



2021 Malcolm Baldrige National Quality Award APPLICATION

Mid-America Transplant
1110 Highlands Plaza Drive East
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St. Louis, MO 63110

Kaylin
Liver Recipient



**Mid-America
TRANSPLANT**

*inspired by **life***

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GLOSSARY OF TERMS AND ABBREVIATIONS

GLOSSARY OF TERMS AND ABBREVIATIONS

#

24/7

24-hours a day, 7-days a week



Organizational Record Level Performance

A

AATB

American Association of Tissue Banks

ADA

Americans with Disabilities Act of 1990

AERO CHARTER

Aircraft management and charter services, key supplier

AFTERCARE

Support and bereavement services provided to donor families

ALLOSOURCE

Nonprofit tissue processing organization

ALLOSOURCE TISSUE RECOVERY PARTNERS

Mid-America Transplant, along with 4 other member OPOs

AOPO

Association of Organ Procurement Organizations

AOS

Available on Site

AP(s)

Action Plan(s)

AUDIT & COMPLIANCE COMMITTEE

Board committee providing oversight regarding external audit and compliance activities

AUTHORIZATION

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

AVATAR HR SOLUTIONS

Employee Engagement & Satisfaction survey vendor formerly Avatar International LLC and HR Solutions Inc

AVATAR HR SOLUTIONS BEST-IN-CLASS

Best-in-Class-top 10% in the Avatar HR Solutions, Inc.

B

BEHAVIORAL ANCHORS (BA)

Actions set by the organization that demonstrate employees' commitment to the core values

BEYOND FEEDBACK (BF)

Vendor conducting employee engagement & satisfaction surveys

BOARD QUALIFICATIONS AND AFFILIATION GRID

Matrix of demographic categories on the Board(s) of Directors

BOARDEFFECT

Web-based board portal

BOD

Board of Directors

BONE DONORS RELEASED

Musculoskeletal donors released to the tissue processor (customer) following documentation of eligibility.

BOWLER

Hoshin Kanri visual tool to track performance

BRAIN DEATH

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

C

CANDLELIGHT MEMORIAL

Annual event to honor the donors and their families.

CAP

College of American Pathologists

CAPA

Corrective Action Preventive Action

CARDIAC CATHETERIZATION

Imaging procedure utilized to evaluate cardiac disease in potential donors

CASCADING SCORECARD

Tool to collect and transfer results across the organization

CATCHBALL

Hoshin Kanri technique demonstrating effort to identify mutually agreeable goals

CC

Core Competencies, denoted by **CC**

C&C

Capability & Capacity

CCP

Corporate Compliance Program

CDC

Centers for Disease Control

CEO

Chief Executive Officer

CM/IIP

Change Management/Improvement and Innovation Process

CLIA

Clinical Laboratory Improvement Amendments of 1988

CMS

Centers for Medicare and Medicaid Services

CMS CONDITIONS FOR PARTICIPATION

Requirements that organ procurement organizations (OPOs), hospitals, and organ transplant centers must meet to have their services covered by Medicare & Medicaid

COMPENSATION COMMITTEE

Board committee managing executive compensation

CONVERSION/CONVERSION RATE

Percentage of actual donors divided by potential donors

CORE VALUES

Collaboration, Compassion, Excellence,
Innovation, Integrity and Stewardship

CT SCAN

Computed tomography scan

D

DART RATE

Days away, restricted or transferred (OSHA Form 300a)

DATA MALL

SharePoint repository of predefined scorecards and reports

DCD

Donation after Circulatory Death

DEC

Donor Evaluation Coordinator

DECADE CLUB

Annual celebration for employees celebrating ten or more years of service

DEI

Diversity, Equity, Inclusion

DMEK

Descemet's membrane endothelial keratoplasty – a partial thickness corneal graft

DMV

Department of Motor Vehicles

DOL

Department of Labor

DONOR FAMILIES

Families authorizing organ and/or tissue donation for their next of kin (collaborator)

DONOR HOSPITALS

Partner hospitals within MT's designated service area (DSA), where donation may occur (partner)

DONOR REGISTRY

Voluntary public registry used to document a person's wishes regarding donation

DONOR SERVICES

24/7/365 communications center where all death notifications are processed

DONORNET

Online record supported by the United Network for Organ Sharing

DS

Donor Services

DSA

Designated Service Area

E

EBAA

Eye Bank Association of America

EEOC

Equal Employment Opportunity Commission

EKR

Employee Key Requirement

ELT

Executive Leadership Team

ELT TOWN HALL

Communication strategy where ELT members provide information

EMB

Extended Medical Bank

EMR

Electronic Medical Record

ERP

Emergency Response Plan

EVLVP

Ex vivo lung perfusion therapy that improves lung quality

EXTRA-RENAL

Any organ other than kidney

F

FDA

Food and Drug Administration

FH

Funeral Home

FLSA

Fair Labor Standards Act of 1938

FOUNDATION

Mid-America Transplant Foundation

FIVE A's

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

FPA

First Person Authorization – a law granting legal authority to proceed with organ and tissue procurement without consent from the family

FSS

Family Support Services

FTE

Full-Time Employee

G

GIFT OF LIFE

Organs and tissues donated by donors and their families

GOVERNANCE COMMITTEE

Board committee charged with nomination and self-evaluation

GPO

Group Purchasing Organization

H

HLA

Human Leukocyte Antigen

HOSPITAL CYCLE TIME

Time from declaration of death to arrival of the organ donor to MT

HRSA

Health Resources and Services Administration

I

ICU

Intensive Care Unit

IMPROVEMENT

A change that is planned, deployed, measured, and documented, with favorable results

IMPROVEMENT ENDEAVOR

A coordinated effort to generate IMPROVEMENTS or INNOVATIONS

INNOVATION

Everything for improvement (above) plus 10% improvement in two metrics from two categories

INTERNAL OPERATIONAL METRICS

Metrics to evaluate the organization's progress to goal

IT/IS

Information Technology / Information Systems

K

KM

Knowledge Management

L

LDS

Learning and Development System

LIFELOGICS

Electronic Medical record provider for the organ and tissue recovery community

LINC

Formal partnership of three OPOs for the purposes of knowledge sharing to advance OPO industry

LT

Leadership Team – consists of ELT, directors, and managers

LS

Leadership System

M

MAXIMIZING DONATION

Increasing authorization for donation and clinically managing the donor to ensure recovery of all suitable organs and tissues

ME

Medical Examiner

MEDICAL ADVISORY COMMITTEE

CMS-mandated advisory committee

MEMBER IN GOOD STANDING

Classification utilized by UNOS to reflect organizational status

MINDFUL MINUTES (MMs)

Scheduled, two-way communication between employee and manager

MISSION

We save lives through excellence in organ and tissue donation

MQA

Missouri Quality Award

MT

Mid-America Transplant

N

NORTH STAR VISION (NSV)

5-year measurable milestone outlining specific achievements in MT's 'vision journey'

O

OAC(s)

Organ Acquisition Charge(s) cost billed to organ transplant centers for the procurement of organs

OD(s)

Operational Discussions

O:E

Observed to Expected

OMP

Operational Management Process

OPC

Organ Procurement Coordinator

OPO

Organ Procurement Organization

OPTN

Organ Procurement and Transplantation Network, contract being filled by UNOS

OR

Operating Room

ORC

Organ Recovery Coordinator

ORGAN

Kidneys, lungs, liver, heart, intestine, pancreas

ORGANOX

Normothermic preservation machine for livers

ORGAN YIELD

Organs transplanted per donor

OSHA

Occupational Safety and Health Administration

OWS

Organ Work System

P

PASSPORT TO EXCELLENCE

A comprehensive orientation program held quarterly

PDSA

Plan-Do-Study-Act

PEP
Performance Evaluation Process

PESTLEC
Political, Environmental, Societal, Technological, Legal, Environmental, Clinical

PHI
Personal health information

PHONE AUTHORIZATION
Telephonically obtaining authorization for donation

PE
Performance Excellence Department

PMS
Performance Measurement System

PTO
Paid/Personal Time Off

Q

QAPI
Quality assessment and performance improvement plan

R

RMP
Relationship Management Process

RPG
Research and Planning Group – qualitative and quantitative marketing research firm

S

SA(s)
Strategic Advantage(s)

SaaS
Software as a service

SAFETY COMMITTEE
Safety task force promoting and addressing safety needs

SAFETY PROGRAM
Program focused on the health and safety of employees

SC(s)
Strategic Challenge(s)

SCORECARD
Tool used to collect and transfer key metrics

SD(s)
Strategic Discussion(s)

SEROLOGIC DONOR TESTING
Donor blood test to assess communicable disease status

SHAREPOINT
Web-based collaborative platform for document management

SO(s)
Strategic Objective(s)

SOP(s)
Standard Operating Procedure(s)

SLS
Sharing Lifesaving Success

ST. LOUIS CREMATION
Key supplier utilized for the transportation of tissue donors

STL COMMUNICATIONS (STLCOM)
Key supplier providing the organization’s voice telephony system

STAFF
Frontline employees

STP
Strategic Thinking Process

SUCCESS FACTORS (SF)
Performance Management Software

SUPPORT DEPARTMENTS
Internal departments (Aftercare, Business Intelligence, Executive Support, Facilities, Finance, Human Resources, IT/IS, Laboratory, Materials Management, Performance Excellence, Quality)

SWOT
Environmental scan to identify internal Strengths and Weaknesses, and external Opportunities and Threats

T

TABLEAU
Data visualization software application

TISSUE
Refers to musculoskeletal, skin, cardiovascular, and eye

TISSUE PROCESSORS
Facilities that process donated tissue into transplantable gifts

TISSUE YIELD
Tissue procured per donor

TOPC
Tissue Ocular Procurement Coordinators

TOPLINE SCORECARD
Tool used to collect and report the results of high level key organizational metrics

TRIGGER
Mechanism to notify MT of a potential donor

TRUENORTH (TN)
Electronic donor record developed by key supplier LifeLogics

TWS
Tissue Work System

U

UNOS
United Network for Organ Sharing

V

VISION
Organs and tissues are always available to those in need

V/M
Vision/Mission

V/M/V

Vision/Mission/Values

VOC/S

Voice of the Customer/Stakeholder

VRINE

Value, Rarity, Inimitability, Non-substitutability,
Exploitability

VSA

Value Stream Analysis

W

WORKFORCE (WF)

All employees, including staff, LT, and ELT

WORK SYSTEM SCORECARD

Tool used to collect and transfer the results of key metrics at
the work system level

WPP

Workforce Planning Process

WS

Work system

X

X MATRIX OR MATRICES

Hoshin Kanri template used for strategic planning and
deployment- includes goals, strategies, initiatives, and owners

Y

YIELD

Outcome of donation activities

YTD

Year to date

ORGANIZATION PROFILE

ORGANIZATIONAL PROFILE

For more than 45-years, Mid-America Transplant (MT) has served as the not-for-profit regional Organ and Tissue Procurement Organization (OPO) for 4.7 million people living within a federally-assigned territory inclusive of 84 counties located within eastern Missouri, southern Illinois, and northeast Arkansas. Mid-America Transplant’s (MT) daily work is complex and relies on successful collaboration with many individuals and organizations to provide donation opportunities to families. Amidst the disruptions faced during the COVID outbreak by MT and its stakeholders, MT reaffirmed the value of continuing to persevere to achieve the life-saving mission. The organization established a COVID Task Force, operationalized safety protocols, including flexible working arrangements, as applicable, and utilized the Communication Process (Fig. 1-1-3) to keep employees apprised of not only internal operational and process changes, but also external policies initiated by public health officials. MT demonstrated enterprise-wide agility to make quick, responsive changes based on VOC/S (Fig. 3.1-1) information and the resilience to continue to fulfill its mission through the Leadership System (Fig. 1-1-1), while meeting or exceeding customer needs. Rising from the chaos, MT set twenty-two organizational records including the largest number of organ and tissue donors, the greatest number of organs transplanted and record-breaking tissue donor authorization. Remarkable accomplishments in a normal year, and yet MT’s team made these miracles happen during a pandemic. This preamble sets the tone for MT’s story, Ryan’s story... *we save lives through excellence in organ and tissue donation.*

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 life-saving measures, the doctors have diagnosed conclusively that Ryan is brain dead. Machines keep his organs functioning while a team from Mid-America Transplant talks compassionately to Ryan’s family about donating his organs and tissues. On the most agonizing day of this family’s life, they found 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, was 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 skin 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 MT staff members come to work every day to realize the mission of the organization to save lives through excellence in organ and tissue donation.

P1. ORGANIZATIONAL DESCRIPTION

P.1a. Organizational Environment

P.1a(1) From its founding goal to assist in the coordination of kidney donation, MT has grown to become a multifaceted organization dedicated to saving and enhancing lives (Fig.

P.1-1). Located in St. Louis, MO, MT is one of 57 federally designated organizations of its kind, in the United States.



MT’s main service offering is the facilitation of organ, tissue, and eye donation, accomplished through the organization’s two work systems: Organ and Tissue (Fig. 6.1-2). The Tissue Work System is made up of two service lines: tissue and eye. The delivery of services for both work systems requires the careful coordination of partners, collaborators, and key suppliers to ensure organs, tissues, and eyes are available for use by the organization’s key customer groups (Fig. P.1-5). All three service lines (organ, tissue, and eye) are critical to MT’s success, which is measured by the number of lives saved and improved. The support departments provide administrative functions to accomplish the mission.

Donor families come from the community at large and are identified as potential collaborators once a partner notifies MT of the patient’s imminent or actual death. After patients have been evaluated, and determined to be medically eligible for donation, the family is presented with the opportunity for donation, by a member of MT’s staff. Each donation is maximized to its fullest potential to honor the precious gifts entrusted to MT. Of the approximately 30,000 deaths occurring annually within MT’s Designated Service Area (DSA), approximately 495 patients have the opportunity to become organ donors. Special circumstances required for death determination significantly impact the eligibility requirements associated with organ donation. Tissue donation opportunities occur approximately 5,800 times annually (Fig. P.1-2).

Figure P.1-2 Finding the Silent Heroes

4.7 Million People in DSA		
Donation Awareness	Registry Enrollment	
ORGAN	30,000 Deaths	TISSUE
493	Eligible Donors	5,818
358	Authorized	3,668
278	Donors	2,424

MT partners with the 122 hospitals and several non-hospital referral institutions (Medical Examiner [ME] and coroner offices) located within its DSA to gain access to

potential donor family collaborators, the entry point into the donation process (Fig. 6.1-2), MT provides ongoing educational offerings to partners to ensure the referral process occurs in a timely manner, to preserve donation opportunities for families. Once a referral is made, MT prescreens the potential donor for medical eligibility for donation. Families are compassionately approached by Family Services' staff in the Organ Work System (OWS) and by the Donor Services (DS) staff in the Tissue Work System (TWS). During the approach, families are presented with the opportunity to honor their loved one's documented registration decision or are presented information to make a decision to donate on behalf of their loved one. MT's clinical staff collaborates with the hospital partners to provide medical management of the donor to optimize donated gifts (Fig. 6.1-2). In the OWS, recovery is performed by the transplant surgeon assisted by Organ Recovery Coordinators (ORCs); in the TWS, recovery is performed by Tissue and Ocular Procurement Coordinators (TOPCs). MT 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, corneal transplant surgeons, and domestic eye banks. MT's services are designed to support customers, donor families, recipients, and ultimately, the community (Fig. P.1-5).

P.1a(2) The purpose of MT is to save and enhance lives (Fig. P.1-1). MT's **vision** is: *Organs and tissues are always available to those in need.* The vision was developed based on the understanding that the organization's ultimate goal will only be realized when organs and tissue are readily available to patients when needed. Central to the MT 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 MT plays a role in the lifesaving gift of donation. Whether it is the literal "life save" to an organ recipient or a literal or "quality of life save" to a tissue recipient, at its core, it is all about saving lives. The Core Values serve as a guide for how the workforce lives and experiences the culture on a daily basis.

Compassion	We recognize the needs of others and extend empathy, kindness, and generosity
Collaboration	We build relationships with purpose to bring greater value to those we serve
Excellence	We are an intentional and focused team, putting everything we have into being our best
Innovation	We challenge the status quo to create something new or better
Integrity	We are honest, fair, and respectful in our interactions and decision making
Stewardship	We strive to positively affect people's lives by protecting the gifts entrusted to us

The vision, mission, and values (V/M/V) of MT, validated annually during the Strategic Thinking Process (STP) (Fig. 2.1-1), serve as the foundation for the culture and form the basis for how the organization is managed. The mission of MT could not be accomplished without the

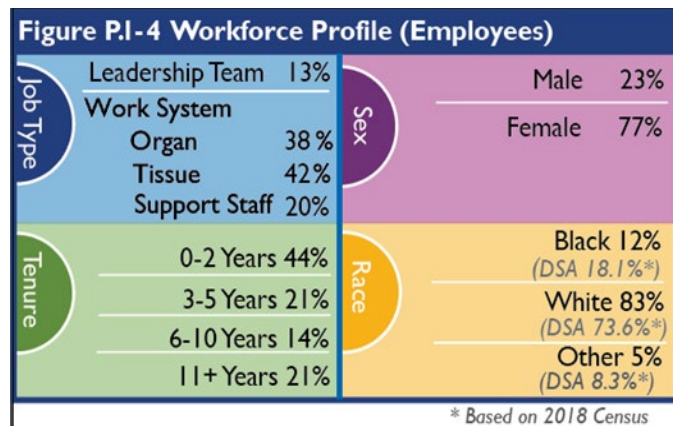
organization's core competencies (**CCs**) of Relationship Management Excellence and Visionary Leadership.

- **Relationship Management Excellence:** The collaboration with key stakeholders, including donor families, hospitals, non-hospital referral sources, and customers requires an understanding of expectations that ensures MT is able to meet and exceed customer and stakeholder requirements (Fig. P.1-5). This relationship management **CC** is revalidated by MT's survey process, which noted that overall satisfaction with MT for transplant centers, tissue processors, corneal transplant centers, and donor families exceeded benchmarks and continues to demonstrate exceptional results (Figs. 7.2-1-3, 7.4-11).
- **Visionary Leadership:** MT's success has been driven by its Visionary Leadership focused both within and outside of the organization. MT has an organizational process and innovation focus and has driven improvements within the OPO industry with several 'firsts,' positioning MT as a thought leader and pacesetter in the OPO industry. Visionary Leadership is seen over the course of the MT's seventeen-year Baldrige journey (Fig. P.2-2) and the results for 2020 demonstrate new organizational records in the OWS and TWS. In addition, MT's collaborative approach to sharing within the industry, the ability to provide leading edge solutions, and the utilization of the Baldrige business model, positions MT to continue to pursue world-class performance and supports its mission to save lives through excellence in organ and tissue donation.

P.1a(3) MT is a 24/7 business in which many of the 186 employees are decentralized. The Workforce Profile (Fig. P.1-4) reflects the employee profile and includes job type, tenure, sex, and race. MT's workforce composition ensures the organization is positioned to capitalize on the diverse backgrounds, knowledge, skills, and abilities of its workforce. As organizational performance has increased, and the number of organs and tissues have increased, so has the need for expansion of both clinical and non-clinical staff to support operational efficiencies. To maximize operational effectiveness, the workforce is segmented by work system and support departments. The OWS operationalizes the organ donation process; the TWS manages and supports the tissue and eye donation processes; and the support departments provide the infrastructure to maximize organizational performance (Fig. 6.1-2). While the Foundation utilizes volunteers to engage the community (AOS), volunteers do not perform operational functions.

Workforce educational requirements, including applicable certifications, vary by work system and department and are included in job descriptions. In addition, the Learning and Development System (LDS) (Fig. 5.2-1) includes components that allow the tracking of personal goals and certifications in the Performance Evaluation Process (PEP) system (Fig. 5.1-2). Utilizing the Communication Process, (Fig. 1.1-3), MT routinely promotes that every role in the organization contributes to the success of the mission. Multiple workforce survey cycles have validated three of the highest scoring survey attributes and key drivers that engage the workforce: connection to the mission of saving lives, employee benefits,

and relationships with co-workers (Figs.7.3-10, 7.3-13). MT has no organized bargaining units. All employees require a healthy, safe, and secure work environment. MT’s approaches to address these requirements include system-wide programs focusing on risks. Typical office role related safety requirements apply to the workforce; health and safety issues related to staff working in healthcare environment apply to clinical staff. At MT, such issues are addressed through annual training and standard operating procedures (SOPs). Due to the 24-hour nature of some work, special safety requirements are in place to maintain a safe facility complete with automatic locking doors and 24/7 video surveillance [5.1b(1)]. The Safety and Security Committee has improved security through a number of approaches including enhanced badge access and a video security system. Safety outcomes are reflected in the Safety Scorecard (Fig. 7.3-8) and satisfaction with a safe work environment was ranked 91.8% in the 2020 employee engagement survey (AOS).



P.1a(4) MT owns a custom-built facility in St. Louis, Missouri, which houses a six-bed critical care unit (clinical innovation and an industry first), **CC** for organ donor management, and two fully equipped operating rooms (an industry first), **CC** for procurement. Key clinical technologies and equipment include: a 24-hour diagnostic and serology testing lab, which included the 2021 installation of the Abbott Alinity System, providing the latest blood screening technology to an OPO Laboratory – an industry first. **CC** Additional clinical technologies and industry firsts include on-site x-ray, ultrasound, cardiac catheterization lab, CT scanner, and Continuous Venovenous Hemofiltration (CVVH) capabilities. These innovations have been shared across the nation and have impacted the organ and tissue procurement practices at several OPOs, leading to more organs transplanted in MT’s DSA, as well as impacting outcomes in other OPO DSAs. The facility also houses the organization’s eye bank with complete corneal processing capabilities and distribution services. MT owns a twin-engine turbo prop plane equipped with medical equipment to transport donors to the MT facility for organ and tissue recovery (industry first). **CC** Utilizing the latest technologies, MT provides staff, key partners, and customers with collaborative tools; real-time access to key data, including a donor EMR; and advanced reporting services that provide customized analytics and business intelligence.

P.1a(5) MT operates under a highly regulated environment and identifies key regulatory requirements in Regulatory and

Legal Compliance Key Measures (Fig. 7.4-4). In addition, local environmental and regulatory initiatives apply for fire and sanitation measures.

P.1b. Organizational Relationships

P.1b(1) Incorporated in the State of Missouri, MT is a private, not-for-profit 501(c)(3) organization. A voluntary, community-based governance Board of Directors (BOD) sets policy for the organization and is composed of hospital and business executives, physicians, donor family members, recipients, recipient family members, and other disciplines including ethics, law, and finance. Representatives from MT’s key 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 an executive leadership team (ELT) composed of the Chief Medical Officer (CMO), Chief Information Officer (CIO), Chief Administrative Officer (CAO), Chief Financial Officer (CFO), Vice President of Tissue and Support Services, and Chief Organ Operations Officer (COO). The Leadership Team (LT) consists of the ELT, Directors, and Managers. This flat organizational structure (Fig. 1.1-4) where leaders are process owners, enables agility in decision-making and the implementation of innovative ideas and process improvements.

P.1b(2) Fig. P.1-5 outlines MT’s key customers, partners, suppliers, and key communities as well as the requirements and expectations for each group. MT’s key market segment is the organization’s DSA, which is assigned by the federal government. Local organ transplant centers (Barnes-Jewish Hospital, SSM Health Saint Louis University Hospital, St. Louis Children’s Hospital, and SSM Health Cardinal Glennon Children’s Hospital); tissue processors (AlloSource, CryoLife, Allergan, LifeNet, RTI, Axogen, LeMaitre, and Lattice); and corneal transplant surgeons and eye banks are MT’s key customer groups.

P.1b(3) Key suppliers, partners, and collaborators play an important role in supporting the achievement of MT’s vision, mission, and strategic objectives. These requirements are noted in Fig. P.1-5. Key suppliers include Aero Charter, LifeLogics, St. Louis Cremation, and STL Communications (STLCOM). These organizations have made significant business model accommodations to provide 24/7 availability to ensure the donation process can proceed smoothly. Aero Charter and St. Louis Cremation provide air and ground transportation services for both work systems. This minimizes delays that can impact donor families and transplant centers. LifeLogics is an OPO owned consortium (industry first) **CC** which provides the donor Electronic Medical Record system (EMR) including the platform with reporting functions, a critical part of the Performance Measurement System (PMS) (Fig. 4.1-1). LifeLogics also supports the organization’s ability to electronically provide tissue donor records to the processors, ensuring the timely release of tissue. Suppliers, partners, and collaborators provide MT with the ability to assess process performance and enhance customer satisfaction by exceeding customer requirements of tissue quality, information, and availability. As MT’s key partners, donor hospitals and non-hospital referral sources are interlinked with

MT as they are essential to gaining access to potential donor families. Through ongoing training, Hospital Services staff assist with the establishment of tailored systems that define triggers to initiate the donation process (referral) and support the donation decision (Fig. 6.1-2). Once a referral is made, an MT 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 in honor of their loved one’s documented registry authorization to be an organ and/or tissue donor.

Figure P.1-5 Key Stakeholder Requirements	
Customers	Requirements of MT
Local Organ Transplant Centers	<ul style="list-style-type: none"> • Clinical Competence • Maximize Donation • Responsiveness • Sharing Information
Tissue Processors	<ul style="list-style-type: none"> • Accountability • Maximize Donation • Responsiveness
Corneal Transplant Surgeons/Centers and Domestic Eye Banks	<ul style="list-style-type: none"> • Accuracy of Information • Availability of Corneal Tissue • Tissue Quality
Partners	
Donor Hospitals	<ul style="list-style-type: none"> • Communication • Information • Sensitivity
Collaborators	
Donor Families	<ul style="list-style-type: none"> • Compassion • Honor the Donor • Information • Stewardship of the Gift
Funeral Homes	<ul style="list-style-type: none"> • Communication • Integrity • Service
ME/Coroners	<ul style="list-style-type: none"> • Communication • Information • Involvement
Communities	
Recipients/Their Families Donor Families	<ul style="list-style-type: none"> • Provide Quality Organs in a Timely Manner • Stewardship
Key Suppliers	MT Expectations
Aero Charter LifeLogics STL Communications St. Louis Cremation	<ul style="list-style-type: none"> • Collaboration • Service Quality • Timeliness

The primary methods for knowledge sharing and communication with suppliers, collaborators, partners, and customers are noted in Fig. 3.1-1. Supplier and partner communication is conducted via face-to-face meetings with follow-up communication via phone and email. Inputs from partners and collaborators, as well as other key stakeholders, feed into the STP (Fig. 2.1-1) and are connected to the CM/IIP (Fig. 6.1-4) to help drive organizational performance. MT’s supplier, partner, and collaborator requirements are noted in Fig. P.1-5 and are interdependent.

P2. ORGANIZATIONAL SITUATION

P.2a. Competitive Environment

P.2a(1) As the federally designated OPO within its service area, MT does not have traditional competitors. MT ranks 28th among the existing 57 OPOs in terms of the population living within their DSA but ranks in the top decile for both organ donors/million (Fig. 7.1.3) and tissue donors/million (Fig. 7.1.5). MT is regulated and operates solely within the borders of its DSA; no other OPOs may procure organs within this DSA. To continue to maintain this designation, however, MT must meet national performance standards set by the Centers for Medicare and Medicaid Services (CMS). Donor hospitals are required to report all deaths to MT as a CMS Condition of Participation. Hospitals may contract with another tissue bank for the recovery process. MT established and has maintained tissue recovery contracts with 100% of the 122 donor hospital partners within its DSA. MT does have a single eye bank distribution competitor; corneal transplant surgeons select eye banks for obtaining corneal tissue. Since expansion outside of the geographic DSA is not feasible, growth in donation must come from increasing the number of families who say “yes” (authorization) to donation, increasing the number of potential donors who are registered, or changes in medical practices which increase the number of medically eligible candidates. The constraints of a geographic DSA reinforce the importance of maximizing donation for each potential donor to achieve the mission of saving lives. The STP (Fig. 2.1-1) and OMP (Fig. 6.1-1), including the CM/IIP (Fig. 6.1-4) and PMS (Fig. 4.1-1), work in concert to integrate strategic improvements and ensure organizational performance important to the mission ‘meet’ or ‘exceed’ relevant industry and benchmark comparisons.

P.2a(2) Changes in the allocation policy and tissue market industry changes could be a challenge for the OPO industry. As such, the organization focuses on what it can control; utilizing MT’s drive, resilience, and proven ability to provide excellence in clinical operations and innovations, while achieving cost effectiveness and efficiencies. These efforts place MT in a strong financial position (SA) to manage future challenges and opportunities. MT formed a collaborative group with two like-minded, Baldrige award winning 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 identification and sharing, training and development opportunities, comparative data and benchmarking, and potential innovation identification and opportunities.

P.2a(3) Reflecting MT’s commitment to management by fact, the Comparative Data Process (CDP) (Fig. 4.1-4), consists of 4 steps: selection, comparison, improvement, and effectiveness. The organ industry has several national data points available through multiple public sources, although data reporting can be delayed by 18 months or longer for some metrics. Comparative data in 2019 and 2020 from AOPO industry sources was limited due to a practice change in 2019 providing benchmarking data only every two years. Tissue operational comparative data is also limited. Some tissue processors provide feedback for select results in the form of

scorecards and some tissue comparisons are available from national OPO metrics. The lack of comparative data available for corneal tissue is also challenging. National eye banking metrics are not available due to competition within the eye bank industry. To offset these limitations, MT has led the industry **CC** in sharing through collaboration with other OPOs, including AlloSource’s tissue recovery partners and the LINC group. The LINC data collection process has evolved to a formal data committee that provides a web-based portal for regular reporting of agreed upon and defined metrics. The CDP (Fig. 4.1-4) ensures the selection and prioritization of performance metrics drive the utilization of comparative data to further enhance organizational improvement.

Figure P.2-1 Strategic Challenges and Advantages	
Challenges	
Business	• Industry Changes
Operational	• Standardization of Work • Authorization Rate • Data Validation
Societal Responsibility	• Donor Designation Rate
Workforce	• Talent Management, Including Diversity
Advantages	
Business	• Financial Stewardship
Operational	• Visionary Leadership CC • Relationship Management Excellence CC • Donation Facility
Societal Responsibility	• Culture of Performance Excellence
Workforce	• Mission Driven Workforce

P.2b. Strategic Context

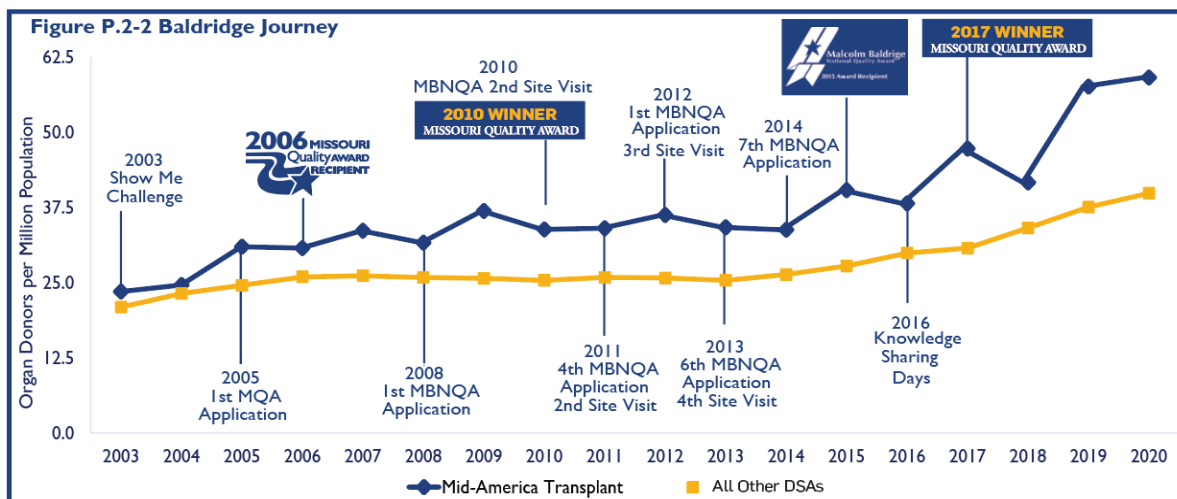
Strategic Challenges and Advantages (Fig. P.2-1) provides a summary that reflects the current strategic state of MT. Strategic challenges (SCs) and advantages (SAs) are reviewed annually during step 6 of the STP (Fig. 2.1-1); Steps 7 through 8 ensure appropriate action plans (APs) are linked to organizational success. The alignment of MT’s SCs and SAs with strategic objectives is shown in Fig. 2.1-2.

P.2c. Performance Improvement System

Together with the Board of Directors, the MT Leadership Team (LT) creates an environment that supports improvement and innovation (core value) through the creation of strategies, systems, and methods for achieving performance excellence. The Leadership System (LS) (Fig. 1.1-1) is used to set and deploy the V/M/V and culture to the workforce via the Communication Process (Fig. 1.1-3). Based on multiple cycles of strategic improvement and refinement, MT has developed an organizational structure, processes, and a culture to focus on action and achieve sustainable performance, foster improvement, encourage innovation, and seek strategic opportunities. Leading-edge practices in an integrated, continuous process improvement environment allow MT to deliver a distinctive value stream that benefits its customers and the lives of organ and tissue recipients. MT was the first OPO in the country to adopt the Baldrige Framework for Performance Excellence as its business model **CC**. The organization was awarded the Malcolm Baldrige National Quality Award in 2015 and was the first OPO in the country to receive this prestigious award (Fig. P.2-2).

The Change Management and Improvement and Innovation Process (CM/IIP) (Fig. 6.1-4) is an integral part of the STP (Fig. 2.1-1) and the OMP (Fig. 6.1-1). The CM/IIP serves as the process for change, improvement and innovation, and fosters the pursuit of strategic opportunities. Ideas generated in the OMP (Fig. 6.1-1), STP (Fig. 2.1-1), and/or LDS (Fig. 5.2-1) or other inputs are submitted and then prioritized by the cross functional CM/IIP committee (Fig. 6.1-4), including evaluation for mission alignment, impact, priority, and resource allocation. Internal improvement teams may be formed to address opportunities utilizing a number of performance improvement approaches. Innovations or improvements driving aligned opportunities are deployed via MT’s operations; innovations or improvements driving intelligent risks that are not aligned with MT’s current work systems are evaluated and dispositioned accordingly.

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



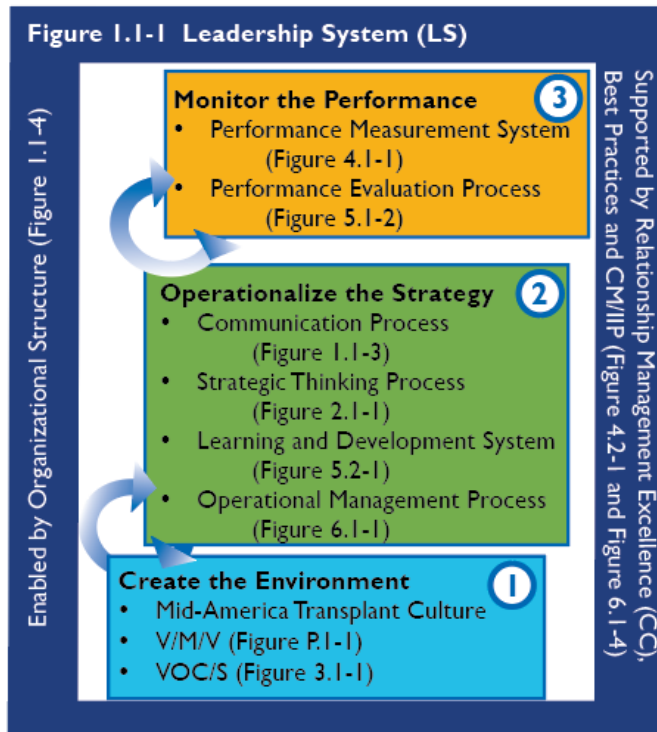
RESPONSES ADDRESSING ALL CRITERIA ITEMS

CATEGORY 1 - LEADERSHIP

1.1 Senior Leadership

1.1a Vision and Values

1.1a(1) Mid-America Transplant’s (MT) Leadership System (LS) (*Fig. 1.1-1*) creates the environment, provides direction to operationalize the strategy, and monitors performance to plan for an engaged workforce that successfully facilitates organ and tissue donation in alignment with the Vision, Mission and Values (V/M/V) committed to excellence (core value).



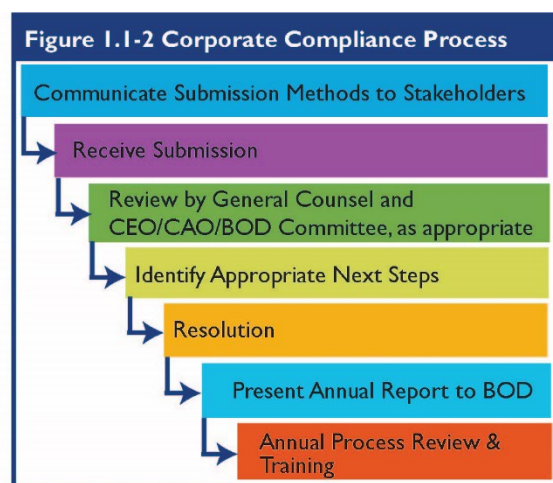
To set and deploy the V/M/V for the organization, senior leaders engage in a Strategic Thinking Process (STP), which includes review, validation, and deployment of the V/M/V. Through refinements and improvements, senior leaders identified an opportunity to better leverage the STP to include a longer-term strategy. During the 2019 STP, the North Star Vision (NSV) was developed and validated to capture how MT’s vision would look in “working clothes.” The NSV is a 5-year, measurable milestone outlining specific achievements in MT’s ‘Vision Journey.’ The NSV is aligned to the mission and core values and is supported by short-term (annual) and long-term (five-year) organizational goals. These annual goals are reviewed and validated by the BOD and Leadership Team (LT) and are communicated to the staff utilizing the Communication Process (*Fig. 1.1-3*). Through regular interactions as outlined in the Relationship Management Process (RMP) (*Fig. 3.1-2*), key suppliers and partners are informed of the NSV and strategic goals as appropriate. Leveraging the LS and the Organizational Structure (*Fig. 1.1.4*), the V/M/V and culture are continuously deployed to the workforce, customers, and stakeholders via the Communication Process. Examples of deployment of the V/M/V include:

- Reviewing the V/M/V and NSV during Board meetings,

- staff meetings, highlight banners on SharePoint, the external website, internal electronic message boards, and distribution of the Annual Impact Report to partners, key suppliers, and other stakeholders
- Incorporating the stories of donor families, transplant recipients, or patients waiting for a transplant into multiple communication methods
- Providing building tours to collaborators, customers, stakeholders, partners, and key suppliers that reinforce the V/M/V through visual displays supported by passionate commentary
- Leveraging social media campaigns highlighting V/M/V and increasing community and collaborator awareness

The LT members serve as role models, demonstrating a commitment to MT’s core values, promoting a climate of openness, and instilling trust by setting the culture via the LS (*Fig. 1.1-1*). This is evidenced in daily practice, staff meetings, department meetings, and Mindful Minutes (MMs) discussions. Behavioral anchors (BAs) are the actions set by the organization that demonstrate employees’ commitment to the core values and are used as part of employee annual performance evaluations (PEP) (*Fig. 5.1-2*). Leaders provide personal acknowledgment to employees for demonstrating behaviors consistent with the organization’s core values. The 2020 Employee Engagement survey results scored “Leaders’ actions align with culture” at 88.9%, outperforming the top quartile healthcare benchmark (AOS).

1.1a(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 (*Fig. P.1-1*). The LT adheres to workplace policies, including Workplace Expectations, which outlines expected conduct of all employees, Donor/Recipient Confidentiality, and Conflict of Interest (COI), which includes a signed annual disclosure. Conflicts of Interest are reviewed by the Corporate Compliance Officer and the Board Audit and Compliance Committee to ensure MT adheres to the highest legal and ethical standards. Employees and the BOD receive mandatory annual corporate compliance training (*Fig. 5.2-1*) to validate their understanding of their obligations to legal and ethical compliance.



Through the MT Corporate Compliance Process (CCP) (*Fig. 1.1-2*), leaders model and promote an atmosphere that not only informs employees and stakeholders of MT’s legal

and ethical obligations, but also encourages reporting of any questionable behavior. The CCP further enables reporting through an anonymous system to ensure confidentiality. Through refinements, LT enhanced its commitment to promoting legal and ethical behavior by including pertinent legal and ethical education in new employee orientation (Fig. 5.2-1). This standardized approach provides new employees with a foundation of MT's commitment to its core value of integrity, and to legal/ethical behavior, which is measured through the BAs [5.1a]. Through refinements, customers, partners, and suppliers are now advised of reporting mechanisms via their contracts, on the organization's website, and during meetings, as appropriate. Annually, legal counsel reviews contracts to ensure they are consistent with current legal standards [1.2b(2)].

1.1b Communication

To promote open, two-way communication with employees, and to support an open-door policy, the LT communicates and engages the staff utilizing the Communication Process (Fig. 1.1-3). Through evaluation and refinement, leadership revised its process for soliciting staff input and created MMs conversations. LT members participate in MMs with their direct reports. These regularly scheduled conversations have preset questions designed to elicit specific feedback regarding strengths and pain points within the work. LT members use the information gathered from MMs to identify themes to present at LT meetings for review, discussion, and follow-up. Depending on the theme, and to close the communication loop, feedback is addressed by managers either individually or departmentally, and organization-wide feedback is addressed in all-staff or ELT led-town hall meetings. Additionally, MT uses social media to convey broader messaging and to communicate and highlight organizational success stories, thereby reinforcing the mission. Senior leaders' communication and engagement with key partners and key customers occurs in Step 4 of the Communication Process (VOC/S) and is incorporated into the Relationship Management Process (Fig. 3.1-2).

Members of the LT reinforce high performance and a business and customer focus in multiple ways [5.2], beginning with regular incorporation of the NSV in meetings and other communication mechanisms. Personal notes of recognition are written by the LT, including the CEO, to acknowledge special achievements. MT's Sharing Lifesaving Success (SLS) plan provides financial rewards for high performance and customer and business focus. The SLS status is reviewed regularly by the CFO at staff meetings and is a key component of MT's reward system, reinforcing the workforce focus on the accomplishment of organizational goals, which are identified on the Topline Scorecard (Fig. 4.1-2).

As MT has grown, the Communication Process has undergone evaluation and refinement resulting in strategic improvements. Through strategic and operational discussions (SDs and ODs), ideas and information are brought into the Change Management and Improvement and Innovation Process (CM/IIP) (Fig. 6.1-4) and shared via the Communication Process. Key decisions are disseminated to the entire workforce through various meetings or electronic communications. At the start of the COVID pandemic, MT used the Communication Process (Fig. 1.1-3) to leverage the

business continuity plan to guide its response based on best practices as well as employee and stakeholder feedback. To ensure the safety of the workforce, while maintaining a customer and business focus, key members of leadership convened daily (ODs) to discuss rapidly changing data, emergency orders, applicable regulations, and to develop operational plans. This COVID team issued regular communication to the workforce regarding safety protocols to be utilized in hospitals, updated donor screening criteria, operational deployment of staff, and remote work requirements. Additionally, regular work system meetings allowed for agility in the pandemic response while ensuring resiliency of the workforce.



Recent engagement survey results demonstrate high levels of satisfaction around leader communication (Fig. 7.4-1). Using the Communication Process, leaders encourage high performance through opportunities at staff and department meetings. For example, key transplant customers are invited to present at organ operations meetings to educate and motivate the workforce toward the accomplishment of organizational goals by sharing feedback.

1.1c Mission and Organizational Performance

1.1c(1) The LT creates a successful, resilient, and agile organization now and in the future through the LS (Fig. 1.1-1), with a focus on the organization's key processes to create integrated work systems. The STP allows the organization to remain focused on long-term goals (NSV) while continuously driving improvement toward short-term goals. To promote sustainability, a myriad of process improvement Lean and Six Sigma tools are leveraged to support an environment positioned to accomplish MT's lifesaving mission. Workforce Capability and Capacity is assessed via the Workforce

Planning Process (WPP) (Fig. 5.1-1) to help confirm skill and staffing levels are optimal to support achieving the mission.

By maintaining a robust VOC/S process (Fig. 3.1-1), the LT creates a mission driven (SA) workforce culture that consistently delivers a positive customer experience CC and fosters engagement. Customer satisfaction metrics are reviewed and discussed at work system and department meetings. APs are developed based on these assessments to drive improvements for customers and stakeholders. Senior leaders work to promote an equitable and inclusive environment supported by a BOD that is comprised of members that represent MT's community (Fig. 7.4-8). This sets the foundation for inclusion efforts throughout the workforce. In 2020, the CEO conducted multiple listening sessions around diversity, equity, and inclusion (DEI). Feedback from these sessions led to a series of DEI trainings (Fig. 5.2-1) and discussions to set the foundation for a commitment to equity and inclusion that is incorporated into the organizational strategic goals. In addition, based on feedback, employees formed a DEI committee to focus on internal engagement and education of the workforce around these opportunities.

MT's processes identified in the LS, where leaders are process owners, provides the agility for immediate response to internal or external factors that dictate appropriate changes and balance the needs of stakeholders. The agility embedded within the Complaint Process (Fig. 3.2-1) allows staff to respond to issues or challenges in real time. The LS and Performance Measurement System (PMS) (Fig. 4.1-1) provide organizational accountability, and employee accountability is addressed through BAs and the PEP (Fig. 5.1-2), which includes documentation of individual training and development goals. The MT culture, the V/M/V, and the LDS create an environment amenable to employee and organizational learning. The commitment to the mission of saving lives, along with the value of innovation, drives MT to stay on the leading edge of industry knowledge CC and best practices. The opportunity for knowledge and best practice sharing is included in operational meetings.

The LT creates an environment that encourages and supports innovation, Visionary Leadership, Relationship Management Excellence CCs, and intelligent risk-taking [6.2(d)]. Intelligent risk-taking is embedded in the organization starting with the BOD and can be initiated in the STP, OMP, LDS, and/or MMs via the CM/IIP (Fig. 6.1-4). Intelligent risks are evaluated based on V/M/V, SO alignment and other factors to ensure balance across stakeholder groups.

MT has a talent pool approach to succession planning [5.2c(4)]. Succession is derived from a talent pool of new and/or current leader support and development, which allows MT to simultaneously maintain high performing employees and develop potential leaders to rebalance the leadership team as needed. The overarching goal of this approach is to have a readied pipeline across all organizational levels to fill vacancies in key positions, as appropriate. In 2020, leaders participated in an external assessment of their capability through the Development Dimensions International (DDI) leadership assessment. The results identified areas of strength and growth for future development and succession planning. DDI assessments and APs were also deployed for Team Leads and Preceptors in 2020. Through the LDS, leader development

is continuously deployed and has included opportunities such as engaging in national and state Baldrige examiner training, application review and site visits; participating in leadership development training through the Gift of Life Institute Art and Science of Leadership program; and attending or presenting at nation-wide industry and non-industry conferences. MT has built a roadmap for development such that the skills, competencies, attitudes, and perspectives that are developed at one level are built upon at a higher level. This systematic approach builds explicit linkages across leadership levels, optimizing organizational performance. As a result, MT builds bench strength, a leadership pipeline, and a developed workforce that is resilient and attuned to a variety of challenges and opportunities.

1.1c(2) Through the LS and the CM/IIP, the LT creates a focus on accomplishing the organization's objectives, improving performance, fostering innovation, and achieving the V/M/V. As part of its refined STP, MT creates multi-level strategic plans that drive the achievement of key goals. In addition, cascading scorecards are integrated into work systems, departments, and individual metric levels which are incorporated into the web-based performance management platform (Fig. 4.1-1).

Review of work system scorecards occurs at the top of the agenda for the LT operational meetings and drives discussion regarding the need to modify or implement APs as priorities change. Departmental AP progress is reviewed regularly at LT meetings. Systematic reviews of the APs through the PEP (Fig. 5.1-2) provides LT and staff accountability and opportunities to ensure that organizational performance is progressing to attain its NSV. The ultimate measure for MT is improvement over time with the key metrics on the Topline Scorecard (Fig. 4.1-2). If a key metric falls below the target, the Performance Excellence (PE) department partners with appropriate managers to analyze data and develop an AP or modify current APs, as applicable. For example, the TWS and PE department worked collaboratively in 2020 to address 'red boxes' for the percent of skin released. Several initiatives were developed and implemented, resulting in process, procedure, and outcome improvements over prior years (AOS). The multi-level strategic plans account for and balance the needs of customers, partners, and stakeholders as identified through VOC/S (Fig. 3.1-1).

1.2 Governance and Societal Contributions

1.2a Organizational Governance

1.2a(1) Responsible governance of the organization is provided by a BOD that reviews organizational results to achieve fiscal and management accountability. Transparency in operations ensures that MT addresses its responsibility to the community, exhibits ethical and legal behavior, practices good citizenship, and protects stakeholder interests. By utilizing a BOD Qualifications and Affiliation Grid (AOS), MT ensures that the BOD representation is diverse, reflects key customers, stakeholders, and partners, and is balanced to promote a variety of insights and perspectives (Fig. 7.4-8). Practices of the MT BOD to review and achieve key aspects and accountability of governance include:

- Holding management accountable for operational results by ongoing evaluation of the Topline Scorecard which

shows strategic objective target progress and by annual review and approval of the strategic plan, budget, Quality Assessment and Performance Improvement Report (QAPI).

- Holding management responsible for achieving fiscal accountability by monthly distribution of the financial reports for both MT and the Foundation. In addition, financial reports are reviewed at BOD meetings.
- Ensuring transparency of the BOD and committee operations through the availability of meeting minutes, presentations, and reports, including quality/regulatory outcomes posted and maintained on BoardEffect, a web-based board portal available to BOD members 24/7. This methodology promotes transparency, facilitates information sharing and fosters communication.
- Selection of BOD members is a transparent process and occurs by actively soliciting nominations from expanded sources, including key members of the community, key stakeholders, and nominations from existing Governing and Foundation BOD members and Senior Leaders. During the 2018 Board Governance Committee meeting, members identified expanded recruitment for broader diversity as a focus (Fig. 7.4-8). Recruitment and selection of representatives across the community ensures the protection of stakeholder interests and provides appropriate knowledge and diversity. Governance Committee discussions in 2020 established a philosophy for how board diversity and inclusion is defined (AOS). At the 2019 BOD retreat, the BOD identified opportunities to restructure several committees to promote efficiency and transparency. For example, the board expanded the scope of the Audit Committee to include compliance, thereby establishing an Audit and Compliance Committee, which includes the review and revision of the Conflicts of Interest (COI) policy. COI and corporate compliance training and disclosure statements are signed annually by all BOD members. Disclosure policies have undergone cycles of learning and improvement. The BOD disclosure statements are reviewed by the Audit and Compliance Committee and general counsel and are posted in the board portal to ensure transparency. Prior to each board meeting, general counsel reviews disclosure statements against the agenda to identify any potential conflicts of interest and advises the affected member.
- Maintaining independence and effectiveness in audits is assured through an annual external financial audit. The audit firm is engaged by the Board Audit and Compliance Committee, composed of independent board members. Audit results and recommendations are reported to the committee in the absence of management staff to promote an open and frank conversation between the audit firm and the committee. Internal audits follow an annual calendar to ensure operational compliance with regulatory oversights in accordance with the QAPI and include reporting organ donor potential based on chart review to the BOD.
- MT's core value of stewardship, validated by the BOD and senior leaders during the STP, sets the foundation for the organization to ensure protection of stakeholder interests. Multiple methods, both proactive and reactive,

are utilized to guarantee responsible placement of the gifts that MT has the privilege of stewarding.

- The Governing Board ensures the development and approval of a formal succession plan for the CEO. The BOD delegates authority to the CEO to oversee succession plan creation for other ELT members, which includes the identification and growth of a talent pool [1.1c(1)]. Leadership development is aligned with the LDS and goes through annual review.

1.2a(2) A systematic 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, a review of organizational performance metrics (Fig. 7.4-3), and an online evaluation of the CEO by the 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 salary survey and establishes a compensation philosophy and salary range for the CEO. The performance feedback from the BOD and the assessment by the committee is utilized to adjust salary based upon performance. In addition, the CEO participates in the SLS plan with the same goals as the workforce. The organizational SLS goals are approved annually by the Compensation Committee.

The CEO conducts annual performance evaluations for the ELT utilizing the PEP. As part of the PEP process, the CEO provides leaders with ongoing feedback, based on BAS and progress towards goal completion to assess their personal leadership effectiveness and drive performance improvements.

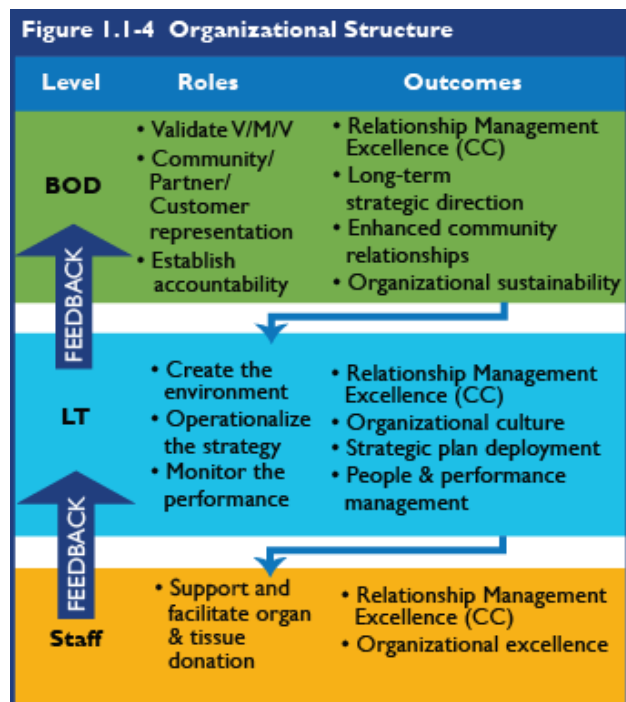
The BOD completes a self-evaluation survey biennially to determine the level of performance of BOD members, as well as to identify opportunities for improvement. The survey includes a self-assessment of their knowledge and understanding of key areas of MT operations. The feedback from these surveys is utilized by the Governance Committee to develop an educational agenda and recommendations to the CEO to guide BOD meetings and communication targeting identified development needs to improve their effectiveness as leaders. This work refines the actions of the BOD as well as assessing the leadership system which is ongoing throughout the year through SDs.

1.2b Legal and Ethical Behavior

1.2b(1) MT leverages the Organizational Structure, LS and utilizes the STP (Fig. 2.1-1, Step 3) to gather information from a variety of sources to anticipate legal, regulatory, and community concerns to ensure organizational resilience. This ongoing environmental scanning is performed with stakeholders and through national leadership positions **CC** within industry organizations. A public relations monitoring service is used to monitor news related to industry, organization, and key stakeholders. 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 is in place to ensure an appropriate response to public concerns, if needed (AOS).

In alignment with the NSV, in 2019, MT hired counsel in Washington, DC to provide analysis of proposed industry-wide regulatory changes. The insights from this analysis

further positioned MT to provide appropriate and applicable influence regarding issues affecting operations in both Illinois and Missouri. Situations that are relevant or pose a potential issue are shared with the LT and BOD. As a nonprofit organization that depends on public trust, MT works with external vendors to assist the LT with proactively evaluating and responding to potential threats to public trust. In 2018, MT added an in-house general counsel as a staff member to strengthen its legal and ethical safeguards, further ensuring ongoing assessment of current and future regulatory and legal concerns. The general counsel offers a different lens from which the organization assesses legal and ethical compliance and provides a unique perspective to the organization's LT that enhances MT's overall operations and provides an increased level of responsiveness.



MT anticipates public concerns with a focus on the stewardship of organs and tissue. Through strategic improvement and refinement, MT recognized the need to anticipate adverse events and concerns from the public. A component was added to the STP (Fig. 2.1-1, Step 3) to select a potential adverse event in response to the environmental scanning analysis. An AP is developed annually for the LT adverse event planning sessions. Various adverse scenarios are presented, discussed, and possible solutions identified. These scenarios inform any changes to the organization's business continuity plan or crisis communication plan.

Due to MT's lifesaving mission, MT pursues voluntary industry accreditations to help ensure regulatory and legal compliance (Fig. 7.4-4). Voluntary accreditations help ensure processes meet or exceed standards and assist with identifying potential opportunities for improvement. Goals for accreditations are full compliance/accreditation or no findings, as appropriate. Feedback from accreditations is incorporated into the Communication Process (Fig. 1.1-3), STP (Fig. 2.1-1), PEP (Fig. 5.1-2), or CM/IIP (Fig. 6.1-4) as appropriate. MT has received full accreditation from AOPO, AATB, and

EBAA, and is one of only 10 OPOs in the country to have all three accreditations.

Financial audits are managed by the Audit and Compliance Committee of the BOD. In addition, MT has monthly internal and scheduled external audits across the organization to address regulatory requirements and identify potential risks associated with operations, ensuring the organization remains in a state of readiness regarding compliance with Key Regulatory and Legal Requirements (Fig. 7.4-4). Additionally, MT leverages its LINC partners' expertise to provide off-cycle audits, offering additional opportunities to learn and improve. Trending of audit findings, managed in the Quality Management System audit module, include a formal feedback loop and assist MT 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 addressing risks associated with key services and operations (Fig. 7.4-4). Audit feedback reports are reviewed by appropriate work groups and summarized for the LT and the BOD. Should improvements be identified, a response plan is developed and deployed via the OMP (Fig. 6.1-1).

1.2b(2) The BOD and the LT promote an environment that fosters and requires legal and ethical behavior through the CCP (Fig. 1.1-2). MT's ethical behavior standards are reflected in its core value of integrity. Key stakeholder, customer, and partner survey results are also evidence of organizational ethical behavior. To promote and ensure ethical behavior across the organization, all employees adhere to a Code of Professional Conduct, and the organization maintains a comprehensive compliance policy (AOS). Utilizing the VOC/S, stakeholders and other groups are informed of the CCP and MT offers two anonymous mechanisms (online and telephonic) for reporting any non-compliance events or occurrences (Fig. 7.4-7). The organization provides employees with annual online CCP and compliance policy training (Fig. 5.2-1), including a review of the methods available for reporting an ethical breach. Both methods are monitored to ensure a prompt response. The Corporate Compliance Officer is responsible for investigating complaints and reporting to the BOD, if appropriate. Elements of the CCP and the compliance policy are reviewed annually by the Audit and Compliance Committee and have undergone learning and strategic improvement. This BOD committee reviews conflicts of interest or ethical issues that are related to the business operations of the organization and advises the Governing Board on the proper method for handling situations.

1.2c Societal Contributions

1.2c(1) The accomplishment of the mission, *We save lives through excellence in organ and tissue donation*, is MT's greatest gift and contribution to society. Organizational goals cascade to the department and to the individual level which ensures MT staff understand how their critical work aligns with the V/M of providing more organs and tissue for transplantation. This can be measured by the increases in the number of organs and tissues transplanted (Figs. 7.1-3 through 7.1-18).

Societal contributions include the sharing of best practices across the industry, including MT's Baldrige journey. Today

10-15% of the OPOs in the country are utilizing the Baldrige framework for improvement. A primary economic contribution to society was the creation of the Mid-America Transplant Foundation in 2013 which has provided services and support to MT's key communities.

1.2c(2) The annual STP (Step 3) includes a discussion of key communities ensure the organization is responsive to needs and requirements and ensure incorporation into strategy and daily operations. MT's LT and workforce live the organization's societal responsibility every day through their work and commitment to serving customers and key communities. MT's key communities include donor families (collaborators) and transplant recipients and their families. Supporting and strengthening of key communities is provided in multiple ways. MT's Aftercare department facilitates communication between donor families and recipients and organizes several formal and informal events each year. LT and the workforce participate in the annual 5K run/walk, donor family workshops and Candlelight Memorials in multiple cities within the DSA to honor donors and celebrate recipients.

MT's commitment to its communities is further evidenced by its work to combat social inequities throughout the region. For example, recognizing the disparate impact of end-stage renal disease on Black communities, the MT Foundation provides funding (Fig. 7.4-9) for an industry-leading CC research study to increase access to genetic testing which identifies risk markers for end-stage renal disease. Individuals who test positive for a second risk marker receive aggressive treatment to address underlying causes of end-stage renal disease, eliminating any future need for a kidney transplant. MT is a leading sponsor of the Association for Multicultural Affairs in Transplantation (AMAT), which works to combat educational and cultural disparities in donation and transplantation.

In 2020, the MT Foundation provided pandemic relief funding in direct grants to hospitals, coroner's and medical examiners offices across the DSA to offset the COVID impact on their day-to-day operations. These funds were designated to support community health efforts. Twenty-nine grants were awarded totaling \$197,500 (Fig. 7.4-9).

Through its Foundation, MT is the industry leader CC in support of independent grief centers in the DSA. These grief centers offer families professional counseling services at minimal to no cost. In 2020, MT granted over \$500,000 (Fig. 7.4-9) to grief centers. These funds support all families experiencing loss, regardless of whether families have said yes to donation. MT recognizes the importance of strengthening its communities collectively to have the greatest impact on society. Since 2015 these grief centers have provided services to over 21,245 families in MT's DSA.

The MT Foundation provides grants to community partners serving its DSA (Fig. 7.4-9). This includes organizations like Casa de Salud, which provides comprehensive healthcare to underserved immigrant populations in the St. Louis region. Other Foundation efforts include the Clinical Innovation Fund, Family House, and recipient grants, which address the needs of MT's key communities, and engages the broader community including customers. The Clinical Innovation Fund, the first in the country established by an OPO, funds improvements and innovations in clinical transplant medicine. A systematic process ensures applicants are vetted, reviewed by a committee, and subjected to ongoing assessment and effectiveness checks to ensure goal attainment. To date, \$4.46M has been invested in this novel program. (Fig. 7.4-9)

MT's Community Engagement department identifies opportunities for collaboration with community partners to educate the public about organ and tissue donation. This engagement ranges from collaborating with leaders at faith-based events, to working with DMVs regarding the enhancement of donation information provided to customers.

CATEGORY 2 - STRATEGY

2.1 Strategy Development

2.1a Strategy Development Process

2.1a(1) Through strategic improvement and refinement, the focus of strategic planning evolved from a process defined by approving annual actions to support the budget to a systematic Strategic Thinking Process (STP) occurring throughout the year. Supported by action plans (APs) and leveraging the CC of Visionary Leadership, MT creates focus on annual goal achievement to drive 5-year milestones. The STP (Fig. 2.1-1) consists of an annual nine step process involving strategy discussions, development and implementation, and an ongoing strategic discussion (SDs) component to monitor, adjust, and communicate. Participants in the STP include the Executive Leadership Team (ELT), the Leadership Team (LT), the BOD, customers, and staff. Through process refinements, MT evolved to an STP that includes feedback and input from multiple stakeholders, including internal and external scans (Fig. 3.1-1).

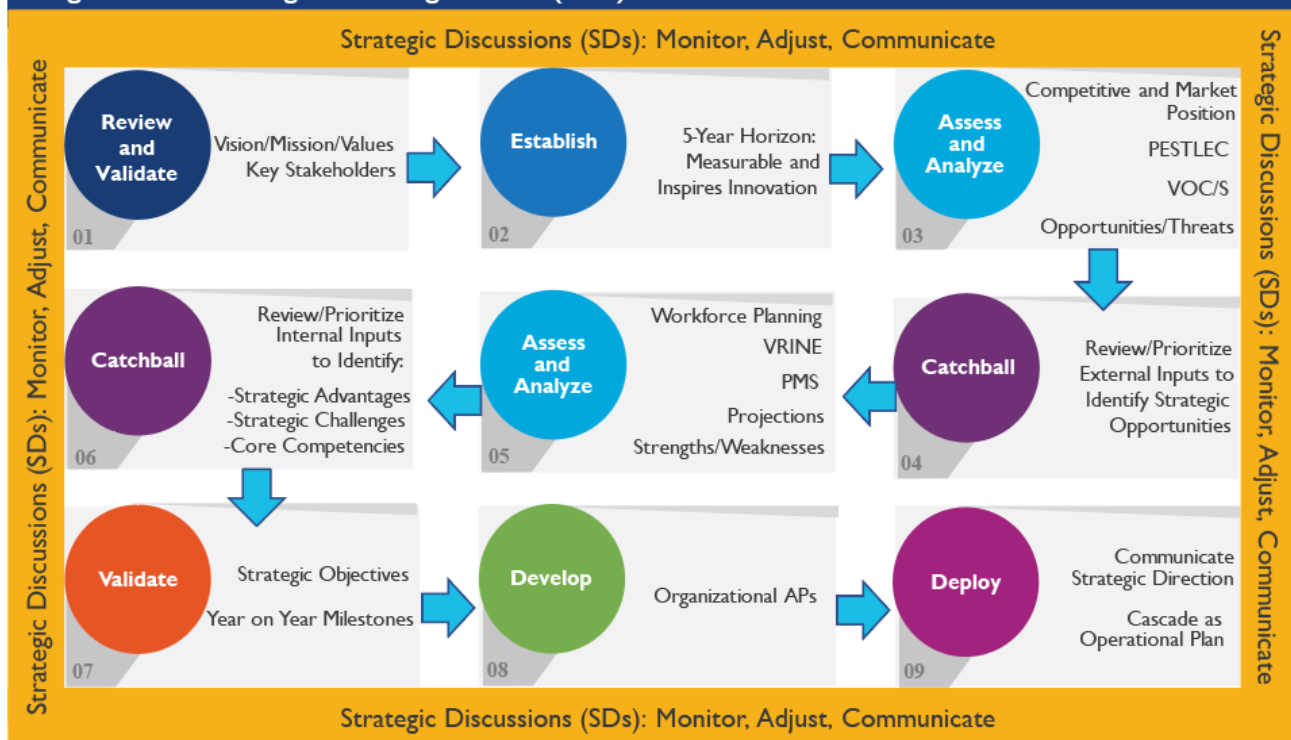
Previously, members of the ELT and LT focused on one-year short-term targets and three-year long-term targets during STP. Through multiple refinements, in 2018, responsibilities

of the STP were redistributed to create a five-year plan, guided by the BOD and the ELT. This refinement included a focus to leverage MT's process to include longer term strategy. At the STP sessions in 2019, the North Star Vision (NSV) was developed, validated, and incorporated. The NSV is a 5-year measurable milestone outlining specific achievements in MT's 'vision journey.' The long-term plan is supported by strategy tools (including x matrices and bowlers) that provide a format and structure so that specific initiatives are developed, measured and adjusted to ensure the NSV can be achieved. STP refinement has also included SDs around both short (one year) and long-term (five year) goals that are shared between the ELT and LT through ongoing SDs.

The potential need for change and/or prioritization of change initiatives are identified and evaluated within the STP process (Steps 3-6). Utilizing the PMS (Fig. 4.1-1), the progress-to-plan is monitored monthly and evaluated, ensuring agility and resilience in the face of environmental changes, and/or disruptions in a rapidly changing industry.

2.1a(2) The V/M/V, STP, and the CM/IIP (Fig. 6.1-4) stimulate and incorporate organizational innovation. Beginning with the NSV and the Strategic Objectives (SO) of

Figure 2.1-1 Strategic Thinking Process (STP)



inspired and empowered workforce, transformational leadership, and exceptional performance, the STP includes steps to stimulate and incorporate innovation and identify strategic opportunities (*Steps 2, 3 and 5*). In addition, the CM/IIP, which has undergone multiple cycles of learning and improvement, is used to identify, assess, prioritize, and disposition innovations, intelligent risks, and process improvements. The CM/IIP ensures ideas can be submitted via multiple inputs and are reviewed by a team of cross functional members which provides a robust and inclusive review. CM/IIP submissions, which can be initiated via STP, LDS, PMS, VOC/S, MMs and/or best practice identification, are evaluated in the areas of strategic alignment, intelligent risk, and impact on the workforce. Ideas passing the initial evaluation are reviewed by the ELT and, if approved, are prioritized, scheduled, and initiated.

The SWOT is reviewed during STP (*Steps 4 and 6*) and validated through ongoing SDs. Strategic opportunities are identified in Step 5, including a VRINE exercise to identify distinguishing skills and attributes that are difficult to replicate and provide a long-term competitive advantage. Environmental scanning serves as another input for the evaluation of strategic opportunities by the CM/IIP. The key strategic opportunities MT identified for 2021 are the ability to create/expand relationships including shared services.

2.1a(3) MT collects and analyzes relevant data and develops information during the STP (*Steps 3-6*). These steps include review of key performance measurement results utilizing the PMS (*Fig. 4.1-1*) and a comprehensive environmental scan of the donation and transplantation industry. The external review includes customer market impacts, BOD input, stakeholder feedback and preferences, and changes to regulatory environments (*Fig. 7.4-4*).

Included in Step 3 of the STP is the PESTLEC exercise, which identifies forces that may have future impact on, or risk

to, the organization. In Steps 4 and 6 of the STP, MT ensures it assesses threats and weaknesses from both internal and external sources, thereby providing insight to mitigate potential risks. Risk assessment is also captured in the CM/IIP; financial risk is assessed during the budget process and is included in BOD and LT budget presentations.

The identification of SCs and SAs is developed during Catchball sessions and discussions across the LT (*Steps 4 and 6*). A robust discussion prioritizing the organization's strengths and opportunities serves as the foundation for SAs while the threats and weaknesses identify SCs (*Fig. P.2-1*).

Relationship Management Excellence **CC** contributes to identifying potential industry changes and disruptions. The LT and staff gather environmental business information, industry innovations, and technological opportunities from industry and non-industry events, such as conferences and webinars hosted by MBNQA, AOPO, AATB, EBAA, UNOS, and processor Executive Summits. Approaches in 2020 also included commitments to advocacy work both at the state and national levels. These additional listening posts helped ensure MT was aware of and prepared for potential regulatory changes. This preparation included an expansion of new transplant surgeon relationships as broader organ allocation was implemented.

Technological changes and innovations are assessed as part of the PESTLEC exercise during Step 3. Technological innovations discussed during STP in 2020 included continued partnership with one of the organization's key suppliers to leverage the EMR for referral management efficiency, creating improvements across the referral process.

Potential blind spots limiting goal achievement or the accomplishment of the organization's SOs are identified through ongoing monitoring of the PMS (*Fig. 4.1-1*) and in Step 3 of the STP during the environmental scan with key external stakeholders, including the PESTLEC exercise and through ongoing discussions with the BOD.

Figure 2.1-2 Strategic Linkages (Examples: Full Plan AOS)

SO	2021 Organizational Goals	Sample Short Term Action Plans	2025 NSV Milestones	SC/SA/CC
Exceptional Performance	290 organ donors	Implement OWS VSA plan (includes 15 separate APs)	500 organ donors	SC-Authorization Rate SA-Financial Stewardship Culture of Performance Excellence CCs
	2500 tissue donors	Implement TVWS VSA plan (include 16 separate APs)	3300 tissue donors	SC-Authorization Rate SA-Culture of Performance Excellence CCs
Inspired and Empowered Workforce	Sustain high engagement culture	Build leadership talent bench Introduce DEI & DDI principles	First year turnover less than 15% Maintain top quartile performance	SC-Talent Management SA-Mission Driven Staff CCs
Transformational Leadership	Attributions increased by 20%	Execute attributions campaign	Adoption of attributions by 50% of OPOs	SC-Industry Changes SA-Culture of Performance Excellence CCs

Reference: Strategic Challenges/Strategic Advantages Figure P.2-1

During Steps 8 and 9, MT develops and cascades strategy and organizational goals into APs to accomplish the SOs, address the SCs, and make a final determination about the feasibility of accomplishing the SOs. Throughout the year, SDs include a review of relevant changes impacting the organization’s ability to execute the strategic plan. The strategic plan incorporates reviews at many levels, providing MT the ability to cultivate agility, thereby achieving the resilience necessary to modify strategies as applicable. The ongoing evaluation, monitored by the PMS and facilitated by the Communication Process (Fig. 1.1-3), keeps the organization focused on executing the strategic plan with suitable flexibility. Organizational results are linked to the STP (Step 2), and if AP results are not on target per the PMS, action is taken to address the gap(s).

2.1a(4) The decision to outsource a process or manage it internally is initiated through the STP during SDs. Gap analyses are performed to identify process efficiency opportunities. Ongoing analysis in the OMP (Fig. 6.1-1) of key supplier and partner expertise skill sets and core competencies provides information to aid in the determination of which key processes will be accomplished internally or externally. The systematic decision-making process includes an assessment of costs, workforce capability, and risks and benefits. For example, ODs around optimizing the organ donor management process led to a feasibility assessment of performing additional donor management laboratory testing in-house rather than outsourcing it to an offsite partner. Utilizing the CM/IIP (Fig. 6.1-4), a change control was submitted, including a business case with analysis to determine the viability of performing the testing in-house. C&C were evaluated during the business case presentation and it was determined that existing staff expertise could support these tests. Moreover, the proactive analysis forecasted a decrease in both turnaround time (a key lab metric) and cost of

service, which supports MT’s SO of exceptional performance. The decision was made to bring these processes in-house with resulting improvements in on-site donor management.

Future CCs are considered during STP, and the milestones and processes needed to achieve the 5-year horizon are considered against MT’s current core competencies. Analysis is conducted to identify competency or process gaps to ensure achievement of the 5-year strategic plan during STP utilizing Steps 2 and 3, including a VRINE exercise, to prepare the organization’s long-term strategy and help define opportunities to expand work systems, or shift CCs.

2.1b Strategic Objectives

2.1b(1) Examples of MT’s key SOs and aligned goals are illustrated in Fig. 2.1-2 with the remaining elements AOS. Through strategic improvement and refinement, MT has refined its process to leverage strategy tools that support the development of key SOs and the goals aligned under them.

The primary changes currently facing MT and stakeholders are national policy modifications regarding organ allocation and the tissue market industry changes. For example, the updated allocation policies have the potential to substantially impact local organ transplant centers (key customers). MT continually monitors and through ongoing SDs assesses the environment for changes and uses its CC of Relationship Management Excellence to influence the impact of these and other changes.

2.1b(2) MT’s STP and the organization’s complimentary SOs ensure appropriate balance among the organizational needs and the needs of key stakeholders. MT supports its SOs with organizational goals and resulting APs that leverage its SAs and CCs while tackling its SCs (Steps 7-8).

As part of the STP, ongoing SDs include information from the PMS, providing MT with the opportunity to balance short and longer-term challenges within an evolving industry to ensure adaptability in response to sudden shifts. Strategic

Linkages, (*Fig. 2.1-2*), illustrates examples of SOs, goal and AP alignment with appropriate planning horizons.

2.2 Strategy Implementation

2.2a Action Plan Development and Deployment

2.2a(1) Through multiple stages of refinement, the organization has incorporated various strategic tools to guide development of APs. *Fig. 2.1-2* outlines examples of key organizational goals and APs which are cascaded to the workforce (full plan AOS). Following prioritization through Catchball, APs are developed through departmental SDs in collaboration with the PE department. These APs are created to address the 12-15 month achievement of goals aligned with SOs to drive organizational success.

2.2a(2) Strategy and AP deployment to the stakeholders occurs in Step 9 and through the Communication Process (*Fig. 1.1-3*) and the Relationship Management Process (*Fig. 3.1-2*), as appropriate. For example, St. Louis Cremation, a key supplier, was informed that delivery time was a critical requirement for MT to meet its goal of corneal preservation timing. A gap in performance was identified via the PMS and was communicated; improvements in delivery times were achieved (*Fig. 7.1-40*).

The status of APs and individual goals are reviewed at LT meetings and between LT and staff during routine one-to-one meetings. Routine scorecard review at departmental and WS meetings ensures MT can sustain key outcomes of APs. This review allows for strategy shifts, resource re-allocation, and ensures that outcomes of APs can be achieved. Key outcomes of the APs are monitored through the review of the PMS. Modeling industry best practices (*Fig. 4.2-1*) in the OWS and TWS, benchmarking organizational results with industry high performers, utilizing the Baldrige feedback reports, and leveraging its CC of Relationship Management Excellence and Visionary Leadership further defines the road map for MT to accomplish its SOs.

2.2a(3) During *Steps 5-8*, APs are reviewed in detail to ensure alignment with the organization's SOs and resource availability. Workforce planning (*Fig. 5.1-1*) includes a review of the biannual C&C discussions, which prompts the identification of adequate capacity and the key learning and development resources required to drive the accomplishment of APs. Through a detailed budgeting process, monthly departmental financial trend analyses, and a forecast of financial risk (including an assessment of the financial impact of the APs and organizational goals), MT 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.

During the ongoing SDs, financial risk and viability are assessed for current operations and obligations monthly. A comprehensive financial statement utilizing the CMS cost report is prepared and distributed monthly for the LT and BOD. Year-to-date financials are presented at BOD meetings. Financial risk assessment includes financial impact analysis, budget planning, and forecasting to ensure MT has the financial means (SA) to support the existing and future work, while meeting current obligations.

2.2a(4) Workforce plans are captured within Step 5 and in the Workforce Planning Process (*Fig. 5.1-1*). As a part of the WPP, the LT performs an analysis of current and future needs and reviews C&C information along with onboarding, stay, and exit interview data. This determines the potential impact on the workforce as well as the workforce needs for the accomplishment of the short and long-term APs. Management one-on-one meetings, MMs, and biannual C&C discussions ensures MT assesses changing needs in capacity and capability, as well as their impact on the workforce. These ongoing SDs and ODs aid in addressing training and development needs related to workforce capability (*Fig. 5.2-1*) while assessing the potential need for modifications in the workforce, should demands change [5.1a(3)].

2.2a(5) Key performance measures are included in the PMS (*Fig. 4.1-1*). Tracking the effectiveness of APs is further accomplished through AP status reviews at LT meetings. AP status is also reviewed by managers in their respective one-on-one meetings with their direct managers and with their staff on a quarterly basis (*Fig. 5.1-2*). To promote transparency of the ongoing assessment of organizational performance, APs are updated regularly and are housed on a web-based program accessible to the workforce. The prior year's APs are assessed for completion and effectiveness and are summarized in a first quarter LT meeting. Through ongoing SDs, the LT ensures that the measurement system (*Fig. 4.1-1*) covers key areas of deployment and stakeholder requirements. The APs are ultimately measured by Topline organizational performance. Topline measures (*Fig. 4.1-2*) cascade throughout departments to an individual's PEP via goals and targets with associated APs to reinforce alignment and the accountability necessary to accomplish the mission of MT. Two tools used to formulate, document, prioritize and manage strategic initiatives are the X matrix and associated bowlers. The X matrix documents initiatives and their owners, as well as overall measures of success for each. The bowler document further defines monthly milestones for the coming year's strategic initiatives and is reviewed by the LT regularly. These documents also serve as key diagnostic tools for transparency regarding initiatives at risk for completion.

2.2a(6) A sample of performance projections are included in Strategic Linkages (*Fig. 2.1-2*); initial projections are established during Step 4. MT continues to benchmark throughout the OPO industry, including partnering with other OPOs for data-sharing CDP (*Fig. 4.1-4*). 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 via the PMS, SDs and ODs occur, performance improvement tools are utilized, APs are created or modified, and resources are allocated to address the opportunities.

2.2b Action Plan Modification

The organization leverages the PMS (*Fig. 4.1-1*) to recognize when circumstances may require a shift and rapid execution of new plans. Systematic reviews occurring during SDs and ODs provide the opportunity to identify performance measures that are underperforming to modify existing APs or create new ones as needed. Modifications to APs are discussed during LT meetings to ensure the decision-making process is

communicated. The ability to track APs and their modifications affords the organization the ability to allocate resources effectively. For example, during the survey process, MT identified physician communication in the donation process as a key requirement for donor hospital partners. The Physician Huddle Rate (Fig. 7.1-19B) is a key performance

metric tracked through the PMS on the OWS scorecard. Due to COVID restrictions in donor hospitals, the OWS developed APs to meet referring physician communication requirements (Fig. P.1-5) demonstrating agility and resiliency. Through these APs, new refinements were identified to strengthen the CC of Relationship Management Excellence.

CATEGORY 3 - CUSTOMERS

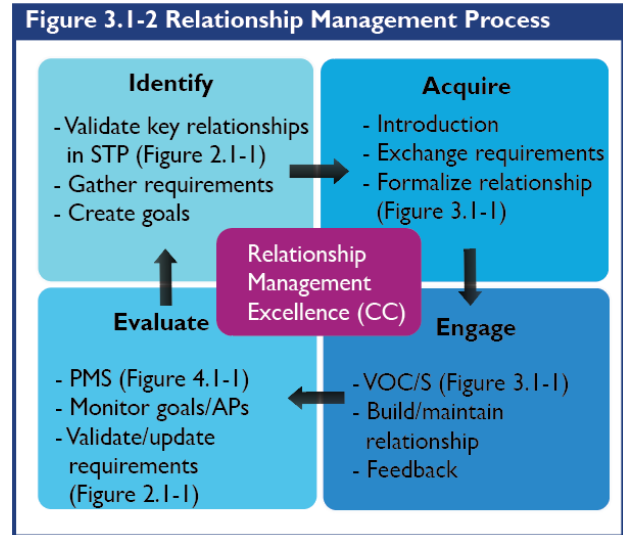
3.1 Customer Expectations

3.1a Customer Listening

3.1a(1) MT utilizes multiple formal/informal mechanisms to listen to, interact with, and observe customers to obtain actionable information. This systematic Voice of the Customer/Voice of the Stakeholder (VOC/S) (Fig. 3.1-1) process engages customers in all phases of the customer life cycle. Due to the time sensitive requirements to facilitate donation, immediate actionable feedback is obtained from communications occurring through day-to-day work with customers and stakeholders. In addition, regularly scheduled external strategic discussions (SDs) with customers, as referenced in the Relationship Management Process (RMP) (Fig. 3.1-2) to exchange requirements, build relationships, monitor, and evaluate customer satisfaction and performance ensures continuous improvement efforts to save and enhance more lives. These methods allow MT to obtain actionable information regarding its services, quality, and customer support. For example, a systematic evaluation revealed a decrease in skin yield with AlloSource and was discussed during an external SD in 2019. MT partnered with AlloSource and the medical device vendor to provide onsite training which resulted in the adoption of a best practice and improved effectiveness in skin procurement. Progress was monitored and evaluated and resulted in an increase of nearly 1,000 cm² in MT's average skin yield pre- vs. post-training (AOS).

Listening and learning methods are consistent for each of the customer groups, but are varied throughout the customer life cycle, allowing customers to utilize their preferred methods to convey their requirements. For example, through ongoing external SDs, some local organ transplant customers expressed their preference to be contacted via phone to

expedite the allocation of at-risk for discard organs, whereas others prefer traditional email and text notification through UNOS. By listening to the customer's needs, MT communicated the preferred method of communication to staff during an operational discussion (OD), and customized interactions to facilitate this time sensitive process.



MT seeks actionable feedback on the quality of service and customer support from a variety of VOC/S interactions (Fig. 3.1-1) for the development of action plans (APs) and to address work process improvements. Learning is transferred and utilized via multiple mechanisms including the Communication Process (Fig. 1.1-3), Learning Development System (LDS) (Fig. 5.2-1), Performance Measurement System (PMS) (Fig. 4.1-1), Change Management and Improvement

Figure 3.1-1 Voice of the Customer/Stakeholder (VOC/S)

	Methods	Customers		Collaborators			Partners	Key Suppliers				
		Local Organ Transplant Centers	Tissue Processors	Corneal Surgeons and Eye Banks	Donor Families	Funeral Homes	ME/Coroners	Donor Hospitals	Aero Charter	Life Logics	STL Cremation	STL Communications
All methods provided throughout the Customer Life Cycle: Pre-Donation, Donation, and Post-Donation												
Collect	Strategic Discussions with Key Stakeholders BOD/Medical Advisory Committee/Customer Meetings	↔	↔	↔		↔	↔	↔	↔	↔	↔	↔
	Operational Discussions with Key Stakeholders	↔	↔	↔		↔	↔	↔	↔	↔	↔	↔
	Day-to-Day Work/Conferences/Webinars/Events	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Audits	←	←	←			→	→	→	→	→	→
	Corporate Compliance/Deviations/Complaints	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Surveys	←	←	←	←	←	←	←				
	EMR/Website/Email/Social Media	↔	↔	↔	↔	↔	↔	↔				
Integrate	Strategic Thinking Process (Figure 2.1-1)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Operational Management Process (Figure 6.1-1)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Relationship Management Process (Figure 3.1-2)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Complaint Process (Figure 3.2-1)	↔	↔	↔	↔	↔	↔	↔				
	Performance Measurement System (Figure 4.1-1)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Change Management/Improvement & Innovation Process (Figure 6.1-4)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Survey Process (AOS)	↔	↔	↔	↔	↔	↔	↔				

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

and Innovation Process (CM/IIP) (Fig. 6.1-4), Survey Process (AOS), and Complaint Process (Fig. 3.2-1).

3.1a(2) MT listens to former and potential tissue processor and corneal surgeon customers to obtain actionable feedback through external SDs and at industry events and conferences. The PMS is utilized to aggregate and analyze the collected information from the various listening sources as listed in the VOC/S. MT’s focus on relationship management excellence **CC** to meet and exceed customer requirements (Fig. P.1-5) elevates MT as a preferred partner.

As the federally designated OPO with a Designated Service Area (DSA), MT does not have organ procurement competitors. Local organ transplant centers exist within the DSA and organs are allocated according to OPTN policies. Due to recent and anticipated industry changes (SC) affecting organ allocation and distribution, MT is monitoring whether these changes may impact potential customer groups.

The tissue and eye service lines are part of a relatively small and mature competitive marketplace. Relationship management within these established markets allow contact with former, potential, and competitor customers. Listening opportunities and interactions occur regularly via conferences, webinars, and events, as well as through collection of survey data as applicable. These mechanisms allow MT to obtain actionable information on services and customer support. For example, MT provides an orientation to its eye bank for incoming ophthalmologic surgical fellows and regular visits thereafter to provide interaction with these potential customers. In 2018, a fellow completed her corneal fellowship, started her local practice, and began utilizing tissue from MT’s eye bank to transform the gift of sight.

Knowledge sharing and benchmarking with OPOs for all service lines allows for the identification of gaps between MT and high-performing peers. This knowledge sharing and benchmarking supports operational and strategic decision making and innovation [4.1a(2)]. To obtain improved, standardized benchmarking data for tissue processor satisfaction, MT led the way in standardizing the tissue processor survey tool, resulting in a LINC processor survey in 2017. The development of this best practice was the result of collaboration among LINC and was the beginning of the expansion for the RPG tissue processor survey across multiple OPOs. In addition to providing feedback from current customers, it provides the opportunity for MT to listen to former customers, customers of other organizations who provide similar services, and other potential customers and has led to shared improvements across the industry.

3.1b Customer Segmentation and Product Offerings

3.1b(1) The STP (Fig. 2.1-1) merges and integrates information from multiple process inputs to validate current customers and anticipate future customer groups and market segments. Information gathered from the VOC/S (Fig. 3.1-1) is used to identify and anticipate market segments.

Information gathered through the PMS (Fig. 4.1-1), including the VOC/S data, is integrated into the STP where it is prioritized and used to set SOs and APs. The Operational Management Process (OMP) (Fig. 6.1-1) is leveraged to determine which customers, customer groups, and market segments to emphasize for business growth. This actionable

information supports operational and strategic decision making for both work systems.

Figure 3.2-1 Complaint Process

Receive Customer Complaint			
Acknowledge	Let the customer know you have heard them		
Apologize	Offer a sincere apology, ask for additional information, and take immediate action		
Ask	Log complaint		
	Level 1: Resolved at point of complaint	Level 2: May require investigation and LT involvement for final resolution	Level 3: Requires multidisciplinary/significant investigation for final resolution
	Track and trend complaints (Figure 4.1-1) Review trends regularly (Figure 6.1-1)		
Act	Identify and implement improvements (Figure 6.1-4)		
Appreciate	Review with stakeholders, as appropriate (Figure 3.1-2)		

3.1b(2) MT relies upon its VOC/S to determine customer needs and requirements for organ and tissue donation product offerings and services (Fig. P.1-5). Customer requirements are solicited through MT’s formal survey process (AOS) and results are validated in external SDs with customers, as well as in the STP and PMS. These requirements serve as critical inputs for the design of work processes and the identification of opportunities for improvement. By focusing on process improvement efforts, MT utilizes its drive and proven ability to innovate services to consistently focus on meeting and exceeding customer needs and expectations as part of MT’s **CC** of Relationship Management Excellence. For example, in 2019, corneal surgeons provided feedback (VOC/S) regarding a new service, Preloaded DMEK, that would allow MT to provide corneal grafts in a delivery mechanism via an enhanced processing technique. Discussions via the OMP determined the feasibility of providing this new service. The new service saved significant time for the surgeons, provided patients with the latest technology in corneal transplant services, and became a source of additional revenue for MT. Corneal surgeon feedback was positive, and the additional service contributed to overall corneal surgeon satisfaction realized in 2019 and 2020 (Fig. 7.2-3).

MT focuses on finding the Silent Heroes (Fig. P.1-2) and maximizing each donation opportunity to its fullest. VOC/S methods ensure revised regulations and opportunities are captured through various VOC/S methods, providing organizational agility and resilience to incorporate applicable changes in meeting and exceeding customer needs and expectations.

Leveraging the robust Communication Process (Fig. 1.1-3), MT utilizes the VOC/S, PMS, and the STP as inputs into the OMP to identify innovative improvements to product offerings, new markets, and to attract new customers. Information collected is vetted via the CM/IIP (Fig. 6.1-4). For example, through an external SD and systematic evaluation of data with a local organ transplant center customer, MT has collaborated to participate in the RESTORE liver study. The liver study’s objective is to increase the number of transplanted organs by placing livers that otherwise would be deemed not transplantable on a normothermic perfusion device called the OrganOx Metra. Collaborative

efforts for this potential industry innovation have resulted in three additional liver recipient lives saved in 2021, YTD.

Service offerings in new markets or with new customers, and expansion of relationships with current customers or new service offerings are identified via the STP or the VOC/S process, and vetted through the OMP, and CM/IIP. Based on organizational strengths and opportunities, this allows MT to attract new customers and creates opportunities for expanding relationships with current customers. For example, when changes in tissue criteria were identified, MT had the opportunity to re-establish a relationship with a previous tissue processor, Lattice. External SDs with Lattice formed a renewed customer relationship.

3.2 Customer Engagement

3.2a Customer Experience

3.2a(1) MT's mission-driven workforce builds, manages, and retains customer relationships through Relationship Management Excellence CC as outlined in the RMP (Fig. 3.1-2). MT utilizes the process to identify, acquire, engage, and evaluate customers. Information is collected, as outlined in the VOC/S, and is transferred into the STP where trending, analysis, and validation takes place. Validated information is utilized to identify the need to acquire additional customers, meet customer requirements, and improve the level of service provided to customers. For example, when additional testing was needed in response to COVID, MT experienced a delay in providing COVID testing results to corneal surgeons. To ensure the organization continued to meet the customer's requirement that tissue is readily available to those in need, MT changed testing facilities to increase efficiency by decreasing turnaround time for test results.

MT manages and enhances brand image to tissue processor and eye bank customers to build market share. The RMP (Fig. 3.1-2) drives MT to identify customer requirements, develop and train staff (Fig. 5.2-1) in work processes to meet requirements, and exceed their expectations in every stage of the customer life cycle. Customer surveys provide formal feedback and the opportunity to enhance the customer experience (Figs. 7.2-1 through 7.2-3C).

3.2a(2) Local organ transplant centers, tissue processors, and corneal transplant surgeons/centers and domestic eye banks are empowered to seek information and support throughout the customer life cycle (Fig. 6.1-2) through multiple two-way communication methods such as: external SDs with stakeholder management, ODs with stakeholder staff, day-to-day work discussions, email, and social media platforms as illustrated in the VOC/S and by leveraging the Communication Process (Fig. 1.1-3).

The key means of customer support in both work systems include the fulfillment of customer requirements (Fig. P.1-5). Key communication mechanisms, including daily and weekly interactions, email, 24/7 phone availability, virtual meetings, and mobile-friendly web site accessibility enable customers to seek information, receive support, and conduct business (Fig. 3.1-1). MT's routine interaction with customers, from daily front-line conversations to support real-time case activity, to weekly management discussions, are documented in Salesforce and brought back to various ODs and it is shared with

appropriate staff. Methods of customer support do not vary between customers, customer groups, or market segments.

Key customer support requirements are determined through the VOC/S, validated through the survey process (AOS), and deployed to people and processes involved in customer support via the Communication Process and LDS (Fig. 5.2-1). The integrated survey process, as seen in the VOC/S, has undergone cycles of learning and improvement. The survey process is managed by the PE department and feedback is outlined in the RMP. Results are provided to the workforce and improvements are managed in the CM/IIP (Fig. 6.1-4) and deployed through the Communication Process.

3.2a(3) The MT Relationship Management Excellence CC focused workforce is dedicated to complaint resolution, resulting in high levels of customer satisfaction (Figs. 7.2-1 - 7.2-3C). As the initial step in the Complaint Process (Fig. 3.2-1), workforce members are trained to utilize the Five A's of service recovery: Acknowledge, Apologize, Ask, Act, and Appreciate. Training is provided annually as part of the LDS (Fig. 5.2-1). Additional training is provided at the department level to ensure customer complaints are consistently captured. Through a cycle of learning, MT enhanced the Complaint Process to include a tiered approach to quickly recover the customer's confidence, enhance satisfaction and engagement, and avoid similar complaints in the future. Staff members are empowered to resolve Level I complaints at the point of service and utilize additional resources for Level II and Level III complaints to implement corrective action. This process empowers the MT workforce to follow-up and provide real time feedback to resolve complaints successfully.

Customer complaints and deviations are tracked and trended to identify root causes through the Complaint Process. Trend analysis of customer complaints is presented at ODs and is incorporated into the STP and PMS for process improvements ensuring the organization avoids similar complaints in the future. Complaints are also reviewed at the department level and APs are created to address concerns when appropriate. For example, in 2018, MT began to see an increase in organ import offers due to allocation changes. The process was managed by multiple OPCs throughout each day due to the need to shift responsibilities to address local organ activity. Through external SDs with local organ transplant centers, MT received complaints regarding inconsistencies in the management of the offers. Through ODs, a business case was developed and reviewed with the ELT, which led to the creation of the Organ Import Coordinator (OIC) role. The dedicated role has allowed for a consistent, streamlined process. The OIC role has been both a staff and local organ transplant centers satisfier, as validated through surveys.

3.2a(4) Utilizing the RMP, MT takes multiple actions to ensure the fair treatment for different customers, customer groups, and market segments. The fair treatment of all key stakeholders is central to the organization's culture, which is communicated through deployment of the V/M/V. Customer experience processes are designed to meet the needs of identified customer groups and are targeted accordingly. Customers are provided with clear information and kept appropriately informed throughout the customer life cycle, which includes both pre- and post-donation communication. Services are delivered as expected and meet standards as

defined by regulatory agencies and customer requirements. MT safeguards customers' information according to regulatory bodies and ensures compliance with privacy legislation. If customers have complaints or concerns, they communicate their dissatisfaction via the Complaint Process or to submit nonconformances anonymously through the Corporate Compliance Program (Fig. 1.1-2).

3.2b Determination of Customer Satisfaction and Engagement

3.2b(1) The methods to determine local organ transplant center, tissue processor, and local corneal transplant center and eye bank satisfaction and dissatisfaction are the same for all service lines. It is determined through formal surveys (Figs. 7.2-1 A-C; 7.2-2 C&D; and 7.2-3 A-C), personal communication and interactions with members of the MT workforce, internal ODs, external SDs, email, and complaints as shown in VOC/S. Through MT's Complaint Process, dissatisfaction data is tracked and trended through the survey process and complaint process, where collected deviations and complaint reports are analyzed for trends. Trends are then reviewed regularly through internal ODs, and new APs are created and are reviewed with customers as appropriate.

Survey data is segmented by multiple dimensions including customer group or market segments, the level of service quality received, and by customer requirements. Customer satisfaction and dissatisfaction data is analyzed and shared via the Communication Process, (Fig. 1.1-3) with MT staff and other stakeholders and customers, and the findings are incorporated into the STP and PMS as inputs for the creation of APs as appropriate (Fig. 2.1-1, Steps 2 & 8). The PMS defines and collects key performance indicators from both work systems. Utilizing the Communication Process, this data is transferred via multiple tools including cascading scorecards and can be utilized to deliver improvements to meet and exceed customers' expectations (Fig. 4.1-1).

MT measures customer engagement based on the theory that relationship strength is correlated with customer loyalty, and that loyalty is measured via those customers that are highly satisfied. Customer 'engagement,' at the highest level is determined via 'top box' scores, the percentage of '5' scores on a survey measuring satisfaction on a scale from 1 to 5. Through the RMP, staff are empowered to customize interactions to determine the requirements and communication methods preferred to optimize customer satisfaction and engagement. For example, during an external SD, benchmark data was reviewed with a local organ transplant center customer, which identified an opportunity for improving the center's donation after cardiac death (DCD) liver recovery rates. Exploration of the opportunity led to modifications of

protocols, which resulted in increased performance and, ultimately, more lives saved.

3.2b(2) In addition to the organization's internal survey process (AOS), MT obtains information on customers' satisfaction relative to other organizations through the use of an external consulting firm, RPG, which assists by performing formal assessments, providing industry comparisons which validate previous VOC/S findings, and provides industry benchmarking. In addition, MT collaborates to obtain industry benchmarks on customer satisfaction from other OPOs, transplant centers, and tissue banks. Processors provide metrics utilizing industry comparisons which provide information on key tissue metrics. MT collaborates with a LINC partner to obtain their customer satisfaction results for similar services provided. (Fig. 7.2-3).

3.2c Voice of the Customer and Market Data

3.2c(1) MT uses VOC/S data through multiple listening, interaction, and observation methods. The VOC/S data is integrated into the PMS, which drives operational and strategic decision making through the OMP (Fig. 6.1-1) and the STP, ensuring a Relationship Management Excellence CC culture exists in the organization. The collaboration with key customers requires an understanding of expectations which ensures MT can meet and exceed their requirements (Fig. P.1-5). For example, MT schedules periodic knowledge sharing opportunities such as the annual Research and Innovation Symposium with local organ transplant centers, local corneal transplant centers, and tissue processors to engage in two-way communication, elicit candid feedback on the delivery of customers' key requirements, and discuss emerging trends that may affect future workflow and operational decision-making. Additionally, customer presentations during STP and regularly scheduled meetings to discuss metrics have resulted in the formation of APs to address improvement opportunities or react to changes in the industry as applicable. For example, feedback from one of these events recently prompted MT to expand the DCD age criteria, which has resulted in an increase in DCD donors and DCD organs transplanted (Fig. 7.1-6a).

Customer satisfaction data is segmented by customer group or market segment, the level of service quality received, and customer requirements. VOC/S data is analyzed and shared via the Communication Process through internal SDs, operational meetings, and department meetings. APs to bridge gaps in performance and address complaints are developed with appropriate members of the workforce as an output of the survey process (AOS). Customer data that supports innovation is managed through the CM/IIP (Fig. 6.1-4).

CATEGORY 4 - MEASUREMENT, ANALYSIS, AND KNOWLEDGE MANAGEMENT

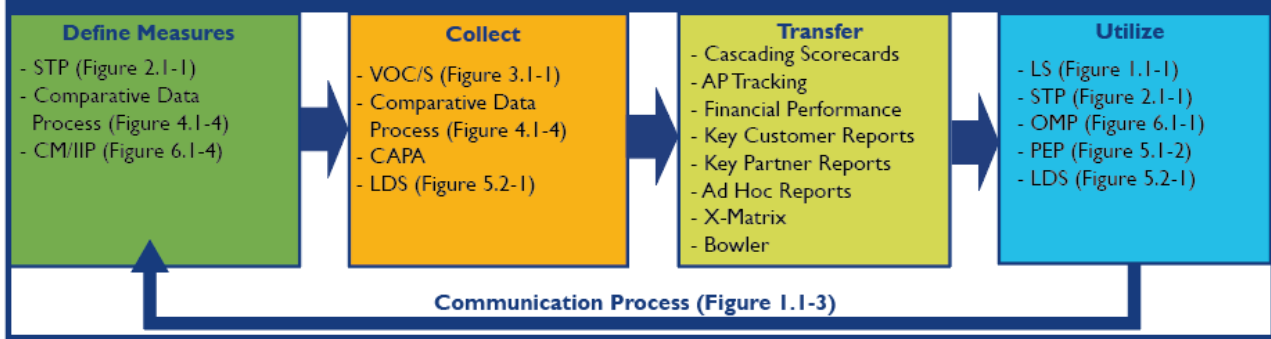
4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a Performance Measurement

4.1a(1) MT uses a Performance Measurement System (PMS), which has undergone multiple cycles of learning and improvement (Fig. 4.1-1), to monitor key business and daily

operational performance, to support fact-based evaluation and improvement and to develop best practices. MT's refinement journey started with collection of basic data in Excel, then developed into a centralized data mall for standard reporting capabilities, further evolved to leverage automated reporting functions, and incorporates key business intelligence functions into the organization. Within the PMS, key performance measures are selected, collected, aligned, and integrated in the STP (Fig. 2.1-1). The STP is the mechanism the organization

Figure 4.1-1 Performance Measurement System (PMS)



utilizes to select its strategic objectives (SOs) and develop goals supported by aligned action plans (APs). MT uses the data and information collected from the PMS as an input into key decision-making processes, the STP, OMP (Fig. 6.1-1), and the CM/IIP (Fig. 6.1-4). These processes improve organizational efficiency and effectiveness, and the management of innovation, to accomplish the NSV. Central to the PMS is an electronic system of cascading scorecards that includes the Topline Scorecard (Fig. 4.1-2) and provides the capability to drill-down through work system and department level scorecards. Accomplished through a myriad of resources, data and information is used to track daily operations and the overall organizational performance. Examples include use of the data mall, a central repository for the PMS, available to the workforce 24/7 and use of subscription reports (Fig. 7.1-33A) and data alerts, automated reporting tools. Leveraging these tools and resources, the workforce identifies opportunities for improvement, creates immediate actionable solutions and promotes the adoption of best practices. For example, in 2019 MT created a data alert to automate communication between the Donor Services department and the Funeral Home (FH) liaison whenever a FH refuses to release a donor. The FH liaison uses the data alert to identify opportunities for

improvement and actionable solutions to prevent future occurrences.

Performance measures are used to support organizational decision making through their aggregation and integration into the cascading scorecard system and the Performance Evaluation Process (PEP) (Fig. 5.1-2). Progress is tracked for employee APs utilizing a web-based performance management system. APs are reviewed at SDs/ODs and departmental meetings as well as through individual SF goal plan reviews. Scorecards utilize a series of targets 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). Targets determine the appropriate color-coding for all metrics, allowing for rapid, real-time evaluation and tracking of progress of MTs performance. Organizational knowledge sharing of performance is accomplished through the Communication Process and is made available to the workforce via SharePoint, which assists with integration and deployment. The LT and staff navigate through the different levels of performance feedback and access the scorecards to enhance decision-making effectiveness and support continuous improvement and innovation through the

Figure 4.1-2 Cascading Scorecards

December				2020 Year to Date		2019 Same Time Last Year		Dec 31, 2019	
Topline Key Metrics				Actual	Target	% Gap			
First Year Turnover Rate				23.8%	24.3%	2.1%	26.1%	26.1%	
Consolidated Result of Operations - Overall				\$8,047,169	\$5,868,175	37%	\$6,764,147	\$6,238,634	
DSA Missouri Registry Rate				52.2%	53.6%	-2.6%	51.0%	51.2%	
Organ Authorization Rate									
Organ Conversion									
Organ Donors									
Organs Transplanted									
Tissue Authorization Rate									
Bone Donors Released									
Domestically Distributed Corneas									

Tissue Work System	Key Measures		Monthly Target	Yellow Range	January	February
	Donor Services Authorization Rate		61%	58%	58%	64%
Donor Services FPA Authorization Rate		91%	88%	90%	96%	
Donor Services Non FPA Authorization Rate		42%	40%	39%	40%	
# of Bone Donors		128	121	148	144	
Bone Donors Released						
# of Skin Donors						
Skin Donors Released						
# of HV Donors						
Domestically Distributed Co						
Locally Distributed Corneas						
Tissue Donors						

Donor Services	Key Measures		Monthly Target	Yellow Range	January	February
	Overall Authorization Rate (DS)		61%	58%	58%	64%
FPA Cooperation Rate		91%	88%	90%	96%	
Non FPA Authorization Rate		42%	40%	39%	40%	
DRAI Timely Completion		96%	94%	88%	95%	
Funeral Home Barriers		5	7	5	6	
Correction Total		16	19	7	18	
Unique Donors		195	184	223	230	
Authorized Not Recovered		-	-	132	101	

development of best practices. Through cycles of learning and improvement, the PE department populates and validates the organization’s scorecards on a monthly basis, meets with appropriate managers to analyze key data and develop and modifies APs if metrics fall short of target. Examples of measures supporting the SOs and key organizational goals are shown in Strategic Linkages (Fig. 2.1-2). The key organizational and financial performance measures (both short and long-term) are tracked monthly and are found on the Topline Scorecard. (Fig. 4.1-2).

Figure 4.1-3 Key Financial Measures

Key Financial Measures		Results
Short Term	Consolidated Results of Operations	7.5-1
	Days Cash On-Hand	7.5-9
	Days in Accounts Receivable	7.5-4
Long Term	Operating Reserves	7.5-7
	MT Fund Balance	7.5-8
	Average OAC Comparison	7.5-12

4.1a(2) MT utilizes the Comparative Data Process (Fig. 4.1-4) to select and effectively use key comparative data and information to support fact based operational decision making. In the OWS, 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 the following month, this information is used to identify gaps in performance between MT and high performing peers. The OPO Yield Calculator is a gauge of organizational performance. Provided by the Scientific Registry of Transplant Recipients (SRTR), this tool, also called Observed versus Expected (O:E), allows for the monitoring of organ donor yield by comparing observed (actual) results versus what would be expected based on donor characteristics (Fig. 7.1-23A). This information is utilized in SDs and ODs and allows for the identification of high performing OPOs and potential best practices.

While there are no national metrics for tissue performance, processors track MT tissue performance regularly on processor-specific scorecards. This data supports fact based operational decision making and allows MT to assess its success in meeting tissue processor requirements and provides identification of best practices. For example, as a result of a best practice sharing and utilization of the PMS, a series of ODs were held and a focused performance improvement event to increase heart valve (HV) donors was conducted. As a result, HV donors increased from 2018 to 2019, and subsequently increased an additional 49% between 2019 and 2020. This improvement drove processor satisfaction (Fig. 7.2-2D), as a result of MT meeting the HV processor requirements of maximize donation (Fig. 7.1-18) and accountability (Fig. 7.2-2B). The eye bank industry national comparative data process is coordinated by the Eye Bank Association of America. In addition, MT collects supplemental data through their LINC partners and partner

AOPO eye banks. By focusing on process improvement efforts, MT is committed to providing its services to distribute the highest quality corneal tissues available (Fig. 7.2-3C). Motivated by the lack of industry data and comparisons with richer data sources, MT worked with LINC to establish a data dictionary. This dictionary allows LINC to report like metrics to one another, bound by common definitions, and support meaningful decision making through the identification of best practices and potential refinements.

4.1a(3) MT formally reviews the PMS (Fig. 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. Through cycles of strategic improvement and refinement, MT identified the need for more robust data analytics. As a result, the organization has not only invested in business intelligence software, but also in personnel resources, supported by standardized processes to elevate their performance. In 2021, MT is deploying a strategic initiative regarding the development of enhanced business intelligence services. This commitment furthers the organization’s ability to make agile, fact-based decisions and provide timely data. For example, as CMS has finalized the deployment of new measurements of success for the industry, MT has begun to leverage a data analysis tool to create visualizations highlighting benchmarking within the industry. The insights gleaned from this tool can be utilized during SDs to further advance progress toward the NSV.

4.1b Performance Analysis and Review

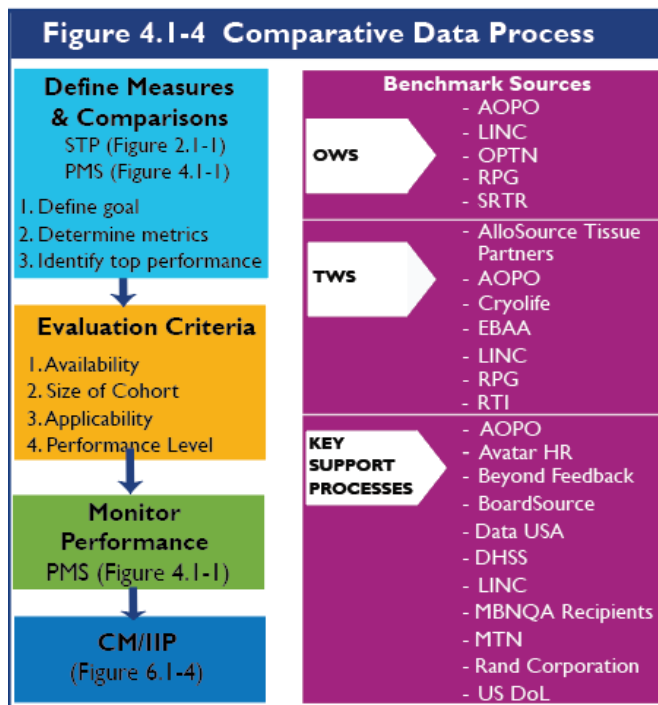
As outlined by the Quality Assessment and Performance Improvement Plan (AOS), continuous performance improvement is a management philosophy integrated throughout MT by the BOD, LT, and employees. Coordinated through the PMS, systematic review of organizational performance and capabilities occurs regularly at all levels of the organization. The LT reviews the relevant organizational performance measures and capabilities during ODs and during C&C meetings. Individual LT members are also responsible for conducting monthly reviews of WS and department scorecards, and reports within their scope of responsibilities within the OMP (Fig. 6.1-1). Comparative and customer data are inputs into the PMS and are used in the identification of opportunities in performance, leading to a formal evaluation process which may include refinements of existing APs, or the creation of new APs [2.2b]. The PE department is responsible for data validation and analysis using a variety of statistical and PE tools utilized for improving organizational efficiencies and effectiveness and works collaboratively with LT to support MT’s ability to meet goals and objectives. MT 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 goals. Organizational performance, competitive standing, financial health and progress on SOs and APs begin with the ELT X-matrix, ELT bowler, topline Scorecard and cascades to the WS and department scorecards. Reviews provide a mechanism to rapidly respond to changes identified through the STP or OMP, and ensure changes to APs as appropriate, which might include a response to an organizational need or challenge. The

workforce is provided with updates on key organizational metrics and APs utilizing the Communication Process.

The BOD assesses the organization’s performance by reviewing the Topline Scorecard and monthly financial statements. The CEO reports on gaps in performance; progress is also reported on achieving SOs, goals and APs. ELT bowler progress is shared with the BOD quarterly.

4.1c Performance Improvement

4.1c(1) The organization’s future performance is projected through statistical analysis techniques and includes comparative data resources (Fig. 4.1-4) to ensure alignment with the NSV. This analysis creates short/long-term projections that are utilized during STP, in the PMS and the PEP (Fig. 5.1-2). Identifying best in class performance from comparative organizations for key measures creates a benchmark and a course of action for improvement efforts, which are managed through the CM/IIP. Performance reviews are managed through the PMS. For example, if a metric at the work system level has two consecutive months of performance below target, a ‘red box’ review meeting between the applicable LT members and the PE Department occurs to review current APs, assess impact on targets, generate ideas for improvement and innovation, evaluate potential best practices, and refine the approach to achieve the goal.



4.1c(2) In the OMP, MT systematically reviews performance data aggregated by the PMS to identify opportunities for improvement with in-process and outcome measures. These findings form the foundation for the organization’s continuous improvement and innovation processes (CM/IIP). To ensure the systematic deployment of priorities and opportunities, strategic planning tools are utilized to ensure alignment of organizational goals through the work systems. Progress is evaluated by comparing organizational performance against identified goals. Discussions in the OMP provide opportunities for the identification of possible improvements and innovations and are explored through the CM/IIP.

CM/IIP Committee members meet with the requestor and their supervisor to score the ideas based upon standard criteria, which includes alignment with the NSV, overall impact, and resource allocation. Items approved by the committee are presented to the ELT for final approval, prioritization, and resource allocation. For example, given the need for agility in response to operational changes dictated by COVID, review of the PMS during ODs identified the opportunity to modify the existing process for approaching families due to a decrease in the non-FPA authorization rate from 60% pre-COVID to 14% in March 2020. An improvement endeavor was initiated to explore approaching families over the phone, which resulted in breakthrough performance of 67% by the end of the endeavor. This modified approach process was integrated into everyday work through the LDS (Fig. 5.2-1).

4.2 Information and Knowledge Management

4.2a Data and Information

4.2a(1) MT’s policies and procedures systematically address accuracy from the initial referral, through the organization’s work processes, to the allocation of organs and tissues. Clinical data is entered into the electronic donor record, True North (TN), which has several built-in accuracy and error-proofing checkpoints. For key non-electronic data, MT ensures accuracy and integrity through validation of reports and audits of critical information. For example, upon case completion, both electronic and non-electronic data is validated through chart review by the Quality Systems (QS) department to ensure accuracy. Through sharing best practices and cycles of learning and improvement, the QS staff conducts regularly scheduled audits, ensuring a systematic approach for existing process evaluation and feedback. Reliability, currency, and confidentiality of electronic data and information are ensured through the organization’s cloud strategy.

MT utilizes a cloud platform for server hardware and data which provides redundancy, reliability, and monitoring tools to ensure speed, security, uptime, and overall reliability. MT utilizes Software as a Service (SaaS), where possible, to decrease risk and increase overall reliability by utilizing various vendors that host from different servers and data centers. MT’s IT department utilizes a ticketing system to track problems and issues. The ticketing system allows for trend analysis and the detection of the applications and components’ reliability; unreliable components can then be repaired or replaced before reliability becomes an issue. Regular analysis of help desk data and feedback from end users has led to the development of intuitive, user-friendly software. For example, implementation of Salesforce in 2020 included each department having a ‘launch team’ consisting of users and subject matter experts which guided the configuration, customization, testing, and final user acceptance of the product. Data reliability is ensured through regularly scheduled backups. Full backup of all server and Office 365 data is performed daily and all backup data is stored in the cloud.

4.2a(2) Data and information availability is critical to the ability of the workforce to carry out the mission to save lives. MT has a cloud computing strategy, which ensures availability of data. Because many employees work off-site, electronic

systems are used to ensure the workforce has access to critical data and information. To ensure user-friendly access while keeping all confidential data secure, the intranet is accessible via employee credentials, with permissions being applied per user. Because the workforce may access and input data from remote locations, the EMR 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 is crucial to the processes for donation and transplantation. The TN system creates real-time access to donation activity for the workforce. Data not stored in TN can be obtained through multiple methods including the use of telephone, fax, email, and intranet access as needed.

MT provides information to the workforce, partners, suppliers, customers, and collaborators as appropriate utilizing the Communication Process (*Fig. 1.1-3*). TN clinical data is uploaded into a national database, DonorNet. Access to such critical data has improved turn-around and decision-making time for MT's partners. The process for onboarding, transfers, and offboarding activity is initiated by HR with departments participating in access management. Regular audits to ensure appropriate access for internal staff is performed annually; access to a subset of external partners and customers is limited and is audited quarterly.

Tissue processors can access critical data through a dedicated extranet portal and receive real-time data from TN. The requirements for key suppliers are captured annually through the STP and ongoing SDs. Information and data are made available to suppliers via electronic means, conference calls, and in-person meetings as appropriate. Through sharing best practices and cycles of learning and improvement, before implementation of new software and/or hardware, a business stakeholder team is formed to ensure the software and/or hardware is reliable, user friendly, accessible, and functional. As part of the vendor management process (AOS), all software and components are reviewed at contract expiration for continued suitability or replacement.

4.2b Organizational Knowledge

4.2b(1) MT builds and manages information collected from people, processes, and the environment through the LS (*Fig. 1.1-1*), which feeds into the STP, PMS and OMP where SDs or ODs occur. Information is analyzed and translated into actions, including the management of process improvements and potential innovations utilizing the CM/IIP. The LDS (*Fig. 5.2-1*) and the Communication Process demonstrate how job-related knowledge is disseminated. For example, employee engagement feedback is analyzed and transferred to the OMP, where APs are created, tailored by department, and deployed via the Communication Process to the organization.

The transfer of workforce knowledge readily occurs due to the alignment of the workforce into work systems. One-on-one Mindful Minutes (MMs) conversations between staff and their direct manager ensures the organization benefits from the knowledge assets of the workforce. Ideas and information gathered through the systematic deployment of MMs are shared with the workforce at all-staff or town hall meetings. The SharePoint site serves as a vehicle to disseminate information to a decentralized workforce. MT reports organizational information through the PMS and analyzes it to

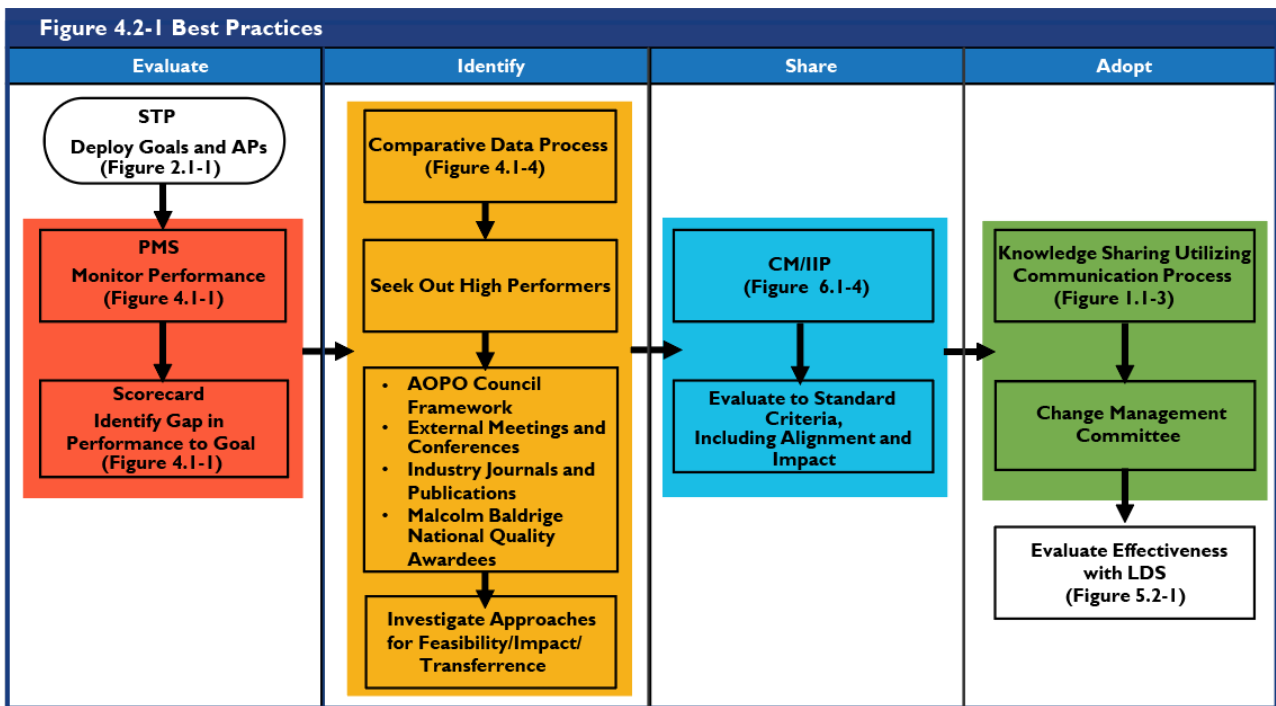
create knowledge using the STP, SDs, and the OMP. The organization's Quality Management System (Q-Pulse) is utilized to collect and transfer workforce knowledge via SOPs. Annual review by process owners and dissemination to the workforce reinforces standard work and ensures currency of information and accumulated knowledge.

As evidenced in the second step of the PMS, a variety of data types are collected from customers and other key stakeholder groups including survey feedback and comparative data. Through its aggregation and validation in Step 3, data is organized, simplifying it to glean information for use in specific applications as listed in Step 4. During ODs and SDs, information from these once disparate sources is synthesized to create new knowledge and is used to validate findings, from which strategic and operational decisions are made. The use of business intelligence and data analysis software (Tableau and Minitab) supports real-time analysis, assists with data mining, and allows for the blending and correlation of data and information to build new knowledge. For example, as part of the STP, value stream analyses (VSAs) were completed for the OWS and TWS. During these multi-day endeavors, data and information from VOC/S were blended with the process steps required for the acquisition of organs and tissue to identify opportunities for improvement and innovation and to validate steps for achieving the NSV.

MT relies on electronic means as well as personal communication (*Fig. 1.1-3*) to manage information and organizational knowledge. The organization capitalizes on the STP and the OMP. These systems work together to synthesize information systematically and turn it into knowledge, which can be leveraged by the CM/IIP and used for the development of best practices and the achievement of innovation for use in the work systems and processes. SharePoint reinforces the transfer of data and provides access to multiple avenues for knowledge sharing including the Quality Management System, TN, the data mall, departmental updates, and the performance management system.

4.2b(2) MTs focus on continuous improvement reinforces the pursuit of best practices. The scorecards within the PMS support the organization's LS (*Fig. 1.1-1*), by providing the workforce with tools to monitor performance, which includes evidence of high performance within organizational units. Through the PMS, MT determines when to actively pursue best practices. In coordination with the Best Practices Process (*Fig. 4.2-1*), the comparative data process enables MT to seek out internal and external high performers and best practices. Potential and actual changes in practice, including the incorporation of best practices, are managed through the CM/IIP, and shared through the Communication Process. Additionally, as improvement endeavors and innovations are managed through the CM/IIP, changes in process are communicated through the Change Management Committee.

Leveraging the Relationship Management Process (*Fig. 3.1-2*), a variety of mechanisms 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 CM/IIP. Initiatives captured from the CM/IIP are presented at various meetings utilizing the Communication Process to ensure the sharing of knowledge and refinements



including best practices and to help drive innovation throughout the organization. Steps 3 and 4 of the PMS (Transfer and Utilize) ensure the transfer of organizational awareness and knowledge to drive performance.

4.2b(3) MT has several processes in place to ensure learning is embedded across the organization. The primary mechanism for this is the LDS (Fig. 5.2-1), which is aligned and integrated with multiple organizational processes including the PMS, STP, OMP, and PEP (Fig. 5.1-2). Specific processes include regular onboarding or training offerings in response to staff feedback and organizational gaps as well as personal learning and development goals through individual Success Factor goal plans. Learning for staff can occur on a daily basis in the form of automated SharePoint subscriptions and data alerts.

To ensure resources are available for problem solving and the transfer of knowledge, staff can access the MT SharePoint 24/7. Additionally, a variety of Lean and six sigma tools are leveraged as mechanisms to enhance both performance and knowledge. Formal improvement endeavors provide the opportunity for employees to learn more about how the work

is completed and how to apply problem-solving tools and techniques to enhance performance. These opportunities provide a foundation of continuous improvement, based on learning, to occur on a daily basis (Fig. 7.1-34).

Through participation at various industry and external conferences, webinars, and events, MT ensures a systematic approach for building and sharing new knowledge or best practices. The Best Practice Process (Fig. 4.2-1) outlines the methods utilized by the organization for the identification of high performers, both internal and external. For example, an IT ticketing system was developed within SharePoint that provided users an additional method of requesting service via email instead of navigating to a helpdesk to submit a formal ticket. Emails received by the system automatically created a service request on behalf of the requestor with no further action necessary. Moreover, this new platform provided additional tracking and trending. This simple and efficient improvement proved to be a best practice, and a satisfier for end user staff. This same system was shared, adopted, and implemented by other departments within the organization including PE, facilities, and administration.

CATEGORY 5 - WORKFORCE

5.1 Workforce Environment

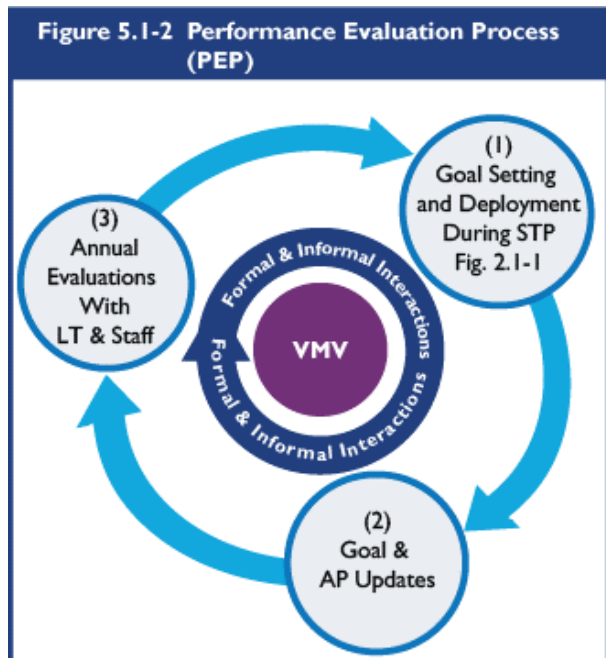
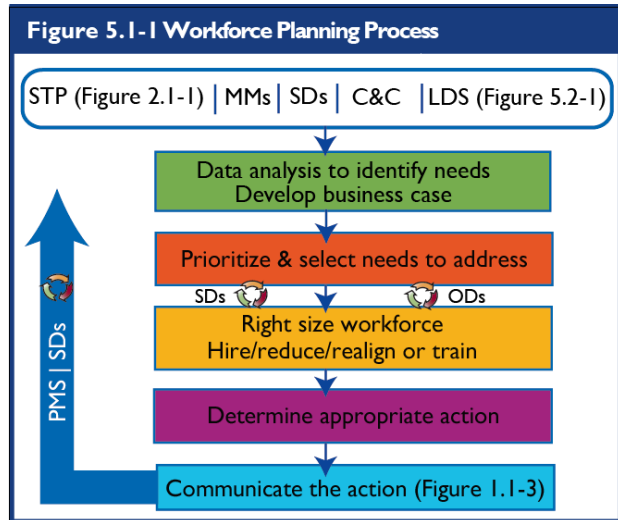
5.1a Workforce Capability and Capacity

5.1a(1) Workforce C&C is assessed through the Workforce Planning Process (WPP) (Fig. 5.1-1). The WPP includes regularly scheduled C&C meetings. Capabilities are defined through standardized Behavioral Anchors (BAs) deployed throughout the organization and through required skills identified in job descriptions. Capability is monitored through the Performance Evaluation Process (PEP) (Fig. 5.1-2). MT continually evaluates the need for new skills through multiple input mechanisms, including SDs, the STP, MMs, the Learning and Development System (LDS) (Fig. 5.2-1), and C&C meetings. For example, MT partnered with DeGarmo®

to identify competencies and work styles of high performers in the Donor Services (DS) Department; the goal was to establish an evidence-based survey for candidates to complete. Leadership worked with DeGarmo® to establish an index of competencies and work styles. Current staff completed the index, which was correlated with individual performance data. The result was a profile of competencies and work styles that aligned positively with high performance. The tool, which is used as one point of data in the hiring process, has been refined in DS and is being spread to two additional departments as a best practice (Fig. 7.3-12A).

Key to operational success, the need for various certifications or licenses is discussed during the Hiring Process (Fig. 5.1-3) as a condition of employment, if

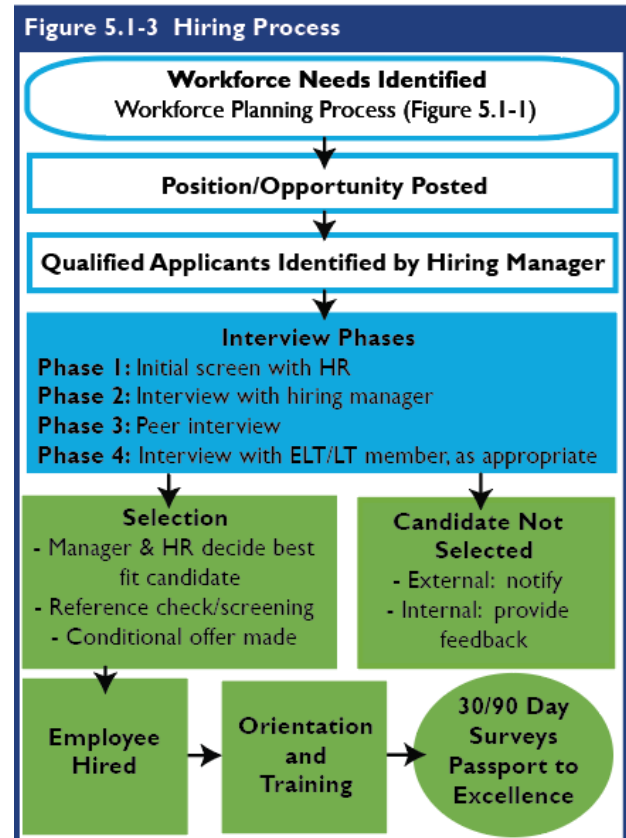
applicable, and is included in the job posting and description for the role. To ensure that the workforce is aligned with MT's core values and appropriate skills, and as a cycle of refinement, MT deployed BAs in early 2020. Committees comprised of staff and leaders created standardized terms and definitions of the critical behaviors applicable to the entire workforce, that are key to MT's culture and operational success. These definitions are AOS. The Communication Process (Fig. 1.1-3) was utilized to deploy and integrate these BAs across the workforce. BAs are evaluated in the employees' annual PEP.



MT systematically assesses staffing levels in the STP (Fig. 2.1-1), SDs, C&C meetings and by soliciting feedback through MMs, LT, ELT, and departmental meetings. As an example, during the STP and through individual and departmental feedback, an opportunity was identified to enhance deployment of the onboarding process in the OWS. Leaders presented a business case which identified a need for an OWS Educator position to provide consistent training and onboarding for OWS staff. Since the addition of the role, MT

has received an increase in positive feedback regarding the training experience, as evidenced by results from 30/90-day surveys (AOS).

5.1a(2) MT utilizes the Hiring Process (Fig. 5.1-3) to recruit and hire new workforce members. MT has modified external recruiting methods by leveraging a number of external position posting sources and by diversifying social media engagement while continuing internal notifications of employment opportunities. These practices and modifications help MT reach the diverse community; results show an increase in new hire diversity over the last three years, with 2020 results demonstrating new hire diversity exceeding the benchmark (Fig. 7.3-4A).



Identifying right fit talent is accomplished through a robust hiring process, including behavioral based interviewing practices that incorporate questions centered around MT's core values, peer interviews involving diverse workforce representation, position-related situational role play, and shadowing opportunities so candidates better understand the position. Validated in the employee engagement survey (AOS), MT's mission is a key factor in staff engagement and satisfaction (Fig. 7.3-10).

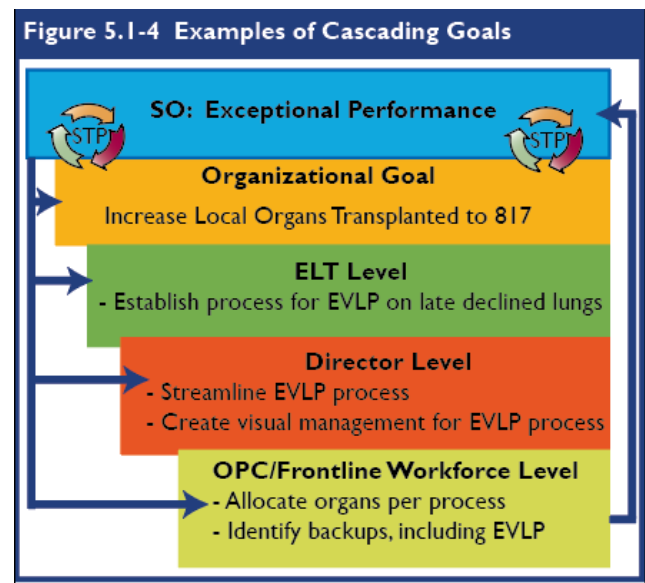
Utilizing the LDS, (Fig. 5.2-1), new hire onboarding consists of organization-wide and department-specific orientation, and 30/90-day post-hire interviews. Feedback from these check-ins, as well as from peers and trainers, allows managers to evaluate new employees' onboarding progress and to adjust, as necessary, to position employees for success. After several months of employment, new hires participate in Passport to Excellence, an interactive workshop

that provides immersion into MT's operations and culture (Fig. 5.1-3).

5.1a(3) MT prepares the workforce for changes in C&C needs through the WPP (Fig. 5.1-1). Information about changing requirements and needs, including workforce growth, is gathered through STP, C&C meetings, and MMs. Organizational changes are conveyed by the LT to the staff through the Communication Process (Fig. 1.1-3) and incorporated into the LDS (Fig. 5.2-1). Through the WPP, MT manages the needs of the workforce and the organization, ensures continuity, mitigates workforce reductions, and considers periods of growth [2.2a.(4)]. The Hiring Process supports continuity by encouraging promotion from within as well as cross-training for applicable roles, when possible. Should a workforce reduction, period of growth, or change in organizational structure or work system be required, qualitative and quantitative information from the PMS is utilized to conduct a series of SDs to determine appropriate action. Such actions might include recruitment, contingency planning for the remaining staff, potential reassignment or an exit strategy for affected staff. To prepare the workforce for the changes required at the start of the pandemic, key members from leadership created a COVID Team that reviewed the organization's business continuity plan and engaged in ODs to identify necessary modifications to the plan, using information from area health departments and the CDC. Operational actions included evaluating the need for alternate workspaces, pursuing telework options, and engaging in work redeployment for some departments. As leaders worked to pivot the organization's operations quickly, VOC/S (Fig. 3.1-1) feedback helped to maintain a customer and business focus. Leadership enhanced and revised communication methods to provide regular updates to the workforce regarding hospital procedures for organ, tissue donation criteria changes, remote work requirements, and COVID protocols. The IT department provided immediate support to ensure remote employees were equipped with the necessary technology to telework. Within three days of the COVID Stay at Home orders, the organization demonstrated its agility and resilience by changing practices to include 100% telework for administrative positions, implementing procedures to ensure high performance. Clinical staff adapted their work to incorporate social distancing, wearing masks and other required safety protocols while continuing their lifesaving work on-site and with hospital partners. The organization's resilience to anticipate and prepare for the many disruptions from the pandemic enabled it to not only enhance workforce and customer engagement, but also achieve multiple organizational records in 2020.

5.1a(4) MT organizes and manages its workforce at the individual, key process, and work system levels through the OMP and the PMS including a systematic cascading of goals/scorecards (Fig. 5.1-4). The LT provides work system oversight and strategic direction through the LS (Fig. 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 Relationship Management Excellence and Visionary Leadership and are paramount in accomplishing MTs work. (Fig. 6.1-3).

Phase III of the LS (Fig. 1.1-1), Monitor the Performance, utilizes the PMS and enables the organization to identify factors that may require agile change and resiliency in the face of disruptions to operations [4.1c(2)]. The reinforcement of customer and business needs is managed by the LS (Fig. 1.1-1), which incorporates approaches for Create the Environment, Operationalize the Strategy, and Monitor the Performance. Customer and business focus is also reflected in the Hiring Process (Fig. 5.1-3), which ensures the best candidates are hired for organizational fit and enhancement of the organization's culture. The integration of the LDS with the LS reinforces the V/M/V and provides training for performing daily tasks and meeting customer needs. Supported by the Five A's philosophy, workforce members are empowered to make decisions in the prompt resolution of customer concerns (Fig. 3.2-1). These efforts lead to competence in the delivery of superior service and allow the organization to meet and exceed customer satisfaction and to strengthen loyalty (Fig. 7.2-6).



The STP creates focus, establishes priorities, and sets expectations for the work of the organization, while ongoing performance is monitored through the PMS (Fig. 4.1-1) and the PEP (Fig. 5.1-2). Performance expectations are reinforced through SDs and the PEP. The organization sets ranges for goals and uses targets for APs to clearly delineate performance expectations, including 'meets' and 'exceeds' ranges to define those parameters. The web-based PEP system also provides transparency and accountability as goals and APs across the organization are visible to the workforce. This system enables ongoing discussions between supervisors and employees around progress, creating an awareness of how each member of the workforce can meet and exceed expectations. High performance is subsequently rewarded through multiple mechanisms, including an organization-wide incentive plan (SLS), thank you notes, and recognition at meetings.

5.1b Workplace Climate

5.1b(1) MT systematically assesses workplace environmental factors to ensure and improve workforce health, security, and accessibility. Components of the wellness program include multiple health insurance packages, an employee wellness

committee, no-cost comprehensive wellness screenings (Fig. 7.3-5), flu shots, 24/7 access to an employee assistance program (including family members), Gympass (low-cost access to multiple gyms), a health coach, smoking cessation programs, options for flexible scheduling, stand-up desks, and optional hepatitis, pneumonia, and DpT vaccines. These programs support and encourage employees to become more proactive in improving their overall health.

To ensure and improve workforce security (Fig. 7.3-8), MT maintains a safe facility [6.2c] and provides support for all staff, which includes offering personal alarms at no cost and a security application for phones that can alert first responders in the event of an emergency. Staff have the option to receive transportation to hospitals or to MT's facility during inclement weather or late-night hours. MT provides hotel rooms for clinical staff during bad weather or when traveling to a long-distance hospital to ensure safe and rested employees. The Safety and Security Coordinator schedules appropriate safety training courses based on results from the safety scorecard, feedback from employee surveys, SDs, MMs, and regulatory requirements. These efforts have led to a safe work environment as a high scoring key factor in the employee survey, including a 2020 score of 91.8% for a Safe Work Environment, exceeding the Baldrige Winner benchmark (AOS).

To ensure the safety of employees during the COVID pandemic, MT used its business continuity plan as the foundation to drive systematic protocols and processes across the workforce. MT deployed self-screening stations at entrances, hand sanitization stations throughout the facility, mask requirements, maximum capacity assessments for conference rooms to ensure appropriate distancing, remote technology for those teleworking, and implementation of a confidential COVID symptom and exposure reporting tool for HR to identify, manage and track workplace exposures. Leveraging the CC of Relationship Management Excellence, local organ transplant center customers provided COVID vaccine access for clinical and hospital facing staff.

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

A sample listing of performance measures and goals for workforce health, security, and workplace accessibility are in Fig. 7.3-6, Workforce Preparedness. These measures are designed to provide a work environment that supports the workforce to accomplish the mission. As an example, the clinical nature of the Organ Procurement Coordinator (OPC) position may expose staff to radiation through diagnostic technologies, which is a workplace health concern; the correlating performance measure of radiation exposure levels are closely monitored and are consistently favorable to the acceptable threshold.

5.1b(2) MT offers a variety of support options for employees. MT understands that high employee engagement produces better results and enhances Relationship Management Excellence CC. MT provides a comprehensive and

competitive insurance benefit package to all full-time employees, including three medical plan options, and dental and vision plans on a tiered cost platform. This allows employees to select the best plan to meet their medical, financial, and family needs. At the beginning of the COVID pandemic, leadership recognized the economic distress that many staff were facing and created additional support through an emergency relief fund. This fund is managed by a committee of leaders from each WS who review confidential employee applications for approval of fund disbursement. In 2020, nearly \$20,000 was awarded to staff. Additionally, despite staff being exempt from federally funded pandemic leave, MT provided this additional benefit as a commitment to support the workforce during this challenging time. MT also provides the workforce with access to supplemental insurance benefits including accident, cancer, short-term disability, legal, and term-life with a long-term care rider. MT's comprehensive wellness program is for all staff [5.1b(1)].

MT offers a generous paid time off (PTO) plan, extended medical bank (EMB) plan, paid holidays, and flexible scheduling to allow employees time with and to care for their families. In addition, recognizing the benefit of having financially secure team members, MT offers a variety of financial support options to its employees. This includes tuition assistance, a generous 401k plan, and financial advisory services (including free visits with a financial provider). These benefits vary based upon position, personal need, and tenure.

MT tailors its workforce support to meet the diverse and changing needs of its employees. As an example, in 2017, the 3% Safe Harbor contribution was converted so that employees had the opportunity to choose between a 3% pre-tax contribution into their 401k, or a post-tax contribution into a program to pay off student loans. In response to feedback from employees, MT further expanded benefits in 2019 to include 529 education savings plans. These changes provide employees with options to address varying needs throughout their financial life cycle, including saving for children's future education, paying off current student debt, or saving for retirement. The benefits are unique to the local marketplace, are the first of their kind in the OPO community CC, and are designed to support and retain existing employees and to assist in the recruitment of new employees. To date, 43% of the workforce have enrolled in student loan repayment benefits (Fig. 7.3-13A).

5.2 Workforce Engagement

5.2a Assessment of Workforce Engagement

5.2a(1) The key drivers of workforce engagement are determined through the Employee Engagement Survey, administered by Beyond Feedback (BF). Through strategic improvement and refinement, the survey process has evolved from an internal questionnaire regarding culture and benefits to an externally validated process with national benchmarks. BF was chosen as the survey provider to gain a deeper understanding of employee engagement, validate key drivers of employee satisfaction and engagement, and gain actionable feedback. For example, in the 2018 Employee Engagement Survey, analysis of the results identified four enterprise-wide key drivers/focus areas for employee engagement across all workforce groups and segments. Between the 2018 and 2020

survey cycles, APs, each led by a leader, focused on the four key areas: work life balance, competitive salary, clear two-way communication, and rewards and recognition. In addition, each leader met with their workgroup to review, discuss and develop APs based on the department's survey results. Significant increases and/or steady performance were seen in all four areas as a result of targeted focus and APs (AOS). The Employee Engagement Survey provides measurements of engagement across workforce groups and segments, including work system (Fig. 7.3-11a), leadership (AOS), tenure (AOS), and department (AOS).

5.2a(2) To assess workforce engagement, MT uses a variety of methods, including the BF employee engagement survey, pulse surveys, 30/90-day onboarding surveys and interviews, exit surveys, and MMs. These consistent methods are deployed across organizational workgroups and segments. Using the PMS (Fig. 4.1-1), MT aggregates and analyzes feedback from workgroups around workforce engagement and satisfaction through the approaches previously identified. Information is transferred using ODs and SDs throughout the organization and used to inform organizational strategies. ELT Virtual Town Halls, which began in 2020 as a response to the COVID pandemic, continued into 2021 as a best practice and occur four to six times a year. The ELT Town Hall consists of an interactive conversation with the workforce around topics driven by staff input. The meetings are recorded and are available for those unable to attend in real time. Organization-wide feedback and trends are captured during MMs and/or ELT Town Halls and are presented at LT and staff meetings to ensure open communication, organizational transparency, and the ability to close the loop on issues and/or questions.

5.2b Organizational Culture

The LS (Fig. 1.1-1) creates the environment for an organizational culture characterized by open communication, high performance and an engaged workforce that provides excellent service to its customers CC. Utilizing the Communication Process (Fig. 1.1-3), this culture is reinforced through the deployment of the V/M/V, BAs, and informed by the VOC/S. Key aspects of the process promote transparency, foster open communication and drive engagement. The 2020 workforce survey noted staff satisfaction with leader communication at 86.4%, exceeding the healthcare top quartile benchmark (Fig. 7.4-1).

The STP leverages the culture led by a mission-driven workforce, operationalizes the strategy, and sets a foundation for high performance with a focus on the NSV. The PMS engages the workforce in selecting, collecting, and validating measures of high performance, documented through the PEP. Employee performance and success is regularly evaluated based on completion of APs and achievement of goals aligned with SOs and with achievement of BAs. The LT acknowledges success through formal and informal rewards and recognition including the Decade Club, notes sent to staff at home, and acknowledgment of individual, departmental and WS milestones. Organizational achievement of high performance is recognized and rewarded through the SLS.

MT fosters an engaged workforce through the V/M/V. Through feedback, MT understands the power of the connection to the mission. To reinforce the culture and the

impact of MT's mission, donor families and recipients present at staff meetings and share their heartfelt stories. These stories allow MT to put a face to the mission, while motivating, inspiring, and engaging the workforce. These testimonies help drive the workforce to fulfill its mission. In 2020, the workforce scored their connection to mission at 94.2%, the highest of all 22 EKR's, above the healthcare top quartile benchmark (Fig. 7.3-10).

MT enhanced its approach to equity and inclusion through its incorporation into the strategic plan, solidifying the commitment to ensure its culture appropriately considers diversity, equity, and inclusion [5.2c(5)]. To foster an organizational culture that benefits from the diverse ideas and thinking of the workforce, the Communication Process, OMP (Fig. 6.1-1), and CM/IIP (Fig. 6.1-4) engages all levels of the workforce to share ideas for improvement and/or innovation. The CM/IIP portal allows staff to input ideas to be evaluated utilizing standardized criteria, applied by a committee.

The workforce is empowered to make decisions and to achieve individual success through transparent communication, and use of the PMS (Fig. 4.1-1), the Five As and the PEP. MT fosters engagement at all levels of the organization as it looks to achieve the NSV. Staff participate in performance improvement endeavors (Fig. 7.1-34), which enables participants to actively design work processes to drive improvement and innovation on the path towards industry leadership.

5.2c Performance Management and Development

5.2c(1) STP, OMP and the LS support high performance and engagement of the staff and LT through the deployed PEP (Fig. 5.1-2). Step 1 of the PEP, goal setting during STP, sets the foundation from which APs are created and developed with staff input to support high performance in the accomplishment of organizational goals, which drive the achievement of SOs. These goals are aligned with the V/M/V and the NSV and are cascaded to the workforce. Managers analyze and track goals, monitor AP progress, and lead their staff through strategic adjustments to continue goal achievement. The PEP is designed to ensure transparency across MT; in turn, evaluations include assessment of departmental and individual goals that are aligned with and support organizational goals, demonstration of BAs, and personal development opportunities. In Step 3 of the PEP, the LT leverages a calibration process to ensure a fair and balanced annual assessment of every member of the workforce. The calibration process involves robust and transparent communication regarding employee performance to ensure an equitable approach to the evaluation process is deployed across the organization.

The organization's compensation system establishes competitive salary ranges and a merit-based pay system to reward staff for achievement of their goals and demonstration of the BAs. MT has a commitment to market-based salaries and works triennially to assess market positioning. Various reward and recognition practices honor employees' contributions to organizational Topline goals.

The MT culture, V/M/V, and NSV reinforce intelligent risk taking to achieve innovative improvements. Exploration of innovation can begin in STP, OMP, or CM/IIP and is managed and monitored via the CM/IIP. MT's customer and

business focus begins with the STP (Fig. 2.1-1) and is supported by the PEP with the achievement of APs that are guided by the PMS. To leverage the core competency of Relationship Management Excellence CC, the PMS aggregates multiple sources of data and information which are used to address customer-focused APs; these are cascaded down throughout the organization.

5.2c(2) To support the organization’s needs, the LDS is evaluated annually and is aligned with the SOs, SCs, and APs. For example, during the semi-annual C&C meeting, leaders examine the capabilities needed to support their departments, and review staff competencies. This allows leaders to identify gaps for formal or informal development that may be needed. This supports personal development plans as well as departmental and organizational training plans.

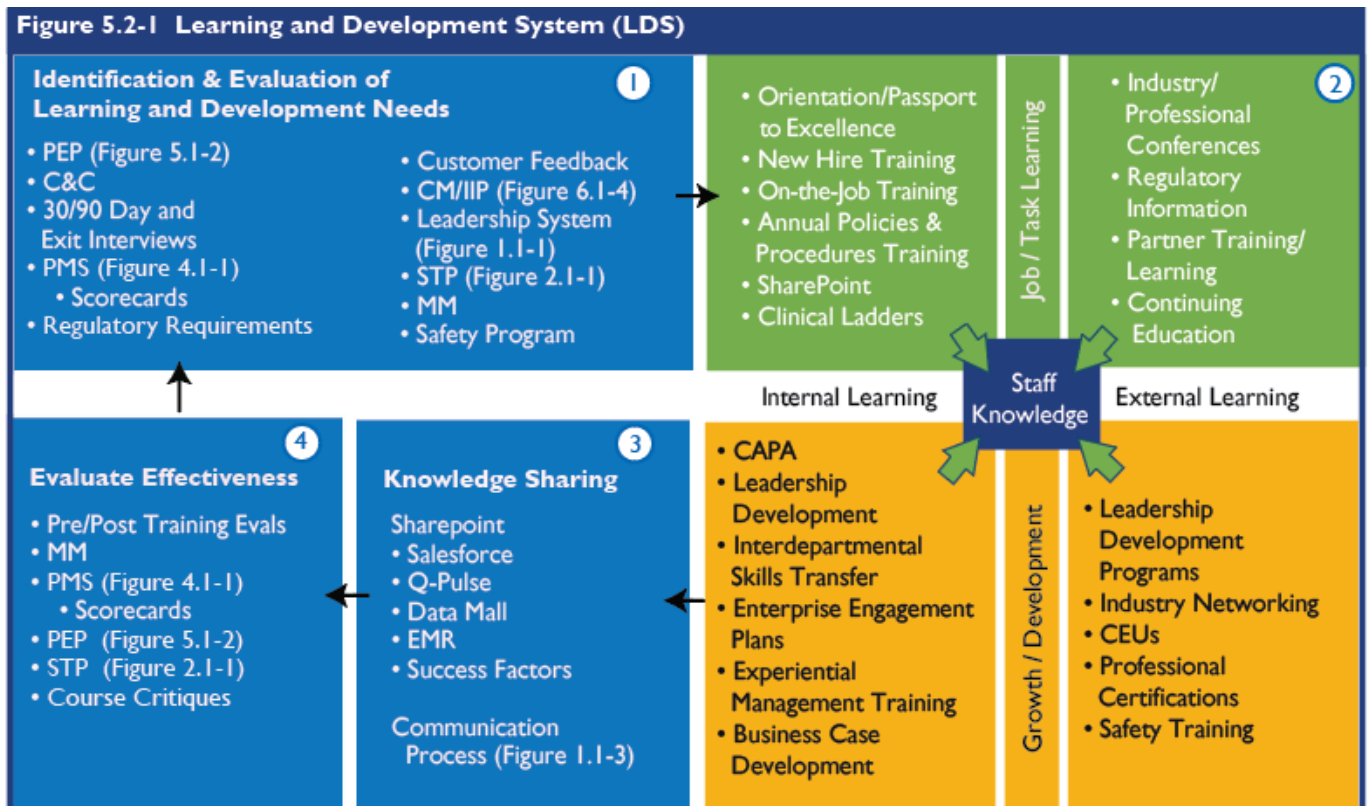
Additional assessment and identification of staff development and learning opportunities can be generated during new staff 30/90-day surveys and interviews, MMs, and individual staff quarterly goal achievement discussions. Learning and development needs identified during these assessment methods have led to development opportunities on a wide array of topics, including skills training, improvement of current practices, and workplace diversity.

Building upon the environment created in the LS, MT’s LDS ensures development offerings have a direct impact on staff’s ability to contribute to and achieve key business goals. Step 1 of the LDS (Fig. 5.2-1) includes a variety of inputs for the identification and evaluation of learning and development needs for staff, supporting organizational performance improvement as well as intelligent risk taking. For example, corneal surgeon feedback around a new type of corneal transplant delivery system provided the insight that the addition of this new technique would drive customer

satisfaction. The training for this new delivery system was developed to expand the skills of the clinical eye bank staff. Quality Management System (Q-Pulse) policy and procedures were updated; the effectiveness of the added product was shown in organizational corneal surgeon customer satisfaction scores as they increased utilization of the new delivery system (AOS) (Fig. 7.2-3)

MT provides annual corporate compliance training (Fig. 1.1-2), educating the workforce on matters of legal and ethical compliance. Employees review the code of conduct policy upon hire and on an annual basis thereafter. MT utilizes the BAs, such as accountability, to support ethics and ethical business practices. Step 4 of the LDS includes effectiveness evaluation, which involves utilizing the PEP to assess staff BAs. These approaches, embedded in the LDS, provide a means for staff to enhance their understanding of current ethical business standards and align with MT’s core value of integrity.

5.2c(3) Learning and development are critical components for workforce success, which in turn drive organizational sustainability. Ultimately, the overall effectiveness of the LDS is reflected in organizational outcomes of the Topline and WS scorecards. In addition, through a review of the LDS and incorporation of Baldrige feedback, MT increased its focus on evaluation and effectiveness of the LDS through multiple approaches. MT has made changes to the Quality Management System (Q-Pulse) to ensure training can be tracked at the department and individual levels. A performance consultant, hired in 2018, worked with leaders to correlate focused learning with key business objectives and results. Results to date include design and implementation of e-learning in Donor Services, which affords independent learning and assessment opportunities to test knowledge during training.



MT uses employee engagement survey results to drive ongoing learning and development outcomes by role. Departments discuss their results post-survey and develop APs to address potential gaps. The APs are aligned to balance the needs of the workforce with the needs of MT. For example, in 2018, the organ clinical post-survey focus group expressed a desire for a career development path that would address the increasingly complex skills needed for the role and increase accountability. In 2019, to correlate these results with enhanced learning opportunities, employees worked with leadership, and as part of C&C meetings, to create a career ladder for the organ clinical team. In 2020, more than 50% of eligible members of the organ clinical department completed the Clinical Ladder Application process. Organ clinical staff were recognized for their advanced skill set and contribution to the organizational goals through the award of their Clinical Ladder Level.

5.2c(4) MT manages succession as a talent pool. By building skill and experience across multiple functional areas of the organization, MT positions its employees for future roles and opportunities. Through cycles of learning and improvement, development needs of leaders and emerging leaders are incorporated within development plans as part of the employee's PEP. As a component of the LDS, MT provides career development by offering a variety of opportunities including on-the-job training, clinical ladders, partner training/learning, and continuing education. Due to MT's size and structure, career development is often supported through position enhancements or lateral moves. MT encourages breadth of experience and subsequently over half of the workforce is in a different position today than originally hired. Additionally, many employees have transitioned multiple times and have traversed work systems. By enhancing knowledge and skills through certifications, courses, and seminars, MT ensures staff members have diverse skill and knowledge sets that can be utilized across the organization.

In 2020, all leaders participated in a leadership assessment and development process which identified key strengths and areas of growth. Leaders received feedback and worked with their supervisor to create developmental APs with specific action items to enhance competencies for 2021. Leaders participated in online modules as well as classroom events as part of their development. In addition, ELT participates in an annual Talent Review process where leadership strengths and development gaps are discussed as it relates to succession planning.

CATEGORY 6 - OPERATIONS

6.1 Work Processes

6.1a Product and Process Design

6.1a(1) Key work product and process requirements are determined through the listening and learning methods listed in the VOC/S. The product and process requirement analysis and discussion start in the STP and continue during the year in ongoing SDs and throughout the Operational Management Process (OMP) (Fig. 6.1-1). In 2020, the OWS experienced changes in the national allocation policy. Due to the conservative nature of the local organ transplant centers, extra renal DCD organ offers were historically declined. As a result,

Through employee feedback, MT determined that evaluation of 'how' goals are achieved, including a stronger focus on behaviors, was needed to ensure development of leaders and future leaders to support organizational success. The result was a BA rating system that highlights expected behaviors aligned with the core values, including increased weighting of the behavioral component in performance evaluations during the 2020 PEP cycle.

The LDS also prepares the workforce for replacement and succession planning beginning with Step 5 of the STP. For example, within the OWS and the TWS, MT has created team leader, preceptor, and trainer positions to not only fulfill important roles within the organization, but also to provide future leaders with formal development opportunities. Through sharing of refinements, employees new to these roles receive training and create development plans to support growth. In addition, employees provide formal feedback on these positions with internal surveys; this feedback is utilized to create development plans and structured APs to improve leader competencies and overall department efficiency and effectiveness.

5.2c(5) The organization conducts regular performance improvement endeavors that involve participation from a diverse cross-section of the workforce to ensure a variety of input and ideas are included (Fig. 7.1-34). In 2020, MT began a strategic initiative to improve its diversity, equity, and inclusion (DEI). The CEO engaged in a series of listening sessions with staff to understand varying perspectives on DEI and seek feedback. As a result, LT members received DEI training, and MT created a DEI committee to focus on identifying opportunities for DEI education and enhancement within the organization. Using input from the DEI committee, an AP was developed to drive DEI growth in 2021 (AOS). This effort is also a key measure on the ELT bowler.

The organization's efforts to reduce bias include standardizing the performance evaluation process for the entire workforce which begins at the hiring stage and continues through deployment of goals and the annual evaluation process. MT utilizes uniform interview questions that are deployed consistently, deploys a calibration process [5.2c(1)] in Step 3 of PEP and systematically aligns cascaded goals through the organization. The goals are tied to department and company-wide strategic objectives; mitigating excessive variety in performance goals that could lead to manager bias.

MT utilized the Relationship Management Process with local organ transplant centers and surgeons to maximize donation, a key organ customer requirement (Fig. P.1-5). The OWS also conducted an improvement endeavor that included VOC/S conversations with local, regional, and national transplant centers to increase the number of DCD extra renal organs transplanted. As a result, 26 DCD livers were transplanted in 2020, an increase from three in 2019 (Fig. 7.1-6A), fulfilling MT's life-saving mission.

6.1a(2) MT's key service is the facilitation of organ and tissue donation (Fig. 6.1-2), provided to customers in collaboration with key stakeholders (Fig. P.1-5). Key work processes of

referral management, authorization, and allocation/procurement (Fig. 6.1-3) are designed to drive sustainability by fulfilling the needs and requirements of key customers, including regulatory requirements, to maximize donation. Through these key processes, the workforce advances the organization’s SOs, and ultimately provides organs and tissues for transplant in pursuit of MT’s NSV.

6.1a(3) The OMP (Fig. 6.1-1) demonstrates the methods used to design, refine, and construct key work processes to meet requirements. Through the OMP, key requirements driving work processes are analyzed, reviewed, and translated into priorities during the STP and continue throughout the year during ongoing SDs and ODs.

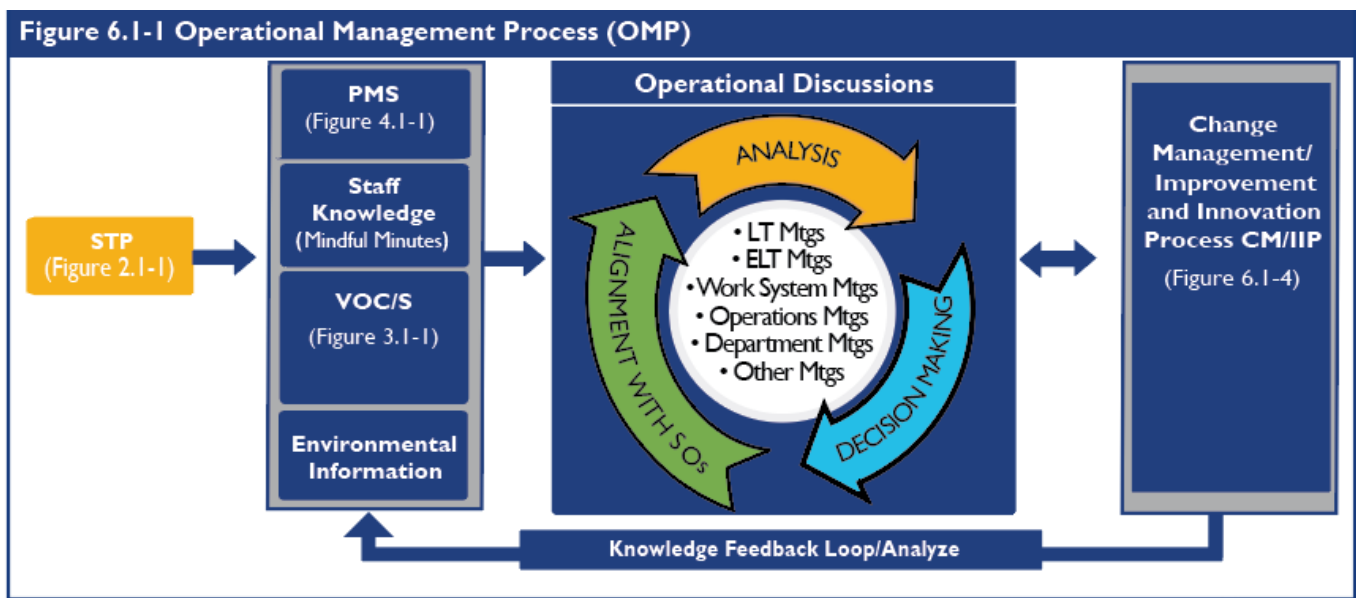
Incorporation of organizational knowledge, new technology, service excellence, customer value, risk assessment, and agility are accomplished through the OMP and Step 4 of the LDS (Fig. 5.2-1). The OMP and LDS drives ODs, data analysis, real-time decision making, and improvement and innovation to ensure customer value. Through a collaborative agreement that resulted from SDs and other VOC/S interactions, MT is the first OPO to facilitate an in-house normothermic liver perfusion program using the OrganOx liver pump. This innovation could lead to more liver transplants in the future and was a direct result of Relationship Management Excellence CC with a local organ transplant center customer and an engaged workforce eager to learn new skills and advance the mission.

6.1b Process Management and Improvement

6.1b(1) The OMP drives work processes, utilizing multiple inputs including the STP and PMS. Within the OMP, the PMS ensures key metric requirements are measured, analyzed, and benchmarked. 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. Key processes can be monitored with real time process performance indicators and measurements. After evaluation and refinement, improvements are made to provide visual data analysis utilizing subscription reports for rapid assessment and action. For example, a Tableau data alert was created to generate automatic email notifications when the tissue

authorization rate target is not met two days in a row, allowing for refinement or adjustment to APs. Key performance measures and in-process measures used for the control and improvement of key work processes are outlined in Fig. 6.1-3. These in-process measures drive increased performance and ensure strict adherence to processes to maximize 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 Quality Management System (Q-Pulse), analyzed for trend identification, and resolved. Capitalizing on MT’s core competencies is critical to the accomplishment of the key work processes. Key in-process and outcome measure selection drive and assess service quality and performance.

6.1b(2) Key support processes are determined in the STP and follow the organization’s goal and AP process. The OMP (Fig. 6.1-1) facilitates the determination of the necessary elements to construct the key support processes to ensure the execution of MT’s mission. Environmental information including regulatory, accreditation, and industry standards are incorporated into the decision making. Key support processes are necessary to ensure the satisfaction of key stakeholder requirements, needs and expectations. MT’s support departments include IT, Laboratory, Supply Chain Management, Facilities, Finance, HR, PE, Business Intelligence, Quality, and Aftercare. Within the OMP, the PMS ensures key support metric requirements are measured, analyzed, and benchmarked to drive associated 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. Key support metrics are reviewed at the department level to assess performance for meeting key business requirements on an ongoing basis. For example, as part of the STP in 2020, reference laboratory utilization was assessed and identified as an area with opportunities for improvement. Key performance indicators for reference laboratory testing included the reduction in turnaround time for donor management testing. As a result, additional laboratory testing is now performed at MT with a



reduction in turnaround time from approximately three hours at the reference laboratory to an average of 21 minutes at MT.

6.1b(3) Improvement of work and support processes and services, enhancing C Cs, and driving performance are initiated through the OMP or the STP by utilizing the PMS. The approach to improvement of work process and services is the CM/IIP. Improvement endeavors are managed through the CM/IIP and leverage a variety of Lean and Six Sigma tools to achieve improvement and reduce variation. For example, an endeavor in 2020 focused on standardizing expedited organ allocation processes resulting in double-digit improvement in two metrics (AOS) and creating standard work processes (SC). Improvement endeavors are managed on pathways and classified as “improvements” or “innovations” (Fig. 7.1-36) based on MT definitions. MT leverages the SO of an inspired workforce by actively engaging staff members in improvement endeavors (Fig. 7.1-34).

6.1c Supply-Network Management

To facilitate organ and tissue donation, MT leverages the RMP to meet its operational needs in both the non-traditional and traditional supply chain networks.

In a non-traditional sense, supply-network management includes the receipt of the donor referral from MT’s hospital and non-hospital partners and is the most critical supply network event (Fig. 6.1-2). These non-traditional suppliers are limited by the DSA. The ‘donor’ supply network management entails standardized identification and referral of potential donors from partner hospital and non-hospital facilities ensuring operational needs are met (Figs. 7.1-1 and 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 or made aware of documented registry decision (FPA). The donor referral system is developed collaboratively with hospital and non-hospital partners and the donation process begins with the donor entering the OWS or TWS (Fig. 6.1-2). Because of the nature of these relationships, continuous and frequent communication with top tier referral hospital partners is paramount to accomplishing MT’s mission (VOC/S). This referral process has undergone cycles of learning and improvement. Partners initiate the referral; performance is regularly tracked via metrics noted on the partner’s Dashboard reports (QAPI). Poorly performing partners are identified via these dashboard

discussions and subsequent APs are collaboratively established to ensure improvement in outcomes. To promote alignment with mission and support the SO of maximizing donation, MT has developed a non-traditional supply management system, which has increased access to non-hospital referrals. Through the OMP, including reviewing a collection of best practices in the industry, an electronic referral system was identified, modified, and provided to several Medical Examiner offices. This allowed MT to meet key customer requirements (Fig. P.1-5) by increasing the number of donor families approached and, ultimately, resulting in more tissue and eye donors (AOS). In addition, this improvement also leads to higher satisfaction from those non-hospital referral partners (Fig. 7.1-2A).

MT’s Key Suppliers assist with the delivery of its non-traditional supply chain. Key supplier performance is monitored, tracked, trended, and shared in feedback sessions (Figs. 7.1-39, 7.1-40, 7.1-41).

Through the VOC/S and input into the OMP, MT can respond to changes in customer, market, and organizational requirements. Through SDs and the VOC/S, MT identified that more rapid changes to the EMR are sometimes necessary in order to support operational needs. By collaborating with LifeLogics, MT was able to initiate a fast-track ticketing system to expedite high priority EMR changes, which helps to enhance customer satisfaction.

Through cycles of learning and improvement, suppliers are selected through a qualification process. Most traditional suppliers are managed through a Group Purchasing Organization (GPO). MT leverages the group buying power of one of its hospital systems through the RMP (Fig. 3.1-2). In addition, MT manages its inventory with an upgraded online warehouse management system. This system enables the organization to manage ordering, purchase orders, purchasing history, and supply expiration monitoring, allowing MT to establish par levels that factor product lead times. In accordance with regulatory and accreditation agencies, MT adheres to a quarantine and release process for critical supplies that ensures sterility certificates and inventory qualifications meet or exceed industry requirements. As a learning and strategic improvement, LINC includes a Supply Chain Committee. This committee meets regularly to benchmark and review supply utilization, determine opportunities for improvements in pricing and/or supply quality, and manage

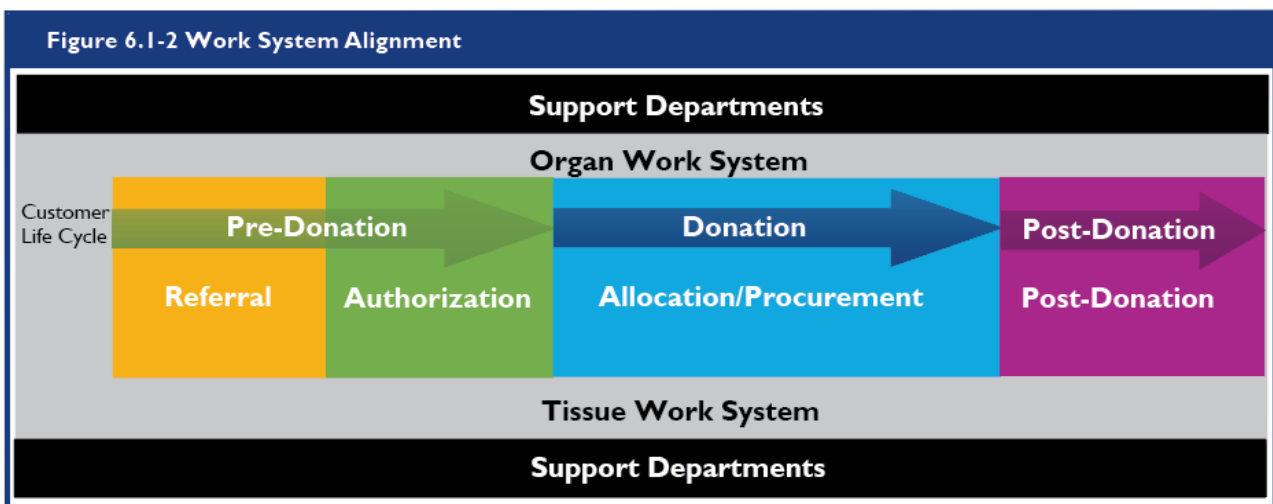


Figure 6.1-3 Key Work Processes

Phase	Referral Management		Authorization		Allocation/Procurement	
Key Work Process	Referral Management		Authorization		Allocation/Procurement	
Work System Alignment	OVS	TWS	OVS	TWS	OVS	TWS
Key Requirements	Notification of Referral	Notification of Referral	Organ Referrals (7.1-1)	Tissue Referrals (7.1-2)	Organ Donors by Population (7.1-3)	Tissue Donors by Population (7.1-5)
In Process Measures	Missed Organ Referrals (7.1-19) Timely Organ Referrals (7.1-19A) Physician Huddle Rate (7.1-19B)	Missed Tissue Referrals (7.1-20) Timely Tissue Referrals (7.1-20A)	Organ Authorization (7.1-21) Approach Coach Utilization (7.1-21A) ANR (AOS)	Tissue Authorization (7.1-22) ANR (AOS)	Donor Management Protocol Compliance (AOS) O-E (7.1-23A)	Tissue Donors (7.1-5) Bone Donors (7.1-15) Bone No Growth (7.1-25) Skin Donors (7.1-16) Eye Donors (7.1-17) Cornea Transplantable Percentage (7.1-26)
Outcome Measures	Organ Referrals (7.1-1)	Tissue Referrals (7.1-2)	Organ Donors by Population (7.1-3) Organ Conversion (7.1-4)	Tissue Donors by Population (7.1-5)	Organs Transplanted (7.1-6) Hearts Transplanted (7.1-7) Lungs Transplanted (7.1-8) Livers Transplanted (7.1-9) Kidneys Transplanted (7.1-10) Pancreata Transplanted (7.1-11) Research Organs (AOS)	Bone Donors Released (7.1-12) Skin Donors Released (7.1-13) Domestically Distributed Corneas by Population (7.1-14) Heart Valve Donors (7.1-18)
Regulatory Determination	CMS		CMS OPTN UAGA AOPO	UAGA AATB EBAA	CMS OPTN AOPO	AATB EBAA
Improvement & Innovation	CM/IIP (6.1-4) VOC'S (3.1-1)		CM/IIP (6.1-4) VOC'S (3.1-1)		CM/IIP (6.1-4) VOC'S (3.1-1)	

purchasing opportunities. LINC standardized several surgical packs and supplies to obtain the best possible pricing, saving MT approximately \$40,000 annually on organ surgical packs.

Resilience and agility were an integral part of MT’s response to supply chain management as evidenced during the pandemic. Shortages were managed with ODs including regular environmental scanning, strong vendor and partner relationship management excellence, and evaluation of internal supply management. These evaluations included assessing current processes for acceptable alternative supplies, preserving the supply chain, and adhering to the highest quality standards. For example, the Eye Bank determined the use of sterile sleeves was acceptable for some processes in lieu of surgical gowns which were difficult to obtain. During COVID, LINC partners mutually shared clinical supply resources when their local suppliers were unable to meet their needs. Supply chain management procedures ensured cases

were able to proceed with sufficient supplies all through the pandemic (Fig. 7.1-38).

Suppliers’ performance is measured and evaluated on a variety of levels including metrics on damaged and returned supplies as well as delivery times (AOS). Underperforming suppliers are contacted to resolve recurrent issues and if issues persist, are subsequently replaced.

6.1d Management of Opportunities for Innovation

Innovation is a core value that is embedded in the culture from a BOD vested in intelligent risk taking, through the mission-driven workforce. Additionally, the SA of financial stewardship positions the organization to pursue innovative ideas and intelligent risk taking. Innovation discussions can originate in the STP, OMP, and/or LDS; potential innovations are managed through the CM/IIP.

Through a strong commitment to its values and the SO of Exceptional Performance, MT conducted a systematic

evaluation of the CM/IIP to provide rigor for an internal innovation definition, improve management of innovation, refine operations, and clearly articulate how intelligent risk and strategic opportunities are pursued. Evaluative criteria are applied through STP and/or CM/IIP as applicable. Ideas are subsequently classified as a strategic opportunity and/or an intelligent risk or ruled out. When an idea advances, the scope, schedule, and resources required, including financial resources, are validated during SDs including the CM/IIP Committee Meetings. Financial and other resources are made available through a robust budgeting process and multiple financial analysis tools, including financial projections, business cases proposals, and pro forma. Ideas are prioritized and multidisciplinary teams may utilize various performance improvement tools and data analysis techniques from the PMS to develop, test, and implement new processes. Deployment and integration of plans include documentation of progress, the impact of the initiative, and re-evaluation, as needed. The Communication Process is used to report progress and encourage best practice sharing. For example, to drive staff satisfaction with safety, donor family satisfaction, and ensure effective resource utilization, MT began utilizing a rapid infectious disease screening test in 2014. The testing was utilized for one year, but results showed a high false positive rate and testing was discontinued. Efforts to find an acceptable rapid infectious disease testing system continued via environmental scanning. In late 2020, a business case was presented to utilize a new technology testing platform (Alinity). Implementation of this technology began in 2021, and its use resulted in rapid turnaround time for organ and tissue donor testing. This allows for testing prior to tissue procurement, an industry first **CC**, maximizing accountability, a processor requirement (Fig. P.1-5).

Decisions to discontinue pursuing opportunities at the appropriate time are evaluated through the STP, OMP, and/or CM/IIP. During the evaluative, assessment, action, and integration phases of the CM/IIP, use of not only evaluative criteria, but also targets associated with the submission can prompt the discontinuation of the endeavor. For example, in 2020, efforts to ensure the sustainment of improvements associated with a PE TWS authorization event were reviewed. Outcomes for the initiatives varied; ODs, including prioritization and effectiveness checks, resulted in pausing two approaches.

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

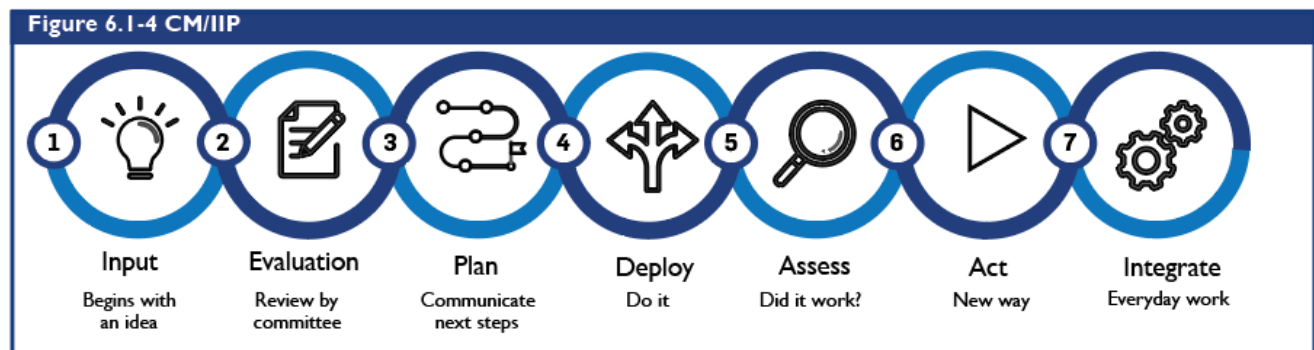
OMP, which includes inputs from the PMS. MT controls the overall cost of operations through efficiency gained by GPO utilization, inventory control, and Lean tools including process mapping, Plan Do Study Act (PDSA), A3, and Value Stream Analysis (VSA) utilized in collaboration with the PE department. In ongoing SDs, strategies for assessing ideas incorporate financial analyses including evaluation of budget, cost modeling, and return on investment. For example, in 2021, a comprehensive business case was approved to purchase the Abbott Alinity, a new laboratory technology, to decrease serology testing time for both tissue and organ donors. This instrument is expected to decrease cycle time, decrease cost by eliminating waste in time and materials in serologic positive donors, and increase organs transplanted in rapid DCD donors (AOS).

Efficiency and effectiveness factors are part of the in-process measures included in Fig. 6.1-3. For example, to standardize donor management a four-hour stroke-volume based fluid resuscitation protocol on organ donors was instituted in 2018. This resulted in a decreased time on vasopressors from 16 to 3 hours and an increased number of organs transplanted. This protocol was published in a peer-reviewed journal and is now replicated by other OPOs.

MT exceeds industry standards by proactively seeking all voluntary accreditations (Fig. 7.4-4) and participating in industry accreditation committees. External accreditation inspections assist the organization in identifying possible gaps in practices that result in minimizing service errors, rework, and defects. Participation on industry councils allows for the sharing of information and best practices to evaluate and improve operations proactively and allows for the incorporation of feedback into day-to-day operations maximizing the value of these accreditations.

The use of internal audits further assists in the identification of process improvement opportunities. Nonconformances and deviations from standard operating procedures are tracked and trended and allows for process improvements, resulting in minimized costs due to poor quality. Originating from the annual STP session, an internal audit calendar is established each year. Audits are conducted systematically, and outcomes drive frequency and sample size. Trending analyses determine if audit frequency can be lengthened, ensuring maximum effectiveness with minimal audit costs. Quarterly quality reports are presented at LT and summarize audit findings including trends, effectiveness checks and associated APs if applicable.

To further maximize efficiency and cost control, MT utilizes preventative measures to minimize maintenance costs; 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. New supply requests are evaluated and approved/denied at the LT level. MT deploys 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. Cost savings allow for continued and increased funding of projects to ensure high levels of customer satisfaction.

6.2b Security and Cybersecurity

MT's reputation and data are key organizational assets. Loss of patient, customer, or employee data would damage the organization's reputation and are managed with specific policies and technology. The cloud computing strategy described in [4.2a(1)] is central to cyber and physical security. Servers are housed in one cloud location and vendor supplied applications are at several other cloud locations to decrease the possibility of compromised data or applications. On premise equipment resides in highly secured locations that are monitored using video surveillance.

MT has established multiple policies and procedures to ensure the security and cybersecurity of sensitive or privileged data and information. These policies and procedures outline the physical and technical safeguards for computers that access electronic protected health information to restrict access to only authorized users. Staff with EMR access are required to sign confidentiality agreements, and audits verify appropriate access and current users. MT's password policy outlines the appropriate parameters for selecting and securing passwords. A password vault is used to store IDs and passwords which also provides the added benefit of allowing review of all systems used to support the business. Password vault contents are assessed during onboarding, employee transitions, and off-boarding. MT utilizes fully redundant state-of-the-art firewalls to ensure network and internet security. The firewall includes intrusion detection and prevention features. Security patches are applied monthly for all physical servers, virtual machines, desktops, and laptops.

MT consults with suppliers and vendors to ensure awareness and implementation of current and emerging cybersecurity trends. An IT security firm provides annual penetration testing and ongoing threat consultation and awareness. Email phishing tests are integrated with the organization's email protection product. Desktop and laptop computers include the latest security patches, antivirus engines, and hard drive encryption.

Information access is controlled by the 'least privilege' security principle, ensuring that access is limited to what a staff member needs to perform their function. Access is audited to ensure users have access to only what they need for their role. Additional policies require the workforce to lock their computers when they are away. MT has a robust email encryption policy, which requires encryption of emails that contain Personally Identified Information (PII) or Personal Health Information (PHI). Partners and suppliers do not have access to sensitive or privileged data or information. Customer, regulator, auditor, and researcher access to the EMR is limited to read-only access. Identification and

prioritization of technology system protection from cybersecurity attacks is provided through the utilization of SaaS, which provides hosting of solutions from separate servers and data centers. MT's payroll, accounting, EMR, and BI systems, for example, are hosted by different vendors at different data centers. In addition, necessary integration occurs behind MT firewalls.

Detection of cybersecurity breaches is provided by monitoring tools that are in place to continuously scan the environment for suspicious activity. General response and recovery from a cybersecurity breach includes detection of the attack and recovery of compromised servers and data. Recovery includes running antivirus software and other security tools to remove and clean any viruses, Trojans, or monitoring agents. Compromised data would be deleted and recovered from backups.

6.2c Safety, Business Continuity, and Resilience

6.2c(1) MT relies upon its established Safety Program to ensure a safe operating environment for its workforce. Integrated with the LDS, the program relies upon the identification of workforce safety concerns and the timely reporting of injuries. The systematic review of the Safety Scorecard (AOS) allows for the evaluation of metrics for use in identifying areas for injury prevention and safety improvements. The injury reporting process ensures injuries are investigated promptly, root cause(s) are determined, debriefs with affected parties are held with the Safety and Security Coordinator, and process or environment changes are made, as appropriate. Safety data is monitored to identify potential trends, risks, and opportunities for training on accident prevention. In addition, workforce safety concerns are identified in ODs, department meetings, MMs, regular quality audits, walkthroughs and observations of the campus and clinical area(s), and debriefs of injuries. For example, during an OD with an external risk management vendor, operation of a motor vehicle for company business was identified as a threat to employee safety. This information was shared, ODs ensued, and the design and development of a curriculum for educating employees on defensive driving was created. The materials were shared with multiple industry councils and validated as a best practice. Together with AOPO, the content was transferred to the agency's online training platform and deployed across all 57 OPOs in the industry CC.

MT's rapid and agile response to the COVID pandemic provided a safe operating environment that included a respiratory safety program, facility safety, and continuous communication utilizing a variety of methods outlined in the Communication Process (*Fig. 1.1-3*). To enhance the safety of the working environment, MT rapidly deployed additional infection prevention measures including electrostatic disinfectant sprayers, foot door pulls, cough guards, and other safety measures. To improve the efficiency and effectiveness of the potential employee infectious disease exposure process, a process review was completed. As a result, the MT laboratory began performing employee exposure testing for improved result turnaround time and decreased costs of referral laboratory testing. Further refinements were made in 2021 to provide infectious disease serology results in the case of employee exposure within approximately one hour. These

improvements allow for immediate counseling and treatment of the exposed employee while reducing costs, turnaround times, and improving employee safety. Accident prevention, embedded in the culture of the organization, starts with new hires in orientation and continues with annual training. Monthly Safety Program offerings have included personal safety, CPR/AED, fire extinguisher/live burn training, driver safety, cyber safety, and malicious intruder training. Safety knowledge is shared via the Communication Process; regular safety updates are communicated to the workforce at department and staff meetings. Fire, earthquake, and tornado drills, along with other safety drills are noted in *Fig. 7.1-37*. Badges are required for entry into work areas with levels of restriction based upon necessity as determined by job description. In addition, a local security company is used to provide continuous perimeter and campus security during non-business hours including weekends and holidays. Building security was improved in 2019 with the installation of improved digital/analytic cameras, which provide remote access, monitoring, and targeted viewing 24/7. Cycles of learning and improvement, including employee survey feedback (AOS), resulted in improved parking safety with improved LED lighting, and gated and fenced parking area.

6.2c(2) MT has a well-documented, executable disaster preparedness plan which allows the work systems to continue to achieve both a high level of customer satisfaction and workforce safety. Emergency preparedness (*Fig. 7.1-37*) is ensured through regular testing and analysis of the Emergency Response Plan (ERP). The ERP is a guideline that prepares the workforce to respond to safety and operational disruptions in the event of an emergency. Multiple measures are also in place to ensure the continuity of business operations. The design of the MT facility ensures all critical services, including Donor Services, IT network, and clinical operations are continuously online and supported by two emergency generators and portable generator redundancies. Routine testing and preventative maintenance of all critical equipment optimizes the organization's ability to respond to any event. Additionally, remote access capabilities of many business-critical systems and functions allow work to continue in the case of a disaster, emergency, or weather interruption. Remote access to phone systems ensures 24/7 access for external services; internal applications and data from laptops, and

MT's cloud-platform allows the workforce 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, MT has agreements with other OPOs to reciprocate emergency staffing and facilities on a short-term basis. In the event of a long-term off-site scenario, MT is prepared to complete organ and tissue clinical processes at local hospitals, and the Donor Services department would be operational via telework. To meet the needs of corneal surgeons, a contract with another OPO to ensure the provision of corneas in the event of an emergency that disrupted cornea distribution is in place. Recovery following an event would be dependent on the incident or event, but MT's facility would be re-established at another location if necessary. Leveraging the organization's SA of financial strength (*P.2-1*) aids in ensuring the mission-critical work continues.

Through learning and strategic improvement, MT contracted with a business continuity and disaster recovery vendor to support continuity and recovery of technology systems, business operations, and critical communication. A business continuity drill, tabletop or other exercise, is conducted annually to test the ERP and to identify any potential gaps. In 2018, the tabletop drill focused on the response to a pandemic. Those materials were referenced by the COVID Team to provide additional inputs for decision-making. In addition to annual drills, MT maintains business interruption insurance to ensure adequate financial resources for continued operations. The ERP includes an annual hazard assessment by the Safety Committee that is reviewed by the St. Louis City Emergency Manager and the Safety Coordinator to ensure resiliency.

Cycles of learning and improvement added a layer of preparedness that includes annual meetings and contract language with local hospital partners to help prepare for events. If MT continuity and 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. MT's preparation for disruptions of continuity of service demonstrated the organization's agility and resilience during the COVID pandemic as operations in 2020 achieved record-breaking performance.

CATEGORY 7 - RESULTS

MT's key measures, which are critical to the success and sustainability of the organization, are provided with further segmentation AOS. Comparative data in 2019 and 2020 from industry sources was limited due to an industry practice change in 2019 providing benchmarking data only every two years. Industry benchmarking is utilizing LINC data which provides benchmarking with two other OPO MBNQA winners.

Organizational records achieved in 2020, demonstrating the ability to achieve transformative work, even in the midst of a pandemic, are noted with 🏆. MT calculates the percentage of very satisfied or top box scores (score of 5 out of 5) as customer engagement measures based upon The Loyalty Effect (Fred Reichheld), which notes relationship strength is directly related to customer loyalty and engagement [3.2].

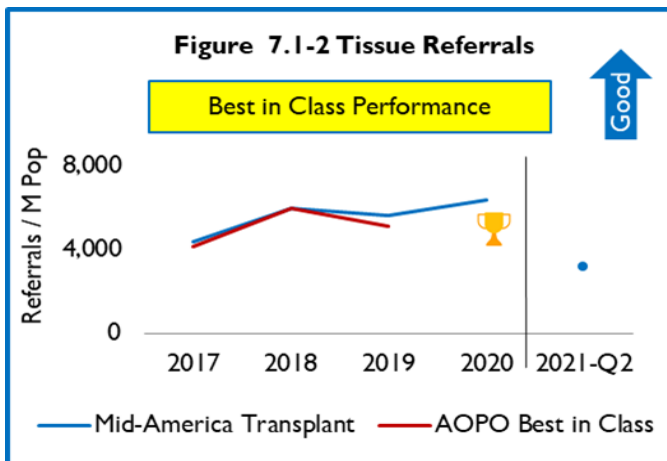
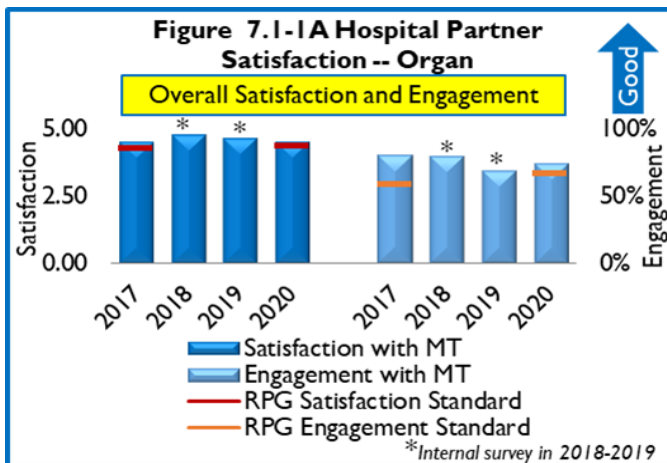
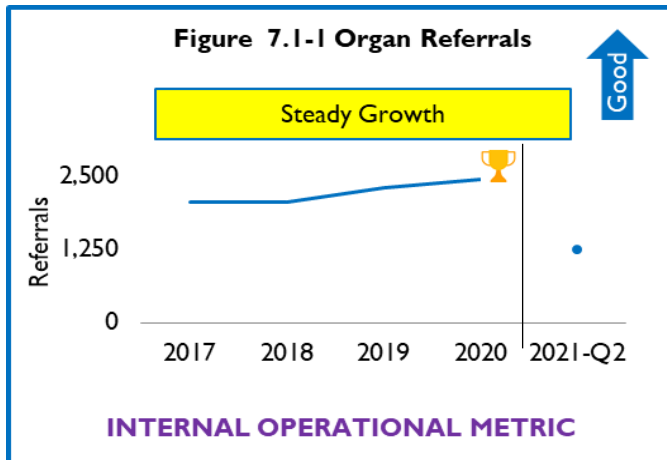
The COVID pandemic challenged the organization in 2020; MT's mission to save and improve lives provided the focus to pivot and adjust to an ever-changing environment and end the year with organizational records.

7.1 Product and Process Results

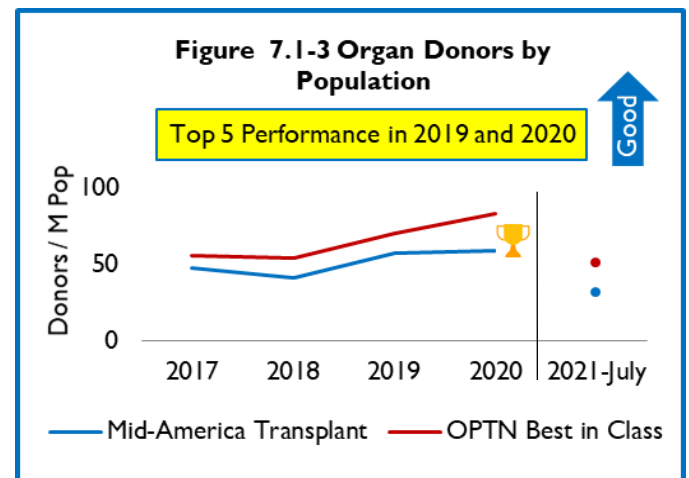
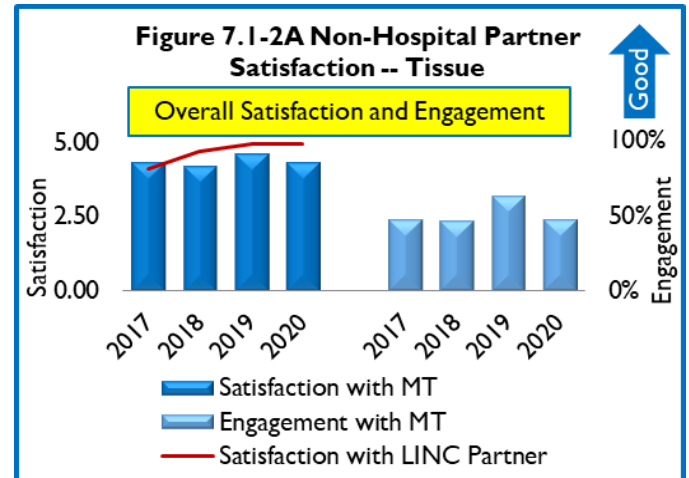
7.1a Customer-Focused Product and Service Results

MT has three key work processes within the two work systems: Referral Management, Authorization, and Allocation/Procurement (*Fig. 6.1-3*). Referral Management, the first key process in both work systems, is initiated through the collaboration with hospital and non-hospital partners. Referral management utilizes organ and tissue referrals as outcome measures. Organ Referrals (*Fig. 7.1-1* 🏆) have experienced a steady, positive trend for the last four years. Overall satisfaction and engagement results for Hospital

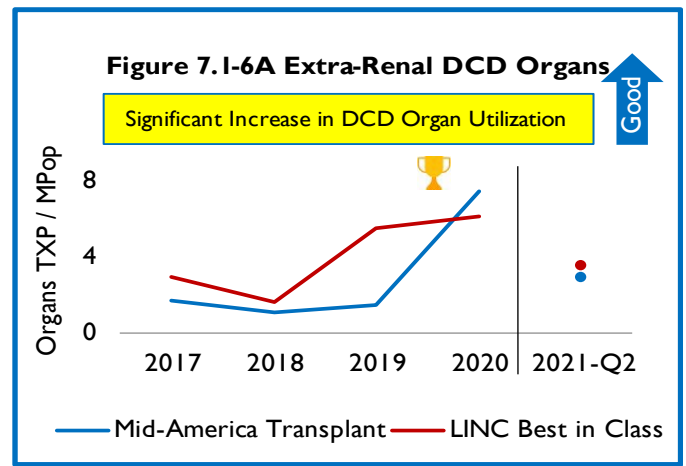
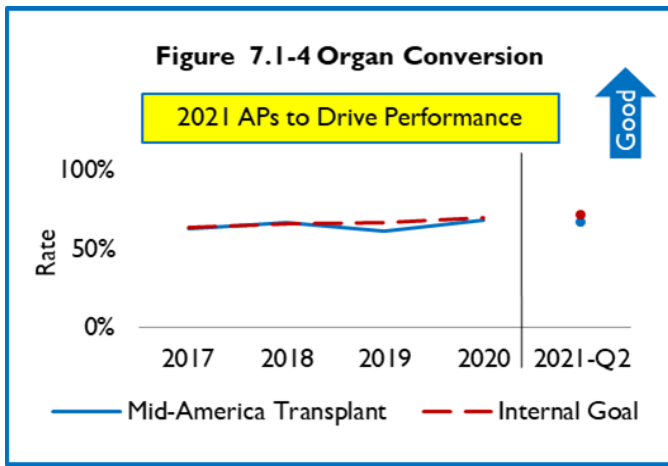
Partner Satisfaction – Organ (Fig. 7.1-1A) shows steady performance in satisfaction and engagement, with results for satisfaction meeting the RPG national satisfaction score benchmark. In 2020, engagement scores increased as a result of APs put in place in 2019 to focus on collaboration and communication (AOS).



the second half of 2020 (AOS). The key outcome measurement for Authorization, the second key process in both Work Systems, is measured in the OWS by Organ Donors by Population (Fig. 7.1-3) and Organ Conversion (Fig. 7.1-4), and in the TWS by Tissue Donors by Population (Fig. 7.1-5). Both organ and tissue donor authorization outcome measures reflect the number of donor families and recipients served. Organ and Tissue Donor Numbers have steadily increased over the last four years; Organ Donors by Population have achieved top quartile performance in 2020; and Tissue Donors by Population have achieved top decile performance in 2020. Organ Conversion refers to the number of donors divided by the number of eligible donors, and MT has achieved top quartile performance in 2019 and 2020.

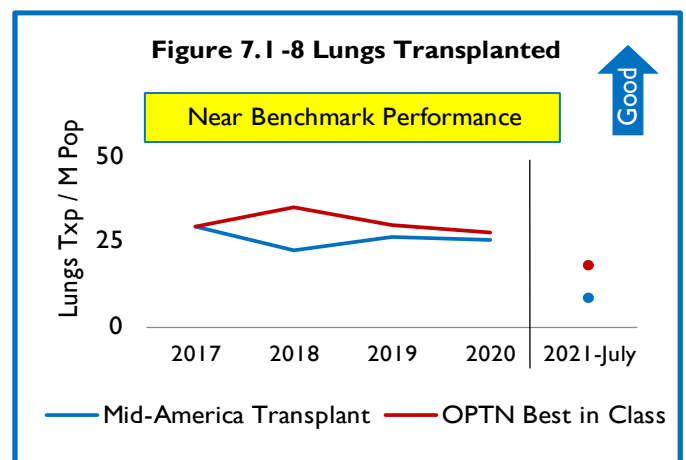
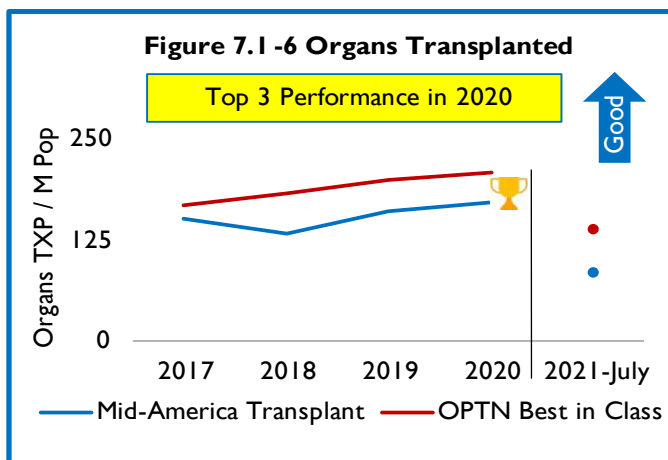
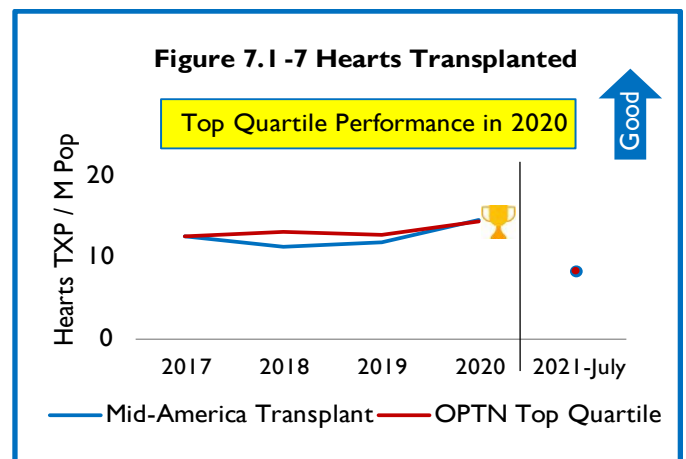
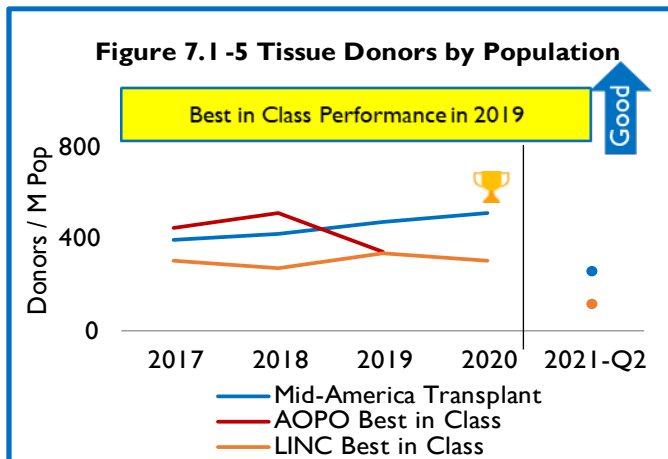


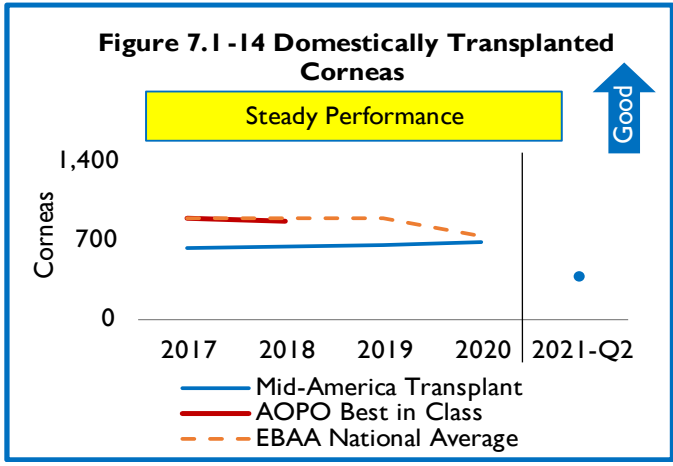
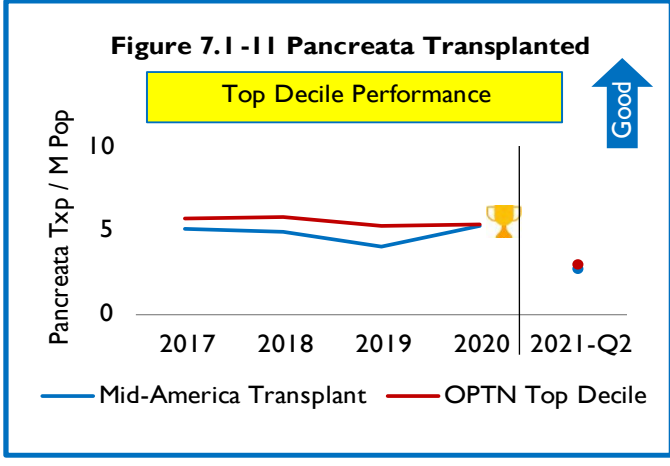
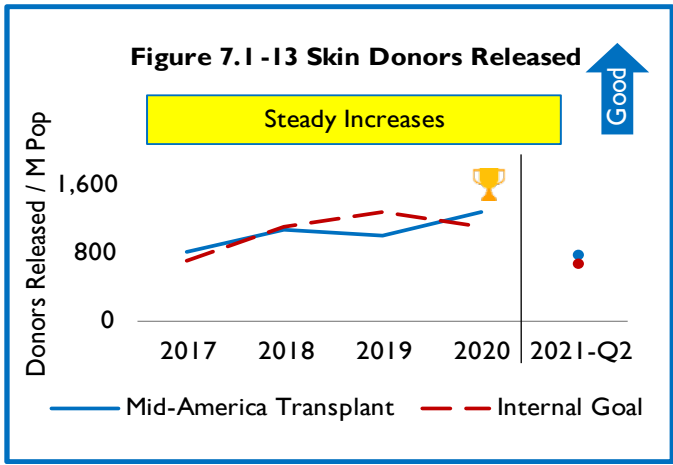
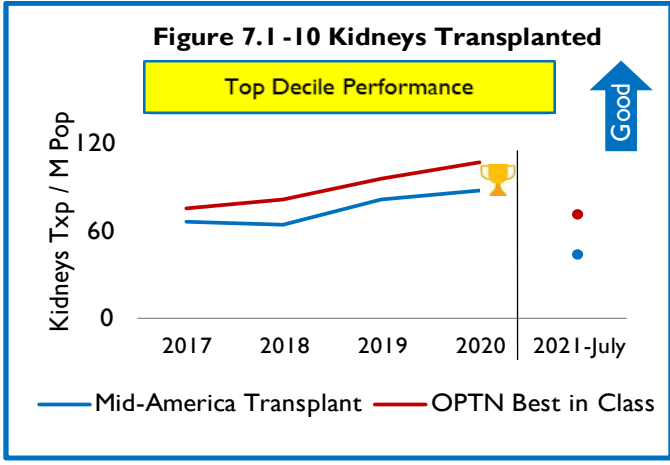
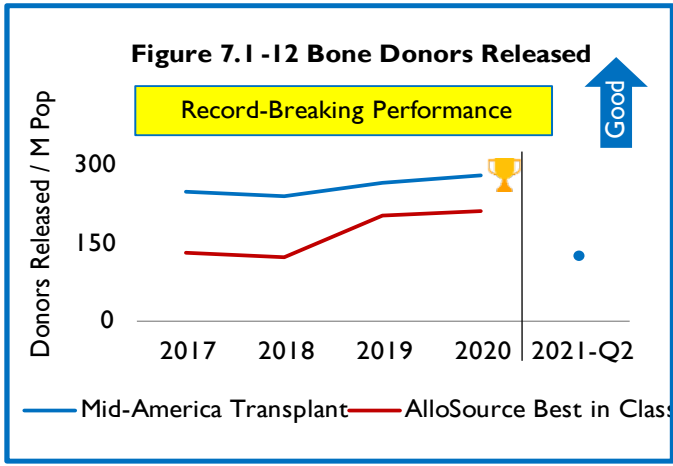
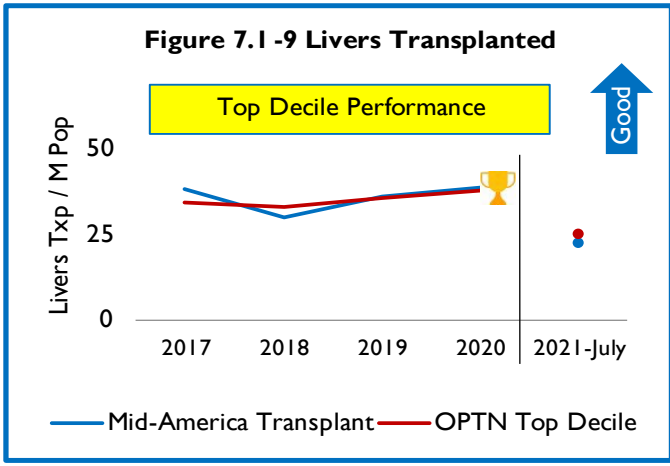
Despite the limited size of its DSA (28th out of 57 OPOs in terms of population), Tissue Referrals have increased, meeting or exceeding the AOPO top decile annually through 2019 and demonstrate MT's ability to collaborate with partners (Fig. 7.1-2). Non-Hospital Satisfaction – Tissue (Fig. 7.1-2A) shows steady performance in satisfaction; engagement scores decreased in 2020, with resulting process changes deployed in



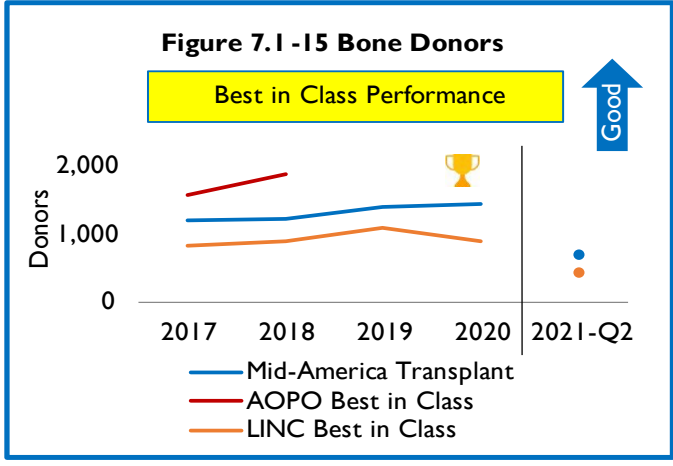
The final key process of both work systems is Allocation/Procurement and outcome measures in the OWS include Organs Transplanted (Fig. 7.1-6) which is a Topline measure directly responsible for increasing lives saved and reflects an organizational record number for 2020, positioning MT as top three in the nation. Extra-Renal DCD Organs (Fig. 7.1-6A) contributed to the organization leading the nation in DCD organs transplanted per million population per the SRTR and outperformed LINC Best in Class. This growth was a significant contributor to more lives saved.

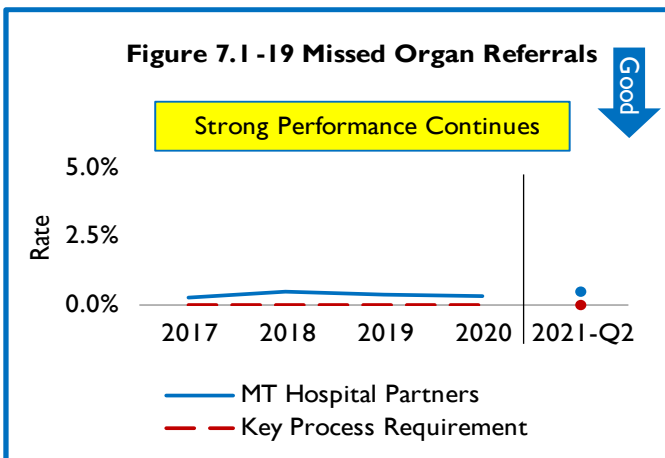
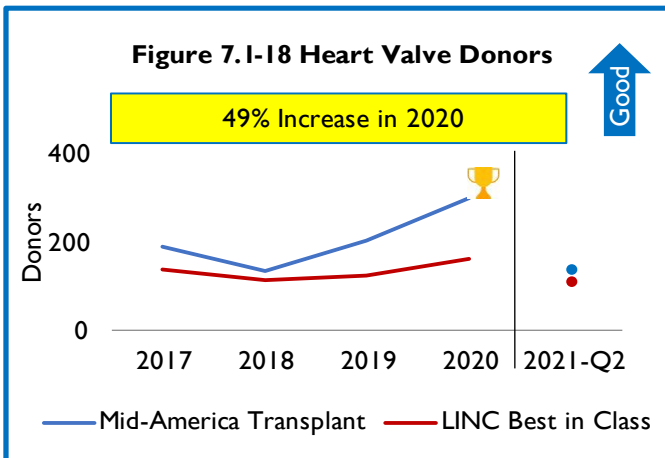
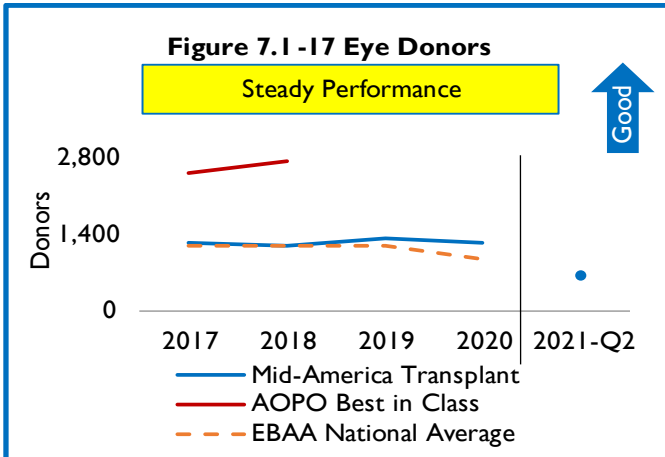
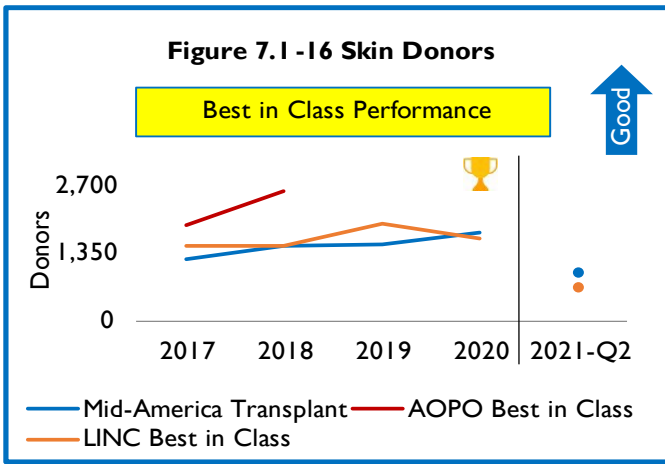
Organs transplanted can be segmented by organ type: Heart, Lung, Liver, Kidney and Pancreas and results are shown by organs transplanted per million (Figs. 7.1-7, 7.1-8, 7.1-9, 7.1-10 and 7.1-11). Hearts Transplanted per million in 2020 shows top quartile performance; Lungs Transplanted per million exceed benchmarks in 2020 and place MT in the top quartile in the nation; Livers Transplanted per million also exceeds the benchmark top quartile; Kidneys Transplanted per million remain steady, with 2020 Kidney Transplant numbers achieving top decile performance. Pancreata Transplanted per million also exceeds the benchmark top quartile performance.



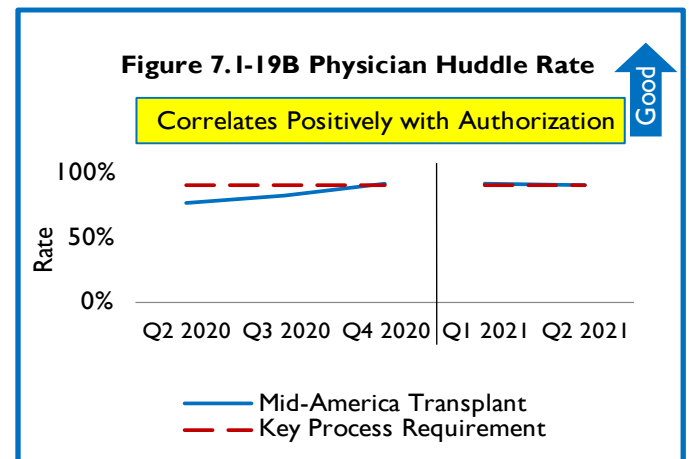
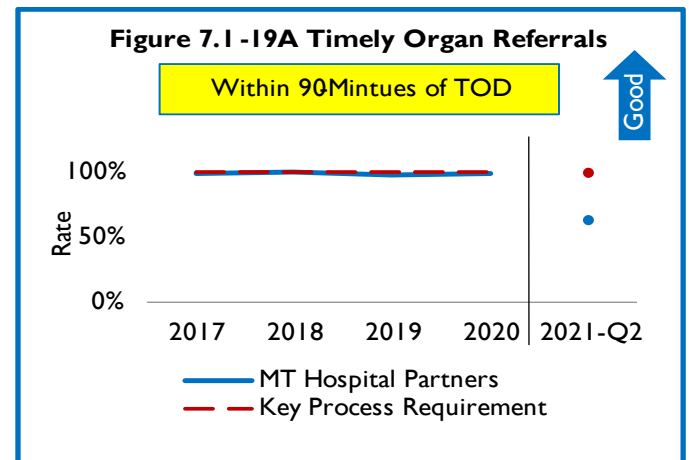


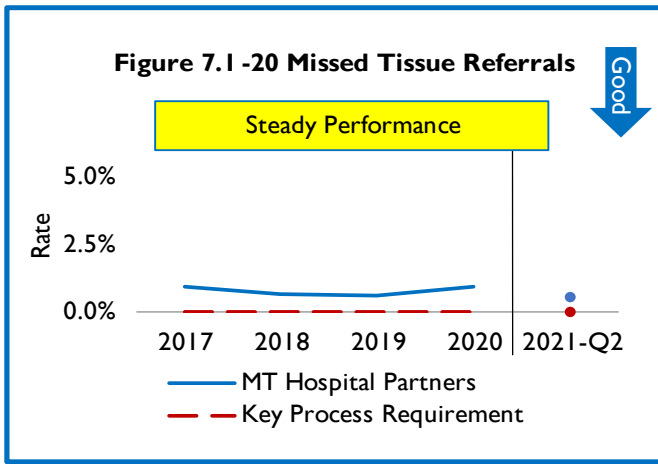
In the TWS, donation outcome measures include Bone Donors Released (Fig. 7.1-12), Skin Donors Released (Fig. 7.1-13), Domestically Transplanted Corneas (Fig. 7.1-14) and Heart Valve Donors (Fig. 7.1-18). Bone Donors Released shows a favorable trend, exceeding the AlloSource benchmark. Skin Donors Released shows a steady trend over the past four years; Domestically Transplanted Corneas remain steady, achieving the EBAA benchmark in 2020. Heart Valve Donors (Fig. 7.1-18) show an organizational record for 2020, with a 49% increase; adoption of best practices coupled with targeted improvement approaches implemented in 2019 drove performance.



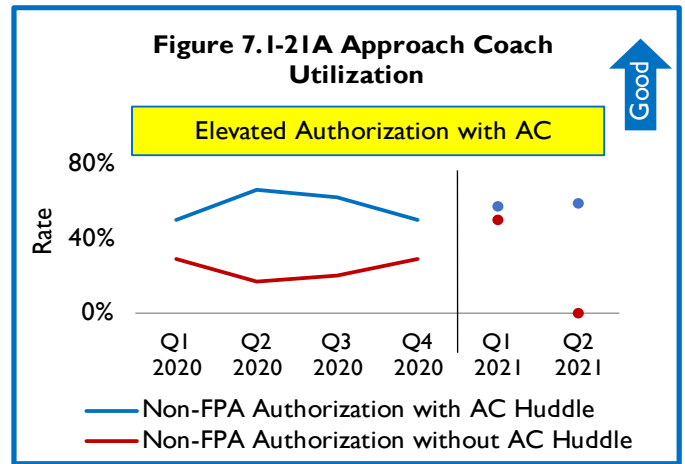


7.1b(1) MT’s key process effectiveness and efficiency results are noted in *Fig. 6.1-3* as “in-process measures.” The referral management efficiency and effectiveness results for OWS are Missed Organ Referrals (*Fig. 7.1-19*), Timely Organ Referrals (*Fig. 7.1-19A*) and Physician Huddle Rate (*Fig. 7.1-19B*). Relationship Management Excellence **CC** has driven referral reporting compliance to 99% of all eligible referrals, with Timely Organ Referrals achieving requirements since 2017. Ensuring that hospital partners receive consistent communication, a key stakeholder requirement, (*P.1-5*), MT measures the frequency with which OWS staff meet with physicians to discuss plan of care for potential donors. This measure is known as the Physician Huddle Rate and correlates positively with authorization. In 2020, the rate reached 95%. The tissue referral management in-process measure is Missed Tissue Referrals (*Fig. 7.1-20*) and Timely Tissue Referrals (*Fig. 7.1-20A*). The Missed Tissue Referral Rate has seen steady performance since 2017 with Relationship Management Excellence driving reporting compliance to 98.5%. Hospital compliance with the 90-minute requirement for Timely Tissue Referrals is steady with achievement of 98% of process requirements in 2020.

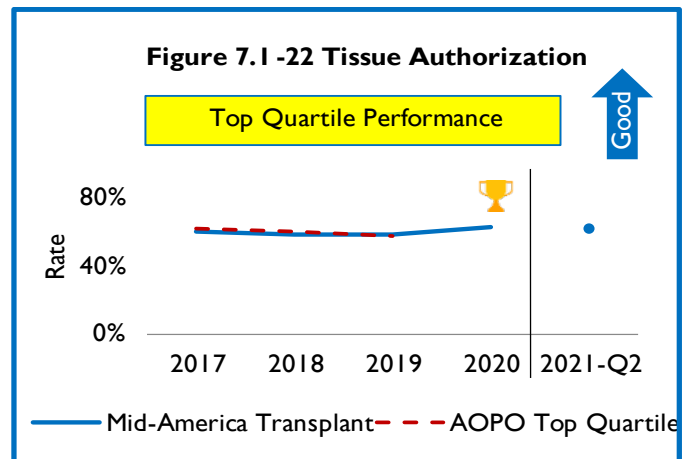
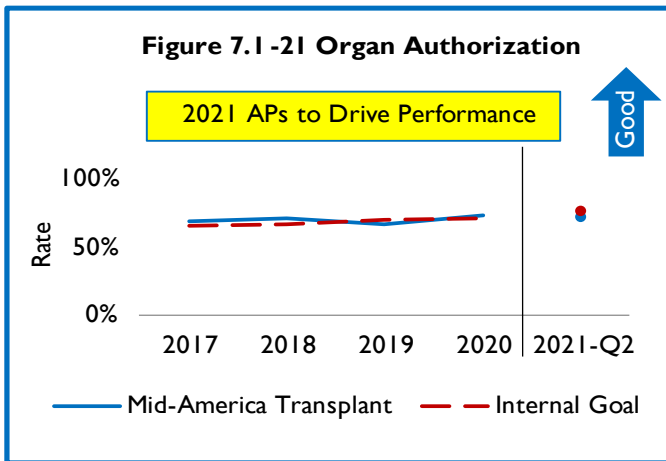
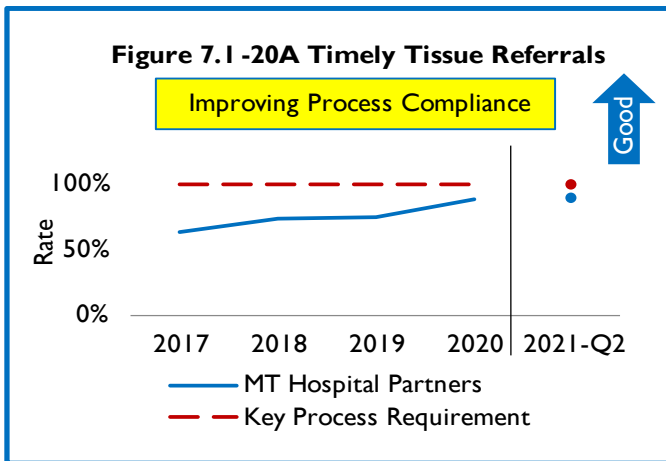


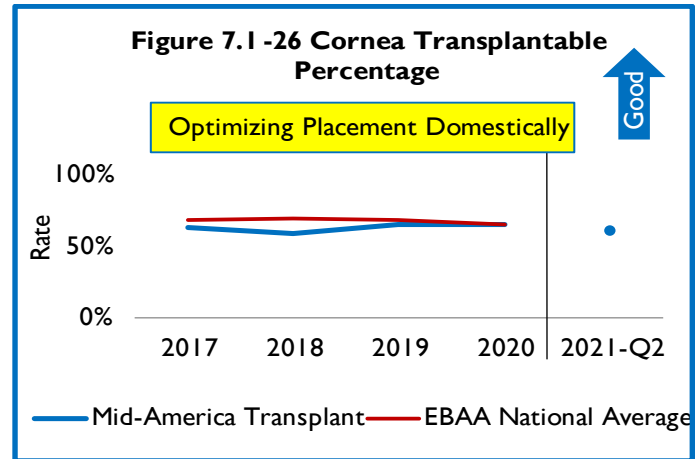
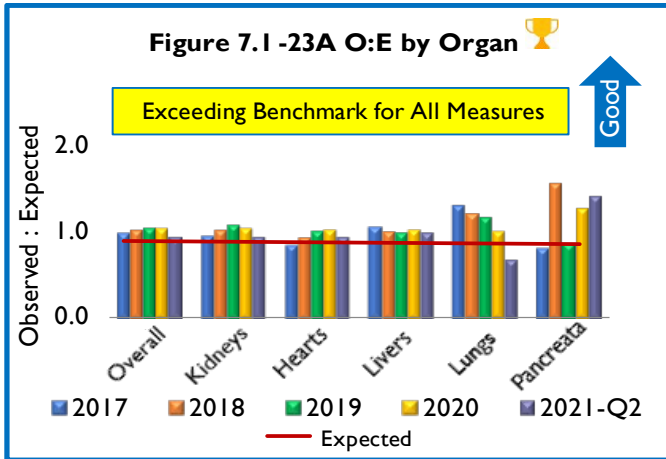
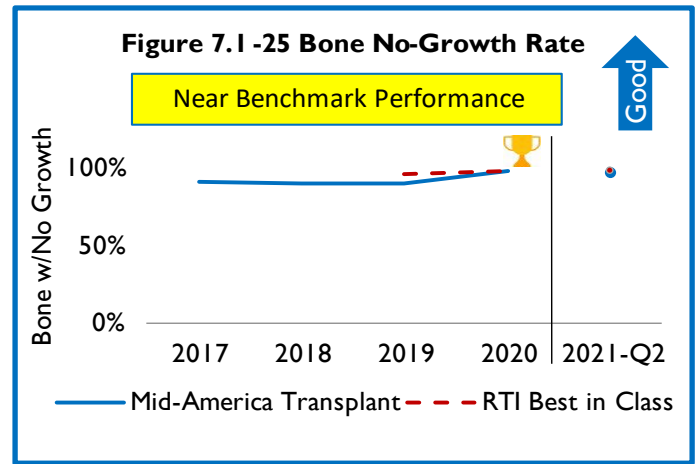
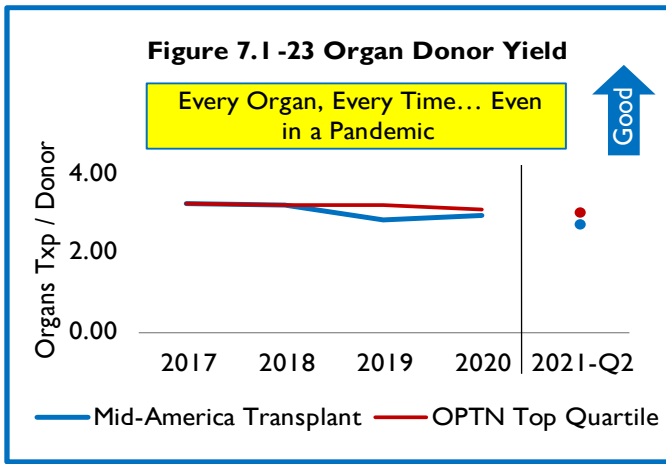


The in-process measure for the authorization process in OWS is the Organ Authorization rate (Fig. 7.1-21), Approach Coach Utilization (Fig. 7.1-21A), and Authorized not Recovered (AOS). Efforts continue to drive organ authorization with breakthrough process changes, ‘Approach Coach’ Utilization and additional performance excellence approaches. The TWS in-process authorization measure is the Tissue Authorization rate (Fig. 7.1-22) and Authorized not Recovered (AOS). Process changes implemented, combined with refined hiring practices, and workforce development and training, have resulted in authorization rate performance meeting industry top quartile.



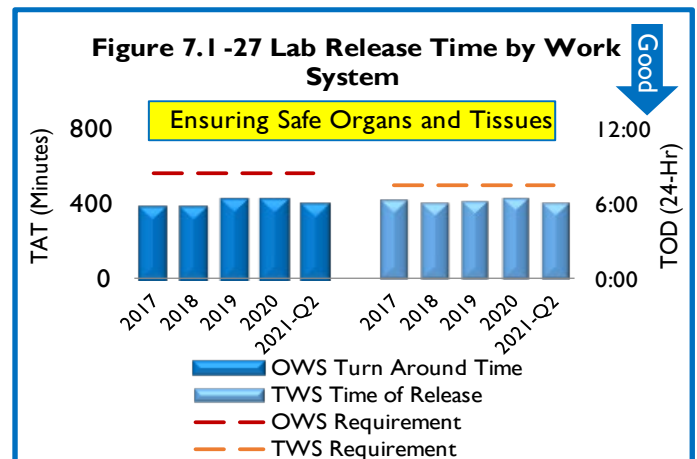
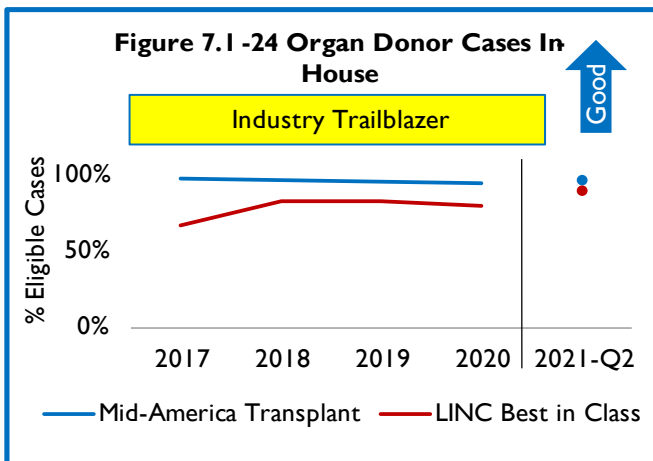
The OWS in-process measures for the key work process allocation/procurement are shown in Fig. 6.1-3. Donor management protocol compliance (AOS) measures compliance with SOPs and clinical protocols to ensure donor management consists of standard work (SC). Optimizing the gift (Yield) (Fig. 7.1-23) is 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. The O:E is an OPTN yield metric which compares each OPO’s actual donor yield with its expected donor yield given the characteristics of the OPO’s donor pool. Yield was impacted in 2020 by an organizational record number of DCD donors. Despite these challenges, and the challenges faced due to the pandemic, MT’s observed versus expected performance (O:E) exceeded 2020 benchmarks overall, and exceeded O:E individually with Kidneys, Lungs, Hearts, Livers and Pancreata (Fig. 7.1-23A). Organ Donor Cases In-House (Fig. 7.1-24), reflects the first in the industry practice CC change of transferring donors from the hospital to the MT on-site ICU and OR. This change is responsible for significant cost savings and increased customer satisfaction, and outperforms the LINC benchmark.

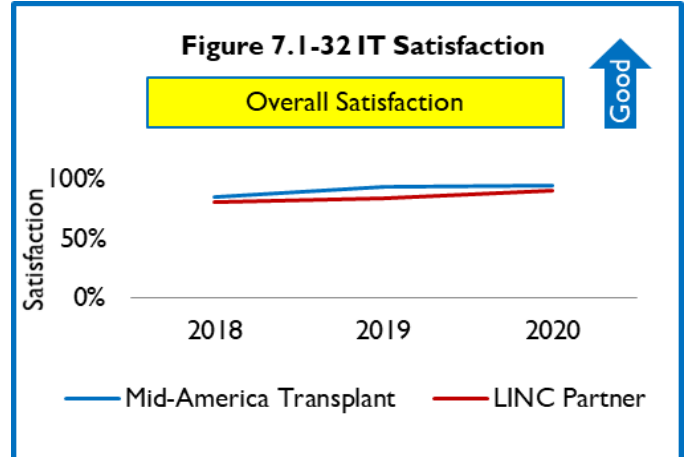
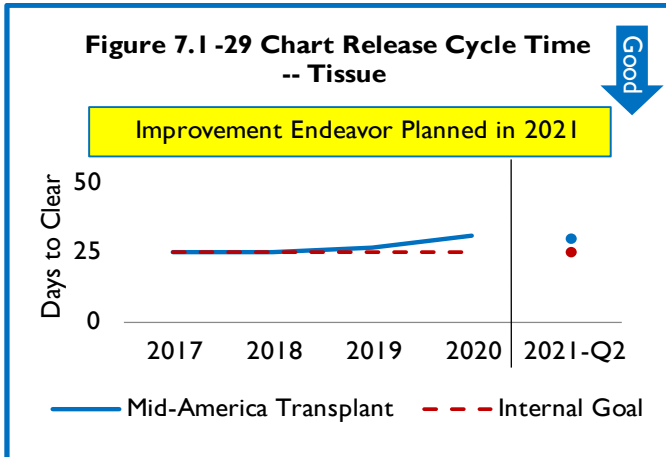
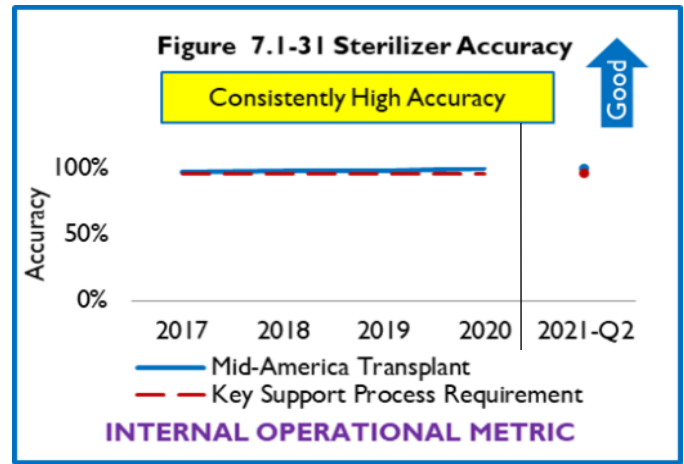
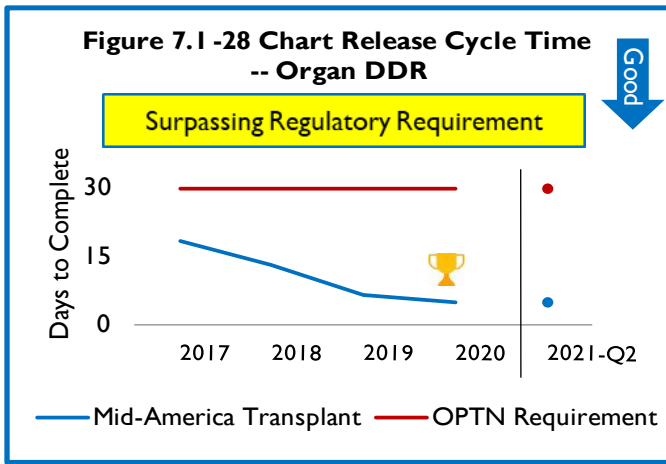




The TWS allocation/procurement in-process measures include Tissue Donors (Fig. 7.1-5), Bone Donors (Fig. 7.1-15), Bone No Growth Rate (Fig. 7.1-25), Skin Donors (Fig. 7.1-16), Eye Donors (Fig. 7.1-17), and Cornea Transplantable Percentage (Fig. 7.1-26). Bone Donor and Skin Donor numbers have remained high, exceeding the LINC benchmark. Eye Donors have seen steady performance. MT exceeded the RTI partner goal and achieved top three performance for Bone No Growth. The Cornea Transplantable Percentage shows steady increases; APs were in place for 2019 and resulted in improvements in 2020, positioning MT at the national average.

The key organizational performance indicators for key support processes are shown in Fig. 7.1-27 through Fig. 7.1-33. Laboratory Testing Turnaround Time (Fig. 7.1-27) has seen consistent performance exceeding the internal requirements for both organ and tissue. Chart Release Cycle Time – Organ DDR (Fig. 7.1-28) has seen steady decreases, even with increasing volumes of donors. Chart Release Cycle Time Tissue (Fig. 7.1-29) reflects a critical step in the TWS process during which charts are completed, quality checked, and released to the processors, fulfilling an internal requirement, and triggering reimbursement to MT. The Tissue Chart Cycle time shows performance meeting internal goals with an increasing number of donors.





Cornea Death to Preservation Time (*Fig. 7.1-30*) is an eye bank efficiency measure which reflects the ability of the TWS to procure and process cornea tissue efficiently and effectively and shows steady performance with 2020 meeting the LINC benchmark. Sterilizer Accuracy (*Fig. 7.1-31*) shows consistently high accuracy which ensures clinical equipment availability. IT Satisfaction (*Fig. 7.1-32*) shows steady workforce satisfaction with IT service support and exceeds the LINC benchmark. IT department results are also shown in *Fig. 7.1-33* demonstrating the ability to reduce the number of open IT Help Desk Tickets, utilizing a robust break/fix process and transitioning staff to ensure adequate support. Since 2018, there have been no Unremediated Security Breaches (*Fig. 7.1-33A*).

As seen in PE Improvement Endeavors (*Fig. 7.1-34*) the organization leverages its workforce to ensure it benefits from diverse ideas in PE events and demonstrates high satisfaction as 100% of participants agree or strongly agree with the perceived value of events. PE Data and Analytics (*Fig. 7.1-35*) supports the organization’s use of data to drive decision making, reflected in a 57% increase in PE tickets between 2019 and 2020, as well as a 100% increase in subscription reports used to track performance. In addition, the organization tracks innovation utilizing the CM/IIP (*Fig. 6.1-2*) which provides the ability to track Improvements and Innovations resulting from PE events (*Fig. 7.1-36*). Quality Compliance Management (*Fig. 7.4-5*) highlights MT’s accreditation results in voluntary and required certifications, positioning MT as one of the top OPOs in the country meeting or exceeding FDA, UNOS, AOPO, AATB, and EBAA requirements.

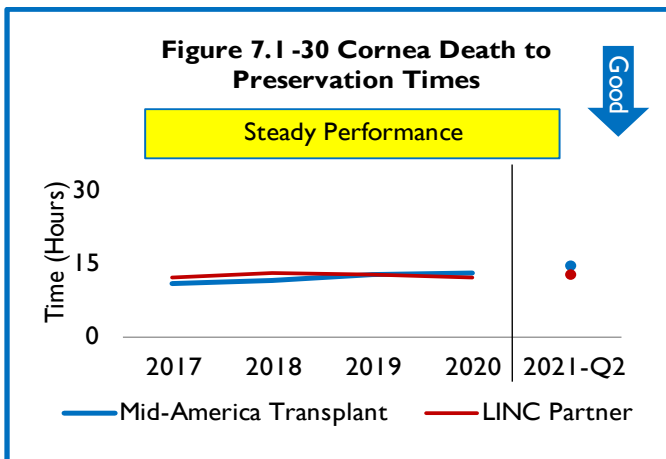
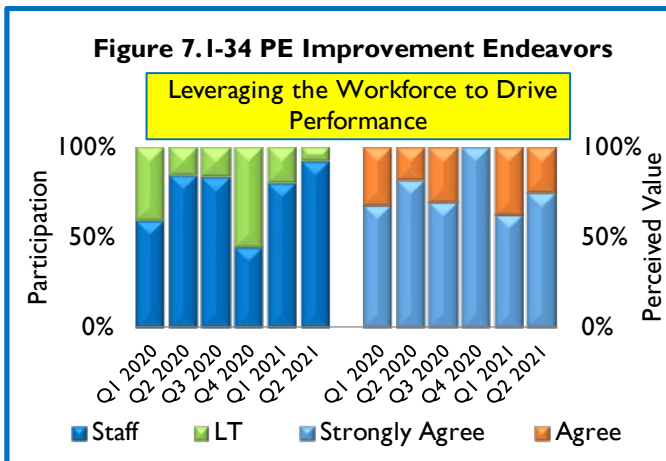
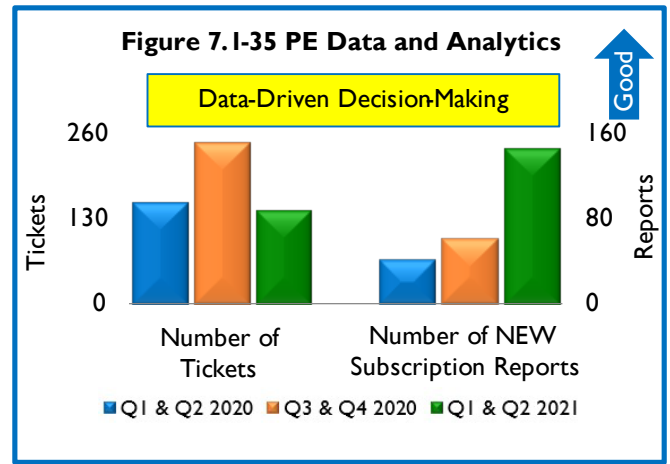
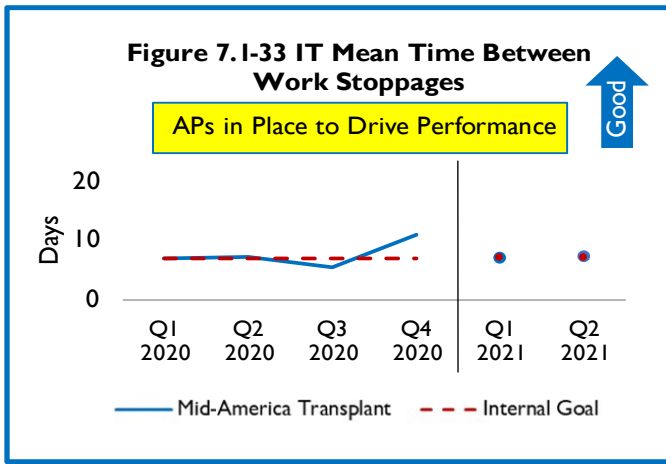
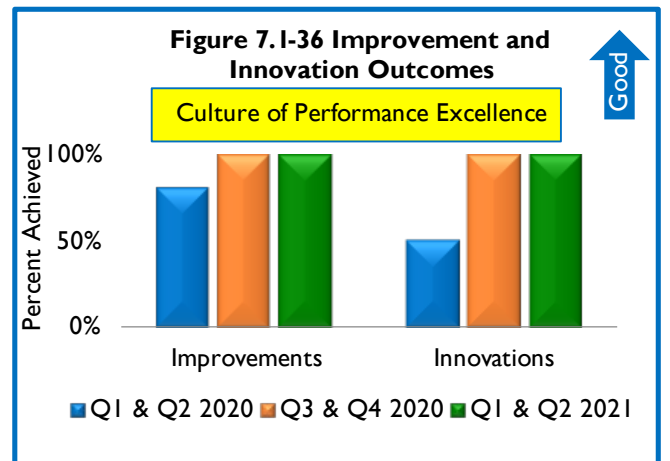


Figure 7.1-33A Cybersecurity

Year	Phishing Testing Results	Penetration Testing		% Critical and High-Risk Items Remediated	Cybersecurity Training Compliance
		External Vulnerabilities	Internal Vulnerabilities		
2018	No Audit Performed	4 Critical 2 High-Risk	3 Critical 4 High-Risk	100%	100%
2019	14.20%	No Audit Performed		100%	100%
2020	No Audit Performed	0 Critical 1 High-Risk	0 Critical 0 High-Risk	100%	100%
2021	12.73% 5.43%	0 Critical 1 High-Risk	6 Critical 11 High-Risk	In Progress	Scheduled for October



7.1c Supply Optimization (Fig. 7.1-38) utilizes an electronic inventory system to manage clinical supplies and has resulted in 100% availability of supplies for all cases including in-house tissue and organ cases.



7.1b(2) Emergency Preparedness (Fig. 7.1-37) lists measures taken to minimize interruptions in the delivery of MT’s services. Multiple safety measures are in place to ensure the security of the workplace (7.3-8). In addition to these measures, the Safety and Security Officer conducts regular safety audits of the inside and outside of the facility, including the parking lots and surrounding perimeter, to identify potential concerns or hazards and quickly address them demonstrating the effectiveness of organization’s safety system (Safety Scorecard AOS).

Aero Charter, a key supplier, provides 24/7 air service logistics for donation activity outside of the St. Louis metropolitan area and meets the organization’s 90-minute launch requirement as demonstrated in Fig. 7.1-39. St. Louis Cremation, another key supplier, has seen steady performance since 2017, meeting delivery time requirements consistently (Fig. 7.1-40). LifeLogics, a key supplier, has seen steady numbers of major releases with complex features, with a decreasing number of defects (Fig. 7.1-41). STL

Figure 7.1-37 Emergency Preparedness

Threat	Measures	Required	2018	2019	2020	2021-Q2
Major Power Loss	<ul style="list-style-type: none"> Diesel generator runs indefinitely during power outage, keeping key data center and vital equipment running 	Monthly	12	12	12	6
Fire & Tornado	<ul style="list-style-type: none"> Drills are conducted with all staff to practice responses including facility evacuation 	Semi-Annually	2	2	2	1
Exposure	<ul style="list-style-type: none"> Safety / bloodborne pathogen training for applicable staff 	Annually	1	1	1	0
Emergency Scenario	<ul style="list-style-type: none"> Scenario planning Evacuation and revision of Emergency Response Plan 	Annually	1	1	1	1
Server Crash / Data Corruption	<ul style="list-style-type: none"> Daily, back-ups of data Daily archival off-site of disk back-ups within 6-month rotation schedule 	Daily	365	365	366	182
Complete Loss of Microsoft’s Chicago Data	<ul style="list-style-type: none"> All data backed-up daily Microsoft automatically provides service through one of their 25+ global data centers Direct Access provided to all staff 	Daily	365	365	366	182

Communications, the key supplier that provides telephony services, shows greater than 99.9% uptime for the last 3 years.

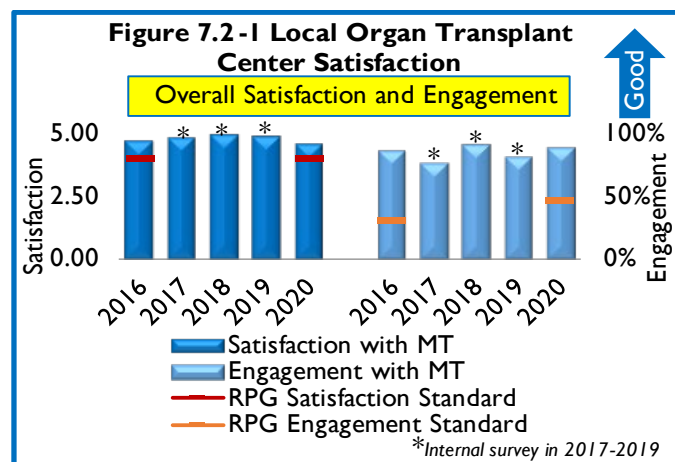
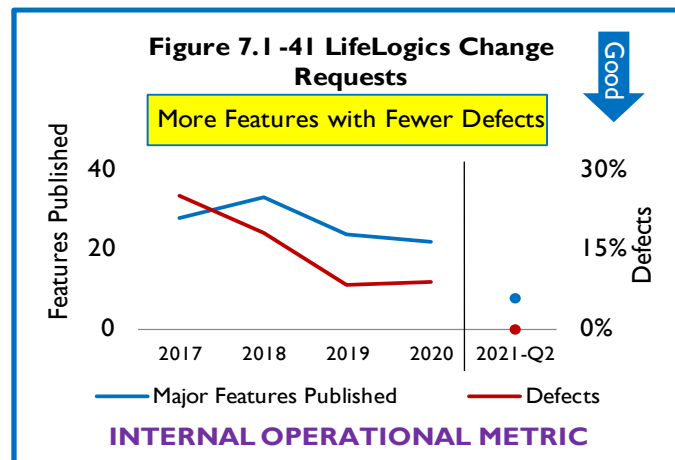
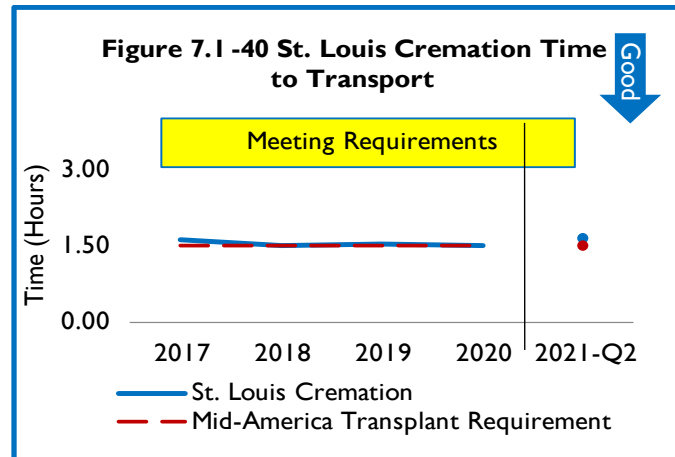
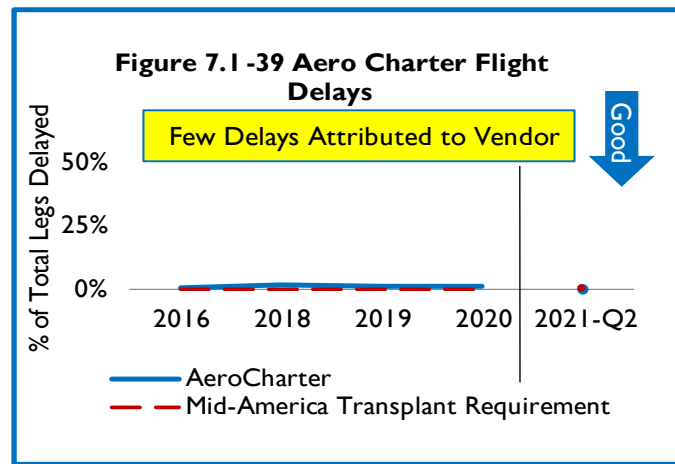
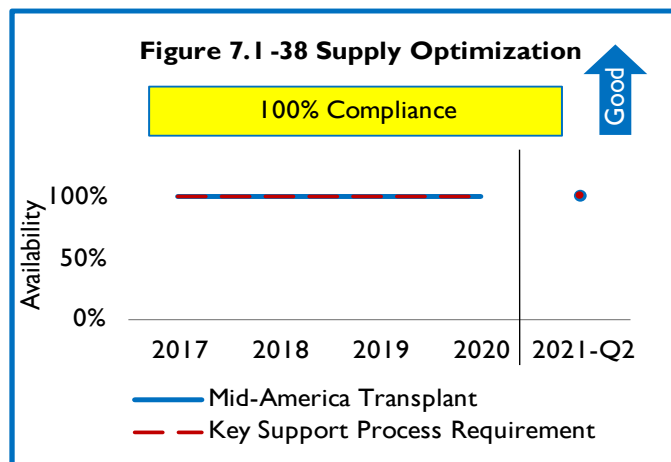
7.2 Customer Results

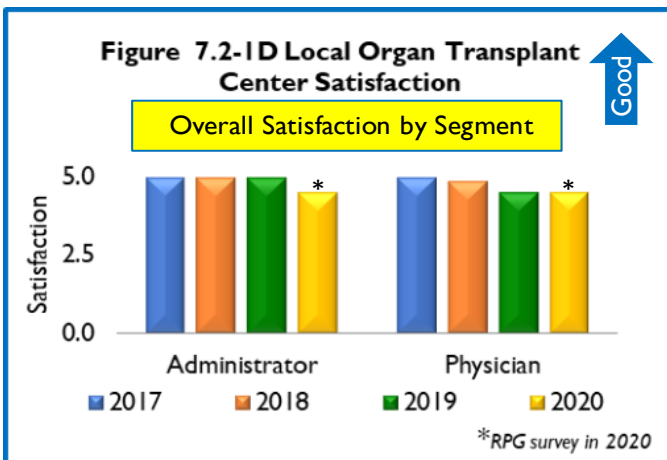
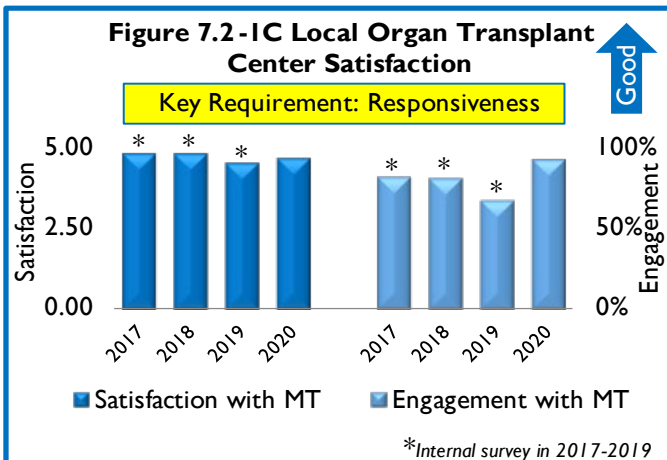
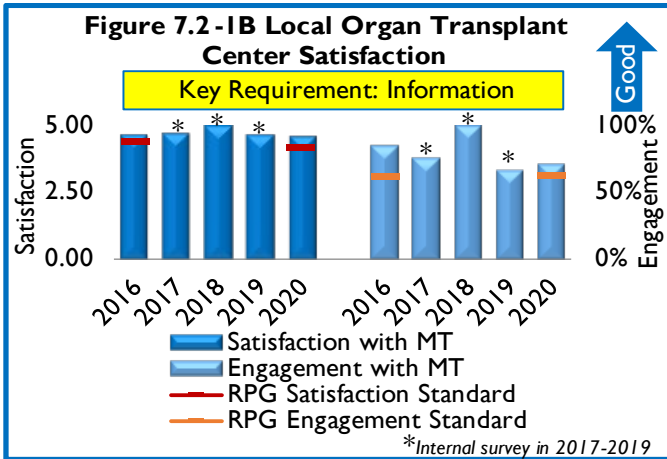
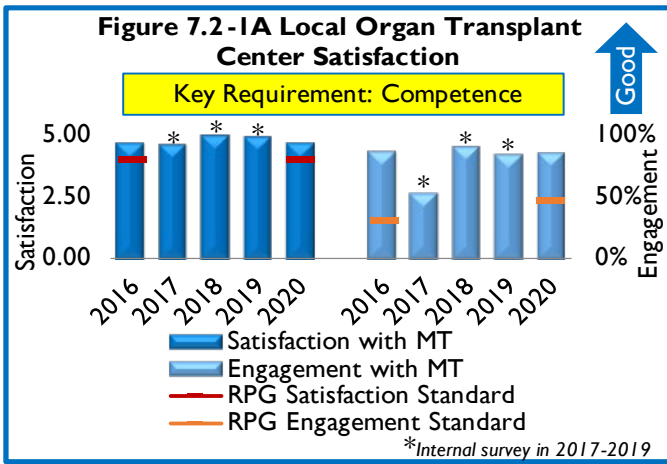
7.2a Customer Focused Results

7.2a(1) To identify levels and trends in customer engagement, MT calculates the percentage of very satisfied or top box scores (5 out of 5). This methodology is based upon The Loyalty Effect (Fred Reichheld), which theorizes relationship strength is directly related to customer loyalty and engagement [3.2].

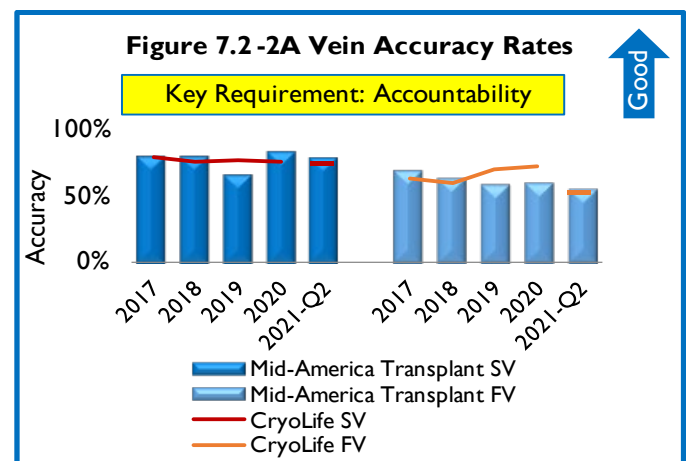
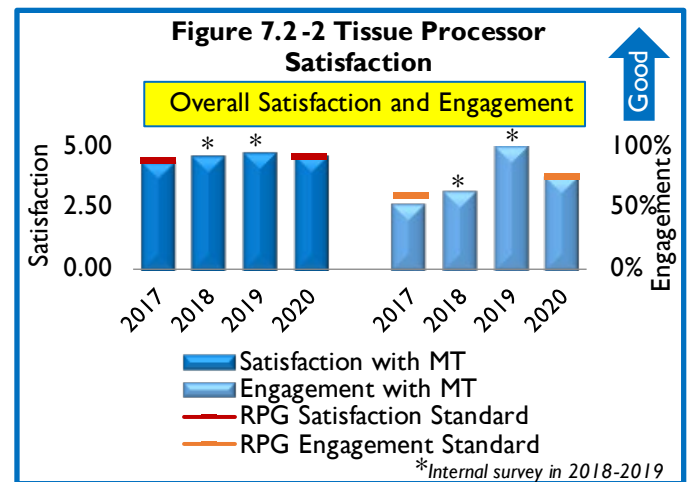
As a federally designated OPO, MT does not have organ procurement competitors. Regardless, maximizing customer satisfaction and engagement is an organizational goal realized through Relationship Management Excellence, a core competency, and MT works closely with its customer groups to meet and exceed their requirements. Customer satisfaction data is gathered through the VOC/S methods listed in *Fig. 3.1-1* including the customer survey process (AOS), which has undergone multiple cycles of learning and improvement [3.2b(1)]. Key measures include overall satisfaction and engagement, segmentation by customer group, and service line and are AOS.

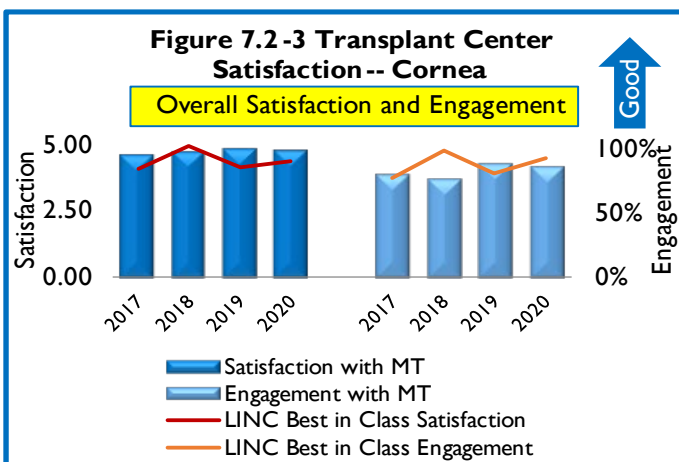
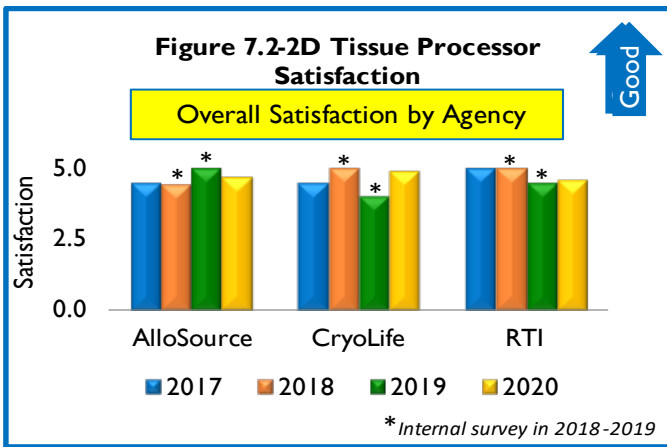
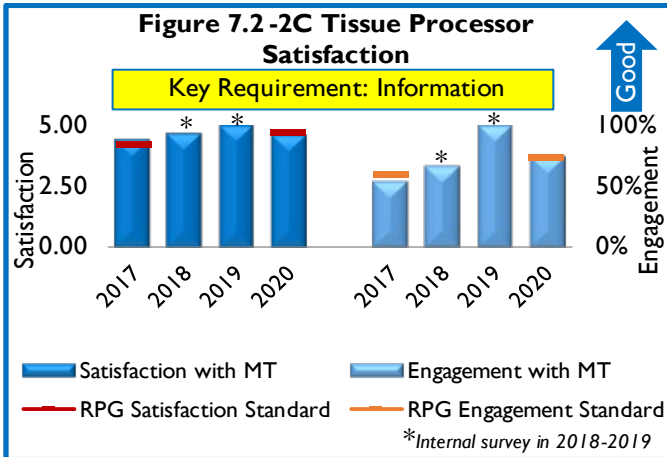
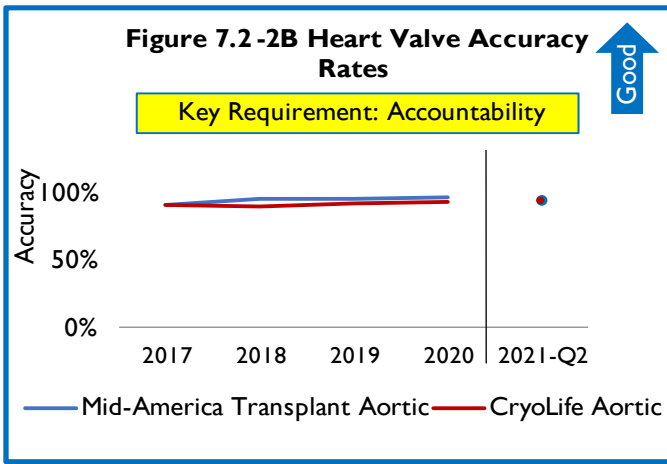
Overall satisfaction levels with MT's Local Organ Transplant Centers (*Fig. 7.2-1*) demonstrate excellent performance exceeding the benchmark. Local Organ Transplant Center Satisfaction, segmented by key requirement, exceeds the benchmark in 'Competence' (*Fig. 7.2-1A*) and 'Information' (*Fig. 7.2-1B*). 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 is aligned with the SO of Exceptional Performance (*Fig. 7.1-6*). Local Transplant Center Satisfaction – Organ can be segmented by position, which includes Transplant Physician and Administrator (*Fig. 7.2-1D*). The decline in scores in 2020 is related to a more robust survey instrument which includes one to one telephone interviews to probe responses from the survey tool. Strong performance continues to be demonstrated.



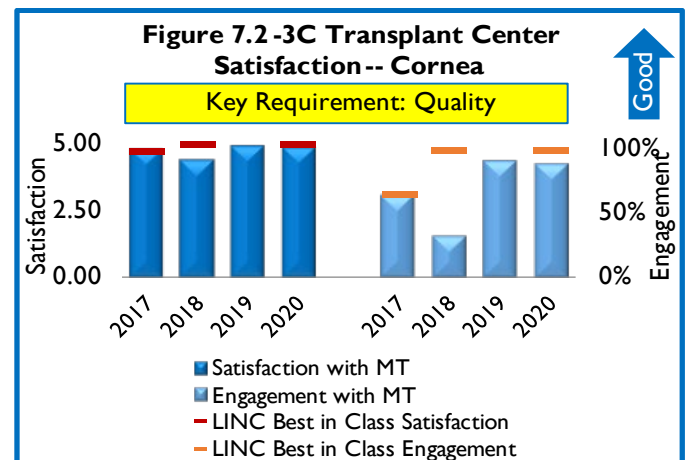
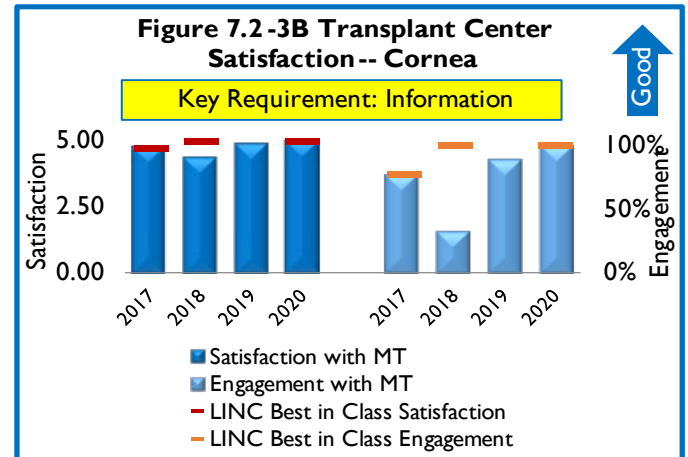
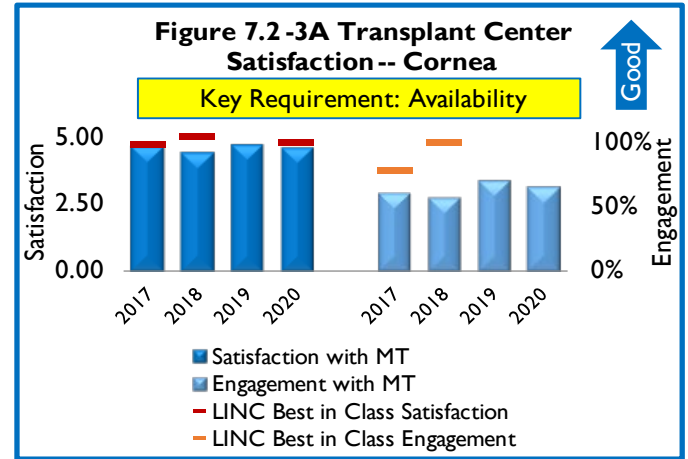


Satisfaction levels among MT's Tissue Processors (Fig. 7.2-2) are critical to ensuring organizational success. Overall satisfaction demonstrates exceptional performance. The decline in scores in 2020 is related to a different survey process and continues to demonstrate benchmark level performance. Customer satisfaction meeting the first key requirement 'Accountability', defined as error minimization, is measured utilizing operational metrics reported via tissue processor scorecards (Figs. 7.2-2A and B). Full tissue processor scorecards are AOS. Heart Valve Accuracy Rates (Fig. 7.2-2B) continue to demonstrate above benchmark level performance during a year with a record number of heart valve donors (Fig. 7.1-18). When segmented by the key customer requirement of "Information" (Fig. 7.2-2C), results are consistently high or above benchmark performance. The third processor requirement is "Maximize Donation," which is tied to MT's tissue donation rates (Fig. 7.1-5). Tissue processor satisfaction can be segmented by individual processor (Fig. 7.2-2D). Satisfaction by processor demonstrates strong performance. Full segmented results by customer and service line are AOS.



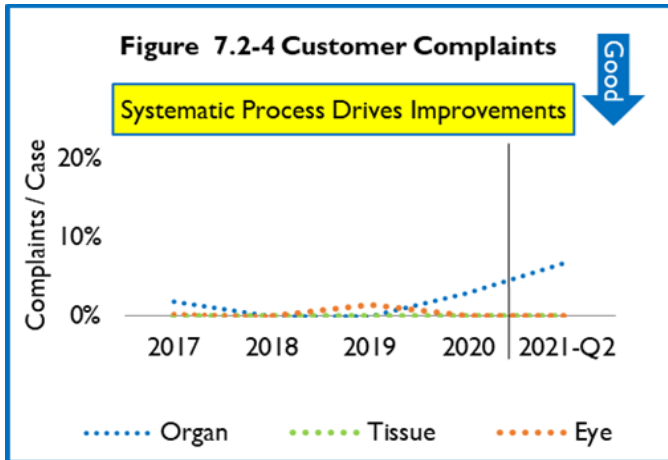


Eye bank metrics are not tracked nationally nor are they available for MT's corneal transplant competitors. As a surrogate, MT utilizes LINC to assess satisfaction. Satisfaction results for meeting local corneal transplant center key requirements of "Availability," "Information," and "Quality" as well as overall satisfaction shown in *Figs. 7.2-3, A, B, and C* demonstrate near benchmark levels. Satisfaction results for eye banks which obtain corneal tissue from MT are AOS.



To determine dissatisfaction levels with local organ transplant centers, tissue processors, and local corneal transplant centers, MT analyzes data obtained through the Customer Complaint Process (*Fig. 3.2-1*). Through cycles of learning and improvement, this process was enhanced to capture more complaints and a tiered approach was developed

to empower staff to quickly resolve the complaint and enhance satisfaction. Despite an increase in the number of organ, tissue, and eye donors, the percentage of Customer Complaints for the three customer groups have demonstrated favorable trends for the past four years (Fig. 7.2-4), with a slight increase for organ complaints, which remain below 3%.

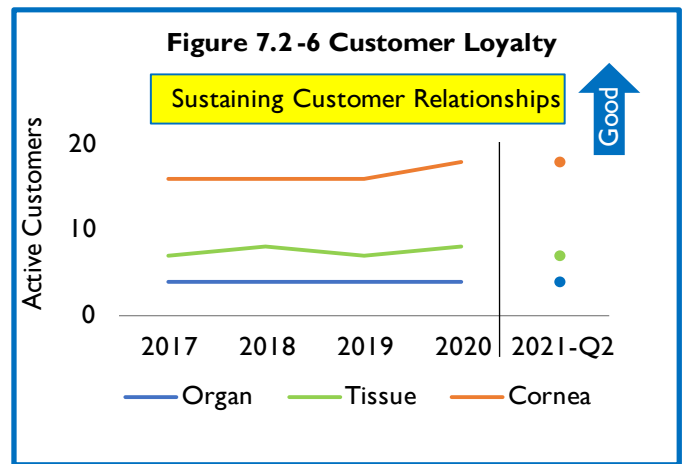


	Goal	2017	2018	2019	2020
Organ	0%	0%	0%	0%	0%
Tissue	0%	0%	0%	0%	0%
Eye	0%	9%	0%	0%	0%

In addition to complaints, MT utilizes customer survey data to measure dissatisfaction by determining the percentage of Poor and Very Poor responses (scores of 1 or 2) on customer surveys. Results for the three service lines are at or near 0% for 2020 with tissue and organ steady since 2017 (Fig. 7.2-5).

7.2a(2) To identify levels and trends in customer engagement, MT calculates the percentage of very satisfied or top box scores (5 out of 5) on its customer satisfaction surveys. MT has maintained high levels of engagement with its Local Organ Transplant Centers (Fig. 7.2-1), Tissue Processors (Fig. 7.2-2), and Local Corneal Transplant Centers (Fig. 7.2-3). Results for 2020 engagement demonstrate benchmark level performance for all three service lines.

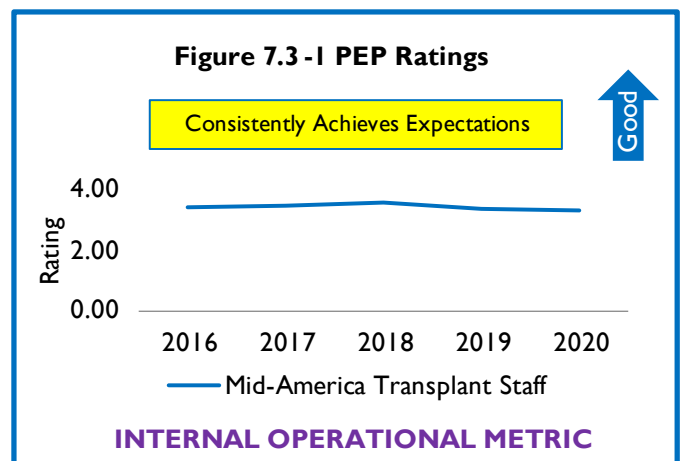
To assess its performance in building customer relationships, MT also analyzes its number of active customers (Fig. 7.2-6). The organ service line operates in a DSA, so the number of local organ transplant centers has not changed. In the tissue service line, MT maintains contractual agreements with its tissue processor customers, has successfully expanded its customer base and has maintained those expanded relationships; in the corneal service line, results demonstrate a positive trend (Fig. 7.2-6). Efforts to recruit new corneal users are initiated with incoming ophthalmologic surgical fellows. They are oriented to the Eye Bank and its functions and participate in monthly interactions with Eye Bank staff throughout the course of their fellowship. These relationships serve as the basis for recruiting new corneal users.

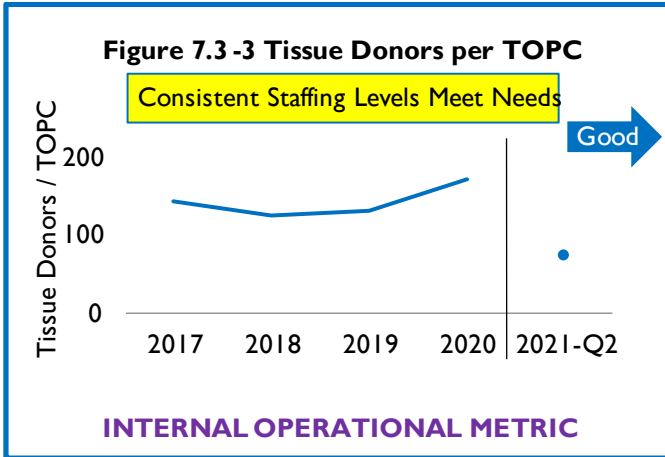
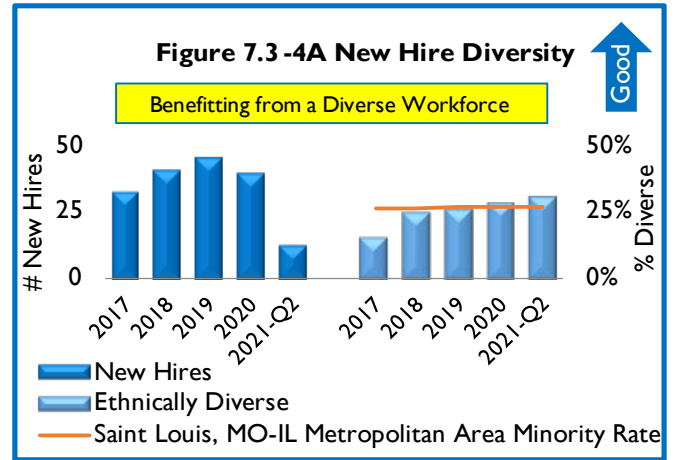
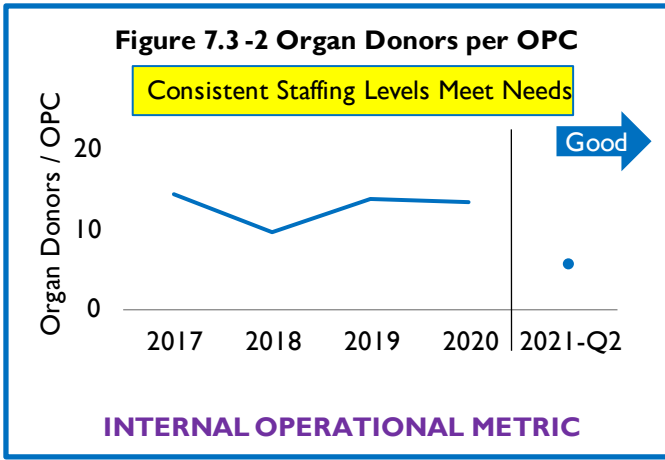


7.3 Workforce Results

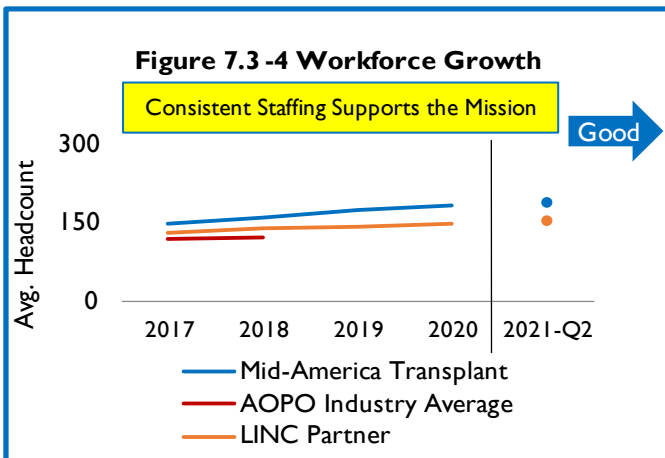
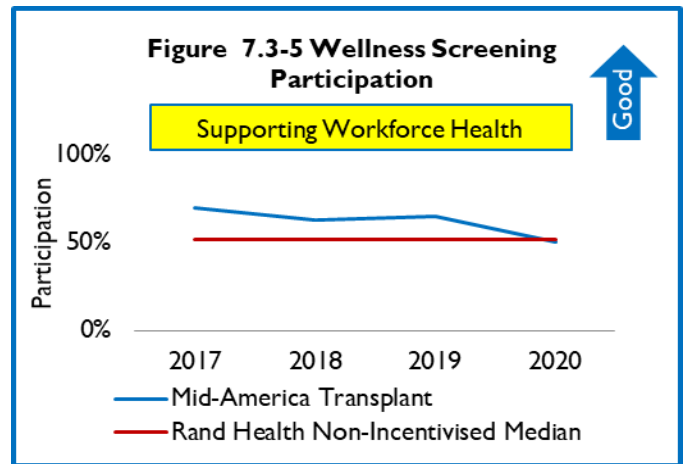
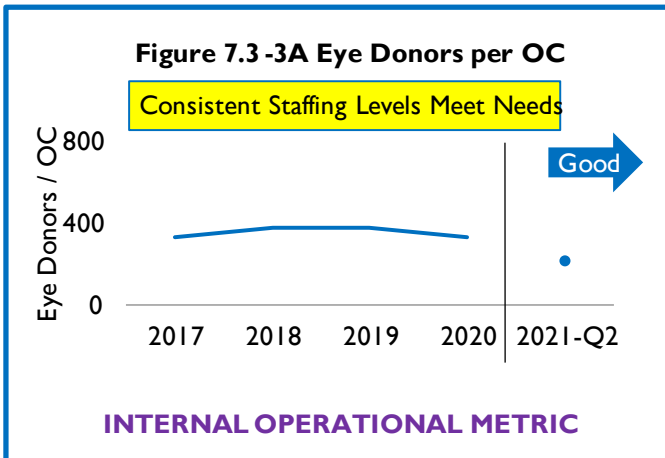
7.3a Workforce-Focused Results

7.3a(1) Results for 7.3 demonstrate results for key processes related to MT's workforce. The Foundation supports volunteers who provide community outreach (no work with MT's key work processes or work systems) results for the performance of the Foundation's volunteers are AOS. MT's CCs are supported by its mission-driven (SA) workforce. The PEP Ratings (Figs. 5.1-2 and 7.3-1) illustrate the average evaluation score for the MT workforce, which is measured on a four-point scale. Through the implementation of an outcome-based performance evaluation tool, PEP Rating results indicate most of the workforce "achieve expectations," meeting the organization's capability needs. Workforce C&C key measures and results are shown in Figs. 7.3-2 through 7.3-3A. MT assesses capacity for both WSs and support departments at C&C meetings which have undergone refinements. To ensure adequate and qualified staffing, consideration is given to the number of Organ Donors per OPC (Fig. 7.3-2), the number of Tissue Donors per TOPC (Fig. 7.3-3), and the number of Eye Donors per Ocular Coordinator (Fig. 7.3-3A). Increase in Workforce Growth (Fig. 7.3-4) demonstrates responsiveness to increases in Referral Management, Authorization, and Allocation/Procurement (Fig. 6.1-3). MT is committed to a diverse workforce that reflects its stakeholder, the communities within its service area (Figs. 7.3-4A & P.1-6).





7.3a(2) Workforce climate measures are key to retaining staff and do not differ by diversity factors or workgroup. Workforce health, safety, and security, as well as employer-provided services and benefits are monitored to ensure effectiveness. Participation in Wellness Screenings remains strong (Fig. 7.3-5), with declines in 2020 reflective of limited on-site staff due to COVID precautions. MT ensures employees are trained upon hire and annually thereafter regarding proper procedures and safety protocols. Workplace Preparedness (Fig. 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, MT monitors its DART Rate (Days Away/Restricted/Transfer Rate) due to workplace injuries which has decreased the last 3 years (Fig. 7.3-7). Radiation Exposure rates remain well below established thresholds and assess the amount of radiation organ clinical staff are exposed to when utilizing imaging equipment (AOS).



Multiple measures are in place to ensure the Security of the Workplace (Fig. 7.3-8). To ensure MT's measures remain robust, the organization continuously monitors and improves security initiatives, reinforcing the commitment to the mission-driven staff. The organization leverages its SA of financial resources (Fig. P.2-1) to demonstrate commitment to the health and satisfaction of its employees by continuing to offer industry leading benefit plans in medical, dental, vision, and life coverage as well as additional benefits as shown in Benefits Expenditures (Fig. 7.3-9).

Figure 7.3-6 Workplace Preparedness

Preparations	Goal	Measures			
		2018	2019	2020	2021-Q2
Safety Training	All Employees	100%	100%	100%	Pending
Fire Alarm Testing	Quarterly	4	4	4	3
Aero Charter Safety Training	All Applicable Employees	100%	100%	100%	Pending
Generators & System Availability Testing	Weekly	100%	100%	100%	100%
Injury Investigation	All Injuries	100%	100%	100%	100%
Data/VOIP Testing (Communication)	Real Time	100%	100%	100%	100%

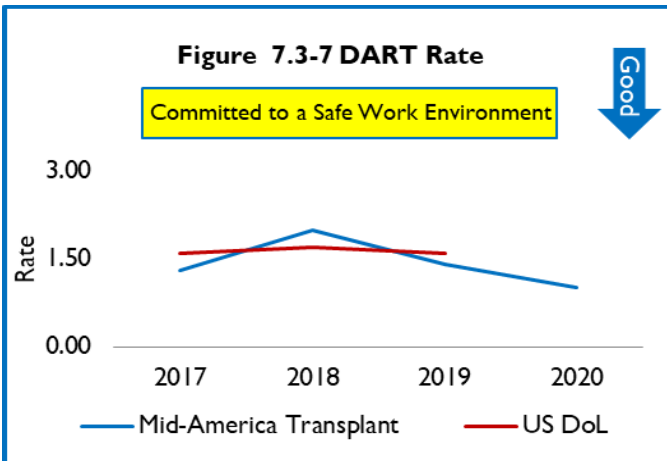
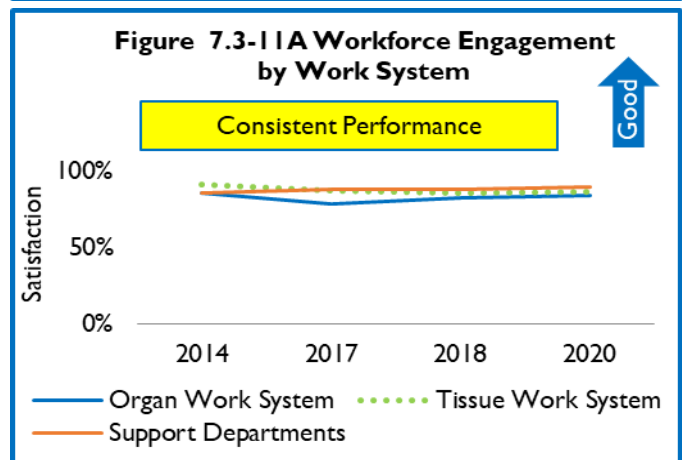
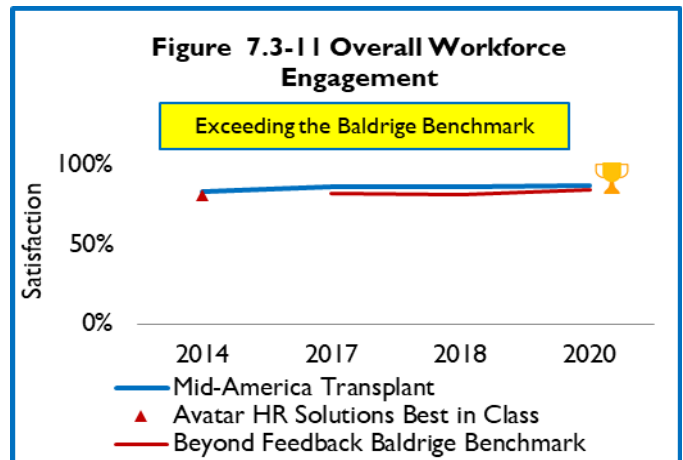
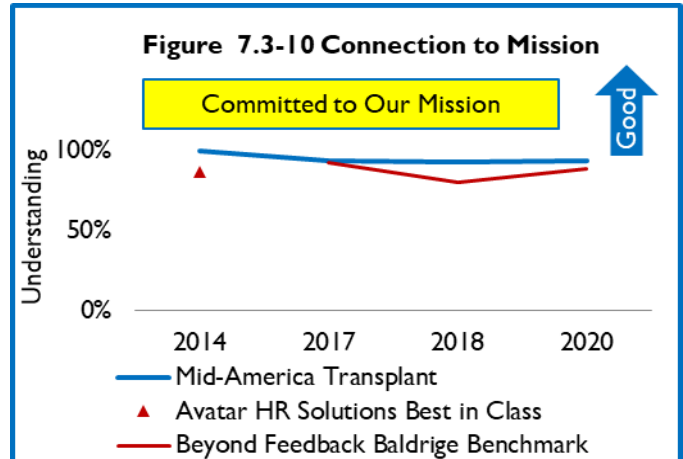
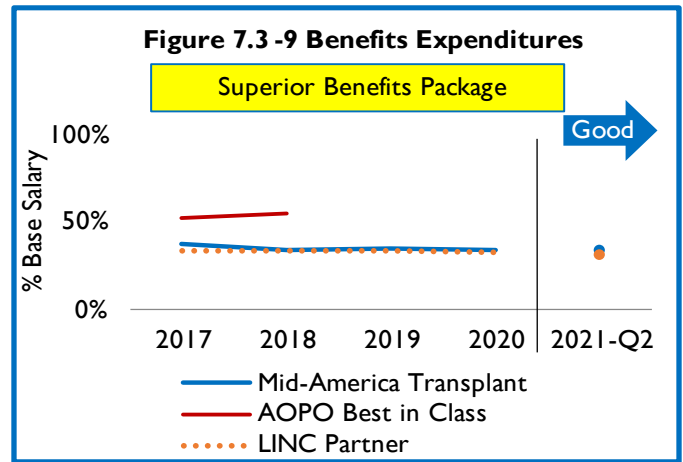


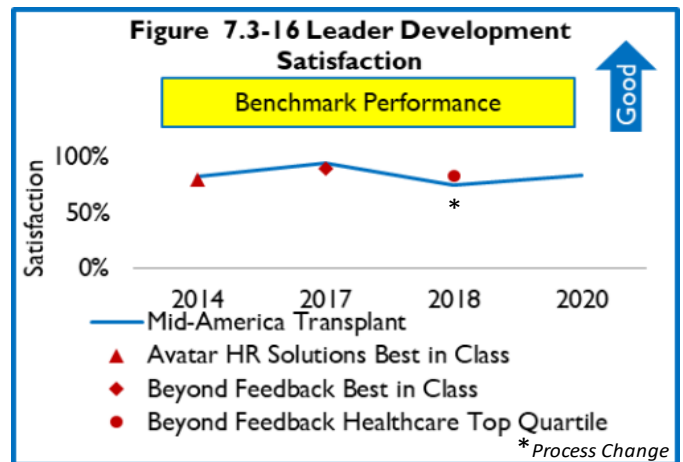
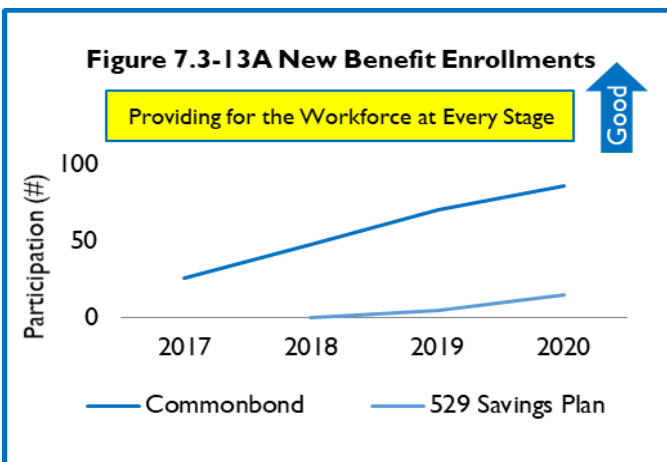
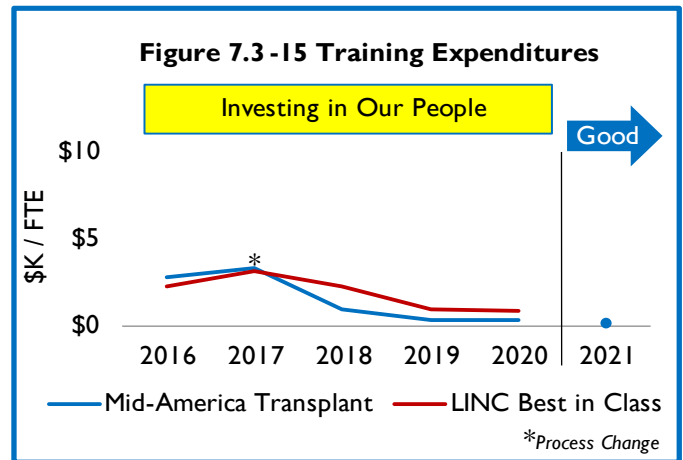
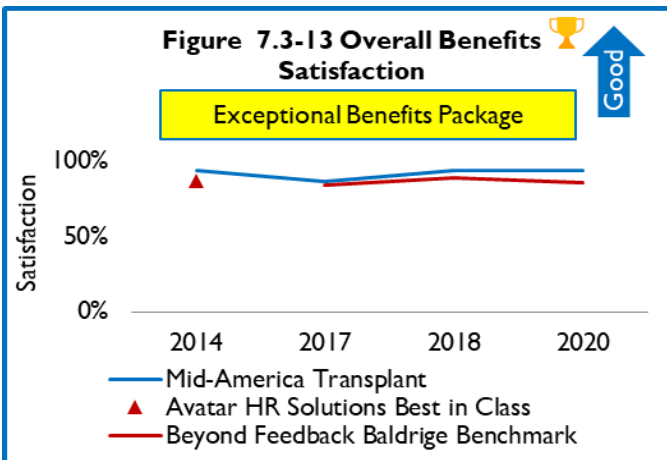
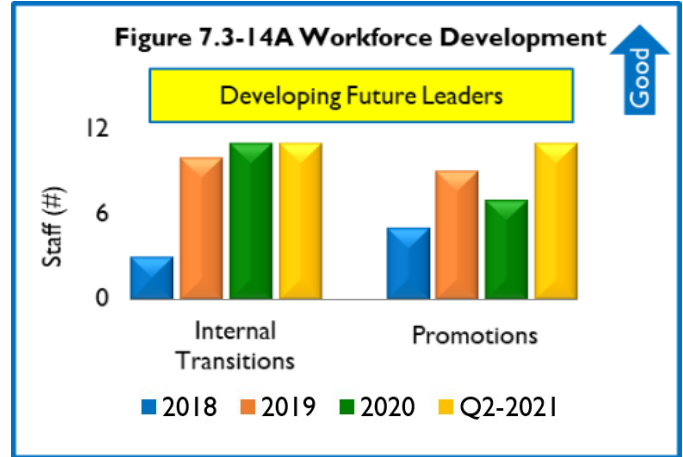
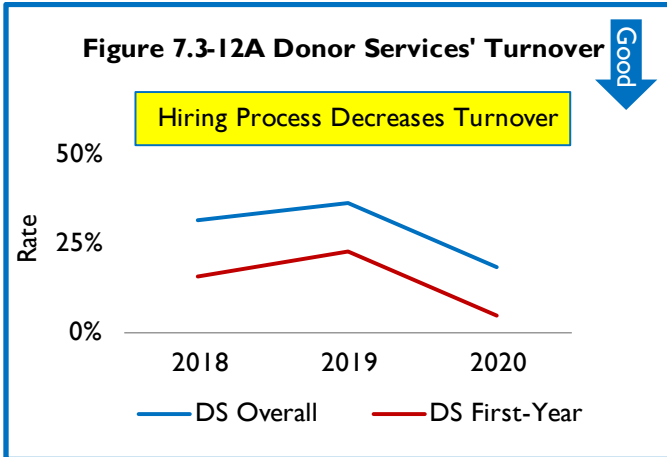
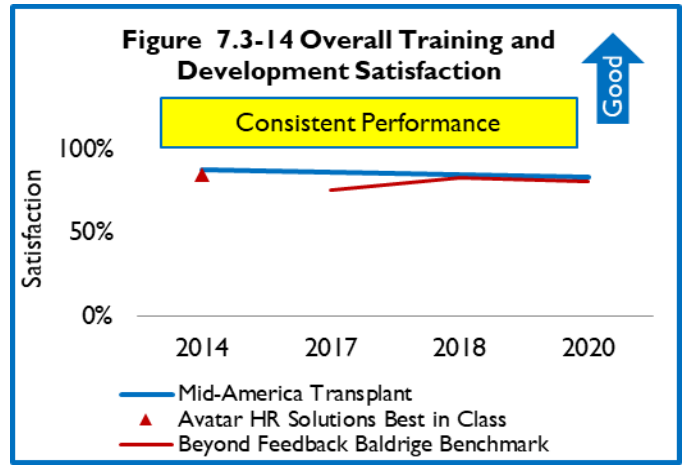
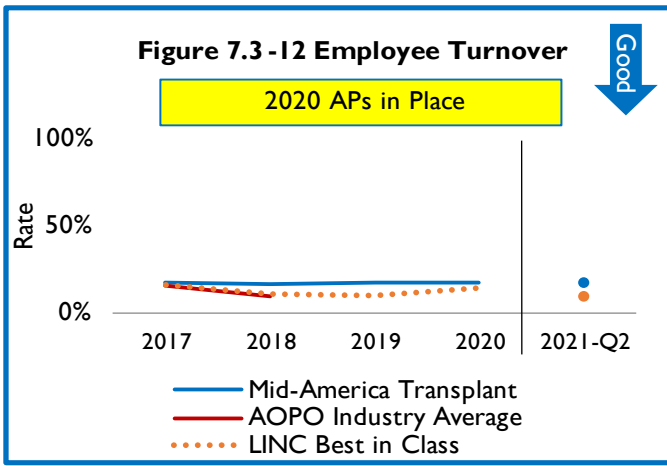
Figure 7.3-8 Security Measures

Preparations	Goal	2017	2018	2019	2020	2021-Q2
Security Alarm Surveillance	24/7	24/7	24/7	24/7	24/7	24/7
Motion-Sensored Lighting	24/7	24/7	24/7	24/7	24/7	24/7
DVR-Monitored Security	24/7	24/7	24/7	24/7	24/7	24/7
Monitored Panic Buttons	24/7	24/7	24/7	24/7	24/7	24/7
Security Monitor of Parking Lot in the Highlands Complex	24/7	NA	24/7	24/7	24/7	24/7
Badge Access Required	★	★	★	★	★	★
Secure Parking	24/7	NA	24/7	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 workforce surveys, exceeding the Baldrige benchmark performance in 2020 (Fig. 7.3-10). In addition, Overall Workforce Engagement shows exceptional results (Figs. 7.3-11, 7.3-11A). MT continues to monitor performance in Employee Turnover (Fig. 7.3-12); first year turnover was the focus of targeted APs in 2019 and 2020 driving outcomes. DeGarmo and other hiring and coaching process focused refinements in 2020 resulted in decreased Donor Services’ turnover; this best practice is being spread to other departments in 2021. Overall Workforce Engagement survey results show positive trends and exceed the Baldrige benchmark in 2020 (Fig. 7.3-11). Overall Benefits Satisfaction, (Fig. 7.3-13) shows exceptional results, exceeding the Baldrige benchmark. Segmented satisfaction data in multiple dimensions is AOS.



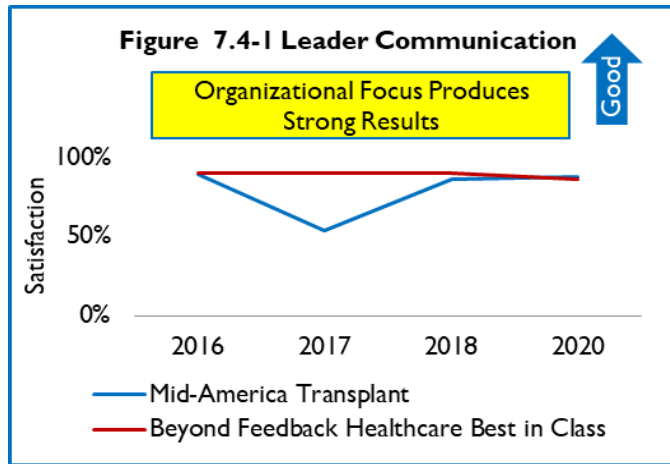


7.3a(4) MT supports the training and development of the workforce as seen in Overall Training and Development Satisfaction (*Fig. 7.3-14*), meeting the Baldrige benchmark performance. Successful workforce development is evidenced by Consistent Promotions and Internal Transitions seen in *7.3-14A*. MT’s financial investment in Training Expenditures per FTE (*Fig. 7.3-15*) demonstrates continued support for organizational training with refinements to the internal process deployed in 2018 to align training more closely with organizational goals. MT also measures levels and trends in Leader Development and Training through the annual employee survey. *Fig. 7.3-16* shows leader results indicating consistently strong satisfaction with employer-sponsored training and development.

7.4 Leadership and Governance Results

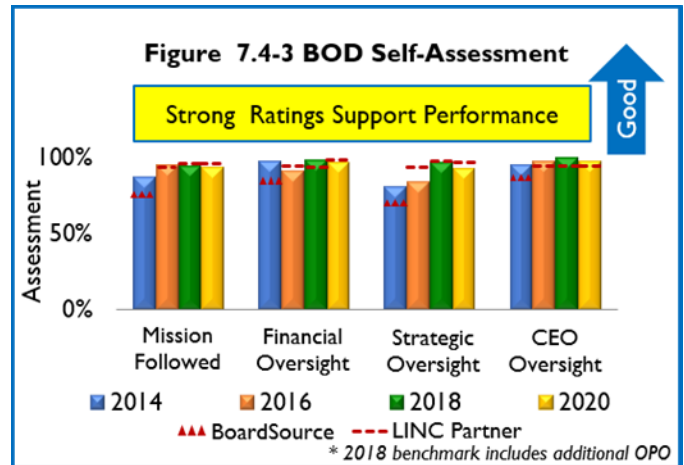
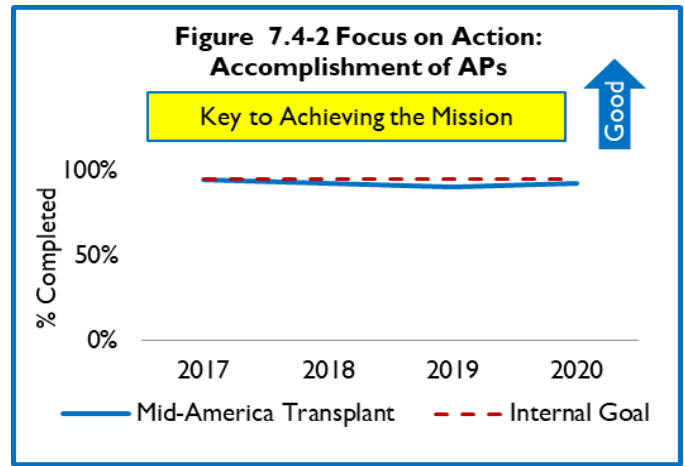
7.4a Leadership, Governance, and Societal Contribution Results

7.4a(1) Leadership Communication (*Fig. 7.4-1*) reflects senior leader communication with the staff. Communication satisfaction increased substantially in 2018 and sustained high levels in the 2020 survey. The 2017 survey result showed an opportunity for improvement in leadership communication and was adopted as an enterprise-wide approach for 2018 with multiple APs. The decision was made to continue with the 2018/2019 APs and postpone the next survey cycle until 2020 to realize the impact of the APs. Multiple communication approaches continued into 2020 to sustain the high satisfaction rates.



There are direct parallels between focus on action and systematic outcome improvements experienced along the Baldrige Journey. Results for Accomplishing the Organizational APs are found in *Fig. 7.4-2*. APs are initiated annually to achieve SOs and their accomplishment drives attainment of the NSV.

7.4a(2) MT Board Self-Assessment (*Fig. 7.4-3*) results were obtained in 2014, 2016, 2018 and 2020. Board Self-Assessments compare favorably to benchmark. Full survey data and resultant actions are AOS. MT engages in multiple activities to ensure fiscal accountability as listed in section 1.2a(1). As a non-profit, an Audit Committee is not required, but one 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 (*Fig. 7.4-4*).



Measures & Indicators	Results
AATB	Accreditation 09/2011-05/2015 12/2017-01/2021 05/2015-01/2018 11/2020-01/2024
ADA	Full Compliance
AOPO (3 Years)	Accreditation 08/2013-08/2016 08/2019-08/2022 08/2016-08/2019
CLIA/CAP (2 Years)	Certification 06/2013-06/2015 06/2017-06/2019 06/2015-06/2017 06/2019-06/2021
CMS (4 Years)	Certification 08/2014-01/2019 08/2018-01/2022
DHSS	Full Compliance
DOR	No Adverse Findings
DOL	Full Compliance
EBAA (3 Years)	Accreditation 09/2011-11/2014 11/2017-05/2021 10/2014-11/2017
EEOC	0 Issues
External Financial Audits	0 Issues 2017 2019 2018 2020
FDA Approval	No Adverse Findings 2014 2019 2016
OSHA	Full Compliance
UNOS/OPTN	Member in Good Standing 2015 2021 2018

7.4a(3) MT 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

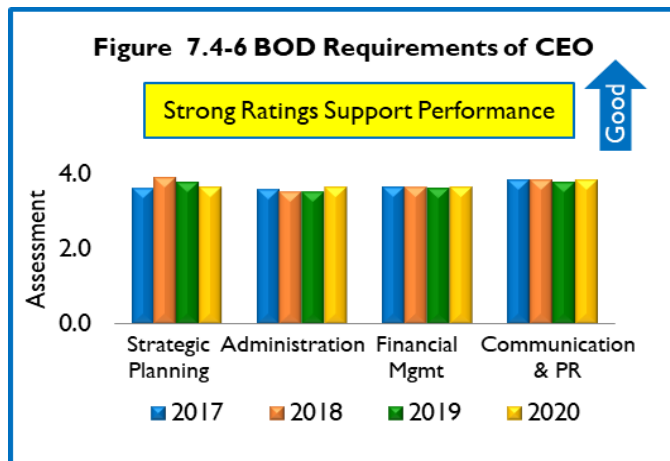
several years. Additionally, MT maintains full compliance with regulatory and legal mandates that have been sustained since the organization's inception (Fig. 7.4-5).

Figure 7.4-5 Reported Corporate Compliance Hotline Issues

Year	Results
2017	3 Complaints Reported
2018	2 Complaints Reported
2019	0 Complaints Reported
2020	0 Complaints Reported
2021-Q2	0 Complaints Reported

Core Value of Integrity

7.4a(4) The nature of MT's business requires that the organization live 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 staff complete annual conflicts of interest documentation. Ethical behavior is ensured by providing annual Corporate Compliance Process (CCP) training to all employees and board committee members. Currently, 100% of the workforce and Board are CCP trained. Limited corporate compliance issues are noted in the Report of Corporate Compliance Hotline Issues, Fig. 7.4-5 with increased awareness and encouragement to external stakeholders to report concerns through a variety of anonymous methods. Stakeholder (BOD) Requirements show a high level of satisfaction (Fig. 7.4-6) based on the BOD evaluation of the CEO's performance. Similarly, trust in leadership (CEO) by the BOD (Fig. 7.4-7) consistently shows strong performance. Fig. 7.4-8 demonstrates the CEO and board commitment to increasing diversity, equity, and inclusion in the governance structure. Minority Board Members increased from 15% to 33% of the total composition and female representation increased from 18% to 33%. In 2020, the Board adopted a board composition philosophy with a goal to ensure MT's governance was reflective of the waitlist and donor potential diversity was reflective of the DSA.



7.4a(5) Key to MT's societal contribution is the actual transplant of life-saving organs as reflected in Figs. 7.1-5 through 7.1-18. To help ensure the success of life saving transplants, MT is committed to supporting donor families (collaborator) as well as transplant recipients and their families (key communities). In 2013, the MT Board of Directors established the Donate Life Foundation, a supporting 501(c)(3) foundation, to coordinate and direct

community benefit efforts, including bereavement needs of donor families. It also supports transplant recipients and their families, through Family House- a residence that provides housing for those awaiting and post-transplant. Created in 2014, the Clinical Innovation Fund, an industry first CC, grants research dollars back into the DSA to improve donor management and transplant outcomes. To date over \$4M has been awarded. Beginning in 2018, MT continued its support of the community through Funding of Endowed Distinguished Chairs for the local transplant programs (Fig. 7.4-12). These first in the industry CC endowments ensure world class medical care is available in the DSA to save more lives through transplant care. Additional support in the community includes nursing and funeral home (FH) scholarships, and other targeted financial support of the community including 2020 COVID grants. The Donate Life Foundation is one of five foundations in the OPO industry and another example of industry leadership CC (Fig. 7.4-9). Investment increases in 2019 are attributed to increased clinical research funding and a one-time investment in the FH industry for an improved training facility.

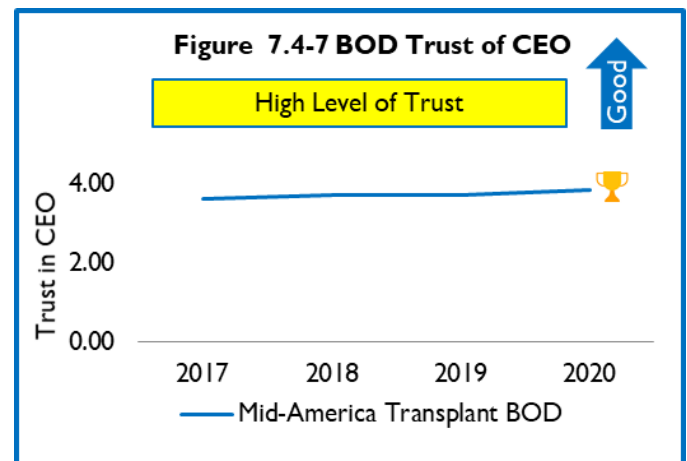


Figure 7.4-8 BOD Diversity

Dimension	2017	2018	2019	2020	Waitlist
Affiliation					
Healthcare	74%	75%	62%	58%	
Donor Family	11%	5%	13%	11%	NA
Ethics	5%	5%	6%	5%	
Finance	10%	15%	13%	16%	
Legal	0%	0%	6%	5%	
Marketing	0%	0%	0%	5%	
Race					
Black	12%	13%	11%	24%	34%
Asian	3%	3%	7%	6%	3%
Latino	0%	0%	0%	3%	2%
White	85%	84%	82%	67%	61%
Sex					
Female	18%	19%	29%	33%	40%
Male	82%	81%	71%	67%	60%

Commitment to Diversity, Equity, and Inclusion

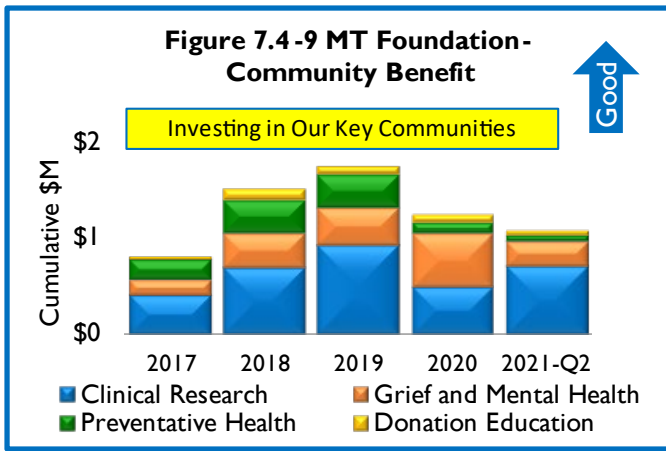


Fig. 7.4-10 demonstrates results for Registration Rates at DMV offices across Missouri. DMV Registration is equivalent to first person authorization [P.1a(1)]. This influences the overall authorization rate for donation (Fig. 7.1-19, 7.1-21) aiding in addressing a key community requirement (Fig. P.1-5). The other OPO serving Missouri serves as the benchmark for this measure; MT compares favorably. Donor Family Satisfaction is reflected in Fig. 7.4-11. Donor Family Surveys are conducted in conjunction with LINC partners using an external vendor every three years and are conducted annually by MT. The organization's scores remain high and exceed the benchmark.

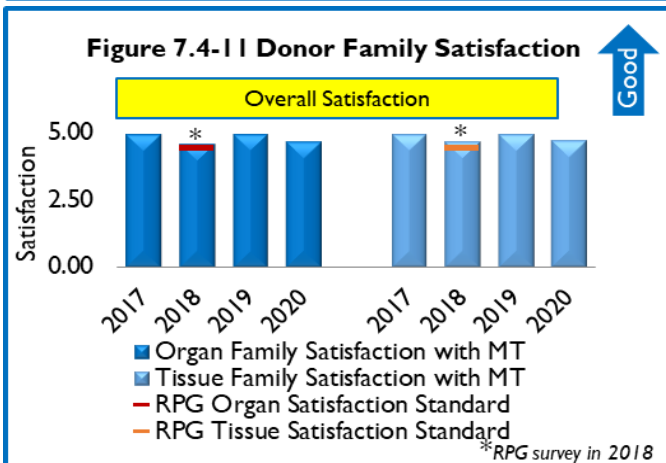
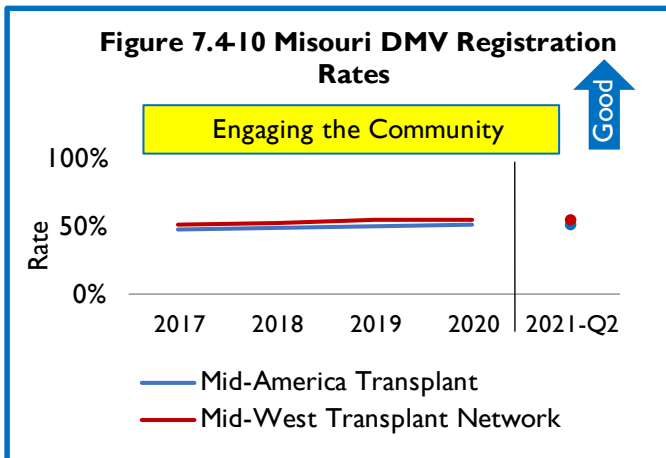


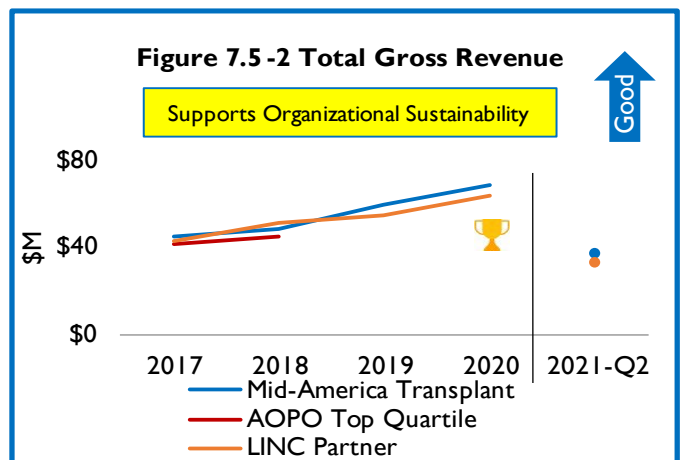
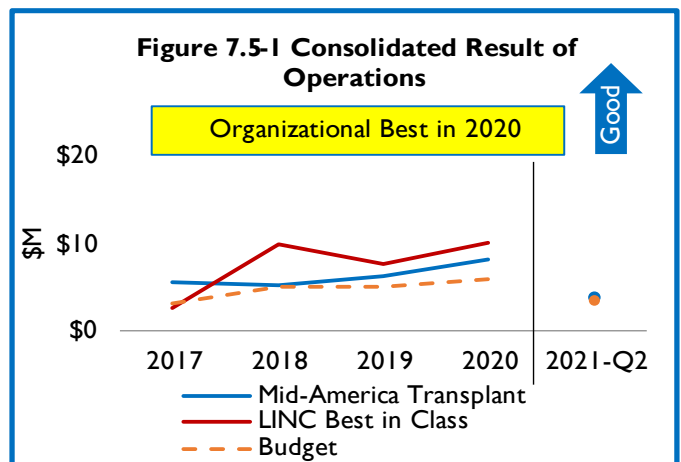
Figure 7.4-12 Funding of Endowed Distinguished Chairs

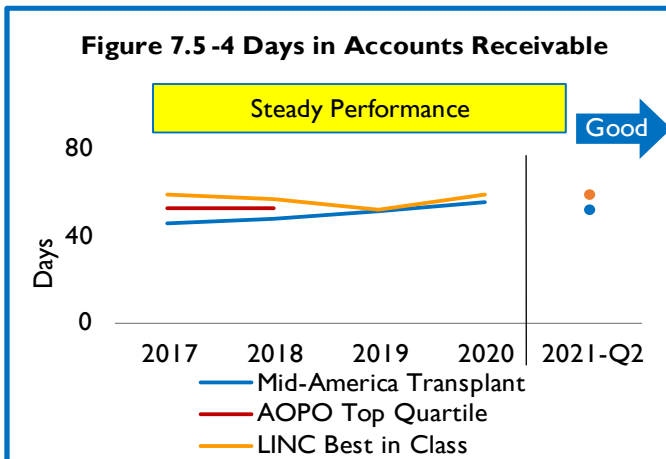
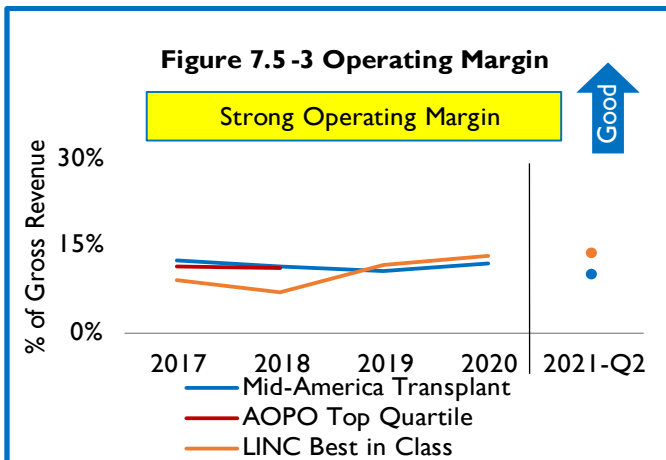
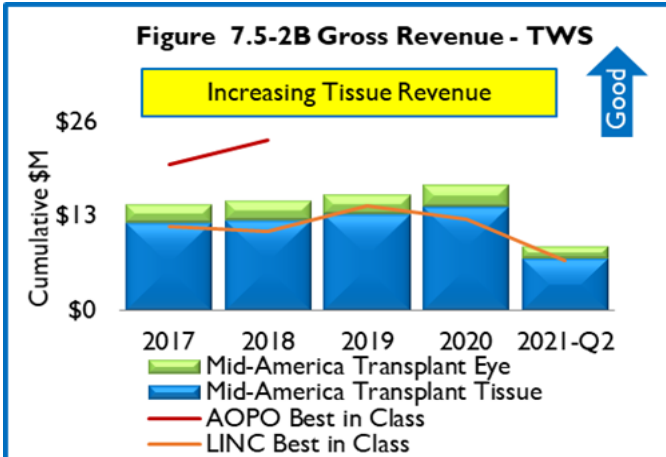
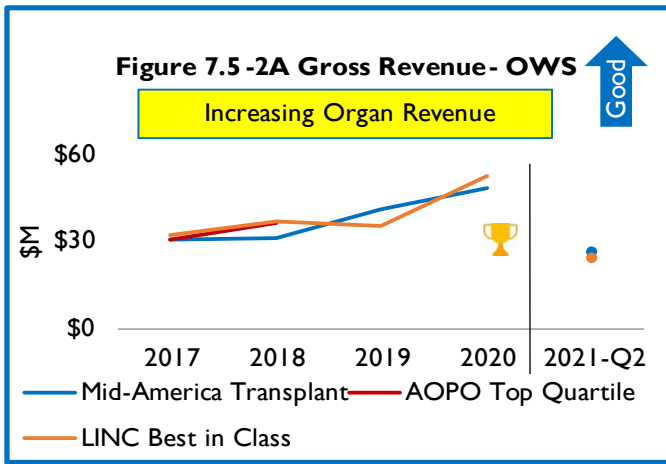
Year	Organization	Funding (\$M)
2018	Barnes-Jewish Hospital: Lung Transplantation	\$1.5M
2019	SSM Health Saint Louis University Hospital: Abdominal Transplantation	\$1.5M
2020	Barnes-Jewish Hospital: Abdominal Transplantation	\$1.5M

7.5 Financial, Market, and Strategy Results

7.5a Financial and Market Results

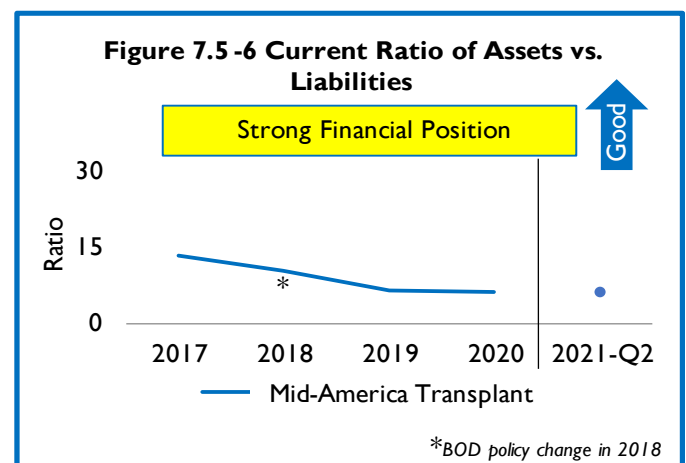
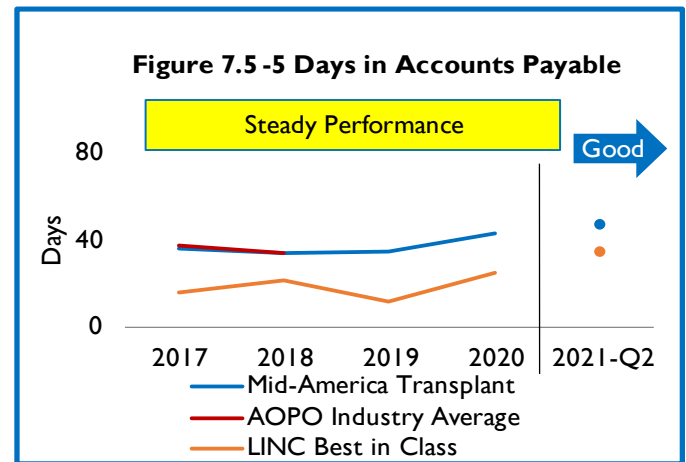
7.5a(1) MT's financial performance is benchmarked by evaluating key measures within OPO financial data collected by AOPO and by LINC. Consolidated Results of Operations (Fig. 7.5-1), demonstrates MT is in a strong position, with 2020 organizational record results of \$8.04 million. MT also demonstrates strong financial results in measures of Gross Revenue (Figs. 7.5-2, 7.5-2A & 7.5-2B) due to the responsible stewardship of the donated organs and tissues entrusted to the organization by donor families (Fig. P.1-5). Operating Margin (Fig. 7.5-3) demonstrates steady, benchmark-level performance.

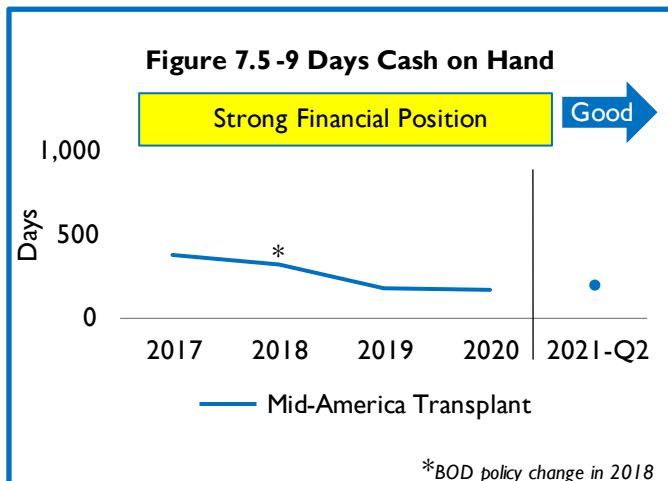
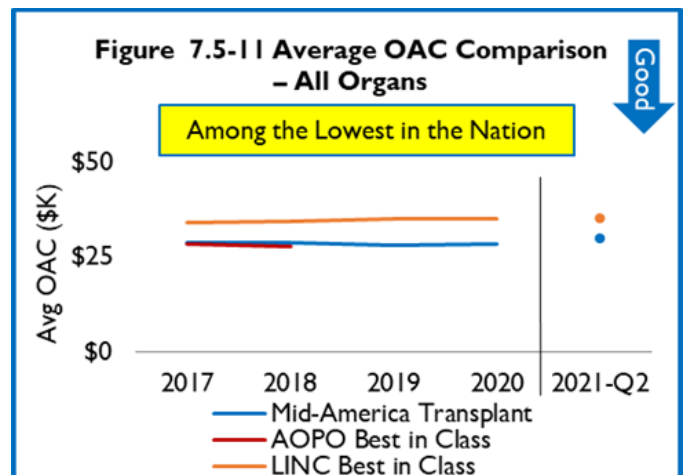
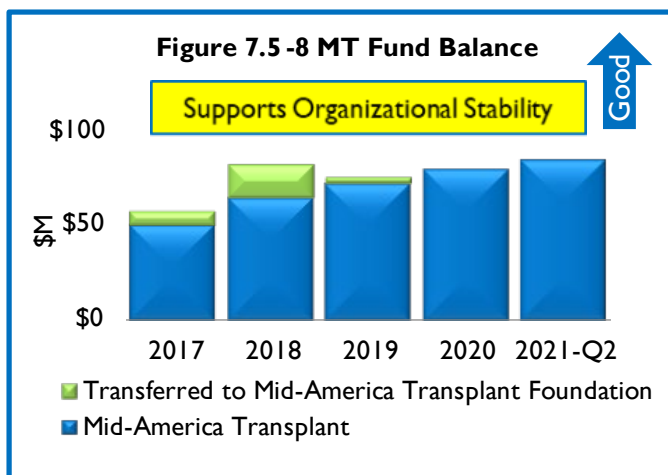
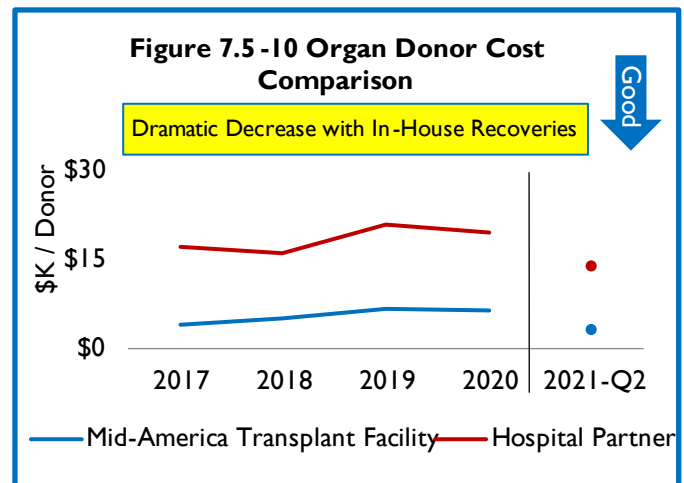
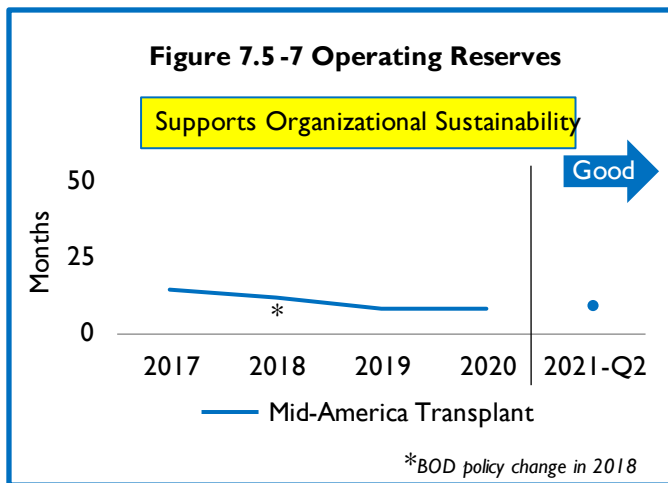




Days in Accounts Receivable (Fig. 7.5-4), Days in Accounts Payable (Fig. 7.5-5), and Current Ratio of Assets vs. Liabilities (Fig. 7.5-6) demonstrate results that reflect MT's identified SA of possessing a strong financial position and supports organizational sustainability. The increase in Days in Accounts Receivable (Fig. 7.5-4), is due to an SD with AlloSource that resulted in MT agreeing to extend terms from 30 to 120 days for payment.

In accordance with the value of stewardship, the BOD made a decision in 2018 to reduce operating reserves held by MT from 6 to 3-months. The difference is transferred into the Foundation's investment portfolio, which has higher earning potential. The policy impacts Fig. 7.5-6, Current Ratio of Assets vs. Liabilities and Fig. 7.5-7, Operating Reserves (includes cash, investments, and accounts receivable), and Days Cash on Hand (Fig. 7.5-9). MT Fund Balance (Fig. 7.5-8) continues to increase and supports additional investments in innovation. The Fund balance demonstrates MT's financial viability and supports the organization's sustainability. MT's strong financial and operating returns demonstrate viability and continue to improve over time. Overall financial performance measurements meet or exceed industry comparisons.





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 track below the minimum at the strategic direction of the MT BOD. The comparison data for these charges are provided by AOPO and show results placing MT among the lowest OACs in the nation (Fig. 7.5-11).

7.5b Strategy Implementation Results

Results for accomplishing the organizational APs are found in Fig. 7.4-2. APs are put in place each year at MT and success in accomplishing those APs is mission critical to achieving the three main SOs. The key metrics for strategy achievement of MT's mission include: Organ, Tissue and Eye Donors (Figs. 7.1-3, 7.1-5, & 7.1-17). Results for building and strengthening the CCs include results for optimizing stakeholder relationships and the numerous results which show benchmark or industry leading performance results for most key customer, market, process, and AP requirements.

Category 7 Summary

Category 7 presents MT's organizational results which include achieving twenty-two records, even in the midst of a pandemic. These accomplishments are a testament to the MT team who live the mission every day – *We save lives through excellence in organ and tissue donation.*

7.5a(2) As a non-profit organization with a defined DSA, MT does not look to increase market “share” but looks to improve its performance within its DSA and track its progress via the measures shown in Section 7.1. Organ Donor Cost Comparison (Fig. 7.5-10) demonstrates the difference in costs when donors are recovered in the traditional hospital setting versus when transferred to the MT facility for donor management and surgical recovery.