

Organ
Donation
Saved My
Sister's
Life

2015 MALCOLM BALDRIGE NATIONAL QUALITY AWARD APPLICATION



Mid-America Transplant Services
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St. Louis, MO 63110



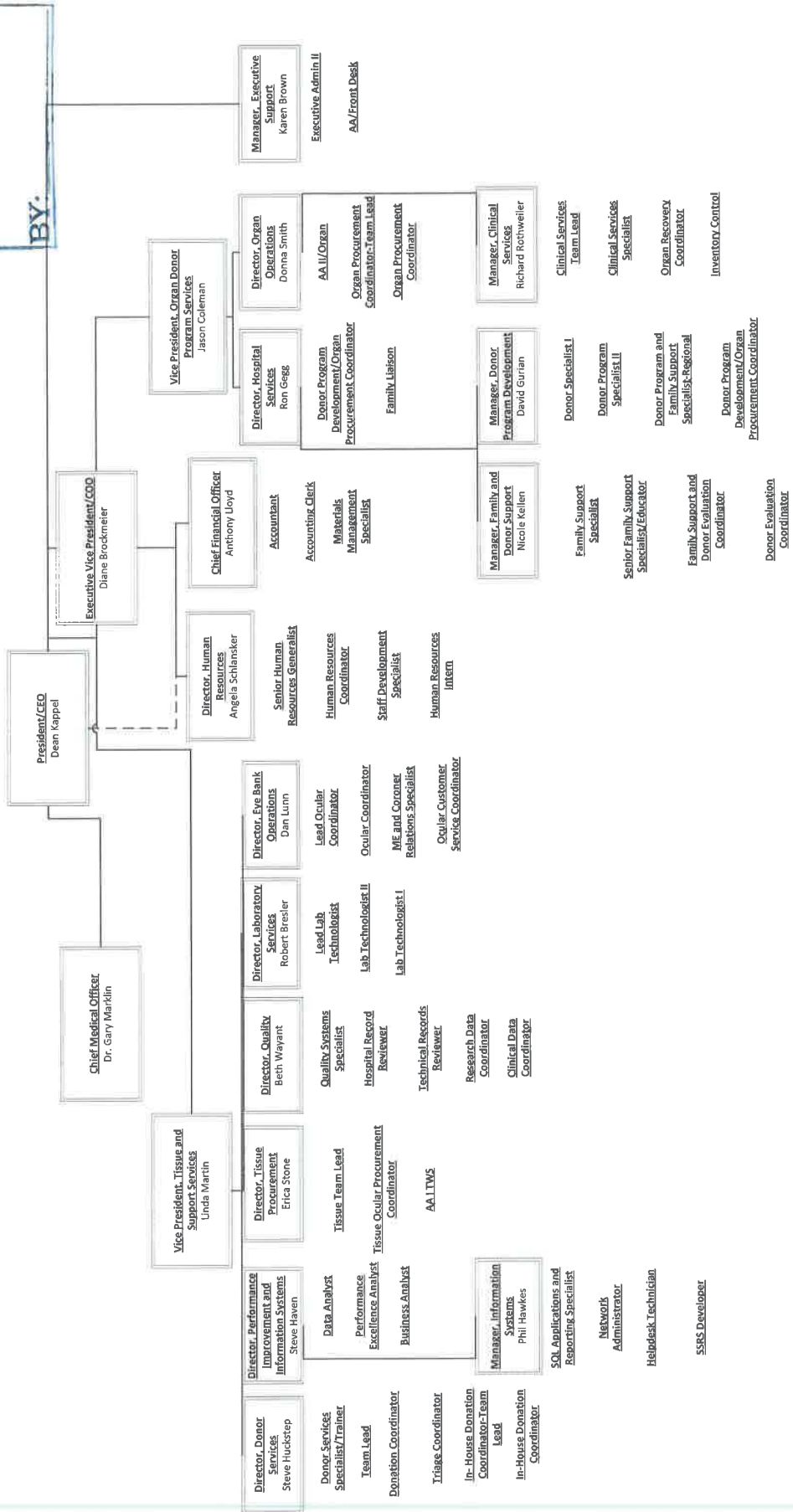
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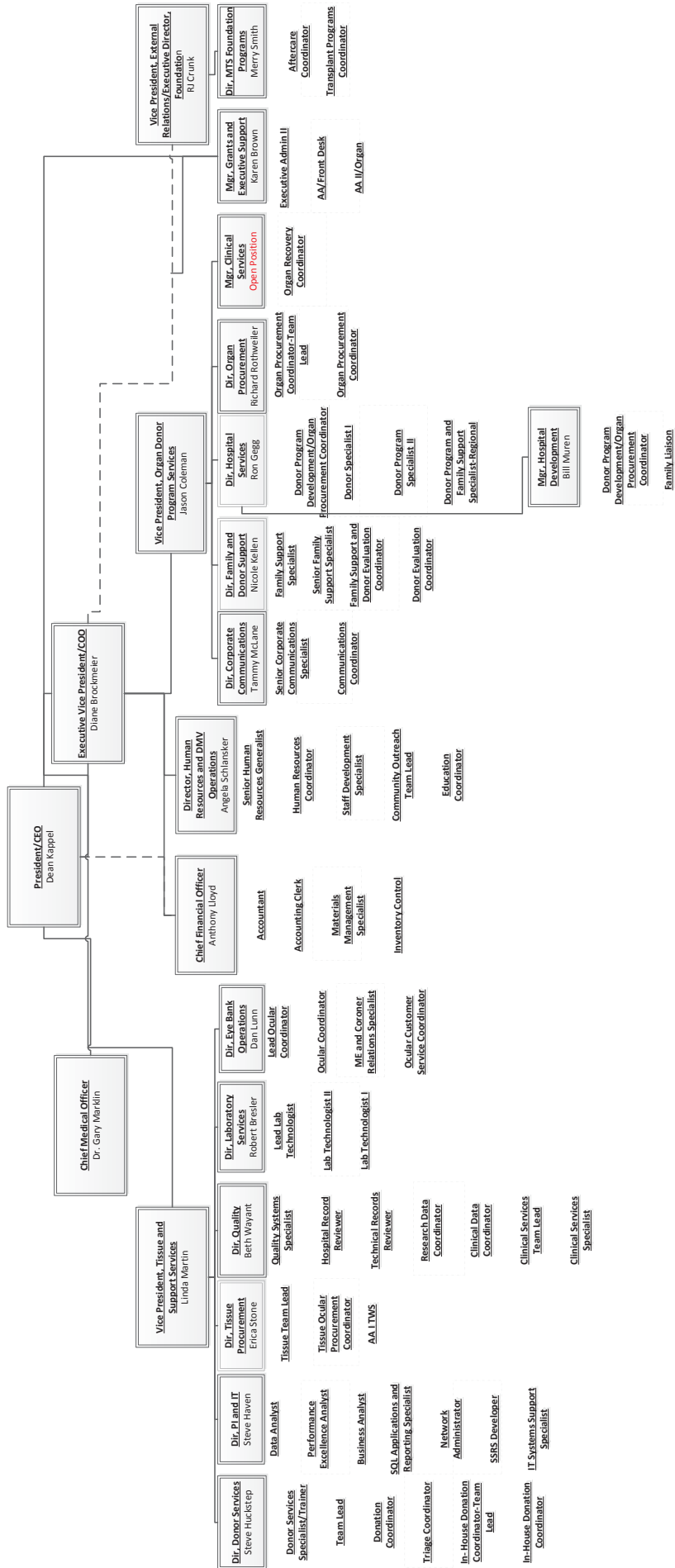
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Mid-America Transplant Services-Organizational Chart

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Glossary of Terms and Abbreviations

24/7

24 hours a day/7 days a week

90 DAYS TO SUCCESS

Comprehensive approach to teaching the skills an employee needs to be an effective supervisor

360 DEGREE REVIEW

Multi-rater feedback provided by direct reports and peers

AATB

American Association of Tissue Banks

ADA

Americans with Disabilities Act

AERO CHARTER

St. Louis based corporation that specializes in aircraft management and aircraft charter services

AFTERCARE

Support and bereavement services provided by MTS to Donor Families after donation

AFTERCARE STAGE

The post-donation stage of the customer life cycle

ALLOSOURCE

Tissue processing facility partially owned by MTS (customer)

ALLOSOURCE TISSUE RECOVERY PARTNERS

MTS, along with three OPOs partnered to form AlloSource.

AOPO

Association of Organ Procurement Organizations

AOS

Available On Site

AP(s)

Action Plan(s)

AUDIT COMMITTEE

Board committee with the primary purpose of assisting the Board of Directors by providing oversight and making recommendations in regard to external audit activities

AUTHORIZATION

Permission or power granted by an authority (first person or next-of-kin) for organ and/or tissue donation

AVATAR HR SOLUTIONS BEST-IN-CLASS

Best-in-Class-top 10% in the Avatar HR Solutions, Inc. database amongst 260 organizations.

AVATAR HR SOLUTIONS

A company that empowers organizations to increase their employee engagement and customer loyalty by providing

results-oriented survey instruments, training and development programs, and “actionable” management consulting; formerly Avatar International LLC and HR Solutions Inc.

BJH

Barnes Jewish Hospital (transplant center)

BOARD QUALIFICATIONS AND AFFILIATION GRID

Grid that illustrates the demographic categories represented on the Board of Directors

BOARDSOURCE

Organization that provides knowledge, resources and assessment tools for nonprofit boards to increase effective governance systems

BOD

Board of Directors

BODY SUBSTANCE EXPOSURE HOTLINE

Hotline service which provides 24-hour consultation after a blood or body fluid exposure

BONE DONORS RELEASED

Metric from scorecards referring to musculoskeletal donors released to the tissue processing partner

BRAIN DEATH

Legal definition of death that refers to the irreversible end of all brain activity

CANDLELIGHT MEMORIAL

Annual event facilitated by MTS to honor the donors and their gifts

CAPA

Corrective Action Preventive Action

CARDIAC CATHETERIZATION

Procedure utilized to evaluate potential cardiac donors

CASCADING SCORECARD

Tool in the measurement system that cascades results from the topline metrics to the individual level

CC

Core Competencies - Highly engaged/satisfied workforce and partnering

C&C

Capability and Capacity

CCP

Corporate Compliance Program

CDC

Center for Disease Control

CEO Chief Executive Officer	DART RATE Days away, restricted or transferred (OSHA Form 300a)
CFL Center for Life-MTS department responsible for aftercare and support for Donor Families post donation.	DATA MALL Repository of predefined reports which allow the user to access valuable organizational data for decision-making
CLIA Clinical Laboratory Improvement Amendments	DCD Donation after Cardiac Death-type of donation for organ procurement that occurs after cardiac cessation
CMS Centers for Medicare and Medicaid Services	DEC Donor Evaluation Coordinator
CMS CONDITIONS FOR PARTICIPATION Requirements that organ procurement organizations (OPOs), hospitals, and organ transplant centers must meet to have their services covered by Medicare	DECADE CLUB Annual celebration for those tenured employees who are celebrating ten or more years of employment
COMMUNITIES WITHIN SERVICE AREA Donor families and transplant recipients within the donation service area	DEPARTMENT SCORECARD Measurement system tool tracked by department
COMPENSATION COMMITTEE Board committee that provides management of the executive compensation program, conducts annual performance evaluation of the CEO and approves recommendations by the CEO for his direct reports	DEPARTMENT SPOTLIGHTS Presentations that highlight departmental and individual responsibilities
CONFLICTS OF INTEREST COMMITTEE (COI) Board committee that provides oversight and review of board member conflicts of interest	DESIGNATED REQUESTOR Employee of key partner hospitals involved with Donor Families during the family interaction process
CONVERSION/CONVERSION RATE Percentage of actual donors divided by potential donors	DMV Department of Motor Vehicles
COO Chief Operating Officer	DOL Department of Labor
CORE VALUES Quality: We do our best, always Compassion: We feel and show concern for others Integrity: We act according to what is right and wrong Teamwork: We work in harmony with others Innovation: We make meaningful changes to improve	DONOR FAMILIES Families consenting to organ and/or tissue donation
CORPORATE GOVERNANCE/NOMINATING COMMITTEE Board committee with the purpose of nominating qualified individuals to serve as board members, committee members, committee chairs and officers of the corporation; this committee also facilitates the self- evaluation of the board	DONOR HOSPITALS Partner hospitals within MTS' DSA where donation may occur
CT SCAN Diagnostic tool to assess donor suitability	DONOR MEDAL Commemorative circular plaque for display at the funeral, family's home, or at the tombstone
CUSTOMER LIFE CYCLE Donor Families experience the donation stage initially, followed by the aftercare stage	DONOR REGISTRY Voluntary public registry
	DONOR SERVICES Process owner for facilitation of communications relevant to the donation process on a 24/7 basis
	DONORNET Facilitates organ placement and acceptance
	DOR Department of Revenue

DPD

Donor Program Development

DPS

Donor Program Specialist

DSA

Designated Service Area

EBAA

Eye Bank Association of America

EEOC

Equal Employment Opportunity Commission

ELT

Executive Leadership Team consisting of the CEO and COO

EMB

Emergency Medical Bank-employee benefit to cover extended illnesses

EMR

Electronic Medical Record

ERP

Emergency Response Plan

EXCELLENCE IN MISSOURI FOUNDATION

State performance excellence program

EXECUTIVE COMMITTEE

Board committee that has the purpose of acting on behalf of the full Board of Directors between meetings and otherwise as directed by the Board and the bylaws

FDA

Food and Drug Administration

FLSA

Fair Labor Standards Act

FOUR A's

MTS Complaint Resolution Process: Acknowledge, Apologize, Ask, Act

FPA

First Person Authorization

FSS

Family Support Services

FTE

Full-Time Employee

GIFT OF LIFE

Organs and tissues donated by Donor Families

GRIEF COMPANION PROGRAM

Donor families that are in the early stages of their grief cycle are paired with families further down their grief journey to help provide ongoing support

HLA

Human Leukocyte Antigen

HONORING THE DONOR

Events, activities, and media messages are used to pay tribute to the donor for their lifesaving gifts

HOSPITAL CYCLE TIME

Time from declaration of death to the transportation of the donor to MTS for ICU management and organ recovery

HRSA

Health Resources and Services Administration

ICU

Intensive Care Unit

IIP

Improvement and Innovation Process

INDIVIDUAL SCORECARDS

Measurement system tool tracked at the individual level

IT

Information Technology

KM

Knowledge Management

LDS

Learning and Development System

LIFELOGICS

Collaboration of OPOs to develop industry software applications to capture actionable feedback

LT

Leadership Team

LS

Leadership System

MAXIMIZING DONATION

Increasing consent for donation and clinically managing the donor

ME

Medical Examiner

MEDICAL ADVISORY BOARD

CMS mandated advisory board that has the primary function to recommend policies relating to the donation, procurement and distribution of organs, tissues and bone.

MEMBER IN GOOD STANDING

Classification utilized by UNOS to reflect organizational status

MERCER

Provides HR consulting services to the Compensation Committee to assist with evaluating and establishing the CEO compensation program

MISSION

We save lives through excellence in organ and tissue donation

MQA

Missouri Quality Award

MTS

Mid-America Transplant Services

NATCO

National Organization of the Transplant Community

NETWORK INTERFACE CONTROLLERS

Computer cards that connect computers and servers to a network

OAC

Organ Acquisition Charge - the cost that MTS bills the transplant centers for the procurement of organs; includes all direct costs as well as indirect costs

OD(s)

Operational Discussions

OMP

Operational Management Process

OPC

Organ Procurement Coordinator

OPO

Organ Procurement Organization

OPTN

Organ Procurement and Transplantation Network

OR

Operating Room

ORGAN

Refers to kidneys, lungs, liver, heart, intestine, pancreas

ORGAN CONVERSION

Percentage of actual organ donors divided by potential organ donors

ORGAN OPERATIONS MEETINGS

Weekly meetings to review organ donation cases and family refusals

ORGAN YIELD

Organs transplanted per donor

OSHA

Occupational Safety and Health Administration

OSR

On-Site Requestor

OWS

Organ Work System

PASSPORT TO EXCELLENCE

A quarterly comprehensive 8-hour orientation program

PDSA

Plan-Do-Study-Act problem-solving methodology

PEP

Performance Evaluation Process

PHONE CONSENT

Authorization for donation is secured telephonically primarily conducted by Donor Services staff

PI

Performance Improvement

PMS

Performance Measurement System

PRIORITY MATRIX

Project management tool that sorts initiatives by urgency and importance based upon several key factors

PRESS GANEY

National company that provides results-oriented survey instruments, training and development programs, and actionable management consulting to aid organizations in increasing engagement

PTO

Paid/Personal Time Off

RFO

Rounding for Outcomes

RPG

Research and Planning Group

SA(s)

Strategic Advantage(s)

SAFETY COMMITTEE

Safety task force comprised of individuals representing multiple departments promoting and addressing safety needs

SAFETY PROGRAM

Safety program in place across the organization that aids in the prevention of workplace injuries

SC(s)

Strategic Challenge(s)

SCORECARD

Measurement system tool with key measures specific to a defined segment of the organization

SD(s)

Strategic Discussion(s)

SEROLOGIC DONOR TESTING

Donor blood test to assess communicable disease status

SERVICE BEHAVIORS

Employee conduct guidelines that define how employees exemplify the core values in a professional manner

SHAREPOINT

A collection of products and software elements that include browser-based collaboration functions, process management modules, search modules and a document management platform

SO(s)

Strategic Objective(s)

SOP(s)

Standard Operating Procedure(s)

SLS

Sharing LifeSaving Success - directly linked to the MTS mission, this is a plan designed to share organizational financial success

SQL

Structured Query Language - a standard language used to manipulate a relational database system

STATUS REPORT

Monthly activity of organ and tissue donation report provided to partners and stakeholders

STEWARDSHIP OF THE GIFT

In the donation stage of the customer life cycle, trusting that MTS will take the utmost care of the donation in a respectful way

STOPLIGHT REPORT

Report given at monthly staff meetings that provides RFO feedback and identifies items that have had action taken, are in progress or cannot be completed

STP

Strategic Thinking Process

STUDER LEARNING DEVELOPMENT INSTITUTE (LDI)

Educational series provided by the Studer Group, an outcomes based healthcare consulting firm devoted to teaching evidence-based tools and processes that organizations can immediately use to create and sustain outcomes in service and operational excellence

SWOT

Strengths, Weaknesses, Opportunities, Threats analysis as part of environmental scanning

TISSUE

Refers to musculoskeletal, skin cardiovascular, and eye

TISSUE PROCESSORS

Facilities that manufacture final transplantable tissue from donated tissue

TISSUE YIELD

Tissue procured per donor

TOPC

Tissue Ocular Procurement Coordinators

TOPLINE SCORECARD

Performance measurement tool reflecting status of key organizational metrics

TRAINING AND DEVELOPMENT PLAN

Component of the Performance Evaluation Plan

TRANSPLANT CENTER

Hospital in which organ transplants occur

TRIGGER

Mechanism to notify MTS of an imminent/eligible death to initiate the donation process

TRUENORTH

Electronic software system utilized by MTS Operations for clinical activity as the electronic medical record

TWS

Tissue Work System

UNOS

United Network for Organ Sharing

UPS

Uninterruptible Power Supply

VISION

Organs and tissues are always available to those in need

V/M

Vision/Mission

V/M/V

Vision/Mission/Values

VOC

Voice of the customer

VPN

Virtual Private Network

WF

Workforce - includes LT and staff.

WORK SYSTEM SCORECARD

Measurement system feedback reporting results of the operational work systems

YIELD

Outcomes of donation activities

YTD

Year to date

Organizational Profile

Picture Ryan, who is only 16-years-old, an avid baseball player, and a beloved son, grandson, brother, and friend. Following a critical injury during a baseball game, he is now in the intensive care unit. After evaluating Ryan's injuries and performing lifesaving measures, the doctors have diagnosed conclusively that Ryan is brain dead. Machines keep his organs functioning while a team from Mid-America Transplant Services (MTS) talks compassionately to Ryan's family about donating his organs and tissues. On the most agonizing day of this family's life, they find the courage to say "yes."

Ryan saved six lives that day, among them: A 3-year-old boy from Missouri, who received Ryan's left kidney, is now excited to go home with his family after being in the hospital since birth; A 56-year-old father, an Amtrak worker from Illinois, who had been waiting for a liver for four years; A 9-year-old earthquake victim, who was airlifted to a Florida hospital with burns on over 50 percent of her body, received Ryan's tissue that helped keep out infection while her skin regenerated.

The courage and generosity exhibited by Ryan and his family, and by all donor families, are the reasons MTS staff members come to work every day to realize the mission of the organization to save lives through excellence in organ and tissue donation.

P.1 Organizational Description

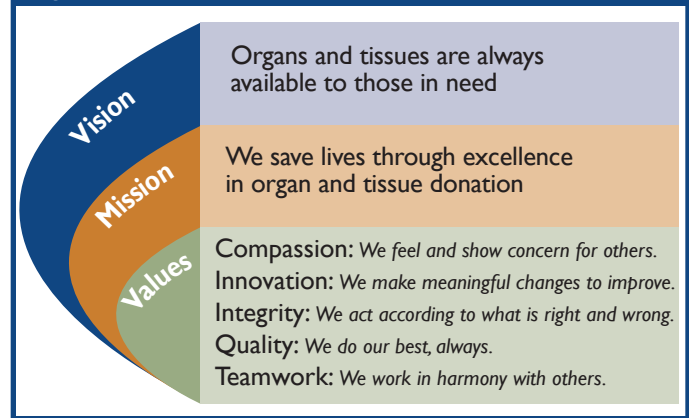
P.1a Organizational Environment

P.1a(1) For more than 40 years, Mid-America Transplant Services (MTS) has served as the regional Organ and Tissue Procurement Organization (OPO) for 4.7 million people living within a federally-assigned territory inclusive of 84 counties within eastern Missouri, southern Illinois, and northeast Arkansas. From its founding goal to assist in the coordination of kidney donations, MTS has grown to become a multi-faceted, not-for-profit organization dedicated to saving lives and enhancing the quality of donated organs and tissues for transplant (*Figure P.1-1*). Located in St. Louis, MO, MTS is one of the 58 federally designated organizations of its kind in the United States.

MTS' main service offering is the facilitation of organ and tissue donation, accomplished through the organization's two work systems: Organ and Tissue (*Figure 2.1-2*). The delivery of services for both work systems requires the careful coordination of partners, collaborators and suppliers to ensure organs, tissues, and corneas are available for use by the organization's key customer groups (*Figure P.1-2*).

Donor families come from the community at large and are identified as potential collaborators once a donor hospital (partner) notifies MTS of their patient's death. At this point, assuming the patient is medically suitable for donation, the donor family is presented with the collaborative opportunity for donation by a member of the MTS workforce. Due to stringent and often limiting criteria governing organ and tissue donation, each opportunity or referral must be maximized to its fullest potential. Of the approximately 30,000 deaths occurring annually within MTS' Designated Service Area (DSA), around 0.8% or approximately 200 patients have the opportunity to become organ donors due to the special

Figure P.1-1 Vision, Mission, Values



circumstances of brain death under which an organ donor must die. Tissue and corneal donation opportunities occur around 16% or approximately 4,000 times annually (*Figure P.1-3*).

MTS partners with the 122 hospitals located within its designated service area to gain access to potential donor family collaborators, a critical control point of the donation process (*Figure 2.1-2*). MTS provides ongoing educational offerings to donor hospital partners to ensure this introduction occurs in a timely manner. Once a referral is made, MTS prescreens the patient for medical eligibility for donation. Patient families are compassionately approached by MTS Family Support Services (FSS) staff in the Organ Work System (OWS) and by the Donor Services staff in the Tissue Work System (TWS). During the approach, families are presented with the opportunity for donation or to honor their loved one's previous decision to become a donor (*Figure 3.2-1, Availability Phase*). MTS clinical staff assists the donor hospital partners with the medical management of the donor until transportation to the MTS facility occurs and the donated gifts are recovered (*Figure 3.2-1, Recovery Phase*). In the Organ Work System, recovery is performed by the transplant surgeon assisted by MTS Organ Procurement Coordinators;

Figure P.1-2 Partnership Model

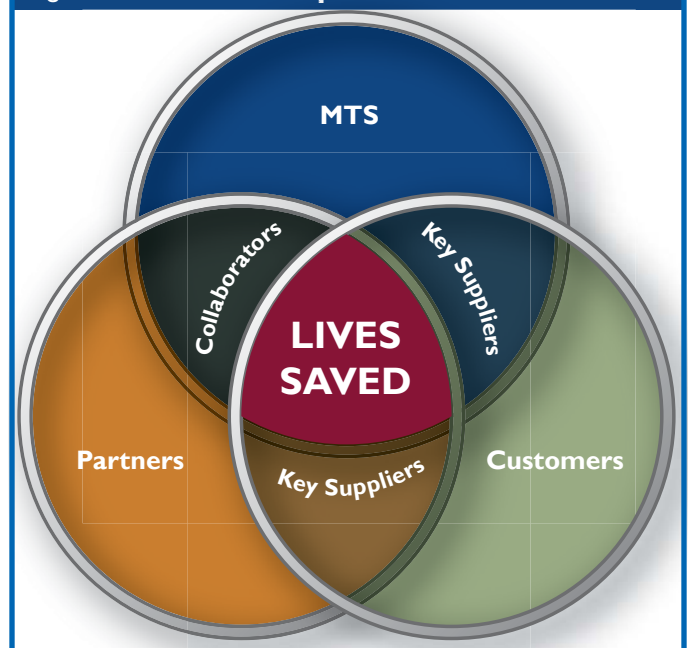
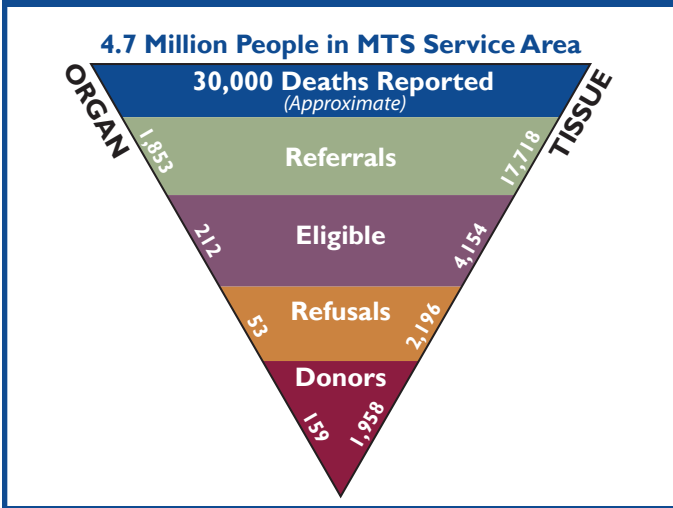


Figure P.1-3 Finding the Silent Heroes



in the Tissue Work System, recovery is performed by MTS Tissue and Ocular Procurement Coordinators. MTS acts as a responsible steward of the “Gift of Life” by coordinating the placement of donated organs and tissues to its key customer groups: local organ transplant centers, tissue processors, and local corneal transplant centers (Figure 3.2-1, *Disposition/ Allocation Phase*). The donated organs and tissues are used for the betterment of the organization’s key communities of donor families and transplant patients and their families (Figure P.1-6).

P.1a(2) Simply put, the purpose of MTS is to save and improve lives (Figure P.1-1). MTS’ vision is: *Organs and Tissues are always available to those in need*. The vision was developed in light of the belief that the organization’s ultimate goal will only be realized when organs and tissue are readily available to patients when they need them. Central to the MTS culture is a strong drive to meet the mission: *We save lives through excellence in organ and tissue donation*. By definition, the mission affirms that MTS plays a role in the lifesaving gift of donation. Whether it is the “literal save” to an organ recipient or a “quality of life save” to a tissue recipient, at its core, it’s all about saving lives. Values of compassion, innovation, integrity, teamwork and quality serve as a guiding force for how the workforce lives the MTS culture on a daily basis. The vision, mission, and values (V/M/V) of MTS, validated annually during Strategic Thinking Process (STP) (Figure 2.1-1), serve as the foundation for the culture and form the basis for how the organization is managed.

The mission of MTS could not be accomplished without the organization’s core competencies (CCs) of a mission-driven workforce and innovation.

- **Mission-Driven Workforce:** The work of MTS, by its very nature, requires a level of care and compassion that can only be delivered by the “human touch.” Therefore the actions and behaviors demonstrated by the MTS staff are directly linked to creating a positive donation experience for the donor family (collaborators), which is essential to the accomplishment of the mission and the success of the organization. This CC was recently revalidated by MTS’ annual workforce engagement survey results, which earned MTS national recognition for having the Highest

Actively Engaged Population and third highest Overall Job Satisfaction in the nation (Figures 7.3-12 & 7.3-14).

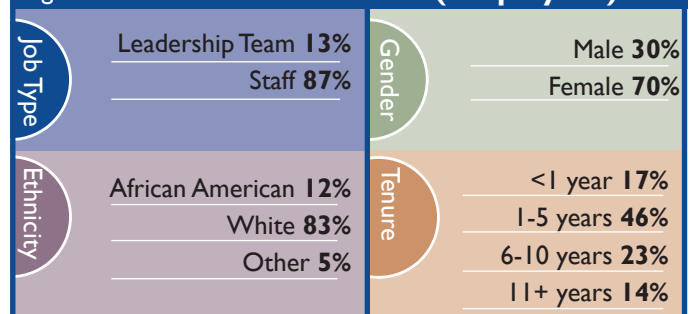
- **Innovation:** Innovation is embedded in the culture of MTS beginning at the governance level with a Board of Directors, who are vested in intelligent risk taking, and continues through the mission-driven workforce, which is leveraged to find meaningful ways to improve. In recent years, MTS has broken new ground in the field of organ and tissue donation, which allows the organization the ability to focus on operational efficiencies.

P.1a(3) MTS is a 24-hour business in which many of the 151 employees are decentralized. The Workforce Profile (Figure P.1-4) reflects the employee profile and includes job type, ethnicity, gender, and tenure. To date, the organization has not experienced any reductions in workforce. Conversely, as donations increase (Figures 7.1-5 & 7.1-4), so has the need for expansion of both clinical and non-clinical staff to support operations. In the past 10 years, the number of employees in the organization has nearly doubled (Figure 7.3-4). For the purpose of reporting and comparing data, the workforce is segmented by work system and department. The OWS manages the organ donation process; the TWS manages the tissue donation process; and the support departments provide the infrastructure to maximize organizational performance. The organization does not utilize the assistance of volunteers. Workforce educational requirements, including applicable certifications, may vary by work system and department. These requirements are included in all job descriptions.

Through various communication methods (Figure 1.1-3), such as regular staff meetings, MTS routinely promotes that every role in the organization contributes to the success of the mission. As identified in the staff survey and validated through repeated survey cycles, the key drivers that engage MTS employees in achieving the Mission and Vision are contributing to the mission itself: *saving lives*, followed closely by relationships with coworkers and employee benefits. These top three engagement factors are the same for all workgroups.

MTS has no organized bargaining units. All employees require a healthy, safe, and secure work environment. MTS’ approaches to address these requirements include system-wide programs targeting risks in particular settings. Many members of the workforce carry out clinical duties in a healthcare setting, rather than performing work in an office. Health and safety issues related to staff working in healthcare also apply to MTS clinical staff. Conversely, typical office-related safety requirements apply to non-clinical staff. At MTS, such issues

Figure P.1-4 Workforce Profile (Employees)



are addressed through annual training and standard operating procedures (SOPs). Due to the 24-hour nature of some work, special health and safety requirements exist for “after hours” staff members that include: reserved parking spots near entrance, secured garage parking, and sensor lighting.

P.1a(4) MTS owns a custom-built facility in St. Louis, Missouri, which houses a critical care unit with three fully-equipped operating rooms (ORs) where donor management occurs (industry first). The key clinical technologies and equipment include: x-ray, a 24-hour HLA & serology lab, cardiac catheterization capabilities (industry first), a CT scanner (industry first), and in-house liver and kidney biopsy platform. These innovations have impacted the organ and tissue procurement practices across the nation. The facility also houses the organization’s eye bank with complete processing and distribution services. MTS owns a twin engine turbo prop plane equipped with medical equipment to transport donors to the MTS facility for organ and tissue recovery (industry first). Utilizing the latest technologies, MTS provides staff and key partners with collaborative tools, real-time access to key data, and advanced reporting services that provide customized analytics and business intelligence.

P.1a(5) MTS operates under a highly regulated environment and identifies key regulatory requirements in *Figure P.1-5*, Regulatory Environment. In addition, local environmental and regulatory initiatives apply for fire and sanitation measures; biohazard trash disposal meets all local and state regulations.

P.1b Organizational Relationships

P.1b(1) Incorporated in the State of Missouri, MTS is a private, not-for-profit 501(c)(3) organization. A voluntary, community-based governance Board of Directors (BOD) sets policy for the organization (*Figure 1.1-1*) and is composed of hospital executives, physicians, donor family members, and other disciplines including ethics, law and religion. Representatives from MTS’ top donor hospitals (partners) and transplant centers (customers) are appointed, allowing these senior leaders to represent customer and partner requirements. Reporting to the governance board, the Chief Executive Officer (CEO) directs a leadership team (LT) composed of the Chief Operating Officer (COO), Chief Medical Officer (CMO), Chief Financial Officer (CFO), Vice President of Organ Donor Program Services, Vice President of Tissue and Support Services, directors, and managers. This flat organizational structure, where leaders are process owners, enables agility in decision-making and implementation of innovative ideas (CC) and process improvements.

The BOD evaluates the performance of the CEO through a defined process, including ongoing monitoring of performance measures as outlined in the scorecard review process noted in 1.2a(2). The CEO evaluates the performance of the COO; the COO evaluates the performance of the Vice Presidents and CFO; and the Vice Presidents and CFO evaluate the performance of the directors, who, in turn, evaluate managers and other members of the staff.

MTS Board of Director’s formed a charitable foundation in late 2013 to support the key communities of donor families, transplant patients and their families. The work of The foundation is complimentary and supportive in nature

Figure P.1-5 Regulatory Environment

Regulatory Environment		Mandatory/ Voluntary
CAP	Safe Laboratory Practices	Mandatory
CLIA	Safe Laboratory Practices	Mandatory
CMS	Billing and Performance Requirements	Mandatory
DHSS	Radiation Control	Mandatory
EEOC	Employment Practices	Mandatory
FDA	Compliance with FDA Requirements	Mandatory
FLSA	Employment Practices	Mandatory
IRS	Non-profit Status Requirements	Mandatory
UNOS/ OPTN	Organ Allocation/Operational Oversight	Voluntary
Occupational Health and Safety		
OSHA	Workplace Safety	Mandatory
Accreditation		
AATB	Standards for Tissue Banking Accreditation	Voluntary
AOPO	Standards for Organ Procurement Accreditation	Voluntary
EBAA	Standards for Eye Banking Accreditation	Voluntary

to MTS’ V/M/V, yet is a separate business unit. Intelligent risks or opportunities to benefit the community at large and expand existing services are explored and managed via the Improvement and Innovation Process (IIP) (*Figure 6.1-2*), which provides an “incubator” for testing ideas and intelligent risks. Separate from MTS’ main service offering, intelligent risks are managed through the IIP until defined end dates are reached and a decision is made to integrate into MTS, maintain as a separate entity, continue data collection to drive decision making, or to discontinue the intelligent risk.

P.1b(2) MTS’ key market segment is the organization’s designated service area (DSA), which is assigned by the federal government. Local organ transplant centers (Barnes-Jewish Hospital, Saint Louis University Hospital, St. Louis Children’s Hospital and Cardinal Glennon Children’s Hospital), tissue processors (AlloSource, CryoLife, LifeCell, RTI and VTS) and local corneal transplant centers are MTS’ key customer groups. Donor families collaborate with the organization to honor their loved one’s decision to be a donor or on behalf of their loved one; donor family requirements are the same regardless of donation type. *Figure P.1-6* outlines MTS’ key customers, partners, and key stakeholders as well as the requirements and expectations of the organization’s services and operations for each group. In addition to key requirement differences for organ, tissue, and corneal customers, operations differ in the delivery of services as displayed in Work System Alignment, *Figure 2.1-2*.

P.1b(3) MTS recognizes that suppliers, partners and collaborators play an important role in supporting MTS in

achieving its vision, mission and strategic objectives. Key suppliers include Abbott Ambulance, Aero Charter, LifeLogics and St. Louis Cremation. These organizations have made significant business model accommodations to provide 24/7 availability to ensure that the donation process can proceed smoothly. Abbott Ambulance, St. Louis Cremation and Aero Charter provide air and ground transportation services for staff as well as organ and tissue donors, ensuring that the initiation of the donation process is expedited. This minimizes delays that can impact donor families and transplant centers. LifeLogics provides an Electronic Medical Records (EMR) system and provides the platform that allows sequel reporting functions, which are a critical part of the PMS (*Figure 4.1-1*). Working together with LifeLogics, MTS was able to develop a custom eye module for use in its EMR, True North. LifeLogics also provides the organization the ability to upload tissue donor records to the processors to ensure timely release of tissue. These enhancements provide MTS the ability to scrutinize process performance and enhance competitiveness by exceeding customer requirements of tissue quality and availability.

As MTS' key partners and main referral source, donor hospitals are essential to gaining access to potential donor families. Donor Program Development (DPD) staff assist hospitals with the establishment of tailored systems through ongoing training that define triggers to initiate the donation process (referral) and support the donation decision (*Figure 2.1-2*). Once a referral to MTS is made, an MTS staff member presents the option of donation to the potential donor family. As collaborators, donor family members provide authorization for donation on behalf of their loved one or honor their loved one's documented wish to be an organ and/or tissue donor.

The primary methods for knowledge sharing and communication with suppliers, collaborators and partners are noted in Knowledge Management, *Figure 4.2-1*; primary methods for customers are noted in Voice of the Customer (VOC), *Figure 3.1-1*. Supplier and partner communication is mainly conducted via two way communication and face-to-face meetings with follow-up communication via phone and email. For donor family collaborators, two-way communication occurs during the authorization process via face-to-face conversations (OWS) and by phone (TWS). Inputs from partners and collaborators, as well as other key stakeholders, feed into the STP (*Figure 2.1-1*) and help drive organizational innovation (CC).

Key supply chain requirements for suppliers include timely communication of information, transportation of donors within established timeframes and product quality.

P.2 Organizational Situation

P.2a Competitive Environment

P.2a(1) As the federally designated Organ Procurement Organization (OPO) within its service area, MTS does not have traditional organ procurement competitors. Much like a utility company, MTS is a regulated 'monopoly' which operates solely within the borders of its federally designated service area (DSA); no other OPOs may procure organs within this boundary. To maintain this designation, however, OPOs must meet national performance standards set by the Centers for Medicare and Medicaid Services (CMS). Should

Figure P.1-6 Key Stakeholder Requirements

Customers	Requirements/Expectations
Transplant Centers-Organ	<ul style="list-style-type: none"> • Maximize Donation • Information • Competence
Transplant Centers-Corneal	<ul style="list-style-type: none"> • Availability • Information • Tissue Quality
Tissue Processors	<ul style="list-style-type: none"> • Maximize Donation • Information • Accountability
Partners	
Donor Hospitals	<ul style="list-style-type: none"> • Respect / Sensitivity • Involvement • Information • Service Quality
Collaborators	
Organ and Tissue Donor Families	<ul style="list-style-type: none"> • Compassion • Information • Stewardship of the Gift • Honor the Donor
Suppliers	
Abbott Ambulance Aero Charter Life Logics St. Louis Cremation	<ul style="list-style-type: none"> • Accurate Information • Timely Communication
Stakeholders	
Communities within Service Area <i>(Including donor families and transplant patients and their families)</i>	<ul style="list-style-type: none"> • Comply with Legal, Ethical, and Regulatory Requirements While Providing Quality Organs and Tissues in a Timely Manner
MTS Workforce	<ul style="list-style-type: none"> • Connection with V/M/V • Excellent Benefits • Coworkers
MTS Board of Directors	<ul style="list-style-type: none"> • Strategic Planning • Administration • Financial Management • Community and Public Relations

performance consistently fall short of the national standards, CMS could choose to award the DSA to another OPO. While OPOs do not compete for organs, the reassignment of potential future designated service areas would be based upon performance to the standards.

For the TWS, donor hospitals are required by law to report all deaths to MTS. However, they may contract with another tissue bank at their own discretion for the recovery process. MTS maintains tissue recovery contracts with 100% of the 122 donor hospital partners within its service area. MTS does have a single eye bank competitor for the local corneal transplant market. Since the decision to develop and expand Eye Bank operations was made in 2012, the organization has increased its market share annually. Currently, MTS controls an estimated 52% of this market (*Figure 7.5-15*).

MTS ranks twenty-eighth among the existing 58 OPOs in terms of population living within their DSA. Since expansion

of the designated service area is not allowed, growth in donation must come from increases in medically eligible candidates from within the DSA, from increases in the number of families who say “yes” (authorization) to donation or from the identification of non-hospital referral sources. The constraints of a limited service area reinforce the importance of maximizing donation each and every donor in order to achieve the mission of *saving lives* (Figure P.1-3). Concerted efforts to integrate strategic improvement ideas identified through learning ensure beneficial trends are sustained over time and organizational performance results important to the mission “meet” or “exceed” relevant industry and benchmark comparisons.

P.2a(2) While the Affordable Care Act will be a challenge for the healthcare industry, the scope of its changes to the OPO industry is uncertain at this time. As such, the organization has decided to focus on what it can control; utilizing MTS’ drive and proven ability to innovate (CC) and achieve cost effectiveness and efficiencies to place itself in a strong financial position (SA) to manage future challenges. As stated previously, the OWS does not have competitors, and in the TWS there is one local eye bank competitor. A recent cycle of learning prompted MTS to form a collaborative group with four like-minded OPOs with similar business models to position each organization as a leader in the industry. This collaboration, the Leadership and Innovation National Collaborative (LINC), includes group purchasing options, best practice sharing, training and development opportunities, benchmarking and potential innovations. In addition, regular meetings with the single eye bank competitor serve as an environmental scan of the eye bank industry and enables continuous monitoring of opportunities for collaboration and innovations, including benchmark sharing.

P.2a(3) The Comparative Data Process (Figure 4.1-4), lists the organization’s key comparative data sources. The organ industry has select national benchmarks available through multiple sources. However, the lead time before such results become available can be many months. Comparative data is more limited for tissue operations, in which tissue processors provide monthly feedback for select results in the form of scorecards. Even more challenging is the lack of comparative and competitive data for corneal tissue. National eye banking metrics, which were available several years ago, are no longer collected or shared due to competition within the eye bank industry. To offset these limitations, MTS is reliant on informal sharing through collaboration with other OPOs including AlloSource’s tissue recovery partners. Comparative data from outside the industry is utilized for support metrics and is obtained from Avatar HR Solutions, the Research and Planning Group, and the US Department of Labor.

P.2b Strategic Context

Strategic Challenges and Advantages (Figure P.2-1), provides a summary that reflects the current strategic state of MTS. Strategic Challenges (SCs) and Advantages (SAs) are reviewed annually during Step 4 of the STP (Figure 2.1-1); Steps 5, 6 and 7 ensure appropriate action plans (APs) are linked to organizational success. The alignment of MTS’ strategic challenges and advantages with strategic objectives is

shown in Strategic Linkages, Figure 2.1-3.

P.2c Performance Improvement System

Together with the Board of Directors, the MTS Leadership Team (LT) creates an environment that supports improvement and innovation (Core Value and CC) through the creation of strategies, systems, and methods for achieving performance excellence. The Leadership System (LS) (Figure 1.1-1) is used to set and deploy the V/M/V and culture to the workforce via the Communication Process (Figure 1.1-3). As part of the culture, MTS has embraced the Baldrige Criteria for Performance Excellence as the organization’s business management model for process improvement. The IIP (Figure 6.1-2) is an integral part of the STP (Figure 2.1-1) and the OMP (Figure 6.1-1); the IIP serves as a process for improvement, pursuit of strategic opportunities, and making resources available to support innovation. Ideas generated in the OMP, STP and/or LDS are prioritized, using the Priority Matrix, to make decisions about which opportunities are intelligent risks to be pursued. Improvement teams are formed to address these strategic opportunities, and the Performance Improvement (PI) department leads the analysis and evaluation of projects for mission alignment, impact, and resource allocation. All initiatives are presented regularly at Leadership Team (LT) meetings to validate capacity, priority, timeline and status of projects and are integrated into daily operations through strategic discussions (SD) during STP and throughout the year via the OMP. Innovations or improvements driving aligned opportunities are deployed via MTS’ operations; innovations or improvements driving intelligent risks that are not aligned with MTS’ two work systems are deployed via the MTS Incubator.

MTS’ performance improvement journey has led to several “industry firsts” and increasingly favorable organizational results as evidenced in the achievement of record-breaking organ and tissue donations. These results, however, are not based on sales and profits, but on the mission of saving lives, which provides a clear focus for organizational processes and strategies.

Figure P.2-1 **Strategic Challenges and Advantages**

Challenges	
Business	• Potential for diversification of services
Operational	• Systematic customer service process • Maximizing authorization and yield
Societal Responsibility	• Ensuring organs and tissues are available to those in need
Workforce	• Training and development of key staff • Retention of key staff
Advantages	
Business	• Financial position
Operational	• Facilities and equipment
Societal Responsibility	• Utilize Baldrige criteria to improve work design and processes
Workforce	• Workplace culture supporting a highly skilled/mission driven staff

Category I - Leadership

“The thing I take the most pride in is hiring great people and trying to provide an environment that is supportive of them. I also think that we are a very innovative organization and that starts at the Board of Directors’ level; our Board is always encouraging, supportive, and willing to take intelligent risks to do things in a different and better way. You have to position your organization a bit on the leading edge.”

Dean F. Kappel, MTS President and CEO since 1986

I.1 Senior Leadership

I.1a Vision, Values, and Mission

I.1a(1) Mid-America Transplant Services’ (MTS)

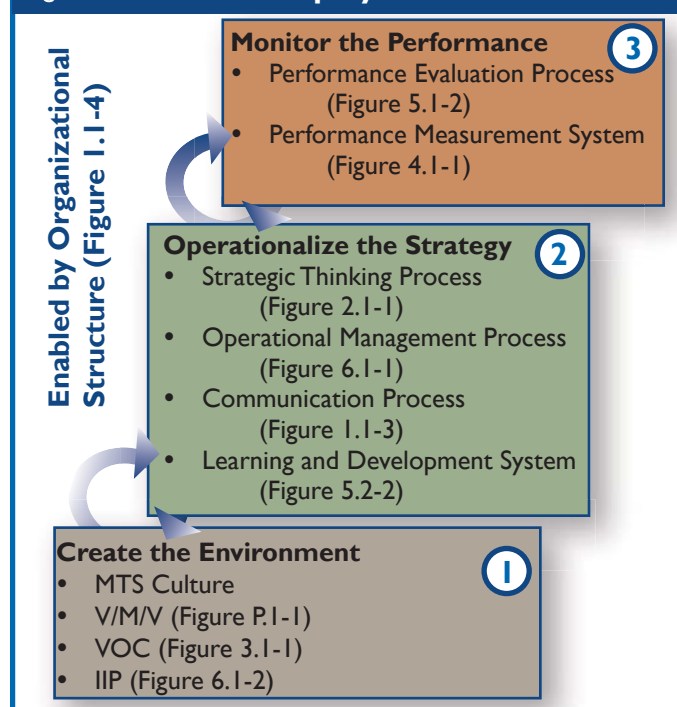
Leadership Team (LT) provides direction for a fully engaged workforce (*Figure 1.1-1*) that successfully facilitates organ and tissue donation in alignment with the Vision, Mission, and Values (V/M/V) (*Figure P.1-1*) of the organization. Through learning and strategic improvement, MTS recognized the power of an effective mission statement and organized a task force comprised of members of the LT, along with staff from all departments of the organization to collaboratively establish and define the V/M/V of MTS. The task force incorporated feedback from the Board of Directors (BOD), which includes donor families, partners, customers and stakeholders. Review and ratification by the BOD ensured full understanding and concurrence with the V/M/V, which is validated annually within Step 1 of the Strategic Thinking Process (STP) (*Figure 2.1-1*). During a recent STP session, MTS determined the need to re-examine the V/M/V of the organization. This revalidation again incorporated workforce input through the use of an internal survey and formation of a staff committee. The mission statement was validated and remained the same; however, the vision and values were updated. These statements were vetted and ratified by the BOD.

The LT deploys the V/M/V and culture to the workforce as well as to customers, stakeholders, partners, and suppliers via multiple communication mechanisms as managed by the Communication Process (*Figure 1.1-3*). Examples include:

- Reviewing and emphasizing the V/M/V during Board meetings, staff meetings, department meetings and via highlights on the intranet
- Incorporating the stories of donor families, recipients, or patients waiting for a transplant
- Memorial events highlighting the V/M/V of the organization; invitations to memorial events are provided to collaborators, customers, stakeholders, partners, and key suppliers and are attended by all groups
- The utilization of a web based annual report outlining innovative refinements to services and highlighting progress towards MTS’ V/M/V which is electronically provided to customers, stakeholders and key suppliers

The LT members serve as role models and demonstrate their commitment to the core values by setting the culture via the Leadership System (LS), including daily practice and during staff meetings, departmental meetings, and in monthly conversations in Rounding for Outcomes (RFO). Leaders provide personal acknowledgement to the workforce for

Figure 1.1-1 Leadership System

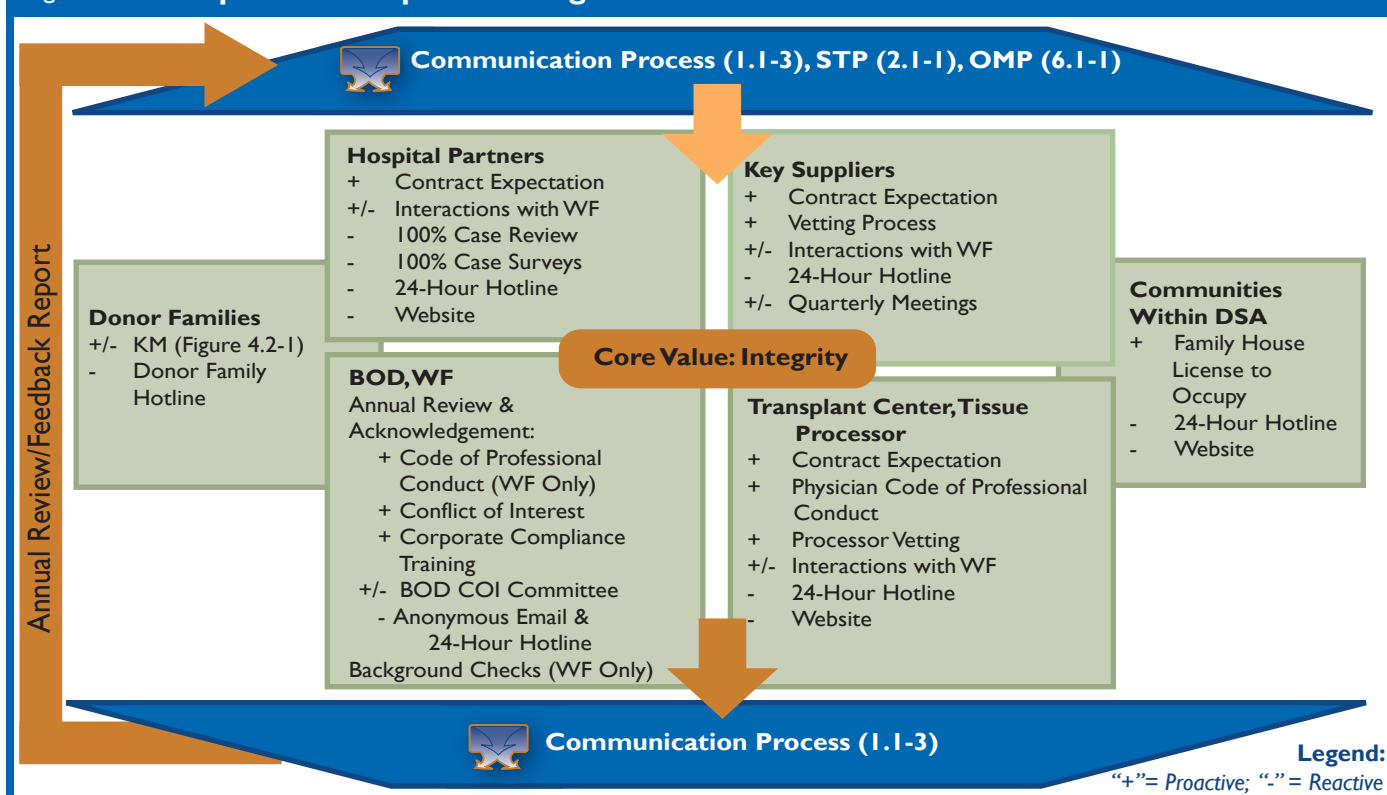


demonstrating behaviors consistent with the organization’s core values. The LT uses a 360 degree review to provide ongoing, systematic feedback to all LT members from peers, direct reports, and external partners pertaining to the leader’s individual effectiveness with exhibiting behaviors consistent with the V/M/V. This review process also provides the LT with individual opportunities for improvement and assesses the effectiveness of the LS. The BOD evaluates the Chief Executive Officer’s (CEO) effectiveness with operating the organization in alignment with the V/M/V. An example of the personal commitment of the LT to the set of beliefs and behaviors that are embedded in the Baldrige business model is the commitment of a majority of LT members participating at the state or national level as examiners as part of their personal development plans.

I.1a(2) The LT’s actions personally demonstrate the highest standards of ethical behavior by promoting the principles and ideas reflected in the V/M/V at staff, work system, and department meetings, as well as regularly through RFO conversations. Leading by example, the LT adheres to workplace policies and requires that the workforce follows the same policies including the Code of Professional Conduct, Conflict of Interest, and Donor/Recipient Confidentiality. The workforce receives training about conflicts of interest and code of conduct expectations. In addition, the workforce annually renews commitment to legal and ethical behavior and are required to sign a disclosure statement. LT conflict of interest disclosure statements are reviewed by the Corporate Compliance Officer, General Counsel and Conflict of Interest Committee of the Board.

Through the MTS Corporate Compliance Program (CCP) (*Figure 1.1-2*), leaders promote an atmosphere that encourages the workforce to report any questionable behavior. An anonymous hotline reporting system is in place to ensure confidentiality. Learning and strategic improvement resulted

Figure 1.1-2 Corporate Compliance Program



in an email reporting system being implemented to ensure that all key stakeholders groups (Figure P.1-6) have an additional method to report possible violations anonymously. The entire MTS workforce and BOD are trained annually on the CCP policy. Through learning and strategic improvement, customers, partners and suppliers are now advised of reporting mechanisms via their contracts and during face to face meetings, as appropriate. To ensure contracts are consistent with current legal standards, the Executive Leadership Team (ELT) requires major contracts with external companies to be reviewed by legal counsel. Compliance policies are reviewed by MTS Quality staff by validating required actions and monitoring external reporting sites.

1.1a(3) The LT creates a successful organization now and in the future and an environment of performance improvement through the LS (Figure 1.1-1), which allows a focus on the organization’s key processes to create integrated work systems. To ensure sustainability, processes are mapped and documented and succession plans are developed, thereby creating the environment to accomplish MTS’ lifesaving mission.

The organization’s strategy is operationalized via the STP (Figure 2.1-1), the Operational Management Process (OMP) (Figure 6.1-1), and the Communication Process (Figure 1.1-3). The STP establishes MTS’ strategic organizational direction, from which action plans (APs) are developed, implemented and modified as needed, which could include a PDSA (Plan-Do-Study-Act). The OMP is utilized to review, analyze, improve, and prioritize the organization’s internal and external processes; all key strategic and operational decisions are communicated to the workforce and key partners via the Communication Process. The organization’s performance is monitored by the LT utilizing the Performance Measurement

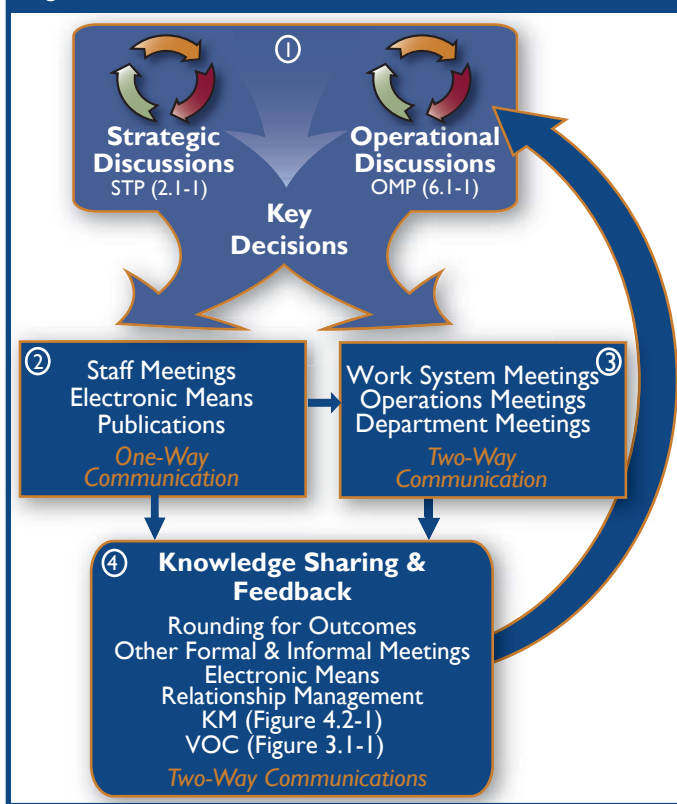
System (PMS) (Figure 4.1-1) and leadership performance is monitored via the Performance Evaluation Process (PEP) (Figure 5.1-2). The MTS culture, the V/M/V, and the Learning and Development System (LDS) (Figure 5.2-2) create an environment amenable to workforce and organizational learning. The commitment to the mission of *saving lives*, along with the value of innovation (CC), drives MTS to stay on the leading edge of industry knowledge and best practices. The opportunity for knowledge and best practice sharing is a standing agenda item in the work system meetings and ensures learning across the organization. Individual training and development goals are addressed through the ongoing PEP. As described in P.1a(2), the MTS culture encourages an environment where employees continuously seek improvement in order to save more lives.

By maintaining a robust Voice of the Customer (VOC) process (Figure 3.1.1), the LT creates a workforce culture that delivers a consistently positive customer experience and fosters engagement. Customer satisfaction metrics are reviewed in-depth at work system and other Performance Improvement-focused meetings. As appropriate, changes are made based on this feedback.

The LT creates an environment that encourages and supports innovation (core value and CC), and intelligent risk-taking [6.2(d)]. Intelligent risk-taking is embedded in the organization (Figure 6.1-2) starting with the BOD and is initiated in the STP, OMP and/or LDS. Intelligent risks are evaluated based on V/M/V alignment and SOs as well as financial risk. Intelligent risks are deployed via the MTS Incubator with financial and targeted resources until they undergo effectiveness checks and, ultimately, are dispositioned.

Organizational goals drive the creation of action plans

Figure 1.1-3 Communication Process



(APs). Results are monitored with the PMS (Figure 4.1-1), and goals not meeting targets result in analysis and PI intervention, including possible modification of APs or testing via the PDSA model, as appropriate. Utilizing this systematic approach to monitoring results allows for agility across the organization.

The COO, HR, and the members of the LT develop succession plans for their positions to ensure appropriate interim leadership is available should a vacancy occur, as well as plans for future leaders to grow within the organization should a need be identified. This plan is formed in conjunction with the personal development goals that are captured in a web-based performance management platform. Succession plans are aligned with the annual performance evaluations to ensure that current and future leaders are receiving needed leadership training to support their individual growth and development. The 360 degree feedback review is used to identify specific improvement opportunities for all current leaders. MTS has a defined leadership curriculum that is embedded in the LDS. LT development has included Baldrige examiner training at the national and state level, systematic leadership development training through Studer Learning Development Institutes, attendance at state and national Baldrige conferences and attendance at nation-wide non-industry conferences, such as The Disney Institute. In addition, strategic improvement and learning from manager feedback has resulted in the provision of an extensive leadership training and development program for managers in 2015, which includes a leadership curriculum designed to optimize leadership performance and which will provide one-on-one coaching for each manager.

1.1b Communication and Organizational

Performance

1.1b(1) The LT communicates with and engages the workforce utilizing the Communication Process (Figure 1.1-3). As MTS has grown, the Communication Process has undergone learning and strategic improvement to stay current with organizational needs. Through strategic discussions (SDs) and operational discussions (ODs), ideas and information are brought into the Improvement and Innovation Process (IIP) (Figure 6.1-2) and shared via the Communication Process. Key decisions are disseminated to the entire workforce by the LT through various meetings or electronic communications. For example, employee survey feedback about the monthly staff meetings was vetted through the IIP and resulted in a new format, meeting schedule, and information sharing mechanisms. Completion of the Communication Process is accomplished through knowledge sharing and feedback, ensuring a closed communication loop both internally and externally.

To promote frank two-way communication with the workforce, the LT utilizes the Communication Process which supports an open door policy as well as RFO, the consistent practice of asking specific questions to obtain actionable information. Each month, LT members meet (or “round”) with each of their employees to gain knowledge about process effectiveness, available resources, peer recognition, and needed clarification of key messages and decisions. This practice is also beneficial in building relationships between leaders and their direct reports and ensuring that communication is effective (Figure 7.4-1). Results of RFO are reviewed by the CEO and COO to identify common themes. To close the communication loop, feedback about rounding is provided at staff meetings via the Stoplight Report (AOS), which identifies suggestions, actions in progress, or actions not taken and why.

Local organ transplant centers, tissue processors and local corneal transplant centers are MTS’ key customers. The LT communicates with its customers per the VOC, Figure 3.1-1. Due to the confidential nature of donation, social media is not used as a vehicle of operational communication with customers. However, capitalizing on technology, MTS created and shared Lifesaving Innovations, an interactive website that provides a behind the scenes look at the state of the art practices and technology that helped the organization save more lives in recent years. Social media is used for internal and external communication for broader non-confidential messaging that does not incorporate donor information. In addition, MTS does effectively utilize social media to communicate and highlight the customer success stories via Facebook, Instagram, and Twitter reinforcing our common mission of *saving lives*.

Senior leaders communicate key decisions and needs for organizational change utilizing the Communication Process. Members of the LT reinforce high performance and a customer and business focus in multiple ways (Figure 5.2-1). Personal notes of recognition can be written by any member of the LT, including the CEO, to acknowledge special achievement with partner or customer service, or as requested for peer recognition through RFO. Through learning and strategic improvement, the LT established a rewards and recognition

task force, composed of members representing all areas of the workforce, to explore potential improvements. Financial rewards are in place through the MTS Sharing Lifesaving Success (SLS) plan, a performance based bonus plan ensuring alignment and accomplishment of key business and customer requirements. The SLS status is reviewed quarterly by the CEO at staff meeting and is a component of MTS' reward system that reinforces the workforce focus on the accomplishment of organizational goals, which are identified on the Topline Scorecard (*Figure 4.1-2*).

1.1b(2) Through the LS (*Figure 1.1-1*) and the IIP (*Figure 6.1-2*), the LT creates a focus on accomplishing the organization's objectives, improving performance, fostering innovation, and achieving the V/M/V. Step 1 of the LS is creating the environment and is a key part of the organization's success. This includes intelligent risk-taking by means of the IIP in which the customer-focused culture drives the workforce to seek continuous improvement. Intelligent risk will be decided based on strategic objectives (SOs) and V/M/V alignment, as well as financial risk. Intelligent risks are deployed via the MTS Incubator – the business development support process that provides initial business ideas with financial and targeted resources. Step 2 of the LS (Operationalize the Strategy) establishes a focus on actions, which are monitored in Step 3 (Monitor the Performance). Cascading scorecards, integrated into work systems, departments, and individual metric levels incorporated into the web-based performance management system are a key piece of the PMS and are reviewed monthly at each work system meeting (*Figures 4.1-1 & 4.1-2*). Review of the work system scorecards occurs at the top of the agenda for the work system meetings and ensures the ability to recognize the need to modify or implement APs as priorities change. AP progress for all departments is reviewed quarterly at LT meetings. Systematic reviews of the APs, via one-on-one meetings with managers, provide accountability and opportunities to ensure that organizational performance is progressing to plan and ultimately attaining its Vision. PMS also captures other results, such as survey data and monthly financial results. The ultimate measure for MTS is improvement over time with the key metrics on the Topline Scorecard (*Figure 4.1-2*). If a key metric is below the target, an appropriate plan, which may include a PDSA or modified AP will be launched. Through learning and strategic improvement, the Performance Improvement Department initiates this data analysis to ensure a systematic review is performed when metrics are underperforming. For example, the eye bank and PI worked collaboratively in 2013 to address 'two red boxes' for domestic cornea placement. Several initiatives and PDSAs were created to address the gap. APs developed in 2013 continued into 2014, and ultimately resulted in process and procedure improvements that provided a record breaking number of corneas available for vision saving transplants in 2014 (*Figure 7.1-16*).

Step 1 of the annual STP helps the organization focus on balancing the needs of customers, partners, and stakeholders. Expectations are validated by periodic surveys and focus groups. Performance metrics in the PMS represent key performance measures of the organization and ensure balance for key customers and stakeholders expectations.

1.2 Governance and Societal Responsibilities

1.2a Organizational Governance

1.2a(1) Governance of the organization is provided by an 18-member BOD that strategically reviews, deploys, and achieves fiscal and management accountability and transparency in operations ensuring that MTS addresses its responsibility to the community, exhibits ethical behavior, practices good citizenship, and protects stakeholder interests. By utilizing a BOD Qualifications and Affiliation Grid (AOS), MTS ensures that the BOD representation is diverse, reflects key customers, stakeholders, and partners and is balanced to promote a diversity of insights and perspectives. Practices of the MTS BOD to review and achieve key aspects and accountability of governance include:

- Management is held accountable for operational results by the evaluation of monthly Status Report and the Topline Scorecard which show strategic objective target progress. In addition, the Board reviews key work or support system highlights in an expanded form at quarterly meetings.
- Annual review and approval of strategic plan, budget and topline metrics.
- Achieving fiscal accountability by monthly review of the financial reports by the Executive Committee. Financial reports are reviewed in detail at quarterly board meetings.
- Maintaining independence and effectiveness in audits is assured through an annual external audit. The audit firm is engaged by the board Audit Committee, composed of independent board members. Audit results are reported to the committee along with any recommendations. During a portion of that meeting, management staff is excused to facilitate an open and frank conversation between the audit firm and the committee.
- Transparency of the board and committee operations is accomplished through the availability of minutes, presentations, Topline Scorecard, and reports which include quality/regulatory outcomes. As a cycle of improvement, the organization adopted a web-based board portal to facilitate ease of communication.
- Transparent selection of governance board members is accomplished by actively soliciting nominations from expanded sources including key members of the community and members of the Medical Advisory Board in addition to nominations from existing BOD members. Recruitment and selection of representatives across the community ensures the protection of stakeholder interests and provides appropriate knowledge and diversity. Disclosure policies have undergone strategic improvement and learning. In 2013, as a result of a cycle of learning, a board level Conflicts of Interest Committee was established and the Conflicts of Interest Policy was revised. The disclosure statement signed annually by all board members and the LT was revised and expanded. The BOD disclosure statements are now reviewed by the committee and corporate counsel and are posted in the board portal to ensure transparency. Corporate counsel reviews the disclosure statements prior to each board meeting to identify any potential conflicts of interest and advises the affected member. This committee also

provides ongoing education to the board on conflicts of interest issues.

- Developing and approving a formal succession plan for the CEO. Authority has been delegated by the BOD to the CEO to oversee succession plan development for other LT members. Succession planning for the LT has undergone learning and strategic improvement from a fragmented process with few formal inputs to its current system ensuring that succession planning is a component of the STP (*Figure 2.1-1, Step 5*) and the LDS (*Figure 5.2-2*).

1.2a(2) A systematic review process is utilized by the BOD’s Compensation Committee to conduct a formal, annual review of the CEO’s performance. The process inputs include a self-evaluation by the CEO of goal achievement, a review of organizational performance metrics (Topline Scorecard), and an online evaluation of the CEO by the entire BOD. These inputs are used by the Compensation Committee to develop the CEO’s performance review and, in collaboration with the CEO, are used to set new goals for the upcoming year. The Compensation Committee engages an external consulting firm (Mercer) to conduct a salary survey every two years. In conjunction with Mercer, the Compensation Committee establishes a salary range for the CEO and his direct reports. The feedback from the entire BOD and the assessment of the committee is utilized to adjust salary based upon performance. In addition, the CEO participates in the SLS plan with the same objectives as the workforce. SLS objectives are reviewed and approved annually by the Compensation Committee.

The CEO conducts annual performance evaluations for the COO and Executive Director, Foundation, utilizing the same Performance Evaluation Process (PEP) as are used for evaluations of the LT. The evaluations and recommendations for compensation are provided to the Compensation Committee. As part of the PEP process, the CEO provides these leaders ongoing feedback, including leadership effectiveness, and progress towards goal completion in order to drive improvements in performance.

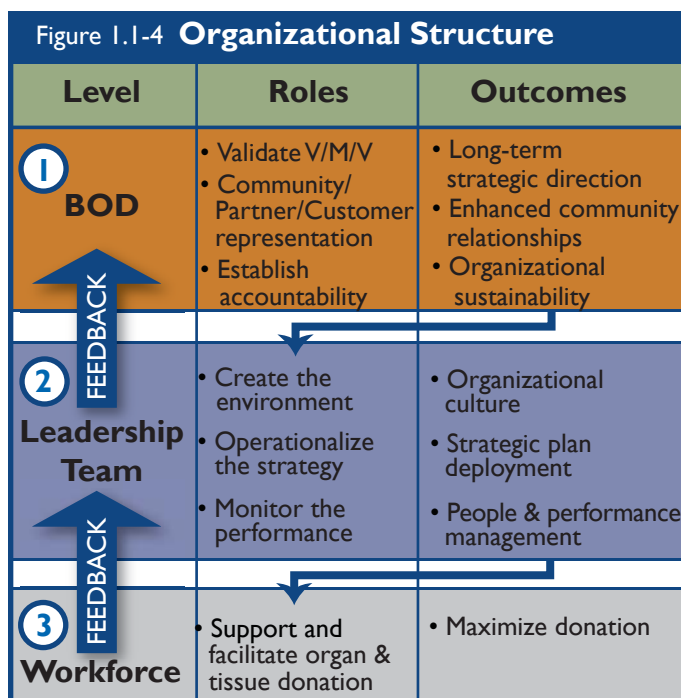
The BOD completes self-evaluation surveys biennially to determine the level of performance of board members, as well as identify opportunities for improvement. The survey includes a self-assessment of their knowledge and comfort level with key areas of MTS operations; this feedback is utilized to develop an educational agenda targeting their identified development needs. As a result of learning and strategic improvement, modifications have been implemented from board survey results. As an example, through the survey cycle, board members expressed a desire for more understanding regarding quality initiatives; this recommendation was incorporated into board meeting agendas as appropriate. Recognizing the need for comparative data in BOD effectiveness assessment, the Corporate Governance/ Nominating Committee returned to BoardSource as the provider for the BOD survey. Utilizing this provider, the BOD completed its fourth self-evaluation in 2014. The Corporate Governance/Nominating Committee reviewed the results and recommendations and then reported to the full board (full report AOS). The LS (*Figure 1.1-1*) effectiveness assessment is part of ongoing SDs and is part of the STP Process (*Figure 2.1-1*).

1.2b Legal and Ethical Behavior

1.2b(1) To date, MTS has not been involved with an adverse event that had societal impact on the organization’s services and operations. Historically, national industry concerns have focused on the safety of the organs and tissues, coupled with fairness in the allocation of organs to recipients. MTS proactively approaches these potential threats through strict adherence to processes addressed through policies and procedures. Through strategic improvement and learning, MTS recognized the need to anticipate adverse events and associated concerns from the public. An additional component was added to the STP (*Figure 2.1-1, Step 2*) to select a potential adverse event in response to the environmental scanning analysis. An AP is developed annually by members of LT for the purpose of scenario planning.

MTS leverages the Organizational Structure (*Figure 1.1-4*) and utilizes the STP (*Figure 2.1-1, Step 2*) to gather information from a variety of sources to anticipate public concerns. As an example, the organization engages the greater community through board representation of all stakeholder communities on both the governing and advisory boards. Media alerts and position statements are created in response to national news stories and are distributed to the workforce and the BOD as appropriate. A crisis communication plan has been developed to ensure an appropriate response to public concerns, if needed.

Conservation of natural resources are considered through green building practices, temperature and light conservation, recycling programs and assurance that the environment is protected through effective biohazardous disposal. As an example, multiple efforts are made across the organization to reduce paper usage including the utilization of a board portal and screen projection of all meeting data. MTS prepares for impacts and concerns proactively through effective supply chain management processes, which include a secure electronic database, established par levels, and a supplier vetting process.



Due to MTS' lifesaving mission, all voluntary industry accreditations possible are sought to help ensure regulatory and legal compliance (Figure P.1-5), as well as ethical behavior. These voluntary accreditations help MTS ensure that all processes meet or exceed current standards and assist the organization with proactively identifying any potential opportunities for improving processes. Feedback from these accreditations is incorporated into the organization's performance improvement processes. MTS has received full accreditation from AOPO, AATB, and EBAA, and is one of only a few Organ Procurement Organizations (OPOs) in the country to have all three accreditations. In addition, MTS has monthly internal and external audits scheduled across the organization to address regulatory requirements and identify potential risks associated with its operations, ensuring the organization remains in a state of readiness.

A series of internal and external audits ensures compliance with Key Regulatory and Legal Requirements, as shown in Figure 1.2-1. All audit findings include a deviation form as part of a formal feedback loop and assist MTS with proactively addressing issues related to key compliance processes, measures, and goals. Additionally, the audits push the organization to exceed regulatory and legal requirements by serving as methods used for addressing risks associated with key services and operations (Figures 7.4-4 & 7.4-5). Audit feedback reports are reviewed by the appropriate work group and summarized for the LT and the BOD. Should improvements be identified, a response plan is developed and deployed via the OMP (Figure 6.1-1).

1.2b(2) The Board of Directors and the LT promote an environment that fosters and requires legal and ethical behaviors through the CCP (Figure 1.1-2). Furthermore, the organization's ethical behavior standards are reflected in its core value of integrity. To promote and ensure ethical behavior across the organization, all employees adhere to a Code of Professional Conduct.

MTS' fully functioning CCP and policy is consistent with industry standards, which provides education, monitoring and investigation of breaches. The program provides two anonymous mechanisms (online and telephonic) for the workforce and other customers, partners, and stakeholders to report any non-compliance events or occurrences. The organization provides all employees with annual online CCP training on the policy, including a review of the available methods for reporting an ethical breach. The CCP Officer is responsible for investigating complaints and reporting to the BOD's Executive Committee, if appropriate. All the elements of the CCP are reviewed annually by the Corporate Governance/ Nominating Committee and have undergone multiple cycles of improvement.

1.2c Societal Responsibilities

1.2c(1) The accomplishment of the mission, *We save lives through excellence in organ and tissue donation*, is MTS' greatest gift and contribution to society. This can be measured by the increase in the number of organs transplanted and the reduction of deaths on the local transplant waiting list, as well as the increasing number of tissue transplants available due to increases in tissue donation (Figures 7.1-4, 7.1-5, 7.1-10, 7.1-14 through 16). Step 1 of the annual STP session includes

a discussion of key communities to ensure the organization is responsive to their needs and requirements (Figure 2.1-1).

Through the design of its facility, which includes an energy management system, MTS contributes to environmental well-being. The organization continues to explore "green" opportunities suggested by the workforce; previous staff suggestions resulted in a formalized recycling program for paper, plastic, and aluminum, as well as a reduction in hand-outs for stakeholders by providing data electronically. Societal responsibility extends to the sharing of best practices within the industry to ensure increases in organ and tissue donation spread across the country. As a result of MTS leadership and demonstrated outcomes, approximately 15% of the OPOs in the country have begun their Baldrige journey.

1.2c(2) The BOD identifies MTS' key communities and the LT reviews and validates them annually as part of the STP (Figure 2.1-1). MTS' key communities include donor families, transplant patients, and their families within the DSA who enter into these communities not by choice but through life's circumstances.

Supporting and strengthening of key communities is provided in multiple ways. To support donor families, MTS constructed a Donor Memorial Monument and park for donor and recipient families to gather, remember, and honor their loved ones (Figure P.1-6). In addition, a formal way to honor a donor family's loved one is the Candlelight Memorial, an annual event, which is held at the MTS Donor Memorial Monument and park. Mission-driven LT and staff (CC) actively participate in this and other memorial events hosted across the organization's DSA, including in the communities of Springfield and Cape Girardeau, Missouri, and Jonesboro, Arkansas.

MTS created the Center for Life (CFL), an innovative (CC) department designed to further the organization's support of its key communities (Figure 7.4-11). Through the CFL, MTS has improved its services for donor families by addressing their bereavement needs. In support of recipients and their families, the BOD has approved funding to assist transplant recipients with special needs that either impact their ability to receive a transplant or endanger the success of a transplant they already have received. The MTS BOD, with input from the workforce and MTS' local organ transplant centers, evaluated an innovative (CC) intelligent risk opportunity to support one of the key communities and established an MTS Family House. This provides short and intermediate-term housing for transplant recipients and their families from outside the St. Louis area. The MTS Family House, located in an existing apartment building adjacent to the organization's headquarters also affords LT and staff the opportunity to interact with recipients and their families. An initial three-year lease commitment provides the organization with an exit strategy if this intelligent risk does not prove successful.

In 2013, the MTS Board of Directors established a separate foundation to coordinate and direct the community benefit efforts of MTS. This foundation became operational in 2014 and assumed oversight for the Center for Life activities. This organizational change allows MTS to focus on its core service of facilitating organ and tissue donation while ensuring its key communities' improvement efforts are accomplished. Expansion of community benefit included the distribution

Figure 1.2-1 Key Regulatory and Legal Requirements

Key Regulatory and Legal Requirements	Key Risk Reduction Processes	Measures and Indicators	Goals	Figures
Compliance with organ allocation	UNOS/OPTN audits Internal audits	UNOS organ placement policies	Member in good standing	7.4-5
Compliance with FDA requirements	FDA audits	FDA approval	No adverse findings	7.4-5
Voluntary compliance to meet organ donation industry standards	Internal audits QA/Training	AOPO accreditation	Full accreditation	7.4-5
Voluntary compliance to meet tissue donation industry standards	Internal audits QA/Training	AATB EBAA accreditation	Full accreditation	7.4-5
Compliance with CLIA/CAP requirements for certification to meet laboratory requirements	CLIA/CAP audit	CLIA License CAP Certificate of Compliance	Full certification Full accreditation	7.4-5
Compliance with CMS regulations impacting reimbursement	CMS audit Internal audit	CMS certification	Full certification	7.4-5
Compliance with IRS regulations impacting not-for-profit organizations	External Financial audits	Minimal audit adjustments	Unqualified opinion	7.4-4
	Corporate Compliance Process (CCP)	Annual training acknowledgement Reported hotline issues	100% Completion No Events	AOS 7.4-6
Compliance with regulations impacting Human Resources	EEOC guidelines FLSA posted	Policy Compliance Posting	No events or occurrences	7.4-5
Safe work place	Safety officer Safety committee Employee training	OSHA site audits Reportable events	Full compliance No reportable events	7.3-7
	Radiation safety (DHSS)	Exposure Rate	Full compliance	7.3-8
Compliance with DOR requirements	DOR audit	DOR approval	No adverse findings	7.4-5

in early in 2015 of \$550,000 in community wellness grants as well as \$80,000 in nursing scholarships. Future efforts, including potential intelligent risk opportunities, addressing the needs of MTS' key communities as well as engaging the broader community, will fall under the purview of the foundation.

Category 2 - Strategy

"I think the future of MTS continues to be really bright. As long as we're seeking to innovate and get better by always pushing the envelope and trying new strategies, we can achieve great things."

Dean F. Kappel, MTS President and CEO

2.1 Strategy Development

2.1a Strategy Development Process

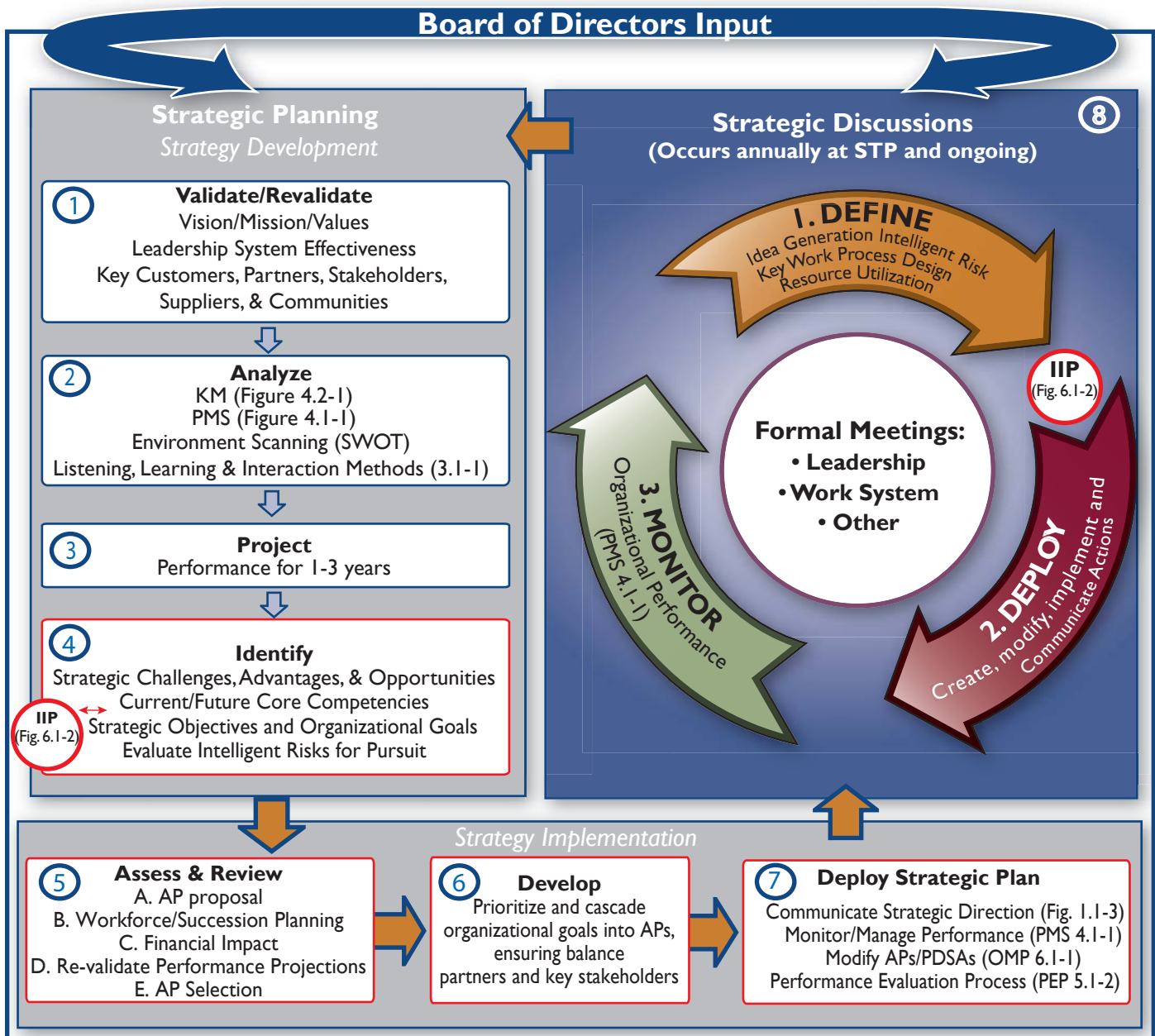
2.1a(1) Through learning and strategic improvement, the focus of strategic planning evolved from a process based on defining and approving actions to support the budget, to a Strategic Thinking Process (STP) occurring throughout the year, supported by action plans (APs) and goal achievement. The STP involves Strategic Development, Implementation and Discussions, each of which consists of multiple steps (Figure 2.1-1). Currently, participants in the STP include the Leadership Team (LT), members from the Board of Directors

(BOD), customers, front line staff, key partners, and suppliers. Through a cycle of learning, STP evolved to include a select group of high performing employees to participate in discussions and contribute innovative ideas.

Both the BOD and the LT focus on a strategic timeframe; short-term targets and objectives are to be met in one year, and long-term targets and objectives are to be met in three years. Through learning and strategic improvement MTS has determined that one to three years in their industry provides a manageable long-term outlook and opportunity to react to changes within an ever changing industry to ensure organizational agility as well as flexibility in operations. In Step 3 of the STP, focused strategic discussions address the performance projections for the one and three year time horizons established for key metrics.

Any transformational change and/or prioritization of change initiatives are identified and evaluated within the STP process. MTS capitalizes on its agility achieved through the Organizational Structure (Figure 1.1-4) to utilize a continuous STP (Figure 2.1-1) that is fully deployed and has seen learning and strategic improvements. The LT participates in strategic discussions (SDs) that take place during quarterly LT meetings and monthly work system meetings, creating consistency across the entire STP. During these SDs, APs are modified, created, and deployed as needed, and the progress-to-plan is monitored and evaluated to drive organizational performance when targeted performance measures are lagging or exceeding, ensuring agility and operational flexibility. This ongoing cycle of strategy development and deployment has created

Figure 2.1-1 Strategic Thinking Process



a strategic LT that fosters an environment for innovation (CC) to support MTS' lifesaving mission. The STP process undergoes an annual review during the Baldrige application process to ensure all strategic elements are addressed and that the methods utilized remain agile, flexible, and effective in responding to changes in the donation environment.

2.1a(2) The MTS V/M/V (Figure P.1-1) and the IIP (Figure 6.1-2) stimulate and incorporate innovation. The commitment to the mission of *saving lives*, along with the value of innovation, drives MTS to stay on the leading edge of industry knowledge and best practices. As part of the IIP, innovative suggestions and ideas are identified through the multiple inputs and then vetted. This includes the utilization of Innovation teams, made up of multidisciplinary and diverse departments and staff. The teams perform data review, and utilizing Lean and other Six Sigma tools, they complete brainstorming and prioritization sessions. Implementation

plans for identified innovative opportunities are deployed utilizing PDSAs and outcomes are funneled through the Communication Process (Figure 1.1-3).

Strategic opportunities are identified in Step 4 of the STP and during ongoing SDs which involve brainstorming and “out of the box” thinking. The SWOT list is reviewed and validated through ongoing SDs (Figure 2.1-1, Step 8 of STP). Strategic opportunities are also discussed during the ongoing IIP, which includes cost modeling and ROI analysis where appropriate. Risks are scored, intelligent risk is quantified, and based upon alignment with strategic objectives (SOs), approved ideas are prioritized via the priority matrix. Clearly aligned opportunities are managed by MTS operations; other strategic opportunities (i.e. Intelligent Risks) are managed through the MTS Incubator, which allows MTS to assume additional business risk while maintaining organizational focus.

For the 2015 planning cycle the strategic opportunities identified are automated partner referrals, workforce training

and development, FPA maximization, and relationship management to expand our partnership opportunities.

2.1a(3) During Step 2 (Analyze) of STP, MTS evaluates its strategic position. Step 2 also includes extensive review of key performance measurement results, collected on an ongoing basis and a comprehensive environmental scan of the donation and transplantation industry, as well as the overall healthcare climate of our community. The review includes:

- Key performance measurement results (*Figure 4.1-1*)
- Strengths, Weaknesses, Opportunities, Threats Analysis (SWOT); Strategic Challenges and Advantages (*Figure P.2.-1*)
- Customer market impacts (*Figure 3.1-1*)
- BOD input (comprised of partners, customers, community members, recipients, donor families) (*Figure 1.1-4*)
- Donor family (collaborator) and other key stakeholder feedback and preferences (*Figure 4.2-1*)
- Current and proposed changes to regulatory requirements (e.g. UNOS/OPTN, CMS, FDA, AATB, AOPO, EBAA)

Following analysis of the present situation which includes a review of historical data, Step 3 involves the completion of a performance projection exercise to effectively forecast activity levels for key organizational metrics for the next three years. During Step 4 (Identify) of the annual STP, MTS collects and analyzes relevant data to assist in the identification of the strategic challenges (SCs) and the strategic advantages (SAs) utilizing information gleaned from Step 2. This validates the SOs, and establishes the appropriate goals critical to the future success of the organization.

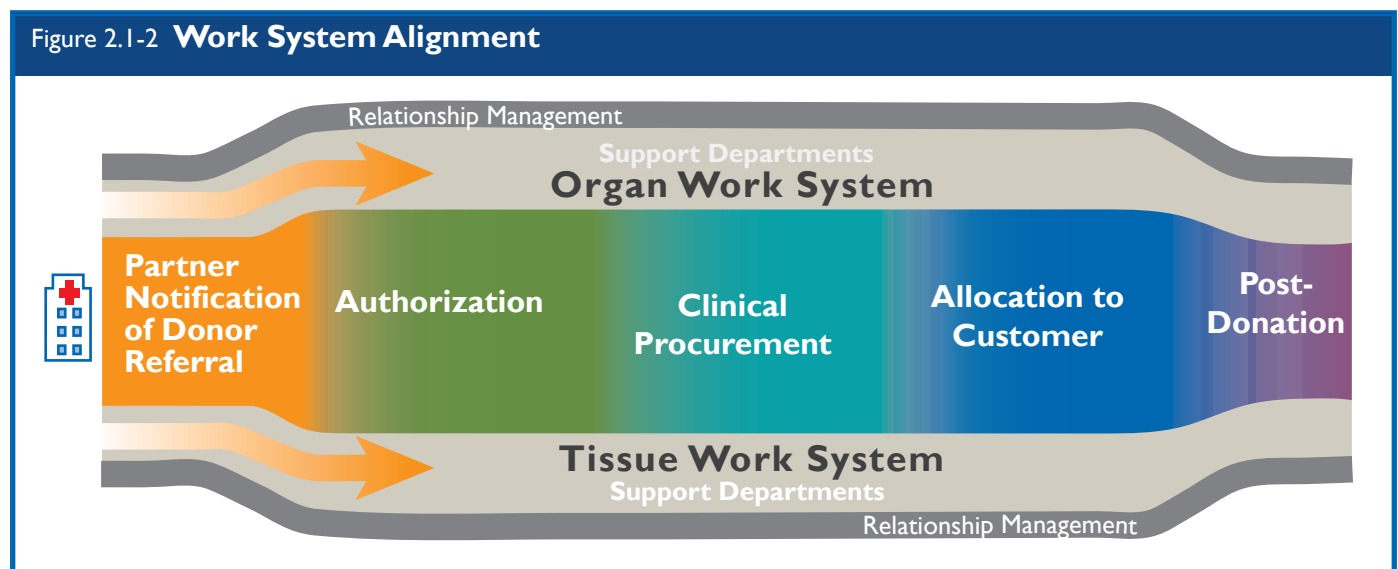
Potential blind spots limiting goal achievement or the accomplishment of the organizations SOs are identified in Step 2 of the STP during the environmental scan with key customers. An example of learning and strategic improvement is that in 2011 we added the expansion of formal input from key partners to include additional relevant industry data gathered from customer and partner presentations. The CEO and Leadership Team gather environmental business information, industry innovations and technological opportunities from industry and non-industry events, such as conferences hosted by MQA and MBNQA Quest, AOPO, AATB, and EBAA.

During Step 6 (Develop), MTS cascades organizational goals into APs to accomplish the SOs, address the SCs, and make a final determination about the feasibility of accomplishing the SOs during the desired timeframe. Throughout the year, SDs include a review of relevant changes impacting the organization's ability to execute the strategic plan. MTS' STP is constantly under review through SDs, thereby providing the organization the agility necessary to be able to modify previous strategies as needed. This constant evaluation, monitored by the Performance Measurement System (PMS) (*Figure 4.1-1*) and facilitated by the Communication Process (*Figure 1.1-3*), keeps the organization focused on executing the strategic plan with suitable flexibility. Organizational results are linked to the STP (*Figure 2.1-1, Step 2*), and if AP results are not on target per the PMS, action is taken to address the gap.

2.1a(4) The MTS key work systems are the Organ Work System (OWS) and the Tissue Work System (TWS) (*Figure 2.1-2*). Work system decisions are made via Step 8 of the STP. Incorporation of organizational knowledge, new technology, product excellence, and agility is also accomplished through the Operational Management Process (OMP) (*Figure 6.1-1*).

The decision to outsource a process or manage it internally is initiated through the STP. Ongoing analysis of key supplier and partner strengths and core competencies (CCs) via the OMP provides MTS key information to aid in the determination of which key processes will be accomplished internally or externally. For example, during the annual STP session an SD was held regarding the strategic opportunity of moving local donor transportation services in-house. A team was formed and the question was vetted through the OMP. Final analysis revealed higher transportation costs and additional resources required if the process was moved in-house, which would divert focus from the organization's mission. By leveraging the CC of our key supplier, St. Louis Cremation, cost savings were recognized.

MTS identifies the key performance measures of the organization's success and its challenges through brainstorming in the STP. Within Step 4 of the STP, MTS defines and validates its strategic advantages (SAs), strategic challenges (SCs), strategic opportunities, current and future



core competencies (CCs), SOs and organizational goals based on current performance and the environmental scanning analysis completed in Step 2. During a 2014 LT meeting, an SD was held with a systematic review of MTS' strengths and possible future core competencies which resulted in relationship management being selected. All CCs are measured qualitatively to ensure they are based on a strategic assessment of measurable attributes.

2.1b Strategic Objectives

2.1b(1) Strategic Linkages, *Figure 2.1-3*, lists key SOs and timetables for accomplishing the organization's goals. Critical to MTS' sustainability and aligned under the SOs of maximizing donation, are the three most important goals to saving lives: increasing organ conversion, tissue authorization, and organs and tissues available for transplant. Performance projections reflecting efforts to accomplish the SOs are established in Step 3 of the STP.

MTS has minimal planned changes with customers and markets, suppliers and partners. However, enhancements of current services are the predominant change. For example, a key change was a test to increase referrals via a Medical Examiner's office, a non-hospital source, thereby increasing the number of families offered the option of donation and the amount of tissue available to those in need of transplants. MTS created a 2nd cycle PDSA to further increase non-hospital referrals by expansion of the referral system to include a weekend Medical Examiner office referral process to three large area counties. The Medical Examiner offices now represent the second and third highest referral source of eye donors to MTS.

2.1b(2) The MTS SOs are complimentary by nature

ensuring appropriate balance for organizational needs. The SO of organizational excellence supports the organization by creating and maintaining a culture of innovation. The culture, enhanced by the mission-driven staff, are empowered to deliver superior service necessary to achieve the second SO of maximize customer engagement and satisfaction, which then leads to maximizing donation – the first SO. MTS supports its SOs with organizational goals and resulting APs that leverage its SAs and CC while tackling its SCs (*Figure 2.1-1, Steps 4 & 5*) and strategic opportunities. Strategic Linkages, *Figure 2.1-3*, identifies the connections between SOs, SAs, and SCs.

As part of the STP, ongoing SDs based on information from the PMS (*Figure 4.1-1*) provides MTS with an opportunity to balance short and long-term challenges within an evolving industry to ensure adaptability to sudden shifts. Strategic Linkages, *Figure 2.1-3*, identifies which SOs and goals are short-term and long-term with complimentary planning horizons. The organization's strategic objectives consider and balance the needs of all stakeholders by leveraging the organizational structure, work system design and goal prioritization in step 6 of the STP (*Figure 2.1-1*). Through learning and strategic improvement, topline measures include metrics measured and monitored across key stakeholders, ensuring balance for the organization.

2.2 Strategy Implementation

2.2a Action Plan Development and Deployment

2.2a(1) AP development begins in SDs through the STP and has become a cooperative effort between LT and employees. Through learning and strategic improvement, MTS has moved the organization from a reactive nature where the LT pushed

Figure 2.1-3 Strategic Linkages

SO	ORGANIZATIONAL GOALS	2014 (Actual)	2015* 1-year (short-term)	2017* 3-year (long-term)	Strategic Challenges/ Advantages (SC/SA)	Results	
Maximize Donation	OWS	Increase Organ Donors	159	175	180	Operational-SC	7.1-3
		Increase Organ Conversion Rate	78%	80%	80%	Operational-SC	7.1-19
		Increase Local Organs Transplanted	536	592	605	Operational-SC	7.1-5
	TWS	Increase Tissue Authorization	58%	60%	70%	Operational-SC	7.1-20
		Increase Age Targeted Bone Donors Released	558	603	795	Operational-SC	7.1-6
		Increase Skin Donors Released	822	850	900	Operational-SC	7.1-7
		Increase Domestically Transplanted Corneas	764	798	830	Operational-SC	7.1-8
Maximize Customer Engagement & Satisfaction	Sustain Tissue Processor Satisfaction	92%	92%	95%	Operational-SC	7.2-2	
	Sustain Organ Transplant Center Satisfaction	83%	80%	85%	Operational-SC	7.2-1	
	Sustain Corneal Transplant Center Satisfaction	88%	88%	90%	Operational-SC	7.2-3	
Maximize Organizational Excellence	Continue the Baldrige Journey	N/A	Winner	N/A	Societal-SA	7.4-2	
	Increase Results on Operations	3.96M	4.4M	4.5M	Business-SA	7.5-1	

*Targets established during 2014 STP sessions and revalidated in Q1 of 2015

APs to the staff following the STP, to a proactive nature where the LT solicits staff participation in SDs to provide input into establishing APs, thus ensuring alignment to identified SOs. All of the organization's APs include completion dates and results-driven targets. *Figure 2.1-3* outlines several of the key short and long-term goals and APs that have been initiated for 2015; some goals are complex enough to warrant multiple APs, while others are maintained through current business practices and therefore do not require additional APs.

2.2a(2) Strategy and AP deployment to the workforce, suppliers, and partners occurs in Step 7 of the STP and through the Communication Process (*Figure 1.1-3*). For example, St. Louis Cremation, as a key supplier, was informed that delivery time was critical to MTS meeting its goals of patient death to corneal preservation for 2014 and 2015, the expectation was communicated and improvements in delivery times were realized (*Figure 7.1-38*). MTS sustains key outcomes of APs through tracking and monitoring via a customized web-based program that aligns goals with individual performance for all members of the workforce towards the accomplishment of organizational goals, APs, and aligned SOs. The status of APs is reviewed between members of LT and staff during routine one-to-one meetings and also in depth during quarterly LT meetings. This allows for strategy shifts, resource re-allocation and also ensures that the outcomes of APs can be sustained. Key outcomes of the APs are monitored through the disciplined review of the PMS. In addition, modeling industry best practices in both the OWS and TWS, benchmarking organizational results to industry high performers, utilizing the Baldrige feedback reports, and having a mission-driven workforce (CC), coupled with an innovating culture (CC), further define the roadmap for MTS to accomplish its SOs.

2.2a(3) During Step 5 of the STP, APs are reviewed in detail to ensure alignment with the organization's SOs and resource availability. Workforce planning (Step 6) includes a summary of the quarterly capability and capacity (C&C) discussions, which prompts the identification of adequate capacity and the key learning and development resources needed to drive the accomplishment of the APs. Through learning and strategic improvement, the Priority Matrix is also utilized to determine resource allocation to balance the achievement of action plans while meeting current obligations. Through a detailed budgeting process and a forecast of financial risk, including an assessment of the financial impact of the APs and organizational goals, MTS ensures that adequate financial resources are available to support ongoing operations and newly developed APs. Members of the LT participate in the process of budget creation, review, and validation; the budget is initially approved by the CEO, with final approval by the BOD.

In Step 8 (SDs-ongoing) of the STP, financial risk and viability is assessed for current operations and obligations each month. Financial results are affected by allocation of costs through the Centers for Medicare & Medicaid Services (CMS) cost report. A comprehensive financial statement analysis is prepared monthly for the LT and the BOD. The analysis includes various financial statements, financial scorecard metrics, and variances against budget. Additionally, YTD financials are presented at BOD meetings four times

per year. Risk assessment including intelligent risks vetting through the IIP includes cost modeling the potential effects of actions via financial statements, cash flow projections, and ROI calculations. MTS determines the success of this process through financial benchmarking and by its ability to accurately predict revenue, expenses, and topline results; if necessary, modifications are made to achieve the desired results.

2.2a(4) Workforce plans are captured within Step 5 (Assess) of the annual STP and in the Workforce Planning Process (*Figure 5.1-1*). As a part of these processes, the LT performs an analysis of current and future needs and reviews capacity and capability information along with onboarding and exit interview data. These discussions determine the workforce needs for the accomplishment of the short and long-term APs. Management one-to-one meetings, RFOs and quarterly C&C discussions with management representation from every department provide MTS with the ability to review changing capacity and capability needs, as well as any potential changes that could impact the workforce. These ongoing SDs and ODs aid in addressing training and development needs related to workforce capacity or capability while assessing the potential need for modification in the workforce should demands change.

2.2a(5) Key performance measures for tracking the achievement of APs and associated organizational goals that support the SOs (*Figure 2.1-3*), are included in the PMS Outputs (*Figure 4.1-1*). Tracking the achievement and effectiveness of APs is further accomplished through quarterly AP status reviews at LT meetings. AP status is also reviewed by managers in their respective monthly one-to-one meetings with their direct managers and with their staff during RFO. To promote transparency of the ongoing assessment of organizational performance, APs are updated monthly and are housed on a customized web-based program accessible to all members of the workforce 24/7. The prior year's APs are assessed for completion and effectiveness (*Figure 7.4-12*) and are summarized in the Q1 LT meeting. Through ongoing SDs, the LT ensures that the measurement system (*Figure 4.1-1*) covers all key areas of deployment and stakeholder requirements. Topline measures cascade throughout departments to individual's PEP via APs to reinforce alignment and the accountability necessary to accomplish the mission of MTS (*Figure 4.1-2*).

2.2a(6) Performance projections are included in Strategic Linkages (*Figure 2.1-3*); initial projections are established during Step 3 of the STP, modified through the budgeting process and re-validated with end of the year outcomes. Past, present, and projected performance outcomes and benchmarks are reviewed through the PMS. After the review, the LT establishes one, two, and three year projections through traditional trending analysis. MTS continues to lead the way by promoting knowledge sharing and benchmarking throughout the OPO industry, including partnering with other OPOs for data sharing. This assists in the identification of performance gaps, aids in goal setting for performance improvement, and is critical given the limited number of public data sources. If gaps in performance are identified, SDs occur, PDSAs or APs are created or modified, and resources are allocated to address the opportunities. Through a cycle of

learning, a data validation step was added at the beginning of each calendar year at the LT meeting to allow MTS to re-validate or adjust operational projections established in STP against the year-end data.

2.2b Action Plan Modification

Systematic reviews occurring during monthly work system meetings, quarterly LT meetings, and ongoing SDs (*Figure 2.1-1, Step 8*) provide the opportunity to identify performance measures that are lagging or exceeding, and modify existing APs or create new APs as needed. Deployment of APs, modified APs, and PDSAs are accomplished through actions that cascade from the work system or department level down to the individual. Ongoing monitoring and discussion of the APs occurs through LT meetings, the PEP, staff RFOs and work system meetings. A 2012 improvement in the web-based performance management system allowed for modified APs to be noted and tracked. The ability to effectively track actions plans and their modifications affords the organization the ability to allocate resources effectively. Through learning and strategic improvement, the PI department populates and validates the organization's scorecards and meets with the appropriate manager to explore the data and develop a PDSA, AP, or modified AP if underperforming metrics have been identified.

Category 3 - Customers

"What stands out most is their (MTS) commitment to their mission is complete. They are always trying to find ways to improve. They are always trying to find ways to ensure that our working relationship is excellent and they are true professionals."

Dr. Stuart Sweet, Transplant Center Customer

3.1 Voice of the Customer

3.1a Customer Listening

3.1a(1) MTS utilizes multiple formal and informal mechanisms to collect, transfer and utilize customer information for use in the identification of opportunities for improvement and innovation. This systematic Voice of the Customer (VOC) process (*Figure 3.1-1*) incorporates methods for listening, interacting, and observing local organ transplant centers, tissue processors, and local corneal transplant centers to obtain actionable information throughout the Customer Life Cycle (*Figure 3.2-1*). The various listening and learning methods used for each customer group, as well as methods for listening for each phase in the customer life cycle, are also noted in the VOC process. In addition, learning and strategic improvements have led to a systematic survey process (AOS), which incorporates feedback reports providing results to the survey participants and the development of any associated action plans. An external consulting firm assists in some surveys by performing formal assessments, which validate previous VOC findings and include industry benchmarking. MTS is able to respond to feedback from these survey evaluations through immediate actions, via SDs and the STP as illustrated in the Communication Process (*Figure 1.1-3*). MTS has an established website and social media presence on

Facebook, Vimeo, Twitter, and Instagram. Given the highly regulated nature of the donation and transplant industry, the sharing of confidential information across social media sites is avoided. As such, MTS focuses social media efforts on communication strategies that strengthen the organization's brand, support business objectives, reinforce company culture (V/M/V), and celebrate stakeholder successes [3.2b(1)]. The primary web-based methodology used by MTS to obtain customer feedback is the online survey.

In addition, electronic medical record (EMR) access provides the MTS workforce with confidential referral information needed in real time to determine donor eligibility and allows tissue processors to release life enhancing tissue for transplant. DonorNet, a centralized computer network, links all OPOs, transplant centers, and histocompatibility laboratories throughout the United States and ensures the increased efficiency and fairness of the organ placement process.

MTS seeks immediate and actionable feedback on the quality of services and customer support via a number of VOC listening and learning methods, including surveys, formal and informal interactions, and meetings (*Figure 3.1-1*). Learning is transferred through the Communication Process.

3.1a(2) As the federally designated Organ Procurement Organization (OPO) within its service area, MTS does not have traditional organ procurement competitors or potential customers. Transplant centers exist within the OPO's Designated Service Area (DSA) and organs are allocated according to UNOS/OPTN through two-way communication. MTS keeps abreast of potential changes in organ transplant center status. Regulations do not allow OPOs to actively pursue transplant centers outside their DSA as potential customers. The restriction of operating within a federally assigned territory eliminates competition and encourages collaborative efforts between OPOs.

The tissue and corneal service lines are part of a relatively small and mature competitive marketplace. Relationship management within these small, mature industries allows for contact with potential, future, and competitor customers. Listening and interactions occur regularly with potential, former and competitor's customers via industry conferences and webinars as well as survey data, as applicable (*Figure 3.1-1*). These mechanisms allow MTS to obtain actionable information on its services, customer support and transactions.

Knowledge sharing and benchmarking with other OPOs for all service lines allows for the identification of gaps between MTS and other high-performing peers. Utilizing feedback on the services provided by other OPOs serves as indirect feedback on the level of services provided by MTS. This actionable information supports operational and strategic decision making and innovation [4.1a(2)].

3.1b Determination of Customer Satisfaction and Engagement

3.1b(1) Local organ transplant center, tissue processor, and local corneal transplant center satisfaction is determined through formal survey results (*Figure 7.2-1 A-C; 7.2-2 A-B; and 7.2-3 A-D*) personal communication and interaction with members of the MTS workforce (*Figure 3.1-1*). The methods to determine customer satisfaction are the same for all service

Figure 3.1-1 Voice of the Customer

	Method	Frequency	Life Cycle Phase				Customers		
			Authorization	Clinical Procurement	Disposition/Allocation	Post Donation	Local Organ Transplant Centers	Tissue Processors	Local Corneal Transplant Centers
		A = Annual M = Monthly O = Ongoing Q = Quarterly SA = Semi-Annual							
Collect (Figure 4.1-1 PMS)	Operational Discussions	O	•	•	•	•	↔	↔	↔
	Day to Day Work / Interactions / Department Meetings	O	•	•	•	•	↔	↔	↔
	Strategic Discussions	O	•	•	•	•	↔	↔	↔
	Participation in STP (Figure 2.1-1)	O	•	•	•	•	↔	↔	↔
	Board of Directors	Q	•	•	•	•	↔		
	Medical Advisory Board	SA		•	•		↔		↔
	Allosource Board Meeting	Q		•	•			↔	
	Transplant Center Meetings	SA		•	•	•	↔		
	Medical Director Meeting	O		•	•		↔	↔	↔
	Surveys	O	•	•	•	•	←	↔	←
	Audits, Internal / External	O	•	•	•	•	←	←	
	Social and Electronic Media e.g. EMR, Facebook, Website, DonorNet	O	•	•	•	•	↔	↔	↔
	Figure 1.1-2 Corporate Compliance Program	O	•	•	•	•	←	←	←
	Industry Conferences / Webinars	O	•	•	•	•	↔	↔	↔
	Events / Candlelight Memorial / Open House / Receptions	O	•	•	•	•	↔	↔	↔
	Contracts	O	•	•	•	•	↔	↔	
	CAPA / Deviations	O	•	•	•	•	←	←	←
	Transfer (Figure 1.1-3 Communication Process)	Best Practice Sharing	O	•	•	•	•	↔	↔
Scorecards / Status Reports / Metrics On-Demand		O	•	•	•	•	→	↔	→
Meetings, Scheduled and Ad Hoc		O	•	•	•	•	↔	↔	↔
Survey / Processor Feedback		O	•	•	•	•	→	↔	→
30-Day Graft Function / Adverse Reaction / Processor Feedback Reports		O				•	←	←	←
Industry Conferences / Webinars		O	•	•	•	•	↔	↔	↔
Social and Electronic Media e.g. EMR, Facebook, Website, DonorNet		O	•	•	•	•	↔	↔	↔
Figure 2.1-1 STP		O	•	•	•	•	↔	↔	↔
Survey Feedback / Baldrige Feedback / Annual Report		A	•	•	•	•	→	↔	→
Figure 6.1-2 IIP / PDSA / Cross-Functional Innovation Committees		O	•	•	•	•	↔	↔	↔
Utilize	CAPA / Deviations / Figure 1.1-2 Corporate Compliance Program	O	•	•	•	•	→	→	→
	Change Management / Audit Findings	O	•	•	•	•	→	→	→
	Best Practice Sharing	O	•	•	•	•	↔	↔	↔
	Industry Conferences / Webinars	O	•	•	•	•	↔	↔	↔
	Figure 6.1-1 OMP	O	•	•	•	•	↔	↔	↔

Legend: ↔ = 2-way communication, ← and → = 1-way communication, in and out, respectively

lines. Survey data is segmented by multiple dimensions including customer group or market segment, the level of service quality received, and by customer requirements. Customer satisfaction data is analyzed and shared via the Communication Process (Figure 1.1-3) through SDs at TWS/OWS meetings and the findings are incorporated into the STP (Figure 2.1-1, Steps 2 & 8).

MTS uses multiple methods, including surveys, to capture customer dissatisfaction as shown in VOC (Figure 3.1-1). Local organ transplant center, tissue processor, and local corneal transplant center feedback is shared via the Communication Process with MTS staff and other stakeholders and customers. It is also reviewed as part of the STP (Figure 2.1-1) and SDs occurring at the work system meetings to ensure actionable feedback and process improvements. A robust deviation and complaint process is part of the corrective action preventative action (CAPA) system. Dissatisfaction data is trended through the CAPA process utilizing collected deviation and/or complaint reports and the Customer Feedback Process (AOS). This results in the identification of root causes and actionable items. The implementation of the feedback process creates the framework for analysis based upon the services provided at certain intervals in the Customer Life Cycle (Figure 3.2-1) as it relates to customer requirements.

MTS measures customer engagement based on the theory that relationship strength is correlated with customer loyalty, and that loyalty is obtained via those customers that are highly satisfied. Customer satisfaction, or 'engagement,' at the highest level is determined via 'top box' scores – or scores of 5 on a survey measuring satisfaction on a scale from 1 to 5.

Metrics gathered via the PMS (Figure 4.1-1), are passed to the OMP (Figure 6.1-1), which drives the identification of actionable information to deliver improvements in meeting and exceeding customer's expectations and engagement throughout the Customer Life Cycle. For example, processor satisfaction with the MTS chart release process was identified as a low scoring metric on a 2013 survey. Analysis and implementation of APs addressing the gap resulted in regularly scheduled conference calls to address pending problems or issues throughout 2014. In 2015, the organization will validate process improvement efforts through increased customer satisfaction scores for chart release, a key customer requirement (Figure 7.2-2A).

3.1b(2) Due to designation of its service area by the Centers for Medicare and Medicaid Services (CMS), MTS does not have customer competitors in the Organ Work System. MTS collaborates to obtain industry benchmarks from other OPOs and tissue banks on customer satisfaction (Figure 4.1-4). Processors provide metrics utilizing industry comparisons which provides information on key tissue metrics. Saving Sight, the single eye bank competitor, does not currently survey its customer groups; customer satisfaction relative to their organization is not available. As a surrogate, MTS collaborates with other eye banks to obtain their customer satisfaction results for similar products.

3.2 Customer Engagement

3.2a Product Offerings and Customer Support

3.2a(1) MTS relies upon its Voice of the Customer process (VOC) (Figure 3.1-1) to determine customer needs and requirements for organ and tissue donation services (Figure P.1-6). Customer requirements are solicited through MTS' formal survey process (AOS) and results are validated during the STP (Figure 2.1-1). These requirements serve as critical inputs for the design of work processes and the identification of opportunities for improvement. By focusing process improvement efforts on operational efficiencies, MTS utilizes its drive and proven ability to innovate (CC) its services to consistently meet and exceed customer needs and expectations.

MTS focuses on Finding the Silent Heroes, Figure P.1-2, and maximizing each donation opportunity to its fullest potential to meet the needs of its customers. Formal and informal VOC mechanisms ensure revised regulations and opportunities are captured in ODs and SDs, providing organizational agility to incorporate applicable changes in meeting and exceeding customer needs and expectations.

Leveraging the robust Communication Process (Figure 1.1-3), MTS utilizes the VOC, the PMS, and the STP as inputs into the Operational Management Process (OMP) (Figure 6.1-1) in working with its customers to identify innovative improvements and refinements to our services, which are then tested via the Innovation and Improvement Process (IIP) (Figure 6.1-2). This leads to increases in availability, quality, safety, and ultimately, the number of lives saved and enhanced.

Service offerings in new markets, new customer opportunities, expansion of relationships with current customers, or new service offerings are identified via the STP, the VOC process, or Knowledge Management process (Figure 4.2-1). Next they are vetted through the OMP, where ODs and SDs occur, and they are dispositioned through the IIP. MTS' commitment to innovation (CC) differentiates its services and creates opportunities to expand and deepen relationships with current customers. Based on MTS strengths and opportunities, MTS identifies new markets to attract new customers and creates opportunities for expanding relationships with current customers. Examples of potential new market exploration include hand transplantation in the Organ Work System, procurement of adipose tissue for stem cell therapy in the Tissue Work System, and expansion of a current customer relationships to increase corneal distribution into a new market.

3.2a(2) Local organ transplant centers, tissue processors, and local corneal transplant centers are empowered to seek information and support throughout the Customer Life Cycle (Figure 3.2-1) as illustrated in MTS' VOC process (Figure 3.1-1). Customers are able to conduct business with MTS via inputs as listed in the VOC and by leveraging the Communication Process (Figure 1.1-3).

The key means of customer support in both work systems include the fulfillment of customer requirements (Figure P.1-6). Key communication mechanisms, including email, phone contact, and web site accessibility enable customers to seek information, receive support and conduct business. Methods of customer support do not vary between customers, customer groups or market segments.

Key customer support requirements are determined through the VOC, validated through the survey process (AOS) and deployed to all people involved in customer support via the Communication Process. This integrated survey process has undergone learning and strategic improvement. It is managed by Performance Improvement (PI) and includes an executive summary provided to all internal stakeholders and survey participants.

3.2a(3) The STP (Figure 2.1-1) determines and validates customer group and market segments. Additional information gathered from the VOC (Figure.3.1-1) can also be used to identify and anticipate market segments.

Information gathered through the PMS, including the VOC data, is integrated within the STP. Knowledge sharing and benchmarking with others for all service lines aids in the identification of gaps (Figure 4.1-4). Utilizing feedback on the services provided to customers by other OPOs serves as surrogate feedback on the level of services provided by MTS. This actionable information supports operational and strategic decision making and innovation for both work systems. Information collected in the VOC, along with the analysis completed in the PMS, assesses potential business growth opportunities.

3.2b Customer Relationships

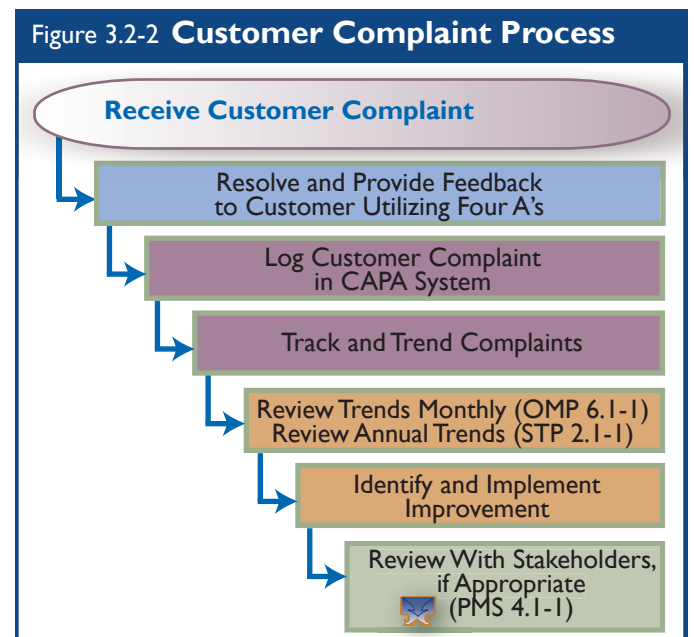
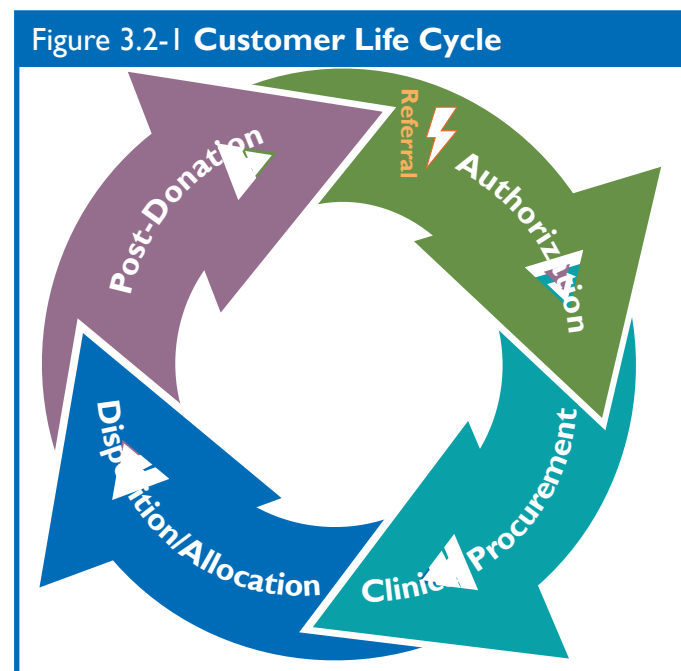
3.2b(1) MTS' mission-driven staff (CC) develops and manages customer relationships as outlined in the VOC (Figure 3.1-1). Information is collected from customers and is transferred into the STP and ongoing SDs, where trending, analysis and validation take place. Validated information is utilized to improve the level of service provided to current customers. MTS leverages its brand, reputation and performance to acquire customers and build market share. For example, one of the highly satisfied primary users of MTS corneal tissue recommended MTS tissue to a local corneal surgeon who wasn't using MTS tissue. That surgeon now uses MTS tissue exclusively.

The provision of exceptional service allows MTS to retain

customers while meeting their requirements, exceeding their expectations and increasing their engagement in every stage of the customer life cycle. The robust customer survey process (AOS) includes assessments to drive improvements in both satisfaction and engagement.

MTS utilizes data and information gathered through social media to help enhance the organization's brand by raising awareness of donation and transplantation and, ultimately, driving its Vision of *organs and tissues are always available to those in need*. As a supplement to the environmental scanning analysis performed during step 2 of STP (Figure 2.1-1), MTS follows the social media postings of its customers and key stakeholders to ensure access to the latest developments. Moreover, the organization follows all appropriate industry news sources to identify trending stories or ones gaining in media exposure, to generate talking points and to create appropriate risk responses, as necessary. This includes Google Alerts to several key words such as organ and/or tissue donation and transplant. This additional insight may assist in the identification of new service lines and market segments, including XVivo technology, hand and face transplants, and 3D organ printing. In addition to environmental scanning and crisis communication, MTS is able to supplement organizational strategies to increase share rates and followers to its own social media outlets through the identification, repurposing and sharing of value added content. In 2014, MTS initiated a collaborative PDSA with its largest local organ transplant center customer and donor hospital partner to test digital advertising strategies for visitors to their facility by measuring the conversions from social media posts back to the MTS website (AOS).

3.2b(2) The MTS mission-driven workforce (CC), is dedicated to complaint resolution, resulting in high levels of customer satisfaction (Figures 7.2-1 through 7.2-3D). As the initial step in the Customer Complaint Process (Figure 3.2-2), all staff members are trained to utilize the Four A's of service recovery: Acknowledge, Apologize, Ask, and Act. Front-line staff members are empowered to implement immediate corrective action at the point of service and utilize additional



resources if needed to quickly resolve customer complaints. This process allows the MTS workforce to follow-up and provide feedback directly and immediately to successfully resolve their complaint. If front-line staff members or managers are not able to resolve the complaint to satisfy the customer, the complaint is elevated to the executive leadership for resolution.

Local organ transplant center, tissue processor, or local corneal transplant center complaints or policy/procedure deviations are routed through the CAPA system for tracking and identifying root causes of the deviation utilizing the Customer Feedback Process (AOS). Trend analysis of customer complaints is presented at monthly OWS/TWS meetings, quarterly at the LT meetings, and is incorporated into the STP for process improvements; and allows the organization to avoid similar complaints in the future.

Category 4 - Measurement, Analysis, and Knowledge Management

"If MTS is successful making donation happen, hundreds of tissue recipients wake up with a chance at a greatly improved life. That's a very inspiring thing to be a part of."

Tom Cycyota, President & CEO, AlloSource, Customer

4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a Performance Measurement

4.1a(1) MTS uses a Performance Measurement System (PMS), which has undergone several cycles of learning and strategic improvement, (Figure 4.1-1) to monitor all key business and daily operational processes. Key performance measures are selected, collected, aligned, and integrated in the Strategic Thinking Process (STP) (Figure 2.1-1). The STP is the mechanism the organization utilizes to select its strategic objectives (SOs) and develop goals supported by aligned action plans (APs). MTS uses the data and information collected from the PMS as an input into the key decision making processes -- the STP and the Operational Management Process (OMP) (Figure 6.1-1) -- to accomplish the mission. Central to the PMS is an electronic system of cascading goals/scorecards (Figure 5.1-4) that defines the Topline Scorecard with the capability to drill-down through work system and department level scorecards. This information is readily available thru the data mall, a central repository for the PMS, and is available to the workforce 24/7 through the MTS Intranet.

Performance measures are used to support daily organizational decision making through their aggregation and integration into the cascading scorecard system as well as in the Performance Evaluation Process (PEP) (Figure 5.1-2). AP progress is tracked utilizing Success Factors, a web-based performance management system, and action plans (APs) are reviewed quarterly at LT and individually during Rounding for Outcomes (RFO). Scorecards utilize a series of internal targets (defined as goals) to measure organizational performance and projections, which are defined

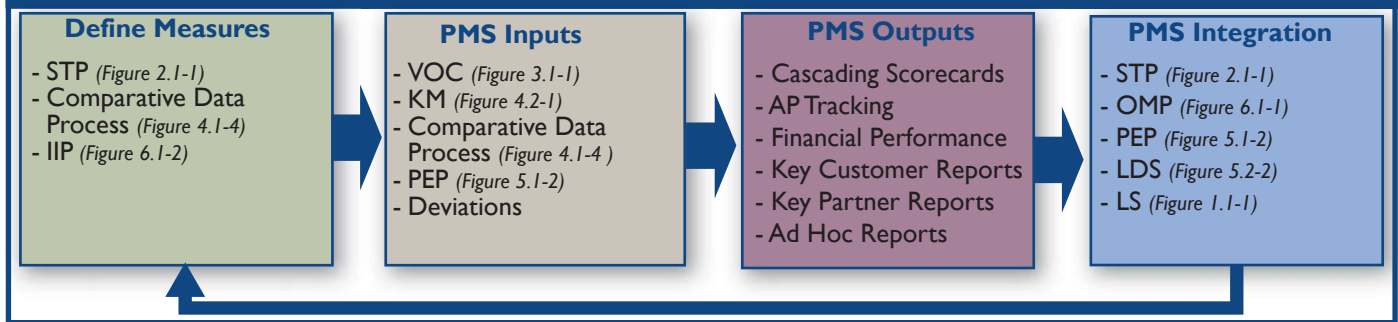
as annualized calculations based on year-to-date and/or actual performance in achieving the strategic objectives (SOs). Internal targets facilitate the determination of the appropriate color-coding for all metrics, allowing real-time evaluation of the organization's performance. The Communication Process (Figure 1.1-3) deploys and integrates this information across the organization. The LT and workforce are able to navigate through the different levels of performance feedback and access a color-coded scorecard to enhance decision-making effectiveness and support continuous improvement and innovation (Figure 6.1-2). Through learning and strategic improvement, once the Performance Improvement (PI) department populates and validates the organization's scorecards, they notify the appropriate manager to set up a meeting to analyze the data and develop a PDSA, AP, or modified AP if metrics falling short of target have been identified. Measures supporting the SOs and key organizational goals are shown in Strategic Linkages, Figure 2.1-3. The key organizational performance measures are tracked monthly and found in the Topline Scorecard (Figure 4.1-2) and the Key Financial Measures, short and long term (Figure 4.1-3).

4.1a(2) MTS utilizes the Comparative Data Process (Figure 4.1-4) to select and effectively use key comparative data and information to support operational decision making. In the Organ Work System, the national regulatory agencies select key performance indicators and establish performance threshold levels which must be met by all OPOs in order to maintain designation. Published quarterly, this information is used to identify gaps in performance between MTS and other high performing peers. More importantly, perhaps, is the use of the OPO Calculator as a gage of organizational performance. Provided by the Scientific Registry of Transplant Recipients (SRTR), this tool allows for the monitoring of local organ donor yield and operational decision making on a case by case basis by comparing observed (actual) results vs. what would be expected based on the national experience (Figure 7.1-21a). This information is utilized in post-case reviews and gaps in performance are addressed accordingly.

Due to the lack of a national process for comparative tissue data, the selection of key performance indicators and the determination of performance thresholds are established by individual tissue processors. Processors track OPO performance on scorecards and are distributed at monthly or quarterly intervals. This data supports operational decision making as it allows MTS to assess its success in meeting tissue processor requirements and permits the identification of best practices. For example, while MTS procurement efforts met the AlloSource requirement for average useable skin yield per donor, an operational decision was made to exceed the processor requirement by increasing skin yield results. MTS contacted the AlloSource liaison, discussed best practices, and has since implemented a new process for recovering skin which has led to sizeable improvements (Figure 7.1-25).

The corneal service industry also lacks a national comparative data process. Instead, MTS collects comparative data from its AlloSource and LINC partners who operate eye banks. While comparative data is limited, the organization supplements the limited availability for data by focusing on the Voice of the Customer (VOC) to support operational

Figure 4.1-1 Performance Measurement System



decision making. By focusing process improvement efforts on operational efficiencies, MTS utilizes its drive and proven ability to innovate (CC) its services to distribute the highest quality corneal tissues available.

4.1a(3) MTS collects VOC data through multiple listening, interaction and observation methods (Figure 3.1-1). The VOC data is integrated into the PMS, which drives operational and strategic decision making through the OMP and the STP, ensuring a more customer-focused culture exists in the organization. Key performance indicators for VOC are included on Topline, and applicable department scorecards. Data is segmented by multiple dimensions including: customer group or market segment, the level of service quality received, customer requirement, and phase of the customer life cycle. VOC data is analyzed and shared via the Communication Process (Figure 1.1-3) through strategic discussions (SDs) at monthly work system meetings. APs to bridge gaps in performance are deployed to appropriate members of the workforce [3.1b(1)] as an output of the survey process (AOS). Customer data that supports innovation is managed through the Improvement and Innovation Process (IIP) (Figure 6.1-2).

MTS utilizes data and information gathered through social media to help enhance the organization’s brand by raising awareness of donation and transplantation and, ultimately, driving its Vision of *organs and tissues are always available to those in need* [3.2b(1)].

4.1a(4) MTS formally reviews the PMS (Figure 4.1-1) and modifies it as appropriate during the STP, ensuring the organization is current with accreditation, regulatory, operational, and financial needs and requirements. The organization addresses rapid or unexpected changes and their impact on the PMS during operational discussions (ODs) and SDs and within the monthly work system meetings (Figure 6.1-1). The accessibility of the IIP to everyone in the organization, in conjunction with the organizational structure (Figure 1.1-4) and ongoing SDs, ensures the organization is agile and able to respond quickly to innovative opportunities or issues that arise (CC). For example, the VOC process (Figure 3.1-1) identified a criteria change by AlloSource, the primary tissue processor customer, which decreased the number of skin donors that MTS was able to procure for transplant by 50%, thereby negatively impacting the number of lives saved and the Consolidated Results on Operations (Figure 7.5-1). Through SDs, MTS completed an ROI and identified an alternate tissue processor, thereby mitigating a large portion of the impact. The PMS metrics were modified to reflect this change, which was shared through the

Communication Cycle (Figure 1.1-3).

4.1b Performance Analysis and Review

The LT reviews the key organizational performance measures and capabilities during monthly work system meetings as part of ODs and during quarterly Capability & Capacity (C&C) meetings. Individual LT members are also responsible for conducting monthly reviews of work system and department scorecards within their scope of responsibilities, as appropriate, within the OMP (Figure 6.1-1). Competitive and customer data are inputs into the PMS and are used to help set performance metrics. Utilizing the PMS, these reviews identify gaps to goals and comparisons as appropriate to provide a mechanism to generate steps to bring performance back on track. The PI department is responsible for data validation and analysis using a variety of statistical tools, and works cooperatively with LT members to ensure MTS’ ability to meet goals and objectives. Scorecards and data reports are stored in a Data Mall on the intranet that is accessible to the organization. Through learning and strategic improvement, MTS identified the need for more robust data visualization software to further the organization’s ability to make rapid fact-based decisions. Utilizing statistical software for the real time visualization and validation of performance data provides a more comprehensive and robust data analysis, ensuring the integrity of conclusions while providing an infrastructure for agile decision making.

MTS reviews progress relative to the SOs, key process outcome measures, and APs during SDs and through the OMP to ensure the organization is on target to meet or exceed the defined goals and is progressing towards best-in-class in all areas. Organizational performance, competitive standing, financial health, and completion of SOs and APs begin with the Topline Scorecard and cascades to department scorecards. Scorecard reviews also provide a mechanism to rapidly respond to changes identified through the STP or OMP, as well as ensure changes to APs as appropriate, which might include a response to a transformational change in structure or work system. The workforce is provided with updates on key organizational metrics and APs at various meetings, providing the opportunity to ask the LT questions regarding organizational performance and direction.

The BOD reviews the organization’s performance by reviewing the Topline Scorecard and monthly status report. The CEO and COO report on gaps in performance, identified by “red boxes” as needed; progress is also reported on achieving strategic SOs and APs. In addition, the Executive Committee receives the monthly financial statements to review

Figure 4.1-2 2015 Topline Scorecard (March)

Topline Key Metrics	2015 Year to Date			End of Year		Last Year	
	Actual	Target	% Gap	Annualized	Projection	2014	
Maximize Organizational Excellence	Retention Rate	94%	85%	11%	94%	85%	89%
	Consolidated Results on Operations-Overall	\$1,188,834	\$939,285	27%	\$4,755,336	\$3,757,139	\$3,965,917
Maximize Donation	Organ Referrals	500	414	21%	2,000	1,656	1,831
	Organ Conversion	76%	80%	-5%	76%	80%	78%
	Organ Donors	48	43	13%	170	170	159
	Organs Transplanted	149	148	1%	596	592	537
	Organs Observed vs. Expected Yield	1.01	1.00	1%	1.01	1.00	1.01
	Tissue Referrals	4,970	4,350	14.3%	19,880	17,400	17,763
	Tissue Authorization Rate	56%	60%	-6%	56%	60%	57%
	Skin Donors	373	294	27%	1,492	1,175	1,142
	Skin Donors Released	231	210	10%	924	850	822
	Bone Donors	263	220	20%	1,052	880	977
	Age Targeted Bone Donors Released	144	150	-4%	576	709	558
	Domestically Distributed Corneas	152	200	-24%	608	798	764
Maximize Stakeholder Engagement	Organ Transplant Center Satisfaction - % Top Box	65%	80%	-19%	65%	80%	83%
	Cornea Transplant Center Satisfaction		88%			88%	89%
	Processor Satisfaction		92%			92%	92%
	Hospital Partner Case Satisfaction	100%	83%	20%	100%	83%	83%
	Overall Donor Family Satisfaction - % Top Box	89%	83%	8%	89%	83%	78%

the fiscal health of the organization.

4.1c Performance Improvement

4.1c(1) The scorecards and comparative data process within the PMS (Figure 4.1-1), provide the organization’s workforce with tools to monitor organizational performance including identification of best practices. Performance review data which includes evidence of high performance within organizational units and best practices are shared across the organization in SDs via the STP, the OMP and Communication Process. Implementation of best practices is accomplished thru the development of action plans and/or PDSAs and ongoing monitoring of the PMS for success. For example, the Donor Services department authorization rate for 2014 exceeded all previous records. Best practice identification included using PI to monitor monthly gaps in performance at the individual level and the use of a department trainer to support and retrain struggling individuals. Information on the best practices was shared at the OWS/TWS and C&C meetings which contributed to the hire of an organizational wide trainer.

4.1c(2) The organizations future performance is projected

thru the analysis of three-year historical organizational trend data and industry trends are utilized to identify gaps and areas of opportunity. This analysis creates short and long-term projections that are utilized in the PMS (Figure 4.1-1) and the PEP (Figure 5.1-2).

A recent PMS improvement involved the incorporation of key comparative data performance projections, in addition to their historical data, to provide the organization with additional intelligence for real time utilization. Identifying actual best in class performance from comparative organizations for key measures creates a benchmark and a course of action for improvement efforts, as applicable. If indicated, APs are created to replicate the best in class performance of these organizations. The collegial nature of the industry creates an environment for open dialog for sharing necessary steps to replicate benchmark results demonstrated by other organizations.

Reconciliation of differences between projections of future performance [4.1(b)] and performance projections [2.2(b)] incorporated into APs occurs through the PMS. The PI department has established a systematic process which includes revalidation of year-end data and a review of future

Figure 4.1-3 Key Financial Measures

Key Financial Measures		Results
Short Term	Consolidated Results of Operations	7.5-1
	Days Cash On-Hand	7.5-10
	Days in Accounts Receivable	7.5-5
Long Term	Operating Reserves	7.5-8
	Total Assets	7.5-11
	Average OAC Comparison	7.5-13

projections. This review may generate PDSAs, APs or modified APs to address performance gaps. This validation step ensures accuracy and reconciliation of any differences in performance projections.

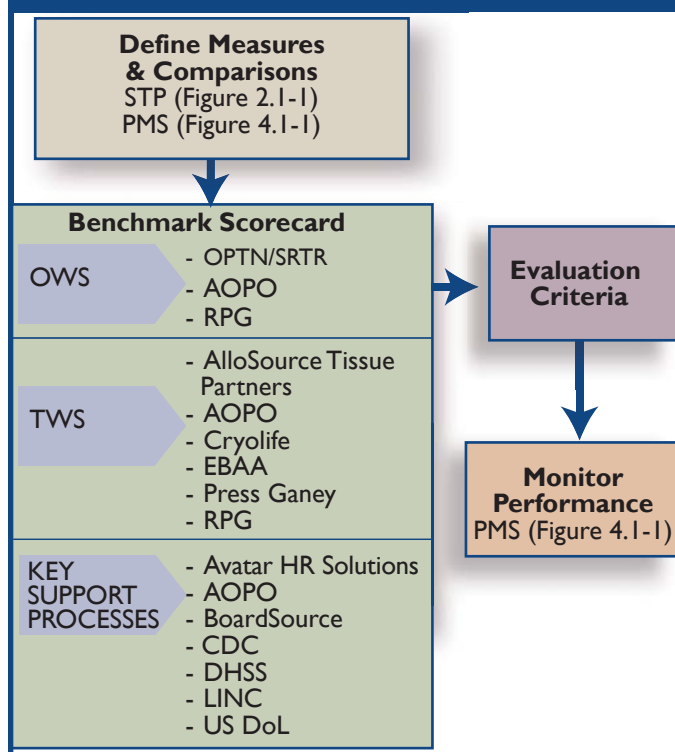
4.1c(3) MTS utilizes the systematic review of performance data in the OMP (Figure 6.1-1) to identify opportunities in the in-process and outcome measures. These findings form the foundation for the organization’s continuous improvement and innovation processes. Discussions in the OMP also provide opportunities for identifying possible innovations. Through the IIP (Figure 6.1-2), charges align with strategic objectives and a team is formed to focus on a particular opportunity. The innovation team develops ideas and these ideas are vetted through the Leadership Team (LT) for prioritization and disposition. Approved plans are deployed via the Communication Process (Figure 1.1-3).

Through cycles of learning and strategic innovation, the organization identified the need for a methodology to address prioritization of performance improvement and innovation (CC) opportunities. To ensure a systematic approach, a Prioritization Matrix was developed (Figure 6.1-2). The PI department leads the exploration and analysis of proposals. PI staff members meet with the requestor/team to generate a business case which is assessed for mission alignment, impact, and resource allocation. This process generates a score that reflects the order in which the initiative is implemented. All initiatives are presented at LT meetings through a SD to validate capacity, priority, timeline, and status of projects. This process ensures the transfer of organizational awareness and knowledge about the status of all initiatives.

Leadership deploys the priorities and opportunities to members of their respective departments and work groups. Incorporation of a quarterly initiative and project report at staff meetings, utilizing the Communication Process reinforces departmental and work group discussions. APs demonstrating performance gaps are reported out quarterly, at a minimum, at the LT meetings to discuss timeline and completion status.

When appropriate priorities and opportunities are identified, organizational APs are deployed to MTS’ suppliers, partners, and collaborators through the OMP (Figure 6.1-1) to ensure alignment. This systematic approach ensures organizational alignment and sustainability. For example, given the need for timely access to donor information, multiple APs addressed workforce access to hospital partner EMRs. A project team was created and a formal process for managing user access was developed.

Figure 4.1-4 Comparative Data Process



4.2 Knowledge Management, Information, and Information Technology

4.2a Organizational Knowledge

MTS relies on electronic means as well as personal communication to manage information and organizational knowledge. The organization is able to capitalize on the accessible Organizational Structure, Figure 1.1-4, through the Strategic Thinking Process (STP) (Figure 2.1-1) and the Operational Management Process (OMP) (Figure 6.1-1). These systems work together to synthesize information and turn it into knowledge that can be used to innovate and manage the work systems and processes.

4.2a(1) MTS collects information from people, processes, and the environment via electronic and non-electronic methods via the PMS (Figure 4.1-1), which feeds into the OMP where SDs or ODs occur and information is analyzed and translated into actions. The Learning and Development System (LDS) (Figure 5.2-2) and the Communication Process (Figure 1.1-3) demonstrate how job-related knowledge is disseminated. Transfer of workforce knowledge readily occurs due to the alignment of the workforce into work systems (OWS/TWS). Multidisciplinary meetings within the work systems ensure that consistent messages and information are shared. One-on-one Rounding for Outcomes (RFO) conversations between staff and their direct managers occur on a monthly basis to ensure the organization benefits from the knowledge assets of the workforce. Ideas and information gathered through the systematic deployment of RFO are shared with the workforce via a Stoplight Report (AOS) at each staff meeting. The intranet serves as a 24/7 vehicle to disseminate information to a decentralized workforce. MTS reports organizational information through the PMS and analyzes it to create knowledge using the STP, SDs, and the OMP (Figure 6.1-1).

Figure 4.2-1 Knowledge Management

Method	Frequency	Collaborators	Partners		Suppliers				Internal			
			Donor Hospitals	Non-Hospital Referral Sources	Life Logistics	AeroCharter	St. Louis Cremation	Abbott	MTS Workforce	Board of Directors		
Operational Discussions	O		•	•	•	•	•	•	•	•	•	•
Supplier Meetings	QW											
True North User Meeting	M	Donor Families										
Strategic Discussions	O		•	•	•	•	•	•	•	•	•	•
Participation in STP (Figure 2.1-1)	OI		•	•	•	•	•	•	•	•	•	•
QAPI	AO		•	•								
Rounding / PEP (Figure 5.1-2) / LDS (Figure 5.2-2)	O											
Surveys	O	•	•	•	•	•	•	•	•	•	•	•
Audits, Internal / External	O		•	•	•	•	•	•	•	•	•	•
Social and Electronic Media e.g. EMR, Facebook, Website	O	•	•	•	•	•	•	•	•	•	•	•
Corporate Compliance Process (Figure 1.1-2)	O	•	•	•	•	•	•	•	•	•	•	•
Industry Conferences / Webinars	O		•	•	•	•	•	•	•	•	•	•
Contracts	O	•	•	•	•	•	•	•	•	•	•	•
CAPA / Deviations	O	•	•	•	•	•	•	•	•	•	•	•
Best Practice Sharing	O		•	•	•	•	•	•	•	•	•	•
Scorecards / Status Reports / Metrics On-Demand	O		•	•	•	•	•	•	•	•	•	•
Meetings, Scheduled and Ad Hoc	O		•	•	•	•	•	•	•	•	•	•
Survey Feedback Reports	AO	•	•	•	•	•	•	•	•	•	•	•
Industry Conferences / Webinars	O		•	•	•	•	•	•	•	•	•	•
SOPs / SharePoint / Intranet	O											
Strategic Planning Process (Figure 2.1-1)	O	•	•	•	•	•	•	•	•	•	•	•
Survey Feedback / Baldrige Feedback / Annual Report	A	•	•	•	•	•	•	•	•	•	•	•
IIP (Figure 6.1-2) / PDSA / Cross-Functional Innovations Committees	O	•	•	•	•	•	•	•	•	•	•	•
CAPA / Deviations / Corporate Compliance Process (Figure 1.1-2)	O	•	•	•	•	•	•	•	•	•	•	•
Change Management / Audit Findings	O											
Best Practice Sharing	O	•	•	•	•	•	•	•	•	•	•	•
Industry Conferences / Webinars	O	•	•	•	•	•	•	•	•	•	•	•
OMP (Figure 6.1-1)	O	•	•	•	•	•	•	•	•	•	•	•

Utilize

Transfer
(Figure 1.1-3
Communication)

Collect
(Figure 4.1-1 PMS)

As evidenced in the second step of the PMS, a variety of data types is collected from customers via the VOC (*Figure 3.1-1*) and all remaining stakeholder groups (*Figure 4.2-1*), in addition to clinical information captured through the organization's EMR (True North). While data from these disparate sources are queryable for real-time analysis, the use of business intelligence software (Tableau) allows for the blending and correlation of data to build new knowledge. For example, analysis of organ authorization rates, donor and donor family attributes, and MTS requestor traits were analyzed and segmented by donor hospital partner to provide insight into deployment strategies. This ongoing study is still in the data collection phase (AOS).

A variety of mechanisms found in the OMP are utilized to transfer relevant knowledge to customers, suppliers, partners and collaborators.

The PMS serves as the basis for the knowledge assembly to integrate into the following key processes: OMP, STP, and the IIP. These processes involve detailed data analysis developed in collaboration with the PI staff. Initiatives captured from the IIP (*Figure 6.1-2*) are presented at LT meetings to ensure transfer of knowledge and help drive innovation throughout the organization. Step 4 of the PMS ensures the transfer of organizational awareness and knowledge.

4.2a(2) MTS has a number of processes in place to ensure that learning is embedded in how the organization operates. The primary mechanism for this is the LDS (*Figure 5.2-2*), which is aligned and integrated with multiple organizational processes including the IIP (*Figure 6.1-2*). Specific processes include regular training offerings in response to staff feedback and organizational gaps, and personal learning goal for 100% of staff. Knowledge sharing is a standing agenda item in work system meetings and ensures a systematic approach to share new knowledge or best practices identified at external learning events. As an example, the IT Director attended an industry IT meeting and learned of a new cloud-based scheduling system that was in use at another OPO. This system was presented at the LT meeting and was later implemented as MTS' new clinical staff scheduling system. Staff has the ability to initiate either of these highly accessible processes, with outcomes shared through the Communication Process (*Figure 1.1-3*).

4.2b Data, Information, and Information Technology

4.2b(1) MTS' policies and procedures defining the primary work processes systematically address accuracy from the initial referral through the organization's work systems, to the placement of organs and tissues. Clinical information is entered into True North, which now has several built-in accuracy and error proofing checkpoints. Through a quality systems check, MTS realized that opportunities existed to improve data and information input into TrueNorth. Utilizing the skills of the in-house SQL developer, the organization developed a custom error-checking report for TrueNorth data entry. Having access to in-house SQL development allows IT solutions to be designed quickly and implemented in alignment with the organization's real-time operational needs. For key non-electronic data, MTS ensures accuracy and integrity through manual validation of reports and audits of critical information. For example, upon case completion,

both electronic and non-electronic data is validated through 100% chart review by the Quality Systems department to ensure accuracy. Through learning and strategic improvement, the Quality Systems staff conducts monthly audits, ensuring a systematic approach for existing process evaluation and feedback. Validity, integrity, reliability, currency, and confidentiality of electronic data and information are ensured through the methods listed in [4.2b(4)]. For example, the FDA requires all electronic data systems are validated to ensure data accuracy, integrity and currency. MTS utilizes an independent contractor to validate operational software.

4.2b(2) MTS has established multiple policies and procedures to ensure the security of sensitive or privileged data and information. These policies and procedures outline the physical and technical safeguards for all computers that access electronic protected health information to restrict access to authorized users. The organization's password policy outlines the appropriate parameters for selecting and securing system-level and user-level passwords. Staff with EMR access are required to sign confidentiality agreements, and annual IT audits performed by Quality Systems verify appropriate access and current users.

MTS oversees the cybersecurity of its information systems by employing an outside vendor who provides monthly port-scanning of exterior assets (e.g., VMWare View) to identify and classify potential vulnerabilities. Upon receipt, this report is reviewed and findings are addressed based upon their level of criticality. Additionally, MTS ensures that the providers utilized (e.g., cloud storage services) are certified and that all public, internet facing services are encrypted with SSL certificates to safeguard the secure transmission of data.

4.2b(3) Data and information availability is critical to the ability of the workforce to carry out the mission to save lives through excellence in organ and tissue donation. Because many MTS employees work outside of the office, electronic and hard copy systems are used to ensure staff members have access to critical data and information. In order to ensure user-friendly access while keeping all confidential data secure, the corporate intranet may only be accessed remotely via encrypted virtual desktop. Because a majority of the MTS staff access and input data from a remote location, the TrueNorth clinical database is accessible wherever web access is available. Laptops are issued with password protected, encrypted disk partitions to protect data from compromise in the event of theft and/or loss. Timeliness of data, both electronic and non-electronic, is crucial due to the unpredictability and time-dependent processes for donation and transplantation. The TrueNorth system creates real-time access to donation activity for the workforce and partners. Data not stored in TrueNorth can be obtained through multiple methods such as telephone, text messaging, faxing, emailing and accessing the data mall to gain access as needed.

MTS provides customers with real-time access to the TrueNorth system for read-only information. For process output summaries and performance information, the partnering process systematically shares relevant information. In addition, TrueNorth clinical data is uploaded into a national database, DonorNet. This data is utilized by regulatory bodies and organizations within the industry for collaboration. Access

to such critical data has improved turn-around and decision-making time for MTS' partners. Tissue processors can access critical data through a dedicated MTS SharePoint portal and receive real-time data via XML transfer from TrueNorth. The requirements for key suppliers are captured annually through the STP and ongoing SDs. At the present time, there are no operational requirements for MTS' suppliers to be linked with its data information systems. Information and data is made available to suppliers via electronic means, conference calls, and in-person meetings as appropriate.

4.2b(4) The IT Department uses the following systematic selection process to ensure hardware is reliable, secure and user friendly:

- The hardware exceeds software vendor and network load specifications for the specified application(s)
- The hardware is sourced from a recognized quality manufacturer and includes appropriate vendor support
- Servers, network switches and routers must incorporate multiple layers of redundancy, including dual power supplies, Network Interface Controllers, and redundant disk arrays to ensure fault tolerance and uninterrupted service
- All hardware must include appropriate security features, including disk encryption, port/protocol controls and physical/locking where appropriate
- End-user testing and acceptance is required prior to rollout of new laptops, portable scanners or other MTS-issued devices

The IT Department uses the following selection process to ensure software is reliable, secure and user friendly:

- The software is sourced from a reputable vendor
- The software is evaluated to ensure the deployment will comply with IT security policies
- The software is installed into a virtual test environment for performance testing and end-user acceptance prior to launching to the production network
- The software is built upon industry standard architecture to ensure compatibility and usability with existing systems
- The software meets needs identified by end-users

In addition to the above criteria, the IT Department monitors and updates MTS' systems monthly via staff feedback from surveys and by trending data from the IT Help Desk application to identify persistent technology issues to ensure optimal performance and data integrity. A global overview of the Information System is a component of the annual STP (*Figure 2.1-1*). Regular analysis of help desk data and feedback from end users has led to the development of more intuitive, user-friendly software across the organization. Examples of this are the tissue screening calculator and online schedules, developed in collaboration with Donor Services staff and clinical directors to ensure partner and customer service and efficiency for staff. These tools and other findings have been shared with other OPOs through conference calls and online demonstrations.

4.2b(5) Multiple layers of redundancy are deployed within the MTS IT infrastructure to ensure continued availability of technology resources in the event of an emergency:

- Short-term: Uninterruptible Power Supplies (UPS) protect

all network switches, servers, and phones, providing consistent service of all key computer hardware, software, and data.

- Intermediate-term: To retain system viability in the face of a power outage, a generator system protects all critical computer services listed above as well as the clinical procedure rooms, refrigerated and frozen supply and product storage areas, and the Donor Services work areas.
- Long-term: A full remote disaster recovery site replicates all key systems from the MTS datacenter in St. Louis, Missouri to a remote site, based in Denver, Colorado. In the event of a major power loss or disaster, the remote site is powered up and key staff may continue to work via VPN access.

Category 5 - Workforce

"MTS' Innovations are providing better quality tissue, and that means more vision-saving corneal transplants for my patients."

Dr. Sean Edelman
Corneal Transplant Surgeon, Customer

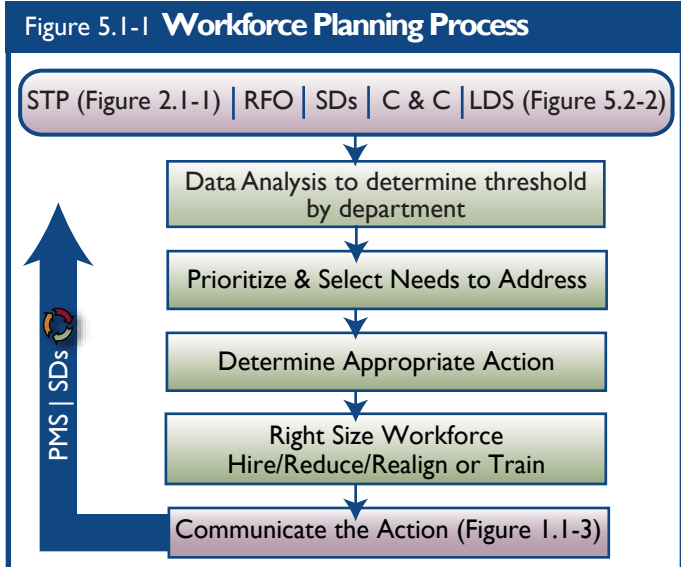
5.1 Workforce Environment

5.1a Workforce Capability and Capacity

5.1a(1) Workforce capability and capacity is assessed through the Workforce Planning Process (*Figure 5.1-1*). In recent years, the Workforce Planning Process has experienced learning and strategic improvement, including the adoption of quarterly capability and capacity (C&C) meetings. This innovation enables MTS to have systematic strategic discussions (SDs) ensuring the mission-driven workforce(CC) can address business, market, and regulatory opportunities.

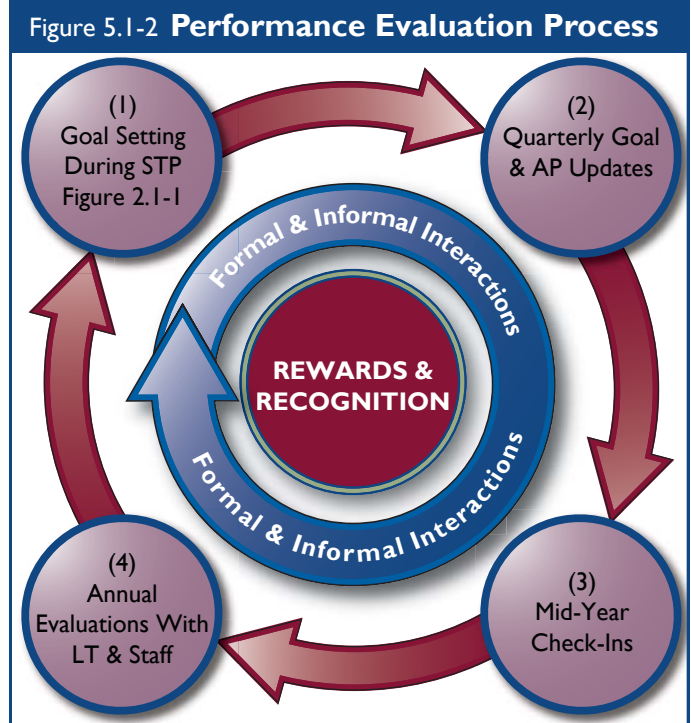
Through learning and strategic improvement, the organization has identified the skills and competencies that are needed to successfully perform each role within the organization. To better define capability, the necessary skills are identified in job descriptions and the competencies are monitored through the Performance Evaluation Process (PEP) (*Figure 5.1-2*). MTS continually evaluates the need for new competencies through multiple input mechanisms, including the Strategic Thinking Process (*Figure 2.1-1*), Rounding for Outcomes (RFO), the Learning and Development System (LDS) (*Figure 5.2-2*), and Capability and Capacity (C&C) meetings. For example, as a learning and strategic improvement, and as a result of transplant center feedback, organ clinical staff underwent training and competency assessments to ensure adequate skills to assist with kidney dissection and organ biopsies. The need for this new competency is now reflected in a 2015 action plan (AP). In addition, the need for various certifications is discussed during the Hiring Process (*Figure 5.1-3*) as a condition of employment, if applicable, and is included in the job description for the role. After the employee is hired, the certification requirements are discussed during RFO sessions and documented in the employees' personal development goals.

MTS systematically assesses staffing levels by soliciting feedback through monthly RFOs, ongoing strategic



discussions (SD) at work system meetings, Leadership Team (LT) meetings, Executive Leadership Team (ELT) meetings, C&C discussions, and through the use of forecasting in the Strategic Thinking Process (STP) (Figure 2.1-1). The STP assists with projecting potential staffing needs one to three years into the future, ensuring a right-sized workforce for the organization. As an example, in previous years, registered nurse (RN) retention was a strategic challenge (SC). During an SD, one of the contributing factors to the high turnover was identified to be poor work-life balance, which was significantly impacted by the length of organ donor cases. Analysis of case time indicated that the initial portion of the organ donor evaluation did not require a nursing skill set. As a result, MTS created a new position to minimize the total case time for the RNs (AOS). Existing workforce members had the capability for these jobs and several team members transitioned to the new positions. This approach was financially favorable to MTS and ultimately improved RN retention (Figure 7.3.2).

5.1a(2) MTS utilizes the Hiring Process (Figure 5.1-3) to recruit, hire, place, and retain new workforce members. As evidenced through a multi-year employee survey process, MTS' mission is a key factor of staff engagement, satisfaction, and retention. Therefore, hiring right-fit talent for MTS begins prior to employment by ensuring that the MTS culture is clear to all applicants (Figure 5.1-3, Phase 1). As a learning and strategic improvement, and as a result of Baldrige feedback, MTS has modified its external recruiting practices. These modifications ensure that the workforce represents the diverse cultures of the community by utilizing diverse recruiting methods including local community colleges and universities, and social media outlets such as Facebook, Twitter, LinkedIn, and Careerbuilder. Donor family members and recipients are also considered for appropriate positions within the organization. These individuals reflect the thinking of the organization's key communities by already possessing a strong connection to the MTS mission. As an example, a donor father was hired in an effort to increase authorization for donation within the African American community. As a donor father, he is able to share his personal experience with potential donor families with the hope that his story will aid them in their



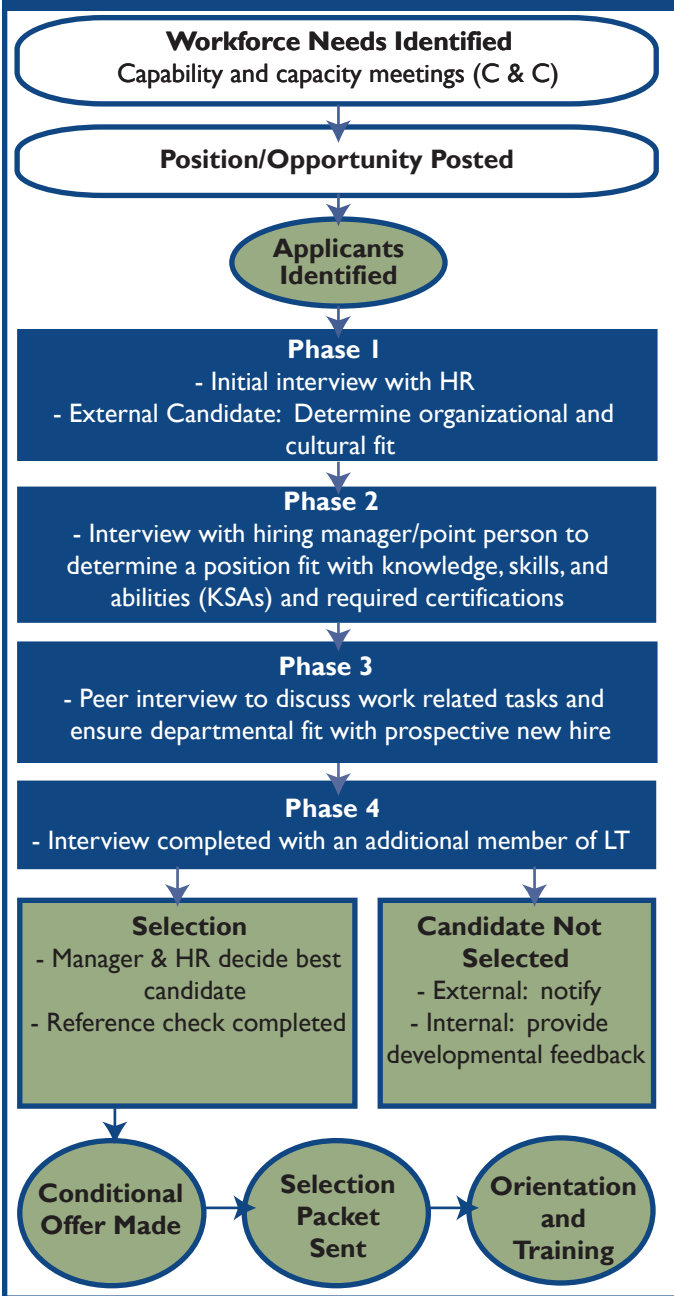
donation decision.

5.1a(3) MTS organizes and manages its workforce at the individual, key process, and work system levels as seen in Work System Alignment (Figure 2.1-2) through systematic cascading of goals/scorecards (Figure 5.1-4). The LT provides work system oversight and strategic direction through the Leadership System (LS) (Figure 1.1-1), which serves as the foundation for key decision making. Key work process alignment and systematic cascading of organizational goals leverages the core competencies (CCs) of a mission-driven workforce and innovation, and are paramount in accomplishing the work of the organization.

Systematic cascading of goals/scorecards (Figure 5.1-4) reinforces a customer and business focus. The reinforcement of customer and business needs is a priority for MTS and is managed by the LS, which incorporates approaches for creating the environment, operationalizing the strategy, and monitoring the organization's performance. This approach begins with the Hiring Process (Figure 5.1-3), which ensures the best candidates are hired and fit with the MTS culture of a mission-driven and innovative workforce (CCs). The integration of the LDS (Figure 5.2-2) with the LS reinforces the V/M/V and provides training for performing daily tasks and meeting customer needs. Supported by the Four A's philosophy, workforce members are empowered to make decisions in the prompt resolution of customer concerns. These efforts lead to employee satisfaction and competence in the delivery of superior service and allows the organization to meet and exceed customer satisfaction and to strengthen loyalty (AOS).

The STP (Figure 2.1-1) creates focus, establishes priorities, and sets expectations for the work of the organization while ongoing performance is monitored through the Performance Measurement System (PMS) (Figure 4.1-1) and the PEP (Figure 5.1-2). Performance expectations are reinforced through SDs, RFO, and the PEP. Organizational goal

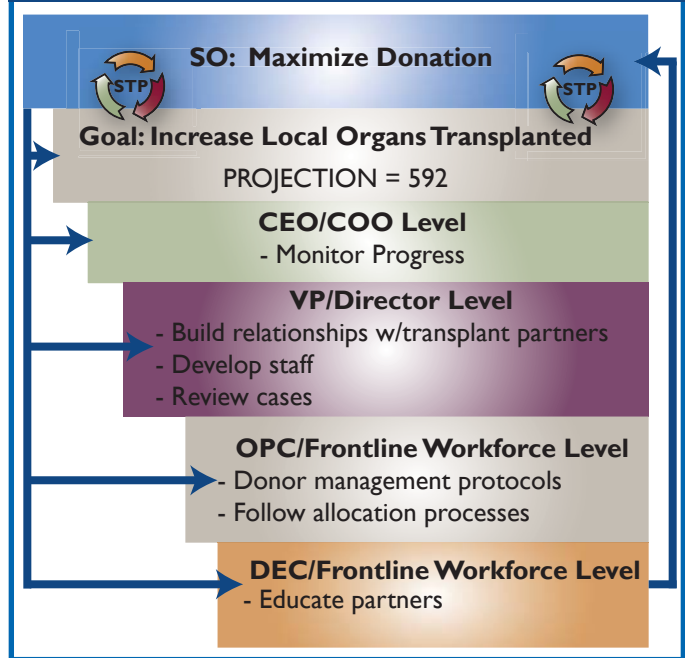
Figure 5.1-3 Hiring Process



ranges are established to define how employees can exceed expectations. Ongoing discussions are supported through a web-based PEP system that uses measures and targets for APs to create an awareness of how each member of the workforce can exceed expectations and subsequently be rewarded through multiple mechanisms, including SLS (Figure 5.2-1). Organizational transparency and accountability are ensured through the web-based system that allows each member of the workforce to monitor anyone’s progress against goals.

5.1a(4) MTS prepares the workforce for changes in C&C needs through the Workforce Planning Process (Figure 5.1-1). Information about changing C&C requirements and needs, including workforce growth, is gathered through several methods including C&C meetings and RFO. Organizational changes are conveyed by the LT to the workforce through the Communication Process (Figure 1.1-3). Through the

Figure 5.1-4 Examples of Cascading Goals



Workforce Planning Process, MTS manages the needs of the workforce and the organization, ensures continuity, prevents workforce reductions, and considers periods of growth. Additionally, through strategic learning and improvement, the Hiring Process (Figure 5.1-3) supports continuity by encouraging promotion from within as well as cross-training for applicable roles, whenever possible. Should a workforce reduction, period of growth, or change in organizational structure or work system be required, qualitative or quantitative information from the PMS (Figure 4.1-1) would be utilized to conduct a series of SDs to determine appropriate action. Such action might include recruitment, contingency planning for remaining staff, or potential reassignment or exit strategy for affected staff.

5.1b Workforce Climate

5.1b(1) MTS systematically assesses workplace environmental factors to ensure and improve workforce health by utilizing a comprehensive wellness program as shown in Workplace Environment (Figure 5.1-5). Components of this comprehensive wellness program include: exceptional health insurance packages, no-cost wellness screenings, annual no-cost flu shots, 24/7 access to an employee assistance program, optional hepatitis vaccines, and various other health and educational opportunities. These programs encourage employees to become more proactive in improving their overall health.

To ensure and improve workforce security, MTS maintains a safe facility complete with automatic locking doors and 24/7 video surveillance. MTS badges are required for entry into all the work areas of the facility with levels of restriction based on job function. To ensure a secure workplace environment, MTS policy requires all visitors to sign in and be escorted by an MTS employee through the building. Through learning and strategic improvement, MTS now contracts with two St. Louis city police officers to evaluate facility security and the existing Emergency Response Plan (ERP). To ensure

Figure 5.1-5 Workplace Environment

Factors	Measures	Results
Health	EAP	AOS
	Fitbit Wellness Initiative	AOS
	Flu Shots	7.3-5
	OSHA Compliance	7.3-7
	Wellness Screenings	7.3-5
Security	Limited access by job function	AOS
	ERP	AOS
	Training	AOS
Accessibility	ADA compliant	AOS
	EEOC compliant	AOS
	IT resources	AOS

workplace security for employees who perform work in different workplace environments, including at area hospitals, employees are required to review and adhere to that site’s unique security measures. MTS has taken additional measures to ensure the security of our workforce by offering pepper spray to all clinical staff and funding a taxi service to transport employees off site.

MTS ensures workplace accessibility by maintaining an ADA compliant facility with handicap entrance options. Moreover, MTS is an Equal Opportunity Employer and maintains realistic and flexible expectations regarding attitudinal accessibility, recognizing the importance of reasonable accommodations. To guarantee technological workplace accessibility, all employees are provided IT training to ensure understanding of the intricate IT systems.

A sample listing of performance measures and the associated improvement goals for workforce health, security, and workplace accessibility can be found in Workplace Environment, *Figure 5.1-5*, and Workforce Preparedness, *Figure 7.3-6*. These performance measures are designed to provide a work environment conducive to supporting the MTS workforce to accomplish the mission. As an example, the clinical nature of the Organ Procurement Coordinator position may potentially expose staff to radiation from CT and X-Ray technologies which is a workplace health concern; the correlating performance measure is that exposure levels are closely monitored and are well below the maximum allowed threshold of 5,000 mREM/employee (*Figure 7.3-8*).

5.1b(2) Focusing on the core competency of a mission-driven staff, MTS maintains a workforce philosophy of: “We take care of ‘Our People’ so they can take care of others.” The workforce services, benefits, and policies are validated in the annual employee survey process. MTS has many services as a part of their wellness initiative that are available to all employees including: health assessments, flu shots, a health coach, voluntary smoking cessation programs, optional flexible scheduling, Fitbit challenge, and an employee assistance program also available to family members.

MTS supports its workforce by providing a comprehensive benefit package to all full-time employees including three medical plan options, as well as dental and vision plans on a tiered cost platform. Employees have the opportunity to select the best plan to meet their medical and financial needs. MTS also provides the workforce access to supplemental insurance

benefits including: accident, cancer, short-term disability, legal, term-life with a long-term care rider, and cafeteria plans.

The organizational policies that support the workforce include, a generous paid time off (PTO) plan, emergency medical bank (EMB) plan, paid holidays, tuition assistance, and an organization-wide incentive plan (SLS). Benefits with financial impacts, including the SLS plan, may vary based upon staff type, length of service, and performance. In order to meet the needs of a diverse workforce, MTS offers multiple plan options and distinctions within the services, benefits, and policies dependent on workforce demographics, such as: job function, FLSA status, tenure, and performance.

Through learning and strategic improvement, and as a result of staff feedback, MTS identified that the key workforce benefits include: medical insurance options, 401(k) plan, and the SLS incentive plan. Employees were asked in 2014, “Compared to similar organizations in the community, I am satisfied with my benefit package;” 94% of staff agreed (*Figures 7.3-15*). Health benefits and the 401(k) plan, reviewed annually, are identified by staff as one of the Key Workforce Climate Factors (*Figures 5.1-6*) and are proven to be one of the key factors in job satisfaction and retention (*Figures 7.3-14 & 7.3-13*).

5.2 Workforce Engagement
5.2a Workforce Engagement and Performance

5.2a(1) The LS (*Figure 1.1-1*), PMS (*Figure 4.1-1*), STP (*Figure 2.1-1*), and V/M/V foster an organizational culture characterized by open communication, high performance, and an engaged workforce that provides quality care and service to the customers. As a component of the Communication Process (*Figure 1.1-3*), RFO fosters open communication. The effectiveness of the various communication methods is validated in (*Figure 7.4-1*). The RFO questions include:

Figure 5.1-6 Key Workforce Climate Factors

Services
<ul style="list-style-type: none"> Wellness program including wellness screenings, flu shots, health coach, Fitbit initiative, and voluntary smoking cessation program Flexible scheduling
Benefits
<ul style="list-style-type: none"> Comprehensive medical, dental, and vision insurance available on a tiered or no cost option to full-time employees Low cost option available for dependents 401K with matching up to 5% Additional employer 401K contribution of 9% Optional benefits including cancer, accident, short-term disability, legal, and term life with long-term care rider Sharing Lifesaving Success Employee Assistance Program (EAP)
Policies
<ul style="list-style-type: none"> Paid time off Emergency medical bank Holidays Tuition reimbursement

“What is working well for you today?” or “What do you need from me?” Through learning and strategic improvement and Baldrige feedback, a Stoplight Report (AOS) was designed to communicate progress openly to the entire organization as a part of staff meeting; this serves as a feedback loop to staff and possible input into the Innovation and Improvement Process (IIP)(*Figure 6.1-2*).

The STP (*Figure 2.1-1*) and PMS (*Figure 4.1-1*) provides the foundation for a culture of high performance. The PMS engages both leaders and employees in defining high performance work, which is documented through the PEP. Employee performance and success is evaluated based on completion of APs and achievement of specific goals, that align with the SOs. The LT regularly acknowledges success and subsequently raises standards to drive a high performance workforce through the Rewards and Recognition program (*Figure 5.2-1*). Organizational and individual work is also recognized through the SLS plan. RFO also encourages high performance and achievement of goals through monthly goal review. High performance across the organization is further supported by RFO, with the opportunity for all staff to recognize the performance of their peers.

MTS fosters an engaged workforce through V/M/V (*Figure 7.3-11*). Through staff feedback, MTS learned how powerful the connection to the mission is for the employees. To reinforce MTS’ cultural message, donor families and recipients periodically attend staff meetings and share their heartfelt stories. These powerful stories allow MTS to put a face to the mission, while motivating, inspiring, and engaging the staff. These touching and true testimonies are why the MTS workforce works so hard to fulfill its mission. The Communication Process (*Figure 1.1-3*) and IIP (*Figure 6.1-2*) engage the MTS workforce to share ideas and ensures that the organization benefits from the diverse ideas, culture and thinking of the workforce to support the organizational culture.

The MTS workforce is empowered to make decisions and take action to achieve individual and organizational success through transparent communication, specifically the PMS and the PEP. Leveraging its mission-driven staff (CC), MTS ensures the right staff member is placed in the right job with the right training, empowering the workforce to provide

superior customer service (including resolution of complaints) resulting in customer loyalty and engagement (*Figure 7.2-6*). Based on feedback obtained from employee surveys, the LT continues to recognize that when staff members understand their connection to the mission (*Figure 7.3-11*), they are more motivated about their work goals and the overall business results.

5.2a(2) Key drivers of workforce engagement are determined through customized surveys developed by Avatar HR Solutions Inc. The employee survey is validated through annual staff focus group reviews of engagement elements that are included in the survey. As a result of learning and strategic improvement, this staff focus group is representative of all workforce segments ensuring validation of engagement drivers for all workforce segments. The survey is administered to staff and includes questions to address each driver of workforce engagement validated in the staff focus group process. All workforce segments (*Figure P.1-4*) indicate the overarching reasons for working at MTS are the mission, relationships with co-workers, and benefits.

5.2a(3) MTS assesses workforce engagement through the Workforce Survey Process (AOS). Through learning and strategic improvement, the survey has gone from an internally tabulated questionnaire regarding culture and benefits, to an externally developed process that includes national benchmarks and provides input into the STP (*Figure 2.1-1*). The 2014 annual employee survey validated one of MTS’ core competencies (CCs) of a mission-driven workforce. (*Figure 7.3-11 & Figure 7.3-12*). To assess engagement there are several formal assessment methods including the annual survey and RFO; informal assessments include an open door practice and stay interviews (*Figure 4.2-1*). These varied interactions enable the organization to assess workforce engagement on an ongoing basis. MTS stratifies and reviews the survey data by workforce segments to understand how or if the results differ across workforce groups. MTS’ method and measures for assessing workforce engagement do not differ for workforce groups and segments.

Workforce retention is measured on the Topline Scorecard and has remained consistently high since 2012 (*Figure 7.3-13*). MTS has learned that a fully engaged employee will want to remain a team member of MTS, demonstrated by the numerous years of tenure of some staff members. Absenteeism is not monitored as an organizational metric, but is monitored on a case by case basis. A formal grievance policy has not been created at the advice of legal counsel. When asked on the most recent employee survey, 86% of staff felt the organization does enough to protect their safety. This score is higher than the national norm of 77% (AOS). Productivity is monitored through the accomplishment of APs through the PEP and PMS (*Figure 7.4-12*) and is measured via Gross Revenue per FTE (AOS). Productivity of the workforce is acknowledged through the Rewards and Recognition program (*Figure 5.2-1*).

5.2a(4) The workforce performance management system supports high performance and engagement of the workforce through its fully deployed PEP (*Figure 5.1-2*) which has undergone learning and strategic improvement. The PEP consists of several layers that are structured and systematic:

Figure 5.2-1 Rewards and Recognition

★	Given by LT	Given by Staff	Reward/Recognition		
			Organization Wide	Departmental	Individual
★			✓		✓
★			✓	✓	✓
★			✓	✓	✓
★	★		✓	✓	✓
★			✓		✓
★	★		✓	✓	✓
★	★		✓	✓	✓

1) goal-setting in STP, 2) goal updates, 3) mid-year check-ins, and 4) annual performance evaluations. Formal and informal interactions (meetings, on-the-spot coaching, etc.), and rewards and recognition occur on an ongoing basis. Utilizing the STP as the foundation, APs are created utilizing staff input, to support high performance in the accomplishment of organizational goals which ultimately drive the achievement of the SOs. These goals are aligned with the V/M/V of the organization (a key factor for workforce engagement), and cascaded to the workforce with their input included. Managers are able to analyze performance review scores and track goals and AP progress in real-time. The PEP is designed to ensure transparency across the organization; in turn, each evaluation tool includes results on organizational and individual goals, demonstration of core values, and personal development plans.

While staff members indicate the mission, coworkers, and benefits as the three key job satisfiers, MTS recognizes the importance of compensation and Rewards and Recognition (Figure 5.2-1). The organization's compensation system establishes competitive salary ranges and a merit-based pay increase system to reward staff for achievement of their goals and demonstration of the core values. MTS has a strong commitment to maintaining market-based salaries and works annually with an external consultant to determine necessary market adjustments. The organization's reward and recognition program includes a program that allows employees to recognize one another; the SLS incentive program designed to recognize employees' contributions to MTS' success; and accomplishment of organizational goals, and various other personalized recognition opportunities.

The MTS culture and V/M/V reinforces intelligent risk taking to achieve innovation. Exploration of innovation is managed via the IIP, including use of Innovation Teams. APs associated with an intelligent risk are evaluated via the PEP (Figure 5.1-2) and support innovation (CC/core value). The PEP, via the LDS (Figure 5.2-2), evaluates effectiveness, identifies learning and development needs, and serves as a direct input to the PMS (Figure 4.1-1). The information from the PEP is used throughout the year in ongoing SDs. MTS' customer and business focus, and the achievement of APs, are guided by the PMS and reinforced by the PEP. This allows the organization to ensure that all goals and targets are closely monitored and accountability is achieved.

5.2b Workforce and Leader Development

5.2b(1) MTS' LDS (Figure 5.2-2) begins with orientating mission-driven staff members, ensuring alignment with the organizational culture to support the organization's needs as well as the personal development of the workforce. To achieve the V/M/V and sustain its CC of a mission-driven workforce, MTS focuses on the continual development of its staff and Leadership Team, beginning with new employee orientation. As a result of learning and strategic improvement, new employee orientation is now offered in two phases: Introduction and Passport to Excellence. During the Introduction phase, new hires are introduced to the MTS culture and complete onboarding activities to create understanding of the organization's needs. The Passport to Excellence is offered quarterly as an extension of new employee orientation. This comprehensive, 8-hour

program highlights key organizational elements, such as an in-depth review of the V/M/V and the organization's performance improvement journey and its intentional use of the Baldrige criteria as its business model. The utilization of a training and development goal in the PEP allows staff and leaders to collaboratively identify training and development needs based on strengths and opportunities for the individual and to enhance the organization's capability for goal accomplishment. Through RFO, ongoing training and development needs are self-identified by staff as well as leaders (Figure 7-3.16). Strategic improvement and learning from manager feedback has resulted in a systematic training program for all LT in 2015, which will include a leadership curriculum designed to optimize leadership performance.

The priorities of the workforce LDS (Figure 5.2-2) are evaluated annually and aligned with the SOs, SCs, APs (short and long-term), and goals to ensure support of organizational needs. As an example, an AP was initiated to implement a web-based performance management system. The complexity of the software required a two-year AP, including implementation and incorporation of future models of the software and a training component. The successful completion of this AP resulted in the entire workforce having 24/7 access to monitor the status of all organizational and individual goals, while at the same time promoting transparency across the organization.

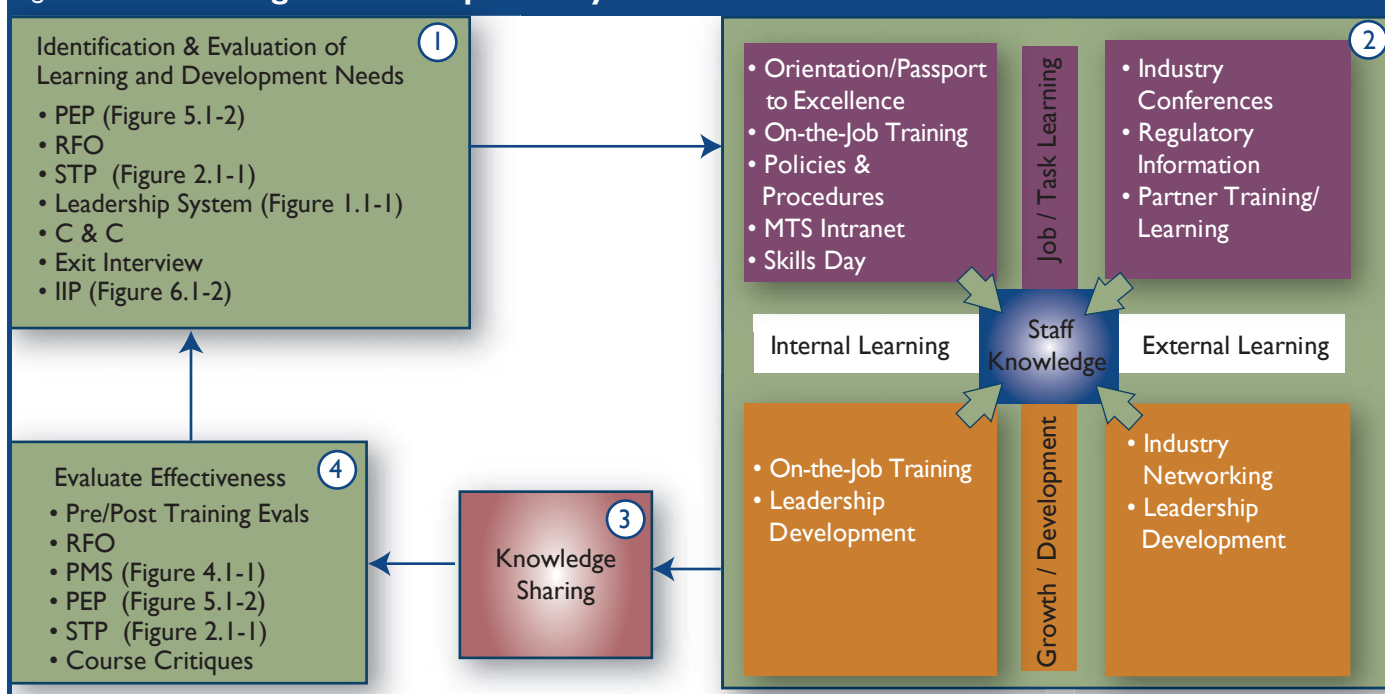
Organizational performance improvement, organizational change, and innovation are driven from the STP through the LS (Figure 1.1-1) and the Organizational Structure (Figure 1.1-4) to the employee level where it is reinforced by the PMS (Figure 4.1-1) and managed through the IIP (Figure 6.1-2). MTS deploys a systematic leadership curriculum to all LT members which is reviewed annually. New LT members are provided with internal training to assist with cultural integration and share organizational knowledge. Additionally, new leaders complete a leadership training session with the Studer group and leadership training that includes coaching, managing performance, behavioral interviewing, and developing decision making skills.

To support ethics and ethical business practices, annual policy training includes review of the Conflict of Interest Policy, Code of Professional Conduct, Corporate Compliance Training, and ongoing procedure compliance. The MTS workforce is educated on the organization's legal and regulatory requirements through mandatory training. Corporate Compliance Program (CCP) (Figure 1.1-2) training is conducted during new employee orientation and the CCP policy competency is assessed annually thereafter; CCP training encourages the reporting of suspected breaches of policy violations or unethical practices.

To perpetuate and improve the customer focus of the organization, MTS trains all new employees during orientation on the organization's customer complaint philosophy, the Four A's, to ensure superior customer service. MTS utilizes donor family or recipient volunteers multiple times throughout the year to reinforce the mission of the organization at all-staff meetings and events.

To ensure the transfer of knowledge from departing or retiring workforce members, LT members are responsible for gathering knowledge and information pertinent to the

Figure 5.2-2 Learning and Development System



work system and to identify workforce members to receive the knowledge sharing. Voluntarily departing members of the workforce complete an exit interview questionnaire and discuss their feedback with the COO. The COO closes the loop by transferring knowledge from the exit interview; the COO systematically shares this information with the departing employee’s manager and HR. Employees who transition internally complete a survey to capture their knowledge which is shared with HR and former/current managers. In the event that the information acquired could be used to stimulate organizational improvement, it would be discussed at the work system C&C meetings and possibly integrated into the IIP (Figure 6.1-2). Furthermore, exit interview feedback is aggregated and used for input for further planning at the STP and inclusion into the LDS (Figure 5.2-2). To minimize the loss of organizational knowledge, MTS utilizes customer management software (CRM) to capture relevant customer and partner information.

As a component of the LDS (Figure 5.2-2), MTS reinforces new knowledge and on-the-job skills through ongoing competency testing, work system dialogue, bringing in subject matter experts for training, and via MTS’ Communication Process (Figure 1.1-3). Knowledge sharing is also a component of the LDS.

5.2b(2) Learning and development are critical components to staff success, which in turn drives organizational sustainability and supports the CC of a mission-driven workforce. Through review and incorporation of Baldrige feedback, MTS refines the effectiveness of the LDS (Figure 5.2-2). A key MTS staff engagement dimension from the 2014 employee survey, overall training satisfaction, scored 85% favorable with MTS staff (Figure 7.3-16). HR evaluates the effectiveness of training by conducting evaluations of internal and external opportunities at the organization, work system, and department levels, affording the workforce the

opportunity to provide feedback about the training they received and also identify any subsequent training needs of interest that will support the mission. Depending on the nature of the training, learning as a result of training is linked to an outcome measured in the goal plan for each employee. As a result of learning and strategic improvement, and as a result of staff survey feedback, staff members who attend training off site are asked to share the information they learned at their department meeting, work system, or LT meeting to help other team members gain insight from the training.

5.2b(3) At MTS, most job and career-related progression involves job enhancement opportunities within the organization. Due to the organization’s size and structure, career enhancement is often supported in horizontal transitions to different roles. Over half of the workforce is in a different position today than originally hired for, and many of those have transitioned multiple times. By supporting the workforce’s knowledge and skills through certifications, courses, and seminars, MTS ensures staff members have diverse skill sets that can be utilized across the organization. This provides the opportunity to increase workforce satisfaction and engagement by offering staff members new opportunities. The PEP helps MTS to identify high performers who can utilize their skills, knowledge, and abilities in various ways.

The LDS prepares the MTS workforce for replacement and succession planning. The succession plan is reviewed annually through the STP (Figure 2.1-1, Step 5) and modified as needed by the HR Director, the COO, and each LT member; the plan covers a 2 to 12 month time period to provide strategy for short-term coverage for each LT position. The LT succession plan focuses on the development of current leaders positioned to take on additional responsibilities, and emerging leaders who could serve as the next generation of MTS leadership. The identification of emerging leaders includes a

review of skill sets required in leadership positions. Through learning and strategic improvement, development needs of identified emerging leaders are now incorporated within the training and development plan as part of the employee's PEP. MTS consistently applies the succession plan when LT members leave the organization.

Category 6 - Operations

"Organ donation and transplantation is a miracle. I once heard someone define a miracle as an event which leaves you with an abiding sense of astonishment. It always, each and every time, strikes you as being astonishing."

Dr. Joel Cooper, Transplant Surgeon, Customer

6.1 Work Processes

6.1a Product and Process Design

6.1a(1) MTS' key service is the facilitation of organ and tissue donation (*Figure 2.1-2*), a service provided to their customers in collaboration with key partners (*Figure P.1-6*), which is achieved through key processes and delivery of their key requirements as outlined in *Figure 6.1-3*. Key work processes include Referral Management, Authorization, and Clinical Procurement. Key work product and process requirements are determined through a variety of listening and learning methods via the Voice of the Customer (VOC), *Figure 3.1-1*, including formal and informal surveys, feedback reports, and informal interactions. The product and process requirement analysis and discussion starts in the Strategic Thinking Process (STP) (*Figure 2.1-1, Step 8*) and continues during the year in ongoing SDs and throughout the Operational Management Process (OMP) (*Figure 6.1-1*). For example, it was determined through survey data feedback, that referring physicians from MTS' donor hospital partners did not feel prepared for their involvement in organ donor cases. This requirement for information was taken to the Critical Care Task Force and a tool was developed utilizing their input. An information card is now distributed to physicians and nurses caring for potential organ donors to help prepare them for their involvement.

6.1a(2) The OMP (*Figure 6.1-1*) demonstrates the methods used to design and construct key work processes. This ensures key requirements driving work processes are analyzed, reviewed, and translated into priorities during the Strategic Thinking Process (STP) and continuing throughout the year during ongoing strategic discussions (SDs) and operational discussions (ODs). *Figure 6.1-3* defines the key work processes of the organization: Referral Management, Authorization and Clinical Procurement. These key work processes drive the organization's strategic objectives (SOs) and ultimately provide organs and tissues for transplant, thereby fulfilling the needs and requirements of the key customers and driving organizational sustainability.

Incorporation of organizational knowledge, new technology, product excellence, and agility is also accomplished through the OMP and Step 4 of the Learning and Development System (LDS) (*Figure 5.2-2*). Both the OMP and the LDS are

integral inputs into the STP which drives ODs, data analysis, real-time decision making, and improvement and innovation (CC) to ensure customer value. As an example, organ-clinical operations staff routinely encountered reticence on the part of area cardiologists to complete timely cardiac catheterizations to expedite cardiac evaluation. Delays in the completion of the procedure risked loss of donated organ gifts and created unnecessary delays for the transplant centers. Identification of this issue occurred during SDs and Organ Operations meetings, leading to the development of internal capabilities that resulted in MTS being the first OPO in the nation to have a cardiac catheterization lab on site. This innovation (CC) was a direct result of MTS' engaged workforce using the STP, OMP, IIP, and the Performance Measurement System (PMS) (*Figures 2.1-1, 6.1-1, 6.1-2, & 4.1-1*) to assess performance, look for improvements, and deploy appropriate solutions to meet customer needs.

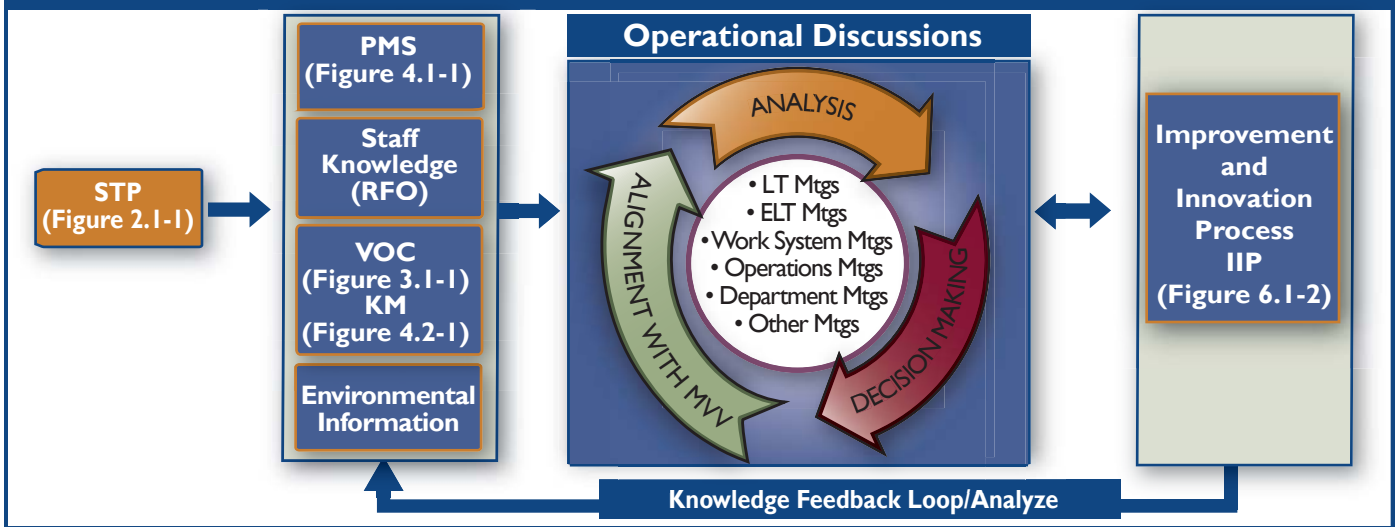
6.1b Process Management

6.1b(1) The OMP drives work processes through multiple inputs including the STP, PMS, staff knowledge, stakeholder and environmental information as well as outputs from the IIP. Within the OMP, the PMS (*Figure 4.1-1*) ensures key metric requirements are measured, analyzed, and benchmarked. Operational discussions also include analysis of metrics, evaluation of current action plans (APs) and process steps, and validation that current performance is meeting or trending to meet targets. As an example, during Organ Operations meetings a systematic review of selected organ cases is performed. During these multi-disciplinary reviews, MTS staff members assess achievement of the hospital process, authorization process, and the clinical process steps along with stakeholder feedback. This systematic review helps determine if process changes are indicated and provides an opportunity to share learning across the work system.

Key performance measures and in-process measures used for the control and improvement of work processes are outlined in *Figure 6.1-3*. These in-process measures drive increased performance and strict adherence to processes to ensure maximized outcomes and service. An extensive set of policies and procedures, incorporating key stakeholder input, defines the work required to accomplish the key work processes. Deviations to these processes are captured in the CAPA deviation system, analyzed for trend identification, and resolved. Action plans are deployed and work processes are modified, as indicated. Capitalizing on MTS' core competencies -- mission-driven staff and innovation -- is critical to the accomplishment of the key work processes. Ongoing evaluation of these key work process measures occurs through the PMS to ensure more lives are saved or changed. Alignment and integration of performance measures begins in the STP and continues through the OMP and the partnering process (AOS) to ensure all data and information needs are met to effectively manage performance outcomes. Key in-process and outcome measure selection drive and assess end product quality and performance.

6.1b(2) The OMP (*Figure 6.1-1*) demonstrates the process used to determine the key work system requirements to construct key support processes which include Laboratory Testing, Donor Chart Review and Release Process, Supply

Figure 6.1-1 Operational Management Process



and Equipment Management, Financial Management, HR Management, IT Management, Process Improvement and Quality Compliance Management. Day to day operation of the support processes' ability to meet key business support requirements is ensured by the OMP. Within the OMP, the PMS (Figure 4.1-1) ensures key metric requirements are measured, analyzed, benchmarked to drive associated action plans (APs). ODs also include analysis of metrics, evaluation of current APs and process steps, and validation that current performance is meeting or trending to meet targets. A Key Support Scorecard is reviewed at OWS/TWS to assess performance to projections for meeting key business requirements.

6.1b(3) Improvement of work processes, products (services) and performance is initiated through the OMP (Figure 6.1-1) by utilizing the PMS (Figure 4.1-1) and the STP (Figure 2.1-1) to identify improvement opportunities. The overarching approach to support work process and product improvements is the IIP (Figure 6.1-2). Through learning and strategic improvement, enhancements are initiated via a SharePoint PI solution, known as the PI Helpdesk, to ensure that changes and improvements in work processes are systematically documented and analyzed (including financial impact). This systematic review ensures minimal variability while increasing agility to accomplish the organization's mission to *save lives through excellence in organ and tissue donation*. As an example, the TWS staff developed a PDSA to test a modified donor prep procedure to minimize the bone contamination rate, a critical metric to ensure maximizing donation (SO) (Figure 7.1-24). Initial results showed improved outcomes, and the rigorous prep practice was incorporated into MTS' policies and procedures. Since 2010, MTS has had the lowest contamination rate of all AlloSource partners and the prep procedure was identified as a best practice. MTS has trained other OPOs on the procedure. Improvements in work processes to enhance the mission-driven staff and innovation (CCs) are also part of the OMP; staff input and IIP outputs may serve as inputs into the OMP ensuring a multifaceted and systematic analysis and discussion of product and process improvements.

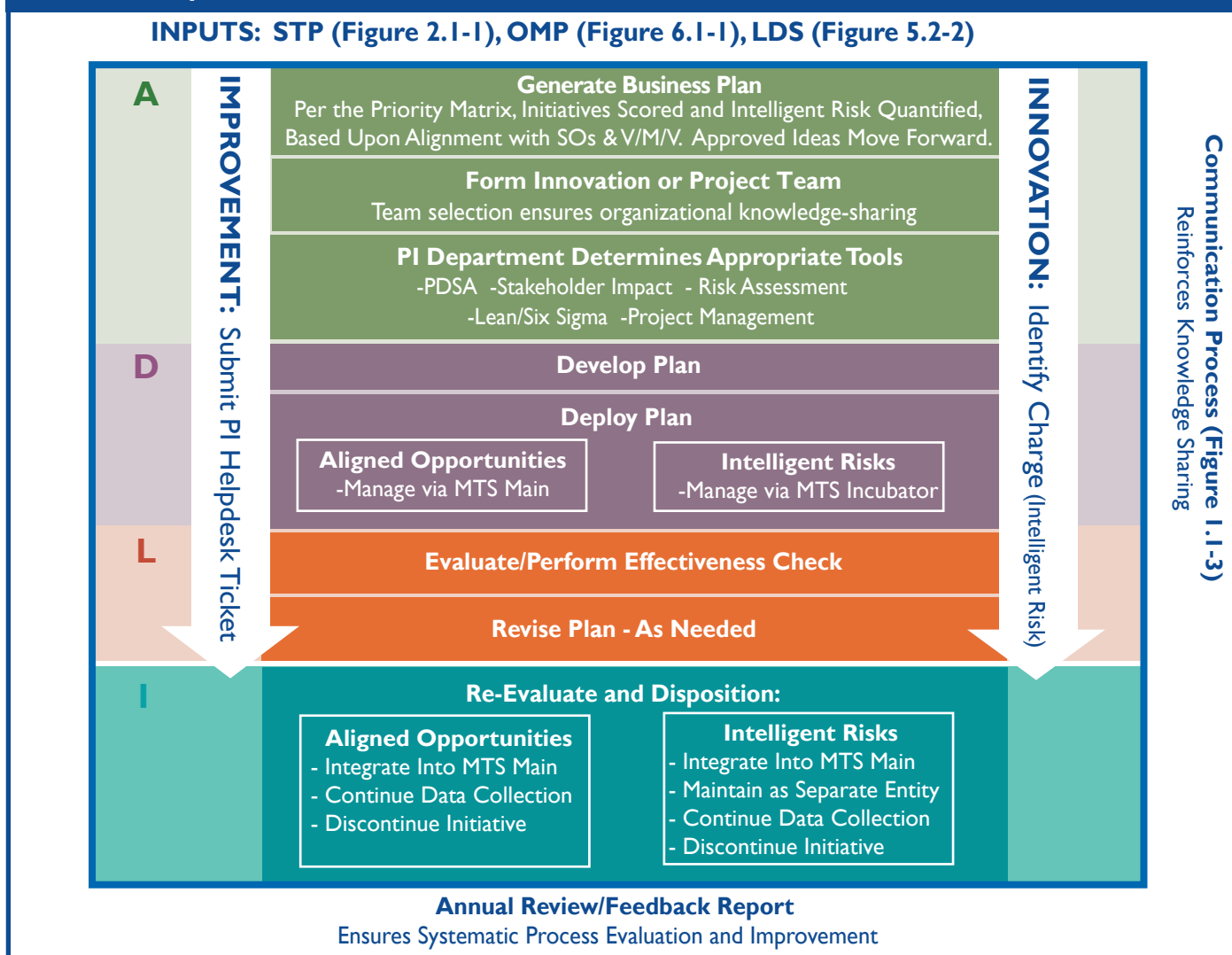
6.1c Innovation Management

Innovation is a core value and CC at MTS and is embedded in the culture from the governance level with a Board of Directors vested in intelligent risk taking through the mission-driven workforce. Innovation is initiated and managed through the IIP (Figure 6.1-2), which is an integral part of the OMP, LDS and the STP. Innovation discussions can originate in the STP, OMP and/or LDS and a business plan is developed. Plans are prioritized via SDs at LT meetings. An innovation team may be formed and is comprised of staff members from departments across the organization and is led by PI. During Innovation team meetings the team utilizes various performance improvement tools and data analysis from the PMS to develop new processes to test and implement. Plans are assessed for alignment with V/M/V and may be deployed through either Operations or if determined to be Intelligent Risks, they are deployed into the MTS Incubator. Deployment and integration of plans include effectiveness checks and re-evaluation as needed. The Communication Process (Figure 1.1-3) is used to report Innovation Team progress to the LT and staff.

Pursuit of a strategic opportunity would be assessed in SDs (Figure 2.1-1, Step 8). The Priority Matrix, which is embedded in the IIP, is used to make decisions about which specific opportunities are determined to be intelligent risks. The scope, schedule, and needed resources, including financial resources, are validated at the LT meetings via the Priority Matrix. Financial and other resources are made available through a robust budgeting process and multiple financial analysis tools, including financial projections and pro forma. Quarterly C&C meetings assess capability and capacity resource availability. The SA of financial stability positions the organization to actively pursue innovative ideas and intelligent risk taking.

Decisions to discontinue pursuing opportunities at the appropriate time are evaluated through the IIP. The Effectiveness Check and Priority Matrix, key components of the IIP, allows for a systematic review of current projects as well as proposed projects, and ensures the agility to enhance support for higher-priority opportunities. As an example,

Figure 6.1-2 Improvement & Innovation Process



MTS was approached by Roswell Park Cancer Institute to collaborate with other OPOs in providing tissues for a research project. The scope of the project was systematically evaluated and analyzed for financial and capacity implications, and alignment with SOs and mission. During the training period, it was determined the required resources were more than the negotiated contracts specified. MTS made the decision to discontinue pursuit of this opportunity due to capacity resources as well as placing a higher priority on transplantable tissue procurements.

6.2 Operational Effectiveness

6.2a Process Efficiency and Effectiveness

Overall costs of the operations, cycle time, productivity, efficiency and effectiveness factors are assessed through the OMP, which includes inputs from the PMS. MTS controls the overall cost of operations through efficiency and innovation gained by quarterly Capability and Capacity (C&C) meetings, Group Purchasing Organizations, Inventory Control, and IIP process mapping. These strategies include financial analysis such as an evaluation of budget, cost modeling, and return on investment (ROI), along with ongoing SDs (Figure 2.1-1, Step 8). An example of cost control is the development of MTS' in-house ORs, which incorporated customer feedback and has

resulted in-process efficiencies and substantial costs savings. These cost savings have impacted the charge structure, allowing MTS' organ acquisition costs (OACs) to be among the lowest in the Midwest (Figure 7.5-13). TWS efficiencies have allowed increases in donor volume that have not required additional staffing (Figure 7.3-3). The MTS medical director's real time involvement with tissue assessments has led to reductions in onsite deferrals.

Originating from the annual STP session, a well-defined audit calendar is established each year as part of an AP (Figure 2.1-1). Audits are conducted systematically and outcomes drive frequency and sample size, ensuring maximum effectiveness with minimal audit costs. MTS uses an internal quality report to communicate audit findings to the work system at monthly OWS/TWS meetings.

MTS exceeds industry standards by proactively seeking all voluntary accreditations (Figure P.1-5) and participating in accreditation councils. Accreditation inspections assist the organization with identifying possible gaps in practices that result in minimizing service errors, rework, and defects. Participation on the councils allows for sharing of information and best practices to proactively evaluate and improve operations. Input from mission-driven staff members (CC) during audit preparation meetings ensures that the

Figure 6.1-3 Key Work Processes

Key Work Process	Referral Management		Authorization		Clinical Procurement	
	OWS	TWS	OWS	TWS	OWS	TWS
Work System Alignment	OWS	TWS	OWS	TWS	OWS	TWS
Key Requirements	Hospital Partner Satisfaction: OWS (7.1-1A)	Hospital Partner Satisfaction: TWS (7.1-2A)	Referrals	Referrals	Organ Donors	Tissue Donors
In Process Measures	Missed Organ Referrals (7.1-17)	MTS Tissue Approach Rate (7.1-18)	Organ Conversion (7.1-19)	Tissue Authorization (7.1-20)	Donor Management Protocol Compliance (7.1-22) Organ Donor Cases In-house (7.1-23)	Bone No Growth Rates (7.1-24) Skin Yield (7.1-25) Cornea Transplantable Percentage (7.1-26)
Outcome Measures	Organ Referrals (7.1-1)	Tissue Referrals (7.1-2)	Local Organ Donors (7.1-3)	Total Tissue Donors (7.1-4)	Local Organs Transplanted (7.1-5)	Age Targeted Bone Donors Released (7.1-6) Skin Donors Released (7.1-7) Domestically Distributed Corneas by Population (7.1-8)
How Determined • Regulatory	CMS		CMS UNOS/ OPTN UAGA AOPO	UAGA AATB EBAA	VOC (3.1-1) UNOS/OPTN AOPO	VOC (3.1-1) AATB EBAA
• Improvement & Innovation	IIP (6.1-2) KM (4.2-1)		IIP (6.1-2) KM (4.2-1)		IIP (6.1-2) VOC (3.1-1)	

organization’s workforce contributes to process improvement opportunities.

To further maximize efficiency and cost control, MTS utilizes preventative measures to minimize warranty costs. Preventative maintenance contracts are established to ensure capital equipment is properly maintained to prevent unplanned, costly repairs. Group purchasing agreements are utilized to leverage economies of scale in order to negotiate reasonable prices for supplies and maintenance contracts. Additionally, prospective vendors are examined utilizing a vendor selection process. This process is implemented before establishing accounts, and new supply requests are evaluated and approved/denied at the director level via the Supply Requisition Process.

MTS employs comprehensive measures to maximize efficiency and ensure cost control can be balanced with customer needs. The work within the OMP, and the core value of innovation drives the organization to perform as efficiently as possible. The cost savings MTS realizes allows

for continued and increased funding of projects and events to ensure high levels of customer satisfaction.

6.2b Supply-Chain Management

In a non-traditional sense, the supply chain regarding the receipt of the donor referral from MTS’ hospital partners is the most critical supply chain event for the organization (*Figure 2.1-2*). The selection of non-traditional suppliers is pre-determined by the DSA. The ‘donor’ supply chain management entails a standardized identification and referral process at partner hospitals of all potential donors, ensuring operational needs are met (*Figure 7.1-1 & 7.1-2*).

After the initiation of the referral process, potential donor suitability is established and the potential donor’s family is approached for donation (*Figure P.1-2*). The donor referral system is developed collaboratively with hospital partners and the donation process begins with the donor entering the Organ and/or Tissue Work System. This referral process has undergone learning and strategic improvement. Hospital

partners initiate the referral; hospital performance is regularly tracked via metrics noted on the hospital Quarterly Dashboard report and in the Donor Program Development (DPD) scorecard. Poorly performing hospitals are identified via these metrics and subsequent APs are established to ensure improvement in outcomes. For instance, a donor hospital partner that utilized its staff to approach families for tissue donation had very low authorization outcomes. Several collaborative APs were implemented for improvement in 2010, yielding little to no increase in tissue authorization for the hospital approach. Through a PDSA, an on-site MTS requestor was tested to approach families for tissue donation on a single shift at a key hospital, eventually resulting in MTS coverage of tissue requesting 24/7 at one of the organization's largest referral sources, achieving authorization increases of over 30% at that institution (AOS) and is being replicated at an additional large trauma center.

MTS recognizes that collaborative relationships with traditional and key suppliers play an important role in enhancing organizational performance (*Figure P.1-6*). MTS manages its traditional supply chain with an online inventory management system. This system enables the organization to manage ordering, purchase orders, purchasing history, and supply expiration monitoring, which allows MTS to establish minimum inventory levels that take into account lead times and expiration dates. Through learning and strategic improvement suppliers are now selected through a vetting and qualification process using a vendor approval form and an ongoing vendor annual evaluation process. Additionally, a quarantine and release process for critical supplies ensures sterility certificates and inventory qualifications meet or exceed industry requirements. Suppliers' performance is measured and evaluated on a variety of levels including metrics on damaged and returned supplies and delivery times (AOS). Poorly performing suppliers are contacted to resolve recurring issues and if issues persist, are replaced by another available supplier/supply.

6.2c Safety and Emergency Preparedness

6.2c(1) MTS has established a Safety Program, managed by the Safety Officer, that utilizes systematic processes for ensuring a safe operating environment and incorporates learning and strategic improvement. Identification of workforce safety concerns and timely injury reporting process allows for a systematic review to identify areas for prevention and improvement. Injuries are reported and this data is monitored to identify potential trends and opportunities for training on accident prevention (*Figure 7.3-7*). Accident prevention, embedded in the culture of the organization, starts with new hires and continues with annual training. Prevention examples include: OSHA training, Blood Borne Pathogens Training, the provision of personal protection equipment, and staff are provided the hepatitis B vaccine. In addition, workforce safety concerns are identified in ODs, department meetings, RFO, staff surveys, through monthly quality audits, walkthroughs of the clinical area, and investigation of injuries. The Safety Program, utilizing the Safety Committee, analyzes data and recommends needed training sessions, policy change recommendations, and/or other needed safety enhancements. These learnings and strategic improvements

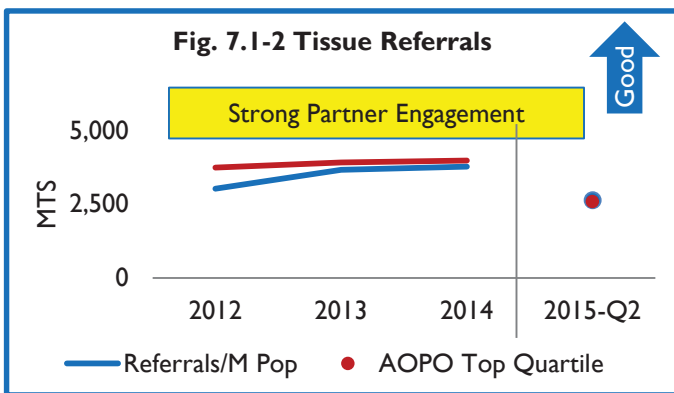
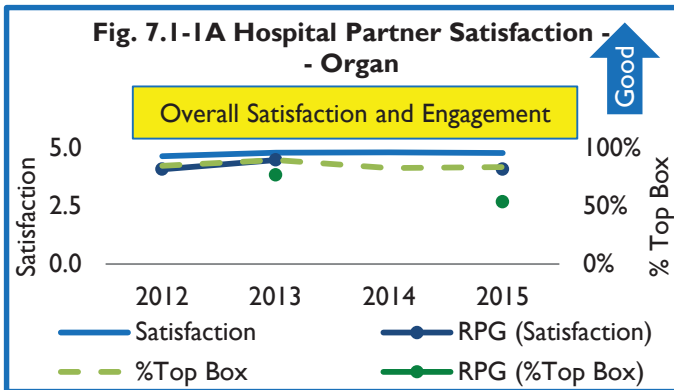
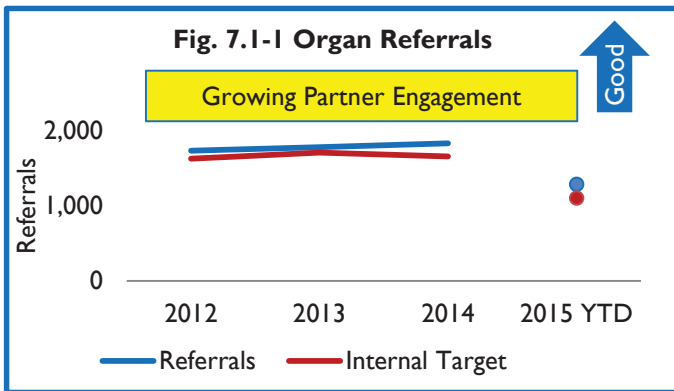
may result in training sessions for staff or changes to policy, if required. The injury reporting process ensures all injuries are investigated, root cause is determined, and change in-process or environment is taken if indicated to ensure recovery. This knowledge is shared via the Communication Process, regular safety updates are communicated to the workforce at department and staff meetings. Through learning and strategic improvement, MTS has contracted with two St. Louis city police officers to evaluate the Safety Program including building security and the existing Emergency Response Plan (ERP). As a result, a risk mitigation plan and curriculum to enhance employee awareness was delivered to all MTS staff. Recurring workshops offered to all staff include personal safety and cybercrime prevention. MTS badges are required for entry into all the work areas of the facility with levels of restriction based upon necessity as determined by job description. Moreover, MTS utilizes a local security company to provide continuous perimeter and campus security during non-business hours including weekends and holidays.

6.2c(2) MTS has a well-documented, executable disaster preparedness plan which allows the work systems to continue to achieve a high level of customer satisfaction. Emergency preparedness prevention is ensured through regular testing and analysis of the ERP. The plan is a guideline that prepares MTS staff to respond to safety and operational disruptions in the event of an emergency. Multiple measures are also in place to ensure continuity of operations. The design of MTS' facility ensures all critical services, including Donor Services, IT network, and clinical operations, are continuously online and supported by an emergency generator. Routine testing and preventative maintenance of all critical equipment optimizes the organization's ability to respond to any event. Additionally, remote access capabilities allow work to continue uninterrupted in case of a disaster, emergency, or weather interruption. IT replication and remote access to phone systems ensures 24/7 remote access for internal and external services. The IT systems are replicated at two out-of-state locations, which ensure continuity of operations in the event of a significant local disaster. For example, MTS has provided secure access to internal applications through the use of virtual desktop. This allows all staff to continue working wherever an internet connection is available. Also, in the event of a disaster, an extreme volume of cases, or critical staffing shortages, MTS has an agreement with multiple other OPOs to reciprocate emergency staffing and facilities on a short-term basis. In the event of a long-term off site option, MTS is prepared to complete organ and tissue clinical processes at local hospitals, and the Donor Services department would be operational via remote access. Recovery following an event would be dependent on the incident or event, but MTS' facility would be re-established at another location if necessary. In addition, the organization maintains business interruption insurance to ensure adequate financial resources to support continued operations. In the event that MTS continuity contingency plans, including suppliers and partners, are deemed ineffective or not available due to catastrophic circumstances, the highest ranking leadership member available may make the decision to cease operations until alternative options are identified by the ELT.

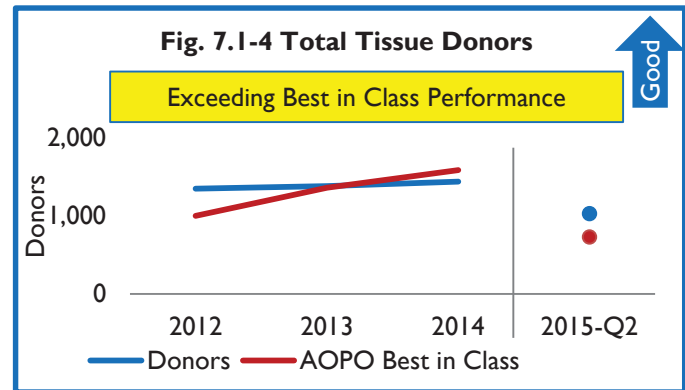
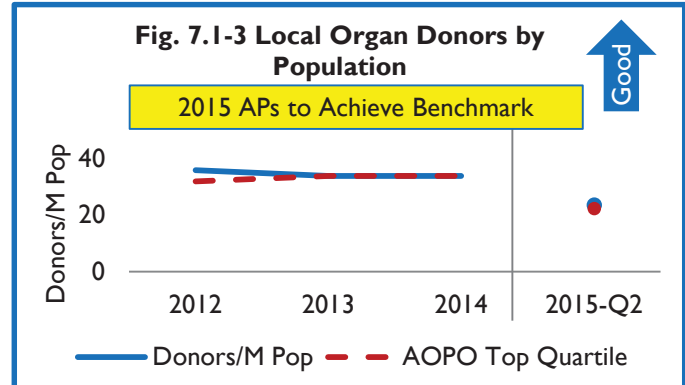
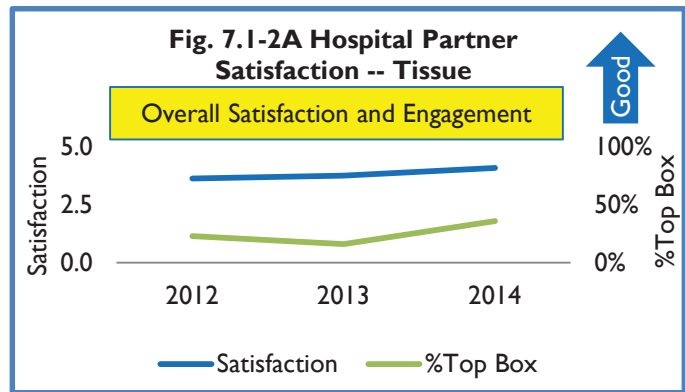
Category 7- Results

7.1 Product and Process Results

7.1a MTS has three key work processes within the work systems: Referral Management, Authorization, and Clinical Procurement (Figure 2.1-2). Referral Management, the first key process in both work systems (Figure 6.1-3), is measured by organ and tissue referrals. The referral process is the start of collaboration with our hospital partners. Hospital partner satisfaction with the referral process is reflected in Figures 7.1-1A & 7.1-2A. Organ referrals (Figure 7.1-1) have experienced a favorable trend for the last 3 years, with 2014 referrals reaching organizational best levels. Tissue referrals have increased and are progressing to achieve top quartile performance compared to the national benchmark (Figure 7.1-2).



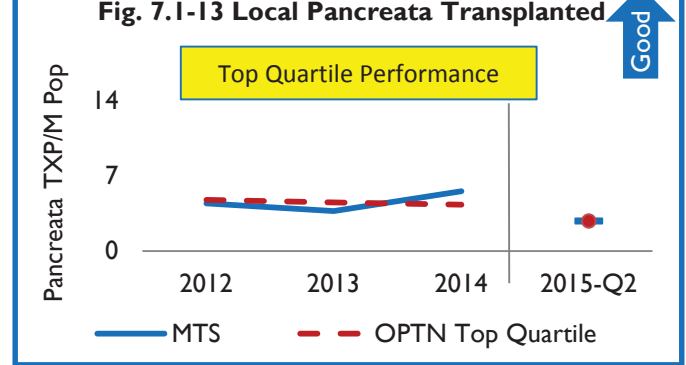
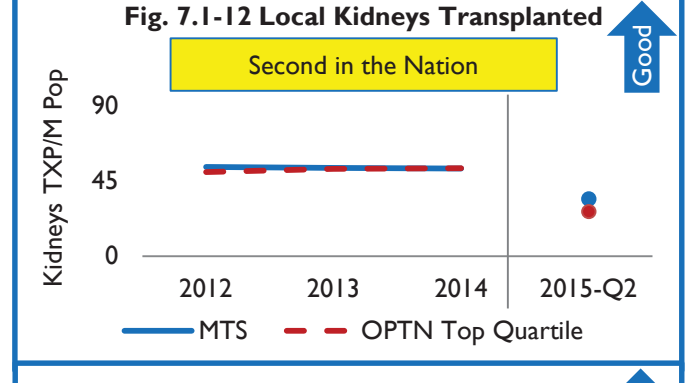
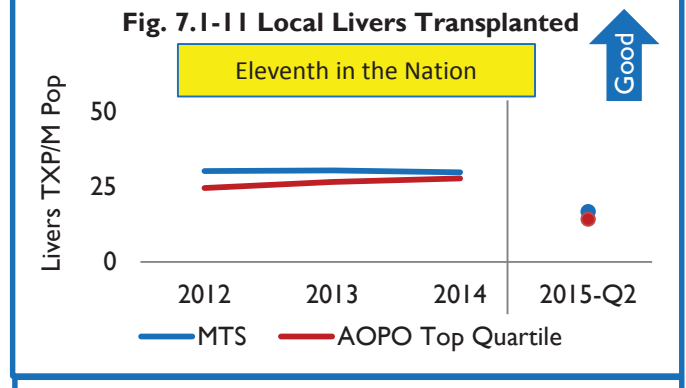
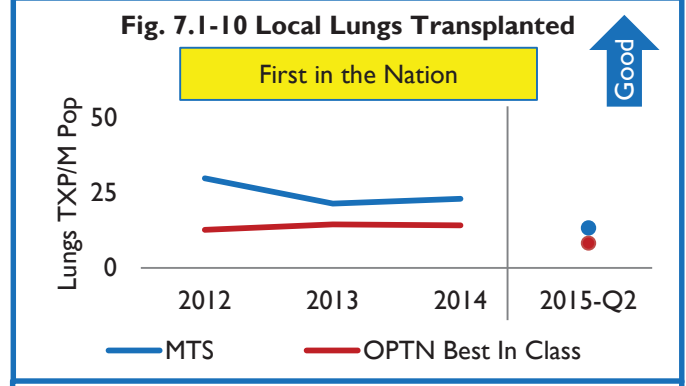
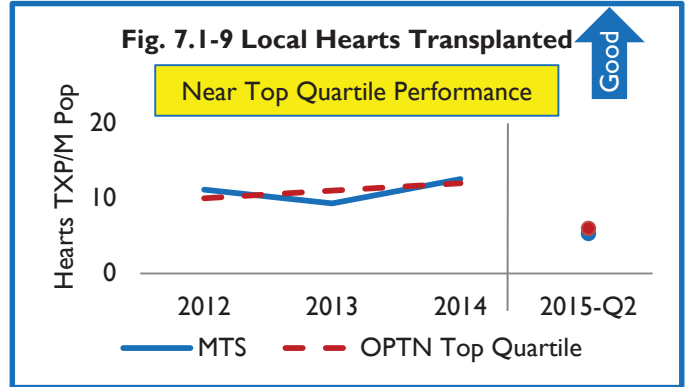
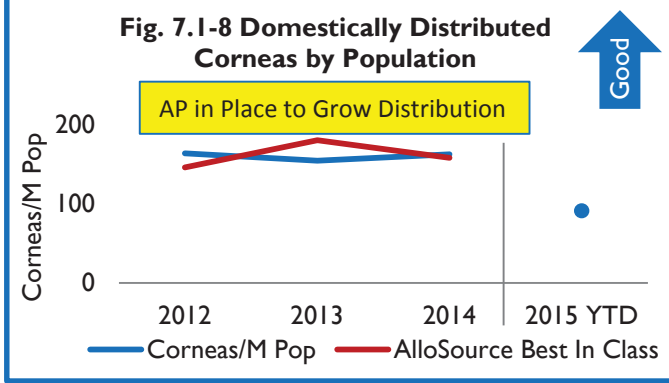
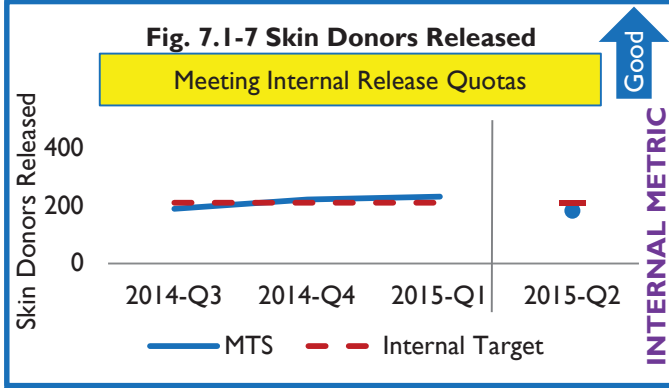
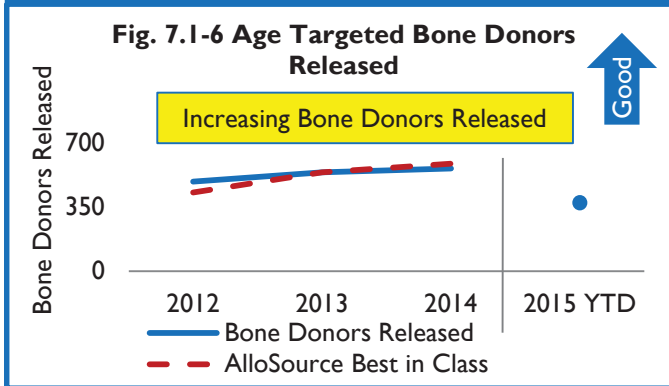
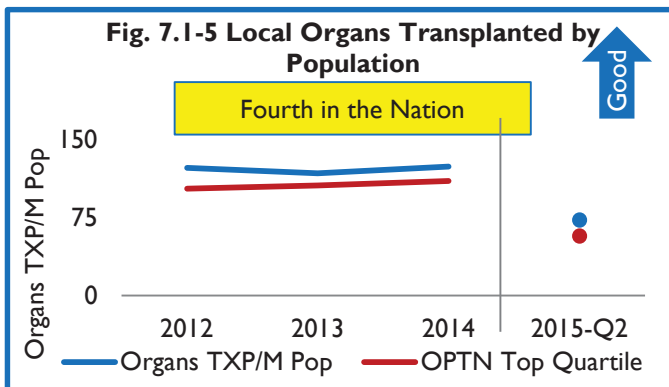
The key outcome measurement for authorization in the OWS is organ donors (Figure 7.1-3) and the authorization outcome measure in the TWS is tissue donors (Figure 7.1-4). Organ donor numbers remain steady - an innovation team was formed and 2015 APs were developed to achieve top quartile performance. Tissue donor numbers have increased over the



last three years exceeding the benchmark, with 2014 resulting in an organizational best and therefore a record number of donor families and recipients served.

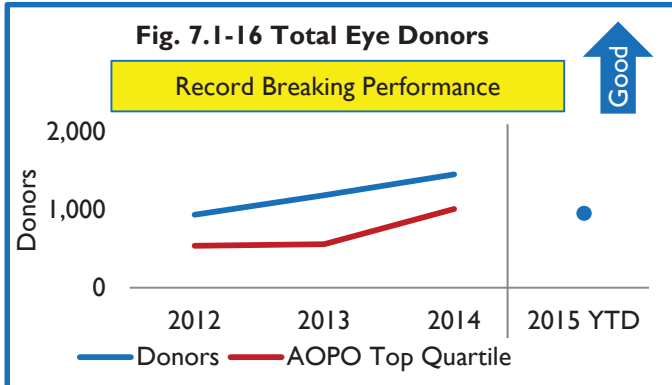
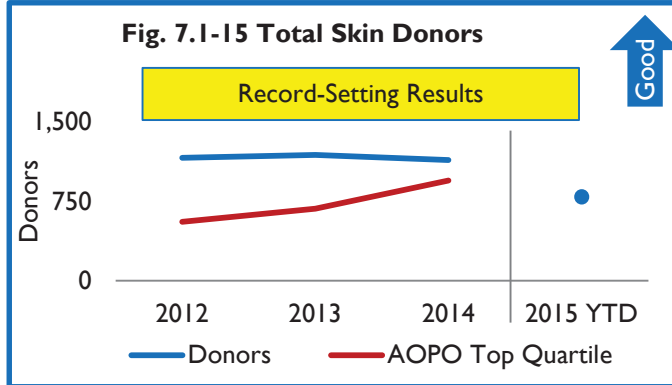
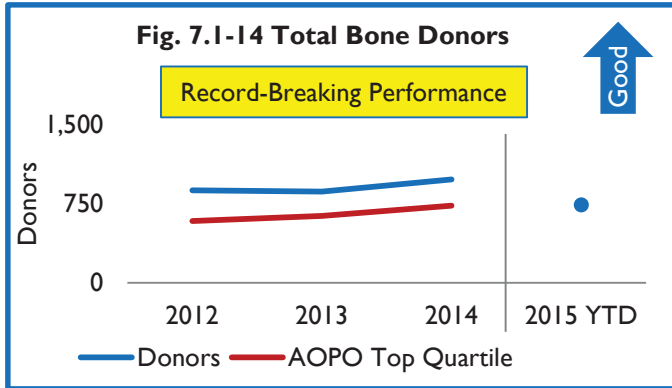
The last key process of both work systems is Clinical Procurement which is measured by local organs transplanted in the OWS (Figure 7.1-5), and in the TWS the measures are age targeted bone donors released (Figure 7.1-6), skin donors released (Figure 7.1-7), and domestic corneas transplanted (Figure 7.1-8). Local organs transplanted are a topline measure directly responsible for increasing lives saved. Increases in 2014 in local organs transplanted are a result of improvements in overall organ yield and position MTS above the national top quartile. Age targeted bone donors released show a favorable trend, meeting or exceeding the internal target for the last 3 years. Skin donors released, a more recently added metric, exceeds the internal target for Q4 of 2014 and shows a beneficial trend. Age targeted bone donors released and skin donors released are not tracked within the industry, but measure MTS' ability to meet tissue processors requirements. Domestic corneas remain steady with 2015 APs in place to grow distribution (Figure 7.1-8).

The two work systems include three service lines which are segmented into three customer groups: local organ transplant



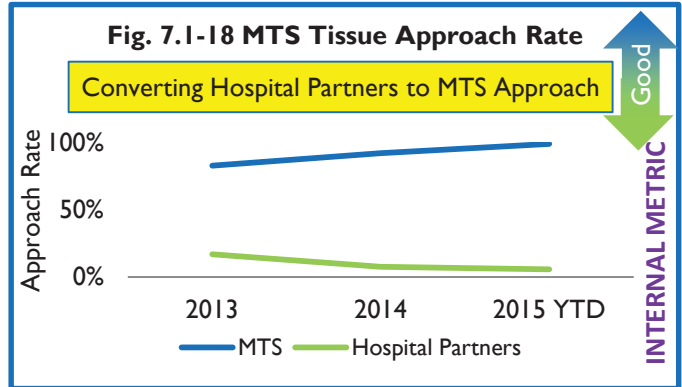
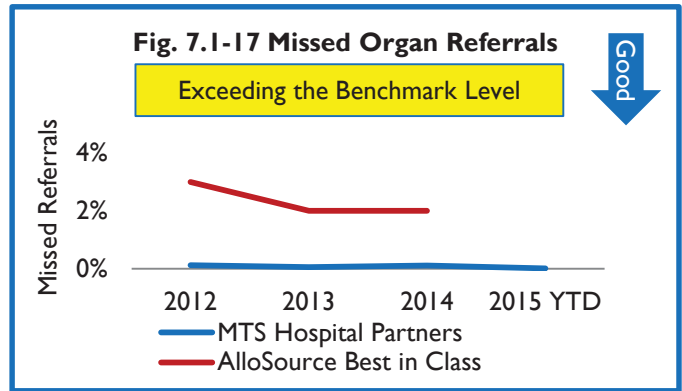
centers, tissue processors and local corneal transplant facilities (Figure P.1-6). The organs transplanted can be segmented by organ type: heart, lung, liver, kidney and pancreas and results are shown by organs transplanted per million. (Figures 7.1-9, 7.1-10, 7.1-11, 7.1-12 and 7.1-13) Hearts transplanted show an organizational best outcome for 2014. Local lungs transplanted per million, while decreasing slightly from 2012, still exceed benchmarks and place MTS as the highest lung allocation program in the nation in 2014. Livers and kidneys transplanted per million remain steady, meeting or exceeding benchmark top quartile. Pancreata transplanted per million

has increased since 2013 with 2014 showing an organizational best outcome exceeding the benchmark top quartile. Tissue donors can be segmented by bone donors (Figure 7.1-14), skin donors (Figure 7.1-15) and eye donors (Figure 7.1-16). Bone donor and skin donor numbers have surpassed a national comparative top quartile measurement since 2012. Eye donors have seen record breaking growth as well and have far exceeded the top quartile since 2012, with record breaking organizational achievement in 2014.

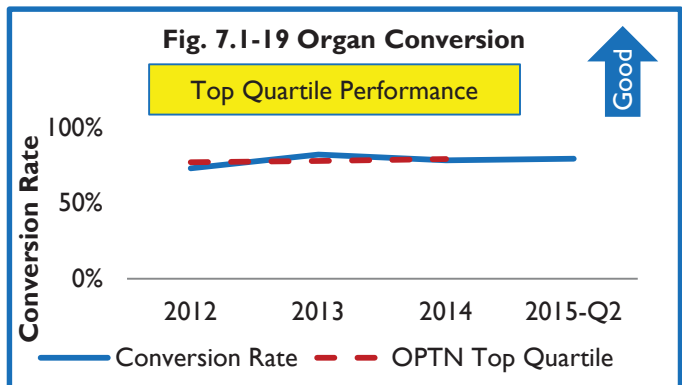


7.1b(I) MTS key process effectiveness and efficiency results are noted in Figure 6.1-3 as “in-process measures.” The relationship management efficiency and effectiveness results for OWS are missed referrals (Figure 7.1-17). Missed referrals have steadily decreased and in 2014 resulted in the least missed referrals in organizational history. For TWS, the relationship management in-process measure is the percent of approaches by MTS (Figure 7.1-18) which shows an organizational best for 2014. Donor Program Development staff have worked closely with hospital partners to transition the tissue authorization process to MTS Donor Services. In 2014 MTS performed the approach for tissue authorization

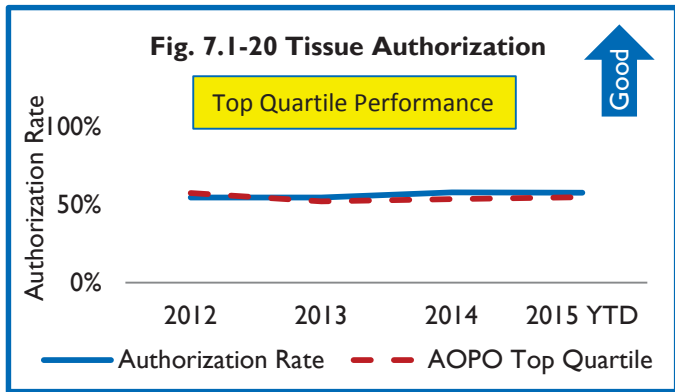
at 99% of the hospitals - an increase of nearly 20% in the last three years.



The authorization in-process measure for OWS is the conversion rate (Figure 7.1-19). Conversion is the OWS industry standard measure for authorization. MTS has been a solid industry performer with top quartile performance within the industry in two of the last three years. The TWS in-process authorization measure is the authorization rate (Figure 7.1-20). Breakthrough process changes implemented as a result of innovation committee work in 2014, combined with new job requirements, hiring practices, and workforce development have resulted in tissue authorization outcomes exceeding industry top quartile.

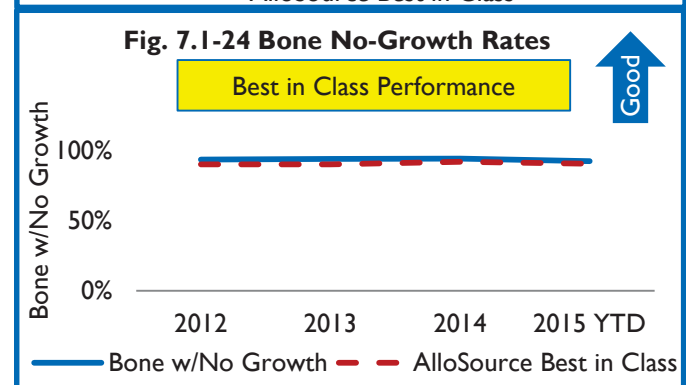
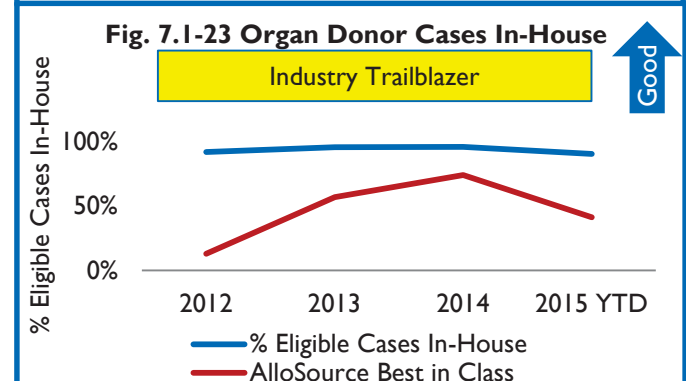
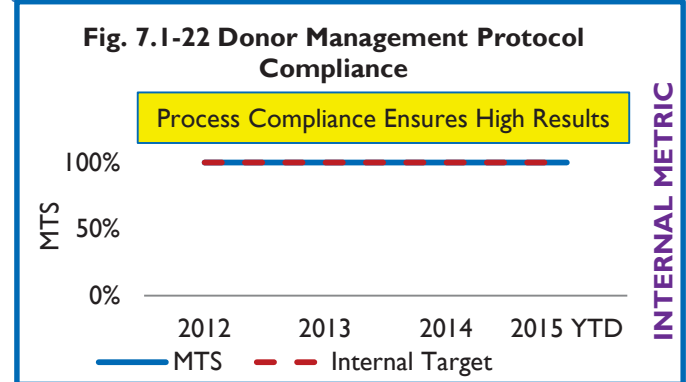
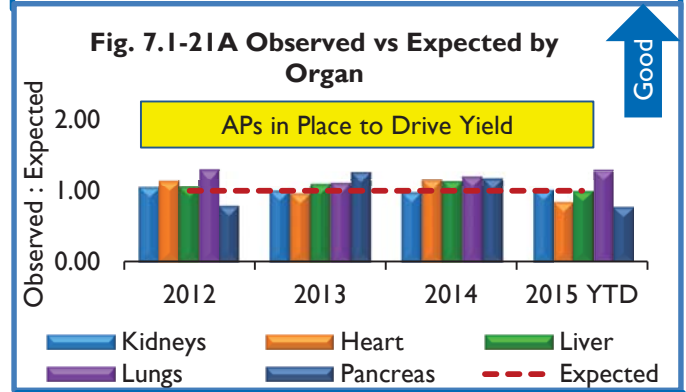
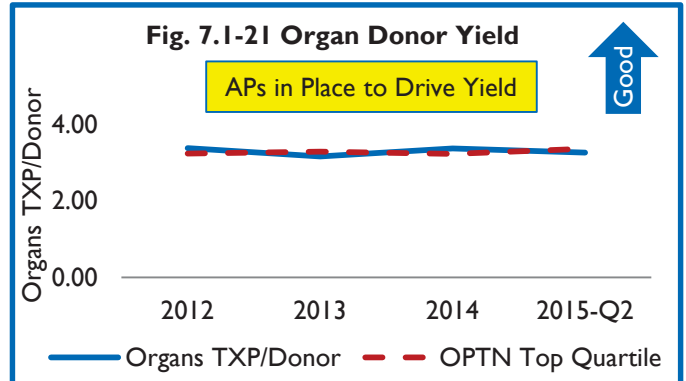


Optimizing the gift (yield) (Figure 7.1-21) is demonstrated in the OWS by the ability of the clinical staff to manage the donor’s clinical status to ensure the highest number of transplantable organs. Yield trending demonstrates organizational best yield in 2014, exceeding the top quartile national benchmark. In an industry attempt to normalize the data, results are adjusted for a pre-determined set of donor characteristics. MTS’ observed performance exceeds expected

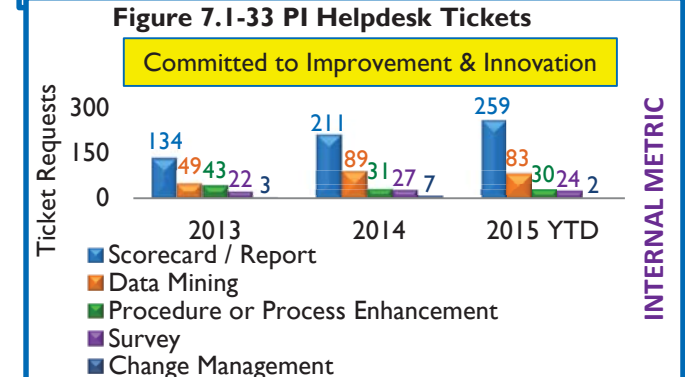
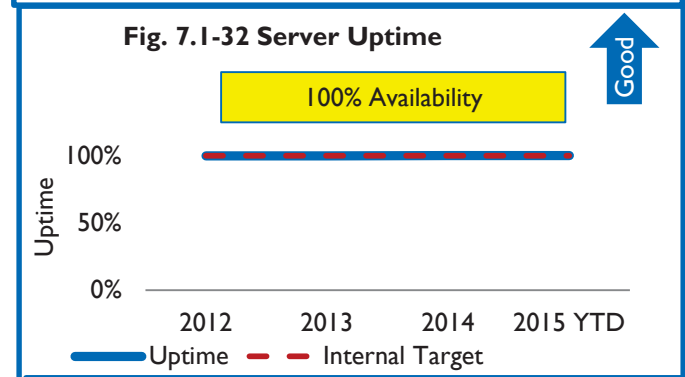
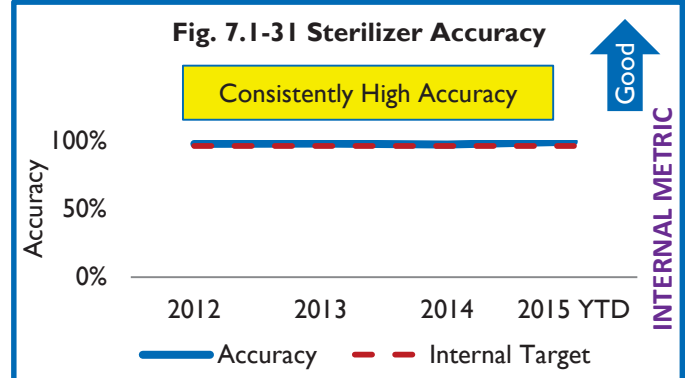
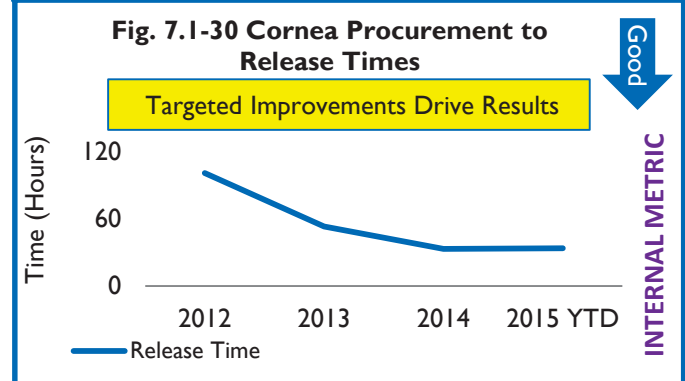
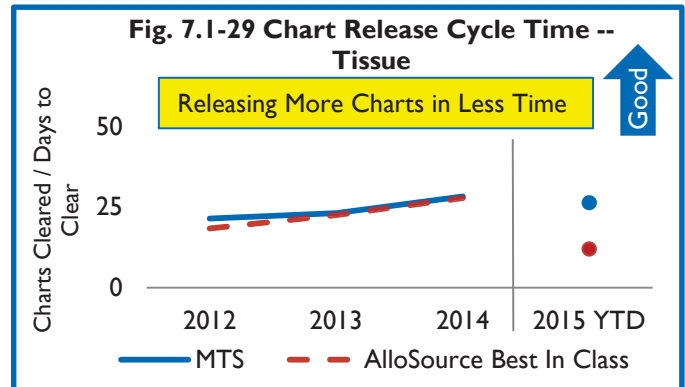
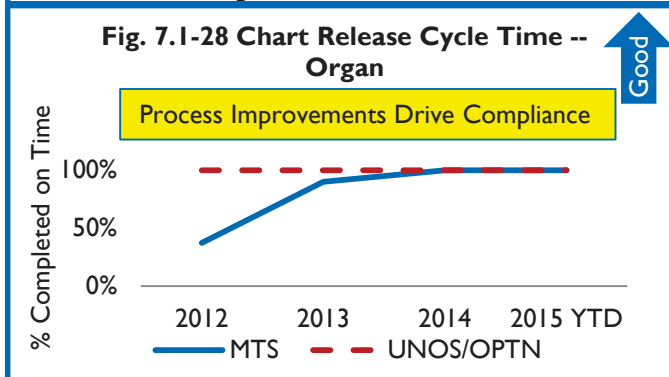
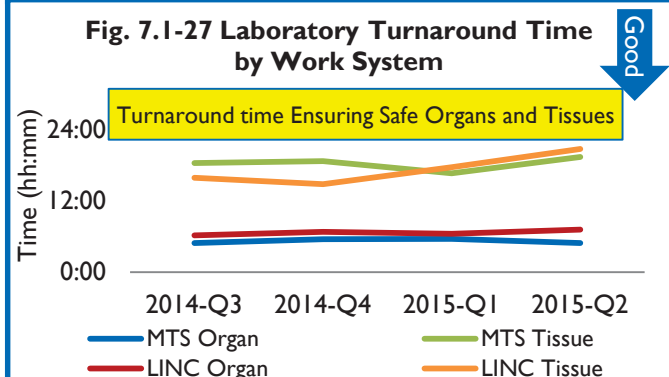
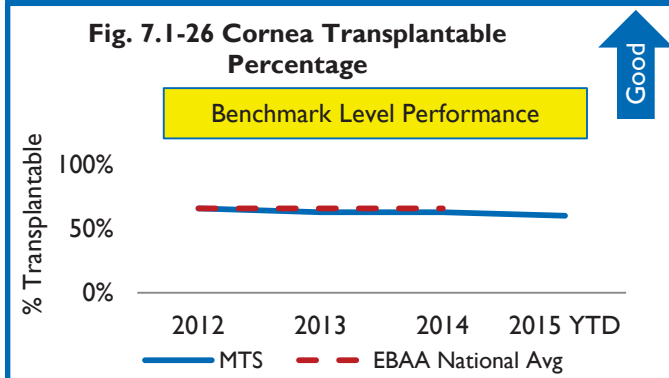
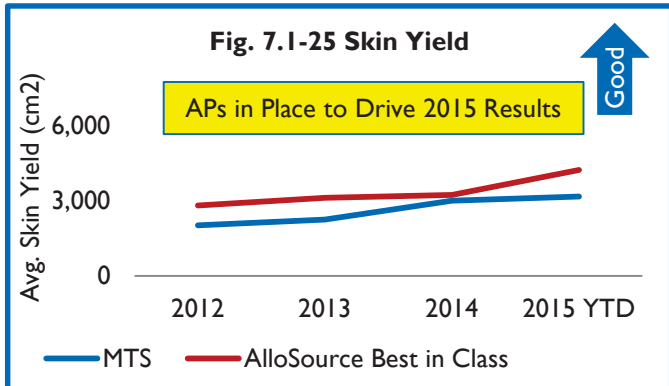


performance. MTS' performance is statistically higher than expected for four organ types for 2014 (Figure 7.1-21A). Donor Management Protocol Compliance rates (Figure 7.1-22) continues to show 100% compliance and represents the ability of the clinical organ staff to manage donors efficiently and effectively. Organ Donor Cases In-House (Figure 7.1-23) is the practice change responsible for creating significant cost savings for MTS. This industry first is a partner/customer satisfier for the donor hospitals and the transplant centers. MTS significantly outperforms the external benchmark comparisons with organizational high outcomes for 2014. The TWS in-process measures include Bone No Growth, Skin Yield and Cornea Transplantable Percentage. MTS set the AlloSource partner benchmark for bone no growth (Figure 7.1-24) with 2014 as an organizational best. Skin Yield (Figure 7.1-25) shows favorable trends; APs were developed to address benchmark performance gaps. The cornea transplantable rate (Figure 7.1-26) has remained steady; APs are in place for 2015 to ensure this rate meets or exceeds national average.

The key organizational performance indicators for key support processes are shown in Figure 7.1-27 through Figure 7.1-33. Laboratory testing turnaround time (Figure 7.1-27) has seen MTS exceeding the organ benchmark both years the laboratory has been operational. Chart Cycle Time - Organ (Figure 7.1-28), has seen a steady decrease in the number of days needed for organ charts to be reviewed and uploaded to meet regulatory requirements. Chart Release Cycle Time Tissue (Figure 7.1-29) reflects a critical step in the TWS process during which charts are completed, quality checked, and released to the processors, fulfilling a tissue processor requirement and triggering reimbursement to MTS. A 2013 process mapping and LEAN process improvement approach significantly improved the Chart Cycle Time demonstrating a beneficial trend for the last 3 years, with MTS tissue chart cycle time meeting or exceeding outperforming the AlloSource partners. Cornea Procurement to Release Time (Figure 7.1-30) is an eye bank efficiency measure which reflects the ability of the Eye Bank and Donor Records departments to turnaround eye charts in order to offer tissue to corneal surgeons in the shortest time possible. APs put into place in 2014 decreased the release time, providing sight-saving tissue for transplant more efficiently. Sterilizer documentation accuracy (Figure 7.1-31) shows the documentation compliance which impacts clinical equipment availability. Financial Management [Category 7.5a(1)] demonstrates MTS' strong financial position, exhibiting best in class performance for many



measures. HR Management, including the Retention Rate (Figure 7.3-13), has exceeded the AOPO national comparisons for the last 3 years. IT Management (Figure 7.1-32) shows the ability of the IT department to have server availability 24/7 in order to support business operations. Process Improvement (Figure 7.1-33) is an indicator of PI utilization across the company and shows steady increases in PI department's use the last 3 years. Quality Compliance Management (Figure P.1-5) highlights MTS' accreditation results in voluntary and required certifications – positioning MTS as one of the top OPOs in the country meeting or exceeding FDA, UNOS, AOPO, AATB, and EBAA requirements.



7.1b(2) Emergency Preparedness (Figure 7.1-34) lists actions taken to minimize interruptions in the delivery of MTS' services. These systems were recently put to the test with two events causing significant power outages. For instance, during one of the events, power was lost for greater than 12 hours. However, the organization was able to continue clinical case activity seamlessly due to the back-up system.

7.1c Supply Optimization (Figure 7.1-35) via an electronic inventory system has resulted in 100% availability for supplies for all in-house cases. Aero Charter, a key supplier, provides air service logistics for donation activity outside of the St. Louis metropolitan area. Aero Charter provides 24/7 access to aircraft with a 90-minute launch requirement and as demonstrated in Figure 7.1-36 delays due to provider issues occurred in less than 3% of the 260-plus launches annually. Abbott Ambulance meets requirements 100% of the time (Figure 7.1-37). St. Louis Cremation, another key supplier,

has seen improvements in 2014, meeting delivery time requirements (Figure 7.1-38). LifeLogics, a key supplier, has seen increasing numbers of requests for EMR new features while decreasing the defects on releases (Figure 7.1-39).

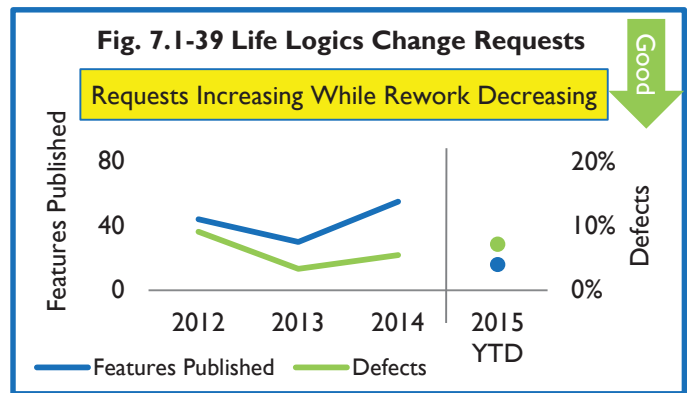
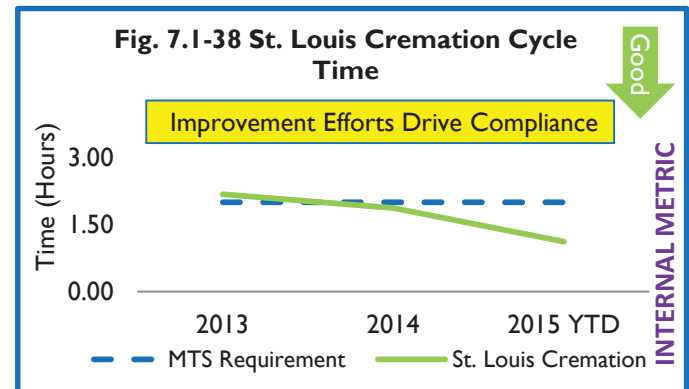
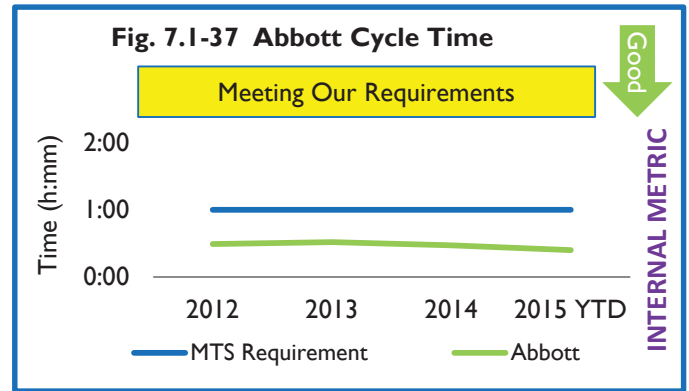
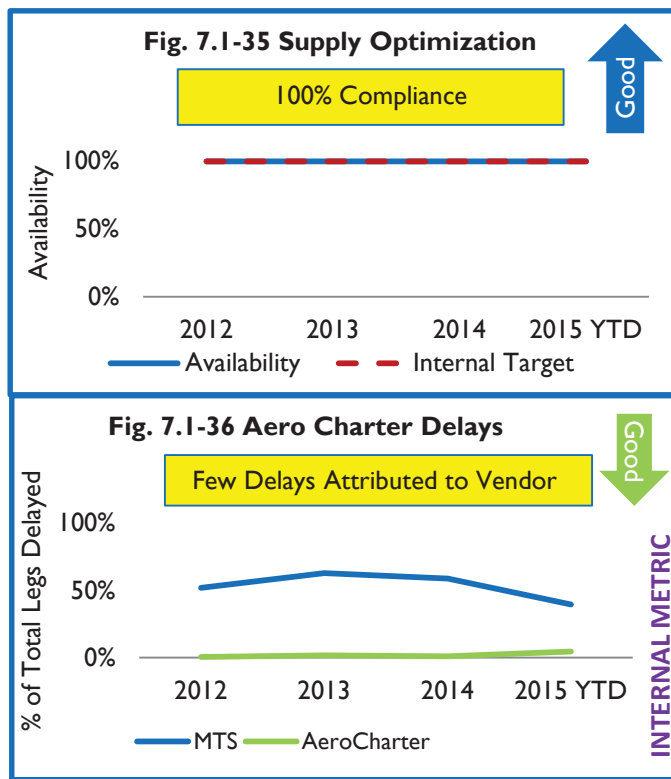


Figure 7.1-34 Emergency Preparedness						
Threat	Measures	Required	2012	2013	2014	2015 YTD
Major Power Loss	• Diesel generator runs indefinitely during power outage, keeping key data center and vital equipment running	Monthly	12	12	12	8
Fire & Tornado	• Drills are conducted with all staff to practice responses including facility evacuation	Semi-Annually	2	2	2	1
Exposure	• Safety/bloodborne pathogen training for applicable staff	Annually	1	1	1	1
Emergency Scenario	• Scenario planning • Evaluation and revision of Emergency Response Plan • Cooperative info sharing with local hospitals and other OPOs	Annually	1	1	1	1
Server Crash/ Data Corruption	• Daily, full back-ups of entire data center	Daily	365	365	365	242
	• Weekly archival off-site of disk back-ups with 6-month rotation schedule	Weekly	52	52	52	30
Complete Loss of STL Data Center	• Key data replicated daily • Power up disaster recovery site in Denver • VPN access provided to all staff	Daily	365	365	365	242

7.2 Customer-Focused Results

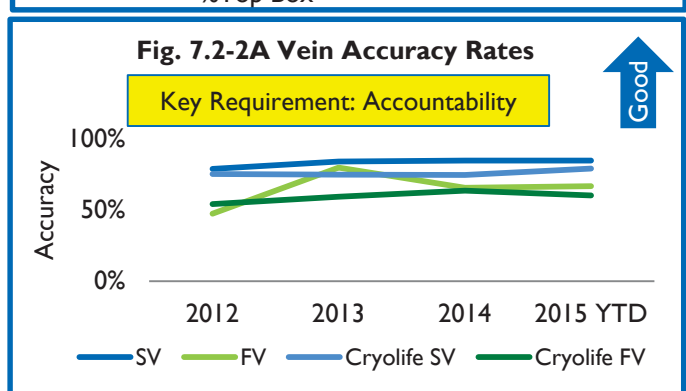
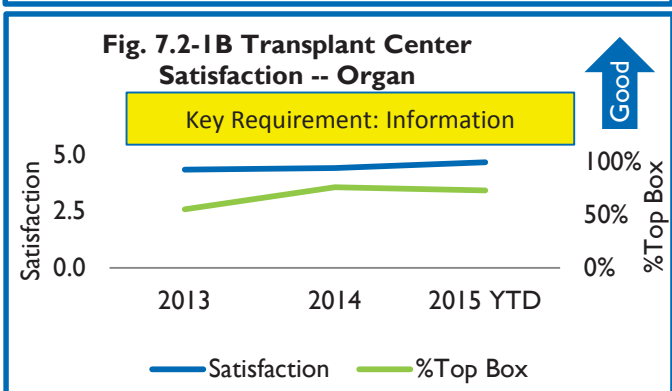
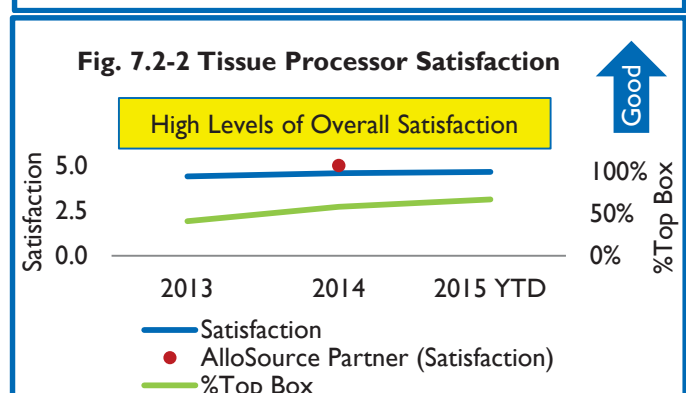
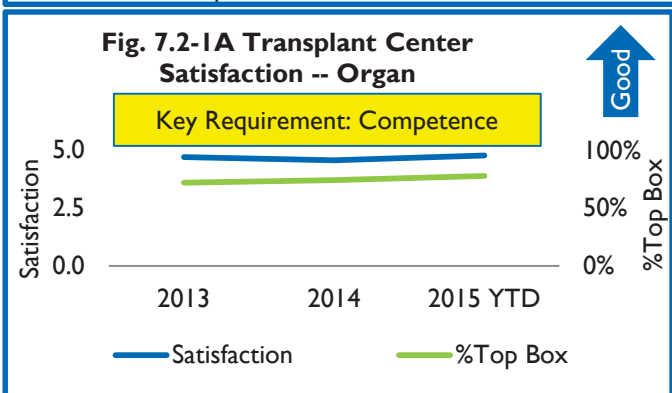
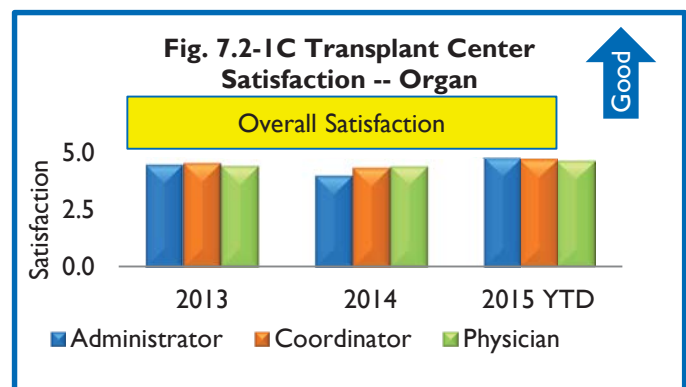
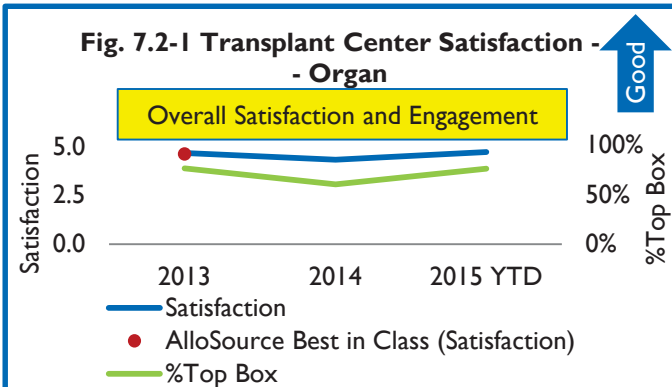
7.2a(I) As the federally designated Organ Procurement Organization (OPO) within its service area, MTS does not have organ procurement competitors. Regardless, maximizing customer satisfaction and engagement is an organizational Strategic Objective, and MTS works closely with its customer groups to meet and exceed their requirements. Customer satisfaction data is gathered through the VOC methods as listed in *Figure 3.1-1* including the customer survey process (AOS), which has undergone multiple cycles of learning and strategic improvement [3.2b(2)]. Key measures include overall satisfaction, and segmentation by customer group and service line are AOS.

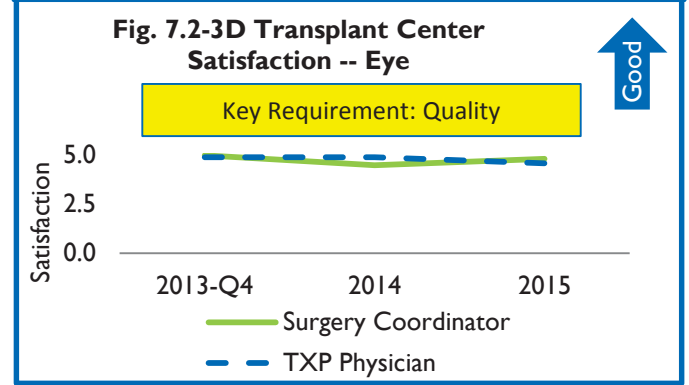
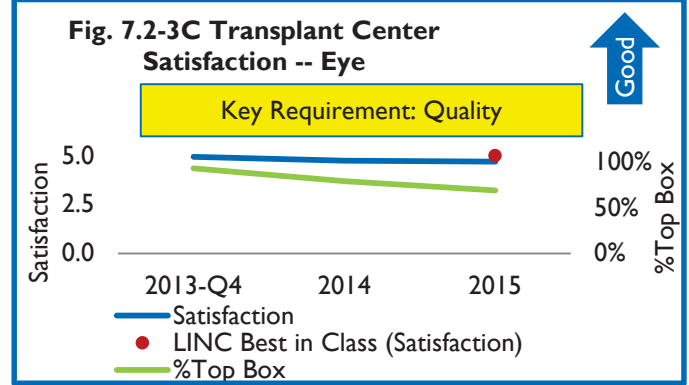
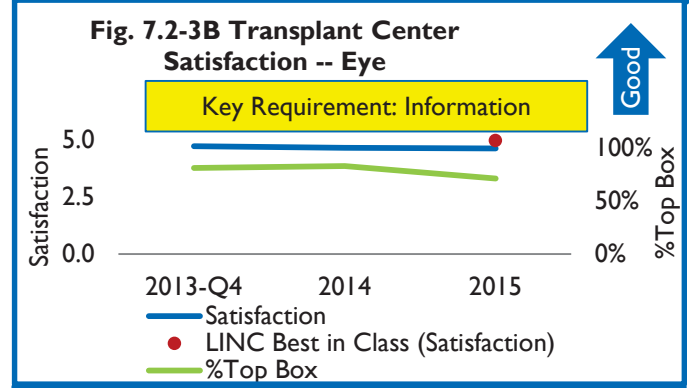
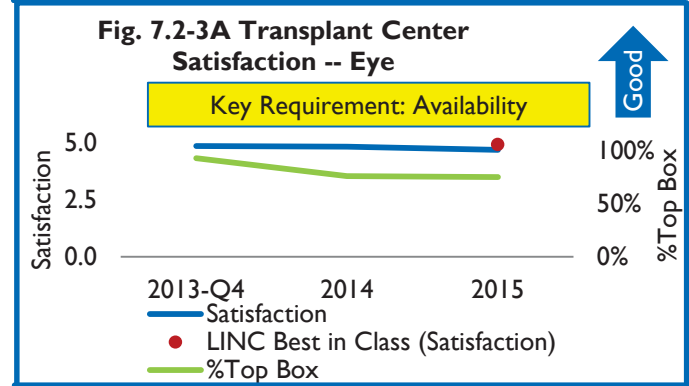
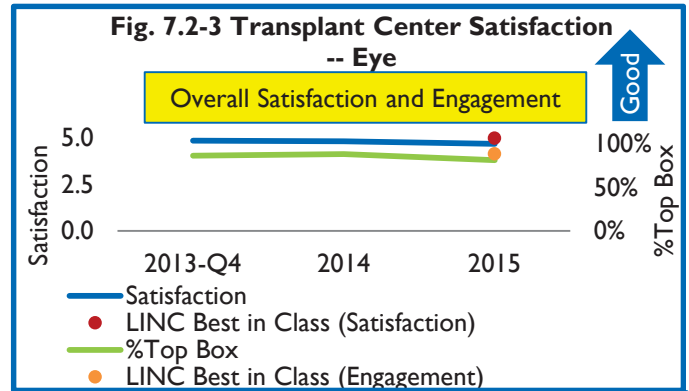
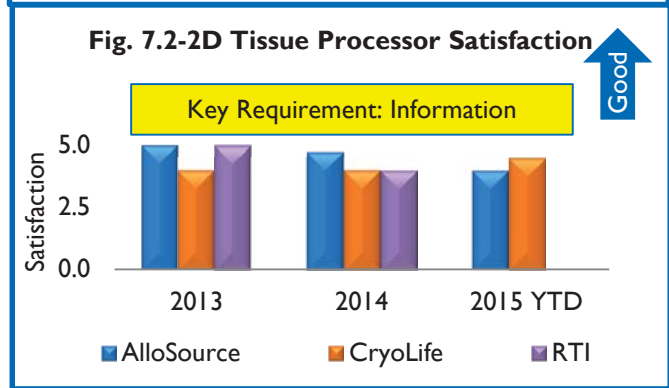
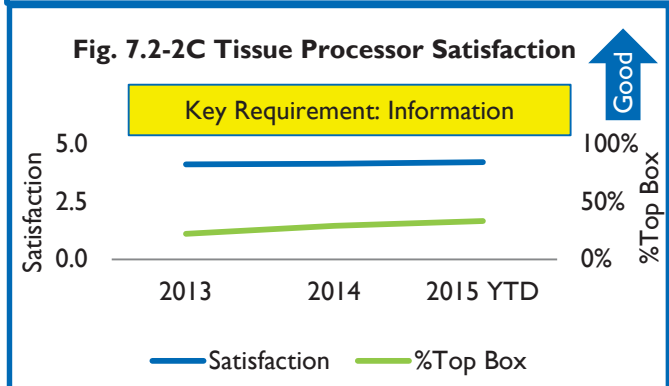
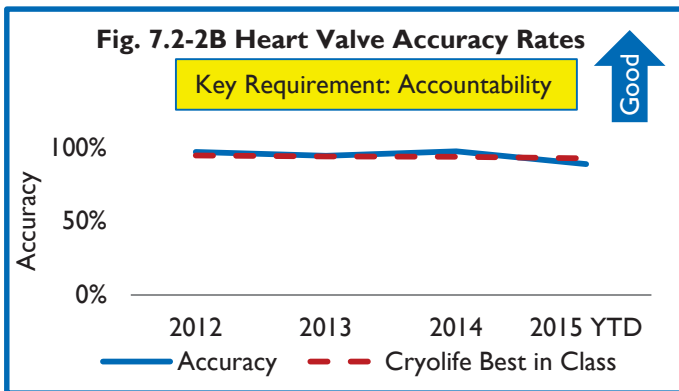
Overall satisfaction levels with MTS' organ transplant centers (*Figure 7.2-1*) demonstrate benchmark-level performance.

Local organ transplant center satisfaction, segmented by key requirement, shows strong performance in 'competence' (*Figure 7.2-1A*) and 'information' (*Figure 7.2-1B*). Customer satisfaction in meeting the third requirement, "maximize donation," is not measured through surveys. Instead, operational results are utilized to gauge effectiveness in

achieving this key customer requirement and Strategic Objective (*Figure 7.1 -5*). Organ Transplant Center satisfaction can be segmented by position, which includes Transplant Physician, Coordinator, and Administrator (*Figure 7.2-1C*). APs in place to increase Transplant Center Satisfaction have driven satisfaction results in 2015 to organizational best results for administrator and coordinator satisfaction; physician satisfaction remains consistently strong over the last three years. (Full complement of segmentation by customer and service line AOS).

Satisfaction levels among MTS' tissue processors (*Figure 7.2-2*) are critical to ensuring organizational success. Overall satisfaction demonstrates near benchmark performance. Customer satisfaction in meeting the first key requirement "accountability," which is defined as error rate minimization, is measured utilizing operational metrics reported via tissue processor scorecards (*Figures 7.2-2A & 7.2-2B*). When segmented by the key customer requirement of "information" (*Figure 7.2-2C*), results are consistently high. The third processor requirement is "maximize donation," which is tied to MTS' tissue donation rates (*Figure 7.1-4*). Tissue processor satisfaction can be segmented by individual processor (*Figure 7.2-2D*). Satisfaction by processor has remained strong;





2014 results show beneficial trends for all processors except RTI- APs are in place for 2015 that target specific areas for improvement. The next survey cycle is scheduled for 2015 Q3. Full segmented results by customer and service line are AOS.

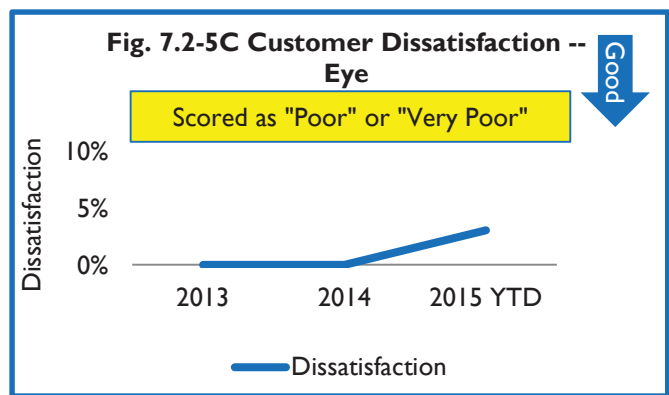
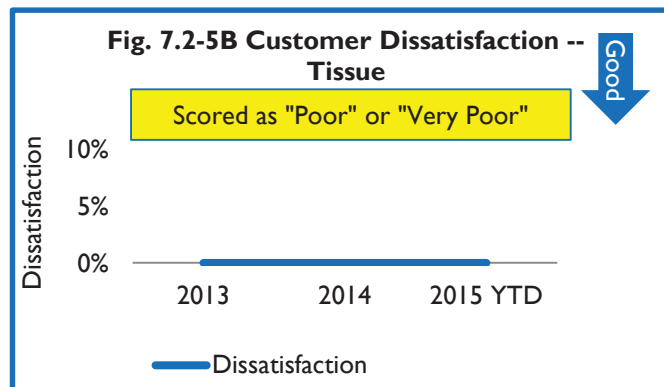
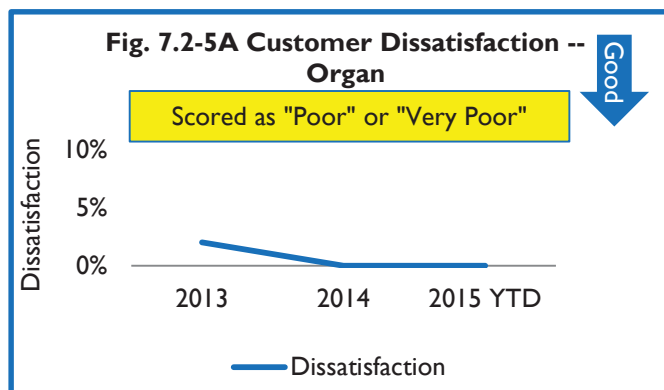
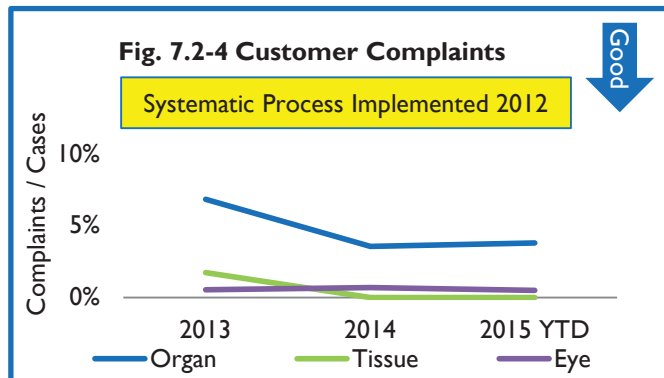
Eye bank metrics are not tracked nationally nor are they available for the organization's single corneal transplant competitor. As a surrogate, MTS utilizes satisfaction of customers of other OPOs that provide similar eye banking services. Results for meeting local corneal transplant center key requirements of "availability," "information," and "quality" as well as overall satisfaction are shown in *Figures 7.2-3, A, B, & C* demonstrate near benchmark levels. Transplant Center Satisfaction – Eye (*Figure 7.2-3D*) results are segmented by position. Satisfaction for the surgery coordinator and transplant physician remain strong for the last 18 months. APs to drive satisfaction have resulted in organizational high results for transplant surgeons. Full complement of segmentation by customer and service line AOS.

To determine dissatisfaction levels with local organ transplant centers, tissue processors, and local corneal transplant centers, MTS analyzes data obtained through the Customer Complaint Process (*Figure 3.2-2*). Despite

an increase in the number of tissue and eye donors, as well as consistent donor levels for organ donors, the percentage of customer complaints for the three customers have demonstrated favorable trends for the past several years (Figure 7.2-4). The implementation of a formalized CAPA system provides standardization and allows for the systematic evaluation of complaints regardless of where they occur within the customer life cycle.

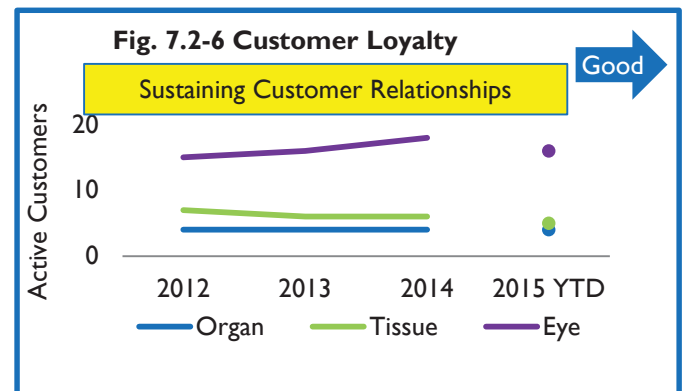
In addition to complaints, MTS utilizes customer survey data to measure dissatisfaction by determining the percentage of Poor and Very Poor responses (scores of 1 or 2). Results for all service lines - organ, tissue, and eye – remain at or near 0% since 2013 (Figures 7.2-5A, B & C).

7.2a(2) To identify levels and trends in customer engagement, MTS calculates the percentage of very satisfied or top box scores (perfect 5 out of 5) on its customer satisfaction scores. This methodology is based upon The Loyalty Effect (Fred Reichheld), which theorizes relationship strength is directly related to customer loyalty and engagement [3.2]. MTS has maintained consistent levels of engagement with its local organ transplant centers (Figure 7.2-1). Tissue processor and local corneal transplant center engagement



results have demonstrated favorable trends since 2013, with benchmark level performance in the corneal service line (Figures 7.2-2 & 7.2-3).

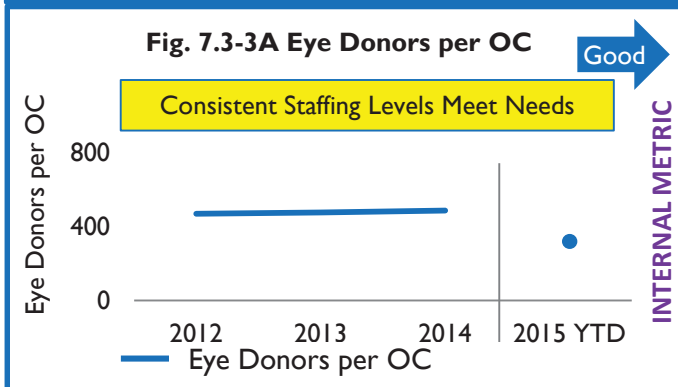
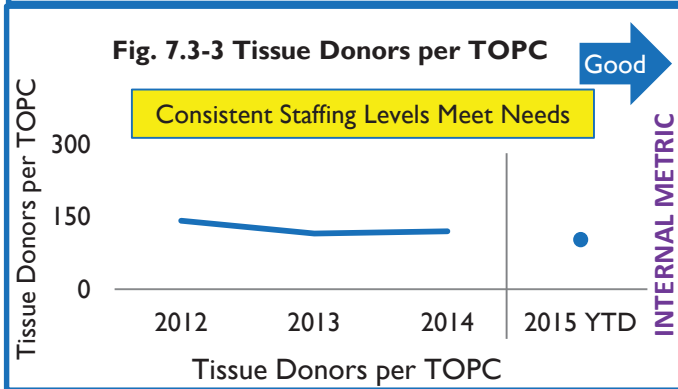
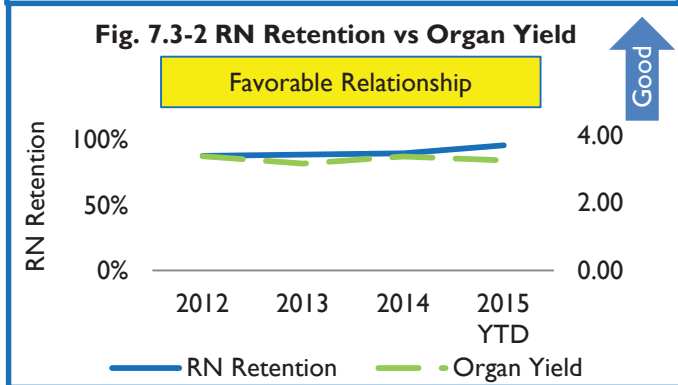
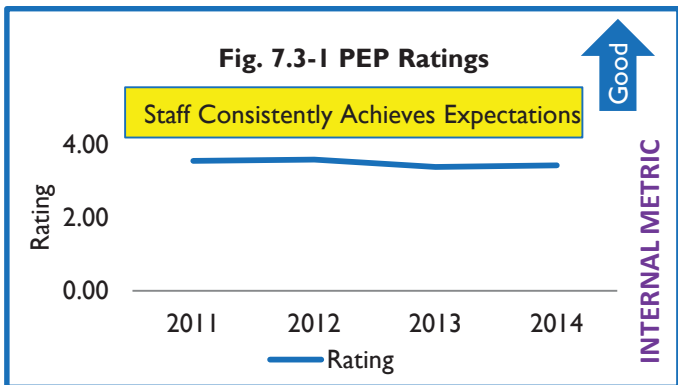
To assess its performance in building customer relationships, MTS analyzes its number of active customers (Figure 7.2-6). The organ service line operates in a non-competitive service area designated by the federal government, so the number of local organ transplant centers has not changed in nearly 15 years. In the tissue service line, MTS maintains contractual agreements with its tissue customers. In the corneal service line, results demonstrate an increase in the number of active customers. 2015 results are YTD; the organization expects to see the annual increase in active eye customers continue as the year progresses (Figure 7.2-6).



7.3 Workforce-Focused Results

7.3a(1) Workforce capability and capacity key measures and results are shown in Figures 7.3-1 through 7.3-4. The PEP ratings (Figures 5.1-2 & 7.3-1) illustrate the average performance evaluation score for the MTS workforce, which is measured on a four-point scale. Through the implementation of an outcome-based performance evaluation tool, PEP rating results indicate that the majority of the workforce “achieve expectations,” therefore meeting the organization’s capability needs. MTS maintains adequate capacity for the OWS through evaluation of RN retention (Figure 7.3-2). Within the TWS, evaluation of workforce capacity is assessed at quarterly C&C meetings by ongoing comparison of the number of tissue donors to the number of TOPC staff (Figure 7.3-3) and the ocular coordinators to the number of eye donors (Figure 7.3-3A).

Increase in Workforce Growth (Figure 7.3-4) demonstrates growing staffing levels and diversity (Figure 7.3-4A) over the



past three years as services have expanded through intelligent risk taking and innovation utilizing the Workforce Planning Process (Figure 5.1-1).

7.3a(2) Workforce climate measures are key to retaining a mission-driven staff (CC) and do not differ by diversity of the workforce or workgroup. Workforce health, safety, and security, as well as employer-provided services and benefits are monitored continuously to ensure effectiveness.

In an effort to exhibit concern and care for the employees as well as engage employees in the topic of personal health,

a wellness program was initiated in 2009 [5.1b(1)]. The wellness program participation has increased in 2014 (Figure 7.3-5).

MTS takes great care in ensuring all employees are trained upon hire and annually thereafter on proper procedures and safety protocols in each position and department. Workplace Preparedness (Figure 7.3-6) demonstrates multiple efforts deployed to ensure the safety of the workforce. As a result of the organization's dedication to adherence to safety procedures and protocols, MTS monitors its DART rate (Days Away/Restricted/Transfer Rate) due to workplace injuries (Figure 7.3-7).

Radiation Exposure rates (Figure 7.3-8) assess the amount of radiation organ clinical staff are exposed to when utilizing imaging equipment. MTS policies and procedures ensure that employees are safe from radiation exposure.

Multiple security measures are in place to create the most secure environment for the workforce (Figure 7.3-9).

The organization has consistently shown commitment to the health and satisfaction of its employees by continuing to offer rich benefit plans in medical, dental, vision, and life coverage as well as additional benefits as shown in Benefits Expenditures (Figure 7.3-10).

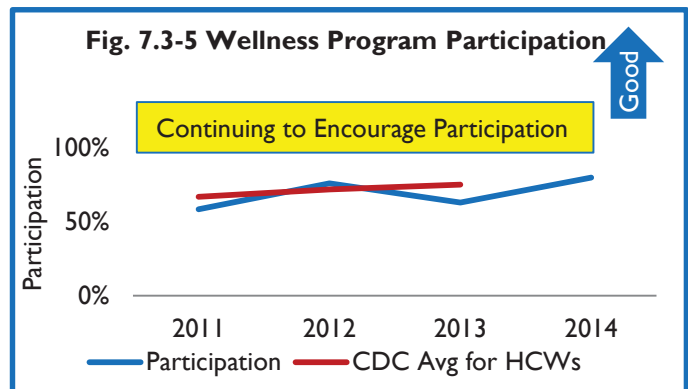
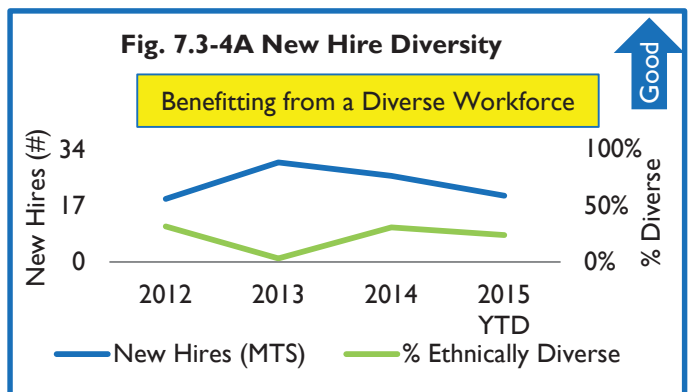
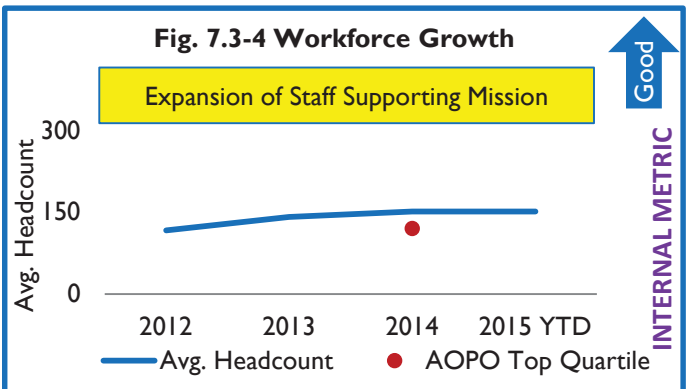


Figure 7.3-6 Workplace Preparedness

Preparations	Goal	Measures			
		2012	2013	2014	2015 YTD
Safety Training	All Employees	100%	100%	100%	100%
Fire Alarm Testing	Quarterly	4	4	4	3
Aero Charter Safety Training	All Applicable Employees	100%	100%	100%	100%
Generators & System Availability Testing	Weekly	100%	100%	100%	100%
Injury Investigation	All Injuries	100%	100%	100%	100%
Data/VOIP (Communication) Testing	Real Time	100%	100%	100%	100%

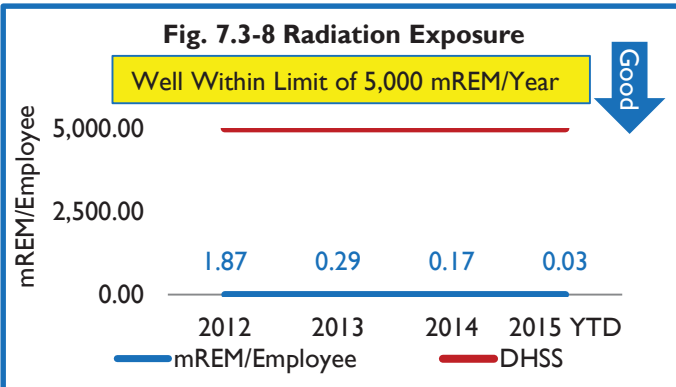
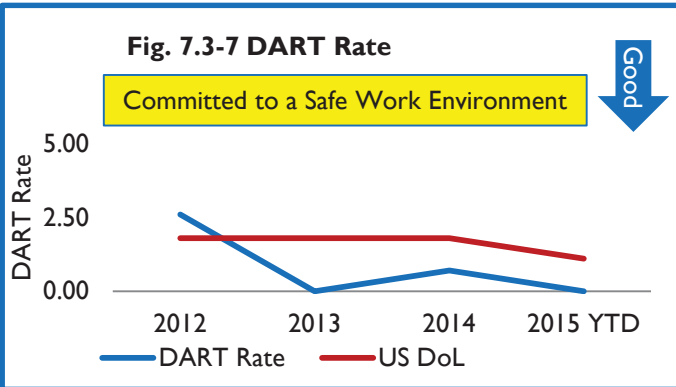
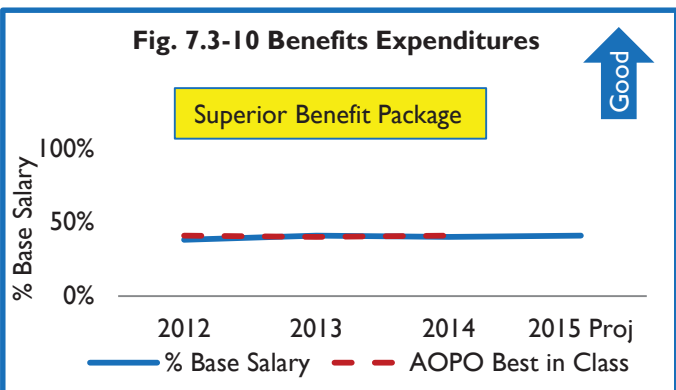


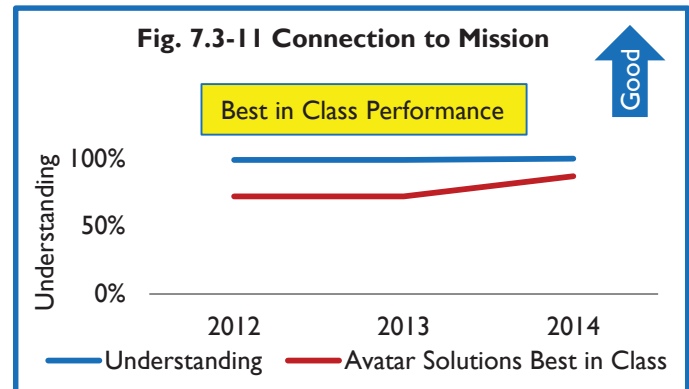
Figure 7.3-9 Security Measures

Preparations	Goal	Measures			
		2012	2013	2014	2015 YTD
Security Alarm Surveillance	24/7	24/7	24/7	24/7	24/7
Motion-Sensored Lighting	24/7	24/7	24/7	24/7	24/7
DVR-Monitored Security Cameras	24/7	24/7	24/7	24/7	24/7
Monitored Panic Buttons (Vendor)	24/7	24/7	24/7	24/7	24/7
Security Patrol of Parking Lot in the Highlands Complex (Vendor)	24/7	NA	24/7	24/7	24/7
Badge Access Required for All Work Areas	★	★	★	★	★
Optional Secured Parking	24/7	NA	24/7	24/7	24/7

★ In Compliance



7.3a(3) Essential to the workforce climate, and a key contributor to employee engagement, is the connection to the organization's mission. Staff members repeatedly indicate an exceptional level of understanding how their individual position contributes to the mission on employee surveys exceeding best in class performance (*Figure 7.3-11*).



MTS worked closely with an outside vendor to customize questions assessing workforce engagement, and the organization exceeded external benchmarks. In 2014, Mid-America Transplant Services ranks in the 100th Percentile in Avatar Solutions' Engagement database.

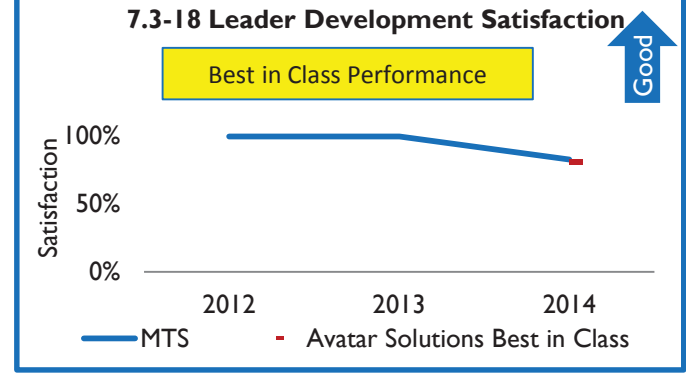
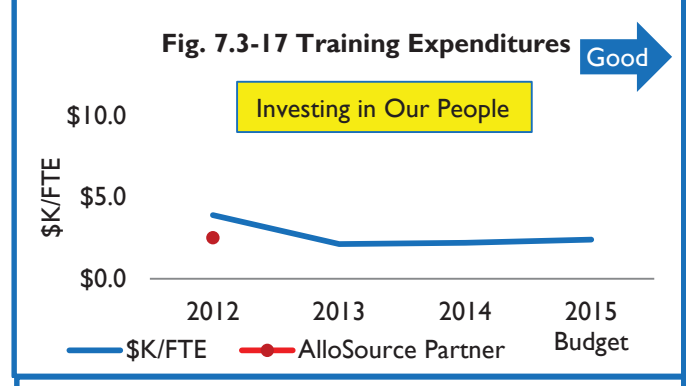
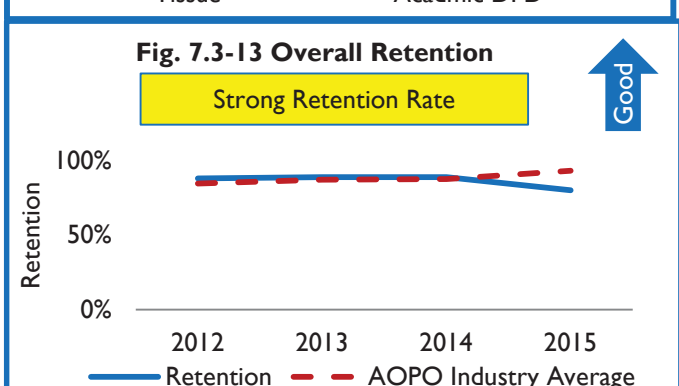
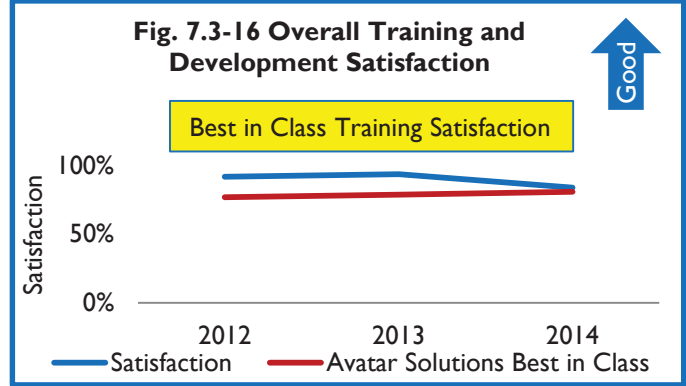
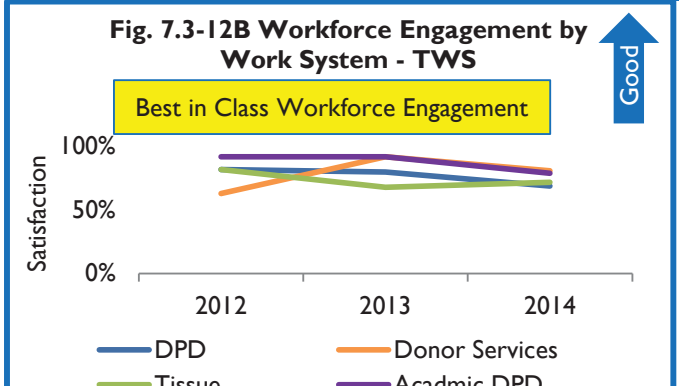
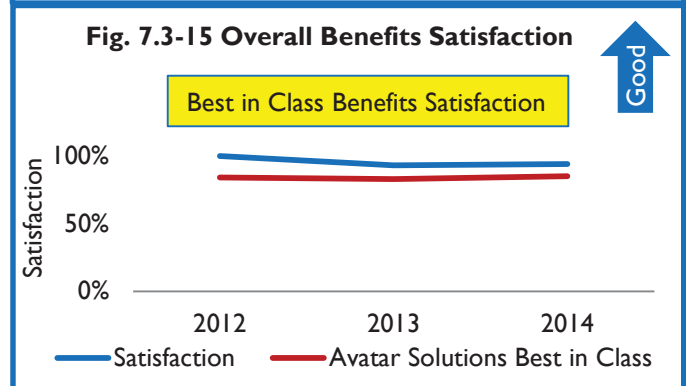
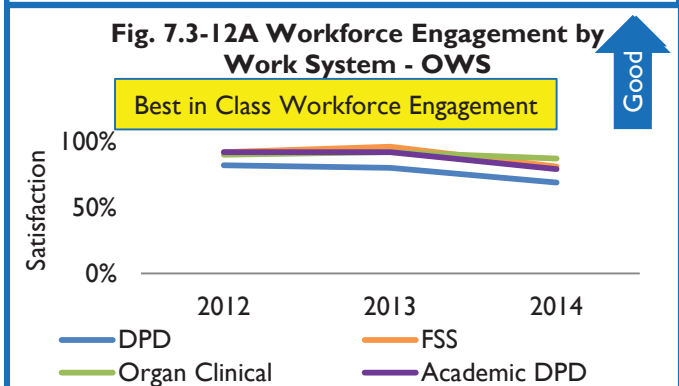
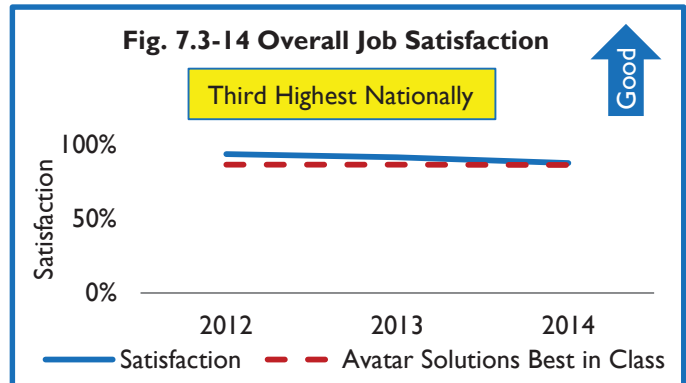
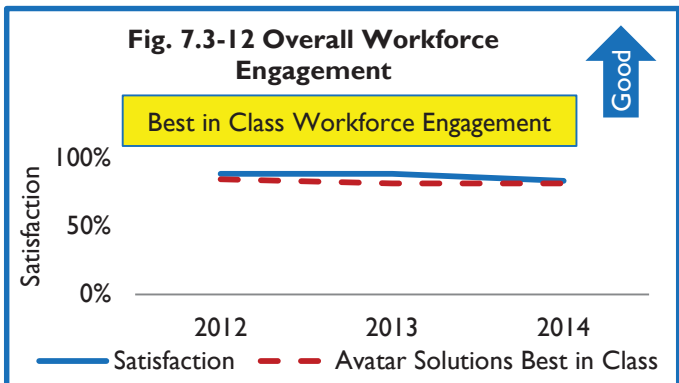
Workforce engagement is segmented by work system (*Figures 7.3-12,A,B*).

MTS continues to have strong organizational retention (*Figure 7.3-13*). Over the last several years, MTS has focused on ensuring workforce satisfaction. Overall workforce satisfaction survey results show an increasingly positive trend and favorable comparison to the external benchmark (*Figure 7.3-14*). In 2012 MTS was recognized for having the third highest overall job satisfaction scores in the country. The formal survey provides satisfaction data with national comparisons on multiple dimensions and are segmented by work system and department and are not presented here due to space limitations (AOS). Overall benefits satisfaction, (*Figure 7.3-15*) shows exceptional results, outperforming the national best-in-class benchmark.

7.3a(4) MTS supports the training and development of the entire workforce as seen in overall training and development satisfaction (*Figure 7.3-16*) and MTS' financial investment in Training Expenditures per FTE (*Figure 7.3-17*). MTS also measures levels and trends in leader development through the annual employee survey. *Figure 7.3-18* shows leader results indicating high satisfaction with employer-sponsored training and development.

7.4 Leadership and Governance Results

7.4a(1) *Figure 7.4-1*, Leadership Communication, reflects senior leader communication with the workforce. Communication has exceeded the external Avatar Solutions benchmark since 2010. Segmentation by work system as well as evidence of senior leaders closing the feedback loop on rounding results is AOS. Senior leader commitment to the Baldrige Journey as one of the organization's goals is demonstrated in *Figure 7.4-2*. Direct parallels are evident between MTS' focus on action through systematic outcome improvements experienced along the Baldrige Journey.



7.4a(2) MTS Board Self-Assessment (*Figure 7.4-3*) results were obtained in 2009, 2012 and 2014. Board self-assessments compare favorably to the benchmark. Full survey data and resultant actions are AOS.

MTS engages in multiple activities to ensure fiscal accountability as listed in section 1.2a(1). As a non-profit organization, an Audit Committee is not a requirement, but was voluntarily established as a best practice in governance to expand fiscal accountability. External financial audits

sanctioned by this committee have always achieved the highest rating of “unqualified” opinion (Figure 7.4-4).

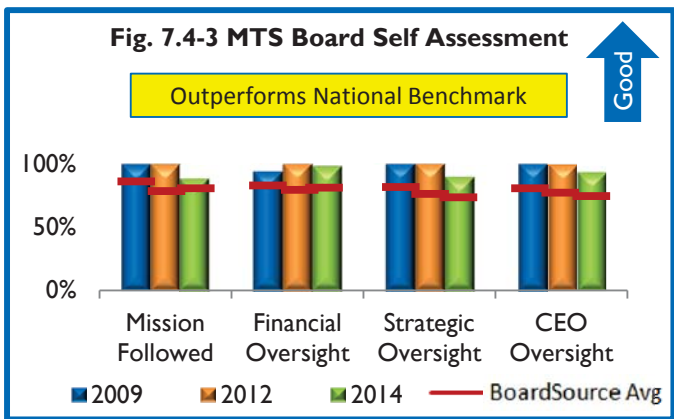
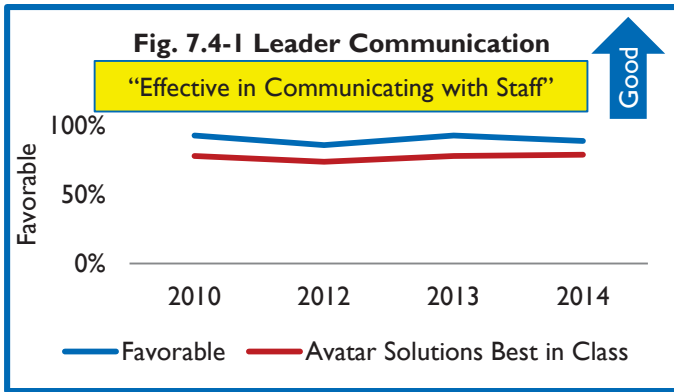


Figure 7.4-4 External Financial Audit

Year	External Auditor	Determination
2010	Kerber, Eck & Braeckel	Unqualified Opinion
2011	Kerber, Eck & Braeckel	Unqualified Opinion
2012	Kerber, Eck & Braeckel	Unqualified Opinion
2013	McGladrey, L.L.P.	Unqualified Opinion
2014	McGladrey, L.L.P.	Unqualified Opinion

Excellent Fiscal Accountability

7.4a(3) MTS views accreditation and regulatory compliance as a baseline expectation for performance. The organization has received full accreditation from all voluntary accrediting bodies within its industry and has maintained this trend for several years. Additionally, MTS maintains full compliance with regulatory and legal mandates that have been sustained since the organization’s inception (Figure 7.4-5).

7.4a(4) The nature of MTS’ business requires that the organization lives its core value of integrity, and demonstrates social responsibility as indicated by key metrics related to ethical behavior. 100% of the Board of Directors, Leadership Team (LT) and workforce complete annual conflicts of interest documentation. Ethical behavior is ensured by providing annual Corporate Compliance Program (CCP) training to all employees. Currently, 100% of the workforce is CCP trained. Limited corporate compliance issues are noted in Report of Corporate Compliance Hotline Issues, Figure 7.4-6 which illustrates program effectiveness. Stakeholder (Board of Directors) requirements show a high level of satisfaction (Figure 7.4-7) based on the BOD evaluation of the CEO’s performance. Employees’ trust in MTS leadership (Figure 7.4-8) has outperformed benchmarks in multiple staff survey cycles. Changes to management processes have contributed to high levels of trust in management. Similarly, trust in leadership (CEO) by the BOD consistently meets or exceeds the organizational goal of 2.5 on a 3-point scale (Figure 7.4-9).

7.4a(5) A true measure of societal benefit is the reduction of deaths on the local waiting list as MTS increases transplanted organs; this dynamic trend has impacted the community living within the designated service area (Figure 7.4-10).

To help ensure the success of life saving transplants, MTS is committed to supporting Donor Families, transplant patients and their families (key communities). In 2013, the MTS Board of Directors established the Donate Life Foundation, a supporting 501(c)(3) foundation, to coordinate and direct all community benefit efforts of MTS, including those provided by the Center for Life. In 2011, the organization created an

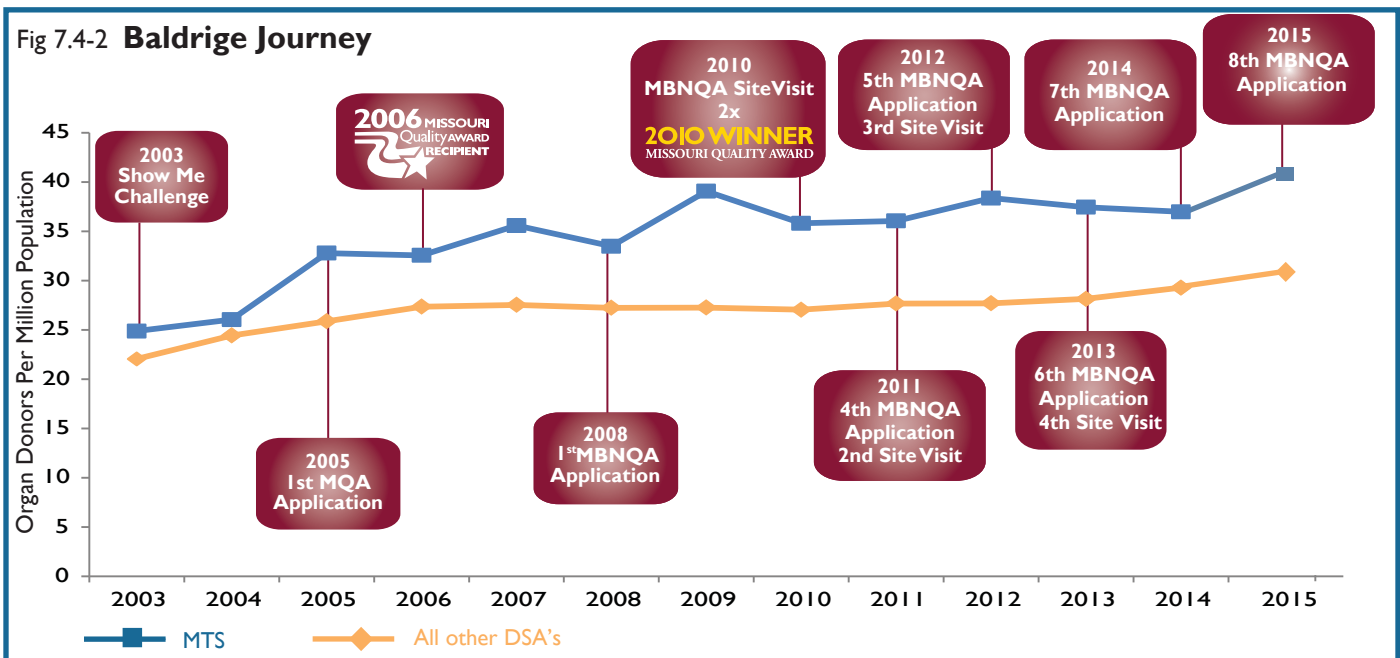


Figure 7.4-5 Regulatory & Legal Compliance Key Measures

Measures & Indicators	Results
AATB Accreditation (3 years)	Full Accreditation
AOPO Accreditation (3 years)	Full Accreditation
CLIA/CAP (2 years)	Full Certification
CMS Certification (4 years)	Full Certification
DHSS (3 years)	Full Compliance
DOR	No Adverse Findings
EBAA Accreditation (3 years)	Full Accreditation
EEOC	0 Issues
FDA Approval (2 years)	No Adverse Findings
FLSA	0 Issues
IRS Compliance	0 Issues
OSHA	Full Compliance
UNOS/OPTN (3 years)	Member in Good Standing

Umblemished Performance

Figure 7.4-6 Reported Corporate Compliance Hotline Issues

Year	Results
2010	0 Complaints Reported
2011	0 Complaints Reported
2012	1 Complaint Reported
2013	1 Complaint Reported
2014	1 Complaint Reported
2015YTD	4 Complaints Reported

Commitment to Integrity

Fig. 7.4-7 BOD Requirements of CEO

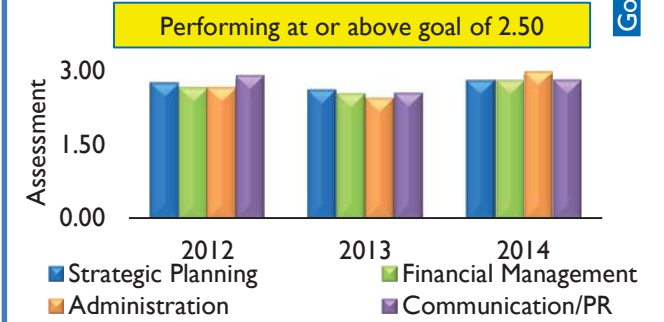


Fig. 7.4-8 Workforce Trust in Leadership

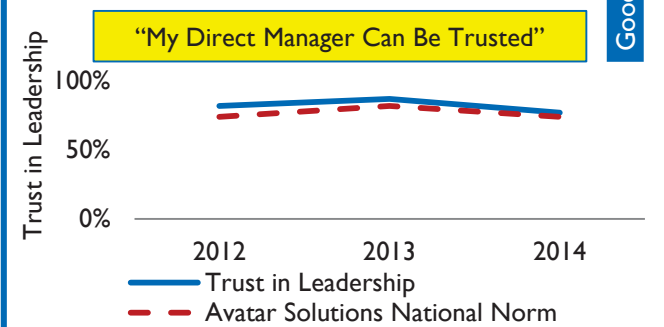


Fig. 7.4-9 BOD Trust of CEO

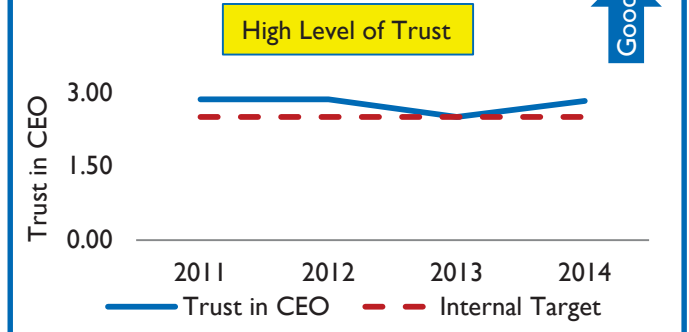
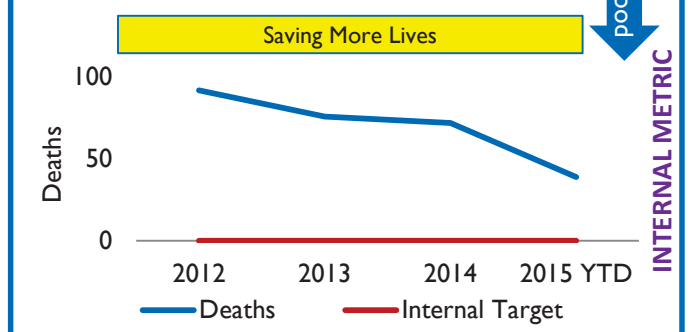
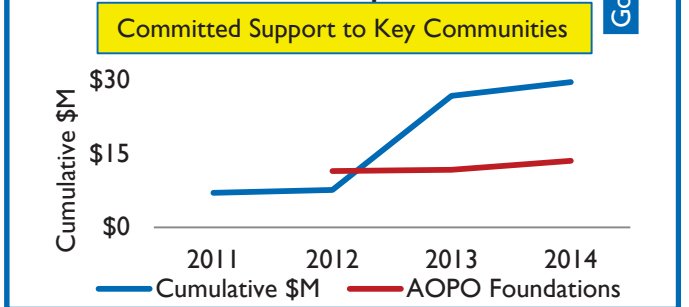


Fig. 7.4-10 Deaths on Local Waiting List



endowment of greater than \$7 million for the Center for Life with a total endowment of \$29.5 million realized in 2014. This endowment was created to serve bereavement needs of Donor Families and the professionals who serve them. It also aids with specific needs for recipients and their families, including a recipient grant fund and provides short and intermediate term housing for those awaiting and post-transplant when their primary residence is located outside the metropolitan area. The Donate Life Foundation is one of four in the OPO industry and exceeds the external benchmarks. This is just one more example of how MTS is committed to leading the industry in both innovation and service (Figure 7.4-11).

Fig. 7.4-11 Center for Life / Donate Life Foundation: Principle Balance



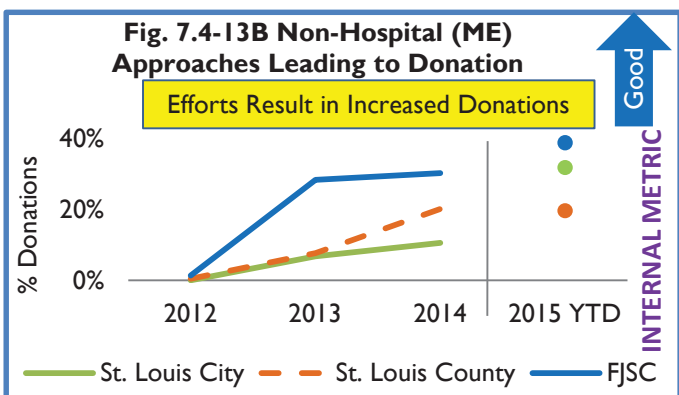
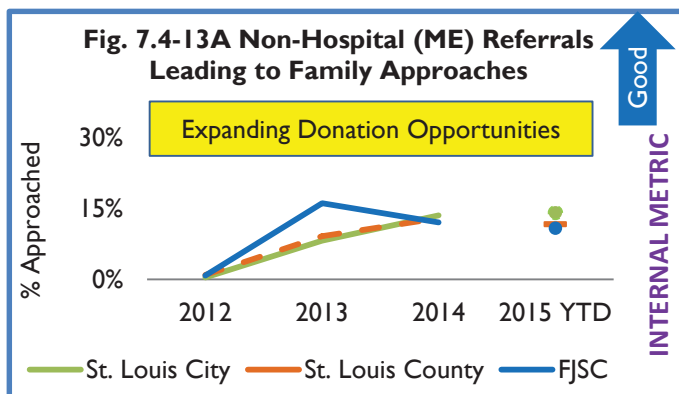
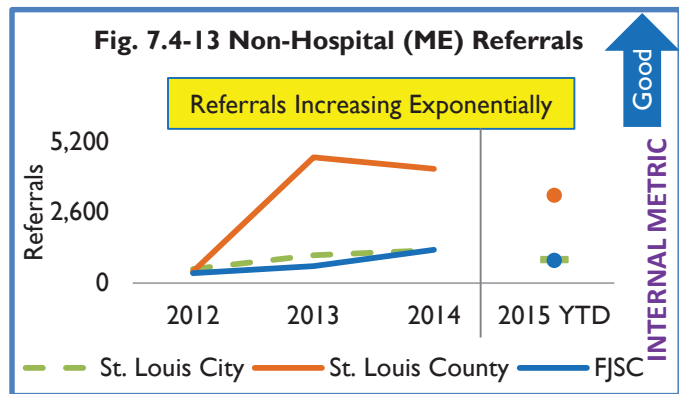
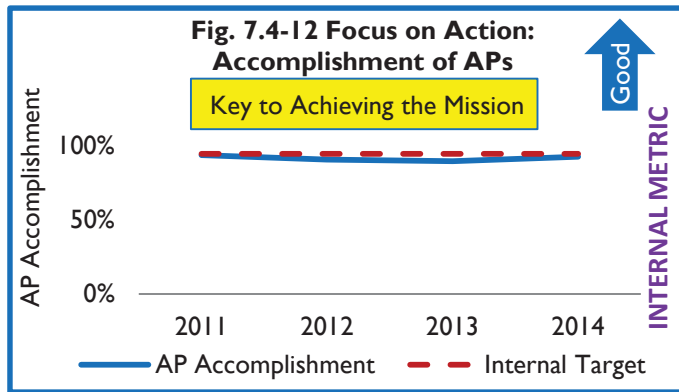
7.4b Results for accomplishing the organizational APs are found in Figure 7.4-12. APs are put in place each year at MTS and success in accomplishing those APs is mission critical in achieving our three main SOs.

The key metrics for strategy achievement of our Mission include: Figure 7.4-10 Deaths on Local Waiting List, Organ, Tissue and Eye Donors (Figures 7.1-3, 7.1-4, and 7.1-16).

Results for building and strengthening our CCs include: Figure 7.3-11 Mission-Driven staff, Figure 7.5-11 Organ

Donor Cost Comparison (Innovation – performing In-house recoveries), and *Figure 7.5-12* Average OAC's - keeping our costs the lowest.

Results for relationship management, our future CC, are shown in *Figures 7.1-1A & 7.1-2A*. As an example, results for intelligent risk include *Figures 7.4-13, A & B*.



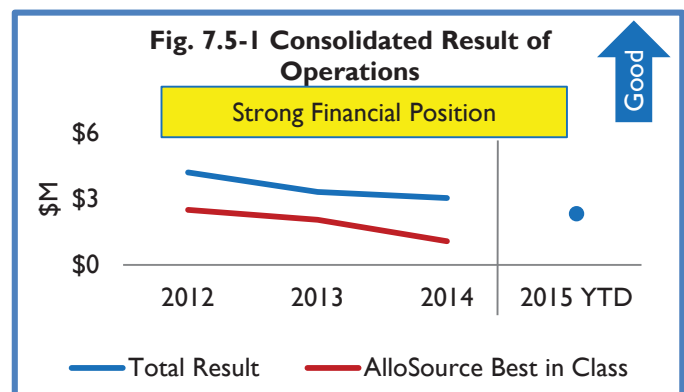
7.5 Financial and Market Results

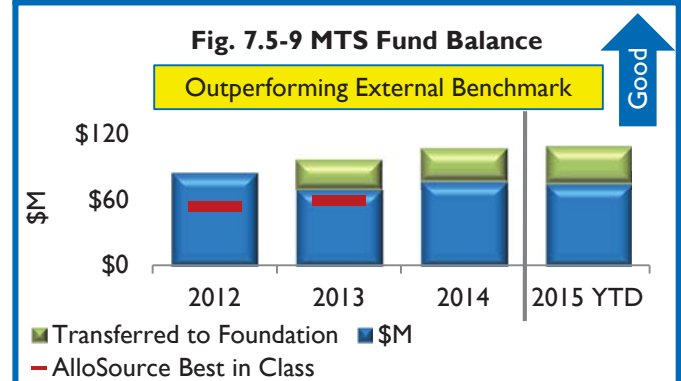
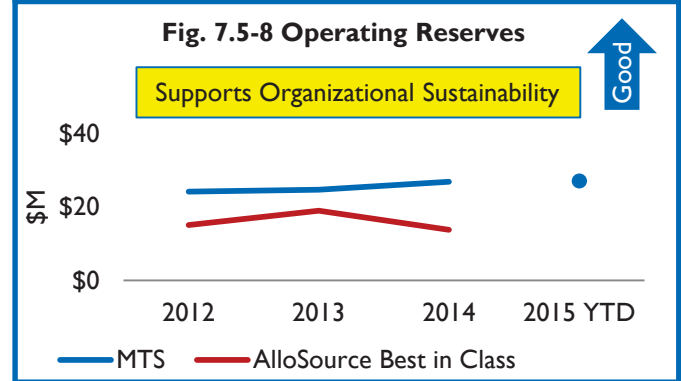
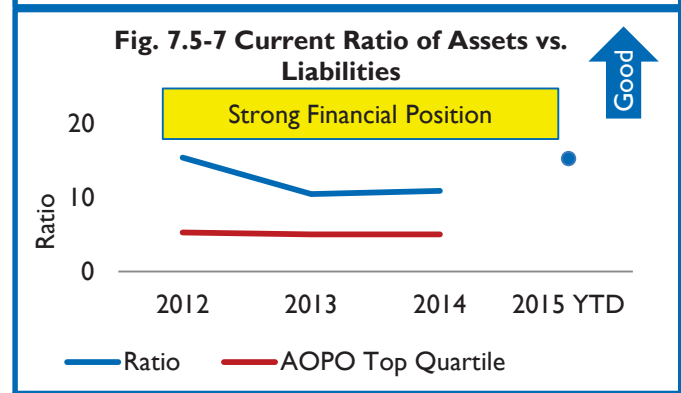
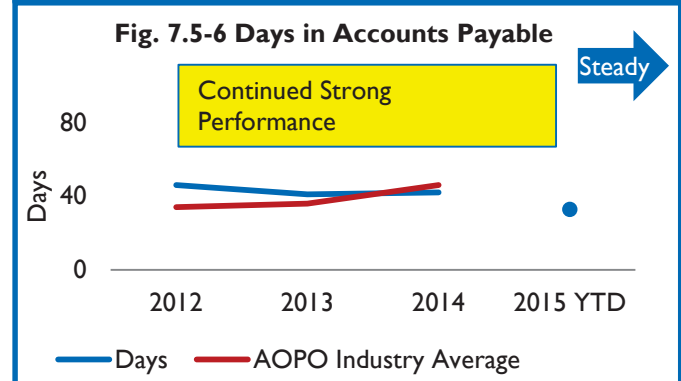
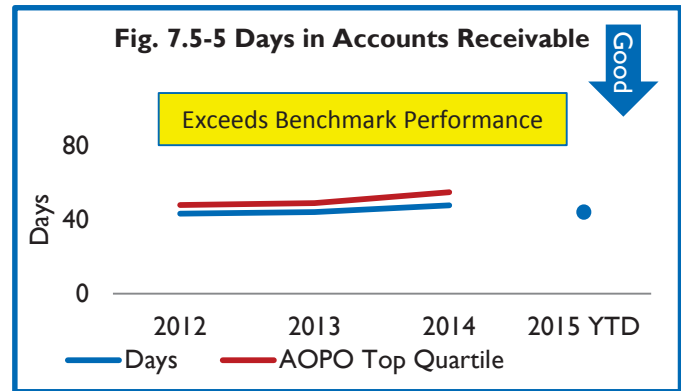
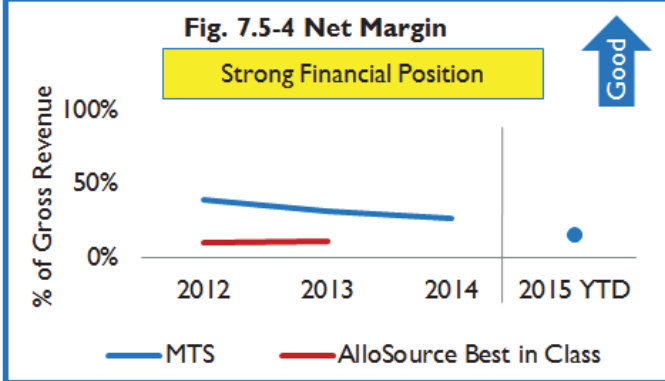
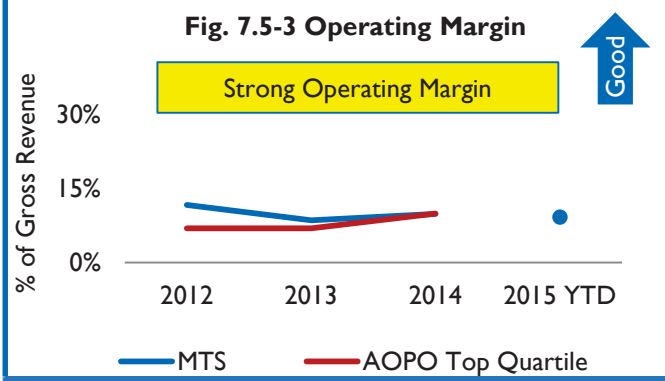
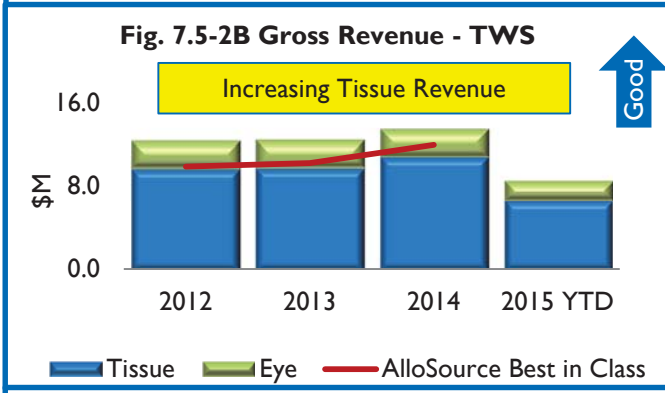
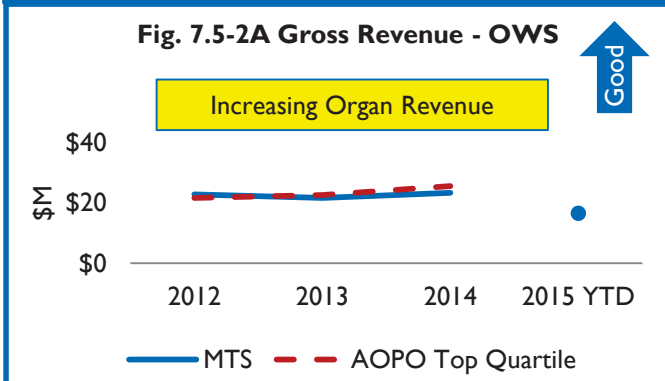
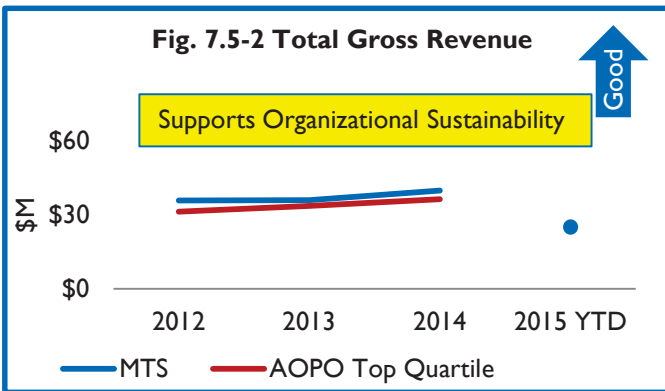
7.5a(1) MTS' financial performance is benchmarked, by evaluating key measures within OPO financial surveys conducted by AOPO. MTS utilizes the survey to examine its overall financial condition. Our goal is to assess whether MTS' financial and operating status is improving over time and against benchmarks. MTS also uses budgets to optimize outcomes and continue being a leader in the industry.

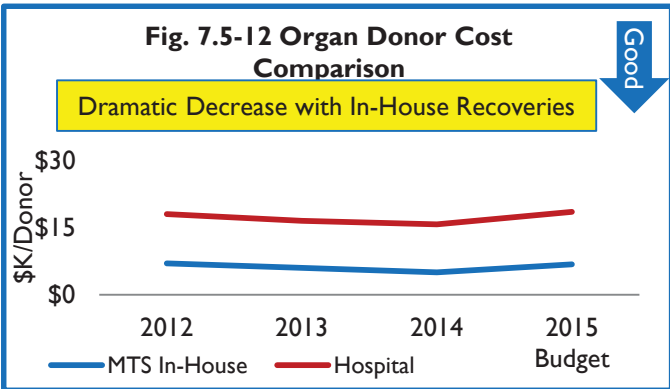
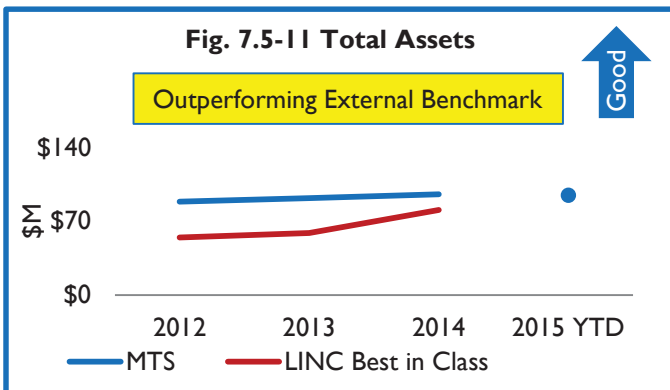
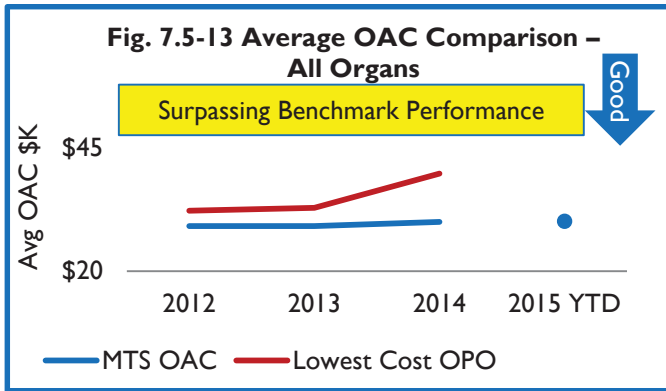
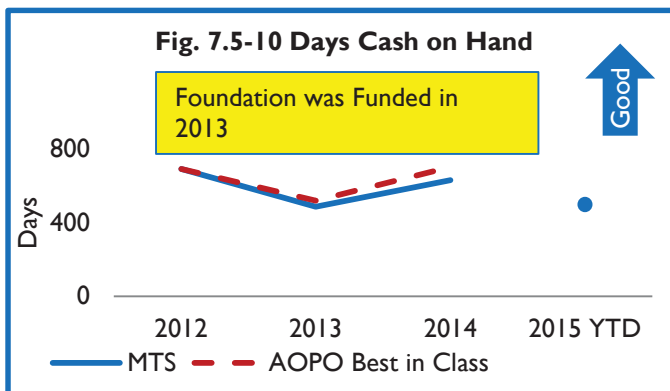
Consolidated Results of Operations, *Figure 7.5-1*, demonstrates MTS is in a strong position with good performance levels compared to budget, with 2014 results of \$3.96 million. MTS demonstrates favorable financial levels in the measures Gross Revenue (*Figures 7.5-2,A,B*), Operating Margin (*Figure 7.5-3*), Net Margin (*Figure 7.5-4*), Days in Accounts Receivable (*Figure 7.5-5*), Days in Accounts Payable (*Figure 7.5-6*), and Current Ratio of Assets versus Liabilities (*Figure 7.5-7*). This performance reflects MTS' identified strategic advantage of possessing a strong financial position and supports organizational sustainability.

Figure 7.5-8, Operating Reserves, includes cash, investments, and accounts receivable. The amount of operating reserves is set by BOD policy, and allows MTS to ensure mission attainment and organizational sustainability. MTS sets the standard as the AlloSource best in class performance, and MTS Fund Balance (*Figure 7.5-9*) continues to increase and supports additional investments in innovative strategic risk, supporting the establishment of the Foundation in 2013. MTS is one of only four OPOs to establish a foundation. The Fund Balance demonstrates MTS' financial viability and supports the organization's sustainability. MTS also owns and manages its facility to further growth and cost containment, supporting innovation and intelligent risk taking. In 2001, MTS became the first OPO in the nation to operate an in-house organ recovery suite. In 2010, this innovative practice was adopted by 3% of all OPOs; in 2013 this had spread to 10% of OPOs.

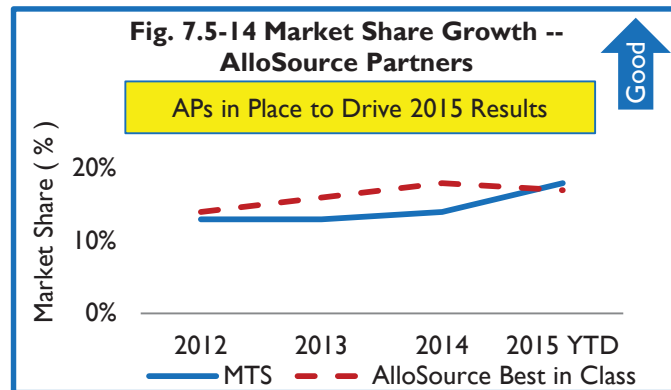
Figures 7.5-10 Days Cash on Hand and *Figure 7.5-11* Total Assets indicates MTS' sustainability and strong financial management. Performance on both metrics exceed the external benchmark. MTS' strong financial and operating returns demonstrate viability and continue to improve over time. Overall financial performance measurements are similar, exceed industry comparisons, and perform well against the budgetary plan.







Limited by its DSA, increases in tissue donations are possible with identification of new or expanded referral sources. Tissue activity levels remain strong. Market Share Growth AlloSource Partners (*Figure 7.5-14*) shows MTS' contribution to the total AlloSource tissue volume. APs in place for the last three years have included a focus on growing the eye bank. Corneal Surgeon Market Share (*Figure 7.5-15*) shows the growth experienced between 2012 and 2015. APs are in place for 2015 include additional strategies to optimize MTS' ability to provide corneal tissue in the local marketplace.



7.5a(2) As a non-profit organization with a DSA that is designated by the Centers for Medicaid & Medicare Services, MTS does not look to increase market “share” in the typical way other companies do, but looks to improve its own performance within its DSA and track its progress via the measures represented in Section 7.1.

Organ Donor Cost Comparison (*Figure 7.5-12*) demonstrates the difference in donor costs when donors are recovered in the traditional hospital setting versus when transferred to the MTS facility for donor care and surgical recovery. Efforts to contain costs are measured by budget spending trends and Organ Acquisition Charges (OAC). OAC fees that have been charged to the transplant center partners have historically (and continue) to track below the minimum at the strategic direction of the MTS BOD. The comparison data for these charges are compiled from OPOs, typically with geographic proximity, that are most frequently involved with organ sharing activities impacting the local transplant centers, (*Figure 7.5-13*). Cost containment is an essential area for MTS' transplant partners to remain competitive in the healthcare payer market.

