

The University of Texas Southwestern Medical Center at Dallas

**Compact with The University of Texas System
FY 2007 through FY 2008**

I. Introduction: Mission and Goals

The University of Texas Southwestern Medical Center at Dallas is an institution of The University of Texas System and is committed to pursuing high standards of achievement in instruction, research, and clinical activities. Since its inception in 1943, UT Southwestern has evolved as one of the leading biomedical institutions in the country, and its programs are designed and implemented with the intent to sustain this progress in the future.

As an academic health science center, the central mission of the institution is to educate health professionals whose lifelong career objectives will be to provide the best possible care, apply the most appropriate treatment modalities, and continue to seek information fundamental to the treatment and prevention of disease. Within an environment of interdisciplinary activity and academic freedom at UT Southwestern, students receive training from faculty scholars who have in-depth expertise in the many specialties of health care and the biomedical sciences. Faculty members also apply their research and clinical skills to generate new knowledge in the fight against disease while serving the people of Texas to the best of their ability. Research findings are made available directly to students and indirectly to the general public as practicing professionals adopt new treatment modalities. The focus of the faculty, students, and administration at The University of Texas Southwestern Medical Center at Dallas will remain on providing exemplary educational programs, creating new knowledge, delivering quality medical care, maintaining the highest ethical standards, advancing the scientific basis of medical practice, and demonstrating concern and compassion for all people. Every aspect of the university's operation will be conducted in as cost-effective a manner as possible.

The institution consists of the Southwestern Medical School, the Southwestern Graduate School of Biomedical Sciences, and the Southwestern Allied Health Sciences School and offers degrees and programs with subject matter limited to health-related fields.

The central purpose of The University of Texas Southwestern Medical Center at Dallas is to produce physicians who will be inspired to maintain lifelong medical scholarship and who will apply the knowledge gained in a responsible and humanistic manner to the care of patients. The Southwestern Medical School has assumed responsibility for the continuum of medical education. The institution offers instructional programs not only in undergraduate medical education leading to the M.D. degree, but also graduate training in the form of residency positions and fellowships as well as continuing education for practicing physicians and medical scientists. An important focus of the educational effort is training primary care physicians and preparing doctors who will practice in underserved areas of Texas. Another instructional role of Southwestern Medical School faculty is that of fully preparing those medical students who seek a career in academic medicine or research, including providing the opportunity to earn both the M.D. and Ph.D. degrees simultaneously.

The Southwestern Graduate School of Biomedical Sciences provides well qualified individuals seeking an M.A., M.S., or Ph.D. degree with the opportunity and the encouragement to investigate rigorously and be creative in solving significant problems in the biological, physical, and behavioral sciences. In addition to acquiring information in their area of research expertise, graduate students are encouraged to develop and test new ideas in the classroom and to communicate their ideas to others within the research-oriented medical community. Although enrolled in a specific program, the students are not restricted to courses in their major field of study. Exposure to a wide variety of academic disciplines is necessary to prepare each individual for the rapidly changing emphasis in the biomedical sciences. Therefore, graduate students at UT Southwestern gain a wide perspective of contemporary biomedical science through interdisciplinary courses, seminars, and informal discussions involving scholastic interaction with students and faculty from other educational programs within the University.

The educational programs of the Southwestern Allied Health Sciences School have been established to educate individuals at the baccalaureate and master's degree levels for those professions which support

the health care delivery team concept. The school offers baccalaureate degree programs in several fields, postbaccalaureate courses of study, certificate programs, and master's degree programs in allied health science fields of study. As an integral part of UT Southwestern Medical Center, the school works cooperatively in education, research, and service contexts. It prepares allied health professionals of the highest quality and competency to help meet health care needs of the people of Texas. Through research and scholarly pursuits related to health care, it advances scientific knowledge and practices of the allied health profession. It offers consultation, technical assistance, and professional services to meet education and health care needs of the community. In addition, it contributes to the continued growth and development of allied health professions, including reduction of barriers to career advancement through pathways to graduate or post-graduate education. The School views its community obligations as being important and therefore works actively to publicize career opportunities and respond in an appropriate manner to the requirements of health care institutions, agencies, and service providers in the area.

II. Major Ongoing Priorities and Initiatives

A. Short Term Priorities and Initiatives

1. Consolidate the operations of Zale Lipshy University Hospital and St. Paul University Hospital into the patient care mission of the university

Priority: Very High Priority – Essential to the future of the physician referral practice

Objectives: Ensure the future growth and excellence of the clinical referral practice through stabilization of the primary hospitals that serve our private patients. In order to provide a full spectrum of patients for our clinical, education, and research missions, a financially strong, well-managed hospital is required. The clinical practice must have access to privately insured patients to ensure an adequate stream of income to support the whole practice. Undergraduate and graduate training is enhanced by the opportunity to assist in the treatment of patients seen in such facilities at an earlier stage of disease. To resolve these challenges, the objective will be to fully integrate outpatient and inpatient services by UT Southwestern assuming responsibility for the operation and governance of Zale Lipshy University Hospital and St. Paul University Hospital.

Strategies: The following sequential strategies are planned: (1) Enter into contracts to provide management oversight assistance to the hospitals. This step is already in place, and improvements are evident. (2) Obtain experienced management for the hospitals in key positions. (3) Enter into contracts for consulting assistance in the key financial and operating processes. (4) Consolidate the information technology and telecommunications functions of the university and hospitals. The project is already taking place under contracts with the hospitals. Due to the contractual nature of the relationship, the consolidation is not as efficient or streamlined as is desirable. The Information Resources Department of the university has included the needs of the hospitals in its strategic plan due to the contract obligations. (5) Enter into a financial consolidation with the hospitals in a form which best meets the future needs of the university. This step is currently under study during the development of the Compact. The analysis and final decision on the future relationship of the university with the two hospitals includes consultation with physicians, administrators, UT System Administration, and ultimately, with the Board of Regents. A full merger of the hospitals within the

university should be considered as an optimal means to provide the most financially and functionally attractive, long-term solution to the challenges faced by the clinical practice and the hospitals.

Resources: For full success, the university needs to assume full responsibility for managing and governing the hospitals. A plan to acquire the assets and retire the liabilities of the hospital corporations should be developed. Based on an assessment of fair market value of real estate and equipment, the primary source of funding is expected to be the sale of bonds through the UT System revenue financing system, with the bonds to be retired from hospital revenues in future years. Combining the hospitals within the university umbrella is sure to stimulate more philanthropic support as the financial questions associated with the hospitals' future viability are resolved. With the financial strength of UT Southwestern and the support of UT System, capital investment options will be open to the hospitals to help maintain the facilities and provide the advanced equipment necessary to the hospitals' futures.

Progress Measures: A major indicator will be the financial performance of the hospitals. As the benefits of consolidation take hold, the hospitals should return to a strong, positive financial condition. Likewise, the practice plan should excel from improved hospital financial strength. Such improvements will require several years to be fully realized and will be impacted by the level of capital investment available. Over time, the consolidated hospitals should become reorganized in noticeable magazines such as *U.S. News and World Report*.

Major Obstacles: No major obstacles are known at this time. Analysis of regulatory issues, contingent financial obligations, legal issues, and accreditation issues remains to be completed. The primary challenge going forward will be the availability of capital for new investment as described later in the Compact.

Update: The university acquired the two hospitals effective January 1, 2005, and merged their operations within the university structure. The university has assumed full responsibility for the governance and management of the hospitals. A financial plan has been implemented to return the hospitals to breakeven status.

Progress:

- Hospitals were acquired January 1, 2005.
- All key hospital management is in place and there is recruitment in progress for new position of medical vice president for Health Systems.
- Post-acquisition, the hospitals have achieved a breakeven financial position.
- Major services have been allocated between the two facilities (e.g. orthopedics at UT Southwestern University Hospital – St. Paul and psychiatry at UT Southwestern University Hospital – Zale Lipshy).
- Phase 2 of a consolidated Cardiac Cath-Interventional Radiology facility is complete.
- Hospital facilities are being re-branded as an integral part of UT Southwestern Medical Center.
- The strategic plan is complete outlining the development of multi-disciplinary clinical programs (“service lines”) that tie together outpatient clinics and faculty practice plan.

2. Develop financial resources, both internal and external, to support clinical and research expansion

Priority: High priority – Expansion and enhancement of UT Southwestern's programs will require substantial new investment in buildings and equipment. The full range of sources, including PUF bonds; RFS bonds; Tuition Revenue Bonds; and institutional, gift, and grant funds, as well as private sector finance, will be needed.

Objectives: Provide funding for additional clinical and research space in a financially sound manner, as space is needed. As new and enhanced programs are developed and additional faculty members are recruited, both new and renovated space will be required for expanded work. Specialized medical equipment in the clinical departments and research equipment not funded by sponsors will require significant resources. Campus infrastructure support for these activities will also require additional funding. With a growth rate of 8% to 10% in both clinical and research activity, significant new resources will be required from external sources.

Strategies: (1) Successfully complete the university's \$500,000,000 capital campaign. Begun in 2002, the campaign is designed to provide an opportunity for the community to participate in the growth of the institution. Funds have been raised in support of both research and clinical programs. (2) Use debt capacity of the growing UT Southwestern enterprise in compliance with UT System guidelines and prudent management. Over the past fifteen years, RFS bonds and notes have been used in combination with other resources to expand the Aston Center, finance four new buildings forming the north campus, purchase new land and buildings, and finance clinical equipment. The use of enterprise accounting to better judge clinical business performance and the use of projection models in the new financial planning office will provide better information to assist in producing the financial modeling necessary to support bond financing proposals. (3) Obtain assistance from the UT System Board of Regents in allocations of Permanent University Fund Bond proceeds. PUF bonds have been a major contributor to new building projects, primarily in support of research expansion. In each of the four north campus buildings, PUF bonds have been of vital importance in helping persuade philanthropists to provide private gifts. (4) Achieve continued state support through the Tuition Revenue Bond program. Two buildings on the north campus have received direct support through this program. Participation in capital expansion with TRB financing provides a meaningful, public statement by the legislative and executive branches of state government in support of the growth and improvement of UT Southwestern's programs. Under guidelines regulating the financial support of federally sponsored research, the interest on debt and depreciation of original cost is recoverable. This provides a reliable source of funds to pay back debts incurred in the financing of research buildings. All three bond programs are included in the submission of proposals to recover financing costs on federally sponsored projects. (5) Construction grant opportunities will be used wherever possible when grantors offer programs to assist in capital formation. (6) In some cases, private sector finance may provide facility expansion opportunities. Through the use of ground leases on university property and operating leases in privately owned buildings, space requirements may be accommodated without the use of university capital funds. Presently, the university is seeking proposals for the development of a facility for biotechnology start-up companies interested in the licensing of university-owned intellectual property. (7) Allocation methodologies will be employed on an annual basis during the budget process to supply capital funds from unrestricted sources. A

capital planning and source tracking system is to be developed for a multi-year internal plan for capital investment. A financial planning office has been created under the Office of Business Affairs to support this effort.

Resources: Internal financial support for each of the strategies will be provided through the annual budget.

Progress Measures: Achievement of this goal will be measured by the success in bringing forward capital projects in a timely manner, as the need for space and equipment requires. Research expenditures per square foot of research space are measured to time the need for new research space. Clinical enterprise accounting measures are being developed to measure the utility of clinical and hospital space to judge both efficiency and expansion requirements. Using a measure of work performed (Relative Value Units) and charges per square foot of clinical space will assist in determining the timing of the need for expansion. The formal capital campaign, semi-annual Capital Improvement Plan of the UT System Board of Regents, and sessions of the Texas Legislature offer opportunities to achieve measurable support from external sources. Provision of necessary space should be followed by measurable increases in research grants and clinical revenues.

Major Obstacles: Due to its success and reputation, the university has no major internal obstacles to overcome in justifying access to a diversified set of funding sources. However, competing external demands on state and UT System resources may tax the ability of the university to secure this source of funding. Unlike many universities, funding at UT Southwestern is needed primarily to enable the faculty to serve the research and clinical missions of the institution, rather than to serve enrollment growth.

Update: Development efforts of internal and external financial resources in support of clinical and research expansion is on-going. The office of finance presented a revenue financing system debt capacity update to the UT System Board of Regents' Finance and Planning Committee on February 9, 2005. UT Southwestern was shown to have significant debt capacity for future growth. In terms of external funding, the university has received \$400,000,000 toward a capital campaign goal of \$500,000,000. Philanthropic cash receipts in FY 2004 exceeded \$130,000,000. In addition, UT Southwestern received a new federal allocation through HRSA in the amount of \$6,000,000. The HRSA funds will be used for equipment purchases to be placed in the Biomedical Research and Advanced Imaging Building (The Bill and Rita Clements Advanced Medical Imaging Building) currently under construction. A request has been submitted to the state legislature in the current session for TRB funding to support North Campus Phase V construction.

Progress:

- New philanthropic gifts and pledges of over \$150,000,000 have been received to support research, clinical, and facility priorities.
- UT Southwestern received an additional \$10 million federal allocation for equipment purchases to be placed in The Bill and Rita Clements Advanced Medical Imaging Building.

3. Implement the processes necessary to achieve the goals of the clinical transformation project

Priority: High priority – Achieving excellence in all aspects of the delivery of clinical care and service to our patients is a top priority. We are initially focusing on our ambulatory practice, where we perceive the greatest room for improvement, but ultimately plan to encompass our entire clinical practice.

Objectives: Our goal is to transform the practice into a cohesive, patient-oriented program that will combine the highest quality of patient care from medical and technological perspectives with the highest quality of customer service. The changes are not aimed at making marginal incremental improvements, but rather at producing a fundamental transformation of the quality of service our patients experience. We believe that improvements in the service culture of UT Southwestern are an essential aspect of medical student and resident education.

Strategies: Several strategies are planned. We have begun a number of improvements in our practice infrastructure including support services (telephones, registration, scheduling, and business processes), electronic medical records, practice metrics, and employee development and training. We are restructuring middle-management to empower a cadre of well-trained clinic medical directors and managers, who will have responsibilities to the entire practice as well as to their departments or divisions. Undergirding the “transformation” must be a transformation of our institutional “culture” toward a patient-centered focus.

Resources: Donors have already pledged support of over \$40,000,000 toward a goal of \$100,000,000 for this multi-year initiative. Ongoing costs of operations resulting from new initiatives will be included in the annual budget funded from the practice plan; it is anticipated that practice income growth plus philanthropic endowments will more than cover the recurring costs. Infrastructure elements that are in design or reorganization and that are deemed necessary to achieve our objectives include: (1) electronic medical records; (2) support services (telephones, registration, scheduling, and business processes); (3) practice metrics (development of the clinical data warehouse); and (4) employee development and training.

Progress Measures: Patient satisfaction surveys are used to measure satisfaction and identify problem areas. Practice metrics are in development to measure wait times for visits, tests, and procedures; provider bumped appointment rates; clinic visit times; telecommunications performance; clinical volume and productivity; and financial indicators.

Major Obstacles: The following obstacles will need to be overcome to achieve the objectives of the initiative:

- a. The complexity of moving our clinical operations toward “best practice” models
- b. The magnitude of the process of re-engineering, implementation, and “roll out” of the electronic medical record across a predominantly subspecialty medical practice
- c. Changing the “culture” and behavior of clinical leaders, providers, and staff into a service-oriented model

Update: In the past year the Clinical Services Initiative project (Clinical Transformation Project) has focused primarily on human resources and “culture”

change in the organization. Workgroups of employees have developed service standards, personal appearance codes, and policies for patient-related communications from which an organizational CREDO and employee PACT (Problem Solving; Ability, Attitude, and Appearance; Communications and Compassion; and Teamwork) has been developed which embodies our standards and has been integrated in employee hiring, orientation, training, recognition, and evaluations. This PACT has been introduced to the University hospitals and clinics.

To measure patient satisfaction we have initiated Press Ganey satisfaction surveys. These are nationally benchmarked, ongoing surveys (summarized each quarter) in the University hospitals and clinics. We have coupled this with a performance improvement plan across the organization. We continue to develop medical practice operational metrics in a data warehouse and provide the detailed information to all leadership and management personnel.

We have continued to “roll out” our ambulatory electronic medical records and have developed an electronic Patient/Health System interface (“MyChart”) which will be initiated in primary care clinics in the summer of 2005. We have completed a process of information resources strategic and enterprise resource planning.

Progress:

- The Clinical Transformation Project has continued to focus on human resources and “culture” change in the organization. Patient service standards have become an integral part of our hiring, orientation, training and performance appraisals, and recognition programs. Competency testing for all clinical staff assistants began in 2006.
- Press Ganey Surveys of patient satisfaction and operational metrics are now reported “transparently” to the entire organization, and performance improvement plans and “interventions” have been initiated.
- We have developed an Information Resources Health System strategic plan through 2010; a redundant networking/wireless infrastructure has been completed in clinical areas; and an integrated phone plan has been instituted.
- In the Ambulatory Clinics the EpicCare (documentation, orders, prescription writing, and messaging) and Epic Registration and Scheduling have been implemented in 70% of locations. Document imaging (a vital step to become paperless) has been installed in ten clinics. MyChart (the electronic patient/provider interface) has been offered to 6,500 patients (access codes given) and currently there are 3,000 active patient users.
- An external “blue ribbon” review panel now meets annually to review clinical progress and provide suggestions for ways to enhance the Clinical Transformation Project.

4. Add new infrastructure support in information technology with reliable, secure systems that meet the needs of students, faculty, staff, and patients, including Electronic Medical Records

Priority: High priority – Today, information technology – the ability to communicate and transmit data in real time anywhere, anytime – is an indispensable part of the

delivery of services in research, education, and clinical care. Any assault on the security of communication networks can endanger the institution's intellectual property, private patient information, student records, and financial records. Providing much higher levels of security is essential while the university provides greater data processing capacity and capabilities.

Objectives: The objectives are to: (1) identify the areas of instability of the current telecom suppliers and minimize reliance on leased fiber optic pathways to critical systems; (2) create a multi-homed (dual) Internet connection for mission critical Internet services; (3) implement redundant and high-availability electrical distribution and network hardware; and (4) implement higher levels of monitoring, oversight, and remediation for departmental computing resources.

Strategies: The following strategies have been identified: (1) create a redundant gigabit backbone connecting the university and the major hospital affiliates; (2) create network security zones allowing segregation of low, medium, and high risk computing facilities; (3) continue to examine internal and external networks and computing facilities for security vulnerabilities; (4) maintain disaster recovery plans for major computing and telecommunications facilities serving the university, Zale Lipshy University Hospital, and St. Paul University Hospital. We would also continue the expansion and regular rehearsal of disaster recovery/business continuity plans and examine the feasibility of reducing our reliance on our hot site (Chicago) by moving to co-located facilities; and (5) participate in the LEARN organization seeking to construct a high speed Texas network capable of participating in national GRID computing initiatives. Until LEARN is proven reliable, the university will maintain commercial connections to the commodity Internet and Internet 2.

Resources: Significant investment in skilled staff to accomplish the tasks resulting from the strategies will be required. Funding will be needed for hardware, software, renovation, and systems development to achieve the objectives. Although a detailed budget has not yet been developed, an annual investment of at least \$3,000,000 allocated from internal sources will be required.

Progress Measures: Progress measures are as follows: the completion and successful test of the university's redundant gigabit backbone, the reduction in the number of university facilities outfitted with low-speed wiring and network equipment, the maintenance of an acceptable level of computing and network risks, the successful test of the university's disaster recovery/business continuity plans, and the completion of the LEARN network and commercial quality Service Level Agreements.

Major Obstacles: The many diverse challenges to overcome have a strong influence on the rate of accomplishment. Increased security needs will require Information Resources and university administration to become more involved in direct oversight of departmental computing initiatives. This represents a significant cultural and operational shift for UT Southwestern. For the hospitals and university clinics, all projects must ensure there will be no impact on patient care.

Update: During the past year major progress has been made on many high priority Information Technology projects. The fiber path is in place in all locations for the university's redundant gigabit backbone and testing is currently in progress. The university has also successfully tested its disaster recovery/business continuity plans. While strides have been taken to improve reliability and security of university

systems, considerable effort has also been focused on improving the ability of those systems to meet the needs of the campus community. Approximately 70% of the campus has been upgraded to high-speed wiring, with current plans projecting complete upgrade campus-wide within three years. Additionally, the LEARN network is progressing and commercial grade service is projected to be available within a year. One of the most important projects to our medical community, the electronic medical records (EMR) project is approximately 45-50% complete, with 23 out of 45 sites/clinics using the live EpicCare application. The EMR project is scheduled for completion by the end of 2007.

Progress:

- A gigabit, redundant fiber backbone has been constructed connecting our University Hospitals, the North, South, and West campus locations. This backbone is completed and operational.
- A multi-homed Internet capability is complete. Our connections include: WilTel (commercial), the Texas Higher Education Network (THENet), and Internet2.
- Disaster recovery plans were re-examined. We are configuring a co-location site capable of servicing as a disaster recovery site, funded by UT System, at the UT Arlington Data Center in Ft. Worth. This will provide the expanded operational and recovery needs of our expanding hospital system. We anticipate this site to be operational in 90 days.
- Critical Watch software is installed. This application regularly scans the UT Southwestern network and reports vulnerabilities and enhances our ability to self-monitor internal network resources.
- We continue to participate in the development of the LEARN network.

B. Long Term Priorities and Initiatives

1. Develop the resources necessary to insure the long-term financial health of the university without suffering significant negative impacts from the unpredictable and sometimes sub-optimal growth of state support

Priority: High priority – UT Southwestern’s growth rates in clinical and research activity historically exceed the growth of state support. To maintain these growth rates over the long term will require supplemental support from both internally generated and external sources.

Objectives: It is essential that we provide sufficient financial support to allow for the continued enhancement and growth of the research and clinical missions. One specific objective is to obtain full funding of the cost of indigent care services at Parkland Memorial Hospital. Rapid growth of the demand for services and the reluctance of county, state, and Parkland officials to increase support for indigent care have placed severe financial challenges on Parkland and compromised its ability to pay for the full range of physician services necessary for one of the nation’s largest public teaching hospitals. UT Southwestern is the sole provider of physician services at Parkland. In order to continue our growth trend in research and clinical

care, increased support will be necessary from philanthropic and federal sources, as well as appropriate increases from state and local government.

Strategies: To achieve this goal, the university will need to maintain a strong and responsible financial condition as a first requirement. Whether from debt markets, external supporters, or state or UT System resources, a strong reputation for financial stewardship is necessary to maintain the confidence of those who finance our growth. Bringing this message forth along with our needs and opportunities will be a vital part of our responsibility to support the growth of the institution. A second strategy will be to educate the local community further of our close relationship with and mutual dependence on Parkland Memorial Hospital and the essential requirement for Parkland to have adequate financial support to serve the health care needs of local citizens most in need and to invest in the centers of excellence which Parkland and UT Southwestern together offer the metroplex area. A third strategy will be to work with representatives of state government and UT System colleagues to define state funding allocations to health institutions based on excellence and achievement. Today, only a minimal amount of formula funding is based on these factors. A fourth strategy will be to continue adding to the supply of private funds available to the university.

Resources: Strong leadership in vital areas of public relations, financial and operational management, and fund raising is required to achieve these objectives. Active support by the Board of Regents, UT System officials, private citizens, and local and state elected officials, along with our representatives in Washington, D.C., will be necessary to obtain the funding necessary to meet our needs.

Progress Measures: Progress can be measured by changes in amounts and methods of finance in state support, improvements to the Parkland Memorial Hospital contract terms, new federal funding, and private support beyond the current campaign. The opening of new relationships for grant support will also provide evidence of success in this initiative.

Major Obstacles: The many demands on state funding for education and indigent care, including the projected rapid growth in K-12 and undergraduate enrollment, will compete with our objectives. There is always a danger that competing public needs, along with the reluctance of elected governmental entities, including the Dallas County Commissioners Court, to raise taxes, will result in inadequate support of essential services.

Update: UT Southwestern continues to work with the state government and UT System officials to recommend and support funding based on excellence and success-based performance measures. We have been able to translate our reputation as a world-class biomedical science institution into continuous and increasing local support. Our Clinical Services Initiative (Clinical Transformation Project) to become a leader in patient-based care and to achieve an exemplary level of care for all patients has strong private support. We continue to work closely with our affiliated institutions, especially Parkland Health and Hospital System, to evaluate our contractual and professional relationships in an effort to provide our community with the best possible health care while accomplishing the mission and goals of the university within a responsible and accountable financial framework.

Progress:

- Philanthropic gifts and pledges have been received at record levels.
- The contract arrangement with Parkland Hospital has been improved significantly, allowing appropriate growth in funding based on claims and achievement of reimbursement through performance measures (which are annually negotiated with Parkland).
- Discussions are ongoing with the Veteran's Administration Hospital to improve our contract for services.
- The contract for services with Children's Medical Center has been improved significantly.

2. Provide the campus infrastructure necessary to allow for continual growth in the research and clinical missions consistent with the past growth rate of 8% to 10% per year

Priority: High Priority – Growth cannot continue without the basic administrative and technological support necessary. Likewise, new facilities will be needed as demand expands.

Objectives: Provide administrative leadership, trained staff, secure and reliable systems, facilities, and equipment to meet the needs of faculty and students as growth opportunities are presented.

Strategies: The strategies to meet this initiative are: (1) develop succession plans to all key administrative positions; (2) create a central training office to oversee and support staff training programs across the campus; (3) explore and develop new performance-based compensation plans for employees at all levels; (4) establish a formal process for the evaluation and recommendation of replacement administrative systems; and (5) construct new buildings to house new programs along with the equipment necessary for faculty success.

Resources: A combination of internal sources institutionally derived from central sources and cost recovery charges to departments will be used along with external sources from UT System, state, and private funds. The ability to access PUF funds, tuition revenue bonds, and other state support will be required as the limited internal sources cannot provide the magnitude of funds necessary to accommodate the growth rate of the campus.

Progress Measures: Telecommunications, network, and administrative system capacity will need to grow in order to meet the growth needs of the university. Maintaining adequate human capital to support growth can be measured by tracking unfilled positions and comparing salary levels to the local market conditions. Building capacity can be measured by the amount of new square footage added to the university.

Major Obstacles: Access to funding for major capital projects and operating funds to maintain market competitive rates for administrative positions are the two major challenges facing this initiative.

Update: Our Human Resources Department has reorganized the coordination of training programs. The first new performance-based compensation plan for

employees has been put in place in the ambulatory clinics. The fourth building of the North Campus (Biomedical Research Tower) is complete and departments are in the process of moving in. Our next research building is under construction, and plans are beginning for the subsequent one (which will require Tuition Revenue Bond and/or PUF support plus philanthropic funds). We are actively planning the ambulatory surgical care center and expect to break ground in May 2005, with occupancy expected in late 2006.

Progress:

- A campus-wide learning management system and centralized training website and handbook has been implemented.
- Recruitment and retention of high quality staff has been enhanced by new initiatives including new salary structures, referral bonuses, incentives, and information systems support and reports.
- In 2005, we funded the process of the design of the architecture and selection of new administrative systems, including hospitals. This Enterprise Resource Planning (ERP) project is expected to require at least five years to complete.
- The ambulatory clinical building is under construction with phased move-in beginning in fall 2006.
- The hazardous waste handling facility will begin construction in early fall 2006 with an estimated completion date one year later.
- The laboratory research and support building will begin construction in early summer 2006 with an estimated completion date within 19 months.
- UT Southwestern has joined with Parkland Hospital and Children's Medical Center to create Southwestern Medical District, a non-profit corporation with the goal to jointly engage in long-term planning for buildings, infrastructure, and public awareness of the district as a destination for health care.

3. Develop the clinical practice capabilities necessary to achieve a level of excellence recognized nationally to place the university among the top academic medical centers for both inpatient and outpatient services

Priority: High Priority – In order to continue our success in the growth of the practice; the recruitment of top physicians; and the attraction of outstanding undergraduate students, residents, and fellows, the reputation of the practice will need to continue to improve.

Objectives: Seek to attain a national and international reputation for excellence in the practice of medicine, with our centers of clinical excellence being recognized as equal to the premier medical centers in the country.

Strategies: The following strategies are in the planning or active development stages to achieve this objective: (1) development of the Electronic Medical Record in both the inpatient and outpatient environments; (2) expansion of the Clinical Data Repository for the inclusion of patient results originating at affiliated institutions; (3) further development of a heart disease center including programs in genetics leading to gene therapy and transplant; (4) development of a comprehensive organ transplant program to include bone marrow, liver, kidney, pancreas, heart, and lung; (5) development of a major program in restorative services, such as bone and joint,

physical medicine, and plastic surgery; and (6) enhancement of clinical neuroscience programs.

Resources: Additional faculty with expertise in understaffed disciplines, a new ambulatory surgical center, expanded inpatient facilities, and a local and national marketing program to inform the public and professionals of the excellence of the clinical programs will be required.

Progress Measures: Metrics to track the progress of this initiative will include new patients in each of the programs, the number of operations conducted, RVU's and revenue generated by the programs; the scientific impact of the enhanced clinical programs will be measured by numbers of peer-reviewed grants and by the frequency of citations of published papers.

Major Obstacles: Challenges to overcome will be the perception of the university in some quarters as having a limited focus on clinical care and clinical research; the present lack of convenient, consolidated clinical facilities of sufficient scale and scope; the increase in national competition for top faculty; and the availability of funds to launch new programs and maintain them.

Update: As UT Southwestern continues to grow, the need for consolidated, accurate patient data has become key in ensuring the highest level of excellence in care. As such, the Electronic Medical Records project has been expanded to include University Hospital – St. Paul data. Additionally, we continue to invest in computing resources to accommodate planned expansion within our organization and at Parkland Hospital and Children's Hospital. Many of our current and planned construction projects, like the Biomedical Research and Advanced Imaging Building project currently under construction, will serve to enhance our programs and provide the clinical practice capabilities necessary to achieve a nationally recognized level of excellence in services provided on both an inpatient and outpatient basis. The full-time clinical faculty has grown by over 100 individuals, who provide care in many new subspecialty areas.

Progress:

- The Electronic Medical Record (EMR) is 75% complete in the ambulatory clinics. This includes document imaging and the rollout of "MyChart" (patient access to selected EMR data). Release 2 of "MyChart" will be implemented in July 2006. We anticipate the ambulatory clinic EMR will be complete in March 2007.
- The Clinical Data Repository (CDR) has been expanded to include UT Southwestern University Hospital – St Paul. CDR data includes patient demographics, clinical lab results and transcribed reports.
- A kidney transplant program was formally approved and is being launched at UT Southwestern University Hospital – St. Paul.
- Key physician and administrative staff recruitments have been made and plans are underway for an adult liver transplantation program at UT Southwestern University Hospital – St. Paul.
- A multi-disciplinary spinal cord injury unit is being created at Parkland. An Advanced Center for Heart, Lung and Vascular Diseases has been launched at UT Southwestern University Hospital – St. Paul, and a Spine Center is being planned for UT Southwestern University Hospital – Zale Lipshy. The United Network for Organ Sharing (UNOS) reports that UT Southwestern University Hospital – St. Paul has the number one lung transplant success

- rate in the country; heart transplant is ranked in the top ten.
- A joint maternal-fetal medicine program with Children's Medical Center has been developed with outreach and referral components in other areas of the state. The UT Southwestern Radiosurgery Center opened, adding the Gamma Knife technology to our clinical neuroscience program. A cardiac electrophysiology program was established at UT Southwestern University Hospital – St. Paul.

4. Continue to develop new research programs of excellence while improving existent programs so as to further advance the university's position as a leading institution of biomedical research

Priority: High Priority – In order to continue to grow as a leading institution of biomedical research, the university will need to continue to expand its areas of research strength while critically selecting new areas in which to develop strong research programs.

Objectives: Seek to develop programs of excellence in clinical research and new areas of basic research while continuing to expand and improve existing programs of excellence.

Strategies: The following programs are in development: (1) development of an active program in clinical cancer research; (2) establishment of a Center for Biostatistics and Clinical Science that will provide a home for the development of programs in biostatistics and epidemiology while providing an infrastructure for the development and training of clinical researchers; (3) development of a program in advanced neuroimaging to allow translation of knowledge in molecular and cellular neuroscience to clinical research in cognitive neuroscience and neurological disease; (4) development of programs in stem cell biology that focus on an understanding of the basic biology of stem cells and "stemness," while developing translational programs that explore the application of stem cell biology to the treatment of human disease; and (5) expansion of research programs that are presently strong including cell and molecular biology, genetics, structural biology, basic neuroscience, basic cancer research, chemical biology, and developmental biology.

Resources: Additional faculty will need to be recruited in all of these areas. Funds will be required to provide the start-up costs as well as recurring support for these faculty and programs. The biomedical research facilities planned to open in 2005 and 2006 will provide the needed research space, but additional space will be required later in the decade.

Progress Measures: Metrics to track the progress in this initiative will include the growth in research expenditures, total grant dollars awarded, grant dollars awarded by the National Institutes of Health, frequency of citations of published papers, and faculty elected to the National Academy of Sciences.

Major Obstacles: Challenges to overcome will be the recruitment of a Cancer Center Director, recruitment of key faculty leaders in biostatistics, epidemiology, stem cell biology and neuroimaging, and the development of the proper paradigm for training clinical investigators. Funds will have to be raised to support expensive

programs in cancer and stem cell biology, as well as to purchase equipment for neuroimaging.

Update: Many advances have been made over the past year in developing new programs of excellence and improving existent programs. Dr. James Willson joined UT Southwestern in September 2004 as director of the Harold C. Simmons Comprehensive Cancer Center. Philanthropic funds of over \$20,000,000 have been raised for stem cell research and a new stem cell research program has been launched. Thirty new research faculty have been recruited in priority areas of research. Additionally, the university has established a Center for Biostatistics and Clinical Science, directed by Dr. Milton Packer. The new biomedical research and advanced imaging building (The Bill and Rita Clements Advanced Medical Imaging Building), currently under construction, will provide expanded research opportunities in neuroscience.

Progress:

- The nation's first Department of Clinical Sciences has been established to advance our programs in clinical research.
- More than 60,000 square feet of contiguous laboratory and office space in The Simmons Biomedical Research Building and the new Biomedical Research Tower have been developed to support translational cancer research and an aggressive expansion of medical oncology.
- \$50,000,000 in philanthropic funds are enabling us to add 30 new faculty leaders in oncology.
- A Medical Genetics Residency Training Program and a Clinical Cytogenetics Training Program have been established.
- An Advanced Imaging Research Center has been established. Key physicians and scientists have been recruited which will enable development of human cognitive neuroscience research as well as further strengthen clinical research programs in Neurology and Psychiatry.

5. Develop interdisciplinary and inter-institutional collaborations with UT Arlington, UT Dallas, and other universities to share and expand knowledge, services, and operational efficiencies

Priority: High priority – Sharing of knowledge and capabilities is a UT Southwestern, UT System, and state goal.

Objectives: Maximize the potential of each institution in its various missions through the exchange of knowledge and the combination of resources to gain efficiencies in operations and increased scale in both academic and administrative services.

Strategies: Strategies will include the following: (1) forming an internal task force charged with identifying academic resources with common purpose from target institutions, organizing and participating in the exchange of ideas with target institutions, and recommending candidate projects in specialty fields, such as functional MRI, neuroscience, computational biology, bioengineering, and medical chemistry; (2) obtaining funding specific to candidate projects; and (3) seeking approval of academic programs for undergraduate and graduate students which

leverage two or more institutions' educational and research capabilities. In addition, it will be necessary to work closely with community leaders, elected and appointed officials, and hospital administrators, both on-campus and off-campus.

Resources: Availability of faculty leaders to devote the time and effort to these programs will be needed. Seed funding of projects will be needed from external sources, such as philanthropy and special state and federal grants and contracts, as well as on-going support from local, state, and federal sources.

Progress Measures: Measures will include: (1) the number of successful new collaborations; (2) the number of institutions participating; (3) grants and contracts awarded; (4) cost savings achieved; (5) new degree programs; and (6) increases in external funding.

Major Obstacles: The availability of start-up resources to invest in faculty collaborations will be a challenge for the future.

Updates: The Metroplex Council (made up of representatives from UT Southwestern, UT Dallas, UT Arlington, the cities of Dallas, Arlington, and Ft. Worth, and area businesses such as Texas Instruments) has been established and meets quarterly to identify, support, and develop opportunities for UT Southwestern, UT Dallas, and UT Arlington to engage in inter-institutional programs. Successful programs already in place include the Collaborative UT Metroplex Imaging Center; a long-term contract for power at fixed rates with Dallas, Arlington, and Tyler participating; collaboration with Sandia Labs; and the sickle cell research program. Future collaborative projects include, but are not limited to, expanded research at the Biomedical Research and Advanced Imaging Building; a proposed Clinical Psychology Graduate program between UT Southwestern and UT Dallas; and a proposed Center for Hearing in Children between UT Southwestern, UT Dallas, and Children's Medical Center.

Progress:

- New collaborative programs have been developed with UT Dallas and/or UT Arlington in advanced medical imaging research, biomedical engineering, systems biology, and medical business management.
- Active planning is ongoing to establish a three-way Ph.D. degree-granting program in bioengineering in conjunction with UT Dallas and UT Arlington.
- UT Southwestern faculty members are serving on search committees charged with recruitment of key new faculty to UT Dallas.

III. Future Initiatives of High Strategic Importance

Position the university and our region as a desirable site for high-tech start-ups and relocations

Objectives: Create a biotech center adjacent to the university to allow start-up companies who license our technology to stay in Texas.

Strategies: Seek private capital to develop land under contract to the university as a biotech park. Provide research core services on a cost recovery basis which encourage relocations and new companies to locate within the park.

Resources: Funds are being invested to purchase land for a biotech park. New facility construction will be required. Centralized core services available to university researchers will be priced to serve the needs of biotech tenants with limited on-site investment.

Progress Measures: Completion of a contract with a private developer experienced in biotech tenant recruitment and facility construction and management; leasing of space to biotech tenants.

IV. Other Critical Issues Related to Institutional Priorities

A. Impact of Initiatives

Enrollment Management:

UT Southwestern remains committed to the *Closing the Gaps* program to recruit and retain enrollment and graduation of students that better reflects the diversity of the population of Texas. Our enrollment management program takes into account the updated *Closing the Gaps* targets. Those targets are listed below:

	Actual 2005	Target 2010	Target 2015
Overall higher education participation:	2,350	2,454	2,529
Higher education participation for African American students:	95	128	143
Higher education participation for Hispanic students:	188	214	230
Higher education participation for White students:	1,121	1,252	1,282

Diversity of Faculty and Staff:

UT Southwestern has a longstanding commitment to a policy of nondiscrimination and to increasing diversity among all components of the campus. We are proud of the many cultures and ethnicities that make up our university community, and we are committed to creating a cordial environment for all students, faculty, staff and visitors on campus.

By fostering diversity and equal opportunity, we enrich UT Southwestern as an educational and medical institution and help fulfill our duty to serve the health-care needs of the diverse population of our community.

Progress:

- The number of historically under-represented-minority students matched for admission to UT Southwestern Medical School set an all-time record in 2006.

Community and Institutional Relations: The growth in scale and reputation of the clinical program and consolidation of the hospitals will further raise the profile of the university as a world-class academic medical center serving the outpatient and inpatient needs of the region with outstanding services. This changes the public perception of the medical school as an institution only serving the needs of indigent patients and conducting research. Competitive strains could develop between the university and other physicians and hospitals serving the metroplex. Education of the public along with the marketing strategies identified will be needed.

Finances: This has been covered in the initiatives.

Facilities: This has been covered in the initiatives.

Other infrastructure issues: None

B. Unexpected Opportunities or Crises: Not applicable

V. System and State Priorities

Increasing Student Access and Success: Consolidating the operations of Zale Lipshy University Hospital and St. Paul Hospital into the patient care mission of the university (Section II.A.1) may provide opportunities to accommodate additional students in several of our academic programs that require sites and faculty for clinical training. Research expansion (Section II.A.2) provides opportunities to increase enrollment in our biomedical science graduate programs. Interdisciplinary and inter-institutional collaborations with UT Arlington, UT Dallas, and other institutions (Section II.B.5) will provide opportunities to develop new graduate programs as these collaborations yield new areas of research and training. In such an environment, enrollment can increase and Texas students have the opportunity for the most promising scientific education.

Collaborations among UT System institutions, particularly academic health institution collaborations: Covered in Section II.

Increasing External Research Funding: A mark of success at UT Southwestern, external research funding has increased annually at an average rate of approximately 8% per year for the past ten years, well in excess of the national average for institutions of our size.

VI. Compact Development Process

The administration through the Office of Business Affairs and the Office of Academic Planning began the development of the Compact by reviewing both the Presidential Work Plan and the university's Six Year Plan. The Six Year Plan is a faculty and administration collaborative document which is revised every two years. The most recent revision is now in its final draft. From these documents, a group of senior administrators compiled a list of various projects, initiatives, and ideas that could be used for the short-term and long-term priorities and initiatives section. The details for each priority and initiative were drawn heavily from the Presidential Work Plan and the Six Year Plan, but additional details and information included suggestions by other officials of the university who have expertise in specialized areas. The first draft of the plan will

continue a review process to include faculty and student leadership. When the final plan is submitted, the process will have included a broad section of faculty, represented by the Six Year Plan, senior administration, and student leadership.

Update: The Compact is a planning document and an expression of the university's goals that goes hand-in-hand with the Six Year Plan, which is finalized and adopted by faculty university-wide. Many of the major priorities and initiatives in the Six Year Plan were incorporated into the Compact. Committees have been formed for development of the new Six Year Plan, which will be used in writing our new Compact next year. Meetings will begin in the fall.

Progress:

- UT Southwestern's Six Year Plan 2006-2012 was issued in December 2005.

VII. System Contributions

- PUF and TRB support (Health Affairs; Governmental Relations)
- Funding for clinical and research faculty (Health Affairs; Governmental Relations)
- State and federal resources (Governmental Relations; Federal Relations)
- Assist in the acquisition of Zale Lipshy University Hospital and St. Paul University Hospital in a timely manner (OFPC; Health Affairs; Business Affairs; OGC)

VIII. Appendices

A. Budget Summary

The University of Texas Southwestern Medical Center at Dallas
Operating Budget
Fiscal Year Ending August 31, 2006

	FY 2005 Adjusted Budget	FY 2006 Operating Budget	Budget Increases (Decreases) From 2005 to 2006	
			Amount	Percent
Operating Revenues:				
Tuition and Fees	\$ 11,908,494	13,404,287	1,495,793	12.6%
Federal Sponsored Programs	212,629,815	234,765,865	22,136,050	10.4%
State Sponsored Programs	18,311,353	7,573,278	(10,738,075)	-58.6%
Local and Private Sponsored Programs	160,823,593	180,334,113	19,510,520	12.1%
Net Sales and Services of Educational Activities	25,736,625	15,682,628	(10,053,997)	-39.1%
Net Sales and Services of Hospital and Clinics	180,364,347	279,192,234	98,827,887	54.8%
Net Professional Fees	233,220,406	256,440,114	23,219,708	10.0%
Net Auxiliary Enterprises	18,112,044	20,288,684	2,176,640	12.0%
Other Operating Revenues	12,563,067	7,832,832	(4,730,235)	-37.7%
Total Operating Revenues	873,669,744	1,015,514,035	141,844,291	16.2%
Operating Expenses:				
Instruction	391,644,428	424,403,911	32,759,483	8.4%
Academic Support	22,738,683	24,787,135	2,048,452	9.0%
Research	262,934,819	284,896,521	21,961,702	8.4%
Public Service	74,014,917	78,200,681	4,185,764	5.7%
Hospitals and Clinics	178,123,679	273,558,334	95,434,655	53.6%
Institutional Support	49,268,778	49,765,085	496,307	1.0%
Student Services	2,412,371	2,461,193	48,822	2.0%
Operations and Maintenance of Plant	46,673,934	58,161,063	11,487,129	24.6%
Scholarships and Fellowships	1,847,887	2,126,624	278,737	15.1%
Auxiliary Enterprises	17,460,678	20,466,826	2,975,948	17.0%
Total Operating Expenses	1,047,150,374	1,218,827,373	171,676,999	16.4%
Operating Surplus/Deficit	(173,480,630)	(203,313,338)	(29,832,708)	17.2%
Nonoperating Revenues (Expenses):				
State Appropriations & HEAF	116,314,532	146,557,091	30,242,559	26.0%
Gifts in Support of Operations	31,914,179	41,345,911	9,431,732	29.6%
Net Investment Income	52,462,174	55,772,080	3,309,906	6.3%
Other Non-Operating Revenue	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	200,690,885	243,675,082	42,984,197	21.4%
Transfers and Other:				
AUF Transfers Received	-	-	-	-
AUF Transfers (Made)	-	-	-	-
Transfers From (To) Unexpended Plant	-	-	-	-
Transfers for Debt Service	(29,421,719)	(40,012,353)	(10,590,634)	36.0%
Other Additions and Transfers	1,002,484	882,778	(119,706)	-11.9%
Other Deductions and Transfers	(1,002,484)	(882,778)	119,706	-11.9%
Total Transfers and Other	(29,421,719)	(40,012,353)	(10,590,634)	36.0%
Surplus/(Deficit)	\$ (2,211,464)	349,391	2,560,855	-115.8%
Total Revenues	\$ 1,074,360,629	1,269,189,117	184,828,488	17.2%
Total Expenses and Debt Service Transfers	(1,076,572,093)	(1,258,839,726)	(182,267,633)	16.9%
Excess (Deficiency) of Revenue over Expenses	\$ (2,211,464)	349,391	2,560,855	

Note: Operating Budget Highlights with a glossary of terms are included on Page 1.

	FY 2006 Budget
Revenue	
General Revenue	147,160,854
Local Income	71,789,236
Medical Services Research and Development	376,960,623
Faculty Supplement Plan	1,191,545
All Other Designated	66,871,659
Restricted - Grants and Contracts	294,121,531
Auxiliary	21,901,435
University Hospitals (St. Paul & Zale Lipshy)	<u>279,192,234</u>
Total Revenue	<u><u>1,259,189,117</u></u>
Expenditures	
Faculty Salaries	244,392,240
Staff Salaries	348,291,106
Fringe Benefits	138,849,182
Maintenance and Operations	420,597,230
Professional Liability Insurance	3,733,465
Travel	16,091,614
Official Functions	94,598
Utilities	19,924,152
Scholarships	2,126,624
Library Books	1,100,000
Debt Service	40,012,353
Capital Expense	<u>23,627,162</u>
Total Expenditures	<u><u>1,258,839,726</u></u>
Surplus / (Deficit) - Funded from Prior Year Funds	(349,391)

B. Statistical Profile

UT Southwestern

<i>fall</i>	2000	2001	2002	2003	2004	2005
Undergraduate enrollment						
Allied Health	239	215	169	146	134	121
Biomedical Sciences	2	6	24	38	57	77
Graduate/professional enrollment						
Allied Health	65	100	134	173	185	186
Biomedical Sciences	375	420	472	525	1,049	1,067
Medical School	824	813	838	867	848	899
Total enrollment	1,505	1,554	1,637	1,749	2,273	2,350

<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05
Undergraduate degrees						
Certificates: Allied Health	5	9	5	0	5	0
Bacc-level Certs: Allied Health	0	0	0	0	0	4
Baccalaureate: Allied Health	103	106	104	70	61	50
Graduate/professional degrees						
Allied Health	29	33	32	31	66	68
Biomedical Sciences	73	65	63	59	77	93
Medical	184	203	201	189	204	211
Total grad/prof degrees	286	301	296	279	347	372

<i>academic year</i>			02-03	03-04	04-05
Accredited resident programs			78	79	77
Residents in accredited programs			1,149	1,210	1,234

<i>fiscal year</i>	2000	2001	2002	2003	2004	2005
Federal research expenditures	\$109,165,343	\$131,820,109	\$155,257,992	\$177,133,099	\$200,887,545	\$202,057,099

<i>academic year</i>	00-01	01-02	02-03	03-04	04-05	05-06
All instructional staff	1,433	1,483	1,536	1,599	1,704	
Administrative		124	132	145	187	327
Other, Non-Faculty		3,697	3,883	4,051	4,568	6,752

<i>fiscal year</i>	1999	2000	2001	2002	2003	2004
Hospital days	370,942	379,770	399,136	411,288	407,991	418,638
Outpatient visits	1,752,510	1,528,751	1,775,500	2,064,987	1,959,288	2,132,792
Un-sponsored charity care	\$194,564,381	\$211,953,613	\$234,938,900	\$256,968,945	\$281,998,363	\$312,465,011

<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005
Endowment total value	\$713,253,000	\$644,909,000	\$608,888,000	\$656,221,000	\$804,305,000	\$980,022,000

C. Institution-Specific Information

UT Southwestern is ranked 19th in the country for Medical Schools – Research and 20th for Medical Schools – Primary Care by *U.S. News and World Report*.

There are also the following honors among its faculty:

- Four recipients of the Nobel Prize
- Seventeen members of the National Academy of Sciences
- Fourteen members of the American Academy of Arts and Sciences
- Seventeen members of the Institute of Medicine
- Eleven investigators of the Howard Hughes Medical Institute

From a survey of federally funded universities in *Science Watch*, UT Southwestern earned a Top 10 ranking in four out of six major fields. Among peer institutions, only Harvard and UC San Francisco received a better overall ranking, based on their criteria. However, UT Southwestern confers more medical degrees and provides much more indigent care than its peer institutions.

UT Southwestern is now measuring patient satisfaction through Press Ganey surveys. The overall rating for the period June 2004 – June 2005 was 90.8%.

D. Links to Web Resources

The University of Texas Southwestern Medical Center at Dallas (<http://www.utsouthwestern.edu>)

The University of Texas System (<http://www.utsystem.edu>)

The Institutional Planning and Accountability – 2005-06 Accountability and Performance Report (<http://www.utsystem.edu/IPA/acctrpt/2005/homepage.htm>)

National Institute of Health (<http://www.nih.gov>)

Association of American Medical Colleges (<http://www.aamc.org>)

U.S. News and World Report (<http://www.usnews.com>)

Science Watch (<http://www.sciencewatch.com>)

Howard Hughes Medical Institute (<http://www.hhmi.org>)

