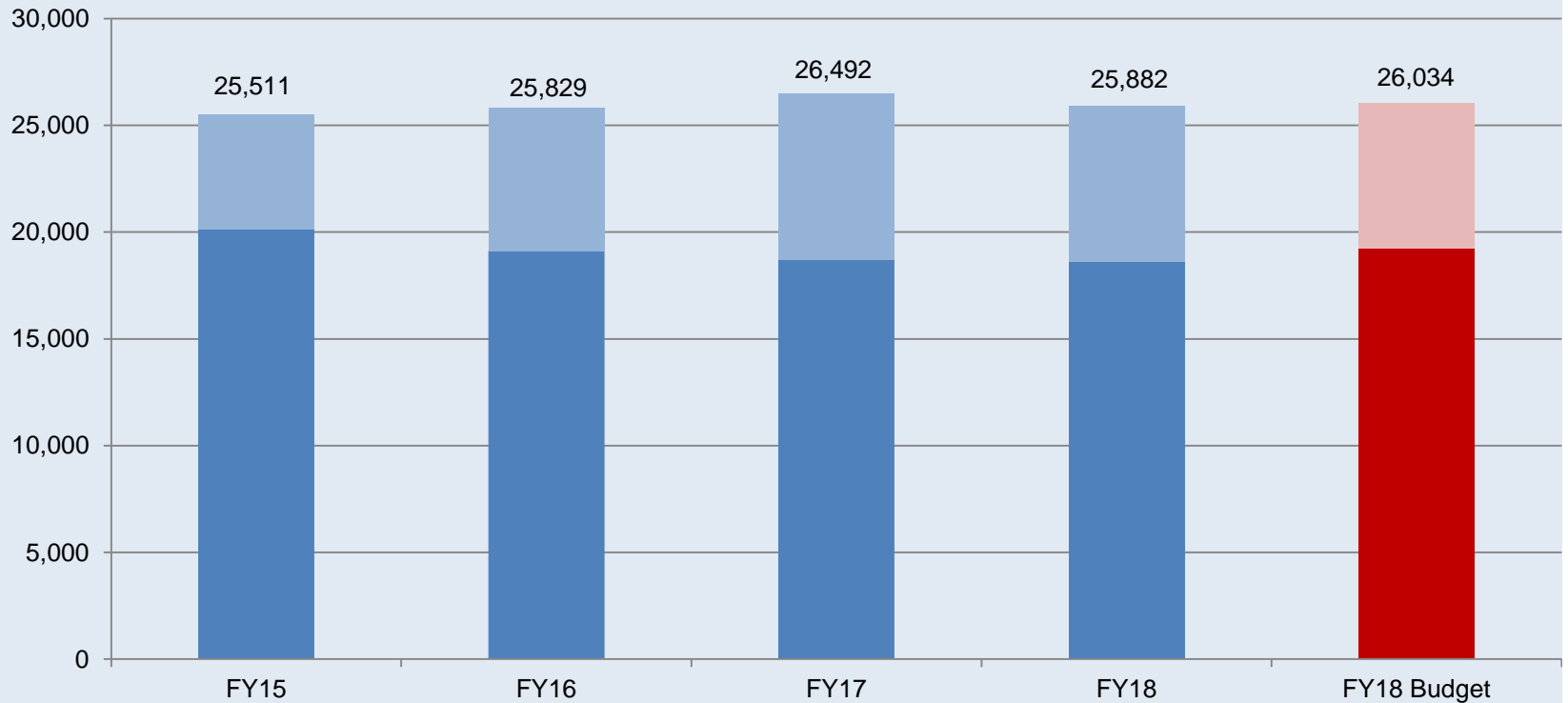


Reported to the Board of Trustees
September 27, 2018



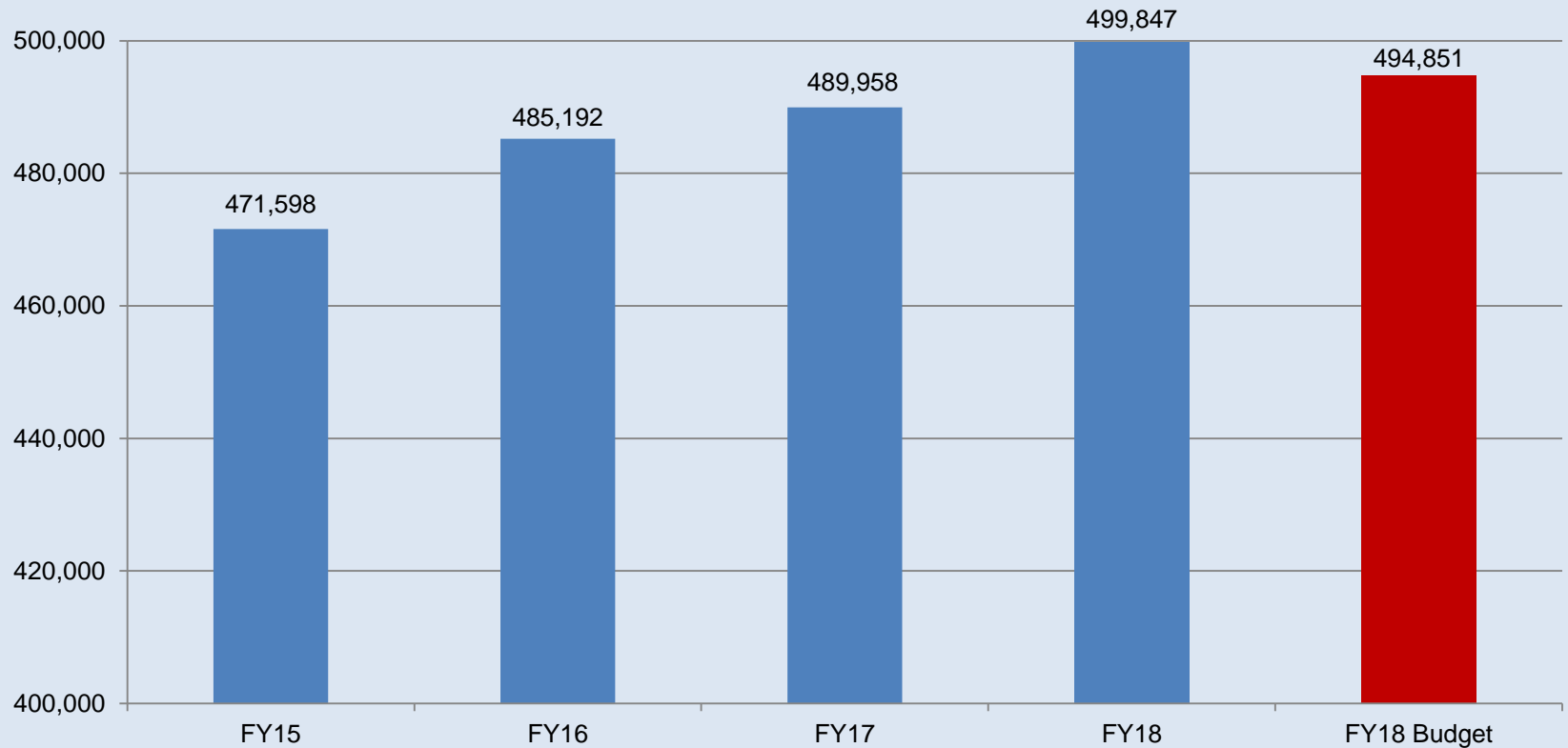
University of Illinois Hospital and Clinics Dashboard September 2018

Inpatient Volume June YTD (12 months)



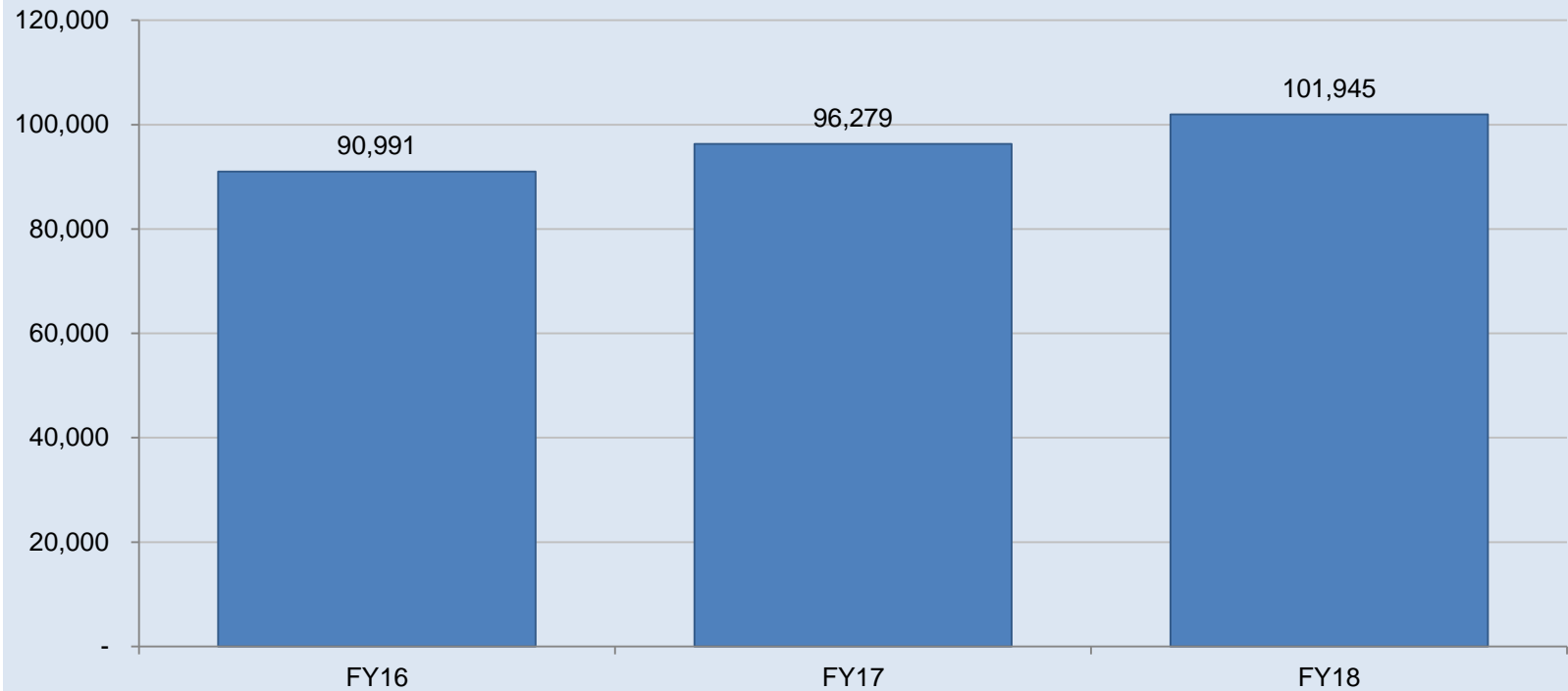
Combined Discharges and Observation Cases for the twelve months ending June 2018 are 0.6% below budget and 2.3% lower than last year.

Outpatient Clinic Visits June YTD (12 months)



Clinic visits for the twelve months ending June 2018 are 1.0% above budget and 2.0% above last year.

Mile Square Visits



*Minor corrections made to historic data

Mile Square visits for fiscal year 2018 are 5.9% above last year.

UI HEALTH
MISSION PERSPECTIVE:
FINANCIAL PERFORMANCE

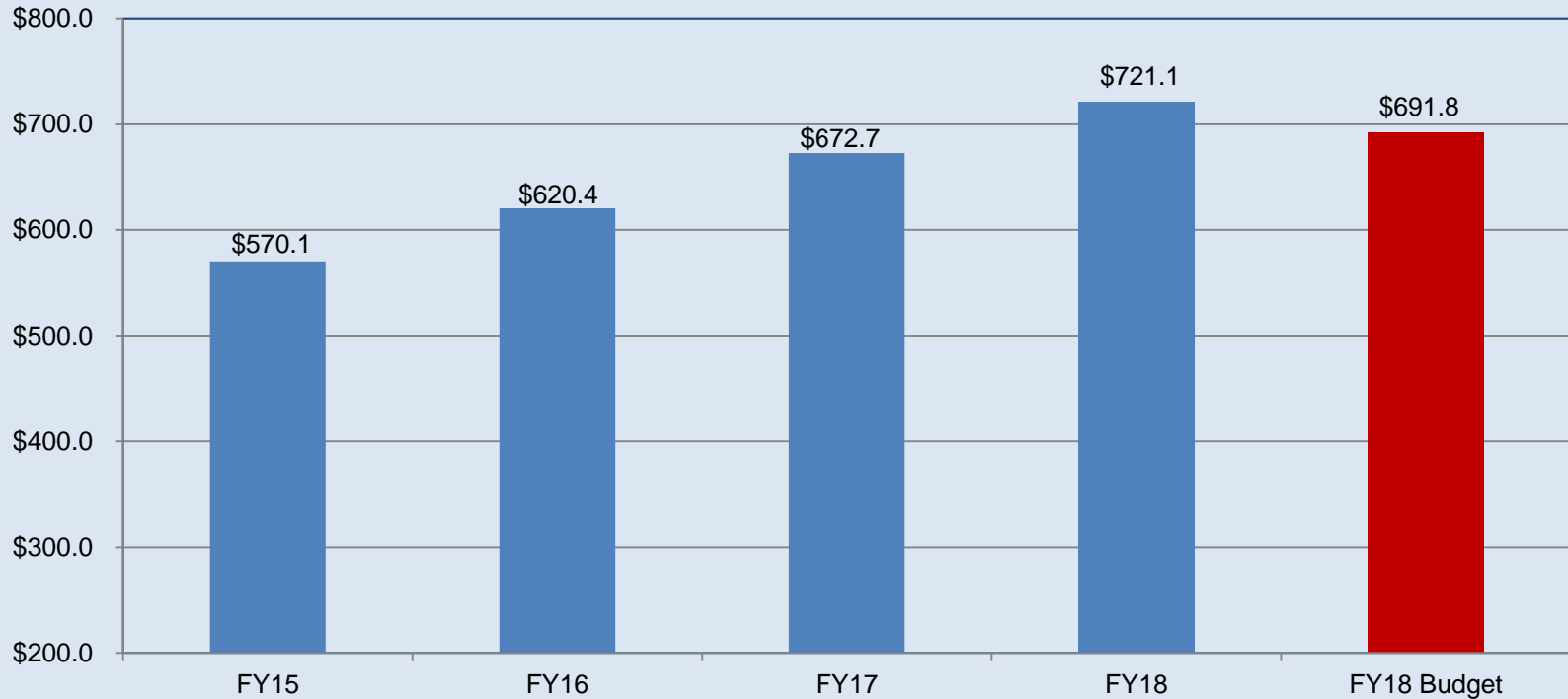
STATEMENT OF OPERATIONS – JUNE 2018

(\$ IN THOUSANDS)

Month						Year-to-Date				
Actual	Budget	Variance		Prior Year		Actual	Budget	Variance		Prior Year
		\$	%					\$	%	
\$ 61,479	\$ 56,582	4,897	8.7%	\$ 63,693		\$ 721,082	\$ 691,799	29,283	4.2%	\$ 672,725
45,223	30,022	15,201	50.6%	83,483	Net Patient Revenue	395,384	360,363	35,021	9.7%	359,002
106,702	86,604	20,098	23.2%	147,176	Total Revenue	1,116,466	1,052,162	64,304	6.1%	1,031,727
30,440	27,835	(2,605)	-9.4%	31,380	Salaries & Wages	341,160	339,092	(2,068)	-0.6%	326,285
24,902	24,862	(40)	-0.2%	77,309	Employee Benefits	298,484	298,300	(184)	-0.1%	298,205
34,286	30,231	(4,055)	-13.4%	36,218	Department Expenses	379,993	363,024	(16,969)	-4.7%	359,327
(1,147)	3,246	4,393	135.3%	609	General Expenses	34,551	38,944	4,393	11.3%	34,705
88,481	86,174	(2,307)	-2.7%	145,516	Total Expenses	1,054,188	1,039,360	(14,828)	-1.4%	1,018,522
\$ 18,221	\$ 430	17,791	4137.4%	\$ 1,660	Operating Margin	\$ 62,278	\$ 12,802	49,476	386.5%	\$ 13,205
1,486	(274)	1,760	642.3%	2,932	Net Non-operating Income/(Loss)	(1,123)	(3,282)	2,159	65.8%	(354)
\$ 19,707	\$ 156	19,551	12532.7%	\$ 4,592	Net Income/(Loss)	\$ 61,155	\$ 9,520	51,635	542.4%	\$ 12,851

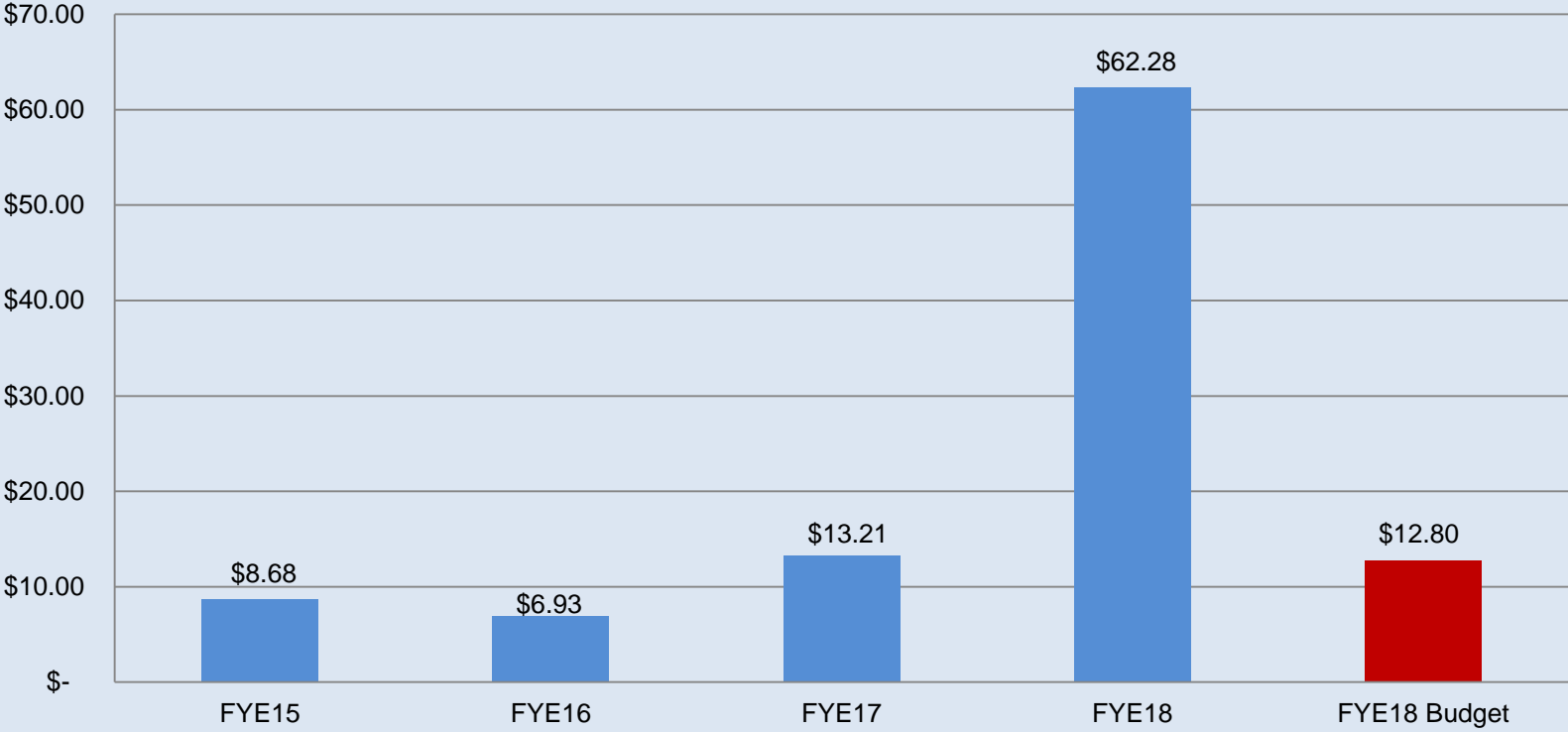


Net Patient Service Revenue (in millions) June YTD (12 months) Pre-Audit



Net Patient Service Revenue is 7.2% greater than the prior year and 4.2% greater than budget.

Operating Margin (in millions) Pre-Audit

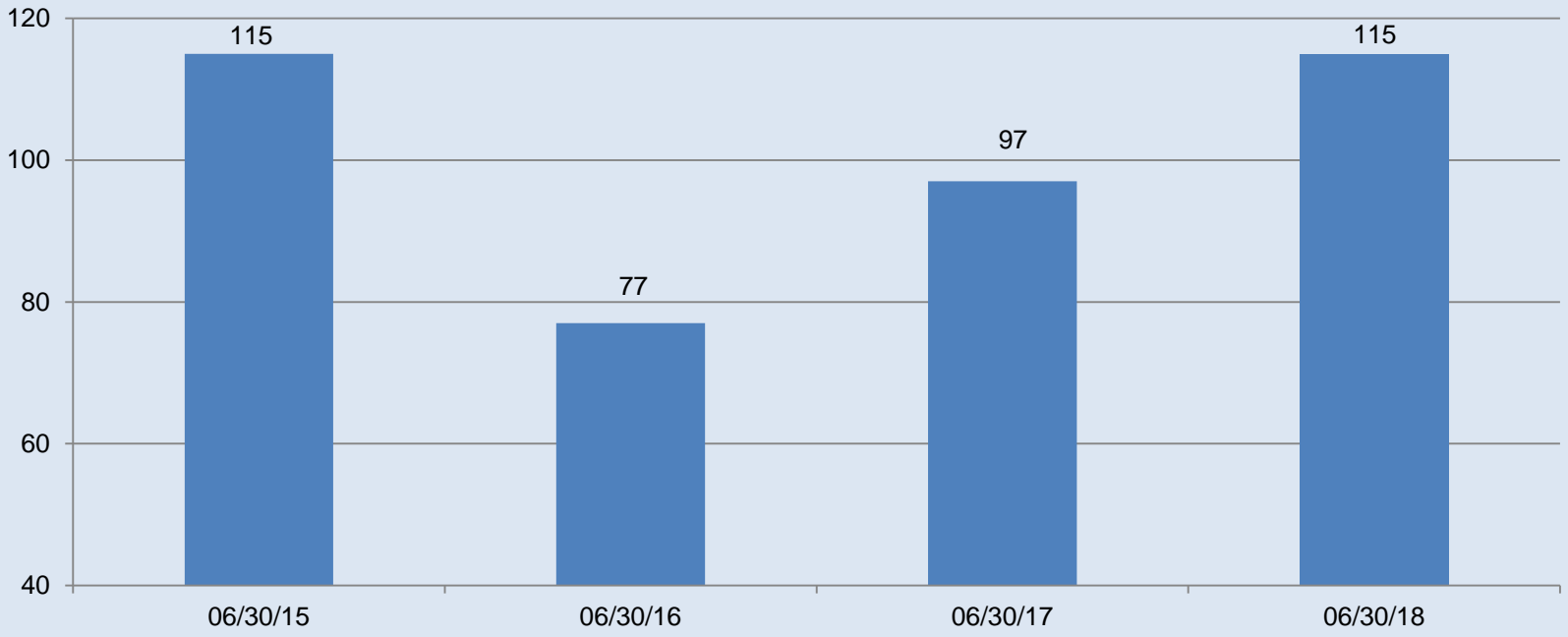


Operating Margin includes Payments on Behalf for Benefits and Utilities. FY18 includes \$37.6M of FY17 and FY18 State Appropriation revenue.



Days Cash on Hand

Pre-Audit

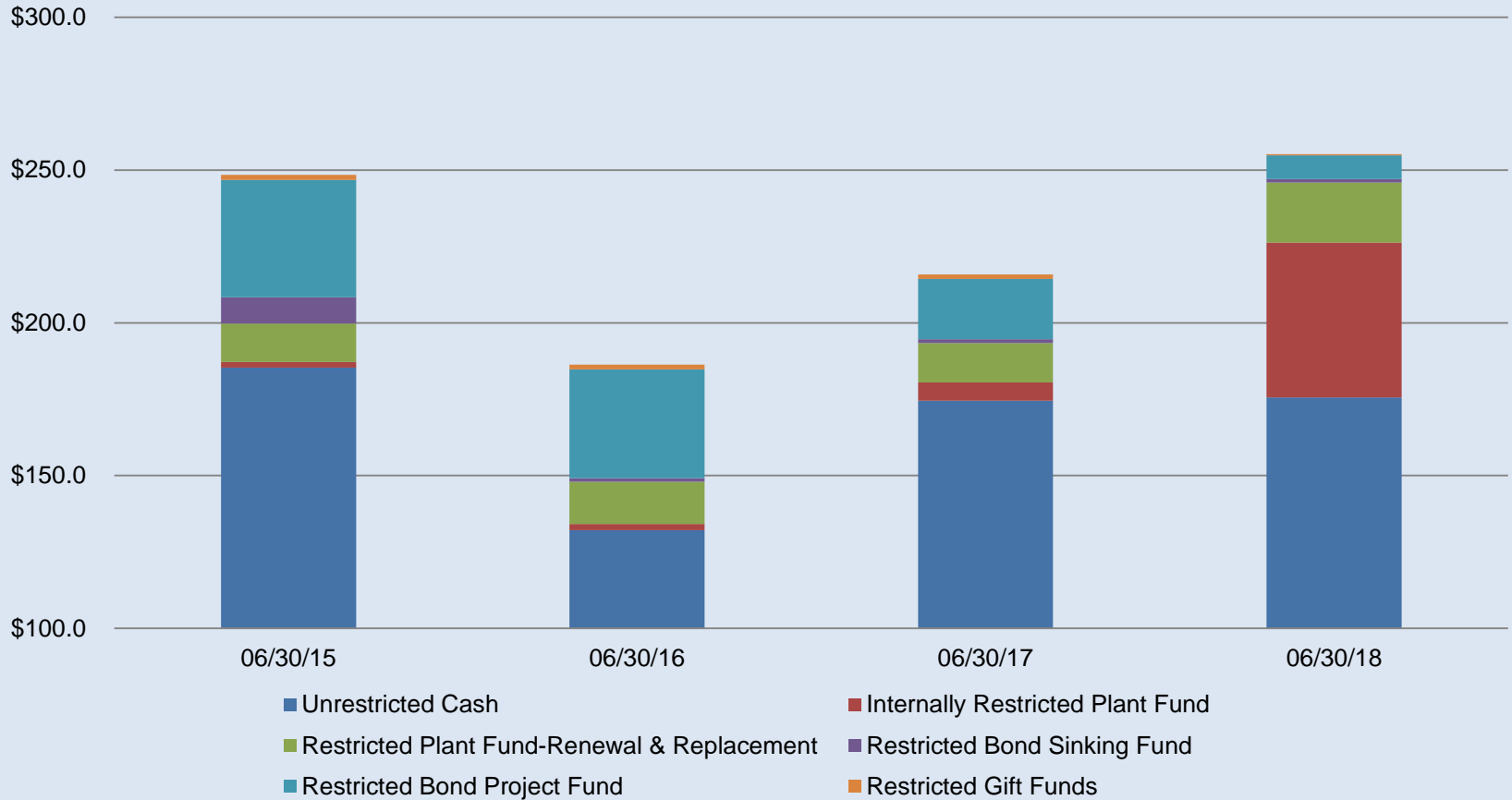


Median Unrestricted Days Cash on Hand for UI Health's Bond Rating Category (Composite of 3 Rating Agencies' A-rated categories) is 228.2 days.



Unrestricted and Restricted Cash and Investments, Current and Non-current (in millions)

Pre-Audit



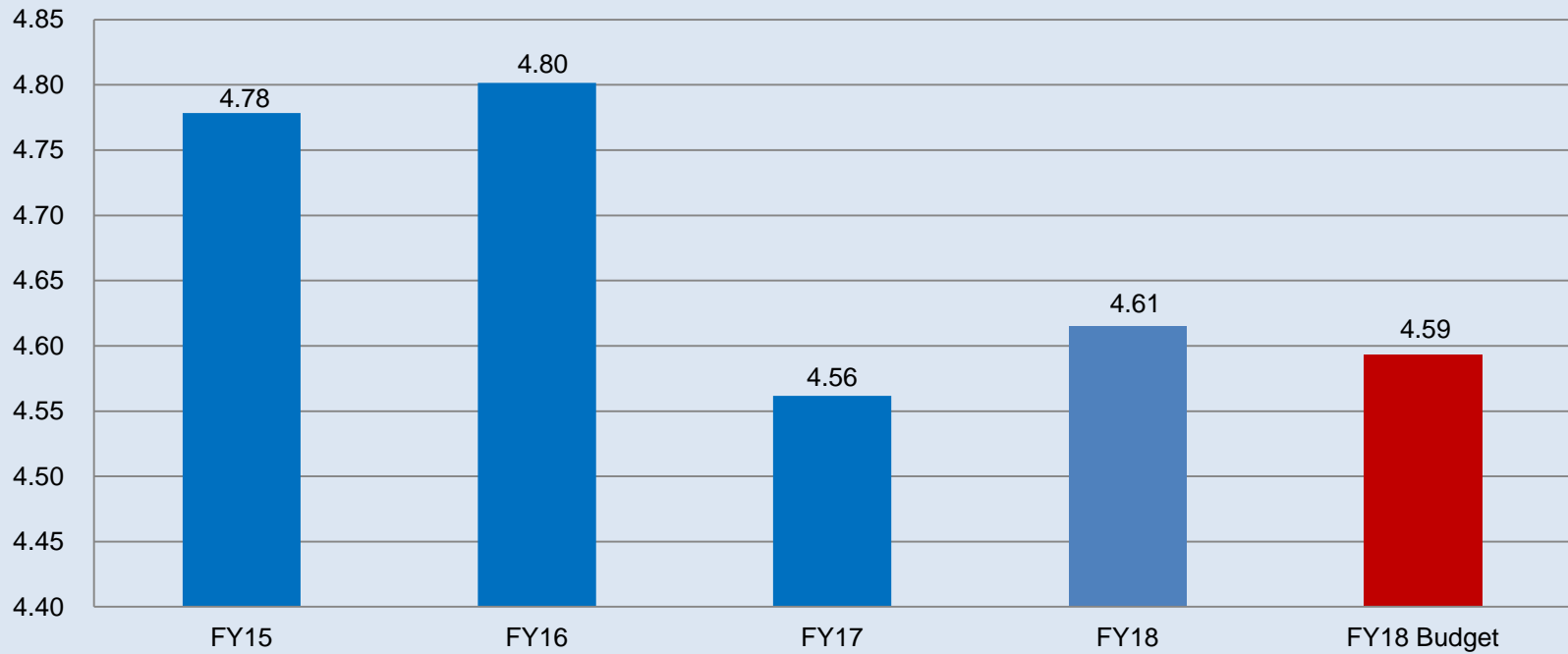
HEALTH SYSTEM BOND RATING MEDIANS 2016 DATA FOR A-RATED HOSPITALS

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
UIH FY18 June YTD, Pre-Audit	5.6%	115.0	206.7%	14.3

UI HEALTH
MISSION PERSPECTIVE:
OPERATIONAL EFFECTIVENESS

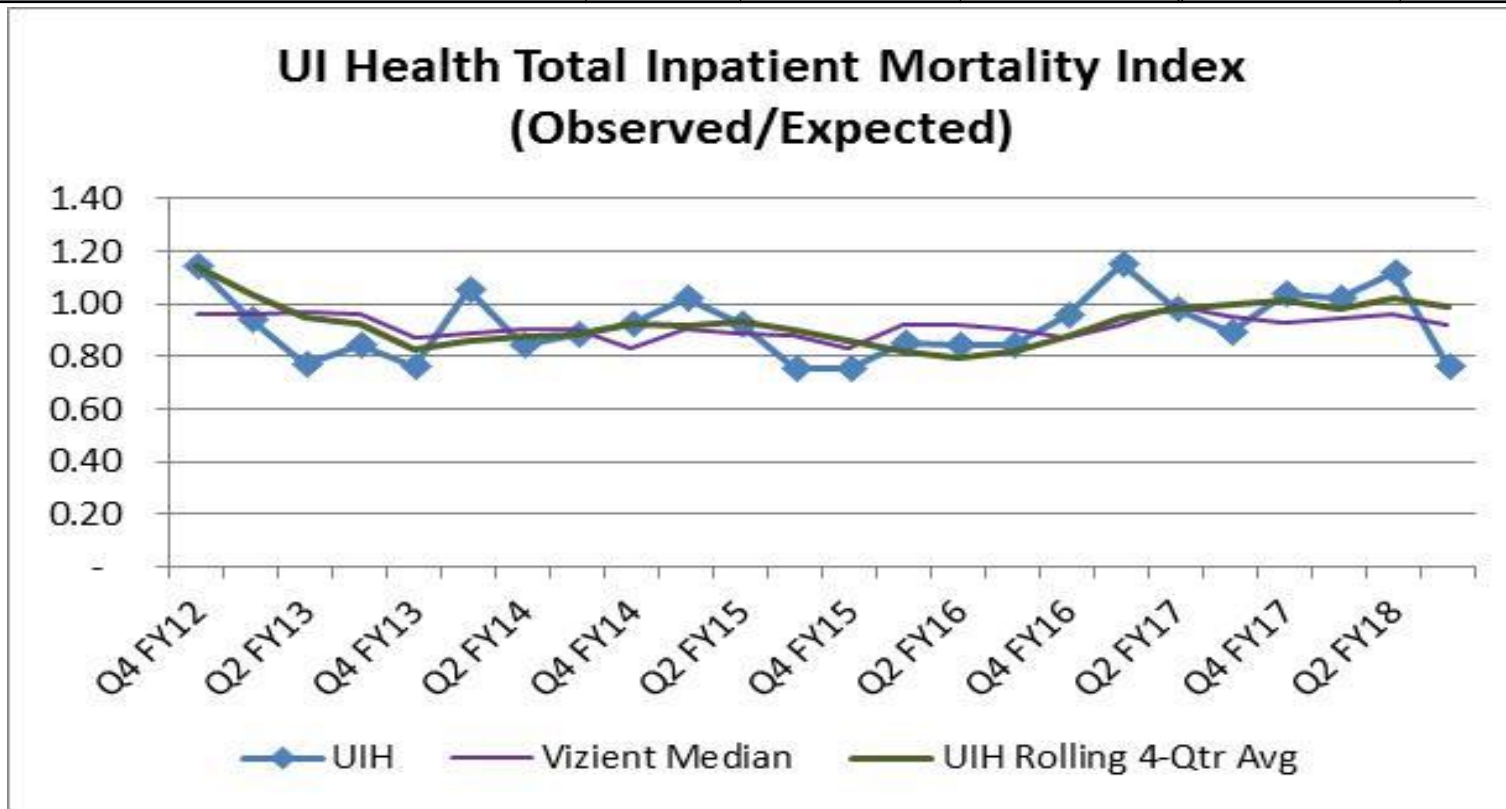
Average Length of Stay Including Observation June YTD



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

UI HEALTH
MISSION PERSPECTIVE:
QUALITY & SAFETY

Vizient Metrics (Q3 FY18, Jan – Mar 2018)	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)	61	0.985	0.76	0.92	37/151

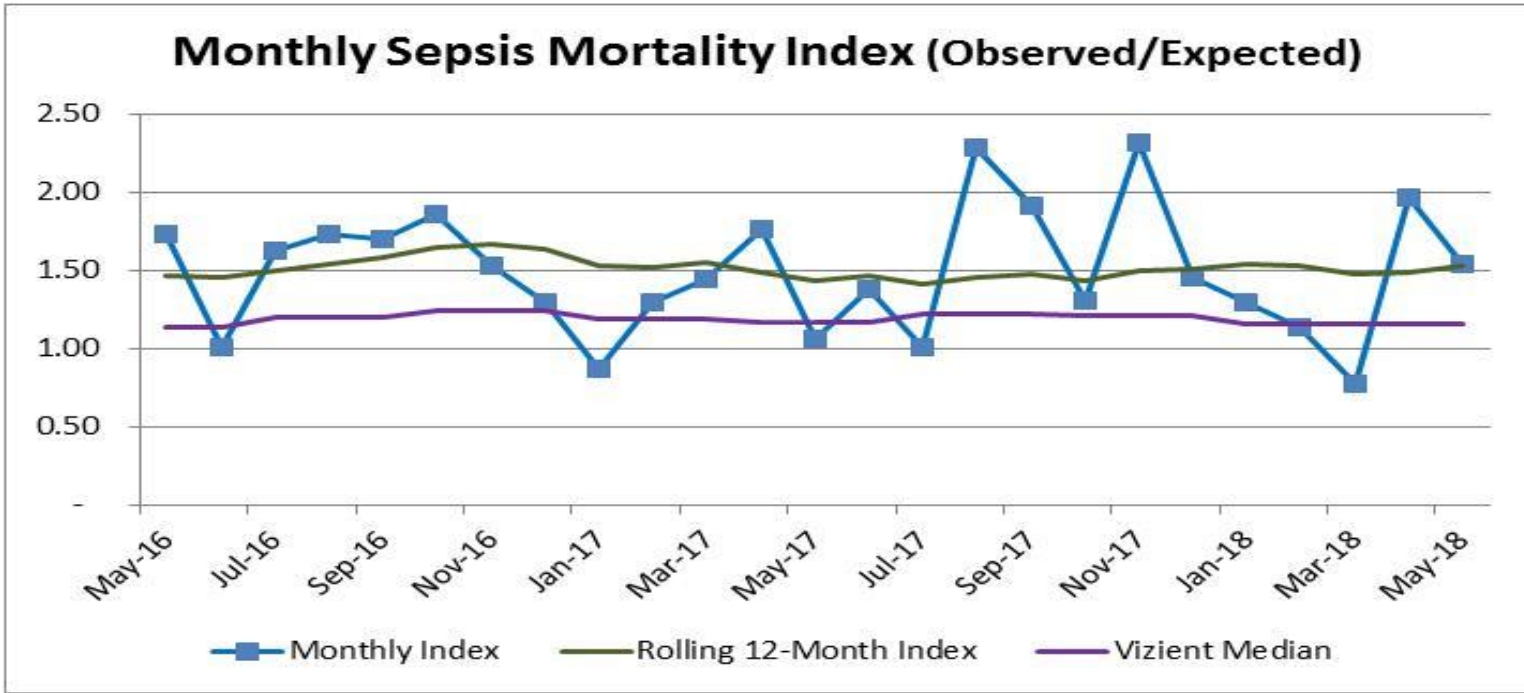


During Q3 FY18, UI Health's Total Inpatient Mortality Index (observed/expected deaths) improved to 0.76, placing us in **the top quartile** of all Vizient hospitals.

Our rolling 4-quarter average of 0.985 is slightly higher than the Vizient median of 0.92.



Vizient Metrics (Q3 FY18, Jan – Mar 2018)	N (Cases)	UIH 4 Quarter Average	UIH Latest Quarter Available	Compared Among All Vizient	
				Vizient Median Score	Current UIH Rank
Sepsis Mortality (Observed/Expected)	27	1.44	1.09	1.15	64/151



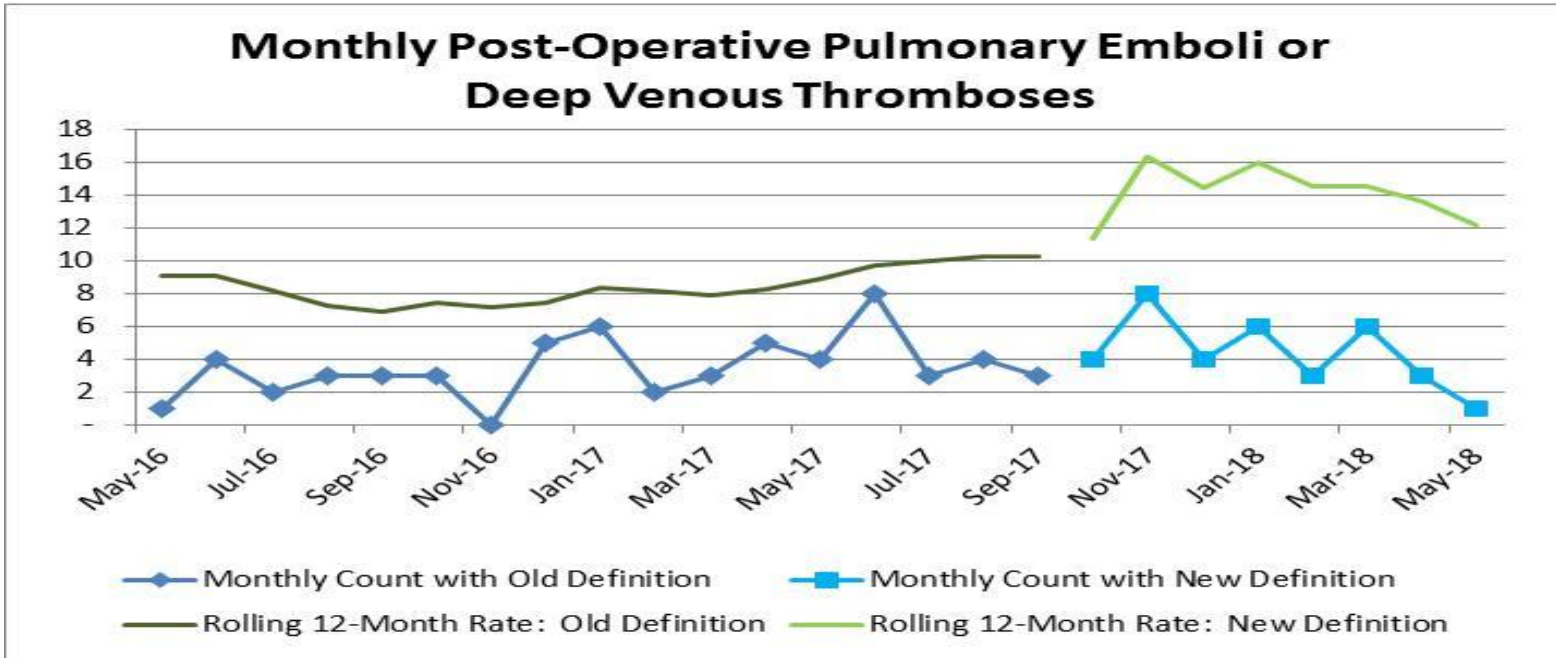
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sepsis Cases	65	68	77	73	68	78	57	70	67	64	65	56	59
Sepsis Deaths	9	10	11	20	18	14	12	12	12	9	6	16	9

During May 2018, UI Health’s Sepsis Mortality Index (observed/expected deaths) was 1.09, lower than the Vizient median.

Our rolling 12-month average of 1.44 exceeds the Vizient median.



Vizient Metrics (Q3 FY18, Jan – Mar 2018)	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	12.4	15.56	5.39	151/151



	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18
Number of Post-Op DVTs by Month	1	3	1	4	2	3	5	2	4	3	3	2	0
Number of Post-Op PEs by Month	3	5	2	0	1	2	5	2	2	2	3	1	1

During May 2018, UI Health’s post-operative blood clot rate **decreased** to 2.53.

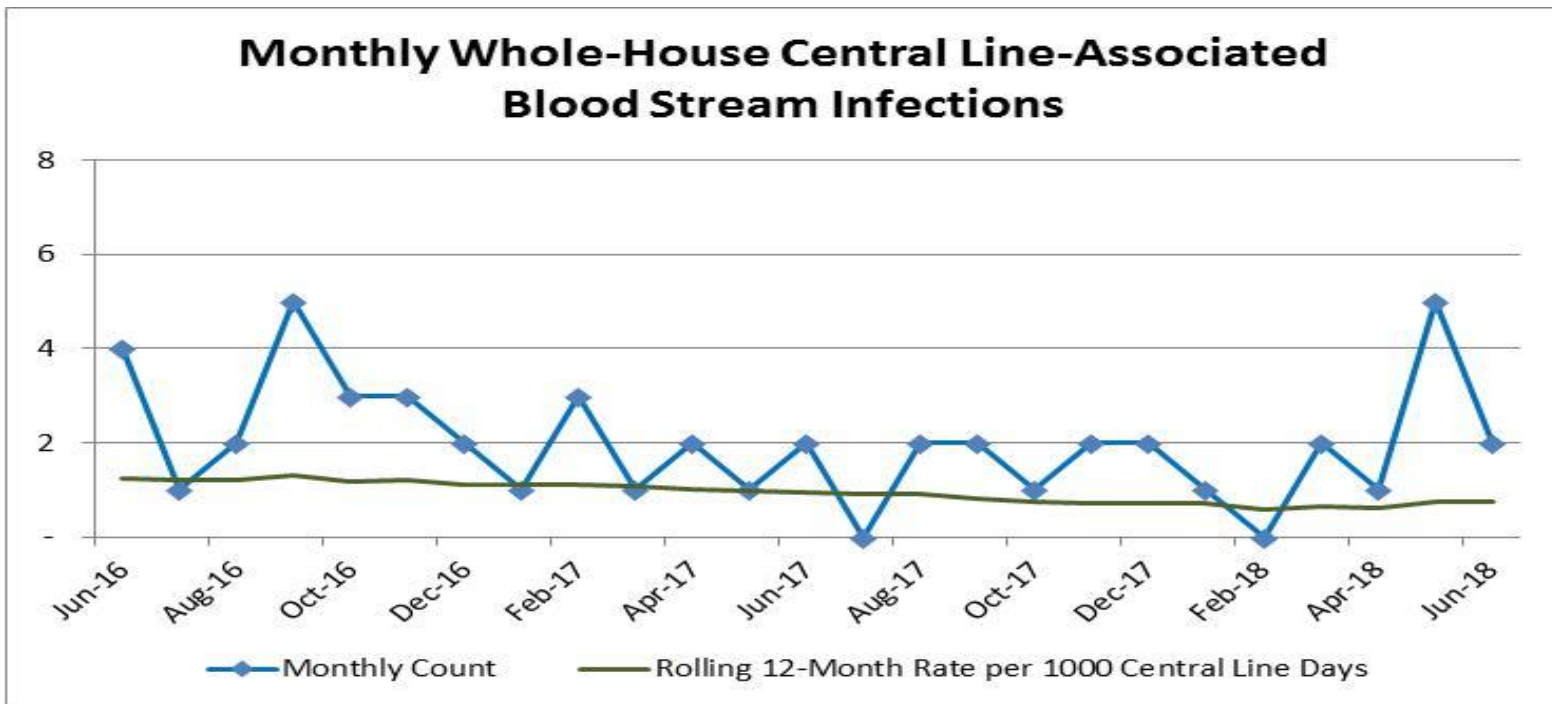
Our rolling 12-month average rate of 12.22 post-operative blood clots per 1000 surgeries is **higher** than the Vizient median.

*PE = Pulmonary Embolism

**DVT = Deep Venous Thrombosis



Vizient Metrics (Q3 FY18, Jan – Mar 2018)	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	0.41	0	0.0	1/151



Number of Infections by Month (excludes Mucosal Barrier Injuries)	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
	1	2	0	2	2	1	2	2	1	0	2	1	5	2

Our whole-house CLABSI rate **decreased** to 0.9 in June 2018.

Our whole-house rolling 12-month average CLABSI rate held steady at 0.7 per 1000 central line days.



Vizient Metrics (Q3 FY18, Jan – Mar 2018)	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	1/151

Monthly Whole-House Catheter-Associated Urinary Tract Infections



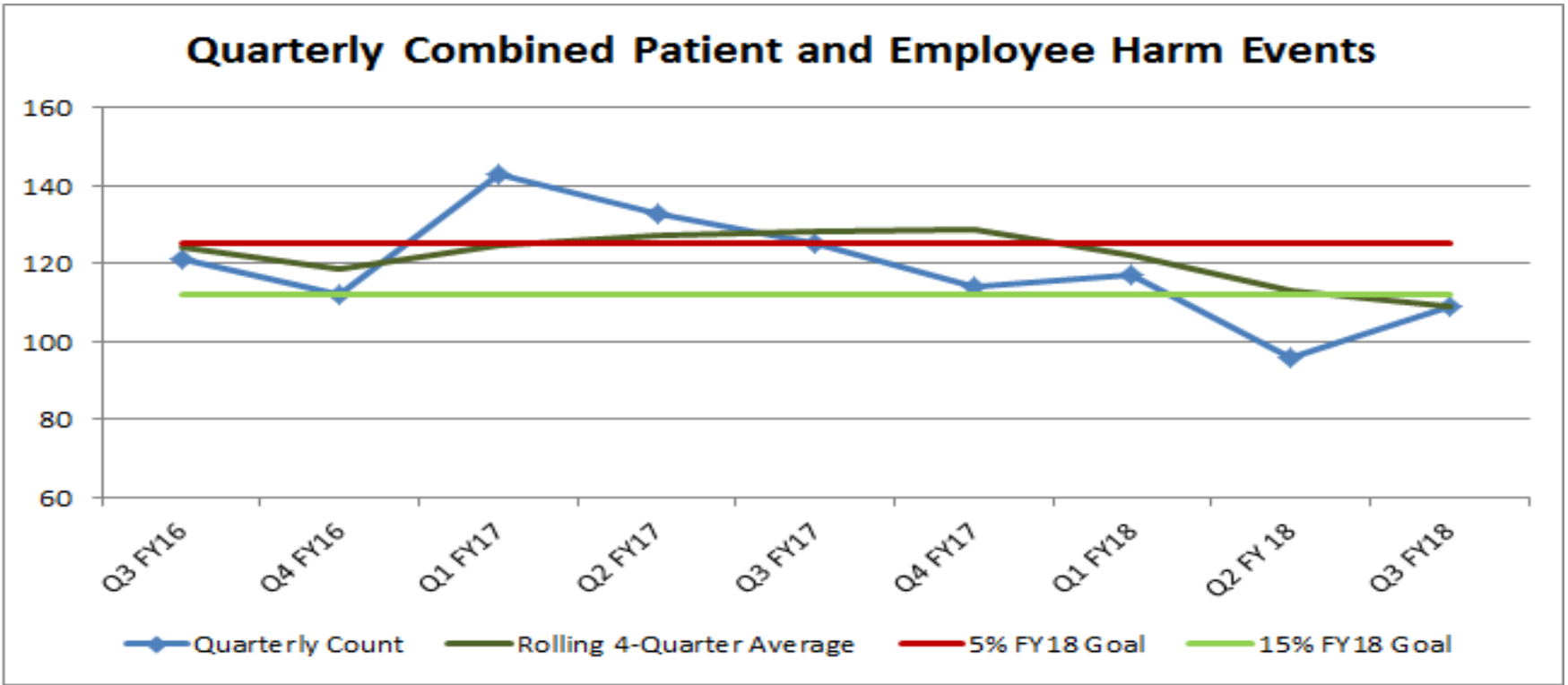
	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
Number of Infections by Month	0	2	3	0	0	1	1	1	2	1	2	1	3	2

Our whole-house CAUTI rate remained at 0.6 in April 2018.

Our whole-house rolling 12-month average CAUTI rate increased slightly, to 0.7, in April 2018.



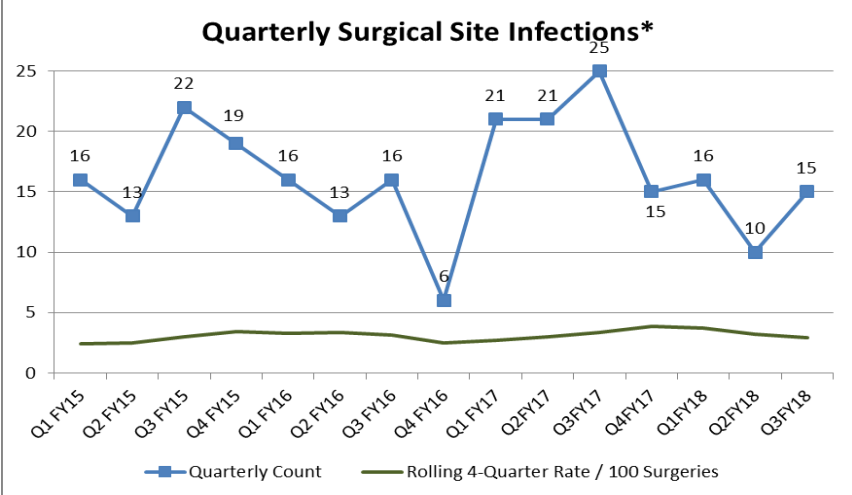
FY18 "Zero Harm" Final Performance



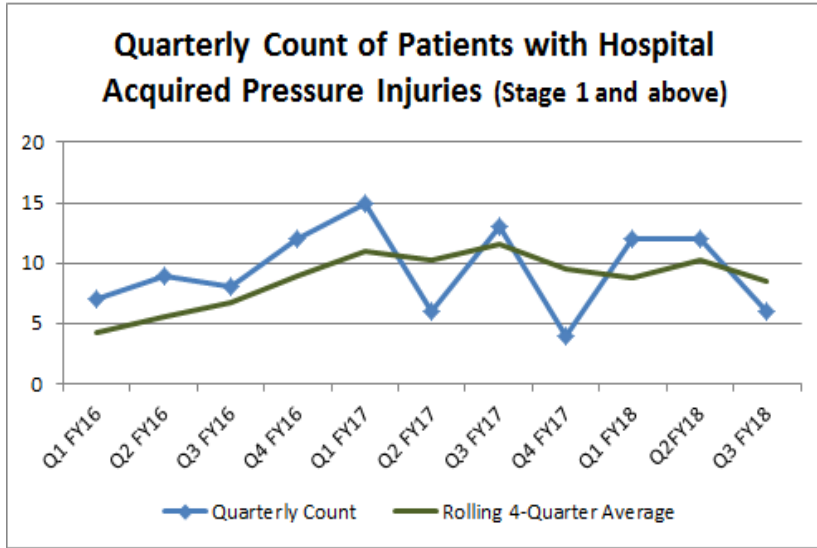
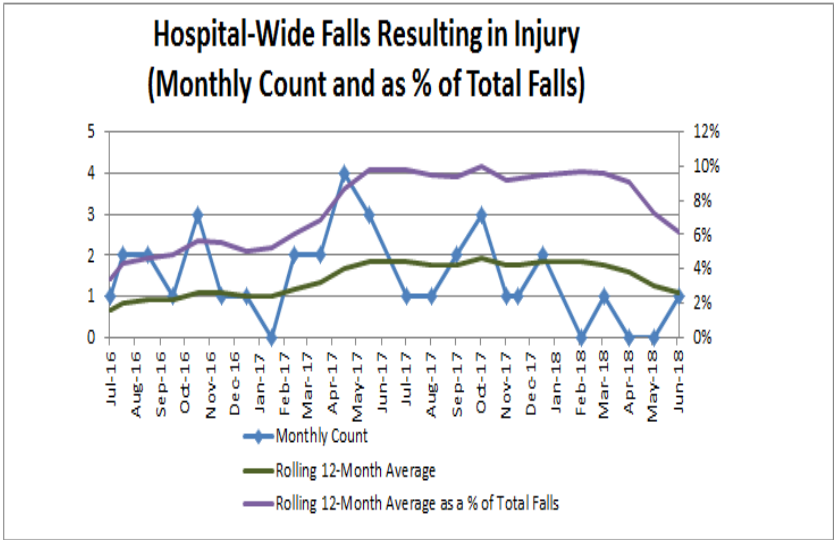
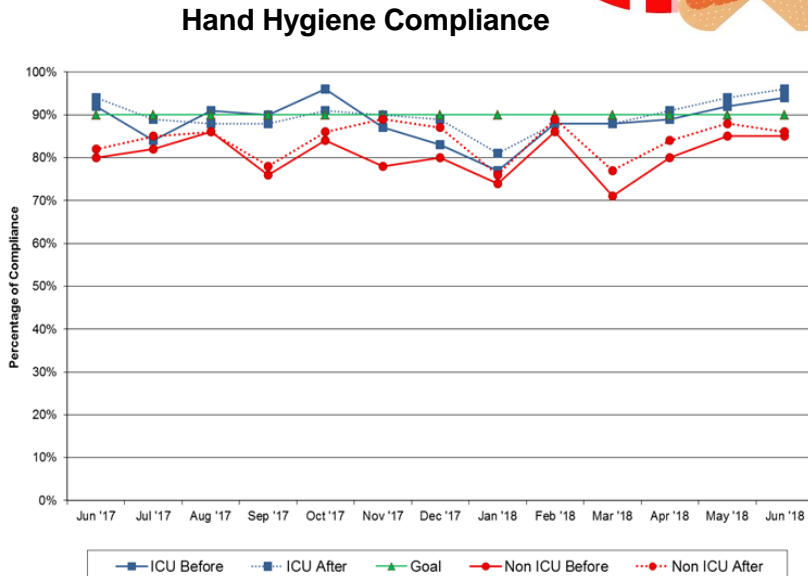
14.8% combined improvement in FY18



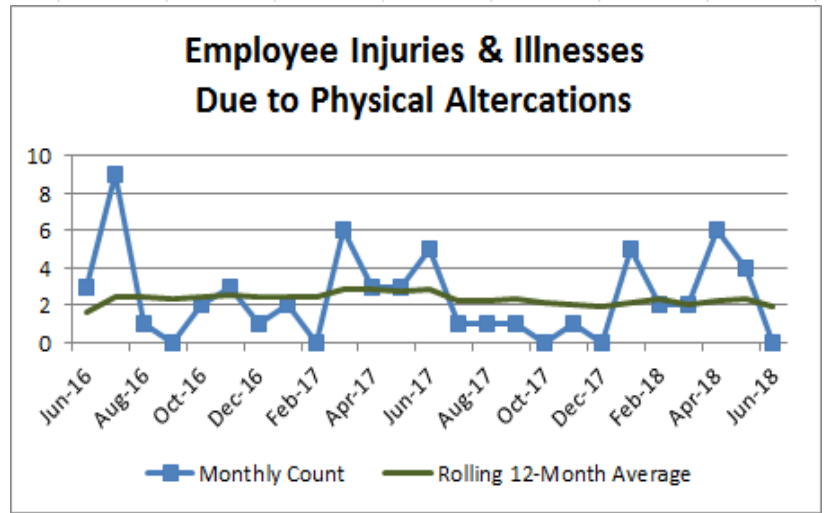
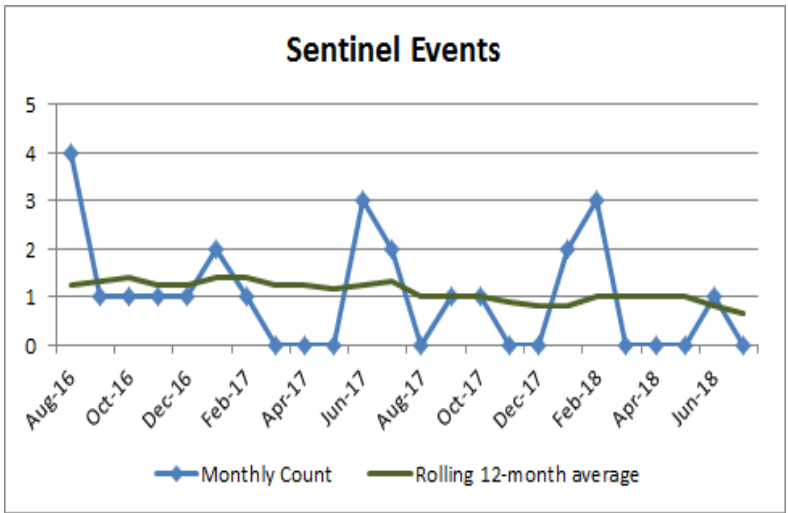
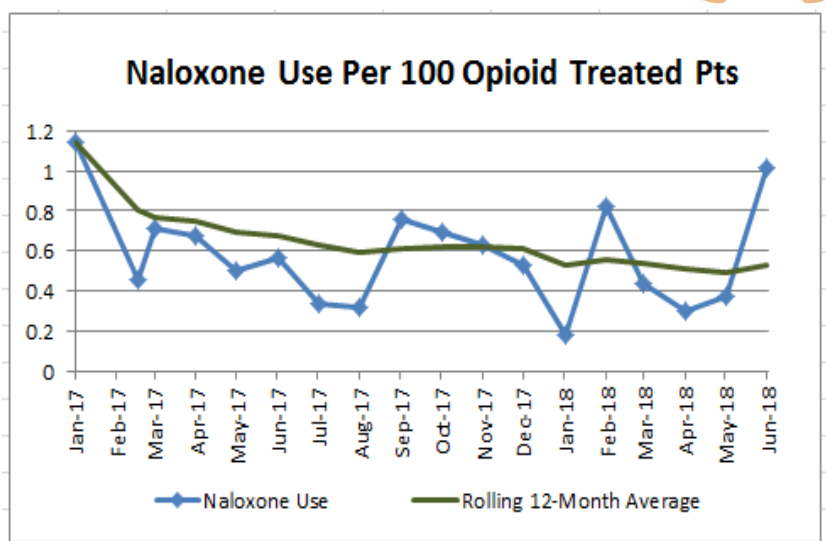
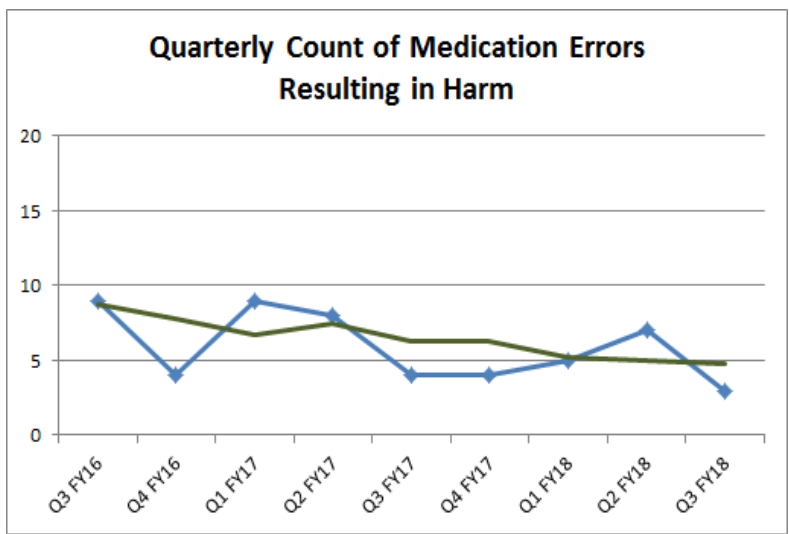
Our “Zero Harm” Metrics



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



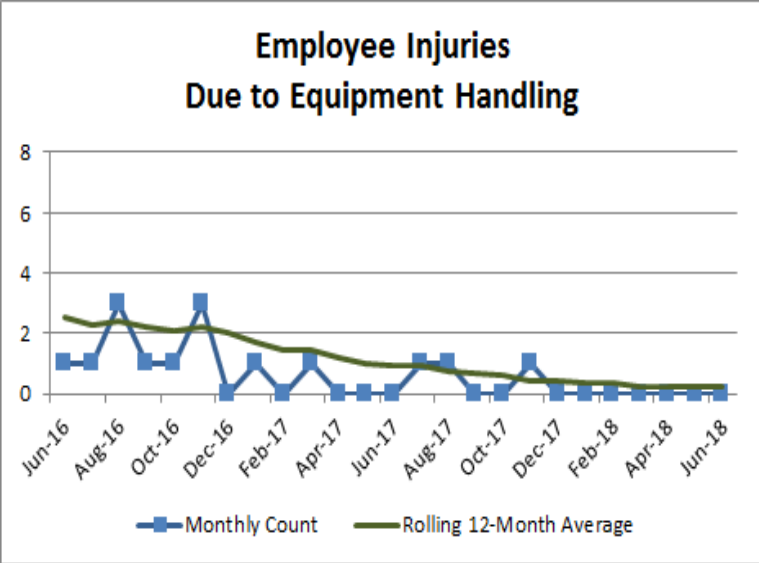
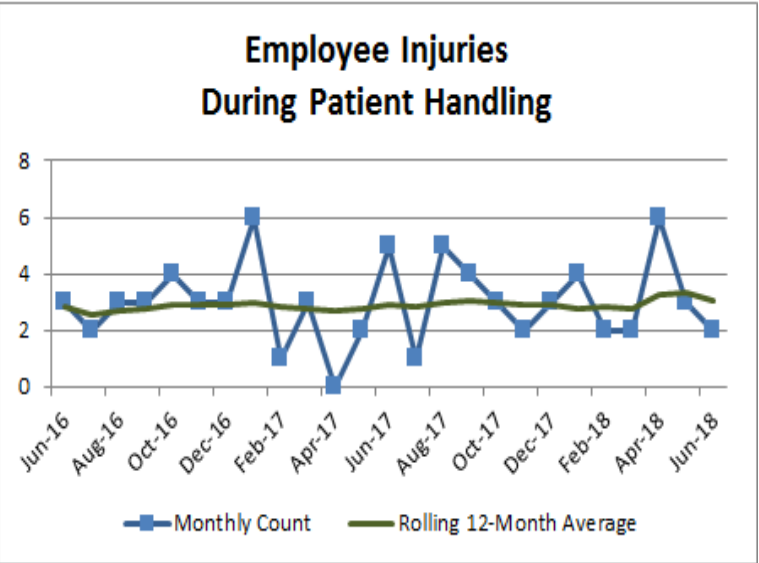
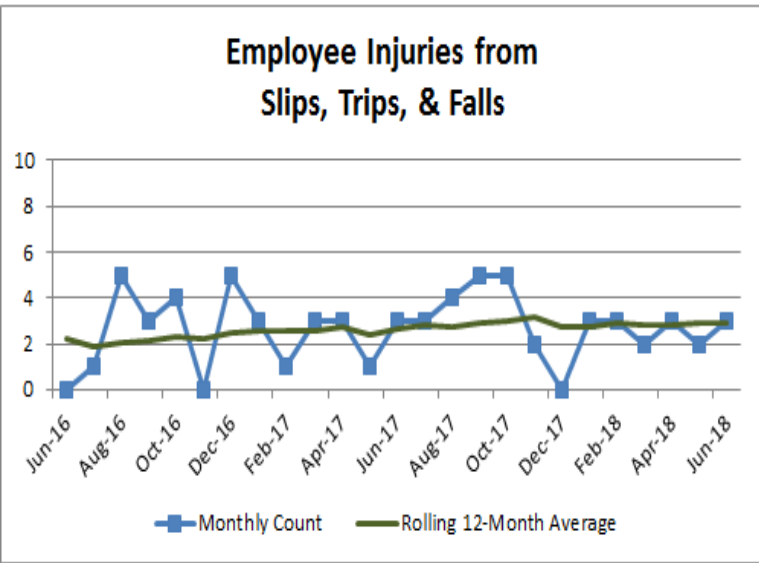
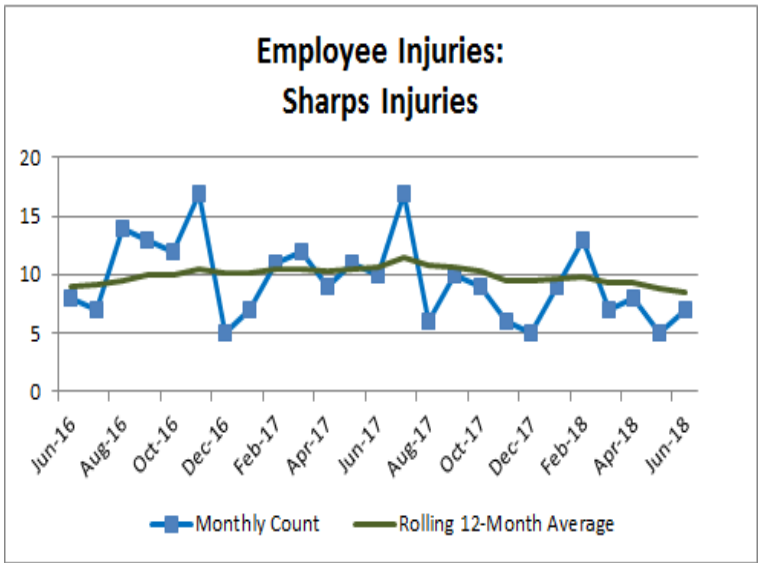
Our “Zero Harm” Metrics, cont.



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



Our “Zero Harm” Metrics, cont.



Maintaining Focus in FY19 ...



	CMS Value-Based Purchasing	CMS Star Rating	US News and World Report	Leapfrog
Safety¹	25%	22%	5%	50%
Mortality²	25%	22%	38%	
Patient Experience	25%	22%		16%
Readmission		22%		
Other³	25%	12%	58%	34%

¹ Includes CLABSI/CAUTI, SSI, MRSA, C. Diff and other Patient Safety Indicators

² 50% overall mortality at UIH caused by Sepsis

³ Includes effectiveness, timeliness, efficiency, cost reduction, structure, processes, and other



FY19 Areas of Focus for Quality & Safety

- **Quality:**

- Decrease **Sepsis Mortality Index**
- Decrease rate of **Post-Operative Blood Clots**
- Decrease **30-day Readmission Rate**

- **Safety:**

- Decrease number of **Patient Safety Events**
- Decrease number of **Employee Safety Events**
- Improve adherence to **2 Forms of Patient Identification**

UI HEALTH
MISSION PERSPECTIVE:
NURSING STAFFING & SAFETY

Q4 FY18


STAFFING DATA ANALYSIS

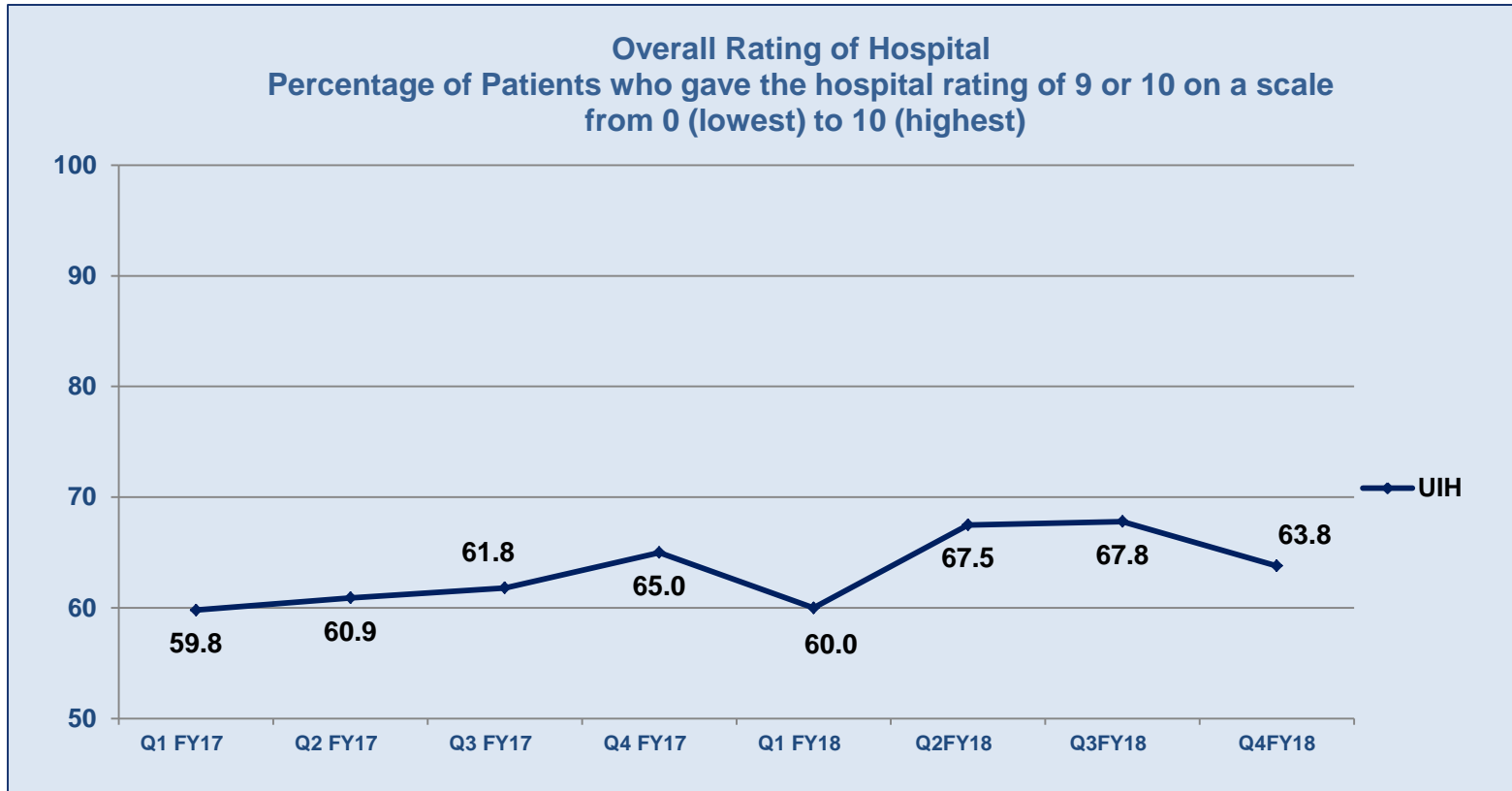
- For Q4 FY18, a total of 11 staffing related reports were made in the Safety Event Reporting tool.
- After analyzing the data, it was determined that these were escalated to the Unit Director or House Operations Administrator, and resolved in real-time, without being associated with patient harm.
- There were no instances of less than optimal staffing that resulted in a sentinel event.


UI HEALTH
MISSION PERSPECTIVE:
SERVICE EXCELLENCE

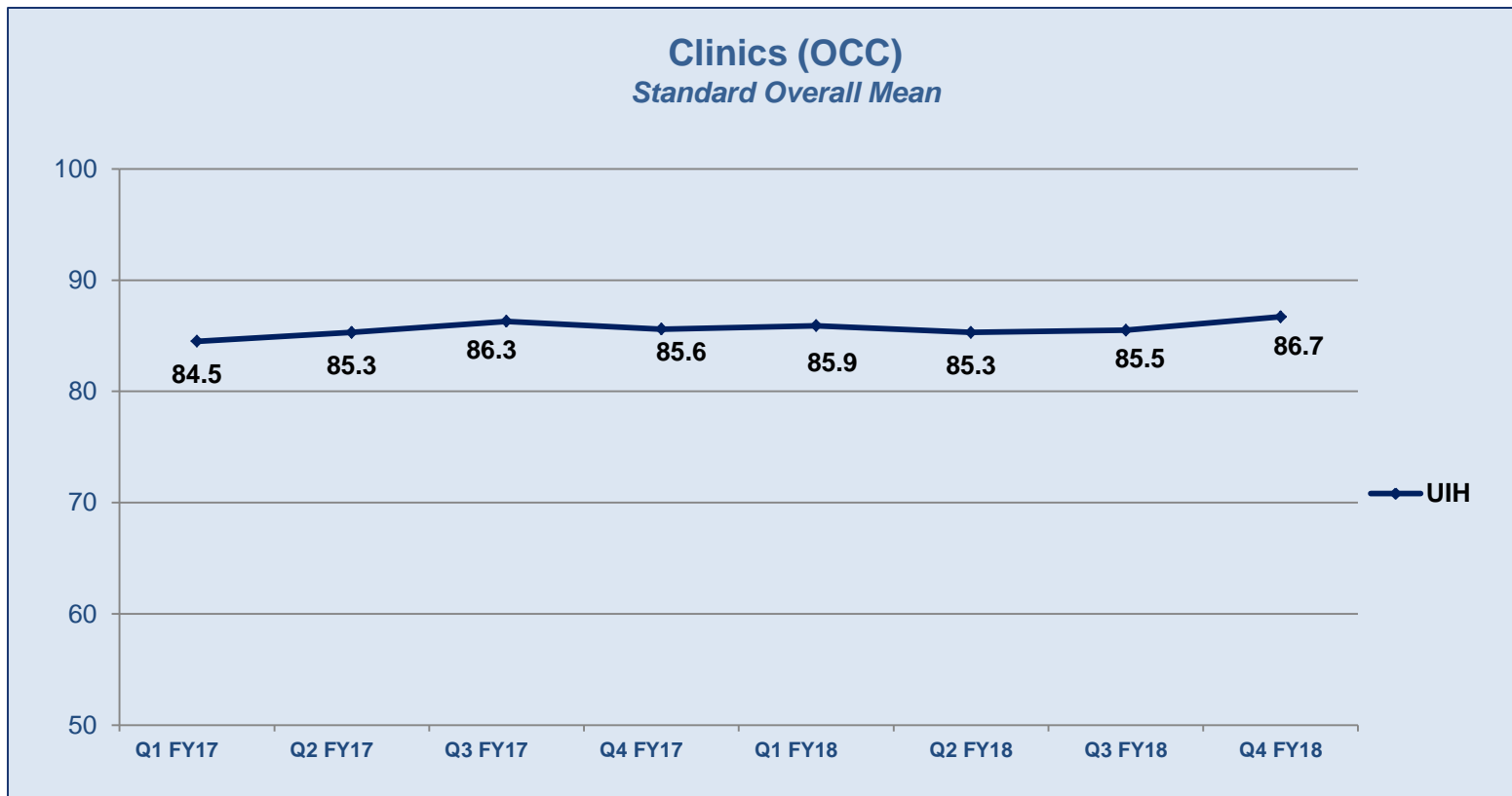
OVERALL OUTCOMES & PERCENTILE RANK


UI Health Metric	Jul-Sep 2017 Top Box/Mean	Apr-Jun 2018 Top Box/Mean	%ile Rank
Inpatient (HCAHPS) Rate Hospital 9-10	60.0	63.8	13
Ambulatory Clinics Std Overall	85.9	86.7	20
Diagnostics Services* Including Therapy, Phlebotomy Lab and Sickle Cell Std Overall	88.0	87.3	4
Emergency Department Std Overall	79.1	82.6	29
Ambulatory Surgery Std Overall	90.1	91.4	11

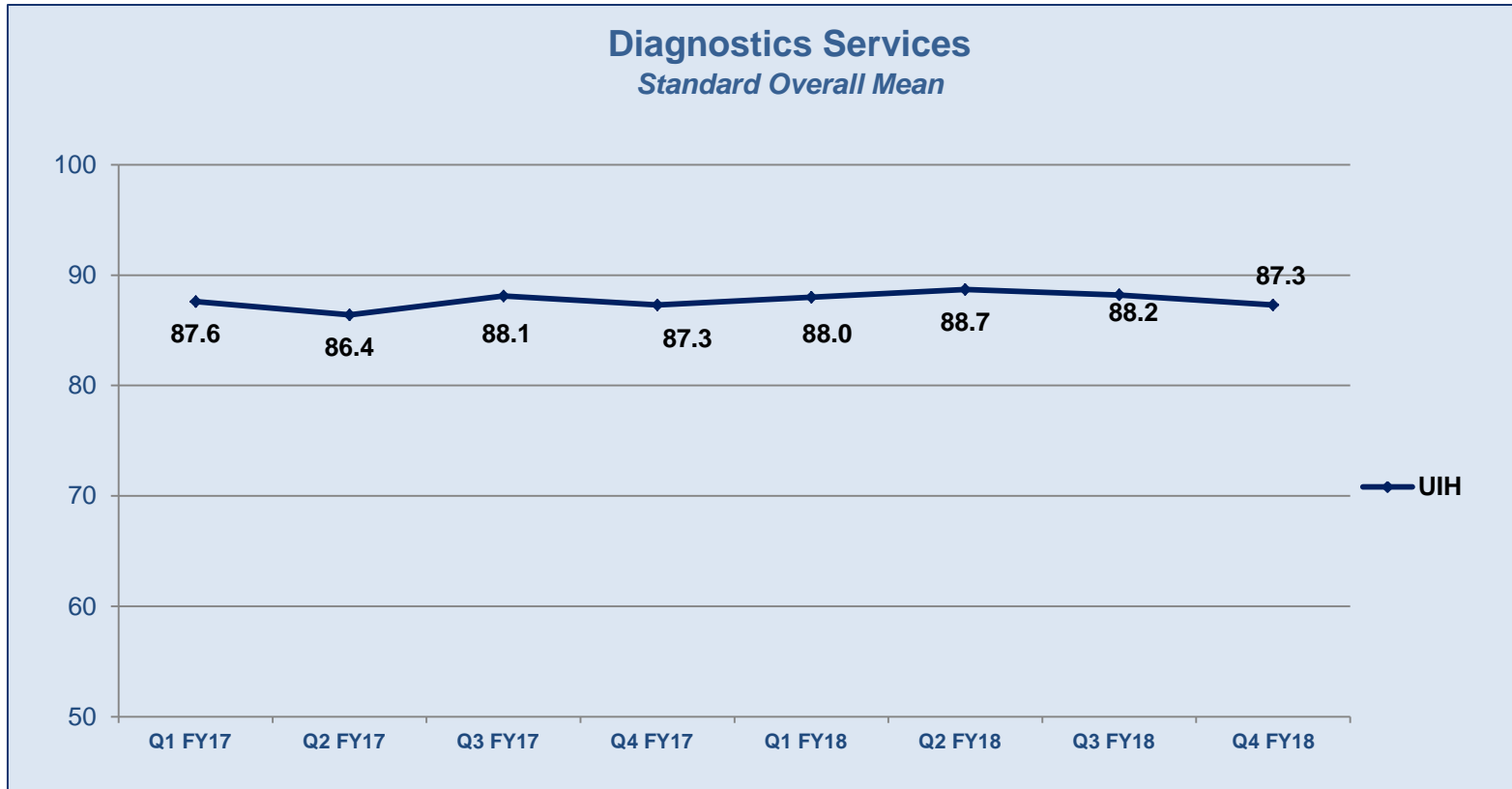
UI Health Metric	Current Quarter Q4 FY18	Prior Q4 FY17
HCAHPS (Overall Rating of Hospital)	63.8 	65.0




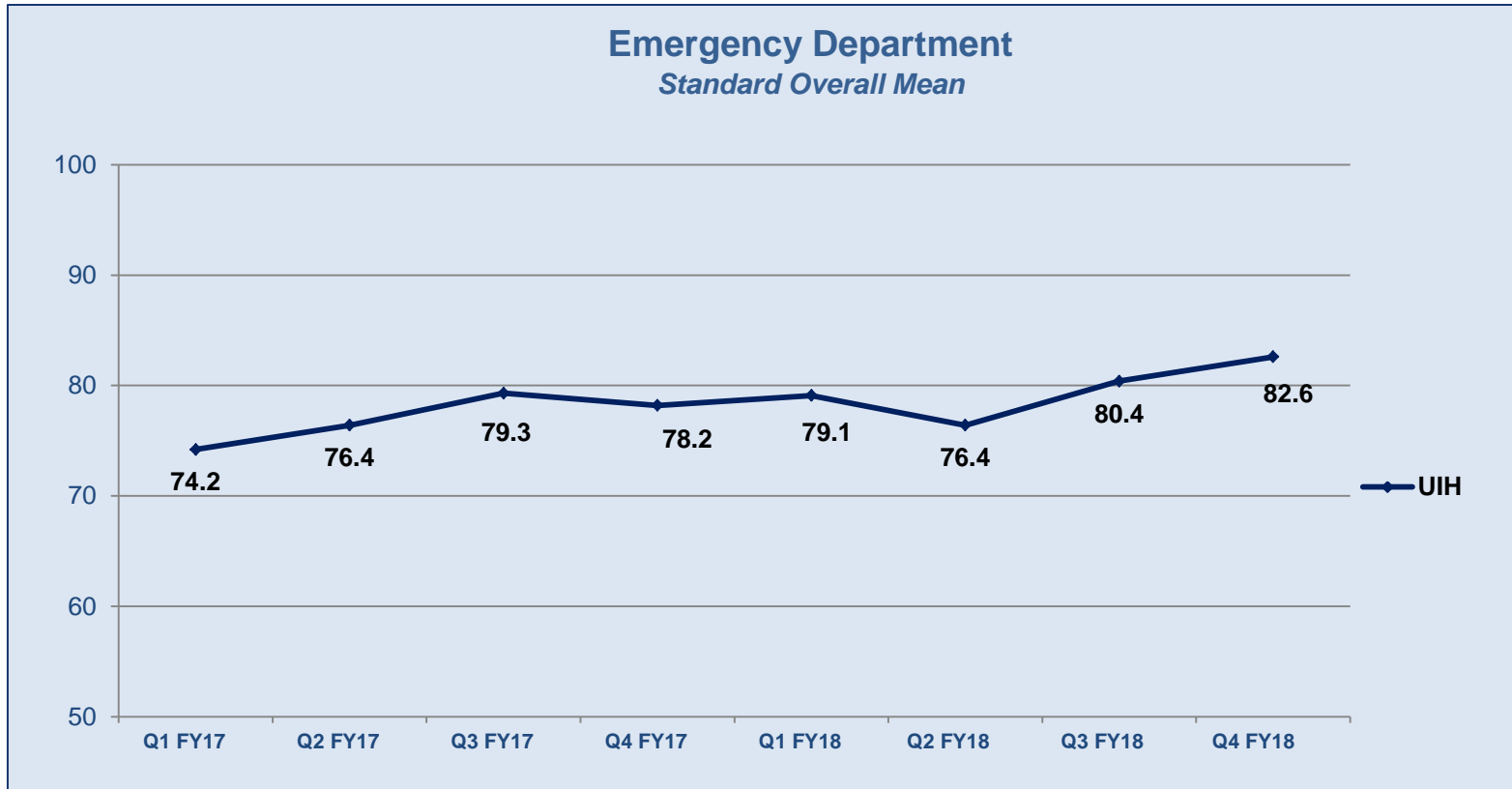
UI Health Metric	Current Quarter Q4FY18	Prior Q4 FY17
Clinics (OCC) Standard Overall Mean	86.7 	85.6




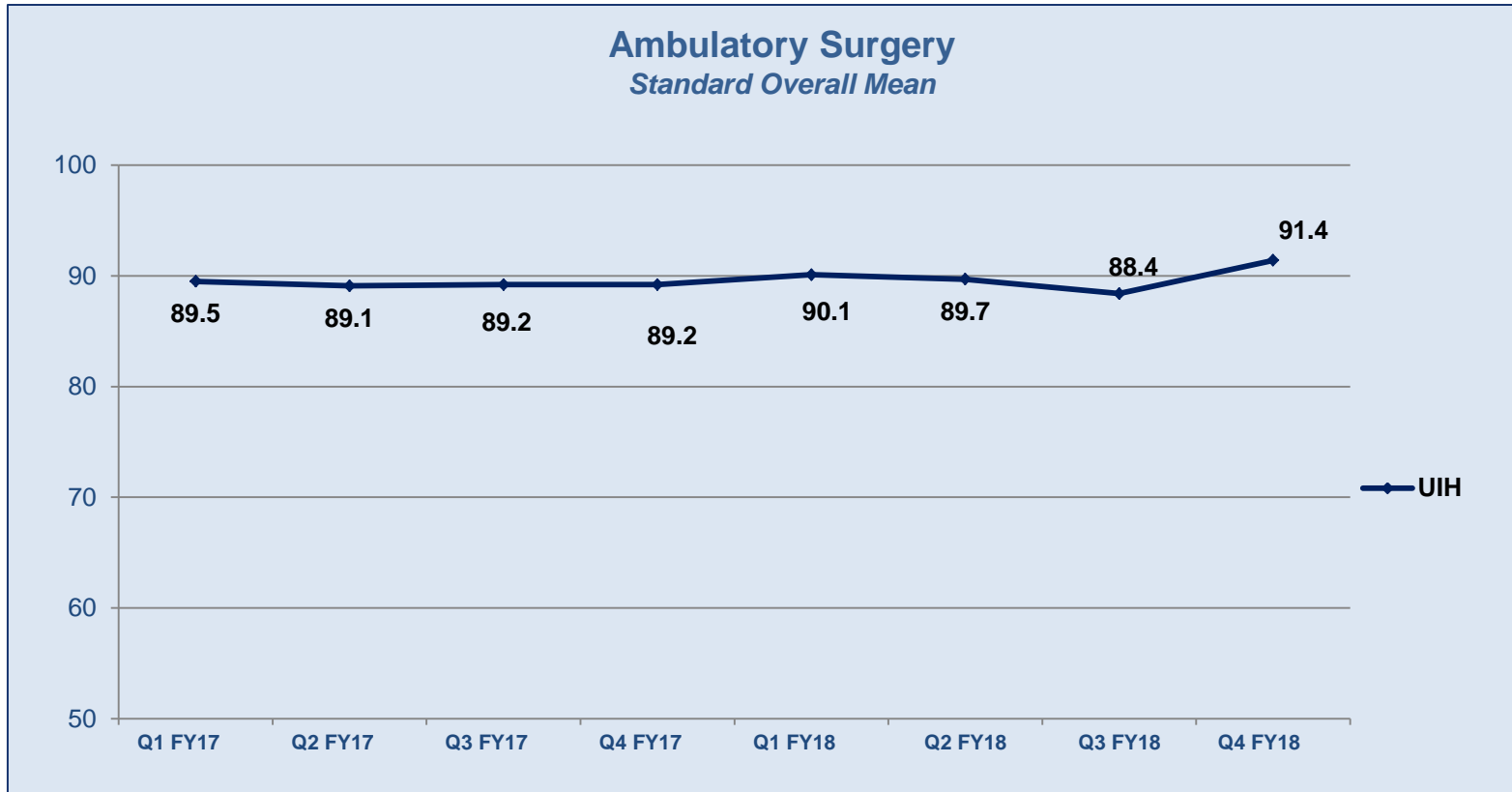
UI Health Metric	Current Quarter Q4 FY18	Prior Q4 FY17
Diagnostics Services (Standard Overall Mean)	87.3 	87.3



UI Health Metric	Current Quarter Q4 FY18	Prior Q4 FY17
Emergency Department Standard Overall Mean	82.6 	78.2



UI Health Metric	Current Quarter Q4 FY18	Prior Q4 FY17
Ambulatory Surgery Standard Overall Mean	91.4 	89.2



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)