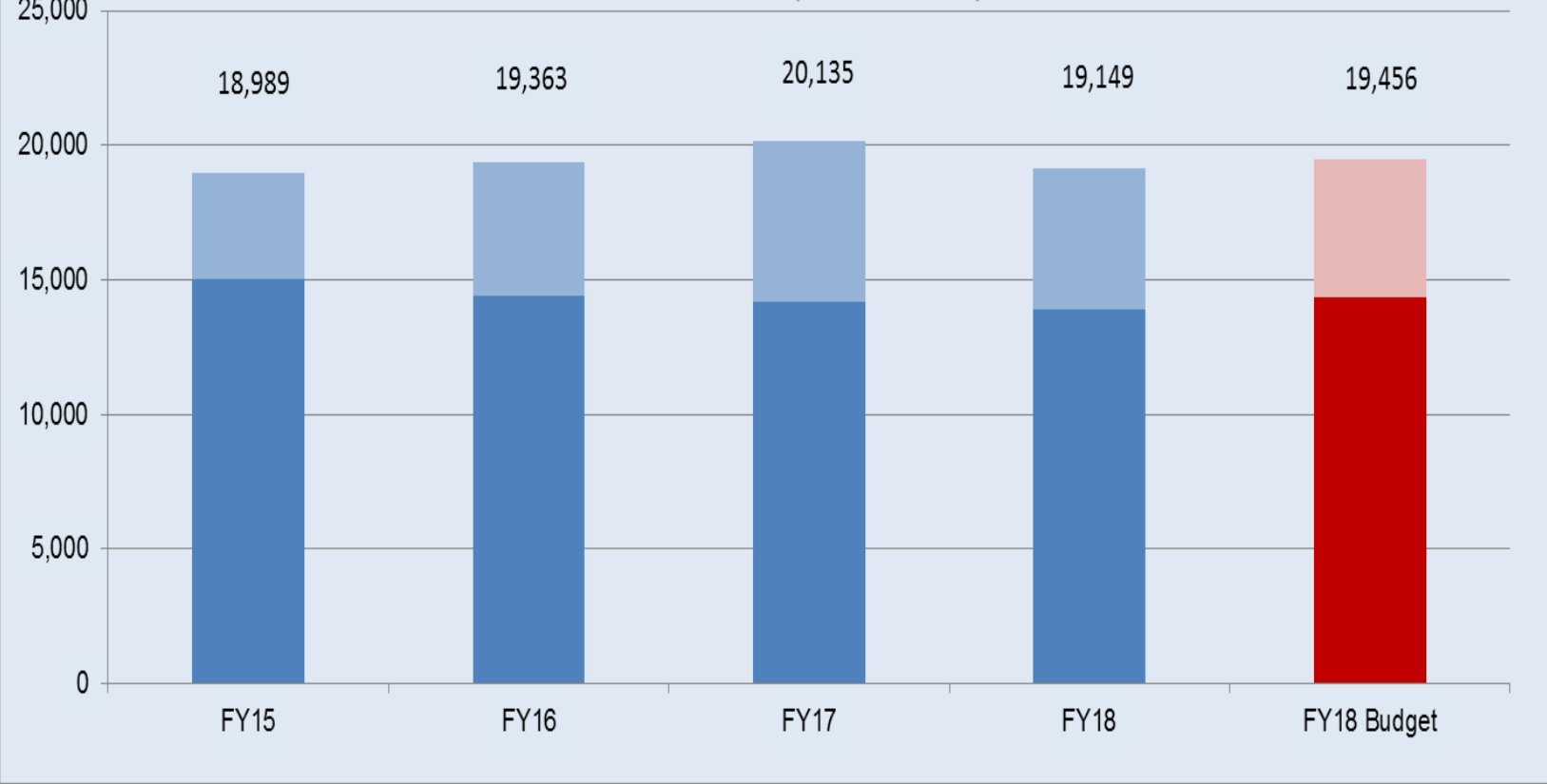


Reported to the Board of Trustees  
May 17, 2018



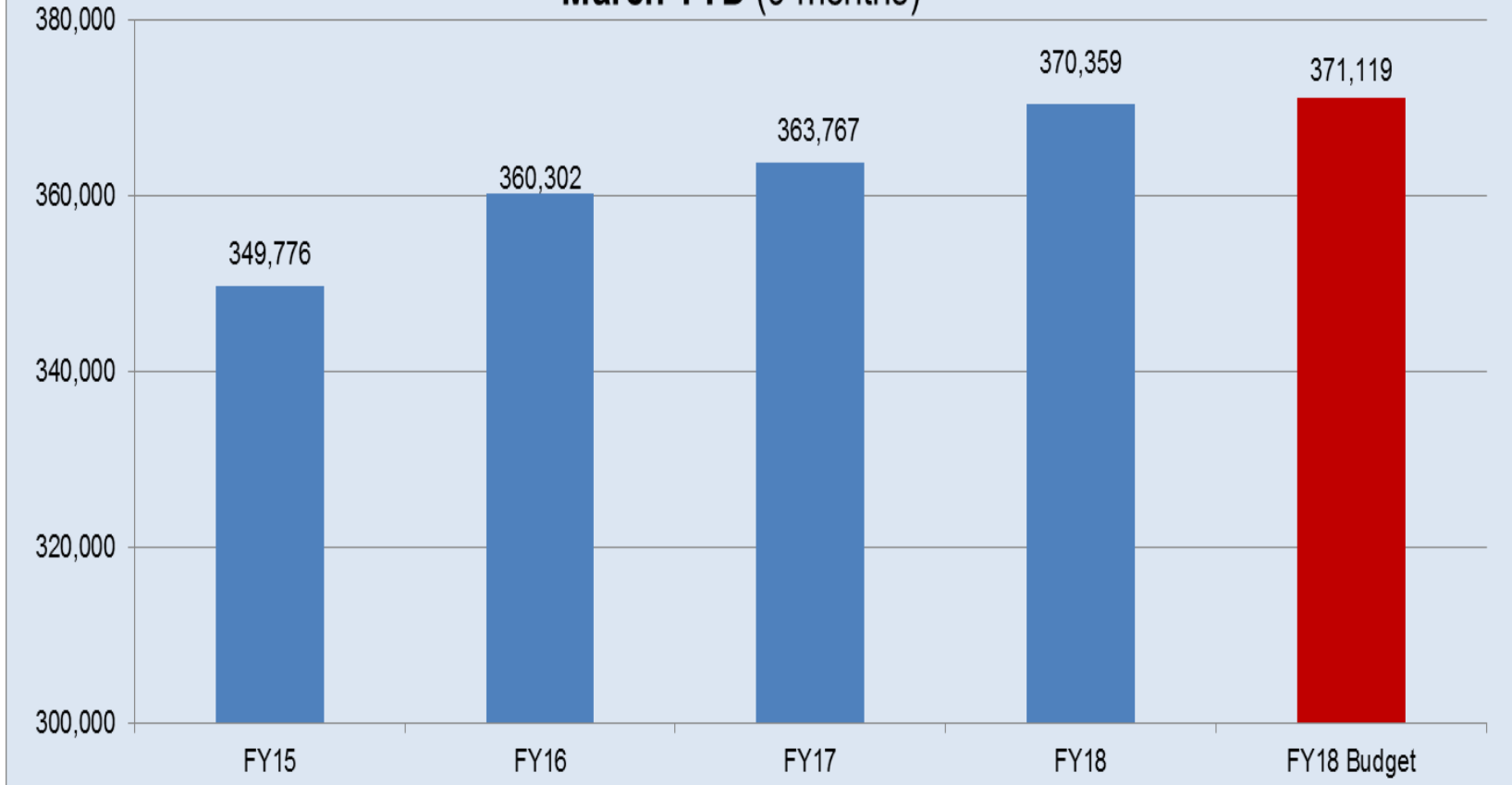
# University of Illinois Hospital and Clinics Dashboard May 2018

# Inpatient Volume March YTD (9 months)



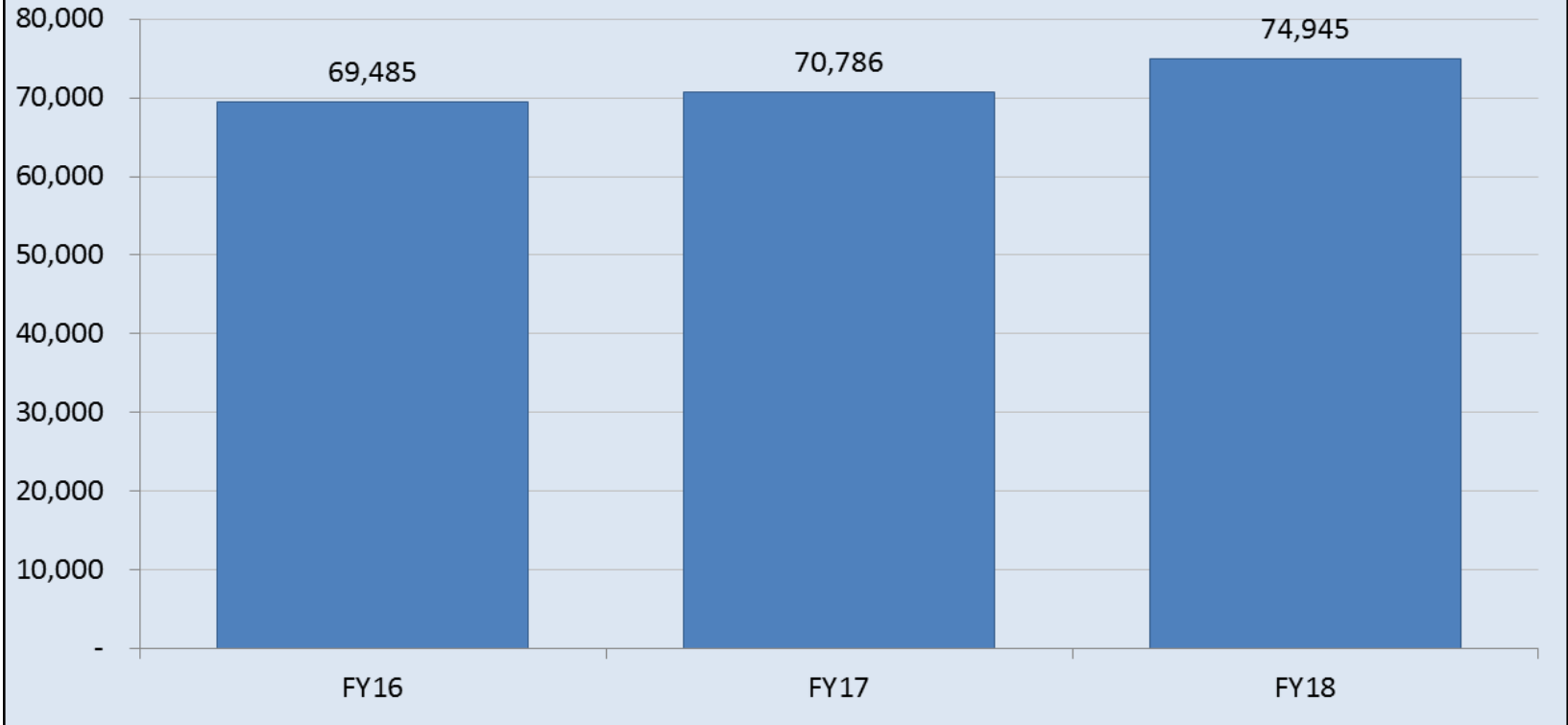
Combined Discharges and Observation Cases for the nine months ending March 2018 are 1.6% below budget and 4.9% lower than last year.

## Outpatient Clinic Visits March YTD (9 months)



Clinic visits for the nine months ending March 2018 are 0.2% below budget and 1.8% above last year.

## Mile Square Visits March YTD (9 months)



Mile Square visits for the seven months ending January 2018 are 5.9% above last year.

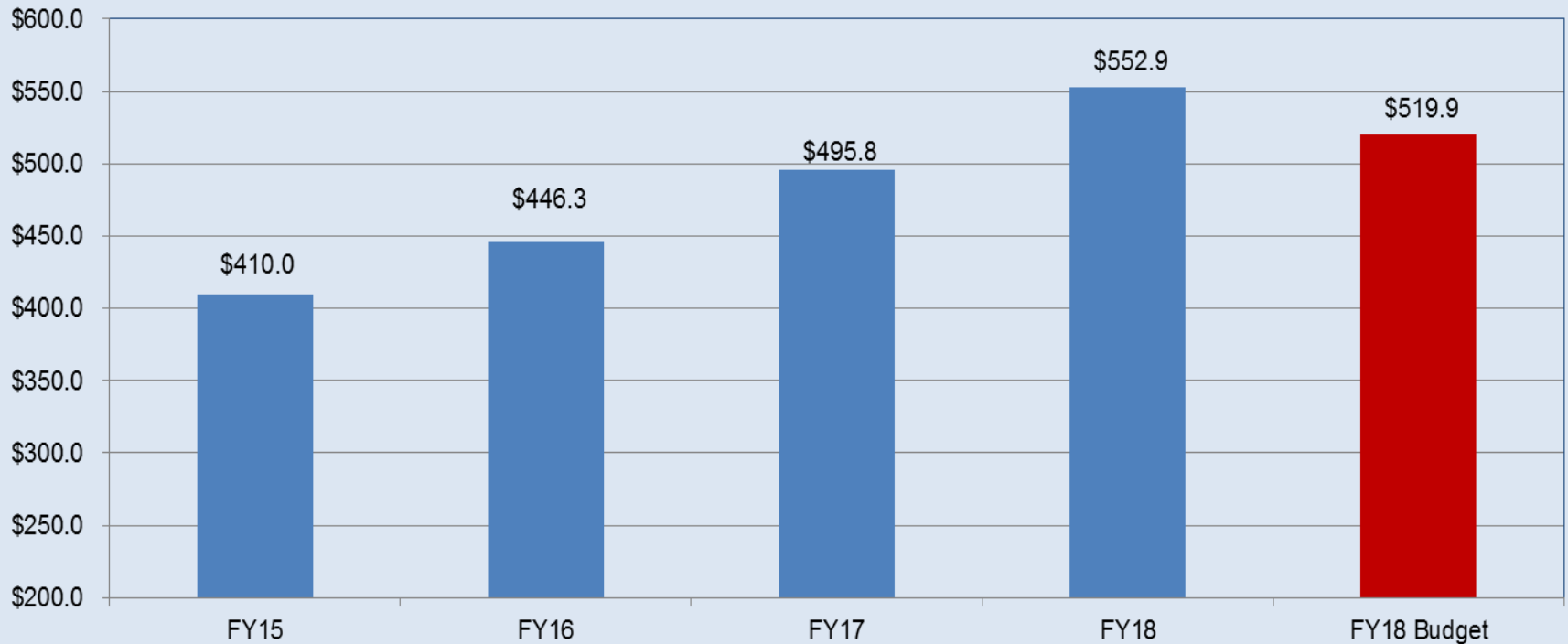
UI HEALTH  
MISSION PERSPECTIVE:  
FINANCIAL PERFORMANCE

# STATEMENT OF OPERATIONS – MARCH 2017

(\$ IN THOUSANDS)

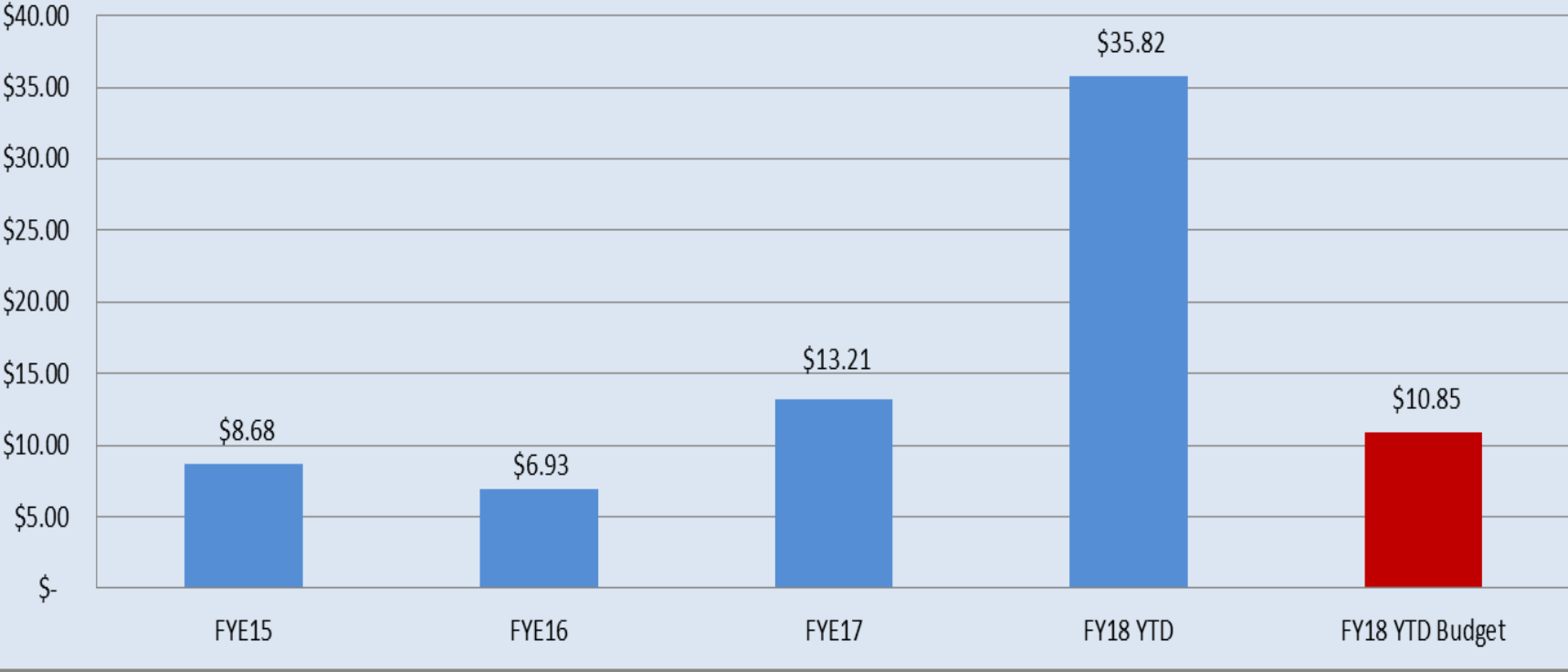
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 79,427	\$ 58,689	20,738	35.3%	\$ 57,845	<b>Net Patient Revenue</b>	\$ 552,917	\$ 519,892	33,025	6.4%	\$ 495,777
30,123	30,042	81	0.3%	25,489	Other Revenue	270,232	270,276	(44)	0.0%	267,094
<b>109,550</b>	<b>88,731</b>	<b>20,819</b>	<b>23.5%</b>	<b>83,334</b>	<b>Total Revenue</b>	<b>823,149</b>	<b>790,168</b>	<b>32,981</b>	<b>4.2%</b>	<b>762,871</b>
29,244	28,782	(462)	-1.6%	27,487	Salaries & Wages	254,880	254,651	(229)	-0.1%	240,733
24,726	24,873	147	0.6%	20,082	Employee Benefits	223,649	223,703	54	0.0%	223,615
33,243	30,944	(2,299)	-7.4%	31,402	Department Expenses	279,595	271,760	(7,835)	-2.9%	262,388
3,246	3,246	0	0.0%	3,099	General Expenses	29,208	29,208	0	0.0%	27,881
<b>90,459</b>	<b>87,845</b>	<b>(2,614)</b>	<b>-3.0%</b>	<b>82,070</b>	<b>Total Expenses</b>	<b>787,332</b>	<b>779,322</b>	<b>(8,010)</b>	<b>-1.0%</b>	<b>754,617</b>
<b>\$ 19,091</b>	<b>\$ 886</b>	<b>18,205</b>	<b>2054.7%</b>	<b>\$ 1,264</b>	<b>Operating Margin</b>	<b>\$ 35,817</b>	<b>\$ 10,846</b>	<b>24,971</b>	<b>230.2%</b>	<b>\$ 8,254</b>
(278)	(274)	(4)	-1.5%	(449)	Net Non-operating Income/(Loss)	(2,529)	(2,461)	(68)	-2.8%	(2,699)
<b>\$ 18,813</b>	<b>\$ 612</b>	<b>18,201</b>	<b>-2974.0%</b>	<b>\$ 815</b>	<b>Net Income/(Loss)</b>	<b>\$ 33,288</b>	<b>\$ 8,385</b>	<b>24,903</b>	<b>297.0%</b>	<b>\$ 5,555</b>

## Net Patient Service Revenue, (in millions) March YTD (9 months)



Net Patient Service Revenue is 11.5% greater than the prior year and 6.3% greater than budget.

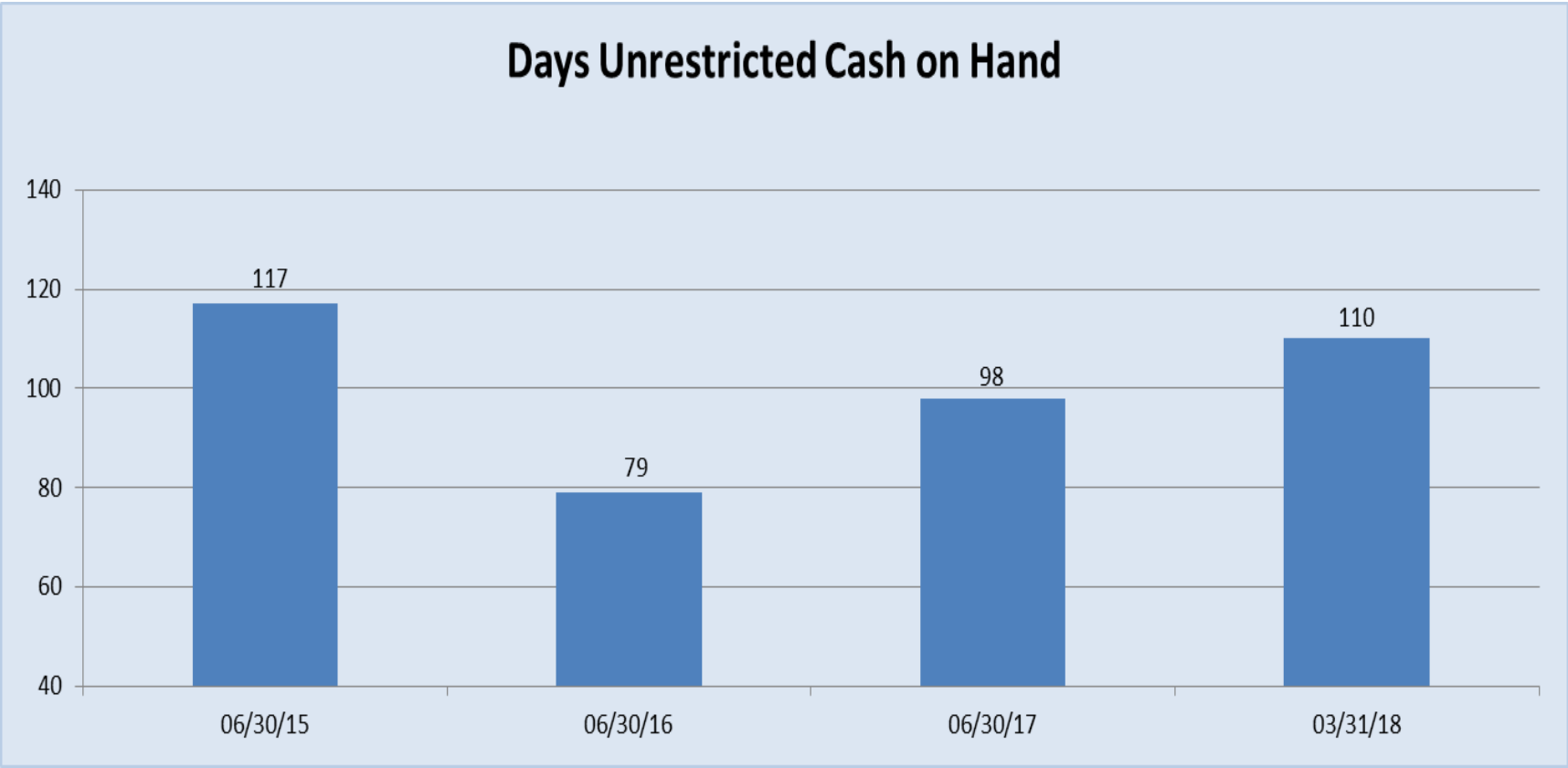
# Operating Margin (in millions)



Operating Margin includes Payments on Behalf for Benefits and Utilities.



# 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.

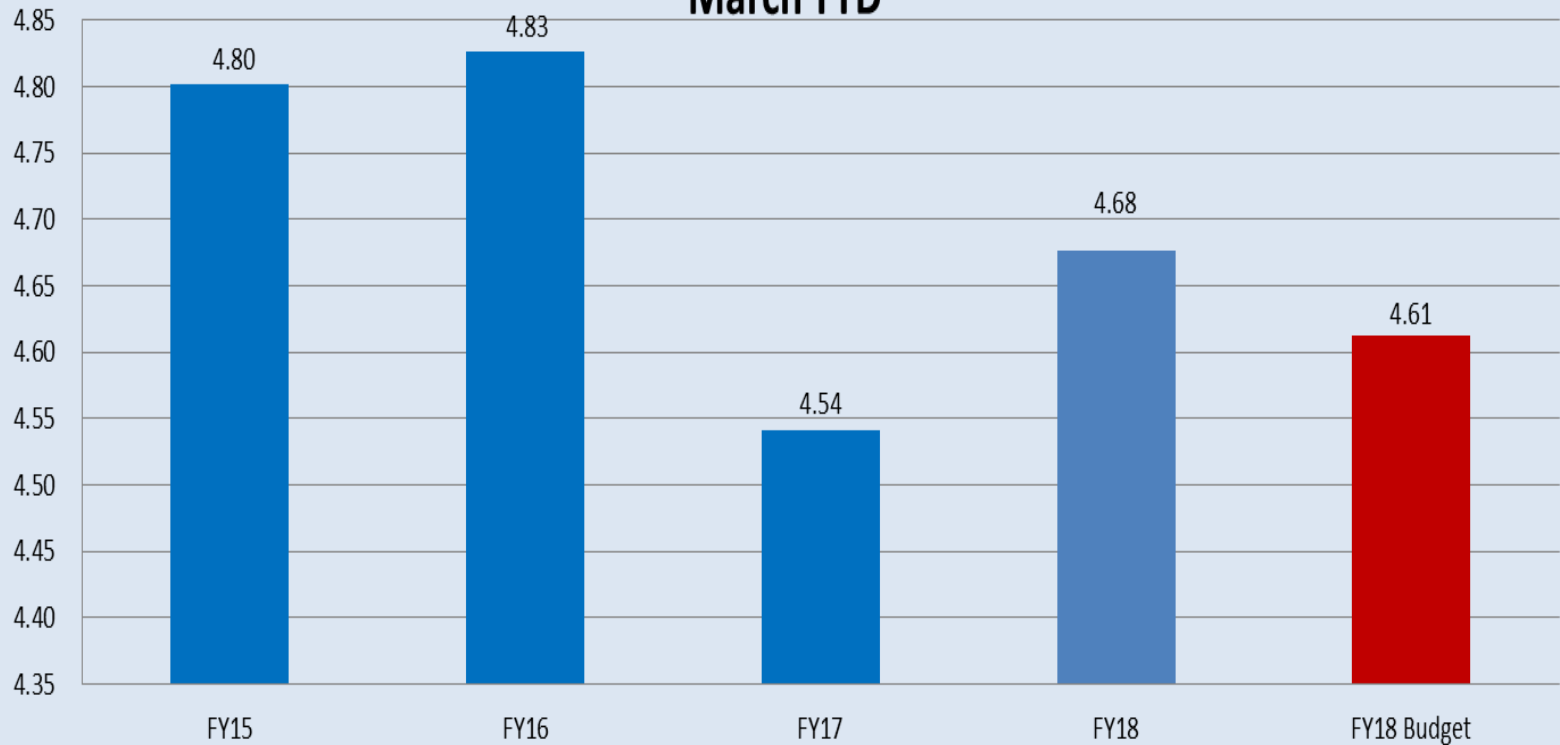
# HEALTH SYSTEM BOND RATING MEDIANS 2016 DATA FOR A-RATED HOSPITALS

## 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
<b>UIH FY18 Mar YTD</b>	<b>4.3%</b>	<b>110.0</b>	<b>193.8%</b>	<b>13.6</b>

UI HEALTH  
MISSION PERSPECTIVE:  
OPERATIONAL EFFECTIVENESS

## Average Length of Stay Including Observation March YTD

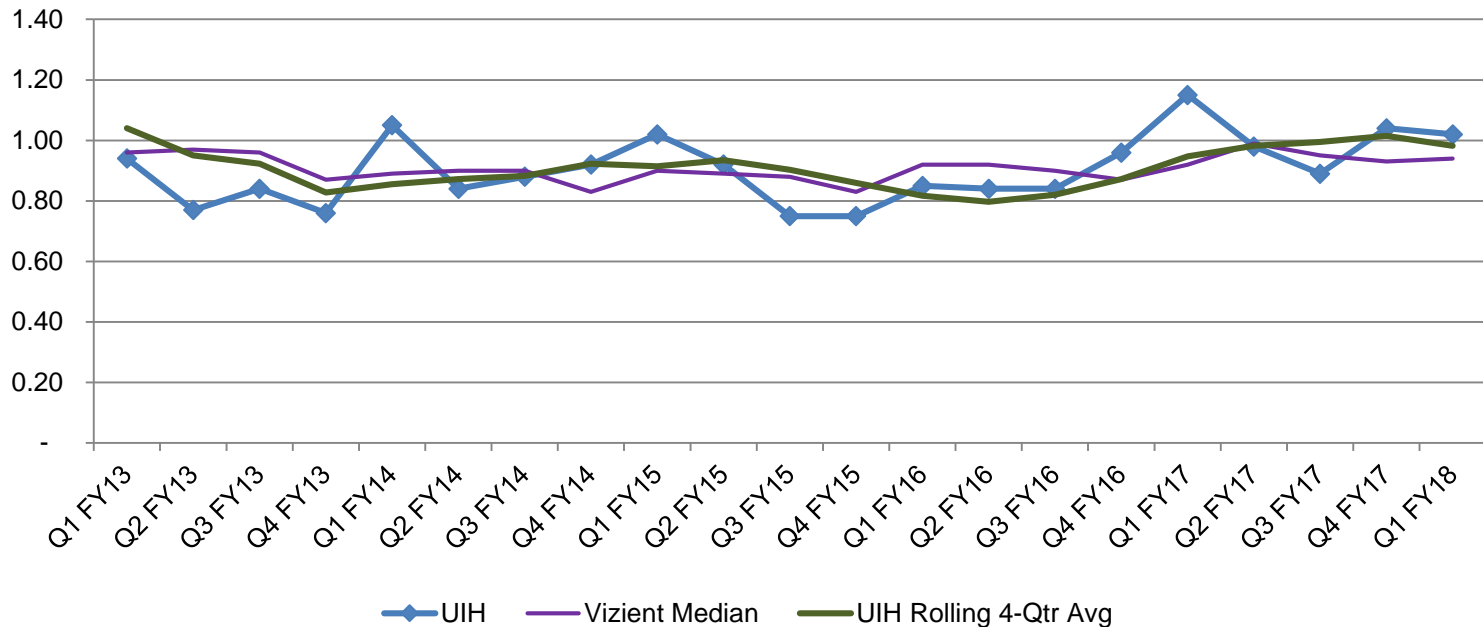


The FY 18 Budget Target is to be at 4.51 days by year-end.

UI HEALTH  
MISSION PERSPECTIVE:  
QUALITY & SAFETY

Vizient Metrics (Q1 FY18, July – Sep 2017)	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)	80	0.98	1.02	0.94	102/146

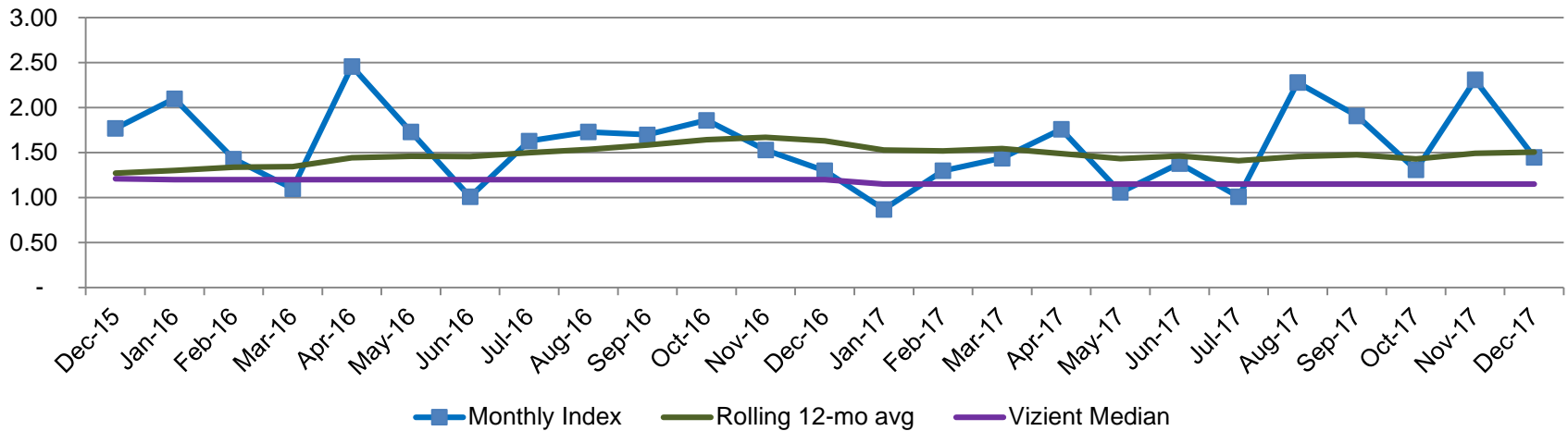
### UI Health Total Inpatient Mortality Index (Observed/Expected)



- During Q1 FY18, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) **decreased** to 1.02.
- Our rolling 4-quarter average of 0.98 exceeds the Vizient median of 0.94.

Vizient Metrics (Q1 FY18, July – Sep 2017)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	49	1.48	1.68	1.22	131/146

### Monthly Sepsis Mortality Index (Observed/Expected)

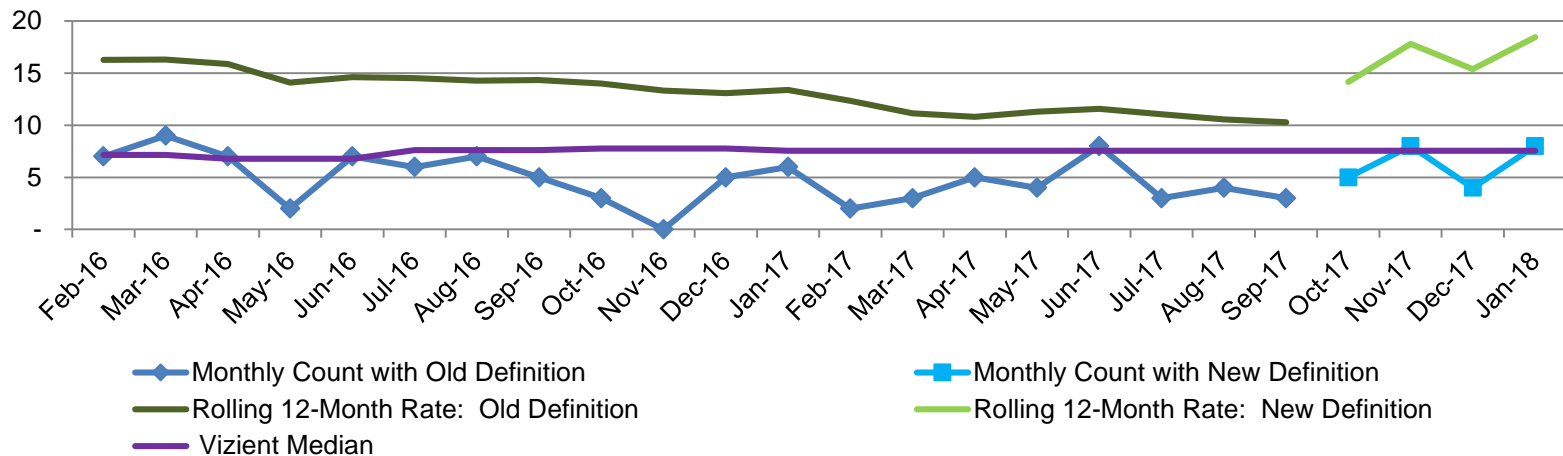


Month/Year	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
Number of Sepsis Deaths	7	10	20	18	9	10	11	20	18	14	12	12	12
Number of Sepsis Cases	67	66	90	75	65	68	77	74	69	78	57	70	67

- During January 2018, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 1.31, **higher** than the Vizient median.
- Our rolling 12-month average of 1.54 exceeds the Vizient median.

Vizient Metrics (Q1 FY18, July – Sep 2017)	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)	10	10.4	9.6	5.06	140/146

## Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses



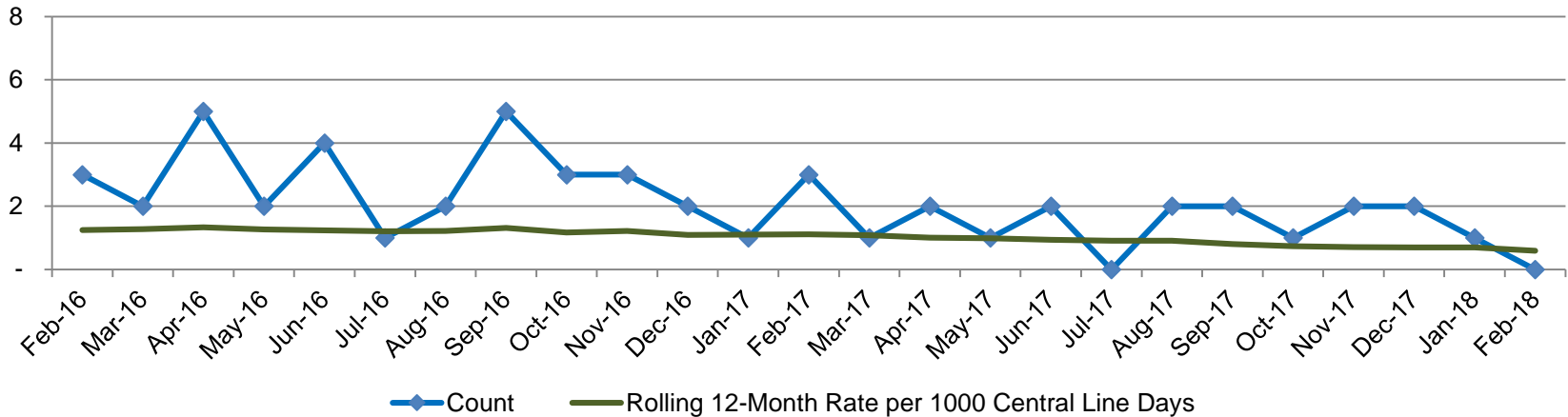
Month/Year	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
Number of Post-Op DVT's by Month	4	0	3	2	1	3	1	4	2	4	5	2	6
Number of Post-Op PE's by Month	3	2	-	4	3	5	2	-	1	2	5	2	2

- During January 2018, UI Health's post-operative PE/DVT rate increased to **27.68**.
- Our rolling 12-month average rate of 18.47 PE/DVTs per 1000 surgeries remains higher than the Vizient median.



Vizient Metrics (Q1 FY18, July – Sep 2017)	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	1	0.31	0.42	0.0	122/146

## Monthly Whole-House Central Line-Associated Blood Stream Infections

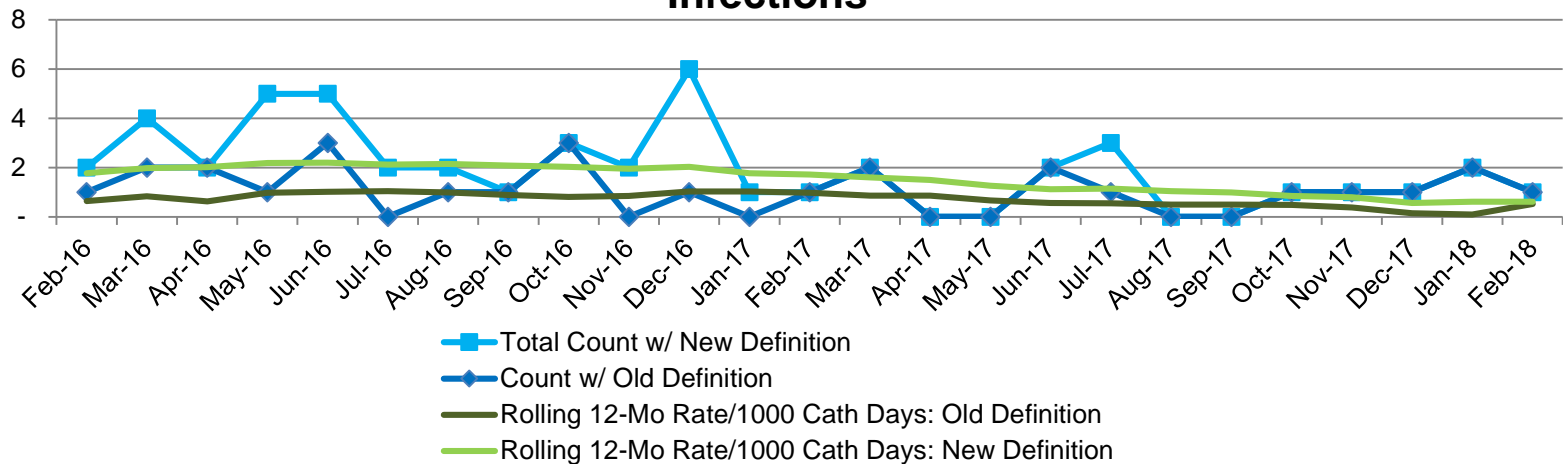


Month/Year	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
Number of Infections by Month (excludes Mucosal Barrier Injuries)	1	3	1	2	1	2	0	2	2	1	2	2	1

- Our whole-house CLABSI rate decreased to 0.0 in February 2018.
- Our whole-house rolling 12-month average CLABSI rate of 0.6 marks our best performance since we began tracking CLABSI performance in 2013.

Vizient Metrics (Q1 FY18, July – Sep 2017)	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	1/146

## Monthly Whole-House Catheter-Associated Urinary Tract Infections



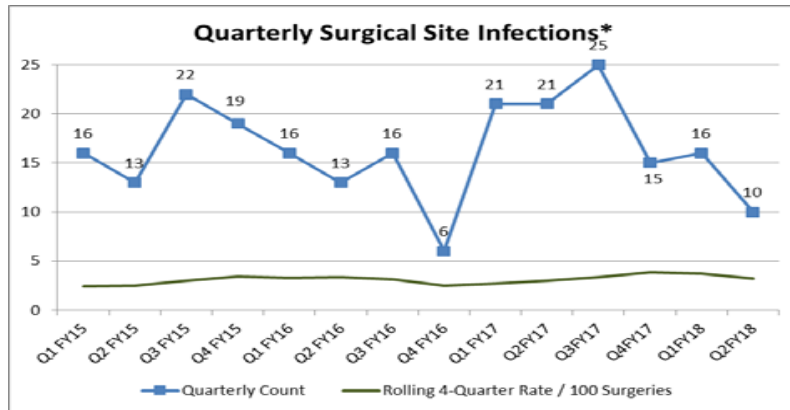
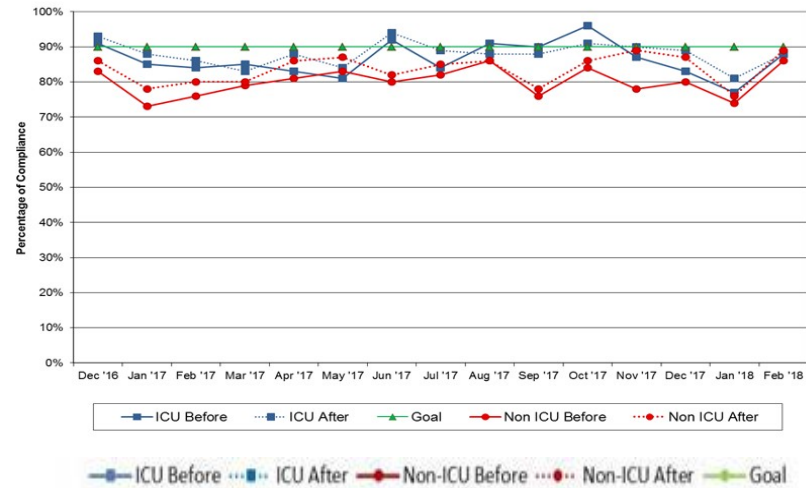
Month/Year	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
Number of Infections by Month	1	1	2	0	0	2	3	0	0	1	1	1	2

- Our whole-house CAUTI rate remained at 0.6 in February 2018.
- Our whole-house rolling 12-month average CAUTI rate of 0.6 marks our best performance since the definition of CAUTIs was expanded (to include nearly twice as many cases) in January 2016.

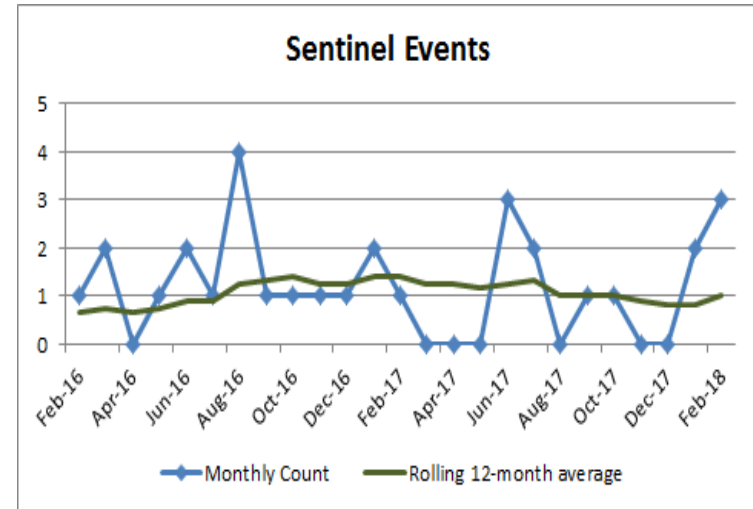
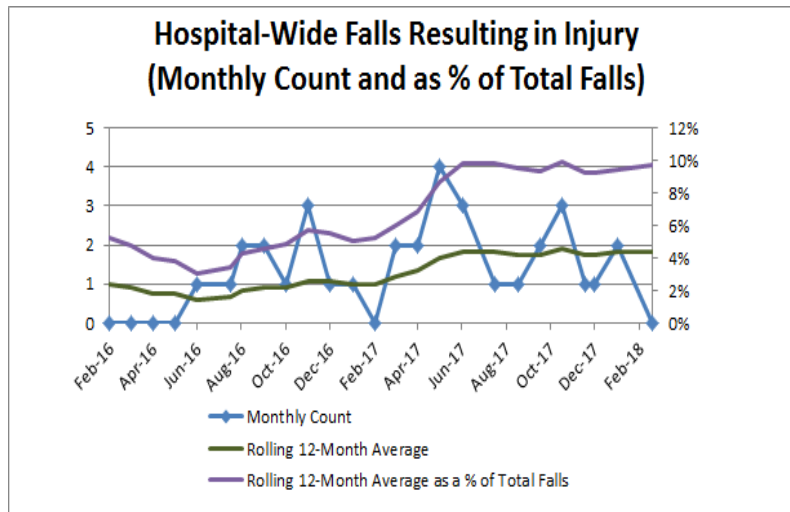
# OUR ZERO HARM METRICS



## Hand Hygiene Compliance



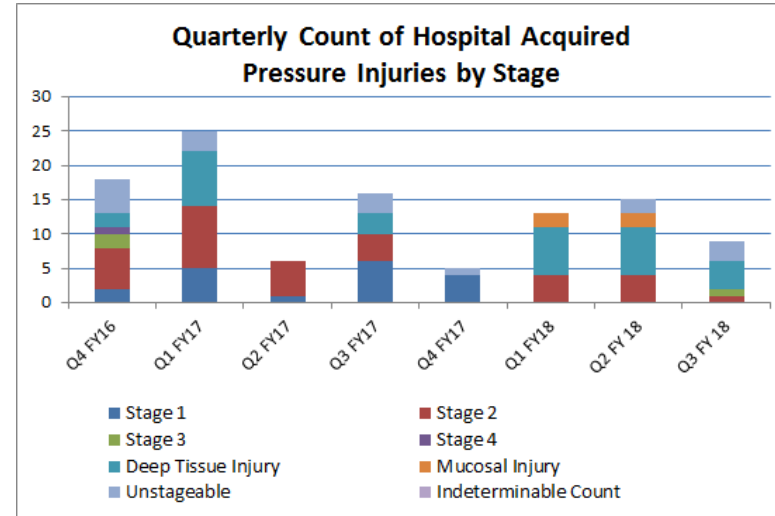
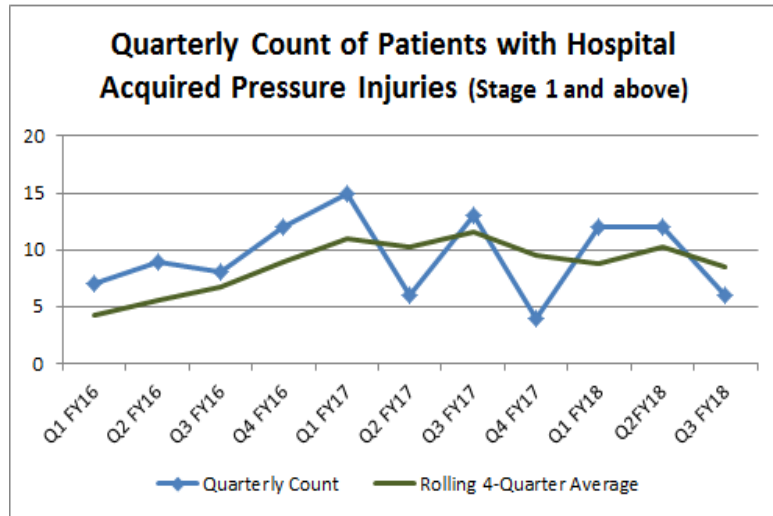
\*Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.



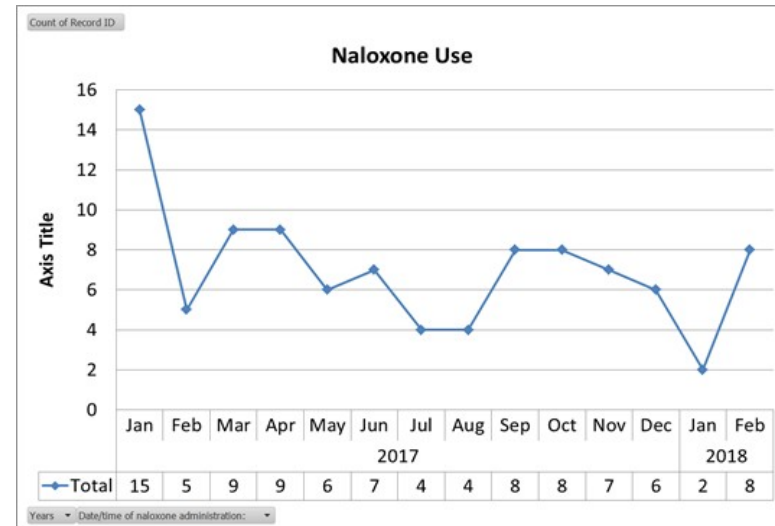
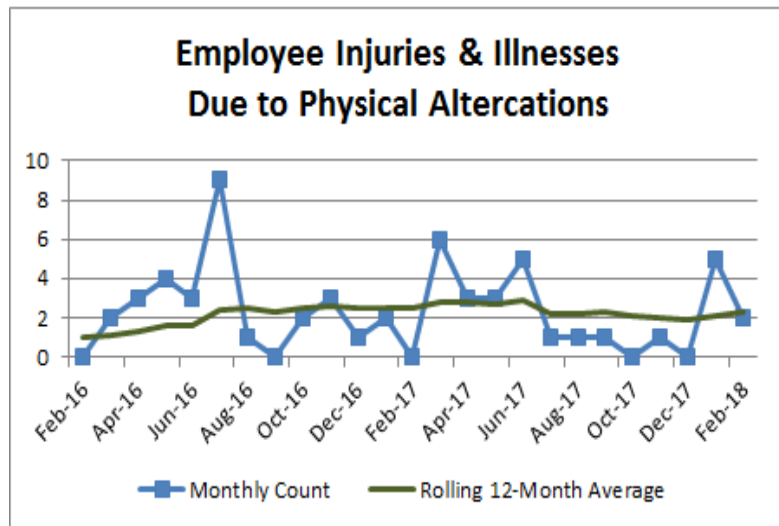
A **Sentinel Event** is a patient safety event that results in death, permanent harm, or severe temporary harm.



# OUR ZERO HARM METRICS

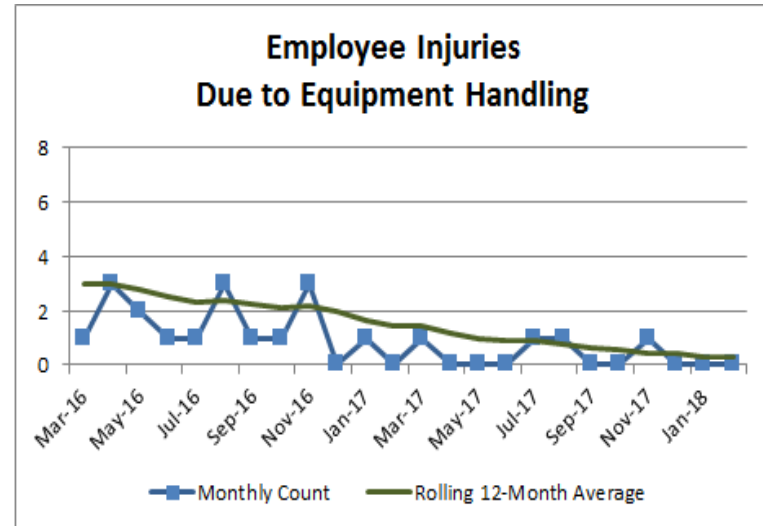
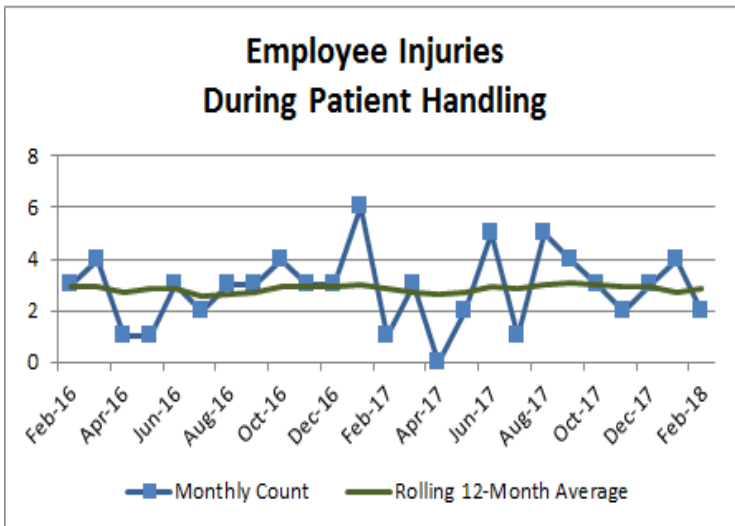
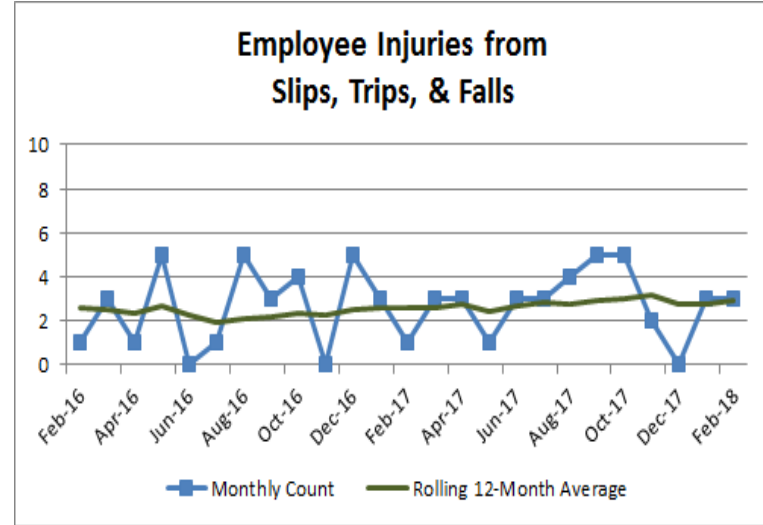
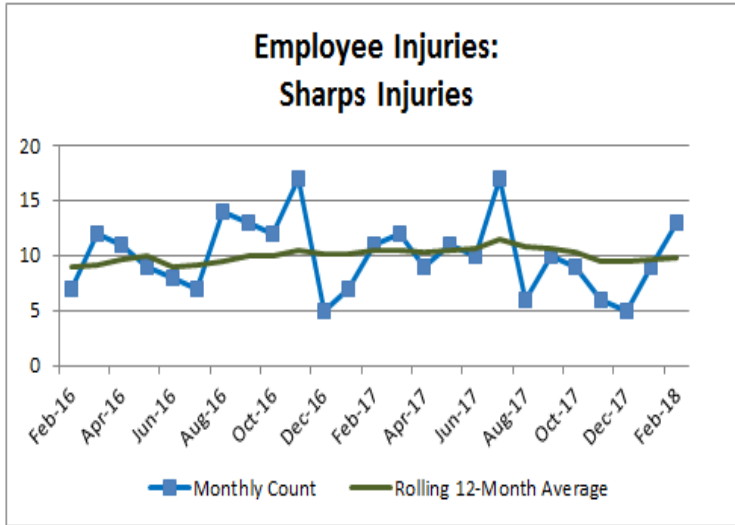


*Pressure ulcers are localized injuries to the skin and/or underlying tissue from pressure or friction.*



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

# OTHER ZERO HARM METRICS

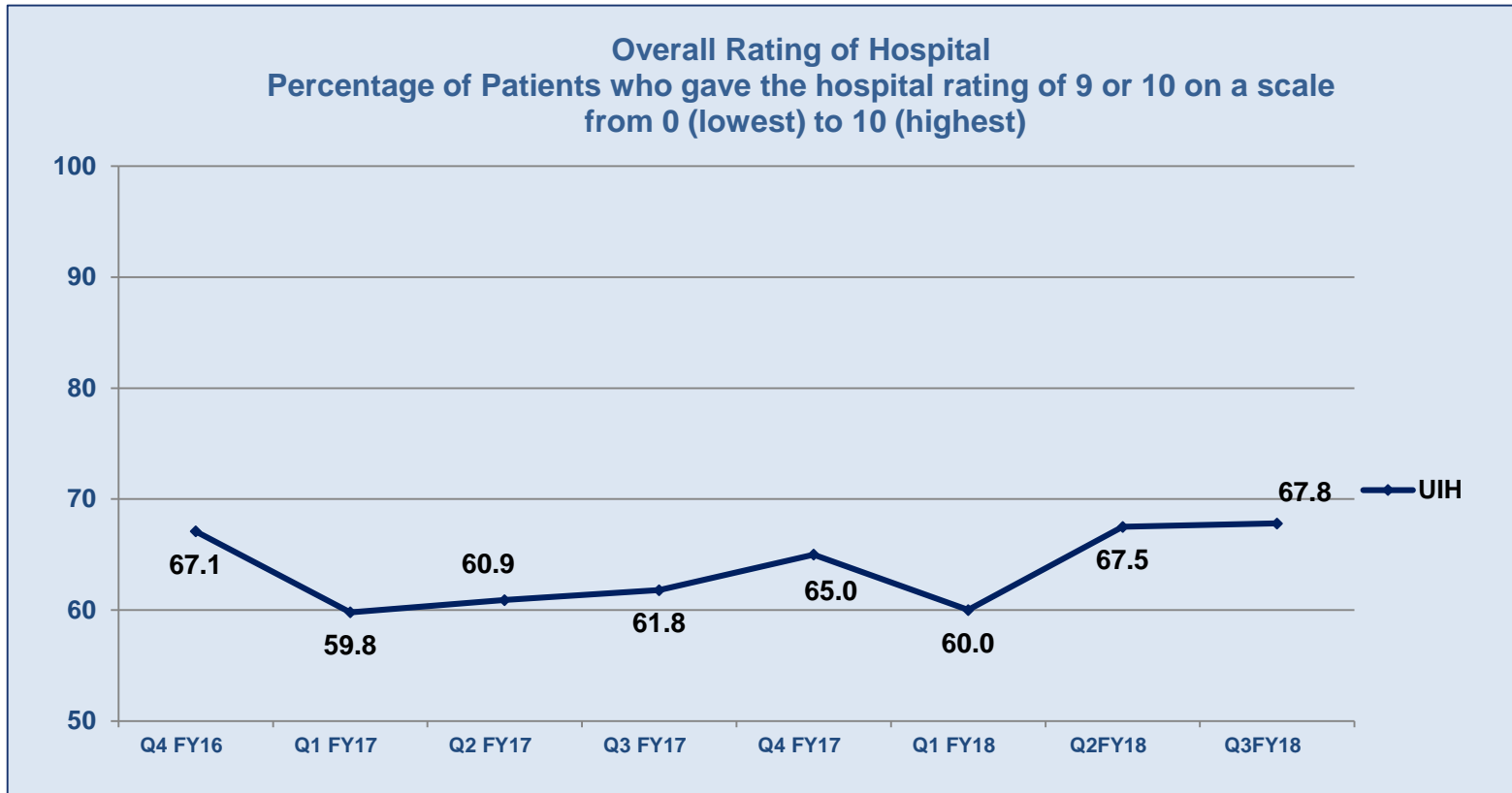


UI HEALTH  
MISSION PERSPECTIVE:  
CUSTOMER

# PATIENT EXPERIENCE SUMMARY

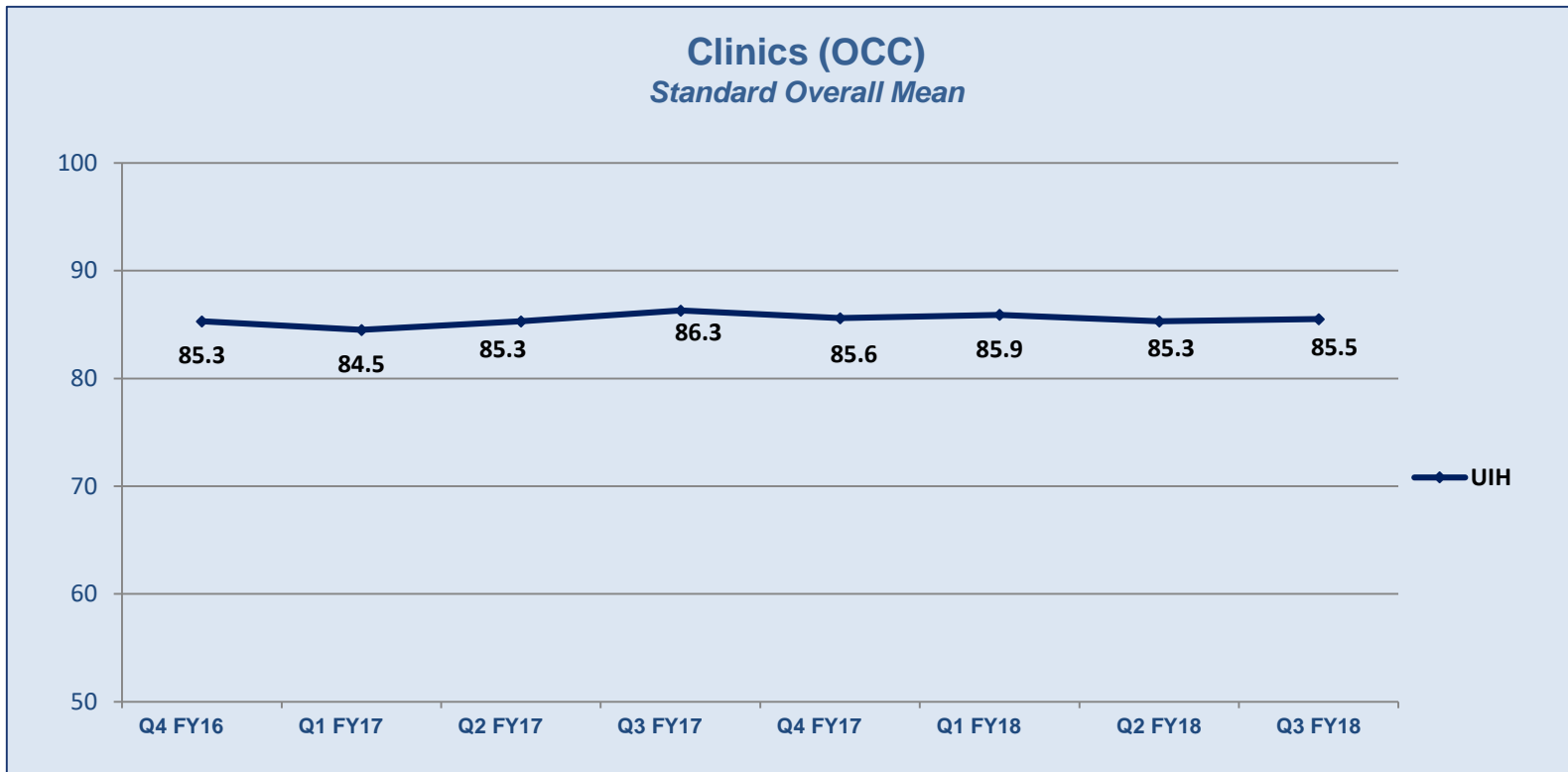
UI Health Metric	Apr-Jun 2017 Top Box/Mean	Jan-Mar 2018 Top Box/Mean	%ile rank
Inpatient (HCAHPS) Rate Hospital 9-10	65.0	67.8	31
Ambulatory Clinics Std Overall	85.6	85.5	17
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell Std Overall	87.3	88.2	4
Emergency Department Std Overall	78.2	80.4	22
Ambulatory Surgery Std Overall	89.2	88.4	5

UI Health Metric	Current Quarter Q3 FY18	Prior Q3 FY17	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	67.8	61.8	63.7

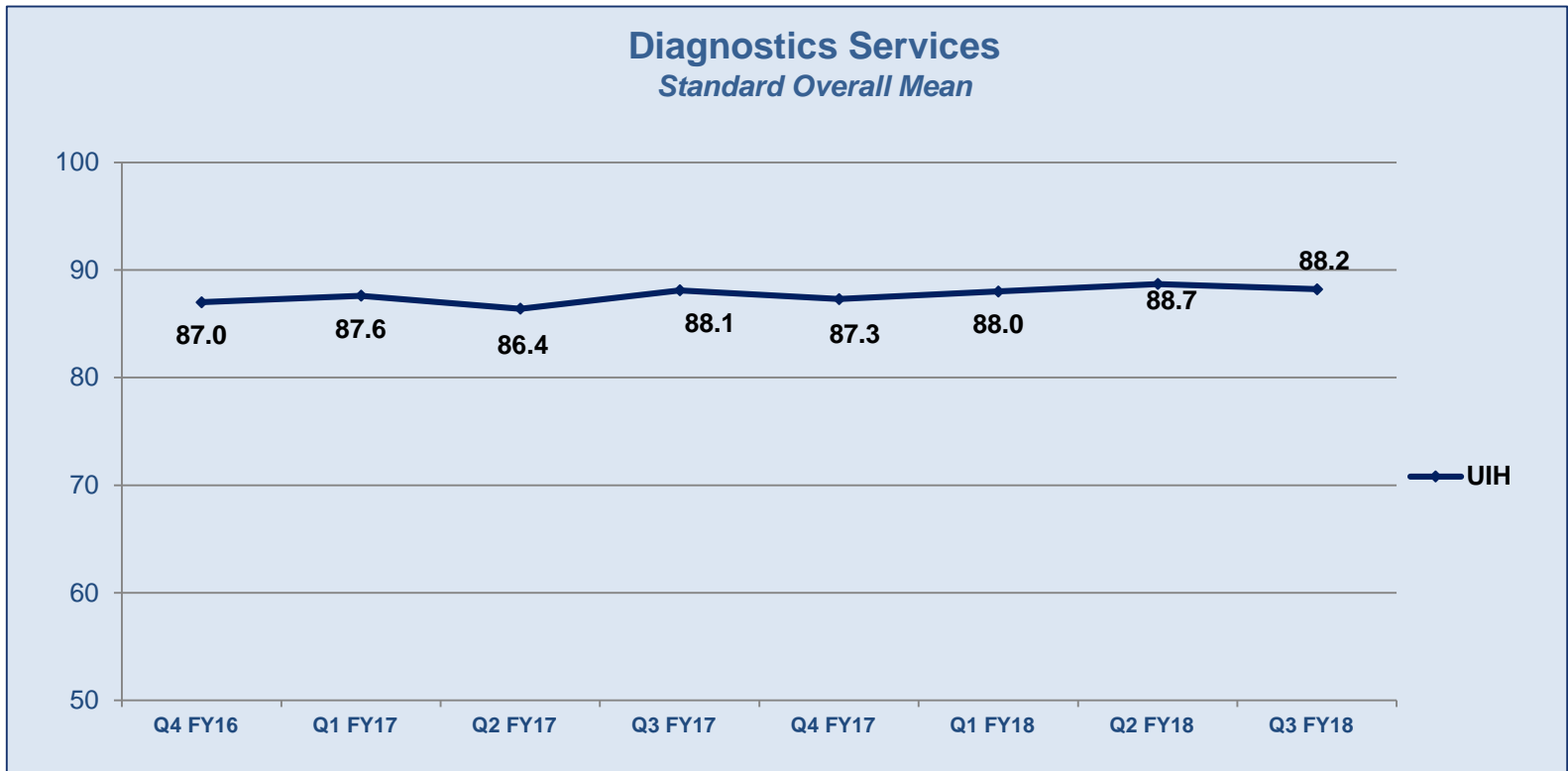




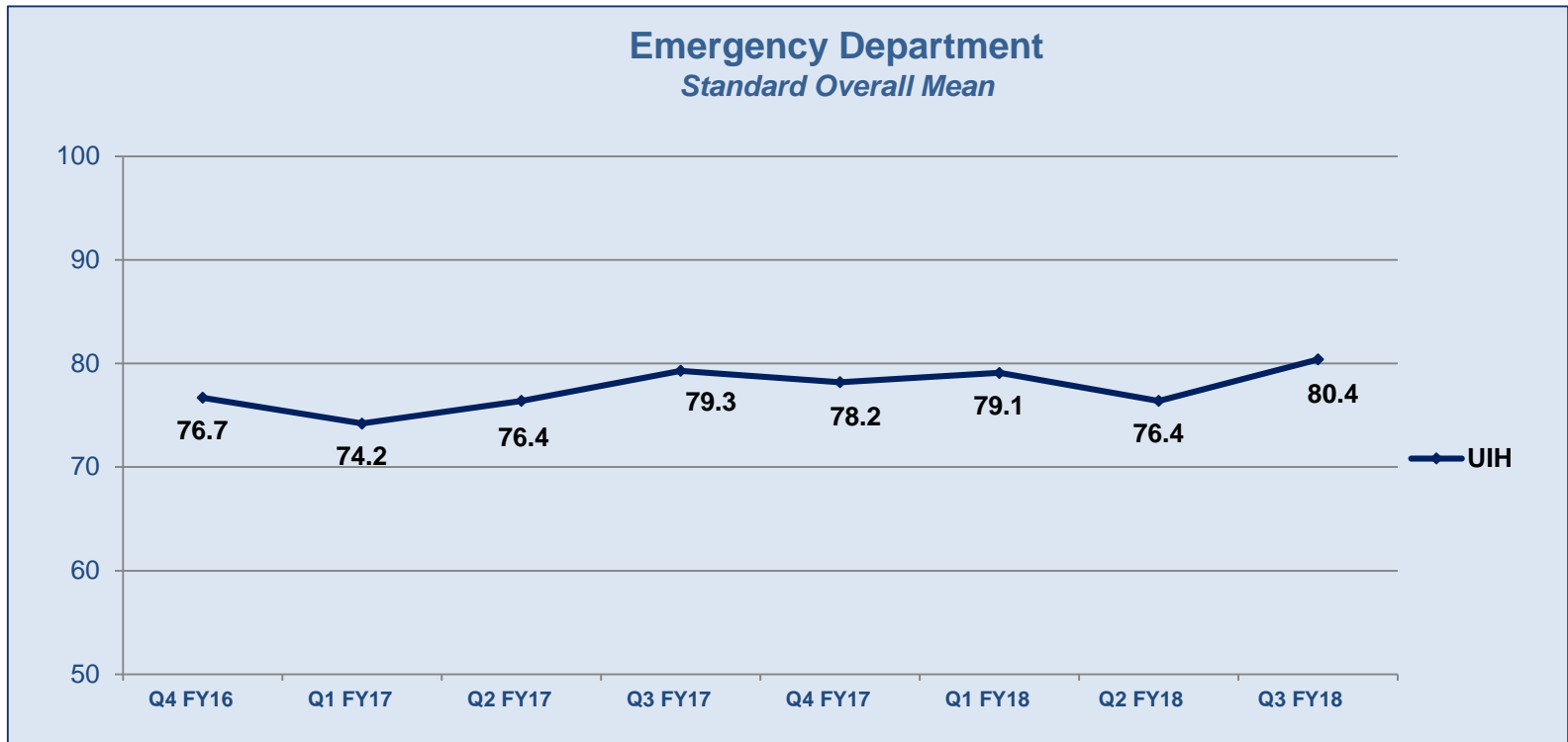
UI Health Metric	Current Quarter Q3FY18	Prior Q3 FY17	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	85.5	86.3	85.5



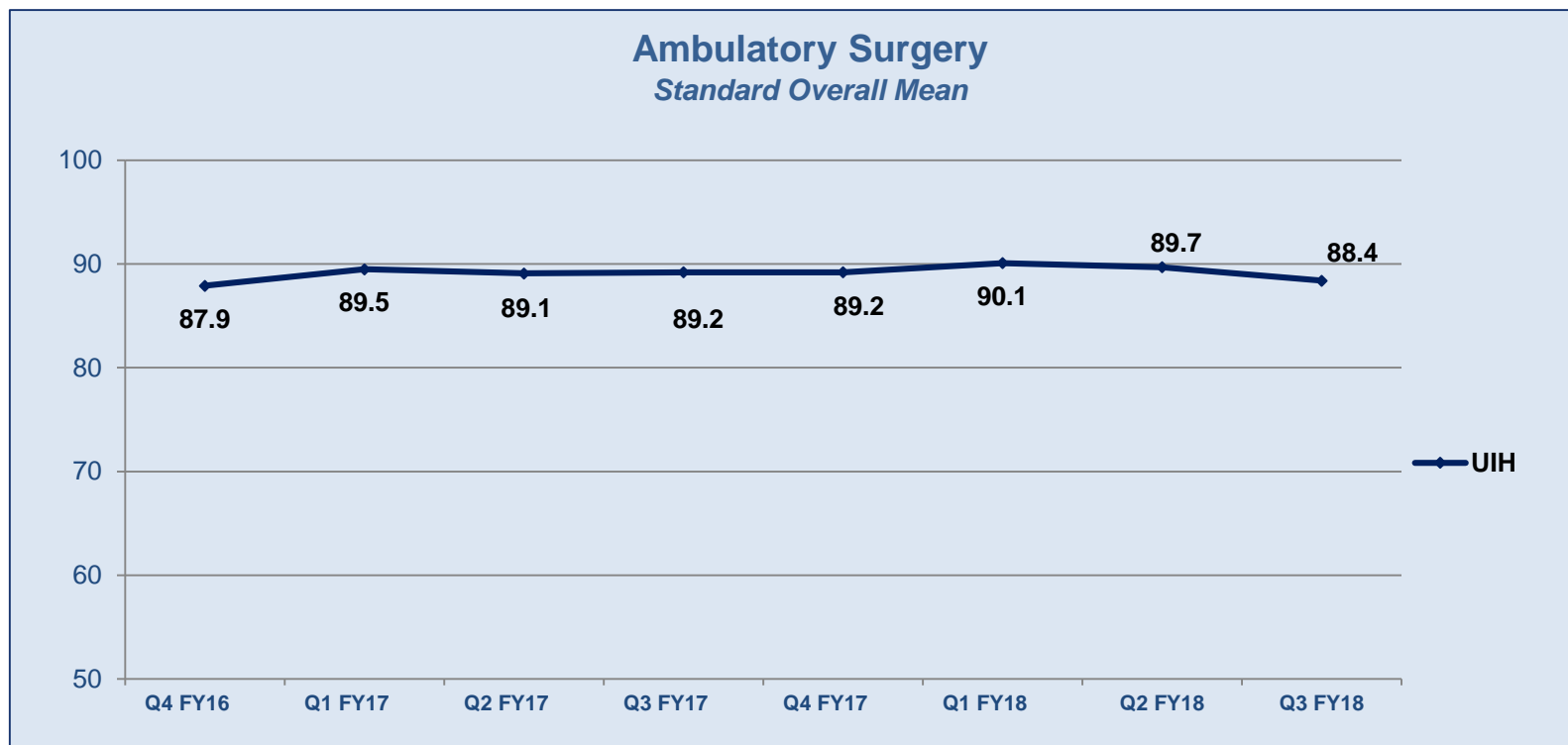
UI Health Metric	Current Quarter Q3 FY18	Prior Q3 FY17	UIH 8 Quarter Average
Diagnostics Services (Standard Overall Mean)	88.2	88.1	87.7



UI Health Metric	Current Quarter Q3 FY18	Prior Q3 FY17	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	80.4	79.3	77.6



UI Health Metric	Current Quarter Q3 FY18	Prior Q3 FY17	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	88.4	89.2	89.1



# 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.	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)