

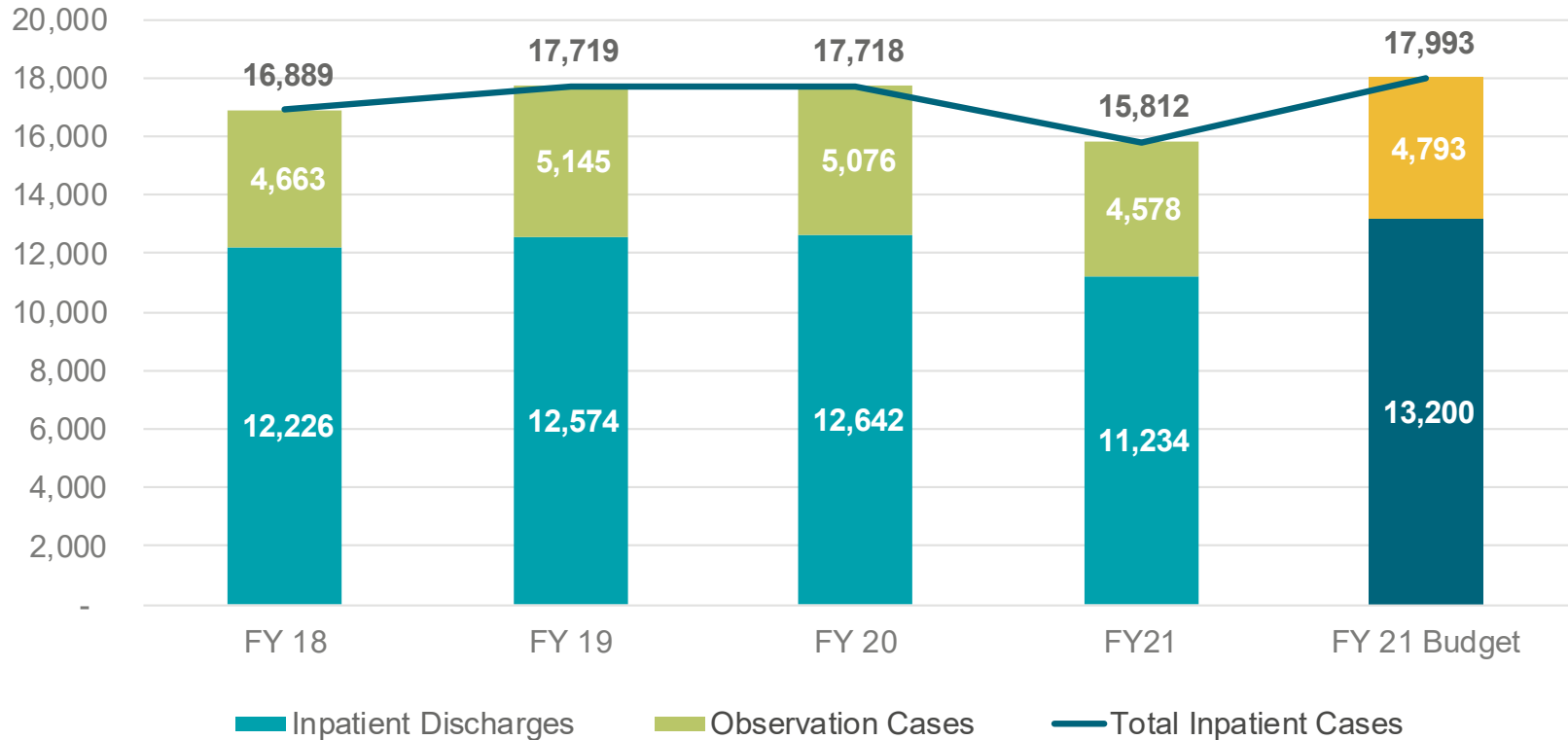


UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS

DASHBOARD
MAY 2021

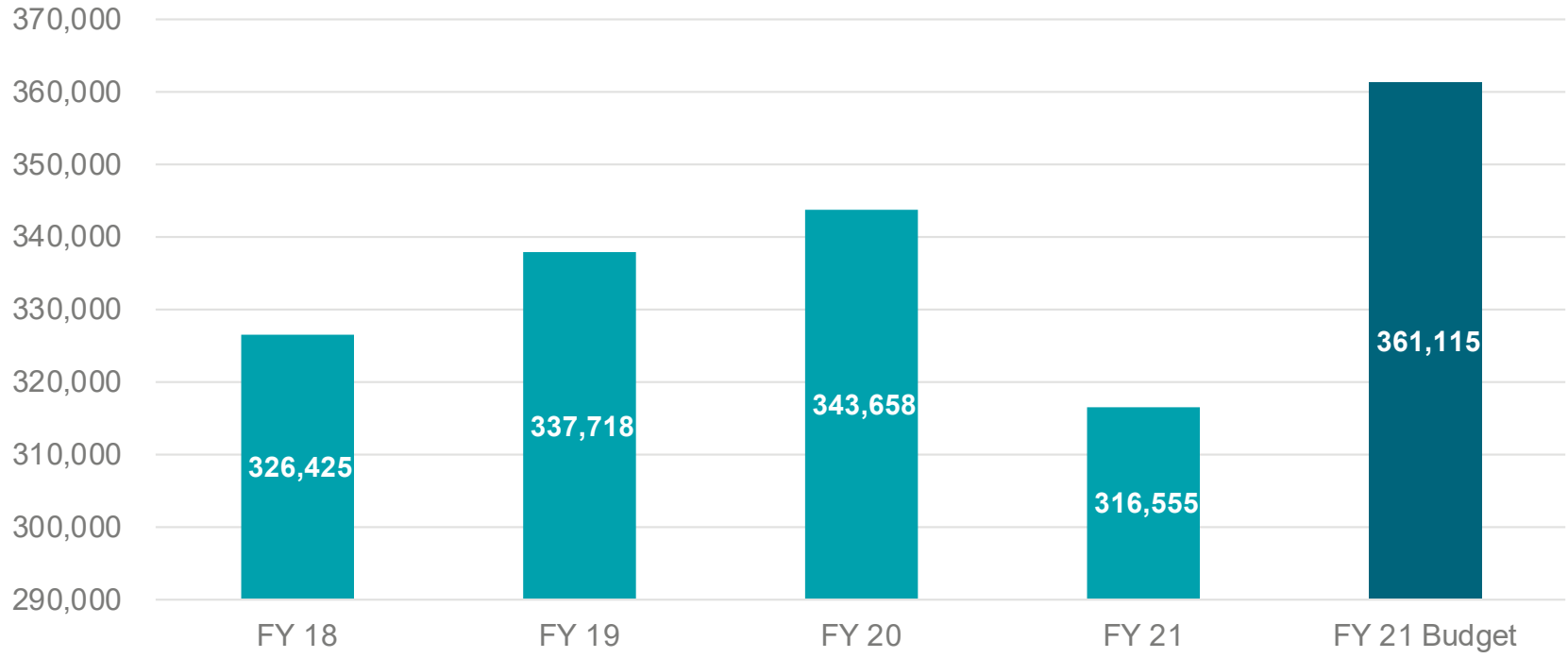
Reported to the Board of Trustees
May 20, 2021

INPATIENT VOLUME: FEBRUARY YEAR-TO-DATE (8 MONTHS)

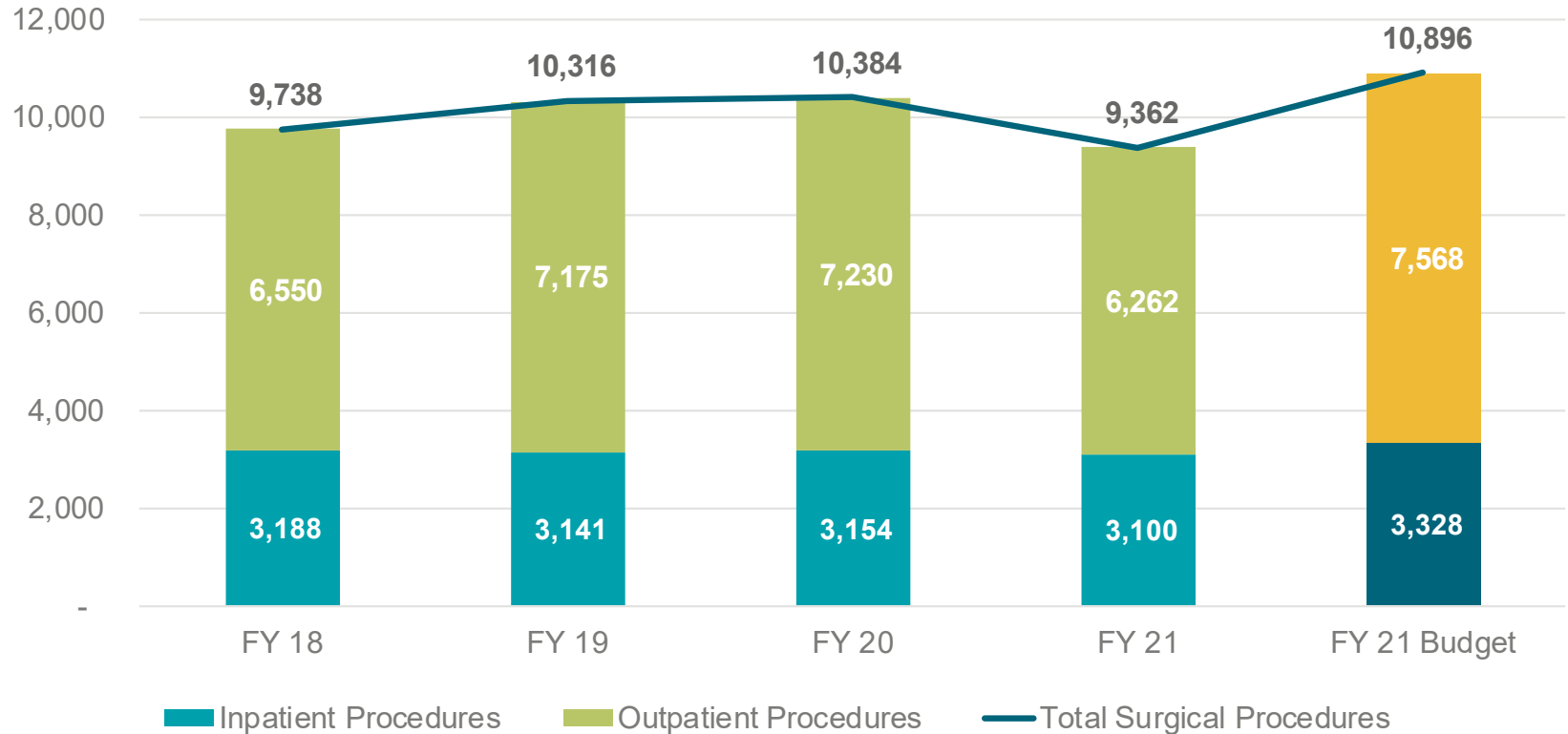


*Combined Discharges and Observation Cases for the eight months ending February 2021 are 12.1% below budget and 10.8% less than last year.

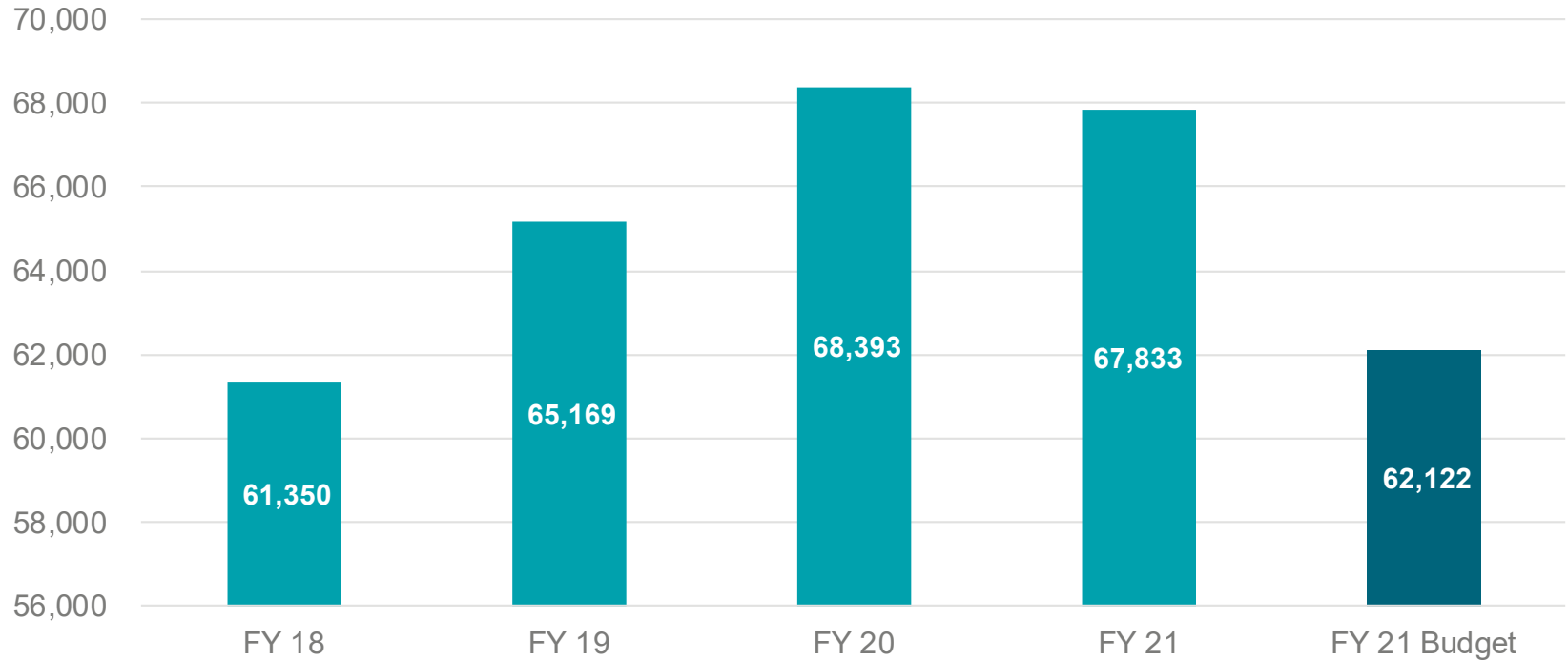
OUTPATIENT CLINIC VISITS: FEBRUARY YEAR-TO-DATE (8 MONTHS)



SURGICAL VOLUMES: FEBRUARY YEAR-TO-DATE (8 MONTHS)



MILE SQUARE VISITS: MARCH YEAR-TO-DATE (9 MONTHS)



UI HEALTH MISSION PERSPECTIVE

FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – FEBRUARY 2021

(\$ IN THOUSANDS)

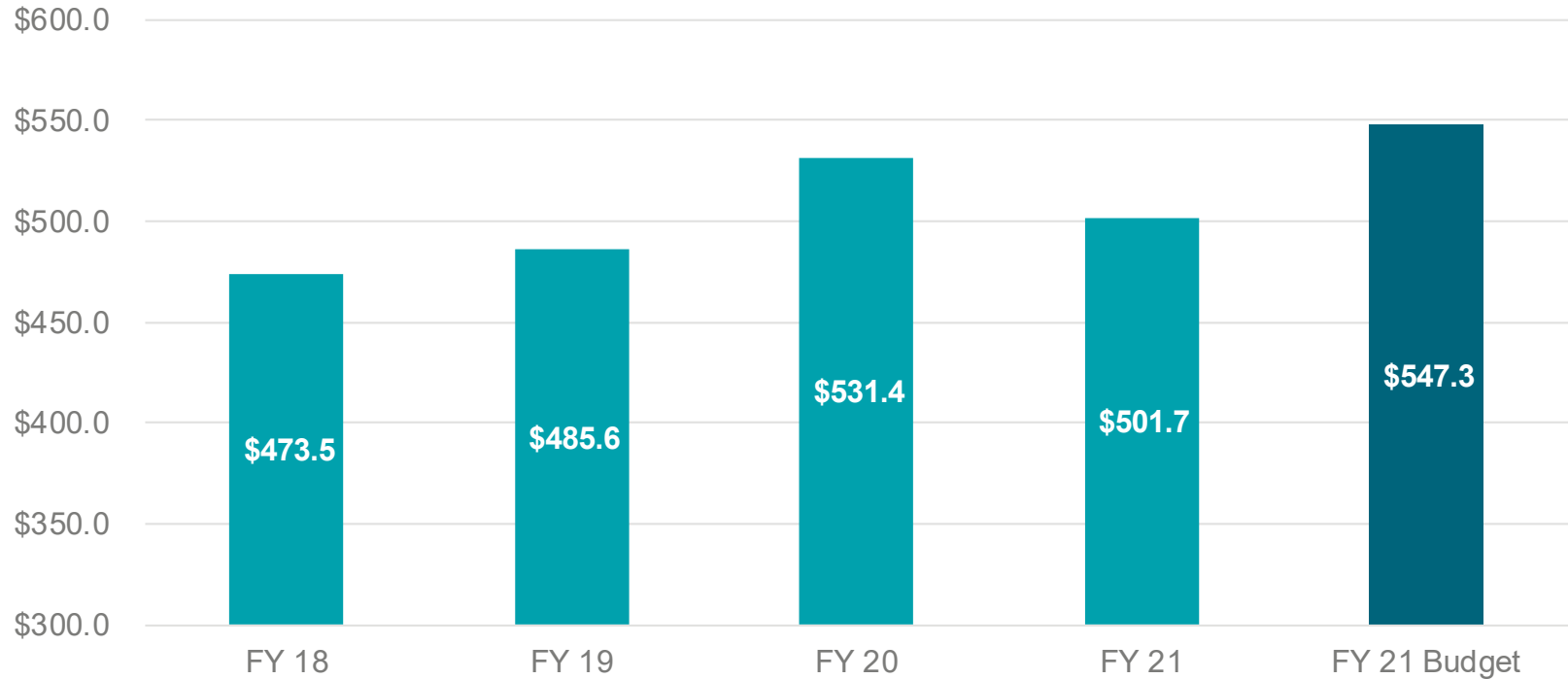
	Actual (\$)	Budget (\$)	Variance (\$)	Variance (%)	Prior Year (\$)
Net Patient Revenue	66,592	64,389	2,203	3.4%	61,680
Other Revenue	26,281	26,224	57	0.2%	23,352
Total Revenue	92,873	90,613	2,260	2.5%	85,032
Salaries & Wages	33,927	30,239	(3,688)	-12.2%	30,188
Employee Benefits	20,381	19,852	(529)	-2.7%	17,254
Department Expenses	36,371	36,874	503	1.4%	33,661
General Expenses	3,617	3,617	-	0.0%	3,636
Total Expenses	94,296	90,582	(3,714)	-4.1%	84,739
Operating Margin	(1,423)	31	(1,454)	-4690.3%	293
Net Non-Operating Income/(Loss)	308	230	78	33.9%	(43)
Net Income/(Loss)	(1,115)	261	(1,376)	-527.2%	250

STATEMENT OF OPERATIONS – FEBRUARY 2021 YEAR-TO-DATE

(\$ IN THOUSANDS)

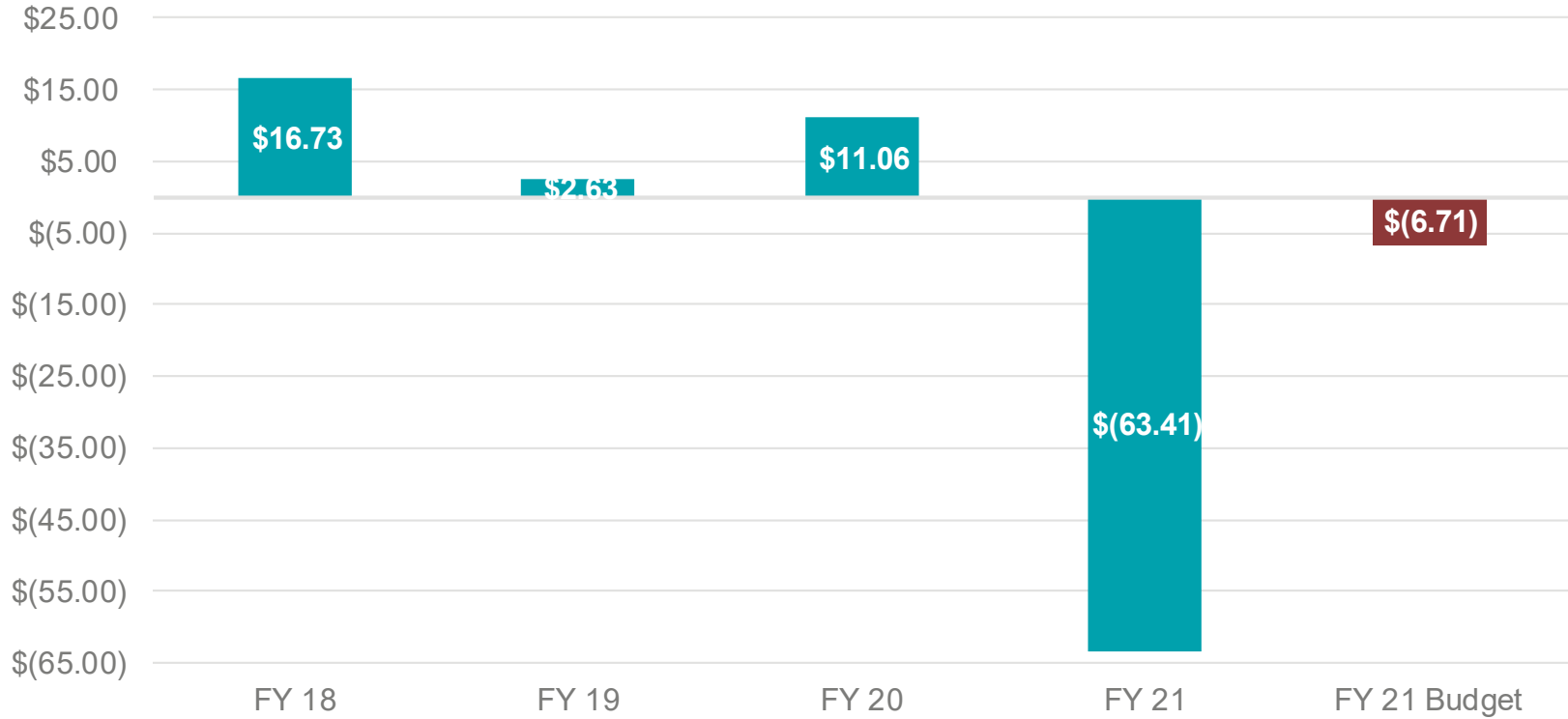
	Actual (\$)	Budget (\$)	Variance (\$)	Variance (%)	Prior Year (\$)
Net Patient Revenue	501,725	547,328	(45,603)	-8.3%	531,441
Other Revenue	206,410	210,280	(3,870)	-1.8%	213,855
Total Revenue	708,135	757,608	(49,473)	-6.5%	745,296
Salaries & Wages	283,022	267,236	(15,786)	-5.9%	251,078
Employee Benefits	158,838	159,262	424	0.3%	157,779
Department Expenses	300,751	308,890	8,139	2.6%	296,286
General Expenses	28,933	28,933	-	0.0%	29,090
Total Expenses	771,544	764,321	(7,223)	-0.9%	734,233
Operating Margin	(63,409)	(6,713)	(56,696)	-844.6%	11,063
Net Non-Operating Income/(Loss)	99,874	62,829	37,045	59%	2,918
Net Income/(Loss)	36,465	56,116	(19,651)	-35.0%	13,981

NET PATIENT SERVICE REVENUE - FEBRUARY YEAR-TO-DATE (8 MONTHS) (\$ IN MILLIONS)



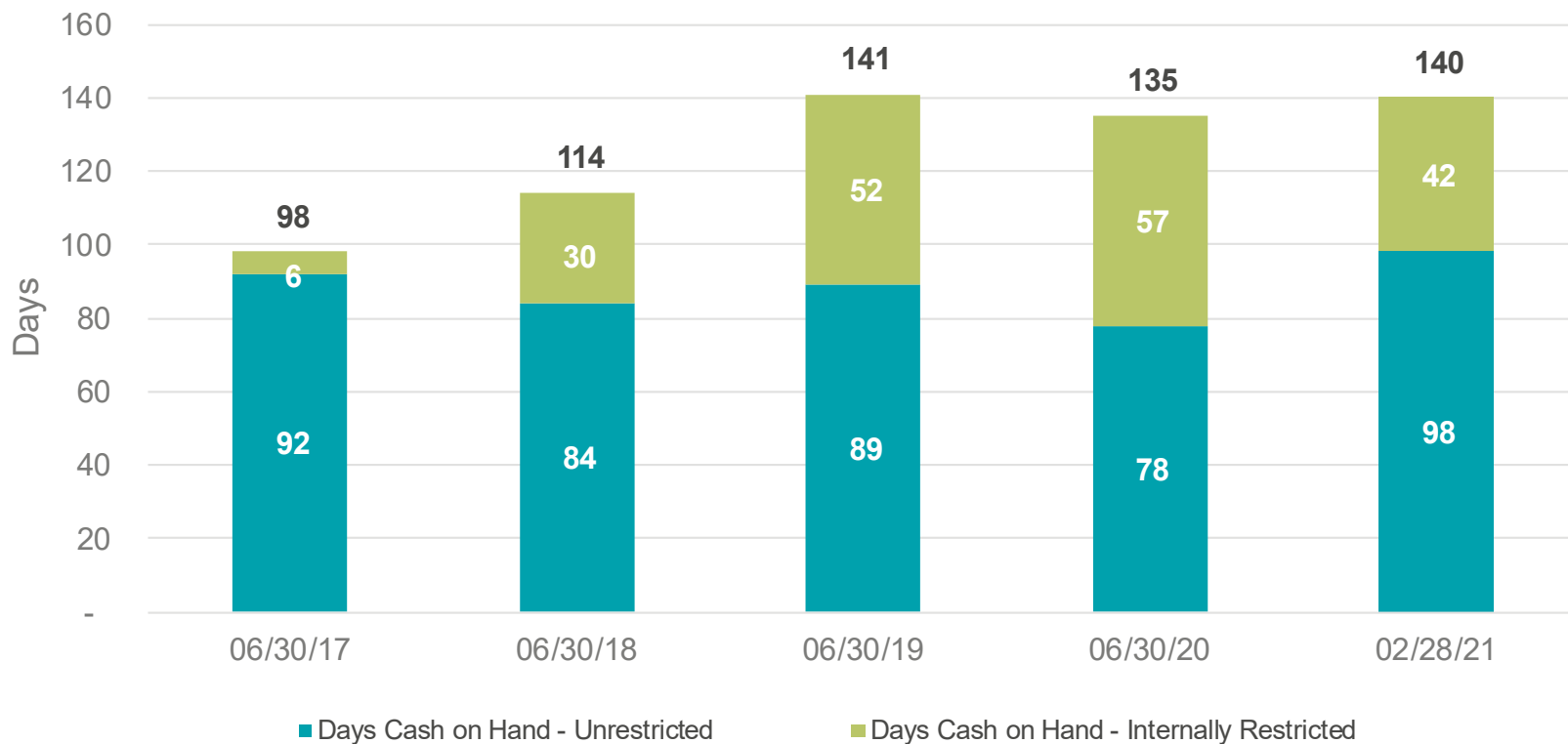
*Net Patient Service Revenue is 8.3% less than budget and 5.6% less than prior year.

OPERATING MARGIN – FEBRUARY YEAR-TO-DATE (8 MONTHS) (\$ IN MILLIONS)

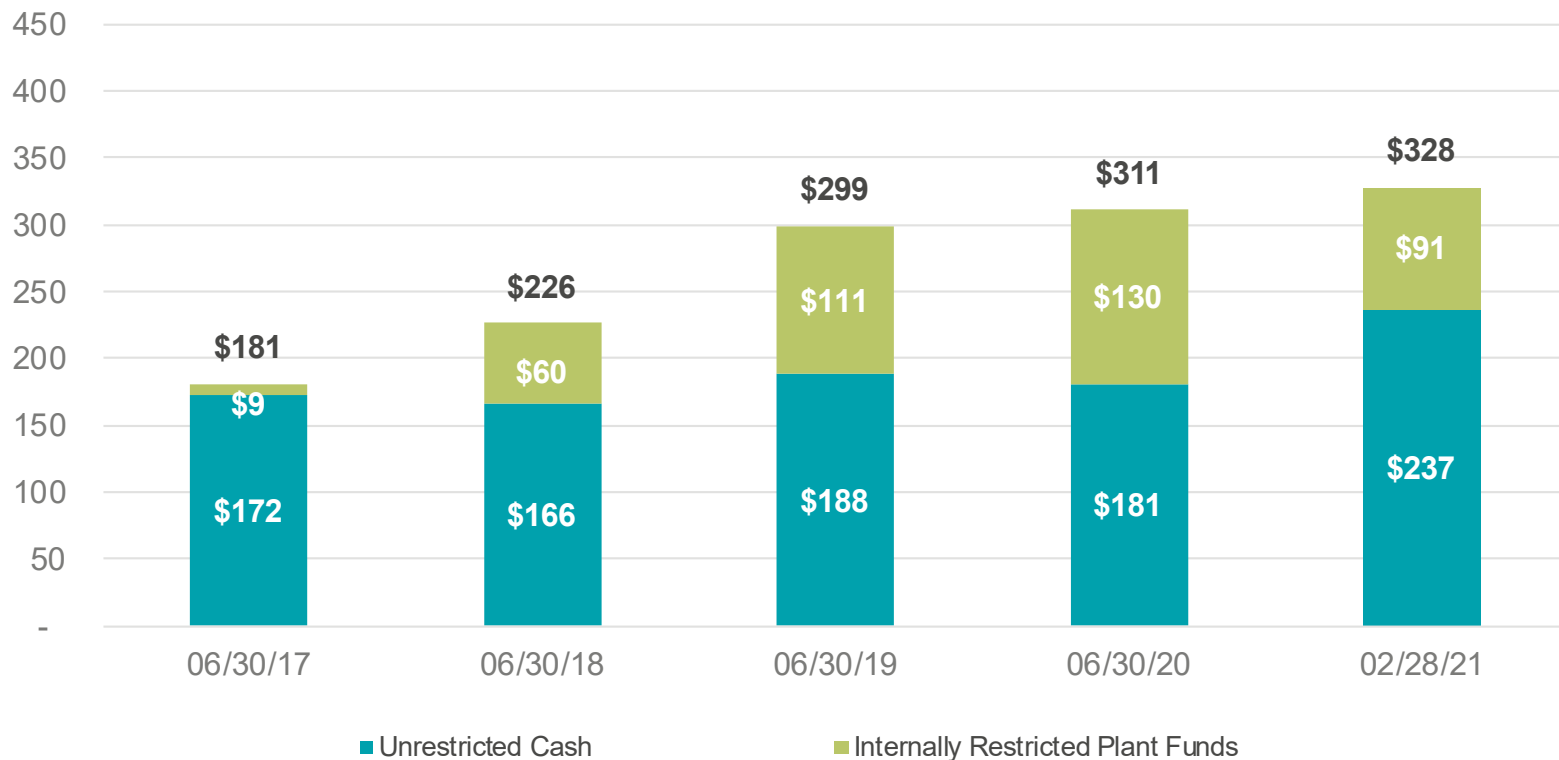


*Operating margin includes payments on behalf for Benefits and Utilities.

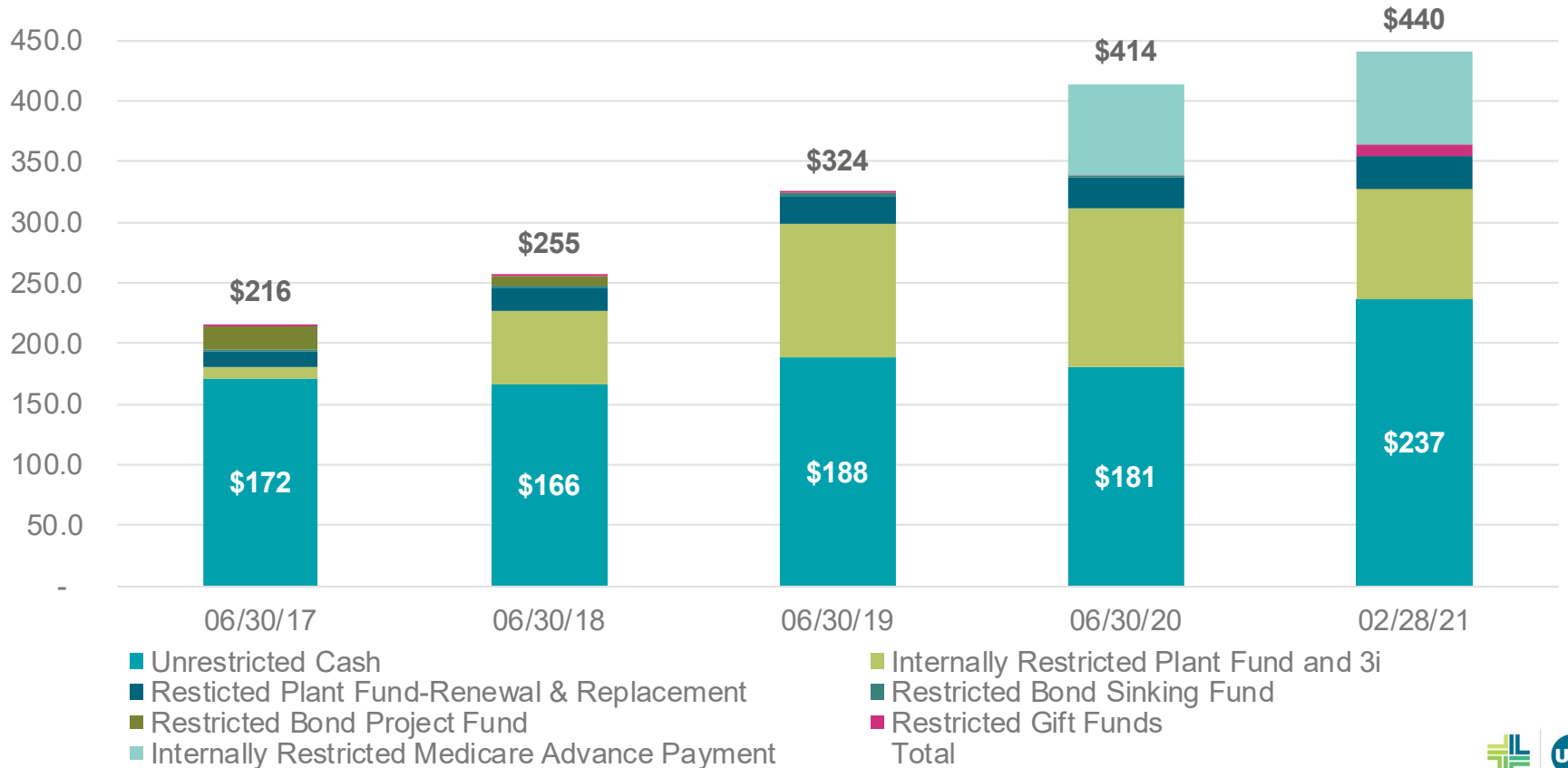
UNRESTRICTED DAYS CASH ON HAND – FEBRUARY 2021



UNRESTRICTED AND INTERNALLY RESTRICTED CASH & INVESTMENTS (\$ IN MILLIONS)



UNRESTRICTED AND RESTRICTED CASH & INVESTMENTS (\$ IN MILLIONS)



HEALTH SYSTEM BOND RATING MEDIANS 2019 DATA* FOR A-RATED HOSPITALS

Key Comparison Ratios

	Operating Margin	Operating Cash Flow Margin	Unrestricted Days Cash on Hand	Unrestricted Cash to Debt	Average Age of Plant
S&P	2.4%	7.8%	260.4	222.6%	11.4
Moody's	2.7%	8.7%	215.1	176.8%	12.0
Fitch	2.2%	8.7%	219.0	143.4%	12.0
UIH FY21 February YTD	-9.0%	-6.6%	139.9	131.5%**	13.4

* Published in September 2020

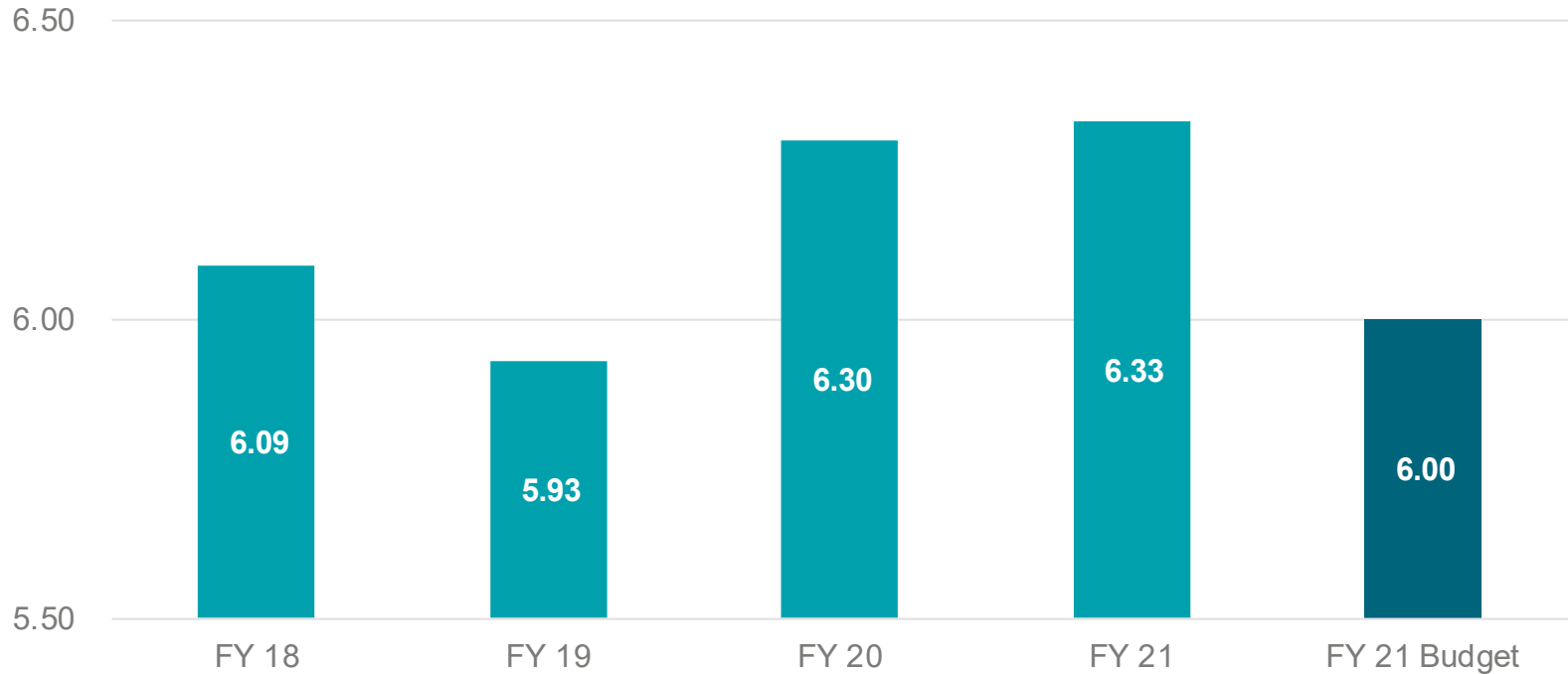
** Includes OSC P3 Project Debt of \$149.8 million

NOTE: Covid Relief Funds are classified as Non-operating and are not included in Operating Margin and Operating Cash Flow Margin calculations

UI HEALTH MISSION PERSPECTIVE

OPERATIONAL EFFECTIVENESS

AVERAGE LENGTH OF STAY DAYS: FEBRUARY YEAR-TO-DATE (8 MONTHS)



*The FY21 Budget Target is to be at 5.8 days (for the month) by year-end.

UI HEALTH MISSION PERSPECTIVE

NURSING STAFFING & SAFETY

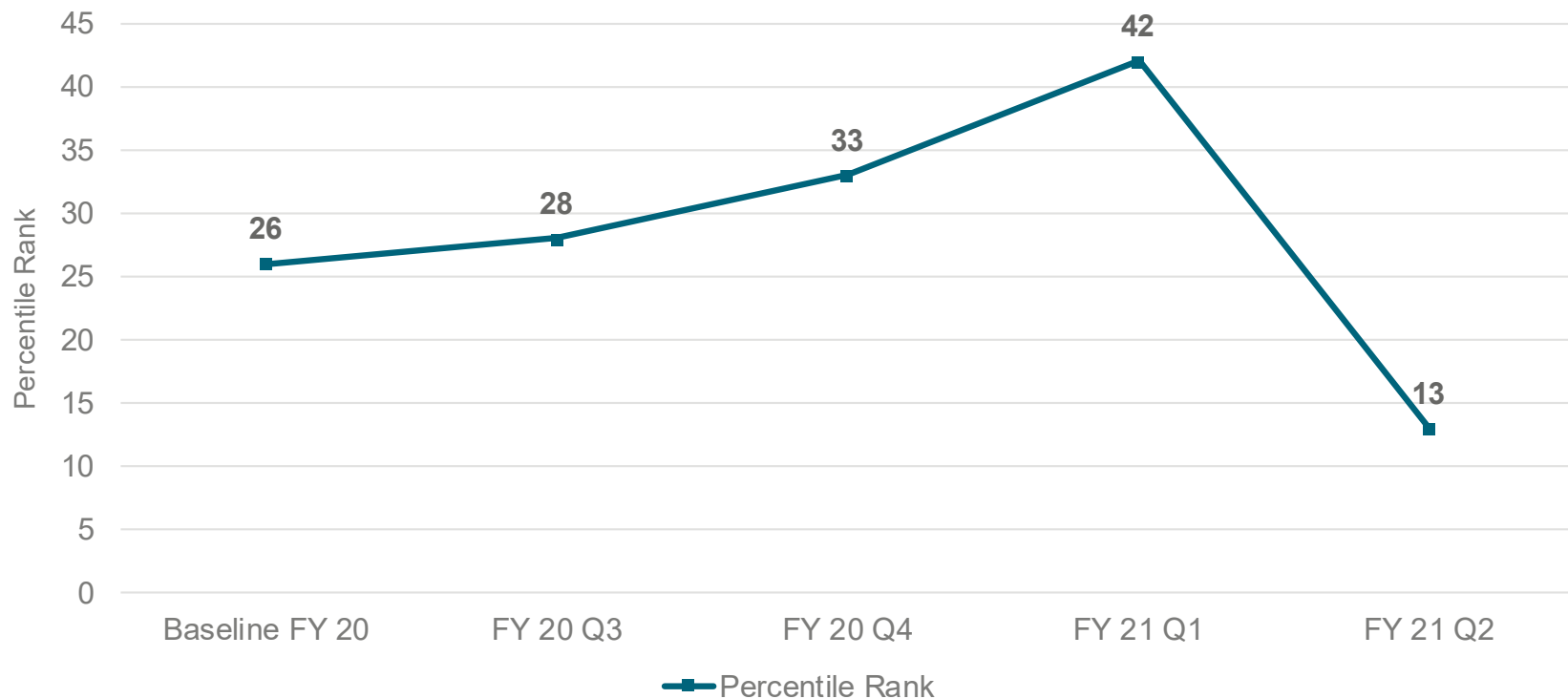
FY21 Q2 STAFFING SAFETY EVENT REPORTS

- For FY21 Q2, there were 3 reports of less than optimal staffing entered into the safety event reporting tool; after analyzing the data, it was determined that there was 1 event associated with less than optimal staffing based on acuity.
- There were 0 instances of less than optimal staffing that resulted in patient harm or a sentinel event.

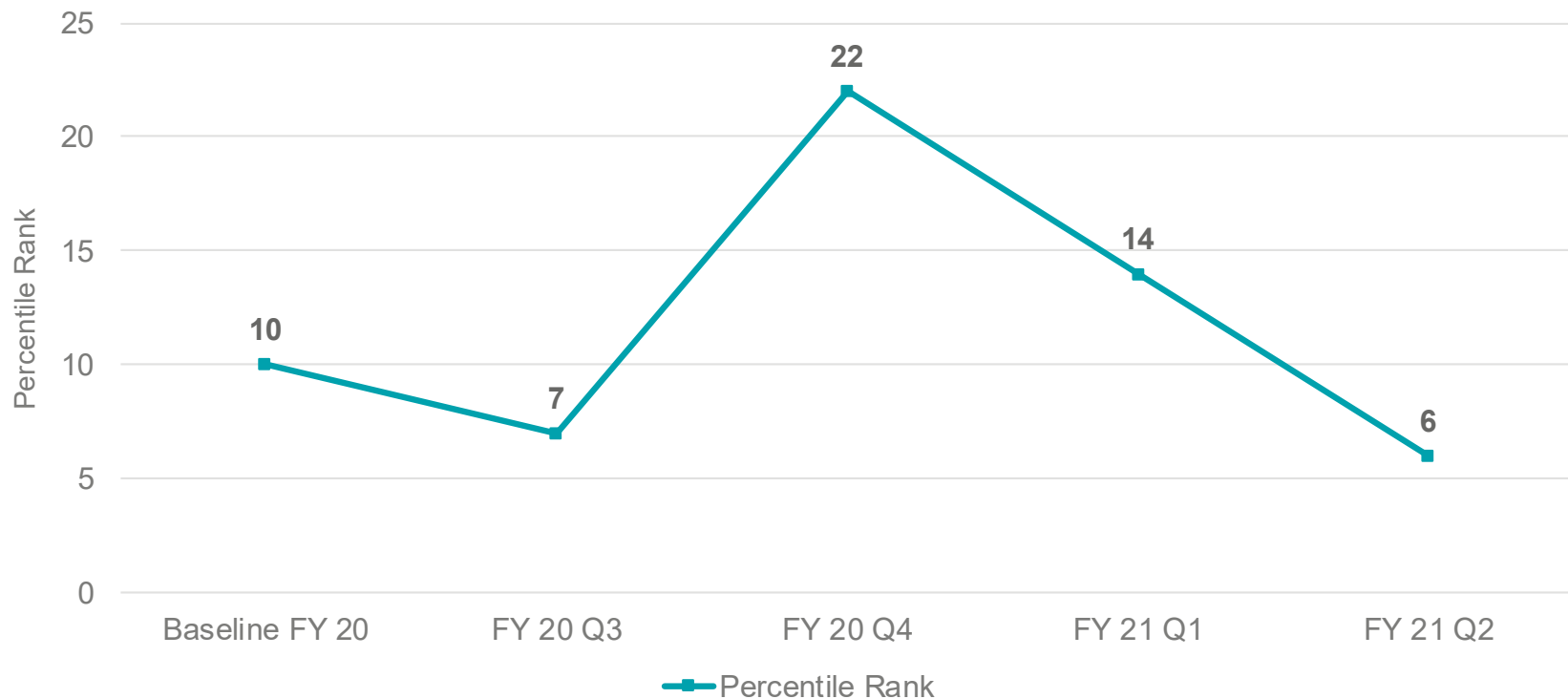
UI HEALTH MISSION PERSPECTIVE

SERVICE EXCELLENCE

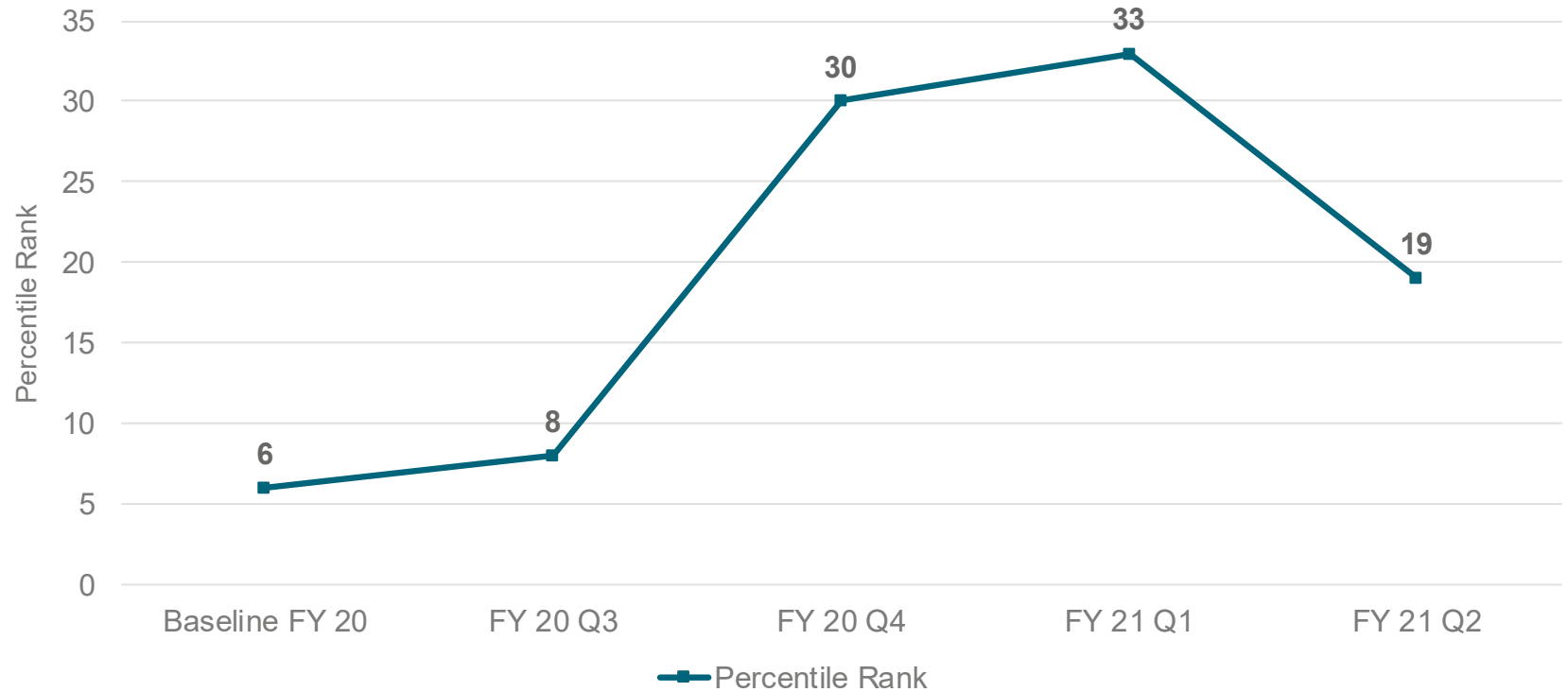
INPATIENT HCAHPS: RATE THE HOSPITAL (0-10)



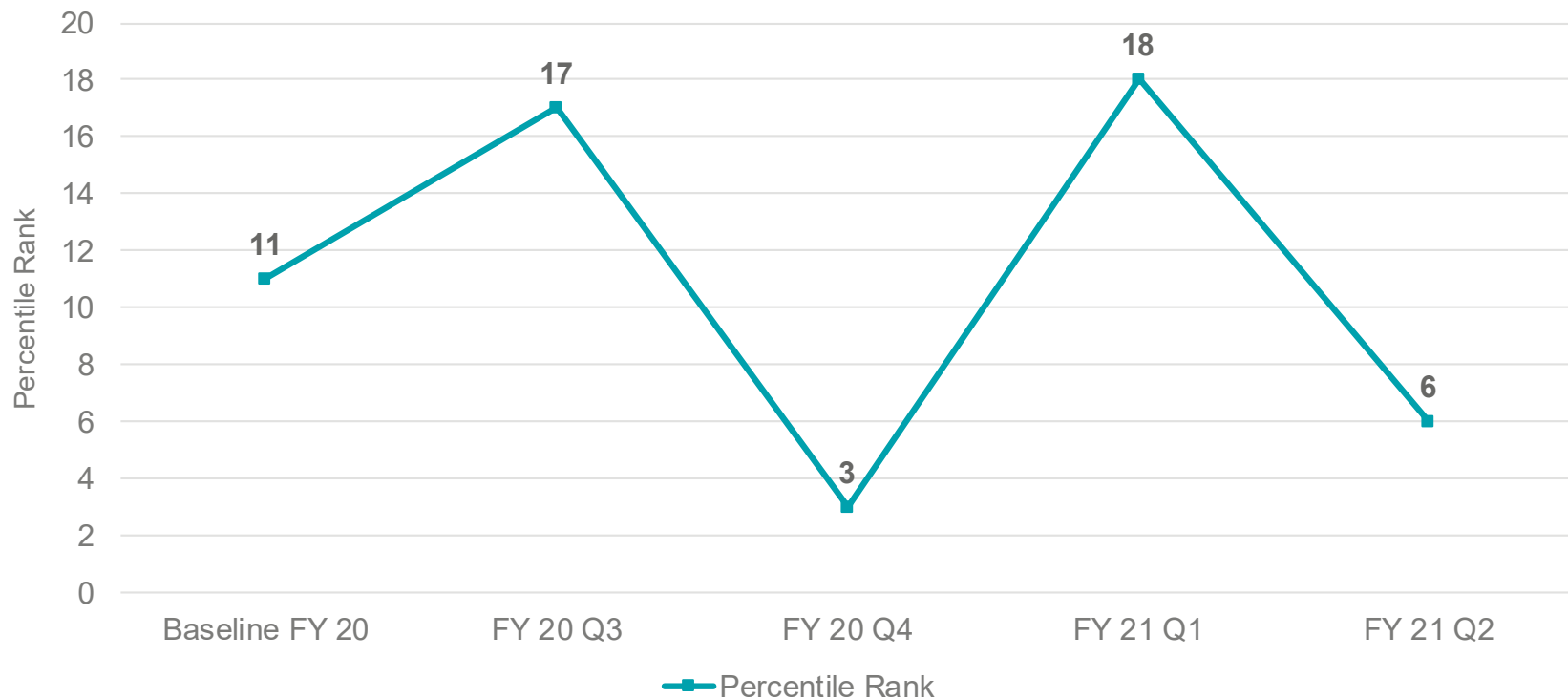
OUTPATIENT CG CAHPS: *RECOMMEND THIS PROVIDER OFFICE*



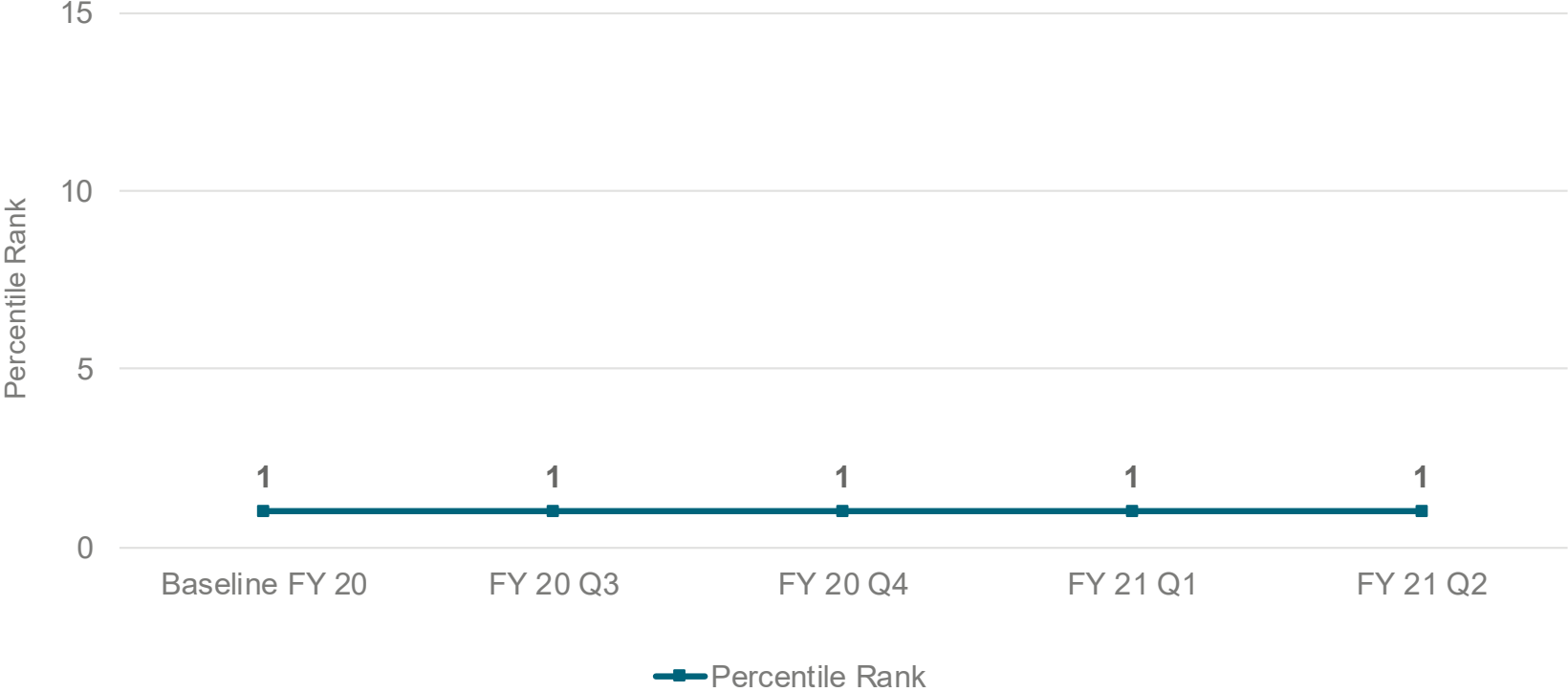
ED CAHPS: *RECOMMEND ER*



OAS CAHPS (AMBULATORY SURGERY): *RECOMMEND FACILITY*



ALL OUTPATIENT SERVICES (DIAGNOSTICS): OVERALL



UI HEALTH MISSION PERSPECTIVE

QUALITY & SAFETY

FY 21 AREAS OF FOCUS

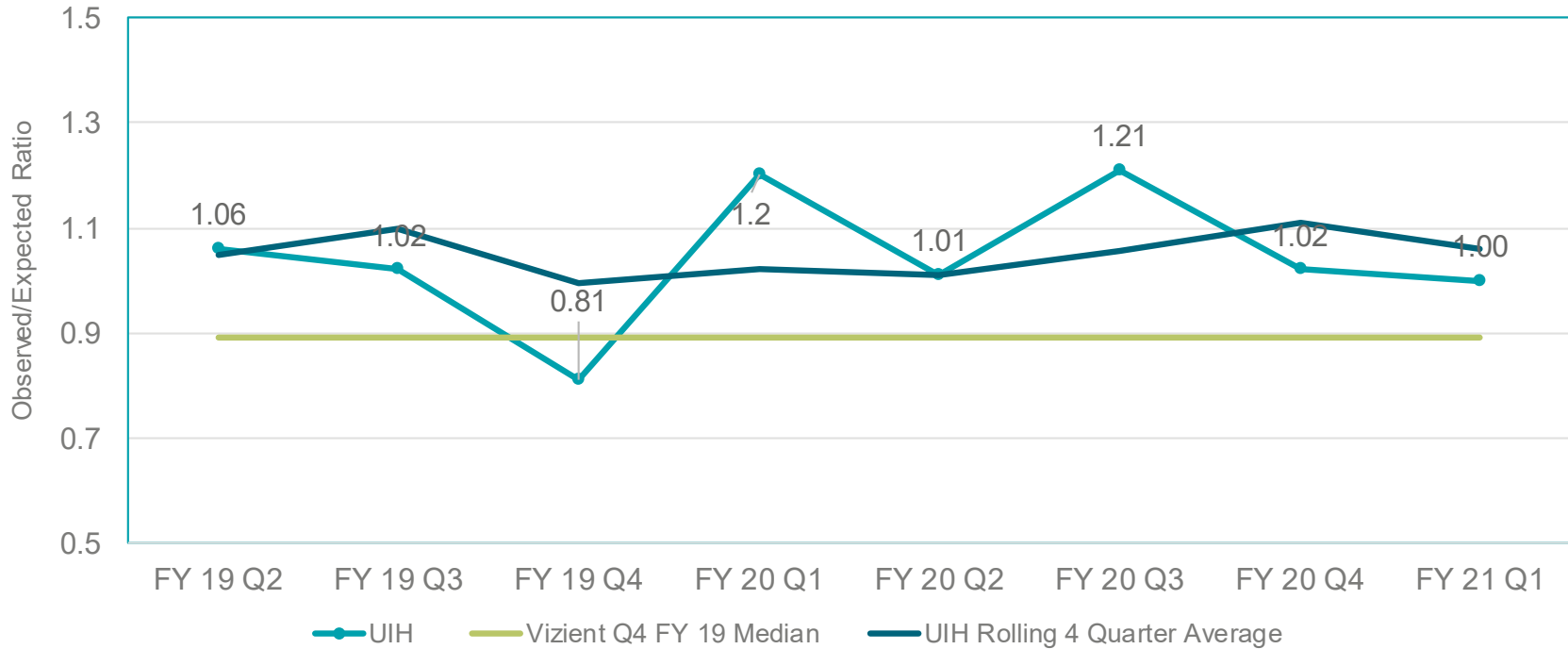
Quality:

- Reduce Sepsis Mortality Index
- Reduce rate of Post-Operative Blood Clots
- Reduce 30-day Readmission Rate
- Meet ICU Physician Staffing
- Improve Documentation & Coding Performance (CDI)

Safety:

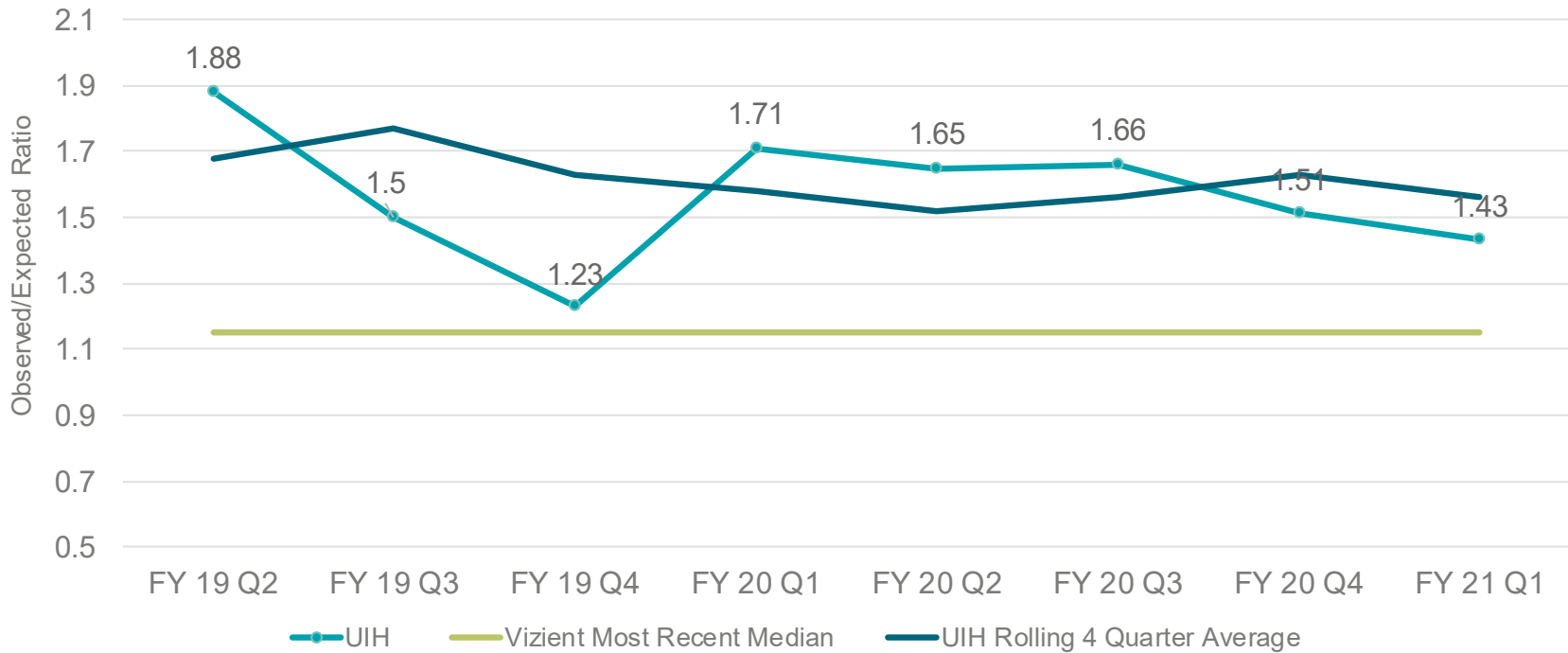
- Reduce Adverse Patient Safety Events
- Reduce number of Employee Safety Events
- Mitigate Staffing Shortfall Events
- Continue 2 Forms of Patient Identification

INPATIENT MORTALITY INDEX (OBSERVED/EXPECTED)



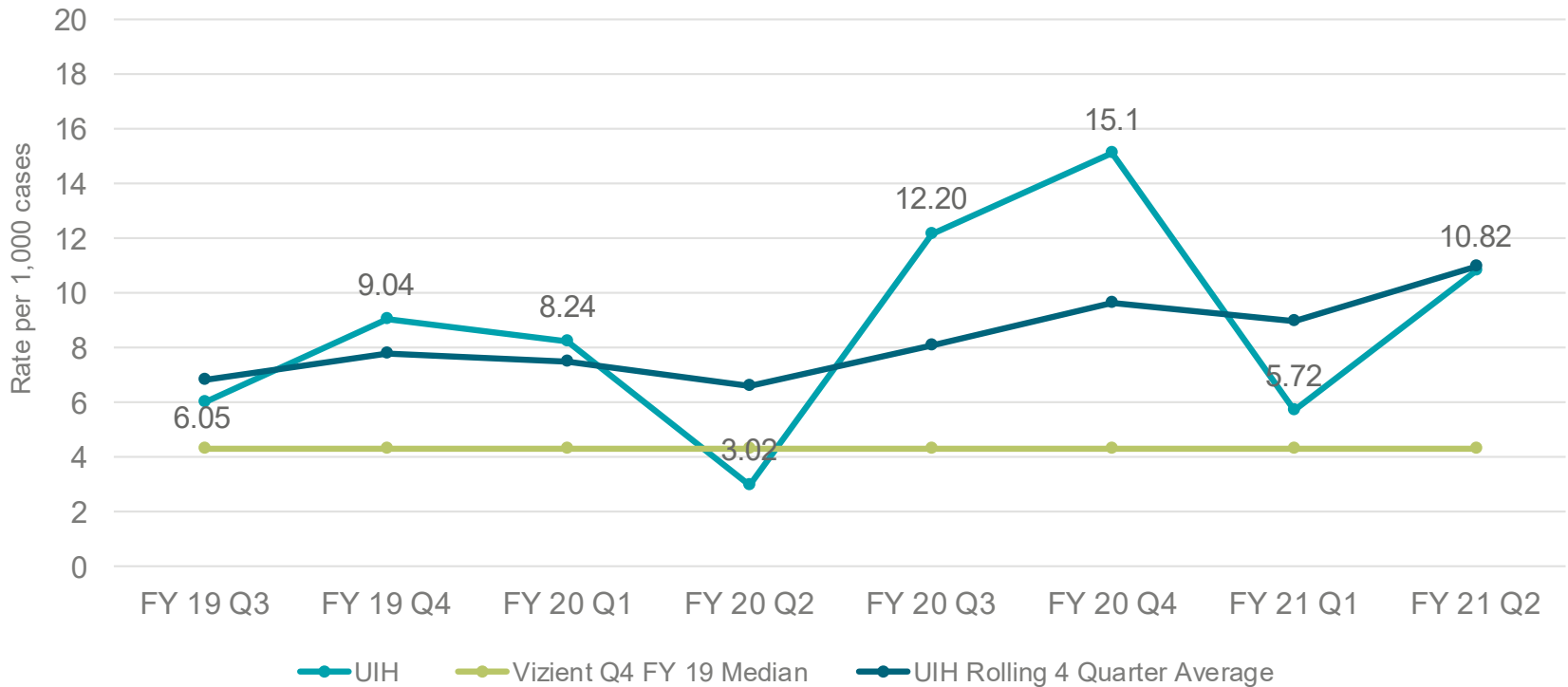
*Our rolling 4-quarter average of 1.06 exceeds the Vizion median of 0.89

SEPSIS MORTALITY INDEX (OBSERVED/EXPECTED)



*Our rolling 4-quarter average of 1.56 exceeds the Vizient median of 1.15.

POST-OPERATIVE PULMONARY EMBOLI (PE) OR DEEP VENOUS THROMBOSES (DVT) RATE PER 1,000 CASES

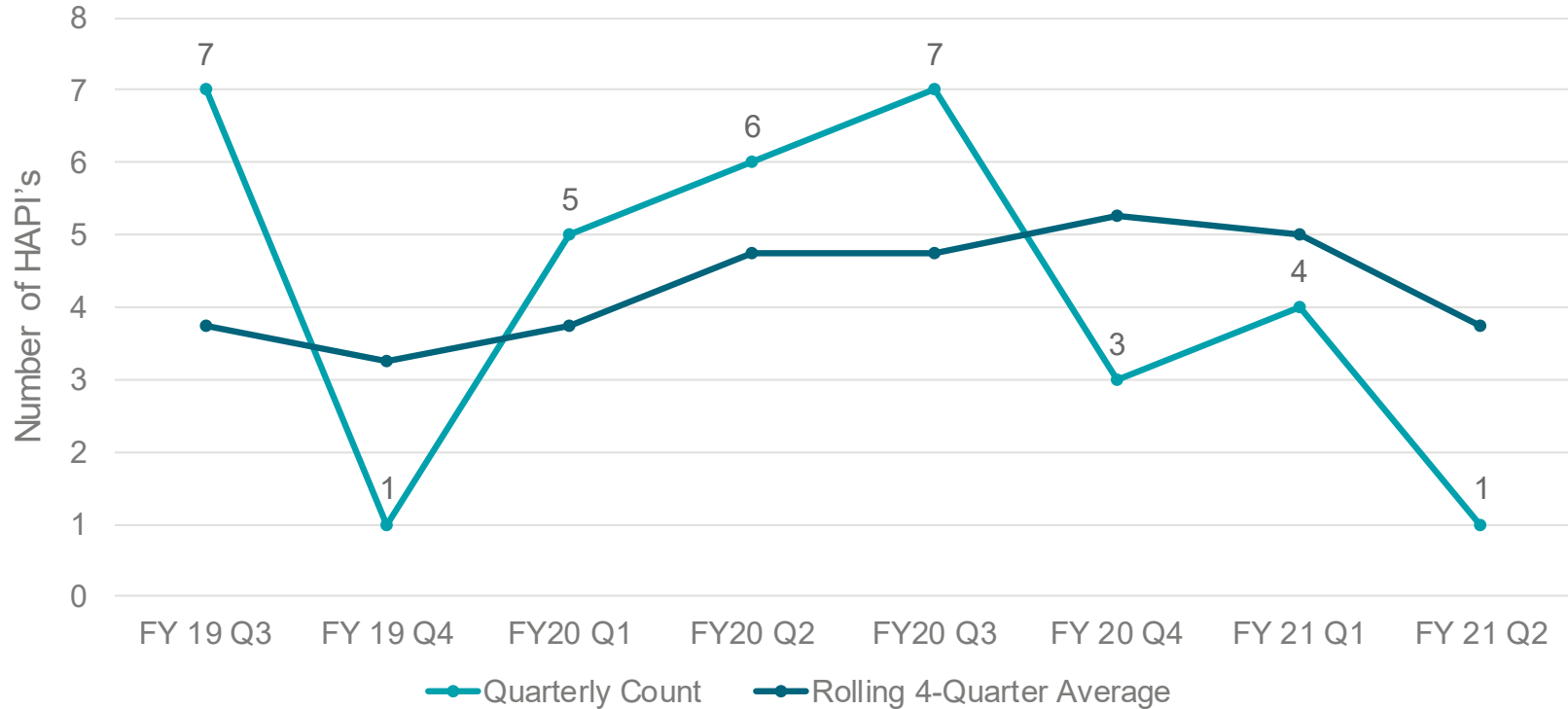


*Our rolling 4-quarter average of 10.96 exceeds the Vizient median of 4.36.

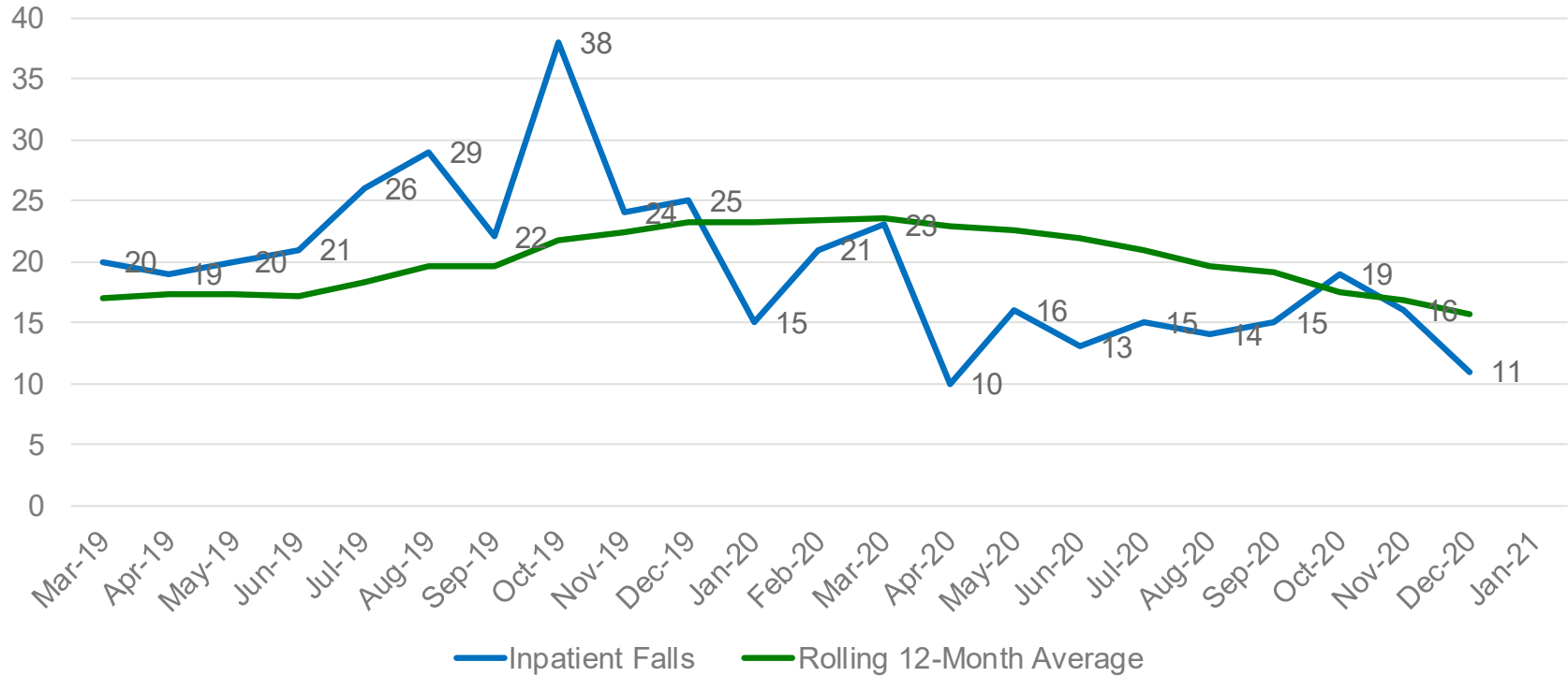
STANDARD INFECTION RATIOS (SIR)

	CY 2018	CY 2019	CY 2020	Target SIR
NHSN CLABSI SIR ratio	0.561	0.577	1.019	< 1
NHSN CAUTI SIR ratio	0.788	0.376	0.369	< 1
NHSN C. Diff SIR ratio	1.318	0.971	0.872	< 1
NHSN Colon Surgery SSI SIR ratio	0.820	1.750	1.482	< 1
NHSN Abdominal Hysterectomy SSI SIR ratio	3.173	0.00	N/A	< 1

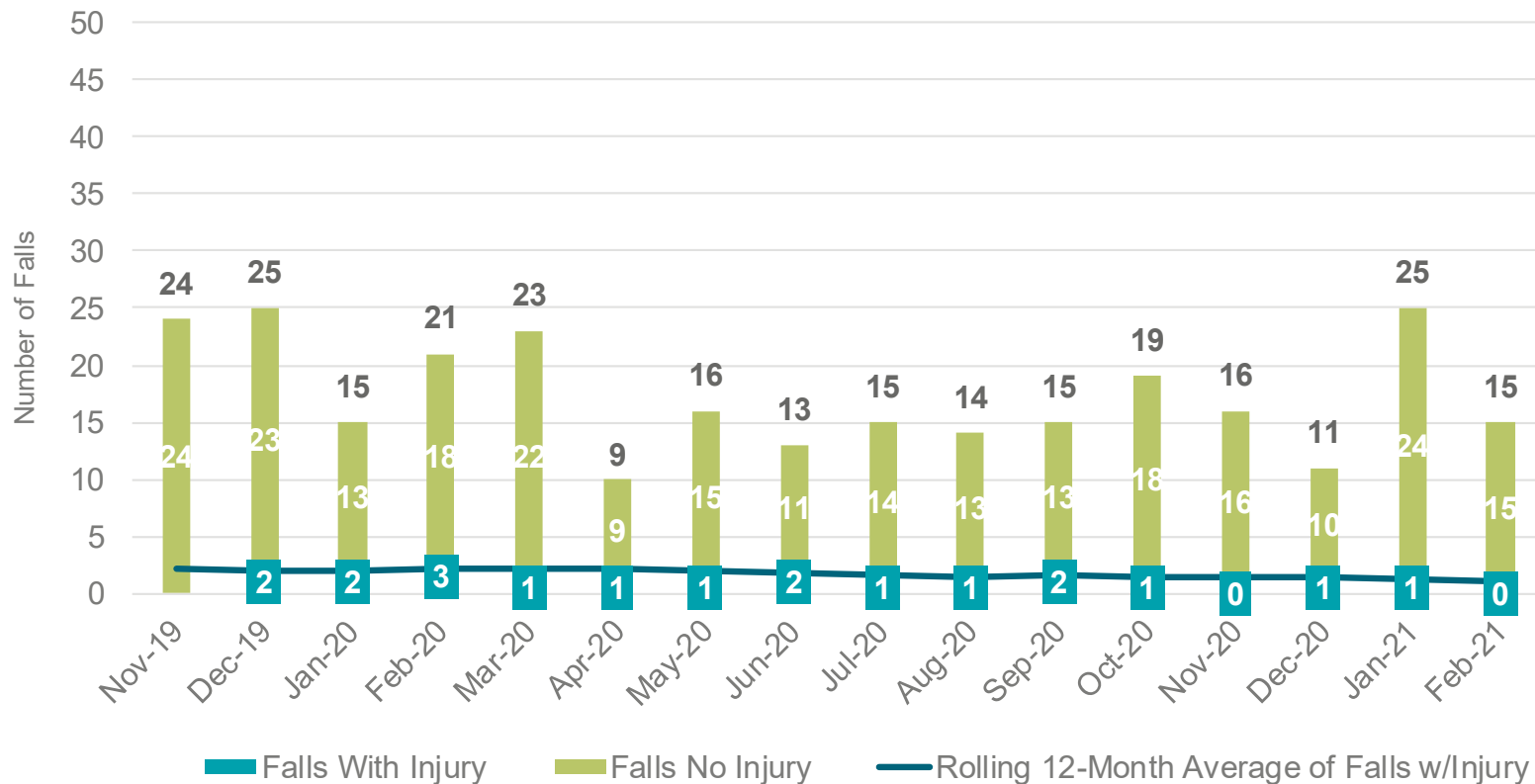
ZERO HARM METRICS: HOSPITAL ACQUIRED PRESSURE INJURIES (HAPI'S) STAGE 1 AND ABOVE



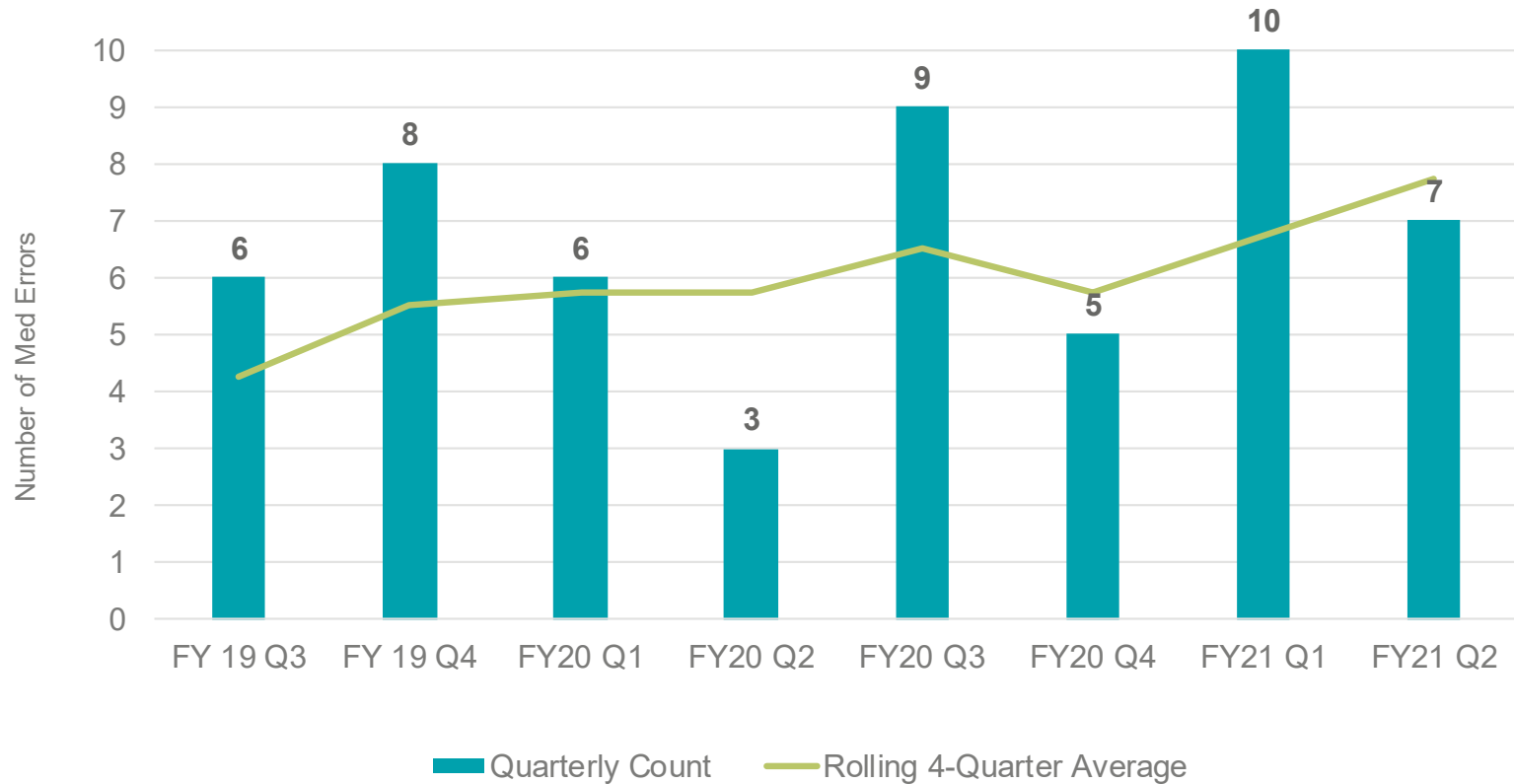
ZERO HARM METRICS: PATIENT FALLS



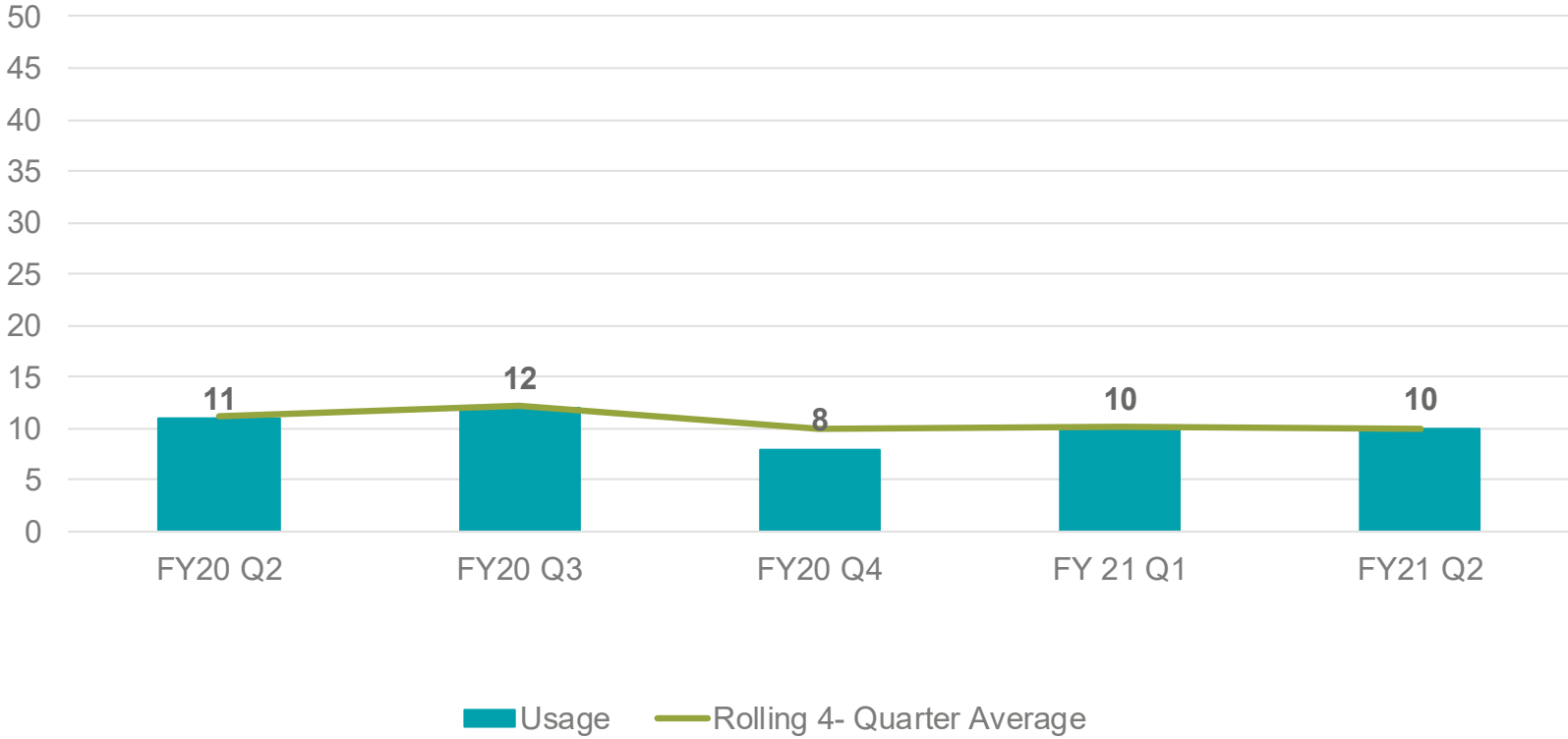
ZERO HARM METRICS: PATIENT FALLS W/ INJURY



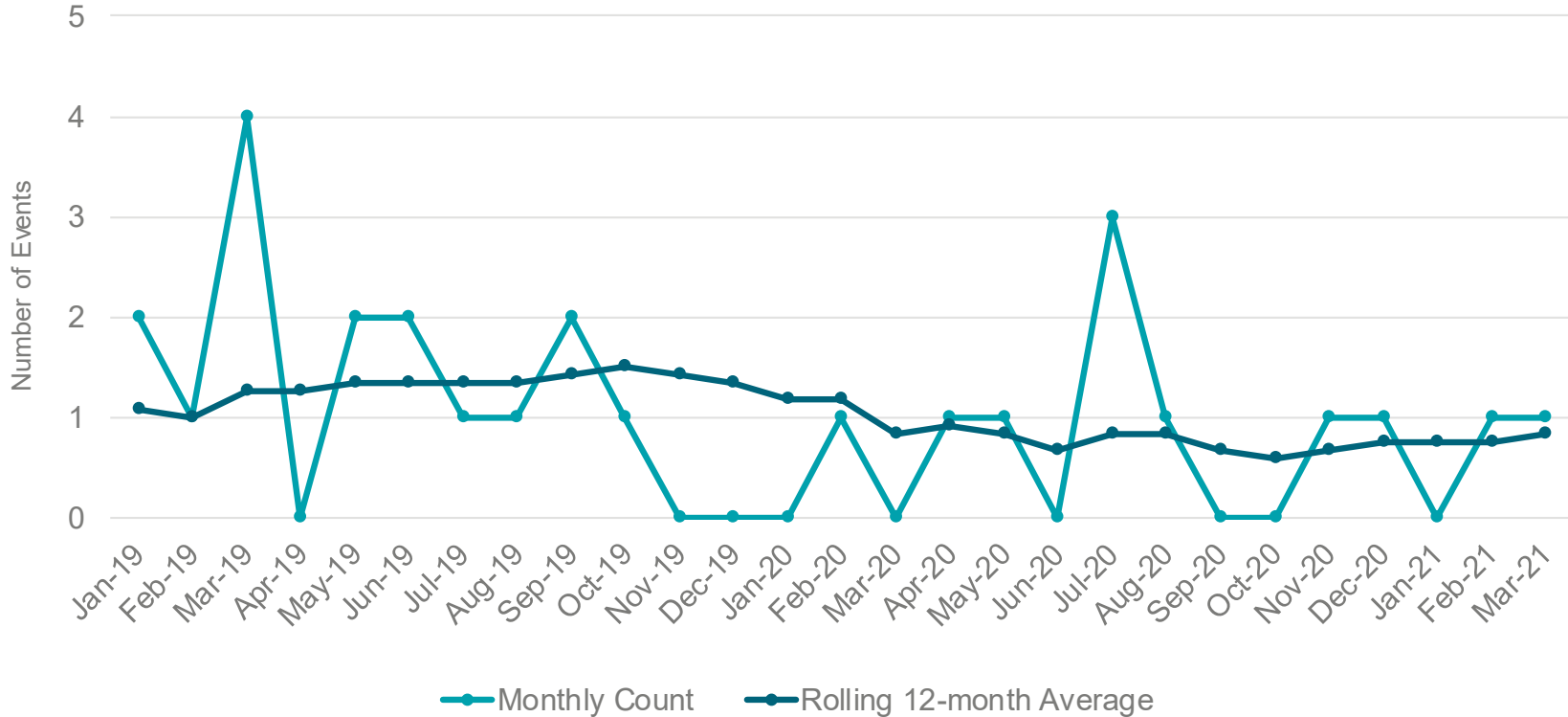
ZERO HARM METRICS: MEDICATION ERRORS



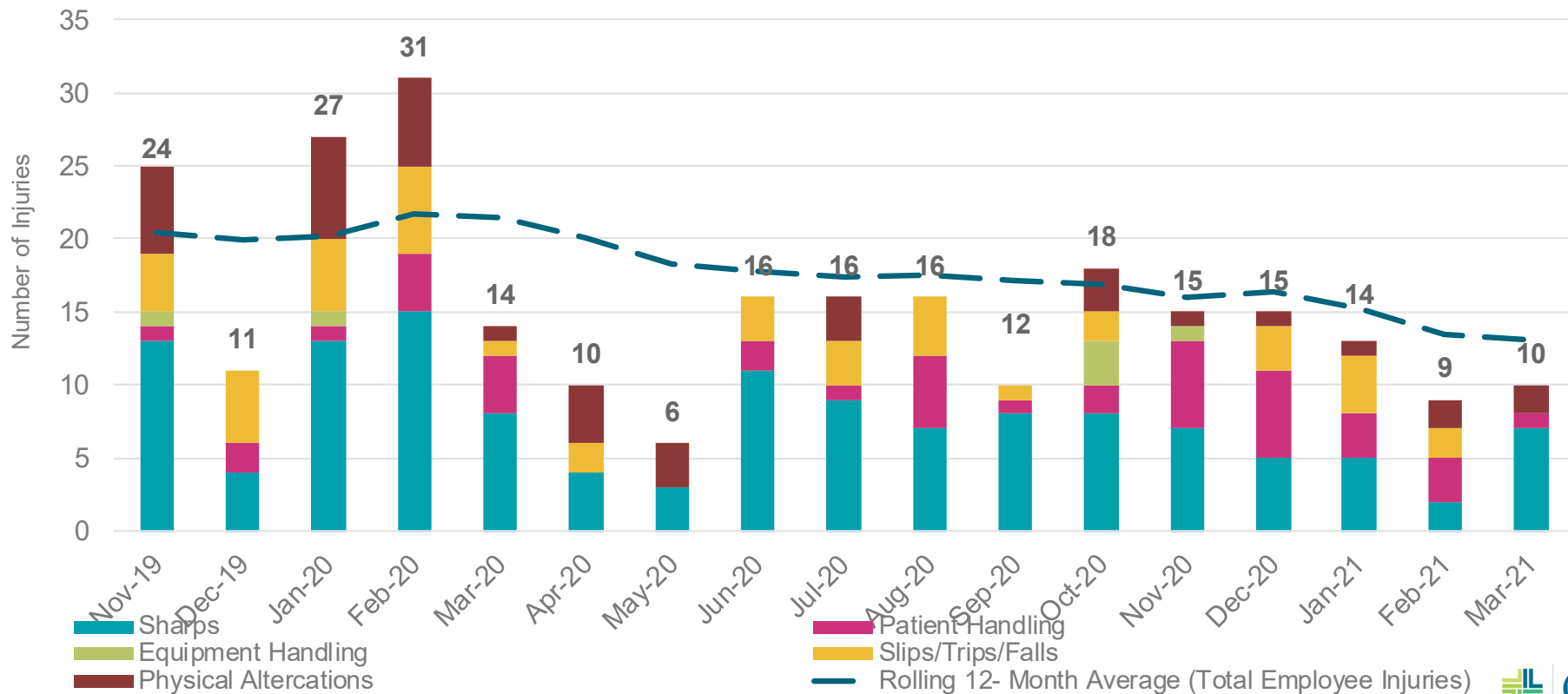
ZERO HARM METRICS: NALOXONE USAGE



ZERO HARM METRICS: SENTINEL EVENTS



ZERO HARM METRICS: # OF EMPLOYEE INJURIES BY MONTH



QUALITY MEASURES EXEMPTIONS FOR COVID-19

Extraordinary Circumstances Exceptions

- Value based purchasing for 2020CYQ1-2 opted out
 - Due to denominators dramatically decreased for procedures
 - Reliability of denominator data for device associated infections related to patient movement
- CMS HAC for 2020CYQ1-2 opted out
- Patient experience HCAHPs opted out 2020CYQ1-2

DEFINITIONS

UI Health Internal Measures	Definition/Notes	Source
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)
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
Catheter Associated Urinary Tract Infections (CAUTI)	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)
Central Line Associated Blood Stream Infections (CLABSI)	Laboratory-confirmed bloodstream infection (BSI) in a patient who had a central line within the 48 hour period before the development of a BSI and that is not related to an infection at another site - rate per 1,000 line days, all inpatient units combined.	Vizient (formerly University Healthcare Consortium)
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
Hospital-Acquired Pressure Injuries (HAPI's)	A pressure injury is localized damage to the skin and/or underlying tissue from pressure or friction.	The Joint Commission
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
Naloxone	Naloxone is used to reverse the effects of narcotic drugs used during surgery or to treat pain. Tracking can help identify patients who received too much.	UI Health Quality
Operating Margin %	Measures operating profitability as a percentage of operating revenue.	UI Health Finance
Patient Safety Indicator: 12 Post-operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (rate per 1,000 surgical patients)	The rate of deep vein thromboses (DVT) per 1,000 is defined by the AHRQ Patient Safety Indicator (PSI) 12: postoperative pulmonary embolism (PE) or DVT rate.	Vizient (formerly University Healthcare Consortium)
Sentinel Event	A Sentinel Event is a patient safety event that results in death, permanent harm, or severe temporary harm.	The Joint Commission
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, 038.0-0.38.9, 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)
Standard Infection Ratio (SIR)	The SIR is calculated by dividing the number of observed infections by the number of predicted infections.	National Healthcare Safety Network (NHSN)
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)
Surgical Site Infections (SSI)	A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. *Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.	UI Health Quality
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
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)