The University of Texas Health Science Center at San Antonio

Compact with The University of Texas System
2004-05 and 2005-06
I. Introduction: Institution Mission and Goals

The mission of the University of Texas Health Science Center at San Antonio (UTHSCSA) is to serve the needs of the citizens of Texas, the nation, and the world through programs committed to excellence and designed to:

- Educate health professionals for San Antonio and the entire South Texas community and for the State of Texas in order to provide the best possible health care; to apply state-of-art treatment modalities; and to continue to seek information fundamental to the prevention, diagnosis, and treatment of disease.
- Play a major regional, national, and international role as a leading biomedical education and research institution in the discovery of new knowledge and the search for answers to society's health care needs.
- Be an integral part of the health-care delivery system of San Antonio and the entire South Texas community, as well as an important component of the health care delivery system of the State of Texas and the nation.
- Offer continuing education programs and expertise for professional and lay communities.

Including, a total of 4,956 full-time and part-time faculty/staff members, and 2,739 students all of whom are housed on six campuses, UTHSCSA is one of the six health science centers within the UT System. In keeping with its mission, UTHSCSA admits a diverse student body into five different professional schools including Allied Health Sciences, Dental, Graduate Studies, Medical and Nursing.

II. Major Ongoing Short-Term and Long-Term Priorities and Initiatives

SHORT-TERM INITIATIVE: ENHANCEMENT OF EXCELLENCE IN EDUCATION

PRIORITY: #1

Goal 1.1- Develop and sustain the quality and capacity of the faculty and the student learning experience by establishing the Center for Effective Learning and Teaching.

Objective:
- Create a Center for Effective Learning and Teaching to provide “umbrella” support for the five schools in order to ensure that they encourage intellectually rigorous teaching and scholarship in health care professional education that inspires students to become outstanding care providers and future academic leaders.

Strategies:
- Design the framework for the Center including appointment of a director; identify the specific areas of focus, menu of programs, services to be sponsored, and methods to certify teaching expertise.
- Review and analyze the current programmatic instruction and methods of delivery.
- Review current methods of instruction for the various academic programs and evaluate the effectiveness of each method.
- Plan/implement course offerings, technical assistance, and a small grants program.
- Work with each school to create an individual strategy designed to enhance teaching and scholarship and to offer additional career enhancements for the faculty.

Resources:
- Designate 10% of funds from the newly approved tuition increase to create the Center.
- Reallocate additional funds where appropriate.
Progress Measures:
- Progress report submitted annually by the director of the Center including information regarding upward evaluation by clients, performance of students, and results of accreditation processes.
- Timelines, developed by May 2005, detailing organization and implementation plans for specific activities of the Center.

Major Obstacles:
- Cultural change necessary to integrate researchers and clinicians.
- Availability of space in which to house the Center and its staff.

Goal 1.2- Faculty Recruitment & Retention
Objective:
- Retain and recruit a diverse faculty of exceptional quality for all schools.

Strategies relevant to all schools:
- Ensure that all searches for new faculty are competitive and nationwide.
- Decrease the difference between the mean faculty compensation at UTHSCSA and comparable figures for equivalent positions at peer schools.
- Provide the faculty with annual incentive payments that are merit based and tied to standards of performance in teaching, patient care, and research as articulated in the mission statement.
- Provide training opportunities for faculty in order to enhance teaching, clinical, and research skills.
- Develop specific strategies designed to increase funding for the HSC and to support recruitment of a diverse faculty.

Additional strategies:
- Provide merit based annual incentive payments tied to mission-based performance in teaching, patient care, and research. (Medicine)
- Recruit, in 12 months, at least one new faculty member who has NIH funding. (Nursing)
- Increase the number of 12 month faculty contracts in order to compete more effectively with other schools of nursing in Texas. (Nursing)
- Implement a peer review process in which faculty members apply for awards of merit, and peers determine the award recipients. (Nursing)

Resources:
- Revenue derived from the recently approved tuition increase. (All schools)
- General revenue, enhanced clinical revenue, research grants and gifts. (HSC)

Progress Measures relevant to all schools:
Reduction in the difference between the mean faculty compensation at UTHSCSA and comparable figures for equivalent positions at peer schools.
- Evaluation of faculty searches in terms of success/failure in recruitment and in retention and comparison of current data to that of the previous ten years.
- Evaluation of faculty in terms of defined measures of clinical, research and scholarly productivity.
- Evaluation of diversity among faculty.

Additional Progress measure:
- Increase in number of 12 month contracts for faculty. (Nursing)

Major Obstacles for all schools:
- Inadequate start-up dollars to hire new faculty and/or senior, funded research faculty.
- Inadequate space for each recruiting activity.

Additional Major Obstacles specific to Nursing:
- Insufficient financial resources to attract funded senior research faculty.
- Insufficient financial resources to increase the number of 12 month contracts for faculty.
Goal 1.3- Student Access and Success: Cultivating an Effective Learning and Professional Environment

Objectives:
- Increase enrollment and retention of diverse, top-quality students.
- Follow the NIH Roadmap with regard to interdisciplinary graduate education.

Strategies for each school:
- Allied Health Sciences
  - Create two student centers designed to welcome students and assist them in acclimating to the School: a virtual center on-line, a physical center at the School.
  - Establish early acceptance programs for qualified students coming from regional feeder schools.
- Dentistry
  - Increase the number of elective courses in order to allow students to explore a variety of future career choices, pursue individual research interests and acquire teaching experience.
  - Encourage students to participate in dual degree options and Research and Teaching Training Honors Programs.
  - Explore funding opportunities in order to expand the dental academic career program, D*STAR.
- Graduate School
  - Appoint a faculty committee to develop and expand the range and scope of graduate programs so that they reflect the nature and complexity of contemporary biomedical science, the nature and scope of faculty research interests, current mandates from federal/private funding agencies, such as the NIH Roadmap.
  - Finalize the program components for the MS/PhD program.
  - Develop financial resources for the DDS/PhD and MD/PhD programs.
- Medicine
  - Create an Office of Professionalism and Diversity that is charged with enhancing professionalism and humanism among students and faculty.
  - Create a Teaching Academy within the school and under the umbrella of the HSC Center for Effective Learning and Teaching the goal of which is to support teaching and learning.
  - Redesign the medical curriculum so that it emphasizes self-directed learning, integrates basic sciences with clinical training, and encourages use of technology.
  - Expand the activities of the Regional Academic Health Center (RAHC) in order to offer experiences in border health to more students.
  - Implement the new Clinical Skills Center.
- Nursing
  - Implement clinical course offerings for nurse practitioner majors in the summer in order to decrease time needed to graduate.
  - Implement curriculum changes at all levels and assess related outcomes.
  - Institute an interview as part of the screening process for admission.
  - Provide web-based format for all masters’ level core courses.
  - Offer a Psych/Mental health degree preparation at the MS level.
  - Partner with the VA to develop a model curriculum for certification as Clinical Nurse Leader.

Resources for all schools:
- Revenues derived from the newly approved tuition increase.
- Reassignment/reallocation of staff, where appropriate.
- Leveraging of funds, where possible, including student fees, training grants and other resources.

Additional resource for Dental, Graduate, Medical:
New resources designated for initiating new degree programs including dual degree programs.

**Progress measures relevant to all schools:**
- Improved student profile when figures are evaluated for diversity and number of students recruited, retained and graduated.
- Unsolicited and solicited comments from applicants and enrolled students.
- Increase pass rates for licensure and certification.

**Progress measures specific to Allied Health Sciences:**
- By summer 2004, student welcome centers will be established.
- Number of qualified applicants will increase by 10% by fiscal year 2006.
- By October 2004, initiate an early acceptance agreement with Prairie View A&M.

**Progress measure specific to Dentistry:**
- In fiscal year 2006, implement a year rounds curriculum designed to offer a wide array of electives that will enrich students’ education.

**Progress measure specific to Graduate School:**
- Track requests to the Coordinating Board for new programs or changes to existing programs.

**Progress measures specific to Medicine:**
- In Spring 2005, implement the Clinical Skills Center to enhance the pass rates of medical students on the new NBME Step 2 Clinical Skills examination.
- Survey completed by students at time of graduation evaluating their academic experience, quality of education, level of satisfaction.
- Develop teaching sites for the RAHC throughout the Valley.

**Major Obstacles for all schools:**
- Ability to secure new and/or reallocated funding.
- Physical space to support these activities.
- Identification of faculty who are willing to participate in these activities.
- Increased integration of Graduate School with teaching programs in the other schools.
- Competition among peer institution for qualified minority students.

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**SHORT-TERM INITIATIVE: EXPANSION OF SUCCESS IN RESEARCH ACTIVITIES**

**PRIORITY: #2**

**Goal - Increased Funded Research and Training Grants from all Sources**

**Objectives:**
- Increase funding for research dollars from NIH and other extramural sources and expand research programs which focus on identified thematic areas.
- Increase the number of faculty members with expertise in research.

**Strategies:**
- **Institutional**
  - Assure that UTHSCSA has the financial capacity and physical space to support new research activities including RO1’s and to promote programmatic/thematic research and training grants.
  - Recruit a Vice President for Research whose responsibility it will be to facilitate institutional research efforts.
  - Modernize the IRB to facilitate enhanced productivity.
  - Develop a Clinical Studies Web Site.
  - Increase the number/quality of invention disclosures through our Office of Technology Ventures.
  - Increase the amount of income generated from intellectual property and accelerate the movement of technology to the marketplace.

- **Allied Health Sciences**
  - Hire at least one new research faculty in each of the next two years.
  - Increase extramural funding by 10% a year in the next two years.
**Dentistry**
- Organize and promote development of thematic research areas.
- Expand clinical research programs through special training opportunities in order to address the increasing emphasis of NIH on clinical research.

**Graduate School**
- Develop an Institutional Postdoctoral Training Center/Office to enable the research faculty to recruit, retain and finance postdoctoral research fellows who reflect quality and greater diversity.
- Support and encourage interdisciplinary, collaborative research initiatives and sharing of core facilities with interested colleagues in all five schools.
- Increase the number of individual and group pre- and postdoctoral training grants awarded to faculty or groups thereof.

**Medicine**
- Actively seek additional NIH funding awards by recruiting known research faculty in order to improve the national ranking of the school.
- Identify opportunities to develop and expand centers of excellence for translational research.
- Allocate resources for research using Mission Aligned Planning process (MAP™) and other data to align support with research efforts.
- Expand support for collaborative research through continued development of the Medical Education Research Fund, SALSI and ERC activities.
- Expand research opportunities and training for junior physician faculty/students/residents, both on main campus and RAHC, and mentor faculty for research success.
- Create a plan for ongoing maintenance and upgrade of research facilities.

**Nursing**
- Increase funding applications and success rate for sponsored research.
- Secure new faculty members who have existing external research funding.
- Brief faculty on research development and translate research instruments to include more culturally diverse subjects.

**Resources for all schools:**
- Grant and contract awards.
- Funds generated from recent tuition increases, where appropriate.
- Incentive plans, including optimizing the use of institutional F & A dollars.

**Resources for the Health Science Center:**
- Existing funds that can be reallocated.
- UTHSCSA resources available to faculty on a competitive basis: 1) San Antonio Life Sciences Institute grants; 2) New Investigator Funds; 3) Pilot Projects; 4) Faculty Enrichment; 5) Presidential Research Enhancement Fund.
- Incentives for invention disclosures, patents and revenue sharing.

**Progress Measures for all schools:**
- Increased number of research and training grants applied for, and awarded.
- Increase in number of new research faculty members and post-docs recruited.
- Increase in the number of publications and national presentations.
- Increase in number of invention disclosures, patents, and income from intellectual property.

**Additional Progress Measure for the Graduate School:**
- Increase in both number and percent of faculty/students having active funding.

**Major Obstacles for all schools:**
- Competition for talented faculty and post-docs nationwide.
- Limited availability of faculty start-up packages.
- Funding necessary to upgrade and maintain existing laboratories/equipment.
SHORT-TERM INITIATIVE: EXPANSION OF EXCELLENCE IN CLINICAL AREAS
PRIORITY: #3

Goal- Enhance clinical programs in order to ensure excellence in patient care

Objectives:
- Become the provider of choice for many clinical programs in South Texas and beyond, by offering outstanding, efficient and safe patient service.
- Provide care to those most in need.

Strategies:
- Allied Health Sciences
  - Implement a faculty practice.
- Dentistry
  - Establish faculty development programs to enhance clinical skills.
  - Recruit dentists with broad training who can function in a general practice setting.
- School of Medicine
  - Finalize plans for the new Medical Arts and Research Center (MARC) building.
  - Improve and expand patient service at all ambulatory facilities by streamlining customer service via the Vice President for Patient Services at the University Physicians’ Group and developing patient safety initiatives which focus on the electronic medical record.
  - Continue strategic redesign of University Physician's Group’s (UPG) infrastructure.
  - Recruit UPG Vice President for Medical Staff/Associate Dean for Clinical Affairs.
  - Enhance relationships with University Hospital, the VA, CTRC, Christus Santa Rosa and other area health care institutions.
- Nursing
  - Expand clinical service and contracts in primary care settings.
  - Expand Faculty Enrichment program to encourage more clinical practice programs and increase collaboration with MD's in clinical practice.
  - Increase clinical practice and research by outreach to underserved communities through support for both research and practice efforts under Michigan En San Antonio (MESA) Funding.

Resource for Dental and Nursing:
- Increased productivity of clinical faculty as a result of incentive systems.

Resources for Medical:
- Increase in clinical revenue.
- Consider various mechanisms for funding the new ambulatory building.
- Increased productivity of clinical faculty as a result of incentive systems.

Progress Measure for Allied Health:
- Adoption of faculty practice plan for Allied Health by Spring 2005.

Progress Measures for Dental:
- Billing and collection data for Dental practice plans.
- Dental school faculty development programs put into place.

Progress Measures for Medical:
- Billing and collection data for Medical practice plans.
- Number of patient visits, and results of patient satisfaction/safety surveys.
- Number of completed hospital contracts.
- Adoption of formal plan for the new ambulatory building

Progress Measure for Nursing:
- Dollars in Faculty Enrichment plans and number of plans initiated by Nursing.

Major Obstacle for Allied Health, Dental, and Nursing:
- Assuring that efficient and effective clinical operations are in place and functioning.

Major Obstacles for Medicine:
- Aligning the faculty culture with the need for clinical productivity and responsiveness
- Successful recruitment of clinical faculty, as needed.
- Assuring that efficient and effective clinical operations are in place and functioning.
SHORT-TERM INITIATIVE: ORGANIZATIONAL EFFECTIVENESS AND PRODUCTIVITY

PRIORITY: #4

Goal: Improve the fiscal infrastructure and support services at all levels in order to enhance the goals and priorities of the Health Science Center.

Objectives/Strategies:

- **Administration, Business Affairs, and Information Technology**
  - Upgrade the PeopleSoft administrative system to allow web access and phase in the student module. (HSC)
  - Renegotiate UTHSCSA federal F&A rate. (HSC)
  - Define and develop opportunities to better address compensation and classification issues related to non-faculty positions. (HSC)
  - Meet the April 2005 deadline for the Security Rule component authorized under the Health Insurance Portability and Accountability Act (HIPAA). (HSC)
  - Limit use of the social security number as personal identification to those uses permitted or required by applicable law or University policy. (HSC)
  - Continue to strengthen information security effort. (HSC)
  - Develop a feasibility study for the capital financing plan to fund the construction of the MARC project and a new parking and auxiliary services structure for the main campus. (Medical)

- **Outreach Activities**
  - Develop science literacy and improve access to educational processes among citizens of San Antonio and the South Texas region. (All schools)
  - Enhance K-16 pipeline activities with MedEd programs and early admission agreements with key feeder schools.
  - At HSC level, institute programs, communication, and activities designed to increase alumni awareness and participation in special events.
  - In Nursing, recruit a permanent Associate Dean for Student Affairs to serve as chief liaison with the alumni and to improve communication.

- **Capital Campaign for Health Science Center**
  - Conduct a successful capital campaign to secure adequate support for the endowment and construction of a major research tower.
  - Secure the lead campaign gift or pledge.
  - Increase membership in the President’s Council and the Ambassadors’ Circle of the Children’s Cancer Research Institute.
  - Conduct a comprehensive assessment of potential donors’ interest in this university.

**Resources for Health Science Center:**

- Existing funding augmented by new dollars from local and federal sources.
- Re-allocation of existing funding.

**Progress Measures:**

- Obtain Web access on PeopleSoft and convert student information system.
- Eliminate social security numbers on all documents, as prohibited by law.
- Increase in number of sponsored programs.
- Secure a lead gift/pledge of $25 million or more for the capital campaign.
- Increase in annual membership to the President’s Council and Circle.
- Increase in the number of contacts of high school and college students. (All schools)
- Increase in enrollment of underrepresented minorities at UTHSCSA. (All schools)
- Increase in Alumni participation in school events. (All schools)

**Major Obstacles:**

- Lack of funds to deploy fully vendor provided software updates. (HSC)
- Increased, effective communication to enhance recognition of the HSC by the community. (HSC)
Generating funding and engaging the faculty in outreach and access programs. (All schools)

**SHORT-TERM INITIATIVE: COMMUNITY AND INSTITUTIONAL RELATIONS**

**PRIORITY: #5**

**Goal 5.1- Increase collaboration with UTSA (SALSI)**

**Objective:** Develop a collaborative grant program for research and non-research areas through SALSI in order to facilitate planning, implementation and funding of programs.

**Strategies:**
- Plan and carry out effective joint research, degree and other programs.
- Expand the existing cross campus cost efficient delivery of services relationship.

**Resources:**
- Funds from the UT System.
- Contributions from each institution, grants and fundraising.

**Outcome Measures:**
- Increase in number of applications submitted to, and funded by, SALSI.
- Increase in number of multidisciplinary educational, research and administrative initiatives approved, funded and implemented.

**Major Obstacles:**
- Perceived cultural differences between the two institutions.
- Limited availability of funds for both short-term and long-term projects.

**Goal 5.2- Increase development of the Laredo Extension Campus (LEC)**

**Objective:** Provide a progressive health professional educational service in an underserved area.

**Strategies:**
- Assess health education needs of communities.
- Provide continuing education for health professionals.
- Continue environmental health training and education (STEER).
- Strengthen student health careers pipeline activities.
- Provide training for dental students and residents.
- Develop a regional learning center in fiscal year 2006.
- Provide infrastructure support for community/population based education.
- Promote selected Allied Health educational activities.

**Outcome Measures:**
- Needs assessment completed.
- Increase in numbers of educational activities in Allied Health.
- Increase in numbers of virtual and Web courses offered.

**Major Obstacle:**
- Insufficient funding from the state.

**LONG-TERM INITIATIVE: CULTIVATION OF OUTSTANDING ACADEMIC ENVIRONMENT**

**PRIORITY: #1**

**Goal- Create an infrastructure that develops and supports an environment which attracts a diverse group of faculty/staff and students and enhances their success.**

**Strategies for all schools:**
- Encourage academic productivity through financial incentives, and recognition through promotion and tenure.
- Develop collaborative models for joint projects that integrate the work of schools and individual departments and identify potential funding support.
- Develop initiatives designed to promote “professionalism” in each school and to create welcoming and respectful academic environment.
- Consider diversity to be an issue of fundamental importance to both the student admissions and faculty recruitment processes.

**Resources:**
The University of Texas Health Science Center at San Antonio Compact 2005-2006

- HSC budgets limited resources strategically.
- Refining the administrative structure and budgetary process.

**Progress Measures for all schools:**
- Increased recruitment and retention of faculty as measured by open and/or internal searches.
- Rankings of scholarly achievement as demonstrated by research grants, appointments to prestigious academic bodies, successful recruitment and matriculation of students, publication, and successful technology transfer.
- Increase in unrestricted funds that enable the HSC to be competitive in attracting and retaining top quality academic talent. (HSC)

**Major Obstacles:**
- An existing institutional ethos that does not encourage multidisciplinary and inter-school collaboration. (All schools)
- Willingness to make difficult decisions regarding allocation of resources. (All schools)

**LONG-TERM INITIATIVE: SERVICES TO THE COMMUNITY**

**PRIORITY: #2**

**Goal:** Enhance and solidify the role of UTHCSSA in South Texas

**Objectives:**
- Ensure reliable telecommunications service to areas in South Texas.
- Use the Regional Academic Health Center (RAHC) and Laredo Extension Campus (LEC) as models for the development of meaningful programs for community constituencies.
- Ensure that UTHSCSA is represented at important healthcare and health professional functions in the 38-county region of South Texas.

**Strategies:**
- Create a network infrastructure in South Texas to deliver reliable telecommunications services including video, voice, data, and computer systems.
- Work with existing South Texas partners to coordinate health programs, develop/monitor calendar of health-related events in a 38 county region.
- Co-sponsor international seminars, symposiums, and continuing education programs for health professionals.
- Partner with federal and state agencies in grants and contracts to provide educational training and activities, i.e.-emergency medical services.
- Expand the number and variety of community-based health professionals and institutions participating in the pipeline program (e.g., the MedEd Program).

**Resources:**
- Reallocation of funding as well as faculty and staff time.
- PUF/LERR Funds, where appropriate.
- Administrative staff who routinely travel throughout the 38-county region to maintain visibility and to ensure knowledge of local activities.
- Staff at sites that are in operation in Harlingen, McAllen, Edinburg, and Laredo form the baseline for expansion activities.

**Progress Measures:**
- Installation of common carrier circuits by summer 2005.
- Increased enrollment and graduation of students from South Texas.
- Identification of potential partnerships with local stakeholders to address healthcare issues.
- Increased number of healthcare organizations seeking consultations/information.
- Increased number of health professional students seeking remote clinical rotations, selectives, and/or electives in South Texas.
- Increase in the number of program participants, and the number/percentage of applicants to a professional school accepted, enrolled and graduated.

**Major Obstacles:**
- Funding new initiatives and sustaining ongoing funding needs.
• Limited staff and funds to cover clinical training and education for health care professionals and related health initiatives.
• Limited funding for remote student housing.
• Difficulties in hiring/contracting faculty.
• Participation by the Office of Telecommunications of the UT system is critical to the success of the fail safe ring for South Texas.

LONG-TERM INITIATIVE: ORGANIZATIONAL EFFICIENCY
PRIORITY: #3

Goal 3.1- Construction of New Buildings
Objective:
• Design and construct new buildings to meet the needs of the institution.

Strategies:
• Ensure that designs for new building are structurally sound and meet the occupants’ needs.
• Represent the best value in construction costs verses future maintenance costs.
• Incorporate energy features that are both efficient and environmentally sound.

Resources:
• Reallocation of existing resources.
• Tuition Revenue Bonds, PUF/LERR funds.
• Requests to legislature for funding.

Progress Measures:
• Diminished needs for leased space.
• Increase in qualified faculty, students and staff that reflect diversity.
• Increase in funding through grants.

Major Obstacle:
• Lack of recent success in obtaining funds.

Goal 3.2- Improve the position of the UTHSCSA with regard to deferred maintenance, emergency preparedness and fire and life safety issues.

Objectives:
• Install, test, and upgrade existing emergency, fire and life safety programs.
• Provide resources necessary to reduce the frequency of fires through education, and the magnitude of fires via the phased-in installation of automatic sprinkler systems.

Strategies:
• Request additional resources for emergency preparedness and deferred maintenance.
• Improve the knowledge of faculty/staff, and students about appropriate emergency responses.
• Allocate institutional funding each year to address deferred maintenance and fire/life safety systems.

Resources:
• Funding from the legislature and PUF/LERR Funds.
• Additional knowledgeable emergency, fire, and life safety professionals.
• Capital expense resources to address safety and deferred maintenance needs.

Progress Measures:
• Increase the percentage of new employees who participate in safety training programs to 100%, and achieve 25% participation of current staff through new web-based technology, by fiscal year 2006.
• By fiscal year 2006, decrease of 5% in rate of occupational injury, decrease by 5% the worker's compensation premium rate, and increase the annual workplace safety evaluations to 100%.
• Install automatic sprinklers within 36 months of the completion of the new research tower complex.
Implement fire safety remediation plan over 10 years.

**Major Obstacles:**
- Lack of funding.
- Construction costs inflated by 5% annually.
- UT System retaining more risk with higher insurance deductibles.

### III. Future Initiatives of High Strategic Importance

**INITIATIVE: CONTINUED CULTIVATION OF OUTSTANDING ACADEMIC ENVIRONMENT**

**PRIORITY #1**

**Objective:** The HSC Library will expand its role in knowledge management.

**Strategies:**
- Obtain input from major stakeholders through strategic planning activities.
- Set priorities for implementation of knowledge management as identified above.
- Foster interdisciplinary collaborations by facilitating the development of unlikely partnerships.
- Work with the schools to integrate library and information management into academic programs.

**Resources:**
- Availability of resources for expertise, funding, faculty/staff, and physical space is currently unknown.

**Progress Measures:**
- Completed needs assessment of users.
- Summary of strategic planning results, including prioritized action items.
- Increase in collaborative activities between the library and others.
- Increased integration of information management in academic programs.

**Major Obstacles:**
- Involvement of the institution, overcoming resistance to change.
- Escalating costs of information acquisition and storage.
- Ability to obtain resources: expertise, finances and personnel

**INITIATIVE: INCREASING EVIDENCE OF CLINICAL EXCELLENCE**

**PRIORITY #2**

**Objective:** The School of Medicine will build an Academic Group Practice that serves the community and offers state-of-the-art clinical services which support the School’s missions of teaching, research, and patient care.

**Strategies:**
- Institute the “Patient First” initiative to measure and improve patient satisfaction.
- Develop new tools for measuring performance in key service quality indicators.
- Develop a care team model to optimize use of physician time.
- Improve management of patient appointments in order to enhance access, decrease the number of missed appointments, and reduce wait times.
- Redesign medical records system to improve efficiency.
- Study the design of the facility in order to evaluate if the number of exam rooms is adequate and to determine the efficiency of flow for patients and staff.
- Modify practice name to reflect ties to the University of Texas.
- Develop a marketing plan with a specific differentiation strategy for the practice.
- Budget funds for marketing and execute the plan.
- Conclude planning process for new ambulatory campus.
- Conclude construction of new ambulatory campus.

**Resources:**
- Financing required to be determined for ambulatory clinical campus.
- School of Medicine will determine additional physician and staff resources.

**Progress Measure:**
• Milestones to be established; UPG will monitor achievement toward objectives.

**INITIATIVE: DEFINE THE SCOPE OF THE ROLE OF UTHSCSA IN SOUTH TEXAS**

**PRIORITY #3**

**Objective 3.1: Define the activities of the UTHSCSA, South Texas initiatives, RAHC and Laredo Extension Campus (LEC) in the Lower Rio Grande Valley; develop a system to ensure that these activities are aligned with the missions of the institution; develop additional clinical sites for medical student rotations.**

**Strategies:**
- Require each UTHSCSA medical student to complete at least one clinical rotation at an approved clinical site in the 7 border counties of South Texas.
- Broaden health profession education programs at the RAHC and LEC to support an environment of excellence in teaching for students/residents and faculty.
- Broaden both the clinical research and basic research programs at the RAHC in order to support excellence in research for students, residents and faculty.
- Develop a business plan that ensures that the UTHSCSA will have the resources required to sustain the quality of its education and research programs at the RAHC and LEC long term.
- Inventory all School of Medicine activities in the Lower Rio Grande Valley.
- Align activities to specific missions of the UTHSCSA.
- Establish extensive listing of approved remote clinical training sites, clinical faculty, and preceptors.

**Resources:**
- Faculty time.
- Funding streams from the State of Texas.
- Grants and contracts.
- Faculty practice to be explored.

**Progress Measures:**
- Increased number of UTHSCSA medical students participating in remote clinical experiences in the Texas-Mexico border region.
- Sustainable financial models created with stable funding.
- Tracking recruitment of excellent clinical faculty to the RAHC.
- Tracking recruitment of excellent basic and clinical research faculty to the RAHC.
- Expansion of health profession education programs at the RAHC and LEC.
- Development of basic and clinical research activities at the RAHC.

**Objective 3.2: The Dental School will engage in a planning process to determine what role it should play in addressing oral health disparities in South Texas.**

**Strategies:**
- The School will initiate a comprehensive planning process to determine where it can best invest assets in order to improve the oral health of all South Texas residents, especially those who are most needy.
- The School will develop a long-term plan for clinical education programs in South Texas.

**Resources:**
- Staff support required to conduct the inventory of activities and to develop business plans.
- Leveraged revenue sources.
- State appropriations needed in partnership with local foundations.
- Possible federal and/or national foundation grants.
- Other financial resources unknown at this time.

**Progress Measures:**
- Comprehensive planning documents developed.
- Advocacy by South Texas communities.
- Make the clinical education program for dentistry a HSC legislative funding priority.
Documented inventory of activities.
Documented business plans.

**Objective 3.3: Provide appropriate training and education for community response to natural and man-made disasters in South Texas.**

**Strategy:**
- Acquire recognition as the regional health professional institution that provides emergency response training, education, and resources to a bi-national geographic region in the event of natural or man-made disasters.

**Resources:**
- Federal and state funds.

**Progress Measure:**
- Increase in number and variety of emergency response training measures as a response to natural and man-made disasters.

**IV. Other Critical Issues Related to Institutional Priorities**

**A. Impact of Initiatives:**
- Enrollment Management: (See pages 3, 4.)
- Diversity: (See pages 2, 3, 4, 8, 9.)
- Community and Institutional Relations: (See pages 8, 9, 10, 13.)
- Finances: (See page 7.)
- Facilities: (See pages 5, 6, 7, 11.)
- Other infrastructure issues: (See pages 7, 10.)

**B. Unexpected Opportunities or Crises:**

**Opportunities:**
- Establishment of funding for Graduate Medical Education.
- Enhanced funding for indigent care.
- Funding for faculty and staff compensation and benefits.
- Revision of higher education funding formula to recognize excellence in education, research and clinical services.

**Challenges and Crises:**
- Changes in state regulations regarding faculty-student ratios, curricular requirements for licensure and certification.
- Continued vulnerability of clinical partners.
- Dependency on community support for primary care residency program in South Texas.
- Elimination of Section 56 State Relief Fund.
- Funding shortfall for South Texas programs.
- Lack of sufficient resources for recruitment.
- Potential reduction of federal funding for research.
- Unanticipated call-up of faculty and students for national service in the military or for other federal initiatives.
V. System and State Priorities

- Increase student access and success. (See page 3.)
- Collaborate with institutions in the UT System, particularly academic-health institution collaborations. (See page 8.)
- Increase external research funding. (See page 4.)
- Increase tangible marks of academic and health care excellence. (See pages 1, 6, 12.)
- Improve development and alumni relations. (See page 8.)

VI. Compact Development Process

In developing the draft of this Compact, UTHSCSA wished to ensure widespread participation from all interested parties on campus. To this end, each member of the Executive Committee was responsible for coordinating the involvement of faculty, staff and students in his/her respective area. Most units selected a representative group of faculty, staff and student leaders to draft their individual documents. Specifically, the Dental School extracted information from its own strategic planning document to identify and address issues for the next 18-24 months. During the preparation of the draft, various Deans also requested input from the faculty assembly of their respective schools. The Executive Committee members met individually with their department heads.

Members of the Executive Committee compiled information, submitted their drafts, and met with the President to refine the document. In addition, members of the Faculty Senate of the Health Science Center reviewed the draft. The President solicited input from the Executive Vice President for Academic and Health Affairs, the Executive Vice President for Business and Chief Financial Officer, and the members of the entire Executive Committee. Then, the President compiled the final version of the Compact.

VII. System Contributions

(All: Health Affairs and Governmental Relations)
- Support the request of the HSC for Tuition Revenue Bond Priorities.
- Support the LERR request submitted by the HSC.
- Support HSC legislative priorities for enhanced funding during the next session.
- Assist HSC in acquiring funding support for deferred maintenance.
- Provide HSC with funding support for faculty recruitment and retention packages.
- Support statewide legislative initiatives to improve the application of formula funding in order to sustain growth.
- Advocate market-competitive compensation funding for both faculty and staff.
### Budget Summary:

**The University of Texas Health Science Center at San Antonio**  
**Operating Budget**  
**Fiscal Year Ending August 31, 2004**

#### Operating Revenues:

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Tuition and Fees</td>
<td>13,898,593</td>
<td>14,306,729</td>
<td>408,136</td>
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<tr>
<td>Federal Sponsored Programs</td>
<td>77,016,937</td>
<td>94,650,062</td>
<td>17,633,125</td>
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<tr>
<td>State Sponsored Programs</td>
<td>6,412,354</td>
<td>5,567,200</td>
<td>(845,154)</td>
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<tr>
<td>Local and Private Sponsored Programs</td>
<td>50,601,000</td>
<td>58,376,481</td>
<td>7,775,481</td>
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<tr>
<td>Net Sales and Services of Educational Activities</td>
<td>696,952</td>
<td>1,000,000</td>
<td>303,048</td>
</tr>
<tr>
<td>Net Sales and Services of Hospital and Clinics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Professional Fees</td>
<td>86,405,000</td>
<td>89,148,104</td>
<td>2,743,104</td>
</tr>
<tr>
<td>Net Auxiliary Enterprises</td>
<td>2,327,143</td>
<td>2,260,000</td>
<td>(67,143)</td>
</tr>
<tr>
<td>Other Operating Revenues</td>
<td>21,128,655</td>
<td>15,442,227</td>
<td>(5,686,428)</td>
</tr>
<tr>
<td>Total Operating Revenues</td>
<td>258,486,634</td>
<td>280,750,803</td>
<td>22,264,169</td>
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</tbody>
</table>

#### Operating Expenses:

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Instruction</td>
<td>190,757,448</td>
<td>182,902,598</td>
<td>(7,854,850)</td>
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<tr>
<td>Academic Support</td>
<td>19,495,537</td>
<td>19,774,090</td>
<td>278,553</td>
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<tr>
<td>Research</td>
<td>100,986,518</td>
<td>113,837,808</td>
<td>12,851,290</td>
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<tr>
<td>Public Service</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Hospitals and Clinics</td>
<td>51,892,770</td>
<td>57,846,190</td>
<td>5,953,420</td>
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<tr>
<td>Institutional Support</td>
<td>31,371,313</td>
<td>28,867,790</td>
<td>(2,503,523)</td>
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<tr>
<td>Student Services</td>
<td>3,209,526</td>
<td>2,994,448</td>
<td>(215,078)</td>
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<tr>
<td>Operations and Maintenance of Plant</td>
<td>15,869,586</td>
<td>19,022,622</td>
<td>3,153,036</td>
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<tr>
<td>Scholarships and Fellowships</td>
<td>125,000</td>
<td>125,000</td>
<td>-</td>
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<tr>
<td>Auxiliary Enterprises</td>
<td>2,371,883</td>
<td>2,488,858</td>
<td>116,975</td>
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<tr>
<td>Total Operating Expenses</td>
<td>416,079,581</td>
<td>427,859,404</td>
<td>11,779,823</td>
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</table>

#### Nonoperating Revenues (Expenses):

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>State Appropriations &amp; HEAF</td>
<td>147,944,897</td>
<td>133,893,231</td>
<td>(14,051,666)</td>
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<tr>
<td>Gifts in Support of Operations</td>
<td>5,518,627</td>
<td>4,916,525</td>
<td>(602,102)</td>
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<tr>
<td>Net Investment Income</td>
<td>19,538,796</td>
<td>21,762,589</td>
<td>2,223,793</td>
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<tr>
<td>Other Non-Operating Revenue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Non-Operating (Expenses)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net Non-Operating Revenue/(Expenses)</td>
<td>173,002,320</td>
<td>160,572,345</td>
<td>(12,429,975)</td>
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</table>

#### Transfers and Other:

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Transfers From Endowments</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers (To) Endowments</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AUF Transfers Received</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AUF Transfers (Made)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers From (To) Unexpended Plant</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Transfers for Debt Service</td>
<td>(12,737,138)</td>
<td>(10,379,657)</td>
<td>2,357,481</td>
</tr>
<tr>
<td>Other Additions and Transfers</td>
<td>7,638,575</td>
<td>10,199,866</td>
<td>2,561,291</td>
</tr>
<tr>
<td>Other Deductions and Transfers</td>
<td>(6,458,575)</td>
<td>(9,024,866)</td>
<td>(2,566,291)</td>
</tr>
<tr>
<td>Total Transfers and Other</td>
<td>(11,557,138)</td>
<td>(9,294,657)</td>
<td>2,262,481</td>
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</table>

#### Surplus/(Deficit):

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Surplus/(Deficit)</td>
<td>3,852,235</td>
<td>4,169,087</td>
<td>316,852</td>
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</table>

#### Total Revenues:

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>431,489,964</td>
<td>441,323,148</td>
<td>9,834,194</td>
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</table>

#### Total Expenses and Debt Service Transfers:

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Surplus/(Deficit)</td>
<td>(428,816,719)</td>
<td>(438,239,061)</td>
<td>(9,422,342)</td>
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</tbody>
</table>

#### Surplus (Deficit):

<table>
<thead>
<tr>
<th></th>
<th>FY 2003 Adjusted Budget</th>
<th>FY 2004 Operating Budget</th>
<th>Budget Increases (Decreases) From 2003 to 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Surplus (Deficit)</td>
<td>2,672,235</td>
<td>3,084,087</td>
<td>411,852</td>
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## Statistical Profile

### HSC-SA

<table>
<thead>
<tr>
<th>Fall UG headcount enrollment</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td>323</td>
<td>341</td>
<td>374</td>
<td>357</td>
</tr>
<tr>
<td>Nursing</td>
<td>416</td>
<td>421</td>
<td>485</td>
<td>528</td>
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</table>

<table>
<thead>
<tr>
<th>Fall Grad/professional headcount enrollment</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td>139</td>
<td>134</td>
<td>153</td>
<td>167</td>
</tr>
<tr>
<td>Biomedical Sciences</td>
<td>271</td>
<td>272</td>
<td>277</td>
<td>320</td>
</tr>
<tr>
<td>Dental</td>
<td>396</td>
<td>402</td>
<td>396</td>
<td>404</td>
</tr>
<tr>
<td>Medical School</td>
<td>824</td>
<td>824</td>
<td>829</td>
<td>822</td>
</tr>
<tr>
<td>Nursing</td>
<td>176</td>
<td>149</td>
<td>151</td>
<td>129</td>
</tr>
<tr>
<td>Total enrollment</td>
<td>2,545</td>
<td>2,543</td>
<td>2,665</td>
<td>2,727</td>
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</table>

<table>
<thead>
<tr>
<th>year of matriculation</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergrad Degrees awarded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificates</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Allied Health</td>
<td>54</td>
<td>55</td>
<td>157</td>
<td>213</td>
</tr>
<tr>
<td>Baccalaureate awards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>243</td>
<td>236</td>
<td>168</td>
<td>220</td>
</tr>
<tr>
<td>Allied Health</td>
<td>138</td>
<td>143</td>
<td>131</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grad/professional degrees awarded</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomedical Science</td>
<td>56</td>
<td>52</td>
<td>55</td>
<td>46</td>
</tr>
<tr>
<td>Nursing</td>
<td>42</td>
<td>46</td>
<td>56</td>
<td>46</td>
</tr>
<tr>
<td>Allied Health</td>
<td>29</td>
<td>37</td>
<td>33</td>
<td>48</td>
</tr>
<tr>
<td>Dental</td>
<td>104</td>
<td>107</td>
<td>104</td>
<td>103</td>
</tr>
<tr>
<td>Medical</td>
<td>202</td>
<td>196</td>
<td>195</td>
<td>193</td>
</tr>
<tr>
<td>Total graduate/professional</td>
<td>433</td>
<td>438</td>
<td>443</td>
<td>436</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited GME resident programs</td>
<td>53</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents in GME accredited programs</td>
<td>586</td>
<td>700</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal research expenditures</td>
<td>$54,128,757</td>
<td>$58,600,224</td>
<td>$66,852,477</td>
<td>$83,760,708</td>
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<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty fall headcount</td>
<td>1,305</td>
<td>1,365</td>
<td>1,620</td>
<td>1,679</td>
</tr>
<tr>
<td>Staff fall headcount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classified</td>
<td>2,610</td>
<td>2,654</td>
<td>2,520</td>
<td>2,586</td>
</tr>
<tr>
<td>Non-Classified</td>
<td>800</td>
<td>772</td>
<td>804</td>
<td>1,147</td>
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</table>

<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital days</td>
<td>201,745</td>
<td>123,266</td>
<td>224,311</td>
<td>202,000</td>
</tr>
<tr>
<td>Clinic visits</td>
<td>832,255</td>
<td>915,725</td>
<td>854,046</td>
<td>834,000</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un-sponsored charity care</td>
<td>$94,385,418</td>
<td>$60,729,594</td>
<td>$60,602,900</td>
<td>$70,149,189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment total value</td>
<td>$252,852,000</td>
<td></td>
<td></td>
<td>$246,573,000</td>
</tr>
</tbody>
</table>
Institution-Specific Information:
- Dental School surveys students after the completion of each course to assess their opinions regarding the effectiveness of the course.
- School of Allied Health Sciences and School of Medicine survey their graduates regarding their levels of satisfaction about the learning environment.
- School of Nursing annually surveys incoming students on their knowledge and needs in technology.
- Student Services surveys a sample of students every other year on their levels of satisfaction for all support services.

Links to Web Resources:

(Institutional data profiles are currently under development)