



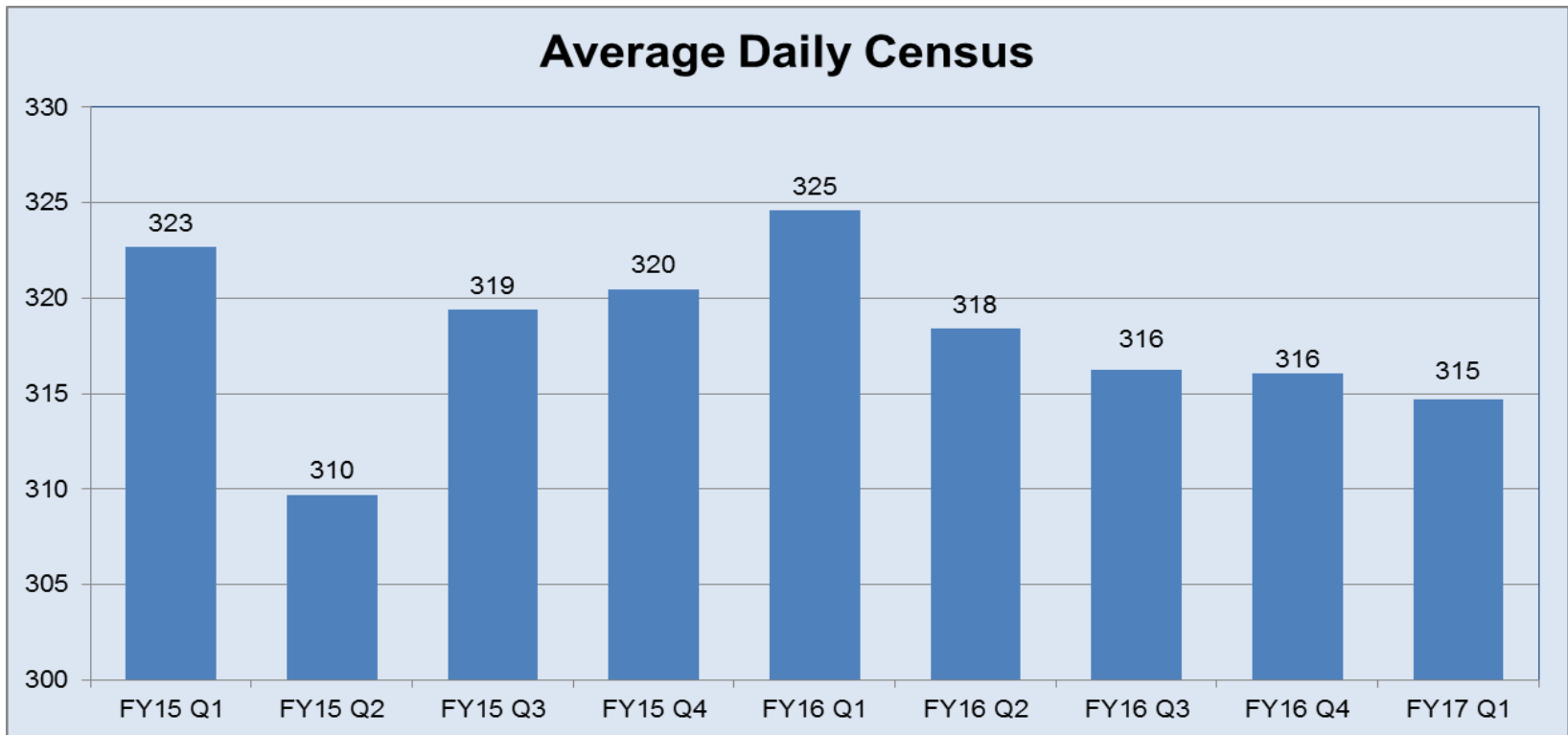
UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM

HOSPITAL DASHBOARD

Reported to the Board of Trustees
November 10, 2016

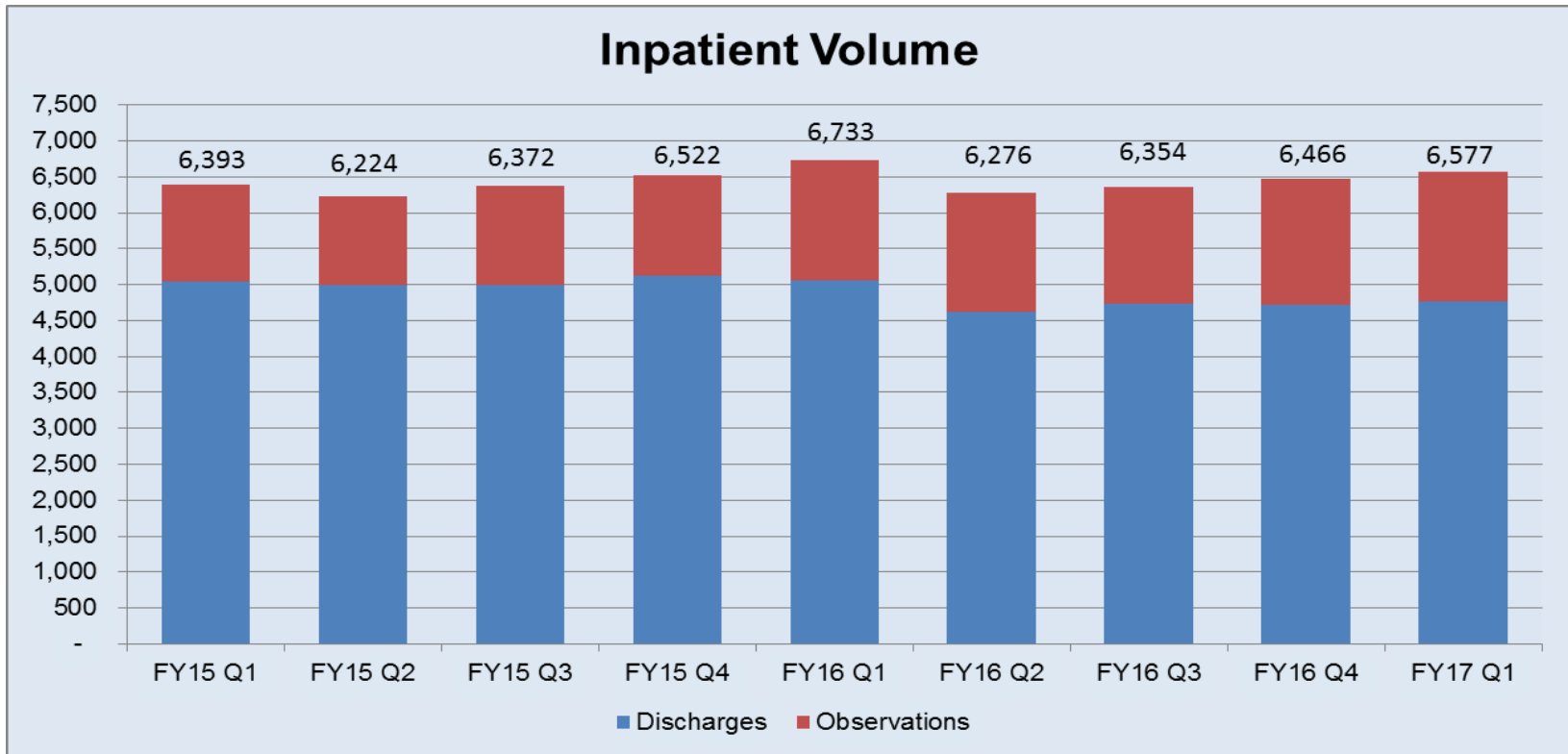


UI Health Metrics	FY17 Q1: July & August Actual + September Projection	FY17 Q1 Target	FY16 Q1 Actual	1st Quarter % change FY17 vs FY16
Average Daily Census (ADC)	315	314	325	-3.1%



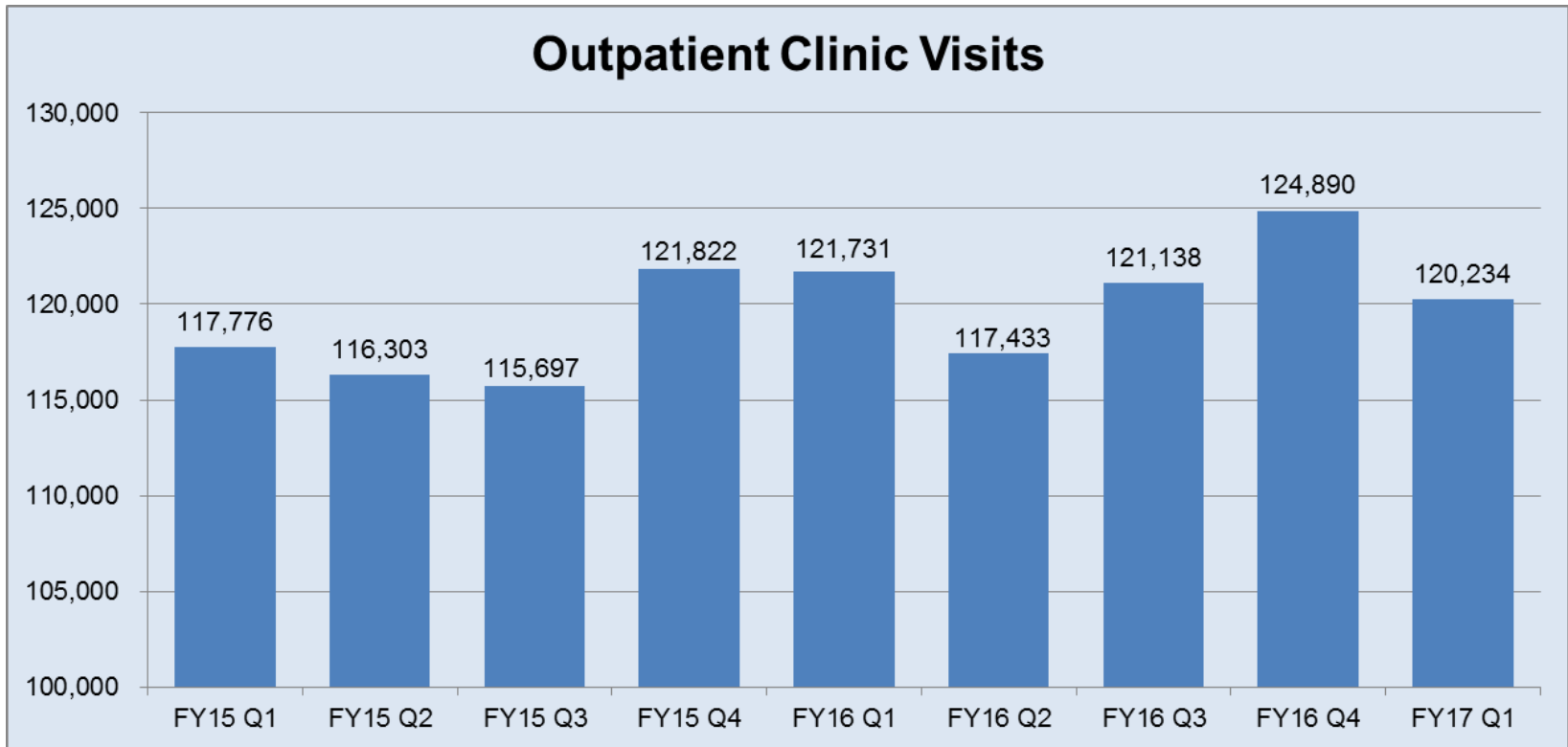
ADC in August 2016 was 318 vs. 317 in August 2015.

UI Health Metrics	FY17 Q1: July & August Actual + September Projection	FY17 Q1 Target	FY16 Q1 Actual	1st Quarter % change FY17 vs FY16
Discharges	4,773	4,736	5,053	Combined -2.3%
Observation Cases	1,804	1,658	1,680	



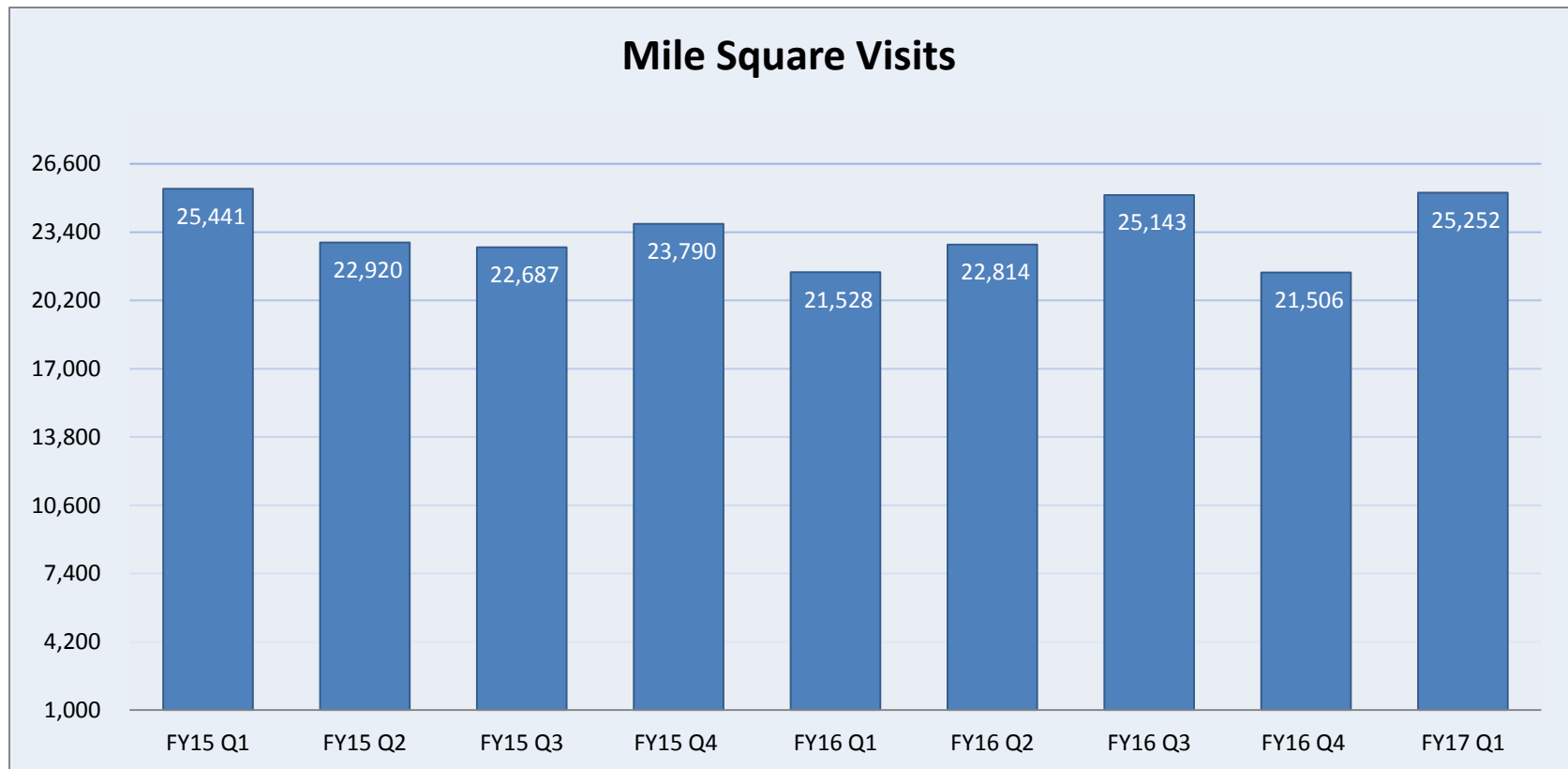
Combined Discharges and Observation Cases for the two months ending August 2016 are 4.2% above budget and 0.6% lower than last year.

UI Health Metrics	FY17 Q1: July & August Actual + September Projection	FY17 Q1 Target	FY16 Q1 Actual	1st Quarter % change FY17 vs FY16
Outpatient Clinic Visits	120,234	125,212	121,731	-1.2%



Clinic visits for the two months ending August 2016 are 1.8% under budget and 1.4% below last year.

UI Health Metrics	FY17 Q1: July & August Actual + September Projection	FY17 Q1 Target	FY16 Q1 Actual
Mile Square Visits	25,252	29,902	21,528



FY17 Q1 data with September projection is 17% higher than FY16 Q1 actual data

UI HEALTH

MISSION PERSPECTIVE:

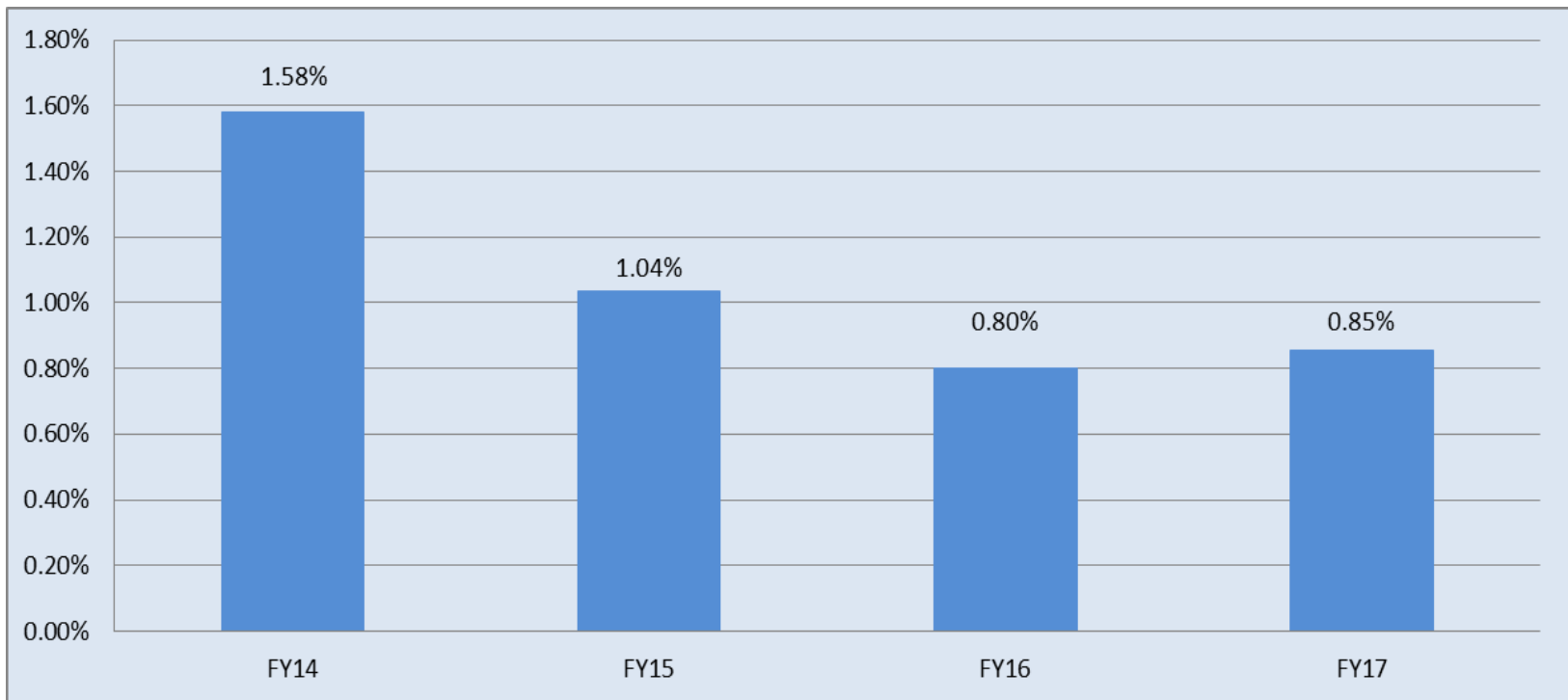
FINANCIAL PERFORMANCE

STATEMENT OF OPERATIONS – AUGUST 2016

(\$ IN THOUSANDS)

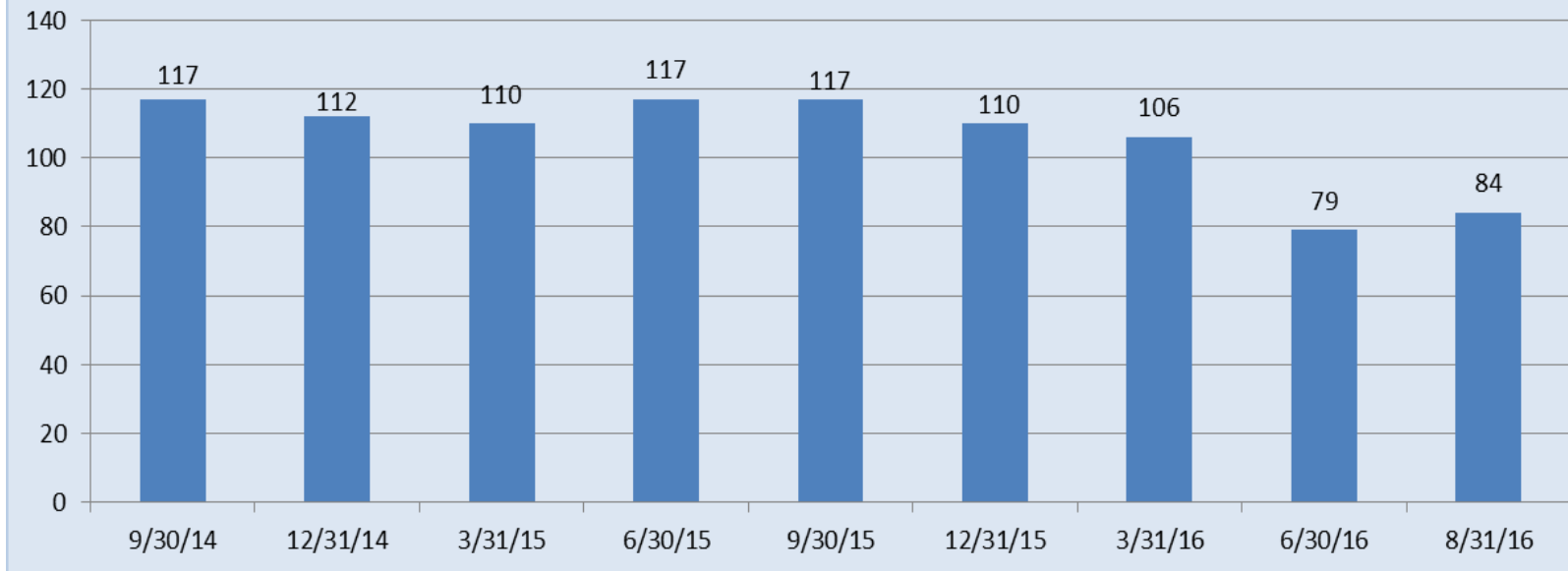
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 57,383	\$ 56,682	701	1.2%	\$ 48,262	Net Patient Revenue	\$ 110,102	\$ 113,171	(3,069)	-2.7%	\$ 98,452
23,936	24,216	(280)	-1.2%	21,814	Other Revenue	48,074	48,435	(361)	-0.7%	50,237
81,319	80,898	421	0.5%	70,076	Total Revenue	158,176	161,606	(3,430)	-2.1%	148,689
27,391	28,111	720	2.6%	25,056	Salaries & Wages	53,799	56,220	2,421	4.3%	50,264
20,434	20,482	48	0.2%	17,115	Employee Benefits	40,956	40,954	(2)	0.0%	41,000
29,161	28,175	(986)	-3.5%	23,661	Department Expenses	55,875	56,629	754	1.3%	49,275
3,047	3,097	50	1.6%	3,667	General Expenses	6,195	6,195	0	0.0%	7,334
80,033	79,865	(168)	-0.2%	69,499	Total Expenses	156,825	159,998	3,173	2.0%	147,873
\$ 1,286	\$ 1,033	253	24.5%	\$ 577	Operating Margin	\$ 1,351	\$ 1,608	(257)	-16.0%	\$ 816
(373)	(266)	(107)	-40.2%	(202)	Net Non-operating Income/(Loss)	(748)	(533)	(215)	-40.3%	(363)
\$ 913	\$ 767	146	19.0%	\$ 375	Net Income/(Loss)	\$ 603	\$ 1,075	(472)	-43.9%	\$ 453

UI Health Metrics	FY17 YTD ACTUAL	FY17 (12 mos) Target	FY16 Actual
Operating Margin %	0.85%	1.10%	0.80%



Operating Margin includes Payments on Behalf for Benefits and Utilities. YTD Margin was adversely impacted by unfavorable net patient revenue partially offset by labor costs being less than budget.

Days Cash on Hand (Unrestricted)



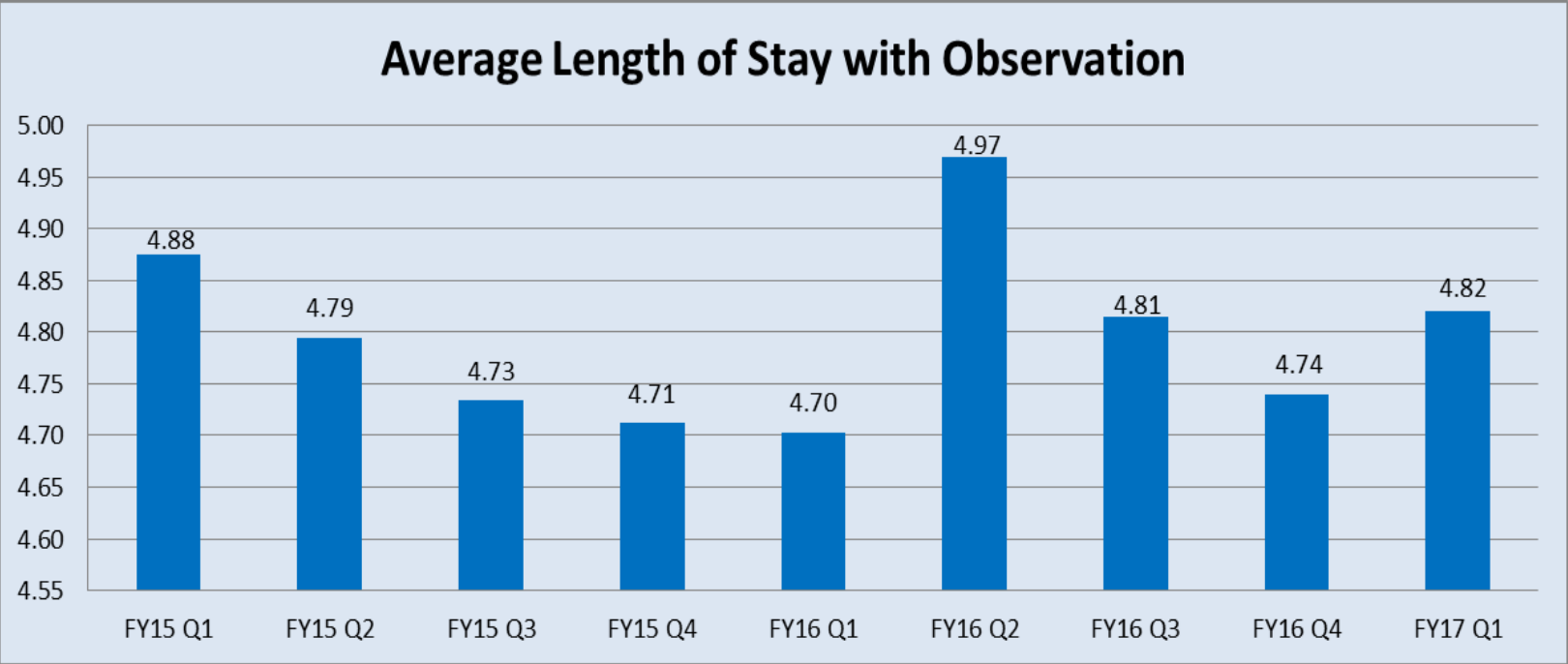
Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (S&P "A" and Moody's "A3") is 218 days.

UI HEALTH

MISSION PERSPECTIVE:

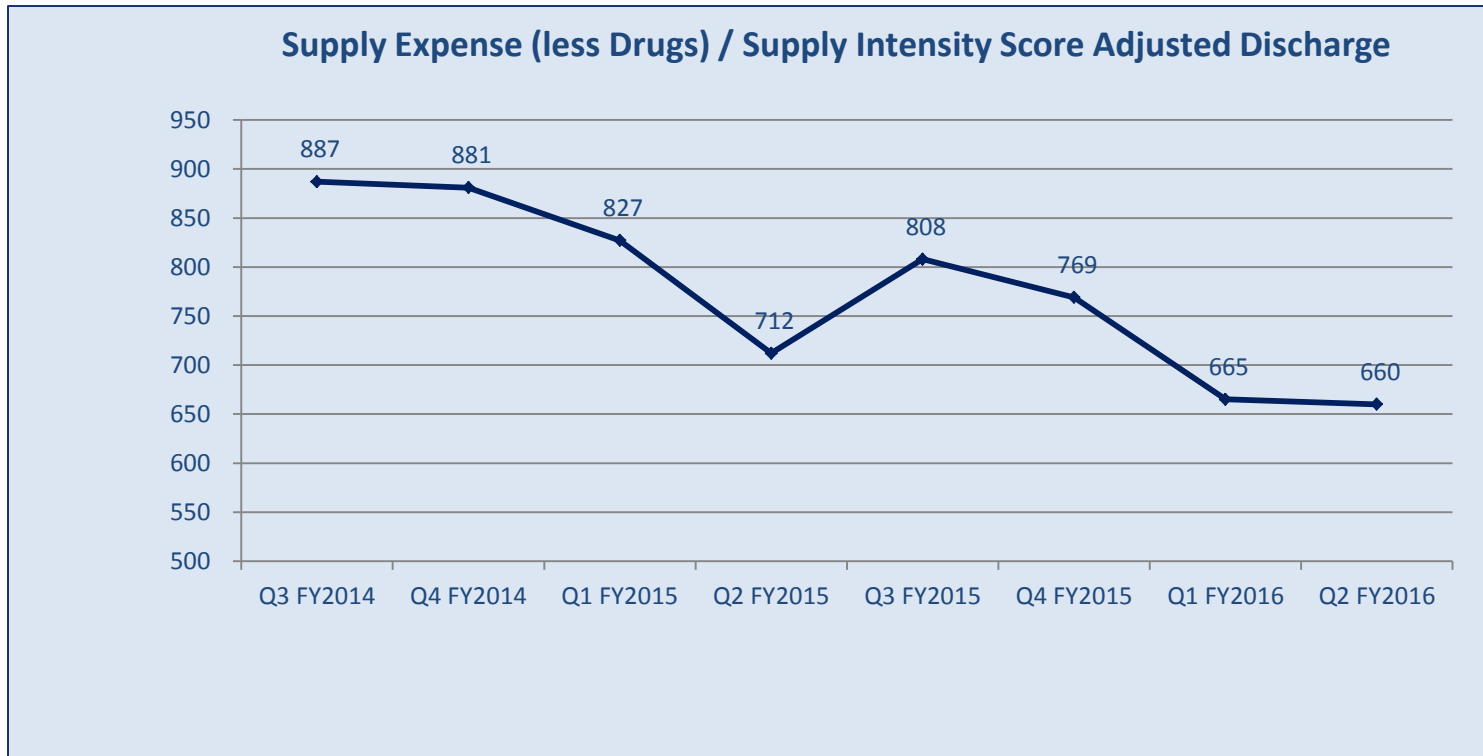
OPERATIONAL EFFECTIVENESS

UI Health Metrics	FY17 Q1: July & August Actual + September Projection	FY17 Target	FY16 Q1 Actual
Average Length of Stay with Observation (Days)	4.82	4.80	4.70



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

UHC Metrics (FY16 Q2, Oct – Dec 2015)	N (Sample Size)	UIH 8 Quarter Average	UIH Latest Quarter Available	Compared Among All UHC	
				UHC Median Score	Current UIH Rank
Supply Expense (less Drugs) / Supply Intensity Score Adjusted Discharge	N/A	776	660	815	23/61



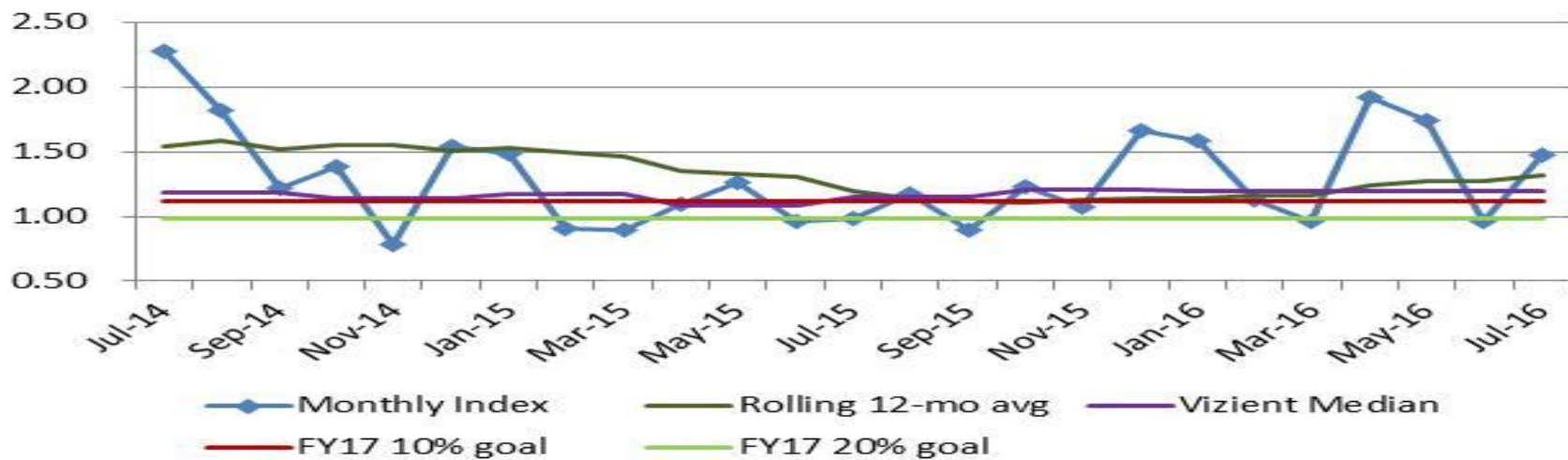
There was a decrease in Q1 FY16, which is lower than the UHC median

* UHC metrics from FY16 Q3 (Jan. – March) are not yet available

UI HEALTH
MISSION PERSPECTIVE:
QUALITY & SAFETY

Vizient Metrics (Q2 FY16, Jan – Mar 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)	34	1.21	1.18	1.20	64/135

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



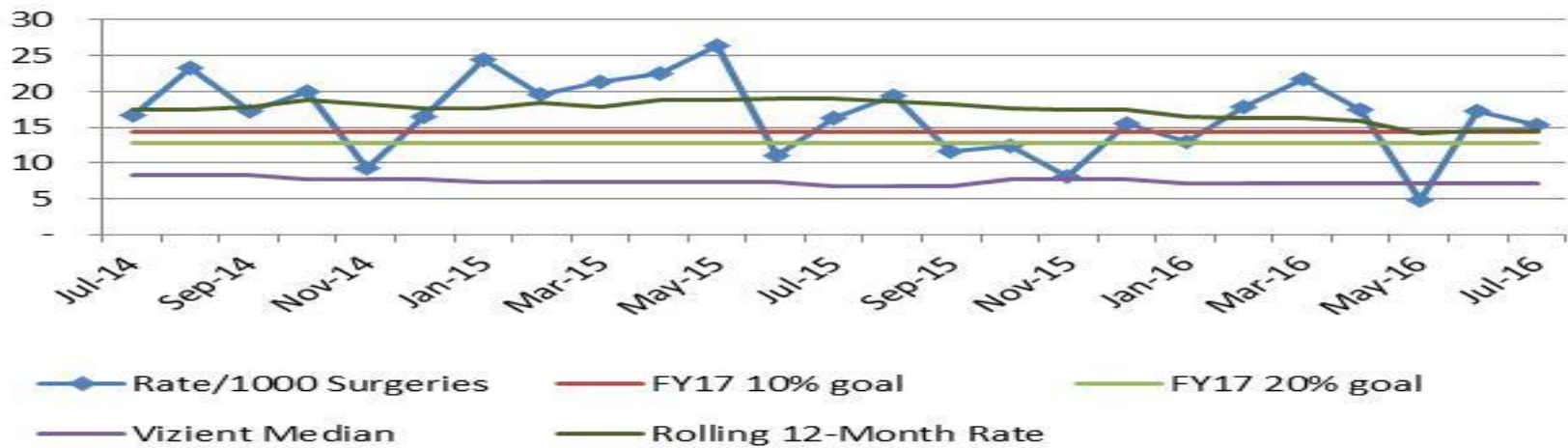
	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Number of Sepsis Cases by Month	83	89	102	102	70	78	77	64	91	64	83	72	75
Number of Sepsis Deaths by Month	12	11	13	13	9	12	12	11	11	11	15	8	16

During July 2016, UI Health’s rolling 12-month Sepsis Mortality index (observed/expected deaths) was 1.32, a slight decline in performance from the previous month and slightly higher than the Vizient median.

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 (Q2 FY16, Jan – Mar 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)	21	16.3	17.7	7.15	133/135

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



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

During July 2016, UI Health’s rolling 12-month average post-operative PE/DVT rate improved slightly from the previous month, to 14.53, though it still remains higher than the Vizient median.

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

Vizient Metrics (Q2 FY16, Jan – Mar 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	1	0.58	0.4	0.13	103/134

Monthly Whole-House Central Line-Associated Blood Stream Infections



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

Our 12-month rolling average whole-house CLABSI rate improved to 1.25 in August 2016.

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

Vizient Metrics (Q2 FY16, Jan – Mar 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	2	0.57	0.47	0.59	54/135

Monthly Whole-House Catheter-Associated Urinary Tract Infections



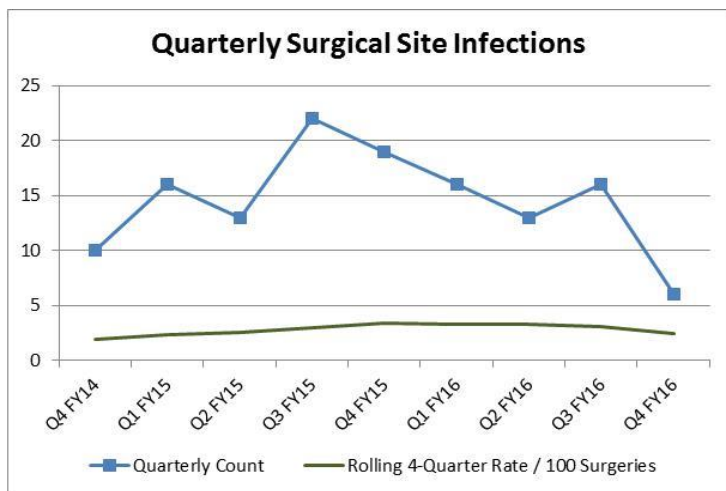
	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Number of Infections by Month	1	2	4	3	3	5	2	4	2	6	5	2	2

Our rolling 12-month average house-wide CAUTI rate improved slightly to 2.15 in August 2016.

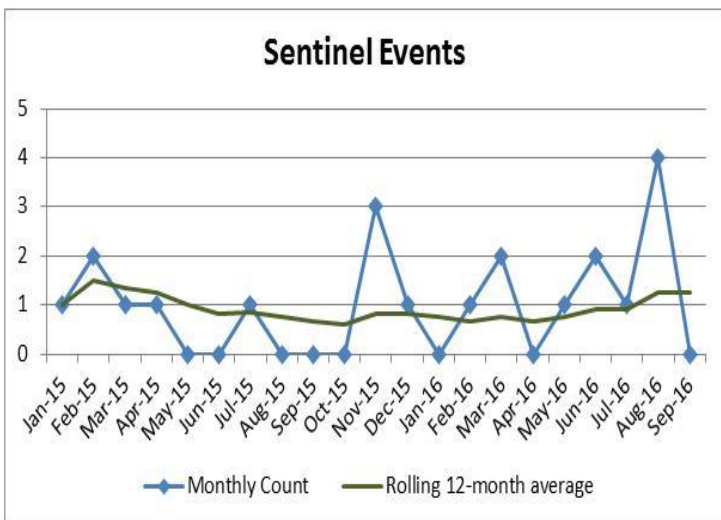
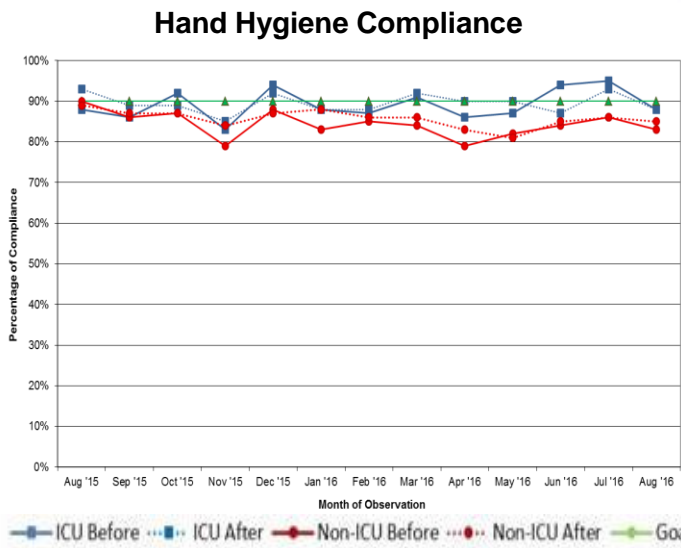
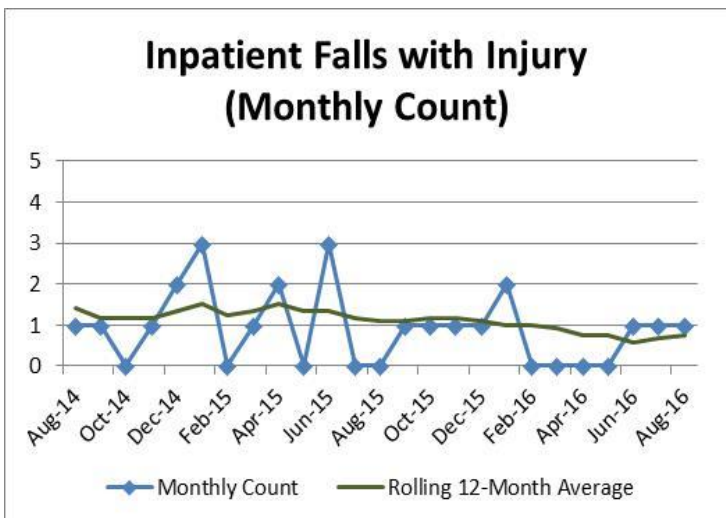
Our FY17 goal is to reduce CAUTIs by at least 10% from our June 2016 baseline of 2.2.

UI Health Mission Perspective:
Quality & Safety

OUR OTHER ZERO HARM METRICS

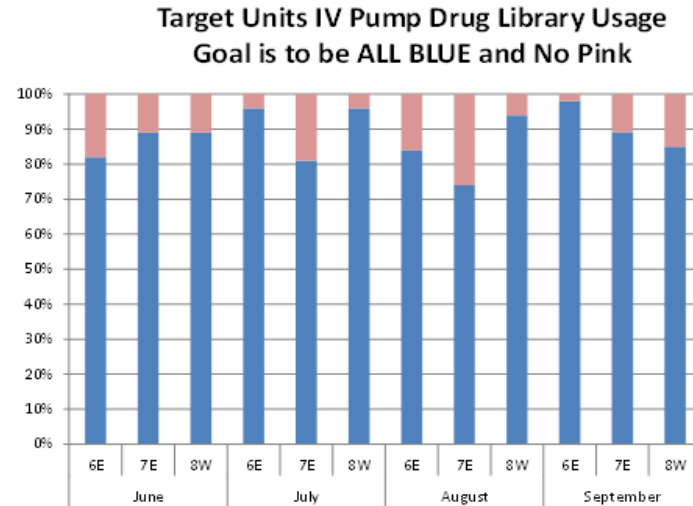
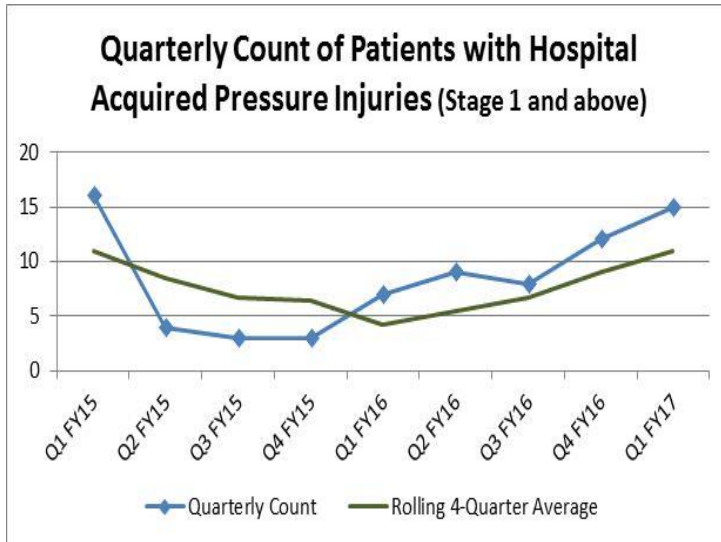


**Includes Abdominal and Vaginal Hysterectomies, C-Sections, Hip and Knee Arthroplasties, Vascular Surgeries, Cardiac Surgeries, Coronary Artery Bypass Grafts, Laminectomies, Craniotomies, Nephrectomies, Colon Surgeries.*

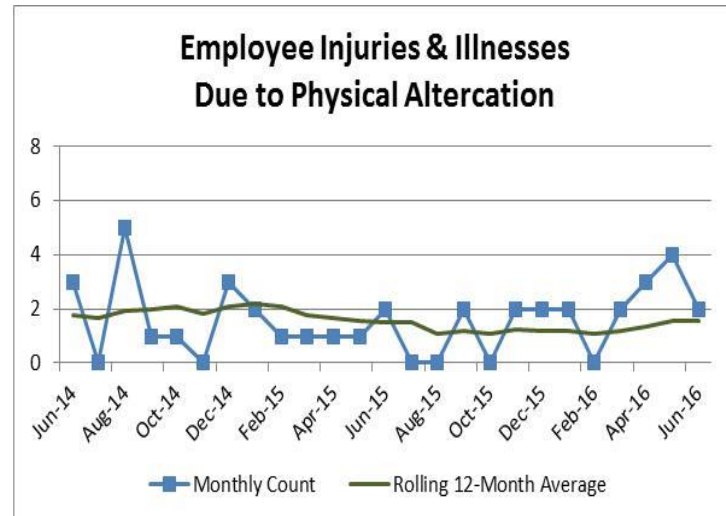
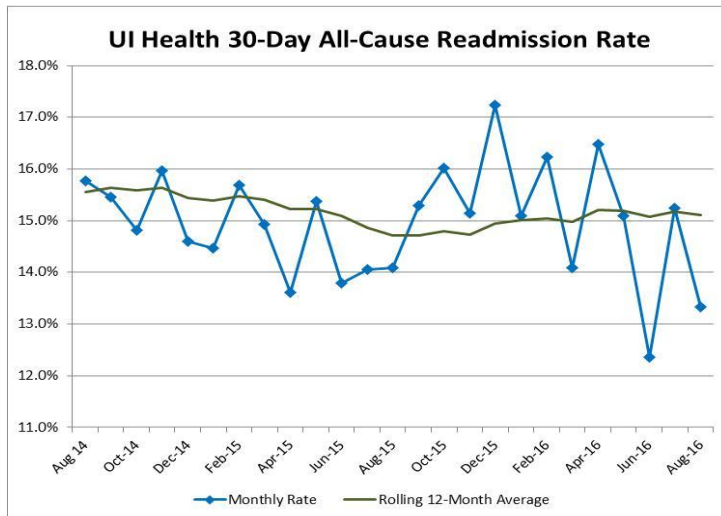


*A **Sentinel Event** is a patient safety event that results in death, permanent harm, or severe temporary harm.*

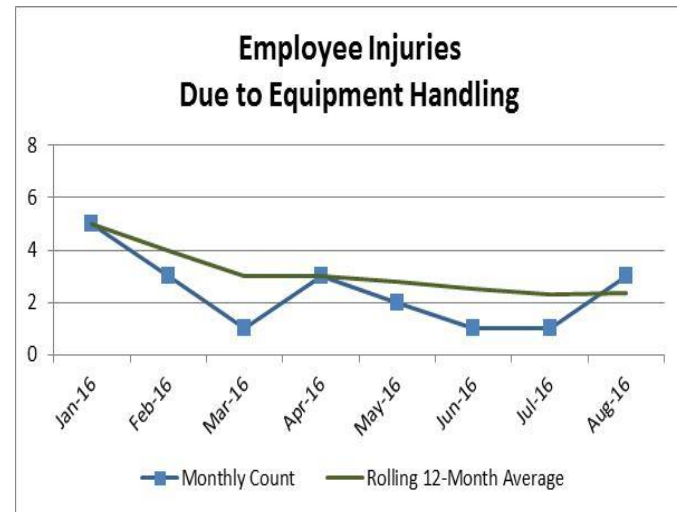
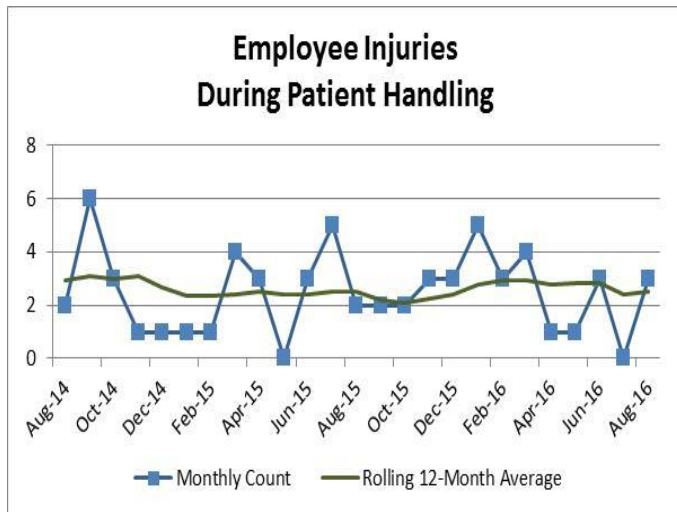
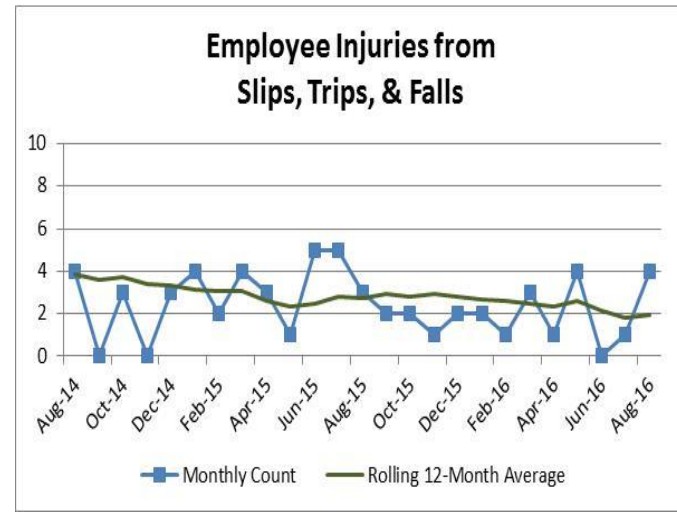
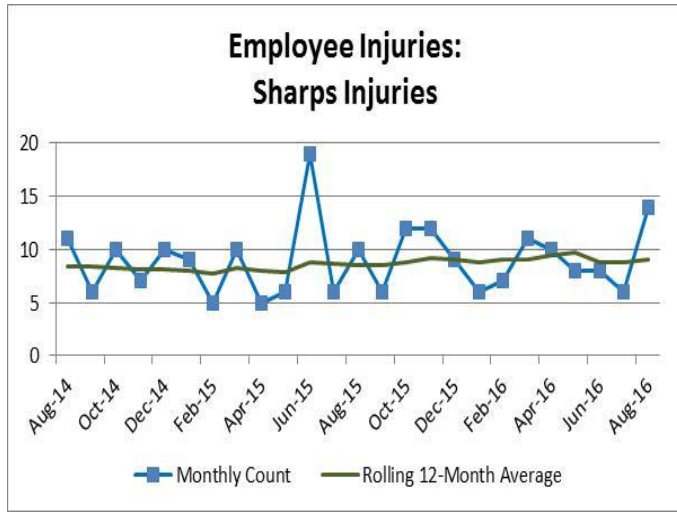
OUR ZERO HARM METRICS, CONT.



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



OUR ZERO HARM METRICS, CONT

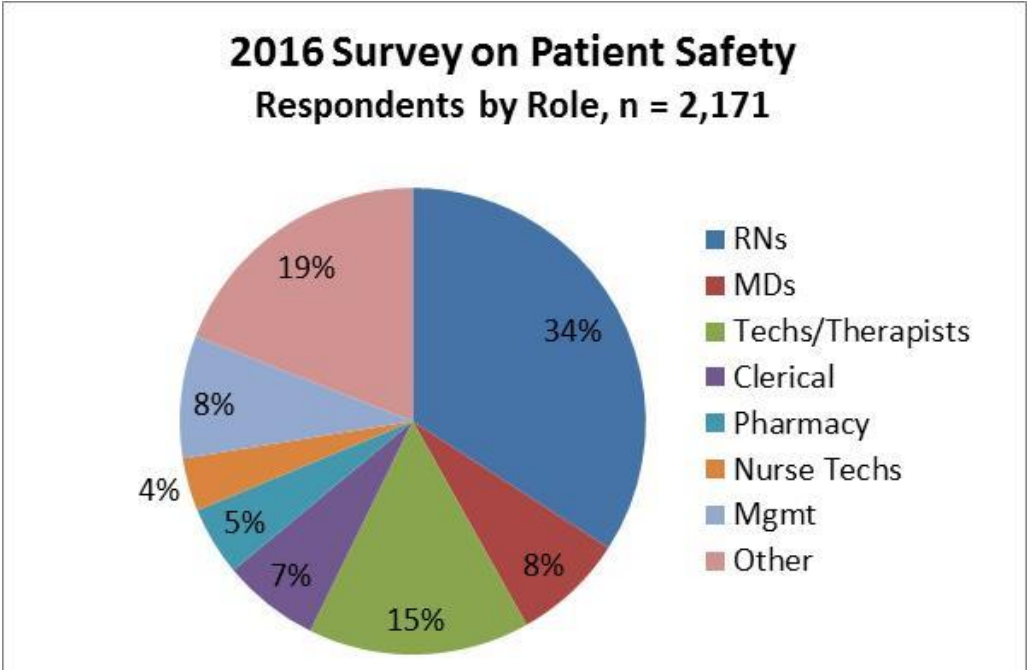




2016 Culture of Safety Survey

2016 Survey Responses

- UI Health’s 2016 Survey on Patient Safety, utilizing the Agency for Healthcare Research & Quality’s survey tools, was administered from September 6-26, 2016.
- There were a total of 2171 respondents, up from from 1593 respondents in 2015.








Response Rate by Role	2015	2016
Attending Physicians	17%	18%
Resident Physicians	4%	3%
All Other Staff	36%	60%
Overall	27%	43%
Overall Excluding Residents	33%	52%

High-Level Summary of Results

- Our scores
 - ✓ Improved on all 12 dimensions of the Hospital Survey categories
 - ✓ Improved on 2 dimensions, stayed the same on 3, and declined on 5 dimensions of the Clinic Survey

- The largest improvements from last year's surveys were:

Hospital Survey	Clinic Survey
Handoffs & Transitions:  8 points	Pt Care Tracking & Follow-Up:  2 points
Mgmt Support for Safety:  7 points	Work Pressure & Pace:  1 point
Feedback & Communication re: Error:  5 points	

Numerous Improvements but Still Short of AHRQ* Medians

HOSPITAL SURVEY	UIH 2011	UIH 2013	UIH 2015	UIH 2016	AHRQ 10th %ile	AHRQ Median	Current UIH %ile
Participants	863	1,124	1,101	1,522			
Teamwork within Units	58%	62%	70%	72%	75%	82%	<10th
Supervisor/manager expectations & actions promoting safety	58%	58%	63%	67%	71%	79%	<10th
Organizational learning - Continuous improvement	56%	60%	64%	68%	63%	73%	25th
Management Support for Patient Safety	53%	55%	55%	62%	60%	73%	10th
Feedback & Communication About Error	42%	44%	55%	60%	58%	68%	10th
Frequency of Events Reported	45%	47%	56%	60%	57%	67%	10th
Overall Perceptions of Patient Safety	45%	47%	49%	53%	55%	66%	<10th
Communication Openness	46%	48%	52%	56%	55%	64%	10th
Teamwork across Units	39%	39%	43%	46%	50%	61%	<10th
Staffing	33%	38%	38%	41%	42%	63%	<10th
Handoffs & Transitions	27%	27%	30%	38%	35%	46%	10th
Nonpunitive Response to Error	25%	29%	33%	36%	35%	44%	10th

CLINIC SURVEY	UIH 2011	UIH 2013	UIH 2015	UIH 2016	AHRQ 10th %ile	AHRQ Median	Current UIH %ile
Participants	183	142	498	584			
Teamwork	61%	61%	73%	71%	69%	90%	10th
Patient Care Tracking / Follow-Up		38%	65%	67%	69%	89%	10th
Overall Perceptions of Patient Safety & Quality		47%	60%	60%	60%	82%	10th
Organizational Learning		50%	61%	61%	57%	83%	10th
Staff Training		54%	61%	61%	51%	77%	10th
Communication about Error	40%	44%	55%	53%	49%	72%	10th
Communication Openness	42%	43%	53%	52%	44%	70%	10th
Office Processes and Standardization		39%	47%	46%	44%	70%	10th
Leadership Support for Patient Safety		44%	49%	46%	44%	69%	10th
Work Pressure and Pace		29%	33%	34%	22%	49%	25th

Green shading indicates improvement and Red font indicates decline from prior measurement period.

*AHRQ: Agency for Healthcare Research and Quality National Comparator Database

Planned Next Steps

- Globally, our lowest scores relative to AHRQ medians are as follows:

Hospital Survey	Clinic Survey
Staffing	Office Processes and Standardization
Teamwork Across Units	Leadership Support for Patient Safety
Overall Perceptions of Patient Safety	Overall Perceptions of Patient Safety

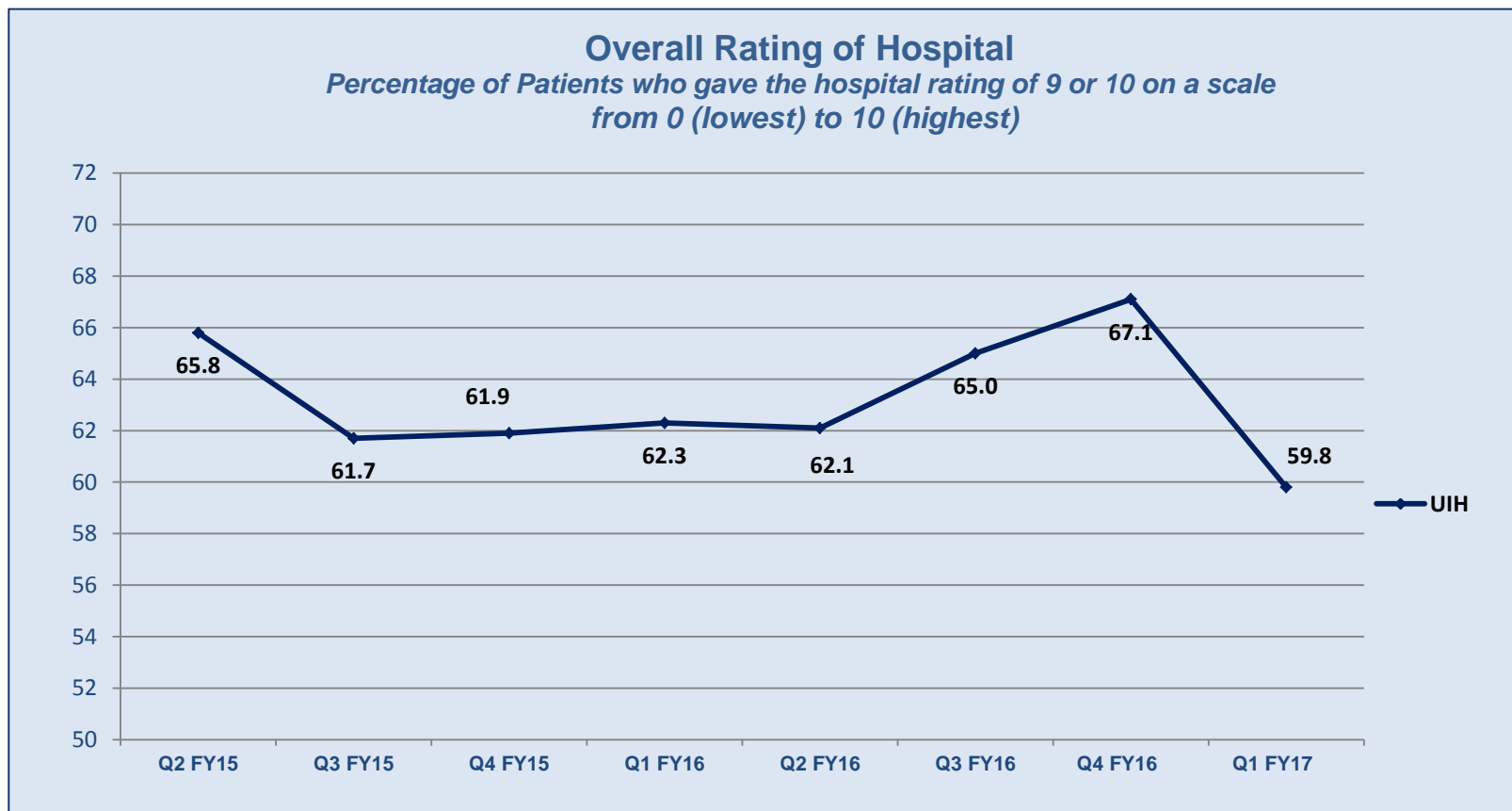
- **Each leader** will be responsible for creating a team-specific work plan by the end of December.
- **UIH’s Culture of Safety workgroup**, under the direction of our Safety Committee, will create a new organizational work plan in response to these results.

**UI HEALTH
MISSION PERSPECTIVE:
CUSTOMER**

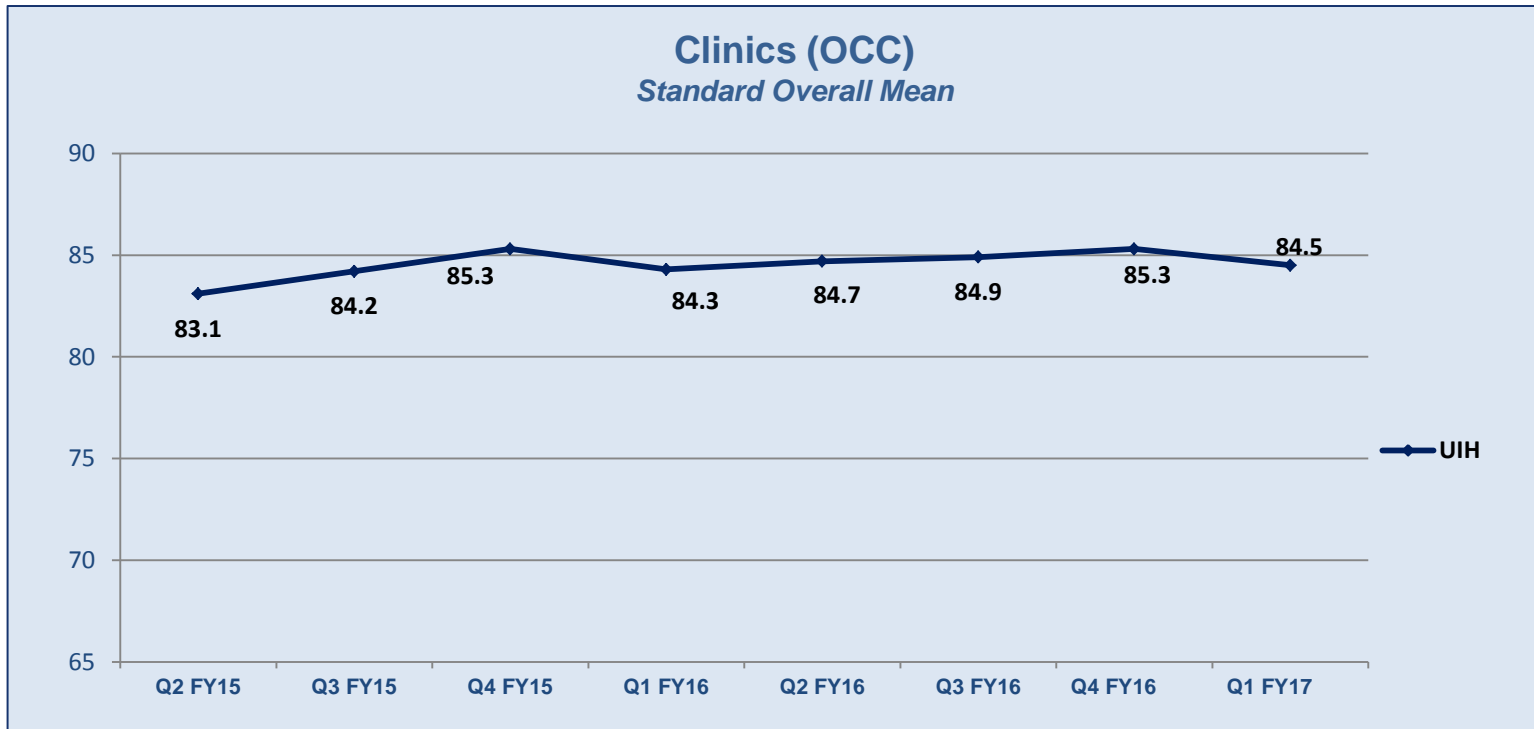
UI Health Metric	Jul-Sep 2016 Top Box/Mean	%ile rank	UHC 50 %ile Top Box/Mean	UHC 70 %ile Top Box/Mean
Inpatient (HCAHPS)	59.8	9	72.9	76.7
Ambulatory Clinics	84.5	17	91.0	92.1
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell	87.6	2	92.8	93.5
Emergency Department	76.4	9	83.9	86.5
Ambulatory Surgery	89.5	7	92.7	93.6

UI Health Mission Perspective: Customer

UI Health Metric	Current Quarter Q1 FY17	Prior Q1 FY16	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	59.8	62.3	63.2

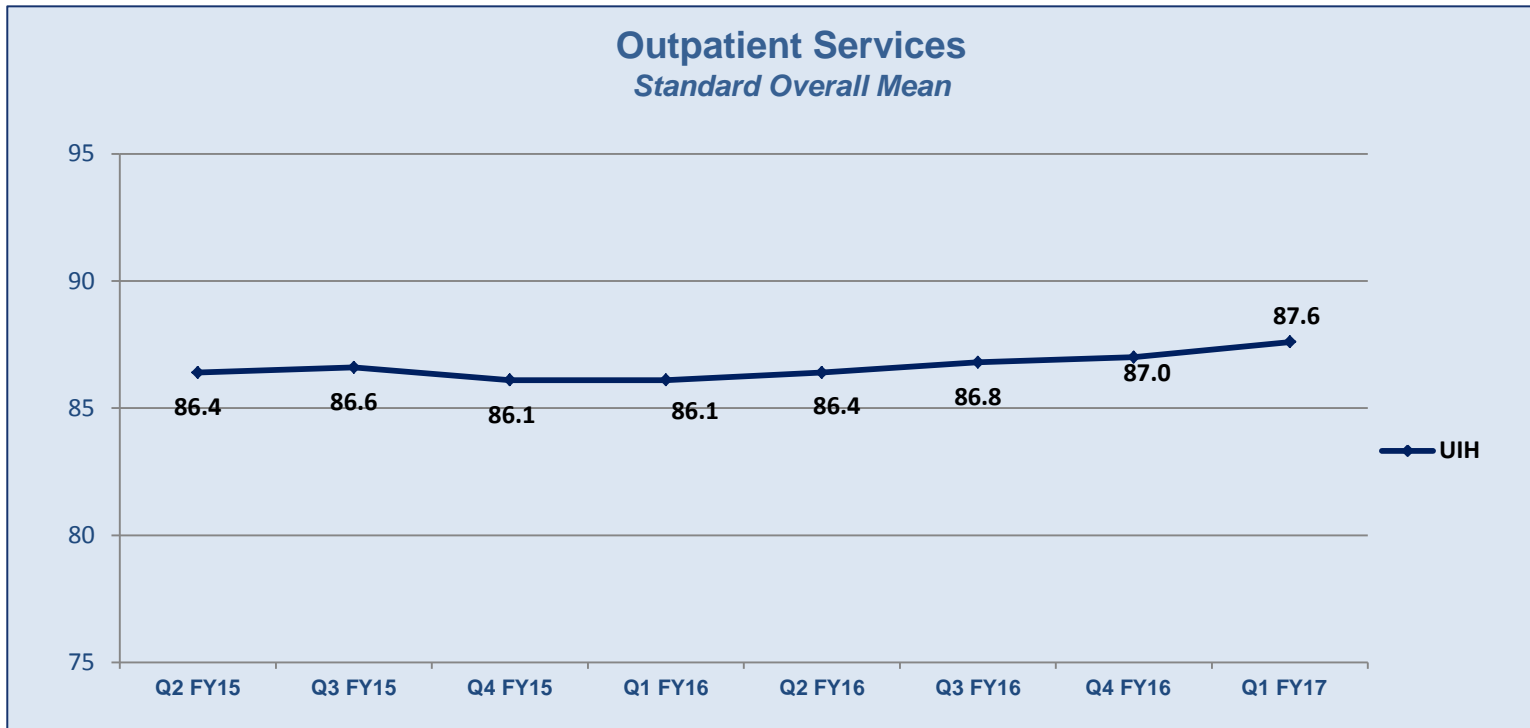


UI Health Metric	Current Quarter Q1 FY17	Prior Q1 FY16	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	84.5	4.3	84.5

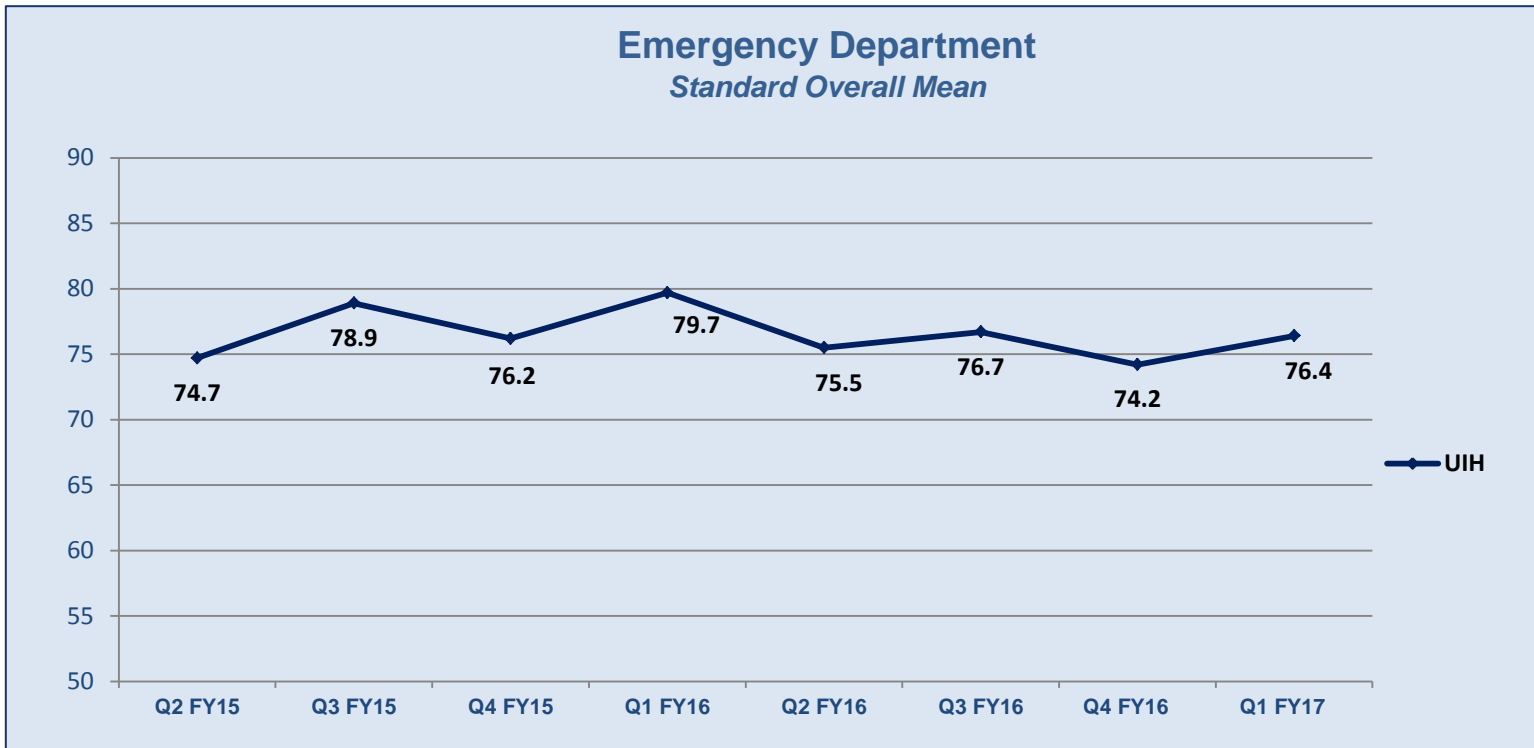


UI Health Mission Perspective: Customer

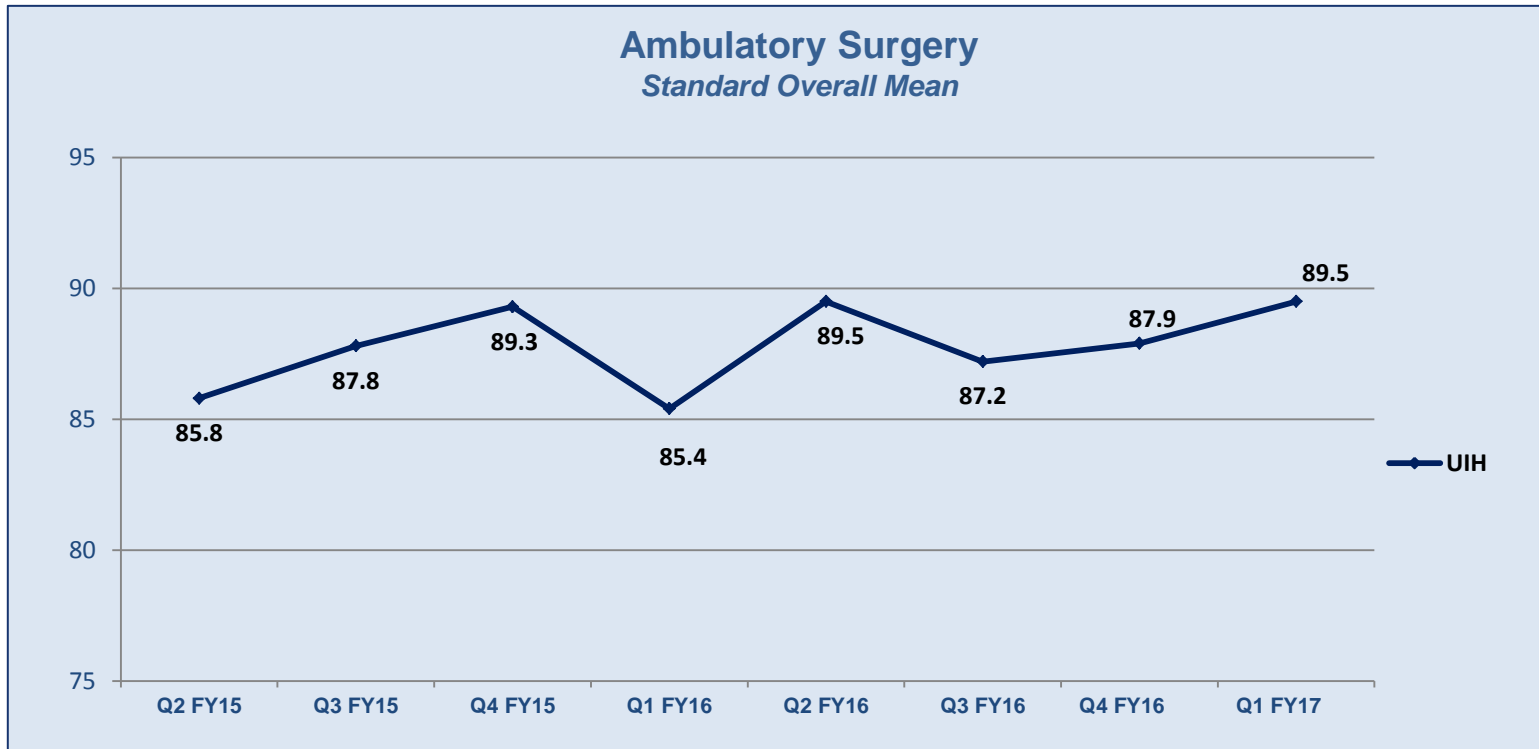
UI Health Metric	Current Quarter Q1 FY17	Prior Q1 FY16	UIH 8 Quarter Average
Outpatient Services (Standard Overall Mean)	87.6	86.1	86.6



UI Health Metric	Current Quarter Q1 FY17	Prior Q1 FY16	UIH 8 Quarter Average
Emergency Department Standard Overall Mean	76.4	79.7	76.5



UI Health Metric	Current Quarter Q1 FY17	Prior Q1 FY16	UIH 8 Quarter Average
Ambulatory Surgery Standard Overall Mean	89.5	85.4	87.8



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)