MISSOURI QUALITY AWARD

M T S

MID-AMERICA TRANSPLANT SERVICES

# 2006 Missouri Quality Award Application Summary

# Responses addressing all criteria items

## CATEGORY 1 - LEADERSHIP

### 1.1 Senior Leadership

The LT at MTS seeks to guide and sustain the organization by adopting a strategic plan, monitoring outcomes, and responding effectively to changes, while maintaining a constant focus on its Mission, Vision, and Values. The direction provided by senior leadership, consisting of the CEO, COO, CFO and departmental managers, is enhanced by a staff fully committed to achieving the Mission of "saving lives through excellence in organ and tissue donation."

### 1.1a Vision and Values

**1.1a(1)** Senior leaders, along with staff from all departments of the organization, collaboratively established and defined the organization's Mission, Vision, and Core Values. These recommendations were then reviewed and approved by the BOD. Senior leadership continuously communicates the Mission, Vision, and Values, performance expectations, and excellence in operations to employees at all sites, as well as to key suppliers, partners, and customers via a variety of communication avenues. This responsibility is deployed by the LT in the following ways to create a culture supportive of the Mission, Vision, and Values:

- All meetings begin with senior leadership reviewing the Mission, Vision, and Values
- Each leader organizes meeting agendas around performance expectations as defined in the MTS Pillars of Excellence
- Leaders bring a human face to the MTS Mission by including recipients waiting for a transplant or donor families in meeting discussions and decisions
- All presentations delivered by the LT provided to customers and partners contain reference to the MTS Mission and Vision
- Leadership recognizes demonstration of Core Values in its new employee recognition program
- Senior leaders demonstrate a high level of visibility at special events such as the Candlelight March and Donor Sabbaths

**1.1a(2)** MTS senior leaders demonstrate by example in their day-to-day interactions the highest standards of ethical behavior by adhering to business practices reflective of the Core Values. One of the organization's Core Values is honesty. MTS defines this as demonstrating fairness and integrity in everything we do. This applies to interactions with customers, partners, and stakeholders, as well as with the community served by MTS. Since MTS's culture is Mission-driven, the responsibility for being stewards of lifesaving gifts is critical to remaining above reproach in order to maintain public trust.

**1.1a(3)** Senior leaders work to sustain an environment of continuous improvement by maximizing the intellectual talents that staff bring to the organization. In so doing, the organization creates a culture that thrives on innovation and agility, enhancing the organization's efforts to accomplish its Mission and strategic objectives (SO).

Many opportunities exist for staff to contribute to the design and implementation of key initiatives aimed at improving services and satisfying the needs of MTS customers, partners, and stakeholders. Staff are encouraged to participate in a leadership capacity through membership in a variety of committees and task forces in order to contribute to the overall performance of the organization (Figure 1.1-1). The following example demonstrates how employee involvement, promoted by the senior leadership team, has contributed to the creation of a culture based on shared learning, innovation, and organizational agility, all leading to the accomplishment of the MTS Mission, Vision, and Core Values.

An initial MTS on-site operating room was constructed in 1998 for tissue recovery. Ongoing data collection showed the on-site capabilities successfully addressed the problem of hospital operating room (OR) access and had resulted in increased staff efficiency, reduced time for the tissue recovery process, and reduced overall procurement costs. The LT initiated a process for seeking input from a cross-section of departments to modify the existing OR to accommodate organ recovery. Direction provided by the LT led MTS to develop a protocol providing for the safe and timely transfer of organ donors. The result was a successful experience for all parties involved and expansion of criteria for donor transfer. Due to the emphasis by the LT on innovation, this experience represented the first reported vital organ recovery routinely conducted outside of a hospital facility in the nation. Due to the increased levels of efficiency in the entire process, along with significant cost savings (Figure 7.3-8), clinical staff were actively involved in the design of an additional on-site OR and Intensive Care Unit (ICU) to provide substantial benefits to the organ procurement process, to MTS's partnering transplant centers, and to the donor families.

As evidenced by the above example, senior leadership plays an active role in bringing employees together and empowering them to contribute their ideas for change in a way that makes employees feel like a genuine part of the decision-making process. LT and employee problem-solving skills were further enhanced in 2005 and 2006 by attending training in FOCUS PDSA problem-solving methodology (Figure 6.1-3), which included information on effective ways to run meetings, data collection tools, and how to contribute to the process as a valued team member.

MTS has adopted an enterprise-wide focus on performance improvement by adopting the Baldrige criteria and utilizes FOCUS PDSA (Figure 6.1-3) as a methodology to test tangible strategies that add value for MTS's customers, partners, and stakeholders. This approach enables MTS to foster a culture of empowerment, innovation, and agility.

MTS creates an environment of organizational learning by sharing information gained from FOCUS PDSA (Figure 6.1-3) testing, partner/customer interactions, and ongoing data analysis. To facilitate employee learning, this

| Meeting Name | Leader / Attendees | When | Purpose | Data Reviewed |
|---|---|---|---|---|
| Executive Leadership | CEO / COO, CFO | Weekly; ad hoc | Planning; new initiatives; problem solving | Performance Measures/Strategy |
| Leadership Team | CEO / All Managers | Monthly | Review performance measures / monthly results; APs | Performance Measures |
| Human Resources Task Force | CFO / Task Force Members | Semi-Monthly | Assess and address internal satisfaction | Satisfaction Surveys and related data |
| Tissue Task Force | Director, Eye & Tissue / Task Force Members | Monthly | R & D; Increase tissue conversion to 50% | Various Data and Information |
| 1:1 Meeting with COO | COO / All Managers | Monthly | Review operations and performance | Various |
| Medical Director / Case Review | Medical Director / Clinical Organ Staff; COO | Monthly | Discussion of organ cases and referrals; education | Cases and referrals |
| Communications Task Force | Director, Corporate Communications / Task Force Members | Monthly | Communications strategy; test effectiveness for external communications | Various |
| Medical Executive – Executive Leadership | Medical Directors / CEO COO | Bi-Monthly | Review issues; new initiatives | Clinical performance measures |
| Referral Meeting | Director, Family Support / DPD, FSS, Clinical Organ | Weekly | Cross-departmental information sharing | Case Referral Activity |
| Continuous Performance Improvement Steering Committee (CPI) | PI Administrator/ Committee Members | Bi-Monthly | Review/Recommend organizational performance improvement opportunities | Various |
| Safety Committee | Safety Officer / Director QA, Staff, COO | Weekly | Review safety procedures/explore new alternatives and initiatives for safer work environment | Various |

**Figure 1.1-1 MTS Team Meetings**

knowledge is shared throughout the organization through staff, department, and team meetings. To ensure that staff at all sites have access to these learning opportunities and knowledge, status of PDSA testing and meetings are posted on the organization's intranet. Furthermore, all sites are represented on a variety of task forces. To further organizational learning, MTS senior leaders, staff, and partners are participating in HRSA-sponsored Organ Donation and Transplantation Breakthrough Collaboratives. This approach has provided bi-directional knowledge-sharing across the entire country. Knowledge-sharing is also facilitated via both organizational and individual membership and participation in UNOS, AOPO, AATB, and EBAA.

Senior leaders participate in succession planning by developing the skills and capabilities of all staff to prepare them for future leadership opportunities. Senior leadership adopted a Training and Development Plan which is addressed during the annual performance evaluation. Managers, in conversation with employees, complete a Training and Development Plan, which provides information on targeted areas for improvement of specific skills, as well as employee requests for training. A timeline is expected to be completed to ensure necessary follow-up takes place. In addition, managers' leadership skills are enhanced through the offerings of in-house education and seminars to address specific areas of need.

### 1.1b Communication and Organizational Performance

**1.1b(1)** The information cited in Figure 1.1-2 demonstrates the many ways in which senior leaders are actively engaged in communicating, motivating, and recognizing employees for high performance.

**1.1b(2)** Senior leaders create a focus on accomplishing the organization's objectives, improving performance, and achieving the Mission by utilizing a Performance Management Process (PMP). Utilizing a color-coded balanced scorecard (BSC), senior leaders review in-process and outcome measures on a monthly basis (Figure 1.1-3). This approach identifies the status of each of the organization's strategic objectives to meet, exceed, and balance the expectations of customers, partners, and stakeholders. Customer satisfaction is measured in real time by the use of surveys and focus groups. As a result, processes are in place to focus on actions to ensure that organizational objectives are successful.

## 1.2 Governance and Social Responsibilities

### 1.2a Organizational Governance

**1.2a(1)** To ensure that MTS addresses its responsibility to the public, ensures ethical behavior, and practices good citizenship, governance is provided by a 30-member BOD that represents the organization's entire service area. Members include physicians, hospital administrators, donor families, recipients, an ethicist, an attorney, members of the clergy, and members of the general public. The BOD addresses key responsibilities by establishing committees to ensure that the organization is fully accountable. These committees and their key functions are listed in Figure 1.1-4.

| Encouraging Two-Way Communication | Tools for Motivating Employees | Recognizing and Rewarding Employees |
|---|---|---|
| Promotion of open-door policy for encouraging individual dialogue with senior leaders | Written communications highlighting employee, department, and organization achievements (customer and partner newsletters, such as The Link and Solace; annual report; e-mail; memos; letters to employees' homes; etc.) | Senior Leader review of recommendations from HR department and HR Task Force designed to align recognition efforts with high performance as identified by our customers and key business objectives |
| One-on-one informational and update meetings | Intranet sites containing information on employee benefits, continuing education classes, letters from the President, articles highlighting MTS achievements, etc. | Recognition of employee anniversaries with gift and annual banquet |
| Staff meetings with standing agenda item for questions/feedback | Determining employee needs/values in annual employee survey/interviews/focus groups to enhance motivational efforts | Recognition at staff meetings of milestone achievements |
| Opportunities from performance review action plans leading to possible TFs, department, or ad hoc teams | One-on-one coaching seeking employee development opportunities | Generation of additional staff recognition events designed to reward employees on reaching or exceeding specific strategic objectives |
| MQA cross-functional teams | Review of performance findings to seek opportunities for individual employee improvement | Share Our Success (SOS) plan allowing employees to earn additional 15% of their salary for achievement of specific goals which further the Mission and Vision of the organization |
| See Leadership Team Meeting (Figure 1.1-1) listing teams that contribute to performance improvement | Enhanced intranet design to provide additional avenues for information related to organization updates and accomplishments | Recognizing employee behaviors based on going "above and beyond" Core Value definitions (gift certificates) |
| | Educational assistance for all employees seeking professional growth and development | |

**Figure 1.1-2 Senior Leader Driven Communication, Motivation, and Recognition**

To ensure that MTS operates in a legal, ethical, and transparent manner, the following steps have been taken:

1. All board members and staff annually review the conflict of interest policy and sign a statement.
2. Staff members are provided with annual corporate compliance training and are provided with an anonymous mechanism to report suspect violations.
3. Annually, the Executive Committee of the Board receives a report from the corporate compliance officer.
4. Annually, a financial audit is completed. The auditor is engaged by the Audit Committee and reports back to that committee. Any issues are discussed with the audit committee of the Board without senior executives present.
5. MTS proactively creates ad hoc groups with broad community representation to review new programs that have ethical implications prior to their implementation. An example was the development of a protocol for Donation after Cardiac Death (DCD). MTS developed a work group composed of an ethicist, attorney, minister, and other individuals representative of the community, in addition to a number of medical and health care leaders. This group made recommendations it deemed appropriate to the Board.

All meetings of the BOD include review of performance measures relevant to organ and tissue donation, financial performance, regulatory issues, and any corporate governance issues at hand.

**1.2a(2)** The BOD evaluates the performance of all senior leaders through ongoing monitoring of performance measures. As noted above, a specific review process is utilized by the BOD's Compensation Committee to review the CEO's performance. The Compensation Committee annually seeks input from the entire BOD on the performance of the CEO annually before it reviews his performance. For the year ending 12/31/05, the committee chose to use an online evaluation tool developed by BoardSource, a nationally recognized organization providing services to not-for-profit organizations. Results are tabulated in summary fashion and provided to the Compensation Committee. Annual goals are mutually agreed upon, and an annual meeting is held between the CEO and the committee. Any adjustment in compensation and/or benefits is recommended to the BOD by the Compensation Committee. In 2005, the Compensation Committee engaged Mercer, a human resources consultant, to assist in the development of a philosophy and process. In addition, Mercer provided survey data for comparison to

**Figure 1.1-3 MTS Balanced Scorecard**

| | | | Monthly | | | | YTD Comparison | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Key Measure | Monthly Target | Jan | Feb | Mar | Apr | 2005 Total | Same Time Last Year | Cum. Target | YTD 2006 |
| SERVICE | Avg. Organ Donor Family Satisfaction Score (Scale 1 - 7) | >6 | | | | | 6.9 | 6.9 | >6 | |
| | Avg. Tissue Donor Family Satisfaction Score (Scale 1 - 7) | >6 | | | | | 6.7 | NA | >6 | |
| INNOVATION | % of Cases Transferred to In-House OR | 65.0% | 75.0% | 44.4% | 41.7% | 61.1% | 61.0% | 53.1% | 65.0% | 58.2% ↑ |
| OUR PEOPLE | Revenue Factor (Productivity)* | 286,825 | 291,393 | 257,870 | 257,330 | 263,090 | 261,211 | NA | 286,825 | 263,090 |
| | Retention Rate * | 90.0% | 85.2% | 85.3% | 90.6% | 89.6% | 84.8% | NA | 90.0% | 89.6% |
| STEWARDSHIP | Total Transplanted Organs (Local and Import) | 45 | 64 | 42 | 54 | 62 | 578 | 185 | 179 | 222 ↑ |
| | Organ Yield on All Donors | 3.75 | 2.88 | 4.00 | 2.83 | 2.33 | 2.77 | 2.59 | 3.75 | 2.87 ↑ |
| | Results of Operations * | 193,111 | 324,512 | 578,564 | 788,194 | 979,669 | 2,211,275 | 779,830 | 772,444 | 979,669 ↑ |
| GROWTH | Organ Referrals | 61 | 70 | 51 | 58 | 58 | 661 | 226 | 242 | 237 ↑ |
| | Organ Donors | 12 | 16 | 9 | 12 | 18 | 142 | 49 | 47 | 55 ↑ |
| | Organ Conversion Rate YTD | 75.0% | 80.0% | 75.0% | 70.6% | 81.8% | 74.0% | 74.2% | 75.0% | 77.5% ↑ |
| | Bone Donors Recovered | 62 | 63 | 56 | 62 | 59 | 646 | 189 | 250 | 240 ↑ |
| | Bone Donors Released | 53 | 31 | 43 | 56 | 56 | 575 | 183 | 213 | 186 ↑ |
| | Domestically Txp Corneas | 29 | 40 | 29 | 15 | 22 | 297 | 96 | 117 | 106 ↑ |

* *Target based on national best-in-class performance* ■ Meets or exceeds goal ■ Within 10% of goal ■ 10% or more from goal

**Figure 1.1-3 MTS Balanced Scorecard**

the CEO's compensation package and recommended the establishment of a specific range. Similar information was provided for the COO and CFO to the CEO. The CEO provides information to the committee on the performance and compensation of his direct reports.

The Nominating and Governance Committee has adopted a self-evaluation process for determining the level of performance of BOD members, which is performed every two to three years. Systematic evaluation of the performance findings from the BOD, LT assessments, employee satisfaction, and customer/partner surveys provide the basis to drive the organization to higher performance through continued learning and improvement.

## 1.2b Legal and Ethical Behavior

**1.2b(1)** To date, MTS has not directly been involved with an adverse event that had societal impact on the organization's services and operations. In anticipation of public concerns, it is MTS's practice to maintain lines of open communication at all times that provides an environmental scan of the industry. With this ability to quickly learn of potential adverse events or outcomes, MTS develops actions plans to prevent potential problems. When negative events do occur in other parts of the country, the Corporate Communication department creates a media alert that is distributed to the entire staff and BOD. The process also directs that this department, in concert with senior leadership, develops a company position statement to respond to questions raised by customers, partners, and stakeholders. Figure 1.2-1 shows how MTS proactively addresses issues related to key compliance processes, measures, and goals in order to exceed regulatory and legal requirements, as well as methods used for addressing risks associated with key services and operations.

**1.2b(2)** Leadership promotes an environment that fosters and requires legal and ethical behavior which is ingrained in day-to-day operations throughout the organization. Furthermore, MTS's ethical behaviors are reflected in the Core Values as defined in Figure P.1-2.

MTS has a fully-developed and deployed Corporate Compliance Plan (CCP) designed to promote and ensure ethical behavior within the organization. The CCP provides a mechanism for reporting any non-compliance events or occurrences. All employees and BOD receive CCP training during orientation along with periodic updates. CCP policy is maintained on the Intranet for ease of access. The CCP Officer, charged with ensuring all

**MTS BOD Committee Functions and Frequency**

| | Function | Frequency |
|---|---|---|
| Executive Committee | • Engages in any business required by the BOD between meetings<br>• Establishes the organization's investment policy<br>• Serves as the Finance Committee for BOD | Meets quarterly |
| Audit Committee | • Selects and engages an external auditor annually<br>• Committee meets without management | Meets annually |
| Nominating and Governance Committee | • Selects and nominates members and officers for BOD and all committees<br>• Recommends criteria for the selection and retention of BOD members<br>• Develops a BOD evaluation process | Minimum of twice a year and as needed |
| Compensation Committee | • Conducts CEO performance review<br>• Ensures the compensation program is in full compliance with IRS regulations | Meets annually |

**Figure 1.1-4 MTS BOD Committee Functions and Frequency of Meeting**

processes are followed, is responsible for investigating any complaints and must report them to the BOD's Executive Committee (Figure 7.6-3). Additional measures for monitoring ethical behavior include the confidential Corporate Compliance hotline, the customer complaint management process, and employee exit interviews, along with reports of staff concerns.

### 1.2c Support of Key Communities

MTS utilizes a number of approaches to support and strengthen key communities across all donor family and partner demographics. Within this population, two specific communities have been identified. The African-American and rural segments have been targeted due to the lack of awareness about donation and low consent rates.

MTS, concerned with the low African-American consent rate, recently obtained a grant from the Missouri Foundation for Health. This grant was to study African-American attitudes toward donation which impacts their consent rates. A disproportionate number of African Americans are on the transplant waiting list. The need for education within the African-American schools was identified and as a result MTS hired an African-American educator to target those schools with high African-American enrollment.

In the rural population, a strategic initiative has been identified to improve attitudes toward donation via school presentations and other initiatives that heighten community awareness including a focused billboard campaign.

Senior leadership evaluates pursuit of charitable organizations against established criteria. The function of the organization or event must be aligned with the Mission and viewed as supportive of those served by MTS. These efforts initiated by donor families afford MTS the opportunity to 'give back' in often underserved communities. To demonstrate community involvement, staff participated in a project, initiated in 2005, called Sydney's Santa. This organization, started by a donor family as a tribute to their daughter, provides gifts to disadvantaged families in the rural southeastern section of Missouri.

Partner-driven requests are another way in which MTS works to enhance relationships with hospitals, transplant centers, and their physicians. For example, MTS regularly supports efforts by the American Liver Foundation and the National Kidney Foundation, whose charitable events are often chaired by transplant physicians.

Operationally, MTS participates in several recycling projects that support the environment and contributes medical supplies to Orphan Grain Train, Inc., an international humanitarian aid effort. Furthermore, several members of the LT team serve on the boards of community and state agencies.

| Key Regulatory and Legal Requirements | Key Risk Reduction Processes | Measures & Indicators | Goals | Results |
|---|---|---|---|---|
| Compliance with organ allocation | UNOS Audit<br>Internal audits | UNOS Organ Allocation Policies | Member in Good Standing | 7.6-3 |
| Voluntary compliance to meet organ donation industry standards | Internal Audits<br>QA/Training | AOPO Accreditation | Full Accreditation | 7.6-3 |
| Voluntary compliance to meet industry tissue donation standards | Internal Audits | AATB/EBAA Accreditation<br>FDA Approval | Full Accreditation<br><br>No adverse findings | 7.6-3 |
| Compliance with CMS regulations impacting reimbursement | CMS Audit<br>Internal Audit | Certification | Full Certification | 7.6-3 |
| Compliance with IRS regulations impacting Not for Profits | External Financial Audit | Recommendations | Unqualified Opinion | 7.6-4 |
| Compliance with regulations impacting Human Resources | EEOC Guidelines posted<br>Employee/Leadership training<br>Corporate Compliance Program/reporting mechanisms | Acknowledgement in personnel files and/ or tracking attendance | No events or occurrences | 7.6-3 |
| Safe workplace and infection control | Safety Officer<br>Safety Committee<br>Employee training | OSHA site audits<br>Reportable events | Full compliance<br>No reportable events | 7.4-7 |

**Figure 1.2-1 Key Regulatory and Legal Requirements and Risks**

## CATEGORY 2 - STRATEGIC PLANNING

### 2.1 Strategy Development

### 2.1a Strategy Development Process

**2.1a(1)** MTS utilizes a multi-step Strategic Planning Process (SPP). Figure 2.1-1 reflects the development phase of the SPP.

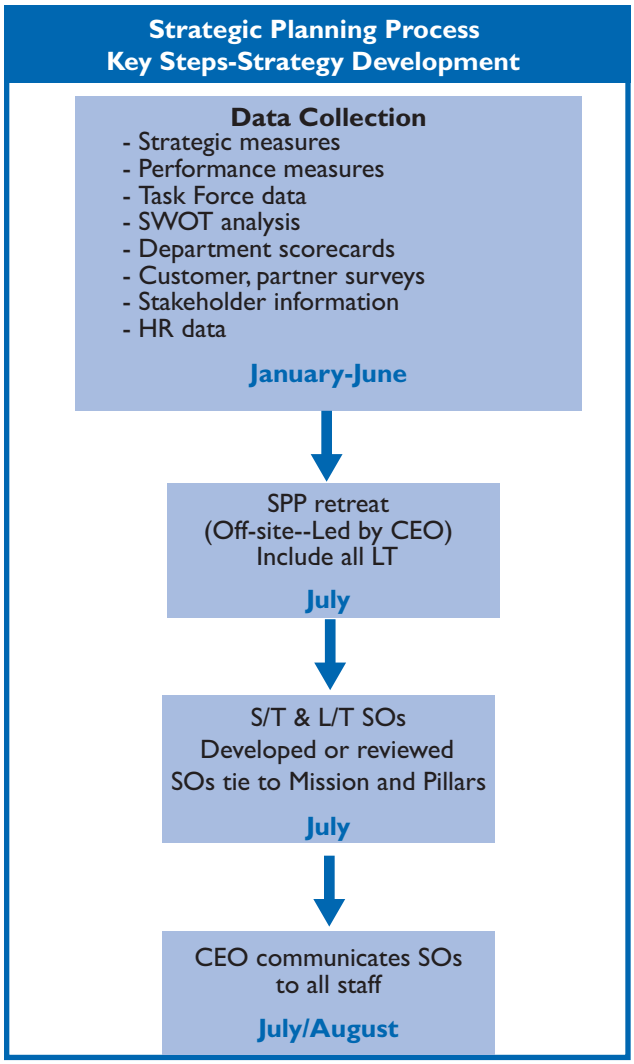


**Figure 2.1-1 Strategic Planning Process Development**

Strategic Objectives (SOs) tie directly to the MTS Mission and Pillars (Figure 2.1-2). Short-term planning is defined as 12-18 months. Longer term planning can go up to 36 months. Time horizons are set based on the complexity, required resources, and HR requirements of the APs (Figure 2.1-3). MTS's planning process allows for flexibility to adjust for changes in the environment while creating long-term direction.

As external information such as Missouri Quality Award Feedback Reports, Audit Results, etc., become available, this information is reviewed by the LT and incorporated as needed into additional or modified APs. APs are reviewed at each LT meeting, modified, updated, or changed as appropriate; therefore, the entire process is fluid, adaptable, and in constant review throughout the entire year. This

**Figure 2.1-2 MTS Pillars**

keeps all MTS staff focused on the goals and ensures the flexibility needed in the rapidly changing environment common to OPOs and tissue banks.

APs are implemented according to their specified time table. APs may relate to a department, several departments, or a task force. The LT reviews specific performance measures monthly to examine the environment for potential opportunities or threats, and makes changes to plans as indicated. Each month, the LT receives progress reports from the department managers and Task Force (TF) team leaders.

Potential "blind spots" are identified through several approaches, including:

- annual Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, including all staff
- customer, partner, and employee survey results
- membership in industry associations that provide insight and reporting on regulatory and statutory initiatives
- a well-networked LT that is able to look to a number of resources locally, regionally, and nationally

**2.1a(2)** The LT reviews performance measures each month that provide oversight of the key operational metrics, both process and outcome, as well as ongoing measures of the effectiveness of APs. The MTS Balanced Scorecard is shown in Figure 1.1-3. MTS is made aware of early indications of major shifts in technology, markets, competition, or regulatory issues through a variety of resources. Internal and external intelligence, utilized throughout the SPP, is obtained via the following sources:

- Operational metrics and trends
- SWOT analysis for the purpose of reviewing external/internal forces such as regulatory, fiscal, or societal trends
- Employee survey results
- Customer satisfaction surveys and/or focus groups

| | Strategic Objective | Action Plan | Timetable |
|---|---|---|---|
| Organ Conversion | • 2006 Increase to 75%<br>• 2007 Increase to 77%<br>• 2008 Increase to 80% | • In-Hospital QAPI Integration<br>• Increase "A" hospital commitment thru Passion Panel | Jan-Dec 2006<br>Jan-Dec 2006 |
| Tissue Conversion | • 2006 Increase to 50%<br>• 2007 Increase to 55%<br>• 2008 Increase to 58% | • State Registry Utilization<br>• Caring Question Modification<br>• Off Shift In-House Coordinator<br>• Telephone Approach-Communications Center | Jan-Dec 2006<br>Jan 2006<br>Jan 2006<br>Jan 2006-Jan 2007 |
| Organ/Tissue Yield | • 2006 Increase thoracic recovery<br>• 2006 Increase kidney recovery<br>• 2006 Increase Tissue Yield | • Implement IPC Coordinator<br>• Kidney Pump on ECD<br>• Post Case Surveys<br>• Skin Yield Focus<br>• Cardiovascular Yield Focus<br>• Decrease Contamination Rate | Oct 2005-Dec 2006<br>Oct 2005-Dec 2006<br>Jan-Dec 2006<br>Jan-June 2006<br>Jan-June 2006<br>Apr 2006-Apr 2007 |
| Exceptional Internal/External Customer Satisfaction | • 2006 Customer Satisfaction<br>• 2006 Employee Satisfaction<br>• 2007 Employee Satisfaction<br>• 2008 Employee Satisfaction<br>• 2006 Partner Satisfaction | • Aftercare Call<br>• Tissue Donor Medal Delivery<br>• Enterprise IT Solutions<br>• Employee Training Program<br>• Employee Training Program<br>• Employee Training Program<br>• Minority Outreach<br>• Web-based Applications | Jan-Dec 2006<br>Oct 2005-Dec 2006<br>Phase I Mar-Dec 2006<br>Phase I Mar-Dec 2006<br>Phase II-2007<br>Phase III-2008<br>Oct 2005-Oct 2006<br>Feb 2006-June 2007 |
| Commitment to Performance Excellence | • 2006 Build and Expand a Quality System | • Formed CPI Committee<br>• Utilize Baldrige/MQA to improve process<br>• Expand OSHA Program<br>• Document Control Implemented<br>• Policies-Medical Records<br>• Develop Employee Suggestion Process | July 2005-Mar 2006<br>Sept 2005-May 2006<br>Aug 2005-June 2006<br>Sept 2005-Mar 2006<br>Nov 2005-June 2006<br>Sept 2006-June 2007 |
| Improve Financial Viability | • Financial Viability | • Improve Billings/Collections<br>• Implement Cash Improve Billings/Collections<br>• Implement Computerized Inventory Control | Jan-June 2006<br>Apr-Dec 2006<br>Jan-Dec 2007 |

**Figure 2.1-3 MTS Strategic Objectives and Short and Long Term APs**

- Information about tissue processor trends, which includes regulatory and competitive analysis
  - AlloSource - MTS maintains positions on the Board of Directors
  - LifeCell - MTS annually participates in customer/partner focus groups
  - CryoLife - MTS serves on the Tissue Advisory Board
- Industry-wide trends, benchmarking, and best practices via participation in:
  - UNOS
  - HRSA Collaborative
  - AOPO
  - AATB
  - EBAA

Visionary leadership, a culture of innovation, a well-developed network, and a strong financial position allow MTS to frequently identify opportunities to change priorities, and/or to expand or improve its services beyond the standard SPP, thus ensuring its long-term sustainability. The depth and experience of the LT, coupled with that of tenured board members, further ensure organizational sustainability.

The following approaches are in place to provide continuity of operations during emergencies:

- disaster phone chain
- daily server backups
- emergency powered generator
- off-site staffing capabilities with a high level of connectivity
- crisis communication plan

MTS has demonstrated the ability to execute its SPP over the last three years, providing organizational alignment with the Mission resulting in record performance. Innovation and agility are represented by the modification or creation of APs throughout the year. One example is the adoption of HRSA's Collaborative best practice for in-house coordinators, which MTS implemented mid-year.

### 2.1b Strategic Objectives

**2.1b(1,2)** Key SOs and APs for 2006 are included in Figure 2.1-3. These objectives, their timetables, and APs are contained in the SOaAP document provided to all staff at the beginning of the strategy year.

SOs address the challenges identified in P.2b (Figure P.2-1) through the creation of APs. The APs tied to the SOs may be shorter term (up to 18 months) or longer term (up to 36 months). Balance is achieved through the selection, prioritization, and modification of APs. Key stakeholders are considered in the SPP via the data collection process.

### 2.2 Strategy Deployment

### 2.2a Action Plan Development and Deployment

**2.2a(1)** Managers and their staff begin working on proposed APs to address the SOs that were developed during the SPP. (Figure 2.2-1). APs follow a consistent, written format across the organization. The format:

- Identifies alignment to the SO
- Defines the "owner" and department/task force
- Describes the approach
- Sets forth timeliness
- Lists reporting requirements
- Itemizes possible constraints
- Specifies deliverables
- Addresses budgetary and HR requirements

The ability to sustain key changes/long-term benefits is ensured via the formal LT review process and the implementation of improvements via the department managers. Favorable AP results are integrated into day-to-day operations through real-time monitoring of key processes.

**2.2a(2)** The LT meets monthly to review and evaluate APs. If circumstances warrant a shift in plans, a rapid PDSA cycle is initiated to identify appropriate modification to the original AP. The owner will be responsible for deployment of the modified AP, continued monitoring, evaluation, and

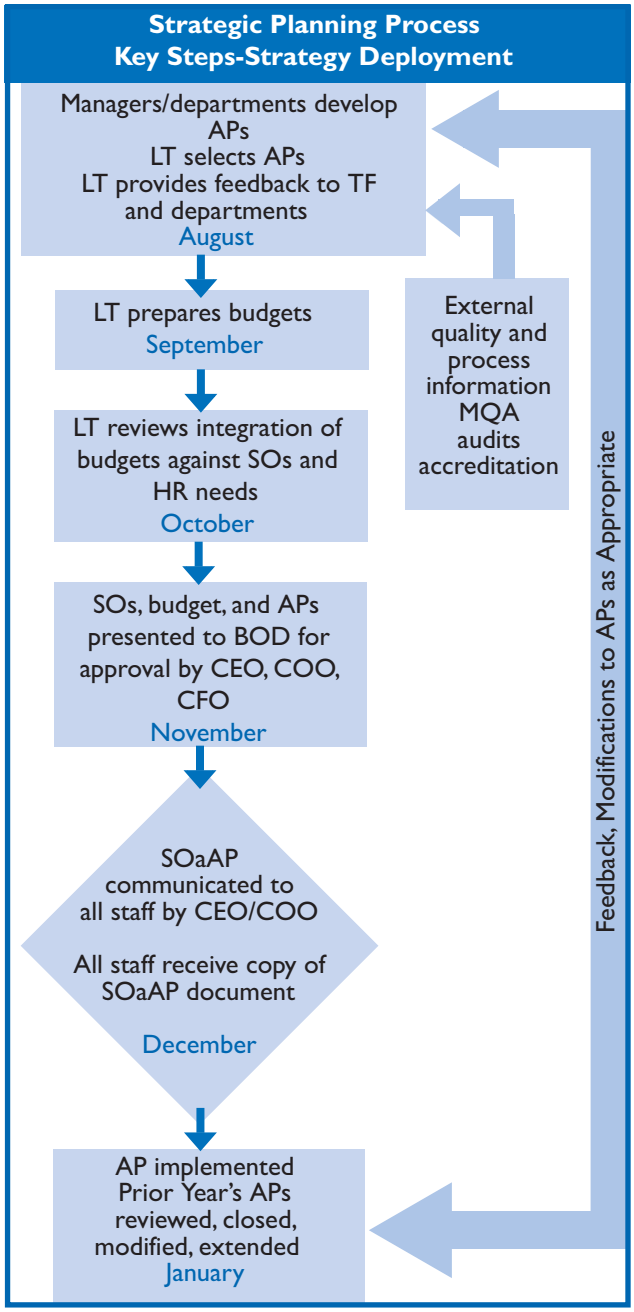


**Figure 2.2-1 Strategic Planning Process Deployment**

feedback on the status of the process change(s) to the LT during the monthly LT reviews. Key human resource plan elements include:

- Compensation philosophy that includes a rich benefits package and market-based pay
- SOS incentive program aligned with key SOs
- Revision of performance evaluation tool to align with SOs and Core Values
- Training and development AP
- Development of employee recognition and reward system
- Development of job families to enhance career progression
- Analysis of feedback from employee surveys

**Departmental Scorecard-Organ Clinical Measures**

| | Key Measure | Monthly Target | Monthly Jan | Monthly Feb | Monthly Mar | Monthly Apr | YTD Comparison Same Time Last Year | YTD Comparison Cumulative Target | YTD Comparison YTD 2006 |
|---|---|---|---|---|---|---|---|---|---|
| GROWTH | Organ Donors | 12 | 16 | 9 | 12 | 18 | 49 | 47 | ↑ 55 |
| | Organs Transplanted | 44 | 46 | 36 | 34 | 42 | 127 | 177 | ↑ 158 |
| STEWARDSHIP | Import Offers | | 222 | 150 | 134 | 111 | 557 | | ↑ 617 |
| | Organs Transplanted | 17 | 21 | 9 | 19 | 18 | 58 | 69 | ↑ 67 |
| | Total Organs Transplanted | 61 | 67 | 45 | 53 | 60 | 185 | 246 | ↑ 225 |
| | Organ Yield on ECD Donors* | 2.75 | 2.75 | 4.00 | 1.50 | 1.80 | 1.50 | 2.75 | ↑ 2.14 |
| | Organ Yield on DCD Donors* | 2.50 | 2.00 | NA | 1.33 | 2.00 | 2.00 | 2.50 | ↓ 1.71 |
| | Organ Yield on Standard Donors* | 4.30 | 3.10 | 4.00 | 4.80 | 2.64 | 3.13 | 4.30 | ↑ 3.41 |
| | Organ Yield on All Donors* | 3.75 | 2.88 | 4.00 | 2.83 | 2.33 | 2.59 | 3.75 | ↑ 2.87 |

*All organ yield targets are based on national best-in-class performance

Meets or Exceeds Goal | Within 10% of Goal | 10% or More From Goal

**Figure 2.2-2 Departmental Scorecard**

As an example, a large increase in organ volume occurred during 2005. This increase led to a reexamination of staffing and a determination that additional OPC positions were necessary. These positions were aggressively recruited and hired in anticipation of sustained activity and future growth.

**2.2a(3)** Figure 2.1-3 represents key short- and longer-term APs. MTS has not experienced any recent changes in products, customers, and markets. However, these APs reflect significant change in delivery of services to meet customer, partner, and stakeholder needs.

**2.2a(4)** As noted in areas 2.1.a(1) and 2.1a(2), HR planning is fully integrated into the SPP and is based on operational needs, staff input, and longer-term strategies. MTS's approach to AP development includes HR considerations, which will be reviewed by the LT within the SPP and addressed in the operational needs portion of the SPP.

**2.2a(5)** Key in-process and outcome measures that cascade down to all MTS departments are aligned with the SOs and are used to track monthly progress of the APs. (Figure 1.1-3).

MTS has a systematic process for ensuring that the AP measurement system reinforces organizational alignment. Each department creates their own Balanced Scorecard (BSC) to track key in-process and outcome measures that relate to the organization's BSC. Accountability is placed on every senior leader to report monthly on progress in achieving established targets. Figure 2.2-2 shows a partial departmental BSC. Other departmental dashboards are available on site.

## 2.2b Performance Projection

Analysis of MTS's position shows that achieving the APs will result in more lives saved. Performance projections can be found in Figure 2.2-3.

Through the HRSA Collaborative, MTS has identified gaps in performance compared with other OPOs. In response, MTS has identified best practices in similar organizations, initiated FOCUS PDSA cycles, and adopted into practice those that have demonstrated success.

| Key Measures | 2005 | 1st QTR | 2006 Projected | 2007 Projected |
|---|---|---|---|---|
| Organ Donors | 142 | 37 | 149 | 157 |
| Transplantable Organs | 578 | 165 | 663 | 696 |
| Bone Donors Recovered | 646 | 181 | 761 | 800 |
| Retention Rate | 84.8% | 97.7% | 89.0% | 90.0% |
| Results of Operations | $2.2m | 790k | 2.4m | 3.0m |

**Figure 2.2-3 MTS Performance Projections**

## CATEGORY 3 - CUSTOMER AND MARKET FOCUS

The Vision of MTS is that "every person will say yes to donation every time." This can only be accomplished by exceeding service expectations delivered to families in the midst of tragic loss. The positive results MTS has achieved are attributed to an organizational culture driven by a passionate commitment to save lives through excellence in organ and tissue donation.

### 3.1 Customer and Market Knowledge

**3.1a(1)** To determine key customer groups and prioritize needs and expectations, MTS used a systematic eight-step customer service identification process, which is outlined below.

1. Who are MTS's customers?
2. How does MTS distinguish among customers, partners, and stakeholders?
3. What are the customer's needs?
4. How will MTS meet customer needs?
5. Does MTS have effective tools to gather information about customer needs?
6. Has MTS prioritized customer needs?
7. How can MTS best track and measure ongoing and changing customer expectations?
8. What processes is MTS currently using to implement timely responses to customer expectations?

Through extensive strategic planning sessions focused on defining key customer groups, the donor family was determined to be MTS's primary customer. This designation was given due to the fact that overall services are dependent primarily on the positive response to donation by potential donor families. Following the formal recognition of the donor family as the key customer, staff at all levels of the organization were involved in the development of a new Mission statement and organizational Core Values.

Donor families come from the community at large and are not identifiable until the death of a loved one when the family is given the opportunity to donate. Historic and ongoing mortality data obtained from MTS's hospital partners indicate where the majority of the donor potential is likely to occur. Of approximately 22,000 annual deaths in this service area, organ donation opportunities occur fewer than 200 times per year, while tissue donation opportunities occur 1,800 times per year. As a result, MTS has enhanced services to specific hospitals to capture these rare opportunities.

Customers served by MTS are segmented by the type of donation, locale, and race. MTS utilizes data related to these customer segments from both internal and external sources as related to the organization's strategic objectives. For example, MTS's 2005 and 2006 billboard awareness campaigns and educational outreach efforts were targeted in areas with concentrated donation potential.

**3.1a(2)** Multiple tools and avenues are used to identify the needs, expectations, and preferences of key customer segments. Data from these resources are regularly reviewed, aggregated, and analyzed to determine their relative importance in forming a positive relationship with MTS. These results are routinely shared with the LT and used to make improvements in the organization's services as related to its strategic objectives. Figure 3.1-1 reflects the variety of listening and learning methods utilized by MTS to determine key customer needs.

MTS continually analyzes both the differences between families who make the decision to donate, and those who do not, in order to evaluate how services may be improved. Through weekly discussions, MTS utilizes the following eight-step process at referral meetings:

1. Timely referral at or before first exam or before first exam if only one is done
2. Grave prognosis given
3. Appropriate preliminary mention of donation
4. Declaration in timely manner (exam is expected)
5. Family understands brain death
6. Family approach at appropriate time
7. MTS FSS part of Collaborative Approach
8. Consistent message provided by care team

The question MTS asks after every referral is, "Was this process followed?"

Designated requestors (DRs), hospital staff, and physicians are an additional source for donor family knowledge through information received in individual case reviews conducted by DPD. This data, information, and partner knowledge about the customer are able to be acted upon at the departmental level where rapid change is indicated. Ultimately, the SPP will incorporate listening, learning, and data analysis, as well as other customer and market information into the development of Strategic Objectives and Action Plans (SOaAPs).

**3.1a(3)** Listening and learning tools are managed by members of the LT for regular evaluation and analysis of data to monitor changing customer and partner requirements. Ongoing review and evaluation of the listening and learning tools, which include surveys, focus groups, and complaint data management, determine if data are in fact yielding actionable information that promotes ongoing quality improvement. MTS also participates in industry and/or business associations such as the HRSA National Breakthrough Collaboratives, AOPO, and the National Kidney Foundation's Donor Family Council, which provide useful and current information on industry trends and best-in-practice services.

### 3.2 Customer Relationships and Satisfaction

### 3.2a Customer Relationship Building

**3.2a(1)** A broad comprehensive approach is utilized in acquiring customers. The actual customer relationship is developed during the process of donation at the time that a

| Listening/Learning Methods | Critical Feedback | Improvements |
|---|---|---|
| General Public | Request for information | Maintain in-depth web site and comprehensive written materials, serve as ambassadors to the cause of donation by responding to telephone inquiries and requests for public education presentations |
| Donor Family Satisfaction Survey - Organ Donor Families | No suggestion trends identified in 2005 from surveys | Assess potential limitations of current survey tool |
| Donor Family Satisfaction Survey - Tissue Donor Families | No suggestion trends identified in 2005 from surveys | Assess potential limitations of current survey tool |
| Donor Family Focus Groups - Organ Donor Families | Lack of information about organ donor family and recipient correspondence | Letter sent to families when correspondence is received to confirm that correspondence has been forwarded to recipient |
| Donor Family Focus Groups - Tissue Donor Families | Tissue donor families feel like second-class citizens | Creation of Informational Packet specific for tissue donor families; Increased focus on tissue donation in written communications and at memorial events |
| Donor Family Council - Representation from both Organ Donor Families and Tissue Donor Families | Tissue families would like donor family medal for display at funeral; Organ families expect MTS to place maximum number of organs for transplant | Courier medals to funeral homes for tissue donor families; participation in IHI Organ Yield Collaborative |
| Donor Family Priority Line/Donor Family e-mail | Complaints about accuracy of initial tissue donor family letter | Implemented process to Quality Assurance tissue letters |
| Family Support Staff Meeting | Questions about how to deal with families when the hospital says the family is refusing to talk to MTS | Important to make sure that every family is given the donation opportunity |
| Referral Meeting | Opportunity for DPD staff to communicate to FSS any concerns expressed by hospital partners | Provides opportunity for real-time adjustments in services |
| Memorial Events | Importance in consistency of scheduled events | Expanded existing donor memorial events to include all sites |
| SLU & MO Foundation for Health AA Study | Emphasize education of young African Americans | Hired an additional Community Educator targeted to the needs of the African-American community |
| Letters | Issues identified with hospital and funeral home billing | Created centralized tracking and resolution of customer complaints |
| MTS Web site | Request for recipient updates from organ donor families/Questions about recipients for tissue donor families | Requests for recipient updates submitted to the transplant centers and information reported to organ donor families/Complete explanation of why tissue donor families are not able to receive specific information about recipients |
| Donor Family Representation on the MTS BOD | Involved in strategic oversight and program decisions | Recognized value of donor family input at high level decision-making and strategic planning |

**Figure 3.1-1 Listening and Learning Methods**

death occurs. MTS-introduction to its customers is completely reliant upon a collaborative relationship with its hospital partners. Hospital partners are required by federal regulation to have a system in place that supports donation. Regulation alone, however, does not insure that all eligible families are guaranteed the opportunity to participate in organ and tissue donation. Therefore, MTS recognizes the importance of working with its partners to create a hospital culture that has a positive predisposition toward donation. The goal is to ensure that all potential donor families are presented with the best opportunity to say yes to donation.

To accomplish this goal, MTS has dedicated DPD staff assigned to each hospital partner who are committed to establishing effective relationships and hospital donation systems. Participation in a HRSA National Breakthrough Collaborative best practices with organ procurement agencies and hospitals across the nation led MTS to place a full-time, in-house coordinator in hospitals that offer the highest organ donor potential. Providing an organ donation resource on-site aids hospital personnel in viewing MTS as a valid part of the health care team when families are faced with end-of-life decisions and provides a continuum of care

that includes MTS from the beginning of these discussions. This assures that all potential organ donor families are provided with timely, accurate information regarding donation opportunities. Additionally, information is communicated in a respectful and compassionate manner, allowing families to build trust in their relationship with MTS.

The 1,800 potential tissue donor families are geographically dispersed throughout MTS's service area. Consequently, MTS has proactively trained and certified over 2,300 hospital staff to serve as DRs to meet the needs of these potential tissue donor families. In training of the DRs, MTS establishes positive performance expectations: that the approach should be made with accurate and timely information in a compassionate manner. Understanding the importance of the role of the DR and in an effort to further strengthen this relationship, ongoing feedback is collected through focus groups and regularly scheduled surveys. This information is used to ensure that the requestors are well-equipped to participate in this key role. MTS has reformatted *The Link* newsletter, the MTS newsletter for DRs, and redesigned the training and certification program with their specific needs in mind. Post donation tissue donor family surveys indicate that this role is effective and the families' needs have been met.

As a continuation of the support that families receive in the hospital and immediately following the donation, MTS offers services through a formalized Aftercare Program. It has been a priority of MTS to ensure that support services are available following a donation, so families choose to continue the relationship with MTS. Through a series of focus groups that included representation of both organ and tissue donor families, many stated that their expectations were exceeded by receipt of the donor medal, the *Solace* newsletter, and invitations to MTS memorial events. Best practices from other organ procurement organizations (OPOs) donor family surveys, donor family focus groups, and the Donor Family Council have provided substantial feedback to develop and enhance the approaches to the Aftercare Program, adding value to the experience in order to further support the donor families (Figure 7.2-6).

**3.2a(2)** Key customer requirements are determined by the listening and learning process, and necessary modes of communication have evolved specific to these requirements. FSS systematically provides every organ donor family with MTS contact information, which includes the donor family priority line and direct e-mail address. DRs facilitate the communication between tissue donor families and MTS via 24-hour access to a coordinator in the Communications Center, who provides them the donor family priority line and direct e-mail address. The key access mechanisms are outlined in Figure 3.2-1.

Customer requirement updates are presented to the entire staff following donor family focus groups. These focus groups are conducted every other year due to the sensitive nature of families discussing death issues. In addition, monthly staff meetings are utilized to educate the staff about the key customer access mechanisms and the customer response chain process. Those directly involved in the customer response chain are provided with the necessary training to respond to customer needs. In addition, all staff reviews include an assessment to evaluate performance related to MTS's Core Values, Compassion, Honesty, Team Work, and Quality, which relate directly to satisfying the needs of customers. The DPD staff is responsible for communicating pertinent customer information to MTS's hospital partners.

**3.2a(3)** Figure 3.2-2 outlines the MTS customer complaint process. This complaint management process was devised to assist MTS in reaching its goal of exceeding MTS's customer's expectations. MTS's customer complaint management philosophy is: "Every complaint is viewed as an opportunity for improvement. Therefore, every complaint is addressed every time." A customer complaint is defined as any expression of dissatisfaction with MTS's service. The organization is committed to resolving customer complaints 24 hours a day, 7 days a week.

A dedicated, toll-free telephone line has been developed to provide access to donor families to contact MTS. A direct e-mail address exists as a secondary portal. Additional, less formal avenues include:

- Donor family initiated calls
- Telephone calls initiated by FSS and Communications Center Staff as part of routine follow up to donation
- Written correspondence
- Face-to-face conversations with staff at memorial events, workshops, or educational opportunities

For a more comprehensive list of listening and learning tools methods, refer to Figure 3.1-1.

Due to issues of confidentiality, and considering the sensitive nature of the organization's services, MTS believes that limiting the number of individuals working with customer complaints improves ability to resolve their issues quickly and effectively. However, all staff members have been trained in how to respond appropriately to any customer complaint and the necessary steps to facilitate resolution.

All customer complaints are received, documented, and analyzed by the Aftercare Coordinator and reported to the department manager and LT. In addition, weekly referral meetings provide the opportunity for donor family complaints to be reviewed. Those pertinent to hospital partners are shared by DPD with the appropriate hospital staff in an effort to improve MTS's service.

Appropriate action is taken to resolve complaints in a timely manner and action plans are developed as indicated.

**3.2a(4)** Both relationship building and providing customer access to MTS are reviewed for currency and relevance on an ongoing basis to include in MTS's SPP via:

- customer feedback

| Customer Needs | MTS Resource | Communication Vehicle/Key Access Mechanisms |
|---|---|---|
| Seek Information | ▪ Public Awareness Campaigns<br>▪ School Program<br>▪ News Stories<br>▪ Hospital<br>▪ Internet<br>▪ MTS Staff or Representative | ▪ Billboard Campaign<br>▪ Professional Presentations<br>▪ Print/TV/Radio Media<br>▪ Trained MTS Representatives/Brochures<br>▪ MTS Web site<br>▪ One-on-One Discussions/Comprehensive Written Materials |
| Obtain Services | ▪ Direct Family contact with MTS Staff<br>▪ Referral from MTS Trained and Certified Designated Requestor in hospital<br>▪ Referral from Coroner<br>▪ Follow up materials from MTS | ▪ One-on-One Discussions<br>▪ Communications Center Staffed 24/7<br>▪ Communications Center Staffed 24/7<br>▪ Acknowledgement Letter, Scheduled Mailings, Newsletters |
| Make Complaints | ▪ Direct contact with MTS Staff Member<br>▪ Donor Family Priority Line<br>▪ Donor Family direct e-mail<br>▪ Donor Family Satisfaction Surveys<br>▪ Donor Family Focus Groups<br>▪ Complaint referred from MTS Partner | ▪ One-on-One Discussions<br>▪ Phone Call with Donor Family Response Hierarchy<br>▪ Written complaint received by email or through MTS Web site<br>▪ Phone Call<br>▪ Surveys, Open Discussion<br>▪ DPD Coordinator |

**Figure 3.2-1 Key Access Mechanisms**

- review of internal processes
- benchmarking
- SWOT analysis efforts of each department

### 3.2b Customer Satisfaction Determination

**3.2b(1)** Qualitative and quantitative feedback received from donor family satisfaction surveys (Figure 7.2-1 to 2) and donor family focus groups is the primary source for determining customer satisfaction/dissatisfaction/loyalty. Since the donor family is MTS's only customer group there is no difference in determination methods. Given the nature of organ and tissue donation, customer loyalty and retention are not measured in a traditional sense. However, MTS asks the following two questions in the donor family satisfaction survey:

1. Based on your overall experience with donation, would you make the decision to donate again?
2. Would you recommend to other people that the donate their loved one's organs/tissues?

Answers to these questions assist in evaluating the quality of services and identifying improvement opportunities to better serve the customer. If families feel they are treated with respect and the experience is positive, they become the greatest advocates for donation in their communities. An important reflection of customer satisfaction/loyalty is that 24% (69 of 287 "active") volunteer base are donor family members who have taken the additional step of committing themselves to promoting the Mission of the organization. As seen in Figure 7.2-5 the donor family volunteer base has risen steadily every year since 2000.

Additional sources of information are noted in Figure 3.2-1, Key Access Mechanisms. MTS also looks to staff to provide information related to customer satisfaction and dissatisfaction. DPD staff, FSS staff, Communications Center, and Clinical staff all have exposure to customers and/or partners who have direct contact with customers. As such, a great deal of anecdotal customer information is shared at the weekly referral meetings and departmental meetings and later aggregated and trended. Specific information is incorporated directly into the SPP, while acquired information is developed secondary to the CQI effort and is incorporated at the operational level.

**3.2b(2)** Figure 3.2-2 outlines the complaint management process ensuring prompt attention to customer complaints and concerns. Because of the nature of MTS's business, 24/7/365 access is required, which supports timely attention to a customer complaint or concern resulting in actionable feedback. In addition, information gained from the focus groups, surveys, and ongoing donor family council group have provided the direction for changes and are communicated to families through *Solace*, the MTS newsletter for donor families published three times per year.

**3.2b(3)** Due to the nature of MTS's business, donor family experience with the eye bank and tissue bank competitors is a very rare occurrence and would be episodic at best. Thus, MTS's donor families are rarely able to make satisfaction comparisons. Historically, benchmark information across the industry related to customer satisfaction is limited; however, there is current movement toward sharing this information nationally with the AOPO Donor Family Council.

**3.2b(4)** MTS is able to keep current on approaches to determining satisfaction with business needs and directions by utilizing input from the following:

- Encouraging customer feedback via surveys, focus groups, one-on-one, letters, phone, etc.
- Data collection and analysis which includes

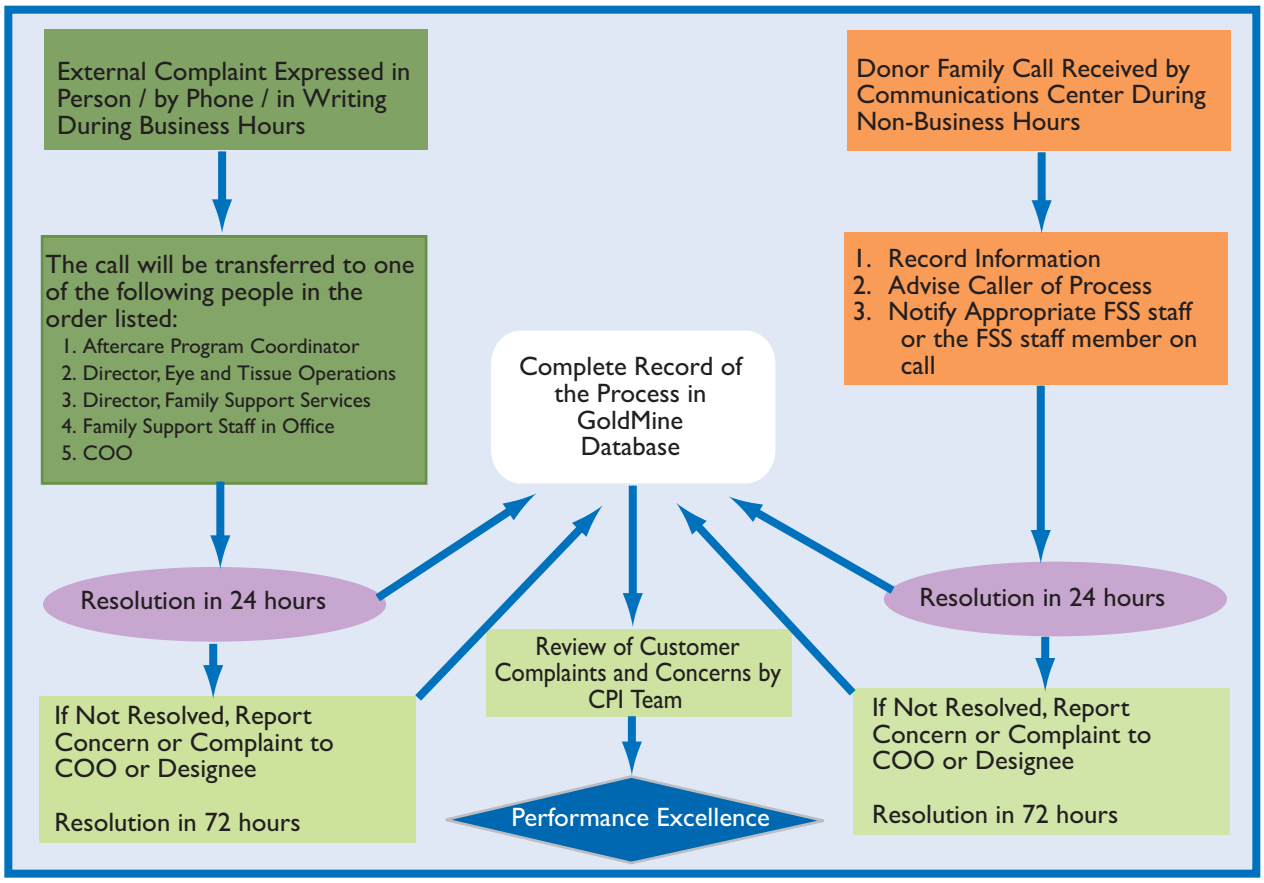


**Figure 3.2-2 Customer Concerns and Complaints Process**

identification of root causes or dissatisfaction

- Developing, implementing, and assessing improvement plans
- Analyzing and trending customer complaints
- Participating in industry organizations promoting active networking
- Encouraging partner feedback via one-on-one meetings and surveys

The LT is responsible for keeping current with industry changes and maintaining up-to-date customer satisfaction/dissatisfaction feedback. These data are utilized in the annual SPP and by the LT.

## CATEGORY 4 - MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT

MTS is a data-driven organization. To perform its life-saving Mission of providing excellence in organ and tissue donation, analysis of data is vital to decision making and organizational performance. MTS continually strives to improve the collection, measurement, and analysis of its data.

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

### 4.1a Performance Measurement

**4.1.a(1)** Data selection begins with a systematic strategic planning process undertaken by the LT. Strategic Objectives (SOs) are developed based on the five Pillars of Excellence outlined in Figure 2.1-2. These SOs are integrated into the organization at all levels. Each department is challenged to evaluate current processes to determine alignment with the SOs and ultimately, the life-saving Mission. Each department is also responsible for selecting the appropriate method of data collection and is accountable for Performance Measures (PMs) that support and are aligned with the SOs.

Examples of departmental data collected daily include the following:

- Hospital referral call information
- Organ and tissue recovery data
- Accounts receivable
- Customer concerns

The PMs are displayed in a BSC that is reviewed each month at the LT meeting (See Figure 1.1-3). The BSC provides:

- A mechanism for performance measurement and evaluation
- Translation of SOs into understandable PMs
- Alignment toward organizational SOs
- Accountability
- Balance between productivity and quality

The BSC includes target values and a color indicator system that affords immediate identification of favorable and unfavorable variances from the MTS goals and SOs. APs are developed within and across the departments to accomplish the targets set and to remediate any unfavorable variances that occur.

Annually, the LT reviews the data and information collected during the previous year for relevance, and collection is modified accordingly. Data and information are reviewed by the LT, departments, and individuals on an ongoing basis to establish opportunities for improvement.

Data are collected through surveys, focus groups, interviews, chart review, call center data, and clinical forms. Whenever possible the data collection process is automated. Based on the strategic and operational data needs of the organization, reports are classified as required, standard, and ad hoc. Figure 4.1-1 represents sources and function of data analyzed at MTS.

| Data Source | Function |
|---|---|
| DARTS | Clinical information on donors and referrals used across the organization |
| GoldMine | Contact management database used by DPD, FSS, and HR |
| Intranet | Internal web site used across the organization to provide access to policies and procedures, forms, statistics, etc. |
| ACCPAC | Accounting software that contains all financial information |
| Complaint Management | System used to compile information regarding external and internal feedback and follow-up |
| External Consultants | Outside service contracted to obtain feedback from customers and partners |

**Figure 4.1-1 Information Systems**

- Required reports are standardized across the organization. Examples include EBAA, AATB, UNOS, and AOPO metrics.
- Standard reports are data and information requested according to their identified needs. Examples include DPD reports, Tissue Activity Reports, and Organ and Tissue Conversion Reports. Standardized reports are posted on the intranet.
- Ad hoc reports are requested when doing research or evaluating innovative approaches that lack sufficient standardized data or information. Examples include Donor Registry Reports and Heart/Lung Outcome Reports.

The key Organizational Performance (OP) measures are shown in Figure 2.1-3. Analysis of data collection is used to support organizational decision making and innovation. Some innovative practices resulting from this analysis are:

- Design and construction of two on-site ORs
- Mapping and tracking of donor family consent process
- Development of specific procedures to improve organ allocation

**4.1.a(2)** The use of comparative data is a critical step in the SP and PI processes. When a PM is selected for the BSC, comparative data are required to aid in establishment of the target. Key comparative data are reviewed from a variety of sources including other OPOs and governmental or accrediting agencies such as AOPO, UNOS, AATB, EBAA, and HRSA. The OPO community enjoys an environment of openness in data and knowledge-sharing that may not be as common in a more competitive business community.

An example of using key comparative data and information to support operational and strategic decision making and innovation is the role of MTS in the Organ Donation

Breakthrough Collaborative. In 2003, the Department of Health and Human Services (HHS) was directed by HRSA to identify the highest performing OPOs in the United States and to develop an approach based on best practices of these OPOs that could improve organ donation rates across the U.S. MTS was identified as one of these organizations. This collaboration sought participation of all OPOs and their largest hospital partners in an effort to share best practices across the U.S. Collaboration resulted in the availability of benchmarking information for MTS and the opportunity to develop innovative internal processes, such as the creation of the In-Hospital Coordinator (IHC) and Interventional Procurement Coordinator (IPC) positions. When innovative processes are proposed, the FOCUS PDSA (Figure 6.1-3) is utilized to test the feasibility of the innovation at MTS.

**4.1a(3)** The LT reviews the key performance measures on a monthly basis and makes modifications as indicated (Figure 1.1-3). Further, the LT assesses information relevant to SOs annually during the SPP. All departmental key PMs are reviewed monthly to identify opportunities for improvement. MTS uses the PDSA change model to test responses to organizational or environmental changes. One of MTS's strengths is the ability to monitor its business environment closely. In order to stay current with changes in the business environment, MTS establishes ongoing relationships with partners, suppliers, customers, accrediting and governmental agencies, and stakeholders.

### 4.1b Performance Analysis and Review

**4.1b(1)** OP review begins with the annual SPP. Various methods of data analysis are used in the SPP to develop a strategic plan (Figure 4.1-2). APs are developed to support the overall strategic plan. In the BSC, APs are translated into PMs that are continuously monitored and reviewed at the monthly LT meetings. The alignment of the PMs with MTS's lifesaving Mission and Core Values is also reviewed at these monthly meetings. If the BSC data indicates potential challenges to meeting targets, the appropriate

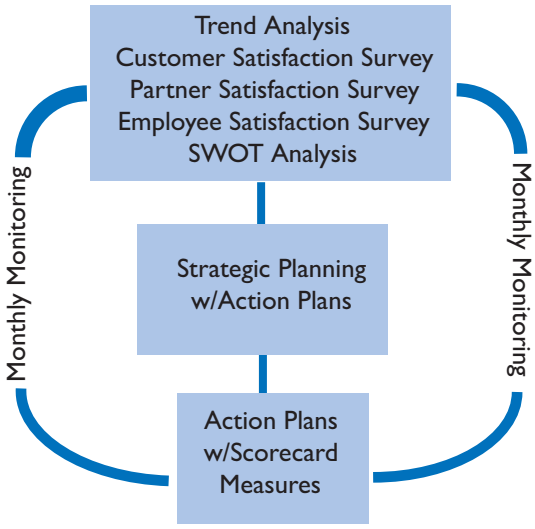


**Figure 4.1-2 Methods of Data Analysis used in the SPP**

manager recommends whether the AP should be modified. Since many APs require participation from several departments, the entire LT contributes input on changes to the APs. When the next annual SPP is undertaken, outcomes of PMs from the BSC are incorporated into the targets for the upcoming year.

The ability of MTS to rapidly respond to changing organizational needs and challenges in the operating environment is evidenced by the mechanisms described in Figure 4.1-2. The organization is able to function as a team because of its following characteristics:

- Visionary leadership
- Employee commitment to the mission
- Ongoing customer feedback
- Collaboration with partners
- Community involvement

Because all employees at MTS are on the same "team," the organization is fluid and can successfully adapt to change.

**4.1b(2)** MTS uses a systematic process for converting OP information into improvement priorities. This process, which is aligned with the MTS FOCUS PDSA methodology (Figure 6.1-3), begins with reviewing data and obtaining feedback information from partners and suppliers. The data and information are analyzed and APs are developed and implemented. Results are shared with partners and suppliers (Figure 4.1-3).

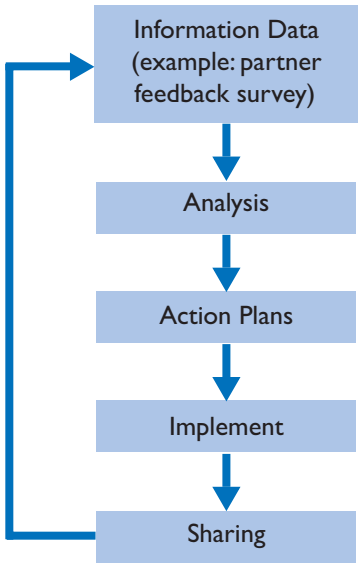


**Figure 4.1-3 Sharing of Results with Partners and Suppliers**

MTS's performance review findings are measured monthly against the set goals or best in class. Those falling short are evaluated by the LT and task forces including front-line staff for possible opportunities for improvement through FOCUS PDSA testing or implementing a proven practice via formal action plan.

Whenever possible, MTS's partners or hospital

collaborators are involved in the analysis, decision making, and implementation of such tests or formal action plans. For example, a performance scorecard was developed for a key hospital partner tracking key organ donation consent variables identified by HRSA as Best Practices that will lead to high organ donation conversion rates (available on-site). Organ donation conversion rate was selected by this hospital partner as one of its corporate quality indicators. The performance scorecard is shared with the key hospital senior leaders, middle management, and certain key front-line staff on a monthly basis. This provides MTS with opportunities for feedback and input as to possible new testing, continuation of existing testing, or a formal action plan for improvement toward the goals set for the organ donation consent process.

Some partners are also collaborators. Collaborators share performance information with MTS and vice versa. This regular exchange of information enables shifting of resources, improvement of processes, and reprioritization when situations change. For example, MTS provides LifeCell (tissue-processing facility) with tissue outcome recovery reports on a monthly basis. Conversely, LifeCell provides MTS with tissue quality reports that are benchmarked against other tissue suppliers. MTS utilizes this benchmarked data to review its processes and to identify potential for process improvement. Feedback from LifeCell, for example, has driven the application of new techniques to obtain Wide Area Grafts (WAGs). MTS has been benchmarked as 'Best in Class' for this recovery. Sharing of information is key to decision making and organizational performance improvement.

## 4.2 Information and Knowledge Management

### 4.2a Data and Information Availability

**4.2a(1)** Data and information are available in formats tailored specifically for the user as indicated in Figure 4.2-1.

| USER | INFORMATION |
|---|---|
| Employees | 24/7 access to data via software on the MTS network and MTS intranet, which is available from any internet connection. Employees who work outside of the MTS office are provided laptops with internet connections to keep them in touch with current operations. |
| Transplant Centers and Hospital Partners | Transplant and Hospital Partners are provided with data covering a variety of areas. Examples include: daily e-mail of activity report, monthly status report , customized reports based on Partner needs, *The Link* newsletter , and the annual report . |

**Figure 4.2-1 User Formats for Data and Information**

MTS is in the process of collaborating with several OPOs to provide a web-based information system that will allow real-time data sharing among employees, partners, and other stakeholders to facilitate the donation process. Employees have been involved in the design to ensure that their needs are met, as well as provide needed information to the partners.

**4.2a(2)** Hardware and software are monitored and maintained by the Information Systems Manager and Data Coordinator, supported by an outside consultant. The servers are maintained in a secure room with limited access. MTS has practices and policies in place to ensure the security and reliability of the equipment, including (but not limited to):

- Password Policy - passwords are changed on a frequent basis and contain a combination of letters, numbers, and characters as recommended by Microsoft protocol
- Security patches for operating systems are updated immediately after release to ensure safety of the Microsoft Products
- Firewall protection to prevent hackers from accessing and corrupting data
- Virus scan software is loaded on all servers, desktops, and laptops, and is updated on an hourly basis to protect against viruses. The software scans e-mails as well as files.
- Server back-ups are performed daily, with the back-up tapes being stored off-site
- Users are assigned levels of access to data in the main databases based on their job functions
- All employees are required to read and sign off on the confidentiality policy, as well as the internet and computer usage policies

MTS servers are taken offline only for power outrages, scheduled maintenance, and Microsoft security patches. Employees are given notice for scheduled maintenance, and this maintenance is scheduled after regular office hours to minimize the effect of down-time on employee productivity.

A new database is currently in production. Employees were involved heavily in the discovery phase of this project to ensure that their needs are met for both ease of use and daily work flow.

**4.2a(3)** MTS's main data are kept current with daily updates to the systems. Server up-time is tracked, and 2005 records show the server was available to users in excess of 99.99% of the time (Figure 7.5-22).

MTS utilizes a server back-up daily, with back-up tapes stored off-site. In case of emergency or server failure, the back-up tapes can be pulled from the off-site storage to keep data loss at a minimum. Uninterrupted Power Supply, UPS, provide the servers protection against power outages. The Accounting Manager and Data Coordinator respond immediately to server and desktop outages, and utilize an outside consultant for hardware and software issues.

When the new database is completed in late 2006, clinical

data will be stored off-site at a secure web-hosting facility to further ensure security and back-up.

In addition, 50% of MTS staff are provided laptops, minimizing the risk of catastrophic loss of computer equipment.

**4.2a(4)** The organization's approach to maintaining IT currency and relevancy is multi-faceted. Equipment is upgraded on a fixed schedule. Desktops and laptops are on a three-year rotation, and servers are replaced between three and five years, depending on the data stored on the server. Outside consultants provide information regarding new computer technologies to be considered by the organization.

Software needs are driven ultimately by the LT and the SPP. New software is requested by the LT for both departmental and organizational needs. Employee surveys, data requirements as part of the Performance Management Process (PMP), and departmental feedback are all utilized in making decisions regarding software needs. Outside consultants are also utilized to provide insights for software upgrades and new technologies.

### 4.2b Organizational Knowledge Management

The decision by MTS leaders to create a culture of performance excellence has led the organization to place an even greater emphasis in the area of knowledge management. As part of the continuous improvement effort, initiatives have been designed to meet this challenge.

One example of a new initiative designed to significantly enhance knowledge management across the organization is a new intranet system. In the beginning of 2006, MTS contracted with Habanero (web development company) to meet with various departments of MTS to discover their needs for a new intranet system. Because many MTS staff members do not have standard work days, it has become increasingly important to improve the way they communicate with each other. Enhancements in the first phase of the project include an electronic call schedule that will allow MTS to maintain a single call document for staff to access and update, replacing the many documents that currently exist. Another enhancement includes real-time case updates. This will allow staff members working on a case to enter case activity in a real-time manner, negating the need for leaving voice mail messages in a mailbox that requires transcription by another staff member. Other improvements during the first phase of implementation include electronic organizational and departmental dashboards and online form submission.

Employee input is actively sought at multiple levels. In pursuit of its lifesaving Mission, many of MTS's processes involve collaboration among different departments. The weekly Referral Meeting between DPD, FSS, and Organ/Clinical Services is an example of this interdepartmental teamwork. These departments meet to discuss recent organ donor activity and to share information regarding partner hospitals such as physician preferences, new policies and procedures, and hospital staffing concerns. The monthly LT Meeting is also an arena for knowledge sharing via discussions, presentations, and AP updates. The LT Meeting concludes with the identification of key knowledge points to be shared by managers with employees in their departments. Additional opportunities for collection and transfer of employee knowledge include participation in committees, TFs, and other work groups.

The MTS workforce is unique in that it is decentralized; only 20 percent of our staff is physically located at MTS on a regular basis. DPD and FSS employees are located in areas in close proximity to or within partner hospitals in order to maximize the fulfillment of MTS's lifesaving Mission. In addition, organ and tissue recovery personnel are on call 24/7 and often are not available during regular business or meeting times. MTS recognizes that knowledge-sharing processes are even more critical for those employees. For example, monthly MTS staff and departmental meetings are posted on the intranet. A daily e-mail is sent to all employees about recent organ activity. Company-wide policies and procedures, forms, and statistics are posted on the intranet. All tissue clinical Standard Operating Procedures are available via the internet using Image Silo, an on-line document repository service.

GoldMine is a contact management software that provides a database for customer and partner data collection and can be easily accessed by employees. For example, DPD coordinators can access and add information about partners such as physicians and other hospital staff. In the event of staffing changes, this corporate history serves as a valuable tool for new employees. FSS utilizes GoldMine to address donor family requests for information.

Another opportunity for knowledge sharing among employees is MTS's Lunch and Learn program for employee development. Medical supply companies provide lunch while educating organ clinical staff about new product applications for donor management. Partners such as LifeCell update tissue staff on new product applications during lunch. Employees learn how setting and achieving high performance standards affect product outcomes.

When appropriate, MTS employees attending professional conferences are expected to share new knowledge with their managers and/or departments. This process is described in Figure 4.2-2.

The transfer of relevant knowledge to MTS from customers, partners, and other stakeholders is presented at staff meetings, BOD meetings, and hospital-based update meetings. The Partners Survey, consisting of feedback from transplant surgeons, is an example of knowledge sharing that was presented at staff and LT meetings. Customer knowledge learned from focus group interviews of donor families is shared with MTS employees at staff and LT meetings.

MTS relays knowledge to donor families in the *Solace* newsletter. Topics such as understanding grief and

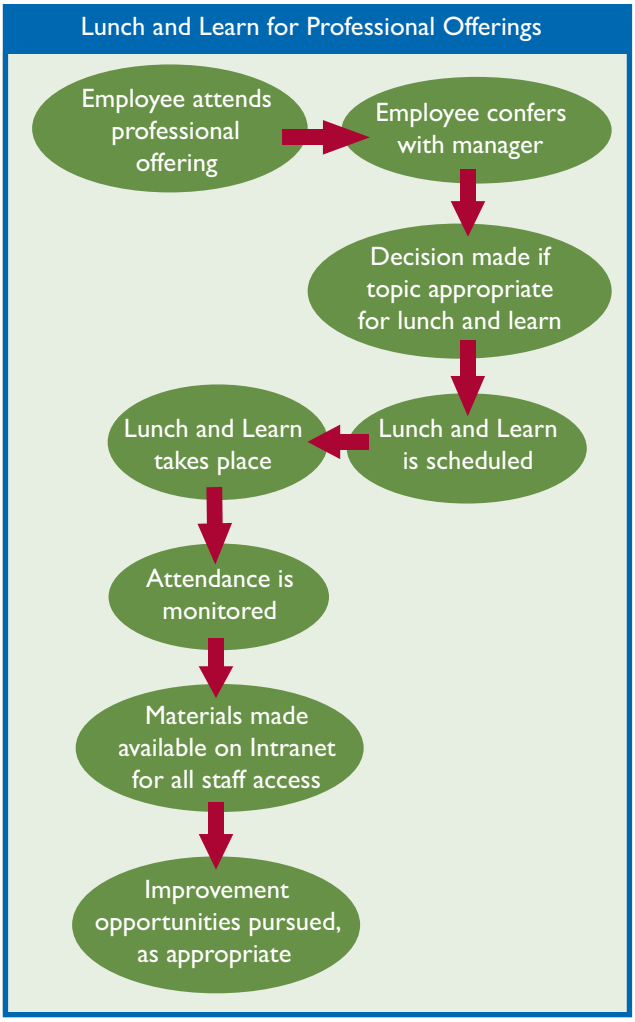


**Figure 4.2-2 Lunch and Learn for Professional Offerings**

upcoming donor family events are highlighted. Partners receive knowledge from *The Link* newsletter published by MTS. Donation awareness, MTS staff changes, training/recertification, and individual hospital statistics are presented.

Recognizing that valuable information and practices are also available via other industry-related resources and in some areas outside this industry drives MTS to actively pursue opportunities for sharing best practices in areas like FSS, DPD, and Clinical Services. A key example is the participation by MTS in the Collaborative sponsored by HRSA. Additionally, MTS staff have attended both Missouri Quality Award and Baldrige Award Quest Sharing Days, where regional and national best practices are brought back to the organization through LT review, TF presentations, or departmental meetings. In order to learn from other Missouri organizations that have demonstrated best practices, MTS staff attend the annual Missouri Quality Award meeting.

Internally, MTS identifies areas of best practices by benchmarking of organ conversion, organ yield, and other relevant data. These best practices have been shared through home team collaborative meetings that involve the MTS staff along with partners from the donor hospitals and transplant centers.

### 4.2c Data, Information, and Knowledge Quality

Data integrity, reliability, and accuracy are of absolute importance to MTS since much of the organization's SPP relies on data and information, as does the monitoring of operational performance. Users are assigned levels of access to data in the main databases. The majority of users have view-only or enter-only access to the Donor And Recipient Tracking System (DARTS) database. Change and delete privileges are limited to ensure the integrity of the data entered.

Referral calls are entered in a real-time manner, with basic level outcome data entered within 24-48 hours after case completion. Advanced level outcome data are entered within a week of case completion. Case information is collected by coordinators on site during cases, and entered into the database by Data Entry clerks. To ensure accuracy, the data are reviewed weekly by Data Coordinators, as well as monthly when monthly, outcome reports are generated.

## CATEGORY 5 - HUMAN RESOURCE FOCUS

### 5.1 Work Systems

MTS is keenly aware of the critical need to provide its staff with an environment that actively promotes individual growth while at the same time provides multiple opportunities for collaboration. Retaining a talented workforce characterized by a high degree of adaptability to changing customer, partner, and stakeholder needs is the reason that Our People (see Figure 2.1-2) is at the center of MTS' strategy for organizational sustainability.

### 5.1a Organization and Management of Work

**5.1.a(1)** By design, the work systems of MTS are flexible and highly responsive to the needs of customers, employees, and other stakeholders. MTS positions are aligned according to functional responsibility or departments. Departments are aligned by skill sets that allow MTS staff to focus on their areas of expertise. Members of the LT are responsible for determining goals at the individual and departmental level that are aligned with MTS SOs and other organizational goals. Each department has its own scorecard tying back to the MTS SOs.

Work within each department of the organization is further defined by job descriptions. Staff is evaluated on individual and departmental goals as well as a set of performance standards centered on the Core Values: Compassion, Quality, Honesty, and Teamwork.

TFs and cross-departmental committees are utilized to assist MTS in finding new and innovative ways to achieve the SOs and create a sense of staff empowerment. Currently, there are two TFs specifically designed to address HR- and Communication- related opportunities for the organization (see Figure 1.1-1) The FOCUS PDSA approach (Figure 6.1-3) is used to test ideas prior to implementation across the organization in all TFs and committees. Information regarding ideas, PDSAs, departmental activities, etc., is captured via meeting minutes, which are required from each TF and committee meeting. These minutes are then posted on the MTS intranet, where all employees can learn about ideas being tested across the organization. The intranet may be accessed from the office or via a web address, thus ensuring that all employees are privy to what is going on within the organization. Staff and department meetings are also utilized on a regular basis.

Effectiveness of work design is assessed via process and value stream mapping. This, in conjunction with how closely MTS must work with partners and customers, led to a revamp of the staffing model for two departments, FSS and DPD. The flexibility of its work systems allows MTS to quickly change to meet the needs of both customers and partners. For example, within the last year, MTS has focused on moving staff to specific hospitals to better meet each entity's needs and positively impact MTS's results. This change meant locating many staff offices within hospitals rather than the MTS office.

**5.1.a(2)** MTS work systems capitalize on diverse ideas, cultures, and thinking of employees by both formal and informal avenues via multidisciplinary task forces, committees, and employee surveys.

MTS utilizes focus groups and surveys to capture feedback from donor families, transplant partners, DRs, and referring physicians. This information is utilized to assess the level of service provided to each and identify areas for improvement. As a result, MTS diversified the mortality reporting system to include an auto attendant, web-based reporting, and additional staffing in the Communications Center for more personalized services.

In 2005, MTS commissioned a study with Saint Louis University School of Public Health on African Americans' attitudes regarding donation. Based on the findings, MTS had the ability to be flexible in response and determined that hiring an educator specifically for the minority community would be beneficial. A new position has been recruited and hired to provide service to St. Louis City, North St. Louis County, and East St. Louis school districts.

**5.1a(3)** Multiple methods are utilized to ensure that employees have access to information. MTS encourages staff participation in departmental, committee, and TF meetings. In addition, best practices, new skills, and information obtained from internal and external sources are shared at full staff meetings.

All employees have access to e-mail and the intranet not only in the office, but via web pages as well. For staff who routinely work outside the MTS office, MTS provides laptops with broadband capability to allow for timely access to intranet, e-mail, and database services.

MTS is currently utilizing a Communications TF to analyze methods of internal communication. The goal of this work group is to identify a primary communication method for the organization and establish parameters around which employees are accountable for using the method.

During departmental and cross-departmental meetings, important information is shared. For example, the FSS, DPD, and Organ Clinical staff from all sites meet weekly to share knowledge received via the prior week's cases and referrals. Best practices are identified, and those skills are shared. All cases are evaluated against a defined eight-step process and results are analyzed, trended, and returned back to hospital partners via a scorecard (available on-site).

### 5.1b Employee Performance Management System

The LT and line staff are all evaluated based on a set of performance criteria centered on the Core Values: Compassion, Quality, Honesty, and Teamwork, and evaluated on a set of performance standards that tie to the AP/SOs of the organization. The LT is evaluated not only on the progress of the AP/SOs but also their ability to lead, coach, and empower staff to a high level of performance.

Each department tracks metrics against targets on a departmental score card. Results on these scorecards are

directly linked to employee performance evaluations. The evaluation is tied to each employee's awarded merit increase.

High-performance work is further reinforced by the Sharing our Success (SOS) plan allowing employees to earn up to 15 percent of their base compensation. This plan, which fosters teamwork, is based on stretch goals of the organization. It rewards growth in three major phases of business: billable transplantable organs, bone donors released for processing, and domestically placed corneas. All MTS employees in good standing are eligible for SOS payout (Figure 7.4-1).

MTS supports a market-based compensation philosophy for all staff members. During 2005, it embarked on a major compensation project in which a consultant helped MTS compare its salaries against those of the external market to ensure competitiveness. As part of this review, MTS also worked with the consultant to establish a salary adjustment matrix. Highest performers are rewarded with the highest percentage increases within their salary quartile.

The HR TF recently finished outlining a recognition program, the Core Values Program, which ties individual recognition of employees by their supervisors to the core values. This program is a systematic method for members of the LT to recognize exceptional employee performance based on one of the Core Values. MTS celebrates each employee's birthday with a personal card and gift certificate. Employment anniversaries at the one-, three-, and five-year mark are recognized at the monthly staff meeting. A recognition dinner, The Decade Club, was recently established for employees with more than ten years of service.

### 5.1c Hiring and Career Progression

**5.1c(1,2)** MTS's job descriptions (JDs) reflect the skills, knowledge, and abilities necessary to perform each position. JDs are reviewed on an annual basis to ensure accuracy and proper reflection of each position's duties. In 2006, MTS will engage a consultant to provide the LT training on methods of preparing JDs as these provide the starting point in recruiting efforts.

Within the MTS hiring process, internal applicants and referrals are given first consideration as positions are posted internally for seven calendar days prior to any external recruitment. If a suitable internal candidate or referral is not identified, MTS places ads in newspapers (regional, community, and minority-focused), on the organization's web site, and with applicable schools to ensure that the openings are communicated to MTS's diverse community with intent of creating a diverse workforce. These efforts have resulted in a highly diverse clinical staff.

As part of the communication strategy surrounding its Mission, MTS sends all applicants a postcard thanking them for their interest in the organization and directs them to its web site to learn more about its lifesaving Mission. Once qualified candidates have been identified, MTS utilizes the steps outlined in Figure 5.1-1 to ensure that quality candidates are hired. During the hiring process,

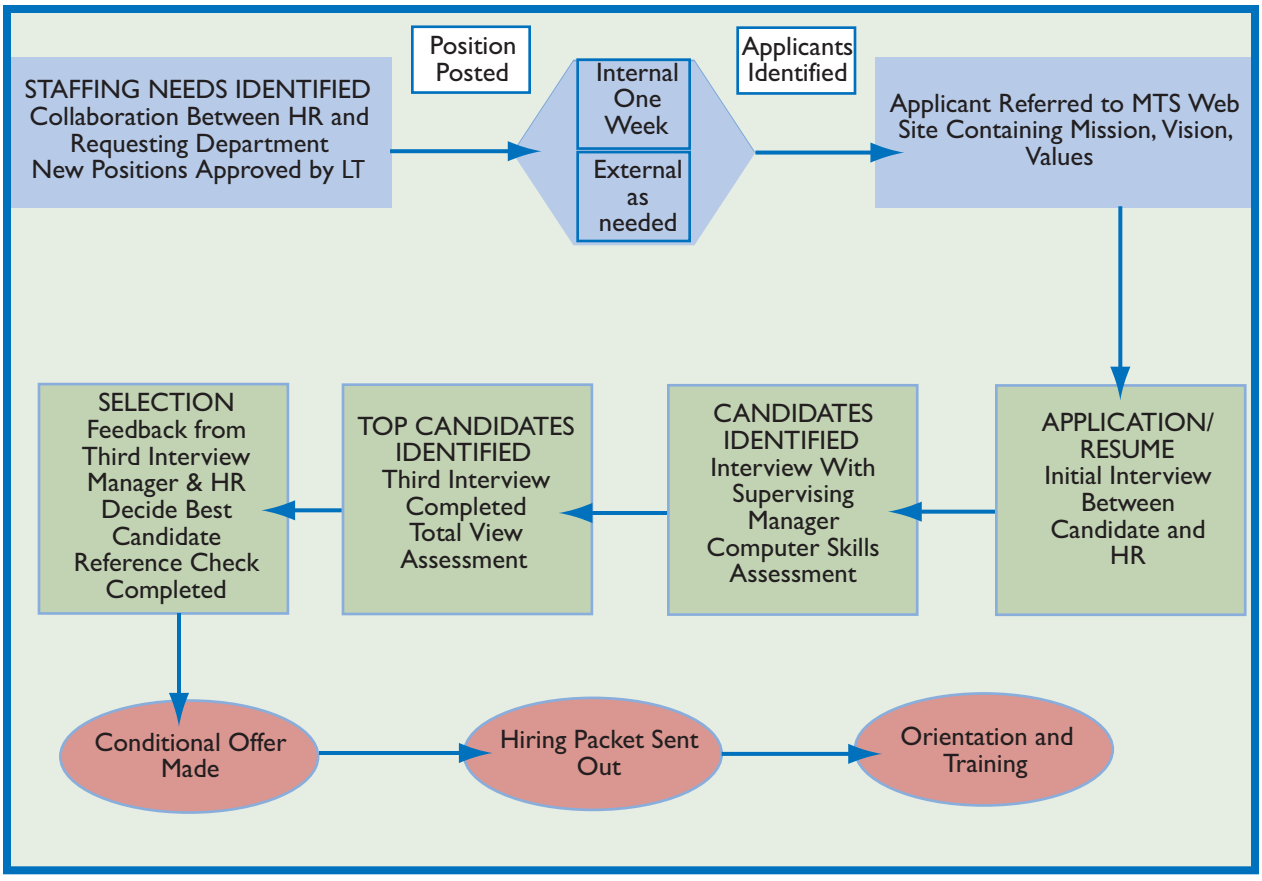


**Figure 5.1-1 MTS Hiring Process**

interview questions are made available to the LT by HR. These relate to specific characteristics reflective of the MTS culture and attempt to provide candidates with a realistic preview of the MTS Mission-driven culture. During the initial interview with the HR Manager, MTS's Core Values are described to the candidate and questions are posed to ensure that candidates' values match up with those of MTS. Total View, an HR skills and interest inventory, helps to ensure the fit of a person, job, and organization. Within the steps of the selection process, MTS provides potential employees with a benefits summary that also outlines its Mission, Vision, and Values.

As part of their new hire packet, employees are provided with a 30th Anniversary DVD that chronicles the history of MTS from 1974 to 2004. In addition, a Mission, Vision, and Values sheet is provided that further outlines the meaning of each Core Value.

As part of the employee survey process, employees are asked to name the top three reasons they work at MTS. The top three responses over the last three years have been (in order): 1. Mission; 2. Co-workers; 3. Benefits. As retention is approximately five percentage points better than the OPO average, these three reasons appear to be compelling for employees (Figure 7.4-2).

**5.1c(3)** MTS does not have a formal succession plan; however, it addresses the future needs of the organization by a commitment to the long-term growth and development of future leaders who understand the culture and direction of the organization. This is accomplished by promoting horizontal growth and continuing education and development for all employees. MTS solicits input from both the employee and their manager during the employee review process to determine needs for improvement or enhancement of skills. This is accomplished via the utilization of the training and development and self-evaluation forms. Arrangements are made by HR to ensure that the training is offered to the employee.

Through MTS's SPP, future skill needs are determined by the direction and needs of the organization. A timeline and method for fulfilling those needs is established by HR.

In areas experiencing high turnover, career progressions have been established to enable employees to expand their capabilities while adding value to the organization.

## 5.2 Employee Learning and Motivation

### 5.2a Employee Education, Training, and Development

**5.2a(1)** A multi-faceted approach is utilized to address employee education and training. At an organizational level, MTS offers training for all employees on such topics as diversity, communications, corporate compliance, and harassment. This is done to further support an environment where Mission, Vision, and Values are maintained at the heart of the culture. Additionally during the SPP, and also during the employee performance appraisal process, training needs are identified.

At the departmental level, managers identify key areas of opportunity for education or training that support APs or create additional value for MTS's internal and external customers. One example of leveraging a partner to assist in the learning and motivation process involves a tissue processor who evaluates procured tissue. A "report card" is generated for the individual who recovered the tissue, and specific training needs can be identified and implemented. Training may also be provided to the individual and their performance is evaluated by monitoring ongoing procurement rates. This relates directly to one of MTS's APs to increase tissue yield. As new technologies are introduced, specific training is provided for all staff involved. With the introduction of the in-house OR, extensive training was provided on all new equipment such as ventilators, monitors, and oxygen and nitrogen gas systems.

On an individual level, employees are given an opportunity to request training through the use of a self-assessment tool at performance review time. Technology training is both in-house and contracted with an external vendor. Internally, MTS utilizes partners, consultants, and staff with specialized training or education to provide education and training. The format utilized may be classroom, computer-based, video-based, or laboratory setting. The organization has adopted a training plan format that managers use when meeting with their employees to lay out a plan for the coming year. This is a collaborative effort where employee and manager can discuss needs for both the employee and the organization. In addition to these training opportunities, a key AP for 2006 is the utilization of an HR consultant to develop a full-scale training and development plan. This plan will be tied to not only shorter term but longer term needs and is anticipated to be in place by the end of the year. In addition, through MTS's participation in the HRSA National Breakthrough Collaborative, key hospital partners received training and education in best practices around the country. Training is done at the board level as well. Board members are trained in such areas as corporate compliance, MQA, and PDSA.

**5.2a(2)** Employee orientation includes training in multiple areas. Employees receive training in the day-to-day operational components of their particular job through their departments.

During 2005, the multidisciplinary HR task force reviewed the orientation process and made suggestions for improving it. Much of the MTS orientation program will be conducted not only in face-to-face sessions but also through the use of the MTS intranet. As noted earlier, all staff are trained in diversity, communications, harassment, and corporate compliance. In addition, all employees undergo training on the FOCUS PDSA process (Figure 6.1-3), including the use of performance improvement tools. As cited in 5.2a(1), the organization plans to utilize a consultant to help create a staff training and development plan that will further efforts in this area. Management and leadership development is addressed through feedback obtained from the employee satisfaction survey. For example, this led MTS to provide

its LT with training on conducting effective meetings and creating effective teams.

MTS has a safety officer and a safety committee that meet regularly to anticipate safety needs across MTS. An injury notification and reporting system, a disaster manual, and a disaster telephone chain list are all in place. Camera monitoring systems and security systems are utilized, and employees are trained in these areas during the orientation process. An annual competency assessment is also completed. Staff with clinical responsibilities receives formal training in such areas as infection control and related staff safety and security issues. Charter aircraft safety procedures are reviewed annually with appropriate staff. MTS facilities are all secure, and monitoring by external security vendors is provided.

**5.2a(3)** MTS seeks input from employees and managers during the annual employee evaluation process through use of the forms and format previously noted. During the SPP, SWOT analysis by the various departments provides an opportunity to capture educational and training needs. All managers maintain an open-door policy and flexibility to take advantage of educational opportunities that present themselves throughout the year. An additional channel for employees to express their needs is via the employee survey. The creation of an enhanced training and development plan later in 2006 will further support this process.

**5.2a(4)** MTS uses both formal and informal approaches to education and training, such as:

**Formal approaches**

1. Videoconferencing provides the access to educational opportunities nationwide.
2. MTS brings in outside speakers on industry-wide topics such as best practices.
3. Attendance at professional organization meetings, such as AOPO, AATB, and NATCO, provide current industry information.
4. Membership in AAIM Management Association, enables MTS to provide many options for training subjects and formats.
5. Employees are encouraged to suggest potential training topics, and the LT discusses training needs periodically and as needs arise, particularly during SPP.
6. Mentoring and shadowing are key components of training for certain jobs due to the specialized nature of MTS's business.
7. Mission-strengthening opportunities are provided through utilization of presentations by recipients and donor families.

**Informal approaches**

1. Nonclinical employees are encouraged to observe a clinical case, a hospital in-service, and public education presentations in order to broaden their scope of understanding.
2. Participation in the HRSA-sponsored Collaboratives provides valuable information and sharing of best practices.

Training is department-specific, as well as organization-wide, and training plans and checklists are used both for general training during orientation and specific departmental training. Employee input regarding training approaches is received during the performance appraisal process, the employee survey, and through the HR task force.

**5.2a(5)** Managers are responsible for ensuring that the use of new knowledge and skills is put into practice, and employees are evaluated on those skills through the performance appraisal process and training checklists. OPCs are required to participate in an annual Skills Day, where they review procedures for the use of technical equipment. Each OPC is evaluated by demonstrating competence with each procedure. Departing employees complete a Resignation Questionnaire, which allows for feedback to address any relevant issues. Information about MTS customers, partners, and employees is stored in the GoldMine database to ensure continuity and knowledge-transfer if employees leave MTS. Departments also maintain Standard Operating Procedure (SOP) manuals, flowcharts, and other documentation to ensure that knowledge and procedures are not lost with departing employees.

**5.2a(6)** One method of evaluation of technical competencies is required during Skills Day. If further training is needed, follow-up assessments are scheduled and e-mails are sent regularly, requesting feedback after training sessions have occurred. An enhanced evaluation process was implemented during the most recent training on FOCUS PDSA (Figure 6.1-3). Attendees took a pre- and post-test based on the class training objectives to assess growth in learning (Figure 7.4-8). In addition, participants completed a written evaluation of the training to provide input for improvement, and action plans were completed to be followed up by discussion with the participants' immediate supervisor. A reminder was sent to all participants and their supervisors 30-60 days after the training to reinforce the need for accountability in learning transfer. Effectiveness of the training was evidenced by an increase in the use of specific quality tools during project planning and implementation stages of the FOCUS PDSA model (Figure 6.1-3).

Candidates undergo baseline testing prior to hire on computer skills. If skills need improvement, training is scheduled early in an employee's service at MTS. When it became clear that a new database was to be developed, staff were evaluated via a software program on specific computer skills needed for working in the database. Pre- and post-testing occurred to gauge baseline knowledge and levels of learning.

In addition, managers evaluate individual training needs during the performance evaluation process at the six-month performance review and annually thereafter. The employee

survey is an indicator of employee satisfaction with training. As previously mentioned, through use of the consultant to develop a comprehensive training and development program, in 2006, MTS will be looking at additional ways to enhance training effectiveness and learning transfer.

### 5.2b Motivation and Career Development

MTS employees are motivated by the Mission. Over the last three years, the employee satisfaction survey has clearly shown the top reason employees work at MTS is its life-saving Mission (Figure 7.4-2). Employees are empowered to fully contribute to the Mission not only through their regular job duties but also through participation on task forces and other committees within MTS.

Both formal and informal educational opportunities are available for staff (Figure 7.4-3). During the employee performance review process, supervisors encourage staff to set development and learning objectives for themselves. Attainment may involve both didactic and hands-on approaches. At MTS, most job and career-related development will involve job enhancement opportunities within the organization. MTS provides multiple opportunities for staff to develop and utilize their full potential. As an example, the development of the in-house OR necessitated the creation of the Intra-Operative Management role, which has allowed MTS to deliver more efficient services for its hospital partners. Multiple staff has undergone rigorous training in order to advance their skills and fill this critical need.

As previously mentioned, some positions lend themselves to a more formal career progression opportunity, such as the OPC and Tissue/Ocular Procurement Coordinator job families. In conjunction with MTS's hospital partners and as part of the HRSA Breakthrough Collaborative, new roles have been created, such as the Interventional Procurement Coordinator position. Staff is being trained to perform bronchoscopies, insert arterial lines, and perform liver biopsies. These functions, traditionally reserved for physicians, offer a great development opportunity for staff while providing more timely and efficient services for MTS's transplant and hospital partners.

## 5.3 Employee Well-Being and Satisfaction

### 5.3a Work Environment

**5.3a(1)** The MTS Mission requires MTS to operate on a 24/7 basis. This dictates that building security and safety issues are of prime consideration. The building is secure and locked at all times and all visitors must check in and wear visible identification while in the building. Access to OR suites is limited. There is a security and alarm system in the building connected directly to the local police department.

In the past two employee surveys, employees have noted safety-related issues that MTS has been able to address. The MTS night shift Communications Center staff was uneasy about going to their cars after dark. Staff feedback resulted in reserved parking near the door within clear view of other staff members. Additional dawn-to-dusk lighting was installed. At the Springfield office, employees who may work nights have the ability to physically drive into the garage that is attached to the building; thus they are secure within the facility at all times.

Additional comments from the Communications Center have led to the purchase of multiple security cameras placed around the perimeter of the building. Televisions are then set up in their office so staff can see all entrances to the building at any time. The Communications Center is able to control access to the building during non-office hours. Additional safety and workplace health initiatives include offering the Hepatitis B vaccine, reimbursement for flu vaccinations, annual TB screenings, an employee assistance program (EAP), employee ID badges, cut-resistant gloves, automatic external defibrillator on site, CPR training, and personal safety training.

**5.3a(2)** Written policies exist for both emergencies and disasters. These policies are available for employees 24/7 as they reside on the intranet. An LT-initiated telephone chain is in place for staff notification in an emergency situation.

In the event of power failures, the MTS OR can be powered by a back-up generator system. Uninterrupted power supply systems have been installed for each computer. These allow employees to save their work in the event of a sudden power outage. Regular testing of the following systems occurs: security system, emergency power, fire extinguishers, HVAC systems, and building evacuation procedures.

MTS operations are not dependent on the existence of a physical building. Organ and tissue recovery can revert to recovery at hospitals without disruption of services. Temporary staff are available via other OPOs, tissue banks, and/or satellite offices should the need arise. MTS data systems are backed up nightly and tapes are physically removed from the building. Back-ups include clinical and financial database systems allowing for continuation of business transactions in the event of an emergency. Further details are noted in Section 4.2a.

### 5.3b Employee Support and Satisfaction

**5.3b(1)** Our People is the central pillar of excellence for MTS (see Figure 2.1-2). The satisfaction of staff is essential to achievement of the Mission. Starting in 2003, MTS embarked on an employee survey process that is repeated annually. As part of the employee survey process to determine key motivators, employees are asked to name the top three reasons they work at MTS. As stated earlier, one of the top three reasons employees work at MTS is its Mission.

Based on suggestions from the HR Task Force, MTS utilized a third party to administer and score the survey in 2005. HR Solutions, the third-party administrator, also engaged employees in anonymous feedback sessions.

MTS scored in the 96th percentile for employee satisfaction out of the 2400 companies (and 2 million respondents) who have utilized the services of HR Solutions. MTS had a 10 percent improvement in overall satisfaction in 2005 from 2004 (Figure 7.4-2).

MTS reviews satisfaction scores not just organization wide, but by other demographics as well including but not limited to department, years of service, age, on-call compared with non-call employees, and LT compared to staff. Over the last two years, feedback sessions have been conducted to ensure quantitative survey data are clarified to develop qualitative information the organization can specifically address. Survey feedback has been utilized to effect the following improvements:

- creation of the Sharing Our Success (SOS) plan
- creation of TFs
- creation of an employee recognition program
- changing of work schedules
- realignment of reporting structures
- LT training on coaching, effective meetings, and performance evaluations
- staff compensation project
- creation of Communications TF
- change in way activity level is presented to portray a more human touch
- focus on recipient or donor families' stories as part of staff meetings
- additional offerings in vending machines
- evaluation regarding benefits offered
- cross-departmental meetings

**5.3b(2)** One of the top three reasons employees work at MTS is the benefits. The benefits package is wide ranging, while maintaining a depth that is appealing to all beneficiaries. MTS provides health, dental, life, disability, and AD&D insurance at no cost to employees. In particular, the health coverage is exceptional for in-network coverage (no coinsurance and no deductible); thus ensuring that out of pocket expenses for employees are nominal. The MTS 401k package is also exceptionally generous, as MTS matches dollar for dollar up to 5 percent of an employee's base salary. In addition, 9 percent of total monetary compensation for the year is contributed by MTS to employees' 401k plans. Flexible scheduling fosters an environment that supports employee needs.

MTS is aware of the sensitive nature of most positions within the organization and therefore offers EAP services for all staff. The EAP provides short-term counseling for employees on a variety of issues from job stress to smoking cessation. At employees' request, MTS also arranged for Weight Watchers to conduct workplace meetings in an effort to promote employee well-being.

**5.3b(3)** The annual employee survey is the most comprehensive way MTS collects information regarding employee well-being, satisfaction, and motivation. Beyond the survey, MTS utilizes an open-door policy by the LT that encourages employees to bring questions or concerns directly to each supervisor. Informal data may be captured via each of the following:

- HR and Communications TF meetings
- departmental meetings
- cross-departmental meetings
- one-on-one meeting with supervisors
- Safety Committee

A comprehensive revision of the MTS compensation system was undertaken in 2005. MTS developed a compensation philosophy of market-based compensation and a rich benefits package in order to enhance recruitment and retention of employees. As part of this effort, the salary consultant presented to staff information about the process utilized in an effort to enhance staff understanding of the MTS compensation philosophy.

Feedback via the self-evaluation form that employees complete at performance review time also can yield information leading to action items for improvement.

MTS looks to staff retention as an indicator of well-being and satisfaction. As a result, MTS retention has ranged 5-12 percentage points higher than the national OPO average. (See results in Figures 7.4-4 to 5)

**5.3b(4)** Figure 5.3-1 shows the process used by MTS to align HR assessment findings to key business results.

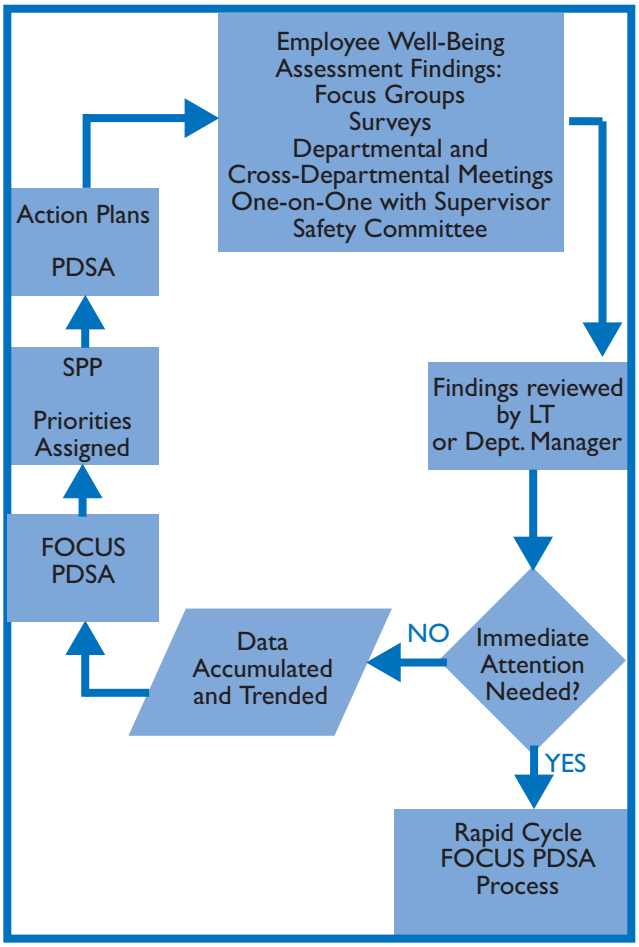


**Figure 5.3-1 Process for Aligning HR Findings To Key Business Results**

## CATEGORY 6 - PROCESS MANAGEMENT

### 6.1 Value Creation Process

The importance MTS places on continuous improvement and customer/partner/stakeholder satisfaction is a key motivator for improving on process design to achieve consistency and high quality in all of its services.

**6.1a(1)** MTS defines value processes as business and service processes which add value in the eyes of its customers, key partners, and stakeholders. These processes are identified by utilizing a Value Creation Process Model described in Figure 6.1-1.

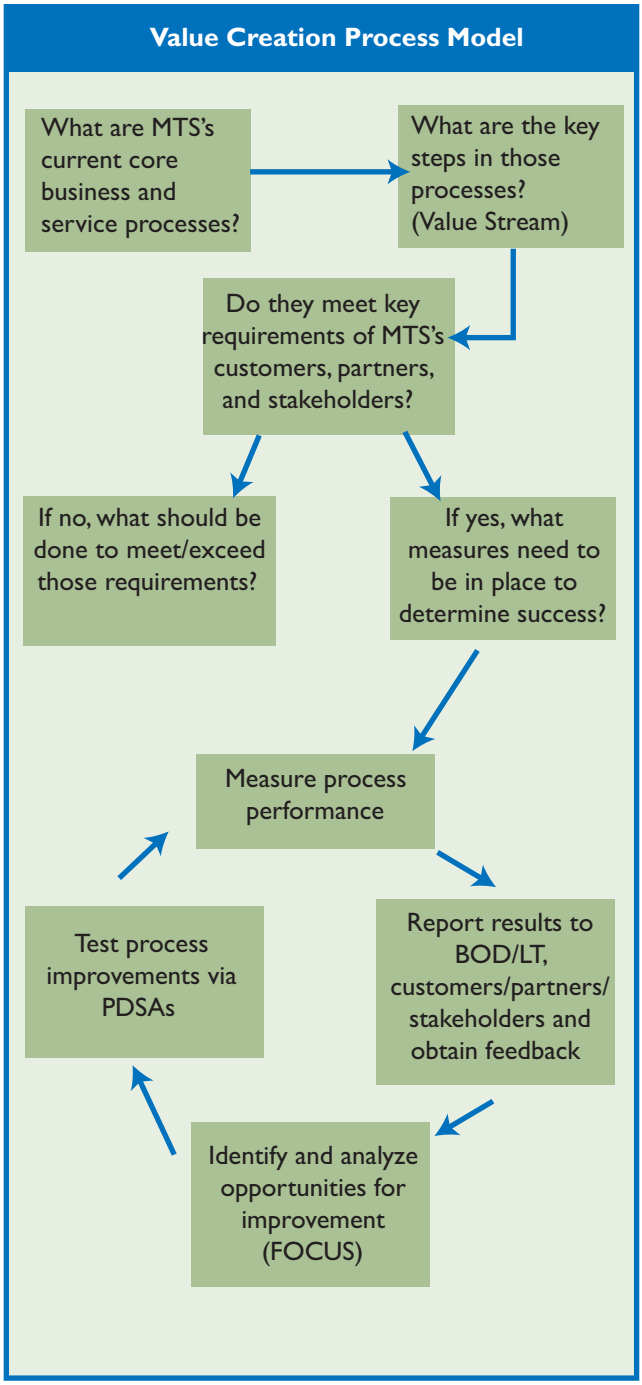


**Figure 6.1-1 Value Creation Process Model**

MTS determines its key value processes by identifying those processes that address customer needs and fit strategically with the Mission, Vision, and Core Values. Through the SPP, primary processes have been identified for each key service within MTS. The core processes associated with each key MTS service are depicted in Figure 6.1-2. In addition to providing the desired results for its key customer group, the donor families, MTS strives to make a significant contribution in the effort to cultivate partner relationships and establish a solid donation infrastructure in the hospitals it serves. It has been shown over time that successful partner relationships lead to an increase in organ and tissue donation as demonstrated in Figure 7.1-1, 7.5-4.

Organization profitability and sustainability are achieved by seeking innovative ways to provide services while still focusing on containing costs to maintain financial stability. MTS's non-profit status requires a reinvestment of net revenues back into the organization, thus ensuring necessary resources are available to support the success of key value creation processes.

**6.1a(2)** Key quality characteristics (KQCs) are identified by soliciting input from customers and partners on an ongoing basis via formal surveys, focus groups, departmental, and multidisciplinary meetings. These priority requirements are incorporated into the design of new processes and the improvement of existing processes. These requirements and the identification of best practices are part of the initial step in the SPP. MTS does not routinely solicit input from the organization's suppliers as they do not have a key role in our value creation process.

**6.1a(3)** Processes are designed by adhering to the FOCUS PDSA approach as reflected in Figure 6.1-3. MTS systematically obtains customer feedback and identifies best practice processes including new technologies before a process change or new service is implemented.

Organizational knowledge is accomplished by extensive networking between individuals, multidisciplinary task forces, via monthly LT meetings, and at the organizational level across the country. For instance, organizational knowledge has been enhanced through participation in the nationwide Collaborative sponsored by HRSA, as well as participation in professional organizations such as AOPO, AATB, and EBAA.

The culture at MTS has a predisposition to embrace innovation and readily accept change. Multiple PDSAs across many departments reflect this agility. Ultimately, this effort is rewarded through new and innovative ideas resulting in the ongoing improvement of services to our customers, partners, and stakeholders. For example, in an effort to significantly increase tissue conversion rates at specific MTS hospitals, a FOCUS PDSA (Figure 6.1-3) was conducted. As a result, a new telephone consent process was tested, resulting in an over 200% increase in tissue consent rates in those hospitals over just a four-month period.

| Key Services | Key Processes | Key Requirements | Key Value Measurements | Results |
|---|---|---|---|---|
| Donor Program Development | ▪ Partner relationships<br>▪ Best practices in partner hospitals | ▪ Accurate and timely information<br>▪ Respectful communication | ▪ Referring Physician satisfaction surveys<br>▪ % of pre-screens<br>▪ Organ/tissue conversion rates<br>▪ Organ consent process compliance<br>▪ Percentage of key hospitals with best practices in place | 7.5-4<br>7.5-5<br>7.1-1, 7.1-4<br>7.5-7<br>7.5-9 |
| Communication Center | ▪ Organ screening<br>▪ Tissue screening and evaluation<br>▪ Telephone approaches | ▪ Accurate information<br>▪ Timely response<br>▪ Courtesy | ▪ Designated Requestor Satisfaction Surveys<br>▪ Tissue conversion rates | 7.5-11<br>7.1-4 |
| Organ Clinical | ▪ Organ evaluation screening<br>▪ Procurement and complete allocation | ▪ Accurate and complete information<br>▪ Availability<br>▪ Safe | ▪ Referring Physician Satisfaction Surveys<br>▪ Transplant Partner Surveys<br>▪ Yield | 7.5-13 to 14<br>7.5-15<br>7.1-6 to 9 |
| Family Support Services | ▪ Organ donation request process | ▪ Compassion<br>▪ Accurate, timely, and complete information | ▪ Organ conversion rate<br>▪ Organ Consent Critical Process Steps<br>▪ Organ donor family satisfaction with request process | 7.1-1 to 3<br>7.5-7<br>7.2-1 |
| Tissue Clinical | ▪ Facilitate and complete tissue procurement | ▪ High quality<br>▪ Safe<br>▪ Availability | ▪ Contamination/Growth Rates<br>▪ Suitable procurement percentage | 7.5-17<br>7.5-16 to 19 |
| Eye Clinical | ▪ Corneal placement | ▪ High quality<br>▪ Safe<br>▪ Availability | ▪ Domestic Placement Percentage<br>▪ Death to preservation time | 7.5-20<br>7.5-21 |

**Figure 6.1-2 Value Creation Processes, Measures, and Results**

Controlling aspects of existing processes such as cycle time, productivity, cost, efficiency, and effectiveness, or proactively preventing related negative results from entering into the design of new processes, are steps built into the "F" and "S" stages in the FOCUS PDSA model used by MTS (see Figure 6.1-3). The implementation of processes reflecting design requirements takes place in the "S" stage of the FOCUS PDSA. The purpose of this stage is to analyze the data to see if the process change matches the process design criteria established in the earlier stages of the problem-solving approach. Afterward, MTS applies the new design into the workplace with department managers integrating the process into their workflow.

**6.1a(4)** Key performance measures in 2005 are identified in Figure 6.1-2 and in the MTS Balanced Scorecard, Figure 1.1-3. Early referrals and referrals that follow the FSS consent process are measures of DPD (hospital development) effectiveness as well as OPC (donor evaluation) and FSS (family support/consent) effectiveness. Failures in these key processes will be reflected in decreased donations and ultimately loss of value to the customer, partners, and stakeholders. Staff is routinely exposed to data during the day-to-day operation of these processes. For example, weekly reviews of these processes are performed to ensure performance improvement in key process requirements. There is also a formal monthly review by LT. Ultimately, review of the in-process measures lead to improvement in the delivery of our key value creation processes. Customer and partner input

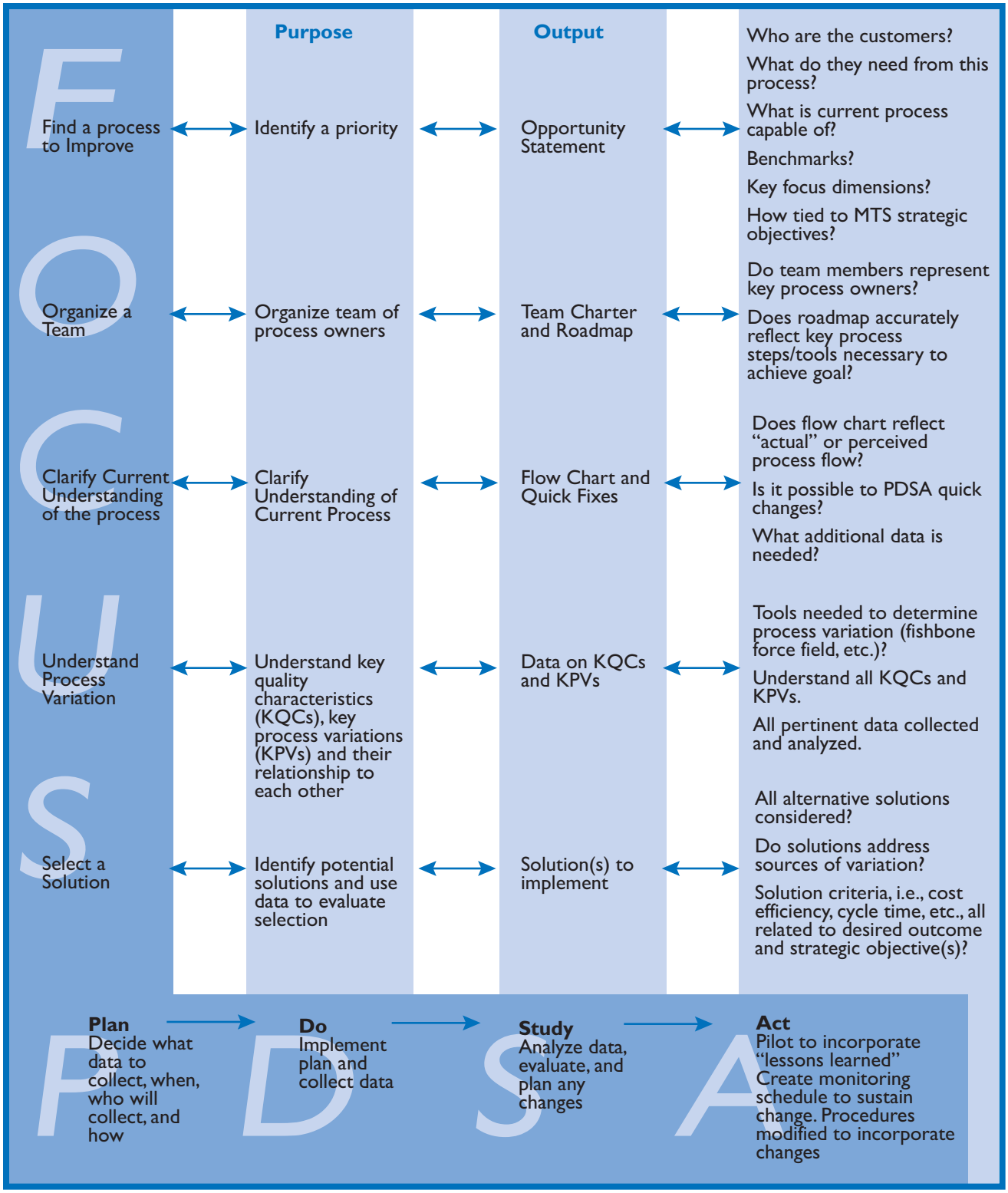


**Figure 6.1-3 FOCUS PDSA Problem Solving Model**

obtained through regular surveys is used to manage these processes and ensures a high level of both customer and partner satisfaction and improvement.

**6.1a(5)** Key value creation processes are monitored at the department level on a daily or weekly basis. This ongoing effort assists in identifying opportunities to minimize costs associated with inspections, tests, or performance audits ensuring that MTS is in continual compliance with all required regulatory standards, and that processes are performed in a manner that will achieve optimal results. Examples include:

- Voluntary feedback and accreditation by AATB facilitates compliance with mandatory FDA regulations
- Preventive maintenance on OR equipment resulting in reduction of major repairs due to lack of maintenance
- Donor medical records review by qualified staff to ensure standards for donor criteria have been met

- External audits from MTS partners that provide valuable feedback in the development of internal processes

MTS uses either the more comprehensive FOCUS PDSA (Figure 6.3-1) approach or a fast track version of the model throughout the organization to prevent and/or reduce rework and any service deficiencies. An example is the partnership formed between AlloSource and its recovery partners to increase the amount of transplantable tissue by reducing the contamination rate. As a result of this partnership, contamination has been reduced by 12% since 2003.

In an effort to provide exceptional customer and partner service, MTS has voluntarily solicited industry audits and inspections. The organization proactively seeks voluntary accreditations as illustrated in Figure 1.2-1.

**6.1a(6)** MTS reviews key processes to determine if they are current, meet the needs of customers, and add value to the organization. During the year, MTS management and staff participate in professional organizations, attend conferences and seminars, participate in an ongoing HRSA collaborative, and subscribe to professional journals, all in an effort to stay abreast of new trends and current best practices.

MTS employs the FOCUS PDSA approach to improve key services, processes, and reduce variability. MTS reduces process variability by determining standards of practice and implementing departmental review of key processes in compliance with operating guidelines. Safety training and documentation standardization as well as process automation further reduce variability.

Process changes and improvements are communicated and implemented across the organization through a variety of vehicles and formats. Some methods utilized are:

- Posting hard copies of results
- Sharing results on the intranet
- Providing learning sessions
- Celebrating successes within the organization

Furthermore, MTS leaders frequently share internal best practices with external organizations at local and national conferences.

## 6.2a Support Processes and Operational Planning

### 6.2a Support Processes

**6.2a(1,2)** Key business and support processes and process requirements are determined during support service department meetings, internal and external surveys, focus groups, and multidisciplinary task forces. These priority requirements are incorporated into the design of new processes and to improve existing processes. All key business and support processes are selected to achieve the strategic objectives. Those key business and support processes for 2006 are listed in Figure 6.2-1. Closely monitoring these key support measures contributes greatly to the sustainability and profitability of the organization.

**6.2a(3)** MTS does not make a distinction in the design, performance requirements, or process management between its value creation processes and its support processes. The management of support processes is subject to the same methodology represented in the FOCUS PDSA model indicated in Figure 6.1-3. Furthermore, the management of key support processes is guided by the MTS Quality Principles, which encompass fact-based decision making. MTS enhances this process by using focus groups and/or task forces to garner wider-based input from the end-user.

Aggressive cycle time for key support processes such as billing, keying, and days-to-fill are tracked and reviewed monthly (see Figure 6.2-1).

**6.2a(4)** The key performance measures used for the control and improvement of MTS's support processes are identified in Figure 6.2-1. Staff is routinely exposed to data during the day-to-day operation of these processes. For example, weekly review of accounts receivable collection data is performed to ensure performance improvement in this key support process requirement. To address the needs of the customer, the finance department proactively adheres to a specified process to handle billing related to the donation. This process ensures that donor families receive only appropriate hospital charges.

Review of the in-process measure results leads to improvement in the delivery of MTS's key support processes. Another example is the use of partner input obtained through regular surveys, which provides guidance for community awareness programs and ensures an increasing level of partner satisfaction.

**6.2a(5)** MTS utilizes process feedback provided by its partners in improving support processes and sharing knowledge. In addition, auditing information obtained from partners and accrediting bodies is utilized to improve support processes such as medical record accuracy. Like key value creation processes, business and support processes are analyzed prior to full deployment to ensure they will perform as designed. Piloting processes in the "Do" phase of a PDSA, when appropriate, provides the opportunity to reduce rework and the potential for error prior to full implementation.

**6.2a(6)** The approaches to improving key support processes include:

- FOCUS PDSA or Rapid Cycle PDSA
- Value Stream Mapping
- Pursuing the MQA/Baldrige criteria for performance excellence

As expected, these are not different from those used in key service processes. Improvements are shared across the enterprise via:

- The intranet
- Staff and departmental meetings
- Written reports
- E-mail
- *The Link* newsletter

| Key Support Services | Key Processes | Key Requirements | Key Value Measurements | Results |
|---|---|---|---|---|
| HR | Recruitment<br>Retention<br>Employee Satisfaction<br>Education/Training | Market Competitive<br>Compensation & Benefits<br>Training & Development | Days to Fill<br>Staff Retention Rates<br>Employee Satisfaction Survey | 7.4-6<br>7.4-4 to 5<br>7.4-2 |
| Finance | Budgeting<br>Billing/Collections | Effective cash management<br>Accurate & prompt<br>Generate annual reserve | Days in Accounts Receivable<br>Days to Bill<br>Days Cash on Hand<br>Current Ratio<br>Operating Reserve | 7.3-13<br>7.3-14 to 15<br>7.3-2<br>7.3-1<br>7.3-16 |
| IT | User Support | Reliable<br>Functional<br>Secure | Downtime for system | 7.5-22 |
| Corporate Communications | Community Awareness | Consistent Message<br>Sensitivity<br>Awareness | Partner surveys<br>Number of students reached | 7.5-25<br>7.5-24 |
| Quality Assurance | Auditing<br>Document/Medical Record Management | Compliance<br>Accurate<br>Complete | Regulatory Compliance Reports<br>OSHA Reportable njuries<br>Days to Tissue Release | 7.6-3<br>7.4-7<br>7.5-28 |

**Figure 6.2-1 Key Support Processes**

### 6.2b Operational Planning

**6.2b(1)** MTS ensures adequate financial resources are available to support operations through a detailed budget planning process. This is a multi-layered process of review and approval utilizing all managers, with a final approval by the BOD. Historical data are used to establish activity projections and costs. In addition, benchmarking demonstrates that MTS's organ costs remain significantly below other OPOs (Figures 7.3-9 to 12). Fees for service are established that exceed the organization's costs in order to build sufficient reserves.

MTS determines the resources needed to meet current financial obligations by adhering to a BOD-developed policy of maintaining 9 to 12 months of liquidity.

MTS ensures that adequate resources are available to support major new business investments by assuming an aggressive posture toward budgeting in which revenues exceed expenses. In addition, MTS implements a BOD-approved investment policy in order to balance preservation of capital with growth of funds. The investment policy is reviewed annually by the Executive Committee of the BOD. MTS assesses financial risk for current operations on a monthly basis. The financial position is dependent on allocation of costs through the Medicare cost report. Recognizing that financial results can be impacted either positively or negatively from month to month, MTS models this analysis monthly to determine exposure and implement appropriate changes as necessary. A comprehensive financial analysis is performed each month, which includes net income statements by area of operation, balance sheet, cash flow, and current ratio along with analysis against budget. To explore financial risks in new business investments, MTS models projected Profit and Loss statements and cash flow analysis as well as return on investment over several years. MTS has utilized this modeling strategy on several business opportunities, including the construction of the MTS on-site OR, creation of Life Logistics, and the exploration of future new building construction.

**6.2b(2)** The impact of temporary power interruptions is minimized by the utilization of an emergency back-up generator that is regularly maintained and tested.

The MTS staffing model and high level of connectivity ensure that day-to-day operations can be achieved without compromising service to customers, partners, and stakeholders in the event of an emergency such as an earthquake or tornado. Off-site locations for office support and the availability of ORs in service area hospitals can provide supplies necessary to complete operations.

MTS carries comprehensive insurance programs that include business interruption, property coverage, and professional liability to aid in ensuring the continuity of operations in the event of an emergency.

Permanent financial records are stored in a fire safe and older records are maintained in off-site storage. All data back-up is stored off-site in the event of an unforeseen shutdown in computer capabilities.

Due to the size of MTS operations, an emergency phone tree notification plan was developed to be utilized in the event of an emergency.