



University of Illinois Hospital and Clinics

Dashboard

November 2017

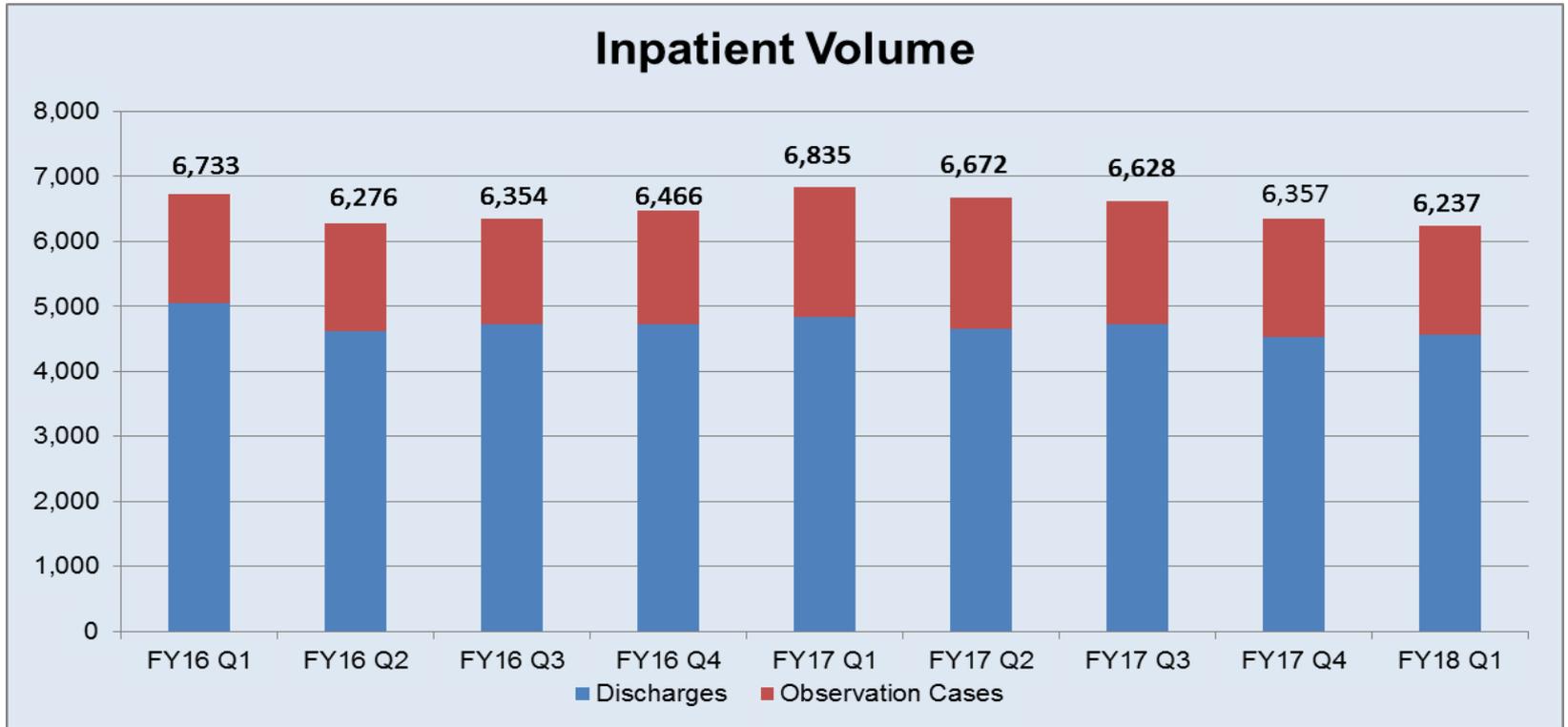
Reported to the Board of Trustees
November 16, 2017



UI Health

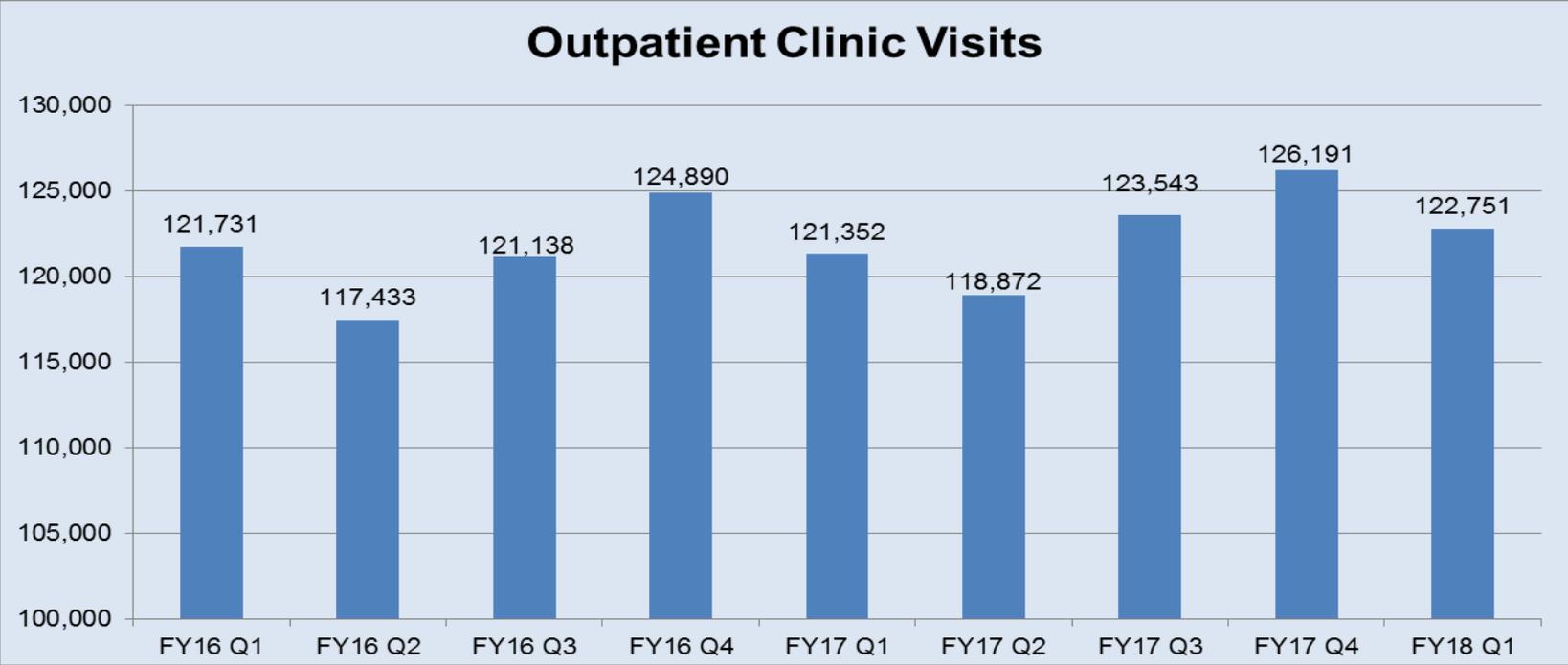


UI Health Metrics	FY 18 Q1 Actual	FY 18 Q1 Target	FY 17 Q1 Actual	% change FY 18 vs FY 17
Discharges	4,564	4,783	4,836	Combined -8.7%
Observation Cases	1,673	1,701	1,999	



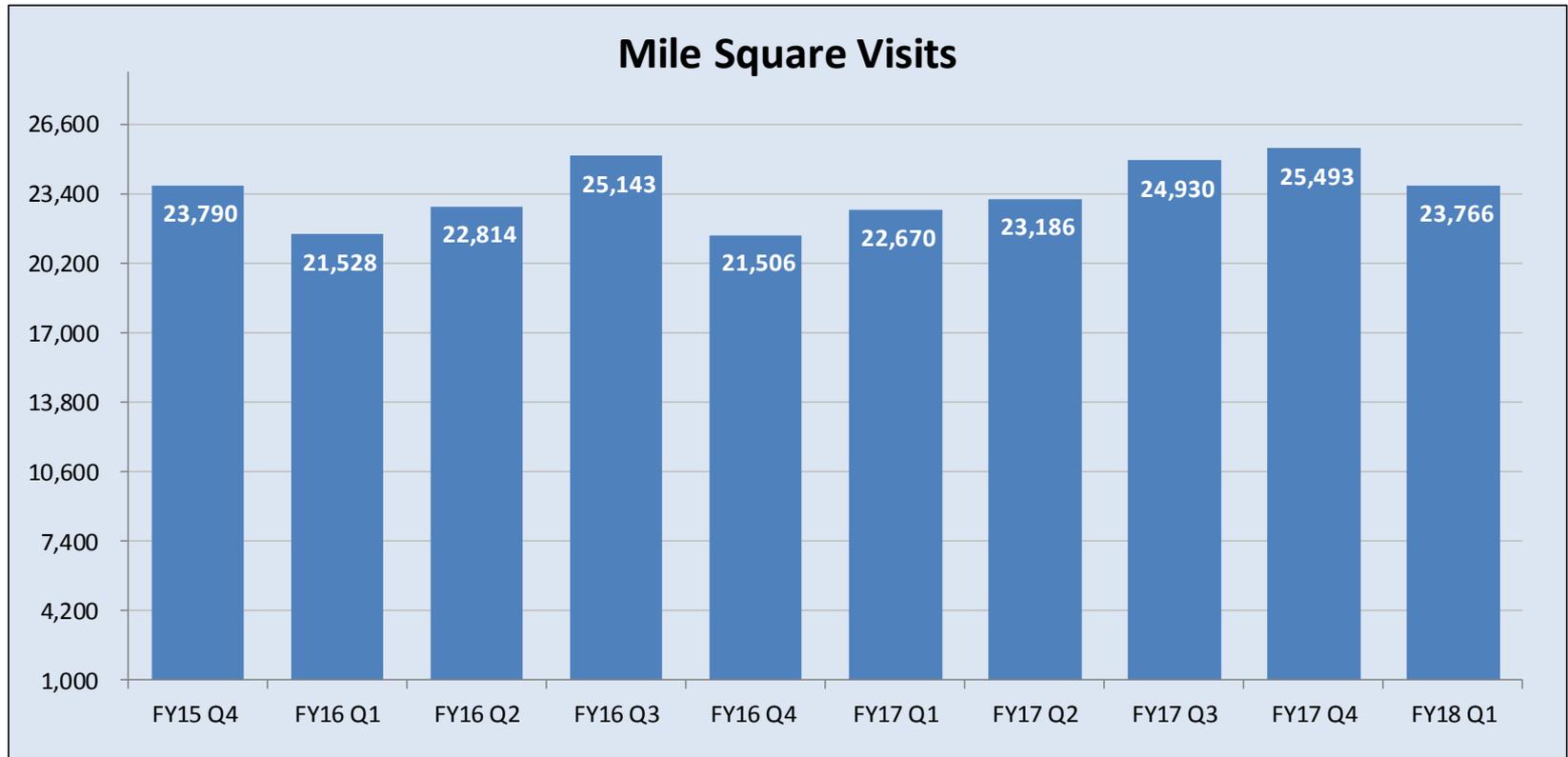
Combined Discharges and Observation Cases for the three months ending September 2017 are 3.8% below budget and 8.7% lower than last year.

UI Health Metrics	FY 18 Q1 Actual	FY 18 Q1 Target	FY 17 Q1 Actual	% change FY 18 vs FY 17
Outpatient Clinic Visits	122,751	123,708	121,352	1.2%



Clinic visits for the three months ending September 2017 are 0.8% below budget and 1.2% above last year.

UI Health Metrics	FY18 Q1 Actual	FY18 Q1 Budget	FY17 Q1 Actual
Mile Square Visits	23,766	28,060	22,670



Mile Square visits for the three months ending September 2017 are 6.8% below previous quarter and 4.8% above last year.

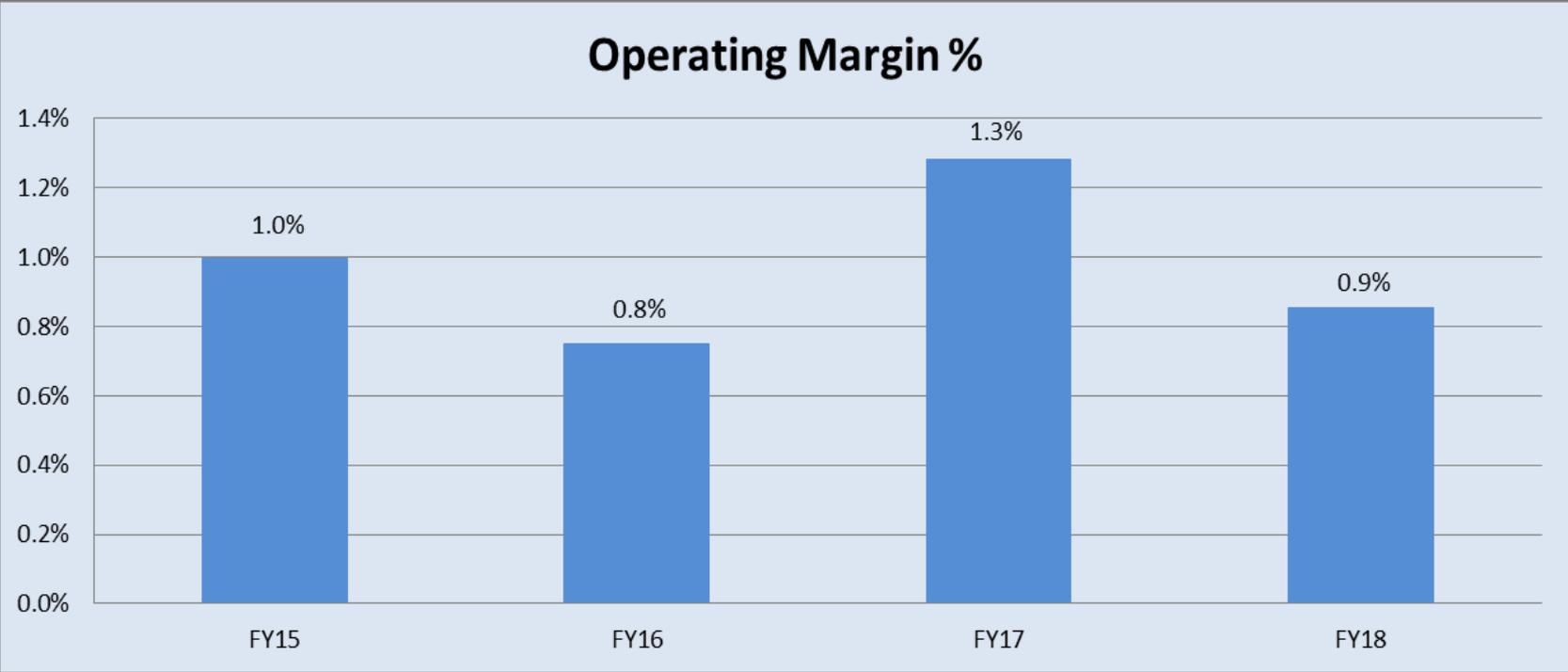
UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL PERFORMANCE
(AS OF SEPTEMBER 30, 2017)

STATEMENT OF OPERATIONS – SEPTEMBER 2017

(\$ IN THOUSANDS)

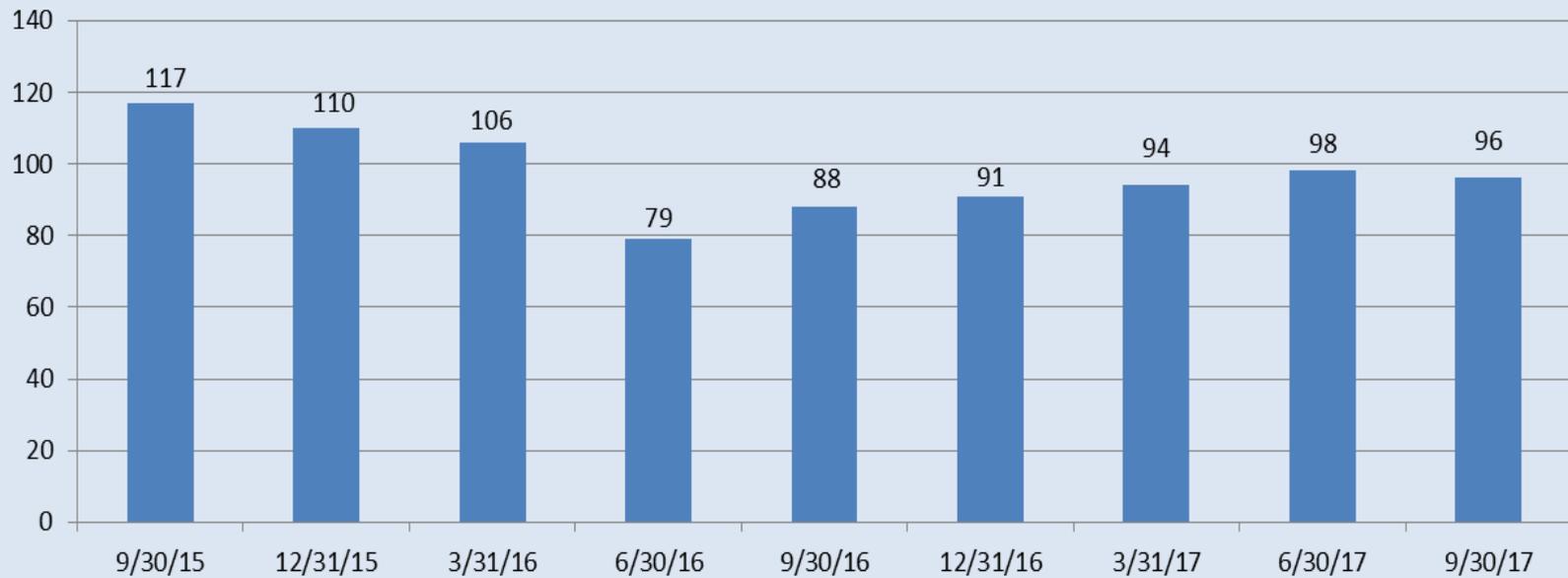
Month					Year-to-Date					
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 56,341	\$ 56,982	(641)	-1.1%	\$ 52,050	Net Patient Revenue	\$ 170,737	\$ 174,615	(3,878)	-2.2%	\$ 162,153
29,951	30,019	(68)	-0.2%	24,711	Other Revenue	89,226	90,105	(879)	-1.0%	88,544
86,292	87,001	(709)	-0.8%	76,761	Total Revenue	259,963	264,720	(4,757)	-1.8%	250,697
27,897	27,880	(17)	-0.1%	26,283	Salaries & Wages	83,873	85,632	1,759	2.1%	80,217
24,809	24,845	36	0.1%	20,464	Employee Benefits	74,539	74,567	28	0.0%	74,647
30,244	29,734	(510)	-1.7%	27,177	Department Expenses	89,592	90,336	744	0.8%	85,449
3,246	3,246	0	0.0%	3,099	General Expenses	9,736	9,736	0	0.0%	9,294
86,196	85,705	(491)	-0.6%	77,023	Total Expenses	257,740	260,271	2,531	1.0%	249,607
\$ 96	\$ 1,296	(1,200)	-92.6%	\$ (262)	Operating Margin	\$ 2,223	\$ 4,449	(2,226)	-50.0%	\$ 1,090
(278)	(273)	(5)	-1.8%	(169)	Net Non-operating Income/(Loss)	(839)	(820)	(19)	-2.3%	(918)
\$ (183)	\$ 1,023	(1,205)	-117.8%	\$ (431)	Net Income/(Loss)	\$ 1,384	\$ 3,629	(2,245)	-61.9%	\$ 172

UI Health Metrics	FY 18 Actual	FY 18 Target	FY 17 Actual
Operating Margin %	0.9%	1.2%	1.3%



Operating Margin includes Payments on Behalf for Benefits and Utilities.

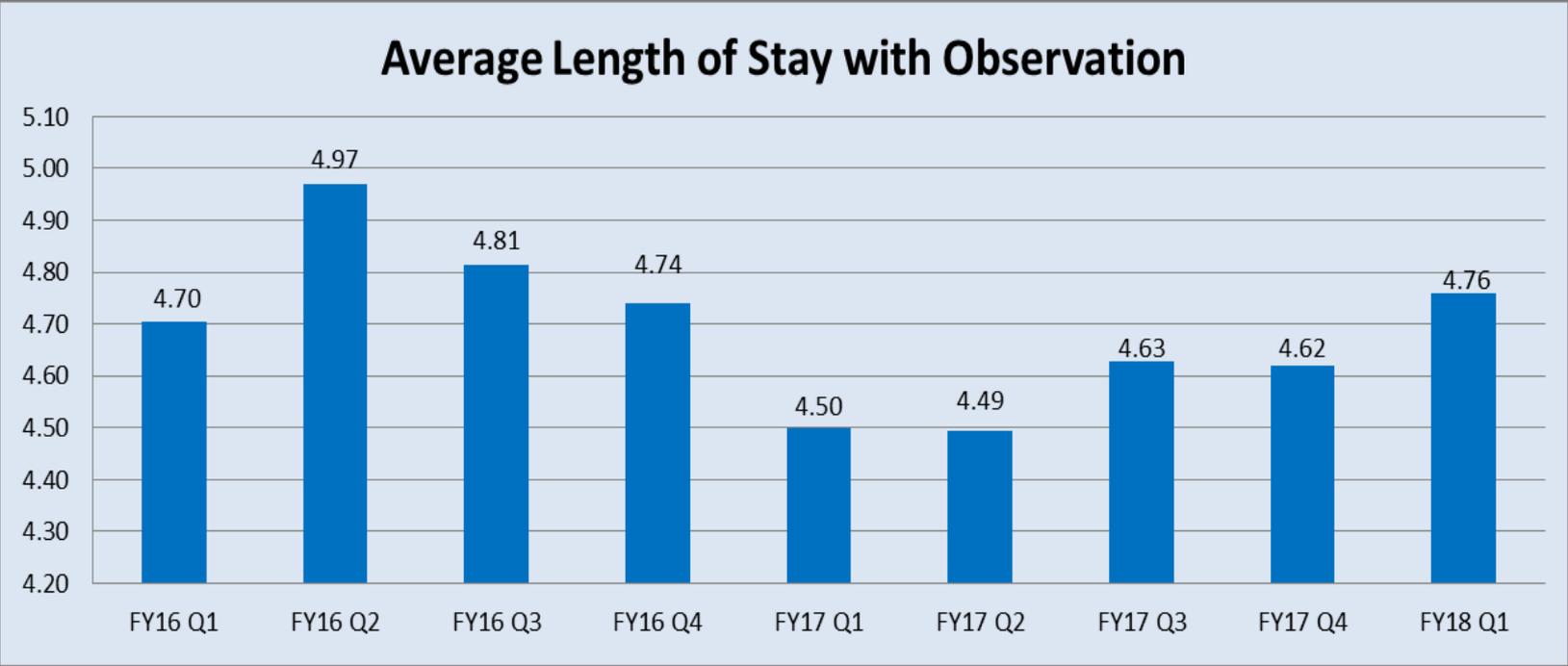
Days Cash on Hand (Unrestricted)



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	FY 18 Q1 Actual	FY 18 Q1 Target	FY 17 Q1 Actual
Average Length of Stay with Observation (Days)	4.76	4.67	4.50

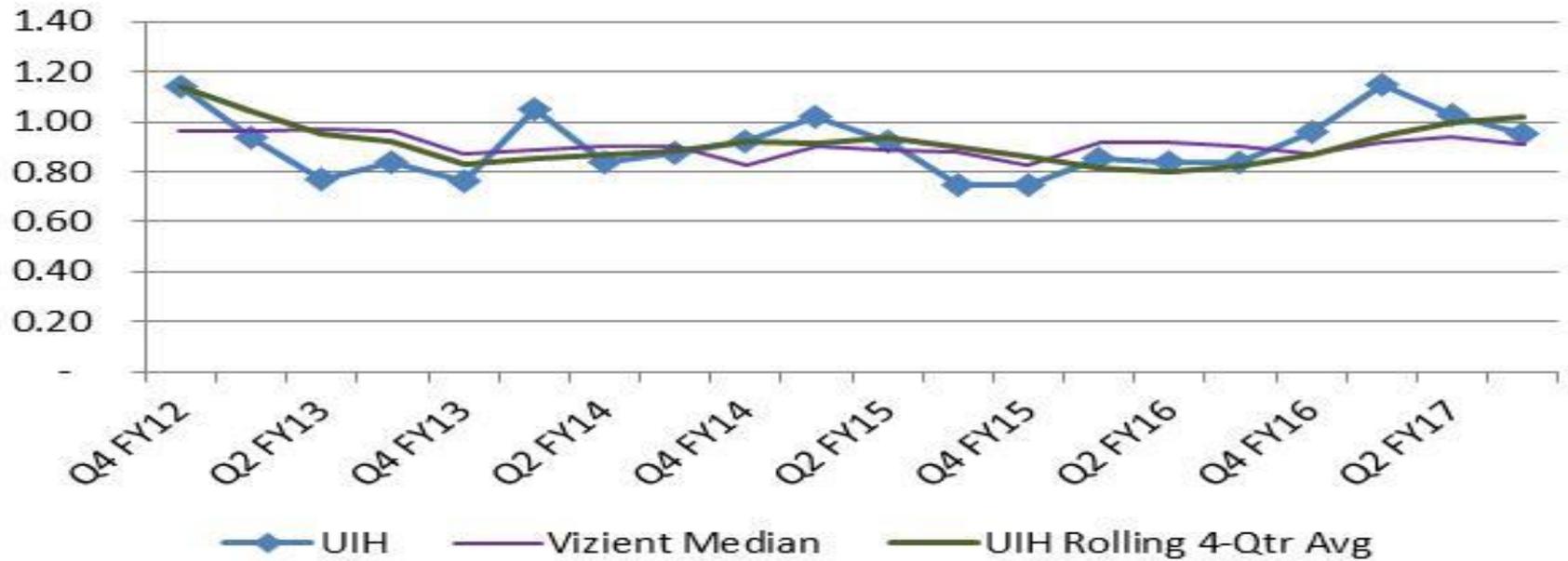


FY18 Budget Target is to be at 4.51 days by year-end.

UI HEALTH
MISSION PERSPECTIVE:
QUALITY & SAFETY

Vizient Metrics (Q3 FY17, Jan – Mar 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)	83	1.02	0.95	0.91	87/140

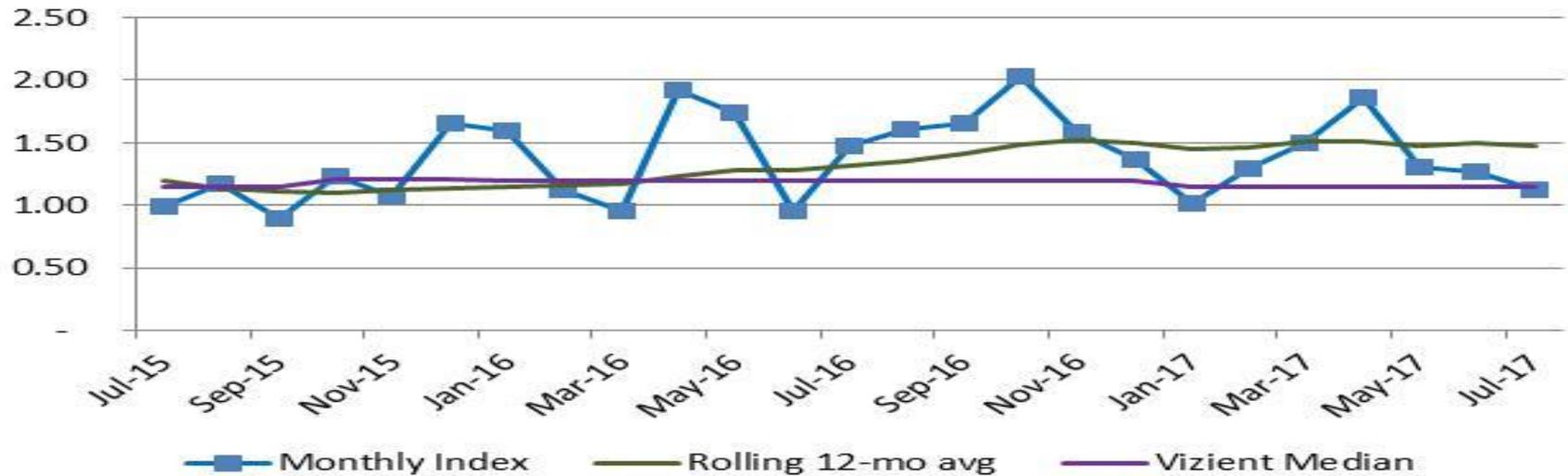
UI Health Total Inpatient Mortality Index (Observed/Expected)



- During Q3 FY17, UI Health’s Total Inpatient Mortality Index (observed/expected deaths) improved to 0.95.
- Our rolling 4-quarter average of 1.02 exceeds the Vizient median of 0.91.

Vizient Metrics (Q3 FY17, Jan – Mar 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)	34	1.60	1.34	1.15	109/140

Monthly Sepsis Mortality Index (Observed/Expected)

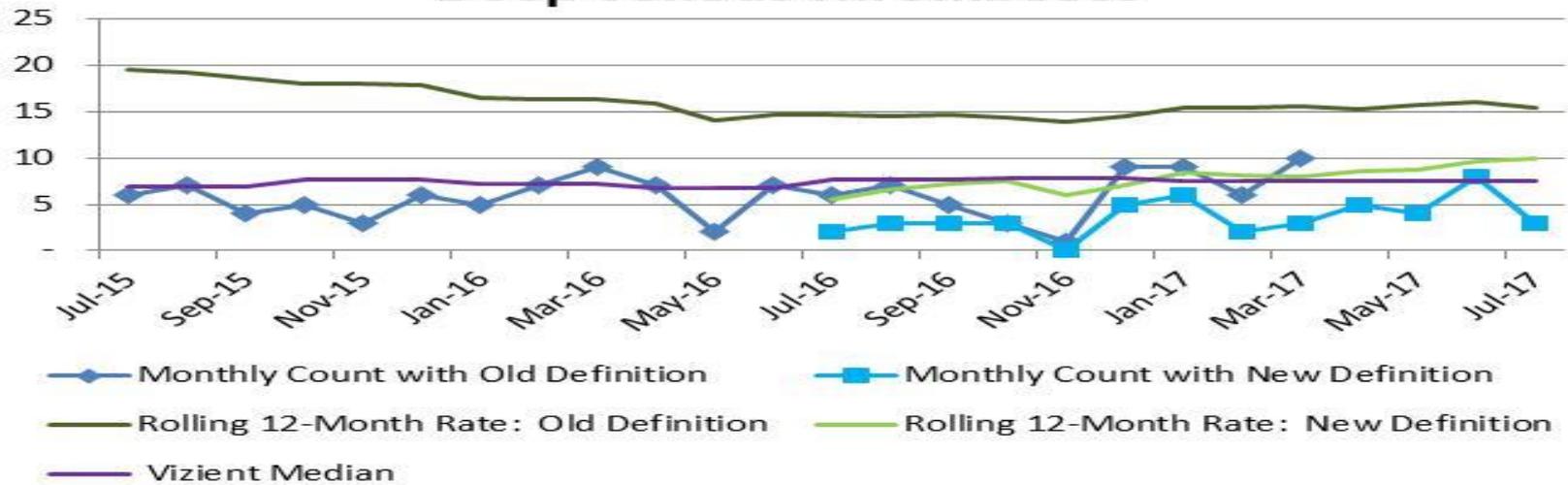


	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Number of Sepsis Cases by Month	75	89	74	76	66	64	67	66	90	74	64	68	76
Number of Sepsis Deaths by Month	16	18	20	13	14	8	7	10	20	18	9	10	11

- During July 2017, UI Health’s Sepsis Mortality index (observed/expected deaths) was 1.13, an improvement for the third consecutive month and better than the Vizient median.
- Our rolling 12-month average of 1.47 exceeds the Vizient median of 1.15.

Vizient Metrics (Q3 FY17, Jan – Mar 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)	24	14.7	20.07	7.56	140/140

Monthly Post-Operative Pulmonary Emboli or Deep Venous Thromboses

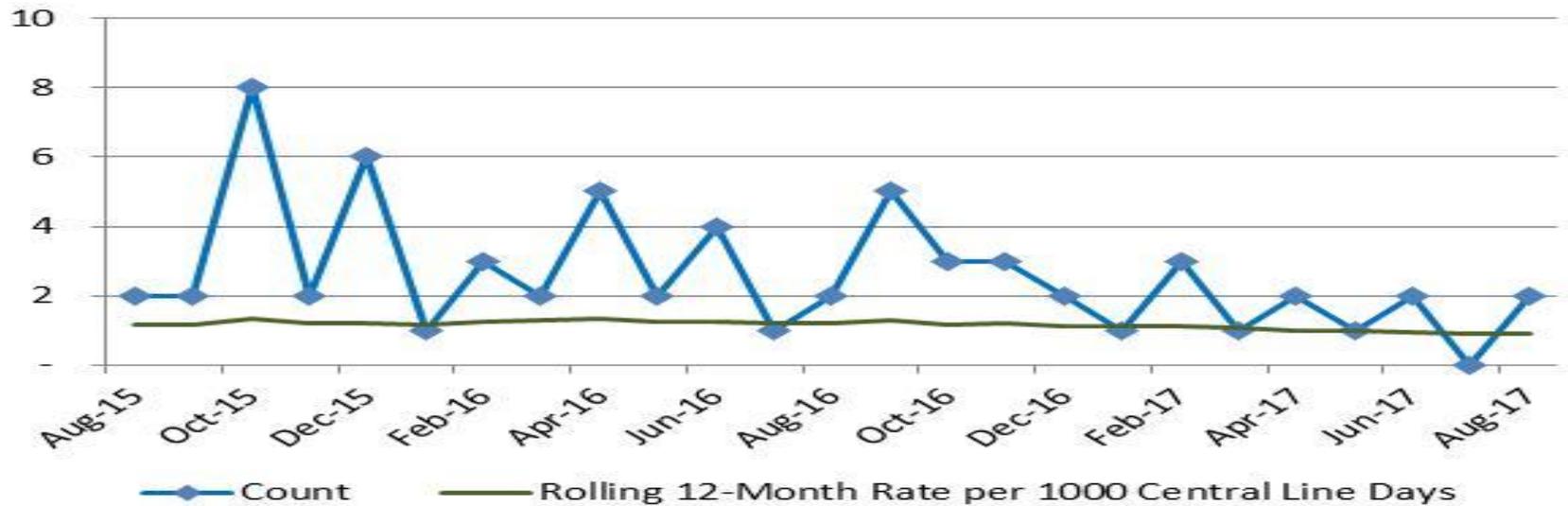


	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Number of Post-Op DVTs by Month	0	1	1	2	0	4	4	0	3	2	1	3	1
Number of Post-Op PEs by Month	2	2	2	2	0	1	3	2	0	4	3	5	2

- During July 2017, UI Health’s post-operative PE/DVT rate decreased to 8.75.
- Our rolling 12-month average rate of 9.97 PEs/DVTs per 1000 surgeries remains higher than the Vizient median of 7.56.

Vizient Metrics (Q3 FY17, Jan – Mar 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	0.30	0.40	0.20	112/140

Monthly Whole-House Central Line-Associated Blood Stream Infections



	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
Number of Infections by Month (excludes Mucosal Barrier Injuries)	2	5	3	3	2	1	3	1	2	1	2	0	2

- Our whole-house CLABSI rate increased to 0.8 in August 2017.
- Our whole-house rolling 12-month average CLABSI rate of 0.9 is the third consecutive month we have sustained this new level of performance since we began tracking CLABSI performance in 2013.

Vizient Metrics (Q3 FY17, Jan – Mar 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	0.41	0.00	0.00	1/140

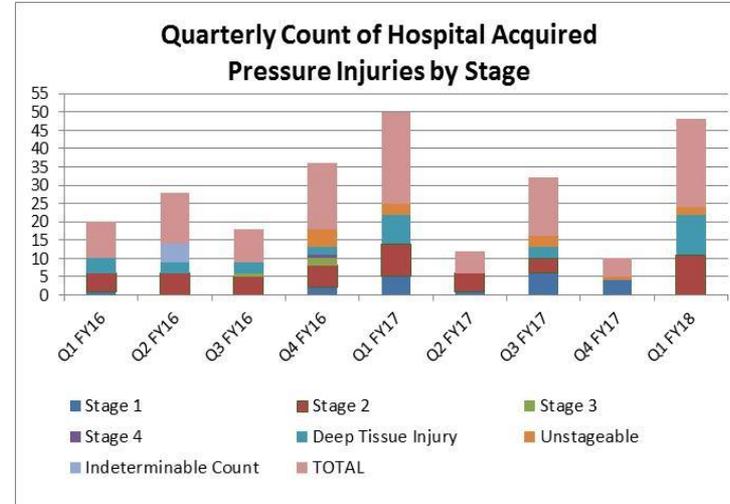
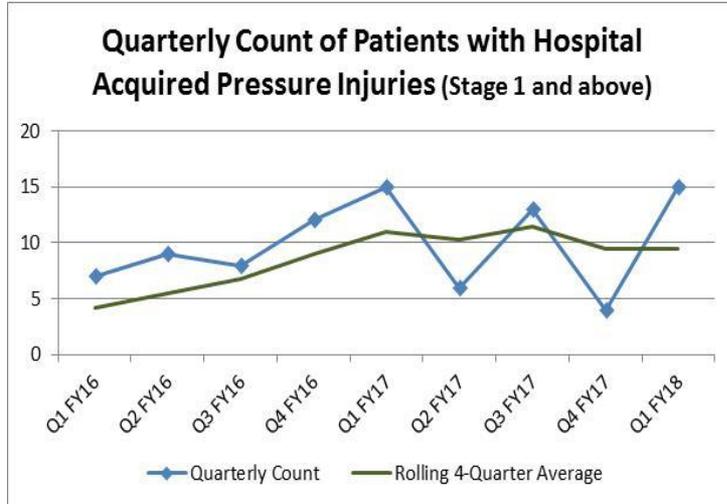
Monthly Whole-House Catheter-Associated Urinary Tract Infections



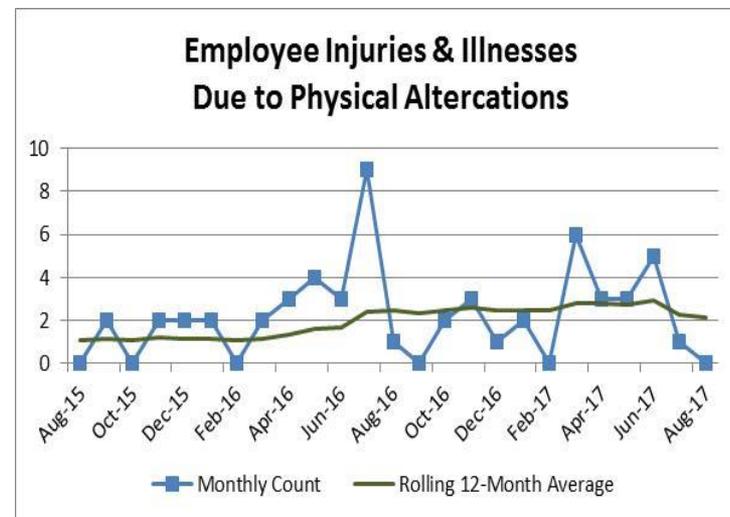
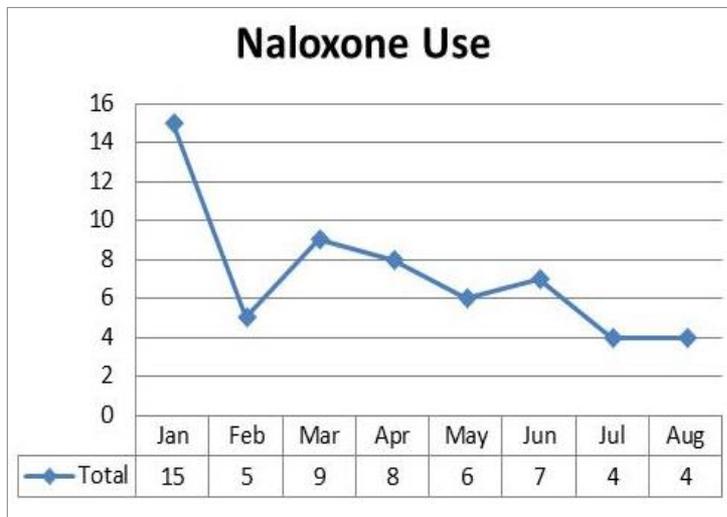
	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
Number of Infections by Month	2	1	3	2	6	1	1	2	1	0	2	4	0

- Our whole-house CAUTI rate improved to 0.0 in August 2017.
- Our whole-house rolling 12-month average CAUTI rate of 1.1 marks our best performance since the definition of CAUTIs was expanded (to include nearly twice as many cases) in January 2016.

OTHER ZERO HARM METRICS

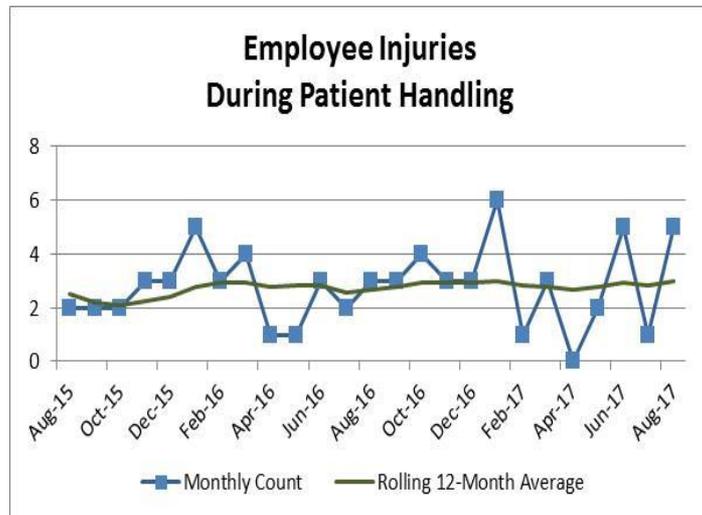


Pressure ulcers are localized injuries to the skin and/or underlying tissue from pressure or friction.



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

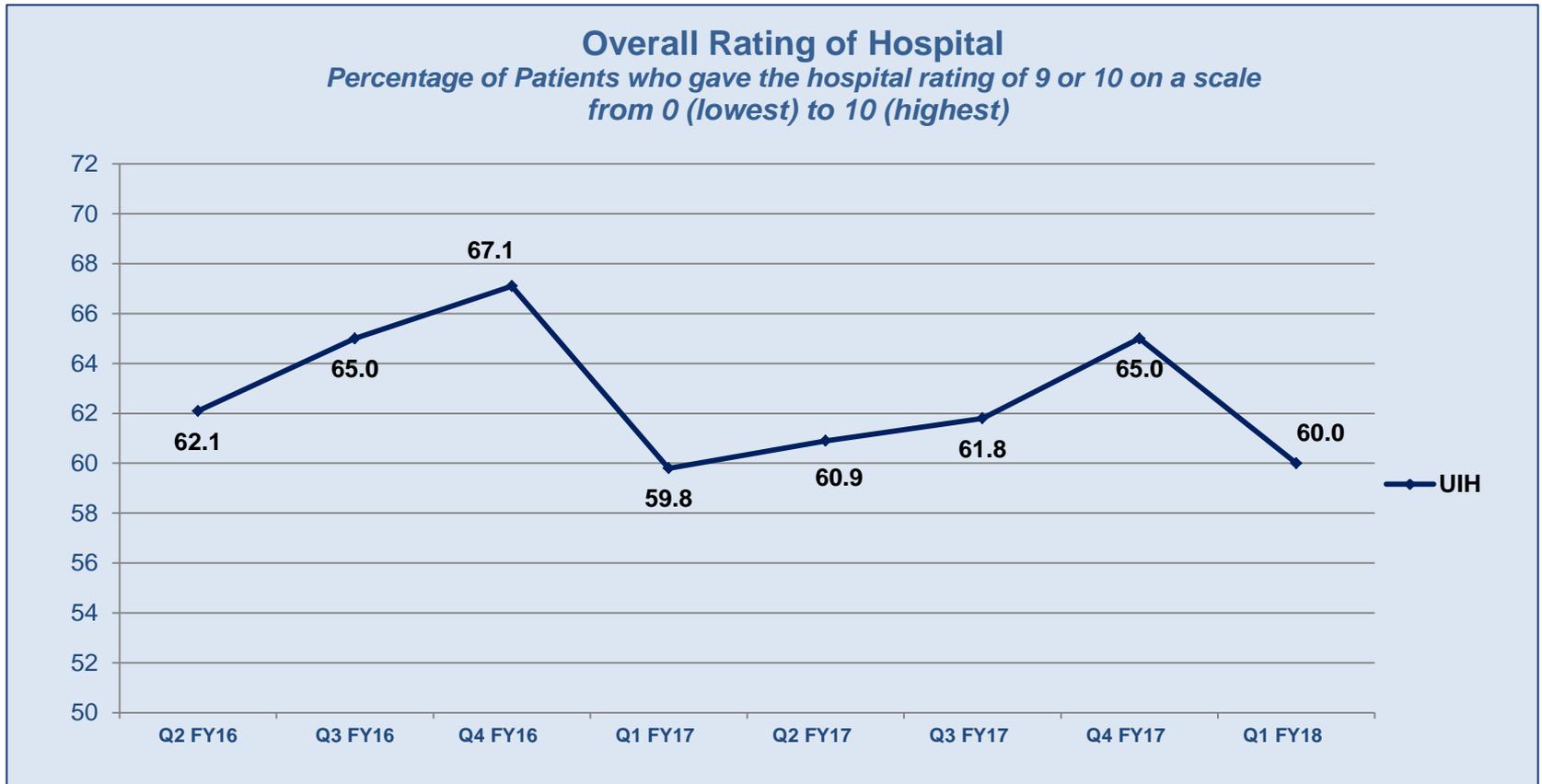


UI HEALTH
MISSION PERSPECTIVE:
CUSTOMER

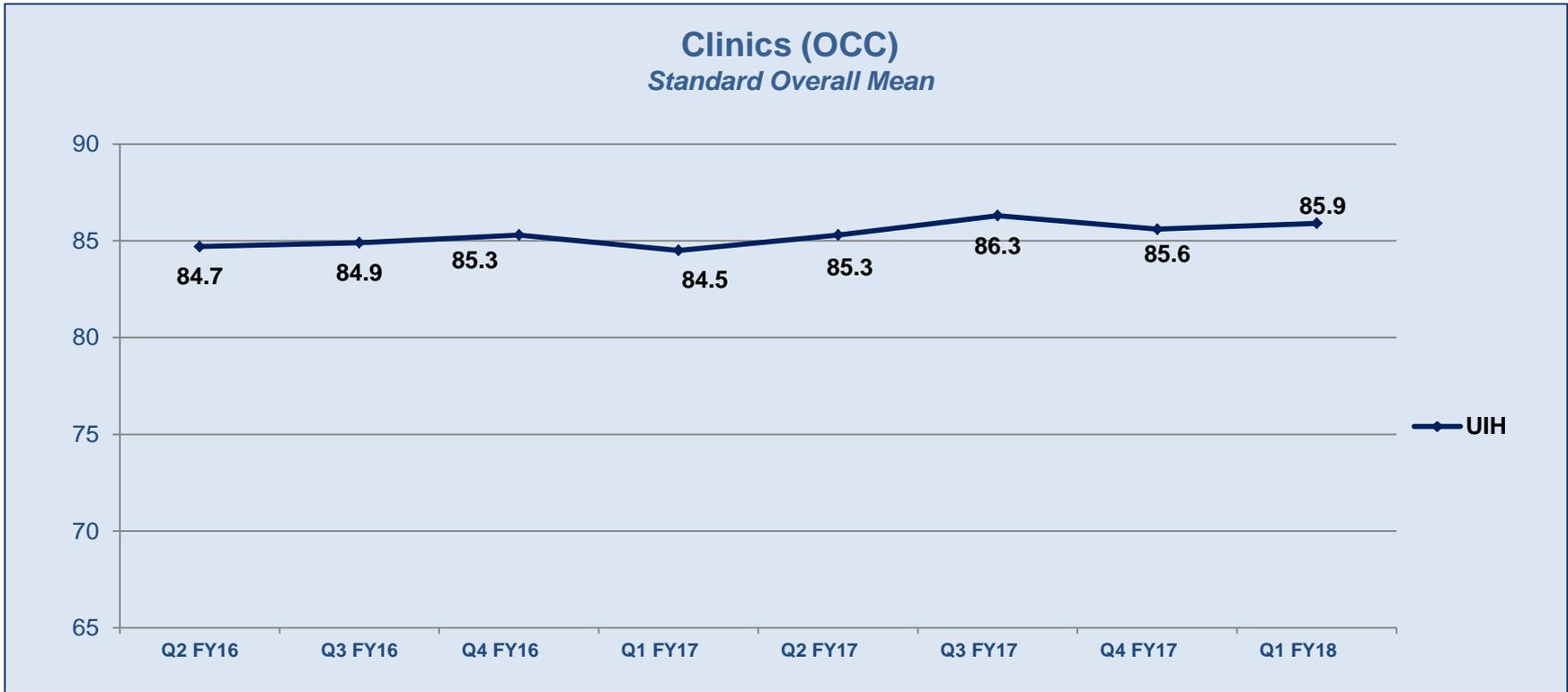
PATIENT EXPERIENCE SUMMARY

UI Health Metric	Oct-Dec 2016 Top Box/Mean	Jul-Sep 2017 Top Box/Mean	%ile rank
Inpatient (HCAHPS) Rate Hospital 9-10	60.9	60.0	6
Ambulatory Clinics Std Overall	85.3	85.9	18
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell Std Overall	86.4	88.0	3
Emergency Department Std Overall	76.4	79.1	12
Ambulatory Surgery Std Overall	89.1	90.2	12

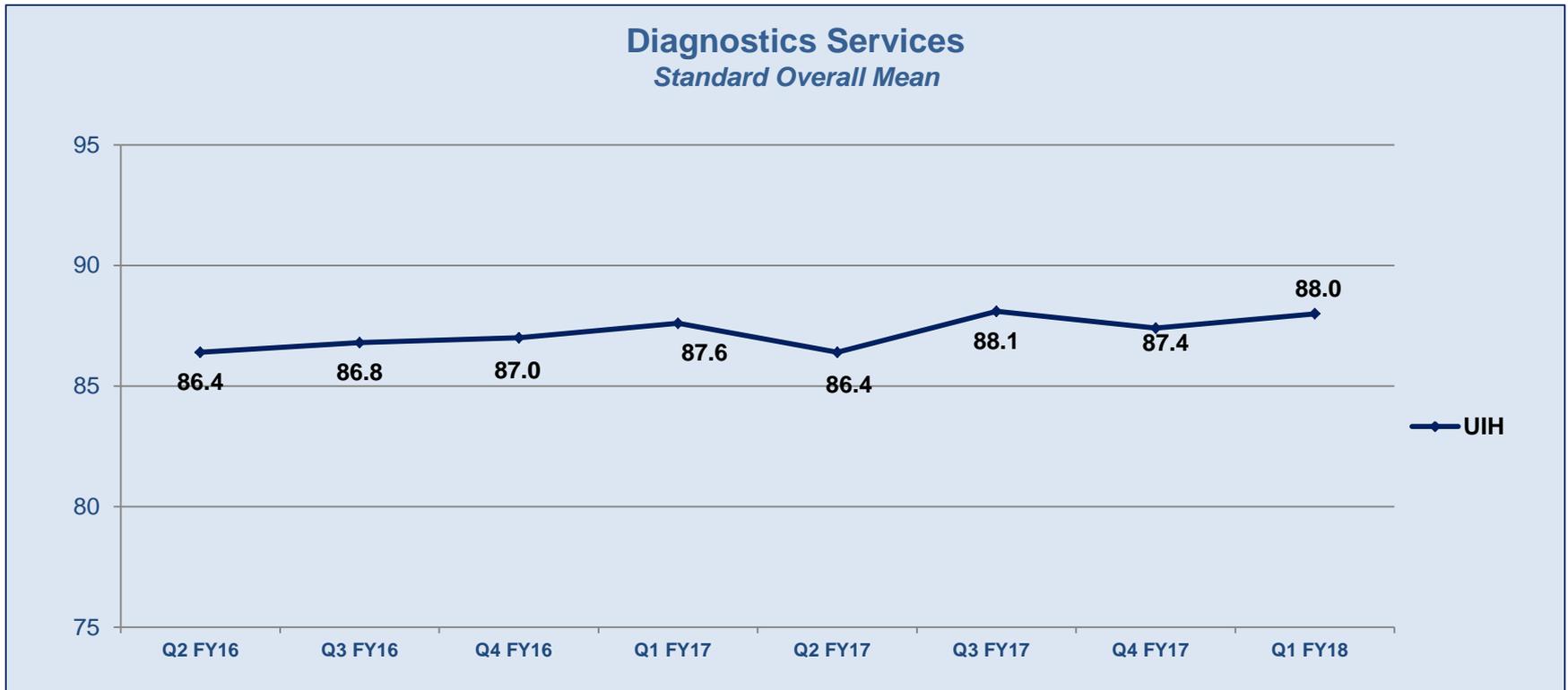
UI Health Metric	Current Quarter Q1 FY18	Prior Q1 FY17	UIH 8 Quarter Average
HCAHPS (Overall Rating of Hospital)	60.0	59.8	62.7



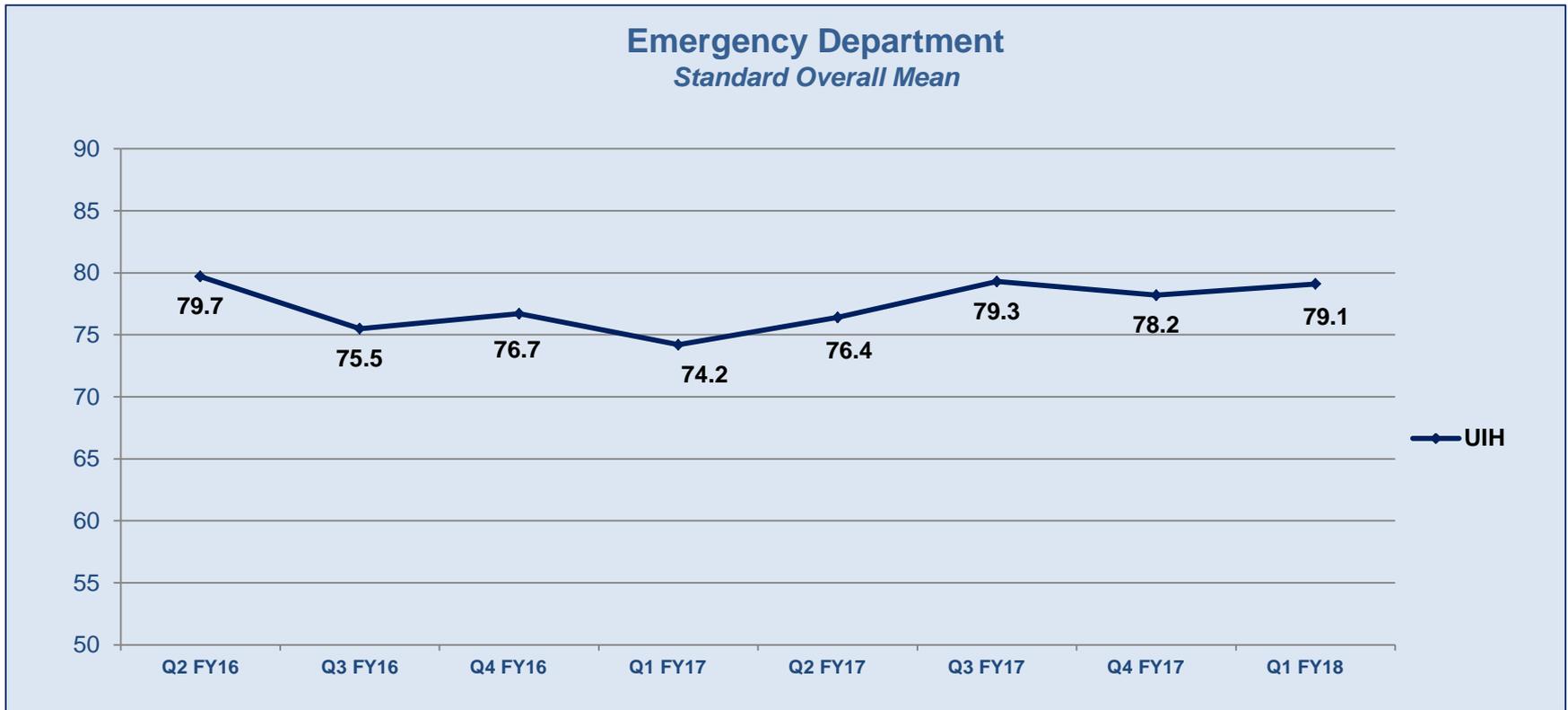
UI Health Metric	Current Quarter Q1 FY18	Prior Q1 FY17	UIH 8 Quarter Average
Clinics (OCC) Standard Overall Mean	85.9	84.5	85.3



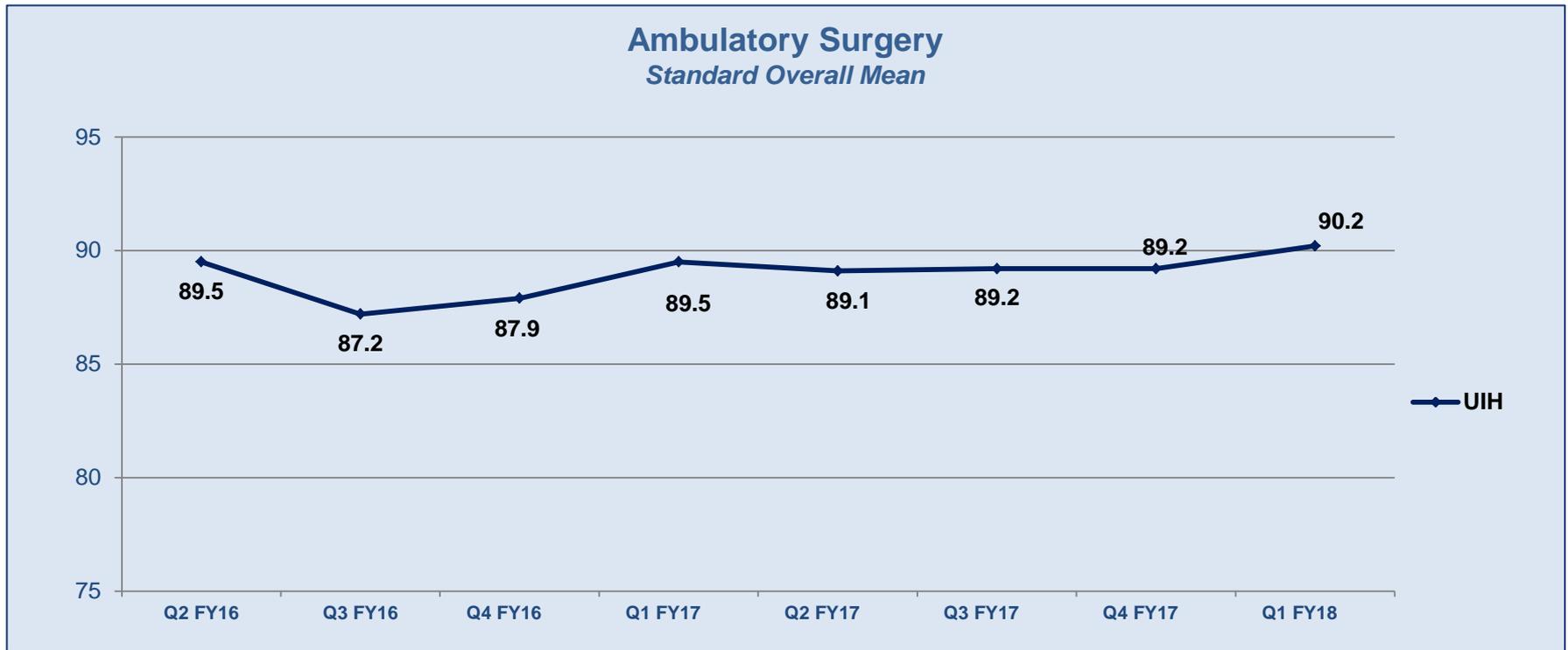
UI Health Metric	Current Quarter Q1 FY18	Prior Q1 FY17	UIH 8 Quarter Average
Diagnostics Services (Standard Overall Mean)	88.0	87.6	87.2



UI Health Metric	Current Quarter Q1 FY18	Prior Q1 FY17	UIH 8 Quarter Average
Emergency Department (Standard Overall Mean)	79.1	74.2	77.4



UI Health Metric	Current Quarter Q1 FY18	Prior Q1 FY17	UIH 8 Quarter Average
Ambulatory Surgery (Standard Overall Mean)	90.2	89.5	89.0



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)