Health-related Institutions
Performance Measure Definitions
for the 2014-15 Biennium

Legislative Budget Board
Updated June 2012
GOAL 1: PROVIDE INSTRUCTION/OPERATIONS

Objective 1: Instructional Programs

**Outcome Measures:**

I-1  Percent of Medical School Students Passing Part 1 or Part 2 of the National Licensing Exam on the First Attempt

Definition: Students who pass part 1 or part 2 of the United States Medical Licensing Examination (USMLE) or the National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Licensing Examination (COMLEX) on the first attempt during the reporting period.

Data Limitations: None.

Data Source: Records of licensure exam performance provided by the National Board of Medical Examiners or the National Board of Osteopathic Medical Examiners to the reporting institution.

Methodology: The number of students passing part 1 or part 2 on the first attempt during the fiscal year, divided by the total number of students taking part 1 or part 2 for the first time during the fiscal year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s instructional program in preparing graduates for licensure.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative, annual.

New Measure: No.

Desired Performance: Higher than target.
I-2  Percent of Medical School Graduates Practicing Primary Care in Texas

Definition:  M.D./D.O. graduates who are practicing primary care at a Texas address as of August 31 of the current calendar year. Primary care is defined as family practice (or general practice), general internal medicine, general pediatrics, combined med-peds, and general obstetrics and gynecology. The definition includes (in the numerator) only those graduates who report to the Board of Medical Examiners that their primary and not secondary specialty is primary care.

Data Limitations:  None.

Data Source:  Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

Methodology:  On August 31, the practice patterns of graduates of Texas medical schools will be assessed for individuals who graduated eight, nine and ten academic years prior. For example, the data for fiscal year 1999 would be for all graduates from 1989, 1990 and 1991. The number of graduates from three consecutive academic years who are practicing primary care medicine in Texas as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive academic years.

Purpose/Importance:  This measure provides an indicator of the number of medical school graduates who remain in Texas to practice primary care.

Reporting Period:  This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of previous academic years. (e.g., results as of August 31, 1998 for graduates during academic years 1988, 1989, and 1990)

Calculation Type: Non-cumulative.
New Measure:  No.
Desired Performance:  Higher than target.
I-3 Percent of Medical School Graduates Practicing in Primary Care in a Texas Under-served Area

Definition: M.D./D.O. graduates who are practicing primary care at a Texas address located within a federally-designated primary medical care Health Professional Shortage Area (HPSA) as of August 31 of the current calendar year. Primary care is defined as family practice (or general practice), general internal medicine, general pediatrics, combined med-peds, and general obstetrics and gynecology. The definition includes (in the numerator) only those graduates who report to the Board of Medical Examiners that their primary and not secondary specialty is primary care.

Data Limitations: None.

Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners and/or the Texas Department of Health; HPSA data provided by the Texas Department of Health and/or the U.S. Department of Health and Human Services; U.S. Census data provided by the State Data Center to the reporting institution.

Methodology: On August 31, the practice patterns of graduates of Texas medical schools will be assessed for individuals who graduated eight, nine and ten academic years prior. For example, the data for FY 1998 would be for all graduates from 1988, 1989 and 1990.

The number of graduates from three consecutive academic years who are practicing primary care medicine in a Texas HPSA as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive academic years. Institutions may have difficulty verifying practice locations and linking them to HPSAs in urban areas. For such cases, institutions will prepare a written methodology to explain how those determinations are made.

Purpose/Importance: This measure provides an indication of the effectiveness of attracting physicians to practice in an under-served area.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of previous academic years (e.g., results as of August 31, 1999, for graduates during academic years 1989, 1990, and 1991).

Calculation Type: Non-cumulative.
New Measure: No.
Desired Performance: Higher than target.
I-4 & HC-1  Percent of Medical Residency Completers Practicing in Texas

Definition: Physicians who are practicing medicine at a Texas address two years after completing an institutionally-affiliated and accredited residency training program in Texas as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

Methodology: The number of physicians who are practicing medicine in Texas two years after completing training in Texas as of August 31 of the current calendar year, divided by the total number of physicians who completed training in Texas two post-graduate years prior.

Purpose/Importance: This measure is an indicator of the number of physicians trained in Texas who remain in the state to practice medicine.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for residents completing training two post-graduate years prior. (e.g., results as of August 31, 1998 for resident completing training during the 1996 post-graduate year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-5 & HC-2 Percent of Medical School Graduates Practicing in Texas

Definition- MD/DO graduates who are practicing medicine at a Texas address as of August 31 of the current calendar year

Data Limitations- None

Data Source: Licensure and practice data provided by the Texas Board of Medical Examiners to the reporting institution.

Methodology: On August 31, the practice patterns of graduates of Texas medical schools will be assessed for individuals who graduated eight, nine, ten academic years prior. (For example, the data for fiscal year 2009 would be for all graduates from 1999, 2000, 2001.) The data will include the number of graduates from three consecutive academic years who are practicing in Texas as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive years.

Purpose: This measure provides an indicator of the number of medical school graduates who remain in Texas to practice medicine.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of previous academic years (e.g., results as of August 31, 1999, for graduates during academic years 1989, 1990, and 1991).

Calculation Type: Non-cumulative.

New Measure: Yes

Desired Performance: Higher than target.
I-6 & HC-3 Total Uncompensated Care Provided by Faculty

Definition: The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e., PRS, MSRDP, PIP) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period. The definition applies to all practice plans, including medical, dental, allied health, nursing or other health care discipline.

Data Limitations- Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing uncompensated care.


Methodology: The total dollar amount of uncompensated care provided during the fiscal year. Do not include facility.

Purpose: This measure identifies the total uncompensated care provided by the faculty of the institution through the practice plan.

Reporting Period: This measure is reportable in November.

Calculation Type: Non-cumulative.

New Measure: Yes

Desired Performance: Higher than target.
I-7 & HC 4 Total Net Patient Revenue by Faculty

Definition- The total dollar amount of net patient revenue provided through faculty physician practice plans (i.e. PRS, MSRDP, PIP) during the reporting period. The definition applies to all practice plans, including medical, dental, allied health, nursing or other health care discipline.

Data Limitations: None

Data Source: Annual Financial Report, Schedule D-6

Methodology: The total dollar amount of net patient revenue by faculty during the fiscal year. Do not include facility.

Purpose: This measure demonstrates the financial value of patient care provided by the faculty of the institution.

Reporting Period: This measure is reportable in November.

Calculation Type: Non-cumulative.

New Measure: Yes

Desired Performance: Higher than target.
I-8 Percent of Medical School Graduates in Family Practice in Texas.

Definition: D.O. graduates who are practicing in family medicine at a Texas address as of August 31 of the current calendar year. Family practice includes general practice. The definition includes (in the numerator) only those graduates who report to the Board of Medical Examiners that their specialty is family medicine or general practice.

Data Limitations: It may be difficult to predict this measure from year to year. The value may decline some over time due to increases in the rate of specialization by osteopathic physicians.

Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

Methodology: On August 31, the practice patterns of graduates of Texas medical schools will be assessed for individuals who graduated eight, nine and ten academic years prior. For example, the data for fiscal year 1998 would be for all graduates from 1988, 1989 and 1990. The number of graduates from three consecutive academic years who are practicing family medicine in Texas as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive academic years.

Purpose/Importance: UNT Health Science Center is the leader in primary care among the Texas health science centers. Family medicine is the cornerstone of primary care. This measure demonstrates the success of UNT Health Science Center in fulfilling its mission.

Reporting Period: This measure is reportable in November and will represents the calculation of data compiled as of August 31 of the current calendar year for graduates of previous academic years. (e.g., Results as of August 31, 2001, for graduates during academic years 1998, 1999, and 2000.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-9  Percent of Medical School Graduates Entering a Family Practice Residency

Definition: D.O. students who report just prior to graduation that they are entering an accredited post-graduate training program in family medicine. Family Medicine is defined to include family medicine and traditional osteopathic rotating internships that are in preparation for family medicine or general practice.

Data Limitations: Family Medicine has been the cornerstone of primary care at UNT Health Science Center. There may be a trend for more graduates to enter areas of primary care other than Family Medicine. The institution is monitoring this trend carefully.

Data Source: The primary data source for UNT Health Science Center will be a student survey conducted within two months prior to graduation to verify plans for post-graduate training. Information may be supplemented by other institutional records including the results of military residency matching programs.

Methodology: The number of M.D./D.O. students who report just prior to graduation that they plan to enter family medicine residency in their first post-graduate year, divided by the total number of D.O. graduates during the academic year.

Purpose/Importance: UNT Health Science Center is the leader in educating graduates who choose family medicine for post-graduate training and practice. This measure demonstrates the success of the center in meeting its mission.

Reporting Period: Fiscal Year This measure is reportable in November and represents the calculation of data compiled for all graduates during the prior fiscal year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-10 Percent of Charges to Medicare by Faculty

Definition: The dollar amount of gross patient charges by faculty provided to patients whose third-party insurance is with Medicare as a percentage of total gross patient care charges by faculty during the reporting period. "Patients" are individuals who are seen or admitted by institutional faculty, or post graduate trainees, in a hospital or clinic affiliated with, contracted with or owned, operated, and funded by a health-related institution during the reporting period. The definition includes contracts with Medicare HMO's as well as traditional Medicare.

Data Limitations: This measure is relatively stable and has increased with the development of the geriatrics medical practice and the aging of the population.

Data Source: This data should be gathered from the institution's patient accounting information system.

Methodology: The dollar amount of gross Medicare charges during the fiscal year (including Medicare managed care), divided by the total dollar amount of gross patient charges during the fiscal year. Do not include facility charges.

Purpose/Importance: UNT Health Science Center does not have a major presence at the county hospital; instead, the center uses a private hospital as its primary teaching facility. In addition, UNT Health Science Center has special expertise in geriatrics. Together these factors result in a patient population which is dominated more by Medicare than by Medicaid patients. This is opposite to the dominance of Medicaid patients at other Texas health science centers. This measure reflects this difference.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.
I-11 Percent of Dental School Graduates Admitted to an Advanced Education Program in General Dentistry

Definition: DDS students who report just prior to graduation that they have been admitted to an accredited advanced dental education program in general dentistry during the reporting period. An advanced dental education program in general dentistry is defined as a CODA-accredited general practice residency or an advanced education in general dentistry program.

Data Limitations: None.

Data Source: Institutional survey of fourth-year students just prior to graduation.

Methodology: The number of DDS students who report just prior to graduation that they have been admitted to an accredited advanced education program in general dentistry in their first post-graduate year, divided by the total number of DDS graduates during the academic year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s DDS program in preparing its students for advanced dental education.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-12  Percent of Dental Students Passing Part 1 or Part 2 of the National Licensing Exam on the First Attempt

Definition:  Students who pass part 1 or part 2 of the National Board Dental Examination on the first attempt during the reporting period.

Data Limitations:  None.

Data Source:  Records of licensure exam performance provided by the Joint Commission on National Dental Examinations to the reporting institution.

Methodology:  The number of students passing part 1 or part 2 on the first attempt during the fiscal year, divided by the total number of students taking part 1 or part 2 for the first time during the fiscal year.

Purpose/Importance:  This measure is an indicator of the effectiveness of the institution’s instructional program in preparing graduates for licensure.

Reporting Period:  Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type:  Non-cumulative.

New Measure:  No.

Desired Performance:  Higher than target.
I-13 Percent of Dental School Graduates Licensed in Texas

Definition: DDS graduates who are practicing dentistry at a Texas address as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Licensure and practice data on file with the Texas State Board of Dental Examiners.

Methodology: On August 31, the practice patterns of graduates of Texas dental schools will be assessed for individuals who graduated four, five and six academic years prior. For example, the data for fiscal year 1999 would be for all graduates from 1993, 1994, and 1995.

The number of graduates from three consecutive academic years who are practicing dentistry in Texas as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive academic years.

Purpose/Importance: This measure provides an indicator of the number of dental school graduates who remain in Texas to practice dentistry.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of September 1 of the current calendar year for graduates of previous academic years. (e.g., results as of August 31, 1999, for dentists graduating during academic years 1993, 1994, and 1995).

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-14 Percent of Dental School Graduates Practicing in a Texas Dental Under-served Area

Definition: DDS graduates who are practicing at a Texas address located within a federally-designated dental Health Professional Shortage Area (HPSA) as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Licensure and practice data provided by the Texas State Board of Dental Examiners and/or the Texas Department of Health; HPSA data provided by the Texas Department of Health and/or the U.S. Department of Health and Human Services; U.S. Census data provided by the State Data Center to the reporting institution.

Methodology: On August 31, the practice patterns of graduates of Texas dental schools will be assessed for individuals who graduated four, five, and six academic years prior. For example, the data for fiscal year 1999 would be for all graduates from 1993, 1994, and 1995.

The number of graduates from three consecutive academic years who are practicing dentistry in a Texas HPSA as of August 31 of the current calendar year, divided by the total number of graduates from those three consecutive academic years. Institutions may have difficulty verifying practice locations and linking them to HPSAs in urban areas. For such cases, institutions will prepare a written methodology to explain how those determinations are made.

Purpose/Importance: This measure provides an indication of the effectiveness of attracting dentists to practice in an under-served area.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of previous academic years. (e.g., results as of August 31, 1999, for dentists graduating during academic years 1993, 1994, and 1995.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-15  Percent of Allied Health Graduates Passing the Certification/Licensure Examination on the First Attempt

Definition: Allied health graduates or eligible students in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period.

Data Limitations: None.

Data Source: Records of licensure exam performance provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

Methodology: The number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s instructional program in preparing graduates for licensure.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-16 Percent of Allied Health Graduates Who are Licensed or Certified in Texas

Definition: Allied health graduates in a discipline that offers or requires an external certificate or licensure who are licensed or certified to practice in Texas two years after completing their certificate or degree programs as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Records of licensure status provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

Methodology: The number of graduates who are licensed or certified to practice in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates in a discipline that offers or requires an external certificate or licensure two academic years prior.

Purpose/Importance: This measure is an indicator of the number of allied health school graduates who remain in Texas to practice.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates during the previous academic year. (e.g., results as of August 31, 1999 for graduates during the 1998 academic year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-17  Percent of BSN Graduates Passing the National Licensing Exam on the First Attempt in Texas

Definition: BSN graduates or eligible students who pass the National Council Licensure Exam on the first attempt in Texas during the reporting period

Data Limitations: None.

Data Source: Records of licensure exam performance provided by the Texas State Board of Nursing Examiners and institutional student records.

Methodology: The number of BSN graduates or eligible students who pass the examination in Texas on the first attempt during the fiscal year, divided by the total number of BSN graduates or eligible students taking the exam in Texas for the first time during the fiscal year. Do not count graduates or students who have passed the exam after completing an associates degree.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s effectiveness in preparing students for licensure.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled as of September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-18 Percent of BSN Graduates Who are Licensed in Texas

Definition: BSN graduates who are licensed to practice nursing in Texas two years after completing their degree programs as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Records of licensure exam performance provided by the Texas State Board of Nursing Examiners and institutional student records.

Methodology: The number of graduates who are licensed to practice in Texas two years after completing their degrees as of August 31 of the current fiscal year, divided by the total number of graduates two academic years prior.

Purpose/Importance: This measure provides an indicator of the number of nursing school graduates who remain in Texas to practice.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of the previous academic year. (e.g., results as of August 31, 1999, for graduates during the 1998 academic year).

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-19  Percent of Public Health Graduates Who are Employed in Texas

Definition: Public Health graduates who are employed in Texas two years after completing their degree programs during the reporting period. The definition excludes master’s degree graduates who are continuing in a Ph.D program.

Data Limitations: None.

Data Source: Institutional survey of graduates.

Methodology: The number of responding graduates who are employed in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates two academic years prior who responded to the survey.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates during the previous academic year (e.g., results as of August 31, 1999 for graduates during the 1998 academic year).

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-20  Percent of Pharmacy Graduates Who are Licensed in Texas

Definition: Pharm.D. graduates who are licensed to practice pharmacy in Texas two years after completing their degree programs as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Records of licensure provided by the Texas State Board of Pharmacy and institutional student files.

Methodology: The number of graduates who are licensed to practice in Texas two years after completing their degrees as of August 31 of the calendar year, divided by the total number of graduates two academic years prior.

Purpose/Importance: This measure is an indicator of the number of pharmacists trained in Texas who remain in the state to practice pharmacy.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates during the previous academic year (e.g., results as of August 31, 1999, for graduates during the 1998 academic year).

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
I-21  Percent of Pharmacy Graduates Passing the National Licensing Exam on the First Attempt

Definition:  Graduates or eligible students who pass the NAPLEX on the first attempt during the reporting period.

Data Limitations:  None.

Data Source:  Records of licensure exam performance provided by the Texas State Board of Pharmacy to the reporting institution.

Methodology:  The number of graduates or eligible students passing the examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking the examination for the first time during the fiscal year.

Purpose/Importance:  This measure is an indicator of the effectiveness of the institution’s instructional program in preparing graduates for licensure.

Reporting Period:  Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type:  Non-cumulative.

New Measure:  No.

Desired Performance:  Higher than target.
I-22 & HC-5 Administrative Cost as a Percent of Total Expenditures

Definition: The dollar amount of expenditures for Institutional Support as a percentage of Total Current Funds expenses, excluding auxiliary enterprises and the results of service department operations during the reporting period. “Institutional Support” includes costs associated with executive management, fiscal operations, general administration and logistical services, administrative computing support, and public relations/development as defined by the National Association of College and University Business Officers.

Data Limitations: None.


Methodology: The amount of Institutional Support Expenses divided by the Total Expenses, excluding auxiliary enterprises and the results of service department operations.

Purpose/Importance: This measure is an indicator of the proportion of the operating budget expended on administrative costs.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.
I-23 Total Net Book Value of Lost or Stolen Property

Definition: The total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

Data Limitations: None

Data Source: Institutional data files and State Property Accounting System reports.

Methodology: The total net book value of inventoried property reported as lost or stolen (SPA codes 17, 18, 20 or 21) during the fiscal year. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

Purpose/Importance: This measure is an indicator of the value of property lost or stolen during a fiscal year.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.
I-24  Lost or Stolen Property as a Percent of Total Inventory

Definition: The percent of the total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

Data Limitations: None.

Data Source: Institutional data files and State Property Accounting System (SPA) records.

Methodology: The total net book value of property reported as lost or stolen (SPA codes 17, 18, 20 or 21) during the fiscal year divided by the total depreciated cost of inventoried property at the end of the fiscal year being reported. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

Purpose/Importance: This measure is an indicator of the magnitude of property lost or stolen during a fiscal year.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.
Strategy A.1.1.: Medical Education

Explanatory Measures:

M-1 Minority Admissions as a Percent of Total First-year Admissions (All Schools)

Definition: New students enrolled in Coordinating Board-approved programs for the first time during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: Office of the Registrar at the reporting institution.

Methodology: The unduplicated number of new minority students (one of four groups identified above) enrolled for the first time on the official census day of each semester during the academic year, divided by the total unduplicated number of new students enrolled for the first time on the official census day of each semester during the academic year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s recruiting efforts of minorities.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-2   Minority Admissions as a Percent of Total M.D./D.O. Admissions

Definition: New students enrolled in the Doctor of Medicine or Doctor of Osteopathic Medicine degree program for the first time during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: The Office of the Registrar at the reporting institution.

Methodology: The number of new minority students (one of four groups identified above) enrolled for the first time on the official census day of the fall semester of the academic year, divided by the total number of new students enrolled for the first time on the official census day of the fall semester of the academic year. Students enrolled in a combined M.D./Ph.D. or D.O./Ph.D. program should be included in this measure.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s efforts to recruit minorities.

Reporting Period: Fall semester. This measure is reportable in November and represents the calculation of data compiled from fall semester of the previous calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-3 Percent of Medical School Graduates Entering a Primary Care Residency

Definition: Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) students who report just prior to graduation that they are entering an accredited post-graduate training program in primary care. Primary care is defined as family practice, general internal medicine (categorical only; exclude IM-preliminary and transitional first year), general pediatrics (categorical only), combined med-peds, and general obstetrics and gynecology (categorical only).

Data Limitations: None.

Data Source: All of the Texas medical schools except UNT Health Science Center will use the results of the National Residency Match Program. The primary data source for UNT Health Science Center will be a student survey conducted within two months prior to graduation to verify plans for post-graduate training. Information may be supplemented by other institutional records including the results of military residency matching programs and updates from students who secure or withdraw from primary care training prior to beginning training.

Methodology: The number of M.D./D.O. students who report just prior to graduation that they plan to enter a primary care residency in their first post-graduate year, divided by the total number of M.D./D.O. graduates during the academic year.

Purpose/Importance: This measure is an indicator of the percent of graduates who will pursue post-graduate studies in primary care.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative, annual.

New Measure: No.

Desired Performance: Higher than target.
**Output Measures:**

**M-1 Minority Graduates as a Percent of Total Graduates (All Schools)**

Definition: Graduates of a Coordinating Board-approved degree or certificate program during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: The Office of the Registrar at the reporting institution.

Methodology: The unduplicated number of minority graduates (one of four groups identified above) during the academic year, divided by the total unduplicated number of graduates during the academic year.

Purpose/Importance: This measure is an indicator of the institution’s graduation rate for minorities from all of its schools.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-2 Minority Graduates as a Percent of Total M.D./D.O Graduates

Definition: M.D./D.O. graduates during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. and excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: The Office of the Registrar at the reporting institution

Methodology: The number of minority graduates (one of four groups identified above) during the academic year, divided by the total number of graduates during the academic year. Graduates in a combined M.D./Ph.D. or D.O./Ph.D. program should be included in this measure.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s efforts to retain and graduate minorities from its M.D. or D.O. program.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-3  Total Number of Outpatient Visits

Definition: A “patient visit” occurs when an individual receives health care services from institutional faculty, post-graduate trainees, or pre-doctoral dental students at a hospital or clinic, affiliated with, contracted with, or owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. An “outpatient visit” occurs when the individual receives health care services, including emergency room services, but is not admitted to a hospital bed. One patient who initially visits an emergency room and is then referred to and receives health care services from another affiliated, or contracted, or owned outpatient facility would be counted as two outpatient visits. The definition includes visits to both on-site (on the premises of the hospital or institution) and off-site outpatient facilities. It includes outpatient visits previously reported as a separate measure under the Dental School.

Data Limitations: None.

Data Source: Hospitals and clinics affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. To the extent possible, data should be gathered from the institutions’ patient accounting, patient registration or medical records information systems.

Methodology: The total number of outpatient visits during the fiscal year. To the extent possible, the total should exclude outpatients visits associated with health care providers who are not employed by the institution but may teach residents and students.

Purpose/Importance: This measure is an indicator of the number of outpatients who are treated and not admitted to a hospital bed (inpatient).

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-4 Total Number of Inpatient Days

Definition: An “inpatient day” occurs when an individual, who is admitted by institutional faculty, or post-graduate trainee, occupies a hospital bed at the time that the official census is taken at each hospital affiliated with, contracted with, or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. One patient occupying one room for two nights would be counted as two inpatient days.

Data Limitations: None.

Data Source: Hospitals affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. This data should be gathered from the hospitals’ patient accounting, patient registration or medical records information systems. Institutions may have difficulty collecting and verifying data from affiliated hospitals.

Methodology: The total number of inpatient days during a fiscal year. To the extent possible, the total should exclude inpatient days associated with health care providers who are not employed by the institution but may teach residents and students.

Purpose/Importance: This measure is an indicator of the number of inpatient days provided by an affiliated hospital.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-5  **Total Number of Post-doctoral Research Trainees (All Schools)**

Definition: Ph.D., M.D./D.O., D.S.N., D.P.H., and D.D.S. research positions filled as of July 1 of the current calendar year. Count only those filled research positions or fellows directly involved in research-related activities for a maximum of three reporting periods. The definition includes positions or fellows in all schools within the institution but excludes medical and dental residents.

Data Limitations: None.

Data Source: Institutional records

Methodology: The total number of post-doctoral trainees as of July 1 of the current calendar year.

Purpose/Importance: This measure is an indicator of the amount of research positions provided by an institution.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of July 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
M-6 Number of Indigent Pregnant Women Seen by Faculty or Residents in a Clinic Setting

Definition: Number of indigent pregnant women (patients) seen by UT Southwestern physician faculty, nurse practitioners, or UT Southwestern residents in an affiliated hospital or outpatient clinic setting for any reason that may affect the whole-health of mother/child. Since any health risk to the mother may potentially harm the child, any visit by an indigent pregnant woman is considered to be either direct pre-natal care or preventive care in the whole-health sense.

Data Limitations: None.

Data Source: Affiliated hospital, clinic, and patient records.

Methodology: Headcount, number of patients, not patient visits, will be counted. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period.

Purpose/Importance: This measure indicates the extent to which the institution is providing prenatal care to an at-risk population.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.
M-7  Number of Combined M.D. / Ph.D. Graduates

Definition:  Number of combined M.D./Ph.D. medical scientist students graduated at UT Southwestern.

Data Limitations:  None.

Data Source:  Registrar's Office.

Methodology:  Number of students receiving both the M.D. and Ph.D. from UT Southwestern.  Report the graduating student upon awarding of the second degree (usually the M.D.) during the reporting period.  Students receiving both degrees count as one.

Purpose/Importance:  The purpose of this measure is to count, each year, the number of graduates from the institution's Medical Scientist Training Program.

Reporting Period:  Fiscal year.  This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type:  Non-cumulative.

New Measure:  No.

Desired Performance: Higher than target.
**Strategy A.2.1.: Dental Education**

*Explanatory Measures:*

**D-1  Minority Admissions as a Percent of Total DDS Admissions**

Definition: New students enrolled in the Doctor of Dentistry degree program for the first time during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: The Office of the Registrar at the reporting institution.

Methodology: The number of new minority students (one of four groups identified above) enrolled for the first time on the official census day of the fall semester of the academic year, divided by the total number of new students enrolled for the first time on the official census day of the fall semester of the academic year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s recruiting efforts of minorities to its DDS program.

Reporting Period: Fall semester. This measure is reportable in November and represents the calculation of data compiled from fall semester of the previous calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
D-2  Total Number of Residents in Advanced Dental Education Programs

Definition: DDS graduates who are enrolled in an accredited advanced dental education programs as of July 1 of the current calendar year.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The total number of residents enrolled in accredited advanced dental education programs as of July 1 of the current calendar year.

Purpose/Importance: This measure is an indicator of an institution’s efforts to attract residents to its advanced dental education program.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of July 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Minority Graduates as a Percent of Total DDS Graduates

Definition: DDS graduates during the reporting period who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: The Office of the Registrar at the reporting institution.

Methodology: The number of minority graduates (one of four groups identified above) during the academic year, divided by the total number of graduates during the academic year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s efforts to retain and graduate minorities from its DDS program.

Reporting Period: Academic year. This measure is reportable in November and represents the calculation of data compiled from fall of the previous calendar year through summer of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Strategy A.2.1.: Nursing Education

*Explanatory Measures:*

N-1  Percent of MSN Graduates Granted Advanced Practice Status in Texas

Definition: MSN graduates who are certified for Advanced Practice Status in Texas two years after completing their degree programs as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Records of advanced practice recognition provided by the Texas State Board of Nursing Examiners and institutional student files

Methodology: The number of graduates who are certified for Advanced Practice Status in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates two academic years prior.

Purpose/Importance: This measure is an indicator of the percent of graduates certified for advanced practice status.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates of the previous academic year. (e.g., results as of August 31, 1999 for graduates during the 1998 academic year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Strategy: Graduate Medical Education

Explanatory Measures:

G-1  Minority MD and DO Residents as a Percent of Total Residents

Definition: M.D. or D.O. residents as of July 1 of the current calendar year who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The number of minority residents as of July 1 of the current calendar year, divided by the total number of residents as of July 1 of the current calendar year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s efforts to attract minorities to its post-graduate residency training programs.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of July 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Output Measures:

G-1  Total Number of MD or DO Residents

Definition: M.D. or D.O. filled positions through seven years in an ACGME or AOA accredited residency programs including sub-specialty programs as of September 1 of the current calendar year. Do not include physicians undertaking post-residency training that is not considered to be part of the accredited residency program. Do not include podiatry residents.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The total number of residents as of September 1 of the current calendar year.

Purpose/Importance: Long-term data of this measure can be analyzed to evaluate trends in the number of residents in Texas medical schools.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of September 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.
GOAL 2: PROVIDE RESEARCH SUPPORT

Objective 1: Research Activities

Outcome Measures:
R-1  Total External Research Expenditures

Definition: The total expenditures for the conduct of research and development from external sources during the reporting period. The definition excludes expenditures of dollars appropriated directly to the institution or state funds transferred from other state agencies and institutions (e.g., Advanced Research or Advanced Technology Program Funds) or institutionally-controlled funds. The exclusion of “expenditures of dollars appropriated directly to the institution” applies to both general revenue funds and local funds. The total may include indirect costs and fringe benefits.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The total dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year. The total should equal the sum of federal and private expenditures for the conduct of research and development that is reported to the Texas Higher Education Coordinating Board in the Survey of Research Expenditures.

Purpose/Importance: This measure is an indicator of the level of research dollars generated and of the scope of the institution’s research mission.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
R-2 External Research Expenditures as a Percent of State Appropriated Expenditures

Definition: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total expenditures of dollars appropriated directly to the institution during the reporting period. “Dollars appropriated directly to the institution” includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by the total expenditures of dollars appropriated directly to the institution during the fiscal year.

Purpose/Importance: This measure is an indicator of the proportion of the institution’s expenditures on research.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
R-3   External Research Expenditures as a Percent of State Appropriations for Research

Definition: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total research dollars appropriated directly to the institution during the reporting period. “Dollars appropriated directly to the institution” includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by total research dollars appropriated directly to the institution during the fiscal year. If the dollar value of external research funds expended is greater than the dollar value of funds appropriated for research, the result of this calculation will be greater than 100 percent.

Purpose/Importance: This measure is an indicator of the leveraging of state dollars for research.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
R-4  Research Expenditures Supported by the Hughes Institute and VA Center

Definition: Annual research expenditures by UT Southwestern faculty whose research expenditures are reported through the affiliated Veteran's Affairs Medical Center (VA) and the campus-based Howard Hughes Medical Institute (HHMI) financial reports.

Data Limitations: Institution is dependent upon an external agency for data collection.

Data Source: UT Southwestern, VA, and HHMI annual financial reports.

Methodology: Total research expenditures by UT Southwestern faculty at VA and HHMI, as funded directly by VA and HHMI, and, therefore, are not included in UT Southwestern's annual financial statement.

Purpose/Importance: This measure provides information on the extent of research expenditures by faculty at external facilities. The expenditures listed here are not included in the Annual Financial Statement.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Goal 4: PROVIDE HEALTH CARE SUPPORT

HC- 6 Total Uncompensated Care Provided in State-owned Facilities

Definition: The total dollar amount of uncompensated care provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

Data Limitations: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source- Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution’s Annual Financial Report.

Methodology: The total dollar amount of uncompensated care provided during the fiscal year. Do not include faculty practice plan.

Purpose: This measure identifies the total uncompensated care provided in the hospital and clinics of the institution.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.
HC- 7    Total Net Patient Revenue in State Facilities

Definition: The total dollar amount of net patient revenue in hospitals or clinics owned, operated and funded by the health-related institutions (including the Texas Department of Criminal Justice Hospital) during the reporting period.

Data Limitations- None

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution’s Annual Financial Report.

Methodology: The total dollar amount of net patient revenue during the fiscal year. Do not include faculty practice plan.

Purpose: This measure represents the financial value of the patient care provided in the hospital and clinics of the institution

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.
HC-8 State General Revenue Support for Uncompensated Care as a Percent of the estimated cost of Uncompensated Care

Definition: Total dollar amount of General Revenue Fund appropriations expended for Uncompensated Care in hospitals and clinics owned, operated and funded by a health-related institution as a percentage of the estimated cost of Uncompensated Care provided during the reporting period. The definition of estimated cost of Uncompensated Care is that which is included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

Data Limitations: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: Total dollar amount of the General Revenue Fund appropriations expended for patient care during the fiscal year, divided by the total uncompensated care provided during the fiscal year.

Purpose: This measure indicates the proportionality of the state contribution to the cost of providing patient care at the institution to the total uncompensated care.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.
Strategy: Patient Care Activities or Related Strategy

Efficiency Measures:

P-1 Net Revenue as a Percent of Gross Revenues

Definition: “Net revenue” is the total dollar amount of gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions, earned by hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period.

Data Limitations: None.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of net revenue during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year.

Purpose/Importance: This measure is an indicator of the net revenue generated by state-owned hospitals or clinics.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
P-2 Net Revenue per Equivalent Patient Day

Definition: The dollar amount of net revenue per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Net revenue” is gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions. “Equivalent patient days” is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

Data Limitations: None.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of net revenue during the fiscal year, divided by equivalent patient days during the fiscal year.

Purpose/Importance: This measure is an indicator of the net revenue generated per patient day.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
P-3  Operating Expenses per Equivalent Patient Day

Definition: The dollar amount of operating expenses per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Equivalent patient days” is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

Data Limitations: None.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of operating expenses during the fiscal year, divided by equivalent patient days during the fiscal year.

Purpose/Importance: This measure is an indicator of the amount of operating expenditures per patient day.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
P-4 Personnel Expenses as a Percent of Operating Expenses

Definition: The dollar amount of personnel expenses as a percentage of total operating expenses in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Personnel expenses” are full-time and part-time employee’s salaries and all related employee benefits plus expenses for contracted labor.

Data Limitations: None.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of personnel expenses during the fiscal year, divided by the total dollar amount of operating expenses during the fiscal year.

Purpose/Importance: This measure is an indicator of the proportion of the operating budget expended on personnel expenses.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
GOAL 5: PROVIDE SPECIAL ITEM SUPPORT

Strategy E.1.4.: Integrated Health Network

Output Measures:

S-1 Annual Event Hours of Distance Education

Definition: The total annual event hours of distance education provided over the HealthNet network of TTUHSC, including distance education for instruction and continuing education and excluding administrative and telemedicine network applications.

Data Limitations: None.

Data Source: HealthNet scheduling system and attendee certificate database.

Methodology: A total count of the records in the HealthNet scheduling system and attendee certificate database that meet the qualifications of this measure.

Purpose/Importance: To reflect the total annual event hours of distance education provided by the institution over the HealthNet network. By increasing the amount of degree related instruction available through distance education, the number of faculty required to provide the instruction has been reduced. Continuing education provided to rural hospital staff allows the staff to continue to see patients and avoid the costly expense of travel related continuing education. Many of these hospitals are the only medical resource available in rural communities.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
Strategy E.5.1.: Program for Science Teacher Access to Resources (STARS)

Output Measures:
S-1 Number of high School and Middle School Teachers Completing a STARS Program

Definition: Number of high-school and middle-school teachers participating in a STARS activity. A STARS activity is any event listed in the STARS Brochure. Although the main geographic area served by STARS is North Texas (counties of Dallas, Tarrant, Collin, Denton and Rockwall) any teacher participating in a STARS activity will be included in the participation count.

Data Limitations: None.

Data Source: STARS attendance record and surveys.

Methodology: Teacher's participation, by fiscal year as recorded by STARS personnel and listed in the STARS' database. Each teacher will be counted for each activity, i.e., a teacher attending two activities will be counted twice in the yearly participation count.

Purpose/Importance: This program gauges the impact of the STARS program for teachers and schools in Texas.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
S-2  Number of High Schools and Middle Schools Represented by Teachers Completing a STARS Program

Definition: Number of high-schools and middle-schools represented by teachers participating in a STARS activity. A STARS activity is any event listed in the STARS Brochure. Although the main geographic area served by STARS is North Texas (counties of Dallas, Tarrant, Collin, Denton and Rockwall) any high-school or middle school with a teacher participating in a STARS activity will be included in the participation count.

Data Limitations: None.

Data Source: STARS attendance records and surveys.

Methodology: School's participation, by fiscal year as recorded by STARS personnel and listed in the STARS' database. Each school will be counted only once regardless of the number of teachers representing that school and regardless of the number of activities teachers attend, i.e., a school having three teachers attending two activities would only be counted once for the fiscal year reporting period.

Purpose/Importance: This program gauges the impact of the STARS program for teachers and schools in Texas.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target
## Health Related Institution Measures Table (continued)

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<td>Percent of medical school students passing part 1 or part 2 of the national licensing exam on the first attempt</td>
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<td>Percent of medical school graduates practicing primary care in Texas</td>
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<td>Percent of Medical School Graduates Practicing in Texas</td>
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<td>Total Uncompensated Care Provided by Faculty</td>
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<td>Total Net Patient Revenue by Faculty</td>
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<td>9</td>
<td>Percent of medical school graduates in family practice in Texas</td>
<td></td>
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<td>Percent of medical school graduates entering a family practice residency</td>
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<td>Percent of charges to Medicare by faculty</td>
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<td>Percent of dental school graduates admitted to an advanced education program in general dentistry</td>
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<td>Percent of dental students passing part 1 or part 2 of the national licensing exam on first attempt</td>
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<td>14</td>
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<td>Percent of dental school graduates licensed in Texas</td>
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<td>X</td>
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<td>Percent of dental school graduates practicing in a Texas dental under-served area</td>
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<td>Percent of allied health graduates passing the certification/licensure exam on the first attempt</td>
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<td>X</td>
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<td>17</td>
<td></td>
<td>Percent of allied health graduates who are licensed or certified in Texas</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>oc</td>
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<td>18</td>
<td></td>
<td>Percent of BSN graduates passing the national licensing exam on the first attempt in Texas</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<td>19</td>
<td></td>
<td>Percent of BSN graduates who are licensed in Texas</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Percent of Public/Rural Health graduates who are employed in Texas</td>
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<td>Percent of pharmacy graduates who are licensed in Texas</td>
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<td>Percent of pharmacy graduates passing the national licensing exam on the first attempt</td>
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<td>oc</td>
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<td>23</td>
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<td>Administrative cost as a percent of total expenditures</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>24</td>
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<td>Total net book value of inventoried property lost or stolen</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>25</td>
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<td>Lost or stolen property as a percent of total inventory</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>1</td>
<td>1</td>
<td>ex</td>
<td>2</td>
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<td></td>
<td>Minority admissions as a percent of total first-year admission (all schools)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
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<td>1</td>
<td>1</td>
<td>ex</td>
<td>2</td>
<td>2</td>
<td></td>
<td>Minority admissions as a percent of total M.D./D.O. admissions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>1</td>
<td>1</td>
<td>ex</td>
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<td></td>
<td>Percent of medical school graduates entering a primary care residency</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Minority graduates as a percent of total graduates (all schools)</td>
<td>X</td>
<td>X</td>
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<td>2</td>
<td></td>
<td>Minority graduates as a percent of total M.D./D.O. graduates</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Total number of outpatient visits</td>
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<td>Total number of inpatient days</td>
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<td>5</td>
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<td>Total number of post-doctoral research trainees (all schools)</td>
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<td>X</td>
<td>X</td>
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<td>6</td>
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<td>Number of indigent pregnant women seen by faculty or residents in a clinic setting</td>
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<td>Number of combined M.D./Ph.D. graduates</td>
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<td>Minority admissions as a percent of total dental school admissions</td>
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<td>X</td>
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<td>2</td>
<td>2</td>
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<td>Total number of residents in advanced dental education programs</td>
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<td>X</td>
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<td></td>
<td>Minority graduates as a percent of total dental school graduates</td>
<td>X</td>
<td>X</td>
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<td>Percent of MSN graduates granted Advanced Practice Status in Texas</td>
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<td>X</td>
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<td>Minority M.D. or D.O. residents as a percent of total residents</td>
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<td>X</td>
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<td>Total number of M.D. or D.O. residents</td>
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<td>X</td>
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<td>Total external research expenditures (in thousands)</td>
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<td>X</td>
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<td>2</td>
<td>External research expenditures as a percent of state appropriated expenditures</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>3</td>
<td>External research expenditures as a percent of state appropriations for research</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Research expenditures supported by the Hughes Institute and VA Center</td>
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<td>Percent of medical residency completers practicing in Texas-</td>
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<td>X</td>
<td>X</td>
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<td>2</td>
<td>Total Uncompensated Care Provided by Faculty</td>
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<td>1</td>
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<td>oc</td>
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<td>3</td>
<td>Total Net Patient Revenue by Faculty</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<td></td>
<td>oc</td>
<td>2</td>
<td>4</td>
<td>Total Uncompensated Care Provided in State-owned Facilities</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<td>oc</td>
<td>2</td>
<td>5</td>
<td>Total Net Patient Revenue in State-owned Facilities</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>State General Revenue Support for Uncompensated Care as a Percent of the estimated cost of Uncompensated Care</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>Measure Name</td>
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<td>Administrative cost as a percent of total expenditures</td>
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<td>Net revenue per equivalent patient day</td>
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<td>Operating expenses per equivalent patient day</td>
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<td>Number of high school and middle school teachers completing a STARS program</td>
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<td>Number of high schools and middle schools represented by teachers completing a STARS program</td>
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**KEY:**

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<td>Measure is calculated based on the previous school year. (Fall – Summer semesters) and reported in ABEST in November.</td>
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<td>Measure is calculated and reported in both Period 1 and Period 2.</td>
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