# 2019 LifeBridge Organ and Tissue Sharing Case Study

# Consensus Review Scorebook (Partial)

June 2019

**Note:** This partial scorebook contains key factors; key themes; items 2.2, 6.1, 7.3, and 7.4; and the scoring summary page.

## Key Factors Worksheet

### P.1a Organizational Environment

**Organizational Context** 1 of 58 federally designated, nonprofit, regional organ/tissue procurement organizations (OPO) in U.S. for 25+ years. Serves 3.2 million people in federally assigned territory: 62 counties in North Takoma (NT) and South Takoma (ST). Located in Columbia, NT.

**Product Offerings** Main offering: facilitation of organ/tissue donation, through two work systems: organ and tissue. Delivery for both requires coordination of partners, collaborators, key suppliers via Partnership Model (P.1-2).

**MVV + C** Mission: We save and improve lives. Vision: Organs and tissues are always available. Values: compassion, teamwork, honesty, quality, improvement. Culture: strong drive to meet mission. MVV are foundation for culture, basis for how applicant is managed.

**Core Competency** Mission-driven workforce. Care/compassion delivered by “human touch.” Staff actions/behaviors linked to creating positive donation experience for donor family (collaborators.)

**Workforce Profile** 150 employees, decentralized, segmented by work system/department. 10% leadership. Tenure: 20% 1 year or less, 41% 2–5 years, 21% 6­–10 years, 18% 11+ years. 65% female. Ethnicity: 70% white, 20% African American (DSA 25%), 10% other (DSA 5%). No workforce reductions. No organized bargaining units. Expanding clinical/nonclinical staff due to increased donations. No volunteers. Key requirements: staff connection to mission (VMV), employee benefits, relationships with coworkers.

**Assets** Custom-built facility with critical care unit and fully equipped operating room (OR). Key clinical technologies/equipment: x-ray, ultrasound, typical OR equipment. Leases plane equipped with medical equipment. Technology: EMR system, reporting services for customized reports.

**Regulatory Environment** Mandatory: CAP, CMS, EEOC, FDA, DoL, IRS, UNOS/OPTN, OSHA; Voluntary: AATB, AOPO (Figure P.1-5). Local environmental/regulatory for fire/sanitation, biohazard trash disposal local/state regulations.

#### P.1b Organizational Relationships

**Org Structure** Private, nonprofit 501(c)(3). Voluntary, community-based governance; 15-member BOD composed of hospital executives, physicians, donor family members. Key donor hospitals (partners) and transplant center (customers) representatives are appointed, allowing them to represent customer/partner requirements. CEO reports to BOD and directs ELT of CMO, CHRO, CFO, and COO. LT = ELT, directors, managers, supervisors. BOD evaluates CEO performance. CEO evaluates direct reports, reports evaluate directors, directors evaluate managers/other staff members.

**Customer & Stakeholder Key Requirements** Organ transplant centers—maximize donation, information, competence. Tissue processors—maximize donation, information, accountability. Stakeholders/requirements: communities within service area—comply with legal, ethical, regulatory requirements while providing quality organs/tissues; workforce—connection with VMV, excellent benefits, coworkers; BOD—strategic planning, administration, financial management.

**Suppliers, Partners, and Collaborators** Suppliers/expectations: Guardian Ambulance, Wright Brothers Charter, TT, Transplant Technologies, Columbia Cremation—accurate information, service quality, timely communication. Partners/requirements: 80 donor hospitals/clinical staff, nonhospital referral organizations (ME, hospice offices) within DSA—respect/sensitivity, information, service quality. Collaborators/requirements: Donor families—compassion, stewardship of gift, honor donor; funeral homes—communication, service.

#### P.2a Competitive Environment

**Competitive Position** No traditional organ procurement competitors, regulated “monopoly.” Must meet CMS national standards. CMS could award DSA to another OPO. Reassignment based on performance to standards. For TWS, donor hospitals required to report all deaths to applicant but may contract with another tissue bank. Applicant has tissue recovery contracts with all 80 donor hospital partners. Partners with eye bank, VisionMax, to ensure eye donation opportunities for families in DSA. 40th of 58 OPOs in population within DSA. Growth in donation must come from increases in medically eligible candidates within DSA, increases in number of families who authorize donation, or ID of nonhospital referral sources. Constraints of limited service area reinforce importance of maximizing donation for each donor.

**Competitiveness Changes** None that affect competitive position. Affordable Care Act changes to OPO industry uncertain. Decided to focus on ability to improve and rely on mission-driven workforce (CC) to achieve cost effectiveness and efficiencies to place itself in strong financial position (SA) to manage future challenges. Key factors influencing success: mission-driven workforce that is highly motivated and engaged in saving lives (CC); strong relationships through partnering/collaboration.

**Comparative Data** Figure 4.1-4. National benchmarks available through multiple sources; lead time before availability can be many months. Comparative data more limited for tissue operations; tissue processors provide monthly feedback for select results in scorecards. Relies on sharing comparative data with other OPOs. AOPO, OPTN/SRTR, Tissue processors, BoardInfo, DHSS, US DoL

#### P.2b Strategic Context

**Strategic Challenges** Business—industry changes, operational—authorization, societal responsibility—increase registry, workforce—retention

**Strategic Advantages** Business—Stakeholder satisfaction, strong financial position (7.5 text); operational—facilities and equipment; societal responsibility—Baldrige business model; workforce—supportive culture

**Strategic Opportunities** Registry enrollment & customer satisfaction

**Strategic Objectives** Maximize donation & optimize stakeholder relationships

#### P.2c Performance Improvement System

**Performance Improvement System** Leadership System (Figure 1.1-1), Communication Process (Figure 1.1-3). Continuous process improvement environment. Baldrige Criteria business model and foundation for performance improvement (PI). Operational improvements identified/implemented through SPP and Operational Management Process (Figure 6.1-1.) Performance improvement staff part of Quality/Regulatory department. PMS (Figure 4.1-1) used to monitor success. Plan-Do-Study-Act (PDSA) problem-solving methodology embedded in improvement processes

## Key Themes Worksheet

### a. What are the most important strengths or outstanding practices (of potential value to other organizations) identified in the applicant's response to Process Items?

1. Leaders manage the applicant from a systems perspective of its interdependent operations. Several approaches are integrated with the Strategic Planning Process (SPP), the Performance Measurement System (PMS), and other important processes. For example, integration of the SPP and PMS with the Communication Process, the voice of the customer, and the Corporate Compliance Program creates a focus on customers to support their satisfaction and engagement. Leveraging the PMS within the Operational Management Process allows the applicant to synthesize daily information to monitor and manage key processes. The Workforce Performance Measurement System cascades performance goals to individual employees using scorecards that are integrated with the Performance Evaluation Process. In addition, aligning the workplace environment with workforce needs and engagement factors, as well as with the Learning and Development System, builds on the applicant’s core competency of a mission-driven workforce and strengthens its strategic advantage of a supportive culture. These aligned and integrated systems function in harmony to help the applicant deliver on its mission to save and improve lives.
2. Strengthening the applicant’s core competency of a mission-driven workforce, the applicant has implemented multiple approaches that demonstrate that it values its employees. Beginning at the top, the leadership team models ethical behavior and uses multiple touchpoints to communicate with the workforce. Workforce members’ engagement in the success of the applicant is supported through the cascading of strategic goals and by addressing their needs via various benefit-plan options and promoting a safe operating environment. Additionally, the applicant has designed the Learning and Development System to improve workforce learning and then uses multidisciplinary meetings and Rounding for Outcomes to capture and disseminate valuable workforce knowledge. All of these workforce-focused approaches highlight the applicant's philosophy “We take care of ‘Our People’ so they can take care of others.”
3. Multiple approaches for identifying and integrating data and information to manage the applicant’s performance support the applicant’s vision that organs and tissues will always be available. Steps 2, 3, 4, and 6 of the SPP involve collection and analysis of data from within and outside of the applicant’s industry, and those data are then integrated with the PMS. Data from approaches for determining customer satisfaction and engagement, as well as from the customer complaint process, integrate the voice of the customer with the SPP, the PMS, and the Communication Process. These and other data and information are made available to the workforce, suppliers, partners, and customers in a timely manner. These approaches also provide data to manage cost and efficiency to minimize customer losses in regard to the gift of donation.

### b. What are the most significant opportunities, concerns, or vulnerabilities identified in the applicant's response to process items?

1. Systematic, fact-based evaluation of processes, a key component of organizational learning, is not apparent for processes in multiple areas. For example, the applicant does not offer evidence of continuous improvement to its existing approaches for leading the organization, developing and deploying its strategy, or operating key work processes daily. In addition, improvements are not evident in the applicant’s methods for interacting with its customers and workforce. In alignment with its core values of quality and improvement, implementing systematic reviews of its processes across all Criteria categories may help the applicant better foster donations as it tries to meet needs for organs and tissue that currently outpace availability.
2. It is not clear how the applicant identifies and pursues intelligent risk or strives to make significant and innovative changes to its processes, programs, and services. For example, the applicant’s approaches for cultivating innovation and intelligent risk taking are not evident within leadership processes; nor are methods identified for how strategic opportunities are assessed to determine which are intelligent risks, as part of incorporating innovation into strategy development. Additionally, how the applicant reinforces intelligent risk taking with the workforce and how it pursues opportunities for innovation in managing its work processes are not clear. As the applicant tries to ensure continued success within its designated service area working with technically advanced customers, such as transplant centers and tissue processors, methods to strategically identify intelligent risks and their pursuit may lead to breakthrough improvements.
3. Systematic approaches are not evident or are unclear in many areas of importance to the applicant’s success. In particular, action plans, workforce plans, measures and performance projections, and a method to address gaps between the projected performance of the applicant and that of comparable organizations are not evident. Approaches to ensure that the AP measurement system fully reinforces organizational alignment and to track progress in achieving strategic objectives and action plans also are not evident. For example, measures shown in Figure 4.1-2 for the Topline Scorecard focus predominantly on the Organ Work System, and no measures are included for the accomplishment of action plans related to improving stakeholder satisfaction. It is also unclear whether the applicant’s approaches to ensuring the security and cybersecurity of data and information are systematic and address all physical and electronic data, as well as data theft and loss. Additionally, it is not evident how the applicant ensures that customers and key stakeholders understand and fulfill their security and cybersecurity roles and responsibilities. Without systematic approaches in such areas to fully leverage its strategic advantage of embracing the Baldrige framework, the applicant may limit its ability to save and improve lives.

### c. Considering the applicant's key business/organization factors, what are the most significant strengths found in its response to Results Items?

1. Some work process effectiveness, customer-focused, workforce-focused, and leadership results demonstrate good-to-excellent performance against relevant comparisons. Among process effectiveness measures, results for Missed Organ Referrals (Figure 7.1-15) have been near zero since 2016, comparing favorably to Allograft Resources best-in-class results. Results for organ and tissue authorization (Figures 7.1-17 and 7.1-18) and for Organ Donor Yield (Figure 7.1-19) are in the top quartile of results from the Association for Organ Procurement Organizations (AOPO) and the Organ Procurement and Transplantation Network (OPTN). For customer-focused measures, hospital partner satisfaction with regard to organs and tisse (Figures 7.1-1A and 7.1-2A) show results at RPG best-in-class levels between 2016 and 2019; total tissue and skin donors (Figures 7.1-4 and 7.1-14), as well as Local Lungs Transplanted (Figure 7.1-9), show results in the AOPO top quartile. For customer satisfaction and engagement, the applicant reports good-to-excellent results levels for the Organ Work System: Transplant Center Satisfaction–Organ results for the key requirements of competence and information (Figures 7.2-1A and 7.2-1B, respectively) and results for overall engagement (Figure 7.2-1) are at the GPR best-in-class benchmark in 2018. Some workforce engagement results are favorable relative to the Excel Employee Engagement top quartile, while workforce development results for Training Expenditures (Figure 7.3-17) outperform AOPO top-quartile comparisons from 2016 to 2018 and those for Leader Development Satisfaction (Figure 7.3-18) are better than the top-quartile comparison in 2018. Furthermore, measures of the applicant’s overall financial position (Figures 7.5-1 through 7.5-3) show good performance from 2016 to 2018 relative to the AOPO top quartile. These results demonstrate the applicant’s commitment to delivering value and results.
2. The applicant reports good performance for a few measures that are important to its mission. The overall satisfaction of Organ Transplant customers was at or near 5.0 on a 5-point scale for administrators, coordinators, and physicians in 2018 (Figure 7.2-1C). Results for clinical staff in Radiation Exposure (Figure 7.3-8) demonstrate sustained levels near zero that are significantly better than the U.S. Department of Health and Human Services (DHSS) limit. In addition, results for Regulatory and Legal Compliance Key Measures (Figure 7.4-3) show performance at the highest possible level of achievement. These results leverage the applicant’s strategic opportunity related to customer satisfaction, reinforce its strategic advantage of a supportive culture for the workforce, and reflect its core value of quality.

### d. Considering the applicant's key business/organization factors, what are the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in its response to Results Items?

1. Results are missing for measures of key processes and for measures related to customers, the workforce, leadership, governance, and finances and strategy. For example, some results for key work process effectiveness, safety and emergency preparedness, and supply network management are absent; customer-focused results related to aspects of the customer life cycle of pre-donation, procurement, allocation, and post-donation are not reported. Results are also missing for the key workforce driver of “relationship with co-workers”; for the workforce capability and capacity measure of skills and competencies by job description or staffing ratios; and for the workforce climate factors of health, security, and accessibility. No results are reported for the leadership approaches of Rounding for Outcomes (RFO) or for leaders’ communication/engagement with partners and customers, the number of deviations from audits, the number of substantiated corporate compliance hotline issues, or recycling and reduction in energy consumption. Nor does the applicant report data reflecting the strategic challenge and opportunity of increasing registry enrollment or reflecting modified action plans based on performance projection gaps. Tracking and trending of key performance measures may strengthen the applicant’s efforts to “find the heroes” and maximize the very limited donation opportunities.
2. Adverse trends are reported for many measures related to work processes, customers, the workforce, and governance. For example, organs, hearts, and livers transplanted (Figures 7.1-5, 7.1-8 and 7.1-10), as well as total bone and skin donors (Figures 7.1-13 and 7.1-14) demonstrate adverse trends since 2016. Customer satisfaction and engagement measures with flat or adverse trends include Transplant Center Satisfaction–Organ (Figure 7.2-1A) for the key requirement of competence, as well as overall Tissue Processor Satisfaction (Figure 7.2-2C) for the key requirement of information. In addition, tissue customer complaints and dissatisfaction (Figures 7.2-3 and Figure 7.2-3B) show unfavorable levels and mixed trends. In addition, flat or adverse trends are evident in results for ethnic diversity among new hires (Figure 7.3-4A); for overall retention (Figure 7.3-13), and for overall job satisfaction (Figure 7.3-14). Other examples are governance results from 2016 to 2018 for all four areas from the Board Self-Assessment (Figure 7.4-2), including adverse trends for strategic and financial oversight and mixed trends for the other areas. Addressing these results may help the applicant maximize donations.
3. Some work process, customer dissatisfaction, leadership, and financial and market results are unfavorable relative to relevant comparisons or are missing comparisons. Sample results for key work and support processes include those for measures of local organs transplanted by population, local hearts transplanted, local livers transplanted, and total bone donors (Figures 7.1-5, 7.1-8, 7.1-10, and 7.1-13, respectively). For the Organ Work System, results for Observed vs. Expected by Organ (Figure 7.1-19A) are lower than the expected results for kidneys, heart, and pancreas; for the Tissue Work System, results for Skin Yield (Figure 7.1-23) are not favorable in comparison to Allograft Resources best-in-class results. Results for satisfaction with leader communication (Figure 7.4-1) are below the Excel Employee Engagement benchmark from 2016 through 2018. Additionally, Gross Revenue—Organ Work System, Days in Accounts Receivable, and Days Cash on Hand (Figures 7.5-2A, 7.5-5, and 7.5-9, respectively) were below the top-quartile comparisons from 2016 to 2018, and Market Share Growth–Allograft Resources Partners (Figure 7.5-13) shows performance below the comparison from 2016 to 2018. Improving these results may help the applicant distinguish itself for its performance amid industry changes.

[Items 1.1, 1.2, and 2.1 are not included in this scorebook.]

## Item Worksheet—Item 2.2

## Strategy Implementation

### Relevant Key Factors

1. **Product Offerings** Main offering: facilitation of organ/tissue donation, through two work systems: organ and tissue. Delivery for both requires coordination of partners, collaborators, key suppliers via Partnership Model (P.1-2).
2. Mission: We save and improve lives.
3. **Core Competency** Mission-driven workforce. Care/compassion delivered by “human touch.” Staff actions/behaviors linked to creating positive donation experience for donor family (collaborators).
4. **Workforce Profile** 150 employees, decentralized, segmented by work system/department.
5. **Suppliers, Partners, Collaborators** Suppliers/expectations: Guardian Ambulance, Wright Brothers Charter, TT, Transplant Technologies, Columbia Cremation—accurate information, service quality, timely communication. Partners/requirements: 80 donor hospitals/clinical staff, nonhospital referral organizations (ME, hospice offices) within DSA—respect/sensitivity, information, service quality. Collaborators/requirements: Donor families—compassion, stewardship of gift, honor donor; funeral homes—communication, service.
6. **S****trategic Objectives** Maximize donation & optimize stakeholder relationships

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In support its core competency of a mission-driven workforce and its value of teamwork, the applicant systematically deploys its strategy to its workforce, aligning goals with individual performance and improving the approach from a reactive push from leadership to a proactive process with staff input. In Step 7 of the SPP (Figure 2.1-1), strategic goals are cascaded through the Communication Process (Figure 1.1-3), and key outcomes are tracked through a web-based program that aligns goals with individual performance.  | 2 examiners had an a/a2 strength; 4 had an a2 STR given this as a deployment of the action plan STR. Evidence includes action plans cascaded through organization and aligned to individual performance and the PMS, the PEP deployed to workforce through Communication Process (Figure 1.1-3), departmental and other meetings (not clear that partners are included in these methods). Plans are aligned with individual performance goals and progress is reviewed by LT, and tracked and monitored using a web-based program aligned to individual performance NOTE—because the applicant doesn’t state the actual action plans, I changed the terms in the comment to strategy and strategic goals. | a(2) |
|  | The applicant has a systematic approach to ensuring that workforce, financial, and other resources are available to support the achievement of action plans. Step 5 of the SPP includes a review of workforce capability and capacity, and the monthly budgeting process ensures that financial resources are available to support current or modified action plans. | 7 examiners had this in some form as a strength. Evidence includes Figure 2.1-1, where the SPP indicates that workforce planning and financial impact are considered during Step 5; the applicant looks at workforce capability and capacity and does financial trend analysis and forecasting; use of the Workforce Planning Process identified in Figure 5.1-1; financial status is reviewed monthly, and a trend analysis serves as a basis for financial risk assessment. | a(3,4) |
|  | The applicant systematically establishes, deploys, and integrates modified action plans when necessary, supporting the organization in responding to the strategic challenge of industry changes. Metrics are evaluated during work system meetings, LT meetings, and ongoing strategic discussions. If actual measures are not performing to expected targets, plans are modified, and if performance lags for three months, a “red-box” discussion occurs. Any corrective actions are monitored through cascading scorecards, the Performance Evaluation Process (PEP), and RFO. | 6 examiners identified this as a strength. Examples include systematic reviews occur during work system meetings, LT meetings, and ongoing SDs (Figure 2.1-1, Step 8); scorecard measures underperforming over a three-month period initiate a “red-box” discussion with the associated LT members and a member from PI; data analysis and action plan deployment or modification may be performed, depending on the outcome of analysis; deployment of action plans and modified action plans cascade from the work system or department level and may cascade down to the individual level; ongoing monitoring and discussion of action plans occur through LT meetings, PEP, staff RFO, and work system meetings; review of action plans happens during strategic discussions and LT review (step 8 of SPP—Fig 2.1-1). | b |

#### Notes

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### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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| **X** | Action plans, workforce plans, measures, and performance projections, as well as a method to address gaps in its projected performance with that of comparable organizations, are not evident for the strategic objectives, goals, and targets identified in Figure 2.1-3. Without a clear understanding of these elements, as well as how they align with and support the strategic objectives, the applicant may miss the opportunity to effectively accomplish its action plans. | All examiners gave some level of OFI around lack of providing the action plans. This is a specific “what” question and just indicating they have them available on-site with no evidence of what they are for this cycle of the SPP is a significant gap. None of the “what” questions in 2.2 are answered, making it difficult to give the applicant benefit of the doubt. In addition, no workforce plans, action plan measures, or projections are stated. | a(1,4,5,6) |
|  | It is not clear how the applicant’s action plan measurement system reinforces organizational alignment, as not all of the applicant’s strategic goals (Figure 2.1-3) appear to be addressed by the Top-Line Scorecard (Figure 4.1-2). For example, the scorecard measures appear to focus on the OWS, with no measures related to the accomplishment of action plans related to improvement of stakeholder satisfaction. Including such measures may allow the applicant to better address the strategic challenges related to increasing the registry and retaining the workforce. | 2 examiners had this as an OFI, and it supplements the lack of specific action plan measures (not goal measures). Other areas: the metrics in Fig. 2.1-3 are for organizational goals (not action plans), and the ones in Fig. 4.1-2 are not identified as action plan measures. The measures appear to focus on the OWS only and not the strategic objective related to the TWS (customer satisfaction, staff retention). these measures do not appear to be action plan measures but outcome measures for its strategic objective. Common concern—the top-line scorecard in cat. 4 has no satisfaction/engagement on it; so not sure how they are tracking all of the key strategic objectives (especially for stakeholder relationships). So—this may be up for discussion—but for now keeping this as an OFI unless someone can clearly point that these are action plan measures without all of us going through mental gymnastics to try to figure this out. | a(5) |
|  | The changes described in the applicant’s approaches to strategic implementation do not appear to constitute systematic evaluation and improvement or organizational learning, including innovation. Systematically improving its approaches to strategic implementation may enable the applicant to accelerate its accomplishments of its action plans and strategic objectives. | 3 examiners included this as an OFI for lack of learning. There is no discussion of process evaluation or improvement for a(2), a(3), a(4), a(5), or b. | a(2,3,4,5),b |

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| Responses to all the "what” questions are missing: no action plans (they are AOS, but the Criteria clearly ask for them), no workforce plans, no action plan measures, no projections provided.  |

### Scoring

Score Value: **50**

Score Range: **50–65%**

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| **Why shouldn't the score be in the range above or below the selected one? Why the score is not in the lower range: the applicant has answered the key aspects of the basic questions in deploying the strategy, with minimal learning. Why the score is not in the upper range of 70–85%: the applicant does not respond to several key elements for the overall and most of the multiple questions. In addition, there is a doubled OFI for a1, 4, 5, and 6 for not responding to the “what” questions. Based on the key OFIs, the score is at the lower end of the range. Recommend a score of 50 based on the key strengths and the 1 doubled OFI and 2 other OFIs.**  |

[Items 3.1 through 5.2 are not included in this scorebook.]

## Item Worksheet—Item 6.1

## Work Processes

### Relevant Key Factors

1. Product Offerings Main offering: facilitation of organ/tissue donation, through two work systems: organ and tissue. Delivery for both requires coordination of partners, collaborators, key suppliers via Partnership Model (P.1-2)
2. MVV + C Mission: We save and improve lives. Vision: Organs and tissues are always available. Values: compassion, teamwork, honesty, quality, improvement. Culture: strong drive to meet mission. MVV are foundation for culture, basis for how applicant is managed
3. Core Competency Mission-driven workforce. Care/compassion delivered by “human touch.” Staff actions/behaviors linked to creating positive donation experience for donor family (collaborators)
4. Customer & Stakeholder Key Requirements Organ transplant centers—maximize donation, information, competence. Tissue processors—maximize donation, information, accountability. Stakeholders/requirements: communities within service area—comply with legal, ethical, regulatory requirements while providing quality organs/tissues; workforce—connection with VMV, excellent benefits, coworkers; BOD—strategic planning, administration, financial management
5. Suppliers, Partners, Collaborators Suppliers/expectations: Guardian Ambulance, Wright Brothers Charter, TT, Transplant Technologies, Columbia Cremation—accurate information, service quality, timely communication. Partners/requirements: 80 donor hospitals/clinical staff, nonhospital referral organizations (ME, hospice offices) within DSA—respect/sensitivity, information, service quality. Collaborators/requirements: Donor families—compassion, stewardship of gift, honor donor; funeral homes—communication, service
6. Strategic Objectives Maximize donation & optimize stakeholder relationships
7. Performance Improvement System Leadership System (Figure 1.1-1), Communication Process (Figure 1.1-3). Continuous process improvement environment. Baldrige Criteria business model and foundation for performance improvement (PI). Operational improvements identified/implemented through SPP and Operational Management Process (Figure 6.1-1.) Performance improvement staff part of Quality/Regulatory department. PMS (Figure 4.1-1) used to monitor success. Plan-Do-Study-Act (PDSA) problem-solving methodology embedded in improvement processes.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | The Operational Management Process, which is used to ensure that work processes meet key process requirements, is deployed to both work systems, is integrated with the SPP and PMS, and uses the CAPA deviation system for learning and improvement. Ongoing evaluation of key work process measures occurs through PMS. Alignment and integration of performance measures begins in the SPP and continues through the OMP to ensure that all data and information needs are met to effectively manage performance outcomes.  | Supported by 6 examiners—no OFIs for b1. Both in-process and outcome measures provide performance data for all three key work processes. The performance metrics for the three key work processes (referral management, authorization, and procurement) are shown in Figure 6.1-3 for both the organ and tissue key products. | b(1) |
|  | The applicant’s integration of the voice of the customer as the mechanism to determine key product and work process requirements helps leverage the business strategic advantage of stakeholder satisfaction. Examples include formal and informal surveys, feedback reports, and informal interactions. A cycle of improvement resulted in an information card for physicians and nurses to use in donation discussions, particularly donation after cardiac death.  | Supported by 4 examiners. OFIs were written on VOC integration by 2 examiners. Integration of VOC, surveys, feedback reports, SPP, SDs, OMP. Approaches include the 3 processes of referral management, authorization, and procurement / allocation, which drive the ability maximize donation. The examiner team found evidence that the applicant used the VOC process to determine key product and process requirements for key work processes. | a(1) |
|  | The applicant systematically designs and improves products and work processes through the OMP (Figure 6.1-1), which is integrated with other key processes as opportunities are identified through the SPP (Figure 2.1-1) and the PMS (Figure 4.1-1). Improvements are initiated using PDSA methodology. This approach to designing and improving work processes may help the applicant proactively identify improvement opportunities and rapidly respond to changes in requirements or performance. | Supported by 5 examiners. Feedback from R1 included adding language around the integration of these processes. The STR covers both a3 and b3 (design and improvement of work products and processes). There is an a3 OFI written to address some multiple Criteria questions around technology, risk, and agility, as noted by 4 examiners. | a(3),b(3) |
|  | The applicant’s systematic approach to manage the supply network for the OWS and TWS helps ensure that services provided by referral partners meet customer needs. The Standardized Identification and Referral Process is used to ensure quality from referral to establishing donor suitability, approaching the family, and securing donation. In addition, metrics for referral suppliers are tracked and reviewed quarterly on the Hospital Services scorecard.  | This STR focuses on referral partners. Some examiners noted that the donor hospitals, medical examiners and nursing homes are listed as partners, not suppliers—however, many examiners considered these as "nontraditional" suppliers of donor referrals and gave them a STR for the processes that are in place. In contrast, the c OFI focuses on a gap related to “traditional” suppliers.  | c |

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### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is unclear how the applicant uses the OMP to determine key support processes and their requirements and determines that these processes are meeting key business requirements during daily operations. Without a systematic approach in this area, key services and work processes may be at risk. | Supported by 3 examiners. Lack of a systematic approach to determine support processes, with limited evidence and explanation to the process to support the list provided. The process used in operational discussions to systematically determine support processes and requirements, measures and indicators is not clear. This OFI covers all multiple aspects of b2 and could be a risk to the applicant. | b(2) |
|  | A process for pursuing opportunities for innovation in work processes is not evident, as the applicant’s improvement teams appear to focus on driving continuous improvement in work processes. A systematic approach that goes beyond continuous improvement to innovation management may enable the applicant to effectively pursue its identified strategic opportunities, such as increasing registry enrollment, by driving breakthrough improvement. | Supported by 4 examiners with no opposition—one listed as a double OFI. No repeatable process is evident for pursuing innovation or strategic opportunities. It is unclear how the applicant’s processes for PI, including review during SPP, OMP and PMS consider opportunities for innovation, or meaningful change. R2 changes included focusing on the overall requirement, followed by some language around the progression from continuous improvement to innovation. | d |
|  | It is unclear how new technology, risk consideration, and the potential need for agility, which are cited in a list, are incorporated into the design of products and work processes in step 4 of the OMP. Focused efforts to integrate these aspects into process design may help the applicant continue to deliver services that exceed customer expectations. | Supported by 4 examiners—no double OFIs. This OFI was written to specifically address new technology, risk consideration and the potential need for agility as listed in the multiple questions in a3 and was indicative of the observations in IR and R1. | a(3) |
|  | It is unclear how the applicant ensures that suppliers other than referral partners, such as Guardian Ambulance, Columbia Cremation, Transplant Technologies and Wright Brothers Charters, meet operational needs and customer requirements. Approaches that go beyond communication and the tracking of performance may help ensure that suppliers contribute to the accomplishment of organizational objectives established through the SPP, PMS, and OMP. | This is a multiple-level OFI that focuses on nonreferral partners and their meeting customer requirements. Supported by 4 examiners with respect to requirements. ST written for referral partners. | c |

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| Not used: 4 examiners felt that both traditional and nontraditional (referral) suppliers were covered by the processes listed. One wrote an overall OFI for supply-network management, and 2 wrote OFIs pertaining to the supply network not being responsive to changing requirements. |

### Scoring

**Score Value: 55**

**Score Range: 50–65%**

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| **Why shouldn't the score be in the range above or below the selected one? The applicant has effective, systematic approaches to multiple Criteria questions, and approaches are well deployed but with some gaps (suppliers). Early stages of learning are evident, and approaches are well integrated to address key organizational requirements. Some feedback in R1 was that the score was too high and may need to be lowered within the range—seeking feedback in R2 from rest of the team. R2 feedback continued to support moving the score lower in the range due to multiple OFIs at the overall level.**  |

[Items 6.2, 7.1, and 7.2 are not included in this scorebook.]

## Item Worksheet—Item 7.3

## Workforce Results

### Relevant Key Factors

1. **MVV + C** Mission: We save and improve lives. Vision: Organs and tissues are always available. Values: compassion, teamwork, honesty, quality, improvement. Culture: strong drive to meet mission. MVV are foundation for culture, basis for how applicant is managed.
2. **Core Competency** Mission-driven workforce. Care/compassion delivered by “human touch.” Staff actions/behaviors linked to creating positive donation experience for donor family (collaborators).
3. **Workforce Profile** 150 employees, decentralized, segmented by work system/department. 10% leadership. Tenure: 20% 1 year or less, 41% 2–5 years, 21% 6­–10 years, 18% 11+ years. 65% female. Ethnicity: 70% white, 20% African American (DSA 25%), 10% other (DSA 5%). No workforce reductions. No organized bargaining units. Expanding clinical/nonclinical staff due to increased donations. No volunteers.
4. Key requirements: staff connection to mission (VMV), employee benefits, relationships with coworkers.
5. **Comparative Data** Figure 4.1-4. National benchmarks available through multiple sources; lead time before availability can be many months. Comparative data more limited for tissue operations; tissue processors provide monthly feedback for select results in scorecards. Relies on sharing comparative data with other OPOs. AOPO, OPTN/SRTR, Tissue processors, BoardInfo, DHSS, US DoL
6. Workforce—Retention (SC), supportive culture (SA)

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In support of the key driver of employee benefits, some workforce climate results, including satisfaction with benefits, show mostly sustained good levels that are better than the comparisons shown. For example, the applicant’s DART rate was better than the U.S. DOL comparison from 2016 to 2018 (Figure 7.3-7), and Radiation Exposure (Figure 7.3-8) shows sustained levels near 0, significantly better than the DHSS limit. In addition, satisfaction with benefits (Figure 7.3-15) shows sustained levels better than or equal to the health care industry top-quartile comparison from 2016 to 2018. | LeC—4 examiners had strength comments for Figures 7.3-6 to 7.3-8, and 7.3-15 (Overall satisfaction with benefits). | a(2) |
|  | Some workforce engagement results exhibit good relative performance against comparisons to the Excel Employee Engagement top quartile, demonstrating the core competency of a mission-driven workforce. For example, the Connection to the Mission (Figure 7.3-11) is better than the comparison, and the gap is widening, and Overall Job Satisfaction (Figure 7.3-14) was slightly better than the comparison from 2016 to 2018. | LeC—6 examiners had comments related to WF Engagement results shown in Figure (7.3-11, 12, 14) | a(3) |
|  | Reinforcing the strategic advantage of a supportive culture, the applicant demonstrates good levels, with good performance relative to comparisons, for some workforce development results. Training Expenditures (Figure 7.3-17) shows performance better than the AOPO top-quartile comparisons from 2016 to 2018; results for Leader Development Satisfaction (Figure 7.3-18) were better than the top-quartile comparison in 2018. | LeC—4 examiners had strengths related to Figure 7.3-17 and 18, training & development results. One examiner commented that these results were not beneficial or mixed. | a(4) |

#### Notes

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### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Results are missing for some measures of workforce-focused performance; namely, for the key driver of relationship with coworkers, for the workforce capability and capacity measure of skills and competencies by job description or staffing ratios; and for workforce climate processes, such as rounding for outcomes or the health, security, and accessibility factors shown in Figure 5.1-5. Monitoring these results may help the applicant correlate workforce measures with any adverse trends in the overall satisfaction measures. | Le: 4 examiners identified several areas of missing measures. | a |
|  | The applicant shows flat or adverse trends in areas of performance that are key to the achievement of a steady and diverse workforce. For example, overall retention (Figure 7.3-13) and overall job satisfaction (Figure 7.3-14) decreased from 2016 to 2018, as did the ethnic diversity of new hires (Figure 7.3-4A). In addition, internal measures of consistent staffing levels, Organ Donors per OPC (Figure 7.3-2) and Tissue Donors per TOP (Figure 7.3-3), show adverse or mixed trends. Improving trends in these areas may help the applicant address the strategic challenge of workforce retention. | LeT: All examiners had comments related to adverse trends for workforce capability & capacity and other workforce-focused measures. Per BU feedback, removed Figure 7.3-4 from comment as workforce growth is at AOPO top quartile. | a(1) |
|  | The workforce-focused performance results given are not segmented by the groups noted in Figure P.1-4. For example, workforce engagement results are not segmented by department, gender, tenure, or job type. Segmentation of results such as overall job satisfaction (Figure 7.3-14) and retention (Figure 7.3-13) may enable the applicant to monitor differences among these groups and make improvements to support the strategic advantage of a supportive culture and address the challenge of retention. | I: 4 examiners included comments on segmentation. The applicant noted that segmentation is AOS, but some key measures could have been segmented to show variation by the workforce groups identified in the Organizational Profile. | a |

#### Notes

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| C—3 examiners mentioned comparisons in specific results sections or early stages of using comparisons. Discussed at consensus and agreed that segmentation is more important to focus on at this level, and that appropriate results may be available for some but not all the results that omitted comparisons. For example, comparisons may not be available for measures specific to the applicant. |

### Scoring

**Score Value: 45**

**Score Range: 30–45%**

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| **Why shouldn't the score be in the range above or below the selected one? Applicant reports some good levels responsive to overall questions and responsive to many areas of importance to the applicant. Some results show good relative performance to best-in-class comparisons. Trends for 2016 to 2018 reported with some mixed or adverse trends. Overall fit best in 30–45% range.** **Not at the range below as the applicant includes results beyond the basic level and is beyond the early stages of obtaining comparisons, as well as reporting results beyond a few areas of importance.** **Not at the range above as results are not responsive to the multiple Criteria questions, and trends of importance to applicant have not been sustained over time. Further, levels in some cases are b**etter than best-in-class comparisons, but many or most **trends do not show areas of leadership or very good relative performance. Results are presented for many areas of importance but without segmentation, and results are missing for key workforce requirements.** |

## Item Worksheet—Item 7.4

## Leadership and Governance Results

### Relevant Key Factors

1. **MVV + C** Mission: We save and improve lives. Vision: Organs and tissues are always available. Values: compassion, teamwork, honesty, quality, improvement. Culture: strong drive to meet mission. MVV are foundation for culture, basis for how applicant is managed.
2. **Regulatory Environment** Mandatory: CAP, CMS, EEOC, FDA, DoL, IRS, OSHA, UNOS/OPTN; Voluntary: AATB, AOPO (Figure P.1-5). Local environmental/regulatory for fire/sanitation, biohazard trash disposal local/state regulations.
3. Voluntary, community-based governance; 15-member BOD composed of hospital executives, physicians, donor family members. Key donor hospitals (partners) and transplant center (customers) representatives are appointed, allowing them to represent customer/partner requirements. CEO reports to BOD and directs ELT of CMO, CHRO, CFO, and COO. LT = ELT, directors, managers, supervisors. BOD evaluates CEO performance. CEO evaluates direct reports, reports evaluate directors, directors evaluate managers/other staff members.
4. **Customer & Stakeholder Key Requirements** Organ transplant centers—maximize donation, information, competence. Tissue processors—maximize donation, information, accountability. Stakeholders/requirements: communities within service area—comply with legal, ethical, regulatory requirements while providing quality organs/tissues; workforce—connection with VMV, excellent benefits, coworkers; BOD—strategic planning, administration, financial management.
5. **Strategic Challenges** Business—industry changes, operational—authorization, societal responsibility—increase registry, workforce—retention
6. **Strategic Advantages** Business—Stakeholder satisfaction, strong financial position (7.5 text); operational—facilities and equipment; societal responsibility—Baldrige business model; workforce—supportive culture

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Several law and regulation, ethics, and society results show good performance levels and beneficial trends. For example, results for Regulatory and Legal Compliance Key Measures (Figure 7.4-3) show performance at the highest possible level. Other examples include five consecutive “unqualified opinion” determinations for the applicant’s external financial audit (Figure 7.4-4); BOD Trust of CEO (Figure 7.4-7), which reached nearly 3.00 on a 3-point scale in 2017; and the percentage of action plans completed (Figure 7.5-14), which has been sustained above 85% for four years. These results may help the applicant retain the DSA based on CMS standards. | Five of seven examiners identified trend STRs in a(3) and/or a(4). Some of these were combined with other scoring dimensions such as C or I. Two of the figures are tables, and both show some level of performance over time. This Trend comment was merged with an original level comment for a(4,5) to make one LeT comment that covered all three areas. | a(3,4,5) |
|  | Governance results for Board Self-Assessment (Figure 7.4-2) show performance better than the BoardInfo benchmarks in all four key areas for 2016–2018. This good relative performance against comparisons may reinforce the culture of a strong drive to meet the mission. | Two examiners identified Figure 7.4a(2) as a comparison STR. There were no comparison OFIs in IR Scorebooks. There is only one figure in 7.4a(2). However, a CR OFI for comparison & integration (segmentation) was written for a(1). Note: There is a trend OFI that includes Figure 7.4-2.  | a(2) |

#### Notes

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| The STR comments address five of the nine figures in item 7.4. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | Some results related to the applicant’s approaches to leadership, law and regulation, ethics, and societal well-being and support are missing. For example, the applicant does not report results for Rounding for Outcomes or for leaders’ communication/engagement with partners and customers, for the number of deviation forms resulting from audits (1.2b[1]), for the number of substantiated corporate compliance hotline issues, or for recycling and reduction in energy consumption. Monitoring results in these areas may address the societal responsibility strategic challenge of increasing registry. | Five of seven examiners had a missing data OFI, and one was doubled. Collectively, these examiner comments covered four of the five areas in Item 7.4. However, the OFI for a(2) did not include any examples. I reviewed the application and found only one potential missing data example not covered elsewhere—the number of recommendations submitted with audit results, and the number accepted. I thought this was relatively minor compared to the examples for a(1,3,4,5) and did not include it. Based on the diversity of the examples and the limited number of Leadership and Governance results reported (total of 9 figures, the smallest number for Items in cat. 7), I agreed that this OFI should be doubled.  | a(1,3,4,5) |
|  | Results for satisfaction with leader communication (Figure 7.4-1) show poor relative performance against the Excel Employee Engagement benchmark from 2016 through 2018 and lack segmentation by relevant workforce segments. Segmenting these results may help identify specific actions to improve the performance of leader communication and address the workforce strategic challenge of retention. | Six of seven examiners identified Figure 7.4-1, the only figure in a(1), as either a comparison or comparison/integration OFI. The remaining examiner identified a(1) as a trend OFI. However, the trend is slightly beneficial. NOTE 1: Even though this comment addresses only one figure, it is an important figure. Satisfaction with leader communication generally “sets the stage” for workforce and other stakeholder satisfaction. Segmenting the results may provide additional insights for potential corrective actions. NOTE 2: As currently written, this is a comparison-integration (segmentation) OFI. There was discussion during CR whether this should just be a C OFI and delete the segmentation (next to last sentence). The CR consensus was to include the segmentation part of the nugget and tie it into the relevance statement. | a(1) |
|  | Some governance results related to BOD requirements and to compliance show adverse or mixed trends. The BOD’s self-assessment of strategic oversight and financial oversight shows declines from 2016 to 2018, and the other areas of self-assessment show mixed trends (Figure 7.4-2). In addition, Reported Corporate Compliance Hotline Issues (Figure 7.4-6) shows an increase from 0 or 1 in 2014–2018 to 4 in 2019 YTD. Continuing to monitor these trends may allow the applicant to proactively identify and mitigate potential issues in these areas.  | All seven examiners identified adverse trend OFIs for 7.4a(1,2,4,5), sometimes in combination with other scoring dimensions (e.g., TI or TCI). Many of these adverse trends were slight or were examples of mixed trends. I felt citing the strategic oversight aspect of Figure 7.4-2 was particularly meaningful, as it has declined more than the other aspects, even though it remains better than the BoardInfo benchmark [see STR a(2)]. The second adverse trend cited was for Figure 7.4-6, which may or may not be a temporary spike. | a(2,4) |

#### Notes

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| The only figures cited specifically as OFIs are in a(1), a(2), and a(4). There is only one figure in each of the first two areas. However, the missing data OFI covered a(1,3,5). R2 for both STR and OFI: left the order of the STRs and OFIs the same, and made no changes to STRs; (1) changed the first OFI to a(1,3,4,5) and used the names of the areas to address for each instead of the Criteria reference nomenclature. (2) clarified the a(2) OFI regarding which trends were adverse v. mixed. There are maybe one or two other examples to cite, but I felt it would dilute the importance of this OFI. Strong governance is essential to this applicant, and the BOD self-assessment show adverse trends in all four key areas that it measures. The OFI highlights the largest decline; all might be a leading indicator of future problems. (4) left the a(4) OFI as is. I also cited the unfavorable increase in Fig 7.4-6. I did not try to address all figures but cited a few to create a sense of urgency.At Consensus, the order of the OFIs was adjusted, and the a(2) and a(4) OFIs were combined.  |

#### Scoring

**Score Value: 40**

**Score Range: 30–45%**

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| **Why shouldn't the score be in the range above or below the selected one?** The range above is not appropriate because of (1) the extent of missing data; (2) adverse trends in a critical area (BOD assessment); and (3) a mixture of good/not good relative performance against comparisons. The range below is not appropriate because the applicant is responsive to overall questions, and there are some comparative data used. The IR scores on this item ranged from 30% to 55%, with three of seven examiners scoring at 50% or 55% (only one at 55%). For R2, 7 examiners agreed with the range. The consensus discussion confirmed the range and a score of 40%.  |

[Item 7.5 is not included in this scorebook.]

**Consensus Review—2019 TST—Final**

| **Summary of Criteria Items** | **Total Points Possible** | **% Score** | **Score** | **Scoring Band** |
| --- | --- | --- | --- | --- |
| Category 1—Leadership |
| 1.1 Senior Leadership | 70 | 60% | 42 |  |
| 1.2 Governance and Societal Contributions | 50 | 60% | 30 |  |
| Category Totals | 120 |  | 72 |  |
| Category 2—Strategy |
| 2.1 Strategy Development | 45 | 55% | 25 |  |
| 2.2 Strategy Implementation | 40 | 50% | 20 |  |
| Category Totals | 85 |  | 45 |  |
| Category 3—Customers |
| 3.1 Customer Expectations | 40 | 60% | 24 |  |
| 3.2 Customer Engagement | 45 | 55% | 25 |  |
| Category Totals | 85 |  | 49 |  |
| Category 4—Measurement, Analysis, and Knowledge Management |
| 4.1 Measurement, Analysis, and Improvement of Organizational Performance | 45 | 45% | 20 |  |
| 4.2 Information and Knowledge Management | 45 | 55% | 25 |  |
| Category Totals | 90 |  | 45 |  |
| Category 5—Workforce |
| 5.1 Workforce Environment | 40 | 60% | 24 |  |
| 5.2 Workforce Engagement | 45 | 65% | 29 |  |
| Category Totals | 85 |  | 53 |  |
| Category 6—Operations |
| 6.1 Work Processes | 45 | 55% | 25 |  |
| 6.2 Operational Effectiveness | 40 | 50% | 20 |  |
| Category Totals | 85 |  | 45 |  |
| SUBTOTAL Cat. 1-6 | 550 |  | 309 | 4 (261-320 points) |
| Category 7—Results |
| 7.1 Product and Process Results | 120 | 40% | 48 |  |
| 7.2 Customer Results | 80 | 45% | 36 |  |
| 7.3 Workforce Results | 80 | 45% | 36 |  |
| 7.4 Leadership and Governance Results | 80 | 40% | 32 |  |
| 7.5 Financial, Market, and Strategy Results | 90 | 40% | 36 |  |
| SUBTOTAL Cat. 7 | 450 |  | 188 | 3 (171-210 points) |
| GRAND TOTAL | 1000 | TOTAL SCORE | 497 |  |