

# **University of Iowa Health Care**

**Presentation to** 

#### The Board of Regents, State of Iowa

December 5-6, 2016

TUNIVERSITY OF IOWA HEALTH CARE



# **Opening Remarks**

#### **Operating and Financial Performance**

#### Proposed Amendments to the Bylaws of the UI Hospitals and Clinics and its Clinical Staff



#### **OPENING REMARKS**

Jean Robillard, MD Vice President for Medical Affairs & Dean, Carver College of Medicine

TUNIVERSITY OF IOWA HEALTH CARE



#### **OPERATING AND FINANCIAL PERFORMANCE**

#### Kenneth P. Kates Associate Vice President & Chief Executive Officer, UI Hospitals and Clinics

Kenneth Fisher Associate Vice President for Finance & Chief Financial Officer, UI Hospitals and Clinics

**III UNIVERSITY OF IOWA HEALTH CARE** 

Changing Medicine. Changing Lives.®

#### **Volume Indicators**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year *	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	11,416	11,465	11,182	(49)	-0.4% ()	234	2.1% 🔵
Patient Days	75,634	74,480	71,538	1,154	1.5% 🔵	4,096	5.7% 🔴
Average Daily Census	614.91	605.53	581.61	9.38	1.5% 🔵	33.30	5.7% 🔴
Total Surgeries	10,528	10,592	10,213	(64)	-0.6%	315	3.1% 🔴
- Inpatient	5,054	5,095	5,052	(41)	-0.8% ()	2	0.0% ()
- Outpatient	5,474	5,497	5,161	(23)	-0.4% ()	313	6.1% 🔴
ED Visits	20,652	21,425	19,841	(773)	-3.6% 🔴	811	4.1% 🔴
Total Clinic Visits	301,194	314,990	286,979	(13,796)	-4.4% 🔴	14,215	5.0% 🔴



\* from ongoing operations

# **Discharges by Type**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Varian Prior	% ce to Year
Adult Medical	3,206	3,264	3,177	(58)	-1.8% ()	29	0.9%	$\bigcirc$
Adult Surgical	6,164	6,080	5,977	84	1.4% 🔵	187	3.1%	
Adult Psych	366	419	389	(53)	-12.6% 🔴	(23)	-5.9%	
Subtotal – Adult	9,736	9,763	9,543	(27)	-0.3% ()	193	2.0%	$\bigcirc$
Pediatric Medical & Surgical	1,218	1,211	1,170	7	0.6% ()	48	4.1%	
Pediatric Critical Care	260	306	295	(46)	-15.0% 🔴	(35)	-11.9%	
Pediatric Psych	202	185	174	17	9.2% 🔴	28	16.1%	
Subtotal – Pediatrics	1,680	1,702	1,639	(22)	-1.3% ()	41	2.5%	$\bigcirc$
TOTAL	11,416	11,465	11,182	(49)	-0.4% 🔘	234	2.1%	$\bigcirc$

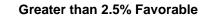


Greater than 2.5% Unfavorable

# **Discharge Days by Type**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	Varian Prior	% ce to Year
Adult Medical	18,742	18,477	17,942	265	1.4% 🔵	800	4.5%	
Adult Surgical	33,401	33,348	31,968	53	0.2% 🔵	1,433	4.5%	
Adult Psych	6,163	7,621	7,174	(1,458)	-19.1% 🔴	(1,011)	-14.1%	
Subtotal – Adult	58,306	59,446	57,084	(1,140)	-1.9% 🔵	1,222	2.1%	$\bigcirc$
Pediatric Medical and Surgical	8,778	6,281	6,071	2,497	39.8% 🔴	2,707	44.6%	
Pediatric Critical Care	8,518	7,986	7,638	532	6.7% 🔴	880	11.5%	
Pediatric Psych	1,521	1,778	1,698	(257)	-14.5% 🔴	(177)	-10.4%	
Subtotal – Pediatrics	18,817	16,045	15,407	2,772	17.3% 🔴	3,410	22.1%	
TOTAL	77,123	75,491	72,491	1,632	2.2% 🔾	4,632	6.4%	

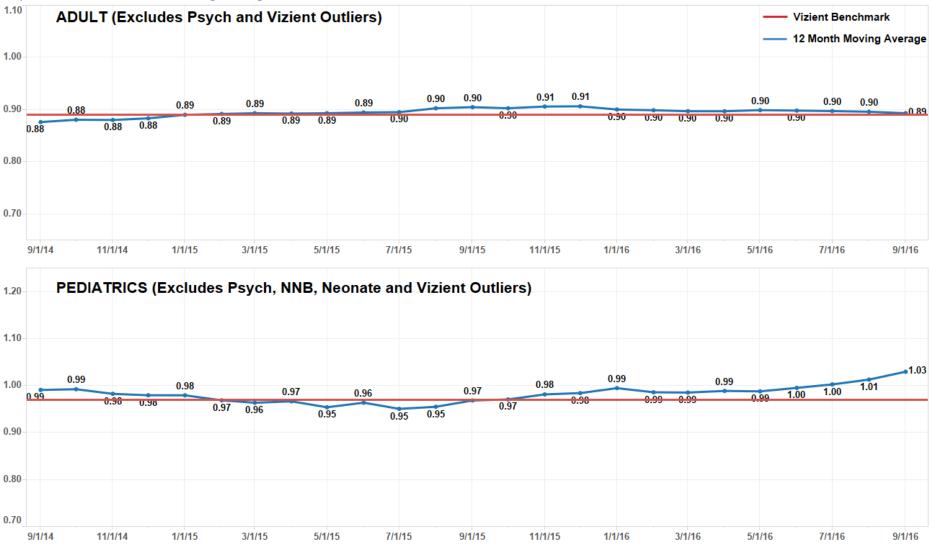


Neutral Greater than 2.5% Unfavorable

- 7 -

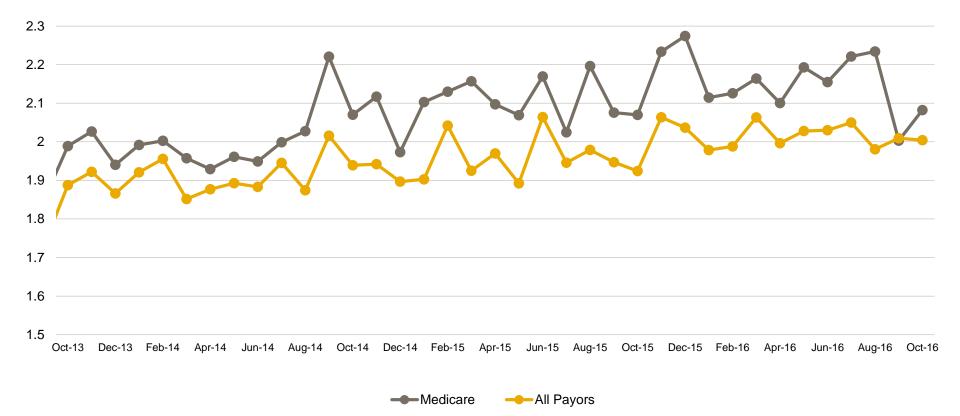
# Length of Stay

September 2016, 12 Month Moving Average



#### Changing Medicine. Changing Lives.®

#### **Case Mix Index**



TUNIVERSITY OF IOWA HEALTH CARE

Changing Medicine. Changing Lives.<sup>®</sup>

### **Inpatient Surgeries – by Clinical Department**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	to Prior	% Variance to Prior Year
Cardiothoracic	368	375	352	(7)	-1.9%	) 16	4.5%
Dentistry	138	165	162	(27)	-16.4%	(24)	-14.8%
General Surgery	1,498	1,450	1,372	48	3.3% 🥚	126	9.2% 🔴
Gynecology	281	311	300	(30)	-9.6%	(19)	-6.3% 🔴
Neurosurgery	925	874	819	51	5.8% 🔴	106	12.9% 🔴
Ophthalmology	65	96	124	(31)	-32.3%	(59)	-47.6% 🔴
Orthopedics	1,172	1,198	1,263	(26)	-2.2%	) (91)	-7.2% 🔴
Otolaryngology	275	275	272	0	0.0% (	) 3	1.1% ()
Radiology – Interventional	39	33	62	6	18.2% 🥚	(23)	-37.1% 🔴
Urology w/ Procedure Ste.	293	318	326	(25)	-7.9%	(33)	-10.1% 🔴
Total	5,054	5,095	5,052	(41)	-0.8%	2	0.0% ()
Solid Organ Transplants	113	121	113	(8)	-6.6%	0	0.0% ()
	Greater than 2.5% F	-avorable Ne	Oeutral Greate	er than 2.5% Ur	nfavorable		

# **Outpatient Surgeries – by Clinical Department**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	و Variance t Budge		% Variance to Prior Year
Cardiothoracic	17	13	15	4	30.8%	2	13.3%
Dentistry	192	184	173	8	4.3%	19	11.0% 🔴
Dermatology	13	11	6	2	18.2%	7	116.7% 🔴
General Surgery	810	865	801	(55)	-6.4%	9	1.1% (
Gynecology	323	297	253	26	8.8%	70	27.7% 🔴
Internal Medicine	2	4	5	(2)	-50.0%	(3)	-60.0% 🔴
Neurosurgery	210	204	202	6	2.9%	8	4.0% 🔴
Ophthalmology	1,204	1,240	1,188	(36)	-2.9%	16	1.3% (
Orthopedics	1,169	1,169	1,111	0	0.0% (	58	5.2% 🔴
Otolaryngology	835	812	723	23	2.8%	112	15.5% 🔴
Pediatrics	6	1	1	5	500.0%	5	500.0% 🔴
Radiology – Interventional	3	11	31	(8)	-72.7%	(28)	-90.3% 🔴
Urology w/ Procedure Ste.	690	686	652	4	0.6% (	38	5.8% 🔴
Total	5,474	5,497	5,161	(23)	-0.4%	313	6.1% 🔴
	•		$\bigcirc$	•			
	Greater than 2.5% F	avorable No	eutral Greate	er than 2.5% Un	favorable		

#### **Emergency Department**

Fiscal Year to Date October 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	20,652	21,425	19,841	(773)	-3.6% 🔴	811	4.1% 🔴
ED Admits	6,128	6,746	6,575	(618)	-9.2% 🛑	(447)	-6.8% 🔴
ED Conversion Factor	29.7%	31.5%	33.1%		-5.7% 🔴		-10.3% 🔴
ED Admits / Total Admits	54.1%	59.6%	59.1%		-9.2% 🛑		-8.5% 🛑



# **Total Clinic Visits by Location**

Fiscal Year to Date October 2016

		FY17 A	CTUAL			FY16 A	CTUAL*				
			UICMS &				UICMS &		Variance to		
Operating Review (YTD)	On-Site	IRL C	QuickCare	Total	On-Site	IRL	QuickCare	Total	Prior Year	%	
FAMILY MEDICINE	14,178	3,703	45,572	63,453	15,639		40,913	56,552	6,901	12.2%	
GENERAL INTERNAL MEDICINE		8,937		8,937		9,400		9,400	(463)	-4.9%	
PEDIATRICS		7,251		7,251		7,044		7,044	207	2.9%	
SUBTOTAL: PRIMARY CARE	14,178	19,891	45,572	79,641	15,639	16,444	40,913	72,996	6,645	9.1%	
ANESTHESIA		101		101					101	100.0%	
CTR DISABILITIES & DEVELOPMENT	3,580			3,580	3,198			3,198	382	11.9%	
CTR FOR DIGESTIVE DISEASES	7,243	1,834		9,077	7,573	1,457		9,030	47	0.5%	
CLINICAL CANCER CENTER	18,236	816		19,052	19,241	574		19,815	(763)	-3.9%	(
DERMATOLOGY	7,873	3,186		11,059	8,071	3,209		11,280	(221)	-2.0%	C
GENERAL SURGERY	7,810			7,810	7,148			7,148	662	9.3%	
HOSPITAL DENTISTRY	6,041			6,041	5,669			5,669	372	6.6%	
INTERNAL MEDICINE	10,666	2,784		13,450	10,033	2,686		12,719	731	5.7%	
NEUROLOGY	5,804			5,804	5,254			5,254	550	10.5%	
NEUROSURGERY	4,747			4,747	4,433			4,433	314	7.1%	
OBSTETRICS/GYNECOLOGY	20,134	7,593		27,727	20,106	8,331		28,437	(710)	-2.5%	
OPHTHALMOLOGY	21,526	3,527		25,053	21,579	3,240		24,819	234	0.9%	
ORTHOPEDICS	24,942	559		25,501	24,323	220		24,543	958	3.9%	
OTOLARYNGOLOGY	6,571	2,465		9,036	6,600	2,010		8,610	426	4.9%	
PEDIATRICS	21,373	930		22,303	19,950	128		20,078	2,225	11.1%	
PSYCHIATRY	13,766	15		13,781	12,113			12,113	1,668	13.8%	
UROLOGY	2,733	4,433		7,166	2,171	3,922		6,093	1,073	17.6%	
UI HEART CTR	6,185	4,080		10,265	6,378	4,366		10,744	(479)	-4.5%	
SUBTOTAL: SPECIALTY CARE	189,230	32,323		221,553	183,840	30,143		213,983	7,570	3.5%	
TOTAL	203,408	52,214	45,572	301,194	199,479	46,587	40,913	286,979	14,215	5.0%	
				$\bigcirc$							
	One standt -		anah la		0						_
	Greater than 2.5% Favorable			Neutral	Greater that	n 2.5% Un	ravorable		* from ongoi	ng operati	ons

UNIVERSITY OF IOWA HEALTH CARE

— 13 —

### **Pediatric Clinic Visits by Location**

Fiscal Year to Date October 2016

		FY17 /	ACTUAL			FY16 A	CTUAL*				
			UICMS &				UICMS &		Variance to		
Operating Review (YTD)	On-Site	IRL (	QuickCare	Total	On-Site	IRL (	QuickCare	Total	Prior Year	%	
FAMILY MEDICINE	1,560	129	11,582	13,271	1,461		11,076	12,537	734	5.9%	
GENERAL INTERNAL MEDICINE		8		8		3		3	5	166.7%	
PEDIATRICS		7,058		7,058		6,878		6,878	180	2.6%	
SUBTOTAL: PRIMARY CARE	1,560	7,195	11,582	20,337	1,461	6,881	11,076	19,418	919	4.7%	
ANESTHESIA										0.0%	$\overline{\bigcirc}$
CTR DISABILITIES & DEVELOPMENT	3,580			3,580	3,198			3,198	382	11.9%	
CTR FOR DIGESTIVE DISEASES	4			4	8			8	(4)	-50.0%	
CLINICAL CANCER CENTER	49			49	31			31	18	58.1%	
DERMATOLOGY	527	646		1,173	691	714		1,405	(232)	-16.5%	
GENERAL SURGERY	255			255	186			186	69	37.1%	
HOSPITAL DENTISTRY	795			795	772			772	23	3.0%	
INTERNAL MEDICINE	53	69		122	16	58		74	48	64.9%	
NEUROLOGY	185			185	174			174	11	6.3%	
NEUROSURGERY	751			751	706			706	45	6.4%	
OBSTETRICS/GYNECOLOGY	184	58		242	228	28		256	(14)	-5.5%	
OPHTHALMOLOGY	3,800	223		4,023	3,536	188		3,724	299	8.0%	
ORTHOPEDICS	4,647	7		4,654	4,207	1		4,208	446	10.6%	
OTOLARYNGOLOGY	1,240	1,531		2,771	1,081	1,186		2,267	504	22.2%	
PEDIATRICS	18,684	808		19,492	17,452	115		17,567	1,925	11.0%	
PSYCHIATRY	3,525			3,525	2,999			2,999	526	17.5%	
UROLOGY	71	932		1,003	80	1,060		1,140	(137)	-12.0%	
UI HEART CTR	5	24		29	6	70		76	(47)	-61.8%	Ŏ
SUBTOTAL: SPECIALTY CARE	38,355	4,298	0	42,653	35,371	3,420	0	38,791	3,862	10.0%	
TOTAL	39,915	11,493	11,582	62,990	36,832	10,301	11,076	58,209	4,781	8.2%	
				$\bigcirc$							
Greater than 2.5% Favorable N				Neutral	Greater that	an 2.5% Unf	avorable		* from ongoir	ng operati	ons

- 14 -

# **Adult Clinic Visits by Location**

Fiscal Year to Date October 2016

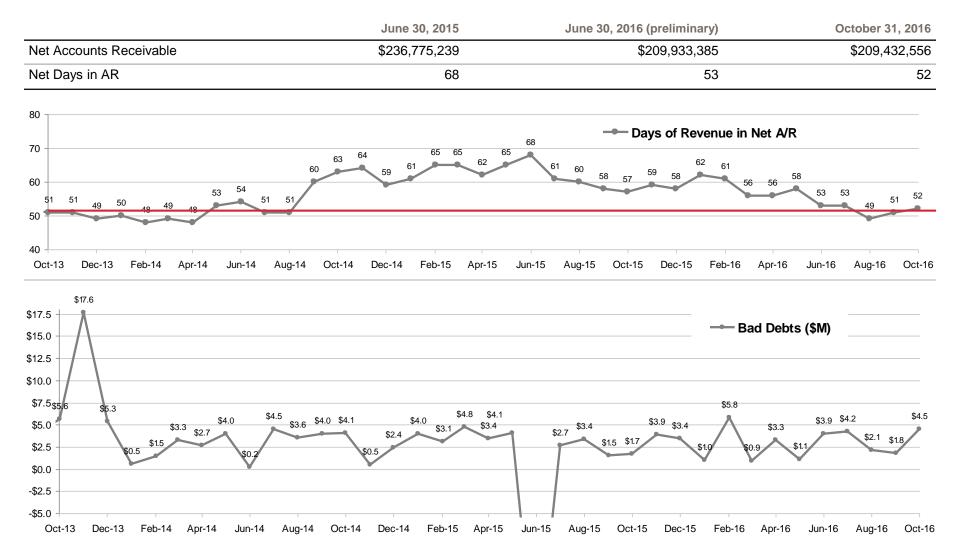
		FY17 /	ACTUAL			FY16 A	CTUAL*				
			UICMS &				UICMS &		Variance to		
Operating Review (YTD)	On-Site	IRL (	QuickCare	Total	On-Site	IRL	QuickCare	Total	Prior Year	%	
FAMILY MEDICINE	12,618	3,574	33,990	50,182	14,178		29,837	44,015	6,167	14.0%	
GENERAL INTERNAL MEDICINE		8,929		8,929		9,397		9,397	(468)	-5.0%	
PEDIATRICS		193		193		166		166	27	16.3%	D
SUBTOTAL: PRIMARY CARE	12,618	12,696	33,990	59,304	14,178	9,563	29,837	53,578	5,726	10.7%	D
ANESTHESIA		101		101					101	100.0%	
CTR FOR DIGESTIVE DISEASES	7,239	1,834		9,073	7,565	1,457		9,022	51	0.6%	5
CLINICAL CANCER CENTER	18,187	816		19,003	19,210	574		19,784	(781)	-3.9%	D
DERMATOLOGY	7,346	2,540		9,886	7,380	2,495		9,875	11	0.1%(	5
GENERAL SURGERY	7,555			7,555	6,962			6,962	593	8.5%	D
HOSPITAL DENTISTRY	5,246			5,246	4,897			4,897	349	7.1%	D
INTERNAL MEDICINE	10,613	2,715		13,328	10,017	2,628		12,645	683	5.4%	
NEUROLOGY	5,619			5,619	5,080			5,080	539	10.6%	
NEUROSURGERY	3,996			3,996	3,727			3,727	269	7.2%	
OBSTETRICS/GYNECOLOGY	19,950	7,535		27,485	19,878	8,303		28,181	(696)	-2.5% (	5
OPHTHALMOLOGY	17,726	3,304		21,030	18,043	3,052		21,095	(65)	-0.3% (	5
ORTHOPEDICS	20,295	552		20,847	20,116	219		20,335	512	2.5% (	5
OTOLARYNGOLOGY	5,331	934		6,265	5,519	824		6,343	(78)	-1.2% (	$\sum$
PEDIATRICS	2,689	122		2,811	2,498	13		2,511	300	11.9%	
PSYCHIATRY	10,241	15		10,256	9,114			9,114	1,142	12.5%	
UROLOGY	2,662	3,501		6,163	2,091	2,862		4,953	1,210	24.4%	D
UI HEART CTR	6,180	4,056		10,236	6,372	4,296		10,668	(432)	-4.0%	
SUBTOTAL: SPECIALTY CARE	150,875	28,025		178,900	148,469	26,723		175, 192	3,708	2.1%(	)
TOTAL	163,493	40,721	33,990	238,204	162,647	36,286	29,837	228,770	9,434	4.1%	
				$\bigcirc$							
	Greater tha	n 2.5% Fav	vorable	Neutral	Greater tha	n 2.5% Un	favorable		* from ongoi	ng operation	iS

UNIVERSITY OF IOWA HEALTH CARE

- 15 -

## **Comparative Accounts Receivable**

At October 31, 2016



— 16 —

#### **Comparative Financial Results**

Fiscal Year to Date October 2016, Dollars in Thousands

NET REVENUES	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$481,698	\$506,527	\$454,535	(\$24,829)	-4.9%	\$27,163	6.0%
Other Operating Revenue	16,304	15,242	17,252	1,062	7.0%	(948)	-5.5%
Total Revenue	\$498,002	\$521,769	\$471,787	(\$23,767)	-4.6%	\$26,215	5.6%
EXPENSES							
Salaries and Wages	\$239,256	\$250,807	\$214,371	(\$11,551)	-4.6%	\$24,885	11.6%
General Expenses	215,281	221,673	200,633	(6,392)	-2.9%	14,648	7.3%
Operating Expense before Capital	\$454,537	\$472,480	\$415,004	(\$17,943)	-3.8%	\$39,533	9.5%
Cash Flow Operating Margin	\$43,465	\$49,289	\$56,783	(\$5,824)	-11.8%	(\$13,318)	-23.5%
Capital- Depreciation and Amortization	26,615	27,581	25,825	(966)	-3.5%	790	3.1%
Total Operating Expense	\$481,152	\$500,061	\$440,829	(\$18,909)	-3.8%	\$40,323	9.1%
Operating Income	\$16,850	\$21,708	\$30,958	(\$4,858)	-22.4%	<b>(\$14,108)</b>	-45.6%
Operating Margin %	3.4%	4.2%	6.6%		-0.8%		-3.2%
Gain (Loss) on Investments	(10)	2,692	(16,376)	(2,702)	-100.4%	16,366	99.9%
Other Non-Operating	(2,149)	(4,413)	(2,665)	2,264	51.3%	516	19.4%
Net Income	\$14,691	\$19,987	\$11,917	(\$5,296)	-26.5%	\$2,774	23.3%
Net Margin %	3.0%	3.8%	2.6%		-0.8%		0.4%

\* Gain/(Loss) on Investments based on information available at close. Final investment return for this period is reflected in Fiscal Year to Date returns in the subsequent reporting cycle.

- 17 -



#### PROPOSED AMENDMENTS TO THE BYLAWS OF THE UI HOSPITALS AND CLINICS AND ITS STAFF

Joe Clamon Associate Vice President for Legal Affairs

TWO UNIVERSITY OF IOWA HEALTH CARE

Changing Medicine. Changing Lives.<sup>®</sup>

# Explanation of Proposed Amendments to the Bylaws, Rules and Regulations of the UI Hospital and Clinics and Its Clinical Staff

The University of Iowa Hospitals and Clinics ("UIHC") last revised the Bylaws, Rules & Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff ("Bylaws") in February 2016. The University of Iowa Hospitals and Clinics recently underwent an accreditation survey by The Joint Commission and is preparing for the next regular Liaison Committee on Medical Education (LCME) survey of the Carver College of Medicine. To be consistent with best practices from these accrediting organizations, UIHC desire to make the following recommended revisions:

These recommendations include:

(1) clarify that a majority vote of a quorum is required to amend the Bylaws (Article VII).

(2) remove unnecessary duplication between subsections (C) and (D) that could cause confusion (Article VIII, Section 4(C) and (D)).

(3) permit medical students who have completed eighteen (18) months of medical school to write orders. This change is consistent with the medical school's updated curriculum and LCME standards under which medical students participate in the clinical care environment beginning at eighteen (18) months instead of twenty-four (24) months as occurred previously (Article VIII, Section 4).

(4) remove automatic expiration of medication orders which could potentially jeopardize patient safety for patients with extended care regimens. Policies and procedure are in place for regular review of medication orders (Article VIII, Section 6).

(5) remove reference to medical history and physical short form for use prior to surgery or a procedure requiring anesthesia as such form is not used (Article VIII, Section 7).

(6) correct an inaccurate section reference (Appendix I).

1. 2. and 3. Article VII, Section 4 is amended to read as follows:

#### Section 4:

Orders for medication or treatment shall be in writing, shall be timed and dated, and shall be signed by the member or practitioner giving the order, with the following exceptions:

A. in cases of emergency, verbal orders may be accepted from members or practitioners

B. in cases when the member or practitioner is unable to be present to write the necessary order and delaying administering the medication or performing the treatment would be adverse to the patient's welfare,

C. All verbal orders, including those regarding bed occupancy, will be accepted and documented per hospital policy.

D. Verbal orders regarding bed occupancy will be accepted and documented per hospital policy.

Medical students who have completed two (2) years eighteen (18) months of medical school may write orders for review and approval by a licensed independent provider. Written orders by medical students shall be co-signed by the patient's attending physician or a house staff member under his/her supervision before they will be carried out by the nursing staff or any other professional staff. It is the responsibility of the medical student to obtain the co-signature. For patients who have been declared brain dead per hospital policy and family has given consent to organ donation, the patient may have orders written by the Organ Donor Coordinator(s) from the Organ Procurement Organization.

4. Article VIII, Section 6 is amended to read as follows:

#### Section 6:

Standard orders may be adopted, as needed by the various Clinical Services and Clinical Divisions, but they must be individually signed. Standard orders must be reviewed, revised as necessary, and readopted at least annually. All medication orders for inpatients will automatically expire at the end of the specified durations which have been set by the Pharmacy and Therapeutics subcommittee. Unless otherwise indicated for specific drugs or drug categories designated by the Pharmacy and Therapeutics Subcommittee, medication orders will automatically expire after thirty (30) DAYS. Cancellation of all existing orders for a patient will be effected on change of service, when the patient is sent to the operating room or delivery room. Drug orders and prescriptions shall be written by the generic name unless the preparation has a simple proprietary name and a complex generic name. Drug dosages shall be written in the metric system.

5. Article VIII, Section 7 is amended to read as follows:

#### Section 7:

A medical history and physical examination shall be completed and documented for each patient no more than thirty (30) days before, or twenty-four (24) hours after, admission or registration for a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F). An updated examination must be completed prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within thirty (30) days before admission or registration (in a non-inpatient setting). The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F). If the circumstances are such that a delay is necessary, a brief admission note may be recorded pending completion of the history and physical examination. A re-admission note, or a "short form" must be recorded and signed before any operation is performed or treatment is instituted, except in cases of emergency.

6. Article VIII, Section 7 is amended to read as follows:

The following hospital departments have been established pursuant to Article II, Section 2(B)(<u>9</u>i) of the <u>Bylaws</u>, <u>Rules and Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff</u>: