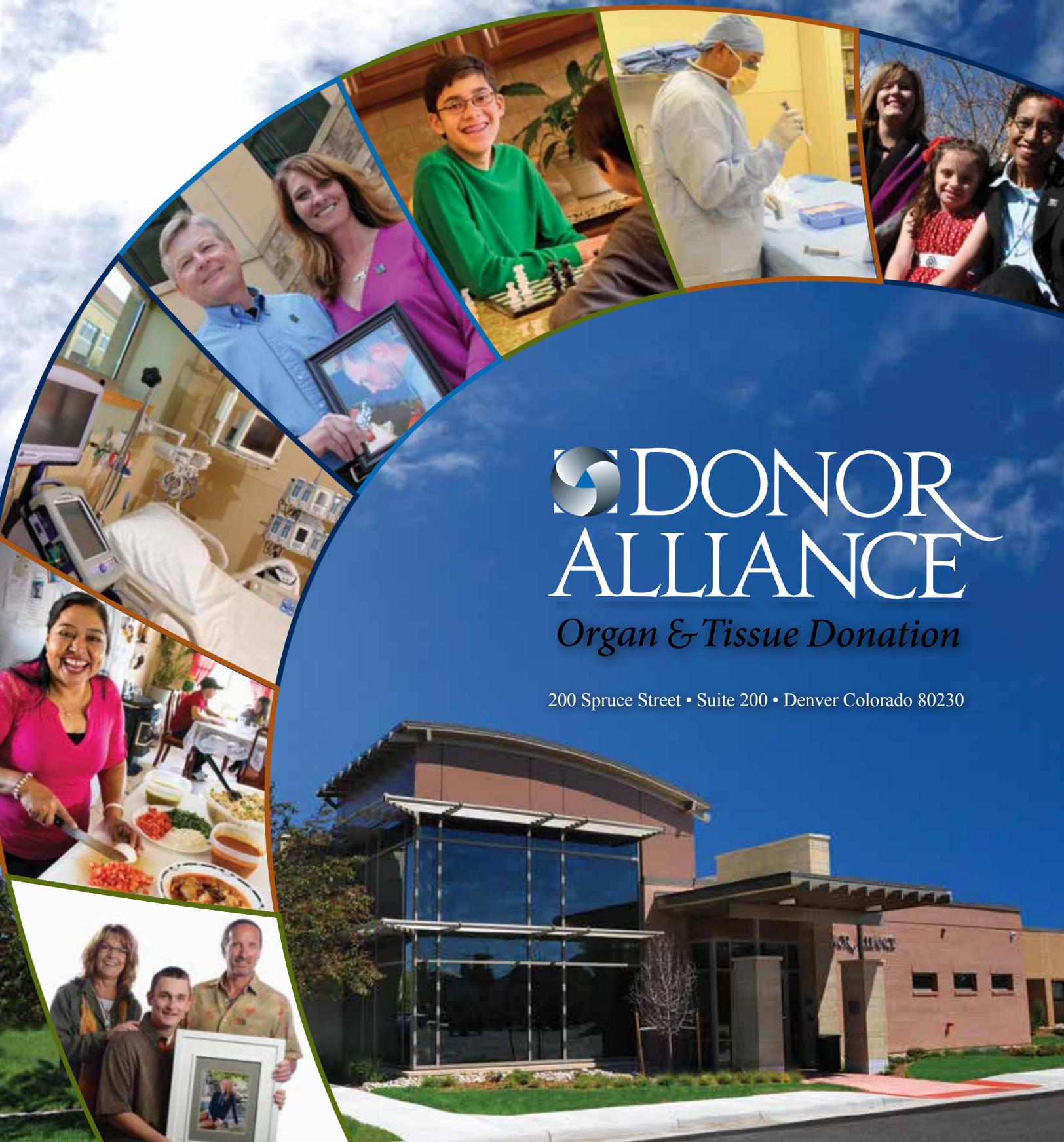


# 2018 MALCOLM BALDRIGE

*National Quality Award*

— APPLICATION SUMMARY —



## DONOR ALLIANCE

*Organ & Tissue Donation*

200 Spruce Street • Suite 200 • Denver Colorado 80230

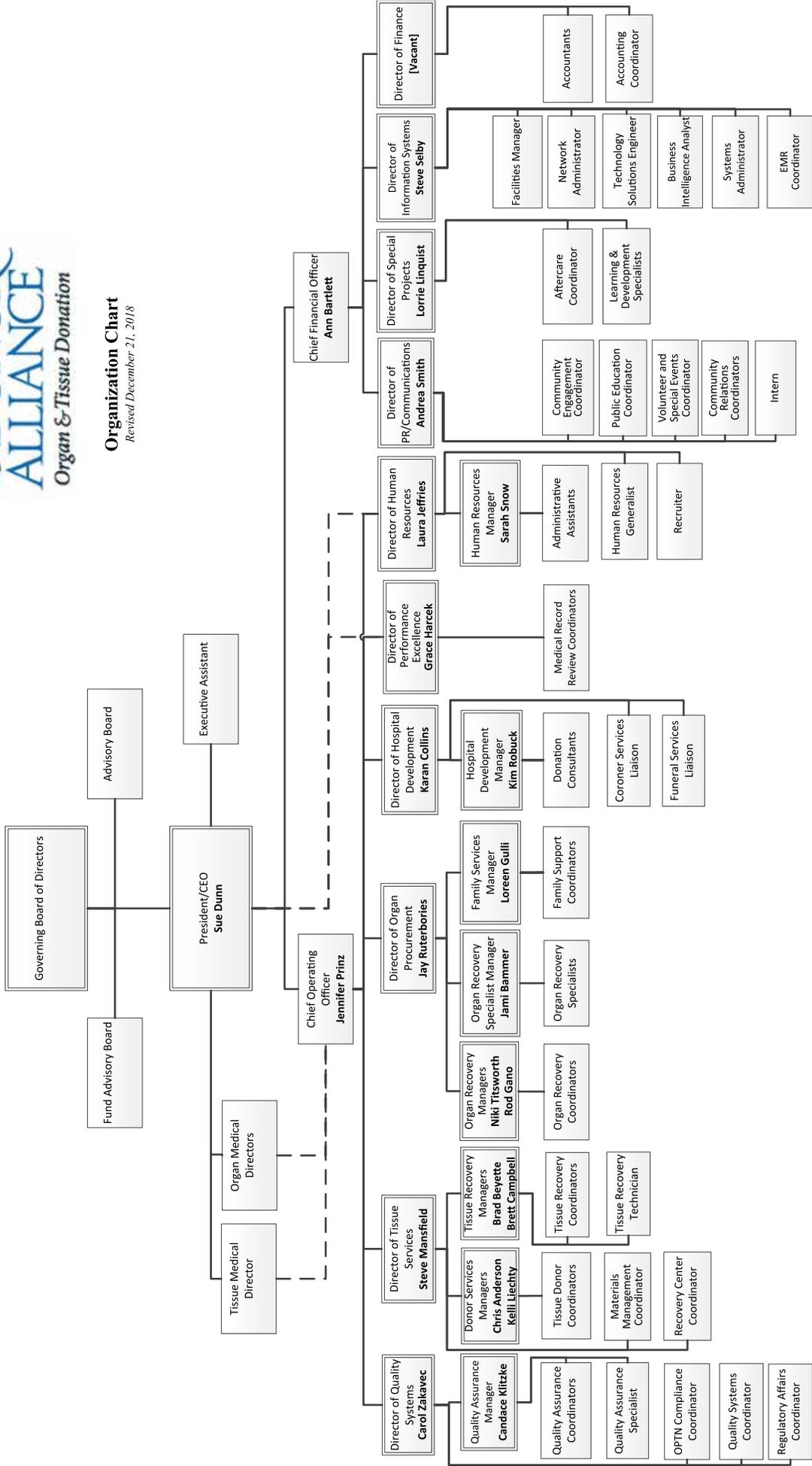


# TABLE OF CONTENTS

Organization Chart	
Glossary of Terms and Abbreviations	G-1
Organizational Profile	<i>i</i>
P.1 Organizational Description	<i>i</i>
P.2 Organizational Situation	<i>iv</i>
Responses to All Criteria Items	
<b>1</b> Leadership	1
1.1 Senior Leadership	1
1.2 Governance and Societal Responsibilities	5
<b>2</b> Strategy	8
2.1 Strategy Development	8
2.2 Strategy Implementation	10
<b>3</b> Customers	13
3.1 Voice of the Customer	13
3.2 Customer Engagement	15
<b>4</b> Measurement, Analysis, and Knowledge Management	17
4.1 Measurement, Analysis, and Improvement of Organizational Performance	17
4.2 Information and Knowledge Management	20
<b>5</b> Workforce	23
5.1 Workforce Environment	23
5.2 Workforce Engagement	26
<b>6</b> Operations	30
6.1 Work Processes	30
6.2 Operational Effectiveness	35
<b>7</b> Results	38
7.1 Product and Process Results	38
7.2 Customer Results	43
7.3 Workforce Results	45
7.4 Leadership and Governance Results	46
7.5 Financial and Market Results	48



**Organization Chart**  
Revised December 21, 2018



## GLOSSARY OF TERMS & ABBREVIATIONS



[light bulb] The lightbulb symbol used throughout the Baldrige application to denote organizational learning or improvement

### **AATB – American Association of Tissue Banks**

The professional non-profit organization that sets tissue banking standards and accredits tissue banks.

### **AB – Advisory Board**

Mandated by CMS to have required membership and the authority to recommend policies in 12 organ procurement activities as described in 42 CFR §486.324(b).

### **Advocates for Life**

Donor Alliance’s volunteer workforce

### **Aftercare**

Services provided to donor family members to provide initial bereavement materials and referrals to support groups.

### **AFL – Advocates for Life**

### **AIDET – Acknowledge, Introduce, Duration, Explanation, and Thank You**

### **AlloSource**

A nonprofit organization founded in 1994, by three OPOs, to honor and respect the gift of human tissue donation by responsibly developing, processing, and distributing life-saving and life-enhancing allografts for its communities.

### **AOC – Administrator-on-Call**

### **AOS – Available Onsite**

### **AOPO – Association of Organ Procurement Organizations**

The professional non-profit organization recognized as the representative of the fifty-eight federally-designated organ procurement organizations (OPOs).

### **AP – Action Plan**

### **ASQ – American Society for Quality**

### **Authorization**

Permission given by a donor or other person authorized to make a gift of organ or tissue donation. *See Donor Designation.*

### **Authorization Rate**

Metric used by Donor Alliance that measures the frequency of authorization for donation for both organs and tissues.

### **BBP – Bloodborne Pathogens BOD – Board of Directors Brain Death**

A legal definition of death that refers to the complete and irreversible loss of all function of the brain, including the brainstem.

### **BSC – Balanced Scorecard**

### **CAPA – Corrective and Preventative Action**

### **CCO – Corporate Compliance Officer**

### **CDC – Centers for Disease Control**

### **CLIA – Clinical Laboratory Improvement Amendments**

A program through which CMS regulates laboratory testing (except research) performed on humans in the United States.

### **CMS – Centers for Medicare and Medicaid Services**

### **CMR – Complaint Management Report**

### **CNC – Communication and Collaboration**

### **Conversion Rate**

The percentage of eligible donors (as defined by CMS) who become actual organ donors.

### **Compass**

Donor Alliance’s online performance measurement platform.

### **CORE**

A staff intranet providing access to information, data, documents, and resources. *See Portal.*

### **Coroner**

An elected county individual responsible for determining the manner and cause of death.

### **CPTC – Certified Procurement Transplant Coordinator**

Certification established by American Board of Transplant Certification.

### **CTBS – Certified Tissue Bank Specialist**

Certification established by the AATB.

### **DAI – Donor Alliance, Inc.**

### **DBD – Donation after Brain Death**

The recovery of organs from suitable donors after brain death has been pronounced. *See Brain Death*

### **DBJ – Denver Business Journal**

### **DCD – Donation after Circulatory Death**

The recovery of organs from suitable donor candidates who do not meet brain death criteria, but who meet cardiopulmonary death upon termination of pharmacological and/or mechanical support.

### **DFT – Donor Family Tribute**

An annual event hosted by Donor Alliance that honors and celebrates organ and tissue donors from the previous two years.

### **DLA – Donate Life America**

### **DLO – Driver’s License Office**

### **DMS – Donation Management System**

### **DMV – Division of Motor Vehicles**

### **Donor**

An individual who gives organs and/or tissues for the purpose of transplantation or research.

### **Donor Care Unit**

A designated clinical area of the Donor Alliance Recovery Center where organ donor care and management takes place prior to organ recovery.

---

**Donor Designation**

An individual's expressed wish to be an organ and tissue donor as defined by the UAGA. See Authorization and Donor Registry.

**Donor Family**

A group of people or person related to the donor. The donor family may be authorized as legal next of kin to make a gift of organ or tissue donation.

**Donor Hospital**

A hospital within the designated service area that notifies Donor Alliance of a patient's death to allow for the evaluation for donation.

**Donation Management System**

An electronic system, TrueNorth, used for entering and reporting donor case data.

**Donor Registry**

A confidential database that records an individual's wish to become an organ and tissue donor.

**DRAI – Donor Risk Assessment Interview**

A documented dialogue with an individual or individuals knowledgeable of the donor's relevant medical history and social behavior.

**DSA – Donation Service Area**

A geographical area that is assigned to, and served by an OPO, as designated by CMS. Donor Alliance serves Colorado and all but three southwestern counties of Wyoming.

**EC – Ethics Committee**

A community-based ad-hoc committee established by the Board of Directors that provides a forum for discussion and clarification of ethical issues.

**ECC – Executive Compensation Committee****ECMO – Extracorporeal Membrane Oxygenation**

A treatment that uses a pump to circulate blood through an oxygenating system. It is used for patients with life-threatening heart and/or lung problems.

**EKJB – Emily Keyes & John W. Buckner Organ and Tissue Donation Awareness Fund****ELT – Executive Leadership Team**

A team consisting of the President/CEO, Chief Operating Officer, and Chief Financial Officer.

**Enneagram**

A personality system used for identifying nine personality types and their related strategies.

**Emily Keyes & John W. Buckner Organ and Tissue Donation Awareness Fund**

Funds collected by the Colorado Department of Revenue through the Driver's License Offices to promote organ and tissue donation.

**FAB – Fund Advisory Board**

A Board that oversees the EKJB Fund.

**FC – Finance Committee****FDA – Food and Drug Administration****FTE – Full-time Employee****GPO – Group Purchasing Organization****Graft**

A donated tissue or organ transplanted into a patient's body.

**HR – Human Resources****HRSA – Health Resources and Services Administration**

An agency of the U.S. Department of Health and Human Services that oversees organ donation and transplantation.

**Import Organs**

Organs that are recovered from another DSA (outside Colorado/Wyoming) and brought into Donor Alliance's DSA for transplantation.

**IMS – Inventory Management System****ITIL**

A framework of best practices for delivering information technology services

**JD – Job Description****Leadership Team**

A team consisting of Donor Alliance's managers, directors, and executive officers.

**LifeLogics**

A software vendor for TrueNorth. *See Donation Management System.*

**LINC – Leadership and Innovation National Collaborative****LDS – Learning and Development Specialist****LMS – Learning Management System**

A web-based system training management system, Traincaster.

**LT – Leadership Team****MCR – Medicare Cost Report**

An annual filing required by CMS to determine retroactive cost adjustments for activities related to kidney donation and transplantation.

**Musculoskeletal Tissues**

Donated tissues including bones, tendons, and joints.

**MVV – Mission, Vision, Values****NATCO**

A professional organization committed to the advancement of organ, eye and tissue donation and transplantation.

**NHO – New Hire Orientation****NCR – Nonconformance Report****NDLM – National Donate Life Month****O:E – Observed to Expected****OIG – Office of the Inspector General**

### **OPTN – Organ Procurement and Transplantation Network**

A HRSA-mandated network of approved OPOs, transplant centers, and histocompatibility laboratories established by the NOTA of 1984. The OPTN is managed by HRSA and consists of two federal contracts. The first contract was awarded to UNOS to maintain the waiting list of organ recipients; establishes and enforces equitable organ allocation policies; and collects and monitors donation and transplantation outcome data. The second contract, the Scientific Registry of Transplant Recipients (SRTR), is the national database for transplant statistics.

### **OPO – Organ Procurement Organization**

An organization designated by CMS to serve a specific geographical region and coordinate organ donation and procurement activities with donor hospitals and transplant centers.

### **ORC – Organ Recovery Coordinator**

#### **Organ**

Heart, lung, liver, kidneys, pancreas, and small intestine.

#### **Traveling Coordinator**

Temporary organ recovery staff provided by a clinical staffing organization

### **ORS – Organ Recovery Specialist**

### **OSHA – Occupational Safety and Health Administration**

### **PDSA – Plan-Do-Study-Act**

### **PE – Performance Excellence**

#### **Portal**

The staff intranet providing access to information, data, documents, and resources. *See CORE.*

### **PRC – Post Recovery Conference**

### **PRIDE Committee – Promoting Recognition in Donor Alliance Every Day**

#### **Procurement**

The surgical removal of an organ or tissue for transplantation or research. *See Recovery.*

#### **Pulse Survey**

A formal survey sent after each organ donor case to gather real-time feedback.

### **QAC – Quality Assurance Coordinator**

### **QIC – Quality Improvement Council**

#### **Q-Pulse**

A software application used to manage quality, safety, and risk, including document control, audits, corrective/preventive action (CAPA), incident reporting and investigations, and assets/equipment.

### **QS – Quality Systems, Quality System**

#### **Quantum**

Third-party organization that provides survey tools and strategic advice to improve employee engagement and organizational culture.

#### **Recipient**

A patient who receives a donated organ or tissue.

#### **Recovery**

The surgical removal of an organ or tissue for purposes of transplantation and research. *See Procurement.*

#### **Recovery Center**

A stand-alone surgical recovery center for organ and tissue donation.

#### **Retrospective Medical Record Review**

The collection and analysis of retrospective medical data from deceased patient records.

#### **RPG – Research & Planning Group, Inc.**

An organization that specializes in healthcare research and conducts satisfaction and engagement surveys

#### **RFO – Rounding for Outcomes**

#### **RMPEX – Rocky Mountain Performance Excellence**

#### **Rounding**

A process where leaders meet with their employees individually and ask a standardized set of questions.

#### **Rounding for Outcomes**

A process where senior leaders meet with groups of employees and ask a standardized set of questions.

#### **RTIDS – Regeneration Technologies, Inc. Donor Services**

#### **SA – Strategic Advantage**

#### **SC – Strategic Challenge**

#### **SCAR – Supplier Corrective Action Report**

#### **SCD – Standard Criteria Donor**

- Organ: A donor that meets CMS eligibility criteria
- Tissue: Donors that include males age  $\leq 65$  years and females  $\leq 55$  years

#### **Scorecard**

A tool for monitoring the outcomes of organizational performance.

#### **Senior Leader**

CEO, COO, and CFO.

#### **Sharps Injury**

A penetrating stab wound from a needle, scalpel, or other sharp object that may result in exposure to blood or other body fluid.

#### **SIPOC – Suppliers, Inputs, Process, Outputs, Customers**

#### **SL – Senior Leader**

#### **SMC – Supplier Management Committee**

#### **SME – Subject Matter Expert**

#### **SO – Strategic Opportunity**

#### **SOPP – Standard Operating Policy and Procedure**

#### **SPP – Strategic Planning Process**

#### **SRTR – Scientific Registry of Transplant Recipients**

The SRTR contains current and past data about the full continuum of transplant activity, related to organ donation and wait-list candidates, transplant recipients, and survival statistics.

---

**Spark!**

Donor Alliance's idea management platform that captures just do it ideas, PDSAs, and innovations

**StatLine**

A software company that provides highly-specialized communications and technology expertise to organ, tissue and eye procurement organizations as well as the hospitals they serve.

**SWOT – Strengths, Weaknesses, Opportunities, Threats****SysAid**

An IT service management provider for help desk software

**TAOS – Tissue and Organ System****TDC – Tissue Donor Coordinator****The Alliance**

A non-profit organization committed to increasing organ availability and eliminating deaths on the transplant waiting lists. Formally known as the Organ Donation and Transplant Alliance.

**Tissue**

Bone, tendons, skin, heart valves, and blood vessels.

**Tissue Processor**

An organization responsible for the preparation, preservation, storage, and distribution of final tissue grafts for transplantation.

**Transplantation**

The transfer of a donated organ or tissue to a recipient.

**Transplant Center**

A hospital that provides organ transplants and other medical and surgical specialty services required for the care of organ transplant patients.

**Transplant Program**

A component within a transplant hospital that provides transplantation of a particular type of organ (kidney, liver, lung, heart, pancreas, or intestine).

**Transplant Surgeon**

A licensed physician that specializes in performing organ transplants.

**TrueNorth**

Electronic donation management system used by Donor Alliance to enter and report donation case data.

**Tx - Transplant****UNOS – United Network for Organ Sharing**

The private, non-profit organization that manages the nation's organ transplant system under an OPTN contract with HRSA.

**VOC – Voice of the Customer****WF – Work Force****WPFL – Workplace Partnership for Life****WPP – Workforce Planning Process**

## P.1 Organizational Description

Donor Alliance, Inc. (DAI) saves lives through organ and tissue donation and transplantation. With a rich, **mission-driven** history and culture, this Denver-based organization is one of 58 independent, non-profit Organ Procurement Organizations (OPOs) designated by the Centers for Medicare and Medicaid Services (CMS). DAI traces its roots back to the Mile High Transplant Bank, which opened in 1981, and Colorado Organ Recovery Systems, started in 1985 when this organization first received federal designation for Colorado and most of Wyoming. The two organizations merged in 1997 to form DAI, which currently serves the 5.9 million people living in Colorado and Wyoming. Today, DAI facilitates the entire process for the donation and recovery of organs and tissues for transplant, meeting the requirements of its customers and stakeholders. Highly skilled staff work with 112 acute care donor hospitals in the two-state area to make certain that all legal and medical requirements are met for donation. Moreover, DAI employees interact compassionately with donors and donor families during times of difficult end-of-life transitions to provide organs and tissues for recipients awaiting life-saving transplants.

This **mission-driven** organization has worked tirelessly to achieve its mission of saving lives and meeting its vision to be *a center of excellence-maximizing all donation opportunities* (Figure P.1-1). DAI has built strong **relationships** with the community, donor families, and donor hospitals to steadily increase the number of organs and tissues available for transplantation. Consistently ranked as one of the top OPOs in the country, DAI has a relentless focus on improvement. Adopting the Baldrige Framework for Performance Excellence in 2011, DAI earned the Rocky Mountain Performance Excellence (RMPEX) Foothills Award in 2012, the Timberline Award in 2014, and the Peak Award in 2015. In 2017, the organization received best practice recognition from Baldrige for Categories 4 and 6. This journey has helped DAI become a leader in its industry as it improves quality, collaborates with other OPOs, adapts to health care trends, and influences policy.

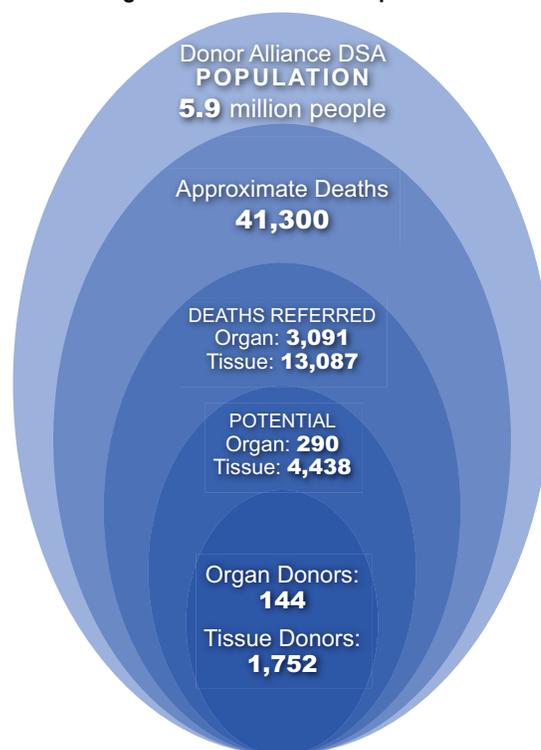
Figure P.1-1 Mission, Vision and Values



## P.1A ORGANIZATIONAL ENVIRONMENT

**(1) Product Offerings** DAI touches many lives through organ and tissue donation. Although the processes are complex and involve partnerships with many individuals and organizations, DAI considers its **main service offerings to be providing organs and tissues for transplantation**. These **service offerings are equally important to the organization’s success**. The **mechanisms to deliver services** to transplant centers and tissue processors include a series of integrated processes involving continuous interactions between DAI and its partners, stakeholders, suppliers, and customers (Figure 6.1-1). Organ or tissue donation is a rare event in any hospital. For example, of the approximately 41,300 deaths in its service area, DAI had 144 organ donors and 1,752 tissue donors in 2017 (Figure P.1-2). Most deaths do not result in organ and tissue donation because of a number of medical variables. Systems are well-established to assure all potential donors are referred in a timeframe and manner that allows donation.

Figure P.1-2 Donors in a Population



Organ and tissue donation referrals are made to DAI from hospital partners located within its two-state area when an individual has died or death is imminent. DAI considers itself a steward of rare and precious gifts when individuals or their families authorize the donation of organs and tissues. Through compassionate care of donor families, alignment with hospital partners, and strong messaging in the public sector, DAI is able to provide life-saving organs and tissues to those who wait. DAI recovers organs – hearts, lungs, livers, kidneys, pancreata, and small intestines – for transplantation at the four transplant centers in Denver and at other centers across the United States. Additionally, tissues – bone, tendons, skin, heart valves, and veins – are recovered and delivered to tissue processors in Denver and across the country for processing into grafts for

skeletal structure, joint repair, heart valve replacement, vascular surgery, and reconstructive surgery.

**(2) Mission, Vision, and Values** DAI saves lives through organ and tissue donation and transplantation. This simply worded, yet powerful mission statement is the foundation of the organization’s culture. The entire workforce, as well as the Board of

Directors, realize that each person plays a crucial role in this incredible human endeavor, which creates a strong culture of engagement. Through staff surveys, employees report that the organization consistently enables them to fulfill the mission, save lives, and care for donor families. The mission statement was created in 1989 and revised in 1997 and 2009, along with the vision and core values. The vision and core values were further refined in 2015. These are reflected in the plans, decisions, and behaviors of the DAI team, creating an organization that is truly **mission-driven**. Being **mission-driven** is one of DAI’s **core competencies**.

DAI reviews and affirms the mission, vision, and values (MVV) annually during the strategic planning process (SPP). Core values are deployed to employees during the on-boarding process and integrated throughout the organization through staff meetings, rounding, and personal goal cards. They are a foundation of DAI and a representation of its people. **Figure P.1-1** highlights DAI’s MVV.

In addition to being **mission-driven**, DAI also has a **core competency in relationships**. It is through the strong **relationships** built with hospitals, doctors, and nurses that DAI is notified of possible donations in a timely manner. It is warm **relationships** with donor families that enable DAI staff to effectively walk families through the donation authorization process and complete the necessary documentation. It is the feedback generated by **relationships** with transplant centers and tissue processors that leads to improvements in service. These **relationships** are just some of the ways that DAI fulfills its mission.

**(3) Workforce Profile** DAI’s workforce includes approximately 141 highly engaged and competent staff. The **workforce profile**, with segments and educational requirements, is shown in **Figure P.1-3**. There are no **organized bargaining units**. **Recent changes in workforce capability needs** were seen with the addition of a Director of Performance Excellence in 2015 to lead, direct, and promote performance improvement and organizational excellence. The addition of a Quality Assurance Specialist also came as a refinement in 2015 after several years of evaluation of the quality assurance processes. As a result of workforce planning during the SPP for 2016, 2017 and 2018, several positions including a Recovery Center Coordinator, Recruiter, Clinical Learning & Development Specialists, Organ Recovery Coordinator, Family Support Coordinator, and Organ Recovery Manager were added to accomplish the organization’s work.

The **key drivers that engage employees in achieving the mission and vision** are shown in **Figure P.1-4**. Workforce **health and safety requirements**, which are defined by policies and vary by job description, are shown in **Figure 5.1-2**. In addition, DAI has approximately 200 active Advocates for Life who work to inspire the public to join the organ and tissue donor registry. The group is comprised of donor families, recipients, families

**Figure P.1-3: Workforce Profile**

Workforce Segment*	% of Workforce	Educational Requirements
CLINICAL	54.9%	Minimum HS diploma, additional education & certifications per job description (medical, paramedical, LPN, RN)
LEADERSHIP	16.7%	Bachelor’s degree and/or equivalent work-related experience, additional education & certifications per job description
SUPPORT	28.5%	Minimum HS diploma, additional education & certifications per job description with required level of education or work experience

\*Additional segmentation AOS

of recipients, people waiting for a transplant, living donors, and advocates for the cause who are passionate about supporting organ and tissue donation and transplantation. Collectively, DAI’s advocates volunteer approximately 1,500 hours and represent the organization at more than 200 events each year. **Key drivers that engage** the Advocates in achieving DAI’s mission and vision are shown in **Figure P.1-4**.

**Figure P.1-4: Workforce Engagement Drivers**

Workforce Segment	Engagement Factors	Results
CLINICAL	Connection to Mission Compensation/Benefits Teamwork	7.3-10, 7.4-3 7.3-8 7.3-10, -11
LEADERSHIP	Connection to Mission Opportunity to Grow Teamwork	7.3-10 7.3-13 to -16 7.3-10, -11
SUPPORT	Connection to Mission Opportunity to Grow Compensation/Benefits	7.3-10 7.3-13 to -16 7.3-8
ADVOCATES FOR LIFE	Educating and inspiring the public to support donation Connection to Mission	7.3-12

**(4) Assets** The vast majority of DAI’s employees work out of the organization’s corporate office and its state-of-the-art Recovery Center. Both **facilities** are located in the Denver Metro area, approximately four miles apart. The Recovery Center houses three well-equipped 650 ft<sup>2</sup> operating rooms, a donor care unit, and additional specialized **equipment** for donor monitoring, kidney perfusion, instrument sterilization, point-of-care laboratory testing, medical imaging, and other critical functions. In addition, DAI has regional offices in Grand Junction, CO; Colorado Springs, CO; and Casper, WY. To address future office space needs, an office building (200 Spruce) less than one mile from the Recovery Center was purchased in 2017. The organization has robust information systems that provide **technology** to support the donation process, including the use of TrueNorth as its electronic donation management system (DMS) for documenting donor medical information and TAOS to support data and information availability and quality for the work systems (4.2). DAI also uses electronic mechanisms to review and/or share vital information with donor hospitals, transplant centers, and tissue processors. DAI has audio/visual systems at its main office and Recovery Center to connect staff at regional offices or other locations. Vehicles are provided for staff transportation within the donation service area (DSA).

**(5) Regulatory Requirements** As a federally-designated OPO, DAI operates within a highly regulated environment. The organi-

zation has mechanisms to keep current, comply with, and when possible, exceed regulatory standards, laws, and guidelines established by the following:

- Centers for Disease Control (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Clinical Laboratory Improvement Amendments (CLIA)
- Health Resources and Service Administration (HRSA)
- National Organ Transplant Act (NOTA)
- Organ Procurement and Transplant Network (OPTN)/ United Network for Organ Sharing (UNOS)
- Uniform Anatomical Gift Act (UAGA)
- Uniform Determination of Death Act (UDDA)
- U.S. Food and Drug Administration (FDA)

As a result of CMS oversight, each OPO is set up as a regulated monopoly with non-competing service areas. Based on federal regulations that date back to the 1970s, OPOs operate using a cost-based reimbursement model for expenses related to kidney donation and transplantation. This includes direct and a percentage of indirect expenses necessary to provide education, staffing, supplies, and a quality system. It is because of this linkage to kidney cost reimbursement that CMS has regulatory oversight of OPOs and has created single providers of organs for designated service areas.

To drive performance excellence across the organization, DAI also maintains voluntary accreditations with the American Association of Tissue Banks (AATB) and the Association of Organ Procurement Organizations (AOPO).

### P.1B ORGANIZATIONAL RELATIONSHIPS

**(1) Organizational Structure** The DAI **organizational structure and governance system** consist of the following:

- **Board of Directors (BOD):** A nine-member volunteer BOD represents the interests of donor hospitals, transplant centers, donor and recipient families, and the community, with expertise including finance, business, bioethics, and performance excellence. The President/CEO of DAI reports to the BOD and is an ex-officio member. No BOD member may sit on the AB, per CMS regulations.
- **Advisory Board (AB):** The AB consists of volunteer members representing six different disciplines as defined by 42CFR§486.324(a). The AB is mandated by CMS to have the authority to make recommendations for 12 organ procurement activities. The BOD approves the AB membership on an annual basis. No AB member may sit on the BOD, per CMS regulations. There are no governance duties for the AB.
- **Fund Advisory Board (FAB):** The FAB consists of five volunteer members that oversee the Emily Keyes & John W. Buckner (EKJB) Organ and Tissue Donation Awareness Fund. By Colorado state statute, the FAB reviews the allocation of donated funds received by DAI through the Colorado Department of Motor Vehicles (DMV). The FAB also has no fiduciary responsibility. The BOD approves the FAB membership on an annual basis.
- **Executive Leadership Team (ELT):** The ELT is comprised of the President/CEO, Chief Operating Officer (COO) and Chief Financial Officer (CFO).

- **Leadership Team (LT):** The LT is comprised of the ELT, ten directors, and eleven managers.

**(2) Customers & Stakeholders** As established in its mission, *DAI saves lives through organ and tissue donation and transplantation*. Donors of organs and tissues and their families are **key stakeholders** in the work of DAI, and the organization’s **key customers** are the transplant centers and tissue processors, which receive the organs and tissues from DAI. **Figure P.1-5** highlights these **key customer and stakeholder groups and their requirements**.

**Figure P.1-5: Requirements of Customer and Stakeholder Groups**

Key Customer Groups	Requirements	Figure
TRANSPLANT CENTERS	Maximize donation and transplantable organs	7.1-1 to -3 7.2-1 to -3
	Align resources and staffing to achieve efficient high performance work	7.3-1, -2 7.2-2
	Relationships and communication both during and outside of the donation process	7.2-2, -4
TISSUE PROCESSORS	Surety: Performance to projections	7.1-9 to -11 7.4-14
	Quality: Regulatory compliance, donor screening, recovery outcomes, cultures, chart clearance	7.1-9 to -11 -25 to -28; 7.4-8
	Flexibility: Participate in new recovery opportunities	7.2-7

Key Stakeholder Groups	Requirements	Figure
DONORS & DONOR FAMILIES	Compassionate care, emotional support, aftercare & follow-up	7.1-22
COMMUNITY	Education, transparency, and accessibility	7.1-16, -17 -23, -24, -29

DAI has two key service offerings – organs and tissues. These align with its customer groups – transplant centers and tissue processors. The organization provides organs to transplant centers locally and across the country, as mandated by OPTN allocation policies. Although tissue donation does not have this type of mandate, tissues for transplantation are regulated by the FDA, which sets rules and requirements to prevent the introduction, transmission, and spread of infectious disease. DAI works with FDA-registered tissue processors that follow the same federal regulations and standards. It is through written agreements that DAI provides tissues to specific tissue processors. These customers make tissues available for transplantation into patients.

**(3) Suppliers and Partners** The essential **roles that key partners, suppliers, and collaborators play** in the organ and tissue donation process is shown in **Figure P.1-6**. DAI partners with the DMV who registers donors and assures the accessibility of community educational materials and registry information. The donation process begins when a **partner** hospital notifies DAI of a death or imminent death. DAI’s hospital development program provides a framework for **two-way communication** and defines the systematic process for identifying and referring potential organ and tissue donors and developing successful organ and tissue programs. DAI staff maintain strong **relationships** and collaborate with hospital partners, which include nurses, physicians, ancillary staff, and leadership to develop customized plans for donor hospitals to maximize donation. DAI also coordinates with Rocky Mountain Lions Eye Bank

Figure P.1-6 Key Partners, Suppliers and Collaborators

Suppliers, Partners, and Collaborators Examples		Role in Work Systems and Delivery of Services	Key Requirements	Communication Mechanisms*	Role in Enhancing Competitiveness and Contributing to Innovation
PARTNERS	Donor Hospitals	Donor referrals	Timely referrals, Regulatory Compliance, Cooperation	E, P, M, SL, BR	Processes to support donation
	Coroners	Release for donation	Cooperation	E, P, M, SL	Processes to support donation
	RMLEB	Donor authorization, evaluation	Accuracy, Cooperation, Communication	E, P, M, SL	Processes to support donation
	DMV	Registering donors, collecting donated funds	Accessibility, Timely Information and Data Transfer	E, P, M, SL, ED	Availability of information and data
SUPPLIERS	AMR, AMT, Mountain Aviation	Transportation of donors, donation teams	Availability of Services, Safety, Regulatory Compliance	E, P, M	New services
	McKesson	Medical supplies & equipment	Availability of Supplies, Safety	E, P, M	New products & supplies
	LABS	Donor testing	Availability of Services, Regulatory Compliance	E, P, M	Processes to support donation, New services
	Statline	Triage referral calls	Availability of Services, Accurate & Timely Information, Regulatory Compliance	E, P, M, ED	New services & technology
	LifeLogics	Maintain DMS	System Availability, Accurate & Timely Information	E, P, M	New services & technology
COLLABORATORS	LINC Other OPOs	Provide benchmark data Improvements & enhancement of services Facilitate sharing of best practices	Ongoing communication	E, P, M	Best practice sharing Availability of data & information Workforce learning and development

\*E = E-mail, P = Phone, M = Meetings, SL = Staff Liaison, BR = BOD/AB Representation, ED = Electronic Data Exchange

(RMLEB) on processes when an organ or tissue donor is also an eye donor. Coroners are also **key partners** in the donation process. When a death is reported to the coroner, effective **relationships**, communication, and collaboration are necessary to ensure release from the coroner is obtained, thereby maximizing the opportunity for organ and tissue donation. **Key suppliers** provide the equipment, material, services, and/or medical supplies needed throughout the key work processes for the organ and tissue work systems.

## P.2 Organizational Situation

### P.2A COMPETITIVE ENVIRONMENT

**(1) Competitive Position** Organ donation is a regulated monopoly, requiring DAI and all other OPOs to be certified by CMS to perform and coordinate organ procurement activities within the borders of its federally designated donation service area (DSA). As long as the organization meets CMS-established performance metrics and standards, it maintains this certification. However, if performance levels do not meet compliance standards, CMS awards the designation to a different OPO. Thus, although OPOs do not compete for organs, they may be forced to compete for future federal designations. Currently, among the nation's 58 OPOs, DAI's service area is the third largest for geographic size, 18th for population, and is in the top decile for lowest death rates in the country. The organization consistently exceeds national benchmarks and ranks in the top 25% nationally for its organ conversion rate. This performance positions DAI well for success into the future.

The **competitive landscape** for tissue donation is quite different from organ donation. CMS does not regulate tissue donation, leaving the service area open to competition. However, with processes and **relationships** dating back to 1981, and a distribution system that prioritizes delivery of processed tissue back

into the service area, DAI has no significant tissue competitors within its service area. To mitigate the risk for potential tissue competitors to enter the DSA, DAI maintains strong **relationships** and formal agreements with hospital partners.

**(2) Competitiveness Changes** To meet its mission as well as address the **competitive situation**, DAI has taken several steps. As an **opportunity for innovation**, DAI built a state-of-the-art Recovery Center in 2011, which enables the organization to perform organ and tissue recovery at its own facility rather than traveling to donor hospitals across Colorado and Wyoming. DAI had its own tissue recovery facility consisting of one operating room (OR) suite since 1998. The Recovery Center, which has three OR suites, became fully operational in 2012. The transfer process for organ donors positively impacts the organization's ability to manage rising health care costs (Figure 7.5-4). With the capacities of the Recovery Center, this **mission-driven** organization has been able to significantly reduce recovery costs while making more organs and tissues available to patients. Additionally, the decision to install a CT scanner at the Recovery Center in 2018 provides the opportunity to provide more organs for transplantation and to meet transplant center needs.

DAI has established **new collaborations** with other organ and tissue organizations to: 1) enhance its access to best practices and comparative data; and 2) prepare for the changing health care environment and other potential national changes impacting OPOs. DAI is one of three high-performing OPOs – Center for Organ Recovery & Education, and Mid-America Transplant – that established Leadership and Innovation National Collaborative (LINC), a corporate-level limited liability company (LLC) in 2014. All three OPOs in LINC have received the top awards from their state performance excellence programs, and

**Figure P.2-1: Key Sources of Comparative Data**

SOURCE	DATA TYPES
AOPO*	Financial, HR, Clinical
Scientific Registry of Transplant Recipients (SRTR)*	Organ donation and transplantation data
LINC*	Financial, HR, Organ, Tissue data
Collaborators (Other OPOs, AlloSource tissue recovery partners)*	Organ, Tissue data
Quantum+	Employee satisfaction and engagement
Bureau of Labor Statistics (BLS)+	Workforce injury data
Association for Talent Development (ATD)+	Workforce development comparisons
Research and Planning Group (RPG)+	Customer, partner (physician), stakeholder (donor family) satisfaction
Donate Life America (DLA)*	Donor designation rates
SysAid+	Information systems performance data
NIST/Baldrige Program+	Baldrige recipient best practices

\*Industry +Non-industry

one is a 2015 Baldrige award recipient. LINC’s member organizations continually improve performance and the donation process by deploying collective resources to achieve administrative and clinical synergies, share proven practices, and achieve cost savings.

**(3) Comparative Data** Key sources of comparative and competitive data are shown in Figure P.2-1. DAI uses the best available comparative data. If meaningful comparative data is not available, DAI uses internal historical data to develop benchmarks that surpass previous performance. **Comparative data outside the industry** is used for employee engagement, learning and development, and information systems. These metrics are gathered from those industry benchmarks as well as from relevant Baldrige recipients. **Limitations** that affect DAI’s ability to obtain or use these data include lag time, variability in self-reported data, confidentiality, and incomplete participation from other organizations.

**P.2B STRATEGIC CONTEXT**

DAI’s key strategic challenges and advantages are associated with organizational success (Figure P.2-2). These strategic challenges and advantages are reviewed and updated annually during the strategic planning process (Figure 2.1-1). For example, the challenge of maximizing donation is addressed in action plans to meet the organization’s mission, maximize tissues available for transplantation, and to end deaths on the organ transplant waiting list.

**P.2C PERFORMANCE IMPROVEMENT SYSTEM**

A focus on performance excellence, innovation, and organizational learning is embedded in the culture at DAI and reinforced through systematic, **mission-driven** processes and use of the Baldrige Excellence Framework. To formally evaluate and improve organizational performance, DAI has participated in the RMPEX program since 2011 and has conducted several internal Baldrige assessments. **Key elements of the performance improvement system** include the Leadership System, the Quality System, and PDSA. The Leadership System (Figure 1.1-2) keeps a focus on performance improvement by communicating goals across the organization, aligning department and individual goals to the achievement of organizational objectives, and evaluating performance at scheduled intervals (Figure 4.1-1).

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

STRATEGIC CHALLENGES
1. Maximizing donation
2. Managing rising health care costs
3. Evolving tissue donation environment
4. Retaining specialized staff
STRATEGIC ADVANTAGES
1. <b>Mission-driven</b> organization
2. Outcome-driven organization
3. Successful donor registries
4. Recovery Center

A robust Quality System supports achievement of these goals and objectives. A central element of the Quality System is the Quality Plan, a formal document which is updated and approved by the BOD annually to align

with the strategic plan and establish process measures for each department. The Quality Plan promotes DAI’s Quality System which supports customer satisfaction and ensures compliance with standards of performance through continuous quality improvement activities.

Additionally, the ongoing collection of data and monitoring of metrics is essential for identifying opportunities for improvement and innovation, as well as evaluating organizational performance. Additional elements of DAI’s Quality System include a comprehensive internal auditing program and a CAPA/Complaint Management/Nonconformance Reporting system, both of which provide mechanisms to identify opportunities for improvement while ensuring regulatory compliance. Outcomes of the performance improvement system are communicated through formal reviews, reporting, and training. Each year, the Quality Plan outcomes are also compiled into a formal report which is shared with the BOD.

The Quality Improvement Council (QIC) supports performance improvement at DAI by identifying, facilitating, monitoring, and providing direction for improvement initiatives. Cross-functional teams address improvement opportunities that impact multiple departments.

DAI uses PDSA as its performance improvement methodology (6.1c). Individuals and departments are empowered to identify and act on improvement opportunities at the front line. The PDSA process is used to drive improvement throughout the organization by systematically testing changes that enhance efficiency and effectiveness of key work system processes or support processes. Upon initial employment and annually thereafter, staff members receive training on the organization’s Quality Plan, which includes an overview of the PDSA methodology. Additional focused training on PDSA is conducted on an as-needed basis. PDSAs are reviewed by the QIC every other month as a standing agenda item to monitor progress and outcomes and to recommend additional actions as needed.

In a culture that supports continuous improvement and open communication, a platform for idea management – Spark! – was implemented in 2018. This platform was deployed to encourage, facilitate, and collect ideas from all areas of the organization. Ideas submitted in Spark! are evaluated for immediate implementation, process improvement or further consideration as an innovation (6.1d).

---

# RESPONSES TO ALL CRITERIA ITEMS

# 1 Leadership

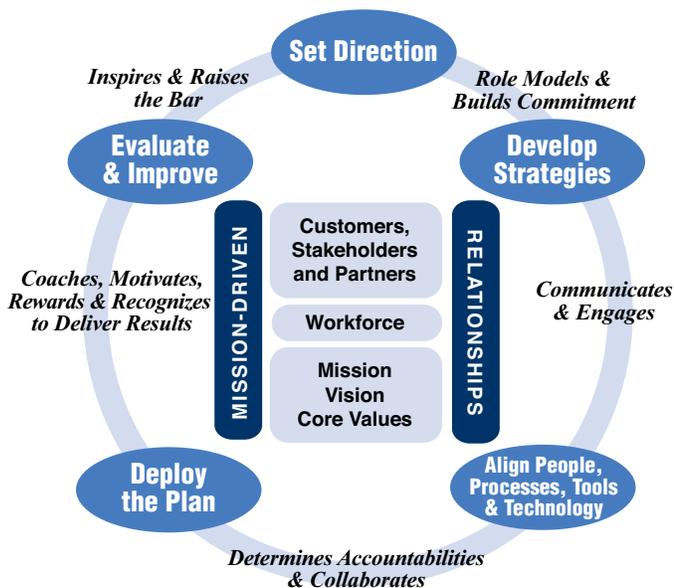
## 1.1 Senior Leadership

### 1.1A VISION, VALUES & MISSION

**1.1a(1) Setting Vision & Values** Donor Alliance Inc.'s (DAI) mission-driven culture dates back to 1989, when SL and the BOD originally set the organization's MVV. Since then, a significant refinement of the MVV came in 2009, when the ELT used an all-staff meeting to engage employees in an organization-wide review of the MVV. **SL set the organization's vision and values** annually through the Strategic Planning Process (SPP) (Figure 2.1-1). Each year, SL evaluate and establish the vision and values in step 2 of the SPP, incorporating feedback gathered from the leadership team. In step 3 of the SPP the MVV are also presented to the BOD for review and approval during the Board strategy retreat. SL review the MVV with the BOD to gain feedback and validate continued relevancy. In 2015, the vision statement and core values were further refined as part of the SPP (Figure P.1-1). The finalized MVV are deployed in step 8 of the SPP to employees, volunteers, customers, key suppliers, stakeholders, and partners through the communication mechanisms in Figures 1.1-1 and 3.1-1.

**DAI's leadership system**, integrated with the SPP, provides a systematic approach to guiding the organization (Figure 1.1-2). Through the leadership system, SL and the BOD set direction. They collaborate with the leadership team and staff to develop and refine strategies, and to align people, process, tools, and technology. Next, leaders deploy the plan and then evaluate and improve the organization. All of the components of the leadership system reinforce the MVV [P.1a(2)] as well as the guiding principles and behaviors that shape DAI's culture. The leadership system is evaluated and improved by SL on an annual basis. In 2018, reward and recognition was added to the leadership system to clarify the role of all leaders in motivating the workforce towards high performance.

Figure 1.1-2: Leadership System



**Deployment of the vision and values** to the workforce begins with the hiring and on-boarding process when job applicants learn about the MVV, leading to the review and sign-off of the MVV statements prior to their first interview [5.1a(2)]. To ensure deployment and integration of the MVV into daily operations and the organization's culture, SL present the MVV to employees during New Hire Orientation, review them during all-staff meetings, address them during monthly rounding, and include them in meeting agendas and presentations. Additionally, SL ensure that personal goal cards are distributed to every employee each year. These cards display the MVV, the strategic objectives, and the personal goals specific to the employee. Annually, employees review and reaffirm their commitment to the MVV, a practice that was implemented in 2018. SL annually evaluate the systematic approach for deploying the MVV. SL ensure deployment of the MVV to the Advocates for Life (AFL) through the on-boarding process, including orientation and training. Based on feedback from the AFL, annual training was improved in 2017 to include a presentation by the COO to provide more information about the organization and the impact the AFL have on the mission. SL deploy the MVV to key suppliers, partners, customers, and stakeholders primarily through meetings, written agreements, external facing presentations, annual reports, newsletters, and the website (Figure 1.1-1). In a cycle of learning in 2016, DAI began deploying the MVV to key suppliers through the supplier survey process [6.1(c)] and, in 2017, DAI added the MVV to formal agreements with customers and partners to increase deployment.

**SL reflect a commitment to the DAI core values** through the annual validation of core values (Figure P.1-1), full deployment throughout the organization, and integration with the, leadership system, strategic planning and performance evaluation processes [Figures 1.1-2, 2.1-1; 5.2a(4)]. For instance, SL promote *people first* by personally recognizing and rewarding employees [1.1b(1)], and they promote *excellence and leadership* by participating in and supporting staff involvement in national associations and benchmarking organizations. To demonstrate *accountability* and *integrity*, leaders log staff questions – including difficult issues – during rounding and report them monthly to the CEO via a scouting report submitted to the COO or CFO. In a 2017 cycle of learning, SL added Rounding for Outcomes (RFO) in support of its core value of *people first* (1.1b).

**1.1a(2) Promoting Legal & Ethical Behavior** In an industry where maintaining public trust is crucial, DAI senior leaders demonstrate personal commitment to legal and ethical behavior and systematically promote an organizational environment that requires it. SL established and maintain a Corporate Compliance Program, with functions that include formal policies; orientation and annual training for all staff and BOD, AB, and FAB members; and a 24/7 hotline for reporting of concerns and suspected violations. An annual corporate compliance risk assessment is performed by the Corporate Compliance Officer (CCO), reviewed by the leadership team, approved by the CEO, and presented to the BOD. With a focus

Figure 1.1-1: Key Communication Mechanisms

METHOD	PURPOSE				AUDIENCE									
	FREQUENCY	DEPLOY MW	COMMUNICATE CHANGES	TWO-WAY COMMUNICATION	EMPLOYEES	BOD	ADVOCATES	DONORS / DONOR FAMILIES	TRANSPLANT CENTERS	TISSUE PROCESSORS	SUPPLIERS	PARTNERS	COLLABORATORS	COMMUNITY
Annual Report	A	■	■		■	■	■	■	■	■	■	■	■	■
Advisory Board Meetings	Bi-A	■	■	■	■			■	■	■	■	■		■
All-Staff Meetings	Q	■	■	■	■									
Board of Directors Meetings	5/yr	■	■	■	■	■			■	■		■		
CEO Report for BOD	M		■			■			■	■				
Change Management Committee	BW		■	■	■									
Conferences / Donation Summits	P	■	■	■	■	■	■	■	■	■	■	■	■	■
Daily News Feed	D	■	■		■	■		■	■	■	■	■		
Department Meetings	M	■	■	■	■									
Electronic Communication Board	M	■	■		■	■	■		■	■	■	■	■	
Email	O	■	■	■	■	■	■	■	■	■	■	■	■	■
Employee and Leader Performance Evaluations	M/A	■		■	■									
Formal Agreements	O	■							■	■	■	■		
Fund Advisory Meetings	Bi-A	■	■	■					■	■		■		
Job Description	P	■	■		■									
Leader Rounding / Scouting Report	M	■	■	■	■									
Learning Management System (LMS)	O	■	■		■									
Leadership Meetings (Managing & Leading, Operations, Leadership Stand-up)	M/BW	■	■	■	■									
Meetings (Customer, Supplier, Partner, Collaborator)	O	■	■	■	■				■	■	■	■	■	
MVV Policy	A	■	■		■	■								
Newsletters	Bi-A	■	■		■	■	■	■	■	■	■	■	■	■
Orientation	P	■	■	■	■	■	■							
Reward & Recognition	P	■		■	■	■	■	■				■		
Phone	O	■	■	■	■	■	■	■	■	■	■	■	■	■
Surveys	O			■	■	■	■	■	■	■	■	■	■	
Website & Social Media	O	■	■	■	■	■	■	■	■	■	■	■	■	■

\*A=Annually; Bi-A= BiAnnually; Q=Quarterly; M=Monthly; D=Daily; BW=BiWeekly; P=Periodically; O=Ongoing

on improving the risk assessment process and eliminating blind spots, the leadership team reviews the risk assessment and provides feedback to the CCO prior to final CEO review and approval. 📍 To emphasize the importance of legal and ethical behavior, the Corporate Compliance Officer and Director of HR report directly to the COO with a dotted line to the CEO.

SL further **demonstrate their commitment to legal and ethical behavior** by annually completing conflict of interest forms. The CEO and BOD Chair review conflict of interest forms from all BOD, AB, and FAB members. The CEO and Director of HR review forms for employees that have a potential conflict. SL review and sign off on legal and ethical concerns captured through a formal complaint process [3.2b(2)] and share these outcomes with the BOD. Senior leaders remain current on legal and ethical issues through participation in local, state, and national organizations and facilitate staff discussions in leadership meetings and training sessions.

The CEO and COO participate with representatives from the legal, medical, bioethics, and transplant communities in Donor Alliance’s Ethics Committee (EC), which meets as needed to discuss proposed policies, make recommendations to the BOD, evaluate issues of concern, or receive general education on topics related to donation and transplantation. The CEO also is a public member of a community hospital ethics committee. This CEO-level participation further develops relationships within the hospital community and increases organizational learning of the pressures and issues affecting families and caregivers, end-of-life care, and how ethical principles are used in decision-making.

### 1.1B COMMUNICATION

SL use integrated approaches shown in Figure 1.1-1 to **communicate with and engage the workforce and key customers**, which strengthen the organization’s core competency of **relationships**. Leader rounding is a fully integrated process for **encouraging frank, two-way communication** with staff

members (Figure 7.4-4). Leaders at all levels in the organization round monthly with employees using a standard template that highlights topics such as what is going well, areas for improvement, core values, strategic goals, staff appreciation, improvement ideas, innovative opportunities, and employee concerns. This process, started in 2008, is reviewed annually by the LT. The LT decides upon improvements and implements changes to the rounding process. Findings are logged, aggregated, and shared via scouting reports that roll up from managers to directors, directors to the COO/CFO, and from the COO/CFO to the CEO, who takes action as appropriate. The CEO summarizes themes captured through rounding as a standing report-out followed by Q&A during quarterly all-staff meetings. In 2017, based upon employee engagement survey data, the ELT implemented RFO to strengthen **relationships** with the workforce, celebrate successes, and identify opportunities for improvement. The ELT uses the RFO process to round with staff directly, every two months, and further achieves **frank, two-way communication**. 📌

SL use transparency to communicate **key decisions** to staff which are prioritized based upon the nature and timing of the decision. By sharing clear and accurate information, SL help staff understand the reason for and impact of key decisions, thereby increasing workforce engagement (Figures 7.4-2 and -3). Key strategic decisions driven by the SPP are incorporated into the all-staff meetings, which includes time for Q&A with the CEO. Key decisions made throughout the year are deployed at monthly operations and leadership meetings and cascaded to staff by directors and managers at department meetings, e-mail, new hire welcome gatherings, internal communication, BOD updates, and the intranet. Additionally, a CEO report is presented during monthly operations meetings and quarterly all-staff meetings. Key decisions are communicated to advocates through newsletters and e-mail.

**SL take a direct role in motivating staff toward high performance and a customer and business focus** through an integrated systematic process that includes their personal participation in the organization's reward and recognition programs (Figure 5.2-1). SL send thank you notes to the homes of employees and their family members, and they actively take part in employee appreciation events and activities facilitated by PRIDE (Promoting Respect in Donor Alliance Every Day). SL also participate in the annual AFL recognition event to acknowledge the service provided by volunteers.

The composition of the DAI BOD [P.1b(1)], the AB, and the FAB ensures systematic **communication with customers**, stakeholders, and partners. In addition, the CEO serves as a member on the BOD for AlloSource, a key customer and tissue processor, and in 2014 and 2017 served as a member of the University Transplant Improvement Committee. In a 2016 cycle of learning, SL established a systematic process for communicating and engaging with transplant center leaders based on a long-standing model for managing relationships with hospital partners. SL identified members of the leadership team to serve as liaisons to transplant center customers. The liaisons met with key contacts at the four transplant centers to develop a customer

profile, identify communication preferences, and establish regular meetings tailored to meet the customer's needs. In 2017, this model was expanded to key tissue processor customers. 📌

## 1.1C MISSION AND ORGANIZATIONAL PERFORMANCE

**1.1c(1) Creating an Environment for Success** SL create an environment for success now and in the future by systematically deploying multiple approaches.

- SL create an environment for the achievement of the mission and for organizational agility through the leadership system (Figure 1.1-2) and using the SPP to develop strategies and action plans [2.1a(1)]. The ELT uses performance review mechanisms to systematically analyze and review organizational performance through the BSC, Quality Plan, and Process Measures (Figure 4.1-1). These reviews help the organization identify areas for improvement and innovation. DAI's approaches for creating an environment for success have undergone multiple refinements. Most recently, the Integration Team was created in 2017 to address opportunities identified through an internal Baldrige assessment. This team's focus is to improve and integrate approaches for strategy development, innovation, and knowledge management. In 2018, based upon the Integration Team's feedback to ELT, the organization moved to an integrated platform to manage both organizational strategic and individual performance. SL also emphasizes DAI's **mission-driven** culture by inviting donor families or organ/tissue recipients to share their stories during quarterly all-staff meetings. These stories provide employees with a clear connection of their work to achieving the mission of DAI.

- To further create an environment for organizational agility, SL, in conjunction with the BOD, work to differentiate established reserve funds for operations, facilities, and strategic opportunities. The organization's formal reserve policy, approved by the BOD, outlines the criteria for accessing funds. This policy is reviewed annually. Additionally, SL annually budget dollars to resource potential changes to action plans, to further develop strategic opportunities and/or innovations.

- To cultivate organizational learning, the CEO and COO have served as members of the Baldrige Board of Examiners. They also give LT and staff members work time to serve as examiners for Baldrige and the local Rocky Mountain Performance Excellence (RMPEX) program. Currently, the Director of Performance Excellence, CFO, and Technology Solutions Engineer serve on the Baldrige Board of Examiners. Additionally, the COO is a member of the Panel of Judges for RMPEX. In 2017, as a cycle of learning, the ELT requested an organizational review by LINC to increase learning throughout the organization.

- To cultivate learning for people in the workforce, SL annually budget professional development dollars to support employees in pursuing their career goals. Staff members have the opportunity to attend local, regional, or national seminars and conferences. Internal learning opportunities are provided, such as Learning Management System (LMS) training courses, webinars, Communication and Collaboration (CNC) meetings, and Performance Excellence Days [5.2b(1)]. SL personally participate in national associations and benchmarking

organizations [4.1a(2)]. For example, in 2014, SL led the creation of LINC with three other OPOs to share data and processes [P2a(1)]. They also support staff participation in groups such as these, as well as in process improvements [6.1b(3)]. In 2017, DAI improved its learning and development process by adding work system-specific trainers. By adding work system trainers, DAI cultivates **learning throughout the organization**.

- **To cultivate innovation and intelligent risk taking**, SL provide a supportive environment to enable staff to participate in innovation initiatives. SL encourage staff to introduce innovative ideas during employee rounding, 1:1 meetings, and other two-way communication mechanisms (Figure 1.1-1) and submit their ideas in Spark!, a collaborative platform designed to stimulate and capture innovations. Spark! was implemented and deployed to all staff in 2018, based on a recommendation from the Integration Team, as a tool to support process improvement and innovation processes (6.1d) <sup>9</sup> Innovations captured in Spark! are evaluated as intelligent risks by ELT. ELT communicates progress and outcomes of innovations during the quarterly all-staff meetings. Additionally, during step 1 of the SPP, SL facilitate a strategy development meeting with the LT to gather innovative ideas and identify the associated resources needed to execute action plans and achieve the organization’s strategic objectives.

- To support a culture of excellence and to develop a **workforce that fosters customer engagement**, SL partnered with two other high-performing OPOs – LifeSource and Mid-America Transplant, a 2015 Baldrige Award Recipient – to engage the Studer Group in 2008. Leaders completed three years of Studer training. Additionally, employees read and discuss a Studer book, *The Great Employee Handbook*, during New Hire Orientation where they also learn to use AIDET. The CEO and COO lead discussions about excellence and culture as part of the orientation process and reinforce the core competency of **relationships** for new employees. To keep a customer focus throughout each employee’s tenure, senior leaders establish thresholds for four of the BSC measures to ensure DAI is meeting customer needs [5.2a(4)].

- **ELT participates in succession planning** with directors through a systematic process that uses a decision matrix based on scenarios tied to short- and longer-term action plans. This formal process, developed in 2015 and approved by the BOD, is integrated with step 5 of the SPP [2.2a(4), Figure 2.1-1]. Annually during the SPP, each director prepares a workforce plan, which includes succession planning for leaders and senior staff, and discusses with ELT.

- **To develop future organizational leaders**, the ELT holds monthly development meetings for the entire LT with an external consultant, providing opportunities to improve their leadership skills, reinforce Studer principles, and promote awareness of self and of others. The sessions also facilitate communication and team building among the LT, thereby enhancing the organization’s core competency of **relationships**. The ELT annually establishes the focus of monthly meetings for the next year. In addition, individual monthly coaching sessions with the consultant provide follow-up for each member of the LT. The

monthly 1:1 meeting model also allows leaders to identify and address their strengths and areas for future development.

**1.1c(2) Creating a Focus on Action** SL create a focus on action that will achieve the organization’s mission through integrated approaches to strategy deployment (2.2), performance measurement [4.1a(1)], and workforce performance management [5.2a(4)]. The deployment of strategic objectives, strategic goals, and action plans strengthens alignment from individual employees to the organization’s objectives and mission. Leaders review personal goal progress with each employee during monthly 1:1 meetings. Implemented in 2016, the Organizational Rhythm integrates all of these approaches together to help the organization focus on the actions to stay **mission-driven** and meet the goals of the strategic plan (Figure 2.2-1). The Organizational Rhythm (AOS) provides the structure for how DAI tracks, evaluates, and improves key systems, processes, and deployment of key approaches throughout the organization. The Organizational Rhythm is evaluated and improved annually by the LT.

SL use a systematic decision process that incorporates the gathering, evaluation, and input of data and information from these approaches to **identify needed actions that will improve the organization’s performance**.

SL listen to customer needs (Figure 3.1-1) and integrate VOC in the SPP while setting expectations for organizational performance.

Ongoing engagement with customers through the BOD, AB, customer meetings, and other key communication mechanisms (Figure 1.1-1) allows SL to develop and prioritize actions that create and balance value for customers and other stakeholders. DAI uses the prioritization matrix as a guide for setting priorities, which includes an evaluation of importance and/or benefit to the organization against the level of effort and/or risk (Figure 1.1-3). In considering importance or benefit, the organization determines the impact of the action or opportunity against factors such as mission impact, strategic objectives, operational impact, customer requirements, and cost savings/cost avoidance. Factors involved in determining level of effort or risk include feasibility, capability, capacity, and resources. For example, to address the strategic challenge of maximizing donation, DAI listened to its key transplant center customers and made the decision in 2018 to purchase a CT scanner for the Recovery Center. Through the use of this technology, DAI can evaluate donors at the Recovery Center to maximize the number of organs transplanted while supporting cost savings (Figure 7.5-4).

Figure 1.1-3 Prioritization Matrix



SL demonstrate personal accountability by taking responsibility for key work processes, decisions, actions, and results of the organization. ELT demonstrates personal accountability through evaluating intelligent risk and implementing innovations to create value for customers and meet the mission of the organization. To reinforce personal accountability, personal goals for ELT members are tied directly to organizational outcomes.

## 1.2 Governance & Societal Responsibilities

### 1.2A ORGANIZATIONAL GOVERNANCE

**1.2a(1) Governance System DAI ensures responsible governance** through multiple mechanisms, including the approaches described below. Annually as part of the Organizational Rhythm, the ELT systematically evaluates key elements of the governance system to improve its approaches [1.1c(2)].

- **Accountability for SL's actions:** SL's actions are reflected in the achievement of the organization's strategic objectives and goals. Monthly, the BOD reviews organizational performance and progress through reports and the BSC provided by the CEO. Annually, the BOD reviews the CEO's performance. Results of annual performance evaluations for the COO and CFO are also shared with the BOD to ensure transparency [1.2a(2)].

- **Accountability for strategic plans:** Annually, the BOD oversees, reviews, and approves the strategic plan and annual budgets in step 7 of the SPP (Figure 2.1-1). Monthly, the CEO provides a report that includes the BSC to the BOD, which integrates results from the strategic plan. The CEO and BOD Chair meet monthly to discuss organizational performance, and they plan the agenda for the next BOD meeting. The BOD reviews operational and financial results each month (Figure 4.1-1).

- **Fiscal accountability:** Monthly, the BOD and the Finance Committee (FC) review financial statements. The Finance/Audit Committee also reviews results of the annual external independent financial audit and the annual budget and makes recommendations to the BOD. No conflicted BOD members may sit on the committee. Additionally, the FC reviews financial statements monthly to ensure deployment of fiscal accountability and performance to budget. Annually, they review and oversee the investment and reserve policies.

- **Transparency in operations and protection of stakeholder interests:** DAI convenes the AB [P.1b(1)], which includes individuals representing customer, partner, stakeholder, and supplier groups. Prior to beginning their term, the COO provides AB members with an orientation that includes an overview of DAI and the AB's CMS-required responsibilities. Additionally, a FAB oversees expenditure of the dollars raised through the driver's license offices (DMVs) for the EKJB Organ and Tissue Donation Awareness Fund [P.1b(1)]. In 2017, based upon BOD feedback, to increase transparency in operations, the COO supplies an operations report to the BOD in each board packet. This report reflects performance to strategic objectives, strengths, and opportunities facing DAI. The BOD also reviews the quality systems plan, security audit results, and corporate compliance program annually.

- **Selection of governance board members and disclosure policies:** In the selection of new BOD members, the BOD strives for the membership composition described in P.1b(1).

After discussion with the Board Chair, the CEO nominates potential new members with needed competencies, striving for balance in expertise in the composition of BOD membership.

The entire BOD interviews and elects new members. New BOD members receive corporate compliance training and sign conflict of interest disclosure statements initially and annually thereafter. New board members also receive a half-day orientation to DAI that includes presentations from each of the operations directors. Annually, all BOD members receive required compliance and conflict of interest training from outside legal counsel and the organization's Corporate Compliance Officer (CCO).

- **Independence and effectiveness of internal and external audits:** Internal controls to ensure independence of audits begin with the segregation of finance staff job responsibilities. Finance processes are audited by an external accounting firm and by CMS annually. External audits by regulatory and accrediting bodies, as well as by tissue processors, ensure independence and effectiveness of operational processes. Quality Systems (QS) also conducts regular and focused audits in all departments, engaging external experts as necessary. Summary audit results, shared with SL and the BOD, are used to gauge regulatory compliance, ensure effectiveness, and identify opportunities for improvement.

- **Succession planning for SL:** During workforce planning, ELT and the BOD annually review succession plans for SL. In 2014, the CEO and BOD began to incorporate scenario planning in the succession planning process. ⚡ The COO acts as CEO in the CEO's absence [1.1c(1)].

**1.2a(2) Performance Evaluation DAI evaluates the performance of SL and the BOD** through a systematic integrated process. The BOD Chair meets with the CEO during monthly 1:1 meetings. Additionally, the CEO meets with each BOD member individually at least one time each year. The BOD annually evaluates the performance of the CEO relative to leadership, policy management, communication, staff development, accomplishment of BSC measures, and project goals. This evaluation process begins with the CEO's self-assessment. The CEO identifies personal development opportunities to address through conferences, classes, or participation in national committees. The BOD Executive Compensation Committee (ECC) meets annually, and sets and reviews the CEO's salary. A third party salary survey is conducted every three years to establish salary ranges and the ECC reviews placement within the range for the ELT. The ECC also establishes metrics and outcomes for the ELT's variable pay, which are integrated with their performance evaluations. In a cycle of learning in 2017, the BOD improved the approach by ensuring that the full BOD reviews the CEO's performance prior to discussions with ECC.

The CEO evaluates the performance of the COO and CFO using information from the online performance management system. The performance management system is integrated with strategy management and monitors monthly progress on personal goals, which are integrated with strategic objectives and drive variable pay for ELT and employees [5.2a(4)]. The COO and CFO advance their development as described in 1.1c(1).

**Performance of the BOD** members is evaluated through an annual survey completed by each BOD member. The survey focuses on individual member and BOD effectiveness and accountability (Figure 7.4-6). During the annual mid-year retreat, the BOD chair presents the survey results and leads a discussion to identify areas of improvement, further participation, knowledge, growth and development of board members to support appropriate governance. In a cycle of learning based on the 2016 survey, the BOD established project-focused goals used in reviewing the CEO's performance to further ensure accountability. The BOD survey results are discussed with SL. The CEO addresses and integrates findings in the BOD structure through monthly reports, 1:1 meetings with individual BOD members, and providing additional training or information. Understanding the results of these evaluations, SL and the BOD continue to improve their effectiveness as leaders and refine the actions of the BOD as well as the leadership system [1.1a(1) and Figure 1.1-2].

## 1.2B LEGAL & ETHICAL BEHAVIOR

**1.2b(1) Legal & Regulatory Compliance** Maintaining public trust is of utmost importance in the OPO industry. According to the CEO, this speaks to “how we lead the organization and the donation processes throughout Colorado and Wyoming. Without public trust, fewer organs and tissues may be donated. As a result, more people would die waiting for a transplant.” It is crucial to be transparent in messaging to staff and to the public.

**DAI addresses and anticipates legal, regulatory, and community concerns with DAI's services and operations** by maintaining voluntary accreditation through AOPO and AATB. These accreditations help the organization drive high performance, meet and surpass regulatory and legal requirements, and stay abreast of emerging industry and regulatory requirements, national trends, and best practices. The COO serves as a volunteer AOPO surveyor and annually conducts a minimum of two surveys, which further enhances organizational learning and performance [1.1c(1)]. SL and directors participate on national industry committees in leadership roles where they have the opportunity to discuss potential risks, identify best practices, influence policy, and build **relationships** with other OPOs and related organizations around the country.

The COO oversees DAI's QS, which assures organizational compliance with quality, regulatory, and accreditation standards through the maintenance of SOPPs, performance of audits, and management of records. DAI's risk management program, which is part of the QS, provides the structure for evaluating operational, legal, and regulatory risks while promoting safety, preventing adverse impacts, and mitigating risks. Potential concerns are identified through risk assessments; review of laws, regulations, and accreditation standards; quality audits; and environmental scans. These inputs are integrated with the SPP in steps 1 and 2 (Figure 2.1-1) to proactively prepare the organization for impacts and concerns. As a cycle of improvement in 2017, in order to ensure legal and regulatory compliance of critical suppliers, DAI began completing Office of Inspector General (OIG) checks. This ensures that critical suppliers demonstrate compliance with OIG requirements. 📍 Key processes,

**Figure 1.2-1: Compliance, Risk Management & Ethics**

PROCESS	MEASURE	GOAL
Policy review/update	Completion	100%
Regulatory compliance	Compliance	100%
Voluntary accreditation	Achieved	100%
BOD/staff compliance training	Completion	100%
BOD/staff COI disclosures	Completion	100%
Hotline calls	Investigated	100%
Non-conformance & complaint reporting	Days to close	< 40
Corporate conduct violations	Number per year	0
OIG Exclusions Database Search	Completion	100%

measures, and goals for meeting regulatory, legal, and accreditation requirements and addressing operational risks are highlighted in Figure 1.2-1.

To address adverse societal impacts of the organization's services and operations, and to anticipate public concerns, DAI uses an external public relations firm to aggregate relevant industry news. This allows the organization to monitor media stories on a local and national level. The PR/Communications department also monitors social media through DonateLife Colorado and Wyoming sites and collaborates with DonateLife America to stay abreast on public issues. DAI ensures representation from a public member on the AB to gain societal perspective on the organization's services and operations. Additionally, DAI assigns Donation Consultants to each of its hospital partners to maintain relationships and to keep aware of issues surrounding the health care communities within the service area. Information and feedback gathered from these approaches is used in decision making to address actual or potential concerns in the community. When there are ethical concerns, DAI convenes its EC to discuss the issues and also engages the BOD and AB for additional feedback.

DAI retains an external public relations firm with expertise in crisis management. Internally, the CEO, COO, and Director of PR/Communications receive extensive media training and have built relationships with the communication directors at the highest-level trauma hospitals, the four transplant centers in the DSA, and key tissue processors. A Crisis Communication SOPP provides a process for managing situations that could compromise the organization or jeopardize public trust and impede the organization from fulfilling its mission. The plan details action steps and resources necessary for responding to a crisis as it relates specifically to the media, technology, and operations. The ELT and public relations department conduct routine crisis simulations and media training to ensure preparedness.

The QS department closely monitors regulatory and legislative changes and evaluates the impact on operations. The CAPA, non-conformance (NCR), and complaint reporting process keeps SL aware of potential risks and ensures corrective action. The Director of QS reviews CAPAs with the BOD annually.

Integrated supply chain management processes ensure that the appropriate investigations and notifications to suppliers, partners, and customers, as appropriate, occur when there are concerns such as medical supply recalls that may have an impact on patient safety (6.1c).

**1.2b(2) Ethical Behavior** DAI has a robust system for **promoting and ensuring ethical behavior in all interactions**. It begins when a job candidate completes an application and agrees to uphold the value of integrity. This is reinforced by SL during new hire orientation, rounding, new hire welcome gatherings, and staff meetings. As described in 1.1a(2), DAI has a strong Corporate Compliance program, which includes formal policies that are reviewed at least annually, an annual risk assessment, and monthly reports to the CEO. Staff complete mandatory annual corporate compliance training that includes standards for legal and ethical behavior expectations. A 24/7 hotline provides a venue for reporting suspected violations directly to the CCO who responds to breaches of ethical behavior (Figure 7.4-9). An Administrator on Call (AOC) supports staff in the clinical areas. The CEO and COO also provide on-call support for authorization questions, relationship-building opportunities, and ethics consultation required in specific, defined situations. Multiple, mandatory reviews of legal documentation prior to recovery of organs and tissues support ethical behavior and protect stakeholder interests. Breaches of ethical behavior may result in formal disciplinary action, up to and including termination. To further ensure ethical behavior in all interactions, DAI improved existing processes in 2018 by incorporating an annual process to reaffirm all staff's commitment to integrity and ethical behavior through signing off on the MVV, and by adding language in the LT evaluation process.

The BOD seeks counsel from the EC [1.1a(2)] to support relevant discussions and review reports from the CCO. The AB and FAB, with additional customer and partner representatives, also receive annual compliance training from the CEO, COO, or CCO. All employees, volunteers, BOD members, and recovery surgeons are screened through the OIG Exclusions Database before they begin their roles and annually thereafter. DAI enables ethical behavior in interactions with customers, partners, suppliers, and other stakeholders systematically by incorporating confidentiality clauses into formal agreements.

## 1.2C SOCIETAL RESPONSIBILITIES & SUPPORT OF KEY COMMUNITIES

**1.2c(1) Societal Well-Being** As a **mission-driven** organization, DAI continuously considers societal well-being and benefit as part of its strategy and daily operations. During step 2 of the SPP, the organization designs and manages its work systems and key work processes to support the mission of *saving lives through organ and tissue donation and transplantation* (P.1, 6.1). DAI **contributes to the health and well-being of societal systems** by maximizing donation opportunities in order to serve those in need of transplants. The organization measures its contribution to societal well-being by the number of organ donors, organs transplanted, number of deaths on the local transplant waiting lists, number of tissue donors, and number of tissues made available for transplantation (Figures 7.1-1 to 3, -9 to 12; 7.4-10).

To address environmental well-being, DAI incorporated green design principles, such as motion sensors for lights, during construction of its Recovery Center in 2011. Both the Recovery Center and corporate offices have active recycling programs. DAI contributes to the **well-being of economic systems** by making a commitment to have offices in the regional locations

of its service area. This contributes to those communities with employment and a tax base. DAI also contributes to social well-being and supports and strengthens its key communities, leveraging the core competency of **relationships**, by allowing non-profit organizations to use meeting space at the Recovery Center at no charge. DAI further supports environmental well-being by improving processes to reduce the amount of paper generated during daily operations. For example, in 2016, HR implemented paperless documentation, and the organ and tissue work systems actively continue to expand the use of electronic documentation instead of paper for key work processes. Additionally, in 2018, DAI pursued an intelligent risk and began transferring organ donors from regional areas using air transport. This process reduced the number of flights needed to mobilize organ recovery teams from the Denver metro area to outlying hospitals in the DSA. Acting on this intelligent risk benefits the environment by reducing the carbon footprint through the use of fewer flights, without adversely impacting the availability of organs or ability to meet customer requirements. The organization also maintains awareness of the impact of ordering supplies from geographically distant locations. In 2017, DAI identified and implemented a way to create a reusable organ packaging material in an environmentally-friendly manner, eliminating the need to order the equivalent disposable supply from a manufacturer and decreasing waste sent to landfills. 💡

**1.2c(2) Community Support** DAI's key communities are the geographic regions within its DSA of Colorado and Wyoming. The organization evaluates **and identifies its key communities** annually during the environmental scan in Step 1 of the SPP. Community efforts are prioritized, based on population. The FAB oversees the expenditures of organ and tissue donation awareness dollars raised through the Colorado DMVs. DAI uses 100 percent of these dollars to provide public education, such as transplantation science programs in middle and high schools in Colorado, with no EKJB funds going for overhead. Funds for organ and tissue donation awareness in Wyoming are collected through the Department of Transportation's motor vehicle registrations. These contributions fund the Wyoming Cares/Wyoming Shares program. This program is administered through the Wyoming Department of Health to provide public education for organ and tissue donation throughout the Wyoming community, and include DMV office training, transplantation science programs, and public education campaigns.

To further enhance public awareness and **leverage its core competency of relationships**, DAI also organizes events for donor families and recipients, such as the Donor Dash, which draws over 5,500 participants each year. For 17 years, DAI has hosted this 5K run/walk to honor the lives of organ and tissue donors, celebrate the lives of organ and tissue recipients, and recognize those who continue to wait for a lifesaving transplant. The Donor Dash is annually evaluated for effectiveness. In a 2015 cycle of refinement based on stakeholder feedback, DAI implemented different start times for runners and for walkers accommodate all participants. 🗨️

SL encourage participation in events that engage DAI's workforce, customers, partners, stakeholders, and suppliers to support organ and tissue donation awareness in its community. DAI's customers contribute financial sponsorships and actively

participate with their teams of runners, and walkers in the Donor Dash (Figure 7.4-11). This demonstrates support of DAI's community efforts and engages customers with the mission.

DAI has a long-standing Charitable Contribution program to strengthen employee engagement and to support community organizations. This program annually gives

each employee \$100 to donate to the charity of their choice. **SL, in concert with the workforce, contribute to improving communities** in its DSA through quarterly community support events. The PRIDE committee collaborates with individual departments or work systems to coordinate and organize quarterly employee-driven events that benefit local non-profit organizations, such as Big Bones Dog Rescue and Round Up River Ranch (Figure 7.4-12). In 2018, DAI enhanced the guidelines for community organization selection. DAI is also an annual sponsor of the Donate Life float in the Rose Parade and in the Denver Parade of Lights. To support improvements in healthcare and nursing practice in and through the Colorado Nurses Foundation, DAI annually sponsors the Nightingale Award.

Through the Workplace Partnership for Life (WPFL), DAI collaborates with community businesses, organizations, and associations to raise organ and tissue donation awareness with their employees, members and customers, and to create opportunities for individuals to designate their decision to be organ, tissue, and eye donors. DAI is also a sponsor of the local RMPEX program and the national Baldrige Performance Excellence Program. Through these sponsorships and volunteer opportunities, DAI supports the performance excellence community at large while increasing donation awareness.

## 2 Strategy

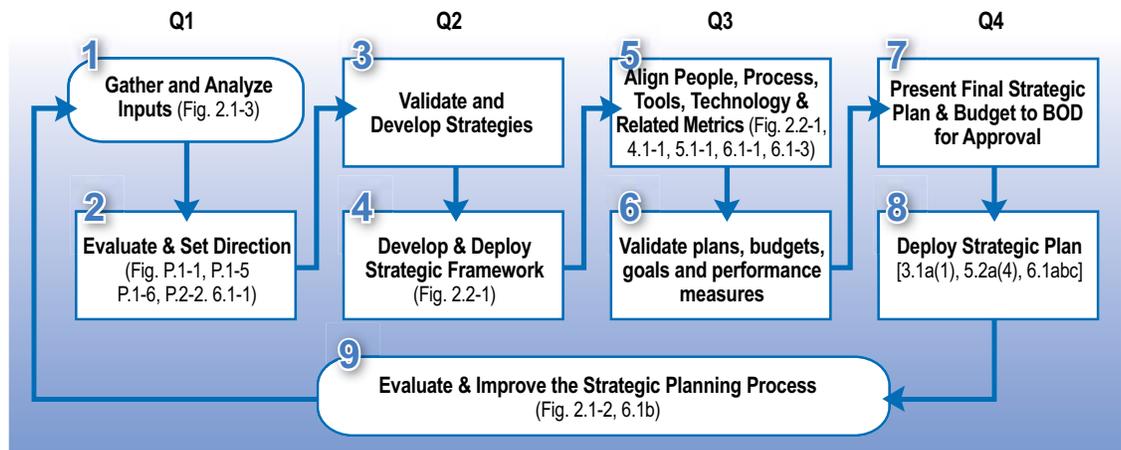
### 2.1 Strategy Development

#### 2.1A STRATEGY DEVELOPMENT PROCESS

**2.1a(1) Strategic Planning Process** DAI has a systematic, integrated nine-step process for conducting strategic planning (Figure 2.1-1). The annual strategic planning process (SPP) is aimed at developing and deploying a strategic plan to deliver the mission and achieve the vision. The key steps of the SPP are roughly grouped into quarters:

- **Q1: Gather, analyze, and evaluate inputs/set direction.** The SPP begins early in the year before the strategic plan is to be implemented. **Step 1** – The leadership team reviews and analyzes the prior year's strategic plan and results. Inputs are gathered from multiple sources (Figure 2.1-3). **Step 2** – The ELT facilitates a Strategic Development Meeting with the entire LT to discuss short- and longer-term future planning

Figure 2.1-1 Strategic Planning Process



in the context of the strategic objectives, core competencies, and MVV. During this meeting the LT identifies potential strategic opportunities (SO) and the related impacts on workforce, process, and resources/technology. The ELT evaluates the inputs, determines priorities, sets direction, and evaluates potential blind spots to shape the strategic framework for the next year. Additionally, customer, partner, stakeholder, and supplier requirements; SC; SA; key work systems; and key support processes are evaluated.

- **Q2: Develop strategies and deploy the strategic framework. Step 3** – In the second quarter, the ELT facilitates SWOT discussions with staff and the BOD. Using this information and the Q1 inputs, the ELT facilitates the review of the MVV and modifies or reaffirms them. Similarly, SA, SC, and opportunities are evaluated against the data to determine if any changes are needed. As the ELT, Board, LT, and all staff look back across the organization, the core competencies are reviewed to determine if any emerging competencies are noted, or if a competency should be removed from the list. The ELT and LT validate customer requirements gathered through VOC listening methods and the ELT discusses the requirements with the BOD. The ELT determines the strategic objectives needed to address the mission for the coming year. **Step 4** – The ELT presents this strategic framework as a formalized plan to the BOD as the base for the development of the next year's strategic plan. After the Board approves the framework, the ELT updates and shares the strategic objectives and organizational performance measures with the LT.
- **Q3: Align people, process, tools and technology. Step 5** – The COO and CEO review past performance and projections related to organ and tissue donation with the AB. The COO and CEO facilitate a SWOT analysis, and additional strategic

Figure 2.1-2 SPP Improvements

YEAR	IMPROVEMENTS
2010	External environmental scan was started
2013	Mid-year Board retreat was added to focus on the strategic plan
2014	Improvement in the budgeting process
2015	Added BOD, AB and workforce SWOTs to the inputs Aligned action plans with strategic goals
2016	Refined environmental scan Integrated innovation management with SPP
2017	Used SIPOC to further define and refine key steps of the SPP

**Figure 2.1-3: SPP Inputs**

PARTICIPANT	SAMPLE INPUTS
Customers	VOC data (Figure 3.1-1), projected customer needs, customer requirements (Figure P.1-5), SWOT
Stakeholders	Donor family survey, stakeholder requirements (Figure P.1-5), SWOT
Partners	Donor hospital feedback, referring physician survey, BOD representation, Coroner Association meetings, coroner survey, SWOT
Collaborators	Regular OPO meetings, OPO presentations to BOD, LINC, AOPO, environmental scan, blind spot identification
Workforce	Monthly 1:1/rounding meetings, engagement surveys, 30- and 90-day new hire evaluations, stay interviews, SWOT, innovative ideas, Strategy Development meeting
Suppliers	Supplier management and performance review, senior leader meetings
Other	Risk assessment, competitive environment assessment, industry proven practices, national benchmarking, industry standards, regulations, prior year strategic plan, performance data

plan inputs are rolled into the strategic framework. The ELT and the directors conduct workforce planning in conjunction with HR to ensure workforce capability and capacity, taking into consideration the organization’s SC and SA (Figures P.2-2, 5.1-1). The ELT works with directors to establish action plans and the related performance measures. Individual staff members work with their leaders to draft personal goals for the coming year, aligning them with strategic objectives, action plans, and key work/support processes. **Step 6** – Strategic action plans, goals, performance measures, workforce plans, and budgets are validated and approved by the ELT. The strategic objectives, goals, and action plans are incorporated into the strategic plan.

- **Q4: Approve and deploy the plan. Step 7** – In the fourth quarter, the ELT presents the strategic plan and budget to the BOD for final approval. **Step 8** – The approved plan is then further deployed to the workforce, AB, customers, suppliers, stakeholders, and partners by communicating the strategic objectives, goals, and action plans associated with the respective groups through the mechanisms in Figure 1.1-1.

After the strategic plan is deployed, the SPP is evaluated and improved, as needed, throughout the year in **Step 9**.

The approved strategic plan is monitored through ELT’s and LT’s monthly review of performance measures, action plans, and goals (Figure 4.1-1). Step 9 allows for improvement of the SPP and the strategic plan throughout the following year, creating Spark! events to steer results back on course, modifying action plans, or adjusting goals as necessary. [4.1c2]. The SPP has undergone multiple cycles of learning as shown in Figure 2.1-2.

**Key participants** of the SPP include the ELT, BOD, AB, directors, managers, and staff. The ELT shepherds the process with the Board and LT beginning with gathering and analyzing inputs provided by the workforce, BOD, AB, customers, stakeholders, partners, collaborators, suppliers, and regulatory organizations in Step 1 of the SPP (Figures 2.1-1 and 2.1-3).

The strategic plan is developed as a rolling three-year plan with annual updates, creating a **short-term planning horizon** of one year and a longer-term planning horizon of three years. These are **addressed in the planning process** in Steps 3 and 7 when the ELT reviews and discusses the plans with the BOD and

makes adjustments prior to deploying the final plan. The **SPP addresses the potential need for transformational change and prioritization of change initiatives** in Step 2, when key elements of risk are evaluated, and in Step 3 with the development of strategic objectives and goals based on validated SA, SC, CC, MVV, and customer requirements.

Workforce and succession planning that occurs in Step 5 also addresses the potential need for change and prioritization. The SPP ensures that DAI is responding to the current environment while positioning for projected changes in the regulatory requirements and in the organ and tissue donation industry. It also helps DAI address any potential for transformational change, whether coming from regulators or customers.

DAI builds **organizational agility and operational agility** into the SPP, allowing for rapid response to opportunities or unexpected threats that may arise. This occurs during the systematic review of performance (Figure 4.1-1) when action plans can be modified to address organizational or environmental needs. When new SO are identified because of inputs gathered in Step 1 or outside the SPP, the ELT evaluates whether the intelligent risk determines a change to or addition of an objective or action plan and enables any modifications. In a 2016 cycle of learning, the ELT began budgeting additional financial resources for innovations and capital expenses not identified during the current SPP to allow for flexibility and agility in the coming year.

**2.1a(2) Innovation** DAI stimulates and incorporates **innovation** using approaches that are integrated with the SPP. Innovative ideas gathered throughout the year through the Spark! platform are analyzed as inputs in step 1 of the SPP [2.1a(1), 6.1d]. Other inputs, such as proven industry practices, can also generate potential SO and includes all LT members. **The organization identifies SO** in Step 2, during the Strategy Development Meeting, and Step 3 of the SPP [2.1a(1)]. To decide which opportunities to pursue as intelligent risks, the ELT evaluates key factors such as SA, benefits, risks, resource needs, and the regional and national landscape and sets priorities (Figure 1.1-3). The SO are reviewed and discussed with the BOD in Step 3 of the SPP. Once the SO are pursued as intelligent risks, financial and staff resources are allocated through the workforce planning and budgeting processes in Step 5 of the SPP. The Recovery Center, which opened in 2011, represents the organization’s most significant SO. **Current SO** for 2017 and 2018 include: 1) the purchase and transition to 200 Spruce, 2) the evaluation and implementation of a CT scanner, and 3) assessing aviation needs.

**2.1a(3) Strategy Considerations** DAI collects and analyzes **relevant data and develops information for the SPP** in Steps 1 through 6 (Figure 2.1-1). The organization uses a systematic approach for collecting and monitoring data related to strategic objectives, goals, and process measures [4.1a(1,2)]. ELT and directors analyze levels, trends, and comparisons of these measures against available comparative and industry information, as well as performance to projections. The inputs gathered and analyzed in Step 1 of the SPP are used in identifying, evaluating, and prioritizing current SC, SA, and SO that serve as a basis for determining short- and longer-term

planning horizons, strategic objectives, and action plans. The ELT also uses the inputs to determine any actual or **potential changes in the regulatory and external business environment**, including risks to the organization, which are evaluated in Step 2 of the SPP. By maintaining voluntary accreditation triennially with AATB and AOPO, monitoring outputs from FDA and CMS, as well as participating in leadership roles of national organizations, DAI is able to address any potential **changes in the regulatory environment** during the SPP.

To identify **potential blind spots in the SPP and information**, a systematic process is used. Annually, the CCO conducts a risk assessment using information from audits and the organization's QS. In a 2016 cycle of learning, the LT began reviewing results of the risk assessment to provide input and feedback to the CCO. The final risk assessment is reported to the BOD. This risk assessment and other inputs are evaluated for key elements of risks, including potential blind spots during Step 2. To gain external input and identify additional potential blind spots, an industry expert provides feedback to ELT and the BOD during the Q2 retreat in Step 3 of the SPP.

In a 2016 cycle of improvement, the CEO also leveraged the **relationship** with LINC partners, and began using the knowledge and experience of LINC CEOs to evaluate DAI's SWOT analysis to identify potential blind spots and other elements of risk. 📍 The ELT deploys the strategic plan in Step 4 to the directors for use in preparing the workforce plans, succession plans, department goals, and performance measures in Step 5. This approach provides verification for identified blind spots.

DAI ensures its **ability to execute the strategic plan** by aligning and integrating workforce plans, succession plans, and the budget through the SPP in Step 5. With a systematic workforce planning process (WPP), the organization ensures capability and capacity [5.1a]. The mobilization of necessary resources occurs through the budgeting process. Ongoing monitoring with necessary modifications and improvements allows the organization to assess its ability to execute the strategic plan (Figure 4.1-1).

**2.1a(4) Work Systems & Core Competencies** DAI has identified two **key work systems**: the organ work system and the tissue work system. The success of the work systems is based on the core competencies: **mission-driven** and **relationships**. DAI's relationships and communication with customers, partners, and stakeholders throughout the entire work system processes are essential in meeting customers' requirements and in fulfilling the mission (Figure 6.1-1).

The ELT and LT **make work system decisions that facilitate the accomplishment of strategic objectives** by incorporating key work systems into the SPP. During Step 2 of the SPP, the ELT, with input from the LT, uses the data and information gathered and analyzed during Step 1 to evaluate the performance of the work systems (Figure 2.1-1). As part of the work system evaluation, the ELT assesses workforce capability and capacity, as well as key elements of risk. These assessments ensure the identified work systems support the execution of the strategic plan, integrate the workforce and processes, and enable achievement of the mission and vision. When deciding **which key processes will be accomplished by the workforce and which by external suppliers or partners**, a systematic decision-

making process is used. The director overseeing the key process evaluates the costs, capability, risks, and benefits to DAI of having the process out-sourced. Additionally, DAI's **core competencies and those of potential suppliers and partners** are taken into consideration in making decisions to out-source key processes (Figure 6.1-1). The director then presents the outcomes of the evaluation to ELT for a final decision.

In 2012, DAI led a process to validate its core competencies and identify future core competencies, beginning with facilitated discussions and affinity sorting exercises at the annual performance excellence retreat with staff. ELT then reviewed and further discussed the results, leading to final approval during the SPP. Through a 2015 cycle of learning, core competencies are now evaluated in Step 2 and validated in Step 3 of the SPP, as part of the strategic framework. 📍 The need for future organizational core competencies is also considered here. In the 2018 SPP, DAI determined the current core competencies were sufficient to fulfill the mission.

## 2.1B STRATEGIC OBJECTIVES

**2.1b(1) Key Strategic Objectives** Figure 2.2-1 presents DAI's **key strategic objectives, goals, action plans, and timetable for achieving them. Key changes planned in DAI's services and operations** include action plans for increasing organ donors and SCD tissue donors and remodeling the Recovery Center to implement the intelligent risk of adding a CT Scanner as well as reconfiguring space to allow the tissue work system to work out of one location. **Key changes planned for partners** include deploying TAOS to partners and improving the referral process based on RPG survey feedback. For **customers and markets**, DAI is implementing strategies from RPG surveys to continue to improve key customer **relationships** and collaborations. Key changes planned for suppliers include the SO of evaluating aviation services.

**2.1b(2) Strategic Objective Considerations** DAI's **strategic objectives achieve appropriate balance among varying and potentially competing organizational needs** through the SPP. As a **mission-driven** organization, strategic objectives are set and prioritized to achieve mission impact, sustain a high-engagement culture, deliver the DAI experience, and maintain financial sustainability. In Step 2 of the SPP, the ELT evaluates potentially competing organizational needs against the MVV. The strategic objectives are developed to **leverage the core competencies, SA, and SO** and to mitigate the SC. In Step 3 of the SPP, the ELT considers the needs of the organization and **balances the needs of all key stakeholders** and prioritizes them according to the strategic objectives, aligning and integrating the inputs from Steps 1 and 2. Action plans to accomplish each strategic objective are identified **for short- and longer term planning horizons**. Figure 2.2-1 demonstrates this alignment. Together, the strategic objectives and goals are designed to consider and balance the needs of customers, partners, and key stakeholders and help the organization stay **mission-driven**.

## 2.2 Strategy Implementation

### 2.2A ACTION PLAN DEVELOPMENT & DEPLOYMENT

**2.2a(1) Action Plans** DAI's **key short- and longer-term action plans** and their **relationship to the strategic objectives** are shown in Figure 2.2-1. DAI sees the alignment of strategic

**Figure 2.2-1 Strategic Objectives, Goals and Action Plans**

Strategic Objective	Strategic Goals, Longer-term Action Plans (L), Short-term Action Plans (S) <i>Examples – Additional detail available on site</i>	Linkage	Key Performance Measures	Projections		Benchmark
				2018	2019	
1) Achieve Mission Impact	<b>Narrow the gap between potential and actual organ donors and narrow the gap between organs recovered and transplanted. (L)</b> <ul style="list-style-type: none"> <li>Focus on clinical processes, family approach processes, key work processes (OWS)(S)</li> <li>Focus on referral, brain death declaration, authorization, coroner release, conversion (HD) (S)</li> </ul>	CC M, R SA 1-4 SC 1-4	BD Gap Conversion Rate Organ Donors Local Organs Transplanted Import Organs Transplanted	<32% >82% >140 >434 >130	<28% >85% >150 >465 >140	>Benchmark Top 10% Top 25% Top 25%
	<b>Narrow the gap between potential and actual tissue donors and narrow the gap between potential and actual tissues recovered. (L)</b> <ul style="list-style-type: none"> <li>Focus on clinical processes, authorization, conversion rate, and key work processes (TWS)(S)</li> <li>Monitor conversion rate, coroner rule out, family rule out, and authorization rates (TWS)(S)</li> </ul>	CC M, R SA 1-4 SC 1-4	Tissue Conversion Rate Total Number Tissue Donors SC Bone Donors Total Skin Donors	>15.1% >1650 >500 >1400	>15.3% >1700 >525 >1450	Top 10% Top 10% Internal measure Top 25%
	<b>Integrate key support processes to maximize the organ and tissue work systems (L)</b> <ul style="list-style-type: none"> <li>Develop and Deploy TAOS Predictive Analytics to reduce the BD Gap (IS)(S)</li> </ul>	CC M, R SA 1-4 SC 1-4	BD Gap	<32%	<28%	Internal measure
2) Sustain High Engagement Culture	<b>Ensure core competency of Mission Driven including MVV for all workforce (L)</b> <ul style="list-style-type: none"> <li>Sustain and improve employee recruitment, onboarding, and re-recruitment processes (HR)(S)</li> <li>Sustain and improve AFL recruitment, onboarding, and re-recruitment processes (PR)(S)</li> </ul>	CC M, R SA 1-4 SC 1-4	Turnover Rate Retention Rate	<16% >85.5%	<15% >86.5	Top 25% Top 25%
	<b>Maximize workforce engagement (L)</b> <ul style="list-style-type: none"> <li>Review annual engagement Quantum survey results, develop strategy based on results 2018 (HR)(S)</li> <li>Advocate for Life Engagement action plans focused on top priority based upon survey feedback (PR)(S)</li> </ul>		Quantum Survey Engagement Index AFL Survey Engagement Rate	>90% >75%	>92% >77%	Top 25% Internal measure
	<b>Maximize workforce satisfaction (L)</b> <ul style="list-style-type: none"> <li>Review, redesign, and implement new organizational compensation &amp; benefits strategy including, health and welfare plans, policies, wellness and compensation to support relationships and MVV (HR)(S)</li> <li>Develop and deploy an integrated workforce performance management system (HR, IS)(S)</li> <li>Assess and improve job competency and growth for clinical staff (LD)(S)</li> </ul>		Turnover Rate Retention Rate	<16% >85.5%	<15% >86.5%	Top 25% Top 25%
3) Deliver the “Donor Alliance Experience”	<b>Exceed Customer Requirements and Expectations (L)</b> <ul style="list-style-type: none"> <li>Implement strategies identified from customer survey to increase clinical competency and improve communication during and outside of cases (OWS)(S)</li> <li>Implement strategies identified from customer survey to maximize tissue recovery, minimize error rates, maintain regulatory compliance, and the chart release rates (TWS)(S)</li> <li>Implement strategies identified from customer survey to increase the chart release rate, maintain regulatory compliance, and increase case related communication. (QS)(S)</li> </ul>	CC M, R SA 1-4 SC 1-4	Percentage of Eligible Organ Cases Transferred to RC Percentage of Eligible Tissue Cases Transferred to RC Tissue Charts Approved on First Upload	>70% >99% >76%	>72% >99% >79%	Internal measure Internal measure Top 25%
	<b>Effectively Develop Key Communities (L)</b> <ul style="list-style-type: none"> <li>Implement effective community development programs throughout Colorado and Wyoming (PR)(S)</li> </ul>		CO Residents Designating Donation WY Residents Designating Donation	69% 59%	70% 60%	Top 10% Top 10%
	<b>Effectively Manage Performance Excellence (L)</b> <ul style="list-style-type: none"> <li>Identify future opportunities, prioritize, implement, and deploy to the organization (PE)(S)</li> </ul>		PDSAs	>20	>24	Internal measure
4) Maintain Financial Sustainability	<b>Integrate Financial Processes (L)</b> <ul style="list-style-type: none"> <li>Develop and deploy resources to ensure execution of the strategic plan (F)(S)</li> <li>Analyze and evaluate financial resources to ensure current operations and future opportunities (F)(S)</li> </ul>	CC M,R SA 1-4 SC 1-4	Net operating income Standard Bone Charts Skin Charts	2.5% 425 1125	2.5% 435 1150	Internal measure Internal measure Internal measure

CC–Core Competency, SA–Strategic Advantage, SC–Strategic Challenge, M–Mission-driven, R–Relationships  
F–Finance, HD–Hospital Development, HR–Human Resources, IS–Information Systems, LD–Learning & Development,  
OWS–Organ Work System, PE–Performance Excellence, PR–Public Relations, QS–Quality Systems, TWS–Tissue Work System

objectives, goals, and action plans across all levels of the organization as crucial to the achievement of its strategic plan and meeting its mission. During the SPP, the ELT facilitates a series of work sessions with the LT to **develop the strategic action plans** and performance measures, integrating the strategic plan and the performance measurement system (Figures 4.1-1). The approach begins in Step 1 of the SPP with the review and analysis of inputs (Figure 2.1-3) and evaluating and prioritizing short- and longer-term future planning needs to achieve the strategic objectives in Step 2. An assessment of past performance and the determination of future projections, along with the future planning needs, are used in developing strategic action plans in Step 5.

**2.2a(2) Action Plan Implementation** DAI deploys action plans to the workforce through the development of personal goals that are integrated with action plans that cascade from strategic objectives and goals. The directors and managers work with individual staff members during step 5 of the SPP to develop their personal goals for the coming year, contributing to achieving the action plans, and DAI's strategic objectives and goals. The LT oversees the process for cascading of action plans and strategic objectives throughout the organization to ensure alignment. Action plans are **deployed to key suppliers and partners** through workforce assigned to carry out key work processes and support processes that align with the strategic action plans (Figures 6.1-1 to 6.1-3). For example, Donation Consultants collaborate with hospital partners to annually develop and deploy hospital plans that support successful organ and tissue donation programs in their facilities and DAI's key work system processes [6.1a(1)]. Action plans are deployed to key suppliers through supply-chain management processes (6.1c).

DAI ensures that key outcomes of action plans can be **sustained** through the monitoring of action plans in Compass by directors and the ELT, and through monthly review and analysis of the BSC results by the LT. The Organizational Rhythm [1.1c(2)] is used to keep the organization focused on achieving strategic objectives, goals, and action plans, and the performance measurement system provides the structure to review the success of the action plans at scheduled intervals (Figure 4.1-1). Review of current performance or identification of changes in customer requirements, regulatory environment, or the competitive landscape may signal the need to modify action plans **to sustain key outcomes**. Any changes are then cascaded through the organization. Changes impacting key customers, suppliers, and partners are deployed to those groups.

**2.2a (3) Resource Allocation** DAI ensures that financial, workforce, and other resources are available to support the achievement of action plans through key steps of the SPP (Figure 2.1-1). The systematic approach for allocating financial and other resources begins with reviewing results of the past year's strategic goals and action plans in Step 1 and the development of the strategic framework in Step 2. Based on these reviews, the ELT establishes budget parameters based on projections and communicates them to directors, who develop workforce plans (Figure 5.1-1) and department budgets in Step 5. Individual directors meet with ELT, the Director of Finance, and the Director of HR to review their proposed budgets and workforce plans and make necessary adjustments. Opera-

tional and capital budgets are presented to the BOD with the strategic plan in the fourth quarter for final approval in Step 7. In 2017, DAI refined its process for allocating resources by scheduling LT discussions earlier in the year. In 2018, the process was further refined by aligning discussions in the Strategic Development Meeting with the strategic objectives, core competencies, and MVV.

To **manage risks and ensure financial viability**, the ELT, LT, and staff evaluate financial, industry, and regulatory risks, as well as potential blind spots in step 1 of the SPP. DAI has long had a robust investment policy to build up financial reserves. DAI's reserve policy establishes operational reserves, facility reserves, and strategic reserves with fund expenditures based on defined criteria and approval by the ELT and BOD. For example, in 2018, the BOD approved use of facility reserves to pursue the intelligent risk of adding a CT scanner to the Recovery Center to help achieve mission impact, maximize the number of organs available for transplantation, and address customer requirements. DAI also manages risk through Supplier Management Committee (SMC). As part of the qualification process, the SMC evaluates the cost and mission impact of bringing the service in house or outsourcing. Supplier performance is reviewed at least annually to ensure organizational needs and regulatory requirements are met [6.1c].

**2.2a (4) Workforce Plans** Key workforce plans to support short- and longer-term action plans are highlighted in Figure 2.2-1. These plans address the organization's core competencies and workforce engagement and satisfaction. The WPP is integrated in Step 5 of the SPP as directors develop workforce plans and succession plans to address capability and capacity needs related to the accomplishment of the strategic objectives and action plans (Figures 2.1-1 and 5.1-1) [5.1a(1)]. Through the SPP, HR continually monitors any changes in capability or capacity needs, working with the LT, to build the overall workforce plan. For example, to support growth in capacity, an additional manager position was added during the SPP for 2018. The WPP reviews and integrates capability and capacity needs with the strategic objectives, goals, and action plans [5.1a (1)].

Considerations for any **potential changes in workforce capacity and capability** include new skill mixes or cross-training needed as well as current capacity levels and engagement results. In 2016, four new positions were identified to support short- and longer-term action plans for 2017. These included a regional family support coordinator (FSC), one organ recovery coordinator (ORC), and two clinical learning and development specialists to support the organ and tissue work systems.

**2.2a (5) Performance Measures** Key performance measures used to track the achievement and effectiveness of action plans are shown in Figure 2.2-1. To achieve better alignment in 2015, the ELT implemented an online performance measurement system to monitor short- and longer-term action plans and the related measures [4.1a(1)]. This system was further refined in 2018 by implementing a new platform that integrates BSC measures, action plans, process measures, and personal goals into one system to reinforce organizational alignment [4.1a (1)].

**2.2a(6) Performance Projections** Performance projections for short- and longer-term planning horizons are shown in

Figure 2.2-1. The BSC and performance measures are used in measuring the overall outcomes of action plans. Annually, during Steps 1, 2, and 3 of the SPP, ELT and the LT review SPP inputs, including customer requirements, industry standards, regulations, past performance and trends for BSC and performance measures to determine projections for the future. Additionally, ELT uses an annual competitive environment assessment, and compares DAI's projections to those of LINC organizations to set annual projections. Monthly review of organizational performance (Figure 4.1-1) by the ELT and LT highlight any need for corrective action or modification of action plans to close performance gaps (2.2b).

**2.2b Action Plan Modification** DAI establishes and implements modified action plans if circumstances require a shift in plans and rapid execution of plans through a systematic approach improved in 2016. The need for modifying an action plan is identified through internal and/or external inputs, such as VOC (Figure 3.1-1), regulatory or industry changes, data, innovations, and risk assessments. For example, the monthly review of the BSC measures during ELT and Leadership meetings is used to help determine when action plan modification is necessary (Figure 4.1-1). The ELT evaluates the change in plan and associated risks and decides whether to revise the plan. ELT allocates resources to support the modified plan. If the plan has significant financial, workforce, customer, or other impact, the modified plan is presented to the BOD for approval. The modified plan is then deployed to the workforce, customers, partners, and stakeholders through the approach in 2.2a(2) and the communication mechanisms in Figure 1.1-1.

## 3 Customers

### 3.1 Voice of the Customer

#### 3.1A CUSTOMER LISTENING

**3.1a(1) Current Customers** DAI employs multiple systematic approaches to listen to, interact with, and observe its customers – which are transplant centers and tissue processors – to obtain actionable information. DAI seeks immediate and actionable feedback from customers on the quality of services, customer support, and transactions through the VOC listening methods (Figure 3.1-1). These methods are evaluated for effectiveness annually using key customer feedback. In a cycle of learning in 2018, DAI reached out to key transplant center customers through an RPG survey to rank which of the VOC listening methods are most beneficial. A similar approach was also used in 2018 to address preferred communication styles among the two key tissue processors using direct email communication from leadership. ☞ Ongoing, real-time communication between clinical staff and customers throughout the organ and tissue work system processes is critical to operations at DAI (Figure 6.1-1). Feedback received from key transplant center customers is addressed within 24 hours. Information obtained is used in bi-weekly case review to evaluate trends and to discuss and improve donor management techniques. For tissue donor cases, completed records are electronically transferred to the tissue processor upon completion and sign-off of each tissue donor chart. The tissue processor contacts the QAC when clarifications are needed; and these are addressed immediately

after receiving the feedback. The QACs track and trend processor feedback related to chart clearance to meet customer requirements (Figure 7.1-28).

In a 2016 cycle of learning, organ work system leaders implemented regular meetings with transplant center leaders using DAI's hospital development model. Through this systematic approach, a liaison assigned to a specific transplant center conducts a needs assessment, creates a customer profile, and develops plans for addressing specific customer needs. In 2017, this customer service model was expanded to the tissue work system, beginning with the development of tissue processor profiles. The liaisons attend quarterly meetings with the key transplant centers and bi-monthly meetings with the key tissue processors. The liaisons address customer feedback as an agenda item for immediate discussion and follow-up, and document actions in the meeting minutes. The CEO and COO also meet annually with leaders of the key transplant centers and key tissue processors to address customer satisfaction and concerns. Additionally, the CEO sits on the BOD for AlloSource, one of DAI's key customers, providing additional insights on customer satisfaction, performance, and best practices relative to other members.

Monthly, DAI receives **actionable feedback** from key tissue processors through a scorecard and reviews performance data and trends to ensure that customer requirements are being met. The scorecard shows key quality indicators established by the customer and provides comparative data for other OPOs that serve the same customer [P.2a(1)]. DAI utilizes comparative data from the scorecard to achieve top decile performance.

Information captured through the VOC listening approaches is gathered internally through rounding, 1:1 meetings, CNCs, department meetings, operations meetings, and ELT meetings. This feedback can initiate root cause analyses, PDSAs, and preventive actions. In a 2017 cycle of learning, a PDSA was initiated to develop an additional method of listening to the VOC. To improve transplant center outcomes, DAI established a quality meeting with the center's abdominal program. ☞

Annually, gathering and verifying VOC information is used as input in Step 1 of the SPP (Figure 2.1-1). Leaders use these inputs to make decisions about operations and to improve key work processes. In a 2016 cycle of learning, DAI interviewed and videotaped representatives from key transplant centers and tissue processors to validate the VOC inputs, including SA, SC, customer requirements, and quality of services. This information is now gathered annually, used in developing the strategic plan, and are deployed to the BOD, the LT, and workforce. ☞ Decisions and improvements are deployed to staff through the appropriate communication methods, including department meetings, CNCs, quarterly all-staff meetings, e-mail, communication boards, and the LMS (Figure 1.1-1).

There are three stages in the DAI customer lifecycle: emerging, on-boarding, and established. Emerging customers are identified through the environmental scan during the SPP. New customers go through an on-boarding process that includes establishment of formal agreements, processes, performance measures, and training. In 2017, DAI used the stages of a customer lifecycle with an emerging customer. DAI initiated the on-boarding pro-

**Figure 3.1-1 VOC Listening Methods**

METHOD	Frequency	CUSTOMER LIFECYCLE			CUSTOMER	
		Emerging	On-Boarding	Established	Transplant Center	Tissue Processor
Tissue Processor Satisfaction Survey	A			X		←
Transplant Center Satisfaction Survey	B			X	←	
Tissue Processor scorecards	M			X		←
Tissue Processor Web-based portal (e.g. AlloTrak)	O			X		↔
VOC Interviews	A			X	↔	↔
Meetings	O	X	X	X	↔	↔
Phone	O	X	X	X	↔	↔
Email	O	X	X	X	↔	↔
AB Meetings	S			X	↔	↔
BOD meetings	5 x/yr			X	↔	↔
Learning Opportunities (e.g., webinars, Donation Summit, AlloSource, Partner Day)	O			X	↔	↔
Audits	O		X	X		↔
Industry Conferences	O	X		X	↔	↔
Transplant Center Selection Committee	O			X	↔	
FAB Meetings	S			X	↔	↔
Orientation at Customer Sites	O		X	X	↔	↔
AlloSource Board/Committee Meetings	Q			X		↔
Transplant Center Staff Meetings	Q			X	↔	
Post-donation Follow-Up Reporting (e.g., adverse event reports)	O			X	↔	↔
24/7 on-call staff	O	X	X	X	↔	↔

Frequency: A=Annually, B=Biennially, Q=Quarterly, S=Semi-annually, M=Monthly, O=Ongoing  
 Legend: ↔ Two-way communication; ← One-way communication in; → One-way communication out

cess with RTI Donor Services (RTIDS) as a secondary tissue processor to fulfill the mission and maximize each donation opportunity. DAI manages **customer lifecycle relationships** through the **VOC listening methods** (Figure 3.1-1).

Given the confidential nature of the work performed by DA, **use of social media** to communicate with **customers** about donor and recipient information is not appropriate. However, web-based technology enhances listening and learning mechanisms with transplant centers and tissue processors. Each tissue processor uses secure web-based portals to provide data and to exchange information. Social media is used primarily to manage DAI’s brand, promote awareness related to the mission [3.2b(1)].

**3.1a(2) Potential Customers** With DAI’s unique regulatory situation, the organization does not have traditional competitors in the OPO community [P.2a(1)]. Regulations do not allow for OPOs to actively pursue other transplant centers as potential customers. By federal mandate, OPOs and transplant centers exist in a defined service area, and OPOs share organs with transplant centers according to OPTN policy. Transplant centers can only be established through a formal application process with regulatory agencies—UNOS and CMS. Once approved by the

regulatory agency, the transplant center then becomes a customer of the OPO. The organization monitors agreements with hospitals and filings for CMS waivers, which could indicate a change in the future.

DAI attends national meetings through accrediting organizations such as AOPO and AATB annually. These meetings provide an avenue to review industry trends and discuss best practices, including issues impacting other OPO’s, tissue processors and transplant centers, and allow for sharing of processor requirements related to tissue donation. **DAI listens to potential tissue customers to obtain actionable information** by meeting with potential customers during these national events, both at vendor booths and strategically organized meetings. In addition, ELT conducts an environmental scan through established **relationships** with other OPOs, including LINC partners. Results of the environmental scan are evaluated during Step 1 of the SPP (Figure 2.1-1). **DAI listens to former customers** by conducting an exit interview at the end of the customer lifecycle to review data and to evaluate what went well, what could be improved, and future opportunities.

**3.1B DETERMINATION OF CUSTOMER SATISFACTION & ENGAGEMENT**

**3.1b(1) Satisfaction, Dissatisfaction, Engagement** DAI determines customer satisfaction and engagement by gathering information through surveys, meetings, and ongoing interactions (Figure 3.1-1). Every other year, DAI formally surveys personnel at key transplant centers – physicians, surgeons, transplant coordinators, and administrators – and key tissue processors. In a cycle of learning in 2017, DAI identified the need to improve its approaches for gathering feedback from transplant centers. To address this opportunity, the organization began collecting feedback through pulse surveys in 2018. This supplemental survey is provided to key transplant customers after each organ donor case to more frequently monitor customer satisfaction and foster customer engagement between formal survey cycles. 💡

Through frequent interactions and the established **relationships** with key tissue processors and key transplant centers, DAI assesses satisfaction, dissatisfaction, and engagement on an ongoing basis. Information gathered through formal surveys is analyzed by SL and the work system leaders and deployed to the appropriate staff and customers. This information is used to develop action plans to further improve customer satisfaction and engagement. DAI captures customer dissatisfaction for both market segments through the methods described in Figure 3.1-1. Information from benchmarking and collaborations with other OPOs help DAI learn best practices regarding customer satis-

faction and engagement. Aggregated information on satisfaction and dissatisfaction is used as an input to the SPP [2.1a(3)].

**DA determines customer engagement** from key customers by measuring their level of participation in RPG surveys compared to LINC partners. DAI also determines engagement by monitoring transplant personnel participation in Donor Resource Teams, WPFL activities, NDLM activities and Ambassador trainings. As a further indication of engagement, key transplant centers also invite DAI to participate in local and national transplant center projects. Additionally, DA provides customers additional avenues to participate in community events, such as the Donor Dash and Donor Family Tribute, to engage with donor families, recipients, community members, and Donor Alliance staff (Figure 7.4-11). Key customer involvement in these activities and events demonstrates their commitment to DAI’s mission and willingness to actively advocate for and raise awareness for donation.

**3.1b(2) Satisfaction Relative to Competitors** Due to the federal designation of its service area by CMS, DAI does not have traditional competitors for organ donation services. DAI collaborates with other OPOs to obtain comparative data related to transplant center and tissue processor satisfaction. As tissue donation is a competitive market, DAI monitors its monthly scorecard performance with tissue processors relative to the performance of other OPOs and tissue banks [3.1a(1)]. Feedback from these scorecards is used in making decisions to improve performance and meet or exceed customer requirements. Tissue processors also provide direct feedback through regularly scheduled leadership meetings. On a semi-annual basis, DAI employees attend best practice summits and learning events hosted by AlloSource. These events reinforce **relationships** with the customer and OPO collaborators who provide similar services and give staff a better understanding of customer requirements.

## 3.2 Customer Engagement

### 3.2A PRODUCT OFFERINGS AND CUSTOMER SUPPORT

**3.2a(1) Product Offerings** DAI determines service offerings based on key customer requirements and needs. This approach uses an analysis of VOC data and information (Figure 3.1-1). SL review, evaluate, and validate customer requirements during Steps 1, 2, and 4 of the SPP [2.1a(1)].

SL also **identify and adapt service offerings to meet the requirements and exceed the expectations of key customers** through the SPP. When considering a new service, SL analyze and evaluate customer feedback and requests, and assess the risks and return on investment. The new service is then presented to the BOD for review and approval. If a new service offering relates specifically to procurement activities subject to AB oversight, SL first present the recommendation for the service offering to the AB, as appropriate. The AB, charged by CMS with oversight of organ procurement activities, reviews and makes their recommendations to the BOD. Approved products and service offerings are rolled out through the SPP and budgeting processes with key process measures being monitored and revised, if appropriate. In 2017, DAI used VOC information to identify a strategic opportunity of installing an in-house CT

scanner within the Recovery Center to increase the number of organs available for transplantation. This technology is used in the evaluation of organs for transplantation and provides the ability to split a liver for two recipients. DAI decided to pursue this as an intelligent risk in 2018. Also in 2018, DAI initiated transport of organ donors via critical care air transport from geographically distant areas within the DSA to the Recovery Center. This intelligent risk was pursued to address the strategic opportunity of assessing aviation needs, to meet the needs of local transplant centers and achieve mission impact. 📍

Monthly, AlloSource sends DAI a list of specialty grafts for transplantation and tissues needed to support research and development. When a suitable donor is identified, tissue staff collaborates with the processor to screen the potential donor for suitability. This helps meet the customer requirement of participating in new recovery opportunities and creates opportunities to expand relationships with the customer.

Regular meetings with key customers provide the opportunity to discuss changes in requirements, processes and products, as well as requests for new products and services. To improve processes related to service offerings, DAI uses the PDSA methodology [6.1a(3)]. In 2017, a tissue processor requested DAI’s participation in recovering vertebral bodies to support the research and development of bone marrow transplantation. DAI reviewed the key customer’s research protocol, developed a process for screening and recovery of the tissue, and trained staff on the recovery, thus meeting the customer’s requirements. Due to DAI’s participation in this tissue recovery opportunity, the customer accomplished the research objective, gained FDA approval, and moved forward with product line development.

**3.2a(2) Customer Support** DAI enables customers to seek information and support through formal and informal meetings, ongoing communication, strong relationships between the organizations, and a variety of customer communication and VOC listening methods (Figures 1.1-1, 3.1-1, and 3.2-1).

Through frequent interactions and direct communication, staff members are able to manage **relationships** with customers and provide ongoing support throughout the customer life cycle [3.1a(1)]. DAI ensures that clinical staff and AOC’s are on call and available to assist customer needs 24/7. For the tissue work system, each processor has key personnel who establish and maintain relationships with key contacts at DAI. Bi-monthly meetings are held for each of the two key tissue customers and representatives from DAI’s finance, tissue, and QS departments. These meetings allow for information exchange and announcements that may impact or enhance the organization’s ability to

**Figure 3.2-1 Customer Support Mechanisms**

MECHANISM	SEEKING INFO	OBTAINING SERVICES
Customer Liaison	TC, TP	TC, TP
Direct Communication with COO, CEO	TC, TP, S	TC, TP, P, S
Donation Consultants	TC, P, S	TC
Regional Offices	P	
24/7 On-Call Staff, AOC	TC, TP, P, S	TC, TP, P, S
Social Media, Website	TC, TP, P, S	

TC=Transplant Centers; TP=Tissue Processors  
P=Partners; S=Stakeholders

meet customer requirements. The two key tissue customers communicate with the QACs and QA Manager on a weekly basis to provide status updates on tissue chart clearance, a key customer requirement. This direct communication enables the QACs to address customer requests for additional information and support in real-time. In addition to ongoing communication through e-mail, phone, and in-person meetings, formal agreements with clearly defined responsibilities of both parties enable customers to conduct business with DAI. Tissue processors' biennial audits of DAI help ensure regulatory compliance, and customer requirements. (Figure 7.2-8).

**DAI determines its customers' key support requirements** through the SPP. In Step 1, key customer support requirements are gathered and analyzed through VOC methods, including the videotaped interviews introduced in 2016. These requirements are validated in Step 2 of the SPP and integrated into the strategic plan through work systems and work process requirements (Figure 6.1-1). The support requirements are deployed to staff involved with customers through strategic action plans and personal goals. Regular operational meetings specific to each work system provide a venue to discuss VOC information, review performance of products and services, and ensure that **key support requirements are deployed** to all appropriate staff members and processes. The LMS is utilized to deploy support requirements, including communicating criteria changes to staff.

**3.2a(3) Customer Segmentation** DAI's regulated environment helps **determine customers and market segments**. As the federally-designated OPO for Colorado and most of Wyoming, four approved transplant centers and their associated transplant programs are included in DAI's DSA. Annually during the SPP, the ELT reviews VOC inputs, environmental scans, regulatory changes, industry trends, and performance data. This information is used in identifying and responding to strategic challenges through customer and market segmentation. The ELT, with input from work system leaders, determines if **future customer groups and market segments are anticipated** and need to be **pursued for business growth**. In 2016 and 2018, DAI established relationships with secondary musculoskeletal tissue processors to accept tissues outside of the criteria of existing key customers, further enhancing the organization's ability to achieve mission impact.

To **pursue business growth**, DAI aligns with tissue processors to research new products and services. By supporting tissue processors' innovations and development of new protocols, DAI can help grow overall tissue donation, maximizing the availability of tissues for transplantation. DAI's opportunity for product growth is to maximize each opportunity with the limited resources presented to address the needs of tissue processors.

### 3.2B CUSTOMER RELATIONSHIPS

**3.2b(1) Relationship Management** DAI leverages its core competency **to build and manage customer relationships**. The strength of the **relationships** competency is seen in the daily interactions between DAI staff and the key customers. DAI **builds and manages key customer relationships** through the many approaches for communication, listening to the VOC, and learning (Figures 1.1-1 and 3.1-1). DAI's two key work

systems, are designed to facilitate ongoing relationship management with customers to **increase their engagement** (Figure 6.1-1). DAI continues to hard-wire AIDET throughout the organization to improve communication.

**Relationships** underlie the approaches DAI uses to **exceed customer expectations and increase their engagement throughout their lifecycle** [3.1a(1)]. Whether a customer is emerging, beginning the on-boarding process, or is fully established as a customer, DAI's approach for retaining customers and meeting their requirements begins with the SPP. Through the SPP, work systems and strategic goals are aligned to meet and exceed the customer's expectations.

Maintaining high levels of integrity and public trust is critical for DAI to meet its mission. The organization **manages and enhances its brand image** through robust media relations, marketing, event programs, excellent service, and a newly created speaker's bureau. DAI has been recognized as a "Top Workplace" each year since 2014. Applications such as Facebook, Twitter, Hootsuite, and Tweetdeck are used in listening to stakeholders and building brand image. Using social media, DAI systematically increases public awareness and provides a venue for sharing and forwarding donation stories. These avenues of social media assist DAI in listening to and learning indirectly from stakeholders – donor families and the community at large. Customers also receive communication via social media to enhance their engagement in the donation and transplantation community.

DAI increases customer engagement and connection to the mission by inviting them to attend and participate in annual events such as the Donor Dash and the Donor Family Tribute (DFT) to honor organ and tissue donor family members and commemorate their loved ones (Figure 7.4-11). DAI staff supports and attends these events each year, providing an opportunity to engage with customers.

**3.2b(2) Complaint Management** DAI **systematically manages customer complaints** through Q-Pulse, a quality management system that documents and tracks customer complaints from initiation to closure. When a complaint is entered, the system generates a unique tracking number and sends an email alert to the person assigned responsibility for investigating and resolving the complaint, and following up with the customer. The system tracks progress toward complaint resolution. Communication with the customer occurs as soon as possible after a complaint is identified to acknowledge the issue and begin the investigation. The appropriate leaders review individual and aggregate complaints and develop corrective actions to address the immediate concerns and implement preventive actions, as appropriate, to avoid future recurrences. Root cause analysis is frequently used to identify underlying issues and initiate correction and preventive actions. For example, in 2015, root cause analysis of customer complaints related to shipment of tissue led to clarification of the customer's shipping requirements. This clarification allowed both DAI and the customer to improve their internal processes. Additionally, in 2017, DAI initiated a pre-cross clamp allocation huddle to shorten timeframes between recovery and transplantation of organs in response to evaluation of a customer complaint.

Per formal policy, complaint investigation and customer follow-up occurs within 60 days. Employees receive training on how to enter a complaint during orientation. Reports are routed to the COO/CFO for final approval. A summary of complaint data is shared with the CEO monthly and with the BOD on an annual basis. Complaint data is also reviewed by the Quality Improvement Council on a bi-monthly basis to identify trends and make recommendations for improvement as needed.

## 4 Measurement, Analysis, and Knowledge Management

### 4.1 Measurement, Analysis, and Improvement of Organizational Performance

#### 4.1A PERFORMANCE MEASUREMENT

**4.1a(1) Performance Measures** DAI’s approach for **selecting, collecting, aligning, and integrating data and information used in tracking daily operations and overall organizational performance** begins with the SPP (Figure 2.1-1). In Step 3 of the SPP, the ELT sets the direction by establishing strategic objectives and goals, and creating short-term and longer-term action plans. The LT selects measures of overall organizational performance that align with the strategic objectives during Step 4 of the SPP and refines the associated BSC measures. In Step 5 of the SPP, these measures are aligned with strategic action plans, key work and support processes, and personal goals [5.2a(4), Figures 6.1-2 and 6.1-3]. Directors deploy the strategic plan and performance measures to staff by working with their teams to identify personal goals that support accomplishment of the BSC measures, action plans, and process measures [5.2a(1), 5.2a(4)]. The process for **selecting data and information in tracking daily operations** is described in 6.1a(1). The ELT and directors finalize the BSC measures in Step 6 of the SPP, which provides the structure to **track progress on achieving the strategic objectives and action plans**. DAI tracks progress by systematically documenting and reviewing BSC measures, process measures, and personal goals in the online performance measurement system, “Compass.” This platform was implemented and deployed in 2018 based

on feedback from the LT and staff to streamline the process, increase transparency, and consolidate multiple locations where performance data and information were previously being tracked. 📍

**Key organizational performance measures, including key short- and longer term financial measures** are shown in Figure 2.2-1. **The frequency of tracking key measures** is described in Figure 4.1-1. Directors and SL review and analyze the status of action plans and their measures monthly. Monthly, each leader also monitors the process measures that they oversee and reviews them with their staff at the department level. Quarterly, during the monthly Operations meeting, the LT reviews and analyzes the results of the process measures, recognizing successful practices, and identifying opportunities for improvement related to underperforming measures. Approaches for process improvement and innovation are described in 6.1b and 6.1d. Workforce performance, including accomplishment of personal goals, is documented in Compass and reviewed during the monthly 1:1 employee/leader meeting [5.2a].

The Monthly Organ and Tissue Report, composed of over 65 individual reports related to organ and tissue referrals and donors, is produced from the organization’s data warehouse and distributed to the LT. This report, accessible to staff on the network shared drive, includes summary data related to monthly and year-to-date organ and tissue work system activities and

**Figure 4.1-1 Performance Measurement System** (Additional information AOS)

Mechanism/Type of Review	Participants	Focus of Review & Analysis
<b>DAILY</b>		
Referral pass-off	Clinical teams, LT	Management of caseloads and staffing
Morning call	Clinical teams, AOCs	Management of caseloads and staffing
<b>WEEKLY</b>		
Organ case review	Clinical teams, Medical Director	Donation outcomes, root cause analysis
<b>BI-MONTHLY</b>		
Communication & Collaboration (CNC)	Clinical teams, LT	Case review, improvement strategies
<b>MONTHLY</b>		
Rounding	Employee, Leader	Identify improvements & innovations, recognition
Rounding for Outcomes	Employee, ELT	Identify improvements & innovations, recognition
Scouting Report	ELT, LT	Identify improvements & innovations, recognition
1:1 Meetings	Employee, Leader	Individual performance, competency, & development
BSC Measures	ELT, LT, BOD	Performance to projections
Strategic Goals and Action Plans	ELT, LT	Performance to goal Progress of action plans
Personal Goals	Employees	Performance to goal
Financial performance	ELT, LT, BOD, Finance Committee	Performance to budget Financial position
Organ and Tissue Monthly Report	ELT, LT, Employees	Organ and tissue donor/referral trends Performance to goal
Medical Record Review	Director PE, HD, COO, CEO	Organ donor gap trends, conversion rates, evaluate missed opportunities
<b>EVERY TWO MONTHS</b>		
CAPA, NCR, Complaint	QIC	Review of trends, root causes
PDSA projects	QIC	Review status of improvements Achievement of expected outcomes
<b>QUARTERLY</b>		
Strategic Goals	COO, CFO	Analysis of action plan progress in relation to achievement of strategic goals
Process Measures	ELT, LT	Performance to target, improvement strategies
<b>BI-ANNUALLY</b>		
Strategic Objectives	Clinical teams, LT	Performance to target
<b>ANNUALLY</b>		
Quality Plan Outcomes	ELT, LT, BOD	Trends, outcomes

performance. Year over year data is also included to show historical trends. The LT uses this resource in the analysis and any needed re-calibration of work system operations, as well as BSC measures, process measures, and personal goals related to the organ and tissue work systems. Leaders deploy information from this report to staff through work system and departmental meetings.

**Data and information on daily operations are tracked** through the use of TrueNorth and the organization’s internally developed Tissue and Organ System (TAOS). Staff document all organ and tissue referral and donor information in TrueNorth, an electronic donation management system similar to an electronic medical record (EMR). TAOS is an innovative information system tool developed in-house to address a need for real-time access to data and information. This system pulls information from TrueNorth and consolidates data and information from additional systems in real-time to help the organ and tissue work systems plan and dynamically manage key work process activities (Figure 6.1-1). This automated system extracts, consolidates, organizes, and displays critical referral and donor information organized by work system and key processes on a web dashboard. This dashboard is available securely on personal computers and mobile devices. Key information is sent in automated e-mails which assist teams with daily resource planning. TAOS was initially implemented in 2015 for the tissue work system and has undergone multiple refinements to support operational performance (Figure 4.1-2). 📍

**Figure 4.1-2 TAOS Improvements**

YEAR	IMPROVEMENT
2016	Expanded TAOS for use in the organ work system
2017	Incorporated quality processes, TAOS for Data Verification, and Imminent/Eligible dashboard
2018	Added predictive analysis to reduce the organ donor gap

**4.1a(2) Comparative Data** To select comparative data and information, the ELT has defined the following criteria:

1) ensuring consistency of measurement definition; 2) ensuring the availability of accurate data and the frequency at which it is collected; 3) having best practice or benchmark status within or outside the industry; and 4) cost/benefit. Leaders use comparative data from several key sources to set strategic goals that support fact-based decision-making (Figure P.2-1). The use of comparative data is integrated in Steps 1 and 5 of the SPP, with analysis of past performance and developing BSC and process measures (Figure 2.1-1). The effective selection of benchmark comparative data and information helps the organization achieve the vision of being a *center of excellence*.

**4.1a(3) Customer Data** DAI selects VOC and market data and information through a variety of listening and communication methods (Figure 3.1-1). The selection of data begins with Step 1 of the SPP when inputs from customers are gathered and analyzed (Figure 2.1-1). In conjunction with Step 5 of the SPP, customer requirements are validated and used in developing BSC measures, department goals, and process measures to help build a more customer-focused culture and to support fact-based decision making. Customer requirements serve as the basis for selecting VOC and market data and information (Figure P.1-5).

For example, in 2016, DAI evaluated the use of a secondary tissue processor when its primary customer, AlloSource, implemented tissue criteria changes that would impact DAI’s ability to maximize bone donations. The decision to move forward with a secondary tissue processor was based on VOC and market data. This fact-based decision process helps maintain organizational agility and supports DAI’s mission and vision.

**Aggregated data on customer complaints** from Q-Pulse is collected and analyzed monthly by the Director of QS to evaluate trends or patterns in customers’ perception of services provided by DAI and to assess fulfillment of customer requirements. Trended data and information related to customer complaints is reviewed every other month by the QIC to determine if process improvements are needed.

For the organ work system, feedback from the four transplant centers is obtained from real-time communication that occurs throughout each organ donation case. DAI staff are able to respond to the variable requirements of customers that come with the uniqueness of each organ donation case. During weekly case reviews, organ work system staff members evaluate each donation case to identify successful outcomes and opportunities for improvement. Tasks related to the organ donation process are assessed and modified as needed to meet the needs of transplant centers, which are then documented on a case checklist. Formal VOC data gathered through surveys is also used in creating action plans through the SPP. Based on feedback from the transplant centers, pulse surveys were implemented in 2018 to capture real-time, formal documented feedback after each organ donor case. 📍

Tissue work system staff communicates with customers in real-time when screening potential tissue donors. On a monthly basis, the two primary tissue processors provide data and information in scorecards which include measures such as donor volume, tendon lacerations, chart approvals, and contamination rates, as well as comparative data from other OPOs that provide tissue services to the customer (Figures 7.1-25 to 28). Tissue work system leaders use this data to evaluate DAI’s performance and to improve processes, **building a more customer-focused culture**. DAI also uses VOC data to identify and screen potential donors for specialty grafts requested by tissue processors monthly. Tissue work system leaders review the list of specialty grafts, which is deployed to front-line staff so that appropriate donor screening can take place. DAI also uses formal feedback gathered through annual surveys to create action plans for the tissue work system during the SPP.

Social media is not a mechanism for communicating with customers because of the need to maintain donor privacy and confidentiality as it relates to daily operations for the organ and tissue work systems. DAI uses **data and information gathered through social media** primarily to enhance community education and awareness surrounding donation.

**4.1a(4) Measurement Agility** DAI ensures that its performance measurement system can respond to rapid or unexpected organizational or external changes through frequent performance reviews and the ability to maintain

flexibility in adjusting the measures or action plans as needed (Figure 4.1-1). The frequency of reviews and flexibility to adjust measures outside of the SPP are key aspects of agility in DAI's performance measurement system. Rapid or unexpected organizational changes can alert the ELT to change or add measures in mid-year, cascading them to appropriate departments and individuals. Through the Organizational Rhythm, DAI maintains agility in its plans for achieving strategic goals through monthly monitoring of strategic objectives. DAI's process measures can be adjusted to accommodate new or revised work processes.

To ensure data and information are readily available to support changes to the performance management system, DAI utilizes a data warehouse that consolidates and rationalizes data for reporting. When DAI implemented True North, a new DMS in 2016, the data warehouse was used to ensure that data from the old DMS and new DMS could be included seamlessly in the performance measurement system. Any rapid or unexpected organization or external changes can be quickly included in the data warehouse to ensure continuity in how DAI measures and analyzes organization performance.

#### 4.1B PERFORMANCE ANALYSIS & REVIEW

DAI reviews organizational performance and capabilities through multiple frequent and scheduled reviews and analyses (Figure 4.1-1). The Quality Plan, which provides a framework for measurement is reviewed and approved annually by the BOD. Monthly, the ELT reviews and analyzes the organization's BSC measures and other financial measures, including organ and tissue statistics and year to date operational expenses. The **BOD reviews the organization's performance and progress on strategic objectives and action plans** monthly through the reports provided by the CEO, and through the CEO operations and financial updates are presented at all BOD meetings. During monthly operations meetings, a member of the ELT leads a discussion to review and analyze BSC results with the LT. This monthly practice was initiated through a 2016 cycle of learning and provides a multidisciplinary perspective to identify and **respond to changing organizational needs and challenges in the operating environment, including any need for transformational change in organizational structure and work systems** ♻️. As a standing agenda item for operations meetings, the Director of Finance also provides to the LT an analysis of the preceding month and year-to-date financial status, comparing actual performance to budget. BSC results are deployed to employees through monthly department meetings and quarterly staff meetings. Employees access the BSC results on the home page of the Core and through Compass. Monthly, each department director reviews and analyzes data that supports action plans, process measures, and personal goals, and updates this information, as appropriate, in Compass. Department directors also produce a formal monthly report to the ELT that includes analysis of work system and support process data and information. **Analysis of the data** includes an assessment of the results and trends in performance measures in relation to a set goal and appropriate comparisons. Review and discussion of performance data at the leadership and departmental levels helps identify contributing factors and opportunities for improvement. These reviews also are used in determining conclusions are valid.

The organization **uses comparative data** during scheduled performance reviews (Figure 4.1-1) to analyze relevant organizational success and performance of key work system and support processes. For example, donor registry rates for CO and WY are monitored through an automated daily email that verifies data integrity and analyzes donor registration for the previous day and current month as well as year-to-date results. Comparisons and rankings against other states, obtained through Donate Life America (DLA), helps DAI to create action plans targeted at increasing public education and outreach and support achievement of the strategic objective of delivering the "Donor Alliance Experience." With donor designation rates of over 67% in Colorado and 58% in Wyoming, DAI's performance is among the highest in the country (Figure 7.1-29). Comparative data is used in setting goals and measures and is integrated across the organization in daily operations. For example, the ranking of organ conversion rate (Figure 7.1-5) is monitored monthly. Additionally, the measure of observed organs transplanted vs. organs expected to be transplanted (Figure 7.1-7 & 8) is reviewed and analyzed by the organ work system and the medical director after each organ donation case to identify opportunities to improve processes and communication in future cases.

DAI uses **customer data** from the VOC communication and listening methods to evaluate the organization's performance in meeting customers' requirements, which serve as the basis for developing certain BSC measures, process measures, and personal goals [4.1a(3)]. Work system leaders use customer data and information to facilitate changes or improvements to meet customer requirements. SL present performance data during meetings with customer executives to set the direction for engaging customers.

A key approach for analyzing organizational performance related to the organ work system is the retrospective medical record review process, which involves the monthly review of deceased patient records from DSA hospitals. Retrospective data is analyzed to determine donor potential, identify gaps, and assess both hospital partner and DAI performance as it relates to key work system processes (Figure 6.1-2). DAI also monitors the overall referral rate and the timely referral rate for all deaths that occur in the DSA hospitals. Aggregated data is provided to the CEO and COO monthly, discussed during bi-monthly QIC meetings, and is also shared with the BOD regularly through CEO reports and the annual Quality Plan report. Additionally, Donation Consultants complete a hospital specific dashboard outlining donation process performance data which is deployed to hospital leadership at scheduled intervals to address gaps in the process. In a 2018 cycle of learning, the MRR process was automated in order to increase efficiency and improve the usability of the hospital specific dashboards. ♻️

**The reviews of organizational performance are used to respond rapidly to organizational needs and challenges in the operating environment** by identifying gaps or under-performance in relation to goals, previous performance, or comparative data. These reviews are used in initiating correction plans or process improvements. In late 2014, monitoring of the number of tissue charts, a BSC measure, caused the organization to respond to a planned staffing shortage that coincided with an unexpected increase in tissue donation. Data and

information from performance measurement was used to support a fact-based decision to utilize per diem staff in a Quality Assurance Coordinator (QAC) role, increase overtime hours for full-time staff, and approve one additional full-time QAC position. As a result, DAI was able to meet the key requirements of tissue processors.

#### 4.1C PERFORMANCE IMPROVEMENT

**4.1c(1) Future Performance** DAI **projects future performance** during the SPP by reviewing historical performance, customer requirements, and VOC data and information [Figure 2.1-1, 2.2a(6)]. The organization also uses regulatory requirements, industry trends, and comparative and benchmark data in setting projections. Findings from past performance reviews (Figure 4.1-1) and collaborative trend data are used annually during the SPP to establish three-year **future projections** for the BSC measures tied to the four strategic objectives. To determine future performance projections for the organ work system, the organization uses retrospective medical record review data, organ conversion rates, and trends in current transplant practice. For the tissue work system, processor comparative scorecard data is reconciled against customer projections for future tissue needs. **Differences between these projections and those developed for key action plans are reconciled** through performance analysis and review. Differences are also reconciled through workforce planning, budgeting, and action plan development processes integrated with the SPP, with the ability to make adjustments outside of the SPP cycle (Figure 2.1-1).

**4.1c(2) Continuous Improvement & Innovation** Scheduled performance reviews (Figure 4.1-1) help identify priorities for improvement and innovation based on key performance measures that are not being met. When underperforming measures are detected through performance reviews, data and information are analyzed and used in identifying solutions to reconcile the deficiency (6.1d). For example, in 2017, a PDSA was initiated to improve performance related to the brain dead organ donor gap when actual results did not meet projections.

Detection of underperforming measures triggers a PDSA initiative or idea challenge through Spark! (6.1d). Priorities for improvement are determined by considering SC, SA, and organizational, strategic, regulatory, and financial risks (Figure 1.1-3). These **priorities and opportunities for innovation are deployed** to the appropriate work groups and functional-level operations through the Change Management Team, department meetings, quarterly staff meetings, project teams, CNC meetings, and work system meetings. New processes that arise from the initiatives are implemented as SOPPs and deployed to the respective staff [6.1b(1)]. Changes are **deployed to customers, suppliers, partners, and collaborators** as appropriate through regular meetings and other established methods of communication (Figure 1.1-1). For example, in 2018, the QA team initiated a PDSA for the paperless management of tissue charts to improve the cycle time for the tissue chart clearance, a key customer requirement (Figure 7.1-28). 📍

## 4.2 Information and Knowledge Management

### 4.2A DATA AND INFORMATION

**4.2a(1) Quality** DAI **verifies and ensures the quality of organizational data** using the management approaches shown

**Figure 4.2-1 Data and Information Quality**

Property	Type of Data and Information	Management Approach
Accuracy & validity	Donor & referral data Performance data Financial data	TAOS Data Verification Case Checklists Donor Chart QA Medical Record Review Comparison of data against external sources and reports Reconciliation of financial and clinical data
Integrity & reliability	Donor & referral data	Best-in-class cloud providers Database data integrity features Offsite replication
Currency	Donor & referral data	Real-time data entry, data replication for TAOS and reporting, data feed from StatTrac to TrueNorth Data Warehouse refreshed hourly

in Figure 4.2-1. These approaches are also used in **ensuring the accuracy and validity, integrity, reliability, and currency of electronic and other data and information**. Multiple checkpoints throughout and after the organ and tissue donation processes are utilized for data verification. For the organ and tissue work systems, donor and referral data are verified in real-time against source data by the appropriate clinical staff responsible for inputting critical data during steps of key work processes (Figure 6.1-1).

TAOS, which consolidates information from several sources to display key work and support system data in a dashboard format, was further extended in a 2017 cycle of learning to **ensure data validity, integrity, reliability, and currency** in the organ and tissue work systems and QS (Figure 4.1-2). 📍 TAOS for Data Verification was developed through an interdisciplinary team consisting of work system and support process members that determined the data points needed for specific referral and donor scenarios. This resulted in an automated, comprehensive data verification process that checks over 450 data points in real time to ensure that expected data are entered appropriately at various stages of the referral and donation process and are within expected ranges. Staff can verify data quality in real time and correct missing, incomplete, or out-of-range data. This innovation originated from the need to ensure high quality data for the performance management system. As a result of the development and incremental improvements to TAOS, it has become a tool that supports agility and flexibility in DAI's daily operations, providing data and information needed to make rapid decisions related to workforce capacity [5.1a(1)] and key work processes [6.1a(2)].

The approach for **ensuring the quality** of non-clinical data for the key support processes (Figure 6.1-3), involves a review by the leader or staff member responsible for the measure, comparing reports to the available source data, and correcting the data as needed at the source. For example, financial billing data for customers and hospital partners is reviewed manually each month against clinical data collected by the organ and tissue work systems. During the quarterly re-review, finance staff verifies and ensures accuracy of tissue inventory against both internal Quality department tracking and tissue processor tracking.

**4.2a(2) Availability** DAI **ensures the availability of organizational data and information to the workforce, customers, suppliers, partners, and collaborators**, through key communication mechanisms in Figure 1.1-1 and the approaches listed

in Figure 4.2-2. DAI utilizes TrueNorth, where staff document the donor’s medical information and critical data related to key steps of the organ and tissue work systems (Figure 6.1-1). This system was implemented in February 2016, to improve the availability and quality of data and maintain regulatory compliance, a key customer requirement (Figure P.1-5).

Staff make donor information available to key customers after the donation process by providing a copy of the donor chart generated through the TrueNorth system. Data generated from the TrueNorth system is included in the data warehouse and TAOS system for real-time use in the tissue and organ work systems as well as in support systems. TAOS makes data and information available in a user-friendly format and a timely manner to the workforce.

In a 2018 cycle of learning, DAI developed an innovative analytics platform to assist in predicting organ referral outcomes. Utilizing sophisticated machine learning tools, DAI incorporated artificial intelligence into TAOS to assist organ leadership with real-time staffing decisions. Since most organ referrals do not become donors, DAI saw an opportunity to increase efficiency and effectiveness through using artificial intelligence to identify which organ referrals are most likely to become donors. This innovation supports the organization’s strategic goal of achieving mission impact. 📌

DAI’s reporting process ensures that **organizational data and information are available in a timely manner to the workforce, customers, suppliers, partners, and collaborators**, as appropriate. In 2016, to support this reporting process, DAI created the Business Intelligence Analyst position. 📌 This position designs and creates standardized and ad hoc reports that are distributed to the LT and accessed via the Core and shared drives. Standardized dashboards are provided to each hospital partner on a scheduled basis that includes the hospital’s performance on organ and tissue referrals and how their referral activities saved and enhanced lives. Regular meetings with critical suppliers facilitate timely data and information sharing and ensure suppliers are meeting DAI requirements. Due to the unique non-competitive nature of DAI’s industry, data and information are shared among collaborators. Demonstrating industry leadership, DAI created, planned, and led an innovative industry-wide discussion on data, the 2018 Elevate Data Summit. This inaugural event accelerated the use of data and information to increase organ donation and transplantation and included over 33 OPO collaborators along with vendors, AOPO, and UNOS. Participants created a

**Figure 4.2-2 Data and Information Availability**  
Examples; Additional information AOS

	TYPE OF DATA	AVAILABILITY MECHANISMS	
<b>WORKFORCE</b>			
<b>Employees</b>	Referral information Donor information SOPPs Performance measures (BSC, Goals, AP’s, Process Measures) Hospital dashboards Payroll & benefits Best practices General company information	TrueNorth TAOS StatTrac The Core Paycor Communication Board E-mail Meetings	Compass LMS Shared Network Drives Donor Alliance Website Newsletters Annual Reports Q-Pulse
<b>Advocates</b>	Presentation materials Events and schedules General donation information	Donor Alliance Website Email Mail Telephone	In-person Newsletters Annual Reports Closed Facebook Site
<b>STAKEHOLDERS</b>			
<b>Donors &amp; Donor Families</b>	Donation follow-up information General donation information Newsletters Annual reports	In-person Telephone Email Mail	Aftercare Coordinator Donor Alliance Website
<b>Community</b>	General donation information	Social media In-person Telephone Email	Mail Newsletters Annual Reports Donor Alliance Website
<b>CUSTOMERS</b>			
<b>Tissue Processors</b>	Donor information Performance measures General company information	Donor Chart In-person Meetings Email Mail Customer Liaison	Telephone Newsletters Annual Reports Processor Portal
<b>Transplant Centers</b>	Donor information Performance measures General company information	Donor Chart UNET In-person Meetings Email Customer Liaison	Mail Telephone Newsletters Annual Reports
<b>PARTNERS</b>			
<b>Hospitals</b>	Performance measures Educational information Donor and referral follow up information	Hospital Dashboards In-person Meetings Email Mail	Telephone Newsletters Annual Reports Donation Consultants
<b>Coroners</b>	Donor information	Donor Chart Telephone In-person Meetings	Email Mail Coroner Liaison
<b>RMLEB</b>	Donor information	Telephone, Email, In-person Meetings	
<b>SUPPLIERS</b>			
	Performance measures	Telephone In-person Meetings Email	Mail Donor Alliance Website
<b>COLLABORATORS</b>			
	Performance measures Comparative data Best practices Donor information	Telephone Email In-person Meetings Web-based Portal	Donor Alliance Partner Portal

dashboard for their organizations that included key performance metrics that they identified and refined during the summit.

DAI ensures that information technology systems are user-friendly by involving the LT and staff in evaluating and implementing new technology. For example, when Information Systems chose a new laptop platform in 2016, the LT and staff participated in the evaluation of four different laptop models to select the laptop to best meet organizational needs. 📌 Similarly, software is selected through an evaluation process that includes the LT and staff. In changing the HR and payroll system in 2016, a multidisciplinary team participated in product evaluations from six vendors and rated each software platform on a variety of factors, including functionality and ease of use. Information Systems surveys employees on 20% of all support tickets to ensure satisfaction with information technology systems and support. 24x7 support is available to support the mission,

and service requests are tracked using concepts from the ITIL best practice in information systems. By focusing on the requirements of employees, DAI ensures that hardware and software meet the needs of the organization and are easy for staff to use.

#### 4.2B ORGANIZATIONAL KNOWLEDGE

**4.2b(1) Knowledge Management** DAI builds and manages organizational knowledge using a five step process (Figure 4.2-3). The process for building organizational knowledge across the workforce begins with onboarding and NHO when employees receive current industry and operational information and continues throughout employment. Multiple integrated systems available to staff, such as SOPPs, the LMS, and the Core, maintain current information and accumulated knowledge.

DAI leverages its QS to **collect and transfer workforce knowledge**. A robust, electronic library of SOPPs and documents standardizes work and best practices across the organization. The SOPPs document and support the consistency of processes in highly regulated areas of the organization, as well as in administrative areas. SOPPs are evaluated by subject matter experts and routed for approval through the Q-Pulse Document Control System prior to staff training and implementation of a new or revised process. New or revised SOPPs are deployed to staff through email and the LMS. With the addition of work instructions to the SOPP system in 2016, detailed knowledge for critical tasks is provided. The use of work instructions contributes to organizational agility and flexibility by allowing daily operational tasks to be captured, updated, and deployed to appropriate staff more rapidly than through the SOPP process. SOPPs and work instructions are reviewed annually by the appropriate work groups. In 2016, the processes for annual SOPP review and documentation of individual competency validation were combined into one process, which connects the interrelated importance of each of these knowledge transfer components. The SOPPs and checklists are available through the Core, DAI's internal website, which also links staff to status boards, case activity records, and process tools. The Core is available remotely and is accessible via mobile devices. Additional data and process files are located on the network-shared drive.

The LMS is systematically used to transfer knowledge to new employees and is the mechanism for delivery of SOPPs. With the personal learning coordination and guidance of the LDS, new employees' training blueprints integrate aspects of the knowledge management system, including SOPPs, third-party online content, LMS assignments, and 1:1 experiences [5.2b(1)]. Due to complex operational processes, the Organ team holds morning conference calls, bi-monthly multidisciplinary Communication and Collaboration (CNC) meetings, and monthly work system meetings. To increase knowledge sharing and align processes, progressive CNC enhancements have been implemented. The addition of colleague training, strengthening relationships through the invitation of guest speakers from customers and donor hospitals, and the expectation that each organ work system member participates in a presentation annually, have provided additional workforce development opportunities.

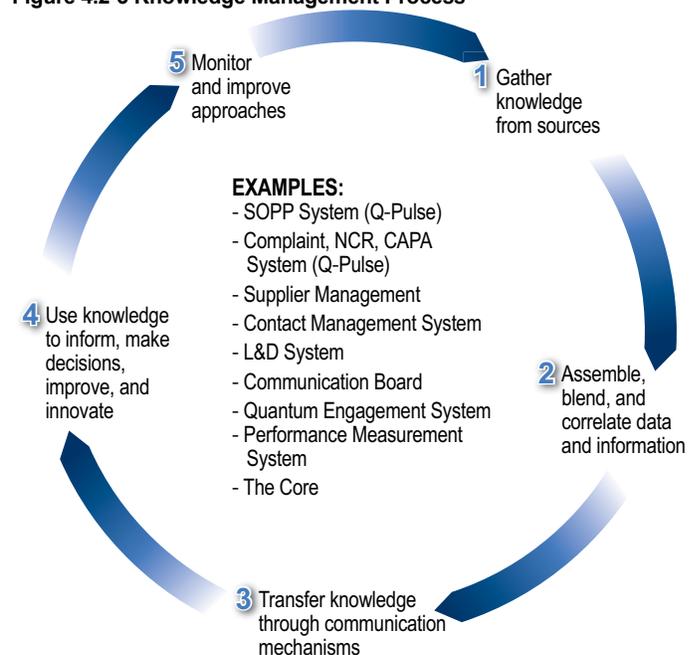
The **collection and transfer of workforce knowledge** occurs through the key communication mechanisms noted in Figure 1.1-1. In 2017, the Change Management Committee, a multi-

disciplinary team that meets bi-weekly, was formed to discuss upcoming work system changes and strategize all actions necessary for smooth implementation [6.1b(3)]. Additionally, the LDS positions, along with Subject Matter Experts (SMEs) annually review existing formal knowledge sources and assimilate new information into training blueprints and learning materials [5.2b(1)].

DAI blends and correlates data from different sources and mechanisms such as StatTrac, TrueNorth, processor scorecards and hospital records **to systematically build new knowledge**. The creation of several internal Yammer online social media communication groups was implemented in the organ work system in 2017 to promote knowledge management. Topics vary from information about department functions to tips on the use of productivity tools. A Yammer group actively scans and shares external information with organ work system staff to aid clinical knowledge and growth. During the donation process, clinical staff uses hospital data and information to evaluate potential donors and make decisions throughout the entire donation process. **Knowledge for use in the innovation process is assembled and transferred** using the Spark! system (6.1d). **Organizational knowledge used in innovation and strategic planning is assembled** from sources, such as the SPP inputs outlined in Figure 2.1-3. A 2015 refinement to the SPP was the addition of the workforce and AB SWOTs, capturing the inputs from across the organization. Organizational knowledge for innovation comes from improvement projects and leader rounding, as described in 6.1d.

**Knowledge transfer to and from customers, suppliers, partners, and collaborators** systematically occurs through the approaches highlighted in Figures 1.1-1 and 3.1-1 and shared with the workforce as appropriate in department meetings and all-staff meetings. In addition, DAI publishes an annual report and a biannual newsletter that are sent to these key stakeholder groups. DAI organizes on-site post-case recovery conferences

Figure 4.2-3 Knowledge Management Process



at donor hospitals. Donation Consultants gather data related to all aspects of individual hospitals' organ and tissue donation performance and provide regular feedback to hospital partners through dashboard reports and meetings. The DAI coroner liaison provides outcome reports to coroners and collaborates with them to establish protocols. In a 2016 cycle of learning, the organization split the coroner and funeral home liaison position into separate full-time positions to better transfer knowledge to and from these two key partners/stakeholders. Knowledge transfer to and from collaborators includes participation in national organizations such as AOPO, CMS, UNOS, AATB and presentation of DAI's best practices.

**4.2b(2) Best Practices** Routine review of BSC measures, department goals, and process measures provides an opportunity to **identify high performing departments** at DAI. **Best practices are identified** through operations meetings, rounding, 1:1 employee/leader meetings, PDSAs, department meetings, feedback from post recovery conferences, CNC meetings, monthly director breakfasts, monthly manager lunches, and on-site audits/inspections. Best practices are shared through monthly communication board postings, quarterly all-staff meetings, and monthly department and operations meetings. Best practices designated for **sharing and implementation across the organization** are documented in SOPPs and added to the training curriculum, as appropriate.

Leaders also identify proven practices through benchmarking with other OPOs and organizations. Leaders and staff frequently share best practices within the donation community through collaborative events such as conference presentations and abstract submissions. Best practice examples are integrated into and presented during all-staff meetings. For example, a moment of silence acknowledging the significance of the gift of donation before an organ recovery procedure begins, was identified as a best practice. In 2015, the CEO adopted this practice by beginning each all-staff meeting with a moment of honor.

**4.2b(3) Organizational Learning** DAI uses knowledge and resources to embed learning in the way the organization operates through leveraging the core competency of **relationships**. Frequent formal and informal interactions within work systems, between the two work systems, and with support systems ensure that DAI's knowledge and resources are distributed throughout our workforce. CNC meetings in the organ work system ensure the workforce knowledge is shared and that organ team members recognize and implement best practices. Frequent additions to TAOS data verification through collaboration between Information Systems and the organ and tissue teams ensure consistency in the application of best practices. The quality review process for each donor case ensures consistency and the application of best practices.

The organization uses regular Baldrige-based self-assessments to obtain external feedback and identify opportunities to bring about significant, meaningful change and to innovate. This approach cultivates organizational learning and supports an environment to improve organizational performance [1.1c(1)]. Leaders share the results at all-staff meetings, prioritize opportunities for improvement, and engage leaders and staff in addressing them. In 2016 and 2018, based on Baldrige feedback,

the organization refined the SPP. DAI uses regular reviews of organizational performance (Figure 4.1-1) to identify opportunities for improvement (4.1b). DAI utilizes knowledge from best practices and incorporates it into organizational processes through PDSA, rounding, train the trainer classes, the LMS, and SOPPs.

## 5 Workforce

### 5.1 Workforce Environment

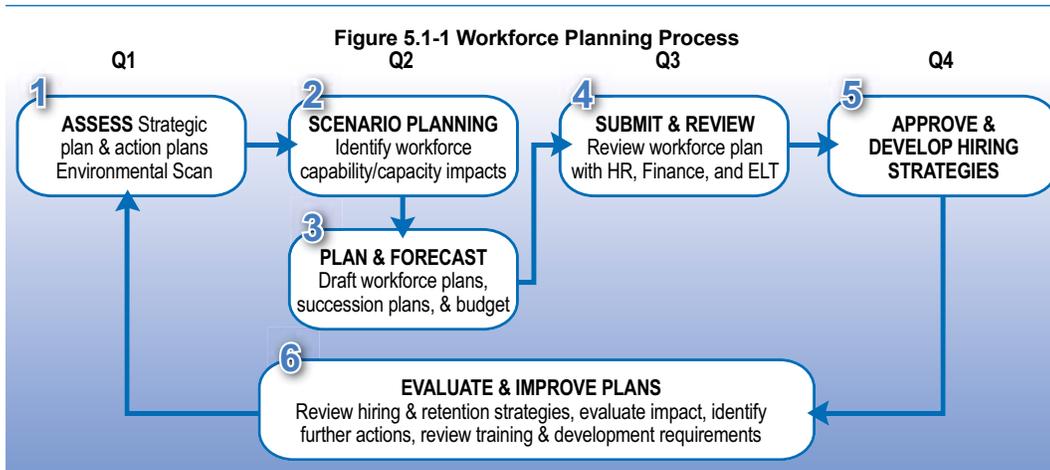
#### 5.1A WORKFORCE CAPABILITY & CAPACITY

**5.1a(1) Capability & Capacity** DAI assesses workforce capability and capacity needs through the WPP integrated with Step 5 of the SPP (Figure 2.1-1). Initiated in 2015, the WPP involves six steps that align capability and capacity needs with the strategic objectives, goals, action plans for the coming year (Figure 5.1-1). In Step 1, the WPP begins with a review of the strategic framework for the plan year, including strategic action plans and the environmental scan. In Step 2 of the WPP, the ELT identifies likely scenarios based on donor volumes and projections. The directors and HR identify the associated impacts for workforce capacity and capability, including an **assessment of the skills, competencies, and staffing levels needed** based on the scenarios and strategic action plans. The department directors and HR review FTEs, overtime, skill mix, and proficiency requirements of current staff. In Step 3, directors draft workforce plans and succession plans, and they identify areas for job redesign as needed. A gap analysis, specifically identifying critical positions that are difficult to recruit and/or challenging to retain is also conducted. In Step 4, the directors propose a staffing plan to the ELT for approval. On approval in Step 5, the directors and HR develop strategies and planning initiatives for the upcoming year. The WPP is evaluated and improved on an ongoing basis throughout the year, in conjunction with Steps 5 and 9 of the SPP. Evaluation and improvements are also based on feedback from the LT and Baldrige-based assessments.

In 2017, the WPP was improved by creating scenarios based on work system activity, including future planning and projections for all areas of the organization. Additionally, in 2018 the Director of HR developed a workforce planning executive summary, aggregating data and information to be used in future projections for capacity and capability planning.

To evaluate appropriate **staffing levels**, DAI leaders regularly consult with their counterparts at other OPOs. Clinical staffing solutions are continuously monitored collaboratively throughout the OPO industry due to changing case volumes. **Relationships**, a core competency, promote collaboration and idea sharing of workforce practices through LINC as well as at the Director and HR Council levels across the OPOs.

To address daily **workforce capability and capacity needs**, the organization budgets for overtime and uses AOCs to monitor and guide daily organ and tissue work system operations. The AOCs also serve as important resources to clinical staff to coordinate high-demand caseloads. Additionally, the organization uses per diem, contract, or temporary staff to help address unforeseen capacity needs.



**mission-driven** culture and core values. The organization's approach for **retaining new workforce members** begins with the on-boarding process, which helps ensure employees feel they have joined one of the best places to work. To start the on-boarding of new employees, hiring managers use orientation checklists and work with Learning and Development to develop and modify training blueprints to determine

On an annual basis, DAI **assesses the capability and capacity needs** for the Advocates for Life (AFL) program through a comparison of previous and anticipated initiatives with volunteer type, interests, skills and training. Volunteers are categorized by their connection to donation (donor family, recipient, living donor, etc.), interests, skill sets, and training levels, utilizing the volunteer database. Comparing the categories of volunteers with past and future initiatives allows the Director of PR/Communications and the Volunteer and Special Events Coordinator to identify recruitment and training opportunities.

**5.1a(2) New Workforce Members** DAI's systematic processes to **recruit, hire, place, and retain new workforce members** support its core value of *People First* and strengthen its **mission-driven** core competency. This approach begins with formal written job descriptions that define the requirements and skills necessary to meet operational needs and customer requirements (Figure P.1-5). After approval of the requisition, HR posts the job opening on local, national, industry- and community-specific job boards relevant to the role that is being recruited. To ensure that DAI's **workforce represents the diverse ideas, cultures, and thinking of the hiring and customer community**, staff members are hired based on the match of their skill sets to the job requirements as well as compatibility with DAI's core values and culture [5.2a(1)]. DAI's hiring practices also comply with Federal and State Employment laws. With the specialized nature of the organization's workforce, recruitment strategies are position-specific, supported by budgeted recruitment dollars and employee referral incentives. For example, 29% of all new hires from 2014 to 2017 were employee referrals, an indicator of strong employee engagement. HR systematically reviews demographic data to identify gaps between DAI and its key communities, and implements initiatives for building **relationships** with underrepresented communities. Information about the organization is posted in English and Spanish, not only to attract bilingual candidates but to further DAI's mission.

As part of the hiring process, candidates complete multiple interviews with HR, the hiring manager, the department director, and a peer team using standardized, behavior-based questions and role play scenarios. The peer interview process brings in **the diverse ideas, cultures, and thinking** of the workforce to select the right candidate. This systematic process also ensures **the fit of new workforce members with the organization's**

what training will best support the employee's on-boarding and growth [5.2b(1)]. During an initial 2.5-day New Hire Orientation (NHO), leaders, including the COO, talk about DAI's organizational structure and culture. As part of the NHO process, the CEO takes new employees to lunch to foster **relationship** building and to reinforce the DAI culture and performance excellence. New hires also meet with the Enneagram consultant within 30 days of employment to learn how to use the Enneagram. This helps employees improve personal awareness and build and maintain **relationships**. The Enneagram model helps ensure the fit of new workforce members with DAI's organizational culture while meeting a key customer requirement of **relationships** and communication (Figure P.1-5). As part of the on-boarding process, the Director of HR meets with new employees 30 days and 90 days after NHO to assess the orientation experience, answer questions, and provide additional resources as appropriate. In a 2014 cycle of learning, HR added a 60-day check-in with internal transfers to assess and gather feedback about their transition. For new hires and internal transfers, the hiring manager also completes a 90-day formal evaluation of the employee to assess performance and ongoing training needs. This evaluation is reviewed by HR and the ELT and is delivered by the hiring manager within fourteen days of the employee's 90th day of employment.

DAI's AFL Program recruits new members through the organization's aftercare program, customers, partners, community initiatives, social and digital media, and annual signature events. New members must complete an online application that includes a basic background check, as well as liability and media waivers. Mandatory training includes an introductory Advocate 101 and an additional half-day session on messaging or public speaking. Retention of new volunteers is monitored monthly and encouraged through systematic communication processes, including a bi-monthly e-newsletter and closed Facebook group.

**5.1a(3) Workforce Change Management** DAI **prepares its workforce for changing capability and capacity needs**, including **changes in organizational structure and work systems, when needed**, through transparency and communication (Figure 1.1-1). ELT uses all-staff meetings, new hire welcome meetings, all employee emails, and department meetings to help keep the workforce aware of how the organization is performing and of any changes that are ahead. In 2017, the organization

formalized a change management process which includes multidisciplinary team members to assist with changes to work system processes and ensure communication to the appropriate workgroups, customers, partners, stakeholders, and suppliers [6.1a(3)]. In 2018, to support the core value of *People First* and continue to meet customers' needs, the organization refined its approach for preparing for and communicating changes. This process involves establishing the need for change, designing planning and implementing the change, and identifying and addressing impacts of the change. 📍

The WPP, performance review process, and approaches for engaging the workforce allow the organization to **manage its workforce, its needs, and the organization's needs to ensure continuity, prevent workforce reductions, and minimize impact of such reductions, if they become necessary** (Figures 4.1-1 and 5.1-1; 5.2). These approaches also help the organization **prepare for and manage any periods of workforce growth**. In support of the core value *People First*, DAI focuses on employee retention and sustaining a high engagement culture through employee rounding, managing workforce performance, and providing learning and professional development opportunities (5.2). Key staff positions are cross-trained so that changes in capacity across the work systems can be easily met.

**5.1a(4) Work Accomplishment To accomplish the work of the organization and to reinforce a customer and business focus, DAI organizes and manages its workforce** into two work systems and key support processes, all supported by a common QS (Figures 6.1-1, -2, and -4). Engaged, **mission-driven** employees work within the organ work system and tissue work system to meet the mission of saving lives through organ and tissue donation and transplantation. The Leadership System (Figure 1.1-2), the strategic objectives and goals, and the SOPPs and work instructions guide the workforce to accomplish the work of the organization. The deployment and alignment of strategic objectives and goals through strategic action plans and personal goals help to keep employees **mission-driven** and focused on exceeding customers' requirements to achieve high performance work. The integration of personal goals that measure employee performance with strategic action plans foster an engaged workforce to **exceed performance expectations** [5.2a(4)].

**DAI reinforces a customer and business focus** through customer listening and support approaches and by building and managing customer **relationships** (3.1, 3.2). Specialized, unique positions, such as family support coordinators, donation consultants, and a coroner liaison, reinforce a focus on stakeholder and partner requirements and **relationships** that are critical to meeting customer requirements. In a 2015 cycle of learning during the WPP, the organization added a funeral services liaison position to further capitalize on the organization's core competency of relationships with stakeholders and help meet business needs. 📍

The Staff Speakers Bureau was developed in 2017 to engage staff in building stakeholder **relationships** by educating the community about organ and tissue donation and transplantation through structured presentations.

DAI's AFL volunteer program, managed by the Public Relations and Communications department, supports the organization's strategic objective to "deliver the Donor Alliance experience" through public education and outreach (Figure 2.2-1). The more than 200 volunteers are driven by the mission to save lives and play a crucial role in educating and inspiring the public to take action towards registering organ and tissue donors throughout the DSA.

## 5.1B WORKFORCE CLIMATE

**5.1b(1) Workplace Environment DAI ensures workplace health, security, and accessibility for the workforce** through the safety program. Policies and procedures outline safe workplace requirements that comply with OSHA standards and protect staff from exposure to bloodborne pathogens and other potential hazards. Job descriptions identify position-specific health and safety risks that determine individual requirements for testing, vaccination, and personal protective equipment. The organization's special health and safety requirements are shown in Figure 5.1-2.

Figure 5.1-2: Health and Safety Requirements

VACCINATIONS TRAINING AND TESTING	EMPLOYEE GROUPS		
	Clinical	Non-Clinical	Advocates
Hepatitis B vaccination/titer check	Yes	N/A	No
Tuberculosis skin test, Measles, Mumps, Rubella (MMR), Varicella	Yes	Per JD	No
Annual influenza vaccination	Yes	Optional	Per Assignment
Annual OSHA Training	Yes	Yes	N/A
Annual HAZCOM Training	Yes	Yes	N/A
Annual BBP Training	Yes	Per JD	N/A
Radiation Safety Training	Per JD	Per JD	N/A

The organization utilizes a systematic approach for reporting of workplace injuries. The Safety Officer, in conjunction with the injured employee's manager, ensures that medical needs are addressed, then investigates injuries, performs root-cause analysis, and recommends corrective action, as appropriate. The multi-disciplinary Safety Committee meets quarterly to monitor the effectiveness of the safety program. In 2016, DAI expanded its testing and vaccination requirements for clinical staff based on an environmental scan and review of partner hospital requirements. 📍 The Safety Committee reviews injury trends, identifies and corrects potential workplace hazards through safety walk-throughs, and promotes a safe workplace environment. Annually, the Safety Officer and the organ and tissue work system managers conduct a review of medical devices used in the organ and tissue recovery process to determine if safer devices are available. DAI also offers vaccinations for volunteers to help ensure their health and safety.

All of DAI's facilities are secured through the use of locked access, badge readers, security cameras, and/or 24/7 onsite security. Staff members receive training on personal safety, preparing for and responding to emergencies, and violence in the workplace. The organization ensures that its facilities meet ADA standards for accessibility by working with building and furniture designers who have expertise with space requirements. Based on employee feedback, ergonomic workstations which

**Figure 5.1-3 Workplace Environment Measures: All Worksites**

FACTOR	MEASURE	GOAL	FIGURE
HEALTH	Testing and Vaccinations	100% compliance	7.3-6
SAFETY	Annual safety training	100% compliance	7.3-6
	Work-related injuries	<4 injuries/100 employees	7.3-7
SECURITY	Unauthorized building access/security breaches	0 breaches	7.1-34
ACCESS	ADA compliance	100%	7.3a(2)

may include adjustable monitors and sit to stand capacities also support the needs of the workforce. In addition, flight safety procedures are reviewed when staff use chartered airplanes on fly-out cases.

DAI uses its safety program to monitor specific **performance measures** and develop action plans for any indicator not meeting the goal. The **performance measures and improvement goals** for workplace environment factors are shown in [Figure 5.1-3](#).

**5.1b(2) Workforce Benefits & Policies** DAI supports its staff via services, benefits, and policies intentionally designed to meet their needs. All staff members who are either full-time or part-time employees working 24 hours a week or greater (98% of all employees) are eligible for benefits. To address a key employee engagement factor [\[P.1a\(3\)\]](#), a generous benefits package is offered, which provides employee health, dental, vision, long term disability, and 2x the annual salary in life insurance coverage for less than \$6.25 per month. DAI **tailors benefits to the needs of a diverse workforce and different workforce groups and segments** by offering a variety of options within the benefits package. Employees have the flexibility to select the benefits offered to meet their individual and their family’s needs. DAI made a change to medical coverage in 2016 based on employee feedback to include point of service plans that allow more flexibility in providers. 📍

DAI systematically evaluates the effectiveness of its approach for supporting its workforce using benefit enrollment data along with feedback from monthly rounding, the annual Quantum engagement survey, biennial benefits surveys, and biennial wellness surveys. In 2018, after reviewing benefit data, DAI changed a benefit to cover critical illness from one that had only 8% enrollment to a new benefit that gathered 38% enrollment. Additionally, increased concern of identity theft led DAI to introduce LifeLock for employees and their dependents to keep employees personally safe and protected. 📍 The organization’s 401(k) plan offers up to a 4% match on the eligible employee’s first 5% contribution. DAI contributes an additional discretionary percentage of qualified earnings to this retirement plan based on organizational financial performance. Employees are auto-enrolled in the 401k within 30 days of the start of employment to encourage participation in this benefit. Employees accrue four weeks of paid time off, two personal days, and paid holidays beginning in the first year of employment, with increasing rates thereafter. Additional holidays and monetary rewards are made at the CEO’s discretion. Budgeted dollars and tuition reimbursement support professional development, including industry-specific certifications.

To support employee health and promote wellness, DAI offers a wellness program, a variety of activities throughout the year to promote individual wellness, health club reimbursement, and access to an employee assistance program. Based on employee

feedback, DAI incorporated a staff resiliency program into the existing wellness program in 2016, which includes quarterly Schwartz Rounds, an innovative, confidential approach to supporting staff through issues faced by professionals in the healthcare environment.

After six years of employment, full-time staff members are eligible to participate in the organization’s retention program, which includes a one-week sabbatical to visit another OPO or a tissue bank. If an employee donates bone marrow or an organ to a recipient in need, DAI pays for the employee’s recuperative time. The CEO, CFO, and HR Director annually evaluate benefits based on data from the employee engagement survey and other feedback from employees. In 2015, when results for workforce satisfaction related to benefits dipped, HR conducted an internal survey to gather more specific information. Staff members indicated dissatisfaction with the level of flexibility in their work schedules, and the organization responded by updating its timekeeping practices in that year. DAI also offers an alternative work schedule and self-scheduling.

Volunteers receive reimbursement for associated costs such as mileage, access to community events, and opportunities for networking and collaboration.

## 5.2 Workforce Engagement

### 5.2A WORKFORCE PERFORMANCE

**5.2a(1) Organizational Culture** DAI leverages its **mission-driven** and **relationships** core competencies to **foster an organizational culture that is characterized by open communication, high-performance work, and an engaged workforce**. Multiple approaches support this culture from NHO and deployment of the MVV, to employee check-ins, monthly 1:1 meetings, and SL rounding for outcomes. The culture is further emphasized by the transparency in department and staff meetings which help keep a focus on performance. Leaders model open communication, and staff contribute innovative ideas in Spark!.

The organization uses the Enneagram model to **foster open communication** and self-awareness. Since 2007, leaders have received ongoing Enneagram training to help build and coach balanced team communication and strengthen the DAI culture. Additionally, the Enneagram model ensures that the organization benefits from the **diverse ideas, cultures, and thinking of the workforce** by providing insightful tools for understanding oneself and others. For leaders, Enneagram concepts are key components of monthly managing and leading meetings and 1:1 coaching sessions.

Open and honest communication is fostered through the AFL Volunteer Program by the encouragement to participate in an annual satisfaction survey, to communicate in real time through a closed Facebook group managed by the Volunteer and Special Events Coordinator, and the completion of debrief reports following each volunteer opportunity.

**To foster an organizational culture characterized by high performance**, employee’s personal goals are integrated with key processes that support strategic action plans, goals, and objectives. This approach links each employee to the overall success of DAI, and stretch goals that exceed performance expectations focus employees on achieving high-performance [\[5.2a\(4\)\]](#).

**To foster an organizational culture that is characterized by an engaged workforce** and reinforce staff connection to mission, a key driver of workforce engagement, donor family or recipient presentations are included in each quarterly all-staff meeting. Employees demonstrate high engagement through consistent utilization of the Quantum peer-to-peer recognition platform, exceptionally high participation rates in organizational surveys and meetings, as well as strong representation on internal committees to increase organizational performance. DAI **empowers employees** by encouraging open communication, and supporting a culture of improvement and innovation. Employees are empowered to meet customer and stakeholder requirements by addressing problems directly, and by identifying improvement opportunities in real-time on donor cases, through donor family follow-up, and ongoing requests.

AFL demonstrate engagement through self-initiating activities and providing feedback. Volunteers are empowered to meet stakeholder requirements by answering questions on-site at community events and passing along any feedback or opportunities for improvement through a standardized questionnaire form as well as debrief reports, which are reviewed by PR.

**5.2a(2) Drivers of Engagement** DAI **determines key drivers of workforce engagement** by collecting feedback from staff through surveys. These are validated annually during an all-staff meeting. In 2013, DAI involved all staff in a brainstorming exercise during an all-staff meeting to identify the key drivers of workforce engagement [P.1a(3)]. In a cycle of learning in 2016, key drivers of workforce engagement were validated by gathering input from staff during Performance Excellence Day. Results were segmented by leadership, clinical staff, and support staff, then shared with the respective work groups for discussion. This approach is now used each year to determine and validate drivers for engagement. Annually, volunteer drivers of engagement are assessed through the AFL satisfaction survey.

**5.2a(3) Assessment of Engagement** DAI uses both **formal and informal approaches to assess workforce satisfaction and engagement**. Annually, DAI **formally assesses workforce satisfaction and engagement** through the use of the national Quantum survey. This survey provides valuable benchmark data by comparing results to other non-profit, similarly sized organizations, or those whose results are in the top quartile. Since 2008, nearly 100% of employees participated in this survey each year with no incentives. HR analyzes the survey results and reviews them with the ELT and the LT. The results are shared with employees at an all-staff meeting. Each department director receives their area-specific results, reviews them with their staff, and collaborates with staff to develop department commitments to improve or sustain engagement. These methods and measures are consistent across the organization.

In 2017, based on the Quantum annual engagement survey results, multidisciplinary focus groups were used to gain insight on why employees stay and what changes could be made to make DAI a continued great place to work. Two examples of feedback provided were to continue ELT rounding for outcomes and to have additional leadership support on difficult cases.

Since 2013, nearly 100% of DAI employees also participated in an annual survey conducted by Workplace Dynamics in partner-

ship with the Denver Post to identify the region's Top Workplaces and to measure employee satisfaction and engagement. DAI has received numerous awards for employee engagement from the Denver Post and Quantum (Figure 7.4-1). Most recently, in 2017, DAI received Quantum Workplace's Employee Voice Award for highest level of engagement among small-sized organizations.

To assess satisfaction and engagement of volunteers, DAI also uses annual surveys (Figure 7.3-12). Results of the survey provide insight on how satisfied volunteers are with their overall experience with DAI, the types of volunteer activities that are important to them, and if they are appropriately matched to the opportunities in which they participate. Additionally, the survey is used in gathering feedback about the effectiveness of training provided to volunteers. Results of the survey are openly shared, and feedback is addressed with all volunteers through the newsletter and at the annual appreciation event to further engagement and organizational improvement.

As an **indicator** of workforce engagement and satisfaction, DAI also monitors employee turnover and retention (Figures 7.3-1 & 2). Other systematic processes such as rounding, 90-day employee performance evaluations, and monthly 1:1 meetings between employees and managers provide valuable information on workforce engagement. Additionally, to reinforce relationships and monitor engagement between formal surveys, the organization conducts "stay" interviews with high performing employees. This approach, implemented in 2016 after evaluation of existing processes, provides insights into what employees think about their jobs, what causes them to stay at the organization, and what may cause them to leave.

**5.2a(4) Performance Management** DAI's **employee performance management system supports high-performance work and workforce engagement** by establishing specific measures of job competencies and personal goals that are monitored monthly during 1:1 meetings. New employees and internal transfers receive a formal performance review from their managers at 90 days of employment, and ongoing performance is discussed during monthly 1:1 meetings.

Each employee's goals are set annually during the SPP to align with the organization's strategic objectives and support accomplishment of action plans (Figures 2.1-1 and 2). The approach of cascading organizational objectives and action plans to individual employees reinforces a customer and business focus. Each employee is involved in establishing their personal goals, thereby creating ownership for performance. In a cycle of learning in 2017, DAI appointed an Integration Team to address a single performance and goal platform to increase visibility and demonstrate achievement of the strategic objectives through individual performance.

Leaders reinforce high performance by using the 1:1 meeting model to openly communicate with the employee, and to provide feedback on job performance related to job competencies and achievement of personal goals. When personal performance is not meeting requirements, a formal improvement plan is instituted within the monthly 1:1. This real-time continuous feedback model reinforces alignment with a **customer and business focus**, ensures accountability for employees, and empowers them to achieve performance tied to **action plans**.

The alignment of personal performance with the organization’s strategy supports the pay for performance methodology and directly determines year-end merit increases. In addition, the employee performance management system supports DAI’s ability to prepare the workforce for changing capability and capacity needs [5.1a(1)]. The review process also ensures an annual review of the employee’s job description by the manager and employee. Employees can recommend updates to job descriptions at any time and review any training and development needs.

**To reinforce intelligent risk taking to achieve innovation,** strategic objectives and goals are drivers in the innovation model (Figure 6.1-6). Through monthly rounding, employees are encouraged to identify process improvements and innovations to increase efficiencies or effectiveness in achieving organizational, personal goals and action plans. Employees enter their ideas into Spark!. Monthly 1:1 employee/manager meetings, provide the opportunity to assess employee’s performance, which includes their commitment to excellence, and involvement in innovation and performance improvement (6.1d).

DAI’s **workforce compensation** practices are designed to attract and retain a qualified and capable workforce. The organization strives to pay salaries that are competitive within the community and industry, while also recognizing individual efforts and contribution to organizational success. DAI has established salary grades and ranges, choosing to lead the market by setting the midpoint of salaries at the 62.5 vs the 50th percentile. A third party salary analysis is conducted at a minimum of every three years. Based on employee feedback and re-evaluation, the frequency of the salary survey analysis was changed to every other year in 2018.

The organization’s **reward and recognition system** further motivates employees and reinforces high performance, supports customer focus, and accomplishes strategy. DAI believes that every employee’s performance has an impact on organizational performance in terms of service, innovation, quality, outcomes, and customer experience. The workforce performance management system is tied to pay practices and individual merit increases for eligible employees. These programs support a pay for performance philosophy.

In addition to mechanisms described in 1.1b(1), DAI also uses peer-to-peer recognition in supporting high performance and workforce engagement. Monthly rounding reinforces recognition through a targeted question that asks employees whom they would like to recognize, which triggers acknowledgement from the manager or a thank you note from a member of the ELT. Employees also initiate peer-to-peer recognition through the Quantum platform, an online system accessible to all staff, supporting the core competency of **relationships**. Through this system, staff have the ability to recognize their peers in areas that support the organization’s core competencies, core values, and innovation. Hand-written thank you notes are sent to the homes of DAI employees, to show appreciation to them and their families and recognition for high performance work

**Figure 5.2-1 Workforce Reward and Recognition**

REWARD / RECOGNITION	EMPLOYEES	ADVOCATES FOR LIFE
Thank you notes	X	X
Peer-to-peer recognition	X	
Employment anniversary certificate, gift	X	
Milestone event (tenure 5yr, >10 yr)	X	
Birthday and life events (weddings, births)	X	X
Monetary gifts (merit increases, other)	X	
Monetary recognition for certificate achievements and degree completion	X	
Staff appreciation events (i.e. holiday party, summer family event)	X	
Annual Advocate Appreciation Event		X
Retention sabbaticals	X	
Employee recruitment referral fee	X	
Employee/Advocate spotlight in newsletter and social media	X	X
Invitations to participate in exclusive events		X

(Figure 7.4-5). Other approaches to reward and recognition for employees are shown in Figure 5.2-1. These approaches are evaluated for effectiveness by reviewing survey data, participation rates, informal feedback, and staff retention results. In addition to the Quantum platform, the Milestone event, anniversary gifts, and PRIDE events are other ways to reward and recognize staff. Volunteer engagement is supported through systematic recognition including the celebration of anniversaries, birthdays, milestones and achievements.

## 5.2B WORKFORCE AND LEADER DEVELOPMENT

**5.2b(1) Learning and Development System** DAI’s **learning and development system supports organizational needs and personal development of the workforce** by providing the structure and processes for managing new hire training, creating and maintaining learning and development systems, and creating and managing activities to support a learning culture. The system encompasses NHO and job-specific training for new employees, as well as internal and external learning opportunities for all employees to reinforce new knowledge and skills on the job and help retain specialized staff. The learning and development system enables the workforce to acquire knowledge and skills and evaluates competencies needed to perform key work processes that support achievement of strategic action plans. LDS focus on continual management of new employees’ learning and development progress, preceptor training, and capturing new learning that is integrated into training materials.

Throughout NHO, new employees establish **relationships** with each other, the ELT, directors, and key personnel who provide overviews of their respective departments and functional areas of the organization. Additionally, each new staff member receives training on documentation practices, confidentiality, safety, and cybersecurity. To **support ethics and ethical business practices,**

all employees receive corporate compliance and conflict of interest training during NHO and annually thereafter (Figure 7.4-9). To support **organizational performance improvement**, during NHO the Director of Performance Excellence gives an overview of the organization's use of the Baldrige Excellence Framework and an introduction to the PDSA methodology for improvement.

After NHO, new employees begin their job training, which is a system-wide approach integrated with 1:1 employee/manager meetings and includes a competency-based training blueprint customized for each new/transferred employee. New employee training is driven by individual job descriptions that outline the essential job functions, requirements, and knowledge and skills for the role. Before the employee's first day of work, the hiring manager and LDS collaborate to address the employee's learning needs in the development of the training blueprint. The blueprint maps the training plan for developing job knowledge and skills. For clinical roles, job competency logs document an employee's progression in acquiring knowledge and skill. The new employee discusses progress through the training blueprint with their manager during 1:1 meetings and the 90-day evaluation.

For new and existing employees, learning and development needs associated with action plans are identified during the SPP as part of workforce planning through the skill gap analysis, which **addresses the organization's core competencies, strategic challenges, and achievement of short- and long-term action plans** [2.1a(1)]. The learning and development system is integrated with approaches to accomplish the work of the organization and the workforce performance management system and provides tools and resources that support the organization's needs and the personal development of employees, managers, and leaders [5.1a(4), 5.2a(4)]. The monthly employee/manager 1:1 meetings also provide an opportunity to **consider the learning and development desires of workforce members** while ensuring the reinforcement of new knowledge and skills on the job by reviewing and monitoring job competencies. The employee's manager works with the employee to develop a plan to address learning needs along with career growth and development. Annual competency testing assesses critical skills for clinical roles and key processes and also reinforces new knowledge and skills.

To **ensure the reinforcement of knowledge and skills on the job** for employees, DAI provides ongoing learning and development opportunities delivered through internal, external, formal, and informal mechanisms, such as department meetings, quarterly staff meetings, lunch and learns, online training, self-study (i.e. annual SOPP review, reading articles), communication boards, webinars, seminars, industry meetings, and conferences. Staff are informed of ongoing learning opportunities by e-mail, and they have access to training courses through DAI's LMS and services provided by professional organizations, such as APOPO, AATB, and UNOS. For example, to provide ongoing knowledge of the donation and transplantation industry, DAI subscribes to monthly organ and tissue webinar services that target the **relationships** and **mission-driven** core competencies. These educational opportunities support optimizing donation, donor family support, and transplant center best practices.

To develop management and leadership skills, new leaders complete a twelve-month self-paced Employers Council Supervisor Certificate Series. Leader development for all members of the leadership team occurs during monthly managing and leading meetings [1.1c(1)]. Ongoing opportunities for staff to visit customers, partners, suppliers, and other OPOs also support learning and development while **improving customer focus** and enhancing the organization's core competency of **relationships**.

Another component of the learning and development system is the learning management system (LMS). This web-based training management system, TrainCaster, assigns and tracks all formal individual learning and development activities for employees, including professional certifications (Figure 7.3-14). Modular orientation content is maintained in the LMS.

To support further **organizational performance improvement**, leaders and QS employees complete an American Society for Quality (ASQ) course on an introduction to quality principles and tools within one year of entering their leadership/quality role. Additionally, learning opportunities deployed through Performance Excellence sessions, quarterly all-staff meetings, and LMS courses **support organizational performance improvement, organizational change, and innovation**. All staff attend Performance Excellence sessions, which focus on developing staff's understanding of Baldrige concepts, delivering training on process improvement tools, encouraging innovation, and improving customer focus. In a 2016 cycle of learning based on staff feedback, the organization moved from an annual full-day format to a biannual half-day format. Then, in 2018, DAI began integrating performance excellence material into each quarterly all-staff meeting.

To enhance the organization's core competency of **relationships**, team building sessions are facilitated by the Enneagram consultant to support personal development of staff and leaders. Focus on use of the Enneagram and use of AIDET helps to improve customer focus. Additionally, customer experience training from MindGym has been provided to all staff and targeted workshops for staff who interact directly with customers [3.2b(1)].

AFL volunteers are supported by a learning and development process that provides role-specific training in alignment with interests and abilities. Following a mandatory introductory training, volunteers opt for community event training or speaking training. The appropriate course must be completed to qualify the volunteer for the selected opportunities. Survey feedback is collected, and a knowledge check is performed following each training to gauge satisfaction and effectiveness. The Volunteer and Special Events Coordinator uses this feedback to refine future training sessions. As a cycle of learning in 2017, an Experienced Advocate Symposium was added to the annual training lineup to provide opportunities for continuing education around emerging topics.

**5.2b(2) Learning and Development Effectiveness** DAI **evaluates effectiveness of its learning and development system** by gathering feedback from surveys, rounding, 1:1 meetings, HR check-ins, and skills assessments. Other measurements of effectiveness of the learning and development system include internal transfers and tier movement (Figure 7.3-16). The LDSs

assess training with online surveys at 45- and 90-day check-ins. Evaluation results provide feedback on the effectiveness of individual trainers, training blueprint, and content and/or approach of the training classes. After a 2016 PDSA, training blueprints were implemented to address feedback about training plans. The LDSs also evaluate knowledge of new clinical staff through formal skills assessments administered as post-tests at the end of clinical orientation. These assessments, implemented in 2017, are used in identifying gaps both in individual training and the learning and development system.

In 2018, the L&D department began offering in-house SME and preceptor training courses as development opportunities to strengthen skill and confidence in these roles and to help meet organizational needs. The approaches for evaluating learning effectiveness are shown in [Figure 5.2-2](#).

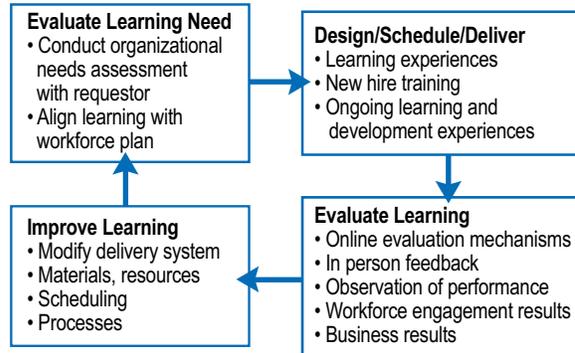
The results of the annual workforce engagement survey also provide indicators to determine the effectiveness of the learning and development system ([Figure 7.3-15](#)).

**DAI correlates learning and development outcomes with findings from the assessment of workforce engagement and with key business results**, during Step 1 of the SPP. Results from annual workforce engagement surveys, combined with inputs from these feedback mechanisms are used in making improvements and decisions to address capability needs during Step 3 of the WPP and in Step 5 of the SPP [[5.1a\(1\)](#), [Figure 2.1-1](#)]. For example, a strategic action plan to assess and improve job competency and growth for clinical staff was developed during the SPP for 2018. The outcome of this action plan is measured through key business results of turnover and retention rates ([Figures 7.3-1 and -2](#)). **These correlations are used in identifying opportunities for improvement both in workforce engagement and in learning and development offerings.**

**5.2b(3) Career Progression** To address its key workforce driver of providing opportunity for growth, DAI systematically **manages career progression for its workforce and future leaders** through the WPP and 1:1 monthly employee/manager meetings. During those meetings employees and their managers identify and document ways to help the employees achieve their individual career goals. Clinical staff members maintain appropriate credentials and certifications such as CPTC and CTBS, and other staff members also maintain appropriate certifications as necessary. To provide formal pathways for growth in the organ and tissue work systems, the organization has tiered clinical job families with required competencies necessary for progression to higher tier levels for organ, tissue, and hospital development positions.

DAI supports **career development** for employees by annually budgeting dollars for attendance at local, regional, and national educational meetings and seminars. Requests to attend continuing education meetings and seminars that are job relate, contribute to personal growth, or support the strategic plant must be approved by the employee's manager. Additionally, the organization supports continuing education of employees and provides tuition reimbursement to eligible full-time and part-time employees for successful completion of courses that are job-related, increase competence in the employee's current role, or prepare the employee for possible advancement in the organization.

## 5.2-2 Evaluating Learning Effectiveness



To support career growth and performance excellence, DAI also provides financial rewards when professional certifications or degrees are obtained. Employees who express interest in transferring to another position within the organization can request guidance from their manager to define an appropriate development plan for acquiring the knowledge and skills needed in the targeted role. HR monitors the number of job promotions/transfers as an indicator of the workforce engagement driver opportunity to grow ([Figure 7.3-16](#)). For example, 11 of 23 current leaders have been promoted from within the organization.

A formal Leadership curriculum is in place for the organization's leaders. Within 90 days of hire or promotion, the Director of HR provides a two-part curriculum for new leaders, which focuses on leadership and supervisory skills. This curriculum includes "first team" and Studer concepts, recruitment, job descriptions, documentation, goal management, and performance evaluation. Additionally, the curriculum includes participation in the Employers Council Supervisor Certificate Series [[5.2b\(1\)](#)]. To further support leadership development, the ELT annually reviews and identifies improvement areas for each member of the LT and develops areas of focus for the monthly leadership sessions and individual coaching provided by a consultant [[1.1c\(1\)](#)].

DAI **carries out succession planning for management and leadership positions** through the WPP in step 6 of the SPP [[1.1c\(1\)](#) and [Figure 2.1-1](#)].

## 6 Operations

### 6.1 Work Processes

#### 6.1A PRODUCT & PROCESS DESIGN

##### 6.1a(1) Determination of Products and Process Requirements

DAI **determines its key service and work process requirements** by integrating regulatory requirements with VOC inputs gathered through informal communication, meetings, and customer surveys ([Figure 3.1-1](#)). Through listening and learning mechanisms, work system leaders and teams provide inputs from internal customers, key partners, suppliers, collaborators, industry research, audits, and benchmarks for the development of work processes. During Step 1 of the SPP, the ELT and work system leaders synthesize and analyze all of the inputs for the key work processes ([Figures 2.2-1, 6.1-1](#)). In Step 2 of the SPP, leaders determine a balanced set of key requirements and develop the appropriate performance measures. The approach for determining key service and work process requirements is evaluated for improvement in the context of the SPP. Initiated through

a cycle of learning in 2017, the SIPOC methodology is used to re-evaluate and validate key work processes, while further defining and refining key requirements and measures for the key work processes. (Figure 6.1-2) <sup>9</sup>

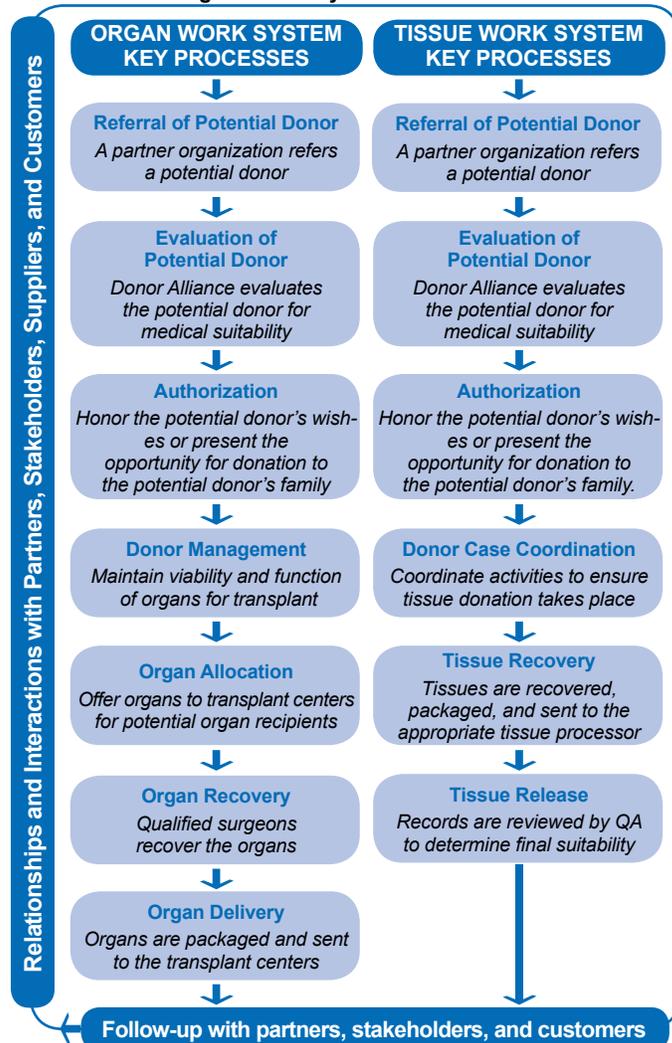
**6.1a(2) Key Work Processes** The organization’s key work processes and requirements are shown in Figures 6.1-1, and 6.1-2. DAI’s key work processes align with its two work systems, the organ work system and the tissue work system, to provide organs and tissues to transplant centers and tissue processors and meet customer requirements. Community and partner education programs are designed to develop and manage **relationships**, support the two work systems, and provide foundational components to facilitate the organ and tissue donation process [6.1b(2)]. These programs include raising community awareness inspiring the public to register as organ and tissue donors, and partnering with DSA hospitals to develop successful organ and tissue donation programs.

The donation process begins when a hospital partner, coroner, emergency medical services, or funeral home makes a referral to DAI, notifying the organization that an individual has died or death is imminent. Once DAI receives the referral, work system staff evaluate the potential donor for medical suitability. Staff provide compassionate care to the decedent’s family members, discussing donation options and honoring the decision of the decedent or his/her legal next-of-kin to ensure the legal requirements for authorization are met. For organ donors, the donation process continues with a series of processes to medically manage the donor to maintain viability and function of the organs; allocating and offering the organs to transplant centers; recovering the organs; and packaging and delivering the organs to the transplant centers. For tissue donors, after the donation authorization requirements are met, tissue work system staff communicate and collaborate with internal staff, donor families, referral facility personnel, coroners, and funeral homes to coordinate activities to ensure donation takes place. Tissue recovery coordinators then recover, package, and transfer tissues to the appropriate tissue processors. Acceptance of the tissues by the tissue processors occurs after DAI’s quality review of the donor chart determines that tissues meet suitability requirements.

While the work systems have a primary focus on meeting key customer requirements, the key processes would not reach expected results without interactions and **relationships** with the organization’s partners, stakeholders, suppliers, and customers throughout the work processes (Figure P.1-6). These interactions include communication, collaboration, and follow-up between work system and support process staff, as well as between DAI staff and the referring organization, donor family, transplant centers, and tissue processors during and after the donation process. Feedback gathered provides DAI with valuable information used in improving the work systems and key work processes and setting direction during Step 1 of the SPP (Figure 2.1-1).

**6.1a(3) Design Concepts** DAI uses the PDSA model to design services and work processes to meet key requirements. The need for a new service or process improvement is identified through the SPP [2.1a(1)], key communication mechanisms (Figure 1.1-1), VOC listening methods (Figure 3.1-1), or performance reviews (Figure 4.1-1) and captured in Spark! [6.1d]. When there is a significant process improvement opportunity, or

Figure 6.1-1 Key Work Processes



a change in customer requirements, a team is assembled to create a plan for development and deployment using PDSA. This approach ensures the incorporation of organizational knowledge into services and processes. During the planning phase, the team identifies and takes into account the requirements of customers, stakeholders, partners, suppliers, and regulatory agencies, incorporating customer value and risk considerations into the services and processes.

The team evaluates proven practices from high-performing organizations, as appropriate, to incorporate process excellence into the new service or process. Existing technology is evaluated to determine if it will meet process requirements, or if new technology or a change in technology will be needed. Additionally, other existing services and processes are assessed for impact and the potential need for agility through the change management process, thereby ensuring alignment with related processes [6.1b(3)].

The process owner/team implements the service or process and monitors results against projected outcomes. The new service or process is deployed to the appropriate workgroups through communication mechanisms, the SOPP revision/creation process, and LMS as appropriate (Figure 1.1-1). Continued monitoring occurs through performance reviews (Figure 4.1-1),

annual SOPP reviews. Evaluation of the effectiveness of the change occurs through quarterly implementation audits.

## 6.1B PROCESS MANAGEMENT AND IMPROVEMENT

**6.1b(1) Process Implementation** DAI systematically monitors **day-to-day operations to ensure that they meet key process requirements** through a robust QS, dashboards, and the mechanisms described in [Figure 4.1-1](#). The QS includes SOPPs that define requirements, steps, and accountability mechanisms. The SOPPs are reviewed at least annually and updated as needed to align with changes in regulations, customer requirements, or work processes. The QS also includes a systematic auditing program to verify that key requirements are met.

In-process measures **used to control and improve work processes** are developed during Step 5 of the SPP ([Figure 2.1-1](#)). Leaders monitor the measures throughout the year using the online performance measurement platform to ensure that key process requirements are met ([Figure 4.1-1](#)). Department leaders annually determine targets, which are based on analysis of prior years' performance, customer requirements, and/or industry standards. Other dashboards, such as the BSC and Hospital Development dashboard, help to ensure that processes are meeting requirements. The TAOS status board facilitates management of day-to-day operations in the organ and tissue work systems by displaying real-time referral and donor information used in planning daily activities for key work processes [[4.1a\(1\)](#)]. TAOS has undergone several cycles of improvement. For example, in 2017, the Imminent/Eligible dashboard was implemented to facilitate the process for external data reporting. Additionally, in 2018, the TAOS QS status board was deployed to improve the chart review process and meet the tissue processor requirement of quality: chart clearance. 📌

**Key performance and in-process measures used to control and improve work processes** are presented in [Figures 6.1-2 and 6.1-3](#). These measures integrate with the organization's strategic objectives and goals as well as customer requirements, and are used in evaluating the **service quality of outcomes and performance**.

**6.1b(2) Support Process** Annually during the SPP, DAI **determines support processes** through the review of current organization needs for accomplishing its strategic objectives and achieving the MVV ([Figures 2.1-1 and 2.2-1](#)). The organization uses VOC input, workforce feedback captured through rounding and 1:1 meetings, surveys, and regulatory considerations, as well as internal quality requirements in determining support processes. DAI's **key support** processes are shown in [Figure 6.1-3](#).

**To ensure that support processes meet key business requirements**, measures that align with these processes are developed during Step 5 of the SPP ([Figures 2.1-1 and 6.1-3](#)). Work systems and support process teams use the SIPOC methodology to define the requirements associated with key processes and develop process measures to assess effectiveness and/or efficiency of those processes. Measures for key processes drive personal goals, which are integrated with DAI's strategic objectives and action plans. This ensures accountability for employees, reinforcing their role in **meeting key business requirements**. Quarterly, the leadership team reviews the results of process measures, discusses successes, monitors and benchmarks

performance, addresses any gaps in projections, and identifies opportunities for improvement. Process measures are monitored using the online performance measurement platform, which is accessible to all staff.

**6.1b(3) Product & Process Improvement** The Quality Plan provides the foundation for service and process improvement enhancing the core competency of being **mission-driven**. DAI identifies opportunities for improvement by reviewing data and information in the performance management system ([Figure 4.1-1](#)), and through the Spark! platform ([6.1d](#)). Other approaches for identifying improvements include leader rounding ([1.1b](#)), 1:1 employee/leader meetings, audits, annual SOPP reviews, CAPAs, NCRs, and complaint management reports (CMR). DAI also uses communication mechanisms with key partners, suppliers, and collaborators, in addition to VOC listening mechanisms, to identify needed performance improvements ([Figures 1.1-1 and 3.1-1](#)).

DAI's SOPP system **reduces variability** in work processes by providing clear, consistent, and documented procedures for staff [[4.2b\(1\)](#)]. Work instructions, developed from SOPPs, describe work processes in more detail and are accessible to staff on the Core and in Q-Pulse.

DAI **improves its work processes to improve services and performance** through the use of PDSA [[6.1a\(3\)](#)] – the organization's improvement methodology – which can be initiated at any level in the organization with manager support. Designated staff members are available to facilitate brainstorming sessions, guide the PDSA process, and provide process improvement tools and resources as needed. PDSA initiatives are centrally monitored for review by the QIC during bi-monthly meetings. For example, in 2015, the Hospital Development department initiated an Ambassador Training PDSA to educate hospital partners on the organ and tissue donation process from referral through AfterCare. Workshop development included hospital partner representation to assist in curriculum design. This PDSA has been through multiple cycles of learning in 2016 and 2017 based on participant survey feedback and input from the DAI team resulting in improvements, such as increased participation, multi-departmental accountability, and interactive training methodology. 📌

To systematically implement and deploy changes affecting work system processes, the organization established a formal change management process in 2017. 📌 In this approach, the Change Management Team, consisting of leaders and SMEs from the two work systems and key support process areas, collectively reviews process changes. Biweekly, the team evaluates and prepares for the impact of upcoming changes through a comprehensive analysis of implementation activities, SOPP revisions, and training. The committee assesses the impact; provides tools to change a process; monitors implementation; communicates the change to internal and external customers as needed; and measures the effectiveness. These include enhancements to the DMS, which is regularly updated to align work system processes with system functionality, and to reflect regulatory and customer requirement changes. Changes are monitored by the committee throughout the implementation and are assessed against projected outcomes.

## 6.1c SUPPLY-CHAIN MANAGEMENT

DAI's systematic approach to **managing its supply chain** begins with SOPPs that address supplier qualification procedures, contract requirements, and a supplier audit policy. The organization uses an inventory management/accounting-based software system that ensures regulatory compliance and defines supply needs and cost structures for the organ and tissue work systems. The Supplier Management Committee (SMC) systematically reviews vendors and suppliers to ensure they are **qualified and positioned to meet operational needs and enhance DAI's performance and customer satisfaction**. The SMC monitors suppliers to ensure supply chain capability and capacity. DAI has many long-standing suppliers with whom **relationships** have been maintained. Suppliers are selected based on their ability to provide reliable results and reports, the performance of their equipment, evidence of their compliance with regulatory requirements, as well as the timeliness, completeness, and consistency of their services. New suppliers must be approved by the department director and the SMC. DAI maintains agreements with approved suppliers to assure mutual awareness of each party's responsibilities. Once approved, suppliers are entered into Q-Pulse to facilitate the evaluation and improvement of the supplier management process.

The supply-chain management process is reviewed on an ongoing basis for effectiveness and efficiency. The process has **Figure 6.1-2 Key Work System Process Requirements**

undergone multiple refinements. For example, in 2015 committee membership was expanded to include members of the two work systems and key support processes. In 2016, the SMC determined criticality and applicable credentials for each supplier. Additionally, in 2017 DAI began screening critical suppliers through the OIG database to further ensure legal and regulatory compliance of suppliers [1.2b(1)].

Supplier surveys are completed for new suppliers to evaluate the supplier's ability to meet DAI's operational requirements. A supplier survey is completed every two years for critical suppliers. DAI performs audits of key suppliers every other year to further evaluate performance, to ensure that the supplier meets the organization's requirements, and to meet customer requirements of maintaining regulatory compliance. Upon completion of the audit, feedback is provided to the supplier, which includes areas of strength and findings requiring correction or improvement (Figure 7.1-30).

DAI engages and maintains **relationships** with suppliers during routinely scheduled meetings and ongoing communication via telephone or e-mail (Figure P.1-6). These communication mechanisms are used in **providing feedback to suppliers to help them improve** while also engaging with them and collaborating on improving processes. Additionally, DAI provides formal feedback and addresses issues with supplier performance through supplier corrective action reports (SCARs). The SCAR process, which is integrated with the organization's nonconformance

ORGAN WORK SYSTEM			
KEY WORK PROCESS	KEY PROCESS REQUIREMENTS	MEASURES	FIGURE
Referral of Potential Donor	Referral is made on time	Timely organ referral rate Missed organ referrals	7.1-14
Evaluation of Potential Organ Donor	Identify all potential donors Onsite evaluation performed Maximize donation	Referrals with onsite evaluation Conversion rate BD gap	7.1-15 7.1-5 7.1-6
Authorization	Honor donor's or donor family's decision Compassionate care, effective family care process	Authorization rate, donors on the registry Donor family satisfaction	7.1-16, -17 7.1-22
Donor Management	Maximize donation Determination of viable organs Accuracy of laboratory sample submission	Organ donors Observed to expected (O:E) organs transplanted Specimen issues - labeling errors	7.1-1 7.1-7,8 7.1-19
Organ Allocation	Maximize transplantable organs	Organs transplanted Organs transplanted per donor	7.1-2 7.1-4
Organ Recovery	Surgical technique quality Maximize transplantable organs Maximize utilization of the Recovery Center	Surgical technique errors Organs transplanted Recovery Center utilization	7.1-18 7.1-2 7.1-13
Organ Delivery	Accurate, efficient, cost-effective organ delivery	Packaging, labeling, & errors	7.1-19

TISSUE WORK SYSTEM			
KEY WORK PROCESS	KEY PROCESS REQUIREMENTS	MEASURES	FIGURE
Referral of Potential Donor	Referral is made on time	Timely tissue referrals	7.1-20
Evaluation of Potential Donor	Appropriate evaluation Accuracy of documentation	Tissue conversion rate Tissue chart approval	7.1-10 7.1-28
Authorization	Honor donor's or donor family's decision Compassionate care, effective family care process	Tissue authorization rate, donors on the registry Donor family satisfaction	7.1-23, 24 7.1-22
Donor Case Coordination	Efficient tissue donation process Effective family care process	Cycle time – referral to completion of DRAI Donor family satisfaction	7.1-21 7.1-22
Tissue Recovery	Maximize donation Quality: Recovery Outcomes Quality: Cultures Maximize utilization of the Recovery Center	Tissue donors Procurement error rate, tendon lacerations Bone recovery cultures Recovery Center utilization	7.1-9 7.1-25 7.1-26 7.1-13
Tissue Release	Accuracy of documentation Quality: Chart clearance, regulatory compliance efficiency	Tissue chart approval Chart review cycle time	7.1-28 7.1-27

**Figure 6.1-3: Key Support Processes (Examples)** (Additional Processes and Measures AOS)

KEY SUPPORT PROCESS	KEY PROCESS REQUIREMENTS (EXAMPLES)	MEASURES	FIGURE
<b>Manage Infrastructure Resources</b>			
<b>Manage Supply Chain</b>	Supplier compliance Cost savings/waste reduction	Audit findings Inventory of expired supplies	7.1-30 7.1-35
<b>Manage Information Technology</b>	Timely completion Secure systems	Resolution time Cybersecurity	7.1-32 7.1-33
<b>Manage Facilities</b>	Reliability, safety, upkeep, continuity	Emergency preparedness	7.1-34
<b>Manage Financial Resources</b>			
<b>Charts</b>	Financial stability, sustainability, and accountability	Tissue charts	7.5-5
<b>Develop and Manage Workforce</b>			
<b>Recruiting and On-boarding</b>	Education, timely response, communication	Days to fill	7.3-3
<b>Manage Compensation and Benefits</b>	Lead the market, compliance, ease of use, communication	Workforce engagement survey: Benefits	7.3-8
<b>Support Workforce Development</b>	Opportunity to grow	Workforce development	7.3-13 to -16
<b>Develop and Manage Relationships with Partners and Stakeholders</b>			
<b>Educate and Inspire the Public</b>	Education, transparency, accessibility	Donors on the registry, donor designation rates	7.1-17, -29
<b>Develop Donation Programs</b>	Effective donation programs with partner hospitals	Organ and tissue referrals	7.1-14, 20
<b>Donor Family Follow up</b>	Donor family satisfaction	Donor family satisfaction	7.1-22
<b>Ensure Quality and Compliance</b>			
<b>Perform Tissue Chart Review</b>	Cycle time Accuracy	Donor chart review cycle time Tissue chart approval	7.1-27 7.1-28
<b>Maintain Regulatory Compliance</b>	Regulatory compliance	# of findings from internal, regulatory, accreditation, and processor audits	7.1-30, 7.2-8, 7.4-8
<b>Manage Knowledge and Information, Improve Performance</b>			
<b>Ensure Data Quality</b>	Accuracy	TrueNorth data quality	7.1(b)1
<b>Improve Processes</b>	Staff participation	PDSAs	7.1-31

reporting system, requires the supplier to perform a root cause analysis and develop and document a corrective action plan when concerns or issues with products or services are identified. DAI also reviews complaint and SCAR data monthly to monitor supplier performance. In a 2016 cycle of learning, the SMC began reviewing SCARs and audit results for trends and to recommend additional actions as needed.

The organization **deals with poorly performing suppliers** using a systematic process involving the review and analysis of supplier performance and acting on recommendations from the department director and SMC. The SMC reviews and monitors supplier performance during monthly SMC meetings. When poor performance is identified, it is communicated to the supplier. A plan to improve performance is developed with the supplier and monitored through the SMC. For example, in 2018, DAI worked with StatLine, a key supplier, to improve the process related to documentation of referrals.

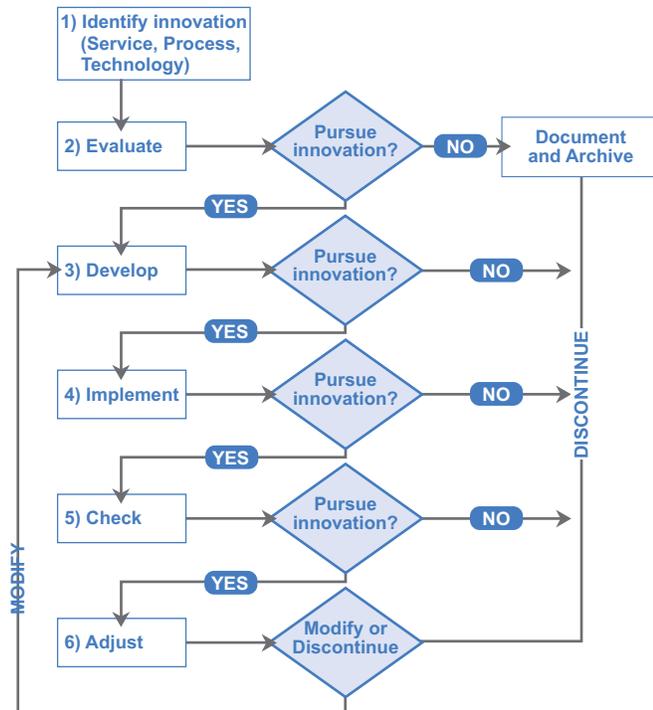
#### 6.1D INNOVATION MANAGEMENT

DAI **pursues opportunities for innovation** through a supportive environment and evaluation of intelligent risk. SLs provide a supportive environment and encourage staff to generate innovative ideas and participate in innovation initiatives [1.1c(1)]. Types of innovation include business model, operational, or administrative and may result in a new service, process, or technology. During Step 1 of the SPP, the LT discusses strategic opportunities and potential innovations to address achievement of strategic objectives (Figure 2.1-1). Throughout the year additional innovative ideas generated by staff to address strategic opportunities, strategic challenges, or issues with underperforming measures are submitted in Spark!— a collaborative platform

that integrates the process improvement and innovation processes. This platform, implemented and deployed in 2018, is designed to stimulate and support innovation while increasing visibility throughout the full lifecycle of an idea. Ideas submitted in Spark! are posted to the organization feed for crowdsourced feedback, cultivation, and expansion. The ideas are then evaluated for immediate implementation, process improvement through PDSA, or further consideration as an innovation (Figure 6.1-4). Ideas identified as potential innovations are reviewed by an evaluator panel to assess intelligent risk. The panel reviews the idea against a weighted set of criteria that includes strategic context, mission benefit, impact on the organization, cost savings/cost avoidance, resources required, urgency, importance, and feasibility. The total weighted score is used in deciding if the idea will be pursued as an innovation, reclassified as a PDSA, or archived. Priorities for multiple opportunities are set using the prioritization matrix (Figure 1.1-3). When an idea is not selected for implementation, a reason is documented and it is archived into a repository for annual review in context of the current climate.

Teams consisting of SMEs are created to plan and develop the strategy for opportunities pursued as innovation, aligning people, process, tools and technology needed for implementation. DAI budgets both operational and capital resources on a contingent basis each year to pursue opportunities that arise mid-year. Once implemented, the transition is monitored and evaluated for short- and long-term impact. Bi-monthly monitoring by the Quality Improvement Council and bi-weekly monitoring of organizational changes by the Change Management Team provide thorough oversight of implementation and ensure

**Figure 6.1-4 Innovation Process**



that opportunities are discontinued when they are not meeting the intent of the initiative or where the cost/benefit analysis has significantly worsened. The innovation may be adjusted to build on experiences and successes.

The innovation management process is evaluated for effectiveness annually and improved based on feedback from Baldrige-based assessments. Multiple refinements have been made to this process, including the development of a process for tracking innovations in 2016, the creation of a scoring matrix in 2017, and the implementation of Spark! in 2018. 💡

## 6.2 Operational Effectiveness

### 6.2A PROCESS EFFICIENCY AND EFFECTIVENESS

DAI controls the overall costs of its operations and balances the need for cost control with customers' needs through multiple approaches. To incorporate cycle time, productivity, and other efficiency and effectiveness factors into work processes, DAI uses ongoing evaluation of processes and information gathered through communication mechanisms such as rounding (Figure 1.1-1), VOC listening methods (Figure 3.1-1), key partners, suppliers, and collaborators listening methods (Figure P.1-6) and performance reviews (Figure 4.1-1). Process requirements and the corresponding efficiency and effectiveness measures are developed in step 5 of the SPP (Figures 2.1-1, 6.1-2, and 6.1-3). Leaders evaluate and analyze data and information to determine if cycle times, productivity, and other process measures are meeting requirements.

During the quarterly review of process measures, leaders discuss processes that are successful and those that need improvement. Changes to work processes are made as necessary using SIPOC and the PDSA methodology to refine processes and ensure effective performance measures are in place.

To further control costs and maximize organ and tissue conversion and viability, SOPPs have built-in checks and balances to prevent defects, service errors, and rework. Additionally, checklists are used by clinical staff to ensure that steps of the donation process are completed. For instance, no organ or tissue can be recovered without documentation of death and authorization for donation. SOPP-directed work instructions are used throughout the organization to assist work systems and support processes in a step by step guide. In a 2017 cycle of learning, TAOS for Data Verification was implemented [4.2a(1)] to enable staff to verify completeness and correct critical documentation in real time. Through this tool, rework and associated chart cycle times have improved (Figure 7.1-27). This process helps prevent service errors and minimize customers' productivity losses. Faster chart release reduces customer requests for corrections, meeting the customer requirement for quality: chart clearance.

Budgetary oversight with BOD approval helps the organization achieve its strategic objective of maintaining financial sustainability. A defined budgeting process, integrated with the SPP and VOC process, balances the need for cost control with the needs of customers (Figures 2.1-1 and 3.1-1). In 2017, expenses for fly-out organ cases exceeded previous thresholds of absorbable costs as a result of a key customer pursuing higher risk donors. Utilizing the core competency of relationships, DAI was able to reach an agreement with transplant centers to share the cost associated with these cases. By mitigating the financial impact while still balancing the needs of customers, DAI continues to maximize all donation opportunities.

Each Department Director has budget-related goals that ensure accountability at the department level. Monthly financial reports are distributed to the appropriate Directors to monitor actual-to-budget expenditures and make operational adjustments as necessary. The organization monitors net operating income as a part of the BSC (Figure 7.5-1). SOPPs guide the process for travel and other administrative costs requiring manager approval. To control overtime and costs, the LT closely monitors and manages workforce capacity to control overtime as well as utilizing temporary staff.

DAI uses LINC to exchange best practices and achieve cost savings (P.2a). Membership in a GPO leverages volume purchasing economies. Clinical supplies, where possible, are purchased through the GPO. Materials Management negotiates bulk orders to help extend current costs, avoid price inflation, and inform budget planning. DAI uses an inventory management/accounting-based software system (IMS) for both the organ and tissue work systems to ensure regulatory compliance, and to track and control costs through monitoring and managing supply levels. The ability to manage inventory generates detailed data on the purchase, storage, and use of supplies while maintaining appropriate stock levels at the Recovery Center. Data generated from the IMS is also used as an input in the SPP and helps establish annual supply budgets (Figure 2.1-1). In a cycle of learning, data collection and reporting capabilities were developed to monitor expiring supplies resulting in a reduction of obsolete inventory in 2015, 2016, and 2017 to record lows (Figure 7.1-35). Additionally, DAI files a Medicare Cost Report (MCR) annually to CMS for retroactive reimbursement of costs associated with

the recovery of kidneys and activities that make kidney donation possible. Internal financial data is entered into the MCR, using a mandated allocation methodology to calculate the costs related to organ recovery activities for each type of organ recovered. Utilizing this methodology, CMS reimburses DAI for the cost of kidney recoveries as stipulated in Medicare regulations.

**DAI minimizes the costs of inspections, tests, and process or performance audits** through a robust internal audit program. Through this program, DAI can self-identify and correct potential deviations or variances prior to an external audit.

The CAPA system provides a mechanism for identifying and analyzing existing and potential causes of issues impacting DAI's operations, such as incidents that do not follow specified requirements (referred to as nonconformities). The Director of QS oversees the CAPA system, ensuring investigation of issues and implementation of corrective and preventive actions. The Director of QS provides monthly reports to the ELT and reports outcomes of the CAPA system to the BOD annually.

Regularly scheduled meetings with suppliers, partners, and collaborators provide ongoing feedback to help minimize service errors, control costs and improve efficiency and effectiveness. To further control overall costs, DAI monitors cycle time through key work processes and the associated support process measures as shown in [Figures 6.1-2 and -3](#).

## 6.2B MANAGEMENT OF INFORMATION SYSTEMS

**6.2b(1) Reliability** DAI ensures reliability of its information systems through proactive maintenance, fault tolerance, rapid recovery from both outages and disasters, and targeted use of cloud providers. Proactive maintenance includes both hardware and software. Hardware is proactively replaced within an industry standard life-cycle management approach, or when it does not meet business needs as identified during the SPP and budgeting process. Workstation operating systems and software are updated as soon as patches are available, and server operating systems are updated quarterly. Firmware for infrastructure hardware is updated biannually. Enterprise software is updated as needed with the goal of being no more than one major version behind. The cloud-based DMS is updated continuously, and DAI is always on the most recent version.

Fault tolerance is provided through architecture design that minimizes single points of hardware failure and ensures high availability of information systems. Spare equipment is maintained to minimize the disruption to staff caused by failure of laptops, printers, or scanners. Technology infrastructure hardware such as network, storage, and servers can continue to operate without disruption if any individual component fails. For instance, if a DAI firewall fails, another firewall will assume the functions of the failed firewall without interruption to staff or intervention by Information Systems (IS) staff. In the event of catastrophic failure, DAI backs up and replicates essential data. The approach to backup and replication is called 3-2-1; this strategy involves three copies of the data, on at least two different storage platforms, and one offsite backup. Veeam software allows for setup and maintenance of this approach.

DAI uses cloud-based platforms in targeted roles such as the DMS and anti-spam services to supplement the reliability and robustness of on-premise solutions. The most critical system

is the DMS, which is hosted with an industry-specific cloud provider to ensure the best availability for this critical application. For anti-spam, having a cloud provider ensures that email sent to DAI is received and filtered independently for spam, viruses, and malware as part of the defense in-depth approach.

**6.2b(2) Security and Cybersecurity** DAI ensures the security and cybersecurity of sensitive or privileged data and information through a layered security approach called defense in-depth. Multiple layers of defense operate independently and provide robust protection from cybersecurity attacks. Security layers include perimeter firewalls, server and workstation firewalls, server and workstation antivirus and anti-malware software, regular security patches for operating systems, infrastructure, and applications, vulnerability scanning, data and transport encryption where appropriate, and a strong password policy. **To ensure confidentiality and only appropriate access of electronic data and information**, security is controlled by assigning applicable permissions to designated groups for file shares, the portal, and other secured systems, such as the DMS and the financial accounting system.

DAI manages physical data and information by restricting access to specific locations within its facilities, ensuring confidentiality and only appropriate access. For example, donor charts are maintained in a locked room, and other confidential data, including personnel, financial, and legal information, are stored in locked cabinets or offices. Additionally, clinical and administrative areas within the Recovery Center are accessible to designated staff through badge readers to prevent unauthorized access and exposure to confidential and sensitive information.

DAI uses a third-party cybersecurity firm to perform annual audits of all on-premise systems and verify effectiveness of cybersecurity approaches through penetration testing and vulnerability scanning that ensures security approaches are effective and that there are no gaps. These audits help the organization **identify and prioritize information technology systems to secure from cybersecurity attacks**. Annually, the results of the audits are reported to and reviewed by the ELT and the BOD. Audit findings are prioritized, and plans to remediate urgent and high priority items are developed and carried out ([Figure 7.1-33](#)).

**To maintain awareness of emerging security and cybersecurity threats**, IS staff stays current on potential risks and challenges in the environment through technology publications, trusted product suppliers, and professional associations. The Director of IS and Technology Solutions Engineer are active members of the AOPO IT Council and are made aware of trends in cybersecurity issues through direct member **relationships**, council discussions, and urgent email announcements. To maintain awareness throughout its workforce, DAI trains all staff annually through a program developed by a vendor specializing in cybersecurity training ([Figure 7.1-33](#)). Staff members also complete annual training to reinforce the organization's SOPPs on internet usage and computer security. Periodically, the IS team hosts 'Bits & Bytes,' a lunch and learn designed to strengthen individual understanding of security and technology concepts in a relaxed atmosphere. To ensure confidentiality and support the core value of *integrity*, staff members, the BOD, and the Advisory Board receive orientation and annual training

on protecting donor confidentiality and sign confidentiality agreements. To further support confidentiality of data and information, all contracts and statements of agreement with suppliers, partners, and customers include a confidentiality statement. DAI uses tools, such as Fortianalyzer and Systems Center Operations Manager (SCOM), to **detect potential cybersecurity breaches**. These systems provide alerts to the IS department, for example, when there are attempts of malware injection or multiple failed logins. IS investigates and evaluates the risk, then **responds** according to the nature of the cybersecurity breach. In the event of a malware or virus infection, DAI IS quarantines the affected device from the network to prevent spread of the infection and passwords for any systems involved in the breach are immediately changed. **To recover from cybersecurity breaches**, IS uses various remediation tools to clean the affected device. When needed, data is restored from storage snapshots or backups to return to the pre-breach state. The device is not reconnected to the network until its complete remediation has been assured. Cybersecurity breaches that pose potential operational, regulatory, or legal risks are managed through the organization's Corporate Compliance and CAPA programs [1.1a(2) and 6.2a].

## 6.2C SAFETY AND EMERGENCY PREPAREDNESS

**6.2c(1) Safety** Consistent with its core value of *People First*, DAI **provides a safe operating environment** for its workforce through a robust safety program. SOPPs outline safe workplace requirements and practices that comply with OSHA standards and protect staff from exposure to bloodborne pathogens, radiation, tuberculosis, influenza, and chemicals. Suppliers providing on-site services at the Recovery Center must also follow applicable OSHA standards and other safety requirements including proper badge access as outlined in the supplier agreements. The organization also has SOPPs to address accident prevention, emergencies and disasters, inclement weather, and safe driving. Job descriptions identify position-specific health and safety risks that determine individual requirements for testing, vaccination, and personal protective equipment (Figure 5.1-2). DAI's safety system includes initial training during NHO and annual employee training for general OSHA topics, bloodborne pathogens, and HAZCOM. The safety system also includes a systematic process for reporting and investigating workplace injuries. The Safety Officer investigates all workplace injuries, using **root-cause analysis** and corrective action, as appropriate. DAI's Safety Committee, a multidisciplinary team chaired by the Safety Officer, meets quarterly and supports a **safe operating environment**. The committee reviews injury trends, performs safety inspections, and identifies and addresses actual or potential safety concerns. For example, in response to the quarterly review of injury trends, the organization implemented the use of safety devices, switched to disposable scalpel blades, and changed work shifts from 24 hours to 12 hours for the tissue recovery team to reduce sharps injuries. These approaches contributed to an 88% decrease in work-related injuries between 2008 and 2010. Since 2014, the organization has maintained annual incident rates better than industry benchmarks (Figure 7.3-7).

The organization also provides workstation assessments when requested to promote ergonomics. In 2015, based on employee feedback gathered through rounding and on-site ergonomics assessments, DAI purchased new chairs for staff members who spend more than 32 hours in desk work per week.

To further support a safe operating environment, the Recovery Center's security mechanisms include badge access into the facility and restricted areas within the building, as well as a surveillance system that can be monitored remotely. The main office building has an on-site security guard, badge access the office suite, and secure after-hours badge access to the elevators. Visitors, including suppliers and partners, to the Recovery Center and main office are escorted and kept to a limited area to ensure their safety in the event of an emergency. In 2018, based on employee feedback, a peephole and distress button were installed to increase the level of security around the elevator entrances into the main office floor of the building.

**6.2c(2) Business Continuity** DAI ensures that the **organization is prepared for disasters or emergencies** through formal plans and ongoing training and testing. The Emergency Preparedness and Disaster Plan addresses procedures for various types of emergencies, including medical, fire, inclement weather, and power failures. Fire drills are coordinated with the local fire department and occur at least annually at both the office complex and the Recovery Center (Figure 7.1-34). An evacuation team, with designated fire wardens and searchers, meets quarterly and sends email reminders about evacuation procedures to staff. The Safety Committee and the evacuation team capture and address learnings following drills or actual events. To support a safe work environment, ongoing training and updates are offered to staff through communication boards, staff meeting updates, lunch and learn events, and required annual training.

The Recovery Center has an uninterruptable power supply and a back-up generator that can maintain power to critical equipment in the event of a lengthy power outage. The organization also has agreements in place with vendors to supply fuel during emergencies. A 17-gallon diesel tank allows the facility to have uninterrupted power for 8 to 9 hours, depending on the demand load. For maintenance purposes, the generator is exercised weekly. The generator service provider completes bi-annual transfer tests and annual load bank testing.

To ensure **continuity of operations**, DAI developed a Business Continuity Plan (BCP) in 2013 to detail maintenance of critical business operations during an interruption to normal operations. To improve approaches to business continuity, since its inception, the BCP is now deployed to all staff via annual table top simulations. Leaders assess the results to further fine tune emergency responsibilities, operations, and communications.

Following a gap analysis after the 2015 table top simulation, the organization contracted with Agility Recovery, a third-party emergency response provider. Agility provides resources and facilities to ensure uninterrupted critical business operations. It also provides the ability to simultaneously text all staff with emergency messages. Through annual updates, the BCP has been further revised to include customer, partner, supplier, and stakeholder contact lists, as well as joint responsibility agreements with our transplant center partners. Lastly, per CMS requirements, it includes contact information for federal and state emergency resources.

The BCP along with all contact list appendices are available on the Agility client portal, and the contents can also be emailed. As part of DAI's plan, agreements with LINC organizations are in place to ensure business continuity of key processes in the event of an emergency. In 2017, DAI leveraged the LINC **relationship** to manage supply chain interruption of medical supplies due to hurricane affected suppliers resulting in no alteration of organ case activity. In 2017, as part of a CMS regulation change impacting hospitals and OPOs, DAI collaborated with the four transplant center customers and all hospital partners to define roles and responsibilities of each party in the event of a disaster. The transplant center meetings were completed in person to share common goals and best practices to develop a shared emergency process that is reviewed annually.

In March 2017, Statline, DAI's key supplier for triaging referral calls, experienced a five-hour downtime. Because of the impact to the organization's ability to manage incoming referral calls – an essential component of the organ and tissue work system processes (Figure 6.1-1) – DAI leadership members were quickly assembled to assess the situation and to develop and execute a plan to transfer the phones internally and manage the referral calls throughout the downtime. This ensured continuity in key work processes. After the systems were restored, the team held a debriefing and determined that no referrals were lost during the outage.

To ensure that information technology systems continue to be secure and available to serve customers and business needs, DAI has an independent disaster recovery datacenter that stores a replica of critical data. This fully functional data-center at the Recovery Center is in production use for servers for Recovery Center staff and is on standby for use as a disaster recovery facility. Being in constant use on a limited basis, it is fully functional and could assume production workloads, if needed. This approach ensures emergency availability of on-premises IT systems.

For cloud-based systems, such as the DMS, the service contract with the supplier includes requirements for disaster recovery capabilities. To further ensure the availability of systems to **serve customers and business needs**, all clinical staff and most support staff have cell phones, computers, and mobile data devices to allow them to connect remotely to the DMS if they cannot access DAI's facilities. For key IT systems, such as network file shares, Veeam software replicates the entire server every 15 minutes and services can be restored within minutes, if needed. For less critical systems, nightly backups are copied to the Recovery Center.

## 7 Results

DAI's performance measures are presented for key areas of importance to the success and sustainability of the organization. Limited competitive comparatives are provided due to the lack of availability within the industry and/or proprietary information. As well, OPO data is not normalized for the size of the OPO or the overall health of the population served. Additional segmented and descriptive data are AOS.

## 7.1 Product and Process Results

### 7.1A CUSTOMER-FOCUSED PRODUCT AND SERVICE RESULTS

Over the past four years, the numbers of organ donors and organs transplanted have increased (Figures 7.1-1 and -2). Variables such as cause of death, medical factors, and changes in donor acceptance rates by transplant hospitals, could cause a drop in the numbers of donors and organs transplanted. As a measure of achieving mission impact, DAI is narrowing the gap between the number of organs recovered and transplanted (Figure 7.1-3).

To meet its mission, DAI must maximize every organ and tissue donation opportunity. Each brain dead (BD) organ donor has the potential to donate up to eight organs. Because of unpredictable variables such as donor age, race, gender, and medical factors, it is not a common situation to achieve the maximum. DAI pursues every potential organ donor regardless of the number of organs that can be transplanted from each donor. Due to the circumstances of donation after circulatory death (DCD), not all organs are eligible for transplantation. Typically kidneys, and less frequently livers, from DCD donors are accepted for transplantation. Some practices of the local transplant centers in accepting organs from DCD donors have impacted DAI's ability to achieve the national benchmark for organs transplanted per donor (Figure 7.1-4). The organ conversion rate – turning eligible donors into viable organ donors – is a metric used by all OPOs (Figure 7.1-5).

An important measure is the percentage of BD patients who become donors. DAI continues to outperform the AOPPO benchmark, established from a 2013 study (Figure 7.1-6). Another measure for maximizing organs is the ratio of observed vs. expected organs (O:E) transplanted. This is also a measure of organ allocation – a key work process for DA, measured on the BSC, and a key customer requirement of transplant centers (Figures 7.1-7 and -8). The O:E ratio is a calculation based on a statistical model used by the SRTR. A ratio above 1.0 indicates that the observed measure for an OPO is greater than what would be expected given the national experience. The decreasing rates of liver transplants are largely due to transplant center practices. The declining trends in pancreas transplants follow the national trend and are due to different therapies to treat pancreatic disease. Additional information is AOS.

The number of tissue donors increased 10% from 2014 to 2017. A record 1,752 generous tissue donors in 2017 provided life-saving and healing tissues to an estimated 131,400 people suffering from trauma or disease (Figure 7.1-9). A key measure for the tissue work system is the tissue donor conversion rate (Figure 7.1-10). DAI attributes the significant increases in tissue donation since 2014 to increases in the number of deaths referred to DAI and improved processes for evaluating tissue donors. The number of bone, skin, and heart valve donors is shown in Figures 7.1-11 and -12.

One of DAI's strategic goals is to maximize the utilization of the Recovery Center (Figure 7.1-13). The ability to transport an organ donor to the Recovery Center is dependent on several factors, including the stability of the donor, the hospital limitations, and the family wishes. When these factors align, DAI can exceed customer expectations and deliver the "Donor Alliance Experience".

Figure 7.1-1 Number of Organ Donors

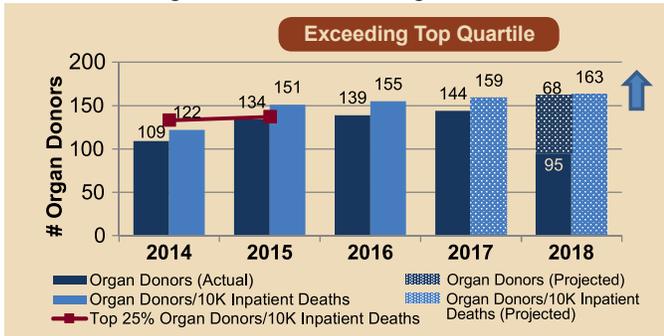


Figure 7.1-2 Organs Transplanted

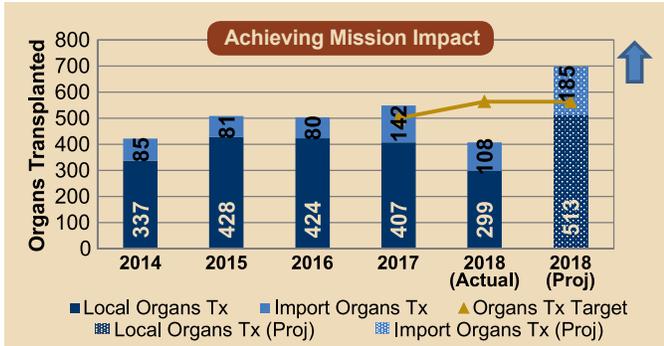


Figure 7.1-3 % of Recovered Organs Transplanted

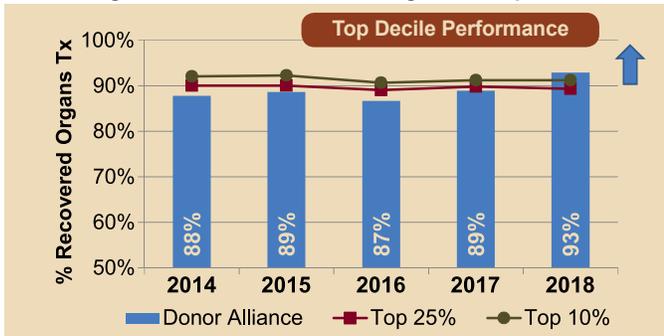
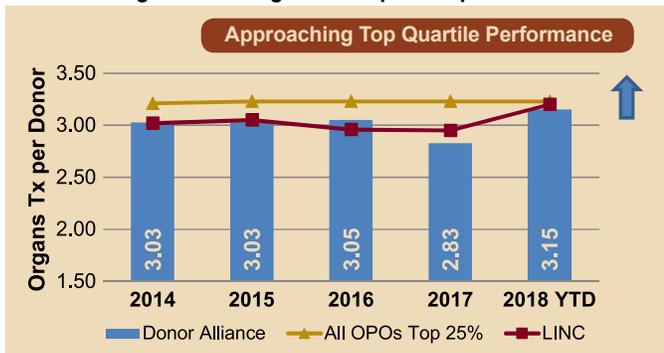


Figure 7.1-4 Organs Transplanted per Donor



7.1B WORK PROCESS EFFECTIVENESS RESULTS

**7.1b(1) Process Effectiveness and Efficiency** Results of key process measures for the organ work system that support maximizing organ donation are presented in Figures 7.1-14 through -19.

DAI monitors timely referral rate as a measure of the referral key work process. With continuing improvements to the referral process and increased emphasis on **relationships** with donor hospitals in maintaining donation programs, timely organ referrals have shown favorable performance compared to the benchmark. The number of missed referrals by donor hospitals

Figure 7.1-5 Organ Donor Conversion Rate – Overall



Figure 7.1-6 Brain Dead Organ Donation Rates & Organ Donor Gap



Figure 7.1-7 Observed vs. Expected Organs Transplanted

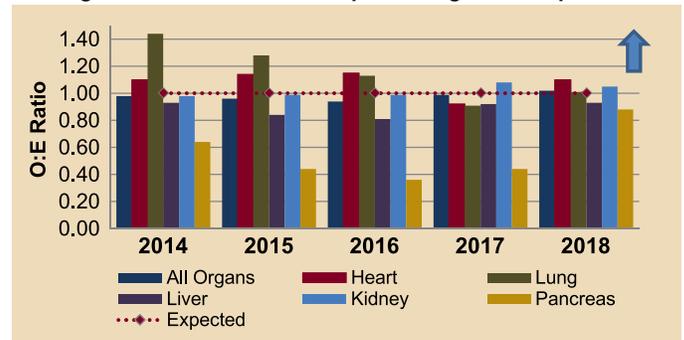
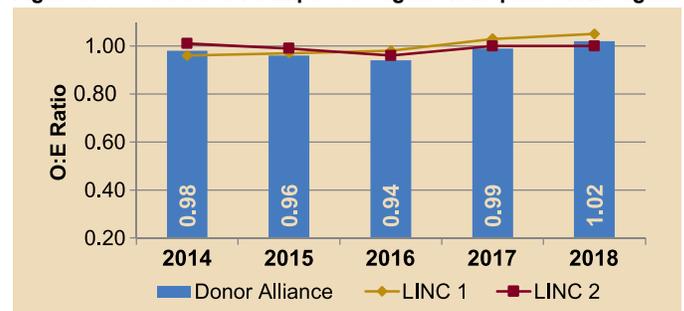
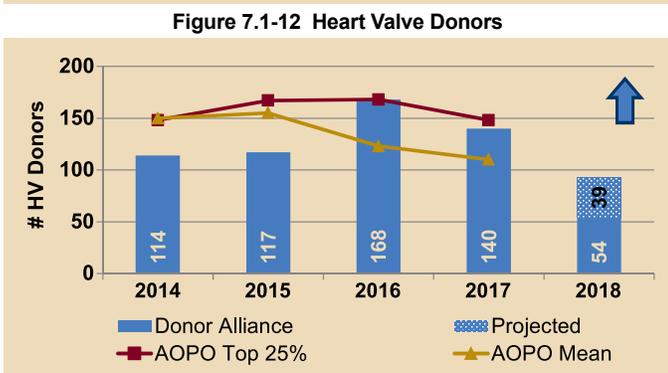
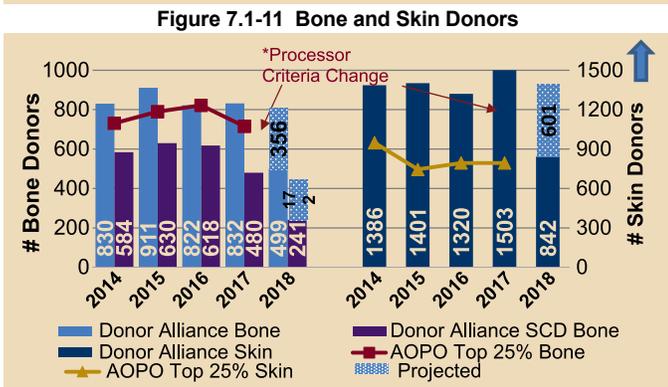
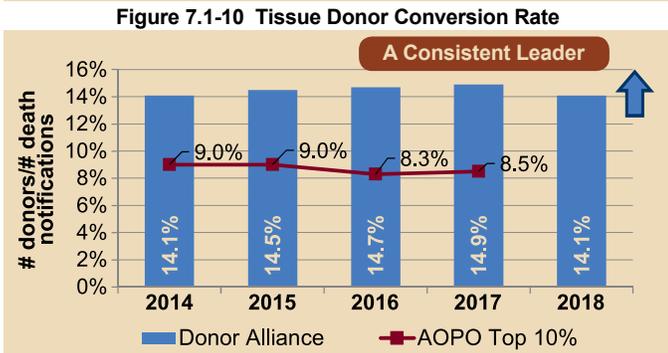
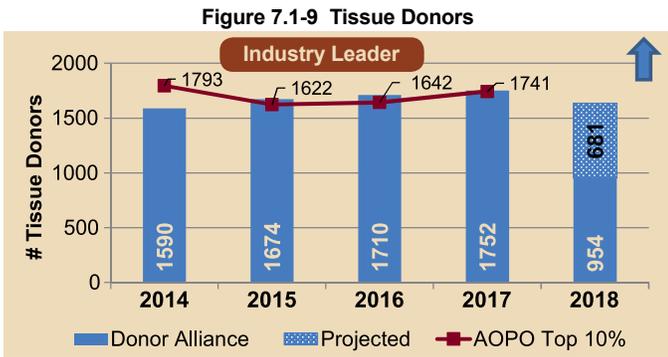


Figure 7.1-8 Observed vs. Expected Organs Transplanted All Organs



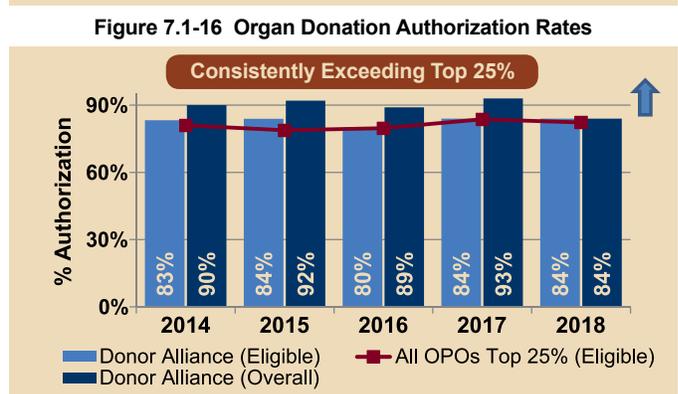
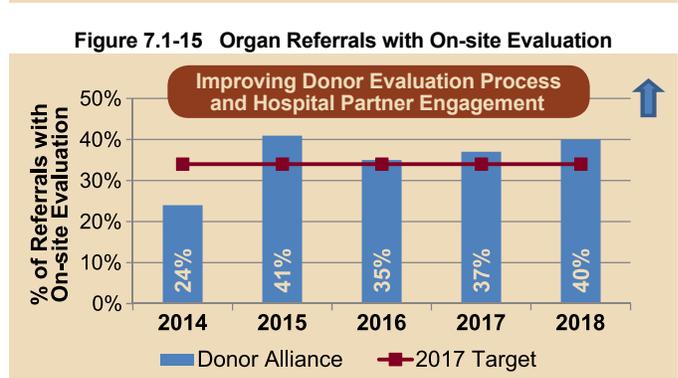
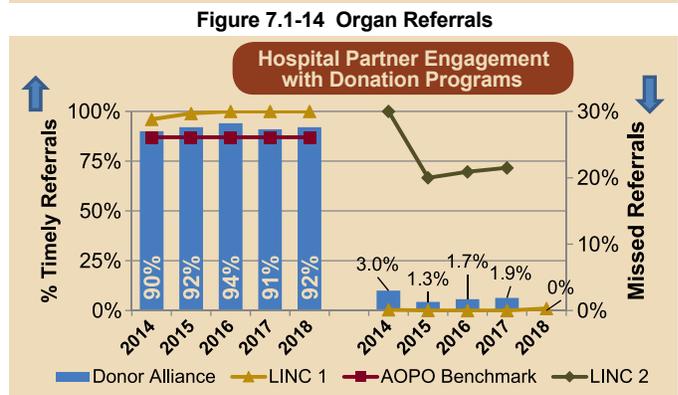
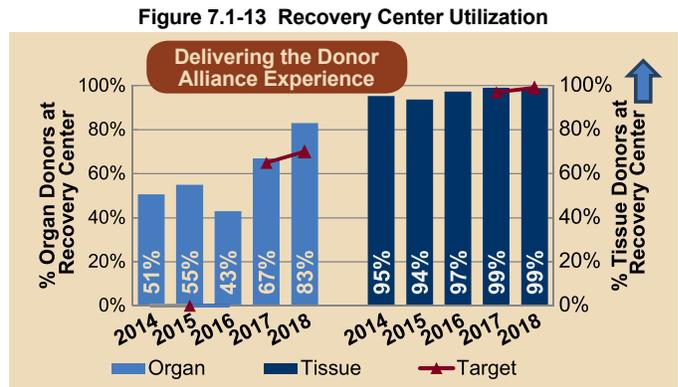
has steadily decreased to approximately 1% (Figure 7.1-14).

In October 2014, DAI implemented a process for expanding the criteria for performing on-site evaluations for organ donor referrals. Results have increased with the new process in organ referrals with on-site evaluation (Figure 7.1-15). Another important measure in maximizing donation opportunities is organ authorization rates, which is the percentage of authorizations, including donor designations, out of the total number of approaches and donor designations. This rate is also measured as a percentage



of authorized of eligible deaths as defined by CMS (Figure 7.1-16). The overall number of donors on the registry helps DAI maximize donation opportunities, while increasing the effectiveness of getting community support (Figure 7.1-17).

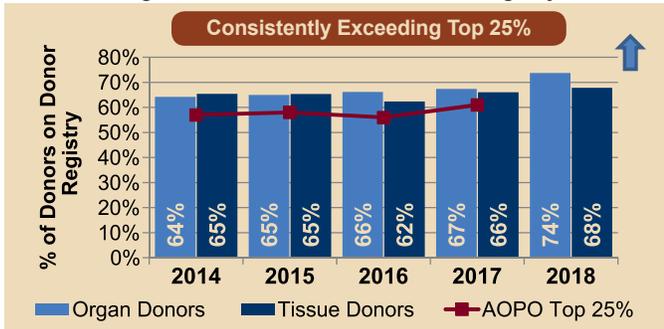
As an indicator of organ quality and the key customer requirement of maximizing donation and transplantable organs, DAI monitors surgical technique errors. DAI has recovered very few organs with surgical errors since 2014 (Figure 7.1-18). DAI measures the effectiveness of the final key work process in both the organ and tissue work systems through the number of errors in organ and tissue packaging, labeling, and shipping (Figure 7.1-19).



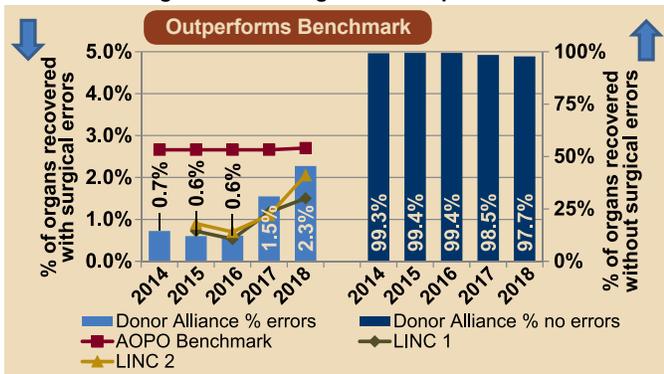
The effectiveness of the tissue referral process as seen through the number of in-hospital deaths that are called to DAI is an indicator of donor hospital partners' compliance with regulatory requirements and their participation in the donation process (Figure 7.1-20). It is also critical for DAI in maximizing the donation potential.

To monitor the effectiveness of the donor case coordination process, DAI measures the cycle time for key steps within the

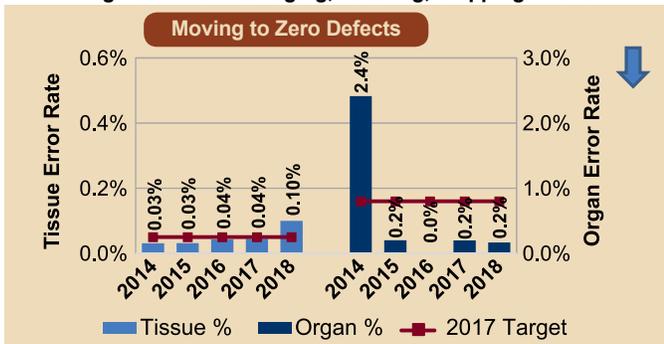
**Figure 7.1-17 Donors on the Donor Registry**



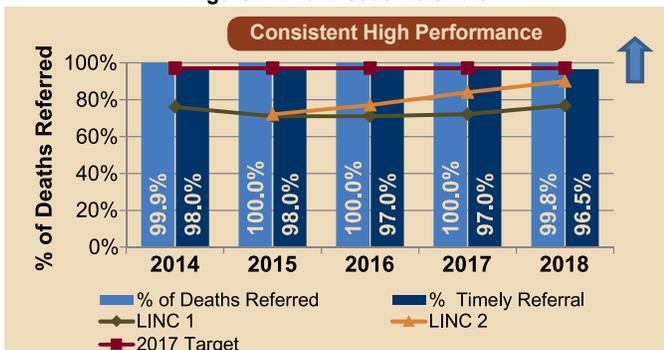
**Figure 7.1-18 Surgical Technique Errors**



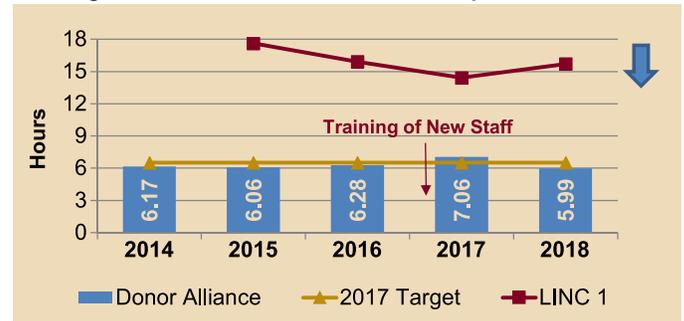
**Figure 7.1-19 Packaging, Labeling, Shipping Errors**



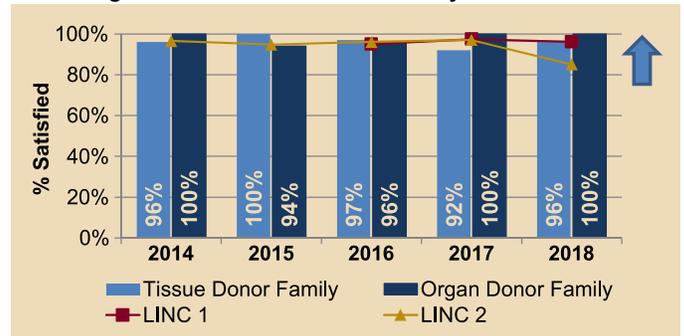
**Figure 7.1-20 Tissue Referrals**



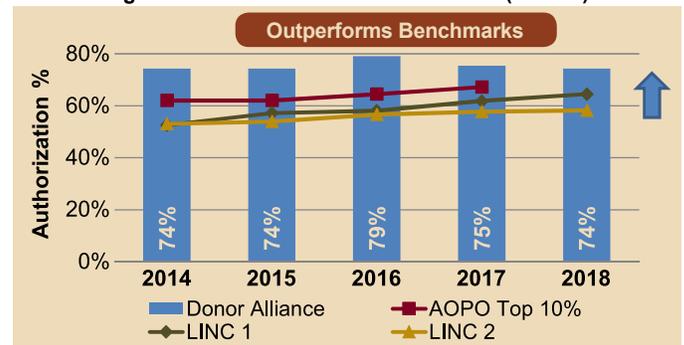
**Figure 7.1-21 Time from Referral to Completion of DRAI**



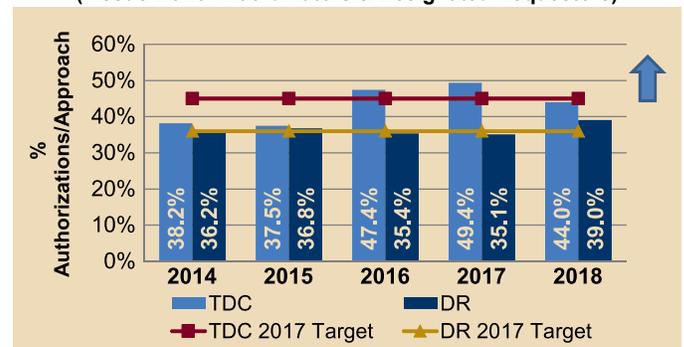
**Figure 7.1-22 Effectiveness of Family Care Process**



**Figure 7.1-23 Tissue Authorization Rate (Overall)**



**Figure 7.1-24 Tissue Authorization Rate (Tissue Donor Coordinators & Designated Requestors)**



**Figure 7.1-25 Tendons Lacerations**



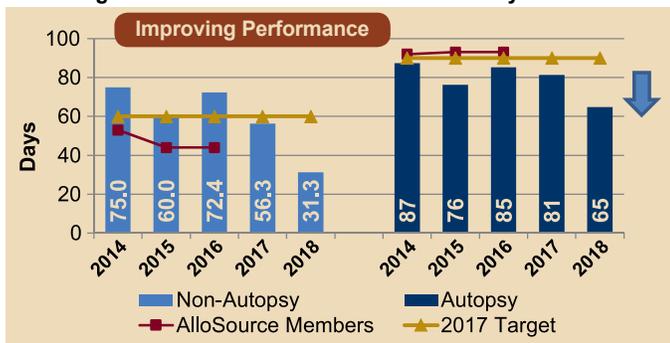
process – time of referral to completion of the donor risk assessment interview (DRAI) (Figure 7.1-21). An expected slight increase in this measure occurred in 2017 as a result of internal job transfers from the TDC role to other positions within the organization. Results for the effectiveness of the family care processes are seen in Figure 7.1-22.

An important measure in maximizing tissue donation opportunities is tissue authorization rates, which is the percentage of authorizations, including donor designations, out of the total number of approaches and donor designations (Figure 7.1-23).

**Figure 7.1-26 Bone Recovery Cultures No Microbial Growth Rate**



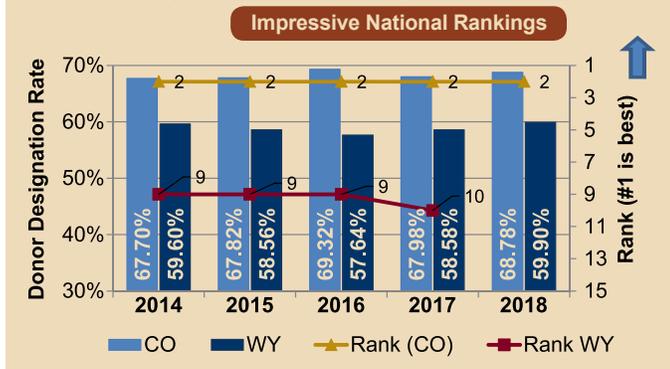
**Figure 7.1-27 Tissue Donor Chart Review Cycle Time**



**Figure 7.1-28 Tissue Chart Approval – 2017**

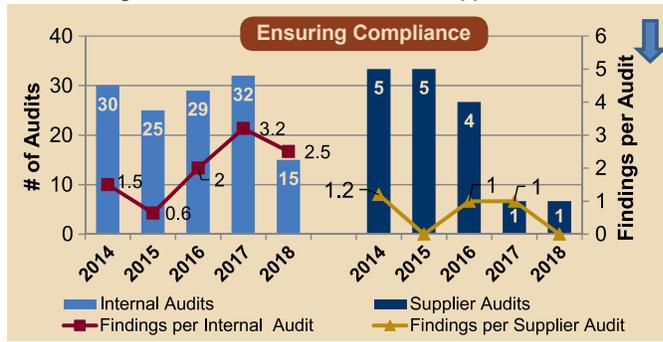


**Figure 7.1-29 Donor Designation Rates**

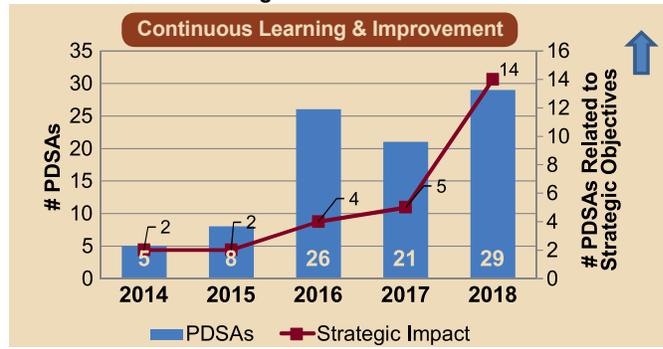


Tissue authorization rates are further segmented by DAI's Tissue Donor Coordinators (TDCs) and partner hospital designated requestors (DR) (Figure 7.1-24). Another important aspect of the donation process is ensuring that an individual's legal decision to be an organ and tissue donor is honored. Because families can impede the donation process, it is important for the Tissue Donor Coordinators to help them understand the life-saving value of honoring the donor's wishes (Figure 7.1-17). As an indicator of maximizing tissues available for transplantation and the key process of the tissue work system, DAI monitors

**Figure 7.1-30 Internal Audits and Supplier Audits**



**Figure 7.1-31 PDSAs**



**Figure 7.1-32 IS Customer Satisfaction**



**Figure 7.1-33 Cybersecurity**

	Urgent & High Priority Items Identified	Urgent & High Priority Items Remediated	Percent of Urgent and High Priority Items Remediated	Cybersecurity Training Compliance
2013	10	10	100%	100%
2014	No Audit Performed			
2015	8	8	100%	100%
2016	9	9	100%	100%
2017	0	n/a	n/a	100%

the number of surgical errors during tissue recovery and tissues recovered without bacterial growth (Figures 7.1-25 and -26). This data is been captured on the monthly AlloSource scorecard, and DAI uses this data to determine any actions needed to meet customer requirements.

A last step of the tissue donation process is the review and release of donor charts to tissue processors (Figures 7.1-28). In 2014, an increase in tissue donors combined with QA staff vacancy led to longer timeframes for review. To address this challenge and meet customer requirements for chart clearance, DAI adjusted staffing levels for QACs (4.1b). Through the tissue chart release process, DAI provides the necessary information to the tissue processors, thereby making tissues available for transplantation. A key measure of DAI's ability to meet tissue processor requirements is reflected in the number of charts approved on first

**Figure 7.1-34 Emergency Preparedness**

	2014	2015	2016	2017	2018
Annual Fire Drill Evacuation Time	< 3 min	< 3 min	< 3 min	< 3 min	Pending
Annual Inspections of Strobes and Horns	✓	✓	✓	✓	✓
Generator Testing	Passed	Passed	Passed	Passed	Passed
Generator Load Bank Testing	Passed	Passed	Passed	Passed	Passed
Business Continuity Exercise		Passed	Passed	Passed	Pending

**Figure 7.1-35 Inventory of Expired Supplies**



upload, and the number of bone and skin charts that are transferred (Figures 7.1-28 and 7.5-5).

To meet its mission, DAI monitors its effectiveness in growing and maintaining donor registries across its DSA. Over 1,000,000 names were added to the state donor registries in 2016. The two states maintain some of the highest donor designation rates (DDR) in the country, with Colorado consistently ranking as second (Figure 7.1-29). Due to planned refinements made by the State of Colorado to its data collection and processing in 2017, DAI anticipated a two percent decrease in donor designation rate (DDR). Although the refined data reports demonstrated a 1.34% decrease in DDR% from 2016's record high (69.3%), Colorado maintained its strong hold on the second highest rate in the nation.

To ensure compliance with regulatory and accreditation standards, DAI performs internal audits (Figure 7.1-30). An increase in findings is attributed to an improved and more in-depth auditing process. Another indicator of organizational quality is the number of completed PDSAs, including those aligned with strategic goals (Figure 7.1-31). For measures of information technology and staff satisfaction with information systems (IS) are shown in Figure 7.1-32. The accuracy of the data in the TrueNorth system is critical to DAI operations. In 2015, DAI began formally tracking system availability or network uptime, and this measure has remained at or near 100%. Since 2013, there have been no unremediated breaches of security (Figure 7.1-33).

**7.1b(2) Emergency Preparedness** Results for measures of emergency preparedness have been excellent since 2014 (Figure 7.1-34).

**7.1C Supply-Chain Management** Results DAI audits its key suppliers biennially to ensure compliance with regulatory requirements (Figure 7.1-30). An additional measure of the effectiveness in managing the supply chain and maximizing cost savings through reduction in the inventory of expired supplies (Figure 7.1-35).

## 7.2 Customer Results

### 7.2A CUSTOMER-FOCUSED RESULTS

DAI's mission statement drives staff to meet and exceed customer expectations. Armed with core competencies of **mission-driven**

and **relationships**, the staff members of DAI approach each customer encounter to fulfill the mission statement.

**7.2a(1) Customer Satisfaction** DAI's results for customer satisfaction are shown in Figures 7.2-1 through 9. Formal surveys of transplant centers to gather quantitative, actionable feedback were first conducted in 2012, and again in 2016. Recognizing the need for more focused feedback, DAI changed the survey tool and method in 2016. The frequency was also changed from every four years to every two years. Preliminary results from the 2018 survey indicate 100% overall satisfaction, an indicator of DAI's ability to meet the requirement of maximizing donation. Satisfaction with relationships is evaluated in terms of how DAI staff communicate with transplant center personnel during and after organ donation cases (Figures 7.2-2 and -4). Improvements in satisfaction with communication, a key customer requirement, are attributed to the effectiveness of the action plans that were put in place after the 2012 survey. For the same time periods, survey results showed no dissatisfaction from the transplant centers (Figure 7.2-5).

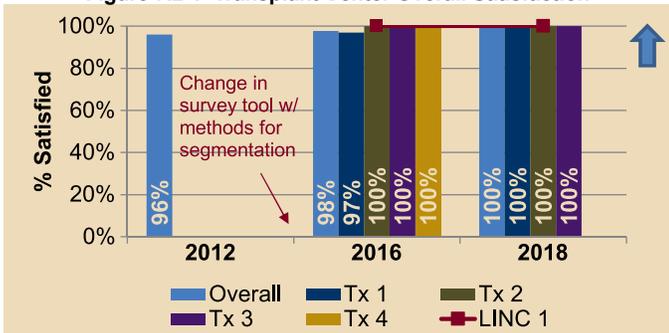
DAI began conducting formal annual surveys to tissue processors in 2015 (Figure 7.2-6). Emphasizing the core competency of **relationships**, the tissue processors agreed that the DAI meets their needs and expectations, and that DAI staff is professional and courteous. A new tissue processor survey implemented in 2017 allowed DAI to gather consistent comparisons from LINC partners (Figure 7.2-7).

Another measure indicating customer satisfaction and compliance with regulatory and processor requirements is seen in the number of findings from tissue processor audits of DAI (Figure 7.2-8). DAI's systematic internal auditing processes contribute to the low number of findings.

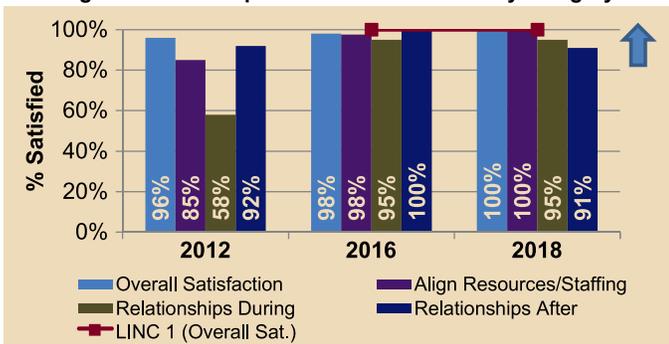
Customer dissatisfaction is assessed through surveys and monitoring complaints (Figure 7.2-9). Survey results showed no dissatisfaction from tissue processors in 2015 to 2017. An expected increase in the complaint rate for 2017 resulted from improved processes for documenting and resolving complaints in real time.

**7.2a(2) Customer Engagement** Formal customer surveys evaluate customer engagement, including measures for building relationships (Figures 7.2-2, -4, -6, and -7). In the most recent customer surveys, DAI added specific questions to measure customer engagement. 100% of the transplant center survey respondents indicated they feel a strong connection to DAI's mission, and that they feel a strong desire to work with DA in organ transplantation cases. In 2017, when asked what tissue processors liked best about working with DAI, 80% of respondents reported being aligned with DAI's mission and values was important. Customer engagement with DIA also is characterized as the willingness for customers to actively advocate for and promote organ and tissue donation. All four transplant centers served by DAI participate in DonateLife events through the WPFL to promote organ and tissue donation (Figure 7.2-10). Since 2013, transplant center customers collectively have collaborated with DAI to host over 130 donation promotion activities for this program. Since 2014, all four transplant centers received recognition from HRSA for their involvement in this national initiative to raise donation awareness, demonstrating increasing

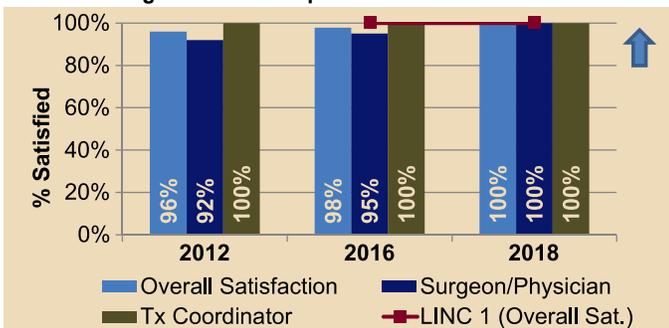
**Figure 7.2-1 Transplant Center Overall Satisfaction**



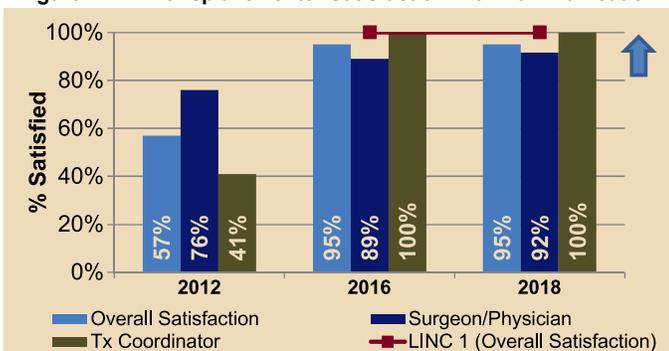
**Figure 7.2-2 Transplant Center Satisfaction by Category**



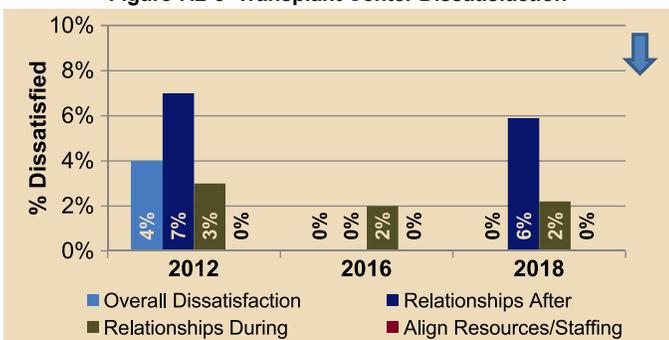
**Figure 7.2-3 Transplant Center Satisfaction**



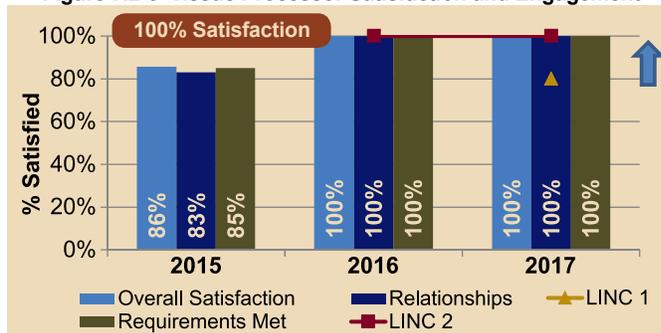
**Figure 7.2-4 Transplant Center Satisfaction with Communication**



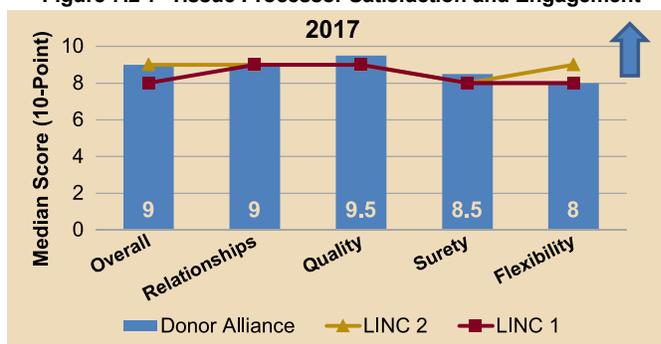
**Figure 7.2-5 Transplant Center Dissatisfaction**



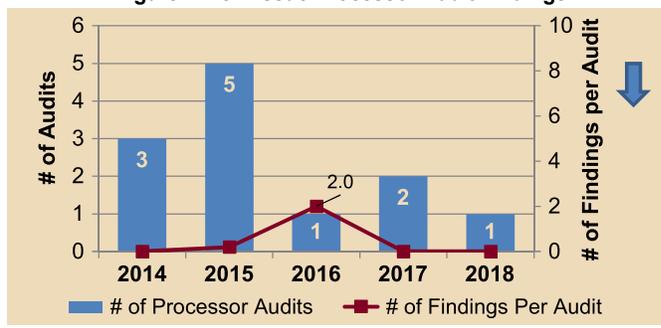
**Figure 7.2-6 Tissue Processor Satisfaction and Engagement**



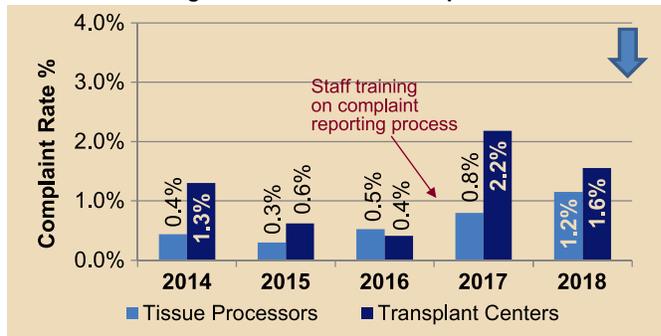
**Figure 7.2-7 Tissue Processor Satisfaction and Engagement**



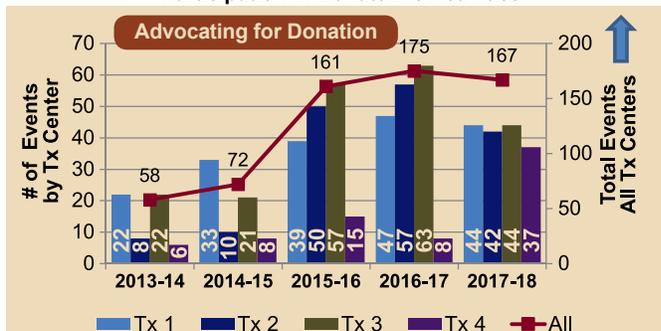
**Figure 7.2-8 Tissue Processor Audit Findings**



**Figure 7.2-9 Customer Complaints**



**Figure 7.2-10 Transplant Center Engagement: Participation in DonateLife Activities**



engagement of this customer group. Annually, key customers participate in and/or sponsor the Donor Dash (Figure 7.4-12). Additionally, key customers engage with DAI by attending the Donor Family Tribute or part in videos that honor and thank the donor families (AOS).

## 7.3 Workforce Results

### 7.3A WORKFORCE - FOCUSED RESULTS

DAI monitors employee turnover and retention as indicators of workforce capability and capacity and workforce engagement (Figure 7.3-1). DAI has managed to retain specialized staff, a strategic challenge (Figure 7.3-2). Days to fill is a measure of effectiveness of the recruitment process, ensuring that the right candidate is selected for the job in a timely manner (Figure 7.3-3). DAI budgets for overtime hours to accommodate high-demand caseloads and to address workforce capability and capacity needs (Figure 7.3-4). Overtime can fluctuate based on volumes and timeframes of donor activity. Accurately estimating and planning for overtime annually helps the organization accommodate the fluctuations.

DAI's 240 AFL volunteered approximately 1500 hours to provide support for community and public education events in Colorado and Wyoming (Figure 7.3-5). In 2017, forty-five active AFLs served as speakers, and 195 staffed various community events. These events included 133 donor designation stations, 4 media stories, 24 speaking opportunities, and 7 special events.

**7.3a(2) Workforce Climate** DAI has a workforce climate that supports the health and well-being of employees. To promote a culture of safety, DAI ensures compliance with training, testing, and vaccination requirements to ensure a safe workplace (Figure 7.3-6). The ongoing review of injury trends, correction of potential workplace hazards, focus on safe work practices, and improvements in work processes contribute to the organization's ability to keep reportable injury rates below industry benchmarks (Figure 7.3-7). DAI's facilities comply with ADA standards.

DAI offers a robust health and benefits package to its employees, benefits not typically available at other organizations (Figure 7.3-8).

**7.3a(3) Workforce Engagement** Results for employee engagement are presented in Figures 7.3-9 through -11. In addition to employee turnover and retention (Figures 7.3-1 and -2), DAI annually uses the Quantum Workplace survey to formally assess workforce engagement. The organization's survey participation rates of 99-100%, which have been achieved without incentives to employees, exceed the benchmark of 85%. Additionally, 97% of staff indicate that they are proud to work for DAI. This question was introduced in the Quantum survey in 2016, with results that surpass the Quantum top quartile of 93% (AOS). DAI's survey results for overall satisfaction and engagement for specific employee engagement drivers (Figure P.1-4) demonstrate strong performance for compensation and benefit, connection to mission, teamwork, and opportunity to grow (Figures 7.3-8, -10, -11, -15, and -16). Additional segmentation is AOS.

In 2017, DAI received Quantum Workplaces' Employee Voice award. DAI has also received numerous awards from Denver Post's Top Workplaces, another indicator of workforce engagement (Figure 7.4-1).

Figure 7.3-1 Turnover

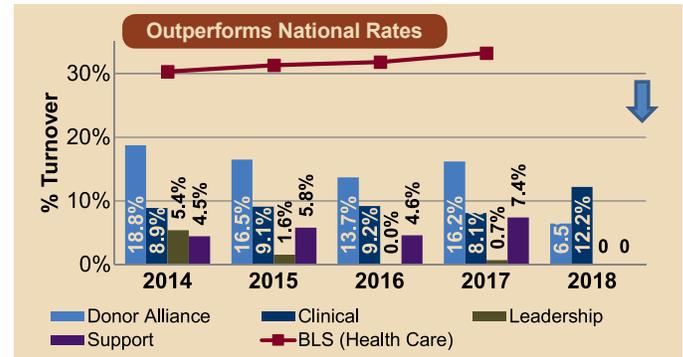


Figure 7.3-2 Staff Retention

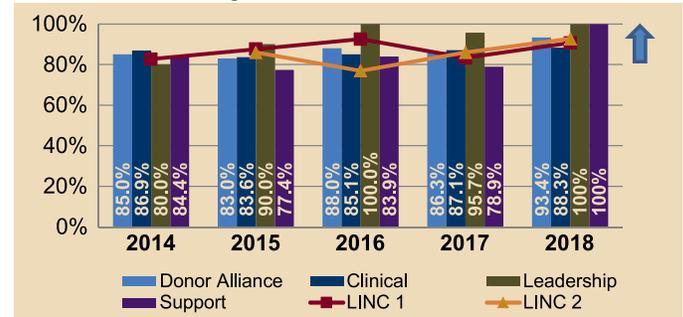


Figure 7.3-3 Days to Fill

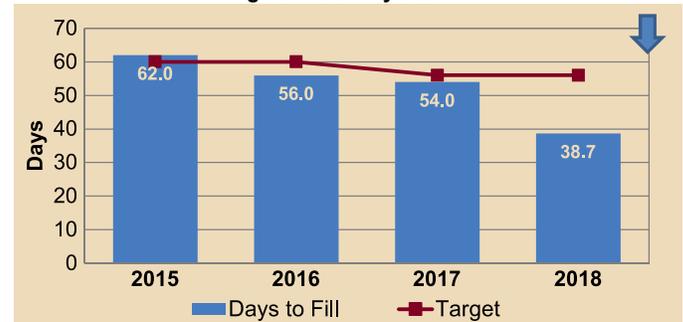


Figure 7.3-4 Budgeted vs. Actual Overtime Hours

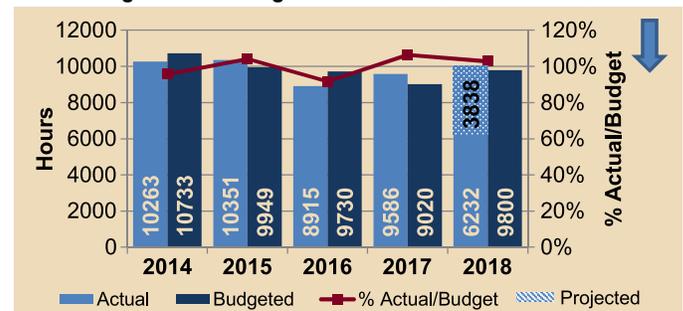
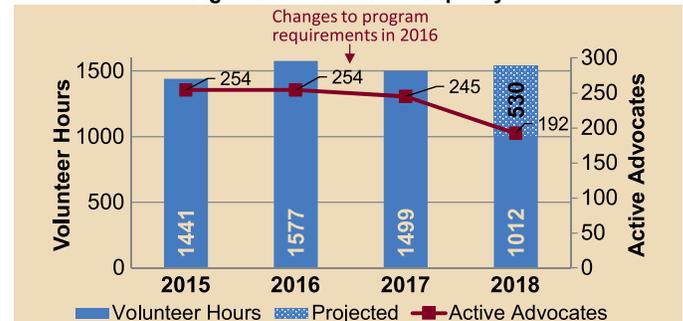


Figure 7.3-5 Volunteer Capacity

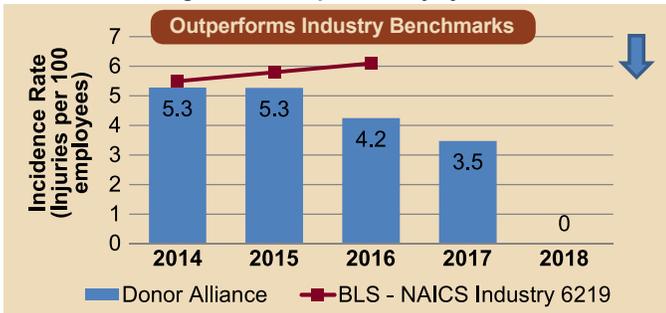


**Figure 7.3-6 Workforce Health & Safety Training, Testing, & Vaccination Compliance**

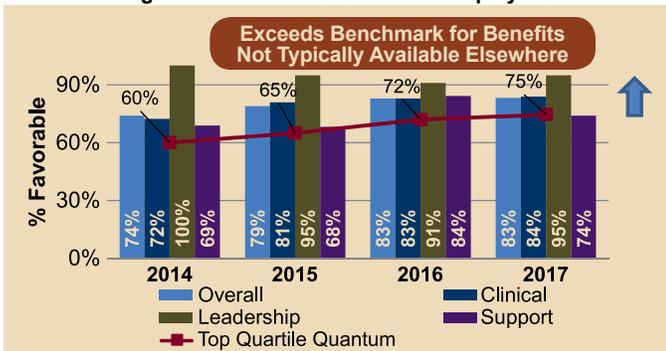
	2014	2015	2016	2017	2018
OSHA Training*	100%	100%	100%	100%	pending
BBP Training*	100%	100%	100%	100%	pending
Antiviolence Training*	100%	100%	100%	100%	pending
Sexual Harassment Training*	100%	100%	100%	100%	pending
Hepatitis B Vaccination*	100%	100%	100%	100%	100%
TB Skin Test*	100%	100%	100%	100%	100%
MMR*	new requirement in 2016		100%	100%	100%
Varicella*	new requirement in 2016		100%	100%	100%
Influenza Vaccination**	100%	100%	100%	100%	100%

\*Employees, \*\*Advocates

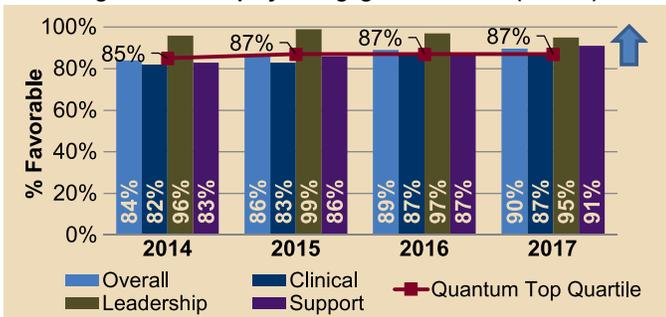
**Figure 7.3-7 Reportable Injury Rate**



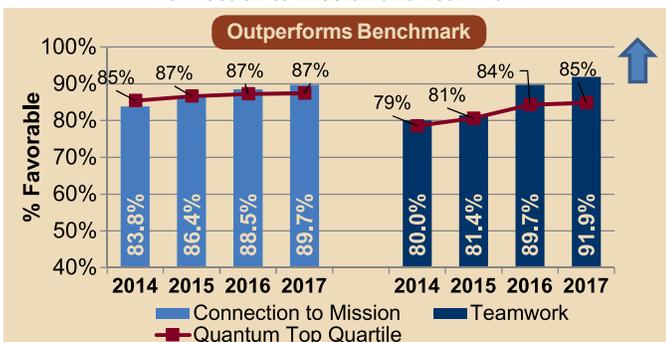
**Figure 7.3-8 Benefits Offered to Employees**



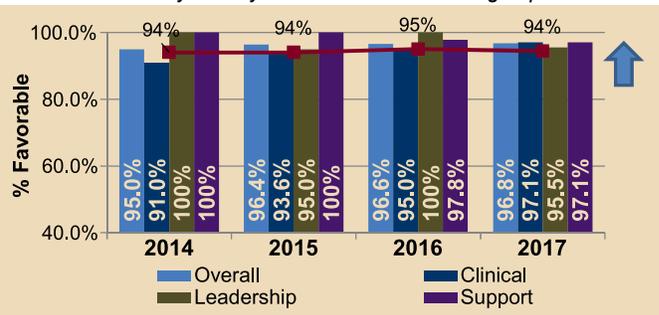
**Figure 7.3-9 Employee Engagement Scores (Overall)**



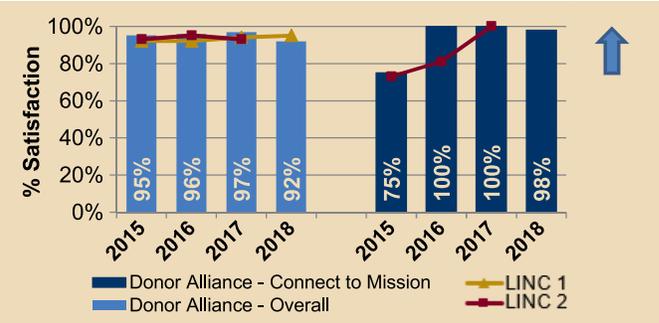
**Figure 7.3-10 Employee Engagement: Connection to Mission and Teamwork**



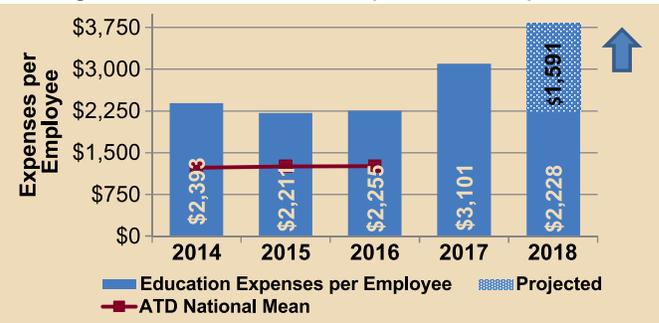
**Figure 7.3-11 Workforce Engagement: Teamwork**  
*I feel loyal to my immediate team or workgroup*



**Figure 7.3-12 Advocates for Life Satisfaction and Engagement**



**Figure 7.3-13 Workforce Development: Total Expenses**



Results of annual surveys to assess AFL's satisfaction and engagement are presented in Figure 7.3-12.

**7.3a(4) Workforce Development** With a key employee engagement factor being opportunity to grow, DAI systematically focuses on workforce development by consistently investing in employee education and training (Figures 7.3-13 through -16).

## 7.4 Leadership and Governance Results

### 7.4A LEADERSHIP, GOVERNANCE, AND SOCIETAL RESPONSIBILITY

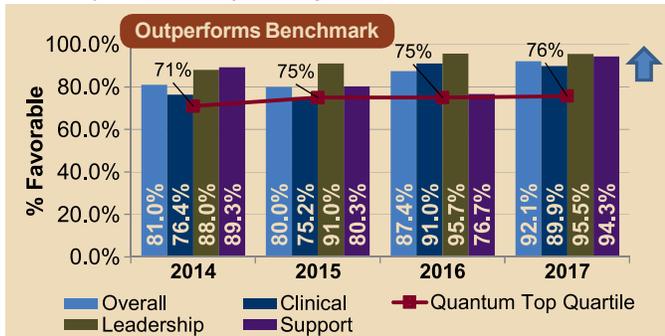
As a recognized leader in the industry, DAI has received numerous awards and recognitions that demonstrate achievement of the organization's vision to *be a center of excellence* (Figure 7.4-1).

**7.4a(1) Leadership** DAI uses engagement scores and participation in meetings and events as indicators of leader communication and engagement with the workforce to deploy the MVV, encourage two-way communication, and create a focus on action. DAI employees report increased trust in the senior leadership team to lead the company to future success (Figure 7.4-2). Also, DAI employees consistently report that they understand the company's plans for future success and how their work supports that success (Figure 7.4-3).

**Figure 7.3-14 Staff Certifications and Specialized Training**



**Figure 7.3-15 Workforce & Leader Development**  
*My immediate supervisor gives me constructive feedback*



**Figure 7.3-16 Workforce & Leader Development**  
*Internal Transfers and Tier Movement*



Leader rounding provides a way to disseminate information and reinforce the MVV, as well as offer an avenue for two-way communication (Figure 7.4-4). Key customer survey results provide feedback on deployment of the MVV to these groups. In 2017, 92% of transplant center physicians and 100% of coordinators surveyed reported high satisfaction with feeling a strong connection to DAI’s life-saving mission. When tissue processors were asked about what they like best about working

with DAI, 80% reported that their mission and values are aligned with DAI’s. Customer engagement with DAI’s mission is also demonstrated in their participation in the Donor Dash (Figure 7.4-11).

Thank you notes provide an opportunity to recognize staff members individually, recognize high performance, and connect with the employee – all of which build engagement and improved performance (Figure 7.4-5).

**7.4a(2) Governance** Results from the new BOD survey conducted in 2015 and 2016 show increased engagement by the BOD (Figure 7.4-6). Previous survey results AOS. Fiscal accountability results are provided in 7.5. DAI also ensures fiscal accountability through annual independent financial audits. DAI has never had a qualified opinion on its audited financials (Figure 7.4-7).

**7.4a(3) Law and Regulation** Audits by regulatory and accrediting bodies ensure that DAI complies with regulations (Figure 7.4-8).

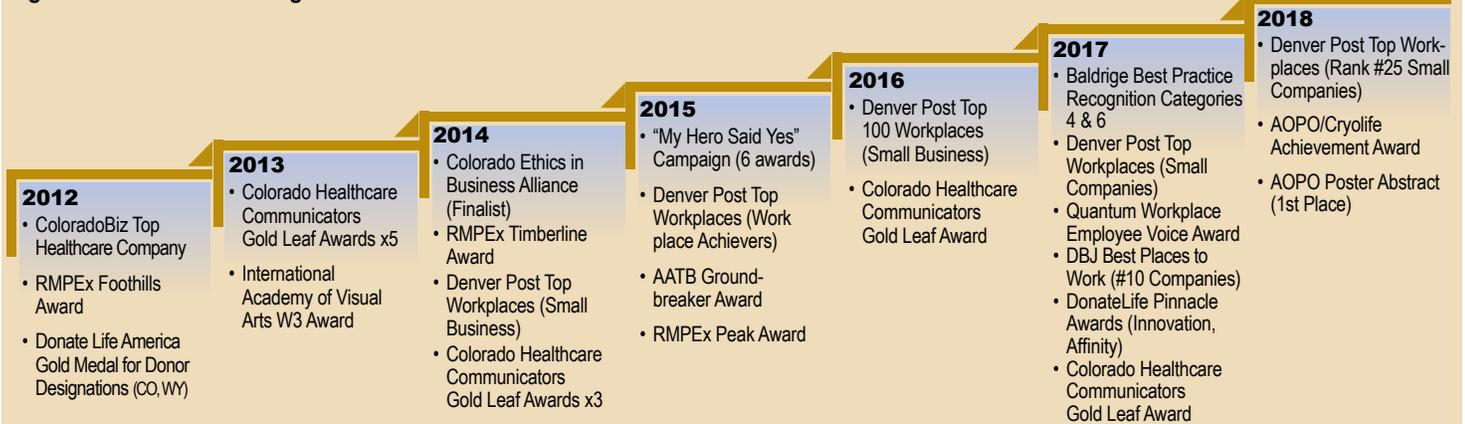
**7.4a(4) Ethics** To ensure ethical behavior, DAI tracks reports made through the Corporate Compliance program and handles each case individually. All reported issues have been investigated and resolved. Annually, 100% of employees and all BOD members receive training on the organization’s Corporate Compliance program and complete conflict of interest statements. All new hires, and annually 100% of employees and BOD members are screened through the OIG database (Figure 7.4-9).

**7.4a(5) Society** By its very mission and vision, DAI is fulfilling its societal responsibilities. One of the measures reviewed annually is the number of deaths on the organ transplant waiting list (Figure 7.4-10).

Donor Designation rates in Colorado and Wyoming have ranked in the nation’s top nine for the last three years, and Colorado consistently ranks as number two. This measure is an indicator of public education and outreach in DAI’s key communities and the organization’s ability to deliver the “Donor Alliance Experience” (Figure 7.1-36). DAI also continues to grow participation in the Donor Dash to increase community awareness about organ and tissue donation (Figure 7.4-11).

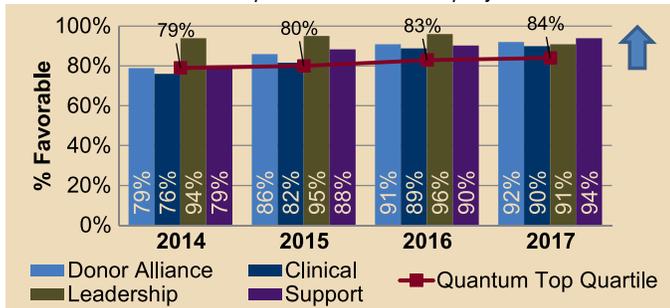
The organization also makes monetary donations on behalf of employees through its Charitable Contributions program. Over the past four years, \$40,000 was contributed (AOS). Additionally, DAI supports its key communities by hosting charity drives, led and coordinated by employees, throughout the year (Figure 7.4-12). Measures for fulfilling societal responsibilities

**Figure 7.4-1 Awards & Recognition**



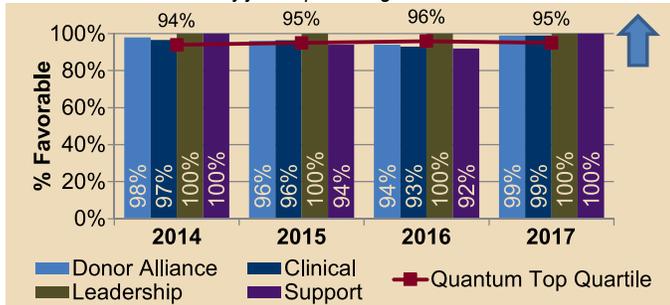
**Figure 7.4-2 Leadership Integrity**

*I trust the senior leadership team to lead the company to future success*



**Figure 7.4-3 Connection to Mission**

*I understand how my job helps the organization achieve success*



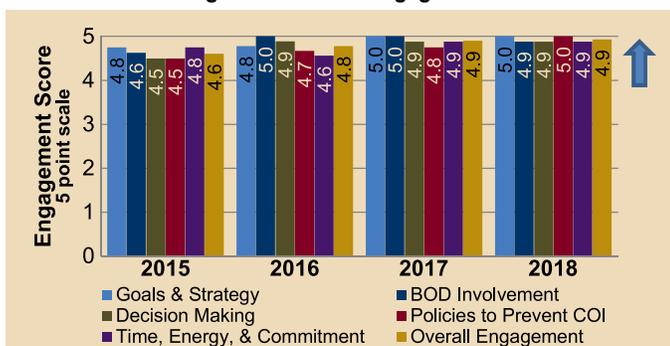
**Figure 7.4-4 Monthly Leader Rounding with Staff**



**Figure 7.4-5 Leader Thank You Notes**



**Figure 7.4-6 BOD Engagement**



**Figure 7.4-7 Internal and External Fiscal Accountability**

	FISCAL YEAR			
	2014	2015	2016	2017
990 Filing	Timely	Timely	Timely	Timely
Financial Statement Audit	No Findings	No Findings	No Findings	No Findings
401K Plan Audit	No Findings	No Findings	No Findings	No Findings

**Figure 7.4-8 Regulatory and Accreditation Compliance**

	Audit Outcomes
CMS	2010: Certification 08/2010-07/2014 2014: Certification 08/2014-07/2018 2018: Certification 08/2018-01/2023
FDA	<b>Main Office</b> 2011: 0 findings 2013: 0 findings 2018: 0 findings <b>Recovery Center</b> 2011: 0 findings 2013: 0 findings 2018: 0 findings
OPTN/UNOS	2012: Member in Good Standing 2015: Member in Good Standing
AOPO	2013: Accredited 04/2013-04/2016 2016: Accredited 04/2016-04/2019
AATB	2011: Accredited 02/2012-02/2015 2014: Accredited 02/2015-02/2018 2017: Accredited 01/2018-02/2021
CLIA	2012: Certification 12/2012-12/2014 2016: Certification 12/2014-12/2016

include reductions in waste and DAI's carbon footprint. Through its active recycling program, DAI has saved an estimated 375 trees (Figure 7.4-13). The decline in recyclable paper reflects DAI's move towards paperless systems, further supporting environmental responsibility. Additionally, in 2018, DAI implemented transferring organ donors via air ambulance from remote areas within the DSA to the Recovery Center, reducing the total number of flights and the carbon footprint (1.2c).

**7.4B STRATEGY IMPLEMENTATION RESULTS**

The BSC presents the organization's performance related to achievement of its strategy and action plans (Figure 7.4-14). Measures for building and strengthening core competencies of mission-driven and relationships are captured in the strategic objectives of Achieve Mission Impact, Sustain a High Engagement Culture, and Deliver the "Donor Alliance Experience." Results for managing intelligent risk are shown in 7.4-15.

**7.5 Financial and Market Results**

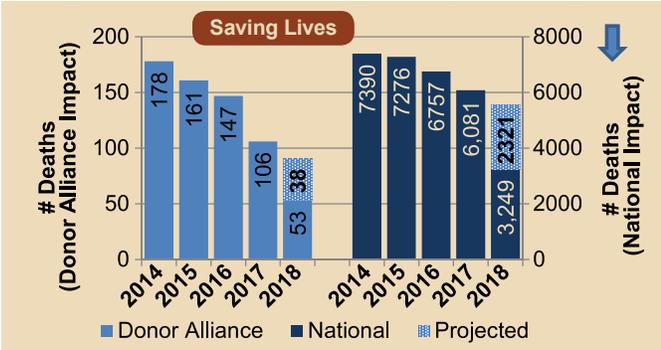
**7.5A FINANCIAL AND MARKET RESULTS**

**7.5a(1) Financial Performance** The strategic objective to maintain financial sustainability helps DAI ensure sufficient operating funds, be a good steward of public funds entrusted to the organization, and maintain a competitive edge. Key measures for financial performance include net operating income, days cash on hand, and days in accounts receivable (Figures 7.5-1 through 7.5-3). In 2016, net operating income decreased due largely to customer limitations resulting from market pressures associated with utilization and reimbursement for distributed tissues for transplantation (Figure 7.5-1). Other LINC members were also impacted by these pressures. In 2017 the net operating margin decreased due to unplanned operational changes requested by DAI's key customers. Action plans are in place to address clinical processes to maximize organ and tissue donation, which affect financial performance.

**Figure 7.4-9 Ethical Behavior**

	2014	2015	2016	2017	2018
# of Corporate Compliance Reports – Investigated & Resolved	0	1	2	1	0
Employee & BOD Corporate Compliance Training	100%	100%	100%	100%	100%
Employee & BOD Conflict of Interest Statements	100%	100%	100%	100%	100%
New Hire, Employee, & BOD OIG Screening	100%	100%	100%	100%	100%

**Figure 7.4-10 Deaths on the Organ Transplant Waiting List**



**Figure 7.4-11 Donor Dash Participants**



**Figure 7.4-12 Societal & Community Support**  
*Employee-sponsored charity drives*

	Name of Charity	
2014	Denver Rescue Mission	Toys for Tots
	Fill a Backpack	Bonfils Blood Drive
2015	Women's Bean Project	Big Brothers/Big Sisters of Colorado
	Hope West Hospice	Limb Preservation Foundation
2016	Denver Health Foundation	Judi's House
	Newborns in Need	A Precious Child
	Delores Project	
2017	Big Bones Rescue	Sky's the Limit Fund
	Round Up River Ranch	String of Pearls
2018	Gillian Reny Center for Trauma and Innovation	
	Assisted Animal Therapy of Colorado	
	Second Wind Fund	Toys for Tots

For days cash on hand, DAI has outperformed the AOPO benchmark since 2014 (Figure 7.5-2). The decline in 2017 was due to the purchase of a new building. DAI leads the industry in days in accounts receivable when compared to the AOPO Top 25% (Figure 7.5-3). DAI also demonstrates fiscal responsibility by remaining in compliance with its investment policy annually (AOS).

**7.5a(2) Marketplace Performance** DAI is in a unique position regarding marketplace results, different than most organizations, due to the highly regulated nature of organ and tissue donation described in P1.b(2) and P2a(1). As the Recovery Center has become fully functional, DAI has achieved significant costs savings (Figure 7.5-4). This savings is passed on to the

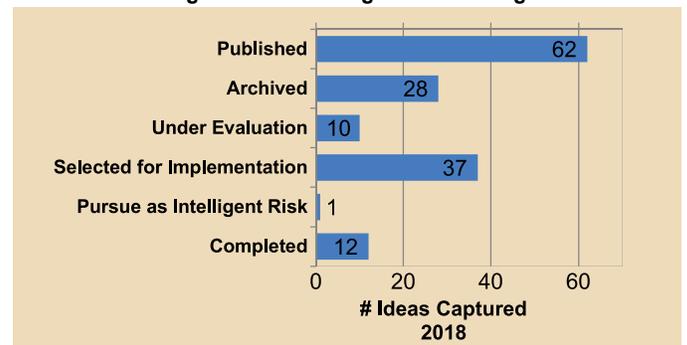
**7.4-13 Environmental Responsibility**

Year	Est. Volume of Recyclable Paper Waste (lbs.)	Est. Trees Saved
2015	15,480	132.29
2016	14,340	122.54
2017	14,100	120.49
2018	8,460 (actual)	72 (actual)
	14,503 (projected)	123.42 (projected)
Total	52,380 (actual)	447 (actual)
	58,423 (projected)	499 (projected)

**Figure 7.4-14 Balanced Scorecard**

Objective	Measures	Figure	
1 Achieve Mission Impact	Organ Conversion Rate-Overall	7.1-5	
	Organ Donors	7.1-1	
	Local Organs Transplanted	7.1-2	
	Import Organs Transplanted	7.1-2	
	BD Organ Donor Gap	7.1-6	
	Tissue Conversion Rate	7.1-10	
	Tissue Donors	7.1-9	
	Skin Donors	7.1-11	
	Standard Criteria Bone Donors	7.1-11	
	2 Sustain High Engagement Culture	Turnover Rates	7.3-1
		Retention Rates	7.3-2
3 Deliver "Donor Alliance Experience"	Organ Cases at Recovery Center	7.1-13	
	Tissue Cases at Recovery Center	7.1-13	
	CO Residents Designating Donation	7.1-29	
	WY Residents Designating Donation	7.1-29	
4 Maintain Financial Sustainability	SCD Bone Charts	7.5-5	
	Skin Charts	7.5-5	
	Net Operating Income (YTD)	7.5-1	

**Figure 7.4-15 Intelligent Risk Taking**



transplant centers, helping them meet their financial goals. While the tissue processors are not as tightly regulated, they provide the research and development for new services and markets. Some of the tissue processors focus on certain types of tissues; some set caps for services offered by DAI. In early 2017, key tissue processors changed their criteria for tissue acceptance, which impacted the number of tissue charts (Figure 7.5-5).

DAI has built strong **relationships** with the tissue processors over time as they help DAI meet its mission (3.2). DAI provides about 19% of AlloSource's market in bone grafts that save and enhance lives. Since 2014, DAI has provided approximately 12-25% of the skin that LifeCell makes available as allografts for burns and reconstructive surgery, meeting the missions of both organizations. For the organ work system, DAI measures the number of organs provided to the four transplant centers located within its DSA (Figure 7.5-6). Because of regulatory requirements, allocation lists determine where organs are

transplanted. When the number of organs transplanted in the DSA are increasingly from DSA donors, DAI is able to meet the requirements of these key customers.

Fiscal accountability is also measured through the FAB's oversight of voluntary contributions collected from the public at the Colorado DMVs for the EKJB Fund. This fund is used to support public education programs for organ and tissue donation awareness (Figure 7.5-7).

Figure 7.5-1 Net Operating Income

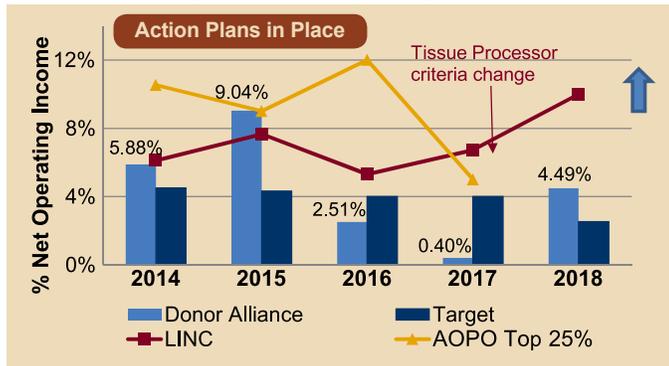


Figure 7.5-2 Days Cash on Hand

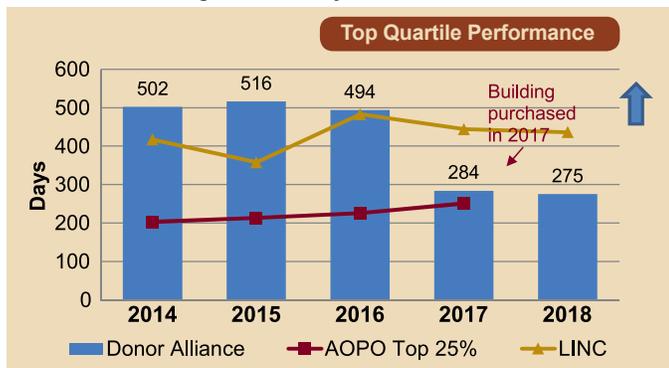


Figure 7.5-3 Days in Accounts Receivable

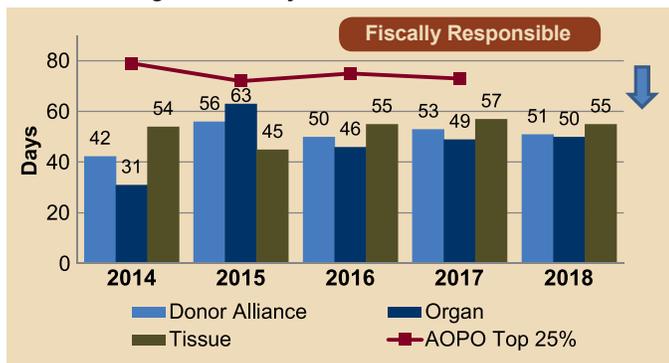


Figure 7.5-4 Cost Savings

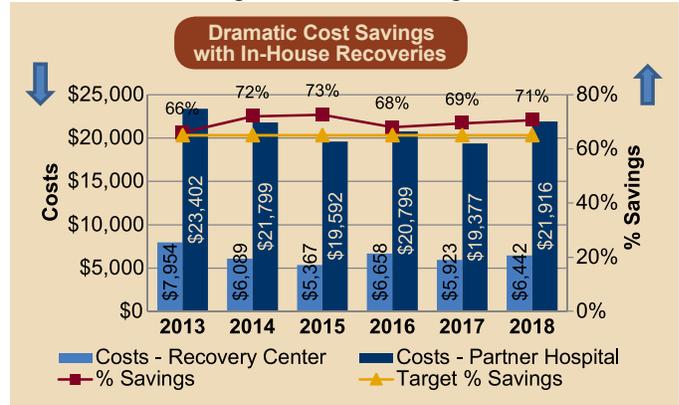


Figure 7.5-5 Tissue Charts to Processors

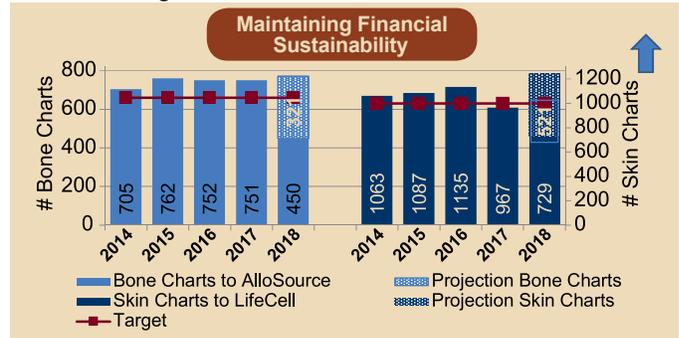


Figure 7.5-6 Marketplace Performance

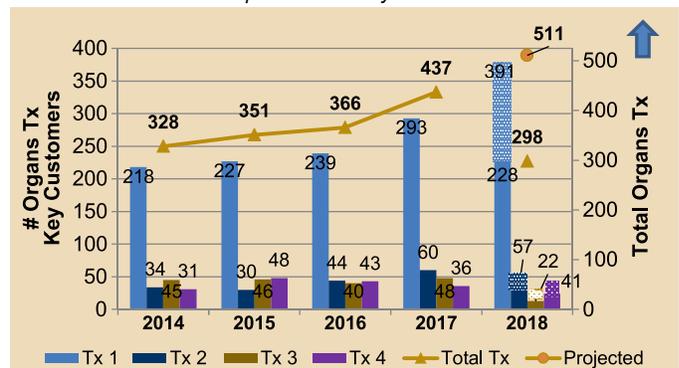


Figure 7.5-7 EKJB Organ and Tissue Donation Awareness Fund

