# 2020 LifeBridge Organ and Tissue Sharing Case Study

# Consensus Review Scorebook

## Posttraining

### 6/22/2020

## Key Factors Worksheet

#### P.1a Organizational Environment

**Organizational Context** For 25 years, regional organ & tissue procurement organization for 3.2 million people in federally assigned 62-county territory in North Takoma & South Takoma. One of 58 federally designated, nonprofit OPOs in U.S. Located in Columbia, NT.

**Product Offerings** Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.

**Mission, Vision, Values, and Core Competency** Vision: Organs and tissues are always available Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.

**Workforce Profile** 150 employees; many decentralized, primarily at donor hospitals; segmented by work system (OWS & TWS). Leadership Team (10%), staff (90%); male (35%), female (65%); tenure: <1 year (20%), 2–5 years (41%), 6–10 years (21%), 11+ years (18%); Ethnicity: African American (20%), white (70%), other (10%). Ethnicity reflects DSA. No organized bargaining units. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting. No reductions in force; currently needs to expand clinical/nonclinical staff due to increased donations. No volunteers.

**Assets** Custom-built facility in Columbia, NT: critical care unit for organ donor management & fully equipped operating room. Key clinical technologies/equipment: x-ray, ultrasound, typical OR equipment. Technologies provide collaborative tools, real-time access to key data including EMR (Transplant Technologies) & reporting services that provide customized reports.

**Regulatory Environment** Highly regulated, state & federal, to ensure safe/equitable allocation, distribution, transplantation of donated organs/tissue. Local environmental & regulatory: fire/sanitation; biohazard trash disposal. Key regulatory agencies: CAP, CMS, EEOC, FDA, DoL, IRS, HHS/UNOS/OPTN, OSHA, AATB, AOPO.

#### P.1b Organizational Relationships

**Organizational Structure** Private, nonprofit 501(c)(3). Voluntary, community-based BOD: hospital executives, medical professionals, transplant recipients, donor family members, community members, representatives from key donor hospitals (partners), transplant centers (customers). CEO reports to/is evaluated by BOD; CEO directs/evaluates ELT: CMO, CHRO, CFO, COO.

**Customers & Stakeholders & Requirements** Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).

**Suppliers, Partners, Collaborators** Key suppliers: Guardian Ambulance, Wright Brothers Charter TT, Transplant Technologies; requirements: accurate information, service quality, timely communication. Key partners: donor hospitals, medical examiners, hospices, market partners; requirements: timely referrals, regulatory compliance, respect/sensitivity, information/relationships/communication, service quality. Key collaborators: organ/tissue donor families; requirements: compassionate care, emotional support, aftercare, follow-up; stewardship of the gift; honor the donor. Also key collaborator: funeral homes/Columbia Cremation; requirements: information/relationships/communication & service.

#### P.2a Competitive Environment

**Competitive Position** As federally designated OPO, no traditional organ procurement competitors; ‘“regulated monopoly’.” Good performance necessary to maintain designation. Donor hospitals required by law to report deaths to organization but may contract with another. Tissue recovery contracts with 100% of 80 donor hospital partners in DSA. 40th of 58 OPOs in population in DSA. Growth in donations must come from increases in medically eligible candidates in the DSA, increases in families who say yes to donation, or identification of nonhospital referral sources. Constraints of limited service area reinforce importance of maximizing donation for each donor.

**Competitiveness Changes** No key changes to position as OPO. ACA changes could create uncertainty to health care; impact for OPOs unknown. Focus on (1) increasing registered donors in DSA by identifying nonhospital referral sources & (2) utilizing proven ability to improve & rely on mission-driven workforce to achieve cost-effectiveness & efficiencies. Key factors influencing success: (1) highly motivated, mission-driven workforce engaged in saving lives, (2) strong partner/collaborator relationships to support innovation & performance improvement.

**Comparative Data** National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.

#### P.2b Strategic Context What are your key strategic challenges and advantages?

**Strategic Challenges, Advantages, Objectives** Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

#### P.2c Performance Improvement System What is your performance improvement system, including your processes for evaluation and improvement of key organizational projects and processes?

**Performance Improvement System** Leadership System used to set/deploy V/M/V & culture to workforce via Communication Process. PDSA cycles & feedback loops added to many ’processes. Baldrige Criteria used as business model & foundation for performance excellence. Operational improvements identified/implemented through SPP & Operational Management Process. Performance improvement staff part of Quality/Regulatory Department, help support overarching organizational goal of improvement. New program III (improvement, improvement, improvement) built into all individual performance reviews; staff members have related goals. Built-in improvement process for every meeting, every process.

## Key Themes Worksheet

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

1. The applicant has integrated processes for hiring, workforce development, performance evaluation, planning, and leadership communication that support its core competency of a mission-driven workforce. These include the Hiring Process (Figure 5.1-3), which fosters a strong cultural fit for new employees; the Learning and Development System (LDS, Figure 5.2-2), which promotes both personal career development and organizational learning; and the Performance Evaluation Process (PEP, Figure 5.1-2), which ensures individual accountability for organizational goals and expectations through the alignment of systemwide scorecards. In addition, the Workforce Performance Management System (WPMS) is integrated with the LDS and the PEP, as well as with the organization’s Performance Measurement System (PMS, Figure 4.1-1) and Strategic Planning Process (SPP, Figure 2.1-1). The Workforce Planning Process (Figure 5.1-1), which addresses capability and capacity needs, also connects employees in the organization’s two work systems with the SPP and with other organizational processes through cascading goals and cross-training. Further supporting the applicant’s mission-driven workforce culture, the Leadership Team analyzes current and future workforce needs annually. In a recent cycle of learning, senior leaders added a new method for rounding to help them better connect with workforce members.
2. Senior leaders have created an integrated system of key processes to promote the applicant’s success, ultimately to achieve the vision to ensure that organs and tissues are always available. These key processes include the SPP, the PMS, the Operational Management Process (OMP, Figure 6.1-1), and the LDS. The Leadership System (LS, Figure 1.1-1), which integrates and deploys these key processes, creates a focus on action to establish an environment for success, operationalize the strategy, set expectations for organizational performance, and monitor progress toward objectives. For example, through the SPP, leaders and a broad group of participants define the applicant’s key strategic objectives and organizational goals. Leaders then track and monitor progress on these through the PMS. The SPP is also effectively used to evaluate internal and external capabilities to determine which key processes should be accomplished internally versus outsourcing to a supplier or partner, helping the applicant address business and operational strategic challenges such as industry changes. In addition, senior leaders’ systematic communications (Figure 1.1-3), including two-way mechanisms, reach customers and stakeholders, as well as workforce members.
3. The applicant has systematic approaches for gathering and disseminating data, particularly in the areas of strategy development, customer listening, performance measurement, knowledge management, and workforce engagement. For example, the SPP (Figure 2.1-1) encompasses the selection and collection of data from industry and nonindustry sources for strategy development; the SPP also integrates data for use in daily tracking of operational performance. Through the PMS (Figure 4.1-1), the applicant systematically collects and disseminates data and information for use in organizational performance review and improvement. The organization also systematically gathers information to meet customers’ expectations through its methods of listening to current customers (Figure 3.1-1) throughout the customer life cycle. In addition, the applicant gathers a variety of data from customers and stakeholders in order to build organizational knowledge. Further, the applicant systematically collects data and information via workforce surveys to determine key drivers of its employees’ engagement. Together, these processes support management by fact, providing many types of data and information to enable the applicant to effectively manage its performance.

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

1. Systematic approaches to ensure the evaluation and improvement of some organizational processes are not evident. For example, it is not clear that the applicant routinely evaluates for improvement its processes for measurement, analysis, and improvement of organizational performance, or its processes for data and information quality and organizational knowledge management. In addition, cycles of learning and improvement are not evident for some approaches to the workforce environment, such as processes for determining capability and capacity needs, promoting work accomplishment, and determining workforce benefits and policies. It is also unclear if the applicant systematically evaluates some workforce performance management and development processes for potential improvements. A systematic approach to process evaluation and improvement may help the applicant be better prepared to address its strategic challenge related to industry changes by ensuring the efficiency and effectiveness of its work processes.
2. It is not clear if senior leaders have systematic approaches in place to address organizational agility and create an environment that promotes intelligent risk taking. For example, it is not apparent how the applicant stimulates and incorporates innovation in its strategy development process or uses findings from performance reviews to develop priorities for improvement. Further, it is not evident that the applicant has a systematic approach to rapidly add to, replace, or eliminate measures in the PMS (Figure 4.1-1), even though changes in regulatory requirements may make such a process critical to the organization’s ability to respond rapidly to changes in its operating environment. It is also not clear how the WPMS supports intelligent risk taking. Leveraging systematic approaches to support agility and intelligent risk taking may support the applicant in achieving its strategic objectives to maximize donations, stakeholder relations, and organizational excellence while being responsive to its strategic challenge of industry changes.

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

1. Good performance levels and beneficial trends for several measures of customer-focused service results of importance to stakeholders—as well as for satisfaction measures of the organization’s two key customer groups—reflect the applicant’s commitment to delivering value and results. For example, among outcomes important to the applicant’s key stakeholders, results for organ and tissue transplantation by population (Figures 7.1-4, 7.1-6, and 7.1-7) and for local transplantation (Figures 7.1-10 through 7.1-14), as well as for tissue referrals, organ authorization, and age-targeted bone donors released (Figures 7.1-3, 7.1-5, and 7.1-8) show good levels and beneficial trends. In addition, satisfaction and engagement measures for organ transplant centers show high levels overall and for meeting this customer group’s key requirements of competence and information. For the customer group of tissue processors, satisfaction results show sustained improvement to a current level near 100%.
2. Results for many measures of work process effectiveness, safety and emergency preparedness, workforce engagement and development, and financial and marketplace performance demonstrate good levels, with several comparing favorably to top-quartile benchmarks or other relevant comparators. Work process effectiveness results showing good-to-excellent levels that approach or exceed top-quartile comparisons include a rate of zero for missed organ referrals, tissue authorization levels that are consistently above the top-quartile benchmark, and levels of organ donor cases in-house that have outperformed the top quartile for three consecutive years (Figures 7.1-16, 7.1-18, and 7.1-21). Among safety and emergency preparedness results, the applicant has achieved 100% completion of safe workplace training, has consistently met population and time requirements for safety drills, and reports 100% compliance with a number of measures (Figures 7.1-28, 7.1-30, and 7.1-31). For workforce engagement and workforce development, such results include those for employees’ connection to the mission (Figure 7.3-11), as well as for training expenditures and leadership development satisfaction (Figures 7.3-19 and 7.3-20), which both exceed the top-quartile benchmark. For financial results, consolidated results of operations, total gross revenue, net margin, and total assets (Figures 7.5-1, 7.5-2, 7.5-4, and 7.5-10) are better than the top-quartile benchmark, and operating reserves (Figure 7.5-9) shows good performance relative to a customer. Similarly, for marketplace results, organ donor costs (Figures 7.5-11 and 7.5-12) show good performance against relevant comparators. These results support the applicant’s long-term success by demonstrating that it is maintaining a safe work environment, emergency preparedness, and an engaged and skilled workforce, while reinforcing its strategic advantage of a strong financial position.

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

1. Results are missing in some areas that the applicant identifies as important. For example, results are not reported for measures of the supply-network requirements of accurate information, timely communication, and service quality, which the applicant identifies as significant for accomplishing its mission. Missing work process effectiveness results include those for cybersecurity and innovation, and missing customer-focused service results include rates or numbers of organ rejection, lab requisition errors, donor chart errors, sterilizer accuracy, and radiation exposure. Among leadership and governance measures, results are not reported for environmental impact; senior leaders’ and staff members’ support of key communities; internal or external audits; other measures of fiscal responsibility; or the applicant’s impact on societal well-being. In addition, missing results for several key strategy implementation measures include those for registry enrollment—a key strategic opportunity in the applicant’s 2019 planning cycle—and for achievement of individual action plans as well as action plans modified based on performance projection gaps and potential partnerships. Ensuring that it has results for key performance measures reflecting all areas of importance may help the applicant advance in its mission to save and improve lives.

## Item Worksheet—Item 1.1

## Senior Leadership

### Relevant Key Factors

1. For 25 years, regional organ & tissue procurement organization (OPO) for 3.2 million people in federally assigned 62-county territory in North Takoma (NT) & South Takoma (ST). One of 58 federally designated, nonprofit OPOs in U.S. Located in Columbia, NT.
2. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
3. 150 employees; many decentralized, primarily at donor hospitals; segmented by work system (OWS & TWS). Leadership Team (10%), staff (90%); male (35%), female (65%); tenure: <1 year (20%), 2-5 years (41%), 6-10 years (21%), 11+ years (18%); Ethnicity: African American (20%), white (70%), other (10%). Ethnicity reflects DSA. No organized bargaining units. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting. No reductions in force; currently needs to expand clinical/nonclinical staff due to increased donations. No volunteers
4. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).’’
5. Leadership System used to set/deploy V/M/V & culture to workforce via Communication Process. PDSA cycles & feedback loops added to many processes. Baldrige Criteria used as business model & foundation for performance excellence. Operational improvements identified/implemented through SPP & Operational Management Process. Performance improvement staff part of Quality/Regulatory Department, help support overarching organizational goal of improvement. New program III (improvement, improvement, improvement) built into all individual performance reviews; staff members have related goals. Built-in improvement process for every meeting, every process.’

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | To support work systems that require careful coordination, senior leaders communicate with key customers and stakeholders through a systematic process, with regular evaluation and improvement (Figure 1.1-3). Multiple approaches are used to ensure frank, two-way communication. Improvements include monthly rounding and a new format and schedule for monthly staff meetings. | Six examiners had a strength statement around communication. Several highlighted approaches that were responsive to the multiple questions. Two examiners had an OFI in this area. I included one OFI in the 1.1a(1) OFI.  The other OFI focused on learning as well as communication with suppliers and partners. I did not use this OFI as it fell below my determination of the “around six” most valuable comments to the applicant. | b |
|  | To create an environment for mission achievement and reinforce customer and workforce engagement, senior leaders integrate the SPP (Figure 2.1-1) with the Leadership System (Figure 1.1-1), with multiple enhancements resulting from routine evaluation and improvement. Leaders’ approaches include the PMS (Figure 4.1-1), OMP (Figure 6.1-1), and LDS (Figure 5.2-1), as well as participation in succession planning. | There was strong agreement around this strength, with 5 examiners noting this as a strength. Several examiners noted approaches responsive to the multiple questions. One examiner noted this as a double.  There were three OFIs for this item, all focusing on lack of a systematic process to cultivate organizational agility, innovation, and intelligent risk taking. I captured these comments as a c(1) OFI. I chose to not make this a double because of these gaps. | c(1) |
|  | The Leadership Team (LT) systematically defines and refines the applicant’s vision, mission, and values during the annual strategic planning process and deploys these to the workforce through the Communication Process (Figure 1.1-3). The LT models the values through approaches such as Rounding with Staff, recognition, and the CEO Cafe. This approach may enable the applicant to create and nurture a culture supportive of delivering its mission | Versions of this strength statement are provided by 5 of 7 examiners. The approach responses were at the basic, overall, and multiple questions level.  There was some variation in the examiners’ thoughts around deployment. One examiner addressed deployment to workforce. One addressed deployment to other stakeholders as an opportunity for improvement. Most examiners indicated this as an ADLI strength.  No examiners indicated this as a double. | a(1) |
|  | Senior leaders create a focus on action, identify actions, and demonstrate personal accountability by integrating and deploying essential elements of the Leadership System (Figure 1.1-1), which includes creating the environment, operationalizing the strategy, and monitoring performance. The applicant cascades work system scorecards to the individual level and evaluates performance during the PEP and via annual goal plans. | This strength was noted by 4 examiners. Each identified cascading scorecards, which is responsive to a multiple question.  This one may fall off during consensus based on the “about six” guideline.  In the end, it was retained. | c(2) |

#### Notes

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| Consensus discussion: There was generally strong consensus around strengths.  OFI discussion: Discuss OFI a(2) around senior leader involvement in promoting legal and ethical behavior. I recommend including this OFI as I agree with another examiner that the applicant doesn’t specifically address senior leaders’ involvement, which is the focus of this item. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is unclear how the applicant deploys its vision and values to all customers, partners, and suppliers. For example, deployment to the Eye Bank, a key customer, is not evident. In addition, it is not evident how the applicant uses the VOS methodology (Figure 4.2-1) to share the vision and values with partners and suppliers and ensure key stakeholders’ commitment. Systematic deployment to key customers and stakeholders may help the applicant ensure their alignment to the mission. | Variations of this comment were made by four examiners. This is a deployment OFI on a multiple question. | a(1) |
|  | In the context of the applicant’s approaches to ensure ethical behavior (the Corporate Compliance program, Anonymous Call Line, and Code of Personal Conduct), it is unclear how senior leaders’ personal actions demonstrate a commitment to such behavior. Personally demonstrating this commitment may help reinforce legal and ethical behavior as a high priority. | This OFI was identified by 1 examiner. 4 examiners who strengths in this area. I have included their comments in a 1.2b(2) strength comment.  This brings up an important distinction between 1.1a(2) and 1.2b(2): the description provided was about programs—not personal actions to create an environment that requires ethical and legal behavior. This would be an OFI at the overall level. I think these areas are often confusing for the applicant, but this is a question around senior leaders, so I kept this OFI and moved the strength comment to 1.2. | a(2) |
|  | It is not clear how senior leaders systematically cultivate agility, organizational innovation, and intelligent risk taking; the applicant’s process for leveraging the Baldrige Excellence Framework, relationships with suppliers and partners, and changes in the OPO environment for this purpose is not evident. A systematic approach may help the applicant reinforce its innovation value, which serves as a guiding force for how the workforce lives the culture on a daily basis. | This OFI was identified by 3 examiners and is at the multiple level. I think these examiners caught a key OFI since the organization has defined innovation as a value. There needs to be a systematic process in place to address agility, innovation and intelligent risk taking.  I struggled some with this OFI because of benefit of the doubt. The applicant has an Innovation and Risk Board and Innovation Management Teams. Do we give benefit of the doubt that there is process around these teams? Good OFI for discussion.  In the end, the OFI stands because it addresses senior leaders’ personal actions. | c(1) |
|  | It is not clear how the LT uses step 1 of the LS to balance value among various stakeholder groups—in particular, how leaders recognize and resolve potential conflicts among stakeholder groups regarding the applicant’s planned actions and priorities. An approach in this area may help the applicant achieve the strategic objective of maximizing stakeholder relationships. | This OFI was noted by 3 examiners. This is an OFI on a multiple question. This one may not make the cut at consensus due to relative importance.  In the end, it was retained. | c(2) |

#### Notes

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### Scoring

Score Value: **65**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Most approach statements for strengths and OFIs were at the multiple level. Deployment varies in some areas or work units (suppliers/partners/Eye Bank). A systematic approach to evaluation and improvement is early in deployment. It appears that this resulted from the last Baldrige application feedback. There is good evidence of integration across various categories.**  **Therefore, I kept the score in the 50–65% scoring range but at the highest score in that range. With more evidence of systematic learning and fuller deployment, the score might be in the next scoring range.** |

## Item Worksheet—Item 1.2

## Governance and Societal Contributions

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. 150 employees; many decentralized, primarily at donor hospitals; segmented by work system (OWS & TWS). Leadership Team (10%), staff (90%); male (35%), female (65%); tenure: <1 year (20%), 2–5 years (41%), 6–10 years (21%), 11+ years (18%); Ethnicity: African American (20%), white (70%), other (10%). Ethnicity reflects DSA. No organized bargaining units. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting. No reductions in force; currently needs to expand clinical/nonclinical staff due to increased donations. No volunteers.
3. Highly regulated, state & federal, to ensure safe/equitable allocation, distribution, transplantation of donated organs/tissue. Local environmental & regulatory: fire/sanitation; biohazard trash disposal. Key regulatory agencies: CAP, CMS, EEOC, FDA, DoL, IRS, HHS/UNOS/OPTN, OSHA, AATB, AOPO.
4. Private, nonprofit 501(c)(3). Voluntary, community-based BOD: hospital executives, medical professionals, transplant recipients, donor family members, community members, representatives from key donor hospitals (partners), transplant centers (customers). CEO reports to/is evaluated by BOD; CEO directs/evaluates ELT: CMO, CHRO, CFO, COO.
5. Societal responsibility—increase registry.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | A variety of systematic approaches are in place to ensure and improve many aspects of responsible governance, meeting key stakeholder expectations. For example, the BOD evaluates monthly Status Reports/Topline Scorecards to ensure accountability for senior leaders’ actions and achieves fiscal accountability through reviews of financial reports. Transparency is achieved through the availability of minutes, presentations, and reports. In addition, independence and effectiveness in audits are maintained by an annual external audit. These approaches are systematically evaluated and improved through PDSA. | Variations of this strength were identified by 7 examiners. While only one examiner recommended a double, given the consensus around this item, I am recommending a double. | a(1) |
|  | The BOD and senior leaders ensure legal and ethical behavior through multiple approaches, including the Corporate Compliance Program, which includes annual training and an anonymous hotline. BOD members come from the greater stakeholder community, and the Crisis Communication Plan addresses public concerns if needed. Senior leaders strictly adhere to policies and procedures for organ allocation and regularly review all audit report findings. These approaches reinforce the applicant’s value of honesty and may help leverage its strategic advantage of a supportive, mission-driven culture. | This strength was addressed by all examiners in different versions. Approaches were recognized by examiners addressing the multiple questions of this item. | b |
|  | Through the Community Support Determination Process (Figure 1.2-3), the applicant systematically identifies key communities and activities to support, with a review and assessment step to evaluate results and determine future participation. Identification is based on feedback from donor families, transplant recipients, workforce members, and community partners. This approach aligns with the mission, vision, and values in determining allocation of time, treasure, and talent. | Versions of this strength statement were identified by 4 examiners. Approaches were addressed at the overall level.  An OFI was identified for this item at the multiple level around senior leaders’ personal support of key communities. | c(2) |

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is unclear how the CEO evaluates senior leaders, how evaluations are used to advance leadership development and improve effectiveness, or how evaluations of the LT and BOD are used to improve the Leadership System. A systematic approach in this area may help the applicant address its strategic challenge of workforce retention. | This OFI was identified by 3 examiners. This is an OFI at the multiple level. | a(2) |
|  | It is unclear how senior leaders personally contribute to improving key communities in concert with the workforce. With an approach in this area, senior leaders may be better able to model the applicant’s value of teamwork. | This OFI was defined by 3 examiners. It is at the multiple level. While examples of community support were provided, how senior leaders support the communities was not addressed. | c(2) |

#### Notes

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| The OFIs for this item were all over the place. Many of them were observed by only one examiner. In the end, I decided on just two OFIs that could help the organization address potentially important gaps with systematic processes |

### Scoring

Score Value: **70**

Score Range: **70–85%**

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| **Why shouldn’t the score be in the range above or below the selected one? Strengths were noted at the multiple level for approach. Approaches are well deployed with no significant gaps. While there were some cycles of improvement referenced, I believe that the approaches are in place for learning, but not to the level of a key management tool. The approach appears to be integrated with current and future needs. I am recommending the lower end of this range.** |

## Item Worksheet—Item 2.1

## Strategy Development

### Relevant Key Factors

1. Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.•
2. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
3. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).’’
4. As federally designated OPO, no traditional organ procurement competitors; “regulated monopoly.” Good performance necessary to maintain designation. Donor hospitals required by law to report deaths to organization but may contract with another. Tissue recovery contracts with 100% of 80 donor hospital partners in DSA. 40th of 58 OPOs in population in DSA. Growth in donations must come from increases in medically eligible candidates in the DSA, increases in families who say yes to donation, or identification of nonhospital referral sources. Constraints of limited service area reinforce importance of maximizing donation for each donor. ‘’
5. No key changes to position as OPO. ACA changes could create uncertainty to health care; impact for OPOs unknown. Focus on (1) increasing registered donors in DSA by identifying nonhospital referral sources & (2) utilizing proven ability to improve & rely on mission-driven workforce to achieve cost-effectiveness & efficiencies. Key factors influencing success: (1) highly motivated, mission-driven workforce engaged in saving lives, (2) strong partner/collaborator relationships to support innovation & performance improvement.
6. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | The applicant’s nine-step strategic planning process benefits from broad participation and an annual cycle of evaluation and improvement, providing the context for ongoing decision making, resource allocation, and overall management. Participants consist of the LT, BOD, customers, frontline staff, key partners, and key suppliers, with additional input from the OPTN. The strategic time frame includes short-term (one-year) targets and objectives, and long-term (two-year) targets and objectives set for. | Six of seven examiners identify a(1) as a process strength; five provide evidence of responses to one or more questions at the multiple level and one kept it at the overall level: No doubles.  This strength’s main idea rolls up to the higher level of learning: Five cite that the approach benefits from cycles of evaluation and learning. Examples mention key participants, ST/LT planning horizons, and key process steps at the multiple level.  One examiner specified a(1) as an OFI for not describing how the wide variety of participants in the planning process contribute to the creation of the strategic plan. However, the Criteria ask who they are, not how they participate or whether they are equally valuable as justified in the OFI. | a(1) |
|  | The applicant’s systematic, well-deployed approach to deciding which key processes will be accomplished by internal or external resources supports its efforts to determine measures that drive cost-effectiveness and efficiency. During step 5 of the SPP (Assess & Review), the applicant considers suppliers and partners that could provide capabilities that it does not possess, thereby making outsourcing an option. Each outsourcing opportunity is evaluated, and the ultimate decision is made, through a defined make/buy process. | Six of seven examiners cite a(4) as a strength at the overall level: no doubles. Three examiners recognize that the approach benefits from evaluation and improvement cycles, and the remaining three highlight integration—namely with the applicant’s core competency and MVV. All agree that the approach is consistently deployed and mention the six criteria used by the applicant to evaluate possible outsourcing.  One examiner did not see evidence of learning, and another listed a(4) as an OFI at the multiple level: process used to determine future needs for organizational core competencies and work systems.  To sum up: minor conflict, but not enough to delete the strength considering that the OFI’s impact is more related to scoring (responsive to overall or multiple is possible; fully responsive to multiple is not). | a(4) |
|  | The applicant’s comprehensive approach to collecting and analyzing data for use in the strategic planning process enhances its ability to effectively address strategic challenges, such as industry changes and authorizations. Data are collected from industry and nonindustry sources. Feedback is obtained from various stakeholder groups, and ongoing strategic discussions include a review of changes impacting the applicant’s ability to execute its strategic plan. | Five of seven examiners cite a(3) as a strength at the multiple level: No doubles.  The SPP was mentioned as including a step for analyzing and reviewing key performance measures, addressing strategic challenges and advantages, potential blind spots, and ability to implement the strategic plans.  In sum here: applicant applies robust collection and analysis methods, which draw upon multiple perspectives.  Two examiners identified a(3) as an OFI at the multiple level: It is unclear how potential blind spots are included as a key risk element. However, one of the two mentioned the other three multiple questions in their strength. This conflict mainly impacts scoring—namely, is the approach responsive to (1) basic question, (2) overall questions, (3) multiple questions, or fully responsive to (4) multiple questions. | a(3) |
|  | As shown in Strategic Linkages (Figure 2.1-3), the applicant’s key strategic objectives and organizational goals are aligned with strategic challenges, strategic advantages, measures, results, and short-term and long-term goals. Key upcoming changes include the development of new marketing partnerships, with a “check-the-box” campaign with DMVs and a new “Workplace for Life” campaign. Such alignment, and accompanying timetables, enhance the applicant’s ability to ensure that organs and tissue are readily available to patients when they need them. | This is a “what” question; the focus of the comment is integration. Two of seven examiners cite b(1) as a strength: One double. Both examiners mention Figure 2.1-3: Strategic Linkages as displaying the connection between applicant’s strategic objectives with organizational goals, specific challenges and advantages, measures, and short-term and long-term timetables. In further words, it shows what is most important to ongoing success and how overall performance is strengthened.  One examiner noted b(1) as an OFI, “unclear if strategic objectives address key changes in products, customers, markets, suppliers, partners and operations.” How applicant’s strategic objectives address key changes are provided in the strength comment, which incorporates a few examples in the “Key upcoming changes” sentence. No conflict per recommendation: don’t use b(1) OFI. | b(1) |

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| The applicant provides strong evidence of a thorough context for developing its strategy to guide ongoing decision making and overall performance management. Its planning process includes nine steps, which encompass key influences shaping the applicant’s future and involves continuous development, implementation, and discussion. The applicant’s strategy is developed using a systematic process, which benefits from cycles of evaluation and learning. Relevant data and information are collected and analyzed for use in the strategic planning process to address key strategic challenges, to wit: industry changes and authorizations. The applicant promotes effective and efficient work systems by determining which of its key processes will be accomplished by internal or external capabilities. Here, key decision-making criteria relate to achieving the cost-effectiveness and efficiency measures required to place itself in a strong financial position to manage future challenges. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is not clear how the applicant stimulates and incorporates innovation in its strategy development process; there is no description of how the Innovation Risk Board explores the enterprise for scalable innovations or how strategic discussions promote “out-of-the-box” thinking to stimulate innovation. A systematic approach may help the applicant ingrain its new innovation value. | Five of seven examiners cite a(2) as an OFI: No doubles.  Two examiners identify the OFI at the multiple level (deciding which intelligent risks to pursue), two at the overall level (stimulating and incorporating innovation), and one cites lack of deployment related to innovation management teams. Based on this split, it might be beneficial to have the OFI address the overall question since innovation is a new organizational value.  Two examiners cite a(2) as a strength: “there appears to be a systematic approach to stimulate . . .” and “SOs are evaluated by innovation management teams.” If we acknowledge the approach strength at the overall level, then we can move this OFI to the multiple level, “It is not clear how applicant determines which strategic opportunities are intelligent risk to pursue.  See below-the-line OFI in the notes for all opportunities for improvement.  R2 and R3 kept the OFI’s main idea as drafted; the a(2) strength was not recognized: no conflict. | a(2) |
|  | It is not clear how the applicant’s strategic objectives achieve an appropriate balance among all aspects of varying and potentially competing organizational needs. For example, the applicant does not describe how it balances short- and longer-term planning horizons in its strategic objectives or how those objectives address the applicant’s core competency. A systematic approach may help place the applicant in a strong financial position to address its strategic objective of maximizing organizational excellence. | Three of seven examiners cite b(2) as an OFI: No doubles. Two tie the OFI to the overall level and one binds it to the multiple level (leveraging core competencies).  Evidence: it is not clear how the strategic objectives leverage the core competency; SOs do not appear to address collaborators and partners, no alignment to some SCs (industry changes); and there is no specification of providing a balance between short- and longer-term planning horizons. The three b(2) strengths were at the multiple level, and this OFI is at the overall level. | b(2) |

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| Questions remain about how the applicant stimulates and incorporates innovation in its strategy development process, how blind spots are discovered, and how future needs for organizational core competencies and work systems are determined. It is also not clear how the applicant decides which strategic opportunities are intelligent risks to pursue, and the extent of the deployment of the Innovation Management Team. One examiner cites a lack of evidence that strategic objectives address collaborators and partners, and of alignment to some strategic challenges, to wit: industry changes.  Below-the-line OFIs: a(2). It is not clear how applicant determines which strategic opportunities are intelligent risks to pursue. Strategic opportunities are identified in step 3 of the SPP and during ongoing strategic discussions that promote “out-of-the-box” thinking. These strategic opportunities are reviewed and prioritized. There is subsequent discussion about innovation in 4.1, but there is no discussion about the criteria or approach used to take intelligent risk. a(4). The process to determine the future needs for organizational core competencies and work systems is not clear. Formalizing the process for determining future needs may help address the business strategic challenge of industry changes. |

### Scoring

Score Value: **65**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one?** The a**pplicant has well-deployed, systematic approaches that are responsive to the overall Criteria** questions**. The approaches are aligned with overall organizational needs and benefit from cycles of evaluation and learning. There is early evidence of innovation driving the improvement of key processes, but deployment varies in some areas.**  **Doesn’t belong in the range below because approaches are beyond the basic level. Doesn’t belong in the range above because there are some significant multiple-question-level gaps surrounding innovation and intelligent risk.** |

## Item Worksheet—Item 2.2

## Strategy Implementation

### Relevant Key Factors

1. Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.
2. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
3. Key suppliers: Guardian Ambulance, Wright Brothers Charter TT, Transplant Technologies; requirements: accurate information, service quality, timely communication. Key partners: donor hospitals, medical examiners, hospices, market partners; requirements: timely referrals, regulatory compliance, respect/sensitivity, information/relationships/communication, service quality. Key collaborators: organ/tissue donor families; requirements: compassionate care, emotional support, aftercare, follow-up; stewardship of the gift; honor the donor. Also key collaborator: funeral homes/Columbia Cremation; requirements: information/relationships/communication & service
4. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Key stakeholders: communities in service area, workforce), BOD. ’’
5. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
6. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | The applicant systematically develops the action plans required to carry out strategic objectives and achieve organizational goals, with linkages to strategic objectives (Figure 2.1-3). Development begins in strategic discussions through the SPP and is a cooperative effort between the leadership team (LT) and employees. Figure 2.1-3 also outlines the strategic objectives, organizational goals, and key action plans that are cascaded to the workforce. | STR for A and I. Five of seven examiners cite a(1) as a strength at the multiple level: No doubles. All five examiners mentioned some aspect of how action plans are developed during the SPP. Three examiners point to Figure 2.1-3: Strategic Linkages as displaying the relationship between action plans and strategic objectives. One examiner asserts the approach benefits from learning cycles.  Two examiners claim as OFIs that there is no evidence of a systematic approach related to action plan development. There is a minor conflict here that requires resolution.  Resolved—the STR stands. | a(1) |
|  | The applicant’s systematic resource allocation process facilitates the achievement of action plans while it meets current obligations to maximize organizational excellence. A detailed review of action plans during strategic planning ensures alignment with strategic objectives, resource availability, and a summary discussion of workforce capabilities and capacities to identify adequacy and development resources. The comprehensive budgeting process enables simultaneous support of ongoing operations and action plans. | STR for A and I. Six of seven examiners cite a(3) as a strength: No doubles. Most evidence mentions step 5 of the SPP as the point at which strategic objectives are aligned with resources. Further evidence includes how applicant’s detailed budgeting process supports ongoing operations and how workforce planning is folded into the mix.  One examiner mentioned learning associated with workforce planning and budgeting: These processes are reviewed annually in step 9 of the SPP.  One examiner cited a(3) as an OFI, “Not evident that resource allocation is other than financial.” No conflict: On balance, the applicant mentions workforce capability and capacity considerations as well as development resources. | a(3) |
|  | A standardized review process allows the applicant to modify action plans and proactively address its strategic challenge of industry change. Reviews occur during work system meetings, LT meetings, and ongoing strategic discussions (Figure 2.1-1). Lagging performance measures are identified, and new action plans are created or existing action plans modified to address the measures. New and modified action plans are deployed through activities that flow from the work system or department level to the individual level. Modified action plans are tracked and discussed during LT meetings and anchored to strategic objectives. | STR for A and D. Five of seven examiners cite b as a strength: No doubles. All recognized that a systematic approach is used to modify action plans. Evidence included evaluation methods and performance reviews conducted during various meetings such as LT meetings, work system meetings, and strategic discussions (SD).  One examiner cited an OFI for no evidence of deployment of applicant’s approach to action plan modification. This OFI is balanced by applicant’s assertion that its deployment of modified APs is accomplished through actions that cascade from the work system or department level and may cascade down to the individual level. | b |

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| A systematic approach is used to convert strategic objectives into action plans to accomplish organizational goals. Action plan progress is continuously assessed using multiple methods, to wit: Topline Scorecard, PMS, and a web-based performance management system. Continuous analysis ensures action plans are resourced while meeting current obligations. Key workforce plans support short-term and longer-term strategic objectives, and action plans are integrated with the workforce planning process. Action plans are subject to continuous review and modified as required.  Below-the-line strength: a(5). Key performance measures are exhibited in Strategic Linkages (Figure 2.1-3) and reinforce organizational alignment by mapping strategic objectives to action plans and desired results. Applicant measures strategic and operational performance through a scorecard system that begins with the Topline Scorecard (Figure 4.1-2). Key performance measures for tracking the achievement of action plans and associated organizational goals that support the strategic objectives are included in the PMS outputs (Figure 4.1-1). This integrated performance measurement system reinforces alignment and the accountability required to achieve key metrics. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | The measures presented in Strategic Linkages (Figure 2.1-3) do not appear to track the achievement and effectiveness of action plans. For example, the measures for SO1, Maximize Donations, are tied to goals: increase organ donors, increase organs transplanted, and increase bone donors; the sample action plans include “identify and pursue potential partnerships with nonhospital referral sources,” yet there are no corresponding measures. Such measures may help employees at all levels understand the work they must do to help the applicant be successful. | This is an integration OFI. Two of seven examiners cite a(5) as an OFI: One double. Evidence from both examiners points to a lack of action plan measures.  Retained as a double for additional team comment and analysis during review rounds.  No longer a double after review rounds. | a(5) |
|  | It is not clear how the applicant’s “Right Size Workforce Plan” (Figure 2.1-3) addresses potential impacts on retention and short-term versus longer-term needs for accomplishing goals and action plans, as key workforce plans are not evident. Specific plans relating to the applicant’s strategic challenge of workforce retention may help it capitalize on its core competency of a mission-driven workforce. | OFI for A (gap). Three of seven examiners cite a(4) as an OFI: no doubles.  Evidence: Specifics around workforce plans were not provided; no information is provided to specify how the plans address potential impacts of retention on the workforce; no evidence that key workforce plans are part of Figure 2.1-3: Strategic Linkages.  R2 feedback: Delete the a(4) OFI.  R3 feedback: Retain the a(4) OFI; rewrite supporting examples. | a(4) |
|  | It is not clear how the deployment of action plans to key suppliers and partners ensures the successful accomplishment of those plans; whether the plans are deployed to key suppliers and partners for information only, or whether they contribute to the accomplishment of plans, is not clear. Leveraging the contributions of all stakeholders to accomplish action plans may provide a broader perspective on the applicant’s value of teamwork. | Three of seven examiners cite a(2) as an OFI: no doubles.  The main point of evidence relates to inconsistent deployment to key suppliers, partners, and collaborators to include how they contribute to AP accomplishment.  One of the three examiners mentions there are no examples provided identifying any specific improvements to deployment of APs to the workforce, suppliers, or partners. | a(2) |

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| Several examiners question whether action plans are developed using a systematic approach. Action plan deployment varies in some areas, to wit: collaborators, key suppliers, and partners. Specifics around workforce plans were not provided—namely, information specifying how the plans address potential impacts of retention of the workforce was not provided, and there was limited evidence that key workforce plans are part of Strategic Linkages (Figure 2.1-3).  Below-the-line OFI: a(6). It is not clear if projected performance on action plan measures or indicators are compared against organizations offering similar services. This may abate applicant’s ability to fully understand the forces shaping its future before setting goals that might still be inferior to other OPOs. |

### Scoring

Score Value: **60**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Applicant has well-deployed, systematic approaches that are responsive to overall Criteria** questions**. The approaches are aligned with overall organizational needs and benefit from cycles of evaluation and learning. However, action plan deployment varies in some areas—namely to collaborators—and improvements to deployment of action plans is not evident.**  **Doesn’t belong in the range below because approaches are beyond the basic level. Doesn’t belong in the range above because of the deployment gap and because learning is not at the level of a key management tool.** |

## Item Worksheet—Item 3.1

## Customer Expectations

### Relevant Key Factors

1. Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.
2. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
3. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).
4. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. ’’

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | The applicant’s multiple listening methods span the customer life cycle (Figure 3.1-1) and benefit from evaluation and improvement. Through a cycle of learning, the applicant now uses social media to share information, answer questions, and encourage donor registration. These methods support the applicant in meeting its strategic objective of optimizing stakeholder relationships. | (1) Six examiners identified this approach as a strength at the multiple level for many methods that span the customer life cycle and have been improved. The a(1) OFI is for approach at the overall level.  (2) Although there was one recommendation, the comment was not made double; lack of clarity around the process to gather information listed in 3.1-1.  (3) The portion of the comment related to innovatively incorporating feedback reports and providing results and associated action plans to survey participants may need to be altered due to the OFI feedback.  It was removed.  For consensus, the team discussed the applicant’s definition of customer life cycle. The applicant’s definition of life cycle as referring to donors, whom it calls collaborators, and not to customers (tissue processors, organ transplant centers) as defined, needs clarity. | a(1) |
|  | The applicant’s methods of listening to potential tissue processor customers help identify key opportunities by incorporating knowledge, data, and other OPO resources. This process resulted in the addition of two additional tissue processors in 2017. | (1) Three examiners identified this as a strength at the overall level. The STR addresses potential customers. The OFI addresses former and competitors’ customers.  (2) The main focus is on the tissue industry.  (3) Three examiners identified an OFI to clarify how actionable information is obtained and no focus on former or competitor customers especially tissue processors. Insights from these efforts resulted in a TWS outreach and communication AP.  There are no potential organ transplant customers in the traditional sense because of the federally mandated DSA. However, knowledge sharing with other OPOs resulted in outreach programs for both faith-based and African American communities. | a(2) |
|  | The LT and work system leaders review learning, information on customers, and markets and service offerings in order to systematically determine customer groups to emphasize for business growth and to anticipate future customer groups and requirements within the DSA. Strategic discussions are held during step 9 of the SPP, with the information gathered through a variety of approaches, including the PMS, VOC methods, and the OMP. | (1) Five examiners had this as a strength, mainly for approach and integration.  (2) 3 examiners identified this as a learning OFI, mainly around if the information captured is actionable. Strategic discussions held during step 9 of the SPP, information gathered through the PMS, information gathered through VOC methods and the OMP are used to anticipate future customer groups and market segments and to determine customer groups to emphasize for business growth | b(1) |
|  | The applicant uses its VOC approaches (Figure 3.1-1) to identify customer needs and requirements, with the information then used in the SPP and to design work processes. For example, ongoing two-way interactions with customers enable collection of the VOC during phases of the life cycle; best-practice sharing allows broad transfer of the VOC to both work systems. In addition, CAPA utilizes VOC information to improve the work systems. This approach may enable the applicant to leverage the strategic opportunity related to customer satisfaction. | (1) 3 examiners noted a strength related to identifying customer needs & requirements, using inputs to analyze needs.  (2) Five examiners noted OFIs at the multiple level, including approaches to adapt offerings to improve TWS, determine new service offerings, determine customer needs and requirements for product offerings and organ and tissue donations. There is an OFI to address these concerns for approach/deployment. | b(2) |

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is not clear how the applicant uses its various voice-of-the-customer mechanisms (Figure 3.1-1) as a systematic approach for listening to, interacting with, and observing key customers, and then integrates the input to create actionable information. Without such an approach, the applicant may not ensure that it can mitigate the strategic challenge to increase registry. | (1) 3 examiners noted the OFI at the overall level. Figure 3.1-1 outlines a variety of VOC mechanisms that are used to gather customer input, but the process by which this information is gathered from the various sources and integrated to create actionable information is not clear. | a(1) |
|  | It is not clear how the applicant systematically uses its relationship management methods (i.e., interactions industry conferences and webinars) to listen to former and competitors’ customers to obtain actionable information on its services, customer support, and transactions. A systematic approach may help improvement and innovation opportunities. | 3 examiners identified this as an OFI; Past survey results and Baldrige feedback have revealed a need to improve relationships with tissue processors, but there is no indication of what has been done beyond interactions at industry conferences to learn from past customers that no longer work with the organization. | a(2) |
|  | The applicant does not appear to systematically identify and adapt product offerings to attract new customers based on the multiple inputs it collects and evaluates. This includes adapting offerings for the tissue work system and identifying new services for the organ work system. A systematic approach may help the applicant address the strategic opportunity of registry enrollment. | (1) 5 examiners identified as an OFI;  (2) To avoid a conflict with the b(2) strength, the OFI was written around identify and adapt; while multiple inputs are collected and evaluated, it is not clear from the information provided how the applicant identifies and adapts product offerings to attract new customers. | b(2) |

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### Scoring

Score Value: **70**

Score Range: **70–85%**

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| **Why shouldn’t the score be in the range above or below the selected one? Not above: OFIs for key approaches (see the rationales for the OFIs). Not below: effective, systematic approaches, with the exception of some multiple questions; good deployment; integration of approaches with SPP, communication, PMS, and OMP.** |

## Item Worksheet—Item 3.2

## Customer Engagement

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).’’
3. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
4. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant uses multiple systematic methods (Figure 3.1-1) to build a public awareness program to increase the number of donor registrations in the region, with improvements evident. Approaches include print materials, web materials, social media, and partnerships with the DMV in NT and ST. Private, closed Facebook groups were created in response to donor family requests. These approaches may help the applicant build relationships with patients and other customers. | (1) 6 examiners agreed on strengths, 3 with ADLI.  (2) VOC process (Figure 3.1-1), Customer Relationship System—a six-step process to move customers from unaware of applicant, through supports to becoming advocates. The Physician Partnership System targets physicians with specific specialties to practice at the applicant’s location.  I gave a lot of benefit of the doubt for this one without seeing the Customer Relationship System that would actually answer the question. Figure 3.1-1 outlines a wide array of listening mechanisms through the customer life cycle, the public awareness program includes the development and dissemination of materials such as downloadable brochures, radio, print and TV PSAs, etc. to help increase awareness and thus donor registrations. | a(1) |
|  | The systematic, well-deployed VOC Process for organ and tissue products (Figure 3.1-1) and the Communication Process (Figure 1.1-3) enables customers to seek information and support. Additionally, transplant centers and tissue processors receive support and conduct business with 24/7 phone and website access and daily interactions at customer meetings. This approach may help the applicant maximize organ and tissue donations. | (1) 5 examiners identified the AD strength.  (2) 2 examiners noted an OFI related to data from conversations or deployment to support staff—not key to bringing the applicant to the next level. | a(2) |
|  | In support of its strategic objective and organizational goals related to maximizing stakeholder relationships, the systematic, well-deployed, and integrated Customer Complaint Process (Figure 3.2-2) helps the applicant create a positive experience in all of its interactions. All staff are trained in service recovery, and frontline staff are empowered to implement immediate corrective action at point of service. Customer complaint trend data are incorporated into the SPP for process improvement. | (1) 6 examiners identified as an ADI, ADLI strength; (2) one examiner identified as a double strength; (3) one examiner had an OFI around dissatisfaction trends, which may be addressed in the results section.  Customer complaints are captured through multiple sources including leader rounding, surveys, focus groups, phone, mail, and social media, and fed into the customer complaint process (Figure 3.2-2). Complaints or policy deviations go through the corrective action preventive action to identify root causes. Trend analysis is reviewed at work system meetings and quarterly at LT meetings. | a(3) |
|  | The applicant has systematic, well-deployed, and integrated processes to determine customer satisfaction, dissatisfaction, and engagement through its survey processes and the Deviation and Complaint Process, which is part of the CAPA system. Through collaboration with other OPOs, the applicant obtains information on its customers’ satisfaction relative to the satisfaction of other organizations that provide similar products and services. These approaches support the applicant’s ability to meet the customer requirements of maximizing donation and transplant organs. | One examiner had ADLI double strength; and one examiner had an approach strength.  Surveys are segmented by customer group or market segment, feel of service quality received, and customer requirements. Engagement is based on “top box” scores. Dissatisfaction is determined by complaints, survey data with scores of 1 or 2. Comparisons are provided to AOPO, OPTN/SRTR, and tissue processors. | b |

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not evident that the applicant systematically obtains information on TWS customer satisfaction relative to the satisfaction of customers of other organizations providing similar services; in-process actions, such as seeking information about customer satisfaction with other OPOs and sharing best practices with other OPOs, do not appear to constitute a systematic approach. Systematic comparisons to other OPOs may increase customer satisfaction. | (1) two examiners identified this; (2) 2 identified as a strength; (3) the strength focused on customer satisfaction, OFI focused on relative to other organizations; No evidence.  An approach is described to include in-process actions such as the director of quality seeking information about customer satisfaction with other OPOs, and to share best practices with other OPOs; however, there is no evidence provided to suggest that the approach is systematic. | b(2) |
|  | It is not clear that the survey methods and measures used to capture customer satisfaction and engagement provide the applicant with actionable information. For example, it is not evident how root-cause analysis of recent survey results and Baldrige feedback, which identified a need to improve relationships with tissue processors, drives actionable information for improvement efforts. A systematic approach may help the applicant improve relationships with tissue processors. | (1) Two examiners identified as an OFI; (2) one examiner had as a strength—which was not used because it was related to using survey scores.  Survey results from 2016 to 2018 combined with Baldrige feedback identified a need to improve relationships with tissue processors. The approach to driving customer engagement is essentially “if they’re highly satisfied, then they’re loyal and engaged.” While there’s a spectrum that varies from dissatisfaction to satisfaction to engagement/loyalty, there ought to be a threshold value where one side is satisfied but not engaged, and on the other side is satisfied and engaged. | b(1) |
|  | A systematic approach to use VOC and market data and information to build a more customer focused culture and support operational decision making is not evident; it is not evident how the applicant uses the data that it collects, analyzes, and shares. This may limit efforts to improve customer satisfaction and engagement. | (1) 2 examiners had the OFI; (2) no conflicting strengths.  The data are collected, analyzed, and shared per text (and the process is evaluated and improved), but how it is USED is not described. Information is not provided to reflect an approach to using customer and market data; no evidence of cycles of learning that would have resulted from such a process are in evidence. | c |

#### Notes

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| Do we need a 3.2 learning OFI? In the end, the approach OFIs above were seen as more important; learning would be the next step. |

### Scoring

Score Value: **60**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Not above: lack of approaches for customer engagement, relationship management, satisfaction relative to other organizations .**  **Not below: systematic approaches presented for overall and a few multiple questions (customer engagement) with deployment and integration in SPP, communication, and PMS.** |

## Item Worksheet—Item 4.1

## Measurement, Analysis, and Improvement of Organizational Performance

### Relevant Key Factors

1. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).’’
2. No key changes to position as OPO. ACA changes could create uncertainty to health care; impact for OPOs unknown. Focus on (1) increasing registered donors in DSA by identifying nonhospital referral sources & (2) utilizing proven ability to improve & rely on mission-driven workforce to achieve cost-effectiveness & efficiencies. Key factors influencing success: (1) highly motivated, mission-driven workforce engaged in saving lives, (2) strong partner/collaborator relationships to support innovation & performance improvement.
3. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
4. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention.
5. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant systematically selects, collects, aligns, and integrates data and information for daily tracking and operational performance through the SPP, with good deployment and integration with other approaches. The PMS (Figure 4.1-1) defines the process for defining measures, collecting, transferring (disseminating), and using data and information for review and improvement. The Topline Scorecard (Figure 4.1-2) shows actual measures vs. targets in a green-yellow-red approach. Topline Scorecard measures drill down to department-level scorecards. This approach may assist the applicant in achieving its strategic objective to maximize organizational excellence. | Cited by all examiners. Most had ADI, while two had L as a scoring dimension. This approach supports management by fact of two very distinct work systems. | a(1) |
|  | The applicant’s systematic approach to selecting comparative data and information drives operational excellence by supporting performance measurement, analysis, review, and organizational planning and improvement. The Comparative Data Process (Figure 4.1-4) is used to select key comparative data and information. The applicant also relies on data-sharing collaborations with other OPOs, tissue processors, eye banks, etc. Once collected, the comparative data are evaluated, prioritized, selected, and incorporated in the PMS (Figure 4.1-1), and identified gaps drive improvement. | 5 examiners cited this as a strength. The organization has cited the value it achieves from its use of comparative data, particularly benchmarks.  This strength is for A.  During the consensus call, the team decided to add an OFI for I. | a(2) |
|  | Systematic review of the applicant’s performance helps ensure that the organization makes fact-based decisions on changes that may require modification of action plans to meet goals. Senior leaders review key performance measures during monthly Operational Discussions and quarterly Capability and Capacity meetings. The BOD reviews the Topline Scorecard metrics (Figure 4.1-2), monthly financial statements, and progress reports on strategic objectives and action plans. The LT reviews department scorecards available in the Data Mall. | Three examiners had this as a strength, while three examiners cited this as an OFI. Our discussion centered around the appropriateness of giving benefit of the doubt and how much more would have had to be described in the application.  We landed on the side of a strength. | b |
|  | In a systematic approach, the applicant analyzes historical organizational trend data for three years as well as industry trends to set projections for future performance. Where comparisons are available, the applicant uses top-quartile performance for key measures and prepares a course of action for improvement or action plans to close the gap. | Three examiners had a strength for this area to address, and no examiners had this as an OFI.  Note that we modified the strength to reflect what was shown as comparisons in cat. 7, which are top quartile, not the top decile also mentioned in this section. | c(1) |

#### Notes

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear how the applicant systematically adds, replaces, or eliminates measures rapidly in its PMS. A systematic approach may increase the applicant’s ability to respond rapidly to changes in its operating environment, especially given the importance of regulatory compliance to the applicant. | 3 examiners had an OFI for this. | a(3) |
|  | It is not clear how the applicant uses findings from performance reviews to develop priorities for improvement and opportunities for innovation. Systematic use may enable the organization to effectively use its resources for improvement. | 3 examiners had an OFI for this area. | c(2) |
|  | The applicant’s use of the Comparative Data Process (Figure 4.1-4) does not appear to align with its long-term goal of national top-decile performance. The process does not appear to have a step to reset the evaluation criteria when appropriate, and in multiple instances where the applicant’s performance is better than the top-quartile benchmark, the top-quartile comparative benchmarks are still used. Resetting comparative targets to reflect top-decile performance when the interim top-quartile goal has been achieved may enable the applicant to drive its performance toward that long-term goal. | This OFI was added to address integration: the applicant has a top-decile, long-term goal, but the benchmarks selected do not always support that goal.  The OFI is in this item rather than in multiple results items (see the examples below) because we see the this as a process OFI and wanted to make that clear to the applicant. It would be something to clarify at site visit.  Also, Figure 4.1-4 does not appear to have a step to reset the evaluation criteria when appropriate.  Examples include Figures 7.1-6, 11, 15; Figures 7.2-2B and 28; Figures 7.3-11, 14, 19; and Figures 7.5-2, 6, 7, 11, 15.  There is an A STR on this question: the approach overall is systematic. | a(2) |
|  | A systematic approach for evaluating and improving the processes related to measurement and analysis is not evident. For example, it is not evident that the applicant has evaluated and improved its processes for selecting comparative data, conducting performance reviews, or projecting future performance. Such an approach may enable the applicant to add value through improvement and innovation. | In addition to this one, three other examiners had more specific learning OFIs—a(2), b, c(1); b; and c(1). | a,b,c |

#### Notes

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| DM had an overall OFI around lack of learning.  We need to discuss the 4.1a(2) part regarding top decile when all the results in 7.1 are compared with top quartile. A few folks feel this is pretty important.  At consensus, we decided to add an OFI around the applicant’s alignment of its Comparative Data Process with its top-decile, long-term goal. The STR for a systematic approach still stands.  The OFI is in this item rather than in multiple results items because we see the OFI as one of process (using benchmarks that align with top-decile goals when appropriate) and wanted to make that message clear to the applicant. Also, we wanted to acknowledge the applicant’s stated process of using interim goals.  This could become a site visit issue: Is this process aligned with the top-decile goal? Does the applicant have a fact-based method of moving from top-quartile to top-decile goals when warranted? This may clarify why results items include top-quartile, not top-decile, goals. |

### Scoring

Score Value: **60**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? The approach strengths reflected the multiple questions, while one of the approach OFIs was at the overall level. Based on the strength of the approaches with no discernible gaps in deployment, the lower range is not appropriate. There was also a learning OFI that spanned three areas to address, so a higher range is also not appropriate.** |

## Item Worksheet—Item 4.2

## Information and Knowledge Management

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. 150 employees; many decentralized, primarily at donor hospitals; segmented by work system (OWS & TWS).
3. Key suppliers: Guardian Ambulance, Wright Brothers Charter TT, Transplant Technologies; requirements: accurate information, service quality, timely communication. Key partners: donor hospitals, medical examiners, hospices, market partners; requirements: timely referrals, regulatory compliance, respect/sensitivity, information/relationships/communication, service quality. Key collaborators: organ/tissue donor families; requirements: compassionate care, emotional support, aftercare, follow-up; stewardship of the gift; honor the donor. Also key collaborator: funeral homes/Columbia Cremation; requirements: information/relationships/communication & service
4. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
5. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture.
6. Leadership System used to set/deploy V/M/V & culture to workforce via Communication Process. PDSA cycles & feedback loops added to many processes. Baldrige Criteria used as business model & foundation for performance excellence. Operational improvements identified/implemented through SPP & Operational Management Process. Performance improvement staff part of Quality/Regulatory Department, help support overarching organizational goal of improvement. New program III (improvement, improvement, improvement) built into all individual performance reviews; staff members have related goals. Built-in improvement process for every meeting, every process. ’

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | To systematically build organizational knowledge, the applicant collects a variety of data from customers and stakeholders, combined with clinical information captured through the electronic medical records. For example, a correlation analysis of the Scientific Registry of Transplant Recipients with data from recent internal organ yield cases provided information to validate future performance projections. The OMP includes a variety of mechanisms for transfer of relevant knowledge to the organization and to customers, suppliers, partners, and collaborators. This approach reinforces the applicant’s values of quality and innovation. | Four examiners had strengths for this. and no examiners cited this as an OFI. In addition, this approach supports the organization’s values of quality and innovation. | b(1) |
|  | The coalescing of resources linked to the Learning and Development System (LDS, Figure 5.2-2) helps the applicant embed learning in the way it operates. The LDS begins with the identification of learning needs and involves various resources, such as training, leadership development, conferences, networking, knowledge sharing, sharing forums, and other internal and external learning. The LDS is used to align and integrate multiple organizational work processes. In addition, organizational learning is linked to expected outcomes in employee goal plans. | Three examiners had strengths for this, while one examiner had this as an OFI. We decided that the systematic process described also demonstrated integration with the employee goal plans. | b(3) |
|  | The applicant’s approach to best practices is systematic and deployed across the organization’s work systems, with learning evident. When units or operations are recognized as high performing, stretch goals or benchmarks are put in place, and best practices are shared. For example, the applicant identified a process to address family needs prior to donation approval; the process, considered a best practice, was shared across the organization’s work systems and across the industry and resulted in a cycle of learning that produced higher levels of satisfaction for families. | Five examiners had this as a strength, with no one citing an OFI. We felt it was important to acknowledge this best practice developed by the applicant and acknowledged by the industry. | b(2) |
|  | Systematically ensuring and improving data availability supports the applicant’s core competency of a mission-driven workforce, augmented by the efforts of partners, collaborators, and suppliers. Access to electronic systems is user-friendly, and the intranet can be accessed only via direct access software. There is real-time access for staff and partners. A cycle of learning resulted in the formation of a user committee to ensure that software and hardware are user-friendly. | This strength was cited by most examiners. We determined to acknowledge the importance of availability due to the applicant’s geographically distributed workforce and its dependency on partners, collaborators, and suppliers. | a(2) |
|  | Systematically ensuring data quality supports the applicant’s value of quality. To address data accuracy, validity, and reliability, the applicant uses electronic software for input that has built-in error-proofing checkpoints. For nonelectronic data, it performs manual validation of reports and audits critical information. | All examiners had a strength for 4.2a(1). We chose to include this because of the applicant’s dependence on data accuracy, validity, and reliability in the execution of its mission. | a(1) |

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear how quality and knowledge management processes are routinely evaluated for potential improvement. Such evaluation and improvement may help address the business strategic challenge of industry changes. | Cited by three examiners. We began to perceive a key theme OFI around the lack of cycles of evaluation and improvement for key processes. | a(1),b(1) |
|  | It is not clear how the applicant systematically transfers workforce knowledge in support of its core competency of a mission-driven workforce. In particular, the process for transfer of workforce knowledge through alignment of the workforce with the work systems is not evident. | Four examiners cited this. Because of the applicant’s emphasis on its core competency of a mission-driven workforce, this OFI seemed to provide value in bringing this potential vulnerability to light.  We did not believe that it was in conflict with the strength given in this area, as that addresses customers and stakeholders. The other OFI for this area to address centers around learning. | b(1) |

#### Notes

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### Scoring

Score Value: **65**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? With four strengths and two OFIs, the 50–65% range might have seemed low. However, the OFI around learning keeps it in this range, but at the higher end due to many systematic processes at the multiple level reflected in the strengths. Those would definitely make the lower range inappropriate.** |

## Item Worksheet—Item 5.1

## Workforce Environment

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting.
3. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting.
4. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | The Hiring Process promotes a strong cultural fit of new employees through diverse recruiting approaches and a three-step interviewing process, which benefit from evaluation and improvement cycles. Recent process improvements include shadowing, interview discussions about values, and peer mentors. Promoting a strong cultural fit for new employees may help reinforce the applicant’s core competency of a mission-driven workforce. | Five examiners had a(2) as a STR, and 3 of 5 listed it as their IR feedback-ready comment.  Learning examples in the STRs for the hiring and onboarding processes include shadowing, behavioral-based interviewing practices, and incorporation of a values conversation in the in-person interview.  Rationale for double: The cultural fit of a new hire into the workforce is critical to maintaining the core competency of a mission-driven workforce. The hiring and onboarding process have undergone cycles of improvement to ensure this is addressed in the early stages of the hiring process.  IR examples not used include recruiting from local colleges, social media, the local Air Force base to ensure diversity; and from local hospitals, tissue processors, eye banks, and WF referrals who are familiar with the org’s culture. | a(2) |
| **X** | Consistent with the value of teamwork, the applicant’s systematic, well-deployed Workforce Planning Process (Figure 5.1-1) anticipates and manages change to current capability and capacity needs; the approach is integrated with multiple organizational approaches. Planned work connects employees and processes to the OWS/TWS and the SPP through cascading goals and cross-training. The LT analyzes current and future workforce needs annually. These approaches integrate the Hiring Process, LDS, PEP, and SPP, among other approaches. One cycle of improvement for the Workforce Planning Process is the creation of a resource pool to address staffing needs during growth periods. | Five examiners had a(3) as a STR, and one had it doubled. Three of the five examiners cited all four process scoring factors, ADLI. This is important because the lack of learning is cited in two a,b OFIs from IR. The learning examples for a(3) and a(2) will require parsing the global a,b OFI for learning to give credit for specific learning examples.  IR inputs not used include succession planning and the use of agency personnel.  Rationale for doubling: The WF Planning Process is used (deployed), well integrated with other key processes and systems, and shows a specific example of process learning from a cycle of improvement. | a(3) |
|  | The applicant’s systematic, well-deployed assessment of workforce capability and capacity, along with integration with other approaches, ensures the skills, competencies, and staffing levels needed and supports a mission-driven culture. Assessment, including the potential for new competencies, is addressed by the Workforce Planning Process. This enables planning to integrate with the SPP, the RFO process, LDS, PMS, SDs, and the Communication Plan. In some cases, the need for certification is discussed as part of the hiring process and as a condition for employment. | Seven examiners had a(1) as a STR, including one as a feedback-ready comment. None had it doubled.  Differences among IR comments: Two had A; four had ADI; and one had ADLI. Unlike STRs for a(2) and a(3), there is a statement of continual evaluation for a(1) but no examples are provided.  At this point, will not give benefit of the doubt for learning since 4 of 7 examiners cited ADI and only 1 cited ADLI. | a(1) |
|  | The applicant’s integrated approach to workplace health, security, and accessibility provide a work environment conducive to supporting the workforce to accomplish the mission. Facility security is addressed through actions such as automatic locking doors, badge required entry, and 24/7 video surveillance. Performance measures address workplace health, security, and accessibility. A recent cycle of learning addressed safety for offsite employees and resulted in personal alarms for all employees as well as various security-focused training programs. | Three examiners listed b(1) as a STR, and none cited it as an OFI. Difference among IR comments: One examiner cited A, and the other two cited ADLI.  The proposed comment describes the result of a cycle of learning to support the ADLI. Credit for integration is based on addressing the workforce SC of retention by fulfilling a key employee requirement and the provision of IT training. Process examples not cited include the comprehensive wellness program and an ADA-compliant facility. | b(1) |

#### Notes

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| There is a comment (STR or OFI) for each area to address in item 5.1. Examples were limited to those that are most important to the evaluation factors emphasized in the comment and to the applicant’s key factors. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear how some workforce environment processes, such as C&C needs, work accomplishment, and workforce benefits and policies, are evaluated to identify and make improvements. Fact-based, systematic evaluation may identify improvements to help address the workforce strategic challenge of retention. | Three examiners had a learning OFI. Two listed it as an (a, b) OFI. One listed it as an (a1,4),b(2) OFI. The STR comments for a(2), a(3), and b(1) give specific examples of learning. The (a, b) OFI is modified to reflect those STR learning examples. | a(1,4),b(2) |
|  | It is unclear how the applicant’s workforce management capitalizes on its core competency of care and compassion delivered by the human touch, especially with regard to processes following the hiring process to reinforce the cultural fit. Ongoing reinforcement of that core competency may help the applicant sustain its strategic advantage of a supportive, mission-driven culture. | Three examiners had an OFI for a(4). One examiner had an AD OFI, and two had an ADI OFI. One examiner had an ADI STR for a(4). The AD OFI was more detailed and addressed a specific multiple question. One ADI OFI was a global overall question comment that is addressed in the OWS/TWS discussion. The other OFI focused on the relevance statement.  The AD OFI was selected instead of the STR to provide more insight and value to the applicant. | a(4) |

#### Notes

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| There is a comment (STR or OFI) for each area to address in item 5.1. |

### Scoring

Score Value: **85**

Score Range: **70–85%**

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| **Why shouldn’t the score be in the range above or below the selected one? Three of 4 factors (ADI) in the 70–85% range appropriately describe the applicant. The learning OFI is somewhat offset by the specific learning examples in the STR comments. The specific score is based on the two double STRs and the fact that one of the two OFIs was relatively limited. The 70–85% range is the most descriptive.**  **The 50–65% range is not appropriate because the applicant’s responses are at the multiple, not overall level; there are no obvious gaps in deployment; and there are examples of significant integration of processes to address organizational needs.**  **The 90–100% range is not appropriate because the applicant is not fully responsive to the multiple questions; there is no evidence of organization-wide innovation backed by analysis and sharing; and the responses focus more on current rather than future organizational needs.**  **The score is at the top of the range due to the two double STRs and the relative narrow focus of the two OFIs compared to the STRs.** |

## Item Worksheet—Item 5.2

## Workforce Engagement

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting.
3. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting.
4. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In a well-deployed approach resulting from a cycle of learning, drivers of workforce engagement are determined through customized workforce surveys developed by a new vendor selected to gain a deeper understanding of these drivers. This new approach allows direct input from the workforce on the key drivers of engagement, as well as providing additional benchmark data from large cohort of health care organizations and an OPO/blood donation facility. This approach may contribute to creating and sustaining a mission-driven culture. | Four examiners cited a(1) as a STR, and there were no OFIs for a(1). The change of vendors allowed the workforce to provide direct input on the key drivers of workforce engagement, as well as providing additional benchmark data. | a(1) |
|  | Multiple systematic approaches, with cycles of improvement, enable and reinforce the organizational culture of open communication, high performance, and engagement. Examples include the Leadership System, PMS, and SPP. Improvements include Stoplight Reports for staff meetings, Café CEO lunches in small-group settings, and the inclusion of donor families and recipients in meetings to share their personal stories. These approaches may help the applicant prepare the workforce for the strategic challenge of industry changes. | Five examiners considered 5.2b as a STR, and two examiners wrote OFIs. One of these examiners had both a STR and an OFI comment that addressed different parts of 5.2b. That OFI focused on one multiple question. The other OFI addressed the workforce working at hospitals and other locations. There is no discussion in 5.2b of a different organizational culture approach for offsite employees, so a reasonable benefit of the doubt is that the workforce is treated consistently. This would be an area to verify if there were a site visit. | b |
|  | To support high performance and workforce development, the applicant integrates the LDS with multiple systems and processes, including the SPP, PMS, LS, and IMP, with improvements evident. All employees have taken compliance training and a new course on innovation and intelligent risk taking; cross-training is provided as needed. Process improvements include two-stage new employee orientation into introduction, the addition of skill days, and a formal exit interview process. This dual focus on organizational performance and personal development needs reinforces the values of teamwork and innovation. | Five examiners had a STR in either c(2), c(3), or both. Two of these five had a STR for one of the two areas to address and an OFI in the other.  The LDS is integrated with multiple systems and processes including the SPP, PMS, LS, and IMP. Additional process improvements include the addition of skill days and a formal exit interview process. Also, rubrics are used to evaluate training.  The original CR c(2,3) STR ultimately became a c(2) STR as the language was refined through the review process. | c(2) |
|  | Through integration with multiple systems and processes, including the PEP, PMS, SPP, LDS, and Compensation System, the Workforce Performance Management System (WPMS) systematically supports high performance across the applicant. The PEP supports setting goals, cascading them to the individual contributor level, setting APs for improvement, and conducting annual evaluations. These performance evaluations were combined with triennial market-based compensation evaluations by external consultants. | Four examiners had c(1) as a STR, and 4 examiners had c(1) as an OFI. One of these examiners had both a STR and OFI comment that addressed different parts of c(1).  Item 5.2c(1) is included as a STR instead of an OFI because of the detail in the STR comments. One of the STRs did not cite factors, but the comment language suggests it is ADI. Thus, all four STR comments cited A and three included AD. Two of the four OFIs addressed intelligent risk taking, a part of a multiple question. One OFI questioned deployment to the individual level; the other question the approach. The detail in the IR STRs were more consistent in addressing multiple questions.  The WPMS is integrated with multiple systems and processes including the PEP, PMS, SPP, LDS, and the Compensation System.  NOTE: The WPMS detailed description is listed as AOS. Gave the benefit of the doubt that this detail exists, given the description of the linkages with PEP and other systems/processes. This would be confirmed if there is a site visit. | c(1) |
|  | The systematic, well-deployed Learning and Development System (LDS) is used to manage career development planning (CDP), helping the applicant strengthen its core competency of a mission-driven workforce. Through the LDS, the applicant identifies and evaluates learning and development needs, builds staff knowledge through learning, shares knowledge, and evaluates effectiveness. CDP supports horizontal transitions to different roles and includes formal development and mentoring. Professional and personal development opportunities and cross-training for all staff members and leaders are a BOD policy. | Three examiners listed c(4) as a STR; and two listed it as an OFI. One of the STR comments was an IR feedback-ready comment.  After studying all of the c(4) comments, I felt the STR arguments had more detail and were more compelling. One of the IR c(4) OFIs was at the overall level, and the other cited one part of the multiple questions.  Item 5.2c(4) is one of two areas to address that did not describe learning. This is included as an OFI comment. | c(4) |

#### Notes

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| There is a comment (STR or OFI) for almost every area to address in item 5.2. Examples were limited to those that are most important to the evaluation factors emphasized in the comment and to the applicant’s key factors. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear what methods the applicant uses to determine workforce satisfaction. A systematic approach may provide insights to help the applicant address its strategic challenge of workforce retention. | Three examiners listed a(2) as a STR; and three examiners listed it as an OFI. After studying all of the a(2) comments, I felt the OFI arguments were more compelling because of greater detail. Two of the three IR a(2) OFIs were feedback ready. | a(2) |
|  | It is not clear how performance management and career development approaches are evaluated for potential improvements. Such evaluation may support the applicant’s strategic advantage of a supportive, mission-driven culture. | One examiner cited a learning OFI for item 5.2. Although this increases the total number of CR comments to 8, it is included. There are additional examples for lack of process evaluation and learning in other items. | c(1,4) |
|  | It is not clear how the Workforce Performance Management System (WMPS) supports intelligent risk taking; the process within the WPMS to incentivize, support, reinforce, and reward intelligent risk taking when considering strategic opportunities for innovation is not clear. A systematic approach in this area may help leverage the applicant’s value of innovation. | This is a new OFI included as a result of R2 feedback and is primarily based on the IR input from one examiner.  An additional R2 feedback also suggested including a statement about the support of customer focus was not clear as well. I did not do this to keep this OFI more focused. | c(1) |

#### Notes

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| There is a comment (STR or OFI) for nearly all areas to address in item 5.2. Some additional examples were excluded because of space limitations. |

### Scoring

Score Value: **70**

Score Range: **70–85%**

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| **Why shouldn’t the score be in the range above or below the selected one? The descriptions for A, D, and I in the 70–85% range make it the most descriptive range for item 5.2. There is a relatively small L OFI, but overall the 70–85% range is the most descriptive. The score of 70 acknowledges the applicant is definitely in the 70–85% range, but still has work to accomplish before moving to the next range.**  **The 50–65% range is not appropriate because the applicant’s responses are at the multiple, not overall level; there are no obvious gaps in deployment; and there are examples of significant integration of processes to address organizational needs.**  **The 90–100% range is not appropriate because the applicant is not fully responsive to the multiple questions; there is no evidence of organization-wide innovation backed by analysis and sharing; and the responses focus more on current rather than future organizational needs. The score was based on STR comments more at the overall level and the broader OFI about process evaluation and learning.** |

## Item Worksheet—Item 6.1

## Work Processes

### Relevant Key Factors

1. Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.
2. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
3. Custom-built facility in Columbia, NT: critical care unit for organ donor management & fully equipped operating room. Key clinical technologies/equipment: x-ray, ultrasound, typical OR equipment. Technologies provide collaborative tools, real-time access to key data including EMR (Transplant Technologies)
4. Highly regulated, state & federal, to ensure safe/equitable allocation, distribution, transplantation of donated organs/tissue. Local environmental & regulatory: fire/sanitation; biohazard trash disposal.
5. Key suppliers: Guardian Ambulance, Wright Brothers Charter TT, Transplant Technologies; requirements: accurate information, service quality, timely communication. Key partners: donor hospitals, medical examiners, hospices, market partners; requirements: timely referrals, regulatory compliance, respect/sensitivity, information/relationships/communication, service quality. Key collaborators: organ/tissue donor families; requirements: compassionate care, emotional support, aftercare, follow-up; stewardship of the gift; honor the donor. Also key collaborator: funeral homes/Columbia Cremation.
6. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.
7. Leadership System used to set/deploy V/M/V & culture to workforce via Communication Process. PDSA cycles & feedback loops added to many processes. Baldrige Criteria used as business model & foundation for performance excellence. Operational improvements identified/implemented through SPP & Operational Management Process. Performance improvement staff part of Quality/Regulatory Department, help support overarching organizational goal of improvement. New program III (improvement, improvement, improvement) built into all individual performance reviews; staff members have related goals. Built-in improvement process for every meeting, every process.’

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In support of its mission to save and improve lives, the applicant determines key work and support processes through a systematic, integrated approach that includes regular cycles of learning. The approach begins with the Operational Management Process (Figure 6.1-1), which uses listening and learning methods to identify key processes (Figures 6.1-2A and 6.1-2B). The SPP integrates support and work processes to facilitate coordination, operational support, and outcomes through the use of surveys, feedback, and informal interactions. Process improvements include the introduction of an information card for physicians and nurses to use in donation discussions. | Support from 6 examiners; key to this STR are Fig. 6.1-1, Fig. 6.1-2A, Fig. 6.1-2B. Consolidated a(1,2) key work processes and b(2) key support processes into a single STR.  R-1: reinforced this strength with added evidence of formal/informal surveys, FB reports, informal interactions, and cycle of improvement.  R2: 3 examiners suggested tightening up to align nugget, example, and relevance. Combined nugget and relevance in 1st sentence. Now it all supports & reinforces ADLI. | a(2),b(2) |
|  | The applicant systematically selects suppliers and manages its supply network, which includes traditional and nontraditional suppliers (e.g., hospitals) and key nonreferral suppliers; cycles of learning are evident. Selection is based on organizational alignment, and services provided by referral partners consistently meet customer needs. Expectation setting and outcome monitoring aid in managing suppliers; poorly performing suppliers that do not improve are replaced. Cycles of learning include supplier improvement meetings and a report card for tracking suppliers. These approaches may help the applicant achieve the strategic objective of maximizing stakeholder relationships. | STR for A, L, and I. Mentioned by all 7 examiners. Consensus discussion about doubling this STR and making it top strength.  R-1: Added “services provided by referral partners consistently meet customer needs.”  R-2: nugget and evidence are buried; modified to clarify. Further details that did not fit into the STR: Standardized Identification and Referral Process of all potential donors (ensuring operational needs are met), distinguished nontraditional vs traditional suppliers and non-referral suppliers; use of Partnership Model (Fig. P.1-2).  On the consensus call, the team decided to make this the second strength. | c |
|  | The applicant systematically pursues opportunities for innovation (Figure 6.1-3). The Innovation Management Team considers the innovation based on its potential value. If it is implemented, results are evaluated, and the Innovation and Risk Board may stop projects if deemed necessary. An example is the recently outsourced Organ Biopsy Process, which decreased costs and increased customer satisfaction. The approach may further the vision of organs always being available. | Mentioned by 3 examiners.  Based on R2 feedback: wide support for keeping this as a STR vs. an OFI. OFI is deleted.  STR modified slightly to deemphasize praising the graphic. Innovation Management Teams; Innovation and Risk Board; determining when to discontinue innovation.  There is an OFI for 6.1d also, with three examiners supporting for unclear how intelligent risks determined or encouraged and no apparent systematic approach (more of a suggestion program?). This would be a 2.1a(2) OFI.  Based on R-2 feedback, the 6.1d OFI is deleted: determining intelligent risks is covered in 2.1a(2), not 6.1d. There is a 2.1a(2) OFI at the overall level. | d |

#### Notes

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| Unanimous support for 6.1c STR, but one outlier OFI: unclear how the applicant ensures that suppliers meet operational needs & enhance satisfaction. Decided it was below the threshold for a separate, perhaps conflicting, OFI.  STR for 6.1d Innovation — In R1 I had a conflicting 6.1d OFI and have opted to delete it, since it deals with what is actually a 2.1a(2) issue (determining intelligent risks) (see its wording in Notes for all OFIs).  DELETE [incorporated into STR a(1,2),b]: Definition of key work processes & process requirements; use of VOC/VOS; part of (feeds) SPP, regulatory & compliance; surveys, feedback reports; ongoing SDs, OMP, Process owner with customers; Customer Agreement Process. Mentioned by six examiners.  DELETE: consolidated with a(1,2),b(2) STR; and the concept of in-process measures predictive of outcome measures is not supported consistently in Category 7, Results: support processes: defined, systematic, requirements identified; managed and improved (via use of OMP) through monitoring in-process & outcome measures; support process integrated with work processes to facilitate coordination. Support for this from 5 examiners. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In two areas, the applicant’s approach to designing and improving work processes does not appear to be systematic. First, it is not clear how inputs to the selection and determination of work processes (e.g., PMS, RFO, VOC/VOS, and information on environment, technology, risk, and agility; Figure 6.1-1) are considered in determining key work process requirements. Additionally, the applicant’s method for improving processes (e.g., the use of PDSA to reduce variability) does not appear to be used for support processes. A systematic approach may reinforce the strategic advantage of stakeholder satisfaction. | OFI for A. 5 examiners.  R2: modified relevance statement based on input from 2 examiners to better address approach vs. cycles of learning and to make nugget more concise. | a(1),b(3) |
|  | It is not clear how some in-process measures, such as organ donor in-house cases and skin yield, relate to end-product quality and performance measures, such as local organs transplanted or skin donors released (Figure 6.1-2A). The applicant may achieve greater efficiency in process management by identifying in-process measures that consistently drive outcome measures favorably. | OFI for I. 6.1-2a, p. 31 (single mention). Look for demonstrated correlations between in-process measures & outcomes.  R2 comments: Shouldn’t put results in process comment (3 mentions); may be prescriptive. Edited comment accordingly.  Other example: Fin. Mgmt process: Current Ratio (7.5-7) with Net Margin (7.5-4); Quality Compliance Mgmt: Obs. vs. Exp. by Organ (7.1-20) [adverse trend] with Reg. and Legal Compliance (7.4-4) [sustained full compliance—no trend]. Some in-process measures don’t correlate to outcomes: in-process measures improve but don’t show improved outcomes | b(1) |
|  | Beyond the identification of key inputs, the OMP (Figure 6.1-1) does not appear to constitute a systematic process for the design of products and work processes is not evident. For example, the actual process to design products and processes is not described; nor is it clear how the applicant incorporates new technology, risk, and need for agility into design. A fully systematic approach may enable the applicant to address strategic business and operational challenges. | 4 examiners. 1 examiner felt that this was a double. Opted to keep it a single OFI, but open for discussion and consensus. I respectfully disagree and kept it below two other, more significant OFIs.  Regarding: “unclear how the applicant incorporates new technology, risk, need for agility in design of work processes.” Some may push back here—it’s a box in Fig 6.1-1, between SPP and Selection of Processes. Should we give benefit of the doubt? In the end, we did not, as the “how” is not evident. | a(3) |

#### Notes

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| Consensus discussion required for OFI 2 b(2): Lots of comments about appropriateness of this comment mentioning results. I have kept it in a modified and reduced form, and we need to decide on call whether to keep it or scrap it. In the end, it was scrapped.  Score: some support for dropping to top of lower scoring range (score of 65 vs. 70); some support for doubling a STR and raising score to 75.  For R1, we had two conflicting comments on 6.1d — STR & OFI. Good case can be made for either, but the OFI on determining strategic opportunities actually applies to 2.1a(2): “How do you identify strategic opportunities?” There is an OFI on that question in 2.1. 6.1d also doesn’t ask how innovative ideas are encouraged—it’s just about management of the SOpps that have been identified.  For R2 review, I include the OFI here so that the team can see what was removed. One examiner’s nugget for the ‘d’ OFI: The approach used to identify innovative ideas appears to be more of a suggestion program than innovations.  The removed 6.1d OFI: “It is unclear how the applicant encourages ideas for innovation; furthermore, there is no description of a systematic approach for innovation, nor how the applicant determines intelligent risks to pursue. For example, an evaluation is used to determine which opportunities are intelligent risks to pursue, but no described approach beyond this evaluation, which then becomes an input to strategic discussions and possibly forming a multidisciplinary innovation management team to consider a new process or to implement a new idea. A systematic and fully deployed approach to pursuing new opportunities reinforces the applicant’s value of innovation.”  [3 examiners] Outlier OFI comment [b(1,2)], but one that I’d argue belongs in the list of OFIs: some in-process measures are not correlated with outcome measures in Fig. 6.1-2A. Look at examples in the comment and rationale and see if the team agrees. This is now a b(1) OFI.  Not used: OFI for 6.1b(2) (2 examiners) “HOW the applicant determines key support processes. Unclear use of OMP for determination; process is unclear.” With four other OFIs, this one fell below the threshold. There is another b(2) OFI, but the emphasis is different. Original b(2) OFI (now a b(1) OFI and revised): “Some in-process measures for key support processes are not correlated to outcome measures (Fig. 6.1-2B). For example the HR Management in-process measures (Fig. 7.3-11) for 2017–2019 increase from 87 to 95; while the outcome measure, PEP Ratings (Fig. 7.3-1) is essentially flat for the same time period. In-process measures do not appear to be reliable indicators of process outcomes; nor do improvements in in-process measures demonstrate a corresponding improvement in outcomes. The applicant may increase its process management efficiency by identifying in-process measures that drive outcome measures favorably.” |

### Scoring

Score Value: **65**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? STRs are all significant ones at the multiple level. OFIs are written at the multiple level, to encourage further emphasis and actions on areas seen as missing. Doesn’t belong in 30–45% range because approaches respond to the overall and some multiple questions, and the approach is generally aligned with Org. Profile and other categories/items. Doesn’t belong in 70–85% range because there are some approach and deployment gaps that hold the applicant back, as well as some gaps in demonstrating evidence of cycles of learning.** |

## Item Worksheet—Item 6.2

## Operational Effectiveness

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Custom-built facility in Columbia, NT: critical care unit for organ donor management & fully equipped operating room. Key clinical technologies/equipment: x-ray, ultrasound, typical OR equipment. Technologies provide collaborative tools, real-time access to key data including EMR.
3. Key stakeholders: communities in service area), workforce, BOD.
4. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant deploys systematic approaches to ensure security and cybersecurity, including means for detection, prevention, backup, and recovery. Improvements such as the Information Protection Program and a dedicated cybersecurity team enhance awareness of emerging threats. The Technology Refresh Process ensures leading-edge technology and security. These approaches assist in protecting sensitive customer and donor information and may address the strategic challenge of increasing donor registry. | 5 examiners mentioned this at IR. Lots of examples; I chose the ones that seemed most important to the applicant. Others: (1) CAPA to identify root causes; (2) cybersecurity team uses Baldrige Cybersecurity Excellence Builder to evaluate, assess processes; (3) cloud software for server hardware & data; (4) Nightly backup, offsite storage; (5) Bots Busters; (6) vulnerability testing; (7) continual cybersecurity education; (8) cycle of learning: suppliers required to implement measures to meet objectives in the Cyber Supply-Network Risk Management Plan  There’s a corresponding OFI for 6.1b supported by 4 examiners, not in conflict, at the multiple level, for lack of clarity of ensuring security/cybersecurity for customers and key stakeholders and how IPP ensures security of key assets. This STR covers A and L. The OFI covers D. | b |
|  | Systematic initiatives and methods to manage cost, process efficiency, and effectiveness, with fact-based evaluation for potential improvement, help the applicant continue strengthening its financial position. Examples include reduction of cycle times for organ offers (Figure 6.2-1), an in-house OR, and an annual audit to drive operational effectiveness. These methods are integrated with PDSA (for improvement), OMP and PMS (for cost of operations), group purchasing agreements, and capability and capacity meetings; preventive measures reduce maintenance costs. | Mentioned by six examiners. Also mentioned as OFI by five examiners: balancing need for cost control with needs of customer; addressing prevention of medical errors; evaluation for potential improvements.  These are not in conflict, so I’ll include both STR & OFI. STR is solid approach and learning; OFI is primarily the multiple question of “balance.”  R-1 feedback Q: Is the annual audit to drive effectiveness an improvement to the process or an outcome?  For R-2 I have removed the audit as a cycle of learning reference, moved it to an example of managing cost and effectiveness.  R-2: modified relevance statement per suggestion. One examiner thinks annual audit is part of process learning. Noted. | a |
|  | The systematic, regularly improved Emergency Response Plan provides for disaster preparedness, allowing work systems to continue unimpeded to satisfy customer and operational requirements. A variety of scenarios are proactively anticipated; for example, remote access capability allows work to continue uninterrupted, and planning and reciprocal agreements with other OPOs and local hospital allow for short-term staffing and facilities support. Longer-term events have alternate contingency plans. The plan undergoes regular testing, and results are analyzed for improvement. | Support for this STR: 4 examiners. Only detractor was a c(2) OFI: Unclear how disaster & EP systems account for supply network & partners (no evidence mentioned). While not in conflict with the STR, it falls below the threshold for inclusion. | c(2) |

#### Notes

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| Not used: OFI c(2) for disaster & emergency preparedness accounting for supply network & partners. Offset by wide support for c2 STR.  Note the ‘b’ STR and ‘b’ OFI. They address different aspects of the Criteria and thus are not in conflict. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not evident how the applicant balances the need for cost control and efficiency with the needs of the customer. For example, it is not clear how such balance was ensured for cost savings achieved through an in-house OR or for TWS efficiencies that allow increases in donor volume without adding workforce. Emphasizing an appropriate balance may reinforce the partnership model (Figure P.1-2), in which collaboration with customers, partners, suppliers, and stakeholders demonstrates the values of teamwork and quality, resulting in lives saved. | 5 examiners mentioned this OFI at the multiple level, to give the applicant actionable ideas for improvement. | a |
|  | Approaches used to provide a safe operating environment are in the early stages of deployment. For example, it is unclear how the applicant provides a safe working environment for decentralized workforce members, how the organization ensures that suppliers meet safety needs, how failure analysis and recovery are performed so as to prevent future safety failures, and how the system uses inspection to enhance the safety of the operating environment. More comprehensive deployment may address the customer requirement of a safe working environment. | 6.2c or 6.2c(1) is mentioned by 6 examiners. OFI at the multiple level for c(1), contrasted with a STR for c(2) at the overall level for systematic approach to disaster preparedness, fully deployed.  Various flavors of c(1) integrated into this OFI: unclear approach to safety & emergency preparedness & consideration of decentralized WF members; deployment to remote workers; analysis of failures & recovery; explanation of inspections; cycles of learning & improvement; how suppliers meet operational needs & enhance satisfaction. | c(1) |
|  | It is not clear how the Information Protection Plan has been deployed to ensure the security and cybersecurity of data and information for customers, key stakeholders, and employees working in customer locations, or to secure some key assets, such as the new facility housing a critical care unit and an operating room. Full deployment may enable the applicant to address the challenge of increasing its registry of organ donors. | R-1 feedback is that the STR may conflict with OFI. I tried to avoid conflict. STR was for approach and learning. OFI for full D and I.  At consensus, removed this sentence: “Finally, the NIST framework is at initial stages of deployment, with no cycles of learning.” Four team members mentioned this in IR. If the applicant could successfully address the elements of this OFI, the STR would be a + + and might be in the next higher scoring range.  Wording tricky here: tried to fit in various concepts: (1) unclear how the applicant ensures security/cybersecurity of data and information; (2) unclear how IPP ensures security of key assets (conflict with STR b); (3) providing security for employees at customer locations/decentralized WF. All four linked to how the applicant addresses security & cybersecurity. | b |

#### Notes

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| R-2: modified to emphasize early stages of deployment vs. early stages of maturity. For the OFI b, reminder that data security for employees in remote locations is addressed in 4.2a(1), p. 20. Even though some of the item references for the OFIs mirror item references for STRs, I strove to avoid any potential conflicts. |

### Scoring

Score Value: **60**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Doesn’t belong in the 30–45% range because responses are well beyond the basic level; some areas are in early stages of deployment, but these are refined and thus the most descriptive range is 50–65% (which allows for deployment being variable in some areas); good evidence of cycles of learning, and definitely moving toward “integration” with Org. Profile & other process items (vs. “alignment”). Doesn’t belong in 70–85% range because there are still some gaps in approach-deployment and some apparent gaps in cycles of learning. The top half of 50–65% range seems most descriptive.** |

## Item Worksheet—Item 7.1

## Product and Process Results

### Relevant Key Factors

1. Regional organ & tissue procurement organization (OPO) for 3.2 million people in federally assigned 62-county territory in North Takoma (NT) & South Takoma (ST). One of 58 federally designated, nonprofit OPOs.
2. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax).
3. As federally designated OPO, no traditional organ procurement competitors; “regulated monopoly.” Good performance necessary to maintain designation. Donor hospitals required by law to report deaths to organization but may contract with another. Tissue recovery contracts with 100% of 80 donor hospital partners in DSA. 40th of 58 OPOs in population in DSA. Growth in donations must come from increases in medically eligible candidates in the DSA, increases in families who say yes to donation, or identification of nonhospital referral sources. Constraints of limited service area reinforce importance of maximizing donation for each donor.‘’
4. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors.
5. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | Many measures of importance to key stakeholder requirements (Figure P.1-6) show beneficial trends, and some are approaching or slightly better than the benchmarks given. These include results for organ and tissue transplantation by population (Figures 7.1-4, 7.1-6, and 7.1-7), for local transplantation (Figures 7.1-10 through 7.1-14), as well as for Tissue Referrals (Figure 7.1-3), Organ Authorization (Figure 7.1-5), and Age-Targeted Bone Donors Released (Figure 7.1-8). These results support the applicant’s mission of saving and improving lives. | Supported by 6 examiners. | a |
|  | Work process effectiveness results demonstrate beneficial trends and good-to-excellent levels that approach or exceed top-quartile comparisons. Examples include 0% missed organ referrals (Figure 7.1-16); tissue authorization, which shows improvement and is consistently above the AOPO top quartile (Figure 7.1-18); and organ donor cases in-house (Figure 7.1-21), which has been above the AOPO top quartile for three consecutive years. These results reinforce the strategic advantage of a supportive, mission-driven culture and address the challenges of authorization and increasing registry. | This strength was identified by 6 examiners. These results demonstrate that the applicant both addressed a strategic challenge and leveraged a strategic advantage. | b(1) |
|  | The applicant reports good-to-excellent levels with beneficial and sustained trends for safety and emergency preparedness. For example, the percentage of safe workplace training completed has been 100% in the past two years (Figure 7.1-30). Safety drills (Figure 7.1-31) have met population and time requirements since 2018, and there is 100% compliance in training, availability testing, data (communication) testing, and injury investigation (Figure 7.1-28) since 2016. These results demonstrate ongoing concern with safe practices for the benefit of the workforce, customers, and collaborators. | Five examiners had a strength in this area. | b(2) |
|  | The supply-network management results presented demonstrate good levels with many beneficial trends. For example, supplier cremation cycle times have been reduced nearly 50% since 2017 (Figure 7.1-35); in addition, the EMR supplier has significantly increased its features published since 2017 and has reduced defects from 20% to nearly 0% since 2018 (Figure 7.1-36). These and similar results demonstrate the applicant’s success at partnering and close collaboration with its suppliers to reinforce the core competency of delivering care and compassion with the human touch. | Mentioned by 4 examiners. | c |

#### Notes

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| Very close agreement on 7.1b,c STRs. No outliers noted. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Some work process effectiveness and supply-network management results stated as important to the applicant are not provided. Examples are results for the supply-network requirements of accurate information, timely communication, and service quality, which are identified as significant for mission accomplishment. In addition, results not provided for cybersecurity and innovation, organ rejection rate, lab requisition error rates, donor chart error rates, sterilizer accuracy, or radiation exposure. Monitoring these results may enable the applicant to be more responsive to industry changes. | Three examiners identified results they had expected to see.  —Results were not presented for organ rejection rate, lab requisition error rates, donor chart error rates, sterilizer accuracy, radiation exposure.  —Results were not reported for cybersecurity and innovation.  —Results were not reported for accurate information, timely communication, and service quality. | b, c |
|  | Some results reflecting the strategic objective to maximize donations for the OWS and TWS demonstrate adverse trends. These include results for local pancreata transplanted (Figure 7.1-14), which has fallen below the benchmark, as well as results for the number of skin and bone donors (Figure 7.1-15). | All examiners had related OFIs for these results. | a |
|  | The applicant demonstrates adverse trends in some work process effectiveness and supply-network management results. Examples include the observed vs. expected ratio for liver, heart, and pancreas (Figure 7.1-20) and a short-term mixed trend for the percentage of end-users who are phishing prone (Figure 7.1-38). Further emphasis in these areas may assist the applicant in addressing business and operational challenges. | Formerly an OFI b, c; based on examples, revised to b(1),c; Mentioned by six examiners: Adverse trends, unfavorable comparisons, and missing comparisons. The focus here is on adverse trends. | b(1),c |

#### Notes

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| Before the consensus calls, there was an open question regarding top-decile vs. top-quartile comparisons—process comment or results comment? We decided to include an OFI in 4.1, where the point could be made more clearly.  Single mentions (initially fell below threshold for inclusion):  —b(2), c adverse trends (7.1-28 through 32; 7.1-33 through 38)  —c missing results; but since this is a preliminary KT vulnerability, we added an OFI. |

### Scoring

Score Value: **55**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? The applicant has good to excellent levels, responsive to multiple questions. Some trend data are reported, a majority of which are beneficial. Some results are evaluated against relevant comparisons and show areas of good relative performance.**  Not above: 2 OFIs for trends: beneficial trends have not been sustained over time for areas of importance. Key results missing.  Not below: Responses are far beyond the basic level, and the applicant is beyond the early stages of obtaining comparative information. Integration is also beyond this level. |

## Item Worksheet—Item 7.2

## Customer Results

### Relevant Key Factors

1. Vision: Organs and tissues are always available.
2. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management)’’
3. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Results for overall satisfaction for organ transplant centers show beneficial trends and good relative performance against best-in-class comparisons. For example, satisfaction with organ transplants (Figure 7.2-1) improved from 2017 to 2019, with the 2019 level at the GPR best in class. These results support the achievement of the strategic objective to sustain transplant center satisfaction. | Noted all examiners had strengths; Figure 7.2-1 beneficial trend and performing at GPR best in class for both Satisfaction and % top box. Figure 7.2-1A Satisfaction is at GPR best-in-class level. Figure 7.2-1B shows Satisfaction is at GPR best-in-class level. | a(1) |
|  | Sustained performance in accountability helps ensure the ongoing satisfaction needed to achieve the vision of tissues always being available. Tissue processor satisfaction has shown sustained improvement to a level near 100% (Figure 7.2-2); tissue processor results for the key requirements of accountability (Figures 7.2-2A and 7.2.2B) also reflect sustained gradual improvement, as do results for satisfaction with information (Figure 7.2-2C). | Noted all examiners had as a strength; Information Figure 7.2-2, Tissue Processor Satisfaction 7.2-2C, Tissue Processor, Key Requirement: Information 7.2-2D. Figure 7.2-2A results outperforming CardioSolutions, Figure 7.2-2B better than top quartile. | a(1) |
|  | Results for the overall satisfaction and engagement of organ transplant centers show high levels overall and for the key requirements of competence and information. Overall satisfaction (Figure 7.2-1) shows a beneficial trend, with the most recent results at the GPR best-in-class level for both satisfaction and percent top box. Satisfaction with competence and satisfaction with information (Figures 7.2-1A and 7.2-1B) are also at the GPR best-in-class level. These performance results support the effectiveness of the organ work system. | Noted by all examiners; in multiple customer satisfaction measures, the applicant is at or better than GPR best-in-class comparisons. The applicant also demonstrated high levels of overall satisfaction among tissue processors. All three tissue processor partners show beneficial trends in overall satisfaction. | a(1) |
|  | Customer dissatisfaction, as measured by the percentage of customers rating the applicant as poor or very poor in the survey, shows improving levels at or approaching zero (Figure 7.2-4A). These results support the strategic advantage of stakeholder satisfaction. | Noted by 5 examiners; customer dissatisfaction seems to be declining for organ; customer dissatisfaction, as measured by the percent of customers rating the organization as poor or very poor in the survey shows declining levels at or approaching zero. | a(1) |
|  | Results for Facebook Followers (Figure 7.2-6) show a beneficial trend between 2013 and 2019. This supports the applicant’s social media goal to increase the number of registered donors within the DSA through campaigns and messaging. | One examiner had this strength; consensus discussion on importance of social media and the results to assess effectiveness. Results for Facebook Followers (Figure 7.2-6) show beneficial trends in support of applicant’s social media goal to increase the number of registered donors within the DSA through campaigns and messaging. Results for Facebook Followers (Figure 7.2-6) show beneficial trends between 2013 and 2019. | a(2) |

#### Notes

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Many results relating to the satisfaction and engagement of key customers and partners do not include comparisons or benchmarks. Examples include results for tissue processor satisfaction and engagement (Figures 7.2-2, 7.2-2C, and 7.2-2D) and Customer Complaints (Figure 7.2-4). Lack of comparisons or benchmarks may create a blind spot for the applicant in assessing its performance relative to other providers of similar services. | (1) One examiner bolded the OFI; (2) all examiners saw this as an OFI. Nine of 15 measures do not reflect any comparative data. Figure 7.2a, no comparisons or benchmarks available: Tissue Processor Satisfaction & Engagement (Figs. 7.2-2, 7.2-2C, 7.2-2D); Eye Bank Partner Satisfaction (Fig. 7.2-3); Customer Complaints (Fig. 7.2-4). | a |
|  | Results for satisfaction with the organ work system are not segmented by organ (e.g., heart, liver, and lung) or by location (e.g., local organ transplant center). Segmented results may help the applicant identify opportunities for improvement and build the values of quality and innovation. | One examiner noted this OFI: key measures reflecting the organ segments of heart, liver, lung, etc. are not provided. | a(1) |
|  | Results for customer engagement across the customer life cycle are not reported. For example, Customer Complaints (Figure 7.2-4) does not include results for the eye bank, and complaint data are not segmented by stages of the customer life cycle. Such results may help the applicant pursue the strategic opportunity of improving customer satisfaction. | OFI noted by 3 examiners; Figure 7.2-4 is missing eye bank complaint data and does not segment customer complaint data by Customer Life Cycle Phases (Figure 3.2-1). Customers seek information and support throughout the Customer Life Cycle. Providing eye bank complaint data and isolating where in the customer life cycle complaints are occurring might help applicant better coordinate activities to ensure organs and tissues are available for use by key customer groups. | a(2) |

#### Notes

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### Scoring

Score Value: **60**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Not at the range below: Results provided beyond the basic level; slightly beyond early stages of obtaining comparisons, and reporting results beyond a few areas of importance.**  **Not at the range above: Some missing results, little segmentation.** |

## Item Worksheet—Item 7.3

## Workforce Results

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Requirements—healthy, safe, secure work environment; after-hours staff members: reserved office parking spots, secured parking, sensor lighting.
3. workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork)
4. Focus on (1) increasing registered donors in DSA by identifying nonhospital referral sources & (2) utilizing proven ability to improve & rely on mission-driven workforce to achieve cost-effectiveness & efficiencies.
5. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
6. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Several workforce capacity and workforce engagement results show beneficial trends and good performance against benchmarks for 2016–2019. Examples include Workforce Growth (Figure 7.3-4), with staffing levels sustained close to or at the AOPO top quartile, and Overall Benefits Satisfaction (for staff) (Figure 7.3-17), with satisfaction increasing from about 87% to higher than 90%, better than the Excel Employee Engagement benchmark. These results support the applicant in meeting the workforce requirement of connection with the vision, mission, and values. | Another example is Figure 7.3-12. These two areas to address a(1) and a(3) were combined in this STR because the team thought there may be a connection between high staffing levels and skills and high workforce engagement. | a(1,3) |
|  | Some capacity results show sustained beneficial trends in areas that support the applicant in mitigating its strategic challenge of retention. Examples include Promotions from Within (Figure 7.3-5) and Referrals as a Percentage of New Hires (Figure 7.3-6), both of which increased by 10 percentage points from 2017 to 2019. These beneficial trends may reinforce the applicant’s core competency of a mission-driven workforce. | Figure 7.3-4 is another example. Workforce results begin with recruiting the right number of new hires with the general skills needed to be effective members of the workforce. | a(1) |
|  | Some workforce engagement and workforce development results show good performance against relevant comparators. Examples include Connection to Mission (Figure 7.3-11), sustained above the Excel Employee Engagement benchmark over four years; Training Expenditures (Figure 7.3-19, sustained above the AOPO top quartile; and Leadership Development Satisfaction (Figure 7.3-20), which is at the AOPO top quartile. These results may help the applicant address its strategic objective of maximizing organizational excellence. | Other examples include Figures 7.3-12 and 16. The use of comparative data in these two areas supports the organization’s long-term goals for achieving top-decile performance. | a(3,4) |

#### Notes

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| Fourteen of the 22 figures in Item 7.3 are mentioned in at least one comment (STR or OFI), and the remaining eight figures are included in the appropriate rationale as additional examples.  Some IR comments cited many more figures as evidence. I elected to cite a few examples to avoid potential conflicts among comments.  The time periods used reflect the data provided (2016–2019 or 2017–2019). In some cases, this may result in a determination of a mixed trend instead of a beneficial trend if the 2016 data were ignored. I also tried to minimize the use of a specific figure in more than one comment. |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Most workforce climate results show mixed or flat trends for the periods shown. Examples include Wellness Screening Participation (Figure 7.3-7), Workplace Satisfaction with Safety (Figure 7.3-8, for the overall organization, OWS, and TWS), and Benefits Expenditures (Figure 7.3-10). Improving these results may address the workforce requirement for a healthy, safe, and secure work environment. | Three of the four figures for workforce climate show mixed trends. All data (2016–2019 and 2017–2019) were used. | a(2) |
|  | Some workforce engagement results lack relevant comparisons. Examples include Workplace Satisfaction with Safety (Figure 7.3-8); My Opinion Seems to Count (Figure 7.3-13); and Overall Retention (Figure 7.3-15), which includes a comparison to the AOPO average. Use of relevant comparative data for these results may provide insights into opportunities for increasing satisfaction and engagement. | I tried to restrict examples to metrics where it is reasonable to expect comparative data, so I excluded some internal metrics. The lack of relevant comparative data was observed in each of the areas to address in item 7.3, but the comment focuses on workforce engagement. | a |
|  | Many workforce-related results are not segmented by job type to provide more specific insights for addressing the workforce strategic challenge of retention. Examples are Promotions from Within Figure 7.3-5), Referrals as a Percentage of New Hires (Figure 7.3-6), DART Rate (Figure 7.3-9), and Overall Retention (Figure 7.3-15). | Additional examples include Figures 7.3-1, 4a, and 14).  One examiner noted that the applicant stated in the last sentence on p. 44: “Where possible, WF is segmented by job type (Fig. P.1-4); additional segmentation by gender, tenure, department, and ethnicity AOS.” Based on this, note the OFI language was restricted to relevant figures that did not show segmentation by job type. | a(1,2,3) |

#### Notes

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| Fourteen of the 22 figures in item 7.3 are mentioned in at least one comment (STR or OFI), and the remaining eight figures are included in the appropriate rationale as additional examples. Some IR comments cited many more figures as evidence. I elected to cite a few examples to avoid potential conflicts among comments.  The time periods used reflect the data provided (2016–2019 or 2017–2019). In some cases, this may result in a determination of a mixed trend instead of a beneficial trend if the 2016 data were ignored. I also tried to minimize the use of a specific figure in more than one comment. |

### Scoring

Score Value: **55**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? The Criteria language for 50–65% is the most descriptive. The 30–45% range is not appropriate because the applicant’s responses are at the overall, not basic level; there is more than some trend data; and the use of comparative data is beyond comparing results of some current performance levels to relevant comparisons. The 70–85% range is not appropriate because there are not good-to-excellent results at the multiple level; many trends over time are mixed; and most results measures have not been assessed against relevant comparison data. The score of 55 reflects that additional work is needed to improve trends and increase the number of results that are evaluated against relative comparative data.** |

## Item Worksheet—Item 7.4

## Leadership and Governance Results

### Relevant Key Factors

1. Vision: Organs and tissues are always available. Mission: We save and improve lives. Values: compassion, teamwork, honesty, quality, innovation. Core competency: Mission-driven workforce—care and compassion delivered by the human touch.
2. Highly regulated, state & federal, to ensure safe/equitable allocation, distribution, transplantation of donated organs/tissue. Local environmental & regulatory: fire/sanitation; biohazard trash disposal. Key regulatory agencies: CAP, CMS, EEOC, FDA, DoL, IRS, HHS/UNOS/OPTN, OSHA, AATB, AOPO.
3. Private, nonprofit 501(c)(3). Voluntary, community-based BOD: hospital executives, medical professionals, transplant recipients, donor family members, community members, representatives from key donor hospitals (partners), transplant centers (customers). CEO reports to/is evaluated by BOD; CEO directs/evaluates ELT: CMO, CHRO, CFO, COO.
4. National organ industry benchmarks through multiple sources. Lead time before available can be many months. AOPO & OPTN/SRTR. Tissue procurement: comparative data from AOPO & tissue processors. Key support processors: data from AOPO, Board Info, DHSS, US DoL.
5. Societal responsibility—increase registry.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant demonstrates full regulatory and legal compliance since its inception (Figure 7.4-4). It has received full accreditation from all voluntary accreditation agencies (AATB, AOPO) for the past three years and has had no adverse findings with DOR or FDA. | This strength was identified by 4 examiners. This really reflects levels and some trends. | a(3) |
|  | The applicant reports good levels and beneficial trends in several areas of leadership and societal well-being that are important to the organization. For example, results reflecting leaders’ engagement and communication with the workforce (Figures 7.4-1 and 7.4-2) show improving trends and levels ranging from 86% to about 97% from 2017 to 2019. In addition Deaths on Local Waiting List (Figure 7.4-7) improved by about 40 from 2017 to 2019. These results reflect leaders’ efforts to increase communication and the customer requirement to maximize donation and transplant organs. | I grouped an overall comment about levels and trends. Beneficial trends were identified by 6 examiners. | a |
|  | Good performance relative to comparisons in two areas of leadership may help the applicant achieve its strategic objective to maximize stakeholder relationships: in Monthly Leader Rounding with Staff (Figure 7.4-2), the applicant is approaching the OPO Best, and in Board Self-Assessment (Figure 7.4-3), performance exceeds the Board Info benchmark. | 5 examiners had the strength. This is a weak strength as comparisons were missing for most results. | a(1,2) |

#### Notes

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### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Results are missing for several areas of societal well-being, support of key communities, and fiscal responsibility. For example, results are not provided for environmental impact (e.g., recycling and energy conservation), for senior leader and staff support of key communities, or for internal or external audits. Tracking these results may support the applicant in achieving its strategic objective to maximize organizational excellence. | 5 examiners noted missing metrics. One examiner suggested this as a double. I chose to leave it as a single since the missing results were all at the multiple level. | a |
|  | Some leadership and governance results lack segmentation that may provide additional insights to address the strategic challenge of workforce retention. Examples include Perception of Leadership (Figure 7.4-1) and Monthly Rounding with Staff (Figure 7.4-2), which are not segmented by job type or other workforce groups. | This OFI was addressed by 2 examiners. This comment may not make the final cut, but I felt it was a good insight and could be meaningful to discuss. In the end, we decided to include it in the expectation that it might make a relevant site visit issue. | a(1) |
|  | Corporate Compliance Hotline Issues (Figure 7.4-5) increased from 0 or 1 in 2014–2018 to 4 in 2019 YTD. Analyzing and acting on these results may help the applicant achieve its strategic objective around regulatory and legal compliance. | This adverse trend was noted by 5 examiners. Even though it focuses on one figure, the issue is important enough to be probed on-site, if the applicant gets a site visit. | a(4) |
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#### Notes

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| Consensus discussion: There was generally good agreement around this item. We don’t really have any conflicts to discuss. I plan to discuss two OFIs—the OFI around comparisons and the OFI around segmentation.  At consensus, we deleted the OFI around comparisons. |

### Scoring

Score Value: **45**

Score Range: **30–45%**

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| **Why shouldn’t the score be in the range above or below the selected one? It is not in the lower range because results mainly show good levels; trend data are reported; and, in the few areas where comparisons are reported, the results are favorable. I would not move to the higher scoring range because of missing results and lack of comparisons.** |

## Item Worksheet—Item 7.5

## Financial, Market, and Strategy Results

### Relevant Key Factors

1. For 25 years, regional organ & tissue procurement organization (OPO) for 3.2 million people in federally assigned 62-county territory in North Takoma (NT) & South Takoma (ST). One of 58 federally designated, nonprofit OPOs in U.S. Located in Columbia, NT.
2. Main service offering: facilitation of organ & tissue donations. Two work systems: Organ & Tissue. Requires coordination of partners, collaborators, key suppliers (Partnership Model, Fig. P.1-2). Partners: 80 hospitals, several nonhospital referral organizations in DSA.
3. Key customer groups: (1) local organ transplant centers (Premier Health, Columbia University Hospital, Premier Children’s Hospital, Columbia Children’s Hospital). Key requirements: maximizing donation/transplantable organs, information/relationships/ communication, competence/efficient high-performance work. (2) Tissue processors (Tissue Transformations, LifeBank, Advantage Life), eye bank (VisionMax). Requirements: maximizing donation/transplantable organs, information/relationships/communication, performance to projections. Key stakeholders: communities in service area (requirements: complying with legal, ethical, regulatory requirements while providing quality organs/tissue), workforce (requirements: connection with the V/M/V, excellent benefits, coworkers/teamwork), BOD (requirements: strategic planning, administration, financial management).’’
4. As federally designated OPO, no traditional organ procurement competitors; “regulated monopoly.” Good performance necessary to maintain designation. Donor hospitals required by law to report deaths to organization but may contract with another. Tissue recovery contracts with 100% of 80 donor hospital partners in DSA. 40th of 58 OPOs in population in DSA. Growth in donations must come from increases in medically eligible candidates in the DSA, increases in families who say yes to donation, or identification of nonhospital referral sources. Constraints of limited service area reinforce importance of maximizing donation for each donor.‘’
5. Challenges: Business—industry changes; operational—authorization; societal responsibility—increase registry; workforce—retention. Advantages: business—stakeholder satisfaction; operational—facilities & equipment; societal responsibility—Baldrige business model; workforce—supportive mission-driven culture. Objectives: maximize donations (OWS & TWS); maximize stakeholder relationships; maximize organization excellence.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant demonstrates beneficial trends in several key areas of financial performance, capitalizing on its strategic advantage of a strong financial position. For example, Total Gross Revenue (Figure 7.5-2) improved from 2016 to 2019, and Gross Revenue—OWS (Figure 7.5-2A) improved from under $25 million in 2016 to nearly $30 million. In addition, Net Margin (Figure 7.5-4) as a percent of gross revenue increased from 10% in 2016 to slightly under 20% in 2019. | Five of seven examiners cite a(1) as a trend strength. Two mentioned beneficial trends separately, the remaining blended it with levels or comparisons, or both. Evidence includes the figures annotated in the comment (Figure 7.5-2, 7.5-2A, and 7.5-4).  During R3 the team recommended to move this STR to the first position because beneficial trends demonstrate that internal performance management measures are making a favorable difference, and thus more significant, perhaps, to the applicant than how its results compare to those of other organizations. | a(1) |
|  | The applicant reports good relative performance against comparators in most financial results, placing the organization in a strong position to manage future challenges. For example, consolidated results of operations (Figure 7.5-1), total gross revenue (Figure 7.5-2), net margin (Figure 7.5-4), and total assets (Figure 7.5-10) show good relative performance against the AOPO top quartile; and operating reserves (Figure 7.5-9) shows good relative performance against that of Tissues Transformation. | All seven examiners cite a(1) as a comparison strength. Evidence includes the figures reflected in the comment. No conflicting OFIs. | a(1) |
|  | Marketplace performance results show beneficial trends and good performance against relevant comparators. For Organ Donor Cost Comparison (Figure 7.5-11), the applicant outperforms the comparator for the past three years, and Average QAC Comparison—All Organs (Figure 7.5-12) shows results better than those of the lowest-cost OPO for two of past three years. These results support cost containment, which is an essential area for applicant’s transplant partners to remain competitive in the health care payer market. | Four of seven examiners cite a(2) as a trend or comparison, or both, strength. Three examiners mention Figures 7.5-11 and 7.5-12 as displaying beneficial trends and good performance against relevant comparator. One examiner mentions Figure 7.5-13 as comparing favorably against comparator and showing beneficial trends.  Figure 7.5-13 is not included for now: requires additional review and input from team. In the end, it was not included. | a(2) |

#### Notes

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| Financial performance shows good relative performance against comparators in eight of 12 measures, and beneficial trends in total and OWS gross revenue, and net margin. Marketplace performance show good relative performance against comparators and beneficial trends in Figures 7.5-11 and 7.5-12.  R2 feedback, combine a(1) strengths: “Applicant reports good relative performance against comparators in eight of 12 financial performance results, and beneficial trends in several areas of importance. For example, consolidated results of operations (Figure 7.5-1), total gross revenue (Figure 7.5-2), operating reserves (Figure 7.5-9), and total assets (Figure 7.5-10) show good relative performance against comparators; and, gross revenue—OWS (Figure 7.5-2A) and net margin (7.5-4) demonstrate beneficial trends. These financial performance results capitalize on applicant’s strategic advantage of possessing a strong financial position to support organizational sustainability, and helps it manage future challenges.” |

### Opportunities for Improvement

| **—** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Results are missing for several key strategy implementation measures. These include results for registry enrollment, a key strategic opportunity in the applicant’s 2019 planning cycle, and for the achievement of individual action plans and modified action plans based on performance projection gaps and potential partnerships. Tracking such results may help the applicant’s leaders create a focus on action in support of its life-saving mission, and assess the potential viability and risks associated with strategic and action plan initiatives. | Five of seven examiners cite missing results. Evidence provided include increasing registry enrollment; action plans based on performance projection gaps; identify and pursue potential partnerships with non-hospital referral sources; no results related to achieving strategic objectives; and no measures provided to reflect intelligent risk. These missing results represent areas of strategic importance to the applicant.  There was also an OFI (deleted during R3) around the applicant not meeting its organizational goals to accomplish action plans because it did not effectively capture a more important point, to wit: results are missing for the achievement of “individual” action plans, which is now integrated into this OFI. | b |
|  | Financial results in three areas of importance to the applicant do not meet benchmark performance levels. OWS Gross Revenue (Figure 7.5-2A) has been below the top quartile for four consecutive years, Days in Accounts Receivable (Figure 7.5-5) is closing the gap but has not reached the benchmark for four years, and Days Cash on Hand (Figure 7.5-8) fell below the top quartile in 2018 and 2019. Continuing emphasis on these areas may help the applicant maintain a strong financial position to manage future challenges and address its strategic objective to maximize organizational excellence. | Five of seven examiners mention some aspect of below objective/goal performance levels for OWS Gross Revenue (Figure 7.5-2A) and Days Cash on Hand (Figure 7.5-8). It is also noted that objective/goal performance is based on top quartile achievement—meaning these results translate to below top 25% performance levels.  This OFI is important to the applicant because its organization-wide long-term goals are set at the top decile nationally (or higher if currently at top decile), and short-term/annual goals build to the top decile. Figure 7.5-5, Days in Accounts Receivable, added after the consensus calls. | a(1) |

#### Notes

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| Missing results in several areas of strategic importance such as increasing registry enrollment, action plans based on performance projection gaps, pursuing partnerships with non-hospital referral sources, and the achievement of strategic objectives. Results reflecting the achievement of the organizational strategy and action plans are limited and no measures are provided to reflect intelligent risks.  Some areas show unfavorable performance against comparators (Figures 7.5-2A, 7.5-5, and 7.5-9). Days cash on hand shows an adverse trend and below benchmark performance, days in accounts receivable demonstrates below top quartile performance. Applicant is unable to achieve benchmark levels over several years for some financial results—most noteworthy is OWS gross revenue (despite showing a beneficial trend over the same period).  Below the line OFI: a(2). Market share growth, as shown in Figure 7.5-13, displays an inconsistent trend and poor relative performance against comparator for four consecutive years, 2016 to 2019. Improved results in this area could help applicant increase tissue donations by identifying new or expanded referral sources while operating within its DSA limitations.  Deleted OFI: b. Applicant has not met its organizational goal to accomplish 100% of its action plans for four consecutive years, 2016 to 2019. Performance has improved slightly between 2017 and 2019 but remains flat between 2016 and 2019. The accomplishment of action plans is key to achieving the strategic objectives and organizational goals required to ensure organs and tissues are always available. |

### Scoring

Score Value: **55**

Score Range: **50–65%**

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| **Why shouldn’t the score be in the range above or below the selected one? Good organizational performance levels are reported: responsive to the overall Criteria questions. Applicant demonstrates good performance against relevant comparators, and results are provided for most organizational goal requirements. Not below because results are beyond basic questions and above early stages of obtaining comparative information. Not above because performance levels in several areas of financial importance are below benchmark, and results are missing for several key strategic implementation measures.** |

## Score Summary

| **Summary of Criteria Items** | **Total Points Possible** | **% Score** | **Score** | **Scoring Band** |
| --- | --- | --- | --- | --- |
| Category 1—Leadership | | | | |
| 1.1 Senior Leadership | 70 | 65% | 46 |  |
| 1.2 Governance and Societal Contributions | 50 | 70% | 35 |  |
| Category Totals | 120 |  | 81 |  |
| Category 2—Strategy | | | | |
| 2.1 Strategy Development | 45 | 65% | 29 |  |
| 2.2 Strategy Implementation | 40 | 60% | 24 |  |
| Category Totals | 85 |  | 53 |  |
| Category 3—Customers | | | | |
| 3.1 Customer Expectations | 40 | 70% | 28 |  |
| 3.2 Customer Engagement | 45 | 60% | 27 |  |
| Category Totals | 85 |  | 55 |  |
| Category 4—Measurement, Analysis, and Knowledge Management | | | | |
| 4.1 Measurement, Analysis, and Improvement of Organizational Performance | 45 | 60% | 27 |  |
| 4.2 Information and Knowledge Management | 45 | 65% | 29 |  |
| Category Totals | 90 |  | 56 |  |
| Category 5—Workforce | | | | |
| 5.1 Workforce Environment | 40 | 85% | 34 |  |
| 5.2 Workforce Engagement | 45 | 70% | 32 |  |
| Category Totals | 85 |  | 66 |  |
| Category 6—Operations | | | | |
| 6.1 Work Processes | 45 | 65% | 29 |  |
| 6.2 Operational Effectiveness | 40 | 60% | 24 |  |
| Category Totals | 85 |  | 53 |  |
| SUBTOTAL Cat. 1–6 | 550 |  | 364 | 5 (321–370 points) |
| Category 7—Results | | | | |
| 7.1 Product and Process Results | 120 | 55% | 66 |  |
| 7.2 Customer Results | 80 | 60% | 48 |  |
| 7.3 Workforce Results | 80 | 55% | 44 |  |
| 7.4 Leadership and Governance Results | 80 | 45% | 36 |  |
| 7.5 Financial, Market, and Strategy Results | 90 | 55% | 50 |  |
| SUBTOTAL Cat. 7 | 450 |  | 244 | 4 (211–255 points) |
| GRAND TOTAL | 1000 | TOTAL SCORE | 607 |  |