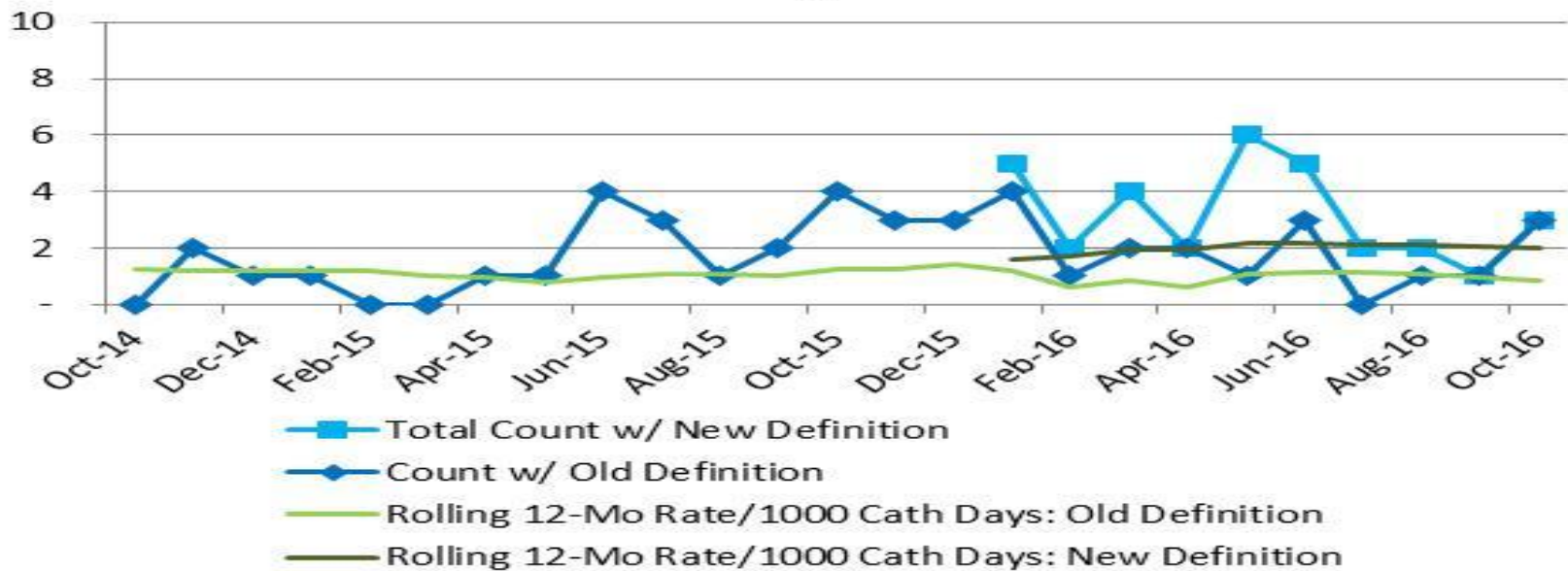
	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Number of Infections by Month	8	2	7	1	3	2	5	2	4	2	2	5	3

Our 12-month rolling average whole-house CLABSI rate improved to 1.20 in October 2016.

Our FY17 goal is to reduce CLABSIs by at least 10% from our June 2016 baseline of 1.23.

Vizient Metrics (Q4 FY16, Apr - Jun 2016)	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	6	0.75	1.40	0.67	116/135

Monthly Whole-House Catheter-Associated Urinary Tract Infections

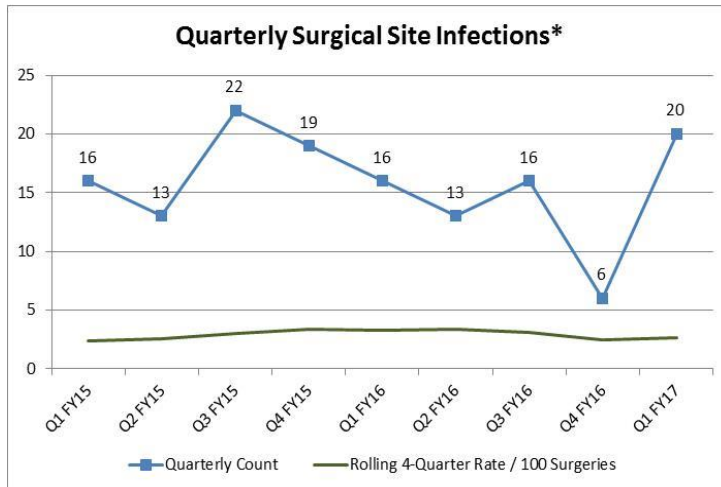


	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Number of Infections by Month	4	3	3	5	2	4	2	6	5	2	2	1	3

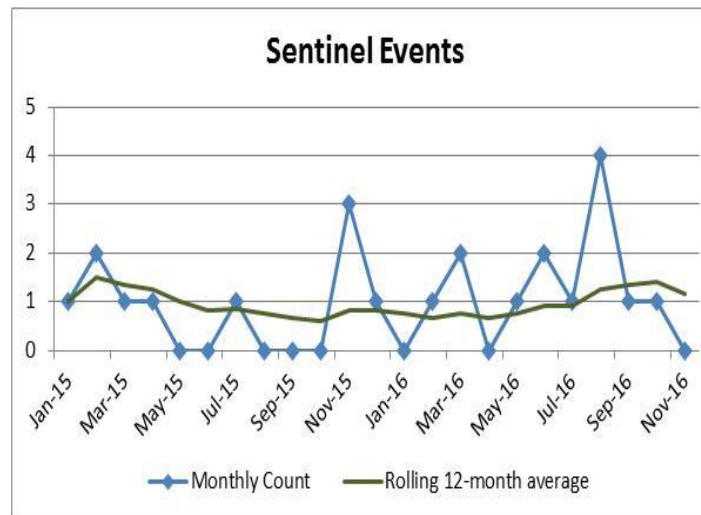
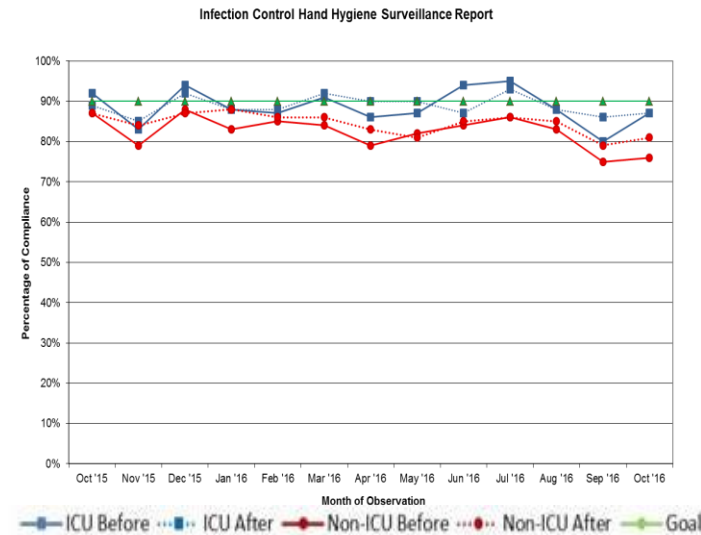
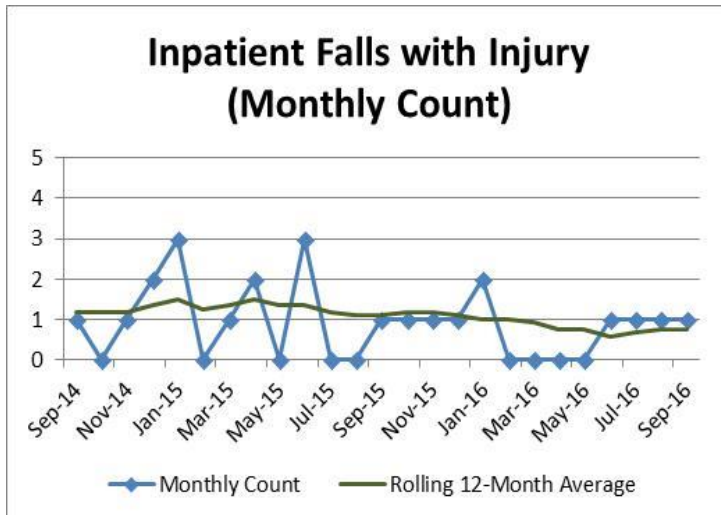
Our rolling 12-month average house-wide CAUTI rate improved slightly to 2.03 in October 2016.

Our FY17 goal is to reduce CAUTIs by at least 10% from our June 2016 baseline of 2.2.

Our Other Zero Harm Metrics

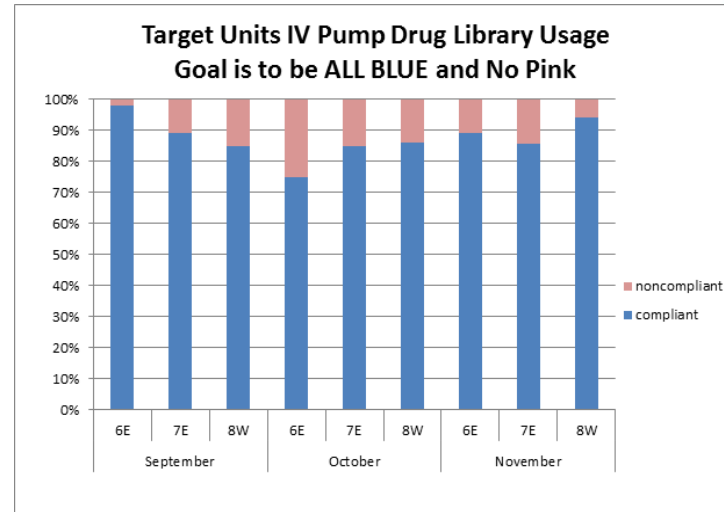
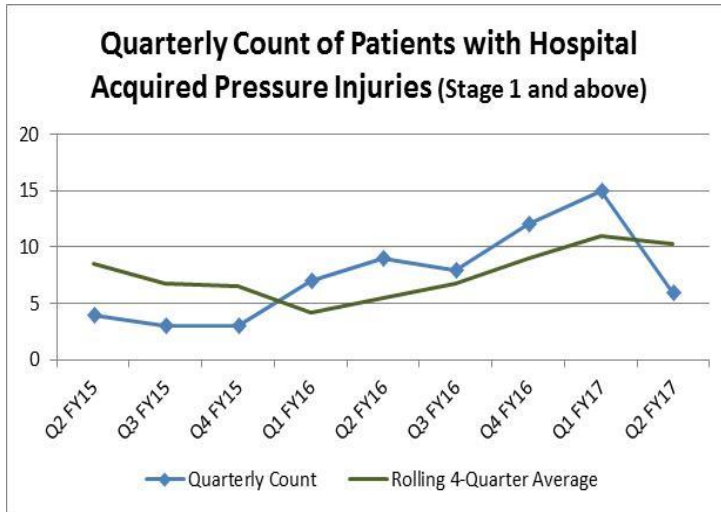


*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.

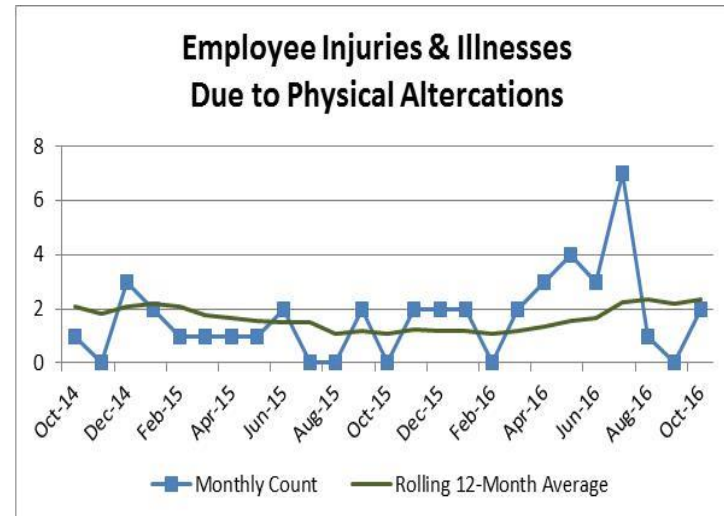
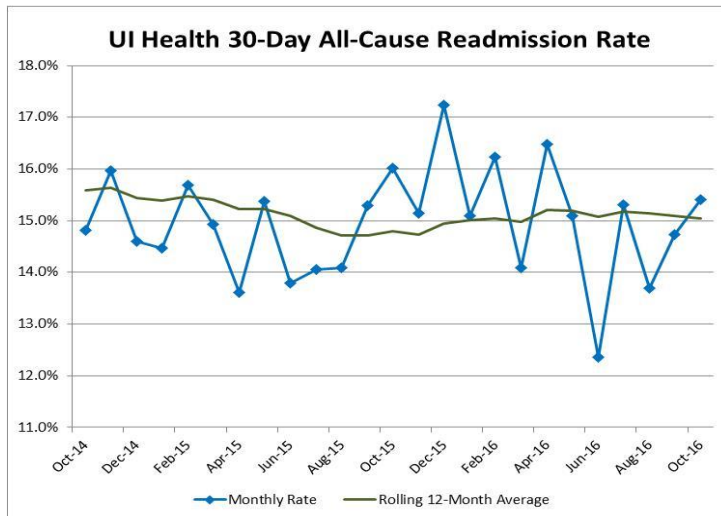


A **Sentinel Event** is a patient safety event that results in death, permanent harm, or severe temporary harm.

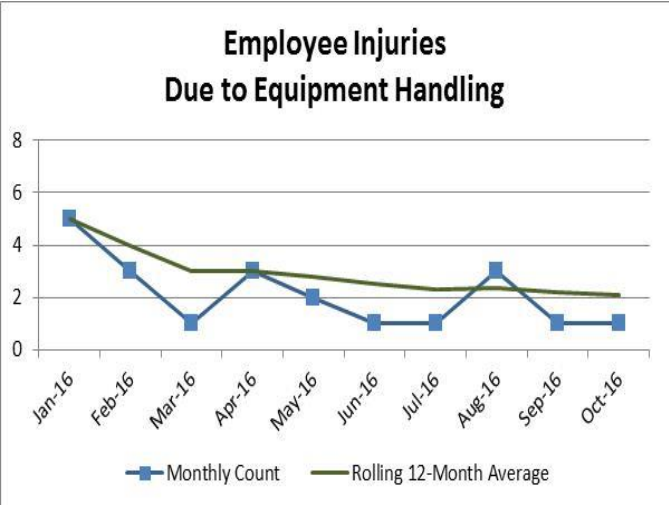
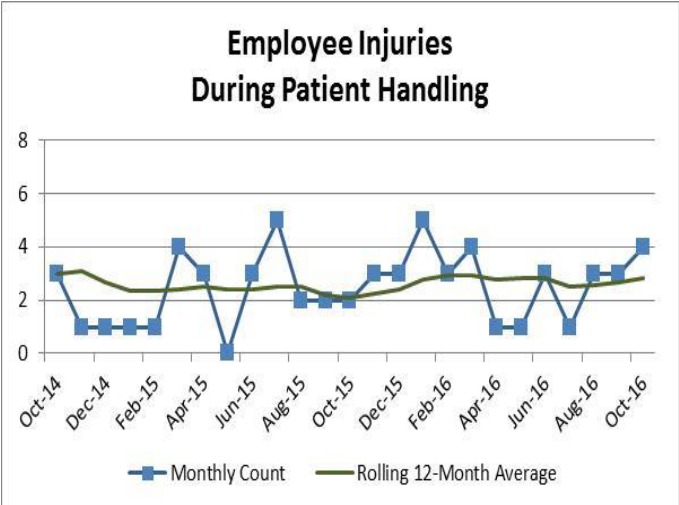
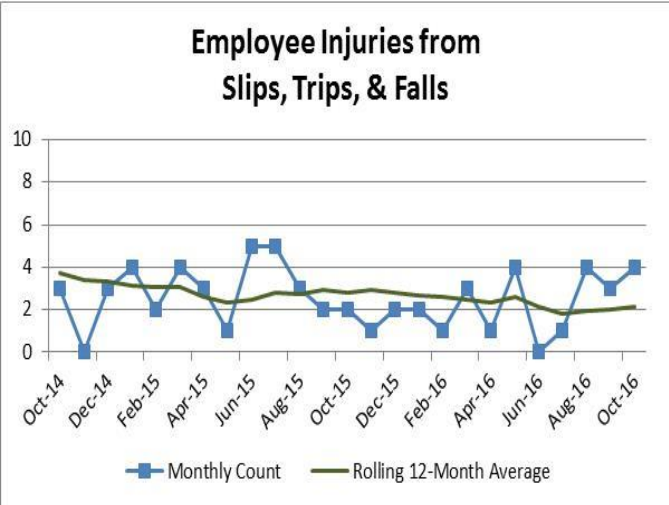
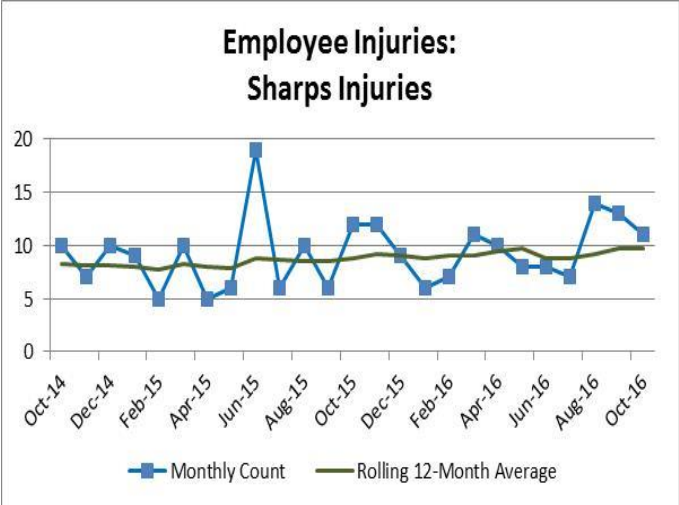
OUR ZERO HARM METRICS, CONT



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



OUR ZERO HARM METRICS, CONT

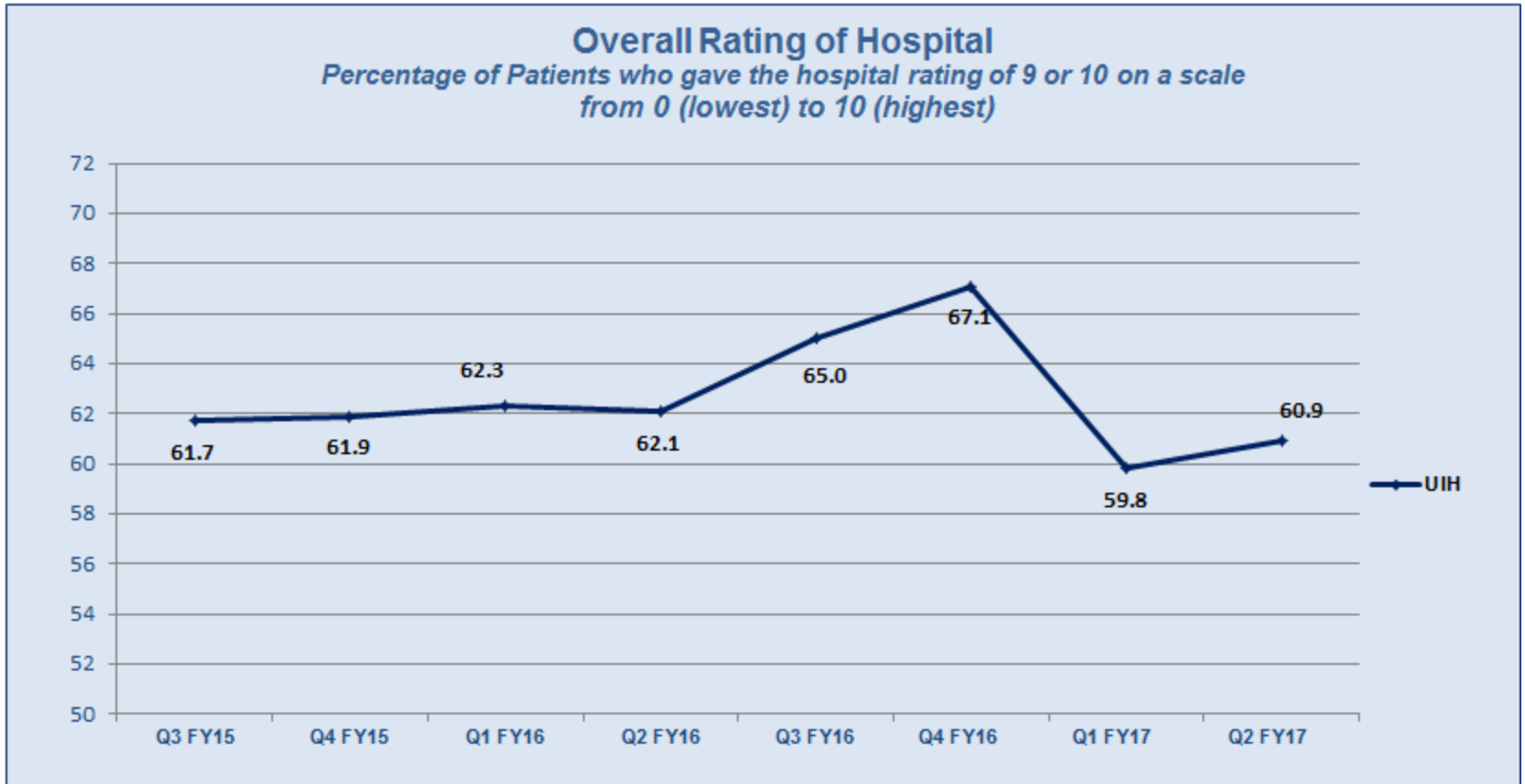


**UI HEALTH
MISSION PERSPECTIVE:
CUSTOMER**

UI Health Metric	Oct-Dec 2016 Top Box/Mean	%ile rank	UHC 50 %ile Top Box/Mean	UHC 70 %ile Top Box/Mean
Inpatient (HCAHPS)	60.9	10	73.4	77.6
Ambulatory Clinics	85.3	16	91.2	92.2
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell	86.4	1	92.9	93.7
Emergency Department	74.5	4	85.2	87.3
Ambulatory Surgery	89.1	6	93.0	93.9

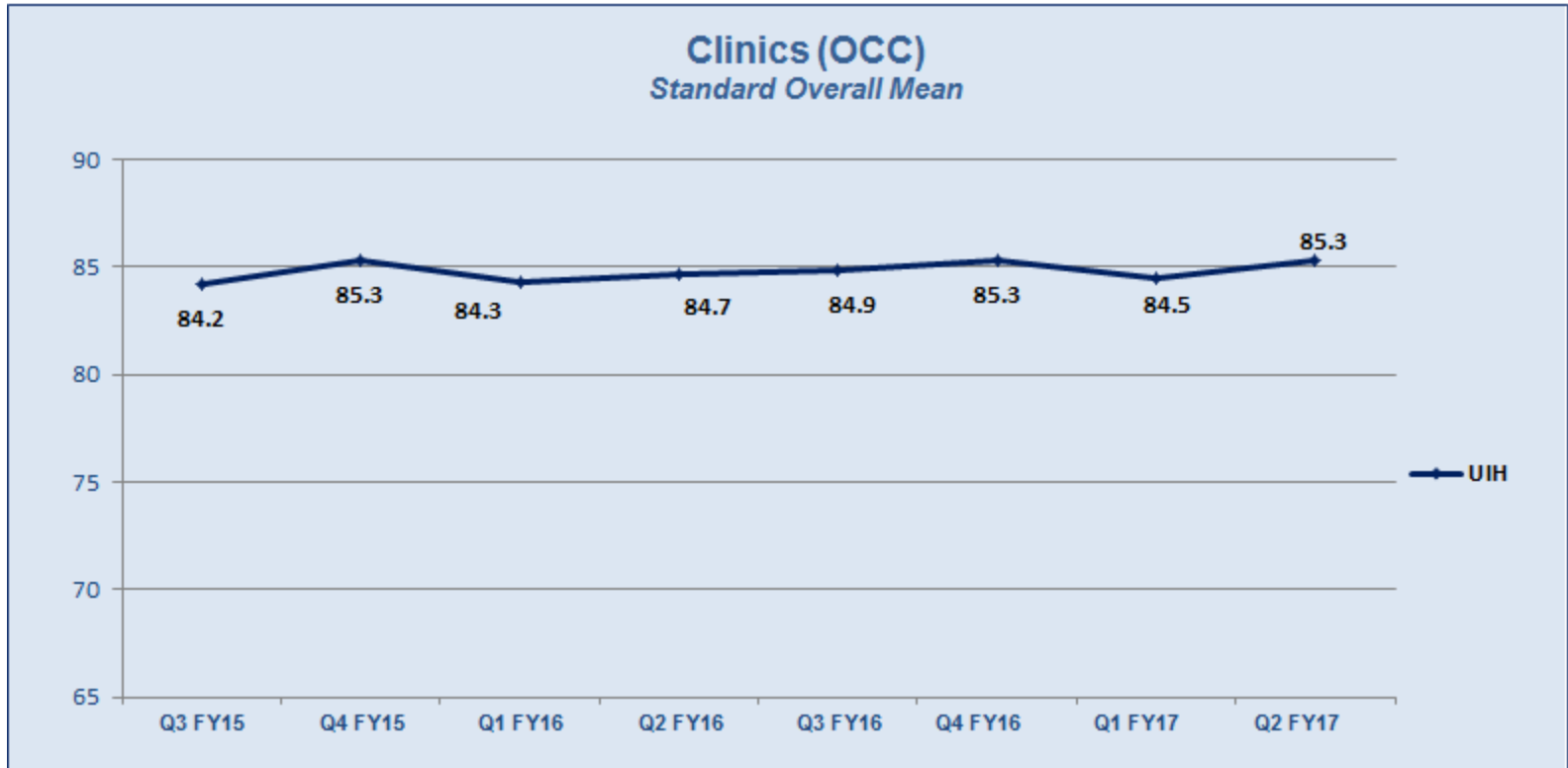
UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q2 FY17	Prior Q2 FY16	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	60.9	62.1	62.6



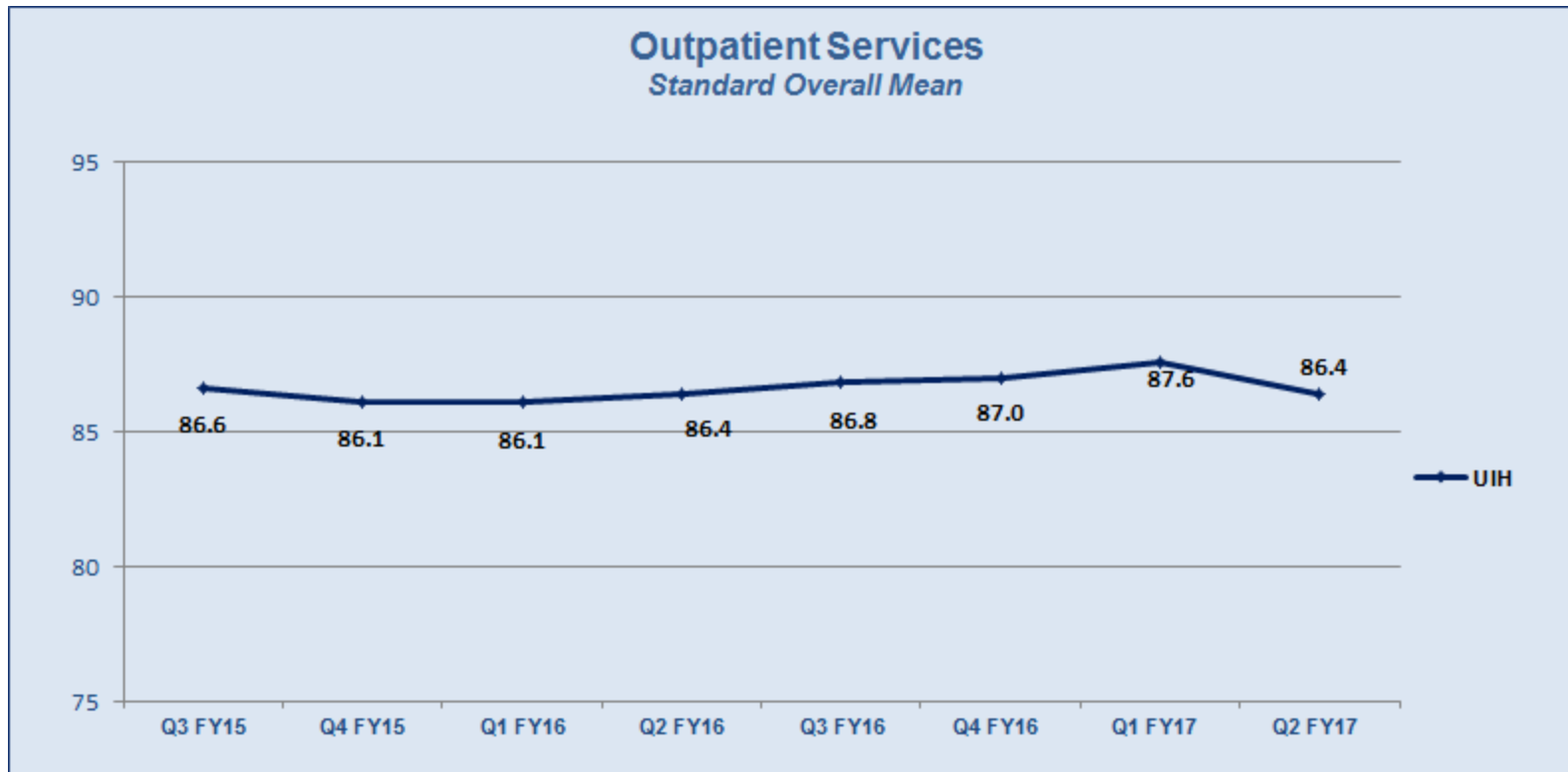
UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q2 FY17	Prior Q2 FY16	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	85.3	84.7	84.8



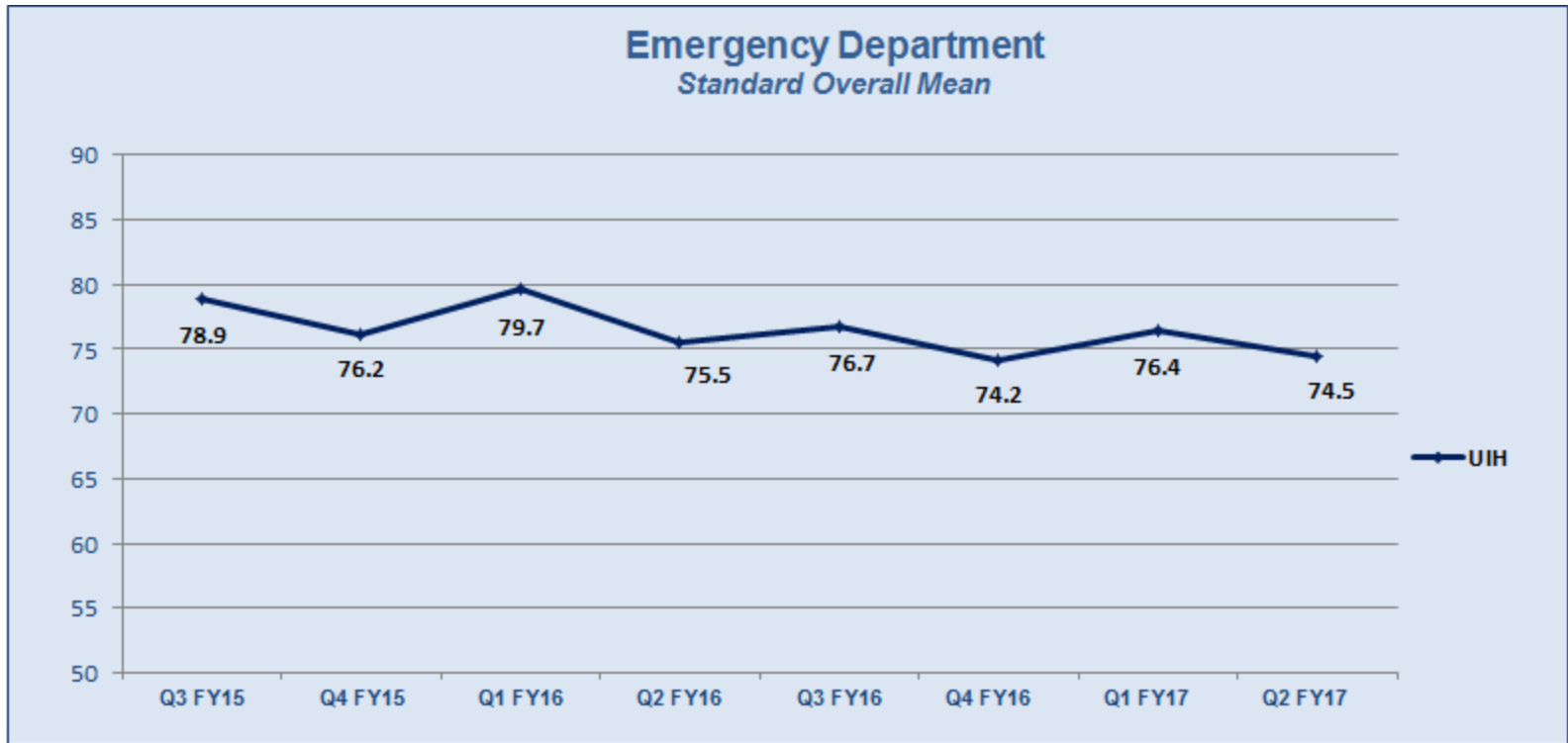
UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q2 FY17	Prior Q2 FY16	UIH 8 Quarter Average
Outpatient Services (Standard Overall Mean)	86.4	86.4	86.6



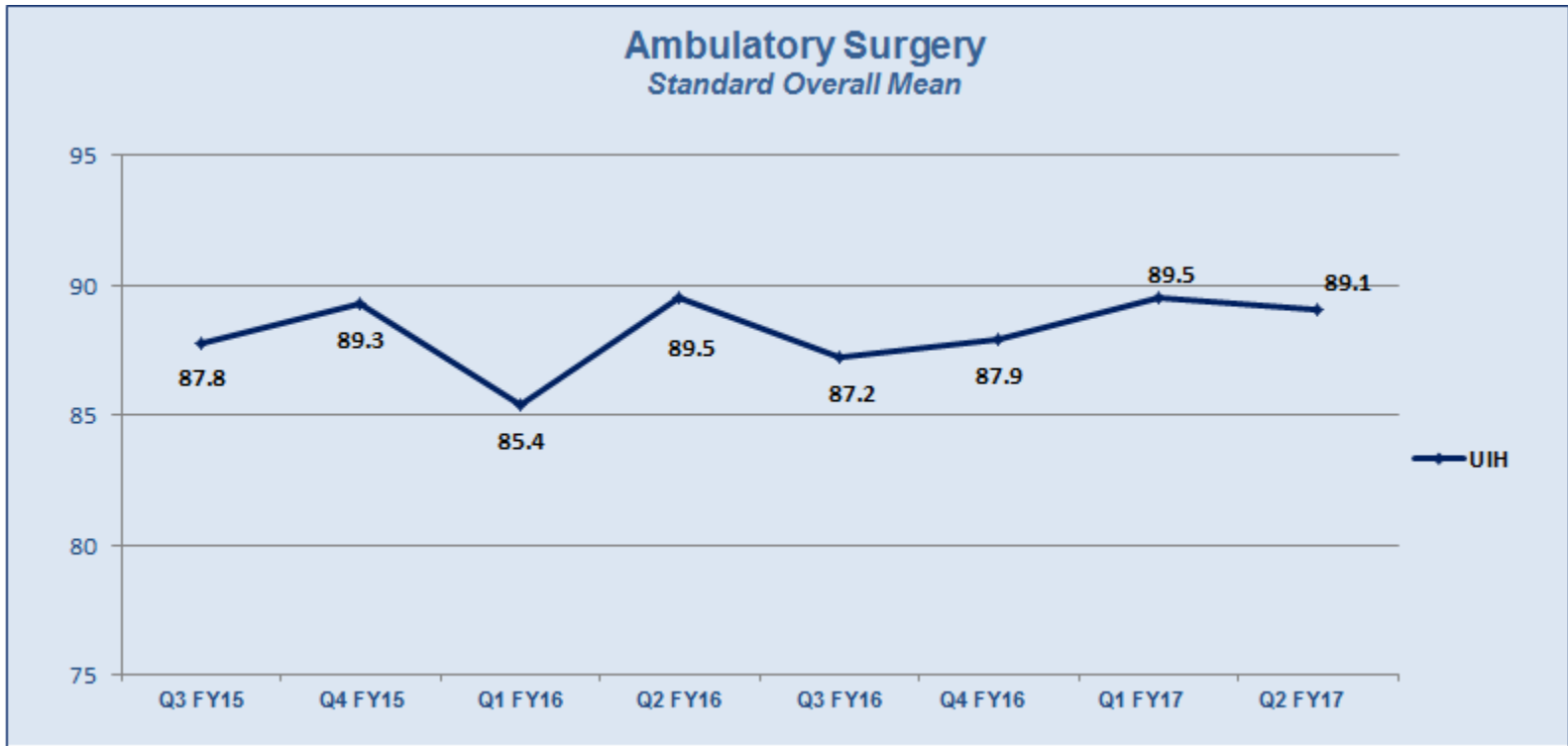
UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q2 FY17	Prior Q2 FY16	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	74.5	75.5	76.5



UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q2 FY17	Prior Q2 FY16	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	89.1	89.5	88.2



UI Health Mission Perspective: Customer

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 Expenses Per Adjusted Discharge	Defined by the supply expense less drugs, organs, and blood divided by SIS2-supply adjusted discharges. An organization's SIS2 is a value derived from a weighted average of the total number of discharges by their distribution of MS-DRG-weighted values, assigned based on expected supply-related consumption. Exclusions, Drug, organ procurement and blood expenses are excluded from the supply expense calculation	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)